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LIVING WITH DISABILITY
RESEARCH CENTRE



Summary Report

Enabling Engagement and Inclusion:

Organisational Factors That Embed Active Support in
Accommodation Services for People with Intellectual Disabilities

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The organisations were:

- annecto, Melbourne, Vic
- Bayley House, Melbourne, Vic.
- CARA, Adelaide, SA.
- Civic, Sydney, NSW
- Endeavour Foundation, Brisbane, Qld
- GenU, Geelong, Vic
- Golden City Support Services, Bendigo, Vic.
- Greystanes Disability Services, Blue Mountains, NSW.
- House with No Steps (now Aruma), Melbourne, Vic.
- Identitywa, Perth, WA
- Jewish Care, Melbourne, Vic.
- Tipping Foundation (now Aruma), Melbourne, Vic.
- Unisson Disability Services, Sydney, NSW.
- Yooralla, Melbourne, Vic

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Executive Summary

Rationale

More than 17,000 people with disabilities, mainly people with intellectual disabilities, live in shared supported accommodation services in Australia. Despite living in the community, many remain socially disconnected and spend a large proportion of their day disengaged – doing nothing (Netten et al., 2010). Reflecting the international literature, our Victorian pilot study found, on average, service users were disengaged for 49% of the time and some were disengaged for the full two-hour period of observation (Mansell, Beadle-Brown & Bigby, 2013). It is through engagement in meaningful activity and relationships that many aspects of quality of life are realised. People with intellectual disabilities rely on staff to provide opportunities for participation and assistance to be engaged in activities and social interactions.

Active Support has been a primary strategy to improve the quality of life of service users, address their disengagement and the variability of staff practice. Active Support is an evidence-based practice whereby staff provide sufficient facilitative assistance to enable service users to take part in meaningful activities and relationships, irrespective of the degree of intellectual disability or presence of additional problems (Mansell & Beadle-Brown, 2012). Unequivocally, front-line staff practice based on Active Support leads to better quality of life for people with intellectual disabilities (Mansell & Beadle-Brown, 2012).

Active Support has been widely adopted in Australia but has been difficult to embed in services.

Aims and Method

This research aimed to identify the factors that influence the extent to which staff provide Active Support and sustain its practice in organisations. The study began in 2009 and is ongoing. A battery of valid and reliable measures was used to collect data annually¹ through structured observations, staff completed surveys and interviews. The study was sufficiently large to allow for the use of advanced statistical methods; multi-level modelling to take account of the different levels of the data. Cross-sectional and longitudinal data sets were analysed, with the largest including 461 service users, from 134 services, managed by 14 organisations from 5 different states.

¹ Detailed description of the methods are in each of the 4 published papers included in the appendices to this report.

Findings

Findings across the different data sets provide rigorous evidence that the following features at the service and organisational levels are predictors of good Active Support:

- Staff trained in Active Support;
- Strong practice leadership of individual direct support workers and their team through regular coaching, observation and feedback about their practice, discussion of Active Support in team meetings and individual supervision, shift planning, and support to maintain focus on the quality of life of the people they support as core to everything they do;
- Practice leadership structured such that leaders are close to every-day practice, and their tasks are not split across different positions;
- Staff having confidence in the management of the organisation;
- Services with a staff culture of supporting wellbeing;
- Services supporting no more than six people under one roof;
- Services supporting people with relatively homogenous support needs but who do not all have challenging behaviour;
- Senior leaders having a shared understanding of Active Support, and recognising and valuing high quality practice.

At the individual level, higher levels of adaptive behaviour were predictive of better Active Support

Implications

These findings suggest that staff are less skilled in tailoring Active Support to the needs of people with lower levels of adaptive behaviour. Highlighted is the need for practice leaders and senior managers to give more attention to the quality of Active Support for people with severe and profound intellectual disabilities, and thus their engagement-related support needs.

The study provides the strongest evidence to date about the positive influence of practice leadership on the quality of front-line staff practice. It points to the significance of all five domains of practice leadership; (1) overall focus on the quality of life of the people supported by the service; (2) allocation and organisation of staff; (3) coaching, observing, modelling and giving feedback to staff about the quality of their support; (4) reviewing performance with individual staff in supervision; and (5) reviewing team performance in team meetings,

rather than just observation, feedback and coaching which have become the primary focus in some organisations.

