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Centre for Disability Studies

AN AFFILIATE OF THE UNIVERSITY OF SYDNEY

STAR FRAMEWORK EVALUATION

Social and community	Disability

PREPARED FOR AGEING, DISABILITY AND HOME CARE, FAMILY AND COMMUNITY SERVICES

Centre for Disability Studies

Affiliate, University of Sydney

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EXECUTIVE SUMMARY

The Centre for Disability Studies, an affiliate of the University of Sydney was contracted by the NSW Department of Family and Community Services (FACS) to evaluate the Specialist Training and Resource (STAR) Framework. The STAR Framework was developed by the Statewide Behaviour Intervention Service (SBIS) and aims to support individuals with disability and complex support needs to achieve personally meaningful outcomes. The Framework also attempts to build staff and system capacity to support these individuals through the provision of intensive training, mentoring, coaching, and other capacity building activities within the service support setting.

This report presents the evaluation of the STAR Framework. The key evaluation questions addressed the fidelity of the STAR Framework, the ability of the STAR Framework to enhance Quality of Life for people with disability, the impact of the Framework upon supporter and system capacity, the barriers and facilitators to the success of the Framework, and the transferability of the Framework to the NGO sector. Included in this report is a background on the STAR Framework itself, the methodology of the evaluation, primary and secondary data and analysis, answers to key evaluation questions, and recommendations for the future of the STAR Framework.

Secondary data for client participants in the evaluation were collected by members of the STAR team and were analysed both quantitatively and qualitatively by the evaluation team. The primary data were directly collected by the evaluation team using a multiple case study approach and focus groups. Each of the four case studies carried out examined the STAR experience for one client and included cluster interviews with key stakeholders in the client's support system. The two focus groups addressed the overall functioning and systems of the STAR Framework and were conducted with STAR clinicians and FACS Clinical and Innovation Governance management. The three types of data: secondary clinical data, primary case study data, and primary focus group data, were used to address the key evaluation questions.

Findings from secondary and primary data suggested that the structure STAR Framework appeared to be followed in practical implementation. Quality of Life of clients improved under the STAR Framework. Staff capacity was built through participation in the STAR Framework's trainings, intensive coaching, and mentoring sessions. System capacity was also built to some degree through STAR Framework participation. Barriers to the success of the Framework included high staff turnover and organisational issues. Findings also suggested a need for more support for organisations, staff, and clients following the completion of the Framework and the cessation of STAR involvement. Facilitators to the success of the Framework included the collaborative approach of the STAR team, the clear and consistent structure of the Framework, and the intensity of the coaching and training offered. The transfer of the Framework to the NGO sector was determined to be possible provided the significant investment of time and resources required by the STAR Framework were made available.

Recommendations for the future of the STAR Framework included organisational readiness strategies, the extension of the STAR timeframe, family capacity building, accreditation of STAR training, the dissemination of the STAR Framework on an international stage, the development of targeted measures, and the establishment of a community of practice.

SECTION 1: BACKGROUND INFORMATION

THE STAR FRAMEWORK

Information regarding the structure and aims of the Specialist Training and Resource (STAR) Framework was obtained through collaborative evaluation planning sessions, on-going communication with the STAR team via phone and email, and the STAR Outcome Measurement Framework and Operations Manual (Version Two).

STAR is a component of the Behaviour Support Future Plan for Stronger Together 2 by Clinical Innovation and Governance (formerly, Office of the Senior Practitioner), Ageing, Disability & Home Care (ADHC). STAR was established as a new team within the Statewide Behaviour Intervention Service (SBIS) in 2011 with the focus of: supporting individuals with disability and complex support needs to achieve personally meaningful outcomes, staff capacity development for emerging ADHC specialist areas, system capacity development for supporting people with complex behavioural support needs not met by mainstream disability service models.

STAR was established as a dedicated resource to focus on emerging specialist areas requiring more intensive capacity development than what is ordinarily provided by other clinical teams within the ADHC system. STAR aims to achieve measurable client outcomes (for specified individuals with a disability and those in their support network) by enhancing the skills and capacity of those in the service system in areas that relate directly to an individual's person-centred plan, goals and identified behaviour support needs.
In collaboration with existing support systems, STAR delivers targeted training and provides specialised and targeted mentoring and coaching (via interactive training) to individuals and their carers, NGOs, and ADHC service providers. Each capacity building activity or event is directly linked back to a specific individual and support is tailored around that person's needs. This differs from the non-client specific training that is often delivered by the other SBIS teams on particular topic areas.

Individuals are supported by the STAR team using the STAR Framework when there are support and skill development needs in area/s that are complex and where pre-existing "business as usual" clinical work options have been sought but have not proved successful.

DEFINITIONS

CLINICAL INNOVATION AND GOVERNANCE:

Clinical Innovation and Governance provides practice leadership for therapy and behaviour support services and delivers a range of specialist services, policy and research, and practice improvement for services to clients with complex needs.

INTEGRATED SERVICES PROGRAM:

The Integrated Services Program (ISP) is a joint initiative between Ageing Disability and Home Care (ADHC), NSW Health and Housing NSW that fosters improved life outcomes for people with complex support needs in the Sydney metropolitan area.

The ISP is a specialist service which coordinates a cross-agency response to a limited number of adults who have been identified from across the NSW government Human Service agencies as having complex needs and challenging behaviour. The ISP aims to reduce the associated cost to the service system and community, and contribute to the evidence base for supporting the target group to live effectively in the community.

Clients of the ISP are adults with multiple and complex needs who have had significant barriers accessing coordinated cross-agency responses. These client typically have one or more of the following; intellectual disability, brain injury, mental illness, mental disorder and/or psychosocial factors. The ISP consists of a range of time limited intensive services including; comprehensive assessment, behaviour and therapeutic support, supported accommodation and case coordination.

STATEWIDE BEHAVIOUR INTERVENTION SERVICE:

The Statewide Behaviour Intervention Service (SBIS) is a specialist service within the Clinical Innovation & Governance (CIG) Directorate of NSW Ageing Disability and Home Care (ADHC), Family and Community Services (FACS). SBIS provides person centred behaviour support to enable quality outcomes for people with disability across the state.

SBIS provides support to people with disability and complex behaviour support needs, their families, those in their support networks, and associated support services (government and non government). Our local partners come from a variety of disciplines and have varying levels of experience.

SBIS provides support to address behaviours of concern; plan within complex systems; decrease risk of placement breakdown; improve health and well-being and increase capacity within the service system. We do this through four main areas of work:

- Individual behaviour support (primary, secondary, and tertiary support)
- Information and training
- Research and development
- Systems consultation and review

THE STAR PHASED MODEL

There are three phases of support that the STAR Framework provides. It is expected that the first two phases of support are completed within six months.

PHASE ONE - ACQUISITION OF SKILLS AND KNOWLEDGE

It is during this phase that agreement of involvement, consideration of staff attrition and commitment from service support organisations' management and decision makers is attained. The acquisition of skills and knowledge is a two way process through which a shared understanding of the presenting strengths and challenges faced by the person and their support network is established. In this phase the quality of life domains impacted upon by the person's behaviours of concern and which are personally meaningful are identified to inform selection of measurement strategies. Working in partnership, STAR develops and delivers tailored interventions that focus on achieving positive outcomes for the person, his/her supporters, and the service system. The objectives (short-, medium- and long-term) of intervention are agreed upon and documented. In this phase a clinical assessment is conducted, baseline measures are carried out including a Quality of Life questionnaire and interviews with the person with support as required. Outcome measurements are then established outlining goals and priorities for the individual supported.

The support system around the individual (e.g. support staff, therapists, family) and, if appropriate, the individual themselves complete an assessment on knowledge and confidence in relation to the supported individual's experiences, needs, and behaviours. A series of workshops or training events for the support system is then tailored and delivered by the clinicians to increase knowledge and confidence.

A procedural reliability assessment is carried out to ensure that the support system around the individual and, if appropriate, the individual are ready, in terms of the acquisition of knowledge and confidence to move on to the implementation the Framework (Phase two). In order for transition to occur the participants must be deemed competent (i.e. minimum 75%) in their acquisition of skills and knowledge. Provided that procedural reliability is found to be adequate, Phase Two of the implementation plan is developed in collaboration with the individual and their support system.

PHASE TWO - APPLICATION OF SKILLS AND KNOWLEDGE

This phase attempts to implement the content provided in Phase One. The STAR clinician provides guidance and support to the individual and his or her support system to ensure transfer of skills and knowledge into practice. This may include role plays, peer learning, video feedback, or coaching.

At this phase, the STAR clinician considers strategies (e.g. establishing a community of practice and identification of champions within the support system) to ensure the sustainability of the intervention. The development of "champions" within the support system aims to increase the likelihood that skills are retained through the maintenance phase of support.

The goals and priorities of the individual supported are as well as the outcome measurements are reviewed to determine whether transition to Phase Three is appropriate.

Evidence should be available that the individual and the support system are moving towards goals and are ready to enter the maintenance phase. Medium term outcomes should have been achieved by this point.

PHASE THREE – SUSTAINABILITY OF CHANGE

This phase is intended to ensure the maintenance of positive change. During this three month phase, the key activity of the clinician is to monitor progress towards agreed upon goals and outcomes. This phase is concerned with evaluation of the STAR Framework's effectiveness and the progress towards long term goals.

Baseline measures are reviewed and the Quality of Life questionnaire is once again carried out. A final review of the goals and priorities and outcome measurements are completed. A closure report is completed including the identification of barriers and facilitators to success. Within two weeks of closure, a final evaluation survey is conducted with a key member of the support system staff as chosen by the client's service support organisation.

THE EVALUATION OF THE STAR FRAMEWORK

The first iteration of the STAR Framework was established in January 2013. It was determined that an evaluation should be undertaken to examine the efficacy of the model in achieving its intended outcomes, and to provide recommendations for the transition of the STAR Framework approach to the non-government support sector ahead of the full National Disability Insurance Scheme (NDIS) rollout. The procedures of this evaluation are outlined in Figure 1.

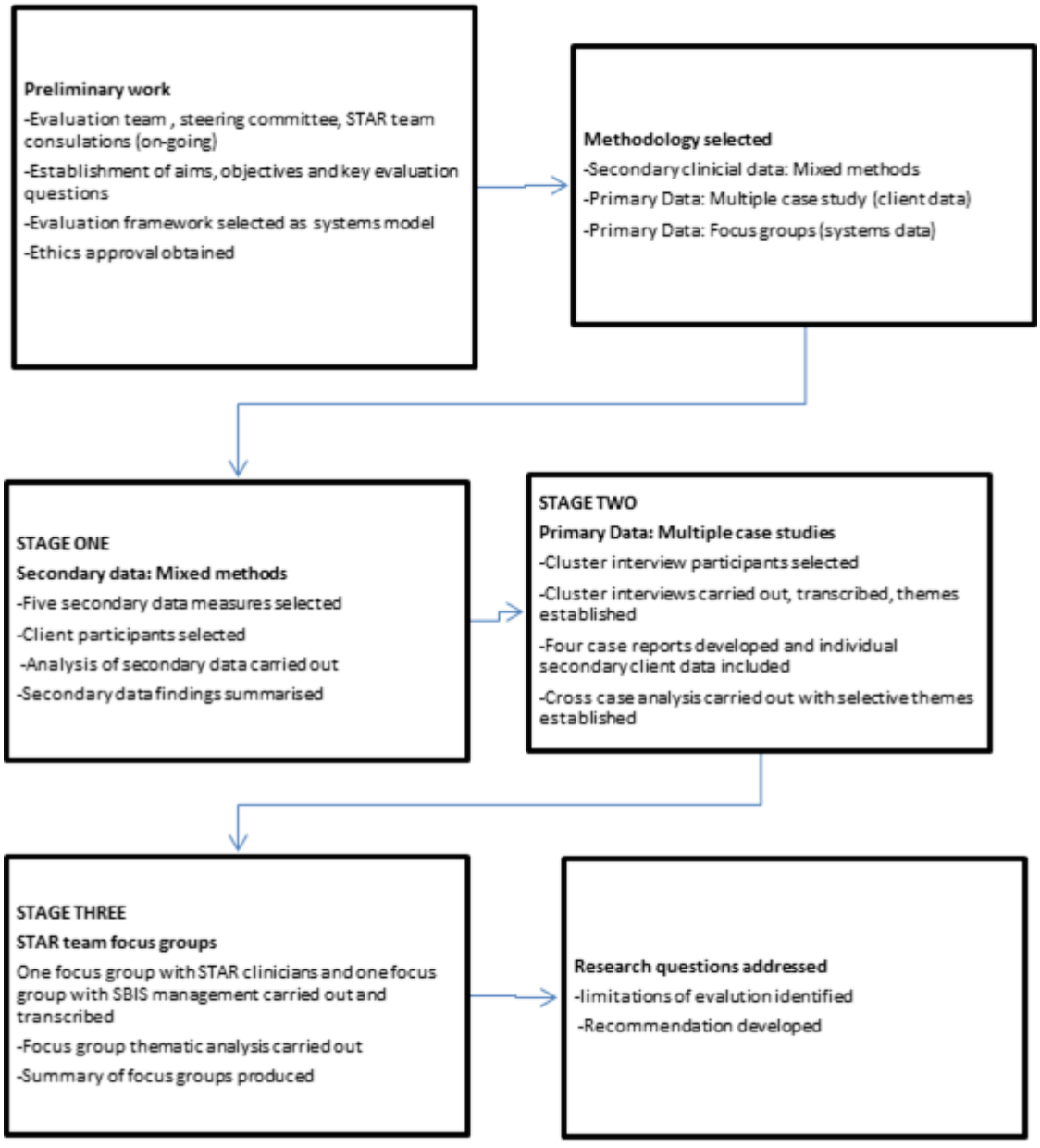

Figure 1: Procedures for Evaluation

PRELIMINARY WORK: DESIGNING THE EVALUATION

GOVERNANCE

The evaluation team was led by Professor Patricia O'Brien, and included Meaghan Edwards, Jemima MacDonald, Tomas Buratovich, Samuel Arnold and Arne Muller. The evaluation team and the SBIS team held regular meetings throughout the evaluation process to discuss the secondary data collection and the organisation of cluster interviews and focus groups.

The evaluation team consulted a steering committee made up of SBIS managers and external experts in evaluation and behavioural support.

AIMS AND OBJECTIVES OF THE EVALUATION

The aim of this evaluation was to focus on the efficacy of the STAR Framework in achieving its intended outcomes through the provision of a tertiary support team for people with high and complex needs. This was of particular importance considering that the disability support sector was going through significant change during the implementation of the National Disability Insurance Scheme.

The evaluation addressed the following Key Evaluation Questions (KEQs):

- To what extent has the STAR Framework been implemented in line with the Framework directions?
- To what extent has the implementation of the STAR model contributed to enhanced Quality of Life for people with disability who have complex support needs?
- To what extent has the implementation of the STAR model contributed to enhanced Staff /Carer capability to support people with a disability who have complex support needs?
- To what extent has the implementation of the STAR model contributed to enhanced service system capacity to support people with disability who have complex support needs?
- What specific barriers and facilitators contribute to or hinder the attainment of the STAR Framework's outcomes?
- To what extent is the STAR Framework transferable to the non-government service sector?

ETHICS

Ethics approval was gained from the University of Sydney Human Research Ethics Committee (HREC) in December 2015 in compliance with the National Statement on Ethical Conduct in Research Involving humans.

METHODOLOGY

It was determined that the key evaluation questions in a systems Framework were to be addressed via a mixed methods approach (Creswell & Plano Clark, 2011), utilising both quantitative and qualitative measures including multiple case study (Yin, 2014) and focus groups. The design involved three main elements:

1. Secondary clinical data: Mixed methods
The data that had been collected by the STAR team for client participants in the STAR Framework (since its inception in 2013) was referred to as secondary clinical data. This is due to the fact that it was not directly collected by the evaluation team. The de-identified data was sent to the evaluation team by the STAR clinical team. The data was analysed both qualitatively and quantitatively.

2. Primary data: Multiple case studies
Data collected by the evaluation team was referred to as primary data and would include multiple case studies examining the experience of specific clients who had been served by the STAR Framework. This methodology is considered to be useful for program evaluation and the examination of complex research questions (Yin, 2014). Each individual client case was comprised of cluster interviews with key support stakeholders and included client specific secondary clinical data.

3. Primary Data: Focus groups
In addition to case studies, primary data included two focus groups. The focus groups were designed to look at systemic elements related to the STAR Framework rather than client specific elements as examined in the multiple case studies. One focus group was held with STAR clinicians and one with members of Family and Community Services' Clinical Innovation and Governance Team management.

STAGE ONE
SECONDARY CLINICAL DATA: MIXED METHODS APPROACH

Secondary data collected by the STAR clinical team was rich and varied. For the purpose of aggregating data, conducting analysis and contributing to an overall evaluation, five relevant sources from the outcome measurements used by STAR's clinical team were selected:

- Closure reports (used to examine early exit reasons and provide explanations and client background where needed)
- Procedural reliability check (examining whether correct procedures in a phased model were followed)
- Survey with a client's key stakeholder or support person
- Quality of Life Data obtained through the Quality of Life Questionnaire (QOL-Q), Schalock, R.L. (1993)
- Staff Training self-assessments of (staff members' confidence and knowledge prior to and following STAR-designing training and workshops)

SECONDARY CLINICAL DATA: CLIENT PARTICIPANTS

According to clinical data received from the STAR team, 144 people have accessed the STAR team since 2011, 96 of whom accessed the STAR team prior to the implementation of the STAR Framework. A total of 48 individuals have accessed support connected with the STAR team since the establishment of the STAR Framework in 2013. Since 2013, the intention was that all clients who were accessing the STAR team would receive intervention through the STAR Framework, however this was not always possible. According to the STAR team's clinical records reasons for not utilising the STAR framework included changing client circumstances and lack of organisational readiness to take on the Framework within organisations. In addition, at times organisations requested training or short term clinical support only rather than the full intervention.

Inclusion of a client's clinical data in this evaluation required that the client's intervention was initiated after the implementation of the STAR Framework in 2013, that the client was over the age of 18, and that the client had completed or exited the STAR Framework by November, 2016.

Twenty-two individuals met these criteria. Eleven clients completed all three phases of the STAR Framework, one of the clients determined to have completed Phases One and Two of the Framework moved back to his home city during Phase Three. However, at the time of the evaluation, her home clinician was reported to be continuing to implement the Framework and assisted in developing it, and therefore the client was included in the evaluation. Eight individuals completed Phase One of the Framework, and three individuals exited the Framework prior to the completion of Phase One. The de-identified coding of the client numbers was provided by the STAR team to the evaluation team with the completed status of each client outlined in Table 1.

Table 1: Client number and completion status

Client Number	Completion status
39	Completed all phases
42	Completed all phases
53	Completed all phases
63ab	Completed all phases
77a	Completed all phases
77b	Completed all phases
77c	Completed all phases
77d	Completed all phases
73	Completed all phases
74	Completed all phases
69	Completed Phase One & Phase Two (exited Framework in Phase Three)
41	Completed Phase One
48	Completed Phase One
55	Completed Phase One
53a	Completed Phase One
56	Completed Phase One
57	Completed Phase One

61	Completed Phase One
72	Completed Phase One
59	Left Framework during Phase One
68	Left Framework during Phase One
77e	Left Framework during Phase One

SECONDARY CLINICAL DATA: ANALYSIS

A summary of secondary data sources received by the evaluation team for each client is found in Table 2. Clients who completed Phase One and Phase Two and at least entered Phase Three are identified in green, clients who completed Phase One are identified in pink, while clients who did not complete Phase One are identified in blue. Each data source or measure was analysed separately.

Table 2: Summary of secondary data sources

Client Number	Closure Report	Procedural Reliability at all three phases	Survey with key staff	Quality of Life scale	Staff Knowledge assessment	Staff Confidence assessment
39	Yes	Phase 1-Phase 2	Yes	No Refused	Yes	No
42	Yes	Not recorded	Yes	Yes	Yes	No
53	Yes	Yes	Yes	Yes	Yes	Yes
63ab	Yes	Yes	Yes	Yes	No	No
77a	Yes	Yes	Yes	Yes	Yes	Yes
77b	Yes	Yes	Yes	Yes	Yes	Yes
77c	Yes	Yes	No	Yes	Yes	Yes
77d	Yes	Yes	No	Yes	Yes	Yes
73	Yes	Yes	No	Yes	Yes	Yes
74	Yes	Yes	No	Yes	Yes	Yes
69	Yes	Phase 1-Phase 2	Yes	Yes	Yes	Yes
41	Yes	Phase One	No	No	Yes	Yes
48	Yes	No	No	No	Yes	No
55	Yes	Phase One	Yes	No	Yes	Yes
53a	Yes	Phase One	Yes	No	Yes	Yes
56	Yes	Phase One	Yes	No	No	No
57	Yes	Phase One	Yes	No	Yes	Yes
61	Yes	Phase One	No	No	Yes	Yes
72	Yes	No	Yes	No	Yes	No
59	Yes	No	No	No	No	No
68	Yes	No	No	No	No	No
77e	Yes	No	No	No	No	No

MEASURE ONE: CLOSURE REPORTS (REASONS SURROUNDING EARLY EXIT OR UNSUCCESSFUL COMPLETION)

Reasons for Early Exit Summary: The closure reports reflected circumstances in which client circumstances, client choice, service changes, or staffing issues lead to early exit from the STAR Framework.

