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Outcome Evaluation of Active Support Training in Taiwan

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ABSTRACT

Active Support was implemented for the first time in Taiwan in March, 2009. This study aims to evaluate whether the supervisors and front line managers of residential services receiving Active Support Training (AST) caused a positive impact on their users with intellectual disabilities (ID) while comparing this with their counterparts with ID whose residential staff were not being involved in the training. The nonequivalent groups design was used for the evaluation; the participants included 49 residents of 12 community living homes as the experimental group and 19 residents of another 5 community living homes as the comparative group. The pretest evaluation was conducted before the AST and the post-test and follow-up evaluations were conducted following 4 months and 14 months after the pre-test respectively. The assessment package contained questionnaires relating to domestic engagement, community inclusion, choice, social network, mood scales, challenging behaviors, adaptive behavior and demographic questions among the residents with ID. Within the group, analyses showed that the residents whose staff received AST showed increased levels of choice and adaptive behavior and decreased levels of depression in the post-test and follow up in addition the residents' engagement in domestic activities improved in the follow up. The intervention did not affect the frequency of family contact, community inclusion and challenging behavior among the residents. The residents in the comparative group showed no significant change except the levels of depression decreased comparing follow-up test and post-test. Based on a cross groups comparison of the effect of the intervention among the residents, only a decreased level of depression was found in the post-test results of the both groups. This study suggests Active Support is practicable but only partially effective in Taiwan; thus, conducting an AST Package of Taiwan version is expectable.

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1. Introduction

Active Support was developed in the UK to train staff in specific skills and organizational managers in administrative support and to provide direct support to individuals with intellectual disabilities (ID) in meaningful engagement in activities. Following many evaluation studies in the UK, positive outcomes are indicated for residents who have received direct support

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from trained staff (Bradshaw et al., 2004; Jones et al., 1999; Jones, Felce, Lowe, Bowley, Pagler, Gallagher, et al., 2001; Jones, Felce, Lowe, Bowley, Pagler, Strong, et al., 2001; Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002; Mansell, Beadle-Brown, Macdonald, & Ashman, 2003; Mansell, Beadle-Brown, Whelton, Beckett, & Hutchinson, 2008; Smith, Felce, Jones, & Lowe, 2002). Active Support was adopted in Australia between 2002 and 2004 and studies obtained consistent findings with those in the UK (Rhodes & Hamilton, 2006; Stancliffe, Harman, Toogood, & McVilly, 2007). In addition, several studies have suggested the importance of having managers involved in the Active Support Straining (AST), including on-site training, if a positive outcome of Active Support is expected (Bradshaw et al., 2004; Mansell et al., 2008; Stancliffe et al., 2007). However, Active Support was only recently introduced in Asian countries with Taiwan being one example, and the evaluation outcome in Asian countries is still in the early stages.

Following the model initiated in the UK and Australia, the main goal of Active Support is to improve the residents engagement in activities (Stancliffe, Jones, Mansell, & Lowe, 2008). The primary focus of the current study was to present evidence whether the AST provided to the supervisors and managers is beneficial to the residents with ID in day-to-day life, such as increasing the level of their domestic and community participation, social contact activities engagement, choice and adaptive behavior, and decreasing the level of depression and challenging behavior. These were measured by standardized questionnaires; the residents were invited to take part in the study and included the staff, assisting the residents to answer the questionnaires together with the questions relating to the characteristic data of the residents and the service units. Three phases of the evaluation were conducted: before AST (at pre-test), 4 months after AST (at post-test), and 14 months after the pre-test ended (at follow-up). We also recruited the residents and staff living and working at the same model of residential services as the comparative group.

Two hypotheses tested in the residents' outcome were: There would be a significant outcomes improvement among the residents with ID following their supervisors/front line managers being involved in the AST in comparison to before.

There would be a significant difference of outcomes between the residents with ID following their supervisors/front line managers involvement in the AST compared to their counterparts whose supervisors/front line managers were not involved in the AST.

The mean scores on the residents' outcome measures include: participation in domestic tasks, community involvement, frequency of contact with family, frequency of contact with friends, choice making, depression, challenging behavior and adaptive behavior.

2. Methods

2.1. Setting

Seventeen community living homes in experimental and comparative group were all initially operated by seven non-governmental organizations and located in northern, middle and southern part of Taiwan, and each provided accommodation in ordinary housing in established residential areas. Each home was limited to six or fewer residents (2–6 residents) and is staffed by support services 24 h a day. The staff:resident ratio ranges from 1:1.5 to 1:3 based on the unit size and the residents' support needs.

2.2. Research design and participants

This study used the nonequivalent groups design to evaluate the effectiveness of the AST and whether the residents have benefited from the involvement in AST of the supervisors and managers from their residential homes. The pre-test interviews (T1) before the AST, viewed as the baseline of the evaluation, began in March 2009. Face to face interviews with the residents were conducted and took place at their residential homes. The post-test and follow-up interviews (T2 and T3) occurred after the AST, 4 months and 14 months after the baseline evaluation respectively.

There were 13 community living homes whose supervisors and managers participated in the AST and the 62 residents who they were working with became the participants of the experimental groups. After the pre-test, one of the homes including their 6 residents withdrew; 6 residents from 2 homes declined to be involved and 1 resident moved out from 1 of the homes. In the end, the data from 12 homes and 49 residents, 4 supervisors and 6 managers in the experimental group were analyzed in this study. We invited 21 residents including their staff and managers from another 5 community homes and their supportive workers; supervisors and managers from these 5 homes did not participate in the AST as the comparative group. After pre-test, 2 residents moved out from one of the homes; finally 19 residents' data were analyzed from comparative group.

As shown in Table 1, all participants were adults with a primary diagnosis of ID.[1] Their mean ages were 32.3 (SD = 8.5, range 18–54 years); there were 42 (61.8%) males and 26(38.2%) females. Overall, 42.6% were labeled as having severe or profound ID. There were no significant differences between the two groups in residents' age, gender, severity of ID and adaptive behavior.

[1] The diagnoses of classification and level of disability are conducted by the health authorities and the severity of the intellectual disability is categorized in accordance with the person's IQ score and social adaptation skills.

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