



**Growing Potential**

**Impact Evaluation of the**

**Home from Home**

**&**

**Home Based Services**



**ARDAOIBHINN**

## Contents

1	Introduction and Overview .....	3
2	Evaluation Methodology.....	4
3	General Overview .....	5
4	Evaluation of Home From Home .....	7
4.1	Project Initiation and Roll out .....	7
4.2	Host Family Recruitment .....	7
4.3	What the Host Families had to say .....	7
4.4	Host Family Assessment.....	8
4.5	Training for Host Families .....	8
4.6	Support for Host Families .....	8
4.7	What the Service User Families Had to Say .....	9
5	Home Based Service.....	11
5.1	Project Initiation and Roll out .....	11
5.2	Staff Training .....	12
5.3	What the staff had to say.....	12
5.4	What the Service User Families Had to Say .....	13
6	Alignment to best practice as Indicated in the document.....	14
7	Alignment to the HIQA National Standards (2013).....	16
8	Conclusion.....	18
9	Recommendations .....	19

# 1 Introduction and Overview

Ard Aoibhinn is run by a voluntary company An Breacadh Nua (The New Dawn) established in 1995. The Board is elected annually and consists of parents and friends of Ard Aoibhinn Services. It is supported by a professional team of over 100 staff members in addition to a range of voluntary workers, Fas workers, student nurses, social care students and visiting professionals from the Health Service Executive e.g. Speech/Language Therapist, Physiotherapists, Occupational Therapists and Psychologists. All combine to create a multi-disciplined team caring for their clients in a modern, happy, friendly environment.

The overall policy of the organisation is to provide services for people with special needs in whatever way is best suited to their abilities and to raise awareness about disability within the wider community.

Ard Aoibhinn provides Residential, Respite and Day Centre services to people with Autism and Intellectual disability.

Monalee Training and Consultancy have been engaged to evaluate two pilot projects 'Home from Home' and 'Home Based' respite services undertaken by Ard Aoibhinn Services, Wexford. Both pilots commenced on September 2011 and ended on September 2012.

**Home from Home** is a pilot initiative where host families are chosen following a comprehensive screening and training to offer respite breaks in their home to children with disabilities. The programme is supported by a dedicated team of professionals and involves on-going monitoring and assessment.

**Home Based** is pilot project where trained staff from within the Ard Aoibhinn Services are assigned to work within the home of the child with a disability thus providing both respite and family supports in the home setting.

## 2 Evaluation Methodology

The methodology employed in this evaluation included the following:

- A desk based literature review.
- A review of all paperwork provided by Ard Aoibhinn Services.
- Consultation with a number of stakeholders including Ard Aoibhinn management and staff, parents of people with intellectual disabilities, respite care providers.

An impact/outcome evaluation method was used which focuses on whether the pilot projects met nationally recognised best practice and identified performance indicators. These outcomes were based upon those developed in:

*'Towards Best Practice in the provision of Respite Services for People with intellectual Disabilities and Autism'* (Brian Merriman MLitt and Dr John Canavan) Child and Family Research centre, School of Political Science and Sociology. NUI. Galway.

Merriman & Canavan established that principles of best practice in the provision of respite care were:

1. That respite services be person-centred and family-centred;
2. That respite services be provided on a rights basis;
3. That respite be defined as a support service and regarded among a system of support services;
4. That there be a single point of access to respite care services in a given administrative area.
5. That respite services be designed in consultation with families in acknowledgement of their expertise in providing care;
6. That respite be designed to facilitate the service user in building relationships in their community;
7. That respite services be age-appropriate and develop as the service user develops;
8. That respite care services have clear goals and that systematic and regular review to ensure achievement of those goals.

In addition, the evaluation was also aligned to the HIQA National Standards Document. (2013)

### 3 General Overview

It is widely acknowledged that parents, siblings and carers of children and adults with intellectual disabilities and autism report significant challenges and stressors related to the level of support required by their loved ones. The lack of availability of services adds to the difficulties experienced by families. For services operating within the sector, the current economic climate is having a major impact on the ability to sustain the existing level of services or develop any additional projects.

