



Government
of South Australia

Department for Communities
and Social Inclusion

Strathmont Centre and the Community Living Project

Summary of findings from the follow-up evaluation report

Report of Strathmont Centre Redevelopment and Community Living Project
(Phase 4: October 2013-March 2014)

Background

The move of 144 residents from Strathmont Centre to community-based supported accommodation has been a very significant undertaking in the evolution of disability services in South Australia. The United Nations' Convention on the Rights of Persons with Disabilities asserts that people with a disability have the right to fully participate in the life of the society in which they live. Australia was an early signatory to the Convention. The provision of community-based options, as opposed to institutionalised accommodation, is a key component in enabling those rights. The Strathmont Centre Redevelopment and Community Living Project has been central in putting policy into practice in the area of disability rights in South Australia.

To assess the strategic significance of the initiative, including whether the project's objectives were met, the then Department for Families and Communities (now the Department for Communities and Social Inclusion (DCSI)), commissioned an evaluation of the project, commencing in August 2006. Dr Jerry Ford, from Flinders University, and Dr Neil Kirby, from University of Adelaide were appointed as evaluators. The evaluation aimed to measure the wellbeing and quality of life of the first 30 people who moved from Strathmont to purpose-built community houses. It also looked at the impact of the move on families, volunteers and staff.

The evaluation was carried out in three stages, with the last phase of data collection (Phase 3) completed in December 2009. The final report was released in May 2011.

Findings showed the relocation was associated with many benefits to residents, families, staff and volunteers. Opportunities for improvements were also identified. The full 2011 evaluation report and an accompanied Summary Report prepared by DCSI are available on the DCSI website.

A fourth, follow-up phase, undertaken between October 2013 and March 2014, was made possible using limited finances remaining from the original evaluation budget.

Follow-up (Phase 4) evaluation report

The Phase 4 report, completed in December 2014, provides the final assessment of the quality of life of the original group of residents who made the transition from Strathmont Centre into purpose-built community-based houses. Its findings are based on staff interviews, an audit of health and life style plans, a time sampled observations of resident day activities and interactions in the houses, and a limited evaluation of the effects of a Person Centred Active Support (PCAS) training program introduced for staff after 2009. Twenty residents, from the original group of 30¹, were involved in this stage of the evaluation.

As noted in the 2011 report, there are a number of limitations to the evaluation. Most notable is the lack of direct input from the residents, due to their high or profound level of disability. Furthermore, given the limited resources for this evaluation stage, families, volunteers, and other Disability Services staff (such as program coordinators or managers) were not involved. Notwithstanding these limitations, the report provides a valuable assessment of our progress towards achieving better outcomes for people with disability.

Key findings

The results of the Phase 4 evaluation indicate improvements in many areas that contribute to quality of life, including:

- more positive ratings by staff of the perceived impact of community living on the residents' behaviour, and their emotional and material well-being
- an increase in the variety and frequency of activities available to them; and
- good or excellent health, with residents' health needs being met appropriately.

The report found that all residents had received an annual medical review and that doctors' visits had reduced by 58% and seizures by 50%. The importance of this finding is particularly significant, given residents' multiple and complex needs.

It was also found that all residents had a current lifestyle plan. These plans are important tools for providing a framework for developmental work with residents. The report cites that activities had been organised for all residents and they all had achieved their activity goals for 2013.

However, no change was noted since 2009 in residents' involvement in the running of their homes or engaging in domestic activities. Issues were also raised in relation to the nature of activities available to residents and their limited involvement in decision making in relation to common daily activities.

As with previous reports, it was noted that despite achievements in the areas of health and lifestyle, there were few gains in increasing social networks and community inclusion. For example, only 20% of residents were reported to have a friend who was not a staff or a family member.

¹ Out of the original 30 residents three died during the initial evaluation time-frame, six died subsequently and one moved to a different location.

Phase 4 recommendations

The follow-up evaluation made recommendations in relation to two key areas:

1. Staff recruitment, training and development – with a number of suggestions put forward to support working methods designed to enable and facilitate desired outcomes and broader organisational goals, particularly in relation to social inclusion, choice making or community participation of residents.
2. Residents' lifestyle planning and community engagement – with greater focus on specific goals and measurable outcomes in planning and an adoption of a range of strategies in creating community relationships.

Further evaluation, to examine the quality of life of new residents, was also recommended.

Service improvement initiatives in Disability Services

Disability Services continuously strive to develop and improve services that are offered to people with disability. A range of initiatives, aimed at enhancing residents' lifestyles and lifestyle planning and staff training, was outlined in a DCSI document that accompanied the release of Phase 3 Evaluation Report in May 2011. These are continuing and expanding, as outlined briefly below.