Twenty –Two clients entered the STAR Framework with only 11 completing Phase One and Two and at least entering Phase Three. Closure reports were examined qualitatively to uncover the circumstances under which client participants did not complete all three phases of the STAR Framework. Clinicians, in developing these reports, described the client's background and challenges or facilitators that had arisen. These narratives were examined for circumstances connected to an early exit where relevant. As can be seen in Table 3, reasons for exiting the STAR Framework early tended to be around a lack of system capacity, client circumstances, and staffing turn –over issues. The reasons seemed to reflect the complex nature of the challenges experienced by clients accessing the Framework as well as systemic elements such as a lack of organisational capacity and high turnover rates. Reasons for early exit did not reflect dissatisfaction with the STAR approach or a lack of functioning of the Framework itself.

Table 3 Clients exiting the STAR Framework early with associated reasons

Client number	Early exit reason extracted from closure reports
69	Client moved back to home city (NB-Home city NGO still following STAR recommendations)
41	Staff turnover and service changes
48	Hospitalised
55	Staff turnover, significant distance, approaching transition
53a	Client moved and declined service
56	Client appeared to have moved services
57	Staffing issues and some resistance, hospitalisation
61	Client involved in justice system, moved to temporary services
72	Client incarcerated
59	Client entered custody and changed providers who did not work with STAR
68	Client not interested in continuing intervention
77e	Funding cycle did not support the referring clinician to deliver. Geographical distance.

MEASURE TWO: PROCEDURAL RELIABILITY

Procedural Reliability Summary: Although part of the intended design of the Framework procedural reliability was not always recorded for clients, including some successfully completing all three Phases. It may be possible that procedural reliability was carried out but not recorded in client outcome summaries.

Procedural reliability had been identified in the Framework guidelines as an essential component of the STAR Framework and was recorded on client outcome spreadsheets sent to the evaluation team.

As can be seen in Table 2, for the 11 clients completing the STAR Framework, seven had recorded procedural reliability for all three phases. The client who was counted as completing the Framework but moved back to her home city during Phase Three did not have Phase Three procedural reliability. The remaining three clients did not have procedural reliability recorded or had only had it recorded at one Phase. The closure reports and client outcomes suggest successful moving through the phases for these clients so a lack of procedural reliability recording may reflect an administrative oversight or limited time on the part of the staff or clinician.

For the eight clients who exited the Framework but had completed Phase One, six of the eight had procedural reliability completed and recorded. For the remaining two clients procedural reliability was not recorded. The three clients who did not complete any phases of the STAR Framework naturally had no procedural reliability data recorded.

MEASURE THREE: SURVEY WITH KEY STAFF

Summary of Survey data: This measure reflected positive responses in the main to the STAR Framework. Although not all intended outcomes were achieved with some still in progress, qualitative data suggested that outcomes for clients, staff, and organisations included client empowerment and high satisfaction of staff with training and STAR support.

This survey was a tool that asked key staff a series of questions relating to the achievement of outcomes for both the client and the system associated with the STAR Framework. Responding staff indicated whether outcomes had been fully achieved, whether progress towards outcomes had been made but not fully completed, or outcomes had been unmet. The respondents were also asked to comment on the meaning of their ratings.

QUANTITATIVE DATA - SURVEY

As can be seen in Table 4, only seven of the clients who had completed or entered all three phases of STAR had a survey completed. The table reveals that for these seven clients, three had not fully achieved client outcomes. Whilst these clients were reported to have made progress rather than achieving outcomes the key staff mentioned positive experiences for the client within STAR including the client feeling listened to and supported through transition. The exception to this was the client who left the Framework during Phase Three to return to her home city. Her time with STAR was identified as being “difficult” due to the accommodation being temporary and away from home. Five of the seven key staff participating for clients who had completed all phases identified systems outcomes as being achieved.

For clients exiting the STAR Framework early, the survey was conducted for four clients. None of these clients were identified as having their outcomes achieved. Systems outcomes were identified as achieved for two of these clients.

QUALITATIVE DATA - SURVEY

Qualitative responses by staff for clients completing all three phases indicated that positive outcomes for the clients included client empowerment, increased flexibility and capacity to self-regulate, and decreased behaviours of concern. Positive comments from key staff including champions being identified, staff feeling supported and listened to, staff burnout being prevented, and supportive rostering being adopted by organisations. The only negative comment appearing in the surveys of those who had completed the Framework was in regards to the difficulties of the previously mentioned client who had been receiving service away from her home city.

Responses by key staff for those who had not completed the Framework suggested that clients had experienced changes or staffing issues such as staff burnout or high staff turnover had arose. Despite the lack of positive outcomes, the key staff spoke highly of the STAR training and wished it had been able to continue.

Table 4: Survey with key staff

Clients who completed the STAR Framework			
Client	**Client Outcomes**	**System Outcomes**	**Qualitative information**
39	Achieved	Achieved	Staff increased understanding and buy-in Client more flexible and self-regulated Framework expanded to other clients Champions identified Systems and culture worked well
42	Achieved	Achieved	Client outcomes successful-medication reduced Supportive rostering and mentoring with experienced staff Staff felt supported and increased capacity Transitions were well prepared Initial resistance by staff due to lack of information-quickly overcome
53	Progress made	Achieved	Client felt listened to and respected Client engagement increased Skills generalised to other clients

63ab	Progress made	Progress made	Client transition was supported Good exercises and support to prevent staff burnout Good communication with staff
77a	Achieved	Achieved	Client able to self-regulate resulting in increased engagement and inclusion STAR worked around limitations of casualisation of workforce to identify leaders(champions) Regular access to STAR team by staff, systems to make things easier for staff System could use more support due to casualisation
77b	Achieved	Achieved	Client more flexible and willing to try new things Collaborative, supportive approach within system Staff learning and motivation maintained Training was beneficial STAR attempted to create sustainable practice
69	Progress Made	Progress Made	Temporary nature of environment - difficult time for client Accessibility of support for staff team was essential

Clients who did not complete the STAR Framework

Client	**Client Outcomes**	**System Outcomes**	**Qualitative Information**
53a	Progress made	Achieved	Staff still learning to implement Valuable feedback and on-going engagement
56	Progress Made	Achieved	Key strategies assisted staff in delivering support Support for staff assisted in delivering support
57	Progress made	Progress made	Client behaviours led to staff feeling unsafe and perceiving that behaviours did not decrease There was a high level of staff turnover rand burnout Negative views of staff perceived to be a barrier
72	Unmet	Unmet	Client was incarcerated . Training was helpful but now needs to happen again

MEASURE FOUR: QUALITY OF LIFE

Quality of Life Summary: These results suggest an upward trend in all areas of QOL, with the one area of overall satisfaction reflecting a significant statistical difference suggesting that the STAR Framework has a significant impact upon client satisfaction with their Quality of Life.

Quality of Life for the client is one of the measures identified as essential to the processes of the STAR Framework with Quality of Life for clients being an important outcome. The following section examines changes in Quality of Life following participation in the STAR Framework. See Table 2 for an outline of clients for whom this data was available.

Quality of Life was measured pre and post STAR intervention for 10 clients. Each of the domains of Quality of Life were examined to determine whether significant changes had occurred through a paired-samples t-test. Of note is that the means in all areas had increased across the pre and post testing however there was only one area where the increase proved to be of statistical significance, nevertheless the upward trend cannot be dismissed (See Figure 2.).

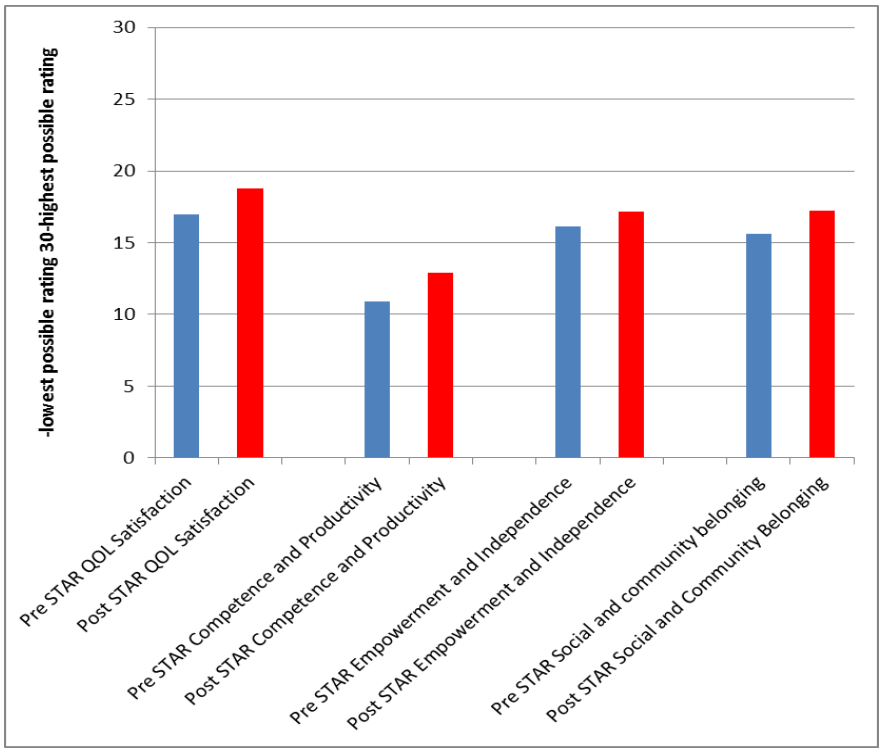

Figure 2: Quality of Life for 10 clients

The positive difference in satisfaction in Quality of Life scores from pre (M=17.0, SD=4.80) to post (M=18.8, SD=4.43) STAR intervention; t (9) =-3.21, p=.011, was statistically significant. This result suggests that the STAR intervention was associated with an increase in overall satisfaction in Quality of Life for clients.

In the area of competence and productivity however, the positive increase following the STAR intervention was not significant. Pre STAR intervention scores (M=10.92, SD=1.27) as

compared to post STAR intervention scores (M=12.9, SD=3.2); t (9) =-1.72, p=.118 did not show significance.

In the area of Empowerment and Independence, scores pre STAR intervention (M=16.1, SD=4.5) and post STAR intervention (M=17.1, SD=2.72); t (9) =-.74, p=.476 did not improve significantly.

Finally, in the area of social and community belonging, scores pre STAR intervention (M=15.6, SD=1.29) and post STAR intervention (M=17.2, SD=5.52); t (9) =-1.16, p=.276 were also not statistically significant.

MEASURE FIVE: STAFF KNOWLEDGE AND CONFIDENCE

An essential element of the STAR Framework is the building of capacity for the support system around the individual (e.g. support staff, therapists, family) and the individual themselves. A series of workshops or trainings for the support system is tailored by the clinician to increase knowledge and confidence in how to support the client. Since the inception of the Star Framework, 2178 instances of capacity building training sessions were held (
Table 5). Instances included one on one coaching, group training and staff workshops.

Table 5: Numbers of instances of staff capacity building

Year	Instances of staff capacity building
2013/2014	954
2014-2015	649
2015-2016	575
TOTAL	**2178**

Prior to the training or workshops supporters complete an assessment on knowledge and attitudes and confidence in understanding the supported individual's experiences, needs, and behaviours. Immediately following these workshops the assessment on knowledge and confidence is again delivered. The following section analyses the changes in staff knowledge and confidence immediately following the individualised workshops or training by the STAR clinician.

STAFF KNOWLEDGE

Staff Knowledge Summary: The statistical significance suggests that the Phase 1 events (i.e. training/workshops) delivered to the support systems improved knowledge in the specific areas being trained.

The individualised nature of the training sessions meant that a variety of measures and scales were used to measure knowledge pre/post the training events. This variety in measures made aggregated data analysis challenging, nevertheless, of the 17 staff groups who had data collected in this area, 11 used a similar scale which measured acquisition of knowledge out of an index of 11 points, making statistical comparison possible. Table 6 reflects the data that were able to be included in the evaluation. In order to be compared across clients, data needed to have the same index (a score out of 11), and be recorded both pre and post STAR training.

Table 6 Staff Pre and Post Knowledge Scores

Client Number	Pre Knowledge	Post Knowledge
77a	4.2/10	7.9/10
77b	4.2/10	7.8/10
74	7.4/10	7.1/10
77c & c1	5.1/10	7.95/10
77d&d1	4.95/10	7.95/10
73	6.1/10	8.3/10
69	7/10	8.9/10
41	1.7/10	6.8/10
55	6.6/10	8.3/10
61	6.2/10	7.5/10

Staff knowledge following the STAR-led training sessions improved for all but one of the 11 staff groups whose members supported individuals and from whom data was collected pre and post training. This improvement in scores can be seen in Figure 3.

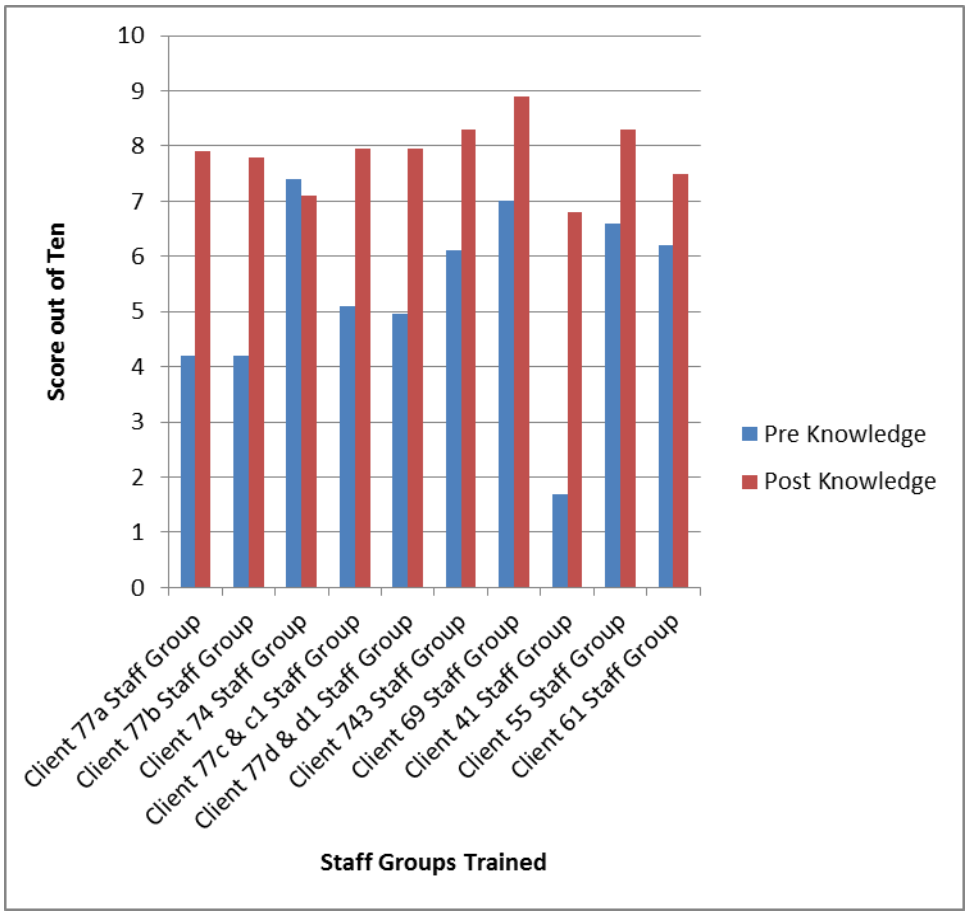

Figure 3: Staff knowledge scores pre and post training/workshops

A paired-samples t-test was conducted to compare staff knowledge before the STAR-led training and after the STAR-led training. There was a significant difference in scores from pre-training (M=5.35, SD=1.69) to post training (M=7.85, SD=.60); t (9) =-5.29, p=.000. Figure 3 graphs the 11 groups' pre and post scores for knowledge acquisition for staff.

STAFF CONFIDENCE

Staff Confidence Summary: The statistical significance of these results suggests that the STAR-led training improved the confidence in staff when supporting clients with complex needs.

Confidence in supporting the client was measured in a similar fashion to knowledge, using a 10-point scale for 12 of the staff groups making statistical analysis possible. Figure 7 reflects the data that was able to be included in the evaluation.

Table 7: Confidence of staff pre and post staff capacity building workshops/training

Client Number	Pre Confidence	Post Confidence
53	5.5/10	7.5/10
77a	7.3/10	8.2/10
77b	6/10	7.8/10
74	8.4/10	8.6/10
77c & c1	6.3/10	8/10
77d&d1	6.3/10	7.8/10
73	8/10	9.1/10
69	4.65/10	8/10
41	2.3/10	6.6/10
55	8/10	8.1/10
53a	5.5/10	7.5/10
61	6.8/10	7.9/10

Staff confidence in supporting the client improved for all of the 14 staff groups for whom the data was collected both pre and post STAR-led training. This improvement in scores can be seen in Figure 4.

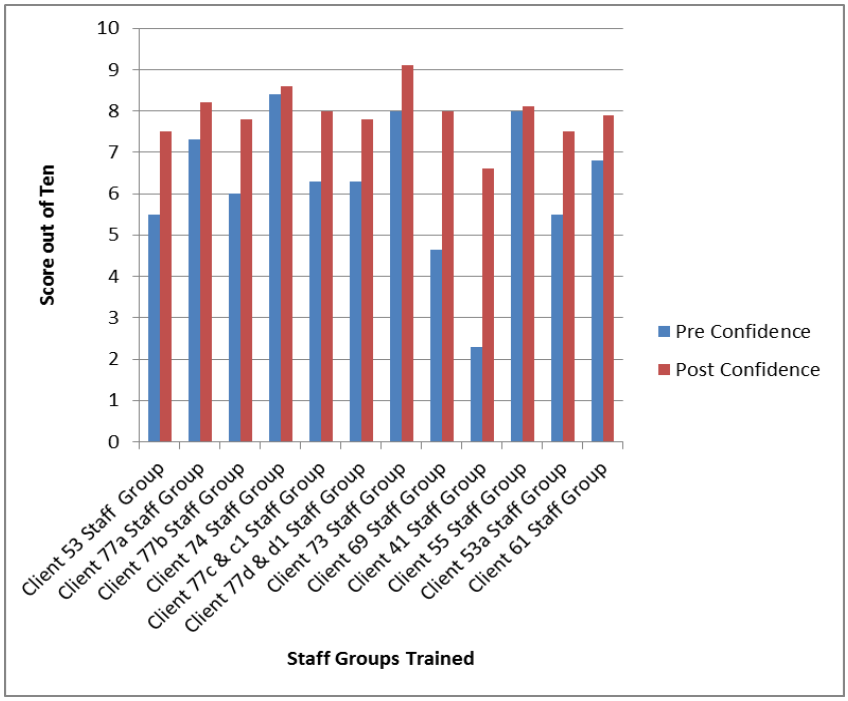

Figure 4: Staff confidence scores pre and post training/workshop

A paired-samples t-test was conducted to compare staff confidence before the STAR-led training and after the STAR-led training. There was a significant difference in scores from pre-training (M=6.25, SD=1.69) to post training (M=7.92, SD=.61); t (11) =-4.81, p=.001.Figure 4 shows the 12 groups pre and post scores for staff confidence.

SECONDARY DATA FINDINGS SUMMARISED

Secondary data revealed that 11 clients of the 22 clients who had entered the STAR Framework since its inception had successfully entered Phase Three of the STAR Framework. An examination of closure reports revealed that the reasons for an early exit from the STAR Framework were often connected to systemic issues such as a lack of capacity in the service system or staffing issues. Client concerns also arose around those unable to complete the Framework, with some clients entering hospital or the justice system before the Framework could be carried out. It did not appear that elements of the Framework itself or the delivery of the support within the STAR Framework were connected to a lack of successful completion.

Procedural reliability was not always recorded by members of the STAR team. It may be that procedural reliability guidelines were followed but not always recorded since in the cases successfully completed, Framework elements of procedural reliability such as staff knowledge and confidence were carefully noted, but no overall scores entered. This inconsistency suggested that this finding should be interpreted with caution.

The survey with key staff suggested that for most clients who had completed the Framework, outcomes were achieved on both the client and system level. Reasons for success included opportunities for relationship building, sustainable practice, and client empowerment. Those who had exited the STAR Framework without successful completion had lower numbers of achieved outcomes at both the client and system level. Elements such as client crisis and staffing challenges were identified.

Quality of Life for clients was measured for 10 of the 11 clients who had entered Phase Three. Significant improvement was reached in overall satisfaction from Quality of Life and improvements occurred in all areas of Quality of Life. This suggested that the STAR Framework is associated with improved Quality of Life outcomes for clients.

Finally, both staff knowledge and confidence improved significantly for the staff groups trained. This suggested that staff and support system capacity is enhanced by participation in the STAR training and workshops. Secondary data suggested that the STAR Framework is associated with positive outcomes.

STAGE TWO
PRIMARY DATA: MULTIPLE CASE STUDIES

CLUSTER INTERVIEW PARTICIPANTS

Researchers coordinated with the STAR team to organise cluster interviews set around 4 of the 22 clients involved in the evaluation. Purposive criteria for inclusion as a cluster included availability of key stakeholders and completion of the STAR Framework. All but one of the people completed all Phases of the STAR Framework, with the person who did not complete exiting the Framework during Phase Three in order to return to his home city.

