Outlook

one

A Self-Directed Outlook:
Transition through Leadership

Final Report

April 2012

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Acknowledgements

Outlook acknowledges the contributions and goodwill that have enabled the successful transition from centre-based to community-based activities for people with disabilities.

Specifically, Outlook would like to take this opportunity to acknowledge:

Department of Human Services – Enhancing Sector Capacity funding

Outlook One clients and carers

Outlook Participants' Committee

Outlook One Support Workers and community groups, businesses and services

The Project Management Group – James Gournas (DHS Program and Service Advisor), Lynne Baxter (Consultant), Sue Beattie-Johnson (Consultant), Michelle Jones (Outlook One Manager), Julie Walton (Outlook Community Services Manager), and Anne McCormick (Outlook Deputy CEO).

Please accept this statement as a demonstration of our appreciation.

Executive Summary

A Self-Directed Outlook - Transition through Leadership was a project funded by the Department of Human Service's *Enhancing Sector Capacity* (ESC) Initiative. This project was informed by the findings of *Breaking the Mould (October 2010)* and *My Choice My Community (February 2010)* – two projects that have revolutionised the way in which Outlook works with clients, carers and the broader community.

The purpose of *A Self-Directed Outlook* was to:

⇒ build on the findings of the Changing Days project through trialling key recommendations and refining innovative strategies for transitioning to self-directed approaches in day supports

⇒ trial an alternative service delivery model that creates staffing and cost efficiencies enabling a more individualised service mix

⇒ document a service framework, practice guidelines and position description that reflects the requirements for implementing self-directed and individualised approaches across the Day Services sector

⇒ enhance the capacity of the sector to increase the number of people supported by self-directed and more personalised supports through sharing of learnings and resources.

Outlook commenced planning and transitioning of the traditional Day Service model into a community-based inclusive model approximately 8 years ago. This has seen the implementation of self-directed approaches, both in terms of trialling systems, structural and practice changes internally, and re-educating and supporting culture change among clients, carers, workers and the broader network of providers.

The specific achievements of *A Self-Directed Outlook* have been:

⇒ Extensive consultation with and 'buy in' by clients, carers and staff

⇒ 100% of Outlook participants community-based

⇒ In excess of 30 clients participating in new and varied activities in their local community

⇒ Increased participant awareness of, and ability to move confidently around their local area

⇒ Development of new personal relationships

⇒ Consolidation of existing partnerships and new collaborations within the community

⇒ Development and trial of a new service model and restructure

⇒ Documentation and training

⇒ Identification of practice improvement opportunities

⇒ Reduction in reported incidents

⇒ Networking and shared learning with the broader sector.

> *"It is nice to see everyone out in the community".*
>
> Parent

This report outlines the project background, ten steps to success in transitioning, and a snapshot of consultation outcomes and attitudinal changes pre and post the new service trial, to inform and build capacity among other Day Service providers that are planning for, or undergoing the transition from a centre-based to community-based service model.

Definitions

Community (Capacity) Building: Enhancing disability supports through community engagement, partnerships, development and education; community participation and empowerment.

Community Planning: Identifying themes emerging from self-directed plans to inform planning activities regarding community activity / participation.

Day Service: Day Services (previously referred to as an Adult Training and Support Service (ATSS)) provide supports across a range of lifestyle areas including daily living and vocational skills, community participation and inclusion and recreation for people assessed as having a disability under the principles of the Disability Act 2006.

Enhancing Sector Capacity (ESC): Department of Human Service's funded reorientation in the delivery of Day Services from centre-based to community-based with an emphasis on self-directed approaches.

Personalised Supports: Supports that are developed specifically by and for the person. This means that, in line with the informal supports and funding available to them, the person can determine the activities they participate in, the time of day or week the supports are required, and whether they share the supports with anyone else.

Self-directed Approaches: Recognise that the person with a disability is at the centre, and to the extent that they are able, should be in charge of planning, funding and support responses. Self-direction also recognises the need for complementary work to ensure that communities are welcoming and inclusive.

Self-directed Planning: Planning that is led by the person with a disability, based on their individual strengths, interests, aspirations, choices and goals.

Self-directed Supports: Flexible supports which enable participation, well-being, social connection and independence, such as disability specialist supports, and community and informal supports (i.e. family, friends).

Social Inclusion: The Australian Social Inclusion Board (ASIB) (2009) states that *"a socially inclusive society is one in which all Australians feel valued and have the opportunity to participate fully in the life of our society."* The ASIB proposes that to be socially included, people must be given the opportunity to:
  ⇒ Learn by participating in education and training
  ⇒ Work by participating in employment, in voluntary work and in family and caring
  ⇒ Engage by connecting with people and using their local community's resources
  ⇒ Have a voice so that they can influence decisions that affect them.

Background

Government Policy Directions

The *Disability Act 2006* (The Act) became operational on 1st July 2007. The Act provides the framework for a joined-up government and community approach to enable people with a disability to actively participate in the community. The Act supports quality by legislating disability services' standards, performance measures and compliance through independent assessment and monitoring (*Disability Act 2006 Policy and Information Manual*, July 2009). The introduction of the Quality Framework (QF) and roll out of external assessment is expected to improve the quality of disability support services and enhance accountability to people with disabilities.