The findings provide new evidence confirming practice wisdom that practice leadership should be organised so that practice leaders are close to everyday staff, familiar with staff and the people they support and have opportunities for informal as well as formal observation of practice. They also suggest that the position tasked with practice leadership should be aligned with the front-line manager and thereby have authority to hold staff accountable for their practice. At the organisational level, the findings highlight the significance of senior leaders recognising the value of practice leadership and attending to organisation wide strategies for supporting and strengthening it.

There were inconsistencies between the data sets about the predictive nature of the length of time an organisation had been implementing Active Support and organisational size. This may be because the advantages of smaller organisations dissipate over time, and that, for larger organisations, a period of five years may be required to successfully implement and embed Active Support.

The findings about the positive influence of organisational leaders who understand the significance of practice, Active Support and practice leadership are new. They demonstrate that it is the coherence of the values and actions of the leadership team rather than documented values in organisational policy or procedures that are important to delivery of good quality support. There are important messages for senior managers and boards about the significance of appointing leaders at all levels of the organisation who understand the value of practice to the quality of disability support services.

The study built on previous work about the benefits of structured observation compared to staff or indeed service user self-report (Mansell, 2011). Overall, the quality of support in all organisations followed an upward trajectory, although variability over time and between services within organisations remained. The annual independent reports compiled for each organisation were valued and at times challenged managers' impressions of service quality. These reports demonstrate that claiming to be delivering Active Support is not enough; some form of independent verification is necessary to give consumers and regulators confidence about such claims.

This study has applied research-based benchmarks for good Active Support and Practice Leadership which were measured through observation. There is no reason why evidence

about meeting such benchmarks should not be a requirement of all disability support organisations for every supported accommodation service they deliver.

Conclusions

This is the largest Australian study of Active Support and which used advanced statistical techniques to take account of the multiple levels of the data. It has confirmed some of the previous findings about predictors of Active Support such as level of adaptive behaviour and staff training in Active Support. It extended knowledge about the significance of practice leadership to the quality of Active Support and identified the importance of key organisational factors associated with the values and actions of senior leaders and the structuring of practice leadership. These factors are pivotal to delivering good Active Support to address poor and variable quality support and therefore improve the quality of life of people with intellectual disabilities in services.

These predictors of good Active Support also provide a set of evidence-based indicators of what must be in place, at service and organisational levels, to deliver good quality Active Support. The study applied research-based benchmarks for good Active Support and Practice Leadership measured through observation. Evidence about meeting such benchmarks should be a requirement of all disability support organisations for every supported accommodation service they deliver.

There is also scope to tailor such indicators to different audiences: consumers of services to assist in choice, the NDIS Quality and Safeguard Commission to assist in service registration, and auditors or the Commission in inspecting or monitoring services.

This study has contributed substantial and rigorous evidence about the factors necessary to sustain good Active Support at the service and organisational levels. Active Support and Practice Leadership are among the few areas in disability practice with an evidence base which provide behavioural indicators of and benchmarks for good practice. This knowledge should be used by disability support organisations, the NDIS, and the Commission to ensure effective use of disability funding and improve the quality of disability services in Australia.

Enabling engagement and inclusion: organisational factors that embed Active Support in accommodation services for people with intellectual disabilities: Summary Report

The purpose of this study was to improve the quality of support to people with intellectual disabilities by identifying the factors necessary to embed Active Support in services. This report provides a summary of the rationale, approach and findings of the study. It discusses the significance of the findings and implications for service providers, funders, regulators and people with intellectual disabilities and their families. The study began in 2009 and is ongoing. This report presents an analysis of data collected from 2009 to 2017. The research was funded by fourteen disability support organisations and an Australian Research Council Linkage grant².

Rationale

More than 17,000 people with disabilities, mainly people with intellectual disabilities, live in shared supported accommodation services (services) in Australia. Despite living in the community many people with intellectual disability remain socially disconnected and spend a large proportion of their day disengaged – doing nothing (Netten et al., 2010). Reflecting the international literature, our Victorian pilot study showed considerable variability in levels of engagement of service users and the quality of staff support across services. For example, on average, service users were disengaged for 49% of the time and some were disengaged for the full two-hour period of observation (Mansell, Beadle-Brown & Bigby, 2013).

