Are we there yet: Or is it better to travel than to arrive?

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Train The Trainer

- What outcomes and challenges have accompanied the introduction of Active Support in a number of Australian organisations and what is the current situation and future plans regarding implementation

Train The Trainer

- Since the introduction to Australia of Active Support the teaching of the ‘Train the Trainer’ method has evolved by combining elements of approaches in the UK and continuing experience gained through implementation in Australia.

Train The Trainer

- Active Support ‘Train-the-Trainer’ training in Australia is modelled on an enhanced version of the Apprenticeship–Supervisor–Independence procedure (Jones et al., 2001)
- Represents a blend of the “Cardiff” approach developed by Edwin Jones and his colleagues at the Welsh Centre for Learning Disabilities Applied Research Unit in Cardiff, and the “Tizard” approach on Person-Centred Active Support developed by Jim Mansell and his colleagues at the Tizard Centre, University of Kent.
- Both of which have a consistent and underlying framework.
Some material has naturally evolved, based on four years of CDS experiences with Australian implementations. The following resources are generally used:

- Active Support training booklets (Jones et al., 1996)
- A multimedia training resource including exercises and handouts (Mansell, Beadle-Brown, Ashman, & Ockenden, 2005)
- Active Support video/DVD (Jones et al., no date)
- Person-Centred Active Support video CD (Mansell et al., 2005)
- Detailed PowerPoint presentations
- Role-playing activities
- Pre-formatted forms for various components of Active Support such as the Activity and Support Plan and Opportunity Plan
- Interactive training activity planning sheets, observation forms and debriefing checklists
- Video for recording during Interactive Training

An important feature of Active Support is that it is delivered by means of a total-team training model. All regular staff members (and where possible regular casual staff) participate in the training together as a team. This provides a common learning experience for all team members, and builds understanding and teamwork. Opportunity to benefit from the experiences of one another, and to negotiate an agreed and consistent way of supporting individual clients. The total-team training model also allows for open discussion of issues affecting individual clients, without breaching client confidentiality.

A key feature of Active Support is the Interactive Training, provided on site in the house with staff members working directly with the clients. This component of training appears crucial, Active Support training that has proceeded without the interactive training component has not proved effective in increasing client participation in activities (Jones, et al., 2001).

Initial training to Roger Stancliffe, Tony Harman, & Keith McVilly from Sandy Toogood Bangor University and North East Wales NHS Trust comprised of:

- Two full days of instruction including theory, group discussion, and role play covering the following topics:

- Basic principles of Applied Behaviour Analysis
- Why Active Support
- Individual Planning
- Activity and Support Planning
- Opportunity Planning
- Teaching Plans
- Domestic Participation Records
- Community Participation Records
- Team Meetings
- Interactive Training

Followed by training with staff in a group home comprising:

- Two days classroom training
- Approximately two hours on site interactive training per staff member
In 2004, CDS undertook the first systematic implementation and evaluation of Active Support in Australia (Stanciffe, Harman, Toogood, & McVilly, 2005).

- RRCS & DADHC.
  - 5 Houses
  - Limited emphasis on the train-the-trainer aspect.
  - Some receptive managers have picked it up and implemented ongoing training but most have not.
  - One house in particular still seen as quite a good ‘Role Model’ for Active Support implementation.

Early government-run project plan in the ACT (McKenna, Stephen, Cooper-Finch, & Harris, 2003). Not train-the-trainer.

- 2004
  - Jewish Care (Melbourne) - Less emphasis on the train-the-trainer aspect as staff were trained in all 5 of their settings with 20 clients and service wide implementation.
  - The organisation seems to be doing well in implementing AS with an engaged manager.
  - Common data collection systems

- 2005
  - Northcott Society, NSW
  - Staff were trained in 4 of their settings with 16 clients.
  - Cross team training
  - Inclusion of people with physical disability in the planning of implementation
  - Nexus (Hobart) – Less emphasis on the Train-the-Trainer aspect.
  - Some trainers just tagged along for some parts.
  - Trainers not confident of providing training by themselves.

- 2006
  - DHS Victoria: Good results, trainers did well and provided training to the 2nd house under supervision
  - 16 Service Managers trained as ‘Active Support Trainers’
  - 9 Houses and 41+ clients
  - Re-development of curriculum to meet organisational needs
  - Overall findings point to successful implementation of Active Support
  - However

DHS Victoria:

- Fyffe, McCubbery & Reid (2008) indicated staff reports suggesting substantial variation in progress with the implementation of AS.
- Input from external management rare and
- Overestimated the scale to which AS was occurring

DHS Victoria:

- Clement & Bigby (2008) – Study of 1 house
- Minimal effort to proactively embed AS
- Management attention shifts to new concerns - Long term
- Unplanned and informal supervision
- Need to keep AS ‘in focus’
Train The Trainer

2007
- Leveda SCOSA & Disability SA Collaboration across NGO & Govt. Accommodation provider and Day Support Service
- Train-the-Trainer across 3 x teams and 12 clients
- Ongoing implementation

- CARA (Adelaide) Train-the-Trainer approach
- 5 Trainers – Skills Training Team - covering 9 Teams and 78 clients
- Emphasis on computer based reports
- Currently seems to be going well

2008
- Uniting Care West – WA
- Cross team training – 4 teams and 8 clients
- Active Support implementation identified as core duties for an identified staff member with responsibility for driving project

Train The Trainer

2007
- Brackenridge Estate (Christchurch NZ) - Good results, trainers did well and provided training to the 2nd house under supervision.
- Ongoing
- Significant problems in using computer technology for some trainers.