The Victorian State Disability Plan 2002-2012 (State Plan) is the operationalisation of The Act. The State Plan has seen the creation of new and more inclusive opportunities for people with a disability accessing Day Services – to enhance their independence, skills, community participation and general quality of life.

The Department of Human Service's (DHS) *Enhancing Sector Capacity* Initiative commenced in 2010 and sought providers that identified as emerging leaders to conduct and evaluate projects that implemented self-directed approaches, to build the evidence-base and inform the sector. *A Self Directed Outlook* was one such project in Victoria that was funded to build sector capacity based on the learnings and recommendations of the *Changing Days* and *Breaking the Mould* initiatives, as detailed herein.

The Changing Days Initiative and Breaking the Mould: Learnings to Guide Transition

Outlook's *Changing Days* and *Breaking the Mould* projects, funded by DHS, provided a foundation for implementing structural and systems changes to embed self-directed practice. This concurrently involved consultation with, and provision of information to clients and carers on self directed funding; and the redevelopment of infrastructure and the model of service delivery to align with the vision of the State Plan.

The learnings and recommendations from *Changing Days* and *Breaking the Mould* directly informed *A Self Directed Outlook* project methodology. The process of planning, doing and reviewing has been successfully applied to all related areas of activity from internal structural changes, systems and practice improvements, to consultations, training and rollout of projects. This has resulted in a logical sequence of actions that have been informed by consultation outcomes and service trial and project learnings – evidence of good practice in managing service transition.

Underlying Principles and Legislation

A Self-Directed Outlook was planned, implemented and reviewed based on the following principles.

✓ Social Justice / Human Rights - dignity, freedom, respect, equality, access and fairness

✓ Person-centred, strengths-based and self-directed methodologies

✓ Inclusion

✓ Honesty and integrity

✓ Diversity

✓ Civic value and participation

✓ Confidentiality and privacy

✓ Ethical practice and quality service

✓ Consumer input…consult, consult, consult!

✓ Community capacity building.

A Self-Directed Outlook's service model was developed in accordance with:

⇒ The Disability Act 2006

⇒ Information Privacy Act 2000

⇒ Health Records Act 2001

⇒ Intellectually Disabled Persons' Services Act 1986 / Regulations

⇒ Victorian State Disability Plan 2002-2012 (Department of Human Services 2002)

⇒ Victorian Charter of Human Rights and Responsibilities Act 2006

⇒ Disability Discrimination Act 1992 (Cth)

⇒ Quality Framework for Disability Services

⇒ Growing Victoria Together (Department of Premier and Cabinet 2001)

⇒ A Fairer Victoria (Department of Premier and Cabinet 2005)

⇒ United Nations Convention on the Rights of Persons with Disabilities (United Nations 2006)

⇒ Disability Discrimination Act 1992

⇒ Equal Opportunity Act 1995

⇒ Racial Discrimination Act 1975

⇒ Sex Discrimination Act 1984

⇒ Occupational Health and Safety Act 2004

⇒ Accident Compensation (Workcover Insurance Act).

Clearly defining a philosophical framework has been crucial to the successful transition from centre-based to community-based service delivery, as it has provided a clearly defined foundation from which has stemmed all planning and activities. It has also ensured that clients, carers, workers and the community understand the basis for change. Similarly, compliance with the above legislation has ensured that service model development and transition is in line with Government policy directions and legislative requirements – to protect the interests of all.

10 Steps to Success (Outlook's Service Transition Process)

Outlook has gained significant recognition from the Government and the sector for its forward thinking and successful transition from centre-based to community-based participation. Outlook is asked frequently for the 'recipe for success', and it is not easy to condense 8 years of activity into a list of easy to follow ingredients. Many activities have been conducted simultaneously (so the process is not linear), and some activities (such as consultations) were repeated, and continue today.

The two most crucial steps in the process have firstly, been revising and setting new strategic directions at the outset, involving key stakeholders in this process to enhance a sense of ownership; and secondly, ongoing consultation to both inform stakeholders of proposed changes and activities, and to gain feedback on processes and outcomes. These key areas of focus in addition to the other steps taken to achieve a self directed model of service delivery are discussed as follows.

Step 1: Review the Organisation's Strategic Directions

Outlook's Mission, Vision, Values and strategic directions were reviewed and refined to more closely align with the principles and directions of the Disability Act 2006, State Plan and Quality Framework. This process involved the Board and management in the first instance, with direct input from staff, participants, families and other key stakeholders. The resultant organisational statements more accurately reflected government directions and the organisation's strategic priorities, and proved to be an excellent base for planning and promotion of the impending changes to the service delivery model.

This set the foundation for shifting organisational culture and mindsets of staff, clients and carers from working on building skills of individuals to 'fit' into society, to building the capacity of communities to be more inclusive. This has seen a real shift from behaviour management and skill development within a confined setting, to worker's practicing within a community development context to support people with disabilities to access the activities they choose in their communities.

This social inclusion model is a significant shift from the deinstitutionalisation model of the 1980s and 90s, and requires a significantly different set of organisational values and strategies. Outlook recognises that in order to embed a philosophical approach within an organisation, it must be:

⇒ integral to all key guiding documents – core purpose, vision, values and strategic plan

⇒ recognised as a shared responsibility (exists independently of any individual)

⇒ able to transcend changes in organisational structure and context (organic)

⇒ an 'invisible' part of the way the organisation functions at all levels.