It is through engagement in meaningful activity and relationships that many aspects of quality of life are realised. For example, personal development is possible only if people participate in activities that broaden their experiences; interpersonal relations and social inclusion depend on interacting with other people; and physical health depends on lifestyle and activity (Robertson et al., 2000). People with intellectual disabilities rely on staff to provide opportunities for participation and assistance to be engaged in activities and social interactions.

The introduction of *Active Support* has been a primary strategy to improve the quality of life of service users, address their disengagement and the variability of staff practice. Active Support is an evidence-based practice whereby staff provide sufficient facilitative assistance

² Golden City Support Services, Yooralla, Greystanes, Endeavour, annecto, Jewish Care, genU, Unisson. During the period of the study, 2013-2018 six additional partners joined, CARA, Tipping Foundation (now Aruma), House with No Steps (now Aruma), Bayley House, Identitywa and Civic Lifestyle Services.

to enable service users to take part in meaningful activities and relationships, irrespective of the degree of intellectual disability or presence of additional problems (Mansell & Beadle-Brown, 2012).

A strong theoretical and empirical base demonstrates that staff use of Active Support leads to better quality staff assistance, higher levels of staff contact, and increased service user engagement in meaningful activity and relationships (Mansell & Beadle-Brown, 2012).

Active Support is a core element of person-centred approaches. It should be combined with person-centred planning to inform a person's broader goals. It underpins the effective application of other person-centred approaches, such as positive behaviour support for people with complex needs (Ockenden et al., 2016). Unequivocally, front-line staff practice based on Active Support leads to better quality of life for people with intellectual disability (Mansell & Beadle-Brown, 2012).

Active Support has been widely adopted in Australia. However, similar to evidence-based practice in other fields, Active Support has been difficult to implement and sustain in disability support organisations. For example, our pilot showed that only one of six organisations in Victoria, claiming to use Active Support, were consistently delivering good support (Mansell et al., 2013). There are many propositions from organisational theory, research and practice wisdom about what influences the quality of Active Support. These include; 1) staff training, in terms of type, take up and coverage; 2) staff motivation, in terms of qualifications, competing demands and quality of leadership; and 3) management commitment, demonstrated through support from managers and organisational processes. There was, however, little evidence about these influencing factors either from Australia or internationally other than in respect of staff training that has both classroom and hands-on components (Flynn et al., 2018).

This research sought to answer the question posed by Mansell et al., (2008) "what factors influence the extent to which staff provide Active Support?" Identifying the individual, service and organisational level factors associated with good Active Support will assist disability support organisations to more effectively design services and sustain Active Support. This knowledge will also provide indicators of service quality that will be of value to funders, regulators and consumers.

Approach

This was a large-scale study that incorporated both longitudinal and cross-sectional designs. Depending on the size of the organisation, data were collected from either the same services

every year, or a representative sample of different services each year. A battery of measures was used to collect data annually from services managed by partner organisations, using reliable measures³ through structured observations, staff-completed surveys and interviews. Data about the quality of staff practice and service user engagement were included as well as many of the factors thought to influence implementation of Active Support, including; service user characteristics, staff characteristics, staff attitudes, quality of management support, staff-to-resident ratios, service design and organisational characteristics.

An observational measure was developed to measure practice leadership through interview, observation of front-line managers and document review (Beadle-Brown et al., 2016). Practice leadership was defined as; 1) Overall focus on the quality of life of the people supported by the service; 2) Allocation and organisation of staff; 3) Coaching, observing, modelling and giving feedback to staff about the quality of their support; 4) Reviewing performance with individual staff in supervision; and 5) Reviewing team performance in team meetings. Data on the quality of Active Support was collected using the 15-item Active Support Measure (Mansell et al., 2005) which was completed after a 2-hour observation of service user and staff interactions. Good Active Support was defined as a score of more than 66% on this measure.

In addition to the annual quantitative data, qualitative data about organisational leadership and structures were collected through semi-structured interviews with senior managers on two occasions; when the organisation first joined the study and in 2017. Organisational documents relating to practice, training and job descriptions were also collected at these two time points.