Cluster interview participant structure is demonstrated in Figure 5. The cluster interview participants included (where appropriate and available), a family member, the relevant STAR team member, and NGO or ADHC support workers and /or clinicians who either have been involved with the STAR team during intervention, or who are currently providing support for the person. Due to the complex needs of the clients, the evaluation team were unable to interview the clients themselves.

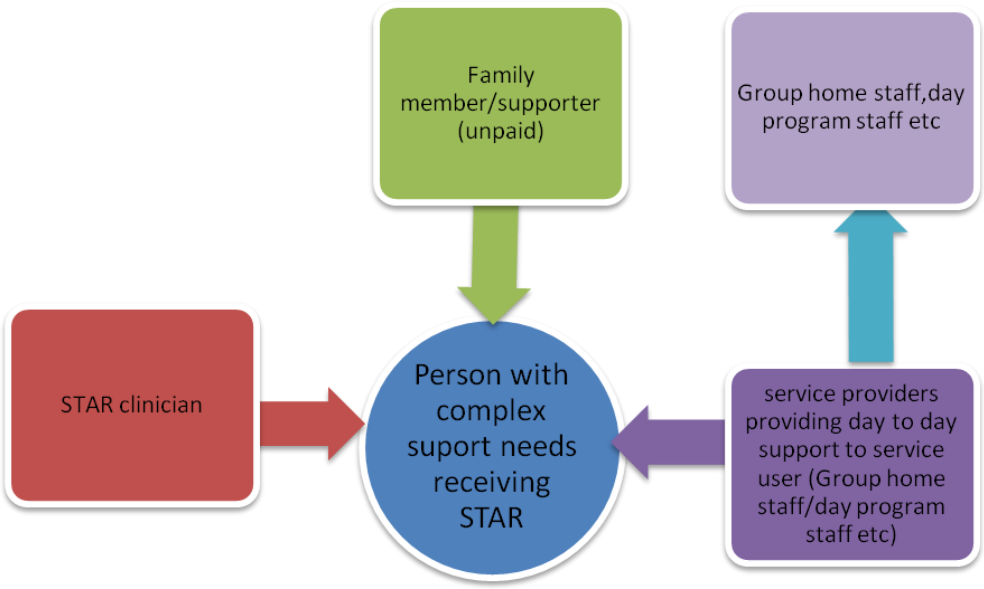

Figure 5: Participant structure for cluster interviews

Clients for whom cluster interviews were conducted as well as the people interviewed for these clusters are included in

Table 8.

Table 8: Cluster interviews carried out during evaluation

Case Study number	Client Number	Cluster Interview Participants
Case Study 1	69	2 Direct support workers 1 NGO support worker from the clients home city 1 Family and Community Services (FACS) manager 1 STAR clinician
Case Study 2	74	1 Family member 2 Accommodation staff 1 Accommodation staff supervisor 1 STAR clinician
Case Study 3	77a	1 Large Residential Centre (LRC)/Group home staff 1 Supervisory staff member from LRC/Group home 1 Referring clinician from LRC/ Group home 1 STAR clinician
Case Study 4	77c	2 LRC/ Group home Staff 1 Referring clinician from LRC/group home 2 Day program Staff 1 STAR clinician
Total		**20 interviews were carried out**

CASE STUDY REPORTS

The following sections include the four case study reports including client specific secondary data and themes that emerged. At times, gender, location, or other identifying details have been changed to protect the confidentiality of participants.

CASE ONE

BACKGROUND INFORMATION

This client came to the STAR Framework with a complex trauma history. The client's behavioural communication had been such that the service provider in his home city was no longer able to address his needs in a safe and effective manner. In order to create a safer environment for the client, the service provider decided to create a custom-built accommodation unit in his home city. While the unit was being built, the client moved to temporary, supported accommodation in Sydney and entered the STAR Framework. The original intended length of stay was nine months but delays in construction and coordination of support provision from the NGO (non-governmental organisation) in the home city meant that this stay was extended to 18 months. Once the custom-built unit was complete and supports set up, the client moved back to his home city and exited the STAR Framework.

SECONDARY SOURCES

GOALS SET FOR STAR FRAMEWORK

According to secondary source reports, the STAR team and the client determined that while he was served by the STAR Framework his goals would be focused upon safety, maintaining existing skills, developing plans to be transferred to the service provider in the client's home city, and supporting transition into and out of the temporary accommodation. Due to the temporary and restrictive nature of this accommodation and the complex and challenging behavioural communication of the client, few opportunities were offered for participation in the community or interactions with those outside of direct support staff.

ONLINE SURVEY WITH SUPPORT STAFF

Following the client's exit from the program an online survey was completed by a staff member who had worked with the client. Client outcomes were determined to be only partially achieved. This was connected to the temporary nature of the service provision and stressors around the uncertainty of the timing of the transition back to the client's home city. Systems outcomes were also determined to be only partially achieved.

QUALITY OF LIFE QUESTIONNAIRE

The Quality of Life Questionnaire was completed by the client prior to entry into the STAR Framework and upon exiting the STAR Framework. Quality of Life scores for the client indicated that the quality of the client's life declined over the time of the STAR intervention (Figure 6).

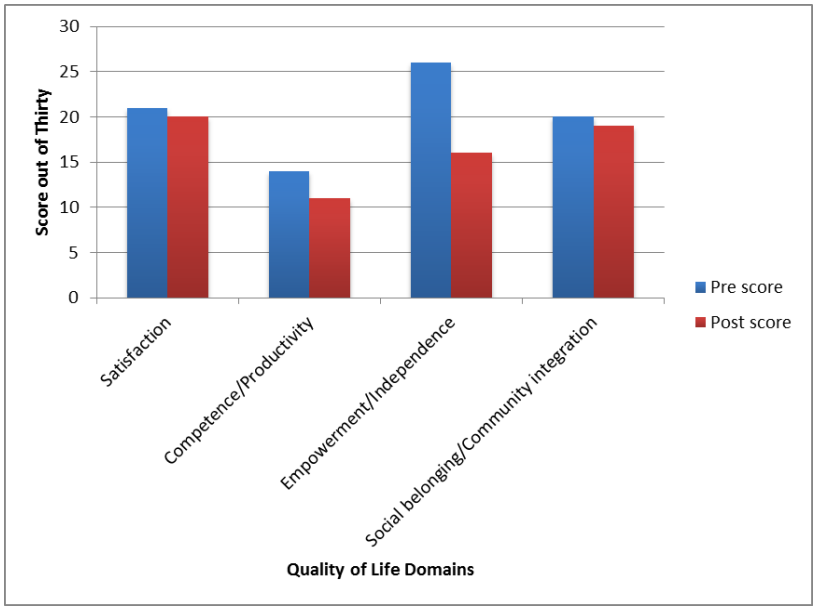

Figure 6: Quality of Life scores for case study one

Due to issues around property damage and safety concerns, the client's lifestyle became increasingly restricted during her time within the STAR Framework.
Although general satisfaction raw scores only decreased slightly (from 21/30 to 20/30), competence and productivity were reported to decrease by 3 points (14/30 to 11/30) perhaps reflecting the restrictive nature of the temporary accommodation. The largest decrease was in the area of empowerment and independence (from 26/30 to 16/30). This is perhaps unsurprising as the temporary accommodation, according to secondary sources, offered few opportunities for interaction with the community and little to no independence. Social belonging was also an area that did not change greatly, but declined somewhat.

STAFF KNOWLEDGE AND CONFIDENCE

Eighty-two staff were trained by STAR team members in how to support the client effectively. Topics included discussions of the client's history and life goals and general information about trauma, attachment, autism, and the stress response. The staff members included direct support staff and team leaders from accommodation and day program services.

Staff members completed a pre and post training questionnaire evaluating their knowledge of the topics covered and their confidence in working with the client. Fifty-five staff members responded to the questionnaire at both time points. Skills and confidence increased from pre-training to post training, suggesting that the training was effective in educating staff on the nature of the client's trauma and behaviours as well as helping staff members to feel more confident in their own ability to work effectively with the client (Figure 7).

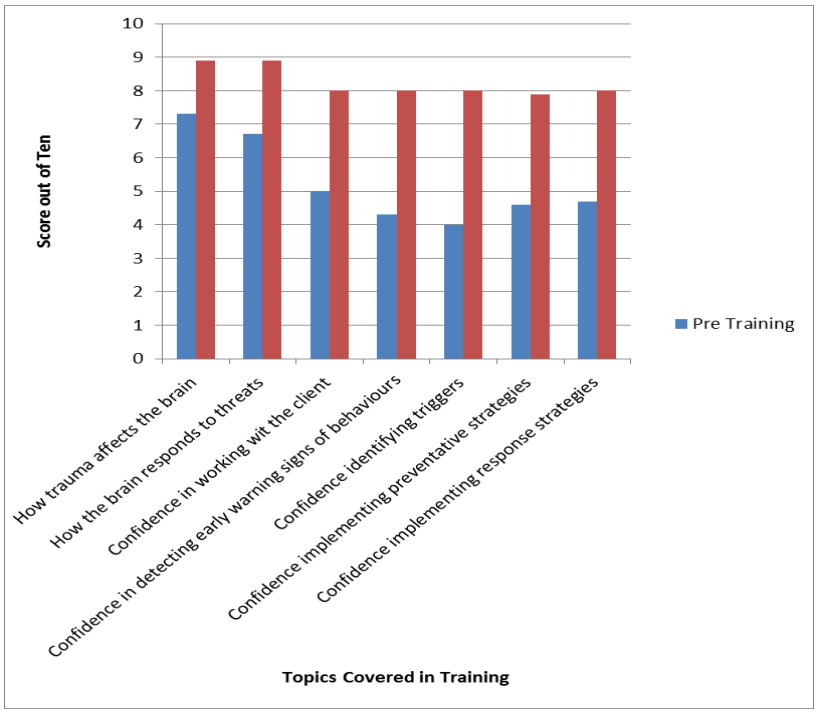

Figure 7: Staff confidence and knowledge pre and post training for case study one

PRIMARY DATA SOURCES:

The next section will identify key groups of people within this cluster and the themes that arose through the interview process. The cluster included two direct support staff, one NGO support worker from the client's home city, one Family and Community Services manager, and STAR clinician.

DIRECT SUPPORT STAFF

Direct Support Staff Summary: Despite the decreasing Quality of Life of the client, the staff felt that the outcomes under the STAR Framework were as good as could be expected under difficult circumstances. Staff related a feeling of respect and trust being fostered among the staff team, the STAR clinician and with the client. Staff capacity was evidenced to have grown during the time within the Framework.

The participating support staff members were two direct support staff who were based at the accommodation service supporting the client during his stay in Sydney.
Four main themes emerged from the interviews in relation to the STAR Framework and the experiences of the staff in working with this client within the STAR Framework.

Theme One: Nature of temporary accommodation meant the client was unable to improve his Quality of Life and independence during his time within the STAR Framework

Although staff mentioned that they had tried to create opportunities for the client to engage with the community and build independence, these were generally not successful. There was a connection with the client's escalating anxiety and the uncertainty of the timing of the move back to his home city. Although staff mentioned that improvements had been

made in the client's anxiety levels, as the time of the move came closer, these improvements fell away leading to increased restrictions.

> *We sort of tried with even the trialling of taking him out into the community; we sort of did little planners. But the thing with him is he would get anxious around planned outings.*

Staff recognised that the client's long-term goals and life quality did not undergo improvements during his time in the STAR Framework. Staff were satisfied, however, that under the circumstances they had managed to build a safe environment that allowed for a successful transition back to the client's home city.

> *I think the only real goal that we had was to keep him safe so I think we managed that goal because we did a really good job…he's safe and he's back home now.*

Theme Two: A strong team dynamic was created during the time within the STAR Framework

The staff members indicated that there was a strong feeling of cohesion on the team which enabled them to address the client's needs and rely upon each other for support. There was a low staff turnover rate during the STAR intervention and the staff expressed that this continuity contributed to a strong, positive team dynamic.

> *It's such a strong team as well…yeah and it was the same team as well from the beginning with the client.*

The staff worked together well and tackled planning and support strategies as a strong, mutually supportive group. Staff felt empowered to seek out ways to support the complex needs of the client. This seemed especially helpful to staff when the client's anxiety levels increased prior to the move back to her home city.

> *Yes anything that was suggested [interventions or strategies of support] it was like we all agreed that that was something that we needed to do. So it wasn't just one person suggesting it. I think the fact that we were all on the same page kind of helped.*

Theme Three: Staff felt listened to and respected by STAR clinician

The staff members spoke at several points about the respect that was shown to them by the STAR team. They indicated that they felt listened to and appreciated that their ideas and suggestions were incorporated into the intervention plan.

> *They were good [STAR team]. They took everything we said on board. They definitely listened to the team.*

Working within the STAR Framework was not an easy transition for the staff team. The client had been unknown to the staff at the outset of the intervention and previously, in work with other clients, the team had worked with other, more familiar clinicians.

> *I think the only difficulty was it was STAR and [our clinicians] working together where we were so used to our own…clinicians, so it was even at the beginning building the rapport with STAR and then working together for the best outcome for the client.*

These initial difficult stages, however, were overcome quickly, aided by the STAR clinician's willingness to work with the staff team and to seek out answers to staff's questions and concerns, even if the answer was not immediately known. The experience of working with the STAR team was an overall positive one for the staff. Respect, communication, and accessibility seemed to be the key elements in this positive relationship.

Theme Four: Staff built trusting relationship with client

The staff indicated that despite the client's on-going, and at times worsening behavioural communication, a rapport had been built with the client based on a caring and trusting relationship.

> *If he was comfortable enough with the staff he would actually bring up certain things with them. ..I think you need to have that understanding in order to be empathetic towards him and have that relationship.*

The staff suggested that this relationship meant that they were personally invested in the client's happiness and well-being and wished for that relationship to continue. The staff members indicated that they wished to continue working with the client and were disappointed that he could not stay in Sydney.

> *Because a lot of staff previously got burnt out really quickly whereas we didn't, we loved working with him…We were almost hoping he wasn't going back. Everybody is like bring him back, bring him back. So the team worked really well with him.*

FAMILY AND COMMUNITY SERVICES MANAGEMENT

FACS Summary: The FACS manager spoke highly of the STAR team and the work that had been done with the client by both the STAR clinician and the staff team. Despite a lack of improvement in overall Quality of Life the manager felt that the client had made some positive gains within the STAR Framework. The process was somewhat impeded by difficulties in communication among the service providers in the home city and the team in Sydney.

The manager interviewed was responsible for the Sydney-based temporary accommodation for the client as well as overseeing staffing at the organisation providing accommodation services.

Theme One: Progress towards client goals remained in maintenance mode throughout intervention

The FACS manager recognised that the circumstances of the temporary accommodation meant that the client's longer term goals and Quality of Life outcomes did not improve over his time in Sydney. The aspect of safety and maintenance of existing skills was a goal that he felt was realised during the client's placement.

> *I suppose due to [the client's] complexity and the trauma it was very much around maintenance while he was here.*

The lack of significant goal setting and attainment was linked firstly to the temporary nature of the placement, and secondly, to the uncertainty that developed around the date of the client's move to his home city. This uncertainty seemed to be difficult for the client, staff, the STAR team, and the organisation.

> *I think [the client] made some good gains in terms of how she progressed. I think in terms of her achieving a goal that was set out from the start I think that wasn't really achieved because STAR was only nine months. I suppose a bit of a holding maintenance support as opposed to doing some in-depth work with her.*

Theme Two: STAR team provided necessary guidance and support to organisation staff and management

When the client first came to the accommodation service organisation there were doubts as to whether the team would be able to meet her needs adequately. The organisation had previously focused upon mental health rather than intellectual disability. According to the manager interviewed, however, these doubts were soon alleviated through the support offered from the STAR team and trainings provided by the STAR clinician.

> *They're indispensable really particularly [the STAR clinician]. She's probably out at the unit at least three days a week and besides having the reference meetings with the client she did a lot of role modelling with staff, was there making sure, because I suppose the way we sort of try and operate with the more complex clients is a lot of self-care with staff as well which [the clinician] took on in terms of I suppose support for not only for the client but support for staff as well particularly around a debriefing and things like that.*

The manager spoke highly of the STAR team's commitment to supporting the client and staff throughout the process and indicated that it was the level of consistency and intensity that contributed most significantly to positive outcomes.

> *I suppose it's the level of support that was the most outstanding thing. I think just in terms of because she [STAR clinician] probably spends 20 hours a week on the client alone which we needed for a start but she was always accessible. The level of I suppose interaction between the [STAR] team leader and [clinician] was really high level so it was quite intensive. I think that's the main advantage was just the level of input on a consistent basis.*

Theme Three: Governance issues impeded processes

The FACS manager emphasised that barriers in the process of achieving positive outcomes tended to be around difficulties in communication and processes among the large number of stakeholders. These process difficulties had to do with finances as well as the delivery of interventions and supports.

> *Initially the client was supposed to come for nine months for the build and then it ended up I think 18 months, closer to two years. There were issues around the money side of things just in terms of approving invoices and this sort of stuff which put a lot of additional pressure on us and then also I suppose from a STAR point of view you've got two behaviour teams [one in Sydney and one in the client's home city] trying to implement different, I suppose have different ideas around the client's support needs which created difficulties.*

The manager mentioned on several occasions that the STAR team had worked efficiently and effectively despite the challenges in working with a large team of stakeholders with various interests and processes. These issues, however, were presented as a clear barrier in the delivery of service to the client.

> *I can't speak highly enough the role that STAR played and [the STAR clinician]. I suppose governance issues between us and [other stakeholders] but even with all that going on the behaviour support just stayed consistent all the way through, which was really good to see. But the other issues did sort of impede on the consistency.*

Finally, the manager mentioned that not all of the necessary information regarding the client and her needs had been shared with the Sydney-based organisation from the client's home city's service provider. The manager suggested that if such information had been shared more efficiently, outcomes for the intervention may have been more positive.

I think if we were privy to I suppose the full extent of [the clients] complexity and we had set the environment right I think things would have been different.

NGO CLINICIAN IN HOME CITY

NGO Clinician in Home City Summary: Although the home city clinician was not a member of the STAR team she acknowledged that working with the team from a distance had been a collaborative effort in which she felt well supported and listened to. The clinician mentioned some challenges in working with the large group of stakeholders involved in this case. The learnings from the STAR Framework were still being implemented at the time of the interview and the clinician believed improvements in the client's Quality of Life were on-going.

The clinician working with the client upon her exit from the STAR Framework and upon her return to her home city participated in an interview. At the time of the interview, the client had been back in her home city for approximately six months.

Theme One: The STAR team worked collaboratively to develop supports for the client

The temporary situation of the client's accommodation in Sydney meant that the STAR team needed to work with the Non-Governmental Organisation (NGO) in the home city to learn about the client, to develop a plan for transition, and to train staff to work with the client upon transition. The NGO clinician expressed that the STAR team worked well in collaboration and listened to and respected the input of the NGO.

It was very much a collaborative piece of work…it was kind of a two way thing actually. And it was always the view that he was coming back [to his home city].

The clinician emphasised the collaborative nature of the development of a long-term support plan for the client and suggested that the STAR team and the NGO had worked well together.

I mean I guess our information kind of helped them somewhat and then they, we developed things together for him in preparation for her transition back.

Theme Two: Working with the STAR Framework built the capacity of the staff, clinician, and organisation

This NGO clinician mentioned that STAR team was a beneficial source of knowledge and expertise. The STAR team's access to the latest literature and evidence assisted the NGO team in understanding the client's needs and building an appropriate intervention plan.

What was good about it was their [the STAR team's] extra, their ability to access the kind of information that we didn't have, that extra level of more recent or just more accessible…literature and models, the latest thing I suppose. So having that, yeah that

level of people that could access the information that perhaps hadn't filtered down to us yet so that was really good.

The expertise of the STAR team helped in building a strong Framework of support for the client at the NGO in her home city. The clinician specifically mentioned the value in the understanding of the nature of the client's trauma and the meaning of some of the client's behaviours.

It's very much work in process and they've given us a really good Framework. If we think about it we have a much better understanding now of the client's trauma, and the years of neglect that kind of led into it.

The clinician also mentioned that the staff training provided by STAR had built staff knowledge, confidence, and capacity and had enhanced the ability of the entire organisation to focus upon supportive, evidence informed practice.

The…organisations is committed to providing …informed practice that is definitely trying to increase capacity in staff in that bit so for all staff to have intervention training for example so I think yeah because you know with the client it's definitely made the organisation a bit more focused…over the whole organisation.

Theme Three: Large number of stakeholders made processes somewhat difficult to manage

The number of stakeholders seemed to create some confusion and inefficiencies in communication and planning and this was recognised by the NGO clinician. Although it was pointed out that this was not a problem with the STAR Framework or the STAR team, the situation contributed to a challenging environment at times.

So it's just the way it was. Yeah there was a team from down there [Sydney], there was a team from [the home city] and you know it was complicated.

Theme Four: Long term improvements began to emerge and STAR Framework plan still in place

The NGO clinician pointed out that although the client's time within the STAR Framework was over, the plan created was still in place and the learnings from the work carried out with the STAR team were still having a positive impact.

…honestly the support plan that we've developed [through STAR] is fantastic and it considers like everything, obviously it's a multi element support plan so you know in difficult circumstances I think we're working towards a much better quality of life for the client.