Respite breaks offer the families support with the care of their loved ones and can often provide the only break that they get from the normal daily routine. The most important elements of respite break services are that they facilitate a positive opportunity for people with disabilities to interact outside of their normal family circle. It can also afford both clients and their families a degree of independence and an opportunity for positive change.

Traditionally respite breaks were provided by residential services making a space available within their facilities for an agreed period of time. While this model offered people a badly needed respite, the provision of host family services as a more recent model offers a much higher level of diversity for children and their families. There is also the possibility of making new friends, exploring community based activities but with the security of a home away from home environment.

Ard Aoibhinn Services identify and support the need for both types of service provision in order to offer the best possible menu of choice for people with disabilities within their catchment area. It is the aim of Ard Aoibhinn to facilitate individually focused services in every situation possible.

In order to address the identified deficit in the above service provision, Ard Aoibhinn Service made a successful application to Chuck Feeney's Genio Trust for innovative projects in mental health and disability services and in particular for enhancing family support and respite services for children with intellectual disabilities and/or Autism and their families. A grant of €66,000 was secured.

The key activities of the project were set out in the Genio grant application. These activities included the development of policies and procedures around the assessment and approval of suitable families, training and on-going support for host families, Training home based respite staff, prioritisation and assessment of need, the establishment and management of governance and management systems.

Governance for the project was undertaken by the Board of Management of Ard Aoibhinn Services. A steering group was established and met on a regular basis to monitor and evaluate the project.

The Genio funding was directed at increasing the provision of cost effective, family and community based short-breaks for people with disabilities or mental health difficulties and at enabling this group of people to move out of large institutional settings.

The grant was used to expand services and to develop volunteer host family and home based respite schemes throughout Co. Wexford alongside their existing residential, after school and Saturday respite services.

It was planned that these new service models would initially be provided to an identified group of ten children within the one-year timeframe of the project. Preparatory training, support and expenses were to be provided as part of the initiative.

## 4 Evaluation of Home From Home

### 4.1 Project Initiation and Roll out

Five children were identified as being suitable for the Home from Home Service. A service was delivered to 4 of the 5 children over the period of the pilot. The remaining assessed child did not receive a service due to complex physical support needs related to peg feeding and a higher dependency of medical care.

It is anticipated that through the matching process, a service will be offered to this child in the future.

### 4.2 Host Family Recruitment

In order to recruit suitable Host Families for engagement with the programme, an advertisement campaign was undertaken by Ard Aoibhinn services. Following an initial application process, those families still interested were invited to complete an application form and to undergo an extensive vetting and training process involving all members of possible host families.

All family members over 18 years old were obliged to undergo Garda vetting prior to being deemed suitable for participation.

### 4.3 What the Host Families had to say

The feedback from host families was overwhelmingly positive with people reporting the development of good friendships. Families felt that involvement in the programme had been a total win, win situation for all, with their own children gaining as much from the experience as those children who were in receipt of the respite service. One respondent noted *“this has been a fantastic experience for my children who have now developed an understanding of what exactly Autism and Intellectual Disability are”*.

In a similar vein another family respondent reported that there was a degree of anxiety expressed by a family member of theirs. On first hearing of their intent to engage with the programme they posed questions like *“will that person be running around the house naked and will they be shouting all the time”*

The respondent feels that the programme has been amazingly effective at dispelling common myth and that her family member had learned and developed personally by their family involvement.

#### **4.4 Host Family Assessment**

The assessment and vetting process was reported to have been rigorous and comprehensive. All respondents felt the system and staff involved were professional, efficient and effective. People felt supported throughout the process and communication and information available was reported to have been excellent.

