

May 2011

THE STRATHMONT CENTRE REDEVELOPMENT AND COMMUNITY LIVING PROJECT

SUMMARY REPORT

The Department for Families and Communities (DFC) welcomes the completion of the final report into the evaluation of the *Strathmont Centre Redevelopment and Community Living Project*.

The Department is committed to improving the living conditions and lifestyles of all people who are living, or who have lived, in the Strathmont Centre. At its peak, Strathmont provided accommodation for more than 600 people with an intellectual disability. The staff, parents and friends have made every effort to provide a comfortable and stimulating environment for residents. However, the Centre is nearing the end of its serviceable life and across the community, institutional care is no longer seen as the preferred model.

This report was commissioned to highlight the many improvements that have been made in the lives of former residents of Strathmont Centre and to highlight areas where further improvements can be made.

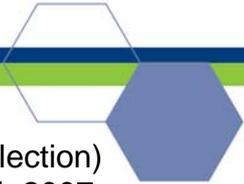
This report is a summary of the evaluation report. The full report can be found online at www.dfc.sa.gov.au/research/.

BACKGROUND:

In July 2005, the South Australian Government started the *Strathmont Centre Redevelopment and Community Living Project*. This involved 150 residents having moved into purpose built homes with 64 remaining by May 2011. It is important to note not one person has asked to return to Strathmont to live.

DFC commissioned an evaluation of the success of the project, and this began in August 2006. Dr Jerry Ford (Flinders University) and Dr Neil Kirby (University of Adelaide) were engaged as evaluators.

The evaluation measured the wellbeing and quality of life of the first 30 residents to move from Strathmont Centre into the community. It also looked at the impact of the move on families, staff and volunteers.



The evaluation was carried out in three phases. Phase 1 (baseline data collection) was completed in December 2006, with the final report submitted in April 2007; Phase 2 was completed in July 2007, with the final report submitted in May 2008; and Phase 3 was completed in December 2009, with a draft report submitted to DFC in September 2010 and the final report submitted in March 2011.

The researchers recognised a number of limitations of the evaluation. A relatively small number of volunteers participated in the evaluation, and most of the responses were not from the residents themselves but subjective assessments from volunteers, families and staff. In most cases, residents have a high or profound level of disability and could not participate themselves in the research project.

Despite these limitations, the Department accepts many of the findings and supports the recommendations to improve the services provided. A number of improvements have occurred since the last data collection in December 2009.

FINDINGS OF THE EVALUATION - PHASE 3

The evaluation found that the relocation process has delivered benefits not only for residents but also for their families, staff and volunteers. Key benefits are outlined below:

- **Residents:**

The move from the Strathmont Centre into the community has been associated with many lifestyle improvements. This has included increased family contact, more privacy, a more home-like and less institutionalised living environment, an increase in perceived life satisfaction and many improvements in residents' health. The report also highlights an 80% reduction in "behaviours of concern", which includes physical self injury and injury to others.

However, the evaluation also identified that there were limited opportunities for residents to participate in meaningful, socially inclusive activities. The report states residents spend the largest proportion of their time inside their house due to their high level of personal support needs. At face value this appears undesirable, however, their required level of need more often than not dictates that this is a necessity. This has been and will continue to be addressed to ensure residents take part in meaningful activities both inside and outside.

- **Families:**

Families were generally positive about the community living project, with nearly all reporting that they were satisfied with their family member's current standard of accommodation and the quality of services provided. This represents a significant shift in perception from the start of the project, when many families were uncertain and anxious about the move.

A small number of family members expressed concerns on various aspects of service provision including reduced physiotherapy services, communication difficulties with staff from non-English speaking backgrounds (NESB), lack of meaningful activities and low stimulation for residents.



- **Staff:**

Staff indicated that the homely environment gave greater opportunities to provide residents with the support they needed. There was evidence of improved relationships amongst staff members. Staff reported greater interaction and involvement than they did at the start of the project.

Concerns were raised by staff in relation to training, relationships with other staff, workloads and greater responsibilities, and a lack of feedback from management regarding performance.

