

Active Support

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Group Homes – the Dominant Model of Community Living

- The majority of Australians with intellectual disability living in supported accommodation live in **group homes**.



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Problems with Group Homes

- Community living provides better client outcomes and higher quality living environments than institutions
- Research shows that there is wide variation in outcomes and quality in the community.
- Group home residents with more severe disability have **low levels of participation in meaningful activity.**



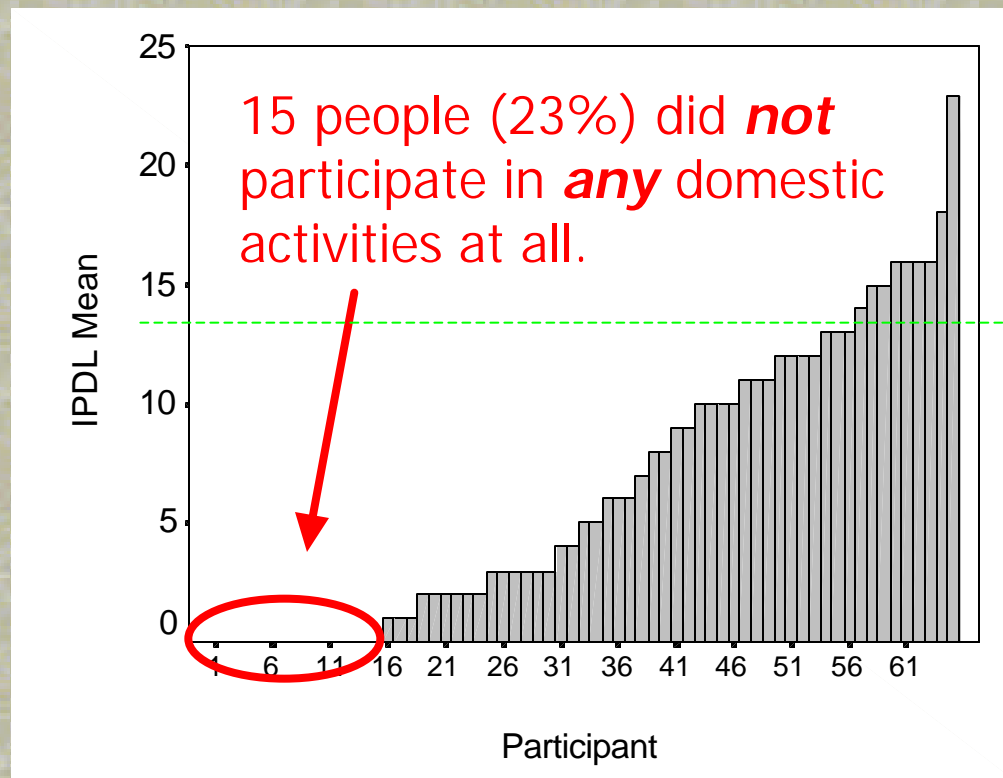
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Wide variation in Outcomes: Participation in Domestic Activities



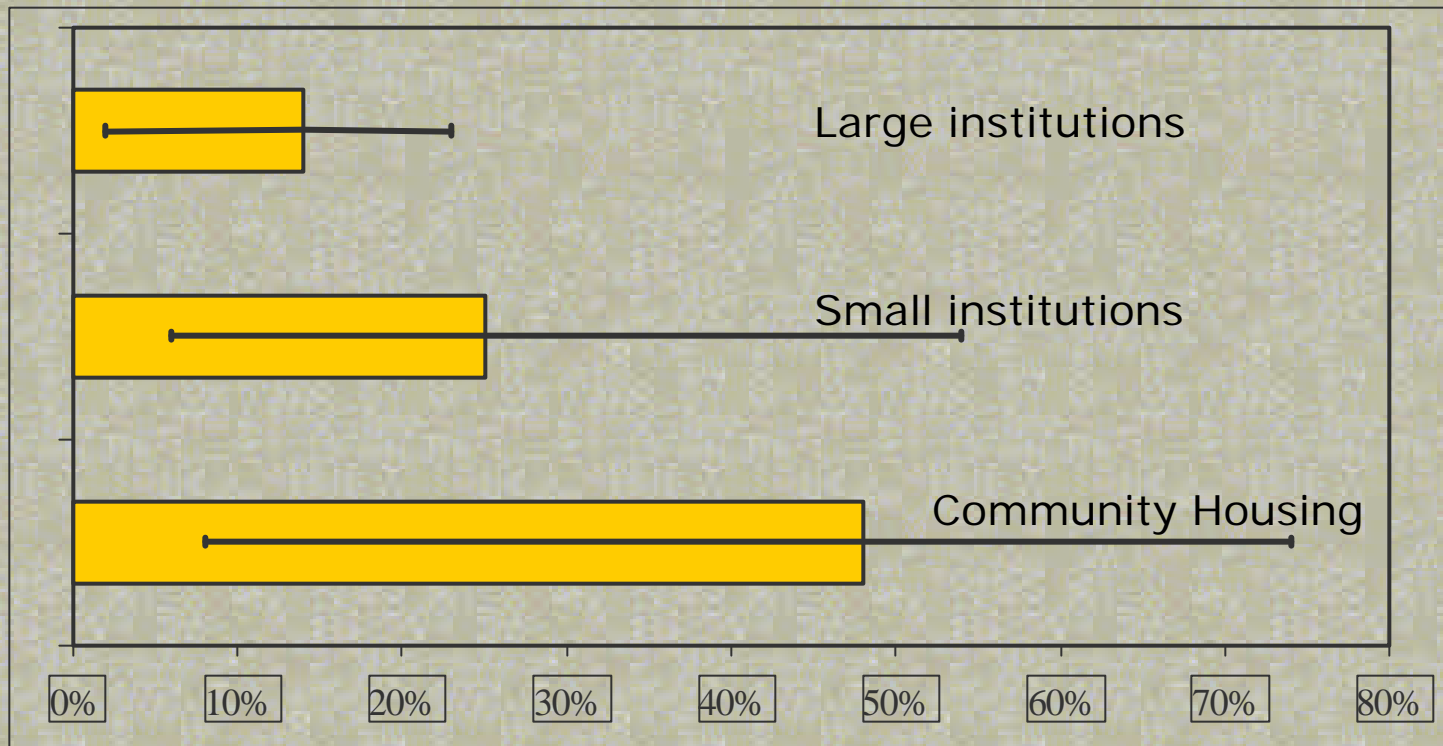
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Overlap with institutional levels of activity: Engagement in residential settings in England and Wales.



