Making life good in the community

Implementing a keyworking system in a group home for people with intellectual disabilities

Tim Clement
Christine Bigby

La Trobe University

School of Social Work and Social Policy

May 2008

State Government Victoria

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Contents

1. Introduction

Making Life Good in the Community is the title of a research project that is concerned with discovering ways of supporting people with intellectual disabilities to lead the best possible lives. It has focused on the lives of former residents of Kew Residential Services (KRS) as they have moved from that institution into brand-new, purpose-built group homes. This report considers issues raised by one element of the *Making Life Good in the Community* research: a project that was concerned with developing more individualised services at 96 High Street, a group home for three men and three women with intellectual disabilities[1].

Group homes are the dominant form of funded residential accommodation for people with intellectual disabilities in Australia and many other developed countries (Braddock, Emerson, Felce, and Stancliffe, 2001). Living in a house with a number of other people with intellectual disabilities immediately creates tensions with the facets of the Victorian State Disability Plan (Victorian Department of Human Services, 2002a), which promote individual aspirations. The *Principle of Dignity and Self-Determination (Choice)*, the goal of *Pursuing Individual Lifestyles*, and the strategy to reorient disability supports towards *Individualised Planning and Support* are harder to realise in a group home, because the context of group living creates a tension between individualised support and group experiences.

Anyone who has worked or lived in a group home will be acutely aware of having to continuously negotiate the tension that exists between individual and group needs. Asking six residents with mild intellectual disabilities what they want to do on a Saturday evening will more than likely result in half-a-dozen different requests that are impossible for the staff 'on duty' to support. The house supervisor at 96 High Street made a comment that reflects the difficulties of providing a completely individualised service in a group home. He thought that, 'If each resident had their own routine it would be chaos' (F/HS/170106)[2]. Conversely, the same question asked of six people with profound intellectual disabilities will not produce first-hand answers. In this case, the challenge for staff is not to privilege their own interests when organising activities on the residents' behalf, and to differentiate between residents so that they do not, in general, always do the same activities together.

Providing a service in a group home is not a choice between the two extremes of individualised or group living. The residents do not have to sit down together to eat the same evening meal at the same time, nor do the staff have to support each resident to cook a separate meal of his or her choice at a time to suit. A balance between these extremes is both possible and desirable if services are to support more individualised lifestyles in group settings. A resident may have to eat his evening meal earlier or later

[1] The name of the house and the people who live and work there have been changed to provide a degree of anonymity.

[2] When we use original data it is followed by a reference number. F stands for fieldnote; HS is High Street; and the number is a date. Other abbreviations that are used later are D (Document) and I (Interview).

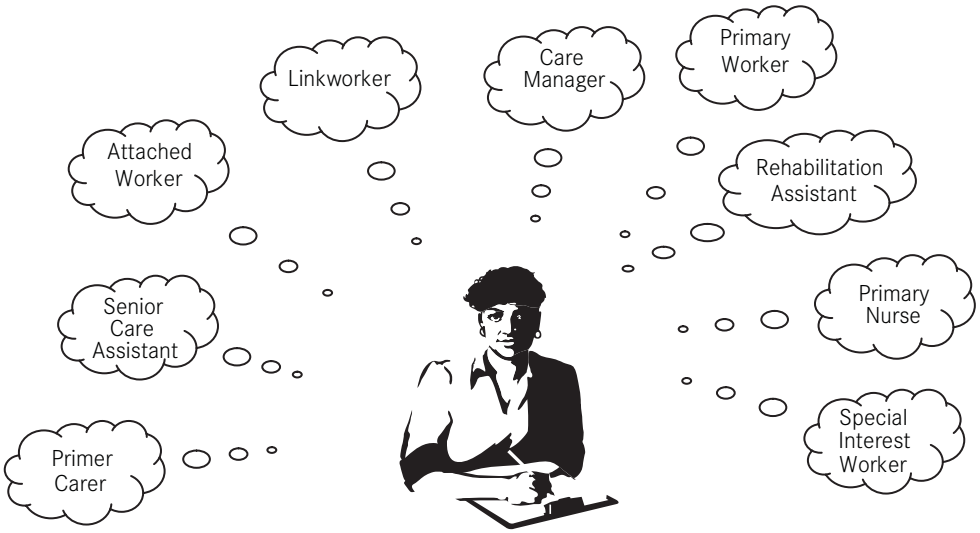
than everyone else if he wants to attend an evening Adult Education class. Or if a resident dislikes the meal that is on the 'menu', then it seems reasonable to support him or her to make an alternative[3].

In a group home the staff must pay attention to each person's wishes and not require all the residents to do the same thing, a practice that Goffman (1961/1978) termed 'block treatment'. On occasions, each resident must defer his or her needs and wants to another individual or the rest of the group.

Keyworking

A system that has been developed to promote better individualised care and support for service-users in a group context has come to be known as 'keyworking'. It is based on the simple idea that individualised care can best be provided through a named individual, called a 'keyworker'. Mallinson (1995) suggests that the concept has been around for more than 30 years, although the term for the 'named individual' changes between contexts and the role has had different emphases over time and place (see Figure 1).

Figure 1. Alternating names for keyworker. Adapted from Mallinson (1995)



For discussion purposes, we begin by offering a definition of a keyworker from the Social Care Association (1991, quoted in Mallinson, 1995), which may appear to some readers to be somewhat dated.

[3]Michael Smull (2002) makes the distinction between 'sharing space' and 'sharing lives'. For many people with intellectual disabilities 'sharing space' meant 'sharing lives', where a group of people went to the beach, for a picnic, or to the bowling alley. It is possible to live in a group home (a shared space) and not lead the same life.

> *A keyworker is part of 'a system for providing individualised social care through named persons. A keyworker is the person who has responsibility and accountability for the care of the service user and for decisions relating to their situation'* (p.x).

Contemporary services that put a greater emphasis on self-determination may suggest that this definition has a paternalistic flavour, and 'care' is now understood as a problematic term (Brechin, Walmsley, Katz, and Peace, 1998).

A more recent definition, from a training pack designed for use in services for people with intellectual disabilities, puts greater stress on service-users making their own decisions.

> *The keyworker is someone who has responsibility for ensuring that a named service user receives a high quality, personalised service according to his/her needs and wishes.*
>
> *The keyworker is not solely responsible for delivering the service; this is the role of every member of the support staff when on duty. The keyworker, however, builds a closer relationship with the service user in order to become more acutely aware of the service user's needs and wishes* (Pearce and Smith, 2000, unpaginated).

As we shall see, discovering what a person's needs and wishes are, is harder in some contexts than others. This is especially the case when supporting people with severe and profound intellectual disabilities, who are less likely to have verbal speech. We suggest, therefore, that both definitions have something to offer. A keyworker may aspire to provide a service in accordance with a person's needs and wishes but in some circumstances it is more likely that people in an individual's support network will be making decisions about the service he or she receives and day-to-day lifestyle choices.

Benefits of keyworking

In Mallinson's (1995) research, keyworkers stated that they undertook the following tasks, which are ranked in order of importance: physical care; supporting daily living; assessment; advocating; counselling; admitting; recording; arranging activities; and arranging outings[4]. Mallinson's research was not however, conducted in services for people with intellectual disabilities, but in the context of residential care for older people. His findings, however, revealed positive outcomes that would be welcome in any residential service. He concluded that keyworking contributed towards improved individualised care and the research respondents thought that keyworking enabled:

- staff and service-users to get to know each other as people
- the fulfilment of service-users' personal needs
- individualised care on a one-to-one basis reflecting service user choice and trust
- monitoring and reporting of any deterioration in the general wellbeing of service users
- job satisfaction and accountability
- a greater knowledge of the needs of the individual
- decisions involving supporting, resolving and planning
- roles to be clarified

[4] *They also listed the following, but not in order of importance: buying clothes; attending to medical needs; attending to spiritual needs; buying Christmas and birthday presents; liaising with relatives; supporting people with their diet; and sitting and listening to people's joys and worries.*

- a more relaxed atmosphere
- attention to small but important matters
- decision-making via advocacy or counselling
- healthy competition between staff to improve their service.

Keyworking in Disability Accommodation Services

Although 'keyworker' and 'keyworking' are commonly used terms within the Department of Human Services' Disability Services Division, there is a somewhat ambiguous position towards keyworking in formal documents. This extract from the superseded *Direct Care Staff Handbook* (Victorian Department of Human Services, 2002b) suggests that the role was implemented in some parts of the service.

> *In some service areas, the key worker system is used. Key workers are staff with delegated responsibility for ensuring that a particular resident receives all assistance as detailed in the resident's IPP.*
>
> *Some key worker responsibilities are:*
>
> - *involvement in all planning meetings for the resident*
> - *ensuring programs are implemented*
> - *involvement in the purchase and care of a resident's clothing and other personal possessions*
> - *acting as an advocate for the resident in certain circumstances*
> - *maintaining resident records*
> - *reporting resident progress to the supervisor (p.25).*

The named keyworker responsibilities mirror those listed by Mallinson (1995), illustrating the point that the role has core tasks, irrespective of service context. In the more recent *Residential Services Practice Manual* (Victorian Department of Human Services, 2007) there is no direct entry about the keyworker role, and only one mention of 'keyworker', where it states that 'the person's key worker…must be involved in preparing a health plan' (Section 5.2, Developing a health plan, p.127). Nor is the role listed as a responsibility on the details related to the Disability Development and Support Officer's (DDSO) position. This seems to us to be an oversight. The role is part of the day-to-day workings of the Disability Services Division, and it is a role that many DDSOs are expected to fulfil, yet it is not clearly enshrined in the organisation's formal 'culture'.

Mallinson (1995) makes the point that the effectiveness of keyworking is 'dependent upon the calibre of a broad tapestry of systems and structures' (p.125). Clearly defining the role; informing team managers, house supervisors, and DDSOs what keyworkers are supposed to do and how they are to do it; and rewarding them for doing it, are organisational responsibilities.

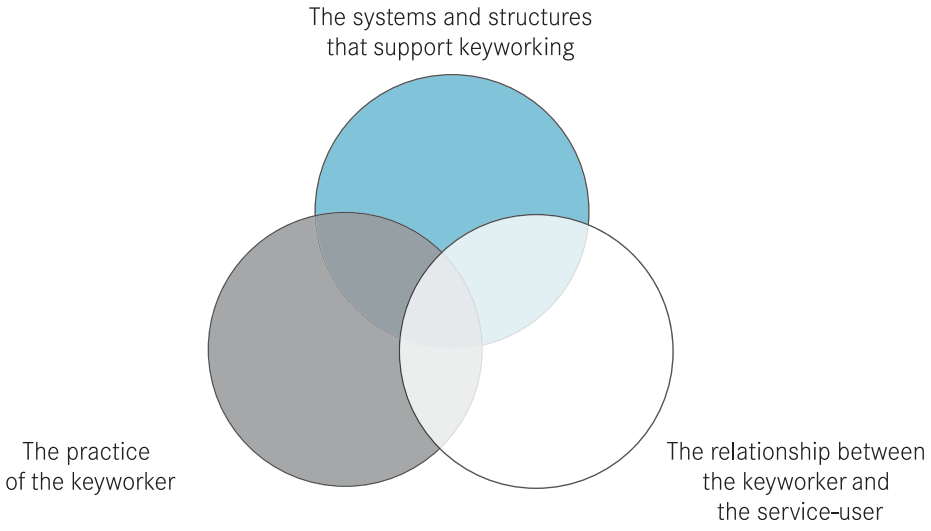
Research aims

Implementing a keyworking system was identified as an intervention to address a number of issues in service-delivery at 96 High Street, which are summarised in the next chapter. These issues and how this intervention came to be identified are discussed in the next sections.

Although implementing keyworking at 96 High Street was limited in its success, this report contains information about keyworking and findings related to its implementation that should be of interest in any residential setting.

The first two phases of the project defined the role of the keyworker and informed the staff at 96 High Street about how they were expected to fulfil this role. This information is contained in the report as reference material, which may be useful in other settings that are trying to establish structures to meet individual needs and produce high-quality outcomes. Figure 2 shows Mallinson's (1995) ingredients for effective keyworking.

Figure 2. The elements of effective keyworking. Adapted from Mallinson (1995)



These three domains served as a guide for implementing the keyworking system at 96 High Street, and are used in this report as a framework for discussing the findings related to its implementation, which should be of interest to human service managers who are facing the challenge of putting new programs into practice in complex organisational settings.

2. The research context

The setting

96 High Street is a purpose-built house for six people with intellectual disabilities. It is similar in design to many of the group homes that have been constructed as part of the KRS redevelopment. It has its own mini-bus and a garden that was newly landscaped and planted. The house is situated half-way down a pleasant tree-lined street, close to residential accommodation for people with physical disabilities.
It is located in a multi-purpose neighbourhood (Wolfensberger and Thomas, 1983), within walking distance of number of community resources. The local milk bar has closed down, but at the end of the street are two well-known fast-food outlets and a church. Just beyond them are a train station, an arts centre, and a strip of stores dedicated to selling home furnishings.

The house has all the features of an 'ordinary' house that make involvement in the day-to-day running of a household possible. In contrast to the institutional setting that the residents had left behind, their new home immediately provided an improved material environment, as the building, furnishings, and equipment were brand new. Each resident has their own bedroom. The residents had been supported to choose their bedrooms and the result was that the physical space had been informally divided along gender lines, with the three men being in bedrooms at one end of the house and the three women at the other. In practice, this also resulted in separate men's and women's bathrooms and toilets.

The residents

Basic demographic information about the six residents, three men and three women, is given in Table 1[5].

Table 1. Demographic information for the residents at 96 High Street

Resident	Age	Years lived at KRS	Level of intellectual disability	Communication level (Triple C Bloomberg and West, 1999)
Alberto	42	42	Moderate	Stage 5
Aphrodite	64	42[6]	Severe	Stage 6
Brian	43	32	Moderate	Stage 6
Sarah	55	50	Severe	Stage 6
Simon	51	40	n/a	n/a[7]
Rose	55	47	Moderate	Stage 6

[5] *Two residents, Brian and Simon, have died since we completed this research.*

[6] *Aphrodite moved to KRS in 1963 from another institution.*

[7] *When we collected this data it was not available for Simon. Our observations revealed that he had the highest level of adaptive behaviour and had the best spoken language of the six residents. An older profile of Simon that we did read stated that he 'mainly uses speech to communicate'.*

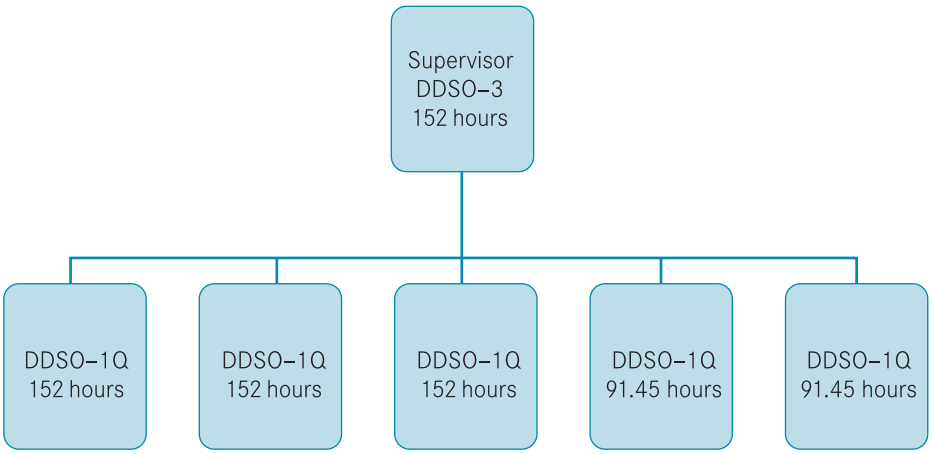
The six residents had lived at Kew Residential Services for most of their lives. When 96 High Street opened in May 2005 the residents were aged in their early 40s to mid 60s. The residents' personal files recorded the residents as having either a severe or moderate level of intellectual disability. The most recent communication assessment, using the Triple C (Bloomberg and West, 1999), assessed the residents as being at Stage 5 (Intentional Formal) or Stage 6 (Intentional Referential). A person categorised as being at Stage 5 uses at least five words, signs and gestures, whilst at Stage 6 a person produces approximately 50 single words or signs. In practice, with the exception of Simon, communication between staff and residents was skewed. The residents struggled to express themselves with their limited words, formal and idiosyncratic gestures. Their levels of comprehension meant that they could follow instructions given by the staff. Each resident had a communication dictionary, with suggestions for understanding their sounds, gestures and behaviour.

