



Participatory Action Research (PAR) Ideas for Action 2012

Executive Summary



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Prepared by:
Ruth R. Armstrong, MBA
Sandi Trillo
www.vision-management.ca

Introduction

In 2011, PHSS initiated the agency's fourth Participatory Action Research (PAR) process. This PAR process focused on evaluating the extent to which PHSS is fulfilling its mission:

Participation House supports individuals with developmental disabilities and/or complex physical needs to live in their own homes, participate in community and enjoy life with family and friends.

Findings from the PAR process were synthesized in the report "Perspectives – Individuals, Families & Community. Participatory Action Research 2011-2012" (under separate cover). The PAR Committee established by the PHSS Board steered the PAR process and made recommendations to the Board.

The report **PAR Ideas for Action 2012** is informed by the Perspectives Report and contains the PAR Committee's recommendations. It also contains 10 individuals' stories illustrating life at PHSS; agency accomplishments since 2009; and organizational data tracking changes and progress over the years.

Agency Accomplishments

The consultations with individuals, families, and staff during the 2011-12 PAR process indicated that there is much to celebrate at PHSS. Stakeholders' perspectives confirmed that the organization is fulfilling its mission and strategic directions.

- **Individuals' experience of 'meaningful supports'**
A new Meaningful Days/Social Role Valorization Committee was established in 2009-2010. Staff are trained to assist individuals in creating meaningful roles and connecting individuals to activities that are meaningful to them.
- **Power to the People Advocacy Group**
This group was established in 2009 and membership has grown to 13 members. Its members are developing skills in a variety of areas (e.g. meeting management). The group receives some staff support and has identified areas for advocacy related to individuals' needs.
- **Communication innovations**
PHSS has been focused on developing individuals' communication capacity. Various communication tools (e.g. All About Me Books, Remnant Books, visuals, iPads, and PhotoVoice) are expanding the ways individuals connect with staff, their families and others in the community.

- **Medical support provided and relationships with medical community**
Families commented on the quality of medical care available to their family members – e.g. medical supports provided at home by qualified staff; physicians who do home visits; and staff staying with individuals throughout their hospital stays.
- **Staff commitment, development and certification**
Staff are seen by families as highly committed; families acknowledged the high quality of care provided and the close relationships their family members have with staff at PHSS. PHSS has supported staff's professional development and the quality of staff continues to improve. Since 2009, 5 staff have graduated from the DSW apprenticeship program and additional staff members are enrolled.
- **Homes**
A sense of home, ownership and pride was evident in the PHSS homes visited. The homes reflect individuals' personal tastes and are designed to accommodate those with mobility limitations. Individuals' homes are updated to accommodate changing needs.
- **Transportation**
Access to transportation affects individuals' ability to participate in the community and enjoy life with family and friends. In response to requests and concerns identified in previous PAR processes, PHSS has invested resources in this area.
- **Accreditation**
PHSS was successfully accredited by Focus Accreditation for a three-year period.

These accomplishments took place as PHSS continued to grow by increasing the number of individuals supported, homes, staff and programs.

Recommendations

The information gathered throughout the process suggests that PHSS should 'stay the course'. The work ahead relates to deepening the approaches that are delivering results and build on progress made. Recommendations relate to three issues that emerged from the consultations: meaningful days, communications, and relationships.

Design and Deliver More Meaningful Support

1. **Staff:** continue to focus on and experiment to find creative opportunities at home and in the community that are personally meaningful to individuals. Continue to offer meaningful support training to all staff.
2. **Measurement:** develop a process to track, monitor and share/celebrate meaningful support opportunities. Define quality of life and identify indicators that can be tracked and monitored to demonstrate accountability to families and funders.

Strengthen Communications

1. Individuals: continue to experiment with new technologies and approaches to expand individuals' communication capacity to make their needs known, have their voices heard, and participate in the community.
2. Families: evolve communication approaches to match the changing needs of aging families.
3. Intra-agency: make better use of technologies to increase communication efficiency and strengthen connectedness throughout the agency.
4. Externally: communicate PHSS' and individuals' stories more broadly to expand awareness of, and support for, PHSS' work as well as awareness of London as an accessible, inclusive community.

Build Relationships

1. Individuals, families and friends:
 - Continue to invite families, including siblings, and friends into the PHSS community
 - Continue to engage families and friends in discussions of how to create meaningful supports for individuals.
2. Family to family:
 - Engage families to get more feedback on what is important to them
 - Build community among families – those supported at PHSS, in the community and waiting for service.
 - Bring together families to advocate for respite and other needed services.
3. PHSS and staff:
 - Continue to hire staff whose values align with PHSS' and who meet the required employment/skills standards.
 - Continue to value, engage, retain and develop quality staff.
 - Continue with the Core Competency program
4. PHSS and other agencies:
 - Continue to learn from and share best practices and innovations with others
 - Ensure communication points and processes are clearly established.
5. PHSS and the medical community:
 - Continue to engage and celebrate those members of the medical community who have made an effort to support the needs of individuals living at PHSS.

Conclusion

PHSS' continued commitment to this process illustrates the value the agency places on reflection, evaluation and continuous quality improvement. For PHSS the intensive process provides an opportunity to really focus on the impact of the work being done as seen through the eyes and lives of individuals supported by PHSS.

Each round of PAR has been supported by a committee comprised of board members and volunteers. These individuals play an active role in the process and it provides them with an opportunity to connect with individuals supported by PHSS, their families and staff. This gives committee and board members a tangible sense of, and appreciation for, the work being done at PHSS. For those who are volunteering, it is a helpful reminder of what's really at stake and what is sacred at PHSS.

The majority of individuals who have participated over the years have enjoyed being the focus of attention – they share their stories, lives and homes with pride. When the process has surfaced areas of concern, PHSS has been responsive and taken action. Past recommendations have guided the agency's activities and focused staff's attention on addressing specific issues.

The recommendations identified in **PAR Ideas for Action 2012** have been integrated into PHSS' **Strategic Plan 2012-2015**.

Appendix A: PAR Process

For the 2011-2012 process, the PAR Committee focused on assessing how well PHSS is fulfilling its Mission: ***Participation House supports individuals with developmental disabilities and/or complex physical needs to live in their own homes, participate in community and enjoy life with family and friends.***

As was done in previous PAR processes, a variety of people with diverse perspectives were engaged. The engagement processes included:

- Individuals – ten individuals were selected/invited according to several criteria. A new feature was added in 2012: individuals used photo storytelling to enrich their ability to communicate their perspectives.

The consultant conducted face-to-face interviews. Present at these interviews were: family members (if available); a Board or PAR Committee member; and at least one staff member. Most individuals seemed to enjoy the interviewers' attention and participated as they were able to. Family members appreciated the opportunity to share their points of view.

Every individual and family member was asked to sign a consent form prior to the interview. Individuals and family members who attended the interviews were given stamped, addressed envelopes to be sent to the consultant if they wanted to add any other information anonymously (none were received).

- Families – in-person interviews of family members connected to the 10 individuals were conducted; online and paper surveys were completed by 35 family members.
- Friends and Community members – telephone interviews were conducted with friends and community members connected to the 10 individuals and to a couple of other individuals supported by PHSS.
- Advocacy Consumer Group – two representatives from the advocacy group *Power to the People* participated in a focus group.