The scale of the study was sufficiently large to allow for the use of advanced statistical methods to take account of the different levels of the data, that is, individual service user, service, organisation and point in time. Multi-level modelling was used to analyse the quantitative data. The qualitative data were analysed using grounded theory methods and content analysis.

The following sections summarise the finding from analysis of the four different but complementary data sets which answer different aspects of the overarching research question.

³ Detailed description of the methods are in each of the 4 published papers included in the appendices to this report.

1. Predicting good Active Support – cross-sectional data set

This data set included the multiple factors, primarily at the service user and service level, that potentially influence the quality of Active Support. Only high-level organisational characteristics were included, such as size, scope and annual turnover. The data set was cross-sectional, comprising 461 service users, from 134 services, managed by 14 organisations. The data were collected at 7 time-points from 2009 to 2017, reflecting the differing dates to which organisations joined the study. Only one set of data was included for each service user.

Multi-level modelling identified predictors of the quality of Active Support as:

- Higher levels of adaptive behaviour (individual service user level)
- Stronger practice leadership (service level)
- More staff trained in Active Support (service level)
- Longer time since implementation of Active Support (organisational level).

Factors predictive of lower quality Active Support were:

- Larger service size – having more than six people in a service (service level)
- Larger organisations (organisational level).

The full analysis and discussion of these data is accessible and published in the Journal of Applied Research in Intellectual Disability included in the appendix (Bigby et al., in press a).

2. Predicting increases in quality of Active Support over time – longitudinal data set

This data set included factors similar to those in the cross-sectional analysis that were thought to influence Active Support. However, as a longitudinal design, the same data were collected from the same services multiple times at 12-18 month intervals. Included were 194 service users, from 51 services, managed by 8 organisations. The number of times data were collected from the same service depended on when the organisation joined the study. Data were collected seven times for one organisation, five for two organisations, four for two organisations, three for one organisation, and twice for two organisations.

Multi-level modelling showed that:

- The average quality of Active Support increased over time
- Increases in the quality of Active Support were slower in services with better quality Active Support at baseline

- The rate of increase in the quality of Active Support was similar irrespective of the support needs of service users.

Predictors of the quality of Active Support were:

- Higher levels of adaptive behaviour (individual service user level)
- Stronger practice leadership (service level)
- More staff trained in Active Support (service level).

Predictors of lower quality Active Support were:

- Larger service size – having more than six people in a service (service level)
- Heterogeneity of service users i.e. service users who fell in 3 groups based on their level of adaptive behaviour – less than 80, between 80-151 and more than 151 (service level).

The full analysis and discussion of these data is accessible and published in Research in Developmental Disabilities included in the appendix (Bould et al., 2019)

3. What matters at the organisational level – qualitative data

This data set included both quantitative and qualitative data. Quantitative data about the quality of Active Support were collected in 2017 from 71 services to calculate the proportion of services in each of the fourteen organisations that were delivering good Active Support. The qualitative data were the presence or absence of eight features of organisational leadership and structures identified inductively through analysis of interviews and documents. These eight features were; (1) Senior leaders sharing prioritisation of practice and Active Support; (2) Senior leaders strongly supporting practice leadership; (3) Senior leaders having different and competing priorities; (4) Senior leaders' perception still being in early stages of Active Support; (5) Organisation of practice leadership being close to everyday service delivery; (6) Concentration of practice leadership and line management tasks; (7) Organisational documents showing that Active Support is central to expectations of the way staff work and; (8) Organisational documents showing that Active Support is incorporated into a practice framework.

The quantitative data for each organisation were plotted against the presence or absence of features of leadership and structures in the organisation. Organisations that delivered good Active Support to the majority of service users in more than 71% of their services shared four features that were not shared by any other organisation. The features were:

- Senior leaders shared prioritisation of practice and Active Support
- Senior leaders strongly supported practice leadership
- Organisation of practice leadership was close to everyday service delivery
- Concentration of practice leadership and line management tasks.

The potential association between these four features and good Active Support provided the basis for inclusion of the presence or absence of these in a multi-level model of factors predicting the quality of Active Support.