Therefore, it is crucial before embarking on the 'self directed' journey, to ensure the organisation's key guiding statements and strategic directions reflect social inclusion (access to and participation in local communities), community capacity building (education, development, linkages and partnerships) and forward thinking / positive mindsets (focussed on rights, strengths and abilities).

In order to achieve Step 1, a working group may be established comprising representatives from across the organisation, consumers and other stakeholders, or the role of reviewing the organisation's key guiding statements may be contained to a management group. Regardless of the approach, it is essential from participatory and empowerment perspectives, to consult with those for whom the organisation exists – consumers.

Step 2: Establish a Committee Responsible for Managing the Transition

Outlook conducted several short term projects to trial community-based service delivery models. *Changing Days* and *Breaking the Mould* projects provided funded opportunities to consult with clients and carers on self directed funding; trial and refine structural and systems changes to support the transition to self-directed practice; and identify and begin to address challenges going forward. The final phase to consolidate project learnings to date, was *A Self Directed Outlook*. This project ran from July 2010 until June 2011 (with meetings and reporting continuing until September 2011).

A Self Directed Outlook was the crucial final chapter of a 'transition trilogy'. The learnings and recommendations from the preceding projects directly informed its methodology, and the first activity detailed within was to establish a group of people with the expertise necessary to direct and monitor the project.

Outlook selected members for the Project Management Group (PMG) with specific skills that would add value to the project and maximise outcomes. The composition included (internal) Outlook's Deputy CEO, Community Services Manager and Outlook One Manager, and (external) the DHS Program and Service Advisor, an education Consultant with expertise in consulting with communities and delivering training, and a consultant with expertise in program planning and report writing (who incidentally wrote the initial submission).

There is no hard and fast rule regarding the composition of such a group – this will vary according to the context of each organisation. However, it must be said that consumer input is crucial. Outlook accessed the expertise of the Outlook Participants' Committee (OPC) comprising a representative group of people with disabilities, rather than inviting a consumer on the PMG. This was in retrospect appropriate, as the PMG had an academic and operational management focus, that was very fast paced. The OPC is conducted in a manner more befitting consumer engagement – it takes a more measured approach to discussion, and actively seeks input from all members (inclusive and empowering). Specific items were deferred by the PMG to this group for deliberation or follow up action. The chair of the OPC was a member of the PMG – an important and beneficial link between both groups.

Regardless of the composition a transitioning organisation decides upon, the establishment of a committee or group to guide transition is crucial. This group will be responsible for defining all aspects of the project, monitoring progress, refining processes and reviewing effectiveness. The first meeting of the group should involve development of clearly defined *Terms of Reference*, outlining:

⇒ Purpose (why are we meeting?)

⇒ Membership composition (rationale for selection of members and list of members)

⇒ Role of the Chair (important to have one person ultimately responsible for the committee)

⇒ Role of the Minute Taker (all discussions, decision and actions must be minuted and distributed to members before the next meeting)

⇒ Quorum (who or how many members must be present to make decisions on behalf of the committee)

⇒ Decision making process (consensus or majority rules?)

⇒ Duration of meetings (how often and for how long?)

⇒ Functions (including review, compulsory agenda items and the process for making amendments).

The Terms of Reference is a vital starting point. The 'Purpose' section identifies the committee's key priority areas based on the project brief and keeps the group focussed. The PMG met monthly for 2-3 hours (depending on agenda) for 15 months. The commitment to attendance, completing 'homework' tasks and enthusiasm for the project, was unwavering. It is difficult to associate this commitment to any one attribute. Whilst there were core Outlook staff that needed to be involved, it was evident they all felt passionate about transitioning to a more inclusive model of service delivery (a reflection of their personal values).

The external members came from differing backgrounds, but shared a common vision for Outlook. This was perhaps the greatest identifiable strength of the PMG – all members were thinking, planning and doing from

a single, unified philosophical viewpoint. The group was united by a common purpose; it was cohesive and resolutely client-focussed.

The selection of members for a committee that is responsible for initiating significant, or even profound organisational change, must be diligently undertaken to ensure unity and commonality of vision and an appropriate mix of skills from the outset.

Step 3: Confirm the Transition Methodology and Track Progress

The PMG established *Evaluation Key Performance Indicators* (KPI) utilising both formative and summative indicators, based on the Project Objectives and Project Methodology (detailed in the original submission to DHS). Specifically, the evaluation methodology utilised three levels of indicators – process, output and impact. Process indicators measured project quality, progress and achievement (including PMG effectiveness eg. criteria for leadership, agenda, minutes and Terms of Reference); and measured participant involvement. Output indicators reflected achievement of the deliverables stated in the original submission, and the impact indicators measured systems changes attributable to the project, and participant satisfaction.

The KPI table included:

⇒ Indicator level (process, output or impact)

⇒ Project Objective (what we said we would achieve in the submission)

⇒ Indicators for Measurement (strategies to achieve what we said we would do)

⇒ Data collection tools / evidence (how we would know what we had achieved eg. promotion, training, consultation, data recording, documentation etc.)

⇒ Timelines (timeframe for completing specific tasks as detailed in the original submission)

⇒ Progress (details of specific actions undertaken in the preceding month to progress achievement of the objective).

