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.
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.
Wide variation in Outcomes: Participation in Domestic Activities

15 people (23%) did not participate in any domestic activities at all.
Overlap with institutional levels of activity: Engagement in residential settings in England and Wales.

Problems with Underactivity

- Underactivity/passivity is associated with many serious problems:
  - Increased challenging behaviour
  - Physical health problems
  - Depression
  - Learned helplessness
The “Hotel Model”

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

Residents
Staff
The Active Support Model

People participate in everyday activities with support
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.
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).
Active Support DVD

ACTIVE SUPPORT
Video Directed by Edwin Jones

Welsh Centre for Learning Disabilities
Applied Research Unit
(Director, David Felce)
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.
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.
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”.
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.
Jones et al., 1999: Results
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.
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
# Activity and Support Plan

**Staff: Anne (A) and Colin (C)**

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

- 8:00
- 8:30
- 9:00
- 10:00
### Activity and Support Plan

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*Options: Household, Options*
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.
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.
Active Support


- In S. Holburn, & P. M. Vietze (Eds.), Person-centered planning: Research, practice and future directions (pp. 247-269). Baltimore: Paul H. Brookes Publishing Co.
CDDS Active Support Project

Implementing and Evaluating Active Support in Australia
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.
Project Report

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

ActiveSupport/Active_Support_Publicity.html

and click on
Active Support Report & Appendix
Journal Article

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.
Domestic Activities
(Staff Report)

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

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

community participation
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.
CDDS Active Support Project: Additional Findings

- Nonsignificant trends toward:
  - reduced depression \( (p = .064, \text{ two-tailed}) \)
  - increased adaptive behaviour \( (p = .079, \text{ two-tailed}) \)

appear to warrant further investigation.
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
Change in Engagement and Adaptive Behaviour: Pre-Test to Post-Test

16 of 20 (80%) Improved
4 of 20 (20%) Reduced
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

Change in Engagement Pre-Test to Post-Test
Change in Staff Help Pre-Test to Post-test

14 of 20 (70%)
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).
Active Support in Australasia

- Projects under way or planned in:
  - Australian Capital Territory
  - New South Wales
  - Victoria
  - Tasmania
  - South Australia
  - Queensland
  - New Zealand
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.
Making Active Support More Effective

Engagement Before and After Active Support

* * *

1 house

* Significant change

Study

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<tr>
<th>Study</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Follow-Up</th>
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<td>Stancliffe in press</td>
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Significant change
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
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.
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.
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
Active Support Resources

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