The full analysis and discussion of this data set is accessible and published in the Journal of Intellectual and Developmental Disabilities included in the appendix (Bigby et al., in press b)

4. Organisational, service and individual factors predictive of good Active Support

This data set included all the service user, service and organisational factors thought to influence Active Support that were included in the first data set. Added to these were the four organisational features identified in the third data set. The design was cross-sectional, and data were collected in 2017 from a sample of 253 service users, from 71 services managed by 14 organisations.

The multi-level modelling analysis showed that good Active Support was predicted by:

- Higher levels of adaptive behaviour (individual service user level)
- Stronger practice leadership (service level)
- Smaller services i.e. 1-6 service users (service level)
- Positive staff perceptions of management (service level)
- Senior leaders who shared prioritisation of practice and Active Support (organisational level)
- Senior leaders who strongly supported practice leadership (organisational level)
- Organisation of practice leadership close to everyday service delivery (organisational level)
- Concentration of practice leadership and line management tasks (organisational level).

Some factors found to be predictive of good Active Support in the analysis of the larger cross-sectional data set (first data set) were not identified as predictive in this data set; these were staff training in Active Support, homogeneity of service users, size of organisation or time implementing Active Support. The reason may have been the limited variability in the

2017 data set, associated with the maturity of the organisations in implementing Active Support. For example, by 2017 a much higher proportion of staff had been trained in Active Support (82%), very few services had a heterogenous mix of service users, and most organisations had been implementing Active Support for more than 5 years.

The full analysis and discussion of these data is accessible and published in the Journal of Intellectual and Developmental Disability in the appendix (Bigby et al., in press c).

5. Fragility of the quality of Active Support

Annual reports prepared for each organisation proved an analysis of data about the quality of practice, engagement of service users and strength of practice leadership. Data for each organisation were compared with previous years and to the whole sample of organisations involved in the study. An analysis of these data collected from 2009 to 2012 was published in 2017 (Bigby et al., 2017). It illustrated the continuing variability of the quality of support in these organisations. Some of this variability was clearly accounted for by changes in the percentages of staff who had been trained in Active Support. This paper together with the subsequent annual reports demonstrate an upward trajectory in the quality of Active Support in participating organisations but also its fragility over time. Table 1 shows for example, the percentage of services in each year that delivered good Active Support to a majority of service users.

Table 1. Percentage of services delivering good Active Support

Organisation	2009-2010	2011-2012	2013	2014	2015	2016	2017
1	0%	0%	20%	60%	80%	60%	100%
2	100%	75%	71%	71%	43%	38%	71%
3	25%	0%	40%	40%	60%	80%	100%
4	13%	0%	50%	63%	75%	44%	33%
5			50%	60%	25%	20%	40%
6			0%	14%	29%	0%	57%
7			25%	75%	63%	38%	71%
8			57%	57%	20%	0%	86%
9					14%	13%	50%
10					25%	0%	33%
11					50%	33%	29%
12						29%	57%
13						0%	83%
14						25%	50%

Likewise, the qualitative data from interviews with organisational leaders pointed to the fragile nature of support from senior leaders for practice, as senior personnel as well as external demands changed.