The PMG updated this KPI table at every monthly meeting to ensure progress was tracked and any gaps were addressed. This process ensured project activities were not just recorded, but were critiqued from an evaluative perspective eg. what did and didn't work well and what could be done differently. This process of critical reflection assisted in informing upcoming activities and enabled the PMG to modify the project methodology according to participant's needs and project learnings. Documenting progress within the KPI table was invaluable for informing analysis and reports to DHS.

Step 4: Consult, consult, consult…

This step is the most crucial of all…without 'buy in' there is chaos, and the way to achieve 'buy in' is involving the key stakeholders – people with disabilities, their carers and families, from the outset and empowering them to have a voice in informing the service model. This was one of the greatest investments of time and resources throughout the project, but was absolutely essential to success.

Consultation activities included:

⇒ Social BBQ involving parents and participants as a means of initial engagement and informal discussions about the staged service model changes

⇒ 10 structured workshops involving some staff, managers, parents, carers and participants

⇒ One to one discussions with parents/carers and participants.

Step 5: Promote the Transition to a Self Directed Model

Promotion in this context refers to presenting at conferences, sharing progress at network meetings and with key stakeholders (including funding bodies); seeking opportunities to exchange stories with other organisations undergoing similar changes; and working closely with and informing clients, carers and other support services. These activities are beneficial on many different levels, including:

⇒ Reciprocal professional mentoring

⇒ Raising awareness among workers of initiatives across the sector

⇒ Progressing sector-wide systemic change

⇒ Consistency of message being communicated to carers and across all disability support services eg. day supports, residential, supported and open employment etc.

⇒ Influencing broader mindset change.

There are a range of means to promote changes in service delivery, or for that matter any organisational change, however the most effective and engaging method is face to face communication. It enables humans to connect and interact in a more meaningful way and the opportunity to discuss any areas of concern or ambiguity. Where there is a personal stake in the service, this is the preferred method of communication, however for sharing learnings with the broader service system or promoting transition to the community, the use of print and social media, websites and the like can be useful.

Step 6: Manage Organisational Change

As mentioned previously, these steps are not neatly linear, therefore the order of these actions will vary according to each organisational context and where they are at on the transition continuum. Organisational systems should be constantly reviewed and modified in accordance with the new service model. Outlook's management team revised policies, procedures and forms and identified training needs concurrently with other project activities. The consultants were responsible for developing new procedures and identifying documentation and associated training gaps.

There are significant changes to the work environment and team dynamics in dispersing centre-based teams into the community. Changes in practice are communicated on an ongoing basis through staff meetings, team meetings, training, consultations and supervision sessions. However, changing the location, method and structure of teams has more significant implications if not communicated and supported effectively.

Managing staff morale and client satisfaction during the transition is crucial to success. Outlook ensured Support Workers venturing into the community had access to:
⇒ Support from their supervisor at all times during business hours (mobile phone)
⇒ The Organisation's database
⇒ Resources (a community-base)
⇒ Links with local community and business groups
⇒ Team time and debriefing once per week (re-connecting)
⇒ Training
⇒ Client-free administration time (for writing up case notes and other administrative tasks).

Change managed sensitively, consistently and systematically involving key stakeholders, can be implemented successfully. Outlook suggests you:
⇒ Involve all key people from the outset in informal discussions, planning, consultations and workshops
⇒ Ensure the Committee defines the rationale for the new service model and can articulate this clearly when asked
⇒ Focus on the process, not just the outcomes
⇒ Foster a culture of open communication and listen to concerns
⇒ Demonstrate flexibility and adapt your model (where able) to reflect consumer needs / feedback
⇒ Monitor the change and positively reinforce and promote it.