New schedules, staff mentoring, equipment and training methods and regular staff appraisals have been introduced to address these concerns.

RECOMMENDATIONS

The evaluation report outlines a number of recommendations to address emerging issues, including:

- development of individual detailed program plans for all residents. These plans will guide the delivery and monitoring of programs, supports and activities; and
- review of staff training, with greater emphasis being placed on delivering “active support” for residents (“Active support” is described below).

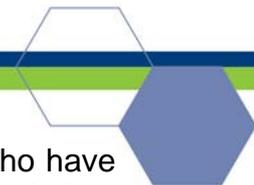
While the evaluation report noted some very positive health and lifestyle gains for residents it was also noted that further work was needed to improve the engagement of residents in the life of their local community, which will become a priority of the Department in the short to medium term.

PROGRESS SINCE DECEMBER 2009

Improving Lifestyles and Lifestyle Planning

In December 2009, the Minister for Families and Communities launched the “*Person Centred Active Support Statement of Intent*”. Active support explores opportunities in everyday, ordinary activities in an individual’s life, to promote and develop new relationships, increase social inclusion, and increase choice and control in residents’ lives. Examples of such everyday activities include answering the door to visitors, meeting and greeting people on the street, and going to the local shop to purchase goods. These are simple yet effective ways of building relationships in the community.

Training in this model is continually being provided to all direct support staff, shift supervisors, program coordinators and accommodation managers, and an “active support framework” is being implemented across Disability Services’ accommodation services. *The Person Centred Active Support* model requires staff to involve residents in everyday life. This ensures residents are asked things such as what they might like to have for breakfast and what movie or TV show they would prefer to watch. It also requires staff to involve residents as far as they are able in planning and participating in everyday activities such as preparing meals, doing the laundry, gardening and outings in the community. This ensures residents exercise choice, develop skills and are occupied in a meaningful way throughout the day.



Disability Services is also reviewing its lifestyle planning process for clients who have moved out of Strathmont. The review is being undertaken to bolster personal choice, meaningful community participation and access, and meaningful personal relationships with friends and family. It also aims to extend support networks outside of family and paid worker relationships. This process will place greater emphasis on quality of life, inclusion and personal developmental opportunities.

Plans are underway to move some of the Strathmont Centre-based recreation and developmental services to community-based settings closer to where residents are now living. It is hoped this will further improve community access and participation. At the same time existing services will be maintained for the 64 residents currently living at the Centre.

While there has been no reduction in the level of physiotherapy resources within Disability Services, there has been a large increase in the number of people who require them. Families' perceptions about a decrease in physiotherapy services may have been heightened as services are now provided directly through a visiting community service given that these residents no longer live at Strathmont.

In 2010 Disability Services reviewed the intake process for allied health services, including physiotherapy. This provided the necessary data to ensure resources were directed to people with urgent and pressing health needs.

Disability Services is closely monitoring former Strathmont residents' achievement of personal goals. This monitoring has found increased engagement and inclusion of people with disabilities in community-based activities alongside others with or without disabilities. Where it is discovered that goals were not met or only partially met, an explanation is sought from staff, and remedial action is taken or revised goals are implemented.

Residents living in the community have more control over the use of their money and, with support, are encouraged to use local community services such as doctors, hairdressers, social groups, shopping centres, massage therapists, restaurants and cinemas. Where possible, residents are supported on annual holidays.

There has been a significant improvement in the level of specialised transport available to assist residents, with most houses now having a specially modified vehicle to assist in transporting residents.

Residents can choose the activities they participate in, or can choose not to participate if this is their wish.

Improving Staff Training

Staff turnover rates have been an issue for accommodation services across Australia. Significant work has been done to recruit and retain staff, resulting in a near halving of the turnover rate.

