

Person Centredness: An evaluation of its introduction into a service agency

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As person centred approaches continue to influence the planning and delivery of services for people with intellectual disability (Robertson et al., 2000; Holburn & Vietze, 2002), services providers both nationally and internationally are adopting person centred approaches in their service provision. It has been widely acknowledged that person centred support makes a difference in the lives of people with intellectual disability (Jones et al., 2001; Jones et al., 2001a), with staff care practices being the main predictor of outcomes (Felce et al., 2000; Mansell et al., 2003).

Wesley Disability Accommodation & Respite Services (Wesley) invited the Centre for Disability Studies (CDS) to provide person centred training for staff to evaluate its impact on staff values, service philosophy and practices and to further examine experiences and possible outcomes for people supported by Wesley.

The study aimed to examine the following:

- The impact on support staff who attended a two day person centred training workshop on their approaches to service delivery, their attitudes to their work, and their satisfaction with their work.
- The impact on support staff who participated in person centred champions professional development program on their approaches to service delivery, their attitudes to their work, and their satisfaction with their work.
- The experiences of and outcomes for people supported by Wesley regarding their quality of life and community participation before and after the training program.

An introductory person centred two day program involved all support staff where they were introduced to person centred approaches in supporting people with intellectual disability. One hundred support staff participated in this part of the study. A further 19 support staff who participated in the introductory program were selected by management to complete the Person Centred Champions Professional Development Program. These participants were chosen from across the organisation as having the capacity and capability to innovate through the infusion of new ways of person centred thinking and become a direct means of influence in supporting colleagues to transform their approaches to person centred practice.

The following data collection methods were employed:

a) Support staff (two training workshop participants)

Support staff who attended the two day workshop were asked to complete the Staff Support and Satisfaction Questionnaire (Harris & Rose, 2002) and the Person Centredness Awareness and Familiarity Scale (CDS, 2010) both prior to and three months after the workshop.

b) Support staff (champions)

Champions participated in focus groups prior to and three months after the professional development program. Stimulus questions guided participants' responses.

c) People supported by Wesley

People supported by Wesley who took part in this study participated in focus groups supplemented by participant observation sessions prior to the professional development program 3 months after the completion of the program. Additional interviews were conducted with them using a pre and post-test approach to complete the Quality of Life Questionnaire (Schalock & Keith, 1993), The Social Network Index (McVilly, 2004) and the I-CAN (CDS, 2009), a support needs assessment, planning and resource allocation tool.

In the following, findings are summarised that relate to staff satisfaction outcomes, changes to person centred service provision, experiences of champions and outcomes for people supported are summarised.

Staff satisfaction

The satisfaction of staff including champions and other support staff did not significantly change over time; this is not surprising due to the small number of staff who completed the scales at both time points and the relatively high scores in satisfaction on the initial assessment. However, the data did show some interesting trends, including marginal increases in scores relating to role clarity, staff satisfaction with risk identification and procedures and job satisfaction.

Person centredness

Responses in the qualitative part of the person centredness questionnaire were similar at both time points, showing that before the training many processes relating to person centred planning were already in place. After the training additional responses possibly reflected more individual approaches towards the person supported. The second part of the person centredness questionnaire showed increased scores in person-centredness, these scores, however, were not statistically significant. Interesting trends in the data showed that staff, people supported and families possibly became more receptive towards person centred approaches over time; participants perceived other staff within the organisation became less receptive. Staff still felt at the second time point that they needed additional help in implementing a person centred approach with people supported by Wesley. The way staff were thinking about people supported changed in a positive way.

Champion experiences

Specifically looking at the experiences of champion staff before and after the training, before the training champions talked about their motivation for working in this role. They spoke of the importance of providing one on one support and advocacy to people and acknowledged that they worked in a demanding work environment. In terms of the training ahead they spoke of their expectations of a cultural shift within the organisation, with the hope that this would result in increased choice for people supported. They also reflected on the challenges ahead, including shifting another staff's thinking.

Feedback on the person centred champions training was consistently positive, reportedly resulting in a deeper understanding of person centredness. Champions were, however, concerned about the varying levels of receptiveness among other staff. They identified that there were barriers in mentoring staff, but many champions had developed strategies in leading staff through using person centred tools. Overall, champions found that the training had had a positive impact on service provision and champions perceived that this was leading to empowerment of people supported.

To maintain momentum, champions suggested further mentoring on how to train others. Shortcomings of the training process were that the matching with a person supported by Wesley was not successful in all cases. Reasons that were listed for this were change of staff and other operational matters. It was discussed that improved communication and consultation between coordinators and middle managers would be needed to allow for 'advanced planning' and therefore enough time to put the learnings from the training into practice.

People supported by Wesley

Outcomes for people supported were explored in a qualitative manner and whilst outcomes for people were measured before and after the training, causal relationships between the staff training and positive outcomes for people should not be assumed.

In the domain of participation and personal development it was evident that people were engaged in a variety of activities at both time points. It did appear though that there was an increase in the variety of activities at the second time point and it emerged that people were making choices and changing their activities.

The majority of people were reported to have increased community access at Time 2 and it appeared that people increasingly engaged in specific activities in the community that reflected personal interests, which possibly facilitated greater autonomy and independence for some people. At Time 2, there also appeared to be increased domestic participation for many people.

In relation to health and wellbeing, there were no overall trends or findings for majorities but individual stories were reported on to exemplify how people were feeling at Time 1 and Time 2. The follow up I-CAN assessment showed that for some people strategies around stress and behaviour of concern had been implemented.

In the area of friendships and family relationships there were again no trends that can be summarised for all people but there were individual stories about the relationships people had at Time 1 and Time 2. It was evident that people were being supported to foster relationships with family and friends at both time points. In terms of relationships between people living together levels of how people got along varied from being friends to incompatibility – both at Time 1 and Time 2. In terms of relationships with staff, many people reported to have good relationships with staff at both time points.

Statistical data relating to people's quality of life at both time points did not elicit any statistically significant results. There were, however, significant results for 2 of the 4 subscales. Interestingly, there was a significant decrease in competence and productivity, while in contrast, people experienced a significant increase in scores on the Social Belonging and Community Participation subscale, verifying positive outcomes explored in the qualitative data. Scores on the Satisfaction as well as the Empowerment and Independence subscale slightly increased over time, this, however, was not statistically significant. It would be of interest to see whether a larger sample size would elicit overall significant scores.

Arising from this study it is recommended that:

- A Train the Trainer course in how to deliver person centred training be offered to staff who have trained as Champions with capacity for rolling out the program throughout the organisation.
- Large scale training program be followed by small group activities to enable interaction between participants.
- The leadership team responsible for disability services within Wesley to set up forums where changes in culture required by person centredness are discussed and action planned.
- In evaluating person centredness
 - Likert Scale measures be piloted with participant group for understanding by participant group
 - Outcomes of person centredness be captured in storytelling, participant observation and journal keeping.
- That trends associated with QOL identified in the research project be further investigated with a larger sample.
- The QOL trends indicated in the study as positive outcomes for people supported by Wesley be illustrated by good news stories told by both people with disabilities and staff and shared across Wesley through media such as newsletter, website.
- People who Wesley supports who would like to increase their productivity through work be supported through accessing employment options.
- Champions be given opportunities to continue to meet within support groups to update one another and problem solve ongoing person centred issues.
- Staff who were trained as Champions be offered a refresher course on person centredness incorporating findings of the study.

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