Percent time residents engaged

From Mansell (2006), using data from Emerson & Hatton (1994)



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Problems with Underactivity

- Underactivity/passivity is associated with many serious problems:
 - Increased challenging behaviour
 - Physical health problems
 - Depression
 - Learned helplessness



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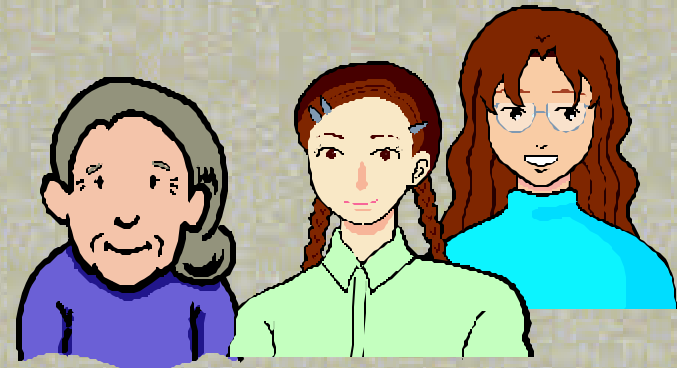
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The “Hotel Model”



Staff



Residents

Residents are spectators in their own lives.
 Staff feel like glorified domestics.



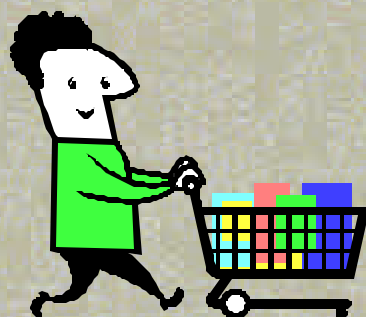
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The Active Support Model



People participate in everyday activities with support



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Support and Participation

- Basic issue about *how* support is provided. Staff can do things *for* residents or can do those same activities *with* residents and support them to participate.



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Support and Participation

- The primary focus is on **participation** with *whatever support is needed* (“partial participation”) so the person can take part in life *now*.
- There is no necessary expectation that the person will become more skilled or independent (a key difference from Active Treatment).



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Active Support DVD

ACTIVE SUPPORT

Video Directed by Edwin Jones

Welsh Centre for Learning Disabilities

Applied Research Unit

(Director, David Felce)



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Active Support is not new: it was developed and tested in the UK

- Nimrod – Kathy Lowe et al.
- Andover – David Felce et al.
- Special Development Team – Eric Emerson et al.
- **Welsh Centre for Learning Disabilities – Edwin Jones et al.**
- Tizard Centre – Jim Mansell et al.



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Research Findings Underpinning Active Support

- Direct observation in group homes shows that many people with severe intellectual disability spend lots of time doing *little or nothing*.
- These people need support to initiate and participate in activities.
- Staff can be trained to provide the support needed and so substantially increase residents' participation.



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Active Support: Strengths

- Well researched, evidence based, and has been shown to be effective in real group homes with real staff and residents
- Research mostly reports directly observed **outcomes** for staff and residents (benefits are directly measured and do not have to be inferred)
- Individualised
- Focuses on day-to-day reality, not one-off events or “pie in the sky”



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Jones, Felce, Lowe, Toogood et al., (1999)

- Jones et al.'s (1999) study, the first *experimental* evaluation of Active Support
- Examined its effects in five Welsh group homes.
- Jones et al. found increased observed levels of ***staff assistance*** to residents and increased observed ***resident engagement*** in activities.