- Brackenridge Estate (Christchurch NZ) - Good results, trainers did well and provided training to the 2nd house under supervision.

2008
- Disability Services Queensland (DSQ).
- Implementation of Train-the-Trainer approach.
- 5 trainers, 45 Clients, 115 staff – 80 receiving Interactive Training
- CDS involved with 6 houses and supplied mentorship to a further 6 trained by DSQ trainers.
- Currently 12 houses employing Active Support further plans to roll out across the whole service in Queensland

Train The Trainer

- New Horizons, Train-the-Trainer
  - 6 trainers, 13 Clients, 20 staff
  - CDS involved with two houses and supervision / mentorship on 3rd house.
  - Current plans to implement across the organisation by trained staff.
- 2007 / 2008

- Sunshine Homes:
  - Intermittent direct Cross Team training to selected houses
- Yooralla Gary Radler – no information available

Summary

Active Support 2004-2008

2004
- New Horizons

2005
- Uniting Care West

2006
- CDS Involved

2007
- Brackenridge Estate

2008
- Sunlight Homes

Interactive Training

2004
- New Horizons

2005
- Uniting Care West

2006
- CDS Involved

2007
- Brackenridge Estate

2008
- Sunlight Homes

Cross Training

2004
- New Horizons

2005
- Uniting Care West

2006
- CDS Involved

2007
- Brackenridge Estate

2008
- Sunlight Homes
Results: Active Support was being implemented by organisations in many Australian states, with a number of approaches including widespread use of the 'Train-the-Trainer' approach. A number of implementation challenges and successes were identified.

Implications: There have been important successes but a number of challenges remain, including effective large-scale implementation of Active Support together with long term sustainability.

The question is posed whether it is possible to evolve greater client control over activities on a more 'person-centred' level and if continuing integration of person-centred planning and Active Support is both practical and possible.

Measuring performance – three golden rules

1. Don’t rely on paperwork
2. Don’t rely on paperwork
3. Don’t rely on paperwork

Person-centred active support © Pavilion Publishing 2004

Active Support and Person Centred Planning are considered to be mutually supportive processes.

PCP is viewed as a means of generating client goals that are then implemented through Active Support, which in turn generates opportunities to inform future PCP developments for the individual client.

Similarly, the values and skills acquired by staff through their Active Support training contribute to a service environment conducive to the effective implementation of PCP.

Aspirations of some people with disabilities span wide horizons

For others barriers & limitations exist to such a degree that they have difficulty thinking about next week let alone next year.

The future for people with disabilities is often about small steps and big leaps of faith

(DHS Victoria, 2000)

Context:

Figures from 2003 (AIHW, 2008)

- Estimated numbers of people with Intellectual Disability in Australia 588,700 – 3%
- Total with severe or profound limitation 351,000 – 1.8%
- Those with unmet demand for accommodation and/or respite services 22,800.
- Total population 19,719,300
- Labour force participation rate in 30-34 age range – 34%
- In 1998 – 58%
In general, staff have positively embraced the principles and practices of Active Support and provided feedback that AS training is practical, relevant, and helpful. Assisted many to learn new strategies and approaches and would be of lasting value for staff and residents alike. Staff were also excited about the new opportunities for engagement that residents were experiencing, and a number of staff reported they felt more empowered and more satisfied with their jobs on a daily basis.

The fact that there were positive client outcomes, with increased participation in domestic life and decreased depression from pre to post-test attests to the effectiveness of the Train-the-Trainer model. This was found in both the DHS & DSQ studies.

Evaluation is considered essential, even more so because of the documented difficulties in training effective Active Support trainers (Jones et al., 2001).

However, failure to find changes in community participation was disappointing. It is interesting that Stancliffe, McVilly, Radler et al., (2007) found that resident participation in the community was affected by household organization and planning issues more than by client characteristics or preferences. During interactive training sessions, significant that a lack of transport could affect the ability of staff to support residents in their access to and participation in the community.

An important consideration is the need to provide on-going support to those currently trained in Active Support, as well as opportunities to train additional personnel. The potential long-term benefits to be gained through the implementation of Active Support will be greatly assisted by establishing clear support and implementation mechanisms. There are a number of non-government / funded community agencies which have also adopted Active Support and which have initiated an inter-agency ‘community of practice’ to support their efforts.

In Conclusion
- Imperative that AS training is not compromised by changing practices or short cutting training.
- Sufficient research at a national and international level to prove that successful implementation depends on the use of both classroom training (with all staff from the home attending classroom training together)
- Individual interactive training sessions on site
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