6. Staff culture as a predictor of Active Support

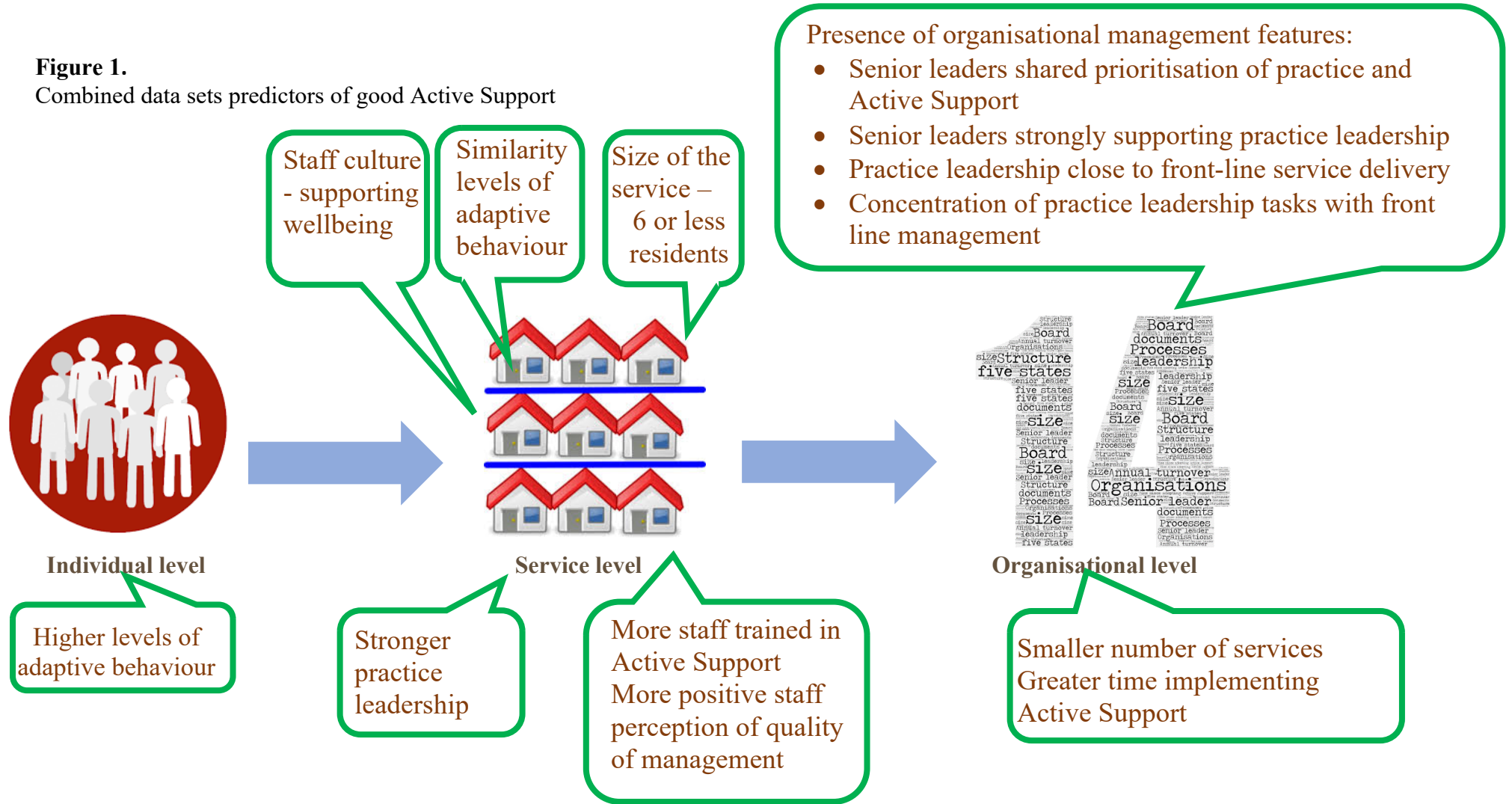
Staff culture has frequently been proposed as influencing the quality of staff practice. When this study began there were no reliable measures of culture applicable to supported accommodation services, although dimensions of culture in services had been identified through qualitative methods (Bigby et al., 2012, 2015, 2016). The *Group Home Culture Scale* developed as part of this study now provides a reliable measure of staff culture in services (Humphreys et al., in press). The scale was included in the battery of measures for a sub-set of staff in the 2017 round of data collection, and completed by 86 staff working with 76 service users from 20 services managed by 11 organisations. Analysis, using multi-level modelling, from this small sample, showed that higher scores on the dimension of culture *supporting wellbeing* was predictive of the quality of Active Support. Analysis of a larger sample from the 2018 annual data collection will yield further insights into the influence of culture on the quality of support.

7. Summary

Figure 1 brings together the findings across the different data sets. Overall this research provides rigorous evidence that the following features at the service and organisational levels are predictors of good Active Support:

- Staff trained in Active Support;
- Strong practice leadership of individual direct support workers and their team through regular coaching, observation and feedback about their practice, discussion of Active Support in team meetings and individual supervision, shift planning, and support to maintain focus on the quality of life of the people they support as core to everything they do;
- Practice leadership structured such that leaders are close to every-day practice, and their tasks are not split across different positions;
- Staff having confidence in the management of the organisation;
- Services not supporting more than six people under one roof;
- People sharing accommodation having support needs that are not too different, and not all having challenging behaviour;
- Senior leaders having a shared understanding of Active Support, and recognising and valuing high quality practice.