The residents attend six different day programs. Three residents attend full-time. The others attend three, four, and four-and-a half days respectively and were supported at home when they were not at the day programs.

Staffing

Figure 3 shows the staff structure at 96 High Street.

Figure 3. Staff structure at 96 High Street showing staff grade and the number of hours worked on a four-week roster



The house has been set up to provide the residents with an *extensive* support intensity, which is characterised by long-term daily involvement of paid staff in the home environment (Luckasson et al., 2002)[8]. A member of staff sleeps over from 11 pm until 7 am. When the residents are not at day programs there are usually two staff in the house.

All six of the staff positions were filled by the same employees for the duration of the research, resulting in a stable staff group. All of the staff group (four women and two men) had worked at KRS prior to moving to 96 High Street, ranging from 28 years' service to less than a year in employment at that institution. One had worked as a 'domestic' at KRS and had transferred as an IDSO. English was not the first language for two of the direct support staff. One of these DDSOs said she had dyslexia and struggled to read and write English. The other stated that she could read English, but found writing English hard.

The house supervisor had qualified as a *Mental Retardation Nurse* (MRN) and the remaining two staff members were either unqualified or had a Certificate IV qualification in disability.

We also include the team manager[9], the house supervisor's line manager, as part of the staff group that is responsible for service delivery at 96 High Street. We have suggested that stability at the team manager level is crucial for the continuity and quality of support in a particular group home (Clement and Bigby, 2007). Eighteen months after 96 High Street opened, the fifth team manager was appointed, and stayed in place for the remainder of the research project, a further six months.

Participant-observation: A precursor to action research

The residents moved into 96 High Street in May 2005. Our first contact with the staff group was four months later, when we attended the same one-day 'Community connections' workshop (Scope (Vic) Ltd., 2005). We began a period of participant-observation two months afterwards, as a precursor to supporting the staff group to undertake an action research project at the house. The primary reason for the period of participant-observation was to get to know the residents and staff at 96 High Street and to understand the relevant practice issues. A secondary reason was to collect enough data to allow the researchers and the staff group to evaluate current practice (Winter and Munn-Giddings, 2001). The findings from this phase of the research were published as *96 High Street: Description, Analysis, and Interpretation* (Clement, 2006 in Clement, Bigby, and Johnson, 2007), where we described the interactions between the residents and staff at the house. A summary of the key dynamics are given below. Readers who want more detail are referred to this paper.

[8] *The American Association on Mental Retardation (AAMR) distinguish between four supports intensities: Intermittent, Limited, Extensive, and Pervasive.*

[9] *In some regions, the team manager is called the cluster manager.*

Dominant patterns of behaviour at 96 High Street

We used four concepts to describe the dominant patterns of behaviour that we observed in the house:

- ownership
- parent – child interactions
- staff as the principal actors
- the 'hotel model'

These concepts were tied together by the fact that the major roles in the house were played by staff and the minor ones by residents. In general, the staff determined the parameters of resident participation in household activities and the choices available. The residents seemed to share the perception that the day-to-day running of the house was done by the staff.

A major consequence of this dynamic was that the residents spent a large proportion of time in their own home 'disengaged', as the staff took the dominant role in cooking, cleaning, washing-up, and so on. Once the domestic tasks had been completed by staff, there were few organised activities in the house for the residents to engage in. We also observed a pattern that had been noted by Felce and Perry (1995), which was that the most able resident (Simon) received more attention and support than the other five residents, who needed greater support in order to be engaged in meaningful activities. We did not suggest that the residents were entirely passive, more that the opportunities for participation and exercising choice were limited.

Outside of the house, the staff focus had been on increasing the number and variety of ordinary places that the residents know and access, such as shops, cafés, and parks: *community presence* (O'Brien, 1987). We suggested that realising the goal of *building inclusive communities* would require the staff group to supplement their practice with initiatives that enable community participation, where the aim is to expand people's networks so that they experience being part of a growing network of personal relationships.

During this brief period of participation, we identified a number of areas in which there was room for improvement in the way that the service was delivered. These were discussed with the staff group.

From observation to action

The period of participant-observation at 96 High Street was curtailed at the request of the house supervisor, who was keen to begin to address issues related to service-improvement. The researchers facilitated a half-day meeting with five of the staff group, which took place eight months after the residents had moved into their house. The remaining member of the staff group was on recreational leave. Another Department of Human Services' employee, the Community Inclusion Officer (CIO) attended the meeting as a non-participating observer.

We had analysed the fieldnotes prior to the half-day meeting, but not shared any of our ideas with the staff group. Analysis allowed us to reduce our fieldnotes into organised ideas and patterns, some of which are outlined above. Extracts from our fieldnotes were given to the staff team at the half-day meeting so that we could engage them in a dialogue about how things were in the house. We helped the staff group to reflect upon the practice that we had observed. This is consistent with action research methodology, where people reflect on their practice in order to change it in light of what they have learnt. Giving the extracts to the staff in this way, and sharing our interpretations, also served to validate our analysis and interpretation of the data that appeared in the aforementioned report (Creswell, 1998).

Keyworking was seen as a way to address a number of the service-improvement goals that were identified for the house, such as increased opportunities for resident choice, greater participation in the house, and focused effort to facilitate *community participation*. It was agreed that the research team would support the staff group to explore the concept of keyworking, and support the house supervisor to develop, implement and reflect on its use at 96 High Street. This was included as an objective in the house's annual *Quality Plan* (Figure 4).

Figure 4. 96 High Street: Quality Plan

Objective	Update	Further actions
2) Keyworker system	As part of the (Making Life Good in the Community) research project we have decided to focus on the keyworker system to try and implement a 'best practice' model to improve/ enhance the quality of residents' lives now they have moved from KRS into the wider community.	To try and find a 'best practice model'. If one is in existence, to try and adapt and apply it to our house, and if not, to develop one of our own and implement it at 96 High Street.

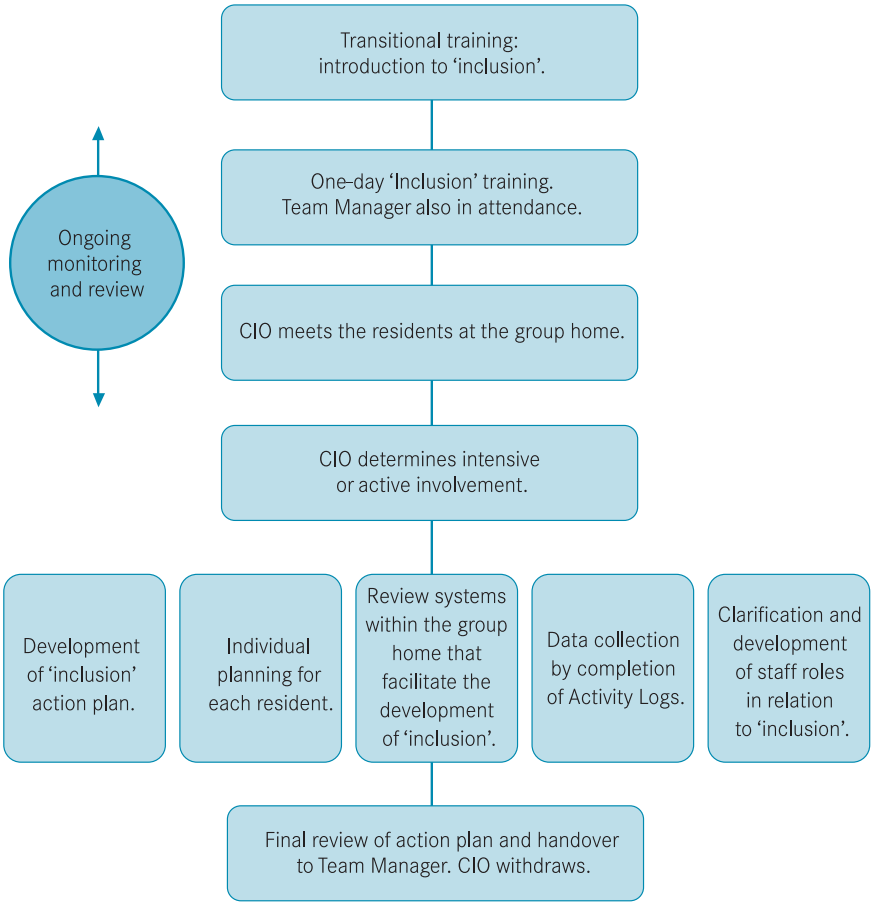
Given that the Department's formal policy documents were relatively silent on the role of the keyworker it was envisaged that the learning from this project could inform the way this concept is used in other houses.

Community Inclusion Framework

As we completed our initial period of participant-observation, the Community Inclusion Officer made contact with house in order to implement a program known as the *Community Inclusion Framework* (Leatherland and Warren, 2004). This post was created to enable people with intellectual disabilities relocating from KRS to 'make the most of [community inclusion]….and establish themselves as members of their local community' (Warren, 2005, p.1).

We have discussed the implementation of the *Community Inclusion Framework* (Figure 5) at another group home in great detail in a separate report (Clement, Bigby, and Warren, 2008).

Figure 5. Simplified outline of the Community Inclusion Framework. Adapted from Warren (2005)



Suffice to say here, that the approach emphasised by the CIO was the promotion of individualised planning for each resident, managed by keyworkers, which would contribute to the goal of *building inclusive communities*. There was, in effect, a perfect symbiosis between the two programs. Implementing an overarching system, which makes specific staff members responsible for ensuring that named service-users receive a high-quality personalised-service, encompasses the individualised planning that is a precursor to realising the goal of *building inclusive communities*.

The degree to which each keyworker completed tasks associated with the implementation of the *Community Inclusion Framework*, such as the identification of individual interests, and the completion of a planning form called '*Actions to develop individual lifestyles and build an inclusive community for a person with a disability*', became an indicator of the extent to which keyworking was being successfully implemented at the house. The framework required keyworkers to report on and discuss progress at house meetings, and the house supervisor to use the systems and structures to monitor and support their efforts.

3. The keyworker role: Clarifying and informing

Successfully implementing a keyworking system at 96 High Street was seen as requiring the completion of three phases:

- clarifying the role
- informing the staff group about the role
- implementing and monitoring the role.

In this section we deal with the first two phases, which are prerequisites to implementation.

Thinking about and clarifying the role of the keyworker

A half-day meeting was arranged with the staff group in May 2006 to address the first phase. Figure 6 is a slide shown to the staff group at that day, as are Figures 1, 2 and 4.

Figure 6. Developing the role of the keyworker

1. Thinking about and clarifying the role of the keyworker.
2. Informing people about the role and how it is expected to be carried out.
3. Implementing, developing, supporting and monitoring the role.

In preparation for this meeting we gathered what formal information we could find about keyworking in Disability Accommodation Services. This was scant, consisting of the previously given extract from the out-dated *Direct Care Staff Handbook* (Victorian Department of Human Services, 2002b) and a more detailed outline of how the keyworker system operated at KRS.

Three of the staff team had first-hand experience of being a keyworker at KRS, although they had different views about its effectiveness. The KRS system had the hallmarks of other keyworking systems, but people also mentioned some weaknesses and poor outcomes.

> *Julie stated that the keyworker was responsible for initiating programs, finding out people's likes and dislikes, attending meetings, organising activities, and monitoring health care.*
>
> *An employee might be keyworker to five or six residents and a keyworker would be rotated every 12 months. The paperwork became repetitious, and consequently some reports turned from monthly into three-monthly reports.*

> *Cathy, who struggles with reading and writing, said that she received help with the paperwork from other people where she worked.*
>
> *The house supervisor's view of the KRS system was less than positive. Having to act in this role for five or six people made it impersonal. There was not enough time to do a thorough job for so many people, and over time the system became a 'paperwork chase'. He thought the system may have worked if people were thorough. In addition, some people on short-term contracts were asked to be keyworkers, which was not effective as the system relies on people who know the residents*[10]*.* (F/HS/150406)

This discussion reinforced some key issues for implementing keyworking at 96 High Street. Given the premise that an effective keyworking system depends on the relationship between the keyworker and the service-user we agreed to avoid routine changes to staff/service-user pairings. We also agreed that it was crucial that keyworking did not become a paper exercise, but must help in improving quality of life outcomes for the residents. It also highlighted the fact that if keyworkers are to fulfil the role as it has been designed, then minimum English literacy skills are a prerequisite. If they do not have these prerequisite skills, they will need extra support.

Appendix 1 contains the document that was written as an outcome of the discussions with the staff group about keyworking. It contains a rationale for keyworking, defines a keyworker, and expands upon the three factors related to the effective implementation of keyworking given in Figure 2: the relationship between the keyworker and the service-user; the practice of the keyworker; and the systems and structures that support keyworking.

Informing people about the role and how it is expected to be carried out

A draft of this keyworking document was sent to the staff group two weeks after the half-day workshop, in order to confirm that it accurately reflected the role as we outlined it, and to receive comments on the way that it was written and presented.

People were also asked to comment on two options for implementing the system at the house. A keyworking system will need to be tailored to the particular context in which it is being implemented. At 96 High Street, with six staff members and six residents, the most obvious arrangement is to pair one employee with one service-user. However, the system still needs to work when staff members exit or are absent from the house, due to recreational leave, for example.

The first option allocated a primary and secondary keyworker to each service-user, so that the secondary keyworker could take on the responsibilities when necessary. As a 'triad' it also offered the possibility of a named person to talk to about resident-related issues, although not to the exclusion of the rest of the staff group. Given that two staff members also had weak literacy in English, some judicious pairing meant that each 'triad' contained a staff member with the prerequisite reading and writing skills. In addition, as the part-time staff were not rostered to attend the house meeting, it meant that each resident was 'represented' by a staff member at the house meeting.

[10] *In Mallinson's (1995) study of 58 different establishments, the mean number of service-users that a keyworker supported was 4.5.*

The second option was for the house supervisor to take on the role of secondary keyworker for all the residents, which would mean that one direct support worker would have to be the keyworker two residents. However, since the house supervisor should keep an overview of all the residents and meets with the direct support staff in *planned formal supervision* meetings, this option also had some distinct advantages.

Both options meant that the staff members with weak English literacy could access extra help to complete the required paperwork.

Over a three-week period that straddled July and August 2006, a researcher met with each staff member on an individual basis to go through the keyworking document. These meetings helped to consolidate people's understanding of the role, and they also confirmed issues that were apparent from the earlier period of participant-observation, which were to have an impact on the successful implementation of keyworking at the house.

Two important structures that support keyworking are *planned formal supervision* (Ford and Hargreaves, 1991) and house meetings. Verbal guidance suggests that the former should be monthly for full-time staff and every other month for part-time staff. However, none of the direct support staff were having meetings with the house supervisor that met this 'minimum' standard. Some staff expressed views that they found these meetings less than helpful.

> *Julie said that she last had a formal supervision two months ago and added 'Nothing ever gets resolved'.* (F/HS/180706)

> *Andrew told me that he had not had a formal supervision meeting for six months. He had recently had an informal meeting where he had talked about some outstanding issues that he has had with another member of staff.* (F/HS/180706)

Another member of staff was critical of the four-weekly house meeting, making the point that 'nothing ever comes out of them'. (F/HS/200706)

As well as confirming the low levels of planned formal supervision, staff comments also hinted at issues within the staff team.

> *Julie did not like the idea for a secondary keyworker. 'I'm not a baby-sitter', she said, nor was she going to do more than her share of the work. She did not see why she had to support others.* (F/HS/180706)

> *Frank suggested that one response he had had to the idea of secondary keyworkers was that it was 'insulting to have someone looking over my shoulder'.* (F/HS/200706)

The options were discussed at a house meeting.

