Staff and Change Management: Good Practice in the Transition to Community Residential Disability Services

Executive Summary

**April 2021**



# Introduction

The Health Service Executive’s (HSE’s) Transforming Lives Programme is a national reform programme of disability services.[[1]](#footnote-1) Part of the Programme involves enabling persons with disabilities to transition from large institutions (or congregated settings defined as 10 or more people living together) to dispersed homes in the community where they will have more choice and control over their lives. The Time to Move on from Congregated Settings – A Strategy for Community Inclusion is the strategy that underpins these transitions (HSE, 2011). During 2019, 116 people completed their transition to the community leaving 1,953[[2]](#footnote-2) people still living in congregated settings awaiting transition (HSE, 2020).

The aim of this research was to identify and document effective practice in change management processes relating to the transition of staff from congregated settings to small residential homes in the community. The purpose was to share learning with staff and managers currently or about to transition to the community to achieve a successful transition for all.

This research focused on the experiences and learnings of staff and managers working in residential services for persons with disabilities. A deliberate decision was taken not to include residents or their families in this study due to ongoing research on residents’ experiences of the transition process in the NDA[[3]](#footnote-3) and to keep the focus solely on staff. Participants did of course talk about families and residents and gave their perspective of how they were supported through the transition journey and how they adapted to the changes. However, as these are not first-hand accounts from the residents and families they are not covered in depth in this report.

# Methods

This was a qualitative study consisting of semi-structured one-on-one interviews with 15 frontline staff and 12 managers working in four residential disability service providers across six sites. All staff had worked in both a congregated and community setting and the managers had all overseen the transition of residents to the community. In addition, 10 external stakeholders working in diverse areas such as disability umbrella organisations, unions, and health policy, commissioning and regulatory organisations were interviewed. Participants were asked to recall their experience of the transition process and the associated challenges from a number of perspectives. Interviews were audio taped and transcribed verbatim. Data from staff and managers were analysed inductively using a thematic analysis (Braun and Clark, 2006). Data from external stakeholder were analysed deductively which involved determine what views or further insights stakeholders held in relation to the themes arising from the staff and managers. Ethical approval for the study was granted by Trinity College Dublin. While most service providers accepted this ethical approval, one service provider required its own approval which it subsequently granted.

The findings of the experiences of participants of transition are grouped below under seven themes.

# Findings

## Theme 1: Shift in model of service and work practices

Some participants spoke of a gradual shift from the medical model of care to a more social model following the move to the community. However, the extent of this shift was organisation dependant, with historically nurse-led organisations tending to remain nurse-led, albeit with a higher ratio of health care assistants to nurses than might previously have been the case. There remained many examples of tasks and practices that seemed reflective of a medical model in place in the community settings. While some organisations had started to recruit social care workers they were slow to be accepted and there were fears that quality of care would not be as high.

The social model requires a more person-centred approach. Understanding among participants of a person-centred approach was evolving but not yet embedded in all services. The concept of a persons-centred model that would transcend a medical or social model was proposed by one participant. Staff motivation to embrace change was considered essential by staff and managers for the transition to be successful. The motivation of some staff was grounded in their understanding of human rights and an empathetic approach. Managers reported that where some staff were less empathetic their practices were very difficult to change.

The transition to community working led to some changes in working practices such as changed staff rosters, working with fewer staff and sometimes lone working. There was some resistance to changing rosters from staff and unions and therefore, rosters were not always person-centred.

## Theme 2: Leadership and management support

There was a general consensus that strong leadership and governance was required for a successful transition. However, this was not in place in all organisations and thus some managers felt unsupported. The external stakeholders reiterated this but also reflected on the lack of leadership at national level with a perception that there was nobody really driving de-institutionalisation. Connected to this were a lack of resources to adequately support transitions and a concern that often communities were not ready to provide services to residents when they transitioned.

While some managers reported a good relationship with their more senior managers many felt unsupported. They described a heavy workload and being unsure what they were doing in relation to transition that led to feelings of being overwhelmed, isolated and stressed. They also described fighting for resources and sufficient staffing to make the transitions work. However, managers also showed impressive resilience and many took pride in their work.

## Theme 3: Preparing for transition

Some organisations were more ready for change than others and this often stemmed from the culture of the organisation. Organisational culture was considered very important by some participants in determining the success of the transitions. Some managers reported that the process of transition, in conjunction with other wider issues such as simultaneously getting HIQA registration and implementing new safeguarding policies, strained the capacity of the organisation to do everything well. Some organisations had to recalibrate and revise expectations.