Figure 1.
 Combined data sets predictors of good Active Support



8. Significance and Implications

This is the largest study of Active Support conducted in Australia and which used advanced statistical techniques to take account of the multiple levels of the data. It has confirmed some of the previous findings about predictors of Active Support, extended knowledge about the significance of practice leadership to the quality of Active Support and identified the importance of key organisational factors associated with the values and actions of senior leaders and the structuring of practice leadership.

Staff characteristics and training

The only significant staff characteristics associated with good Active Support were training and staff perceptions of the quality of management. Other variables proposed as predictive of good support, such as qualifications, experience, attitudes towards people with intellectual disabilities, role clarity and role conflict were not found to be influential.

Staff training in Active Support may override other characteristics such as qualifications and experience. The combined findings suggest that a higher proportion of staff with Active Support training positively influences the quality of support, but only to a threshold point. That threshold could not be determined, but the failure of staff training to predict Active Support in the fourth data set in which 82% of staff had been trained suggests that this level of training at least meets, if not exceeds, the threshold.

Level of adaptive behaviour and staff training

At the individual level, higher levels of adaptive behaviour were predictive of better Active Support, confirming previous research (Mansell & Beadle-Brown, 2012). Originally developed in services for people with severe and profound intellectual disabilities, Active Support compensates for difficulties people have in initiating engagement and completing tasks. A key principle of Active Support is adapting support to the ability of each individual as well as their other needs and preferences. This ability to adapt support requires staff skills in, for example, giving intensive hand-over-hand assistance to individuals with profound intellectual disability, as well as knowing when and how to stand back to give a more able person time to complete a task independently. While potential levels of engagement of some people with severe intellectual disabilities may be lower than those with less severe disabilities, there is no reason that the quality of Active Support should differ between groups.

This finding suggests that; (1) staff are not skilled in tailoring Active Support to the needs of each individual and; (2) staff are less skilled in supporting people with lower levels of adaptive behaviour. Highlighted is the need for practice leaders and senior managers to give

more attention to the quality of Active Support for people with severe and profound intellectual disabilities, and thus their engagement-related support needs. There is also a strong case for a greater focus on skilling staff in tailoring Active Support to individuals with differing levels of ability, especially people with high support needs.

During the course of the study an online training resource for Active Support, *Every Moment Has Potential*, was produced through a collaboration of Greystanes Disability Support Services and La Trobe University funded by the Department of Industry. These were the first Australian quality training materials in Active Support and are being widely used across the disability sector, with 272,630 page views over two years from Sept 2017 and 90,355 unique visits. The material is also embedded in the Learning Management Systems of a number of large disability support providers.

Practice Leadership

This study provides the strongest evidence to date about the positive influence of practice leadership on the quality of front-line staff practice. It points to the significance of all five domains of practice leadership; (1) overall focus on the quality of life of the people supported by the service; (2) allocation and organisation of staff; (3) coaching, observing, modelling and giving feedback to staff about the quality of their support; (4) reviewing performance with individual staff in supervision; and (5) reviewing team performance in team meetings, rather than just observation, feedback and coaching which have become the primary focus in some organisations.

Notably, several domains of practice leadership such as observation, feedback, coaching, and supporting team-work mirror the work completed by trainers as part of hands-on Active Support training. These findings demonstrate the need for continuing and regular practice support of this type, rather than it being a one-off requirement as part of induction training.

These findings provide new evidence that reinforces practice wisdom that practice leadership should be organised so that practice leaders are close to everyday staff, familiar with staff and the people they support and have opportunities for informal as well as formal observation of practice. The findings also suggest that the position that is tasked with practice leadership should be aligned with the front-line manager and thereby have authority to hold staff accountable for their practice.

At the organisational level the findings highlight the significance of senior leaders recognising the value of practice leadership and attending to organisation wide strategies for supporting and strengthening it.

At a time when many disability support organisations are restructuring, these findings provide important messages about the critical role that practice leadership plays in delivery of good quality support, as well as the way it should be structured within organisations and valued by senior leaders.