Step 7: Consolidate Systems and Trial the Model

In February 2011, Outlook's Community Centre was flooded on a Friday night, leaving very little time to make alternative arrangements for participants arriving Monday morning. This emergency required quick thinking and action, and through established strong relationships with community facilities and businesses, 100% of participants were successfully placed in community-based activities by close of business Monday. The seamlessness of this transition under difficult circumstances proved to those involved that the longer term investment of time and resources into the transition process had been worthwhile. Despite the impromptu shift for those still in centre-based support to community-based settings, there were no issues, complaints or mishaps. On the contrary, the participants embraced the change. This is the most convincing evidence of the effectiveness of the transition, the preparedness of all those involved, and the importance of trust when implementing change.
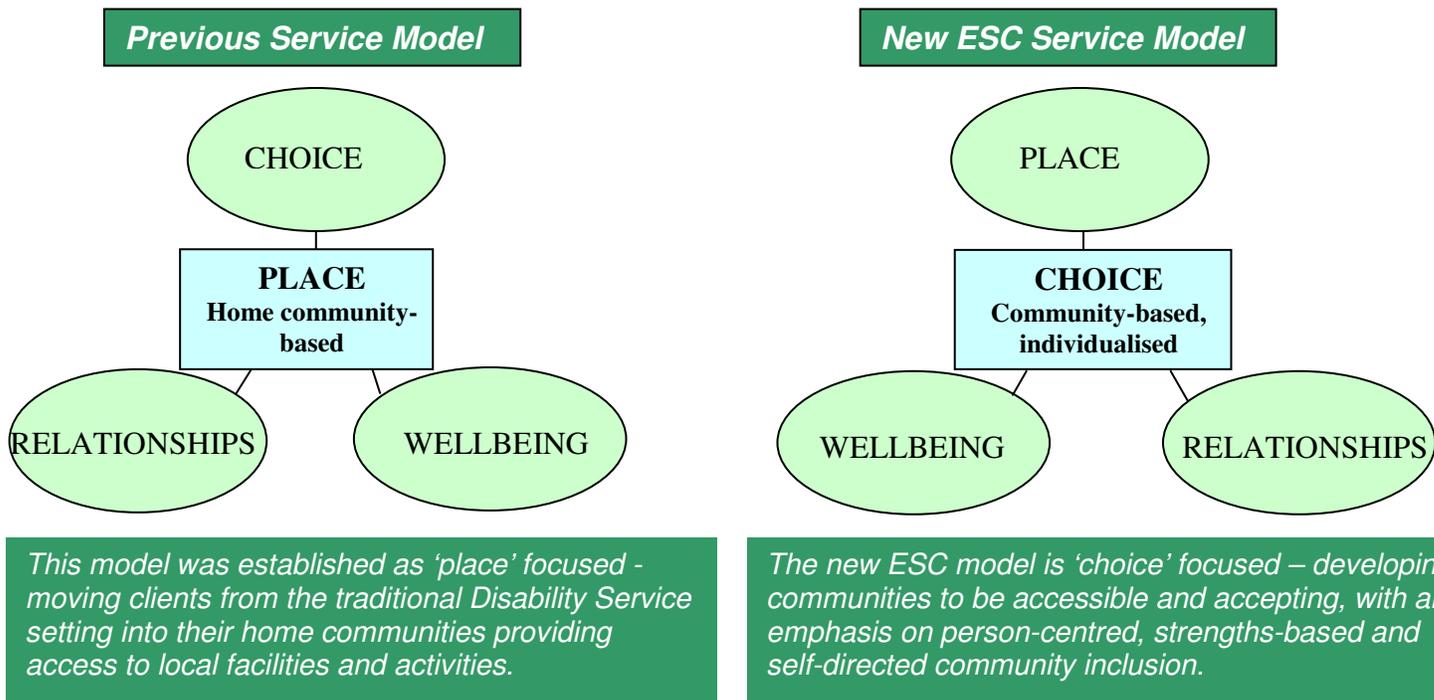
Outlook conducted some in-house training and consultations with staff to shift their thinking from being a carer to being an enabler. The transition was phased gradually, allowing time for those directly impacted to acclimatise to community-based support rather than centre-based. The learnings from the consultation process with staff, clients, carers and families were crucial to informing the resultant service model. The primary activities undertaken to complete the transition to the new model included:

⇒ Service and staffing restructure

⇒ Revised Position Descriptions

⇒ Development of comprehensive Practice Guidelines

⇒ Staff Training (Outlook suggests self-directed and strengths-based practice, community development (capacity building), and leadership as key areas of training)

⇒ Consultation (supported transition)

⇒ Documented Service Model, including outcomes of trial to contribute to evidence-base

⇒ Participation in networks of other organisations trialling a new ESC model.

Key Service Model Elements:

⇒ Core base is the community (greater knowledge of local community = greater knowledge of choices)

⇒ Shift from 'group choice' to 'individual choice'

⇒ Strengths-based approach

⇒ Group sets 'norms' for behaviour (incidents dramatically decreased)

⇒ Consolidation of partnerships between the person with a disability, their carers, service providers, businesses and the community

⇒ Ongoing consultation

⇒ Ensuring every interaction is based on principles of Social justice; Respect; Transparency; Self determination and direction; Sharing of knowledge, skills and resources; Recognising people's strengths and resourcefulness.

The philosophical underpinning shifted from an emphasis on 'PLACE' to 'CHOICE' as depicted in the following diagram.

Previous Service Model	*New ESC Service Model*

CHOICE

PLACE
Home community-based

RELATIONSHIPS   WELLBEING

PLACE

CHOICE
Community-based, individualised

WELLBEING   RELATIONSHIPS

This model was established as 'place' focused - moving clients from the traditional Disability Service setting into their home communities providing access to local facilities and activities.

The new ESC model is 'choice' focused – developing communities to be accessible and accepting, with an emphasis on person-centred, strengths-based and self-directed community inclusion.

Step 8: Refine and Document the Model and Deliver Training

Outlook engaged a Consultant to document the service model and practice guidelines for existing staff and as a resource for new staff. Initially these were two distinct documents, however the PMG decided it would be more beneficial to combine the two. This has resulted in a resource that clearly defines the background, theoretical basis, historical development, philosophical position and structure of the self directed service model (rationale for why Outlook adopted the model); and practice approaches - definitions, principles and procedures (guidelines on how to operationalise the model). This document was the basis of 1:3 training with Team Leaders, involving reading each page, discussion and clarification. This was a well received process which equipped the Team Leaders with a useful resource for guiding self directed practice among their teams.

An annual training program is crucial to the successful implementation of the new model – to upskill and refresh proficiency. As part of the transition to a self directed approach, Outlook arranged for staff to be trained in the following topics.