The gains that the client made upon the return to his home city had only begun to emerge at the time of the interview, six months after he had exited the STAR Framework. The clinician attributed these changes to the understanding of trauma and behaviour gained through working with STAR and the training and support of staff as well as the development of a strong support plan for the client. The staff have continued to adhere to the Framework's guidelines and remain committed to supporting the client.

> *Yes we've got a staff group that kind of, is maintaining fidelity to the behaviour core plan like pretty much, I can't give you specifics, but I actually did a procedural reliability check today and I reckon they're going to score really well in it. Like there's a dedicated group of staff and I think that's something that will come through, the style of training.*

STAR CLINICIAN

Star Clinician Summary: The clinician expressed that significant improvements were difficult in this case due to the temporary nature of the accommodation. The staff and STAR team, however, worked well together and some positive outcomes were achieved. Although the communication was positive among the STAR team and the Sydney-based accommodation setting, there were some difficulties in communication with the service provider NGO in the home city, causing some delays and difficulties in service provision.

The STAR clinician worked with the client approximately once a week during his stay in Sydney. The clinician worked with staff and liaised between staff and the larger STAR team, including the NGO in the client's home city. The clinician also co-designed and delivered the training to the staff in Sydney and to staff in the client's home city at the end of the STAR intervention. The clinician was supported by the STAR management team.

Theme One: The nature of the temporary accommodation meant that the client's independence and quality of life decreased over time within the STAR Framework

The clinician recognised that the client's goals of increasing independence, increasing meaningful activity, and enhancing opportunities for community engagement were unable to be achieved during her time within the STAR Framework. The temporary nature of the accommodation in Sydney and the uncertainty over the time of transition to his home city contributed to an increasing cycle of incidents of unsafe behaviour.

> *I mean we knew he wasn't really going to flourish because it was you know a …temporary accommodation setting, somewhere he didn't want to live. You know, restricted, not a very nice environment and you can't really teach anyone new things in that short space of time… and getting out into the community, he wasn't getting out as much as we wanted, so we didn't achieve that goal. And in terms of the Quality of Life questionnaire, there was quite a big reduction in empowerment, which, yeah, so again, it just became a cycle*

of the incidents kept happening and so he had less choice, less control, and so more incidents would happen, yeah, it was hard to break it.

Theme Two: The STAR clinician felt supported by the STAR Framework and STAR management team.

The nature of this client's situation, being away from his home city and having a level of uncertainty as to when he could move home led to some challenges for the clinician in terms of sharing information with the client and in planning supports. She related during her interview that these challenges were made easier to face due to the consistent and sensitive support received from the STAR team.

I think that I felt that I could approach people and talk about the issues that were coming up for me. And yeah, so I was listened to and I felt like you know, there was no arguing or justifying or trying to persuade me in another direction, anything like that, it was very supportive in the sense of, okay let's brainstorm, what can we do about that? What about this? You know, would that help you? Or what about that? Would that help you? So different options given.

The clinician also mentioned appreciating the structure of the STAR Framework in terms of data collection on Quality of Life and goal setting. She adapted her approach based on these guidelines and expressed that she felt that this was beneficial to her own practice.

In terms of the goal setting, I think it was a lot clearer than I would normally have done. [The STAR Framework] structure was better, a lot better than I would normally have done. And even with the individual therapeutic work that I was doing with the client that was a lot more structured too. So I had a structured treatment plan with goals and I was you know, regularly updating as to when he'd achieved goals or how, like partial achievement and that sort of stuff.

Theme Three: Successful on-going communication between STAR team and staff was beneficial for client

Despite challenges in helping the client to improve his Quality of Life the clinician indicated that the client had managed to achieve some of his goals around increasing coping skills and reducing anxiety. This success seemed to come from good communication and team work among the STAR management, the STAR clinician, and staff, allowing the support for the client to be consistent and effective.

Some of them [goals] were met like in terms of setting up a safer environment for him, we met those goals, the staff were trained, they knew, they were following the protocols of what to do if there's a crisis. So all of that was you know, those goals were met. Some of the client's goals in terms of the anxiety reduction were met and developing some of his

skills in recognising his own emotions and being able to use his own coping strategies, some of those were met and they were supported by staff as well. So they were you know, encouraging him to use those strategies in line with what I was encouraging him, so it was all integrated well.

Theme Four: Difficulties in communication with stakeholders caused delays in delivering intervention

The situation with the provision of service to the client led to a need for the STAR clinician to work with stakeholders from two separate organisations in two different areas of New South Wales. The clinician mentioned that communicating with all stakeholders was a challenge that at times led to a delay in gaining approval for practical interventions.

It's not really reflective of STAR, it's higher than that, but you know, there was some misdirection happening there. There were a lot of stakeholders…And there was this kind of meeting of executives that were meant to be overseeing everything that was happening and making all the key decisions for what was going to happen. And they never really did that, they kind of just went into the meeting room and talked about stuff a lot of the time, didn't really give any direction back.

These communication difficulties and delays in approvals were frustrating for the clinician but eventually she decided to move forward with her ideas and present the reasons for the action later. In this way she managed to gain approvals despite the slow bureaucratic processes.

So we made a decision just ourselves…And then we basically told the managers that that's what we'd come up with and the rationale behind it and they were still umming and ahhing and then they finally said, ok yeah let's do that. So it worked out fine in the end but I think it would've been good to have more direction coming from them to us on things like that.

CASE ONE SUMMARY

The provision of service to this client within the STAR Framework clearly met with several key barriers. The client came to STAR, an unfamiliar setting, away from his home city and in crisis mode. Additionally, there were uncertainties around the timing of his transition back to his home city which further complicated matters and exacerbated the client's anxiety and therefore his challenging behaviours. Despite efforts on the part of all stakeholders, the client's Quality of Life decreased over his time in the STAR Framework as demonstrated on the quantitative Quality of Life questionnaire as well as interviews with staff, clinicians and management. In addition, challenges arose in communication

and processes among the stakeholders at STAR, in Sydney, and in the home city NGO, slowing down the planning process and at times creating confusion.

Some positive outcomes were achieved, however. Despite the challenges, the staff team around the client increased their capacity for supporting him and felt respected and empowered by the STAR team. This carried over to the new staff team in his home city, who according to the NGO clinician, increased their knowledge and confidence through the STAR training and continued to implement the STAR Framework six months after the client's exit from the program. This adherence to the program and commitment from the NGO seemed to be supporting the client to move towards positive Quality of Life outcomes.

The Framework worked well for all involved allowing for structure, collaboration, and focus upon the client's well-being. The clinicians especially appreciated STAR's focus upon documentation and organised intervention planning.

CASE TWO

BACKGROUND INFORMATION

This client came to the STAR Framework with a history of behaviours of concern. A referral was made to the STAR team by the clients' service provider, due to concerns that support staff were having difficulties communicating with, understanding, and supporting the client.

SECONDARY DATA SOURCES

GOALS SET FOR STAR FRAMEWORK

According to the STAR clinical closure report, goals for this client included supporting the client in reducing specific behaviours of concern and increasing staff understanding of sensory needs and communication strategies. Increased community access and engagement for the client were also goals.

CLOSURE REPORT DATA

According to secondary reports, over the time the STAR Framework was implemented there was a decrease in restrictive practices such as PRN use and an increase in positive interactions with staff. Behaviours of concern decreased, particularly the recorded number of serious incidents.

QUALITY OF LIFE QUESTIONNAIRE

The Quality of Life Questionnaire was completed on behalf of the client prior to entry into the STAR Framework and upon exiting Phase Two the STAR Framework (approximately 14 months later). Quality of Life scores for the client indicated that the quality of the client's life increased modestly over the time of the STAR intervention (Figure 8).
General satisfaction raw scores increased slightly (from 18.7/30 to 19.7/30), while competence and productivity remained at nearly the same low level (3.7/30 to 4/30), perhaps reflecting the complex nature of the client's challenges. Empowerment and independence increased modestly (from 14/30 to 16/30) and social belonging increased slightly (12.3/30 to 13.7/30). Overall, the QOL scores for this client were quite low and did not shift greatly over the time of the STAR intervention.

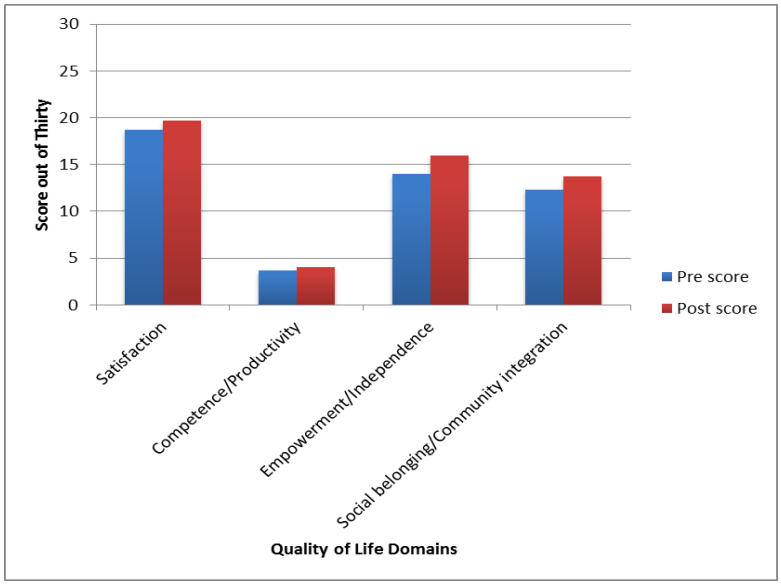

Figure 8: Quality of Life scores for case study two

STAFF KNOWLEDGE AND CONFIDENCE

Seven group home staff members were trained by the STAR team in how to support and communicate effectively with the client. Topics included sensory issues, principles of intensive interaction and active support, as well as communication strategies.

Staff members completed a pre and post training as well as a post STAR involvement (post Phase Three) questionnaire evaluating their knowledge of the topics covered and their confidence in working with the client. An additional scale of ability to communicate with the client was completed pre training and post STAR involvement. Although little change was seen in knowledge levels, confidence levels increased somewhat and ability to communicate with the client increased from pre training to post STAR involvement suggesting that the goal of increased communication was achieved (Figure 9).

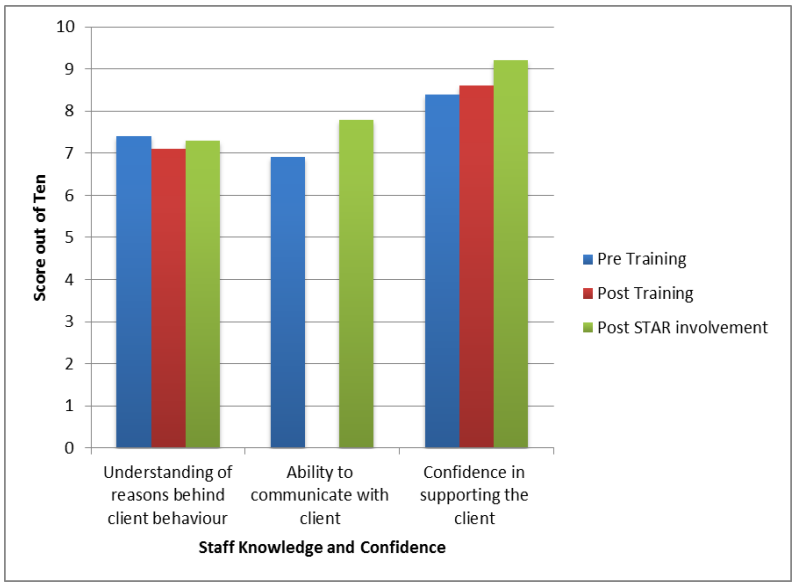

Figure 9: Staff confidence and knowledge pre and post training for case study two

PRIMARY DATA SOURCES

The next section will identify key groups of people within this cluster and the themes that arose through the interview process. The cluster included one family member, three group home staff, and STAR clinician.

FAMILY MEMBER

Family Member Summary: There was an overall impression from this client's mother that the STAR intervention had little impact on her son's communication or Quality of Life, perhaps due in part to the short-term nature of the Framework. While the mother recognised the efforts of support staff she expressed a wish for staff to focus more upon interacting with her son and less upon household duties.

The participating family member was the mother of the client who acted as a main caregiver to the client. *Three* main themes emerged from the interviews in relation to the STAR Framework.

Theme One: Any change that was observed throughout the STAR Framework was modest and not significant

The family member mentioned that the STAR intervention did not seem to be associated with what she would consider to be significant positive changes for her son at the group home. While she recognised that changes were attempted, these did not appear to be at a level she would consider meaningful.

> *So far I haven't seen any improvement here not at all still because I checked the communication diary every day*.

The mother had hoped that interventions such as STAR might eventually have a positive impact on the Quality of Life of her son however at the time of the interview this had not yet been realised. In terms of the behaviours of concern that her son expressed, the mother noted that there had been a small amount of positive change and indicated that she felt this change was appreciated, even if it was a modest one.

> *haven't seen much result but always there is some hope. I can see it still continuing to change but I can't evaluate the rate all I can guess, a little improvement, it is better than nothing to be honest, it is much better than nothing.*

Theme Two: The timeline of the STAR intervention was perceived to be too short

The mother indicated that one of her main concerns was the time-limited nature of the STAR evaluation. She felt that eighteen months overall with a withdrawal of constant supervision for the last three months (maintenance period) was inadequate. She suggested

that in order for such a program to have long-term impact for her son it would need to be consistent and longer-term.

> *I hope that someone [from the STAR team]…can approach here [her daughter's group home and family home]often [and can continue] until we get some result…It has got to work continuously until we have something…because it starts and stops and starts and stops and takes a very long time and it doesn't help at all. So it is just wasting money.*

The mother recognised some of the value of the STAR approach but felt that the lack of positive outcomes was linked to the need for a consistent focus upon reducing behaviours of concern and increasing communication opportunities over an extended period of time.

Theme Three: There was a perception that staff members were trying their best under difficult circumstances

The mother mentioned that she was pleased with the work of key staff members and felt they were committed to the STAR Framework and to improving outcomes for her son.

> *Some key person, for example, I like [staff member] I can see a lot they work quite well and they listen to the programme and they can do something…*

Despite the good intentions of staff, the mother suggested that group home staff were spending a great deal of time cleaning up after her son rather than supporting her son's communication or working towards improving Quality of Life outcomes. She understood the necessity of these house-keeping duties given her son's specific behaviours; however she felt that a focus upon cleaning on the part of key staff members took time away from enhancing opportunities for her son to meaningfully engage with others.

> *…rather than wasting so much time cleaning up I need staff to communicate with him, I need staff to play to do something rather than just do the cleaning.*

SUPPORT STAFF

Support Staff Summary: Overall, the staff saw positive changes in the client while he was at the group home. Behaviours of concern decreased and positive interactions with staff increased. Staff enjoyed the training and coaching sessions with the STAR clinician and felt respected and supported. Although the guidelines resulted in extra paper work, staff seemed to see the value in the structure of the STAR Framework.

Three group home staff members were interviewed and the analyses of the interviews were separated into *three* key themes.

Theme One: Staff felt consistently supported and listened to by the STAR team
Support staff at the client's group home felt that the STAR team supported the staff group and listened to their input and suggestions. The interactions, trainings, and coaching sessions with the STAR team were to be viewed in a positive light by staff.

> *I got a lot of positive feedback in regards to how to interact with [the client] and to be able to follow that through and to see the positive outcome as well.*

There was an impression that working with the STAR team was based on collaboration, with learning being reciprocal between the support staff and the STAR team.

> *I think we gained from each other. Her views [STAR clinician] and plus my views, I think it sort of, it didn't clash like I think we worked off each other type thing.*

The support of the STAR team was presented by the staff as being consistent and reliable. There was a perception that if needed, the STAR clinician was readily available to provide guidance and advice.

> *We had a lot of interactions with [the STAR clinician]. If I wasn't on shift she'll come, like if I'm there three o'clock and if she's busy she'll say I'll come at four. So I find that whatever, everything that [the STAR clinician] brought to the table I took it strongly.*

Theme Two: Staff built capacity and communication skills through the STAR Framework
Staff recognised that they had learned a great deal through the STAR Framework and developed skills and strategies that assisted in supporting the client. These strategies had a direct practical and positive impact upon client-staff interactions.

> *I would say [the STAR clinician] is way above what I expected, to be able to help me interact with [the client]…. There were things that were an issue for all of us and I can honestly say [the STAR clinician] has succeeded in that [reducing client's behaviours of concern].*

It was not only the information that was imparted by the STAR clinician to staff members that had a positive impact; it was also the model of coaching and practical advice that staff appreciated. The patient, hands-on approach seemed to have a lasting impact upon staff and learning outcomes.

The structure of the STAR Framework with the consistency of approach and adherence to diligent data collection and record keeping was associated with positive outcomes for the client and staff. Staff members appreciated and recognised the value in the clear guidelines set by the Framework.

It was more about working together and making sure that we were consistent in what we were doing, consistent in every little way… we also had to make sure that when new staff were coming in we had it all down on paper, this is what you do, this is how you redirect.

The nature of the group training and on-going staff meetings within the STAR Framework also contributed to positive outcomes for staff. The staff members interviewed recognised that working within the structure of the Framework improved team relationships and fostered a learning environment based on positive, collaborative, decision making and planning.

It's good that we got together as a team… we don't get together much, you know. So it was good and, to throw all our ideas in to the one and yeah no it was… And it was good that they [STAR team] were feeding off what we were saying as well so it was a good team building relations.

One of the most important goals for this client involved increasing positive interactions and communication between the client and staff. Staff mentioned that after their STAR training and on-going sessions with the clinician they were encouraged and guided to interact with the client on a regular basis and to track those interactions using STAR data collection methods. Staff mentioned that through the STAR training and support structure they began to realise that much of the client's behaviour was linked to boredom and isolation and could be alleviated with greater social interaction.

Staff recognised the importance of interacting with the client in building trust, relationships, and Quality of Life. The staff team seemed to have taken on the importance of communication and at the time of the interview still carried on tracking interactions beyond the timeframe of STAR's involvement.

It is good, I think his Quality of Life has improved because we make sure that we interact with him, we spent the year writing down every time we have interacted with him, it is just natural that you know if he is in here someone will come down here every 15 minutes and just say what are you doing.

Theme Three: Staff saw positive changes in the client's behaviours of concern

The clear, consistent and intensive approach supported by the STAR Framework led, in the opinion of staff, to tangible improvements in the client's behaviours of concern.

…we saw a huge difference in [the client]…at the end of this whole workshop that we did with [the STAR clinician]…the improvement was unbelievable.

Specifically, serious incidents and the use of PRN medication were perceived to have decreased over the time within the STAR Framework.

> *So that's a huge improvement and if you ask anyone else as well… if you look in our file, there's, in each PRN medication file, the last time, I don't know the last time we had to do that, so there's so much improvement in him, yeah.*

Finally, staff members felt that as a result of the STAR intervention they were able to know and understand the client on a level that had previously not been possible. Although some staff had been working with the client for years, the STAR approach seemed to lend a depth of understanding leading to positive outcomes for both staff and the client.

> *I know I've been working with him [the client] for a while but there was always something different, there was always something new to learn, you know, these guys, there's a lot to learn and I feel like I did learn a lot from everyone else as well, you know?*

STAR CLINICIAN

STAR Clinician Summary: The STAR clinician saw positive changes in the staff and the client in the time within the STAR Framework. Particularly, the positive interactions between the staff and the client increased and behaviours of concern decreased. The clinician felt that this was largely due to the intensity of the coaching support and the commitment of staff. The clinician felt that a longer-term structure may go further in achieving goals for the client and suggested periodic top ups of support to help staff assist the client towards long-term goals.

The STAR clinician provided training and hands on support and coaching for the support staff for approximately one year. Analysis of the interview identified *four* main themes.

Theme One: STAR clinician felt supported by the STAR Framework and STAR team

The clinician mentioned that she had limited experience working with people with autism and as such she leaned upon the support of her colleagues in the STAR team. She mentioned feeling supported throughout the process and was able to learn a great deal from the multi-disciplinary team. The clinician mentioned that it was the opportunities within the STAR Framework to develop plans, build relationships with staff and clients, and actually carry out the intensive work that led to the success of the Framework.

> *I think it is essentially just what good clinical practice should be, but I think most clinicians don't get the time and the scope to actually really put the effort into doing support where our team has that as part of our mandate where we make sure that we do.*

Theme Two: Positive interactions between staff and client increased under the STAR Framework

The clinician suggested that the training and coaching around positive interactions with the client helped staff in improving their relationship with the client. The clinician felt that the structure of tracking the quality and quantity of interactions assisted staff in ensuring that positive interactions were occurring regularly. This in turn resulted in a decrease in certain behaviours of concern.

> *I think that just being conscious of having to check something off it seemed to me they were spending, they were much more aware of just making sure that they were getting lots of contact with him [the client] and we noticed over the course of time a slow but steady increase in how they were rating what level of intensity of contact they were having with him.*

It was not only the number of interactions that the clinician focused upon, but also the empowerment of the client to choose his own things to do with staff. This positive development was one of the most important outcomes of the STAR Framework with this client.