> *Julie immediately picked up that someone would have to be a keyworker for two people and that it would be her. Other people thought that the secondary role is a good idea. Julie wants things to remain as they are. I asked that they come up with solutions to the issues they face with the current arrangement and report them at the next house meeting.* (F/HS/260706)

The staff group did not resolve this issue and so the original arrangement of one staff member paired with one resident endured for the duration of the research project. With no back-up keyworker in place the consequences were predictable: when a staff member was absent nobody stood-in to take responsibility for the missing keyworker's duties.

Recording systems: Modelling their use

As part of the process for informing the staff group about how to undertake certain aspects of the keyworker role, we demonstrated how they might use some of the information that they routinely collected. This was in the form of a written document (Clement, 2006), which was presented and discussed at a house meeting (F/HS/200906). In this section we present some examples from that document in order to illustrate the types of tasks that keyworkers might be expected to complete. We do this for three reasons. Firstly, it illustrates the type of information that we were looking for at 96 High Street as evidence for the impact of keyworking. Secondly, it reflects the analytic and reflective skills required of DDSOs. Thirdly, the examples are a useful resource for people implementing keyworking in other settings.

Group homes have a number of places for recording information about the day-to-day activities of service-users. At 96 High Street, for example, the staff used a diary, communication book, and *Activity Learning Logs*. Detailed information about a specific incident was recorded on a 'DINMA' (a Disease Incident Near Miss Accident report) or a visit to the doctor in the medical section of a person's *Accommodation File*. Given the amount of paperwork that direct support staff have to complete, it is important that they do not waste time writing the same information in different places.

Good practice in relation to paperwork and recording is a core competence for direct support staff, so keyworkers should be able to make use of this written information. In the *Community Support Skill Standards* (College of Direct Support, nd), it states that a competent direct support staff 'learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation… [and] maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion' (unpaginated).

As the basis for informing the staff group about what they were expected to do, we looked at the information that they collected on the *Activity Learning Logs* (Appendix 2). *Activity Learning Logs* are used flexibly across this particular region. They are used to document the types of activities occurring within a person's life so that the supporting staff group can gain a better understanding of that person's interests and the choices provided. It states on the *Activity Learning Log* that the information it collects should '[allow] support providers to continually fine tune their information and plan differently'. The lessons learnt from supporting people in specific activities should be shared and incorporated in an individual's Person Centred Plans (Warren, 2004/2006).

A keyworker might therefore be interested in knowing about the types of activities that a person has done in the past month and how often he or she did them. The keyworker should also want to know whether the activities had been a success or not and would want to 'draw out' what had been learnt from supporting the person to undertake these activities. If the *Activity Learning Logs* have been completed thoroughly, this information can be summarised from them. Below are examples of how information might be displayed and the kind of questions that might be posed by a keyworker.

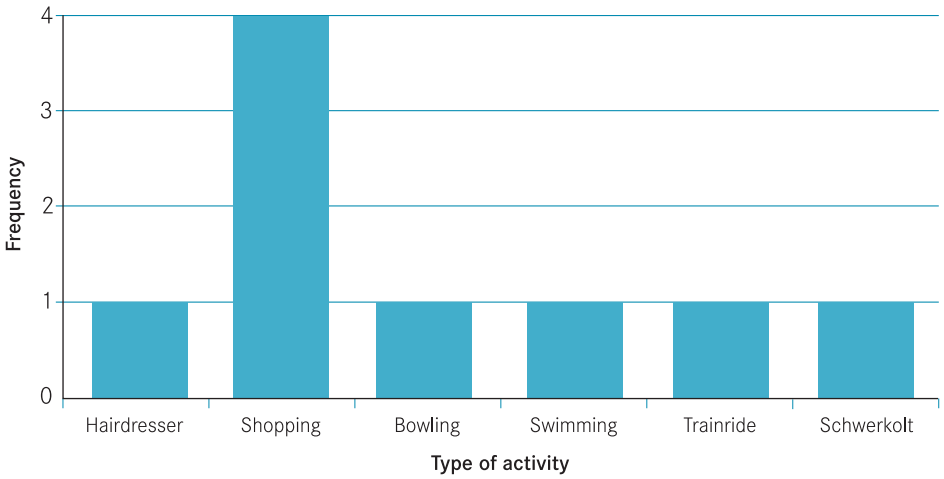
Table 2 shows Brian's community-based activities for one month.

Table 2. Brian: Summary of community activities – May 2006

Activity	Frequency
Hairdresser	1
Shopping	4
Bowling	1
Swimming	1
Train ride	1
Schwerkolt Cottage and Historical Museum	1
Total	**9**

The same information can be presented in different, but simple formats. The same information is shown in graph form (Figure 7).

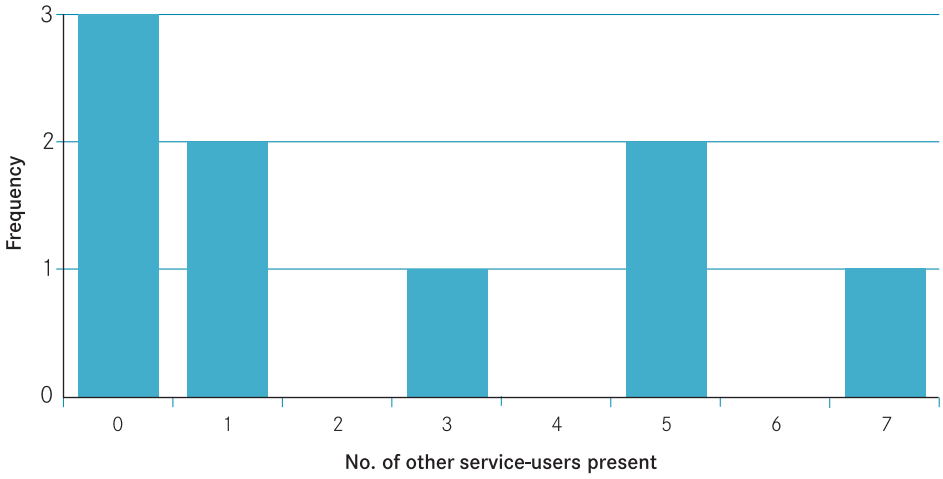
Figure 7. Brian: Community activities – May 2006



As a desired outcome of the keyworking process is for each resident to receive a high-quality individualised service, it is useful for a keyworker to ask how well these activities reflect the person's interests, both in terms of focus but also how they are organised.

As a relatively crude measure of the second concern, Figure 8 shows the number of other people with intellectual disabilities who were with Brian on these community activities.

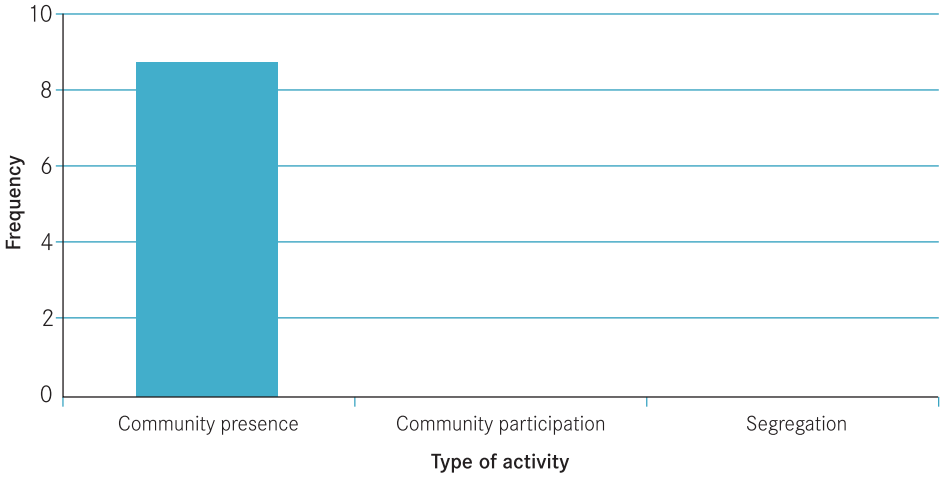
Figure 8. Brian: Size of group on community activity – May 2006



One third of the activities (hairdresser, swimming and a shopping trip) were undertaken with only a member of staff present, and another third with six or more service-users present. The bowling involved residents from another group home.

Given the involvement and focus of the Community Inclusion Officer a keyworker might also ask how these activities would relate to the goal of *building inclusive communities*. The staff group were made aware of O'Brien's (1987) distinction between *community presence and community participation* so that they could categorise the type of activities they were supporting outside the house. We also think that this is a useful framework that allows staff to understand two facets of an 'inclusive community'. In this example, we concluded that the way in which all of Brian's activities were supported facilitated community presence, and none were likely to lead to community participation (Figure 9).

Figure 9. Brian's community activities by 'type' – May 2006



In Chapter 2 we stated that the staff group's initial focus in relation to external activities had been on increasing the number and variety of ordinary places that the residents know and access – *community presence*. The development of individualised activities that could lead to *community participation* will require the staff to identify activities where this is a more likely outcome and the planning to make it happen. The CIO encouraged the staff to identify interests and related activities that were likely to expand the residents social networks with non-disabled people, rather than facilitating relationships with staff members, relatives, or people with intellectual disabilities (see Robertson et al., 2001). As we suggested earlier, these are processes that should be enabled by an effective keyworking system.

We were also able to demonstrate the importance of monitoring data over time. Table 3 shows a clear decline in the frequency in Brian's community-based activities over a three-month period.

Table 3. Brian: Summary of community activities – May to July 2006

Brian's activities	Frequency			
	May	June	July	**Total**
Hairdresser	1			**1**
Shopping	4	2	1	**7**
Bowling	1	1		**2**
Swimming	1			**1**
Train ride	1	1		**2**
Schwerkolt Cottage	1			**1**
Church		1	1	**2**
Party at Temple Court		1		**1**
Eat out		1		**1**
Trip to Port Melbourne			1	**1**
Library			1	**1**
Circus			1	**1**
Total	**9**	**7**	**5**	**21**

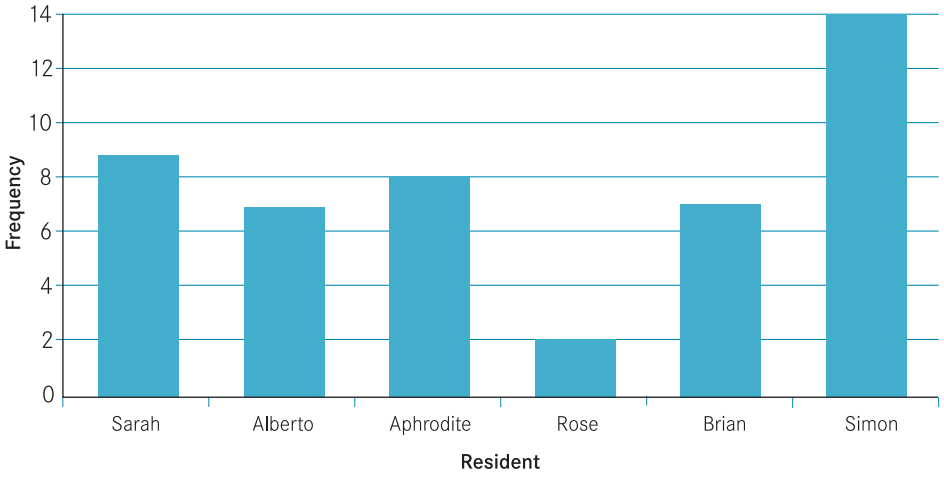
As it happened, the decreasing number of external activities coincided with an ankle injury. Yet Brian could still leave the house in a wheelchair, which was even more important at this time, because he had stopped going to the day program. If the keyworking system had been working effectively at this point Brian should have had a planned range of activities inside and outside the house to substitute for the loss of his day program.

We were unable to summarise the lessons learnt from supporting Brian in these specific activities from the *Activity Learning Logs* as useful. More reflective information was rarely provided. Brian's keyworker could remind people to complete all sections of the form, and in the interim ask for verbal feedback. Brian's keyworker might ask whether:

- Brian was happy with the range, frequency, timing and type of activities that he partakes in? Whether the keyworker was content?
- having a network of close personal relationships would have been of benefit to him during his 'incapacity'? – having some people who could call round to see him
- more could be done to make sure that Brian goes swimming, since it had been identified as a personal individual interest.

There are times when it is useful to collate information in order to make comparisons and look for broader trends about what is happening in a house. This is consistent with understanding that the house supervisor's role is to have an overview. Figure 10, for example, shows the number of times that each resident went shopping over a three-month period.

Figure 10. Total number of times each resident went shopping in a three month period (May – July 2006)



The most glaring difference is between the total numbers of times that Rose (2) and Simon (14) went shopping. Both the house supervisor and Rose's keyworker ought to be questioning this disparity. Why is there such a difference? Is Rose getting 'a fair go?' What should be done about it?

Initially, there was just an expectation that keyworkers would produce a written 'monthly' report for presentation and discussion at the four-weekly house meeting. There is no need for a keyworker's report to be completed on a standard document, so we allowed this flexibility. However, it turned out that the staff group preferred to have a standard template to complete, which also set boundaries around the task.

Figure 11 shows an example, that a researcher helped a staff member to complete. The one-page form could 'spill-over' onto the rear of the sheet of paper if required.

Figure 11. Example of a monthly report

Resident: Brian
Keyworker: Cathy
Date completed: 18/09/06

What were the key activities, events or issues from the last month?

- Brian had a number of falls during the month. Clarify that everyone knows when the walking frame should be used and that he should be seated when getting dressed.
- The doctor was happy with the progress with his ankle injury. His hearing aid has been serviced and Brian completed a course of ear drops.
- Brian had one week's holiday from the day program. Brian was suspended for one day for taking another service-users radio.
- An IPP review was completed.
- Brian sent his father a card for Father's Day.
- Another resident purchased Brian's toiletries for him. Discuss with staff group that Brian should be supported to buy his own toiletries.
- Leisure activities this month: Glen Park, drive to Ringwood, Warrandyte, Rye beach, Lilydale, Ruffey Park, and train trip. Some shopping trips for socks, small radio, electric razor.

What are the key activities, events or issues for the coming month?

- Cathy will contact the keyworker at the day program to discuss the stealing incident.
- Goal is to go swimming once a week this month.
- Make a list of Brian's likes and dislikes.

Each bullet point in the report is worthy of discussion, but we want to highlight four issues in particular:

- the item related to Brian's use of the walking frame recognises that the entire staff team are responsible for supporting him to use it, but the keyworker has taken on responsibility for making sure that everyone at the house knows when it is to be used.
- the item related to the purchase of toiletries reflected a common practice at the house, where one resident would go and purchase the toiletries for all or a number of residents at the house. We believed, as did Brian's keyworker, that each resident should be supported to buy their own toiletries. This is an excellent example that illustrates the low level of individualised planning we observed at the house. A keyworker should monitor a resident's personal possessions and arrange for that resident to receive the support to purchase new toiletries. The keyworker might support this, but could equally

ask another staff member to do this. Raising this as an issue at the house meeting should allow the staff group to discuss and agree the 'norm' for buying toiletries, whereby practice becomes more individualised for all the residents.

- a keyworker needs to liaise with a number of people and services. The keyworker takes responsibility for contacting the day program to follow-up on an incident that had occurred there.
- compiling a list of Brian's likes and dislikes is a preliminary task identified by the Community Inclusion Officer.

4. Implementing keyworking at 96 High Street

In this chapter we outline how the keyworking system was implemented and monitored, and provide some data that suggests that there was little progress in developing a more individualised service for the residents.

Implementing, developing, and supporting the role

Effective keyworking is supported by organisational systems and structures (Figure 2). The principal structures in a group home are house meetings and *planned formal supervision* meetings – two management systems identified by Sines (1992) that are required to reinforce the value-base of a service. These are complemented by formal planning and recording systems, such as Individual Program Planning and Person Centred Planning.

Given that house supervisors are responsible for managing the *day-to-day practice of others*, then the house supervisor has primary responsibility for developing and supporting the direct support staff to implement the keyworker system. In order to develop an effective keyworking system, house supervisors must spend time with every member of the staff group. They must model good practice themselves and give clear feedback. Supervision meetings should be used to review how staff are performing, and house meetings provide the ideal forum for monitoring the degree to which the service is achieving its goals.