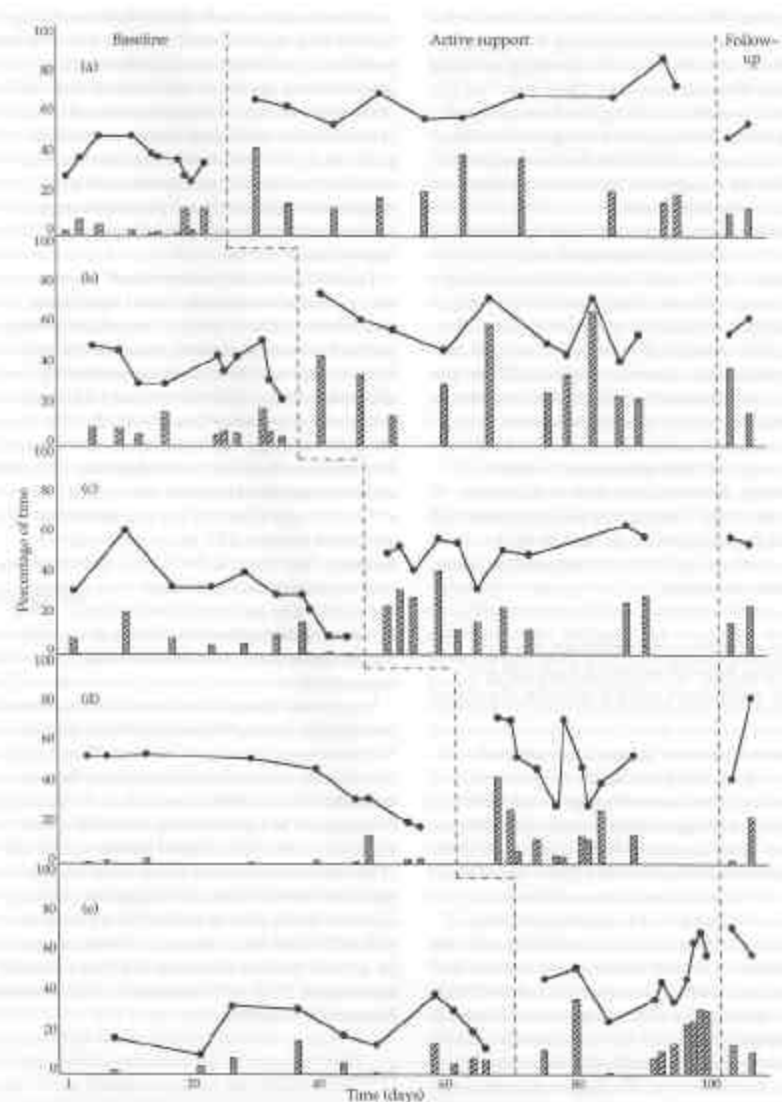


Figure 1. Percentage of time for which residents at houses (A) 1, (B) 2, (C) 3, (D) 4 and (E) 5 were engaged in activity (●) and received mail (cross-hatched bars) before and after the introduction of active support and at follow-up.

Jones et al., 1999: Results



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Jones et al., (1999)

- Large positive changes were evident for 18 of the 19 participating residents
- Changes were maintained in most houses at follow-up observations 8 to 12 months after the introduction of Active Support.
- The intervention not only positively affected staff behaviour, but also resulted in improved outcomes for residents. Such significant effects of staff training are not commonly observed.



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Active Support Procedures

- Detailed *staff training*:
 - 16 hours classroom training for the *entire staff* of the group home including the first-line manager
 - Individualized 1:1 on-site training for each staff member in supporting resident(s) to participate in activity.

- Straightforward paper planning tools to produce:
 - **Daily Activity and Support Plan**
 - Opportunity plans (for practising new skills)
 - Protocols



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Activity and Support Plan

Staff: Anne (A) and Colin (C)

Time	HELEN	S W	PAUL	S W	DIANE	S W	Household	Options
8:00	Eat breakfast	A	Eat breakfast	C	Eat breakfast	C	Put rubbish out Set table	
8:30	Clear dishes (on own)	A	Load dishwasher	A	Start laundry	C	Clear dishes Wash up/load dishwasher	
9:00	Shopping	C	Clean bedroom	A	Shopping & PO – pay phone bill	C	Start laundry Unload dishwasher	Go for a walk
10:00	Unpack groceries	C	Start laundry <u>Have coffee with mother</u>	A Mrs F	Finish laundry	A	Hang out clothes	Water plants Gardening



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Active Support

- Active Support focuses on **what staff do** to support resident participation in individually meaningful activity.
- Staff plan and monitor daily activity with residents and interact with them in a way that encourages and supports their participation.



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Doing *with*, not doing *for*

- Staff members' main job should be to **work directly with residents**. Active Support helps us refocus on this.
- Active Support is designed to provide a bridge to participation in everyday activities for people who lack the skills to participate independently.



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Active Support

- Felce, D., Jones, E., & Lowe, K. (2002). Active support: Planning daily activities and support for people with severe mental retardation.
- In S. Holburn, & P. M. Vietze (Eds.), *Person-centered planning: Research, practice and future directions* (pp. 247-269). Baltimore: Paul H. Brookes Publishing Co.



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CDDS Active Support Project

Implementing and Evaluating
Active Support in Australia



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CDDS Active Support Project

- With the support of **Dr Sandy Toogood** from the UK, CDDS conducted an Australian implementation and evaluation of Active Support in 2004.
- Active Support was introduced to five Australian group homes *one home at a time* by training the staff in each group home.