> *He would always enjoy having time with staff but when staff really entered into his world and went with what he wanted to do rather than what they thought would be fun for him and just seeing how much he lit up and enjoyed himself.*

Theme Three: Intensity of coaching was tied to positive outcomes

The clinician mentioned that the STAR model of intensive coaching had been much needed for the support staff who had been working for some time with clients with complex needs without the adequate support. The clinician discussed that the staff responded better to the coaching sessions rather than the more formal training sessions. Despite knowledge not increasing greatly according to the data collection pre and post initial training, the staff demonstrated in coaching sessions that their level of understanding and empathy for the client increased over time. It was emphasised that the staff seemed to benefit from the one-on-one practical coaching offered by STAR. Previously, the disconnected nature of clinical support under other models had been ineffective.

> *The coaching was really important. I think partly the fact that we could give that really immediate feedback to them and also that real on the ground presence. I think to have someone who is really involved in working with them they really appreciated that.*

The clinician mentioned that the staff were willing to participate in these intense coaching sessions and remained committed and enthusiastic throughout. These qualities in the staff team contributed to the positive experience and to the success of the Framework.

The fact that he was more engaged with the staff wanting to be in his home and again having more fun with staff I think certainly big increases for him.

Theme Four: Further work needed in order to reach long-term goals

During Phase Three of the STAR Framework, there was a change of accommodation for the client. The STAR clinician mentioned that she would have appreciated the opportunity to support the staff and client through this transition. The structure of the STAR Framework, however, was such that the time of providing on the ground support was completed.

I would have liked to have been more involved around supporting them to how they interact with either side of it [the transition] and I think because I basically finished the work it was half way through that phase three we just had some monitoring and information gathering stage it felt like we would have then been sort of jumping back into do more work with them but I think if we just sort of think what is best for [the client], might have been a nice thing for me to be able to extend how long we were involved to be there even just for a month after transition because I think just all the stress of the change of that.

The lack of on-the-ground coaching and training during this transition period contributed to some loss of the positive outcomes that had been achieved throughout the Framework. The limited and structured nature of the STAR intervention, however, prevented any further work from being done.

I think they had a bit of a dip in their momentum there as well as a result of that and again that is where unfortunately if we had projected that this was going to be a thing and said okay we are going to stay an extra period we might have been able to help maintain a bit of intervention through that period.

Despite not being able to support the client and staff during the transition, the clinician was hopeful that the positive work that had come out of the STAR intervention would continue, eventually reaching a place where the client was able to participate in the community outside the group home.

There was also a significant concern moving forward that the client should have a speech pathologist in order to facilitate communication and help in relationship building. At the time of the cessation of STAR support, such a model had not been put in place. With the STAR clinician no longer providing support, and changes happening with the delivery of the support within the NGO, the outcome of this recommendation was unknown and uncertain.

The clinician's recommendation was that there should be a top-up of training and support periodically to ensure that the intervention remained on track and staff felt supported to ask questions and carry on the work.

> *I think realistically the amount of input you have got to put into his coaching support to get people to a level where they just know and never going to need any support ever again in that is probably not totally realistic you can get people to a certain level where hopefully you will build up enough will that it will carry on but I think yeah having like a top up dose every three months just to kind of make sure people have stay for the cause probably, I don't know if it is feasible but…*

CASE TWO SUMMARY

The provision of service to this client within the STAR Framework was somewhat successful. Quality of Life, while remaining at a low level, did increase modestly. Behaviours of concern and restrictive practices decreased during the time within the STAR Framework. The mother saw these changes as being quite modest, perhaps due to most of the changes taking place only within the group home. It might also be possible that the longer term improvements in communication and Quality of Life were unable to be achieved within the limited timeframe of the STAR intervention. Although the outcome data and the opinion of the mother did not show great changes, staff saw significant improvements that perhaps may continue if the program is adhered to.

In this case, the barriers seemed to be around time frames. It was the opinion of both the family and the clinician that longer-term support and coaching were needed to support the staff in assisting the client. The lack of the implementation of a speech pathologist may also have been a barrier to the client achieving goals.

Positive outcomes were achieved however, including an increase in positive interactions between the staff and the client. This was seen as being facilitated by the structure of the STAR Framework, both the intensive coaching and the focus upon tracking quality and quantity of interactions. The staff team were seen by the mother and the STAR clinician as being supportive and committed.

CASE THREE

BACKGROUND INFORMATION

This client was an individual who was a part of a group of people transitioning from a large residential centre (LRC) to a group home setting in regional Australia. At the time of the case study and the implementation of the STAR Framework the individual had not yet moved into the new accommodation. The client exhibited significant behaviours of concern.

SECONDARY DATA SOURCES

GOALS SET FOR STAR FRAMEWORK

According to secondary source reports, goals included supporting the client in reducing specific behaviours of concern and increasing coping and self-regulation skills. Increasing staff understanding of arousal theory and self-regulation was also a goal.

CLOSURE REPORT DATA

According to secondary reports, over the time within the STAR Framework the client was able to maintain optimal arousal states for sustained periods of time, resulting in fewer incidents and increased levels of responsibility, choice, and engagement in day-to-day activities.

QUALITY OF LIFE QUESTIONNAIRE

The Quality of Life Questionnaire was completed on behalf of the client prior to entry into the STAR Framework and upon exiting the STAR Framework (approximately 14 months later). Quality of Life scores for the client indicated that the quality of the client's life increased over the time of the STAR intervention (Figure 10).

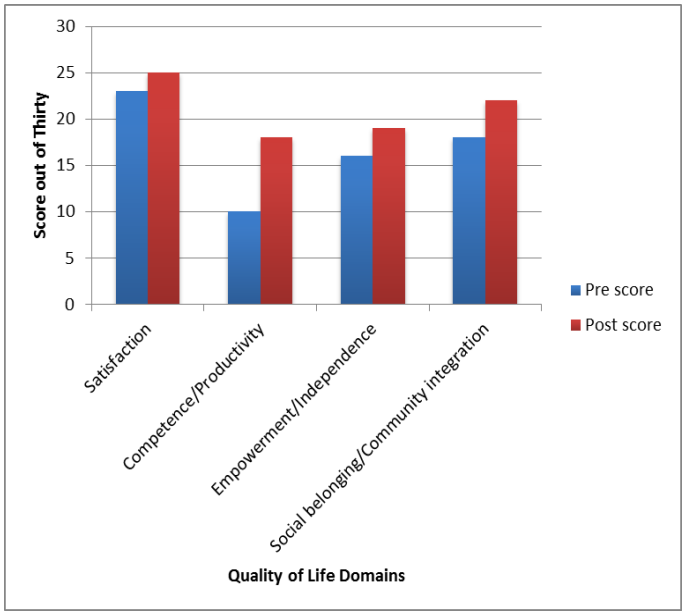

Figure 10: Quality of Life Scores Case Study Three

General satisfaction raw scores increased (from 23/30 to 25/30), as did competence and productivity (10/30 to 18/30). Empowerment and independence increased (from 16/30 to 19/30) and social belonging increased (18/30 to 22/30). Overall, the QOL scores for this client increased over the time of the STAR intervention.

STAFF KNOWLEDGE AND CONFIDENCE

A total of eighteen residential staff members and day program staff members were trained by the STAR team in how to support the client. Topics included self-regulation Framework and practices, sensorimotor strategies, relational strategies and environmental support. Staff members completed a pre and post training questionnaire evaluating their knowledge of the topics covered and their confidence in working with the client. Knowledge of topics covered increased from an average of 4.2/10 to 7.3/10 while confidence increased from 7.3/10 to 8.2/10 suggesting that the training was associated with positive outcomes for staff (Figure 11).

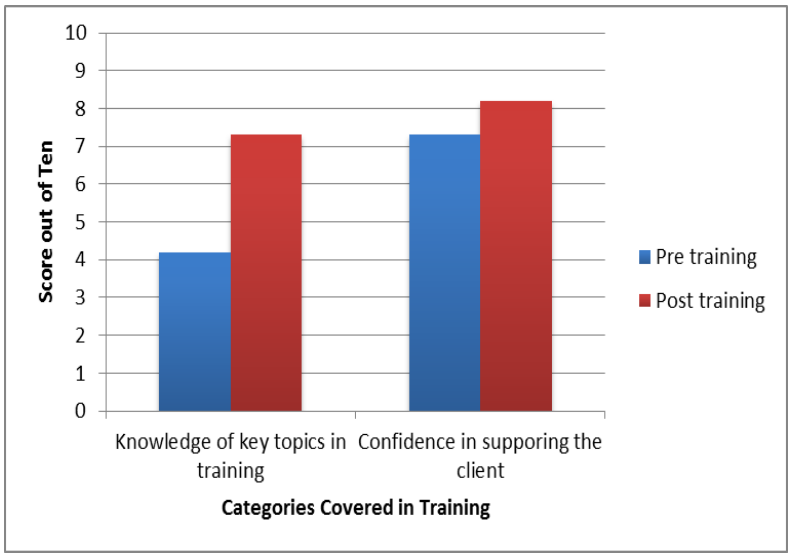

Figure 11: Staff confidence and knowledge pre and post training for case study three

PRIMARY DATA SOURCES

The next section will identify key groups of people within this cluster and the themes that arose through the interview process. The groups included one day service NGO staff member, one supervisory staff member from LRC/Group home, one referring clinician from LRC/group home, and STAR clinician.

DAY SERVICE NGO STAFF

Day service NGO Staff Summary: Working within the STAR Framework was a positive experience for the staff interviewed. The staff team as a whole benefited from the collaborative, team-based approach. The skills and knowledge gained were transferable to other clients and environments and the Quality of Life for the client involved increased.

Importantly, the preparations for upcoming transition were well-supported by the STAR Framework, setting up the client for success.

One Day service staff member participated in the interview.

Theme One: Staff felt consistently supported and listened to by STAR team
The support staff mentioned that the communication among the STAR team and staff members was constant and on-going with the process transparent to staff members. There was a sense that the STAR team were responsive to staff concerns and willing to listen to and respect the knowledge of staff.

The staff member felt that while the structure offered by the STAR Framework was beneficial, the strength in the approach was around the empowerment of staff and the ability of staff to adjust certain approaches if the idea was not working.

> *I think they left it a lot to us to trial and they gave us ideas to write down what was working and what wasn't working. So they pretty much left it open for us to a flick and tick, this is what happened and if we could record if things escalated what caused it and everything like that so that we could reassess what we were doing.*

The staff member presented the STAR team as being supportive, collaborative, and easy to work with. The experience appeared to be a good one for staff. The open communication style of the STAR team was especially appreciated.

> *She [the STAR clinician] was very approachable, very knowledgeable… Just everything that they had to give us and they were very, the feedback we gave them, they were very accepting to everything that we had to say. There was no negativity. Nothing was wrong. It was all open and laid out on the table.*

Theme Two: The STAR Framework built capacity in the staff team
The staff mentioned that taking part in the STAR training had resulted in an increased capacity for working with the client. She mentioned gaining a deeper understanding of the reasons for his behaviours and ways in which those underlying messages could be understood.

> *We only had a very basic background. So we went into his causes and some of those other issues that we weren't aware of and it gave us the knowledge and also it gave me just that little bit more comfort to know where he is coming from.*

The staff member also mentioned that the tools she had learned from the STAR team were transferrable, not just to other clients but to the staff members themselves. The

understanding and knowledge gained from the training and coaching sessions increased the staff member's capacity to understand meanings behind behaviours in a variety of contexts.

> *…we could use some of that with some of the other clients here because learning about the arousal and knowing you have a starting point… We could do it with other clients here that have other issues. Thinking of it we probably have implemented some of those things with the others knowing they are about to tip over, let's bring them back down.*

The format of the training also seemed to build capacity in staff since residential and day program staff got together to discuss issues for the client. The staff members learned not only from the STAR trainer but also from each other. The staff member identified that one of the most important areas in which capacity had been built was in being open minded to new approaches and allowing time for certain approaches to work. This had been the attitude of the residential team and was attributed by some staff to the success of the Framework for this client.

> *Sit there, go through ... even if it's not with [this client], if it's with another client, you know, whatever they want, sitting there, being open and listening to what they have to say because some of it, you know, I don't know, I looked at some of the stuff and thought I don't think that is going to work, but give it a go and see because you don't know unless you try it. It may not work for everyone but for [this client] it's worked with him.*

Theme Three: Behaviours of concern decreased and Quality of Life increased

The staff member recognised that under the STAR Framework, the practical suggestions and guidelines learned from the training and coaching sessions led to improved outcomes for the client. In this case, the client was able to reduce behaviours of concern while remaining empowered to make his own choices.

> *…we could see when he was escalating, we could start using the engine structure that we had because [the client] likes cars. So his engine was a good idea. So we would see him start and we'd say let's turn that engine down, let's start to bring it down. And as I said he used to run off still but he would go to his safe spot which he chose himself which was great.*

The client gained an understanding of his own emotional state and gained trust in the staff to support him through challenging times. This was empowering for the client and fostered a sense of self-determination.

> *… because he understands now when you say the engine to him that we are looking out for him. So when it was centred around him I think he actually got a lot out of it knowing that we were looking out for his welfare and for his safety.*

The client was preparing for a change in residence to the group home model. This home was still being built at the time of the interview. According to the staff member, the STAR Framework had prepared the staff team for supporting the client through this transition. The tools acquired through the intervention seemed to be working to alleviate some of the client's anxiety.

> *So at the moment he's probably a little bit sitting up in that high area [of arousal] because there is a lot of change happening. So this [STAR Framework] has probably helped him with recognising his engine and knowing that he is revving high, that we need to just come and calm it down.*

SUPERVISORY STAFF

Supervisory Staff Summary: The staff supervisor saw the value in the STAR model and appreciated the structure and documentation involved. Positive changes were seen for the client and these improvements helped staff in accepting the extra workload associated with the STAR Framework.

One supervisor from the LRC/group home staff team was interviewed regarding the impact of the STAR Framework upon staff and the client.

Theme One: The strategies presented in the STAR Framework were effective

Although the supervisor was not present at all coaching sessions, he was able to see that the STAR trainings provided clear guidelines that were easy for staff to follow. The structure seemed to assist the supervisor in deciding upon approaches and discussing ideas with staff.

> *…they gave me the basic bones, the analogy of the car with the motor running fast and slow and how that information fitted in with their behaviours and then asked me to run that with the staff and reinforce it, which I did.*

The supervisor mentioned that when incidents occurred and the client's behaviour began to escalate the tools shared by the STAR team helped staff in approaching the client in an efficient and effective manner. This in turn seemed to have decreased serious incidents over time.

> *…the staff have learned to manage his episodes more effectively. I haven't got the statistics offhand but I'm pretty sure his accident forms and things like that would have decreased in that time. But these interventions made it a lot easier for the staff to manage those behaviours and of course obviously it would be better for the client and everyone else he would be interaction with as well.*

Theme Two: Structure of STAR Framework was both challenging and beneficial
A challenging aspect of working within the STAR Framework was the level of data collection and paperwork associated. Although the Framework was effective, this element at times presented a challenge for staff.

> *Some of the documents we received were huge and staff just don't have the time to read it and can't remember the minor details that are in them. I think that was the biggest negative aspect I saw.*

Although the extra paper work and detailed nature of STAR plans were at times perceived as a burden, overall the structure assisted staff, especially given the fact that new staff had come on in greater numbers. The concerns around the casualisation of the work force seemed, to some degree, to be alleviated by the STAR structure.

> *Because we had lost a lot of our permanent staff, things were starting to decline... and I think the interaction with the STAR team and bringing in the changes and the training that is associated with this, you have got to learn what is behind this plan, which was taken up.*

The paperwork increase was also accepted since there was meaning associated with the extra work for staff. Positive results were reported and this seemed to help greatly in easing the stress of the administrative burden.

> *And I think too that the staff could see that this was going to lead somewhere. It wasn't just another form to be filled in that was going to be filed or have no relevance to them because we get a lot of that. And the fact that we are still using a lot of the information and the way we present with behaviours and stuff ties back into the analogies and that, it was obviously a big fact.*

REFERRING CLINICIAN

Referring Clinician Summary: Working within the STAR Framework was a positive experience for the referring clinician. She built her own capacity and was able to work with the STAR team in a collaborative manner. The ease with which the clinician was able to communicate and rely upon the STAR team at a distance had a positive impact upon staff, the client, and the clinician herself.

The clinician who had referred the client to the STAR Framework worked for the LRC at the time of referral. The physical distance from the Sydney offices of the STAR team meant that this referring clinician was the one who generally did the on-going coaching for staff and one-on-one work with the client during the intervention phase.

Theme One: STAR Framework was seen as a highly effective and beneficial approach
The referring clinician presented the STAR Framework as being highly effective and the STAR team as being supportive, not only of the client and staff but of the clinician as well. The clinician felt that her own capacity had been enhanced and the experience was a positive one.

> *As a clinician it was fantastic in terms of broadening my understanding around the regulations, so it was capacity building for me. They were very supportive… The implementation strategies that they put in place were fantastic. In fact I probably haven't seen anything better really.*

The clinician mentioned that many permanent full time staff had been let go or moved on recently due to sector changes and the upcoming closure of the centre. The clinician felt that the structure offered by the STAR Framework might offer a continuity of knowledge that new staff could use to learn about clients and offer effective support.

> *I guess one of the big concerns for me was that I wanted to be able to have implementations for the clients that could be sustained, particularly because the workforce was changing quite dramatically here too. We had gone from a number of very experienced long term mental health nurses who were leaving the service and new staff were coming on board, quite a number of which didn't have I guess the mental health background but were also nurses that hadn't had much experience with working with intellectual disabilities either ... and often casual staff as well. So what we needed to do I guess is to have effective implementation that would support those challenges that we were experiencing.*

The clinician also saw great gains for the client, with Quality of Life improving and his own understanding of his needs and arousal states increasing. She suggested that the STAR intervention had resulted in an increased sense of belonging for the client and a greater ability to adapt to change.

> *…his social and emotional wellbeing is so much better. He has an intuition and sense of belonging, much more relaxed. His ability to be able to come into a novel situation and be able to ... He's much more comfortable in a new situation and much more comfortable transitioning*.

Theme Two: The STAR team worked with the referring clinician in a mentoring role so that she became a champion of the intervention
The clinician described the process of training and brainstorming with staff and the STAR team to come up with indicators and approaches for the client's arousal states. This process

was seen as a collaborative to the benefit of all involved. The STAR team was viewed by the clinician as taking a mentoring role, assisting her in improving her own practice to the point where the referring clinician saw herself as a champion of the STAR Framework.

> *Then we worked together and they mentored and supported me around the implementation, so the face to face implementation, so that I became one of the, I guess the champions of the group that was doing the implementation for [the client]*.

The clinician mentioned that she had regular telephone meetings with the STAR team who coached her in her approach and assisted her in addressing and predicting emerging issues. This seemed to be a satisfactory relationship that resulted in the clinician feeling well supported throughout the process.

> *There were meetings that I had with them quite regularly over the phone in regards to how things were going in terms of how people were implementing the programme, whether it was done in a systematic way, how individual staff were going, just so as I could, we could discuss how I could support them further if need be.*

STAR CLINICIAN

STAR Clinician Summary: Despite the remote location of the intervention, the physical distance did not seem to be a significant barrier for the STAR clinician. The staff team and referring clinician were supportive, collaborative and dedicated to the Framework. The STAR clinician felt that significant improvements had been made for both the client and the staff, despite the inherent difficulties in quantifying such changes on a systemic level.

The STAR clinician was in a position of being the lead clinician on a number of cases in which she was unable to be physically present for much of the time. Much of the support was carried out via phone calls with the referring clinician.

Theme One: Quality of Life for the client improved

The STAR clinician felt that the quality of the client's life had improved as a result of the STAR Framework. Anxiety and behavioural issues decreased and the staff were better equipped to support the client. This resulted in more opportunities for the client to take part in activities in the community, increasing the client's overall social inclusion.

> *With the staff just being aware of how to support him he was more able to self-regulate more effectively, yeah. He was more responsive in sort of willing us to try something new, to go out to a new place…he'd be more prepared to do that. Certainly accessing a wider range of places in the community and increasing his connection to key people at those places, having a chat to the people…*

The clinician felt that this emphasis upon Quality of Life was a valuable element of the STAR Framework that set the approach apart from other interventions that focused upon behaviours as the main outcome.

> *I love that that [Quality of Life] sits at the core of everything we do in this work and it's not just about behaviour support, it's about the big picture for that person and I love that focus, I love being able to come back and say yeah, we're talking about behaviour but what's the bigger picture? What do we actually want to get to?*

Theme Two: The commitment of support staff and referring clinician contributed to the success of the Framework

The support staff in the view of the STAR clinician bought into and supported the Framework. This enthusiasm seemed to be essential to the successful implementation of the Framework.

> *It was really nice to see the staff connect so much with him and every time I'd chat to them, they were not only enthusiastic about the changes that were happening, but could see that it felt like they really connected with the approach and yeah, it just helped I think shift their perspective in supporting someone with a disability…*

It was not only the support staff, but also the LRC clinician who was credited by the STAR clinician with ensuring the success of the program. The LRC's clinician was committed and reliable and given the geographic distance, was a valuable component in the overall Framework.

> *And having that clinician on the ground, it made a huge difference in having someone with such expertise and skills and in behaviour support to be able to support the system, not just the intervention, to keep it together, having someone almost have a little bit more of an objective view of that system and how it's going for the staff and the client, cos she was that one step removed so I think that really helped.*

Theme Three: The STAR Framework allowed for sustainable, positive change for the client and for the system

The clinician spoke at length about the advantages of the STAR model in providing a level of intensity and individually designed supports but also emphasised that this approach meant that staff could transfer the learning to other clients and throughout the system. This transfer of skills seemed to happen naturally within the STAR Framework.