Table 1: Annual Training to Progress a Self Directed Service Approach

Annual Internal Training	**Annual External Training**
Strengths-based practice Case noting Leadership (in the context of the capacity building role of the Support Worker) Community Development:	Manage behaviours and staff safely First Aid Medications Legislative, policy and service

Annual Internal Training	**Annual External Training**
⇒ What does community development and capacity building mean at Outlook? ⇒ Community ownership/participation (inclusiveness) ⇒ Attitudes (strengths based) ⇒ Opportunities and discovery ⇒ Active involvement in decision-making ⇒ The importance of networks. A Self Directed Outlook: Practice Guidelines ⇒ Integrated into the induction process and linked with Outlook policies ⇒ Conducted with Team Leaders for disseminating learnings to their teams, including: 　o Assistance with Planning and Support Plans 　o Service delivery Plan 　o Assessing Risk 　o Behaviours of Concern 　o Client Files and Case Noting Practice 　o Strategies for self directed and individualised responsive supports 　o Consumer Feedback 　o Community capacity building 　o Secondary consultation 　o Prof development 　o Conflict management 　o Continuous quality improvement.	updates Case noting Continuous Quality Improvement. **On the Job Training** ⇒ Decision making ⇒ Innovation ⇒ Problem solving ⇒ Risk management / OH&S ⇒ Budgets ⇒ IT skills ⇒ Supervision ⇒ Driver training (Outlook vehicles).

Step 9: Evaluate the Model

The group or committee overseeing the project will have documented an evaluation process as part of the development of the methodology (discussed in step 3 above). It is crucial to monitor and review the trial on an ongoing basis to enable modifications to be made to the service model.

Outlook utilised the following evidence for evaluation.

⇒ Monthly review against KPIs (committee perspectives)

⇒ Feedback from participants, carers, families, workers and community groups/businesses (pre and post service trial interviews)

⇒ Feedback from funder/s (PaSA participated on the PMG)

⇒ Sector good practice evidence and input (Managers attended conferences and workshops to expand their knowledge of good practice nationally and internationally and to gain an understanding of state-wide progress.

The fundamental purpose of any service is to enhance functioning and capacity among its client group, therefore, achieving client outcomes is a crucial measure of success. In order to determine this, client/carer satisfaction surveys were utilised at commencement to gauge the perceptions of the service structure before the change (pre evaluation), during the trial (formative evaluation) and upon project completion (post / summative evaluation). These findings were presented to fellow PMG members by the consultant to inform planning.

This ongoing process of review and modification (a plan, do, check, act cycle) is invaluable for monitoring the impacts of change, mitigating risks, informing planning and actions, maintaining client/carer satisfaction and ultimately, implementing a service model that is viable, appropriate, effective and valued.

Step 10: Build Capacity and Contribute Learnings to Sector

Community development or capacity building is fundamental to Outlook's self directed service model. The focus is on strengthening the community to be more inclusive through increased awareness, partnerships and resourcefulness. The principles underpinning this approach, include:

⇒ Understanding that all people have valuable contributions to make to their community

⇒ Making communities stronger by building on their existing assets

⇒ Respecting the diversity of people

⇒ Involving communities in decisions which affect their lives

⇒ Building better connections between community groups, businesses and government

⇒ Giving people equal access to information and services.

These principles form the foundation of the Support Workers' roles. It is an ongoing process, the importance of which cannot be overstated. Modifying position descriptions, restructuring teams, and providing training and additional support have been instrumental in enabling community-based work.

Outlook suggests that in order to achieve the shift to a self directed service model, disability workers focus on:

⇒ Building the skills and capacity (eg. gradually reducing intervention and supports) of people with disabilities, their support networks and communities

⇒ Enhancing disability supports through community engagement, partnerships, development and education

⇒ Increasing community participation and empowerment

⇒ Raising awareness of access issues, principles of inclusion, strengths and abilities of people with disabilities.

In order to contribute to broader systemic change where self direction is the standard across the sector, it is important to:

⇒ Share knowledge with the sector through dissemination of research, evaluation and service documentation, and presentation at conferences and network meetings

⇒ Promote the self direction message widely and contribute to changing mindsets from 'carer' or 'doer' to 'coordinator' or 'enabler'

⇒ Build the skills and knowledge of people with disabilities, their carers, broader support networks, and communities through open and ongoing reciprocal dialogue.

Positive Outcomes for People with Disabilities and their Carers

Summary of Achievements

Progress of *A Self Directed Outlook* was closely monitored and documented utilising the KPI template developed at project onset. This enabled the Project Management Group to discuss outcomes of the previous month and plan actions for the following month. This detail was also reported to DHS on a quarterly basis.

A component of this reporting was based on client, carer and family feedback obtained through informal discussions, worker engagement, workshops and questionnaires. We believe strongly that the true measure of success is reflected in consumer satisfaction.

A Self Directed Outlook achieved:

⇒ 'Buy in' by clients, carers and staff through extensive consultations, with carers commenting that participants were happier and did not want to return to the Pakenham centre-based system

⇒ 100% of Outlook participants community-based

⇒ In excess of 30 clients participating in new and varied activities in their local community that they didn't access prior to this project

⇒ Increased participant awareness of, and ability to move confidently around their local area

⇒ Development of new personal relationships

⇒ Consolidation of existing partnerships and new collaborations within the community

⇒ Development and trial of a new service model

⇒ Service and staffing restructure, including revised Position Descriptions

⇒ Documentation of the Service Model and Practice Guidelines that reflect self direction

⇒ Identification of training needs and development of a Training Schedule

⇒ Identification of practice improvement opportunities

⇒ Reduction in reported incidents

⇒ Networking and shared learning with the broader sector.