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Project Report

- Available from CDDS website:
www.cdds.med.usyd.edu.au

http://www.cdds.med.usyd.edu.au/html/ActiveSupport/Active_Support_Publicity.html

and click on

[Active Support Report & Appendix](#)



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Journal Article

Stancliffe, R. J., Harman, A. D., Toogood, S., & McVilly, K. R. (in press). Australian implementation and evaluation of active support. *Journal of Applied Research in Intellectual Disabilities*.



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CDDS Active Support Project

- Effectiveness was assessed using:
 - **direct observation** of
 - *resident engagement in activities*
 - *staff help for resident participation*
 - **written assessments** of other key resident outcomes (based on information from staff)

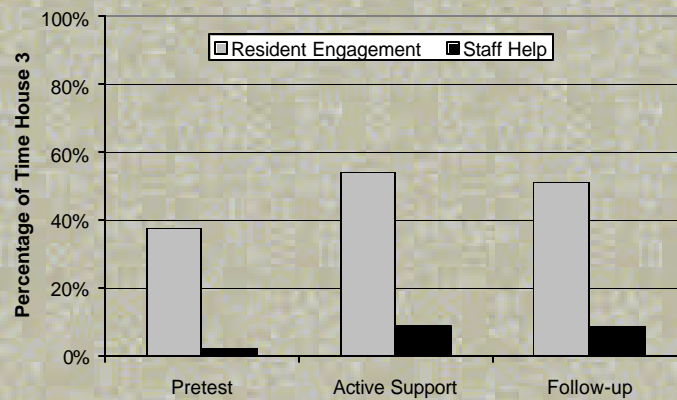
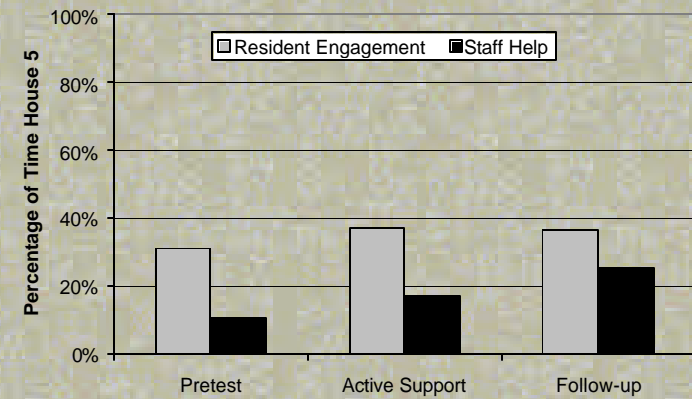
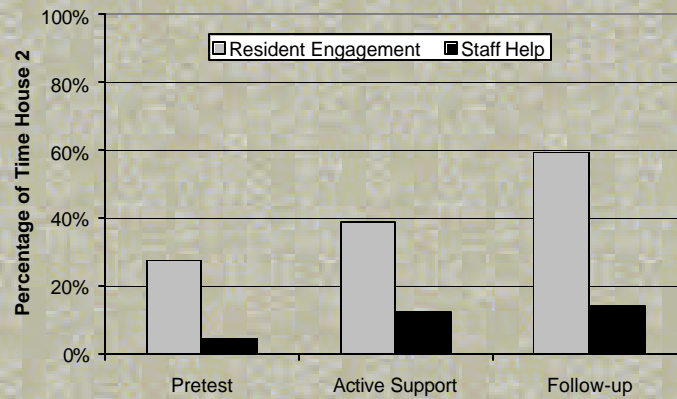
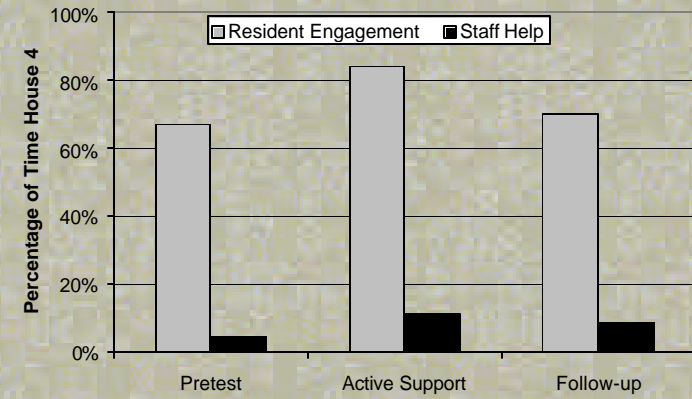
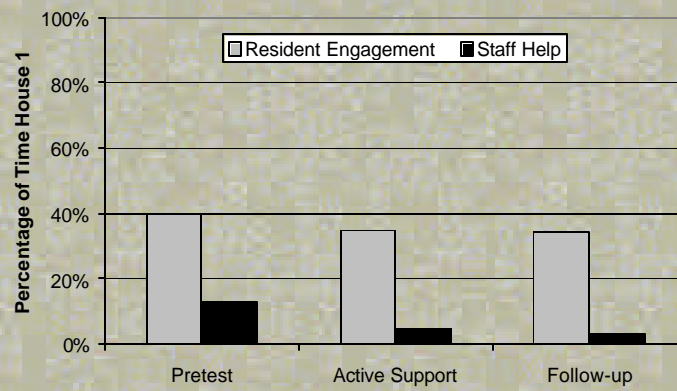
- Active Support was effective in increasing **staff help** and **resident engagement** in 4 of 5 group homes.