#### **4.5 Training for Host Families**

In general host families felt that the training delivered over a six week period was excellent. Some host family members work within the Intellectual Disability Services and it was generally felt that they had a slight advantage over others engaged with the programme.

One respondent felt that while the training was comprehensive that an extension by two nights would have allowed more time for general discussion around the topics covered.

Some respondents felt that a day spent in Aleana House prior to completion of the training would have been advantageous, by having an opportunity to shadow a staff member and gain hands on experience.

#### **4.6 Support for Host Families**

All family respondents, where a child had been placed, noted that the support systems in place were excellent with always available access to either, the CEO, Social Worker or Nurse Manager. This was a strong positive element of

feedback from host families and the availability of senior staff was a major factor in people feeling both supported and valued in their roles as respite providers.

For families who underwent the vetting and training process but where no placement was secured during the programme, it appears that communication and information could be improved upon. It was reported that having invested the time and commitment to the process that families in this situation were unhappy with the outcome.

#### 4.7 What the Service User Families Had to Say

Overall the families of children were very satisfied both with the service itself and with the level of support provided. Among the biggest benefits identified was that the services were provided in a normal home setting surrounded by other children and all the normal activity of an everyday family setting. The families had faith and trusted the host families to care for their children during the period of respite. As one mother put it:

*'I was given my life back. The service was so good that I forgot that I had children when my boys left'.*

Additional positive aspects reported were that the service is totally confidential and professional. Even though a host family in one case had been working with the child with another service provider and both families knew one another very well, the complete vetting, assessment and training process was undertaken. This gave the reassurance that the service was individual, professional and inclusive.

Families were very happy with the home from home type setting where they felt their children were "safe and secure". It was noted that respite care settings should be "appropriate and knowing that their children were "happy" when attending, encouraged them. As one parents put it:

*"I was a bit anxious initially but have now totally relaxed. I am surprised at how independent my child actually is which is great for me really"*

Most respondents felt very well informed and reported that they had been fully included in the development of the programme.

The fact that the service was found to be both consistent and reliable were two elements that were reported to be vital to the positive feedback from the majority of families and clients.

However, one respondent noted that while the level of available flexibility with the service was a positive thing in her opinion, she found it difficult to explain this to her child who perceived any change to plans as a rejection, regardless of if the changes were initiated by the family or service provider.

## 5 Home Based Service

### 5.1 Project Initiation and Roll out

The 'Home Based' respite service is a support service provided by Ard Aoibhinn staff within the child's own home or in the community. An activity programme is drawn up in partnership with the child and their family and is based on their individualised and assessed and agreed support needs.

The referral pathway to this service is via the HSE Liaison Nursing Service or Disability Social Work Team.

The criteria for the provision of this service were as follows:

1. Where a child has no other service available and is assessed as having a high priority.
2. When specific ring fenced funding becomes available for a specific child or family.

Initially 5 children were identified as meeting the criteria for the programme. All of the 5 identified did receive some degree of service during the programme. It was noted that initially it was felt that some of the hours allocated were utilised on travel to and from the home and on undertaking the administration elements of the job. This was resolved by families being then allocated a specific number of direct contact hours.

Prior to the commencement of the project families were interviewed in order to explain the plan and discuss and identify their needs. This was followed up by a home visit to each family where the overall objectives of the project were described in detail and any queries addressed. All 5 identified families expressed an interest in participation the project. All prospective children were met and consulted. A desk based review of their files was also undertaken.

There were a number of minor difficulties identified during the initial phase of the Home Based pilot initiative including:

1. The need for provision of a dedicated staff sleeping area
2. There was a guidance document provided for staff but not for family members.
3. Families were made aware that this was a professional service dedicated to a named service user and not a person available to look after other children or engage in other work within the home.

These issues were resolved as time progressed.