Monitoring the role

We primarily monitored the implementation of the keyworking system through attendance at house meetings. We attended six house meetings between September 2006 and February 2007. As we suggested above, the house meeting is a focal point for discussing the impact of keyworking. At 96 High Street it is the place where keyworkers were expected to speak via their written monthly report, where they discuss the 'activities, events and issues' from the past month and reveal the planning they have done for the coming four weeks. Amongst other things, attending consecutive meetings in this way allowed us to monitor whether keyworkers delivered monthly reports, record their content, and check whether actions agreed at the previous meeting were carried out. In addition to attending the house meetings we looked at documents produced by the staff group, such as those related to tasks given by the CIO, and met with combinations of the CIO, house supervisor, and team manager. The CIO also completed an audit of progress in implementing the *Community Inclusion Framework*, which was made available to us.

It was apparent during the period of participant-observation that instigating change in this house would be difficult, and towards the start of this six-month monitoring period we were aware that there were problems with implementing the keyworker system. The extract that follows is from an e-mail sent to the house supervisor following a meeting with him. It lists the three options that were discussed for moving forward with the project.

1. Given the inaction from the DDSOs I will not undertake any more individual work with them at this point. This could change in the future.

2. My view, which I think we agreed upon, is that if keyworking is going to be implemented thoroughly at the house you are going to be its major driver. I could work with you in some way, yet to be defined, in supporting this. I leave it to you to come back to me if you want to explore this option.

3. I will step back for a while and monitor any progress through the house meetings. (D/HS/041006)

The options highlight that the performance of individual staff members is a problem, which the house supervisor needs to take the lead in managing. As he did not want our help, we agreed to step back and simply observe practice at the house.

After another four months of watching and exhorting the staff group to fulfil their responsibilities, we decided, as researchers, that there was little to be gained by continuing to watch a process that had reached a plateau. Below is a lengthy extract from an e-mail that we sent to the house supervisor, which summarises what had been done to date and contains a judgement about how well keyworking had been adopted by the staff group.

We held the keyworker workshop in May of last year, subsequently produced two drafts of the keyworker document, and in July and August I met with the house staff on an individual basis to offer what I might call 'coaching' about the role.

From September to February (6 months) I think my role has been chiefly monitoring the implementation of the keyworker role, particularly through house meetings, reflecting on the data collected in those meetings and through other documents such as the Activity Learning Logs….

The overarching aim of the project was to create a more individualised service at the house, and establishing a keyworking system was a means of doing this…. The keyworking system has at its heart the need to review what has happened for the residents and plan what will happen. We introduced the notion of a keyworker report and the expectation that keyworkers would prepare a report for sharing and discussion at the house meeting, which could also be used in supervision meetings and outside these forums. The production of these reports was negligible, then quite good, and has recently reverted to worse than negligible. One of the consequences of this is that there has been very little structured planning or a real shift in how the service is delivered at the house. (I'm talking broad trends here. There have been some changes. Julie is probably the best at this. There are some new initiatives being planned like the noticeboard.)

I get the sense that people are not completing the keyworker reports unless they are 'stood over', or know that there is a house meeting which the CIO or I will be coming to, which is probably the same as being 'stood over'. The idea is that keyworkers ought to be reviewing, reflecting, monitoring and planning all the time. Since the December

> *13th meeting there has only been one 'official' meeting on February 7th. The house supervisor has been on holiday, there have been two acting house supervisors, no expectation of a house meeting in January, a cancelled meeting in March…. It is easy to see how 'drift' can occur when a number of things come together, or conspire to stop things happening.*

We might categorise the last six months as a failure to get the staff to actively take on board the keyworker role. What should we do about this? (D/HS/140307)

The house supervisor, team manager and CIO met immediately after this e-mail was sent, and a further meeting was arranged to include a researcher. At this meeting it was agreed that we would stop collecting data at the house, and the 'management team' would be left to manage practice at the house.

A more individualised service?

In one sense, the move to 96 High Street had provided the residents a more individualised service. The house afforded greater opportunities than KRS for personal private space, especially through better bedrooms, bathrooms and toilets[11]. In our feedback to the staff group we acknowledged that many aspects of the service they provided were organised along individual lines, such as health-related issues and personal care (for example, medical appointments, medication, and particular dietary needs). (D/HS/280507)

It is hard to say whether the attempt to implement keyworking at 96 High Street contributed to greater individualisation in service-delivery. We do not have hard measures of 'service-individualisation', taken at two separate points in time, that we can compare.

A number of studies have used the *Residential Services Working Practices Scale* (Felce, Lowe, and Emerson, 1995) to collect information on procedures implemented within a setting in relation to: individual planning, assessment and teaching; the planning of daily and weekly activity; and arranging staff support for resident activity.

Our own evaluation of the working methods that relate to these areas would suggest that 96 High Street had weaknesses in all of them. The Individual Program Planning system was effectively dormant, with little attention given to reviewing progress towards the identified goals. We observed no formal system for identifying what the residents could and could not do, and therefore there was no systematic way for establishing individual teaching programs. There was no system for planning what the residents did at the house on a day-to-day basis, beyond the basic routines, such as getting-up, showering, mealtimes, for example. In effect, it was left to the staff on duty to work out for themselves how they would organise support to the residents.

Although this reflects the overall pattern, one keyworker demonstrated what we might call *atomized competence*. She linked what she was doing to the IPP system, identified skills to be taught in the home, planned external activities, and generally kept the paperwork up to date. However, she did this with little expectation or encouragement that every member of the staff would participate in delivering the service to the specific

[11] *Some residents had their own bedrooms at KRS.*

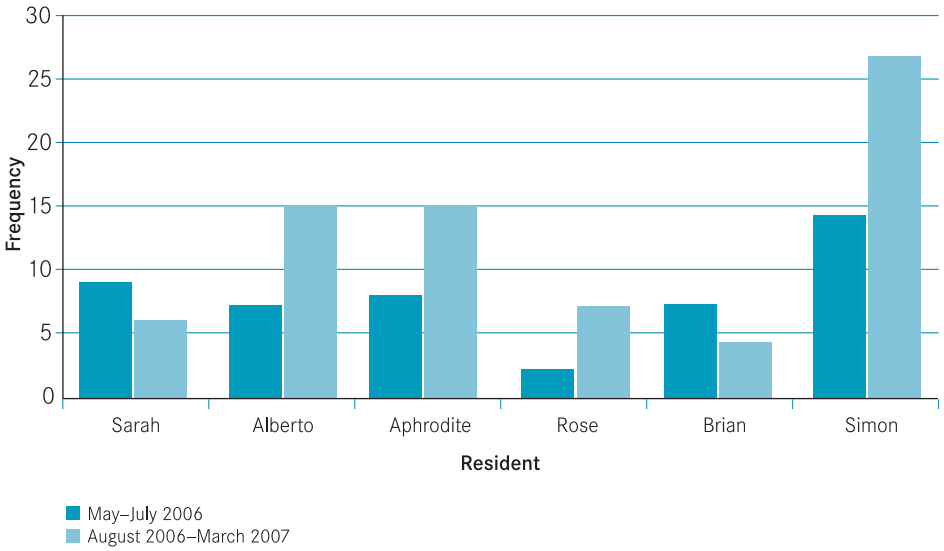
resident. Thus, she would arrange for Alberto to go out with a meal with a friend from another group home when she was rostered to work, so that she would not have to rely on other staff members to support this activity. Or at a house meeting it would be revealed that she was teaching a resident a new sign or skill, with little expectation that every member of staff should be involved in these activities too.

In order to supplement out observational data, we used the information collected via the *Activity Learning Logs* to see if they revealed any insights that could be fed back to the staff group.

Shopping

In Chapter 3 we presented a graph (Figure 10) that showed the number of times that each resident went shopping over a three-month period. Figure 12 shows that same information, but compares it with data collected over a six-month period.

Figure 12. Total number of times each resident went shopping over two time periods



Collecting data over a longer period allowed differences between the residents to be accentuated more sharply. Simon (27) is still the most regular shopper, and six times more likely to go shopping than Brian (4).

We made the point in the '96 High Street' report that, 'Those people who are most able are likely to receive more attention and support than those who need it most. Simon is the most articulate of the six residents, has more adaptive skills than most of the others, and a greater willingness to do jobs around the house' (Clement et al., 2007, p.14).

Figure 12 reflects this process. Simon has more skills than any other resident, will use words to tell a staff member whether he wants to go shopping or not, and so he gets to go shopping more frequently than any other resident. Brian has mobility issues that need a greater level of support and gets to go shopping the least number of times in relation to the other residents. Brian's mobility issues should not be a barrier to his involvement in activities, whether they be external or in the house.

Given that we do not believe that Sarah, Rose, and Brain have less of an interest in shopping than Alberto, Aphrodite, and Simon, it might be suggested that they are not getting a 'fair go'. As there was no system for planning what the individual residents would do on a day-to-day or weekly basis, an individual staff member could ask any resident whether he or she wanted to go shopping. We would suggest that this probably accounts for the differential picture in Figure 12.

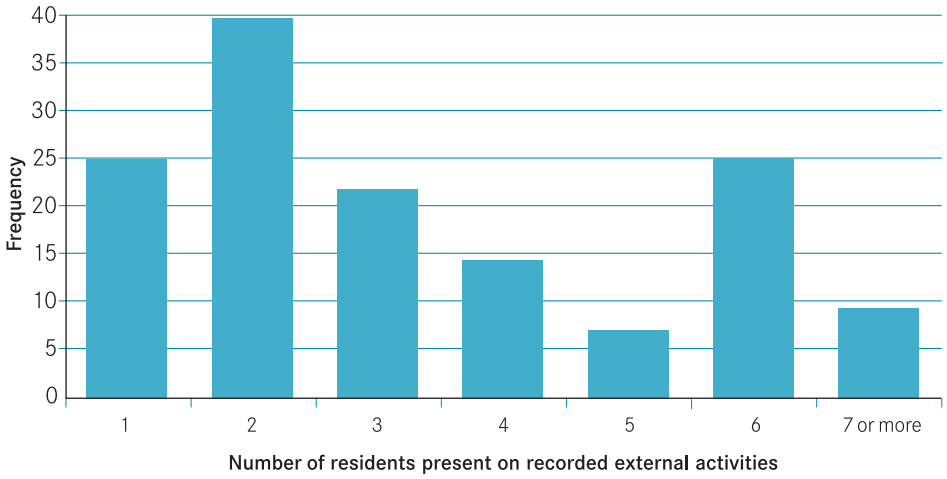
Community-based activities

Table 4 and Figure 13 show the size of the group in which residents took part in community-based activities over a seven-month period.

Table 4. Size of 'resident group' participating in recorded external activities

Number of service-users present at activity	Number of activities										
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	%
1	1	5	2	1	4	0	1	11	25	17.7	17.7
2	1	5	10	4	5	6	2	6	39	27.6	82.3
3	2	3	6	3	6	1	0	1	22	15.6	
4	2	2	1	1	3	2	1	2	14	9.9	
5	1	0	2	0	1	1	2	0	7	4.9	
6	2	1	7	6	1	4	2	2	25	17.7	
7+	1	3	1	1	1	1	1	0	9	6.3	

Figure 13. Number of service-users present on external activities from August 2006 to March 2007



In shared accommodation you might expect group outings (two or more residents supported by one or more members of staff) to be the most common arrangement. This is reflected in the data. Group outings account for 82 per cent of the external activities. The most common form that 'community-based activities' took were two residents supported by staff (28 per cent), then the entire house going out together and one-to-one groupings (both 18 per cent), followed by three residents going out together (16 per cent).

The two most common larger group activities at 96 High Street were classified as 'outings' and eating out. Examples of bus outings that were recorded on the *Activity Learning Logs* from August 2006 to March 2007 were:

- Blackburn Lake
- Bush park at Ringwood
- Drive to feed the horses
- Drive to Olinda
- Drive to Sugarloaf and walk along the dam
- Drive to Warrandyte and walk
- Fish and chips at Sorrento
- Olinda falls
- Picnic at Maroondah reservoir
- Puffing Billy
- Spring Festival in Nunawading
- Westerfold park

- Bus trip to pick up Rose from her mother's in Bundoora
- Drive to Emerald to see the early spring flowers
- Drive to Lilydale lake and walk
- Drive to St. Kilda beach
- Drive to the Dandenong ranges
- Drive, lunch, walk at Warburton
- Moomba waterfest
- Picnic at Halliday park
- Picnic lunch at Ruffey park
- Sorrento for picnic lunch
- Surrey park

The *Activity Learning Logs* revealed that all or most of the residents went on these trips. The average number of outings per resident over the eight-month period is 22.8, which means that the residents go on about three of these trips in a month. These trips tend to happen at weekends and when the day programs are shut. Similarly when the residents eat out, everyone tends to go. The average number of times that the residents ate out over the eight-month period was 12, which is about once every three weeks.

There is nothing wrong with these outings or eating out per se. However, we asked the staff group whether this established pattern of community-based activities is the pattern that the residents would like for themselves and that they wanted to support.
As the Community Inclusion Officer was working at the house we also asked whether the pattern is likely to contribute to *community participation*, or simply encourage *community presence*.

We argued that the staff group had established 'norms' for external activities –patterns of behaviour that were accepted by the staff group (and by the residents). Community-based activities were not planned around individual interests or with *community participation* in mind, but on the basis of what had happened before or more spontaneously. Consequently residents ended up going on similar trips to parks and beaches. The point has been well-made that *community participation* requires focused effort (O'Brien, 1987). It is unlikely to result from spontaneous planning that results from asking, 'What shall we do today?'

If a staff group want to change or expand upon establish 'norms' they will have to work at doing so. Through the keyworking system, the aim of the *Community Inclusion Framework* was to add-in some individualised activities. Monitoring progress at house meetings and examining data from the *Activity Learning Logs* suggested that there was minimal success over this eight-month period in moving from group- to individually-based community activities.

We continued to receive information from 96 High Street long after we had stopped collecting our own data. The extract below is taken from the minutes of a house meeting nine months after we attended our last house meeting. The minutes suggest that many of the weaknesses that we highlighted around individual planning, the organisation of daily and weekly activities, and the arranging of staff support, were still ongoing issues. Tasks that required good English literacy were understandably still problematic.

> ***Written information:*** *Most staff need to improve in this area. The provision of written information occurs in the form of memos left for staff to 'read and sign', the diary, and the comm. [communications] book. Instructions get left in comm. book and diary, and only memos that have relevance are printed, so you need to 'read and sign' what gets printed out for you. The procedure is that when all have signed, Brenda will then file in memo folder.*
>
> *Staff must first make an effort to read memos, as I will not go around to all and read it to them! If you do not understand something after reading, by all means seek out further advice from either myself, or one of your other colleagues!*
>
> ***Christmas holiday program closures:*** *Keyworkers need to plan ahead now for the break in residents programs. We can book extra staffing during this time, up to five hours per day, Mon - Fri. Due to the fact that Sarah will probably be away for a few weeks, and that [one day program] will only be closed for approx. one week over Christmas, extra staffing will be done on a needs basis, where activities are planned, and the staffing is required. Everyone needs to be involved in this!*
>
> ***Essential Lifestyle Plans:*** *It is disappointing that the draft for these plans have been out for a number of weeks, and Brenda is the only person to this stage who has made a contribution! If these plans are to be worthwhile, it requires all who know the residents to contribute! As mentioned previously, when written documents are left, staff need to read them, and action accordingly. Can all staff look through the draft plans, and add information where required as a matter of some urgency. We also looked at some plans done by other houses for some inspiration.*

Activities/active support: *There was much time spent on this topic. I had a meeting last week with both the team manager and the CIO, and they were both disappointed with the lack of progress in this area. Subsequent meetings between [the house supervisor and team manager] have resulted in a number of things being organised. Also, I mentioned that if we are to provide both an individualised and quality service, residents need to be involved in more meaningful 1:1 activities, and less group activities external to the house, and also to be more involved in the day to day occurrences around the house. If this means that staff need to structure chores/ duties when residents are at home, then so be it. If for example, staff want to vacuum the house when residents are at day programs, they can, but then when residents get home, then there is nothing wrong with individual residents vacuuming their own room when they get home. It could be done on the day that their beds are stripped, and residents could do both activities! I also mentioned that residents need to be given the opportunity to participate in 'meal prep[aration].' Most residents do this at program. If they don't seem interested at the house level, it is more likely due to the fact that they don't feel like they have 'permission to do so'. We all need to give the residents an equal opportunity to participate in their household.*

Also, all staff need to be vigilant with their recording of activities, and the documentation needs to be available for all to read. For those still unsure, Learning Logs are to be completed for all new activities, and the 'Keyworker reports' to be filled in for regular activities/activities that residents have done before! These documents are located in the residents' individual pouches, located on the residents' notice board. (D/HS/141107)

5. Accounting for the weak implementation of the keyworking system at 96 High Street

In this section we want to use the three domains identified by Mallinson (1995, Figure) to offer an explanation as to why the keyworking system at 96 High Street did not become embedded in day-to-day practice or produce the positive outcomes that we listed in Chapter 1. Rather than conclude that keyworking does not lead to an improved individualised service, we argue that weak implementation of the keyworking system across the three domains accounts for the findings we observed.