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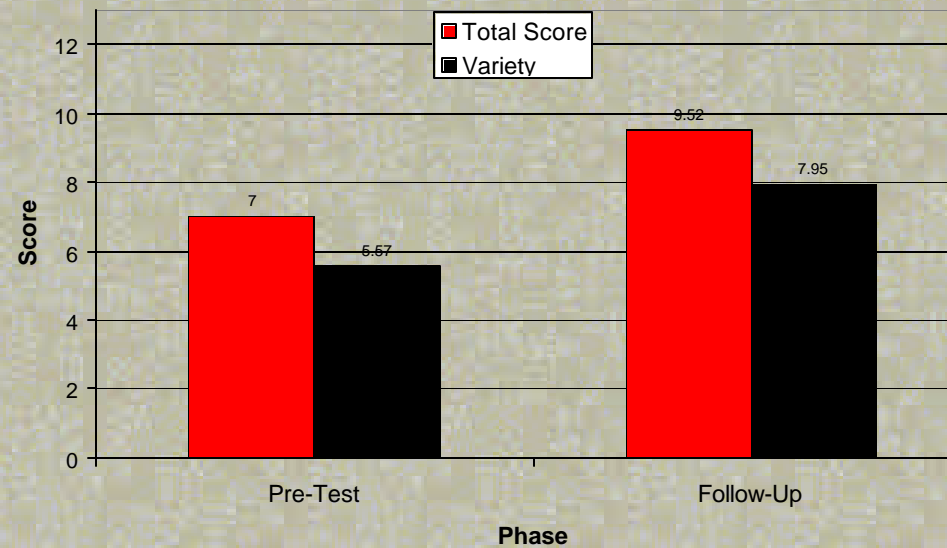


Domestic Activities

(Staff Report)

- There was significantly greater participation in a wider variety of domestic activities:
 - Total score ($p < .001$)
 - Variety ($p < .001$)

Domestic Participation (Staff Report)



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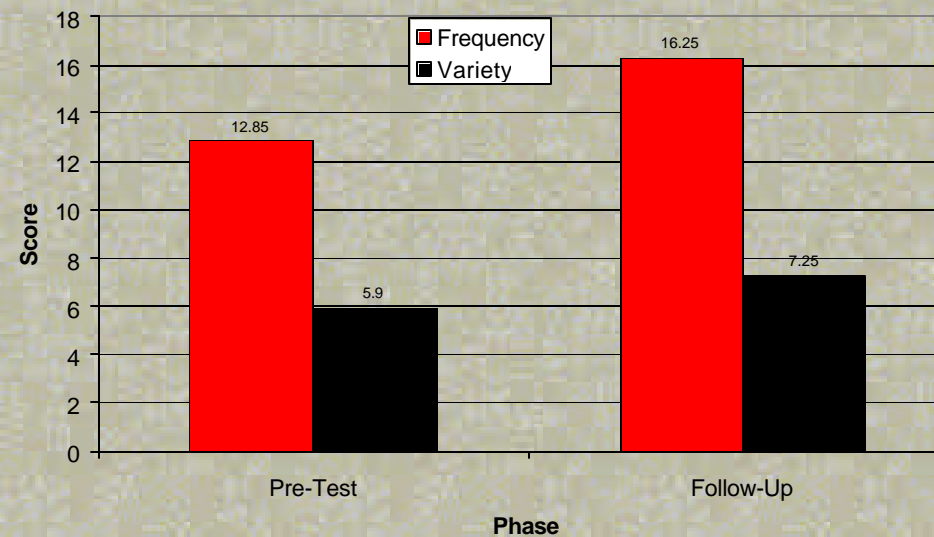


Community Participation

(Staff Report)

- There was more:
 - frequent ($p < .01$) &
 - varied ($p < .01$)community participation

Community Participation (Staff Report)



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CDDS Active Support Project: Additional Findings

- There was no significant change in **choice**, **challenging behaviour**, or amount of **contact with family or friends**.
- In one way, the choice finding is reassuring, in that Active Support could potentially be *misused* by using daily scheduling of activities *rigidly* as a method of staff control over residents' lives, so reducing resident choice.



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CDDS Active Support Project: Additional Findings

- Nonsignificant trends toward:
 - **reduced depression** ($p = .064$, two-tailed)
 - **increased adaptive behaviour** ($p = .079$, two-tailed)
- appear to warrant further investigation.



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Factors Associated with Increased Client Engagement

- We examined:
 - The association between *Change in Engagement and Adaptive Behaviour*
 - The association between *Change in Engagement and Change in Staff Help*