## 5.2 Staff Training

Staff members who are engaged with the Home Based initiative undertook a specific training programme including:

- Health and Safety Training
- Risk assessment and management
- Reporting and recording training
- Child protection
- SAMS Safe administration of medication (If required)
- First Aid
- Home base respite agreement training
- Lone worker management systems training
- Transport policy and information
- Communication techniques
- Behaviour management
- Dealing with emergencies

## 5.3 What the staff had to say

In general, staff members were very positive and enthusiastic about the project. Some initial teething problems were identified in relation to family expectations, staff support and staff health and safety. These were normal teething problems and all issues have now been resolved with appropriate policies in place.

As the project progressed staff members reported that systems were improved upon and tightened and that policy and procedure documents were developed and fully implemented. Policy and procedure documents for this initiative were aligned to the general good practices, policies and practices of Ard Aoibhinn services.

Staff reported that they felt supported at all times. Supervision was described as informal but effective.

While it is acknowledged that training and supports were good, some possible improvements were suggested and these have been included in the recommendations section of this document.

## 5.4 What the Service User Families Had to Say

All Home Based families that responded reported that this is an essential service which has had a very positive impact on the lives of their loved ones and also on other members of the family. Families in general felt well supported, included and informed.

Staff members were reported to be efficient and professional at all times. The backup support available from social work was noted by a number of respondents to be exemplary with a willingness to go far in excess of the call of duty to meet the needs of the children.

The initial assessment process was reported to be very comprehensive with great attention to detail and protocol. It was reported that great attention was also given to ensuring family inclusion.

The service was deemed to be client-centred and goal focussed. Community engagement where possible was encouraged.

The support offered to families by nursing management at Ard Aoibhinn was singled out for special praise:

*“They are always there with a reassuring voice and plenty of good advice”*

Some respondents initially found it unusual to have a non-family member staying in the home but all reported staff to be professional and as un-intrusive as possible. After time the initial strangeness appeared to have vanished as both parties reported becoming more relaxed.

This programme was reported by respondents to be flexible and supportive in so far as possible to facilitate family events or appointments. Changes were reported to have always been facilitated where possible.

## 6 Alignment to best practice as Indicated in the document

*'Towards Best Practice in the provision of Respite Services for People with intellectual Disabilities and Autism' (Brian Merriman MLitt and Dr John Canavan)  
Child and Family Research centre, School of Political Science and Sociology. NUI.  
Galway.*

This section matches the responses from the key stakeholders interviewed to the principles of best practice in the provision of respite services for people with intellectual disability and autism as developed by Merriman & Canavan.

### **1. Was the services person-centred and family-centred?**

Client families reported that the services provided were client-centred and that families were consulted and involved at all times during the process.

### **2. Were services provided on a rights basis?**

The rights of all potential clients were considered throughout the process. Consideration was given to the wishes of clients and their families around what type of service provision suited best and would yield the best outcome for the client.

### **3. Was the service defined as a support service and regarded among a system of support services?**

Both Home Based and Home from Home were considered to be support services to both children and families. The services were seen to be part of the system of available support services within the greater Ard Aoibhinn structures.

### **4. Was there a single point of access?**

There was a single point of access to service through a referral and multiagency committee approach.

### **5. Was there consultation with families in acknowledgement of their expertise in providing care?**

Client families all reported inclusion in the design delivery and evaluation of the programmes. There was a very high level of family satisfaction.

**6. Was the service designed to facilitate the service user in building relationships in their community?**

Both Programmes were based around exploring community interaction and access with Home from Home placing children with host families in the community and Home Based providing staff to enable children where possible to access and engage in community activities.

**7. Were the services provided age-appropriate?**

Yes, services were age appropriate and great effort went into child to host family matching, monitoring and evaluation.

**8. Were there clear goals and that systematic and regular review ensure achievement of those goals.**

Individual programmes and goals were set for each child. There was a dedicated senior staff member allocated for monitoring and evaluation of both projects.