The number of staff from NESB in the Disability Services sector has also increased nationally in recent years. The Department strongly believes that staff from NESB bring many positive qualities to the support of people with disabilities. To ensure standards are increased, Disability Services has reviewed its recruitment practices to ensure people from NESB have adequate English language skills before they are considered for employment. Stricter recruitment criteria now apply and there is more candidate testing for potential staff. All staff attend cultural diversity training and the



department actively promotes cultural awareness and acceptance in the workplace. Training for staff has been significantly improved since 2006, with all direct support staff having access to a range of training opportunities. A new program designed to improve the skills of staff who provide personal support for clients is currently being trialled in the Northern Region. This training will better equip staff to deliver the personal support that is tailored to meet their individual needs.

The *My Home, My Life* project has commenced at two of the services in the report. It is a demonstration project which will be evaluating, reviewing, developing and implementing a model of best practice in supporting people residing in accommodation services. The model will train staff in the proper use of *Person Centred Active Support* principles which will require staff to give residents more opportunity to express choices, to be involved in community outings and to participate in activities that stimulate and provide opportunities for personal growth. This could involve simple choices such as deciding what to wear for the day to deciding where to go on a holiday. It will also require staff to encourage residents to participate in everyday activities such as cooking, shopping, outings and hobbies.

Further recruitment and training has increased the number and retention of volunteers who provide valuable assistance to residents. An orientation is held every Friday with between 2 and 10 potential new volunteers attending. Volunteers are recruited through networking with agencies such as Commonwealth Rehabilitation Centres, Work for the Dole, college and university students. Some people also approach Disability Services directly wishing to volunteer. A variety of strategies are used to support volunteers and to recognise their contributions. This includes formal events where their length of service is recognised, the publication of a regular volunteers newsletter in which the work that volunteers do is highlighted and having them involved in special events such as a resident's birthday.

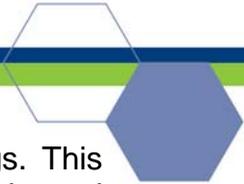
Volunteers give residents a greater chance to be involved in local sporting, religious and social clubs. Volunteers provide companionship during outings to a range of social and recreational activities such as karaoke and bingo.

THE WAY FORWARD

Each resident (and their families or guardian) will be advised of the level of funding for the services they receive. This is the first step towards giving greater choice and control for residents over the funding used to support them. It will also allow them to participate in self managed funding as this scheme develops.

The residents that are the focus of this report have a significant, and often profound, level of disability. Experienced staff are adept in recognising choices made by residents who are unable to verbally indicate their choices. This often occurs in the form of facial expressions, body language, animation or an expression of displeasure. Staff are required to encourage and respect these decisions and Disability Services will continue to train staff in this method of communication. Listening to friends and families when the resident finds it difficult to express themselves is critical in moving towards real choice, community inclusion and citizenship.

DFC acknowledges that it is a challenging task to overcome the many years of institutionalisation that some residents have experienced. It takes time to re-establish links with extended family and community. A number of strategies which have been implemented include:

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- Families continually being invited to the annual lifestyle review meetings. This encourages family involvement in planning for the coming years' lifestyle and developmental opportunities for their relative. The lifestyle plan contains a number of goals which shape the activities contained in the plan;
 - Families providing direction in significant events in their relative's life. Special events such as Mother's Day, Christmas and birthdays are recognised and celebrated;
 - Encouraging and facilitating families to visit at any time; and
 - Families involved in all significant health, lifestyle and financial or legal decisions involving their relative.

Disability Services will progressively improve the lifestyle planning process for residents so they can be even more involved in determining the activities they participate in, as well as having more opportunities to access community based activities.

This report highlights the many strategies that have already been implemented to enhance the level of engagement with residents during the day. It is clear that the lives of people living in the community homes have significantly improved since they moved from the Strathmont Centre. 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 and more outings. However, there is still work to be done to help people with multiple and profound disabilities take their rightful place in the community.

On behalf of the residents, families and DFC, I thank Dr Kirby and Dr Ford for giving us valuable insights and recommending measurable strategies to improve the lives of people who have left the Strathmont Centre. Their research will be used to improve services as activity at Strathmont is phased out. This will enhance the considerable improvements that people who have moved from the Strathmont Centre are now experiencing.

Joslene Mazel

Chief Executive, Department for Families and Communities