Documentation

Service Model

Outlook's Service Model document included the following content to inform all stakeholders of the rationale for change, a depiction of the new structure and key components of the new service model.

⇒   Definitions

⇒   Outlook's Purpose, Vision and Values

⇒   Underlying Principles

⇒   Compliance

⇒   Service Model Description

⇒   ESC Objectives

⇒   Historical Development

⇒   Government Policy Directions

⇒   The Changing Days Initiative and Breaking the Mould: Important Changes to Day Services

⇒   Proposed ESC Model and Structure.

Practice Guidelines

Practice Guidelines were developed and incorporated into the Service Model document. Combining these documents into one was considered important as the Service Model section provides context to the way in which workers are expected to practice. Outlook identified the fundamental elements of practice guidelines for facilitating self directed approaches as follows.

⇒   Assistance with Planning and Support Plans

⇒   Service Delivery Plan

⇒   Assessing Risk

⇒   Behaviours of Concern - Office of the Senior Practitioner Guidelines

⇒   Client Files and Case Noting Practice

⇒   Self Directed and Individualised Supports

⇒   Consumer Feedback

⇒   Community Capacity Building

⇒   Secondary Consultation

⇒   Professional Development

⇒   Continuous Quality Improvement (CQI).

Consultations

In 2010 Outlook's *Breaking the Mould* Project involved conducting a series of 10 Information Workshops to bring families, carers, participants and staff together to share information and ideas on how an enhanced service model would look and work. These workshops were very successful. Not only did they gather valuable planning data but also enhanced trust and communication between participants, families, carers, staff and Outlook Management (further detail on this project can be obtained upon request from Outlook).

The attendees of the workshops agreed to participate in a second series of workshops in twelve months to gain an understanding of the enhanced model and its implementation. 123 people (family, carers, participants, staff, volunteers and others) attended a total of 8 sessions. Each attendee was asked to:

1. Identify positive observations over the last 12 months

2. Identify areas for change

3. Give feedback on the value of the workshops in relation to better understanding of self directed

    funding.

Seeking positive observations was an intentional strengths-based approach to focussing attendees attention on what worked well and what we should do more of. Identifying areas for change was an important quality improvement mechanism for the Project Management Group, and this feedback directly informed the way in which the model was developed and progressed. Feedback on the value of the workshops themselves was important to gauge if this was the most effective method of engagement. Summarised findings are as follows.

Identify positive observations over the last 12 months

All groups commented on the positive aspects of participants being out in the community. Families and carers observed an increase in participant awareness of their community and ability to move confidently throughout their local area.

Many families and carers responded that the participant's personal confidence, skills, awareness and ability to build social relationships had increased, and that they were happier, had a more positive attitude, self assured after being out in the community, more creative, and more assertive. There was evidence of the social skills necessary in order to be part of a community, such as learning to compromise, giving to others as well as taking, contributing to conversations, negotiation, improved communication skills and responsibility. One parent commented that "Role modeling and informal mentoring improved interaction".

Other positive observations included more choice and ownership over activities through participant decision making and that smaller groups are working well. Physical wellness seemed to have improved through participation in activities that enhanced fitness.

The participant groups requiring individualised support with specialist lifting equipment had to be moved out into the community ahead of schedule due to the flooding of Outlook's Pakenham premises in February 2010. Parents and family members commented on the smooth transition to a new site and capacity to maintain group composition for consistency.

Identify areas for change

Responses to areas for change can be categorised under planning, scheduling and physical requirements. All responses are included in a comprehensive Consultation Report, however for the sake of succinctness, the following list summarises the areas that can be improved as identified by workshop attendees.

⇒ Maintaining social connections (previous friendships) needed to be included in planning

⇒ Community-based set up time takes half an hour of the program's allocated time

⇒ Community-based service delivery for people increases need for public lifting facilities and improved transport options, therefore access issues within communities needs to be raised with Council and commercial groups

⇒ Communication between management and staff, and staff and participants to be more open

⇒ Increased cost of community inclusion placing pressure on families (eg. transport, activities)

⇒ Individual skill development to be a priority over group approach

⇒ Activities to be age appropriate and suited to people with high needs

⇒ Value the experience or process involved in attending an activity, rather than just the activity itself.

Give feedback on the value of the workshops in relation to better understanding of self directed funding

Outlook staff observed an increase in trust among carers, families and participants regarding the organisation's capacity to manage change and maintain safety. Improvements in life skills, health, communication and participant's attitudes influenced carer confidence.

Measuring Attitudinal Changes (Pre and Post Surveys)

The Project Management Group at the outset, identified the importance of conducting pre and post service trial surveys with participants to measure attitudinal changes and understanding. The survey was categorised into three key themes: organisational culture; independence and quality of life; and the implementation of self direction.   The results are summarised in the following table.