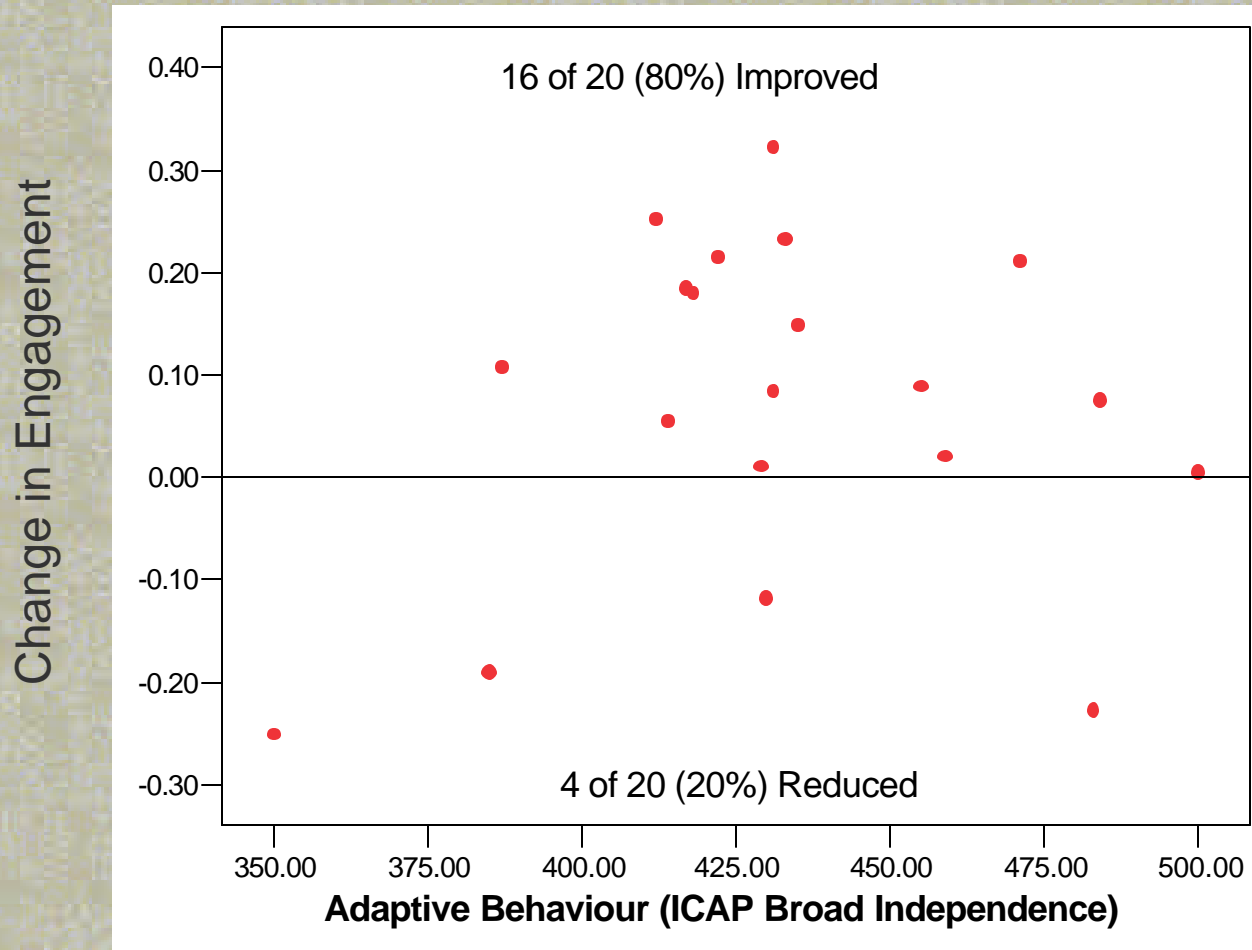
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Change in Engagement and Adaptive Behaviour: Pre-Test to Post-Test



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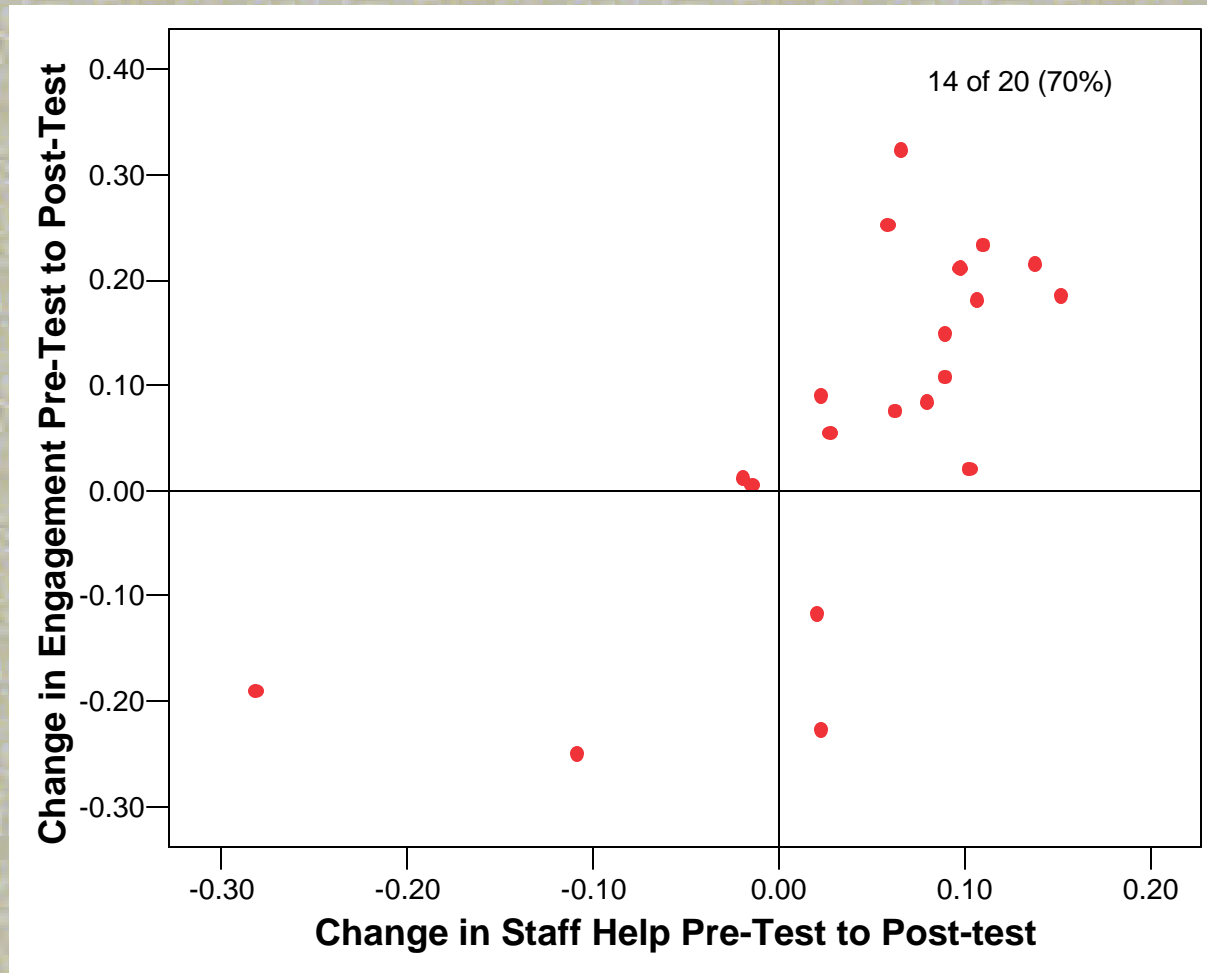
Correlation: Adaptive Behaviour & Change in Engagement