> *I found it in intervention, a lot of those things actually just happen really organically, that because you're just work in some, you're kind of so involved with the system and*

throughout, side by side throughout the whole process that it's empowering I think, I feel for the system, not just for the person, the client in it.

The intensity of the coaching and support within the Framework fostered buy-in and commitment that could be sustained into the future. The clinician felt that identifying champions within organisations might assist in this.

And even identifying those people [key staff] and kind of giving around, not just responsibility but almost identifying them as being key points of knowledge or skills or recognising and validating their role in more than just their noted role on paper, their role in understanding our client or their role in really understanding that intervention. And validating how great they are at it and letting, allowing them to kind of lead how they think it can work even longer.

The structure of the STAR Framework allowed for the large goals around Quality of Life to be made practical and deliverable. The data collection and day-to-day practical solutions that the Framework offered helped bridge the gap between the more abstract and concrete goals.

It's easy sometimes to get a bit lost in looking at that really big picture and in how we pull this all together. So having such clear definitions and kind of criteria in terms of meeting each phase, what was required, and within the changeover point of each phase, what was required, and the goals that you set with the system at the very beginning…

The clinician recognised however that the individualised nature of the STAR Framework made outcomes difficult to quantify and the program difficult to evaluate. This was viewed as a part of the nature of the Framework but was seen as a barrier to creating change on a systemic level. The clinician expressed a wish for measures that might take into account individual differences while still providing large-scale outcome data.

CASE THREE SUMMARY

The client in this case was supported as a part of a group of clients being transitioned from a LRC to group home settings. Despite the distance from the STAR offices in Sydney, there were few barriers to the successful implementation of the program. Challenges around extra paper work and recognised difficulties in quantifying changes were less positive elements but seemed to be inherent components of such a complex program. Positive elements of this intervention included the commitment and buy-in from staff and clinicians, the identification of a champion to assist in the roll out of the intervention, the dedication of the client to his own self-regulation, and the adherence to the format of the STAR Framework. Overall, this case had strong positive outcomes.

CASE FOUR

BACKGROUND INFORMATION

A referral was made to the STAR team, requesting the delivery of training and implementation support for staff in a Large Residential Centre (LRC). The referral was to enhance the support and delivery provided to a client that they support and four of her co-residents. STAR was also asked to assist in preparing the client and staff team for transition to a community-based accommodation setting. The client had been living at the LRC for 40 years (previous to this, she lived at another LRC) and there were plans for her to move into a new community based accommodation due to the closure of the LRC. The client had a background of trauma and a long history of living in institutional settings which restricted their access to day program services and wider community activities for a number of years.

SECONDARY DATA SOURCES

GOALS SET FOR STAR FRAMEWORK

The goals for staff included improved staff knowledge of autism, arousal regulation, life story, intensive interaction, confidence in supporting client. The goals for the client included greater access to the community, and greater interaction with staff.

CLOSURE REPORT DATA

Secondary data showed clear reductions over time regarding incidents of 'behaviours,' 'slips, trips and falls,' 'PRN' and 'restraint', from 2014 to 2015, with these being maintained into 2016 prior to the clients change of accommodation. Following the clients transition to new accommodation there were increases in some categories of incidents including PRN, self-injury, and aggression.

QUALITY OF LIFE OUTCOMES

Quality of life scores for the client indicated that the quality of the clients life increased slightly over the time of the STAR intervention (Figure 12). The largest gain was seen in Empowerment/independence, where the score increased from 12/30 to 16/30. Client satisfaction and social belonging/community integration both improved by two points (12/30 to 14/30 and 11/30-13/30 respectively). Competence/productivity had the least gain, from 10/30 to 11/30. This may be because goals for the client was based more on arousal regulation and intensive interaction which would allow for greater gains in satisfaction, empowerment and social belong over productivity.

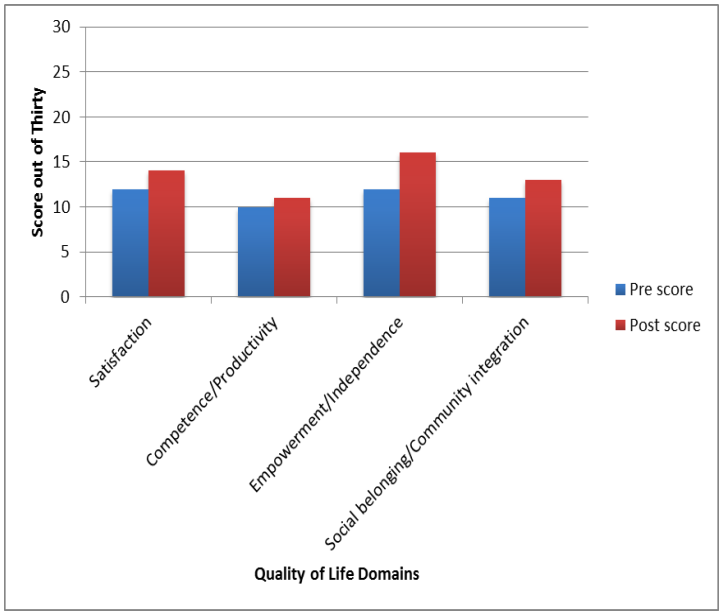

Figure 12: Quality of Life Scores Case Study Four

STAFF KNOWLEDGE AND CONFIDENCE

Two workshops were held for staff that addressed the needs of the four clients that the staff worked with. The first workshop focused on autism and arousal (10 participants attended) and the second was on intensive interaction (36 participants attended). Of the 10 staff who participated in workshop 1, only nine filled out the questionnaires, and of those nine, some participants left sections blank. Researchers were unable to analyse the second workshop as there was no pre and post testing.

Staff confidence and skills increased from pre-training to post training, suggesting that the training was effective in educating staff around the characteristics of Autism Spectrum Disorders and understanding how different arousal states influence how people function. Along with this, results show that the workshop assisted staff members to feel more confident in their own ability to work effectively with the client (Figure 13).

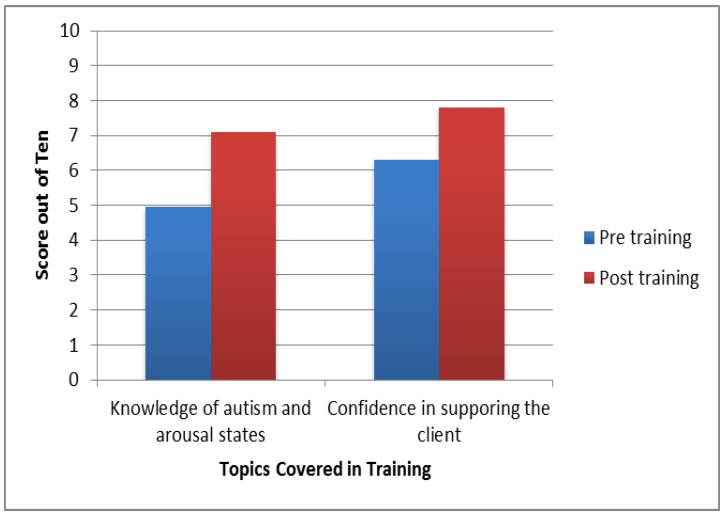

Figure 13: Staff knowledge pre and post training for case study four

PRIMARY DATA SOURCES

The next section will identify key groups of people within this cluster and the themes that arose through the interview process. The cluster included three LRC/group home staff member, two day service staff and a STAR clinician.

LRC/GROUP HOME STAFF

LRC/Group Home Staff Summary: The staff found benefit in the workshops that were given prior to the implementation of the intervention. Intervention was seen as effective, and gave staff more tools that they could implement within their work with the client. Staff would have liked to have seen the STAR intervention go on longer, past the transition of the client moving into her new group home. Staff suggested, however, that the fact that the STAR intervention lasted longer than typical consultancies meant that there was time for attitudes of staff to shift. With the trend towards a more casualised workforce, the STAR team and key staff from the LRC/group home developed a hierarchical model of intervention with key staff acting as champions/mentors for the STAR intervention. This meant that they were then able to train new staff or less experienced staff.

The participating 3 support staff members all had direct contact with the client when she was at the LRC. Since the transition for the client into group home model, at the time of the interview one behaviour support practitioner had left the organisation, one was in his final 3 weeks of employment and the other was a support worker within the new group home. These nurses then acted as mentors for the less experienced staff.
Three main themes emerged from the interviews in relation to the STAR Framework and the experiences of LRC staff and group home staff in working with this client within the STAR Framework

Theme One: The quality of training, workshops, intervention and support were high
During the STAR involvement, staff working with the client received group workshops outlining the client's life story, information on autism, and interventions around arousal regulation and intensive interaction. After the workshops, the STAR team then supported individuals with implementation. It was a hierarchical approach, where the experienced nurses and behaviour support staff were supported directly by the STAR team. From there, the experienced staff then mentored the team in intervention and approaches.
Staff reacted mostly positive to the workshops around the client life story, autism and arousal regulation.

> *[The workshops] enabled us to understand his behaviour a little bit more and what strategies were consistently successful and what weren't. And then so what became the go to strategies I guess we needed over time.*

After reflecting on the length, duration and timing of the workshops, one staff member stated

> *It would probably have been better if it was more training instead of less training, instead of having two days it would have been good if it was over a period of time.*

All three staff members found benefits to the intervention, and saw the improvements in staff capabilities, as well as the increased 'tools' they now had on hand. They believed that it helped to mentor less experienced staff, and the way that it was delivered was appropriate. For a client with such complex behaviour, staff members seem to be able to see gains when it was a 'good day;' for the client.

> *It changed the structure of how we approach the work. It was really neat... it was simple but it was really effective… Had it been too complicated it wouldn't have worked. It was personalised for [the client] but it was also personal for the staff because it was one on one support that they gave him. I think in terms of changing attitude you really need a strong intervention and a continuous intervention in order to be able to chip away at attitudes. And the staff need to be able to see success in order to feel motivated to continue.*

A further staff member also believed that it would have been beneficial for the STAR team to continue their contact with staff after the client had transitioned fully into the new group home. However, within the constraints of the structure of the STAR Framework, this was not possible.

> *I think it would be really appropriate now with the transition or to have the transition pre but also have post and follow up and ongoing because I think now, there's been a spike in his escalation. I think it would have been good if it was still ongoing for a while. Maybe for another, I don't know how long they could do it for but probably another three months, three to six months I guess.*

Theme Two: Effective communication existed between the STAR team and LRC/group home staff

The communication between the STAR team and the staff was said to be imperative to the success of the intervention. Although there was distance between the location of the STAR team and the LRC, communication involved phone calls, emails, and trips to the LRC by the STAR team for blocks of 2-3 days.

> *In the capacity and the resources that they had they worked really creatively with us. They optimised their time with us. Obviously there was a distance between us but I felt it didn't inhibit the support that they gave us… I think that they understood the system that we*

were working under and they did what they could, they tweaked what they could and devised a system that worked…

Staff described how the whole process was a two way system, where collaboration was encouraged, and where the STAR team valued input from the staff members in the LRC/group home.

[STAR] provided us with a lot of guidance and support but they are also equally open to the suggestions that we make too so in a lot of ways it was a collaborative approach… it was a project… that we all worked on really, myself increasingly and the STAR team.

Staff also appreciated the consistency of communication as well as that this happened over an extensive period of time. They felt like this allowed for a shift in attitudes of certain staff.

If you've got a strong management hierarchy and you can target the right mentors and probably you have gotten a long enough period of time to be able to implement the programme so that attitudes can shift… they like to know that every week someone is going to be there saying how did you go this week, did that work for you, what do you think was really helpful for [the client] and how did you feel about that and what do you think you could have done differently?

Theme Three: High staff turnover and the move toward more casualised staff was a challenge

At the time that STAR began their intervention, the LRC was in the process of being closed, this meant that many of the staff were leaving and there was a shift toward the small group home model. This period was chosen for the intervention so as to have the client more prepared for the transition. However, some of the key challenges identified at the time were high staff turnover and an increasing amount of casual staff members. Staff felt this lead to a lack of consistency of intervention and the loss of staff that were knowledgeable in the specific strategies implemented by STAR which then impacts on the client.

You lose that consistency too… There's a lot more casual staff now… but back two or three years ago we sort of had permanent casuals like they'd work at [local hospital] and they'd come over and do shifts at [LRC] so they really knew what was going on anyway. They weren't permanent staff but the amount of shifts they did they knew what was going on but now it seems to be, yeah there's a high turnover of staff particularly in the ward that [the client] is, no-one wants to work there which I can understand.

This had impacts on the staff, the client and the model of care. The staff mentioned that when the system is in a state of transition, staff morale can be low.

It was an unsettled period anyway but we did pretty well, so the goals were met. I think under different circumstances, had the conditions been right, we really could have given that a go, and we still did and I think it's worked out. But that level of support needs to continue on an ongoing basis.

Due to the move toward casualisation of staff, the team recognised the need for a hierarchical approach within the structure of support. Here, the STAR team interacted with senior staff (or staff who had a leading role with the client), and these staff would then train the less experienced, new or casual staff members.

DAY SERVICE STAFF

Day Service Staff Summary: Staff had differing points of view regarding the novelty of the STAR intervention, with one staff member indicating that she did not learn new information from STAR training. This staff member also raised a question as to how effective interventions might be with clients who had experienced long term LRC accommodation. It was difficult for day service staff to communicate regularly with the STAR team due to the nature of their job and limited time away for their clients. However, when communication did occur, staff found it very beneficial. It was difficult at times for staff to find time to complete the requirements of the STAR Framework. Due to the high staff turnover, staff found it difficult to transfer knowledge onto new staff due to a lack of time, and the client's complex needs.

Two day service staff who were involved with the support of the client were interviewed for the study. *Three* themes emerged.

Theme One: Discrepancies existed among day service staff regarding effectiveness of STAR intervention strategies with the client

One staff member was very positive about the intensive interaction strategies that he had learnt through the workshops held by the STAR team. He found that it was a useful tool to get to know clients and a better way to try and communicate. This staff member had begun transferring skills learned in the STAR Framework to his work with other clients.

I've put into practice what I have learnt from that workshop and I find I'm getting good results from [the client] when I do it. It's only very limited time you can do it to keep her focus but at least when we do, it's been quite good….. I would probably spend a bit more time than the others doing it though too. I really sort of focus on it.

Another staff member did not believe that there was anything new in the STAR Framework for this client.

I was doing it beforehand. They just reworded it. Like I said I've worked with a lot of different client base. It was something that a lot of trained staff would already do with their clients. In my opinion when it comes to people like [the client], intensive interaction, I wouldn't say it doesn't work, but because they have been institutionalised for so long…. I don't think they picked the best two clients to exactly do it with in my opinion.

Theme Two: Communication was difficult between the day service staff and STAR team
Both day service staff mentioned that it was hard to organise meetings because of conflicting priorities and a full caseload, reducing the continuity of contact. They felt that as they were often one on one with clients, it was difficult to answer phone calls and have in depth discussions with the STAR team.

> *So it makes it very difficult, unless they gave me a day off or a half a day off here or there where I could actually concentrate, sit down, do some paperwork because I'm with clients from the time I start to the time I finish.*

During the STAR team involvement, most communication was between STAR clinicians and day service workers, with little input from managers, leading to a perception that more time should be allocated for staff working in the STAR Framework.

> *I think they [our managers] should be more on board because then they could then allocate us some time to do such things. And it was brought up on our side a couple of times. We've gone well if you can allocate us some time we can sit down and nut some things out.*

When communication did occur between the STAR team and the day service staff, it was positive and beneficial. Having everyone come together and discuss made the continuum of care from LRC to group home possible.

> *Once it could all get put in place at a time that suited everyone that meetings went quite well. It was good discussions about [the client] from ADHC staff [group home staff] and our staff… Yes because if you know what's happening in the house, you're understanding some of the behaviours that are coming out when they come out with us too, what might be some of the triggers they're noticing in the house.*

Theme Three: Due to the high staff turnover, day service staff found it difficult to transfer knowledge onto new staff

A theme that ran through day service interview was around the transfer of knowledge onto new staff, quite often based on the high staff turnover. Having managers leave was particularly difficult as staff were then left to educate the new managers on the STAR Framework.

In the four years I've been we've probably had about seven different coordinators so I've had to train them a lot of the time because they didn't know what was happening. We've had to help them out, that's what I mean it's hard for them to get on top and this… for them to really be on board to even know what half of it is all about anyway.

Staff also found it quite difficult to teach new staff the foundations of intensive interaction. This was based on issues such as a lack time, the complex nature of the client's disability, and the risks associated with the behaviours of concern that the client exhibited.

Well they don't really understand it neither and it's hard to get times to talk about it too. Like I've tried to explain to the staff what it's about, how it works and a few of them have tried and doing it and they found it quite good, oh this is really good… Newer ones are a bit more apprehensive of the clients to start with too. They're not sure how they're going to react or what their behaviours might be. They mightn't feel as comfortable.

STAR CLINICIAN

STAR Clinician Summary: Communication was seen as a highly successful element of the implementation of the STAR Framework. There were benefits to having the champions in place, particularly as there was a distance between the STAR team and the staff and client geographically. The clinician found that the qualitative and quantitative data did not truly reflect the outcomes that the client made. She was aware that to others, these outcomes may be seen as minor; however to the client and staff, they were huge. The clinician felt that due to the nature of this referral, in that the client was transitioning to a group home, it would have been beneficial to follow up with the staff and client and provide greater support if necessary.

One STAR clinician who worked with both the client and the services who supported the client was interviewed. *Three* themes emerged.

Theme One: Communication and collaboration between STAR managers, the STAR team and the champions identified within services increased the effectiveness of intervention and support.

Communication was seen as crucial to the success of the implementation of the STAR Framework. Effective communication was seen on multiple levels; between the star managers, LRC/group home staff, and the day service staff. The clinician discussed how this was a collaboration, particularly between herself, and the champions within the services. Due to the distance between the STAR team and the staff, the champions played a major part in the effectiveness of the intervention.

[I received Support] from my colleagues, my STAR team manager and from working side by side with the team. It's funny how you're providing secondary or tertiary support to the clinical team it often ends up becoming a two way process in that they are able, like

through their commitment and that continuity stuff that they were able to support the ongoing work… I think not only commitment but that support and collaboration across our role.

The STAR clinician felt that by involving numerous stakeholders in the intervention, the collaboration was more effective. This meant that there could be greater gains seen in staff capacity building but also in the clients' Quality of Life

Theme Two: The outcome measurements did not reflect the results observed by the STAR clinician

When the clinician was asked to reflect on the Quality of Life for the client, she felt that the quantitative scores were not reflective of the true gains that the client made whilst he was with the STAR team.

I kind of felt like oh it's missing that qualitative information that to me was what you just went unequivocally this has made a difference to this woman's life and the staff just, not only from a confidence supporting her but can engage more with her in a way that they feel is meaningful.

The clinician felt that reporting is one of the more difficult aspects of the intervention, to try and represent the gains in a meaningful way. The clinician felt that the documentation that was produced by the STAR team at the end of this case, such as the closure report, did not represent the impact of the gains.

Interesting when reading the closure reports and just I suppose even the way we have to report on outcomes and particularly matching with the interventions for [the client] because they were so individualised and the gains whilst incredibly significant really probably external people would look and feel quite small but to [the client] they were huge.

Theme Three: Length of phase and ability to come back after phase 3 if necessary

The clinician discussed how although the outcomes had been achieved, and the intervention moved from Phase Two to Phase Three, to completion, perhaps there could have been a check-in mechanism. Due to the circumstances of the intervention, where the client was transitioning into a new group home, the clinician felt it would have been best practice to continue intervention, and return to a previous phase during transition period.

…even moving into Phase 3 whilst it was appropriate in the context of the intervention, whether or not we almost needed to revisit Phase Two/Phase Three once she'd transitioned into the community just to ensure that her team had the supports in place themselves… In that broader context of the referral really being about supporting

transition to the community, I wonder whether even there was some other point of follow up would have been beneficial.

The clinician offered that whilst the Framework lends itself to flexibility and individuality of each case, a follow up would be beneficial. She recognised however, a need to put a limit on the scope of a referral.

I feel like it's quite flexible in that you're not bound by timeframes often, you get to really work at a point of when the client or the staff team are ready for that next phase to progress but I suppose there's a point where the scope of the referral has to be defined…

The clinician went on to suggest a solution of short consults to complement the referral at the end of the intervention, to neatly tie off Phase Three, allowing clinicians to know that they have set the system up for long term success.

CASE FOUR SUMMARY

Staff capacity workshops were well regarded by staff, and helped in an understanding of the clients. The intervention was seen as highly effective by all but one person interviewed. All others interviewed felt that they benefited from the support from the STAR team. Furthermore, one day service staff said that he generalised the interventions with other clients. The clinician found that the qualitative and quantitative data did not truly reflect the outcomes that the client made. She was aware that to others, these outcomes may be seen as minor; however to the client and staff, they were huge.

There was a large emphasis placed on a champion structure of support, where the STAR clinician provided the support to key people within the organisations. These champions were then able to run the interventions through their organisation, which assisted in continuing the intervention even in the face of high staff turnover. For this reason, communication was seen as essential, between the STAR team and the champions. Most people interviewed said that there was good communication among the team; however, some staff found it difficult to take time to speak to the STAR team.