Table 2: Pre and Post Trial Attitudinal Changes among Participants

1. Organisational culture committed to self-directed approaches	
Pre Trial Survey Results November 2010	**Post Trial Survey Results August 2011**
▪ The questions asked of the participants indicated that they exercised choice in their activities and programs they had chosen ▪ They were all confident that if they wished to change their support plans they could approach the staff and discuss the changes ▪ Staff encouraged them to try new things and participants were positive that staff would help them in the learning process ▪ They were very positive that staff offered them choices about what they did and how they did it ▪ In response to the question "Do staff listen to what you want", 7 responded yes and one said sometimes.	▪ In this second survey the participants were able to say more specifically and with confidence how they told staff about what programs and activities they wished to do ▪ 8 participants referred to their support plans as how they told staff what they wanted ▪ 4 participants named their core worker as the person to speak to about programs and activities ▪ All agreed they had a chance to make choices and decisions about what they wanted to do. They could also identify who they would speak to if they wished to make a change to their plan ▪ In their activities they all positively agreed that the staff listened to what they wanted and offered participants choice ▪ They all agreed positively that staff encouraged them to make decisions during the day and also to try new things ▪ All agreed that staff would help them in learning new things and would listen to them when they told them about those experiences.
Observations	
▪ Participants confirmed an organisational culture committed to self directed approaches ▪ Staff actively encouraged people to express themselves and make their own decisions on a daily basis and in the development of their Support Plans ▪ Responses in the second survey reinforced and amplified the organisational culture and values underpinning the use of self directed approaches identified in the first survey ▪ Participants were more confident and very comfortable with the Support Plan process and working with the staff.	
2. People with a disability are supported to develop and lead supports that assist them to lead a more meaningful and satisfying life	
Pre Trial Survey Results November 2010	**Post Trial Survey Results August 2011**
▪ Participants confirmed that staff encouraged them to try new things in their Support Plan meetings and on a daily basis ▪ When asked how Outlook supports people to have things in their lives that make them feel valued and satisfied, the majority were unsure what this question meant and could not give examples ▪ 8 examples were given of community activities undertaken ▪ 3 people in the group had been with Outlook's Day Service ▪ Participants indicated that people in the community greeted and talked to them and they were satisfied with the service changes ▪ No ideas for improvement were forthcoming.	▪ Participants bring their own ideas for trying new things to the Support Plan meetings ▪ The *Next Step* program was identified as making participants feel valued (Next Step is a basic pre employment initiative aimed at meeting expressed needs of the participants). All agreed positively and were clear about what they were being asked and enthusiastic in the responses to being valued. ▪ Participants gave examples of how staff encouraged them to try new things and were confident in who they should talk to if they wanted to change their plan and all agreed. ▪ 16 examples were given of community activities undertaken ▪ The participants like the variety in their programs and were very positive about this ▪ Participants indicated that people in the community greeted and talked to them and they were satisfied with the service changes ▪ 3 remaining at the Day Service indicated they "like the new system" and "Don't want to go back"

- Responses to areas for improvement included "Can always improve", "Perfect weather would be good" (an indication of the impact of weather on community-based activities), and wanting "lots and lots of money to do whatever we want".

Observations

- Whilst a positive approach to supporting people to make choices and decisions was identified in the first survey, the second survey indicated an increase in confidence and there was a deeper understanding underpinning participant's responses
- There was a marked improvement in participant's ability to see the 'big picture' – understanding the impact of weather and money on choices…for everyone
- Participants were particularly excited about the pre employment program and spoke positively about it and what they were learning in consultations. The program has been tailored specifically to the participants needs and is valued because employment is what people do, and participants aspire to the same end. This reflects the responsiveness of Outlook to developing programs and experiences that lead to meaningful and valued lives.

3.   Implementation of self-directed approaches in group based day supports

Pre Trial Survey Results November 2010	Post Trial Survey Results August 2011
- All participants agreed they have a lot of say in what they do and where they go - All agreed they had choice but not everyone was able to give an example. Examples that were given were focussed on a specific activity.	- Participants all agreed they had a lot of say in what they did and where they went - The examples given were more focussed on the process than specific details of activity type, eg. participants spoke of a group diary for planning, with a greater emphasis on choice, and some indicated they go to certain activities by themselves because of their independence.

Observations

- The overall questions in the survey reinforced the belief that the self directed approach is well and truly being implemented in Outlook local community groups and that participants are exercising choice and decision making
- Learning is on an individual level and also on a group basis
- Observable improvement in confidence and self expression of participants
- Willingness of participants to share opinions and discuss their collective feelings.

These facilitated information workshops ceased with the completion of *A Self Directed Outlook,* however the communication between staff, participants, families and carers continues, and is managed within groups according to their unique needs.

It is crucial that family and carers are assisted in learning how to identify new opportunities, understanding funding possibilities and how to support their participant's choices. Identifying 'champions' within families that can assist parents by sharing experiences and networks, and conducting strengths-based training are two key areas of ongoing activity to build the capacity of family members and carers to more effectively support their loved one with a disability to experience the most of life.

Further Resources

The Service Model and Practice Guidelines are based on (but not limited to) good practice, legislative requirements and Government policy detailed in the following reports.

www.dhs.vic.gov.au/disability

Day Services Guidelines 2011

Disability Act 2006

Individual Support Package Guidelines September 2010

Policy & Funding Plan 2010-2012

Access Policy

Access Policy Implementation Guide

Planning Policy

Planning Resource Kit & Implementation Guide

Quality Framework for Disability Services in Victoria

Register of disability service providers