5.1 The relationship between the keyworker and the service-user

The relationship between the keyworker and the service-user is important because, among other things, the former helps the latter to identify his or her likes and dislikes. This appears to have been a reasonably constant dynamic in human services, and has probably been important for longer than most of the current cohort of human service workers have been employees. Only the language changes, fluctuating between needs and wants, hopes and fears, strengths and weaknesses, dreams and nightmares, gifts and capacities, interests and preferences, and so on.

The important issue here is that in order to do this successfully, keyworkers need to **get to know** the people they are working with. However, the staff group's attempts at planning, and the way in which they talked about the residents, suggested that minimal progress had been made in getting to know the residents and they had not succeeded in discovering their interests and preferences. Nor had they utilised the information they had access to, in various formats and places, from KRS.

One reason for this can certainly be attributed to the residents' levels of intellectual disability. Zijlstra, Vlaskamp and Buntinx (2001) argue that the needs and wants of people with more severe intellectual disabilities only become known after a great deal of effort has been spent becoming familiar with the individuals concerned. Although only two of the residents had been labelled as having a severe intellectual disability, their levels of communication would suggest that a similar length of time and effort would be required to get to know all the residents at 96 High Street.

By the time of the half-day meeting, eight months after the house had opened, all of the staff group would have met Zijlstra et al.'s (2001) time criterion to be classified as 'well-known faces'. These authors argue that a minimum of six months is required to perceive, interpret and respond adequately to the signals of an individual with profound intellectual disability. It may be the case however, that six months is not long enough if staff members do not have the skills or make the effort to get to know the individual, or there are specific barriers.

> *There was some discussion about the role of the keyworker in investigating and seeing what a particular resident liked. Brenda commented that the residents only want to go out and eat and Julie added that she made them exercise afterwards by walking. Frank said for him it was not always obvious what a resident was interested in and that he 'didn't have a clue what Sarah would like to do'.* (F/HS/170106)

> *Aphrodite was said to have an interest in animals. Frank asked whether we know what her specific interest in animals is. This prompted stories about how she would not go near the horses when they had been fed and that she had avoided big dogs but approached a small one. Cathy said that she went near a baby one day, so, 'Perhaps she likes small things?' She had liked Brenda's birds when she had brought them in to the house.* (F/HS/101006)

> *Simon has a reputation for getting 'upset'. Kylie said that she was very careful not to upset him. He does not understand when you are joking. She had never asked him to mop the floor she said, even though he is more than capable of doing this. Asking him might upset him.* (F/HS/260706)

For some members of the staff group, getting to know the resident and identifying interests and preferences was an enduring issue.

> *I asked Andrew what individual things were happening with Rose. He mentioned issues with her weight and getting exercise. He struggled to name anything else, so we looked at the IPP in the folder, which was dated 2003. As well as objectives about her weight there were also goals about vacuuming, a holiday, and communication. 'We can't get her to vacuum, so we get her to dry the dishes,' he said. When I probed him, he admitted that these goals, apart from the holiday, would not excite her. A holiday had not been organised for her, unless a week at her mother's house was counted. Andrew said that he had tried to get her to draw, she was 'not interested'; carpet bowls 'not interested'; walks, 'she moans and complains of mosquito bites'. 'She does like make-up and music'. Andrew thought that he was not well-matched with Rose and added that he thought that no one would be particularly well-matched*[12]*.* (F/HS/180706)

Our own efforts to try and include residents in conversations with their keyworker were unsuccessful, either because they were rebuffed:

> *Simon did not want to come and sit with us. He got irritable and waved his hand at me when I asked him.* (F/HS/180906)

Or people did not share the same method of communication at a level that would allow interests and preferences to be expressed.

> *As Brian was home, Cathy and I sat at the dining table with him to try and include him in writing the monthly keyworker report. [My view was that he was present but not that involved. He relies on signs and gestures, and we would need to be much more creative in talking to him about his life.]* (F/HS/180906)

According to Brost and Johnson (1982) getting to know a person requires a keyworker to engage in a process of interviewing, observing, reading and sharing time with a person. In more than 25 years, this basic advice hasn't changed. In *Planning for Individuals* (Disability Services Division, 2007), which was published after we had ceased to work at 96 High Street, the same advice is given (Table 5).

[12] *Rose's communication dictionary stated that when she said 'I've got a Mozzie bite' it might mean 'I don't like doing this' or 'I don't want to do this'.*

Table 5. Strategies for getting to know a person

Where to go for information (Brost and Johnson, 1982, p.29-30)	**Finding out about the person (Disability Services Division, 2007, p.29)**
• The person being assessed is the first and most important source of information. The person must be consulted at every stage of the process; his/her preferences carry the most weight	• Listen to them.
• Observing in many service settings and environments.	• Spending time with them in different situations and different settings.
• Talking to all significant others	• Talking with others who know them well.
• Checking files and records	• Although this section does not specifically mention written records it is possibly implicit in the following: 'Depending on its relevance, a person's life history and personal information may be gathered from a number of life stages and areas of importance'.

That fact that the 'new advice' does not represent a significant departure from the 'old advice' suggests that the staff at 96 High Street were not trying to get to know the residents and plan in a practice vacuum. Indeed, we had heard similar guidance being given at the 'Community Connections' training and by the Community Inclusion Officer. The first step on a process given to the staff at their training was: 'Identify the aspirations and interests of the individual or group of people' (Scope (Vic) Ltd., 2005), and in order to do this the staff were directed to do precisely the things that are given in Table 5.

The staff group obviously had direct experience of working with the residents, access to significant others, and the residents' current General Service Plans, Individual Program Plans, assessments, and copious amounts of recorded personal information. People knew about tools like 'strengths/needs' and 'likes/dislikes' lists, had seen the template for Essential Lifestyle Planning, and were given a form by the CIO for recording people's interests and generating related activities (Appendix 3).

Difficulties in identifying people's interests and related activities where they can be realised has been a recurring theme in the *Making life good in the community* research. In *Facilitating community participation for people with severe intellectual disabilities* (Clement and Bigby, 2008) we suggested that how 'interests' or 'activities' were framed and thought about in relation to community-based activities was important in determining whether *community presence* was the sole outcome or whether *community participation* is also likely.

> *Staff supporting people with severe intellectual disabilities may identify a general interest that is unrelated to an activity (for example, food, trains, swimming) or a more specific interest that is related to an activity (cooking class, train spotting, watching competitive*

> *swimming events). If an interest is general, then staff need to think through possible activities where the interest can be pursued…An obvious interest that most people have is food. There are various activities that a person can pursue where food is involved, shopping, eating out, cooking at home, a cooking class, markets, food and wine exhibitions, inviting friends for meals, etc..* (p.92)

Sometimes it is hard to know what a person with intellectual disabilities prefers. On other occasions we may feel personally uncomfortable with what a person says he or she prefers. A keyworker is in a difficult position when people do not, or are not able to, talk about their wishes; do not seem to have any preferences; or cannot seem to express interest in any specific alternatives or seem to have peculiar preferences. Brost and Johnson (1982) could not provide 'off-the-peg' solutions to these issues, and this is unlikely to have changed in 25 years. This reveals something about the nature of more severe intellectual disability, where preferences typically have to be inferred from interpreting people's reactions to events (Ware, 2004).

Brost and Johnson (1982) did list factors that may affect a person's preferences and our interpretations of them (Table 6).

Table 6. Determining individual preferences. Adapted from Brost and Johnson (1982)

What an individual prefers might be influenced by:	How a keyworker interprets 'personal preferences' might be influenced by:
• the number and kind of experiences or opportunities the person has had • what, how, and for how long the individual had received services • the opinions and preferences of family members, guardians, advocates and significant others • the number of ways available to express desires • the skills and resources the person possesses and can use in alternate situations	• for how long and how well the keyworker knows the person • the values of the keyworker • how willing and capable the keyworker is at interacting with the person • what limits the keyworker sets on a person's capacity for growth and learning

Some of these factors are certainly evident in the fieldnote extracts above. Given that Simon had spent 40 years of his life living in an institutional setting we were not surprised that he did not want to come and sit down at the dining table and discuss his aspirations with us. Brian was limited in the number of ways to express his desires just as we were constrained in understanding them.

Our fieldnotes were full of examples where the values of the staff group impacted not only on how the preferences of individual residents were perceived, but on the day-to-day running of the house, which was how we came to use the four concepts to describe the dominant patterns of behaviour that we observed in the house (Chapter 2).

In one very candid interview, a member of the staff group gave a number of reasons why she was poor at facilitating community-based activities in the evenings.

> *'They've been out at the day programs all day having fun so they don't want to do anything else'.*
>
> *'When I've been out at work all day I don't like to go out again'.*
>
> *'People like to have a bit of a breather'.*
>
> *'It's the weather. You don't feel like going out on the dark winter nights when it's cold. I like to settle in'.* (F/HS/080306)

Another member of the staff group was equally adamant that she would only support community-based activities that she would enjoy (F/HS/200906). She was very thorough at completing all the keyworker tasks and arranging community-based activities, but we were less sure that she had taken on board that contemporary approaches to individualised planning are about 'assisting people with a disability to identify their goals, aspirations and needs' (Disability Services Division, 2007, p.10), which 'requires a significant shift in power, from professionals having "power over" to have "power with" [people with intellectual disabilities]' (Sanderson, Kennedy, Ritchie, and Goodwin, 2002, p.20).

It should be noted that there is nothing wrong with direct support staff taking a lead in planning and organising the lives of people with more severe and profound intellectual disabilities. As we suggested in Chapter 1, this reflects the reality of supporting people with these labels. However, this planning should reflect the service's principles and values, and not those of an individual staff member. The good use of tools like the *Activity Learning Log*, which ask direct support staff to reflect on what worked well and what the person appeared to like about an activity, become important in documenting people's preferences over time and help a staff group to reflect on whether they are overly imposing their likes.

5.2 The practice of the keyworker

It is self-evident that being an effective keyworker requires specific knowledge, skills, and abilities (Dipboye, Smith, and Howell, 1994). Figure 14 shows the 'skills' identified by Pearce and Smith (2000), which were discussed with the staff group. In this section we use this list to discuss four aspects of staff practice that contributed to the weak implementation of keyworking at the house: commitment to team work, communicating with the residents, recording and planning.

Figure 14. Keyworking skills. Adapted from Pearce and Smith (2000)

Keyworkers need to be skilled at:

- Team working
- Communicating
- Accessing resources
- Recording
- Advocating
- Enabling
- Planning, coordinating and liasing

The team climate

It is generally accepted that a group home that has a highly performing staff team will deliver better outcomes for its residents than either a dysfunctional 'team', or a group of staff that has not made a commitment to teamwork.

During our period of participant-observation it became apparent very quickly that the staff group at 96 High Street were an ineffective team. Many of the interactions that they had with one another detracted from their individual performance and consequently what they achieved as a group – so much so that we queried whether team-building was a prerequisite to undertaking any developmental work. In the end a focus on 'performance' rather than team-building was selected as the chosen path. Katzenbach and Smith (1993) argue that a focus on 'performance', that is clarifying the collective purpose, goals, and outcomes can save 'pseudo' or potential teams.

Given that Pearce and Smith (2000) claimed that an effective keyworking system relies on staff skilled in teamwork we want to spend some time describing what we might call the 'team climate' at 96 High Street. We would argue that there was no major change in this climate during our contact with the staff team, which was a significant impediment to implementing a keyworking system at the house. It would be fair to say that along certain dimensions the team did improve (for example in having greater clarity about their purpose); but when the characteristics of an effective team are considered in the aggregate, any change was insignificant and certainly not enough to realise an effective keyworking system.

An ineffective team

There is a significant literature on the characteristics of effective teams. In this section we want to use the variables put forward by Francis and Young (1992) to make the case for why we believed the staff group at 96 High Street were an ineffective team.

As outsiders and researchers we were told many things about the day-to-day working of 96 High Street. It was more likely that our position of novice or acceptable incompetent opened up the possibility that the different staff members were interested in making sure that as newcomers we understood their version of how the house worked (Hammersley and Atkinson, 1995).

Individual staff questioned the suitability of their colleagues to hold the positions they did within the organisation. The 'leadership' of the house supervisor was directly questioned and challenged. At some point each staff member was said to be lacking either the necessary skills or the 'right' attitude. Rather then there being a constructive climate where individual errors or weaknesses could be explored helpfully, they were more likely to be perceived as a personal attack. People seemed to have a poor understanding of their role, and as a group they were unclear about their objectives. Consequently each staff member typically pursued their own agenda, being primarily responsible to themselves rather than holding themselves mutually accountable for service-delivery.

In order to illustrate some of these issues we present extracts from our fieldnotes written over an eight-month period. Although we have selected these excerpts because they all relate to the issue of supporting external activities, they illustrate dynamics that pervaded many aspects of service provision at the house. As the staff group had not developed effective ways of resolving these issues they were enduring in nature and reappeared at different times during the research.

The extracts begin at the half-day meeting we held with the staff team to discuss issues arising from the period of participant-observation. The discussion was focused on how the staff group could improve people's lives outside the house. More individualised activities had been suggested, which is congruent with realising the goals of *pursuing individual lifestyles* and *building inclusive communities* in the State Disability Plan (Victorian Department of Human Services, 2002a).

> *Frank [house supervisor] said he had 'no hassle' in staying in the house with five people if it meant that a one-on-one activity could occur with the remaining resident. Julie said it would be nice to have one-to-one now and again.* (F/HS/170106)

The house supervisor endorsed individualised community activities and illustrated how it could happen, which he said that he was personally committed to. A member of staff agreed that it would be good to support a resident in this way. Later in the same meeting:

> *Frank reiterated that he saw community activities as a priority and illustrated this by stating that if someone only had an hour left on duty they should use it for planning an activity rather than cleaning the toilet. Household 'chores' were not his priority. Julie challenged this by saying that 96 High Street was 'a brand new house and you need*

> *to keep things tidy and keep it in order'. She challenged the house supervisor's comment and said that if chores were not a priority then this was a problem for her and she might leave.* (F/HS/170106)

When planning a one-to-one event is compared to another activity in importance, the same two staff members do not give it the same priority. We should, of course, expect beliefs about what is important to vary between people (Rokeach, 1968), but part of the house supervisor's job is to move the staff group towards consensus about its work methods and worthwhile objectives. Julie's statement that she 'might leave' could be rhetorical, but it was also symptomatic of a group that lacked effective ways of solving issues cooperatively. The conversation changed to discuss staff's role in supporting external activities.

> *The discussion moved to whether staff should be expected to support activities that they do not enjoy. Frank commented that he wouldn't expect staff to rush off to the church if they didn't have faith themselves.* (F/HS/170106)

This was a comment that had real consequences, as going to church was understood as being a meaningful activity for one of the residents and Cathy had begun to support a number of the residents to attend a church. If this activity was to happen weekly, then it needed commitment from the entire staff team.