Both the LRC/group home staff would have liked to have seen the intervention and interaction with the STAR team extended. Both groups would have liked to have seen the intervention be continued past the transition of the client into the group home. The staff felt that this would then help the staff in overcoming difficulties faced when getting used to the new accommodation. The clinician also mentioned a possible need for continued follow up with the client beyond Phase Three.

CROSS CASE ANALYSIS

In this section, a cross-case analysis of the findings from the four case studies is presented. Pattern matching and selective themes are demonstrated. Explanation building is carried out.

AGGREGATED DATA AND SELECTIVE CODING

Pattern matching is the process of uncovering similarities and contrasts among the cases. This involved aggregating the secondary data, and producing selective themes from the primary data regarding the characteristics, strengths, and challenges of the STAR Framework.

CROSS CASE TRENDS IN SECONDARY DATA

Closure report data and/or closing survey data for three of the four cases suggested that outcomes for the client had been positive. These positive outcomes included a reduction in restrictive practices, a reduction in behaviours of concern. In the case of the client for whom outcomes did not improve, cluster interviews suggested that this reflected the temporary nature of the client's accommodation rather than a weakness of the STAR Framework

Three out of the four cases saw improvement in the client's Quality of Life over the course of the STAR Framework as measured by the Quality of Life questionnaire. Again, in the case in which improvements were not seen, this was suggested to be attributable to temporary nature of the accommodation which was linked to uncertainty and stress on the part of client.

Staff knowledge and confidence as measured by the pre and post training questionnaires saw improvement in nearly all areas for all four of the cases. For one case pre training knowledge was slightly higher than post training knowledge but confidence had increased as had communication skills.

Generally, client outcomes and staff outcomes tended to be positive in the four cases included in this evaluation, with the exception of the client undergoing the uncertainty of a temporary service placement away from her home city.

CROSS CASE TRENDS IN PRIMARY DATA

Cross case pattern matching looks for similarities and contrasts among cases. This stage is useful for organising the findings and seeking higher-level themes from the individual case data in comparison and contrast to one another.

Each case was a stand-alone study in that the themes were developed from analysis of individual case data. Once cross case analysis began, the themes were aggregated across the cases, with core themes emerging, through the process of creating selective codes.

The themes were organised into higher levels selective themes as illustrated in Table 9.

Table 9: Selective themes deduced from cross case analysis

Selective Theme	Themes from cases
Staff commitment and capacity building were important to the success of the STAR Framework with challenges arising when continuity of staffing broke down	Working with the STAR Framework built the capacity of the staff, clinician, and organisation (Case One-NGO clinician) There was a perception that staff members were trying their best under difficult circumstances (Case Two-Family) Staff built capacity and communication skills through the training, coaching, and structure of STAR Framework (Case Two-Staff) The STAR Framework built capacity in the staff team (Case Three-Staff) The commitment of staff team made contributed to success (Case Three-STAR clinician) High staff turnover and the move toward more casualised staff was a challenge (Case Four-Staff) Hard to transfer knowledge onto new staff (Case Four-Day Service Staff)
Collaboration was key to the success of the STAR Framework and a barrier when unattained	The STAR team worked collaboratively to develop supports for the client (Case One-NGO clinician) Difficulties in communication with stakeholders caused delays in delivering intervention (Case One-STAR clinician) Large number of stakeholders made processes somewhat difficult to manage (Case One-NGO home city) Governance issues impeded processes (Case One-FACS management) STAR team provided necessary guidance and support to organisation staff and management (Case One-FACS management) A strong team dynamic was created during the time within the STAR Framework (Case One-staff) The STAR clinician felt supported by the STAR Framework and STAR management team. (Case One-STAR clinician)

	Successful on-going communication between STAR team and staff was beneficial for client (Case One-STAR clinician) Staff felt listened to and respected by STAR clinician (Case One-staff) Staff felt consistently supported and listened to by the STAR team (Case Two-Staff) STAR clinician felt supported by the STAR Framework and STAR team (case Two-Clinician) Staff felt consistently supported and listened to by STAR team (Case Three-staff) The STAR team worked with referring clinician in a mentoring role (Case Three-Referring clinician) Effective Communication existed between the STAR team and LRC staff (Case Four-Staff) Communication was difficult between the day service staff and STAR team (Case Four-Staff) Communication and collaboration between STAR managers, the STAR team and the champions identified within services increased the effectiveness of intervention and support. (Case Four-STAR clinician) Communication and collaboration between STAR managers, the STAR team and the champions identified within services increased the effectiveness of intervention and support. (Case Four-Star Clinician)
Generally, with some exceptions, Quality of Life tended to improve, positive interactions between clients and staff increased, and behaviours of concern decreased under the STAR model	Nature of temporary accommodation meant the client was unable to improve his Quality of Life and independence during his time within the STAR Framework (Case One-Staff) Staff built trusting relationship with client (Case One-Staff) The nature of the temporary accommodation meant that the client's independence and Quality of Life decreased over time within the STAR Framework (Case One-STAR clinician) Progress towards client goals remained in maintenance mode throughout intervention (Case One-FACS management) Any change that was observed throughout the STAR Framework was modest and not significant (Case Two-Family)

	Staff saw positive changes in the client's behaviours of concern (Case Two Staff) Staff positive interactions between client and staff increased under the STAR Framework (Case Two-staff) Behaviours of concern decreased and Quality of Life increased (Case Three-staff) Quality of Life for the client improved (Case Three-STAR clinician) Discrepancies existed among day service staff regarding effectiveness of STAR intervention strategies with the client (Case Four-Day service Staff) The outcome measurements did not reflect the results observed by the STAR clinician (Case Four- STAR clinician)
The structure of the STAR Framework, while challenging at times, was also linked to positive outcomes with some suggestions for modification	Long term improvements began to emerge and STAR Framework plan still in place (Case One-NGOclinician) The timeline of the STAR intervention was perceived to be too short (Case Two-Family) Intensity of coaching tied to positive outcomes (Case Two-STAR clinician) Further work needed in order to reach long-term goals (Case Two-STAR clinician) The strategies presented in the STAR Framework were effective (Case Three-Supervisory Staff) Structure of STAR Framework was both beneficial and challenging (Case Three-Supervisory Staff) The structured STAR Framework allowed for sustainable, positive change (Case Three STAR clinician) STAR Framework was seen as a highly effective and beneficial approach (Case Three-Referring Clinician) The quality of training, workshops, intervention and support were high (Case Four-Staff) Length of phase and ability to come back after phase 3 necessary (Case Four-Star clinician)

SELECTIVE THEMES

Selective Theme One: ***Staff commitment and capacity building were important to the success of the STAR Framework with challenges arising when continuity of staffing broke down***

Staff capacity building was an essential element of the STAR Framework. The coaching, mentoring and training that the STAR team provided to staff assisted staff teams in working towards positive outcomes for clients.

It was not only the participation of the staff in the training and coaching that was important, but also the commitment on the part of staff teams and the dedication to improving support for clients. Even in cases that had seen little in the way of improvements, staff efforts were recognised. The importance of staffing was also made clear in the finding that staff turnover or lack of continuity negatively affected the fidelity of the Framework and the provision of quality support to the client. It appeared that capacity building needed to be carried out in a climate of staff commitment in an environment of low turnover rates and high levels of staffing consistency.

Selective Theme Two: ***Collaboration was key to the success of the STAR Framework and a barrier when unattained***

A theme appearing in various forms throughout all four case studies was the importance of collaboration. The STAR Framework generally fostered a collaborative working environment in which staff members contributed to planning and implementing client interventions and felt listened to and respected by the STAR clinicians. STAR clinicians, in turn, also reported being well supported in their intensive work by the STAR management team. Where collaboration had not worked as well, communication breakdowns and systemic issues such as, a large number of stake holders involved in the planning, were identified as interrupting progress and, in turn, the successful functioning of the Framework.

Selective Theme Three: ***Generally, with some exceptions, Quality of Life tended to improve, positive interactions between clients and staff increased, and behaviours of concern decreased under the STAR model***

At the same time as positive outcomes being identified, indices that interrupted progress were linked to stress and anxiety, type of accommodation, transfer of changed behaviour from one setting to another, as well as lack of sensitivity of the outcome measures .

Selective Theme Four: ***The structure of the STAR Framework, while challenging at times, was generally linked to positive outcomes with some suggestions made for adaptions***

The characteristics of the STAR Framework include an adherence to a phased model, a rigorous collection of outcome data, and a provision of intensive training, coaching and mentoring of clinicians to staff and clients. These characteristics were perceived as being essential to the successful implementation of the program. The structure provided guidelines that were largely or mostly well understood and carefully carried out. The intensity of the coaching and mentoring ensured that staff not only participated in and understood training materials but were able to translate these in to practice. Challenges did arise with the heavy load of paper work associated although this was generally accepted as a necessity and at times was framed as a benefit. The most significant critique of the STAR Framework emerging from the cases was found in the structure of Phase Three. Several interviewees noted that the Framework was too short and that Phase Three should be supplemented by follow up from the STAR team.

STAGE THREE:
PRIMARY DATA FOCUS GROUPS

Two focus groups were carried out during the evaluation process. The first focus group was with two STAR clinicians, and was held at the Centre for Disability Studies office, Camperdown. The semi structured nature of the interview focused not on individual clients, but on the STAR Framework as a whole. The second focus group was members of the FACS Clinical Innovational and Governance Team, with two managers from SBIS and two managers from the Integrated Services Program (ISP). The focus group was held at the SBIS office, in Parramatta Sydney. Similarly to the STAR clinician focus group, the nature of the interview was semi structured questions, with a focus on higher-level elements of the Framework. The themes arising from each focus group are detailed below.

STAR CLINICIAN FOCUS GROUP

STAR Clinician Focus Group Summary: STAR clinicians felt that the overall structured and phased approach to the STAR Framework was beneficial in structuring their own work, as well as supporting staff and the clients. The clinicians felt it was a tool unlike any other in this area, and assisted in making sure competence was met before moving onto the next phase. The intensity of coaching was mentioned throughout the focus group as a crucial element of the Framework that led to its success. The clinicians suggested that if service systems that supported the individual client were not ready for the demands of the Framework the outcomes may be difficult to achieve. In addition, the timeframes of STAR were in some cases hard to adhere to, and some of the measures used were not sensitive to changes they had observed. Although the STAR Framework is a very structured approach, the clinicians felt it still allowed for flexibility within each phase. The clinicians were able to bring in their own skills, as well as consultants, when necessary. Rapport building, communication and collaboration were vital elements to increase staff attitudes and for change to be seen within the organisations that the STAR team worked with. Finally, due to the nature of the STAR Framework and its focus on staff capacity building, there were positive changes at a system level that set organisations up for long-term change. This was considered vital in the changing climate of the sector and with high staff turnover and casualisation of staff.

Two clinicians participated in an interview with the evaluation team. *Four* key themes emerged in regards to the STAR Framework.

Theme One: The structured model of STAR Framework was beneficial for clients, staff, and clinicians

STAR clinicians valued the model in that it gave them a tool unlike many other behaviour support plans. STAR clinicians felt it was helpful to have the intensive structure when

working with more complex clients. The structure of the Framework, in particular, assisted newer STAR clinicians in understanding the processes to follow.

> *it was nice to have that time and I think equally as a newer person to behaviour it was really lovely to have a structure, although it was evolving at the same time, it was nice to have sort of a bit of a guideline to these more complex clients, how am I going to go about my work and have that as an underlying Framework. So that was really useful for me.*

STAR clinicians valued the structure within each phase, and that the phased model allowed the clinicians to be rigorous in making sure that the staff had reached procedural reliability before moving forward. The structure also lent itself to detailed documenting for a transparent style of reporting.

> *The staff I was working with in supporting the client hadn't really shown that they had moved far enough with being consistent in the approach of taking on the knowledge or retention of it. We were able to go back to Phase One and that gave really clear indicators of when to do that and when not to because we had a strict Framework that was documented*

> *…and so it was just around documenting, making sure that I document how often supervision happens and the other things that I have really gotten to know that are embedded in their team, maybe not the way that we would have suggested or recommended as best practice but understanding that that's how they keep their team healthy and how communication happens.*

The intensity of both the coaching of staff by the STAR team, and the intensity of the implementation of support was found as a recurring theme, where staff felt as if they had to be enmeshed in the system in order to create change.

> *I think it really is around intensive implementation… building that trust, like that safe relationship of learning for the people who are supporting your client as well as with the client. You actually are spending a lot of time with them. They get to see you as a familiar person… sometimes it's the little detail that can switch the capacity of the system or the routine of the client that means that that goal can actually happen.*

The timeframe set for each phase was discussed, and it was noted that often these could not be adhered to due to the individualisation of each client. The STAR clinicians recognised that the system needed to be ready for the implementation of the STAR Framework. When this was not the case, STAR clinicians were then required to spend extensive periods of time setting up systems and processes within organisations, before intervention could occur.

…it's just being aware that sometimes the system support needs to be in place before we can do our work and that kind of held up the timeframe, being involved in the system for about a year. Working with like an organisation that didn't have maybe as rigorous supervision and support for their staff, they made a lot of system changes that really meant that we could go ahead with intervention that now works and that was recognition that they needed to retain permanent staff who were consistent and obviously provide that safety for the clients, those really big high up system kind of things, the way they are rostered, the shifts that they worked, the way communication happened.

STAR clinicians also discussed some of the tools that were used within the STAR Framework and how they were perhaps not the most sensitive measure of outcomes for certain people they were supporting.

Those challenges I guess with the tools, some of the tools that we were using, I guess that we found as it evolved as well, so the quality of life scale probably wasn't as sensitive as what we have hoped. It didn't suit certain populations. People got a bit confused with how it was worded when they were responding by proxy. So that didn't feel as meaningful at the end I think.

Theme Two: The Framework allowed for flexibility within the approach

Whilst the STAR Framework is a very structured approach to working with people with complex needs, the clinicians discussed how within each phase, there was still room to be flexible in the approach taken.

it [the Framework] gave a lot more space and time to reflect with the system as well and it could be quite flexible, so although I wasn't involved with both boys I am working with so much for the assessment phase, I kind of came on and those things were mapped out, I still found that there was a lot of room for meeting the assistance needs and support needs and the client's needs and being flexible in that middle phase too.

It's maybe the detail around [the phased approach], maybe the timeframes and the documentation. Like that little bit I think varies depending on what you are faced with and what is going on at work and all the rest.

The STAR team discussed how the Framework allowed for the recruitment of consultants, when the clinicians themselves felt that they did not have the expertise in a part of the training or implementation.

So there has been different bits of training that have been outsourced so that we are not necessarily doing all the follow up and it's just happening in little bits and pieces because we have lost staff overall as a unit (reference to closure of ADHC).

Theme Three: Rapport building, communication and collaboration assisted in a more positive attitude for staff and change to be implemented at a system level

There was often some resistance to the STAR team's role within organisations at the beginning of interventions. Clinicians reported that some staff indicated that they had nothing new to learn about the client and felt some resistance to having their work monitored. Once a rapport was built, these feelings seemed to subside.

And once that was worked through and everyone understood our role clearly we kind of were able to get past that, but that really was an issue around letting us in the house and even agreeing that the number of times that we could be in the house to observe and do the work of phase two with the staff.

Rapport building was seen as a critical element to the success of the STAR Framework. It assisted in being able to give feedback to the clinicians and staff whom they were coaching, and to create a healthier working environment where staff were more willing to collaborate.

I got to know each of those ten staff members and how they personally like to receive feedback and all that stuff, so relationship building…. And you can't do that kind of learning and reflection and that takes time and it takes the man hours of actually, the person hours of being there and that feedback that is very specific, and it's really hard for them to generalise with just recommendations.

They seem happier. They are more open in sharing information and that to me means it is a healthier environment.

Due to the intensive mentoring and coaching of the staff by the STAR team, the STAR clinicians felt that the staff built the capacity to implement the interactions. This was where procedural reliability became crucial, in that the staff would not be supported to move on until competence was gained.

At the beginning of the year they… [the staff] weren't on email and they weren't sharing communication consistently and so it was really hard to get the phase two stuff... They weren't up to that and they weren't ready, so they had to do a lot of work with their team leader and it flowed down how they supported each other, those kinds of systems… I spent I think a lot about work in phase one and phase two was building rapport and trust enough for them to accept that feedback of gentle nudging, this is what you might want

to have in place for them and putting those things in place and then we could actually do the clinical stuff.

Theme Four: The STAR Framework set up the staff and system for long term change

STAR clinicians felt that once rapport had been build, intensive coaching had been carried out, and Framework had been followed, the team and the organisation as a whole had been set up for long term change. This meant that if challenges arose, they were now equipped with the skills to deal with such situations.

Once they've got the skills there's a confidence to actually explore different options for people and I think that is probably to some of the guys that I worked with, probably their quality of life changes aren't that significant and that is probably to the nature of their complex needs, but I think the staff are in a position better able to support them and for longer.

it's lovely because I think I got to see the whole system grow to put what I know if anything comes up… they've got the skills now because I've spent so much of phase two in implementation being a fly on the wall and checking and checking and letting them know what they were doing that was working and not working. So confidence I think is not just owned by me but by the system.

There was one example of a system that had grown and developed so much, that the client was now able to spend time at his family's house without support. This was seen as a dramatic change for the client, family and staff.

I mean a specific example, one young man who had come in to care because of increasing behaviour and lots and lots of placement breakdown and just at the end of the sustainability phase he just had Christmas back at home with his parents without staff support, without PRN and it was all a happy experience to the point now where his mum has bought a new house and set up a room for him where he comes and stays where previously they couldn't even be in the same room.

Clinicians also discussed how the Frameworks required systematic support from within the organisation to be successful for long term change. Staff turnover and the casualisation of the workforce required that the knowledge and intervention strategies be embedded within the system, in the face of workforce changes.

In the current climate you cross your fingers and really hope that they still are around. But most of them, I think some of the stuff was sustained because ... sometimes the stuff we recommend is not rocket science, it's just be much more systematic in how we teach it and actually checking that people are transferring knowledge into practice.

CLINICAL INNOVATION AND GOVERNANCE TEAM FOCUS GROUP

Clinical Innovation and Governance Focus Group Summary: The managers saw value in the Framework. Although initial expectations of the number of clients who were supported by the Framework were not met, positive outcomes were achieved and relationships built among the STAR team, service providers, staff, and clients. The structure and intensity of STAR Framework seemed to have inherent challenges but was also seen as a strength of the model. The intensity of support, the structure of the phased model and the reliance on documentation were seen as aspects of its success. The managers raised significant concerns regarding the sustainability of the STAR Framework. Systemic issues such as the turnover of staff including key champions, and the future of the service system with individualised funding models, did not seem to bode well for such a resource-heavy model. Suggestions such as varying support intensity models and organisational readiness checks were put forward as possible paths to sustainability.

Four managers from Family and Community Services, Clinical Innovation and Governance participated in a focus group. Two managers worked within the SBIS team while two worked in the ISP team and had overseen the referral of clients to the STAR team. Within the focus group they explored their experiences referring clients to and working within the STAR Framework. *Six* key themes emerged.

Theme One: The structure of STAR allowed for an intervention that reached the most complex clients

The managers mentioned that a focus upon the phase structure and on-going outcome measures assisted in setting up clear expectations for support staff and clinicians.

> *…because we also had to attach the outcome measurement stuff we really focused on how we would know at the end of each of those three phases when we were ready to move and I think really helped to tighten it. I think that that's helped; having some kind of frame or document though too I think really assisted the staff in knowing what was expected of them.*

The phased model worked well and the managers appreciated the value in ensuring that outcomes such as staff knowledge and confidence were met before full implementation began. This quality assurance was a valuable aspect of the STAR Framework.

> *I still really in terms of the phases I love them. I think it's really important to know that you've taught something new before you try and help people implement something different in practice.*

The tools and measurements did not always show change and were not always easy to use but lent fidelity to the model in ensuring that staff and clients were achieving outcomes and moving in a positive direction. The reliance on these tools helped the entire team to stay accountable.

> *I think that again because we were driven by this [documentation and phased model]… it became something that just was over time embedded as part of the core working of the team and … I found it really, really helpful as a manager because it really gave me some crossover in working out if people said where they were was really where they were and when people moved into different phases what checks and balances were attached to that.*

Theme Two: Although ultimately beneficial, the structure of the STAR Framework was also challenging at times for systems, services, support staff, and clinicians

Although this barrier was ultimately overcome in most cases, managers spoke of resistance within organisations to the amount of work and structure that was needed in order to carry out the STAR Framework directives. This was a hurdle that required an investment on the part of the STAR team in order to move towards positive outcomes.

> *Oh there was so much resistance in the beginning because it's a lot of expectation on an organisation…if you wanted a referral to us it had to look at a very particular way the training couldn't be generic, it had to be around this particular individual, you had to be okay with us then coming in and being (around) for a long time after so the commitment of resources and the commitment of staff time from the organisations was a genuine barrier in the beginning.*

The processes and documentation required of staff and clinicians also tended to be seen as a burden at times. Although managers recognised the value in the structure, this was also perceived to slow down the implementation of support.

> *I would say some of the processes that we put in place ended up being a bit too cumbersome for my staff. At the end of each phase there had been an expectation that you do some kind of formalisation of your readiness to move into the next phase and to write some kind of progress report that would go out of the district and back to me. I know that that ended up impacting on people being able to quickly move into the next phase so I think that that was probably a bit difficult*

These difficulties with documentation were generally seen to be overcome as staff got familiar with the processes, but particularly at the start of the STAR Framework, the demands on staff tended to be difficult.