There were several lessons learned around selecting the staff to be transitioned to the community and over time managers put more emphasis on inter staff dynamics as they recognised the importance of staff getting along in smaller staff teams. No services included in this study reported using any sort of formal needs assessment tool to determine staffing levels. Many managers just worked it out themselves based on their knowledge of the residents’ needs and historical staffing levels.

## Theme 4: Training

This study found that training and development in organisations primarily focused on the training required to sustain a medical model of service and training around a social model or a person-centred model was less frequent. Where this training did take place, the support for staff to implement the changes required were not always present. Therefore, it seemed that most learning relating to transitions and community working was on the job and that staff were supported with mentoring from committed and motivated managers. There were missed opportunities to develop staff and to prepare them for the change that transition to the community would bring. It was rare, for example, for staff to meet with colleagues who had already transitioned or to visit the houses of existing staff and residents who had transitioned to the community, even when this had occurred within their own service.

The level of transition planning for residents varied by organisation and even within organisations there was often more time dedicated to the residents who were the first to transitioned compared to those who transitioned later. There was some discontent among staff in services where external transition coordinators were brought in to do the discovery process with residents and did not consult with staff. Some managers said this was a mistake, noting that staff have a valuable contribution to make regarding transition planning for residents.

## Theme 5: Communicating about the planned transition

Communication with staff, residents and relatives were all considered very important and were done with varying degrees of success. What seemed to work best for all groups was a one-on-one approach rather than a town hall style meeting which some managers had very negative experiences with. While managers seemed to make a lot of effort around communications, some staff expressed dissatisfaction with the level of information they received about transitions.

A few services felt that their avoidance of any union issues was down to their good communication with staff. Other services took a proactive approach with unions and discussed all changes up front. A few services had a more difficult relationship with unions where they felt they were blocked by the union from implementing any changes and things became contentious.

## Theme 6: Building staff support for transition

While many staff embraced the transition and could see the possibilities for residents to live a better life, some staff did not did not share this outlook. The reasons given for those who were more resistant were around fear of change, concern for residents, practical issues in relation to new ways of working, and concerns about a lack of support working in the community.

While some families had a positive reactions to transitions most services reported that they were initially against transitions. Fears expressed often centred around health and safety concerns. Some participants felt that families’ views were often paternalistic as they still saw their adult relative as a child. Some managers reported having to negotiate between residents and their families where the resident wanted to transition and the relative did not want them to stay in the congregated setting.

Some managers put a lot of effort into building buy-in for transition from staff and relatives to change their way of thinking and help them to understand the rights of individuals to have choice and control in their lives. Some managers reported getting champions in their staff to help drive change. Managers also understand that in order to lead change they had to have a strong conviction themselves that transition to the community would lead to better lives for residents. Managers reported having to address some attitudinal barriers among some staff such as the sense of ownership they had of residents, the restrictions they put in place based on historical behaviours and the low expectations they sometimes had of residents. Staff had to be supported in positive risk-taking and be constantly challenged about their attitudes. Involving staff in the transition process such as decorating houses was also reported as being important. Setting clear expectations for staff working in the community was also considered key.

## Theme 7: Impact of transition

The impact of the transition on staff was generally positive with some staff reporting they would never return to the congregated setting. In general staff found management support to be good. There were some issues around communication, particularly at shift changeover but these were being addressed. Staff reported taking on a number of new roles and responsibilities. These caused challenges in some services with staff unwilling to take on certain roles but in other services participants reported better team-work with less division based on job titles and an equal sharing of roles. Acting in the role of community connector and working to integrate residents into the community was challenging to some staff with a lack of meaningful opportunities available for residents to engage with non-disabled people.

The issue of non-nursing staff administering medications seemed to be an issue for some services with some nurses not fully comfortable with this practice but recognising that it was essential for residents to have more freedom to get out and about. Nurses were concerned about their liabilities if a mistake was made by a care worker.

Some of the key challenges that staff and managers faced were facilitating positive risk taking and organising medical services in the community, with accessing available general practitioner services proving particularly challenging for some. An issue that was raised frequently was the risk of mini-institutions forming in the community and management were becoming very alert to institutional practices creeping back in and taking measures to stop this.