Service design

The finding that the quality of Active Support is predictive by smaller size services up to a maximum of 6, confirms a wider body of research about the positive impact of smaller services on quality of life outcomes (Tossebro, 1995). Across the data sets there is no clear picture about the association between homogeneity of service user needs in a service and the quality of Active Support. However, findings from the combined data set suggest complementary evidence: that heterogeneity of support needs detracts from the provision of quality Active Support, while homogeneity removes this factor as an influence. A mediating factor here may be the level of staff skill in adapting support to individuals, in particular in supporting people with higher support needs.

Length of time implementing Active Support and size of organisations

There were inconsistencies between the data sets about the predictive nature of the length of time an organisation had been implementing Active Support and organisational size. This finding may be due to the fact that by 2017 most organisations had been implementing Active Support for at least 5 years and it is likely to take larger organisations longer than smaller ones to successfully implement Active Support. It may have been the relatively early success of smaller organisations in a short time period that was identified in the first data set, which disappeared as Active Support became embedded over longer periods.

A tentative hypothesis might be that advantages of smaller organisations dissipate over time, and that, for larger organisations, a period of five years may be required to successfully implement and embed Active Support. It may also be that after five years, other organisational level factors confound the impact of time. For example, analysis of the qualitative data indicated that disruption to the processes of implementation may result from changes to senior personnel or competing organisational priorities emanating from external factors.

Actions and understanding by senior leaders in the organisation

The findings about the positive influence of organisational leaders who understand the significance of practice and Active Support are new. They demonstrate that it is the coherence of the values and actions of the leadership team rather than documented values in organisational policy or procedures that are important to delivery of good quality support.

This type of evidence challenges the relevance of paperwork documenting policy and procedures in quality standards and methods of auditing disability support services.

These findings hold messages for senior managers and boards about the significance of appointing leaders at all levels of the organisation who understand the value of practice to the quality of disability support services.

The qualitative data in the third data set identified changes that had occurred in commitment to practice by senior leaders since the study began, which are indicative of the fragility of senior leaders prioritising practice over time. These data may also illustrate the impact on implementation of external factors; identified by Qian et al., (2017) as labour conditions, but in this study Australian disability reform, the NDIS.

The value of observing practice and independent monitoring of service quality

A primary method used in this study to measure both the quality of Active Support and of Practice Leadership has been observation. The Observed Measure of Practice Leadership was developed to complement the Active Support Measure. The study was built on earlier work about the benefits of observation compared to staff or indeed service user self-report (Mansell, 2011) and added to this body of knowledge (see Bould et al., 2016). The annual independent reports compiled for each organisation that at times verified and others challenged managers' impressions of service quality were seen as uniformly valuable by participating organisations. This research demonstrated that claiming to be delivering Active Support is not enough and suggests that some form of independent verification may be necessary to give consumers and regulators confidence about such claims.

10. Conclusions

The NDIS Commission has funded La Trobe University to translate some of these findings into accessible resource over the next two years, including an update to the Active Support training materials and a new online training program in Practice Leadership.

The identified predictors of good Active Support (see Figure 1) provide a blueprint for what organisations must pay attention to in order to implement or sustain good quality Active Support. These factors are pivotal to delivering good Active Support, addressing poor and variable quality support and therefore improving the quality of life of people with intellectual disabilities in services.

This study has applied research-based benchmarks for good Active Support and Practice Leadership which were measured through observation. There is no reason why evidence

about meeting such benchmarks should not be a requirement of all disability support organisations for every supported accommodation service they deliver.

The predictors of good Active Support provide a set of evidence-based indicators of what must be in place, at service and organisational levels, to deliver good quality Active Support. There is much scope to tailor such indicators to different audiences: consumers of services to assist in choice, the NDIS Quality and Safeguard Commission to assist in service registration, and auditors or the Commission in inspecting or monitoring services.

This study has contributed substantial and rigorous evidence about the factors necessary to sustain good Active Support at the service and organisational levels, which reinforces the significance of Practice Leadership. Active Support, and now Practice Leadership, are among the few areas in disability practice with an evidence base, that provide behavioural indicators of and benchmarks for good practice. This knowledge should be used by disability support organisations, the NDIS, and the Commission to ensure effective use of disability funding and improve the quality of disability services in Australia.

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