The structure and reliance upon documentation, while overall viewed in a positive light, also seemed to be associated with slower than expected turnaround times and fewer clients completed the model than originally expected.

> *…we certainly didn't support as many clients through the process as I thought we would. It certainly took a lot longer than I thought it would but I don't know if that's a not working thing but definitely I was surprised we didn't move through as many people as I thought we would.*

Theme Three: Structure of Framework ensured clinicians were able to build on-going relationships with staff and clients and move towards positive outcomes

The STAR Framework was such that a significant number of hours spent in face to face implementation and coaching were required of clinicians. Managers felt that this was one of the most important aspects of the Framework and allowed for trusting relationships to be built among clients, staff, STAR clinicians, and organisations.

> *…going out and setting up small groups to do that movement from paper to practice, also gave you that additional hours so for me as a manager, constantly being aware that every three months I had to update the executive on how many places we had delivered for that financial year. I found that really helpful because I could have a look at where people were sitting and it really did push our staff [clinicians] I think in being more physically present in units, spending more time with staff, spending more time with clients.*

Although the managers suggested that outcome measures might not always have shown significant change, there was a belief that overall the structure of the STAR Framework and the intensity of the support assisted in the movement towards an improved Quality of Life for clients. This was recognised as a long term goal that was difficult to measure in the relatively short span of time within which the STAR Framework operated but was designed to be an aim for organisations and staff beyond the time in the Framework.

> *But we did know from the beginning I think that the quality of life, we weren't expecting great change in quality of life. That doesn't necessarily change so quickly but with only sort of just one indicator in a picture, but I also thought that it would be something that people could then carry on with the person too so starting some work that they might continue on with.*

Theme Four: Systemic challenges slowed the movement of clients through the STAR Framework

The managers participating in the focus group suggested that at the outset, the STAR Framework had been designed to support clients for whom previous supports had failed.

This meant that the managers expected service providers to have a set of goals and plans in place for clients that would only need to be adjusted or refined by the STAR team. In practice, this was not the case and seemed to have resulted in slower than expected processes and the STAR team taking responsibility for developing plans and interventions as well as implementing them within service settings. This required an adjustment in expectations and timeframes on the part of the STAR team.

> *I think we thought that … people would be coming to us with these amazing plans for us to just go and implement because the difficulty was just not getting traction on the ground because there wasn't enough implementation support provided.*

This general lack of readiness within the service sector meant that clients ended up being in the Framework for longer and the responsibilities of STAR clinicians were extended beyond the original design.

Theme Five: Sustainability of the Framework was dependent upon service systems and staff consistency

The managers expressed the belief that the continuity of the Framework could only be maintained if there were a commitment from services and consistency in staffing beyond the final phase of the model. This was an area of concern since for many services basic processes of communication and accountability were not set up within the organisation. In addition, many staff had moved on following the active phase of the STAR model, leaving no one to champion the developed supports.

> *I feel like we've set up systems to help them maintain that level of continuity of support to the client but then we come back in three months' later and all those staff have gone so the system is only as good as the people that have been provided with the support to move because it's like some of the systems could be as basic as supervision, team meetings, meetings with the client, like really fundamental stuff they had just not been in place so they weren't ready for elaborate systems like the communities of practice.*

Significant turnovers in staff were of concern to managers. This was presented as a reality in the current system. This turnover meant that there needed to be an emphasis on processes and safeguards such as the identification of champions who might carry on the program once phase three was completed. Unfortunately, system capacity meant that this continuity of champions was not always possible.

> *Honestly the biggest thing that came through…is there being a significant changeover of staff. We always tried to identify pseudo implementers where we'd have a couple of champions and as part of your sustainability model so if the champions left and that was definitely something we noticed or and part of that was really interesting too, but if*

they'd left, if the staff [champions] had left they were honestly probably the two biggest gaps [along with a lack of capacity in the service provider].

Theme six: The future of the STAR Framework was seen as uncertain

The roll out of the National Disability Insurance Scheme was identified by managers as having a possible impact on the long term sustainability of the Framework. Managers spoke of possible funding challenges in which clients would not have individualised funding packages of sufficient size to participate in the STAR Framework. The level of intensity of support that defined the STAR Framework raised questions around how funding might work for clients most in need.

That there will not be enough money for people to access it, organisations won't access it on behalf of clients, and clients won't have the money to access it themselves.

Managers suggested several possible strategies to meet these challenges including having different levels of support that clients or services might access depending on the complexity of needs. Managers also suggested that there might be a benefit to creating an organisational readiness check that would ensure service providers were able to meet the demands of working within the STAR Framework.

Where it evolves what about the readiness and capacity of the organisation? Like some kind of talking that needs to happen and checklists.

Managers suggested that the STAR team were well equipped to help organisations to build their capacity to support the most complex of clients, seen as a necessity and a safe guard in case of a support system failure.

So argument would be for that because organisations will need their capacity built and we've got a lot of, there's a fair amount of skill and knowledge in the non-government sector but also in the government sector and we just need to blend them together to support this.

The uncertainty of the future of the STAR Framework was a concern for managers. They identified that the demand for such intensive support would continue but the system might be unable to support those clients most in need.

I don't think the money and the resources will be there to actually make sure that staff are up to date with their skills which I think will create more systemic issues down the track…there's people out there, the needs out there…

SUMMARY OF FOCUS GROUPS

In both focus groups, the structured model of the Framework was seen as a benefit. It allowed for an intervention that reached complex clients and guided intervention. Both clinicians and ISP and SBIS management identified the importance of communication, collaboration and relationship building as key features for the success of the STAR Framework. For management, the structure of the STAR Framework was not without challenges and at times represented a burden for services, support staff, and clinicians. Management identified systemic challenges that slowed the movement of clients through the STAR Framework and created possible barriers to sustainability. Clinicians believed the STAR Framework provided a strong foundation for long term systemic change, while recognising that there was a need for systemic support for the Framework to be successful.

RESEARCH QUESTIONS ADDRESSED

TO WHAT EXTENT HAS THE STAR FRAMEWORK BEEN IMPLEMENTED IN LINE WITH THE FRAMEWORK DIRECTIONS?

This question attempts to uncover whether the particular processes of the STAR Framework Phased Model were followed in the actual implementation of the Framework.

Secondary data suggested that certain elements of the STAR Framework were adhered to carefully such as the Phase One assessments of knowledge and confidence for support staff. Procedural reliability assessment records were intended to reflect the readiness of the client to move phases. However, it is suggested that this particular process was not always followed, or at least not always recorded. This may have been administrative error since it appeared from primary data that clients moved through the Framework at appropriate times, however, a lack of recording of procedural reliability indicates a need for modification in the Framework strategies and expectations to ensure fidelity in the future. The survey with key staff was also not always carried out or at least not recorded in data sent to the evaluation team.

The significant documentation required throughout the STAR model, while at times identified as a burden, was generally carried out and seen as a valuable component of the Framework structure.

Quality of Life measurement tended to be carried out both pre and post intervention. This suggested that this aspect of the Framework was adhered to. This measurement tended to occur for most clients entering all three Phases despite some reluctance (as found in primary data) from staff or clinicians to use the assessment tool.

Primary data suggested that most stakeholders understood the phased nature of the STAR Framework and had participated in the Framework in line with Framework directions. Staff had participated in training and workshops and had received intensive coaching and mentoring from STAR clinicians. Clinicians had found some timeframe flexibility within the Framework but generally followed the overall phased structure. Similarly, management also indicated that the structure of the Framework was adhered to in most cases.

TO WHAT EXTENT HAS THE IMPLEMENTATION OF THE STAR MODEL CONTRIBUTED TO ENHANCED QUALITY OF LIFE FOR PEOPLE WITH DISABILITY WHO HAVE COMPLEX SUPPORT NEEDS?

This question addresses the degree to which the STAR Framework was able to provide support for individuals with disability and complex support needs to achieve an improved Quality of Life. Quality of Life includes competence and productivity, empowerment, and social belonging. According to the secondary clinical data, improvements had been made for nearly all of the clients who had moved through all phases of the STAR Framework. For nearly all of these clients there was a trend of improvement in all areas of Quality of Life. This improvement reached statistical significance in the area of overall satisfaction from

Quality of Life, suggesting that the STAR Framework indeed had a positive impact upon the Quality of Life of those supported.
The survey conducted with key staff also suggested improved outcomes for clients who had completed all three phases of the Framework, including elements of Quality of Life such as empowerment.

The client for whom Quality of Life did not increase, had been experiencing stressful life circumstances away from his usual support system, suggesting that although STAR did not make a positive difference in his Quality of Life, this may not have been due to a shortcoming of the Framework or the support he received within it. Primary data suggested that although this client did not experience an improved Quality of Life under the STAR Framework, at the time of this evaluation his home city clinician suggested his Quality of Life was undergoing improvements. Other clients in the case studies were described as experiencing a somewhat improved Quality of Life under the STAR Framework.

It was apparent in primary data that while quantifiable changes in Quality of Life may not have occurred for all clients, small improvements in client outcomes were often seen as major milestones for the clients and staff.

TO WHAT EXTENT HAS THE IMPLEMENTATION OF THE STAR MODEL CONTRIBUTED TO ENHANCED STAFF /CARER CAPABILITY TO SUPPORT PEOPLE WITH A DISABILITY WHO HAVE COMPLEX SUPPORT NEEDS?

Results of staff knowledge and confidence assessments pre and post STAR team targeted training and/or workshops suggested that support staff capacity was significantly increased under the STAR Framework. Primary data also suggested increased capacity for staff.

It became clear through an examination of staff surveys and primary data that staff capacity was not only built through trainings and workshops but was fostered through a commitment to collaboration and communication on the part of the staff team and STAR clinicians. Staff felt respected and listened to by STAR clinicians which may have increased their ability to take on new approaches to support. In addition, staff capacity was built through on-going intensive coaching by the STAR clinicians.

Such capacity was put at risk, however, when high staff turnover occurred. An examination of reasons for early exit of clients from the STAR Framework in the secondary data also suggested that elements of staffing such as a lack of consistent and committed staff was associated with a breakdown in support. This finding suggests that organisational capacity for taking on the STAR Framework may be related to the availability of consistent and responsive staff support.

The goal of the STAR Framework of enhanced carer capacity was not clear in this evaluation. The role of family was apparent only in one of the cases in the primary data multiple case studies, and the building of family capacity did not appear as a priority and as such could be an element for improvement in the future.

TO WHAT EXTENT HAS THE IMPLEMENTATION OF THE STAR MODEL CONTRIBUTED TO ENHANCED SERVICE SYSTEM CAPACITY TO SUPPORT PEOPLE WITH DISABILITY WHO HAVE COMPLEX SUPPORT NEEDS?

The STAR Framework aim of increasing service system capacity to support clients was addressed in the primary data in the survey with key support staff. For most clients able to complete all three phases, system outcomes had been achieved. Staff commented on such elements as an increased system capacity within organisations to support transitions and an increased capacity to work around high staff turnover rates. These turnover rates, however, were also framed as a negative circumstance that contributed to the inability of the Framework to be fully implemented. The number of staff instances of training since the STAR Frameworks inception was 2178. These numbers indicate built capacity within organisations, and by extension, the entire sector.

Primary data suggested that communication among various stakeholders in the support systems was facilitated at times by the STAR Framework. These various organisational stakeholders however, also presented a challenge to effective communication and the smooth process of clients through the phases of the Framework. The STAR Framework was suggested to have assisted organisations in building capacity by instilling guidelines around interventions and program planning intended to be sustainable once STAR involvement ceased. Focus group data suggested that the STAR Framework set up organisations for long term change provided that champions were identified and processes adopted. High staff turnover again limited this capacity in organisations. At times, even when champions had been identified, consistency of the staffing was in question.

Generally, it was unclear whether the increased support system capacity associated with the STAR Framework was significant or sustainable under circumstances such as high staff turnover or large numbers of system-based stakeholders.

WHAT SPECIFIC BARRIERS AND FACILITATORS CONTRIBUTE TO OR HINDER THE ATTAINMENT OF THE STAR FRAMEWORK'S OUTCOMES?

Secondary data suggested some barriers to the achievement of STAR outcomes. Inability to complete the Framework once entered was associated with barriers such as client crisis, changes in service providers, and lack of consistent or supportive staff. Staff surveys suggested that barriers to achievement of outcomes included high levels of staff turnover.

Primary data suggested some barriers such as high staff turnover, difficulties in communication, or client circumstances such as living away from a home city. While the high level of documentation required within the STAR Framework was identified as being challenging, this did not seem to be a significant barrier. A barrier that appeared to be inherent in the Framework was identified in Phase Three. This phase was suggested at times to be too short, with a need to have more regular, on-going contact with the STAR team once service had ended. This finding was especially relevant given the barriers associated with high staff turnover and concerns over the sustainability of the Framework raised by the SBIS management.

Facilitators associated with the attainment of the STAR Framework outcomes in the secondary data included the collaborative approach to planning taken by the STAR team, staff feeling supported and respected, and the high quality and intensity of training and coaching by the STAR team. One of the most significant and consistent facilitators identified throughout the primary data was the structure of the Framework itself. The intensity of the coaching and training for staff and the use of clear and consistent processes facilitated positive outcomes. The phased model seemed to be well understood and generally adhered to. The focus upon collaboration and communication within the STAR Framework was also a facilitator to positive outcomes for clients, staff, and systems.

TO WHAT EXTENT IS THE FRAMEWORK TRANSFERABLE TO THE NON-GOVERNMENT SERVICE SECTOR?

This final evaluation question is a complex one. Generally this evaluation has found that the STAR Framework has been adhered to and significant positive impacts upon client Quality of Life achieved. Staff capacity has been built, and to a lesser degree, some system capacity increases have been suggested. It is clear however, that significant challenges associated with organisational and system factors may act as barriers to the achievement of STAR outcomes. The most significant of these is staff turnover. Even in cases where champions had been identified to carry through the Framework once STAR involvement has ceased, concerns were raised over sustainability. The current climate of transition to individualised funding and possible casualisation of the workforce makes this concern relevant to the transferability of the STAR Framework.

The SBIS management suggested that the Framework may not be sustainable in the current political climate unless funding is available for such a resource-heavy approach as the STAR Framework. Since the intensity of support and coaching provided by the STAR team was a significant facilitator to the success of the Framework, it is difficult to imagine how the Framework could be consistently and effectively carried out if funding structures were inadequate or unstable.

Overall, if skilled clinician hours were available and organisational and system capacity satisfactory, then the STAR Framework may transfer successfully to the NGO sector. However, without these elements the transferability is uncertain.

LIMITATIONS OF THE EVALUATION

SECONDARY DATA SOURCES

The nature of secondary data (closure reports, procedural reliability checks, surveys with key staff data, staff knowledge and confidence assessments, and Quality of Life Questionnaire data) was such that analysis had to be conducted with caution as the data was not collected directly by the evaluation team. This is a natural condition of program evaluation undertaken by a third party using data collected for clinical purposes rather than for a large scale evaluation. The STAR team and the evaluation team were able to work well together to interpret and understand the meaning of the data, however, some data was unable to be utilised as consistent measurements were not used throughout. An example of this was the records for serious incidents, PRN use, or other behavioural data. Incidents were not reported for all clients and for some clients were reported monthly while for others quarterly. Types of incidents were also inconsistent and dependent on individual circumstances. For some clients, positive interactions were tracked while for others, violent outbursts were recorded. The value of this type of data is clear on an individual clinical basis but it was, unfortunately, unsuitable for aggregation of data across individuals. Despite these challenges, the evaluation team were able to produce an analysis utilising the complex nature of the clinical data while triangulating the data with the primary sources.

PRIMARY DATA SOURCE LIMITATIONS

Cluster interviews:
Issues arose regarding securing participants for the interviews. The aim was to interview cluster groups, where the main person who had received the intervention has finished the STAR Framework (i.e. completed all three phases). Whilst the STAR team and the researchers worked together to secure participants, there were several unavoidable issues resulting in difficulties and delays in securing interview clusters:

- Relocation of the person with complex support needs post STAR involvement led to circumstances in which the evaluation team was unable to locate the person or members of their support system.
- One cluster was interrupted after interview completion when a family member withdrew consent for participation and another cluster's consent was withdrawn prior to interviews.
- High staff turnover resulted in difficulty securing staff members who had been working with the person with complex support needs at the time of intervention.

In addition to finding cluster participants, the evaluation team wanted to interview, where possible, the clients themselves. Unfortunately, this was not possible, either due to communication difficulties or behavioural concerns.

Focus Groups:

The evaluation team aimed to have between five and seven people attend each focus group. Due to numerous issues including STAR team staff turnover and conflicting appointments, the STAR clinician focus group had only two participants. The Clinical Innovation and Governance focus group had more participants (four people attended), however, there were still a few key managers missing due to similar circumstances.

RECOMMENDATIONS

This report concludes with seven recommendations based upon the triangulation of the primary and secondary data.

RECOMMENDATION ONE: ORGANISATIONAL READINESS

It is recommended that in further delivery of the STAR Framework, consideration be given to ensuring that organisations are prepared for the implementation of such an intensive Framework. It is suggested that such readiness would set the organisation, staff, and clients up for success.

Recommended organisation readiness strategies include:

- STAR Management develops an organisational readiness program that is delivered within organisations before accepting clients into the STAR Framework.
- STAR sets a readiness standard for both staff and organisational systems that is met before clients are accepted into the STAR Framework that covers:
    - assessing the commitment of staff to participating in the STAR Framework
    - having staffing capacity for level of support required
    - being able to back fill for staff released
    - having management staff to act as champions for ongoing supervision of STAR intervention
    - being able to release staff for ongoing capacity building

RECOMMENDATION TWO: EXTENDED TIMEFRAME

It is suggested that the phases of the Framework remain flexible to ensure that movement between them reflects the ongoing progress of the client. The flexibility of the phases, however, should also continue to be supported by a structure of procedural reliability checking that ensures client and staff readiness for the next phase. This procedural reliability checking should be considered essential to the fidelity of the Framework.

It is recommended that Phase Three be extended to allow ongoing supervision, coaching and mentoring as needed both for the staff and clients.

Intensified coaching and mentoring of STAR Champions should be undertaken as this is associated with transferring the stewardship of the STAR Framework past Phase Three to internal organisational expertise.

It is suggested that a system be put in place upon the completion of Phase Three where STAR clinicians in collaboration with organisational champions review ongoing progress and, if needed, put in place a revised plan.

RECOMMENDATION THREE: FAMILY CAPACITY BUILDING

The evaluation team recommends that, where appropriate, delivery of STAR intervention include transfer of strategies, supervised by organisational staff, into the client's home with family members involved in capacity building with staff.

Benefit may also come from STAR working to develop a group of family champions that can act within a parent to parent model giving support to other families under supervision of STAR.

RECOMMENDATION FOUR: ACCREDITATION OF STAR TRAINING

It is recommended in view of STAR's emphasis upon and success in capacity building that an accredited higher education course be developed and taught by STAR in order that STAR Champions can be assured of both in-depth training and a recognised qualification.

RECOMMENDATION FIVE: PUTTING THE STAR FRAMEWORK ON THE INTERNATIONAL STAGE

The evaluation team suggests that STAR partner with a research group to research outcomes of STAR Framework with a view to national and international publications and recognition of its model.

RECOMMENDATION SIX: QUALITY OF LIFE MEASURES

It is recommended that a review of the outcomes of QOL measures from this study lead to investigating of revised set of outcome measures. Members of the STAR team should consider working with researchers in the field to develop an adapted and targeted measure of QOL that reflects current theoretical development while remaining responsive to STAR needs.

RECOMMENDATION SEVEN: COMMUNITY OF PRACTICE

Finally, it is recommended that STAR set up a virtual community of practice that is seen as a portal to share successes as well as problem solve ongoing issues with a view to ongoing development of the champion/mentoring system.

The evaluation team recommends that STAR continue with the heavy focus on the use of a champion/mentoring system.

RECOMMENDATION EIGHT: COMMITMENT TO FRAMEWORK FIDELITY

Although the STAR framework requires a great investment of time and resources, it is the intensity of support that is connected to positive outcomes for clients and staff. The documentation necessary in the STAR framework provides the robust evidence of outcomes necessary to the on-going success of interventions.

RECOMMENDATION NINE: DEDICATION OF ADEQUATE FUNDING

The changing nature of the disability and mental health sector brings the sustainability of this effective yet resource-heavy model into question. The evaluation indicates that on all measured indices the STAR framework appears to be a successful and vital model. The evaluation team recommends that any further implementation of the STAR Framework includes a commitment to providing the resources necessary to deliver the Framework in the format in which it is designed.

REFERENCES:

Creswell, J., & Plano Clark, V. (2011). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications.

Gardner, J.F. & Nudler, S. (1999). *Quality performance in human services: Leadership, values & vision.* Washington DC: Paul H. Brookes Publishing.

Parmenter, T. R., & Fraser, B. J. (1980). Application of a systems model in evaluating an innovative work experience program. *The Exceptional Child*, *27*(3), 141-150.

Schalock, R.L., & Keith, K.D. (1993). *Quality of Life Questionnaire*. IDS Publishing Corporation

The Specialist Training and Resource Team (2014). *Specialist Training And Resource Team Framework & Operations Manual (Version 2).*

Yin, R. K. (2014). *Case study research: design and methods* (Vol. 5). Los Angeles: Sage.