All participants remarked on the changes in residents as a result of the move to the community including that they were healthier, their personalities came out more, their language improved and their general demeanour was happier. They also reported more visitors from relatives for some residents and that relatives’ feedback was generally positive about the improvements they could see in their family member.

## Limitations of the study

This was a relatively small qualitative study and may not reflect the views and experiences of all staff and managers working to transition residents to the community. However, there was a lot of similarity in challenges experienced by different services so the learnings distilled from this study are likely to have relevance to the wider disability residential sector.

This study relied on a contact person within each organisation to invite staff and managers to participate in the study. This could have caused two biases. Firstly, the contact person may have invited people to participate who they knew to be more likely to show the organisation in a positive light. Secondly, the relationship they had with staff and managers may have been that when they were asked to participate they didn’t really feel they could refuse. The latter issue was dealt with by emphasising to participants at the interview consent stage that they had the right not to participate if they so wished. While the former issue could not be controlled for directly, the experience from the interview was that all staff and managers were very frank in their views and shared both positive and negative experiences.

In many instances, participants, in addition to recounting their own direct experiences, discussed their views on the perceived feelings, attitudes and behaviours of other staff, relatives and residents. While this provided a rich data-set for analysis, there is unavoidably some subjectively in these accounts. However, by interviewing several people from the organisations included, there was a degree of triangulation of data whereby accounts of events or of the prevailing mood of staff or relatives recounted by one staff member were frequently backed up by the accounts from other staff in that organisation.

# Conclusion

The NDA plan to work with the HSE’s Transforming Lives Working Group on Time to Move on from Congregated Settings strategy to develop and disseminate a set of short leaflets on specific learnings from this study targeted at managers of disability residential services who are currently engaged in the transition process or are to soon transition. These leaflets will also point people in the direction of relevant resources from the HSE and others. They may also be useful for other services such as mental health services if they move to reduce the size of some of the existing 24-hour supervised community residences.

There are a few key areas identified in this study that might benefit from more discussion:

* The HSE’s Change Framework (2018a) could be a valuable support to managers of disability services. The Framework was published in 2018 and the data gathering for this study took place in the first half of 2019 so, unsurprisingly, no participant mentioned the tool. However, there may be advantages in rolling out this Framework to the disability residential sector as a support for managers.
* Some services retained a strong link to the institutional / campus setting following transition through bringing residents back to day services on campus, and to visit the café / restaurant, medical facilities or leisure facilities. While this was reported to be part of the transition plans for some residents allowing them to maintain some familiar things in their lives, there didn’t seem to be any plan to gradually transition away from the institutions. A discussion around the long-term advantages and disadvantages of this approach might be useful.
* The use of assistive technology was very limited in the services included in this study. There seems to have been a missed opportunity to exploit this area fully and there was a sense that some services didn’t have the capacity to do this. There is work ongoing by the HSE which will likely lead to improvements in this area.
* There would appear to be a significant missed opportunity for both formal and informal peer-networking between staff and managers who have gone through the transition process and those that have not. This could also be extended to visiting homes in the community for those who have transitioned with due regard to privacy issues. It was surprising to learn of the very limited engagement in this sphere even within the same organisation.
* While there were frequent references to skill mix and new roles and responsibilities for staff working in the community there was very little mention of staff competencies. Developing staff competencies for community roles may be beneficial in providing a framework that can be used in recruitment and performance management and assist in continuing to move staff along the continuum toward fully accepting transition and supporting residents to live a life of their choosing. The NDA has done some previous work in this area (NDA, 2018a and 2018b).
* An examination of the administrative aspects of regulatory compliance required in community residences may be warranted. A question to look at is whether the philosophy of living ordinary lives in ordinary places is commensurate with the administrative burden required to meet regulations.
* This study brings to the fore the importance of providing high quality person-centred supports. The roll-out of the National Framework for Person-Centred Planning (Gadd and Cronin, 2018) and the Quality Framework to support persons with disabilities to achieve personal outcomes (HSE, 2018b, unpublished), throughout disability services could offer management and staff support in improving and maintaining high quality supports for residents.

1. <https://www.hse.ie/eng/services/news/media/pressrel/transforming-lives-programme.html> [↑](#footnote-ref-1)
2. Note that approximately 132 residents now live in with less than 10 other residents. However the centres they live in continue to be identified as congregated on the basis that the residents remain in the original setting that does not effectively support community living and inclusion**.** [↑](#footnote-ref-2)
3. The NDA’s Moving In study will be published during 2021. [↑](#footnote-ref-3)