

## Introduction and Methods

Being in receipt of person-centred support has been found to result in better outcomes. In order to provide person-centred support, staff need to be skilled in supporting people to make the most of the opportunities available, in recognizing the difficulties that people have in achieving a good quality of life and in providing the right level of help to compensate for people's disabilities.

The data were collected as part of a larger study examining the costs and outcomes of skilled support (Beadle-Brown *et al*/submitted), which found

- Active Support (AS) was the best indicator of skilled support - it explained more of the variance in outcome than any other measure of quality of support.

- 1/3 people received consistently good active support

- Skilled support did not require more staff and did not cost significantly more than less skilled support.

This poster explores staff and managers' perspectives of skilled support.

A mixed methods approach was used.

- Questionnaires examining staff characteristics, knowledge and experience we administered.

- Interviews with managers.

## Participants

Participants were managers and staff from residential or supported living services in England.

### Service Characteristics:

- 35 services (residential or supported living)
- 25 services nominated by organisations as providing "good support"
- 10 randomly selected
- People with severe or profound ID AND
  - Physical disabilities OR
  - Autism OR
  - Challenging behaviour
- Settings: ranged from 1 to 8 places
  - 33% for one person homelike (Mean 1.56 out of 5, range 1 – 2.8; NB 1 = very homelike)

Thirty-five managers were interviewed and 93 staff from in 28 different services completed a short adapted version of the Staff Experiences and Satisfaction questionnaire (Beadle-Brown *et al*, 2005)

### Staff Characteristics:

Age	<25 years	12%
	26-40 years	35%
	>40 years	53%
Gender	Female	65%
Ethnicity	White British/Irish	68%
Role	Support Workers	68%
	Senior SW	19%
	Deputy	3%
Experience	in LD/MH	35%
	>5 years in LD	58%
	>5 years in current service	27%

Training		
Has a relevant qualification		75%
	NVQ 2	36%
	NVQ 3	34%
Alternative Communication		31%
Sign Language		31%
Intensive Interaction		38%
PBS		53%
Understanding CB		70%
Managing CB		60%
SPELL		25%
Active Support		58%
• Classroom only		44%
• Hands on only		7%
• Classroom and hands on		29%
Trainer		
• Online		1%
• Internal trainer		46%
• External trainer		23%
• Manager		9%

## Results

**Service aims** were described in terms of independence, integration into and being a valued member of the community and being able to live a good life. Managers also mentioned good communication. We asked people to **define skilled support**. This was often a question that people had difficulties answering. They said it was delivered by trained staff, who had good levels of experience. Managers also talked about skills in understanding autism and good communication. They thought skilled support was delivered by more educated staff. We went on to ask people what **skills were needed**. Managers and staff were most likely to answer this question giving information about the level of training needed, including mandatory training (e.g. medication, lifting and handling) and communication. Staff thought an understanding of people was important too. When we asked **how people had learnt the skills to work with people with IDD**, both groups were likely to talk about training. Managers mentioned experience, observation and on-the-job training more often than staff did. Staff members thought that managers and the team had an important role in terms of skills development here. In response to questions around **whether skilled and unskilled staff might be given different roles**, both groups focused on administrative (e.g. rotas) or medical tasks (e.g. medication). Managers also talked about more skilled staff becoming key workers or mentors.

Preliminary analysis indicated that there appeared to be no differences between the skilled group of services (those providing good active support) and the mixed/weak services, in terms of what staff say or staff characteristics e.g. training, experiences etc.

## Conclusions

It appears that staff and managers have rather limited concepts of skilled support and focus primarily on training and experience – i.e. on what they have done, rather than on what they do now and how they support people.

The lack of difference in perceptions and characteristics of staff between the two groups is consistent with previous research (e.g. Mansell *et al.*, 2008) and also with the fact that only 1/3 of people living in services nominated as good by their organisations were consistently receiving skilled support. Finally, the findings here are consistent with findings from work by Higgins (2010) that staff and managers may not be a very good judge of quality in most organisations and observations are key to documenting the lived experience of people and the quality of support.