Differences about another staff member's priorities surfaced in a note written by Brenda in response to our report *96 High Street: Description, analysis and interpretation* (Clement et al., 2007).

> *As staff we have differing opinions on how the residents should do things and also what capabilities they do have. Some staff push for perfection in keeping a clean house, whilst others let housework go for a day out. I think that I would like to see both done in according [sic] with a running of a 'normal' household. If everyone pitches in with the housework before venturing out then it does not fall on the other people.* (D/HS/080306)

The extract hints at disgruntlement with how tasks had come to be distributed within the staff group. Brenda seems to be arguing for a more equitable distribution between staff, rather than choosing one or the other, once again suggesting that the staff group have not reached agreement about how to realise their objectives.

She reveals more of her beliefs about the purpose of external activities, the capabilities of the residents, and what tasks she thinks are a priority. Without being specific she suggests that some of her colleagues pursue external activities for their own enjoyment[13].

> *I also believe that outings for residents are not just for fun, but for learning and teaching and to show them things that they may be interested in (and not for staff's entertainment.) The residents have been used to in Kew*
>
> *1. not having the opportunity to mop, do washing, etc*
>
> *2. not had a garden to look after*
>
> *3. not having their own bedroom*

[13] *This could be a literal, but rather extreme interpretation of the discussion that was not resolved at the earlier meeting – that it is legitimate for staff to only support activities that they enjoy.*

Only to mention a couple.

I feel that instead of teaching them domestic chores etc, we should teach them how to use toilet paper, flush toilets, wash hands, blow their nose etc as a great deal of them do not know. If they were to be completely independent I think we have to do it with the next generation of ID [intellectually disabled] people…I know we have a lot we can do with the residents at High Street. But let's focus on what is most important for their well being first and not just what makes us look good. (D/HS/080306)

The beliefs that we have outlined to date reflect those of individual staff members. When working with people with intellectual disabilities and limited expressive communication it is very easy for staff views to be dominant. Rather than advocating for the residents at this house meeting, our suspicion was that Brenda's comment reflected her preference to stay in the house, rather than support people to undertake community-based activities.

Frank was pushing for more evening activities. Brenda suggested that people did recreation all day at the day programs and perhaps they were satisfied to relax at home, 'content to sit around' in the evenings. (F/HS/080306)

In the candid meeting, which we referred to earlier, Brenda stated she was not doing a good job as a keyworker.

'What's going to make you do a good job?' I asked.

She suggested that she might have more time now that the 'Big Brother' series had finished. I probed her about this as 'many a truth is said in jest', and she talked about the evenings in front of the TV where she tried to engage residents in a conversation about the program. My own observations had suggested that the residents are not active watchers of the TV. I asked her about this and she admitted that hardly anyone watched it for long periods of time. She then blamed this on people's low levels of concentration. Her initial position had been that the residents liked to sit around in the evening watching the TV. She gave me a number of reasons why other activities would not happen in the evening. Most of these seemed to be about her not wanting to do anything rather than the residents, a point I made to her. (F/HS/030806)

As one of the staff members who put a lot of effort into supporting external activities, Cathy had her own beliefs as to why some of her colleagues were reluctant to do so.

Cathy thought that the reason some staff do not go out with the residents is that they do not like to be seen with them and they don't know how to deal with any difficult behaviours. (F/HS/200706)

Having initiated the trips to the church and supported Brian's interest in swimming, she was irritated that the other staff members were not committed to support them.

Cathy expressed annoyance that none of the other staff take the residents to church on Sunday mornings. She has organised swimming for Brian, but this only seems to happen when she does it. (F/HS/200706)

Brenda's comment, given below, suggests that either she does not, or some of her colleagues do not, share the house supervisor's aforementioned tactic as a means of supporting one-to-one activities. If this is the case, she is unlikely to take out

a resident on a one-to-one activity if she perceives it as unfair or is going to be told that she has acted unfairly.

> *When pressed, Brenda said that people complain when a staff member supports an individual activity. 'They are left to do the dishes and to support five residents'.* (F/HS/030806)

At 96 High Street most of the external leisure activities were planned for and carried out by Cathy and Julie, but not in a way that supported each other's efforts. The lack of clarity about people's role in supporting the residents to attend church was still evident eight months after it had been raised at the half-day meeting. Consequently the residents were still attending church irregularly, coinciding with those times when Cathy worked on Sunday mornings.

> *The issues to do with people's role came about again when I suggested that some activities were not supported by everyone. Julie identified 'church' as the activity that I was referring to and added that 'swimming' was another that she would not support. Julie stated unequivocally that she would not support it. Frank said that this was an area that he hadn't pushed and possibly being one where people's beliefs are important.* (F/HS/200906)

Without a commitment to teamwork, and lacking the means and motivation to change the dysfunctional 'team climate', many of the outcomes experienced by the service-users were the result of individual staff effort rather than a collective one. In addition, some of these outcomes reflected the priorities of each individual staff member rather than the residents' preferences. In such circumstances the outcomes experienced by the residents at 96 High Street fluctuated in accordance with the practice of individual staff.

Communicating

An effective relationship between a keyworker and a service-user will, in part, require them to be able to communicate with one another. Given the fact that five of the residents used non-verbal means as their primary method of expressing themselves and had low levels of comprehension, the onus is on the staff to facilitate the communicative skills of the people they support. This requires the staff group to have a reached a certain level of 'communicative competence'.

In their review of the literature, Perry, Reilly, Bloomberg, and Johnson (2002) identified a number of general principles underpinning 'best practice' in service delivery to people with complex communication needs. Three of these were:

- the availability of training and support for **all** communication partners
- the requirement of extensive and ongoing training and support in order to establish the communicative competence of service-users who use augmentative and alternative communication
- a team approach to service delivery

As well as receiving a session on 'communication' delivered by a speech pathologist during the two-week 'transition training', the residents also moved into the house with

[14] *The opening of the house was preceded by a two week block of training, known as 'transition training', which is a form of orientation.*

a communication dictionary[14]. Although the training we observed was well-delivered, we thought that it was weak in designing-in any learning transfer or post-training learning support. As a consequence, our observations revealed very little transference to the work setting (Clement et al., 2007). Stokes and Baer (1977) suggested that when little consideration is given to how training will be applied in the workplace, this is a 'train and hope' strategy.

Following the prompts of the Community Inclusion Officer, the staff group received additional input from a speech pathologist a year after the house opened. This was primarily to revise each resident's communication dictionary. The meetings with the speech pathologist also prompted the house supervisor to introduce a number of related initiatives:

- a 'Who is here?' noticeboard placed on the office door, with photographs of the staff working that day
- the purchase of a 'memory card reader' which allowed the staff to make images from a digital camera
- a symbol book, which contained about fifty symbols of activities (health symbols, representing trips to the doctor and dentist, and leisure activities, such as BBQ and picnic). Frank explained that he wanted this to be out in the living area not in file in the office. (F/HS/20/0706)

Although the 'Who is here?' noticeboard was used, there was very little evidence to indicate that augmentative and alternative approaches to communication were routinely used in everyday practice. Establishing functional communication with people with severe intellectual disabilities requires the coordinated efforts of all team members (National Joint Committee for the Communicative Needs of Person with Severe Disabilities, 1992, cited in Perry et al., 2002). A keyworker could have a role in developing a team approach, but individual staff members had not taken on board that it was his or her responsibility to develop the staff group's knowledge about the individual communication dictionaries.

> *Aphrodite's revised communication dictionary had arrived at the house, so I took the opportunity to ask what a keyworker's responsibility might be to get the residents and staff team to use and understand the information within it. I asked how many people knew the Makaton sign for 'more' which was in Aphrodite's dictionary. Only one person present knew, which illustrated the need for ongoing training and support to promote the use of this sign. Julie said that she had been teaching Aphrodite the sign for 'chocolate', which nobody else was aware of and is not in the revised dictionary.* (F/HS/260706)

'Getting to know' a resident requires a direct support staff to spend time with him or her in different situations and to 'listen' to that person. We use 'listen' in its broadest sense. It is not surprising that the staff group at 96 High Street struggled to identify the residents' preferences, given that individual staff were lacking in the skills and competence to effectively communicate with the residents or enable the residents to communicate with them. Without 'distributed competence', in other words every staff member being individually competent, it was not possible to develop a team approach.

The notion of 'distributed competence' is attributed to the work of Tim and Wendy Booth (1994, 1998), who conceptualised competence as being spread throughout a social network, rather than being the characteristic of an individual. 'Distributed' rather than 'atomized' competence is necessary for keyworking to flourish, because enabling people with intellectual disabilities who live in a group home to have a good quality of life is a shared activity that requires collective action. As we pointed out earlier, a competent direct support staff must rely on her colleagues to deliver high quality support when she is not at work. An atomized staff group are disunited, and as a 'working group' their outcomes rely on the sum of 'individual bests'. On the other hand, a highly performing interdependent team will produce outcomes that exceed 'individual bests' (Katzenbach and Smith, 1993). Aphrodite is more likely to learn and use the sign for chocolate, when all of the direct support staff know how to use and recognise this specific sign, and are committed to augmentative and alternative communication.

Recording and planning

Having to write and deliver a report at each house meeting is one way in which a keyworker demonstrates responsibility and accountability to a particular resident and the rest of the staff team. It is common practice for house meetings to be structured in such a way that each resident is discussed in turn. This aids teamwork and underlines the importance of the entire staff team having an interest in all the residents. It allows each staff member to put forward their ideas about the service each person is receiving.

The monthly keyworker report had a simple design that reflects the need to take a 'look back' over the past month and also to look to the future. The 'look back' is intended to be 'brief' and requires the keyworker to identify important activities, events, or issues that need to be noted, discussed and acted upon. Keyworkers have to do some preparation by having a look at the documents kept by the staff group. In a discussion with the house supervisor we outlined a number of sources that might inform the monthly report:

- 'conversation' with the specific resident
- the Communication Book
- Activity Learning Logs
- IPP/PCP goals
- other documents. For example, if weight is an issue the person's 'weight chart'. (F/HS/090806)

Keyworkers were informed that they needed to produce a monthly report and were given advice as to how they might complete them. Chapter 3 gave examples of the type of activities that might simply be noted, but also how summarising information leads to questions and action.

The monthly keyworker reports were visible evidence of the staff group's efforts to record and plan and in this regard we noted variable outcomes in relation to whether they were produced and the quality of their content.

Figure 15 is one of the better examples, a monthly report that was completed for Alberto.

Figure 15. Alberto's monthly report

Resident: Alberto
Keyworker: Julie
Date completed: 18/03 – 15/4/07

What were the key activities, events or issues from the last month?

- Household duties:
  - changing his bed every Monday
  - setting the table for tea
  - emptying dishwasher
  - putting laundry away
  - getting laundry off the line and folding his own laundry
- Fish and chips foreshore of Sorrento.
- Walked along the pier at Rye while some residents went to have a look at sand sculpting at Rye – 18/03/07.
- Bowling at Forest Hill – 19/03/07
- Went to the GP for a flu vaccination and got his ears checked.
- Dance movement at Church Hall, Salisbury – 19/03/07.
- Learning to operate DVD player 1:1 so he can put on his DVDs independently.
- Dance movement on holidays for 3 weeks over Easter.
- Catching up with friends for tea – Rutland Terrace CRU – Neil.
- Weekly grocery – 1/04/07 with Julie and Sarah.

What are the key activities, events or issues for the coming month?

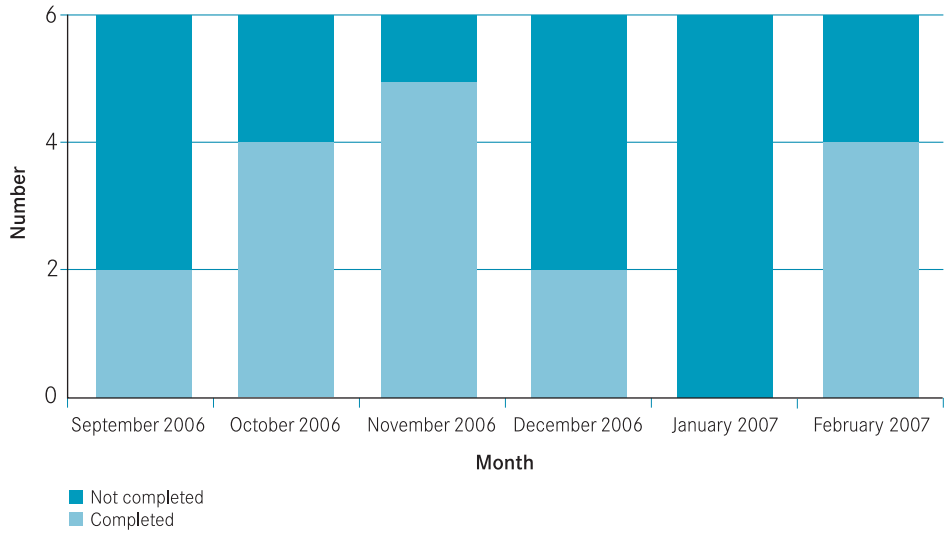
- Next term Dance Movement has been changed to Thursday at 5 – 6 pm at Church Hall, Salisbury.
- Contact Helena if not attending Dance Movement.
- Cost $12.00.
- Organising for Alberto to attend Oakleigh Disco on a Thursday night with John Street CRU and Pitt Street CRU.
- Staff need to take Alberto to his bedroom before going out to program and check if there are any dirty clothes and wet PJs.

The report contains items that may merely need to be noted, for example, the community based activities that Alberto undertook in the previous month. It was agreed that the 'expired' monthly reports could be transferred into each person's Accommodation File, where they could be used to inform the Individual Program Planning or Person Centred Planning processes.

Other items need to be discussed and acted upon. For example, the statement, '[Alberto is] learning to operate DVD player 1:1 so he can put on his DVDs independently' is recorded as a matter of fact, but it raises issues for discussion and action that need to be addressed by his keyworker. The rest of the staff group need to know how Alberto is being taught to use the DVD player, and they need to agree how to provide consistent support.

Figure 16 shows the number of keyworker reports that were submitted at the respective house meetings.

Figure 16. Number of keyworker reports completed between September 2006 – February 2007



Given the input that the staff group received, which informed them why and how they should complete a monthly report, how can we account for the fact that only 17 of 36 monthly reports (47 per cent) were submitted at house meetings? Four reasons seem important here:

- the failure to establish a secondary keyworker for each resident, who would fill-in when the primary keyworker was absent on recreational or sick leave. Without a nominated member of staff to take responsibility, nobody took responsibility
- in some cases, limits to a staff member's personal skills prevented them from reading the necessary information and writing the monthly report

- there were no negative consequences for poor performance. Although people who had not completed a report were 'named' in house meetings, they were not 'shamed'. Being singled out in this manner was not a negative consequence.
- they are rewarded for not completing the monthly reports, in that they still got paid whether they completed them or not.

Literacy

It should be clear by now that being an effective keyworker, and using the systems that we have described in this paper, require a certain standard of English literacy. Without any extra help, the two staff members without the necessary level of English literacy were always going to struggle to undertake those aspects of the system that depend on paperwork and recording. These staff were less able to begin a shift by reading back entries of the communication book or the *Activity Learning Logs*. Without being able to read the relevant paperwork, reviewing and summarising multiple entries in order to complete the monthly report stretched the limits of their competence. Nor, without any extra help, could they complete tasks that had been assigned to them such as the *'Actions to develop individual lifestyles and build an inclusive community for a person with a disability'* form.

Although the staff member who had been a keyworker at KRS had been able to get help there, in a group home there is a smaller pool of staff to ask. At 96 High Street, both the unfavourable team climate and the low levels of *planned formal supervision* mitigated against these two staff members getting the levels of extra help they needed. We were aware of occasions when they had been given help by other direct support staff to complete paperwork tasks.

Poor standards of English literacy are unlikely to be rectified by a training course or short-term coaching. Given that completing paperwork tasks is now a key component of the direct support role, this has obvious implications for the recruitment of new staff, but leaves the house supervisor at 96 High Street with the problem of managing existing staff without these skills, an issue that we return to below.