- pre-test to post-test $r = .13$, $p = .58$
- pre-test to follow-up $r = -.18$, $p = .45$
- Suggests that **the effectiveness of Active Support is independent of the person's level of adaptive behaviour.**





Change in Engagement and Change in Staff Help



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Correlation: Change in Engagement and Change in Staff Help

- Pre-test to post-test:

- $r_s = .73, p = .000$

- Pre-test to follow-up:

- $r_s = .53, p = .01$

- These correlations show that **increases in the amount of staff help were significantly associated with increases in resident engagement** (and *decreases* in staff help with *decreases* in engagement).



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Active Support in Australasia

- Projects under way or **planned** in:
 - Australian Capital Territory
 - New South Wales
 - Victoria
 - Tasmania
 - **South Australia**
 - **Queensland**
 - **New Zealand**



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Scale of Australasian implementation

- Widespread interest but limited implementation.
- Mostly in small non-government organizations.
- One major train-the-trainer project in Victoria with planned **statewide roll out**, and a similar project being planned in Queensland.



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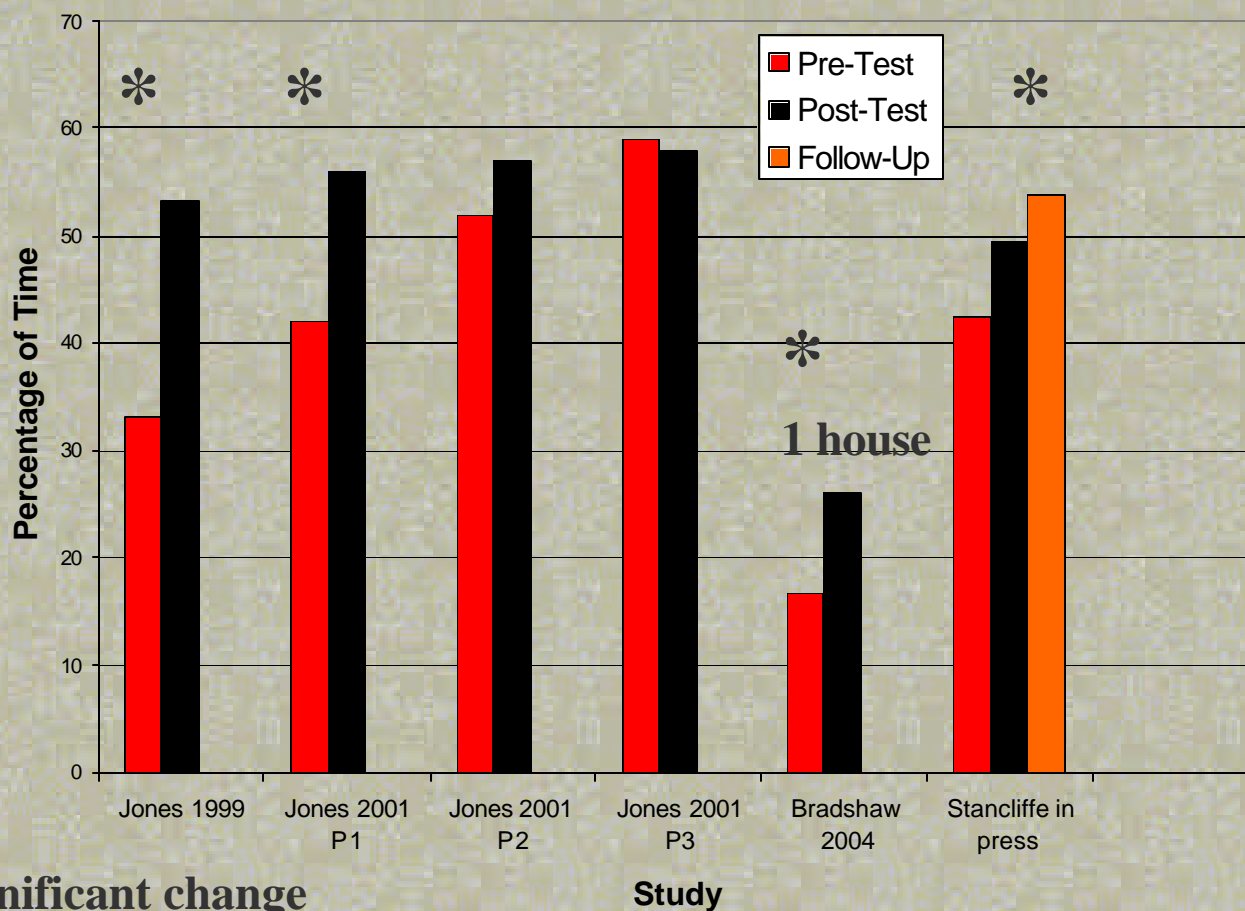
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Making Active Support More Effective