Rights-Based Approach

Disability Services has commenced a process of articulating a rights-based service delivery model, underpinned by the United Nations Convention on the Rights of Persons with a Disability, moving away from the social welfare/custodial model to a rights-based framework of personal choice and autonomy.

Person-Centred Planning

Person-Centred Planning (PCP) has been adopted as the tool for engaging with clients across accommodation services about their goals, hopes and aspirations for the future. A key focus for 2014-15 has been to research and develop a person centred planning process and framework. The Person-Centred Planning Project has been established to support people with disability to experience greater choice, control, and opportunities to live 'a good life'. This includes focus on people's rights; what is important to, and for, people; support decision-making; authentic choice-making and the development of relationships.

The Support Planning process and documentation have been overhauled and now have a more person-centred focus, inclusive of personalised, achievable goal identification and planning. Staff are trained in the process of working with people on developing their individual plans, as well as implementation of those plans into a person-centred approach each day. As each resident engages in this process, the Person-Centred Planning tool will provide an on-going evaluative mechanism for assessing whether goals have been achieved and whether the lives of individuals have been improved.

Community engagement

A key aspect of PCP is community engagement. It is widely acknowledged as a challenging area, particularly for residents with a history of institutional care and those with profound disabilities. Staff are working more intensively to enable clients to be involved in activities outside of their individual households. Disability Services is continually seeking new methods and ideas for creating opportunities for people living in supported community accommodation to develop natural friendships and to be more involved in their local community. This process continues as a priority within the PCP framework.

High Needs Service – activity support

An activity support coordinator (ASC) position has been established for one of the accommodation services to enable people to participate in a more diverse range of social interactions and shared activities. This position was created in direct response to the earlier evaluation report which identified the need for improved residents' participation in meaningful, socially inclusive activities. This position supports people with very high needs by working with the Program Coordinator to plan and then accompany people to a range of community activities.

Recreation activities

Strathmont Centre based recreation and developmental services have been moved to community-based settings to assist in reducing levels of social isolation and improve community access and participation for residents.

Staff recruitment, training and support

The staff recruitment process has been reviewed and developed to introduce the evaluation of potential employee's perceptions and job expectations. The recently developed Behaviours at Work Framework is a key component of the process for recruiting people with the values that fit with the implementation of the positive engagement approach. Psychometric testing has recently been introduced as an additional tool in the recruitment process. This tests people's values, behaviours and attitudes and is providing vital information in the selection of new staff. Staff induction has been expanded beyond mandatory training to include person-centred training.

Staff receive ongoing training in a range of mandatory and discretionary areas. Program Coordinators work closely with Managers and Shift Supervisors to ensure that formal training is followed up with on-the-job mentoring and skills development. Disability Services is committed to continuously improving staff engagement so that they can work more effectively with the people they support. Improved training compliance reporting has also been implemented to assist Accommodation Management teams to better schedule and monitor attendance.

In-house Shift Supervisors introduced

In-house Shift Supervisors have been introduced in order to provide more direct supervision for staff to support their skills development and responses to resident needs.

Volunteer support

Recruitment and training has increased access to volunteer support, ensuring that people with disabilities have greater opportunity to attend/join local sport, church and social clubs and activities.

Preparing for the National Disability Insurance Scheme (NDIS)

The PCP process that is currently being rolled out will prepare residents well for the introduction of the NDIS. Choice is a key component of the NDIS and the PCP engenders this into daily decision making.

The PCP tool aligns with the NDIS tool for determining funding, so clients will be well positioned to maximise their allocation when they engage with the National Disability Insurance Agency to determine their funding.

Summary

The lives of people who moved from Strathmont Centre into community living have improved significantly. They are living in smaller groups in modern, purpose-built housing, with better staffing levels. They are enjoying greater privacy, more visits from families, better compatibility with fellow residents, more outings and an enhanced lifestyle.

The recently implemented Person-Centred Planning approach does address the areas of individual choice and decision-making and community participation. Staff are approaching it with enthusiasm as it provides a better tool for the resident engagement and development. While the profound level of disability and highly institutional background of some residents poses challenges, efforts continue to facilitate their meaningful community and social participation. Disability Services is committed to enabling the people we support to live the best lives that they possibly can by working with them, their families and significant others to increase their life opportunities.

The evaluation provided an important mechanism through which the effectiveness of this initiative could be appraised and enhanced. On behalf of the people that we support, their families and Disability Services, we acknowledge Dr Ford's and Dr Kirby's expertise and thank them for their contribution in providing insights that can greatly assist in improving the lives of people we provide services to.