Difficulties with medium to long-term planning

We also noticed a feature related to the content of the completed monthly reports, in that the second half of the report that identifies the key activities, events and issues for the coming month, were typically less detailed than the first half. In some cases they were completely blank.

This reflected a broader pattern of behaviour that we observed, in that minimal attention was given to longer-term forward-planning. In Chapter 4, we argued that the staff group had established 'norms' for external activities, which either occurred spontaneously or on the basis of what had happened before. Thus, in the monthly reports, the staff could comment in greater detail about what had happened, but not about what was going to happen in the future, that is, little attention was given to planning for the medium- to longer-term.

The importance of planning was made to the staff group at the house meeting prior to the Christmas holiday in 2006 – just before the period when the day programs shut for a number of weeks and the residents rely on the staff to plan and organise their holiday. Only two keyworker reports had been submitted at the December meeting, which ought to have identified activities for the coming month.

The Community Inclusion Officer called into 96 High Street on the day of the rostered house meeting in January 2007. No keyworker reports had been written, because as the house supervisor was on holiday, the staff group had been advised to complete them for February.

> *We commenced the meeting by asking staff if any planning had been undertaken, which was outlined in the December house meeting minutes and circulated by the house supervisor. The staff group advised that they had completed no planning, as they understood that these reports were to be completed and presented at the February house meeting. We spoke about the purpose of these plans and reminded them that we have had numerous discussions regarding these particular planning tools. The staff group told us of the range of activities that have been occurring, which were more spontaneous and result in community presence. Staff also spoke of some of the challenges they have faced during the holiday period with limited staff resources. We queried this as two of the residents were holidaying with their families and they had extra recreational hours to cover the holiday period. Andrew spoke about the need for better planning and other staff outlined concerns regarding the need to pre-plan the use of staff, recreational hours, etc., particularly during the holiday period. We highlighted the fact that the keyworker reports are a planning tool for: 'What are the key activities, events, issues for the coming month?'* (D/HS/100107)

The staff group at 96 High Street were able to plan, but this related to more informal planning that enabled them to achieve short-term goals and immediate priorities, such as doing the shopping or going to the beach for a picnic. Effective Individual Program Planning or Person Centred Planning is more formal and underpinned by a longer planning cycle. A more intuitive approach to planning, which allows staff to get through a week at work, may not allow them to make clear, long-term plans that reflect the residents' aspirations. Nor will it necessarily equip them with the knowledge or skills that are required to achieve them. In this context, there would appear to be some truth in the adage that, 'People who fail to plan are planning to fail'.

5.3 The systems and structures that support keyworking

The house supervisor's job description states that it is their duty to 'manage a component of a residential program providing direct care services to clients' (HHS, 2002c, p.1). It is therefore not unreasonable to expect the house supervisor at 96 High Street to put in place and actively use the systems and structures that will support an effective keyworking system.

In her book, *Organizational Change in Human Services*, Rebecca Proehl (2001) suggests that 'lack of management' is a reason why many change initiatives are never fully implemented. In this section we argue that weak management, albeit in challenging circumstances, was another factor that contributed to the ineffective implementation of keyworking at 96 High Street.

Supervision

Of the of ways in which house supervisors can 'supervise' staff, *planned formal supervision* is recognised as a key management system (Ford and Hargreaves, 1991; Sines, 1992). Although we have suggested that there are weaknesses in the *Professional Development and Supervision Policy and Practice Guidelines* (Clement and Bigby, 2007; Victorian Department of Human Services, 2005a), it lays down the expectations of house supervisors.

Planned formal supervision meetings are a space for developing and maintaining practice to agreed standards. It was expected that keyworking would be a standard item on the agenda at these meetings and that the house supervisor would coach each member of staff to fulfil the keyworker role. At these meetings a house supervisor could address most of the issues we have discussed to date, such as monitoring the completion of monthly reports, providing guidance with planning, assistance with writing, and so on.

In Chapter 3 we stated that none of the direct support staff were having meetings with the house supervisor that met the minimum standard for levels of *planned formal supervision*. At the point where we agreed to stop collecting data and left the 'management team' to manage practice at the house, the issue of having planned formal supervision meetings was still being raised with the house supervisor.

> *Outlined are the proposed actions from today's meeting -*
>
> 1. *Frank to review and devise a supervision structure, outlining when supervision will be undertaken with each staff member.*
> 2. *Regular supervision to be undertaken with all staff. [The team manager] advised that she will support Frank in undertaking supervision, will attend the occasional catch up if Frank does not have the capacity, or if appointment etc is presented which cannot be negotiated.* (D/HS/020407)

As the house supervisor did not use any effective ways of supervising the staff group, he turned over responsibility for accomplishing tasks to the direct support staff, a strategy that works well when employees are highly competent and committed (Blanchard, Zigarmi, and Zigarmi, 1986). We have provided evidence that questions some staff members' competence in regard to the completion of keyworker tasks and their commitment to the prerequisite teamwork ethos. In these circumstances, close supervision and monitoring, and giving direction and support through coaching would have been more appropriate management options.

If there are issues with individual direct support staff that suggest there they are not meeting the minimum requirements of their role, then documented regular discussion, planning, setting of objectives, and review, are a prerequisite to successfully using the *Improving Work Performance Policy* (Victorian Department of Human Services, 2005b).

It may be the case, and we would suggest it was at 96 High Street, that the minimum standard for levels of planned formal supervision is not adequate. One issue we have highlighted as being important is the variations in the staff members' level of English literacy. Staff members with poor English literacy require additional support. Turning over responsibility to staff to accomplish tasks when they do not have the prerequisite skills sets them up to fail. The question remains as to whether the house supervisor has the capacity to provide the required level of supervision to the staff group at this house.

House meetings

The house meeting is an important place for facilitating teamwork, enhancing staff relations, canvassing opinions, communicating information, and a place where house supervisors can exercise practice leadership (Clement and Bigby, 2007). At 96 High Street neither of the part-time staff were rostered to attend the house meeting, which meant that one-third of the staff group were absent from this key forum.

It also meant that the part-time staff had to use a proxy to deliver their monthly keyworker report, if they had written one. We have suggested that being absent from the house meeting contributes to circumstances in which some part-time staff may not feel that they are as important as full-time staff. Excellent *planned formal supervision* may compensate for non-attendance at house meetings, but as this was not the case, part-time staff were marginalised in collective discussions about the residents, problem-solving, and decision-making.

Given the significant issues we have raised about the 'team climate', more frequent house meetings attended by all members of the staff group may be a prerequisite to creating a positive climate at 96 High Street in which keyworking can thrive.

The allocation of human resources

Team-building; training for the staff group; levels of *planned formal supervision* that go beyond the minimum standards; and more frequent house meetings attended by the entire staff group – all have resource implications. Such issues suggest that in the short-term, extra resources may be required in any group home.

Even if we are able to accurately identify what the house supervisor at 96 High Street needs to do to be effective, inadequate resources or the way in which existing resources are utilised may mean that he felt that he had no option but to delegate tasks to less than competent staff. In any particular group home there may be organisational barriers that prevent a house supervisor from carrying out their job effectively (Clement and Bigby, 2007).

Although the house supervisor at 96 High Street must take responsibility for those aspects of his performance that he can control, the way in which the roster is constructed also makes his job harder because it impacts on the relationships he has with the direct care staff. For instance, in the last section we pointed out that the part-time staff are not rostered to attend the house meeting.

Much of the administrative work at 96 High Street is performed on weekdays between 10 am and 3 pm, when most of the residents attend day programs. This arrangement allows the staff to provide support the residents when they are at home. Even though a part-time member of staff has the exactly the same keyworker responsibilities as a full-time employee, the two part-time staff at 96 High Street have a mere six hours and 30 minutes respectively on a four-week roster between these times, whilst the full-time direct support staff have 44, 38 and 30 hours (see Appendix 4). This also suggests that there is not a convenient time for one of the part-time staff to have a routine slot for a *planned formal supervision meeting*[15].

As far as possible keyworkers should attend meetings about the specific resident they work with. A roster without sufficient flexibility does not allow this. The meetings with the speech pathologist to update the communication dictionaries were organised by the house supervisor, usually without the keyworker present. This minimised the keyworker role in this instance.

Neither does the roster allow the house supervisor the flexibility to offer extra support or monitoring through more informal supervision modes to those staff who may require it. The supervisor spends a disproportionate amount of time with one staff member (71 per cent) and smaller varying amounts of time with the others (13 to 17 per cent). A fixed roster does not allow the house supervisor to target his hours to respond to many of the issues we have described, such as offering extra support to staff who are struggling with the keyworking paperwork (Clement and Bigby, 2006).

Support from the team manager

Our view was that the house supervisor at 96 High Street did not have a strong sense that he could or should manage the day-to-day practice of the staff group. He acted as if he saw himself as a practitioner who undertook some activities of a managerial kind rather than understanding that he was in a position that must be clearly understood as a managerial one.

In this regard he did not help himself. Infrequent *planned formal supervision* meetings denied him best use of this key space for exercising practice leadership. Nor was he helped by the allocation of resources. As one-third of the staff group were not rostered to attend the house meeting, they were denied the opportunity of benefiting from his leadership at this forum, and members of the staff group were absent from the space where a team approach is most likely to be developed.

Our fieldnote extracts paint a picture of a staff group that would have tested a highly competent house supervisor. The house supervisor's leadership was openly challenged,

[15] *By 'convenient' we mean when the residents are not at home.*

direct support staff were hostile to one another, staff practice was often incongruent with organisation values, and in certain areas did not meet the minimum requirements of the direct support staff role.

His own reflections implied that he was lacking some managerial skills.

> *Look, I suppose this is a personal thing, but I've developed managerial type skills over the duration, because I've been in the position and I've had other people manage me. But as far as direct, specific training in managing human resources, I've probably had very little. When you hear someone talk who has good skills in that area you realise, well maybe I don't have that skill-set. I suppose there is training out there, but I haven't had it.* (I/HS/121206)

In *The Importance of Practice Leadership and the Role of the House Supervisor* (Clement and Bigby, 2007) we outlined the weak role that Disability Accommodation Services' house supervisors currently have in recruiting staff. We reported that all the house supervisors we interviewed wanted a greater say in hiring the staff they manage. We highlighted the negative consequences of this weak role, which were that it allowed house supervisors to deflect the responsibility for poor hiring decisions elsewhere and made them feel less accountable for managing those staff members. In this instance, the house supervisor probably has grounds for feeling aggrieved, in that one-third of his staff team do not have the prerequisite skills to complete the administrative tasks outlined in the key objectives on the DDSO's job description (Victorian Department of Human Services, 2008). We also reported that house supervisors stated that managing unsatisfactory work performance was something that they found difficult to do and did not like doing. These issues were important at 96 High Street.

In Chapter 2 we stated that we include the team manager in the staff group that is responsible for service delivery at 96 High Street. The team manager is the house supervisor's first point of contact in the organisational hierarchy, and is responsible for managing the practice of the house supervisor. The team manager is therefore expected to offer direction, support, and coaching to the house supervisor in relation to the implementation of the keyworking system and in the resolution of the issues we have raised.

Eighteen months after 96 High Street opened the house supervisor was allocated his fifth team manager. We have pointed out that high levels of turnover in this position contribute to the poor management of complex issues. When there is a high turnover the quality of support becomes more variable, continuity declines as issues move in and out of focus. Stability in the team manager level improves the chances of giving better support. An ongoing working relationship increases the likelihood of good supervision, provides a platform for consistent messages, means that both parties are aware of the important issues, and increases the likelihood that those issues will be followed through. The fifth team manager was appointed four months before we attended our final house meeting at 96 High Street.

All of the issues that arose from trying to implement the keyworking system were apparent in the period of participant-observation that preceded this project. The lengthy extract from the house meeting minutes that we were given nine months after we attended our last house meeting would suggest that issues with literacy, planning, task completion, and the 'model of support' are still ongoing. The good news is that the same team manager is still in place, which provides a more stable platform for improving the working environment for the staff group at 96 High Street and the quality of life for the residents[16].

5.4 Implementing keyworking at 96 High Street: Final comments

We choose to not end this section by summarising a list of recommendations for the staff group at 96 High Street. The actions that need to be taken to successfully embed keyworking are clearly stated within the report. In addition, it has been 12 months since we attended a house meeting at 96 High Street and although we suspect that many of the issues that we have discussed in this report will have endured, the dynamic nature of group homes would also suggest that the staff group would need to evaluate their current situation anew.

But what can we take from the efforts to develop more individualised services at 96 High Street? In one sense, the broad research aims were achieved. The staff group were helped to explore the concept of keyworking, and the house supervisor was given support to implement the system and reflect on its use. Unfortunately, increased opportunities for choice, greater participation in the house, and focused effort to facilitate *community participation* did not materialise in the way in that was hoped.

Applied retrospectively, we can use Maher's (1984) criteria for assessing the 'readiness' of the staff group at 96 High Street to implement keyworking. In short, some of the staff group did not possess the prerequisite skills to successfully implement the program. The 'team climate' was such that the anticipated resistance to putting the system into practice occurred, and the leadership at the house supervisor and team manager levels was not conducive to its successful implementation. On the other hand, the aims of keyworking are entirely congruent with the organisation's goals and values, and the ideas underpinning it have been shown to be 'workable' elsewhere. An effective system that enables a group home to achieve the right balance between group and individualised living remains a worthwhile goal worth.

We must certainly not conclude that just because keyworking did not lead to a more individualised service at 96 High Street that it is an approach that does not work. It has been shown to promote better individualised care and support in other settings, and we have argued a strong case that the weak outcomes at 96 High Street were a result of poor implementation.

[16] A visit that we made to the house in April 2008 revealed that the house supervisor was temporarily working elsewhere. Three different house supervisors had acted in his stead. The third incumbent has been offered a short-term contract. Turnover in the house supervisor's position also contributes to the poor management of complex issues.

6. Concluding remarks and recommendations

In this final section, rather than dwell on the 96 High Street, we want to concentrate on drawing out the lessons that have wider organisational significance. Indeed, this was a stated research goal. Since the Department's formal policy documents say little about the role of the keyworker, it was anticipated that the learning from this project could inform the way the concept is used in other residential settings.

- There is an expectation that some DDSOs will be keyworkers. If this is the case, then this needs to be more formally reflected in the organisation's policies and procedures. It may even be worthwhile writing this into the DDSO's position description. There is enough detail in this report to produce formal guidance about the keyworker role, so that DDSOs know what they are supposed to do and how to do it. This can be done in such away that the system can be tailored to different settings. This also raises the need for specific training and coaching.
- Supporting people with intellectual disabilities to pursue individual lifestyles begins with discovering their goals. This is not an easy task as far as people with profound intellectual disabilities are concerned. This research has shown that time spent in the company of people with intellectual disabilities is merely a necessary, but not sufficient, condition for 'getting to know' them. Direct support staff need skills, strategies and the motivation to achieve this.

  We probably do not require new tools to identify people's needs and wants, but must make better use of the tools that we have at our disposal. A wholesale adoption of Person Centred Planning will not necessarily help in this regard. Person Centred Planning is not a fundamental departure from previous approaches to planning (Emerson and Stancliffe, 2004), and practitioner knowledge suggests that **how** we use the tools at our disposal is probably more important than whether it is called a General Service Plan, Individual Program Plan, or Person Centred Plan.

This suggests some interlinked training needs related to: discovering peoples needs and wants, likes and dislikes; communicating with people with severe and profound intellectual disabilities; and medium to long-term planning skills.

- Disability Accommodation Services must select employees to perform the job in the way that it has been designed (Morgan, 1997). Without the necessary skills there is a danger that the administrative tasks become a 'paper exercise' that do little to improve the quality of services received by people with intellectual disabilities. Therefore, the DDSO recruitment process must ensure that new employees have the prerequisite skills to complete the job's core tasks. Even though completing handover notes, incident reports, and maintaining client records, documentation and information are listed as key objectives on a recent position description, being able to read and write to the required level is not listed as an **explicit** key selection criterion (Victorian Department of Human Services, 2008).

- This research reinforces a key message from our earlier reports, that the house supervisor, supported by the team manager, have key roles in ensuring the delivery of high-quality services in a group home. The organisation must do everything it can to ensure stability in these two important positions and that incumbents are suitably qualified.