Engagement Before and After Active Support



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Making Active Support More Effective

There is a need to identify:

- the features of training and implementation
- the characteristics of staff, settings and trainers

that relate to more successful outcomes.

For example, some agencies have been working on:

- integrating Active Support more fully with individual planning
- harmonising Active Support record keeping so paperwork is reduced and the same information is only recorded once



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Other Areas for Further Development

- Applying Active Support techniques more fully to community participation, social interaction etc. so there is not an overemphasis on domestic activities
- Focusing on identifying and supporting individually preferred activities rather than just activities
- Increasing resident control over which activities they participate in and when (e.g., pictorial schedules with choice)
- Finding a balance between enough paperwork for planning, consistent implementation and monitoring and too much paperwork
- Ensuring consistent long-term implementation, with agencies having the capacity to train new staff as required.



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Areas for Further Development

- Future research should focus on:
 - applicability of Active Support to people with milder disabilities
 - individuals with intellectual disability living in the family home
 - non-residential services (e.g., day programs)
 - services for people with brain injury, dementia, and physical disability could also be explored
 - the role of both teamwork and management appear to be crucial but are not well understood.



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Active Support Resources

Series of six training booklets by Edwin Jones et al.

- 1 Overview
- 2 Activity & Support Plans
- 3 Opportunity Plans
- 4 Teaching Plans
- 5 Individual Plans
- 6 Maintaining Quality



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Active Support Resources

- 25 minute Active Support video/DVD directed by Edwin Jones.



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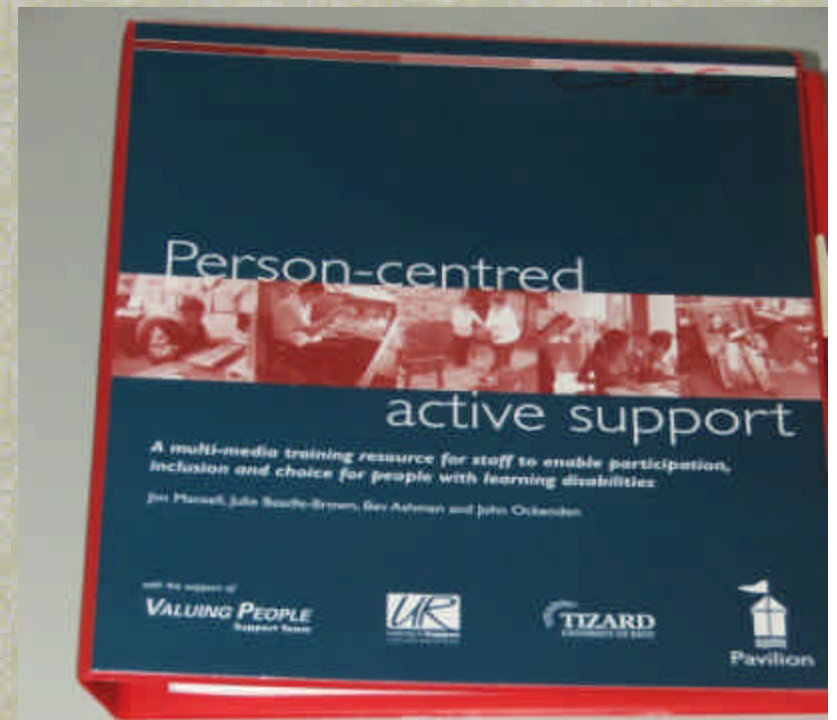


Active Support Resources

- *Person Centred Active Support* by Mansell et al. (2005)

- Includes video CD
- OHP/Powerpoint slides
- 6 modules
- Handouts, worksheets
- Photocopying waiver for person or organization purchasing

- Available from Pavilion Publishing, UK.



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Active Support in the US

- No US implementation to date
- University of Minnesota's *Research and Training Center on Community Living* is developing a consortium with local providers to implement and evaluate Active Support in Minnesota



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