## 7 Alignment to the HIQA National Standards (2013)

This section assesses both the Home from Home and Home Based projects against the HIQA National Standards. The HIQA standards are organised under eight themes as follows:

### 1. Individualised Supports and Care

Home Based and Home from Home both meet the standard by placing the child at the centre of all that they do. Access to services is by means of an impartial and committee based multiagency assessment group. Families are supported throughout the process and fairness and client rights are at the centre of both projects. A dedicated Social Worker is available outside of the assessment group to advocate on behalf of clients and families.

### 2. Effective Services

Home Based and Home from Home both meet the standard by considering the best available care and respite option for each child receiving the service. An individualised care planning approach is employed to ensure best outcomes.

### 3. Safe Services

Home Based and Home from Home both meet the standard by providing staff and host families with comprehensive role specific training. A home visitation and vetting process was on-going throughout the project. Senior staff from Ard Aoibhinn were available at all times to support staff, families and clients.

### 4. Health and Development

Home Based and Home from Home both meet the standard by engaging in an on-going process of assessment, evaluation, plan implementation and evaluation of the programme. Each client was assessed and known to the service in order to develop a health and development plan prior to the commencement of the programme.

### 5. Leadership Government and Management

Home Based and Home from Home both meet the standard by be aligned to Ard Aoibhinn services in relation to Policy, Procedure and Practice. Leadership for both projects was provided by the senior management team of the organisation in order to ensure best practice and a high standard of governance.

## **6. Use of Resources**

Home Based and Home from Home both meet the standard by applying for and successfully being granted stand-alone funding for the projects. Organisational accounting and management standards were applied at all times to ensure value for money. The organisation has reported that the funds acquired were used exclusively for the delivery of high quality and client-centred supports.

## **7. Responsive Workforce**

Home Based and Home from Home both meet the standard by providing a high standard of training and support to all staff involved in the projects. A number of the staff employed within the projects already work and are highly skilled in the Intellectual Disability Sector.

## **8. Use of Information**

Home Based and Home from Home both meet the standard by applying an effective assessment process using all available information to deliver, monitor and manage the services. The plan for the service ensured involvement of both the client and their families.

## 8 Conclusion

- a) In general both the Home Based and Home from Home Programmes have been well received and reported to have had a very positive impact on the lives of the client group in receipt of the service and their families. The benefits appear to have been two fold in that the children gained greatly by improved community access, increased independence and an opportunity to engage with other people in a normal setting - doing everyday things in everyday places. Host families reported a very positive experience involving the forging of new friendships, learning about some of the issues and prejudice surrounding disability from the clients and their families.
- b) Ard Aoibhinn displayed a high degree of professionalism in the planning and delivery of the programmes, with the ability to be client-centred, goal focused and flexible.
- c) The alignment to the policy and procedure documents of Ard Aoibhinn is a positive development and will ensure a high degree of safeguarding and governance in future projects.
- d) The availability of high level supports to those engaged in the projects was a major benefit.
- e) Staff reported good levels of support and good training and information.
- f) Any problems encountered were handled professionally and the systems were flexible enough to allow adjustment and change.
- g) The recruitment, assessment, vetting and monitoring of host families and staff was of a very high standard.
- h) The training offered was comprehensive. It was professional and allowed for on-going support systems.
- i) Both the Home Based and Home from Home projects met the recommendations for best practice in respite service provision and the HIQA national standards for residential services and respite.

## 9 Recommendations

The following sections sets out a list of recommendations based upon the review findings.

Rec 1 Formalise risk management for people providing the Home Based service into the future.

Rec 2 Formalise supervision and debriefing for staff. These sessions should be formally recorded and signed off.

Rec 3 Introduce peg feeding instruction for staff or families where required.

Rec 4 Maintain regular communication with families where no placement is made or where a placement is delayed or pending.

Rec 5 Consider the extension of future training sessions to allow more discussion time for participants.

Rec 6 If required explore the possibility of the inclusion of host families in an element of some formal training with Ard Aoibhinn