  The management of incumbent DDSOs who do not have the necessary English literacy skills should not be left to house supervisors to manage as best they can. This is an issue that requires an organisational response.
- Attention must be given to the structures that support good practice, particularly the allocation of human resources in a group home. Keyworking would be better enabled by a roster that allows an entire staff team to meet; provides enough time for sufficient *planned formal supervision*; and allows for greater flexibility in the allocation of staff.

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Appendix 1: Keyworking

Keyworking

Why do we have keyworking?

Keyworking developed in settings where service-users were living in groups. When any group of people live together there is always a tension between meeting an individual's needs and wants and treating everyone the same. Keyworking is a system for making sure that we provide as much individualised support as we can. This is more achievable when there are keyworkers.

One of the goals in the State Disability Plan is, 'Pursuing individual lifestyles'

The key idea is that a resident will have a more individualised service if there is one named staff member who takes a particular interest in that person's needs and wants.

What is a keyworker?

A keyworker is a named staff member who has the responsibility for making sure that a particular resident receives a high quality individualised service.

It is for this reason that keyworkers are said to have an advocacy role for a resident. The keyworker speaks up for the resident.

A staff member may be a keyworker for more than one resident. This varies from setting to setting. However, when a staff member is a keyworker for too many people the system tends not to work so well.

Effective keyworking requires good teamwork

It is really important that staff in a particular house do not think that a keyworker is the only person who is responsible for providing support to a resident.

In residential settings, high-quality, individualised services depend on a team of staff. It is the duty of every member of a staff team to deliver the service.

It is equally important that the staff team maintain an interest in all the residents and put forward their ideas about how each person's quality of life might be improved. Developing high quality individualised services relies on input and action from everyone.

Keyworkers are responsible and accountable

First and foremost, keyworkers are responsible for making sure that a resident's needs and wants are met. The State Disability Plan aims to ensure that the support given to all people with a disability are more accountable to service-users than they have been in the past.

A keyworker may support the specific person to do something, but they could equally take responsibility for seeing that other people in the staff team provide the necessary support. This has to be the case in houses where support is organised by a combination of full-time, part-time, and casual staff working on a roster.

For example, a resident may have told you that he wants a haircut or you may have noticed that he needs one. If the roster allows you to support the person yourself, then you can do it. If not, then it is your responsibility to bring this to the attention of the staff who are working so that they can support the resident.

You may have supported a resident to join an evening class that runs every Tuesday evening for twelve weeks. It is your responsibility to make sure that the staff who are working on Tuesday evenings know that they have to support the resident to attend the class.

There may be activities that need to happen every day. For example, the resident may want to learn how to make a cup of coffee. This may require a teaching program that staff need to follow everyday. The keyworker is responsible for making sure that the staff team know about the program. The keyworker should monitor any records to make sure that it is being implemented.

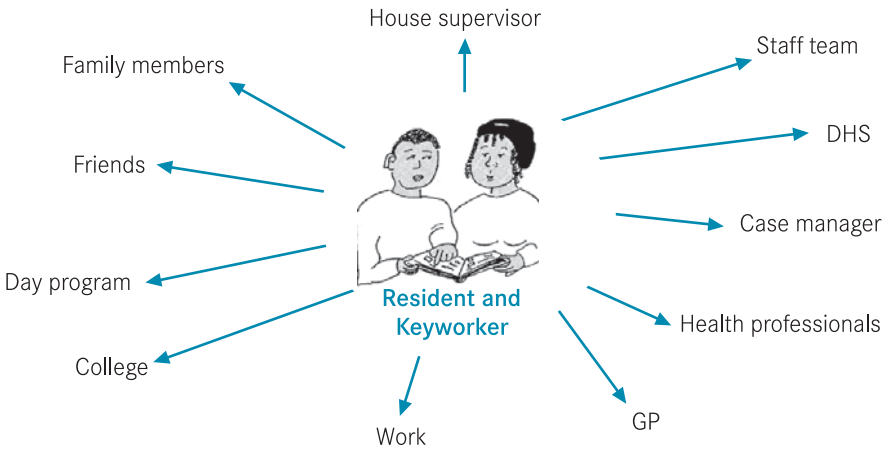
The keyworker as a point of contact

Because a keyworker takes a particular interest in a specific resident it makes sense for that person to be a point of contact for other involved people. This may be other service professionals at a day program. Or it may be involved family members.

A keyworker may have regular contact with these people. For example, a keyworker may have made an arrangement to talk to a resident's mother on a monthly basis, or to talk to a worker at the day program on a weekly basis.

Again, this does not mean that any other member of the staff team cannot pass on information or talk to involved people.

Coordinating and liaising



Formal residents' plans

Services use a number of ways of planning for residents, such as General Service Plans (GSPs), Individual Program Plans (IPPs), and Person Centred Plans (PCPs). As far as is possible keyworkers should attend all the formal planning meetings.

Keyworkers have responsibility for ensuring that a resident receives the support so that the goals in the plans are met.

Keyworking goes beyond these formal plans. People's lives are constantly changing. A resident may have needs or wants that are not recorded in the current written plans.

Keeping records

Services require written records to be kept and keyworkers are responsible for making sure that a resident's records are up-to-date and organised.

Central to the record system with be folders or files that contains all the relevant paperwork for a particular resident. It may be a good idea to make a specific 'keyworker file' that has some information or records in. Other records may be kept in other existing files. Some paperwork will be common to all residents but some will be unique to a particular person. Forms should be amalgamated or streamlined where possible. Keep records as minimal as is necessary.

It is impossible to state exactly what records or forms should be in a resident's files because this should be as individualised as possible. Below are some forms that have been developed and used in the past.

- A profile of the resident
- Individual program plan
- General Service Plan
- Person Centred Plan
- Progress report
- Personal Communication Dictionary
- Behaviour Management Strategies
- Planned activity report
- Record of external programs
- Yearly planner
- Record of contact with family and friends
- Health management forms
- Dietary information
- Weight chart
- Bowel chart

- Menstrual chart
- Physiotherapy information
- Record of a person's clothes
- Record of a person's belongings

If a resident has acute constipation then it makes sense to keep a record of when he has been to the toilet.

If a resident does not display challenging behaviour, then you do not need behaviour management strategies.

Sometimes we create forms, when there are more natural alternatives. Instead of a yearly planning form a resident could have a calendar of their own in their bedroom.

Some forms may be necessary in some settings but not others. It may not be necessary to keep a record of people's clothes in a house where four people live and they are supported to do their own laundry.

From time to time an organisation will introduce forms that will make older forms unnecessary. *Activity Learning Logs* probably make it unnecessary to use the older *Record of contact with family and friends*. *Opportunity plans*, which are part of the person-centred active support system, make the older *Planned activity report* unnecessary.

Since the aim is to try and involve the residents in the keyworking process as much as possible we should try to make all the information accessible and interesting to look at. This means that forms are likely to be developed and adapted in each setting rather than have a standard form. It also means sharing the forms you have developed with people so that good practice is spread throughout the organisation.

Systems and structures to support keyworking

There are a number of formal systems and structures that support effective keyworking. The principal ones are house meetings, supervision meetings, and formal planning meetings (e.g. IPP meetings).

House meetings

House meetings are one of the few times when all or most of the staff team get together. This is an opportunity for a keyworker to pass on information; to raise an issue for discussion; organise support for a particular activity; or give some feedback about an ongoing activity. Keyworkers should come to house meetings prepared to give a verbal or written report about the specific residents. This is an opportunity to report on changes and achievements, to inform people about any forms they need to complete, or discuss why forms, activities, or programs are not being completed by everyone.

Keyworker report (see Appendix A)

Having a formal keyworker report at each house meeting is one way in which a keyworker demonstrates responsibility and accountability to a particular resident and the rest of the staff team.

Keyworking relies on good teamwork and having a space where each resident is discussed in turn underlines the importance of the entire staff team having an interest in all of the residents. It allows each staff member to put forward their ideas about the service each person is receiving.

As far as is possible the keyworker should complete the report with the resident. This may allow the resident to comment on how the recent weeks have been and think about planning in the short-term.

The report may not be more than a series of bullet-points that the keyworker wants to talk about at the meeting. The idea is to do some preparation by having a look at the documents that you already keep, such as the communication book, resident's notes, opportunity plans, activity learning logs, etc.. An example of a form that is used in one house is given at the end.

The focus of the report may be to state what has happened in the person's life since the last house meeting and outline what is coming up in the future. The keyworker may want to pass on information that everyone needs to know. For example, to confirm that everyone understands why a resident's medication was changed and what effects they should be monitoring. The keyworker may want to get the team's views about an important issue, such as a resident's progress in volunteering with the RSPCA.

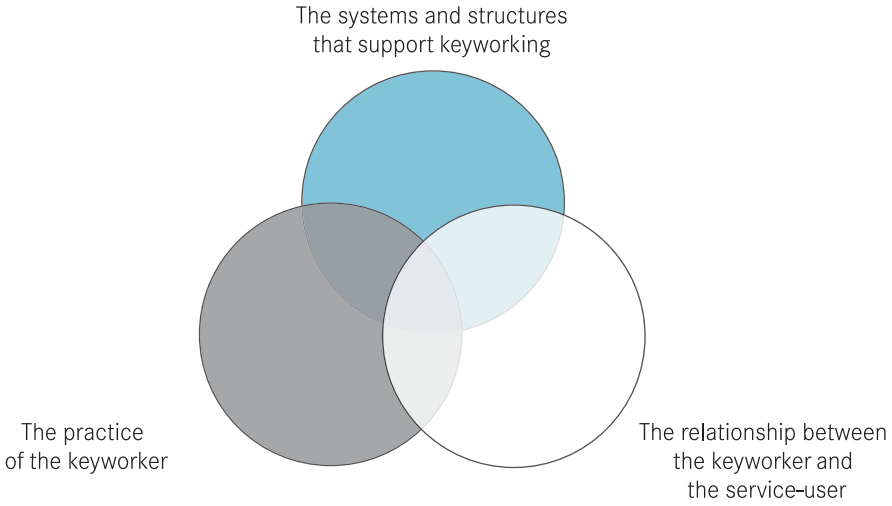
Keyworker reports should not record the same thing every month. If this is the case then the report is not being used effectively or perhaps it suggests that a resident's life has become mundane.

Supervision

Formal supervision meetings provide an opportunity for staff to discuss the keyworker role with their manager. This could be reporting on a resident's progress, discussing a new issue that has arisen, getting advice and support with planning, record keeping, etc.. Keyworkers need to come to supervision meetings prepared to discuss the current issues. This usually requires the keyworker to have the necessary paperwork up-to-date. Supervision meetings inform the house meetings and vice versa.

Anything that requires immediate attention should not wait until the next house or supervision meeting.

In summary, effective keyworking depends upon:



Tasks

It is hard to specify all the tasks that a keyworker might be involved in. In addition to the tasks above, other specific tasks keyworkers might do are:

- Making sure that a resident has enough clothing and arranging for new clothing to be bought.
- Being involved in any assessment procedures that are thought to be necessary.
- Making sure that presents are purchased for special events like birthdays and Christmas.
- Planning and arranging how people want to celebrate special occasions.
- Planning and arranging activities that promote social inclusion

Keyworker skills

It should be apparent that being a keyworker requires people to have a number of skills. These are no different to the skills that people need to be an effective Disability Development and Support Officer.

- Team working
- Communicating
- Accessing resources
- Recording
- Advocating
- Enabling
- Planning, coordinating and liaising

Tailor the system to the setting

The staff group in each setting will have some unique issues that they need to solve, both in relation to the residents they are supporting but also amongst themselves.

Some keyworking systems allocate more than one keyworker to a particular resident. In other agencies this person has been called the co-keyworker, assistant keyworker or secondary keyworker. The main reason for this is that the secondary keyworker can step-up when the primary keyworker goes on holiday, or if a keyworker leaves the service the secondary keyworker can fill the void until a new staff member is recruited.

In one house part-time staff did not attend the house meeting and other staff were not strong in writing English. By careful pairing of staff to the primary and secondary keyworker roles it meant that each resident was represented by a staff member at the house meeting and the staff members who struggled with written English received help from other members of the staff team who were confident in their written work.

Another option is that the house supervisor is excluded from the primary keyworker role and takes on the secondary keyworker role for all the residents. This pairing has the added benefit of matching the supervisory relationship.

Appendix A

Resident:
Keyworker:
Date completed:

What were the key activities, events or issues from the last month?

What are the key activities, events or issues for the coming month?

Appendix 2: Activity Learning Log

Name Month

This Learning Log has been developed as a way to document activities and gather person centred information at the same time. It can be used to tract action plan steps or activities that occur outside of the PCP meetings. The Learning Log is one way to gather information for the Personal Focus Worksheet over time. The Learning Log asks staff to share information specific to what worked and what didn't work for each activity, allowing support providers to continually fine tune their information and plan differently.

Date/time	Action	Others involved?	What worked well?	What didn't work well?
	What did the person do? What, where, when, duration	**Who was there?** Name staff/ Residents /others	**What did you learn about what worked well?** What did the person like about the activity? What needs to stay the same?	**What did you learn about what didn't work well?** What did the person not like about the activity: What needs to be different?

Appendix 3: Identifying interests and thinking about activities that may occur

Name of Person:
Name of key worker completing this form:
Date:

Ideally this form should be completed with the identified person and individual communication strategies should be referred to each key worker to complete for identified person

Interests	Activity

Appendix 4: The allocation of staff resources at 96 High Street

	Supervisor (f/t)	DDSO1 (f/t)	DDSO2 (f/t)	DDSO3 (f/t)	DDSO4 (p/t)	DDSO5 (p/t)
Hours worked in a 28 day roster	152	152	152	152	91 ¾	91 ¾
Number of days each staff member is at work in a 28 day roster	17	17	16	17	20	18
Number of split shifts on a 28 day roster	0	0	0	0	7	6
Number of days on a roster that supervisor will have contact with staff member	-	6	14	6	10	6
Number of hours that supervisor works with a staff member on a 28 day roster	-	19.75	108.5	22.75	26.5	20
Percentage of supervisor's time that he works with a staff member	-	13%	71%	15%	17.5%	13%
Percentage of staff members time that s/he works with supervisor	-	13%	71%	15%	29%	22%
Number of weekday hours between 10.00 and 15.00	52 ½	44 ¼	38 ½	30 ¼	6	½
Percentage of each staff members time they work between 10.00 and 15.00 on weekdays	35%	29%	25%	20%	1%	0.5%
Number of 7 am starts	9	11	4	5	15	12
Number of 8 pm or later finishes	4	8	13	15	13	12
Number of sleep-overs	1	1	1	1	12	12

Appendix 5: 'Making life good' Steering committee membership – March 2008

Mr John Leatherland	Chair Regional Director, Eastern Metropolitan Region Department of Human Services
Ms Alma Adams	Manager Kew Residential Services Redevelopment
Mr Anthony Brown	Family member
Mrs Nancy Brown	Family member
Mr Peter Downie	Family member
Ms Heather Forsyth	Self-advocate
Mr Alan Robertson	Self-advocate
Mr John Gray	Manager, Well Being and Practice Improvement Quality Branch, Department of Human Services
Ms Christine Owen	Manager, Disability Services, Eastern Metropolitan Region Department of Human Services
Ms Kerrie Soraghan	Executive Officer, Steering Committee
Mr Kevin Stone	Executive Officer, VALID (Victorian Advocacy League for Individuals with a Disability)
Ms Joanne Matchado	Co-ordinator – Lifestyle Approaches, Eastern Metropolitan Region Department of Human Services
Ms Dorothy Wee	Manager, Disability Services North and West Metropolitan Region Department of Human Services
Ms Noble Tabe	Manager, Disability Accommodation Services North and West Metropolitan Region Department of Human Services

Ex-officio members

Dr Christine Bigby	Associate Professor School of Social Work and Social Policy, La Trobe University
Dr Tim Clement	Research fellow School of Social Work and Social Policy, La Trobe University

The contribution of former members of the Steering Committee since the beginning of the research in 2005 is also gratefully acknowledged.

State Government Victoria
Department of Human Services