

Improving Care Initiative: Lived experience and improvement science in residential care

OPEN Forum – Innovation in Residential Care

15/12/2022

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Acknowledgement of Country

Biganga (possum skin cloak), 2017 Lee Darroch, Yorta Yorta, Mutti Mutti, Boon Wurrung

Lee Darroch is a Yorta Yorta, Mutti Mutti and Boon Wurrung woman. Her artwork is inspired by the need to continue cultural, spiritual and artistic practices. Lee hopes to leave behind a rich legacy for her children and children's children to follow, so that the Dreaming will continue in an unbroken line.



CREATING a safe space ♡

 NO NEGATIVITY
TOWARDS OTHERS



HONESTY &
OPENNESS

 ALLOW TIME
WHERE NEEDED



mindful
of OTHERS'
EXPERIENCES

NO PRESSURE
OF EXPECTATIONS 

→  listen

 NO JUDGEMENT

♡ RESPECT ♡



 NO DISCRIMINATION
of 'ISMS'



~~NO ACRONYMS~~

NO WRONG
QUESTIONS

 SUPPORT
EACH OTHER

ASSUME
POSITIVE
INTENT

LEAVE your ROLE
at the DOOR



WE'RE ALL
EQUAL



A quick project overview

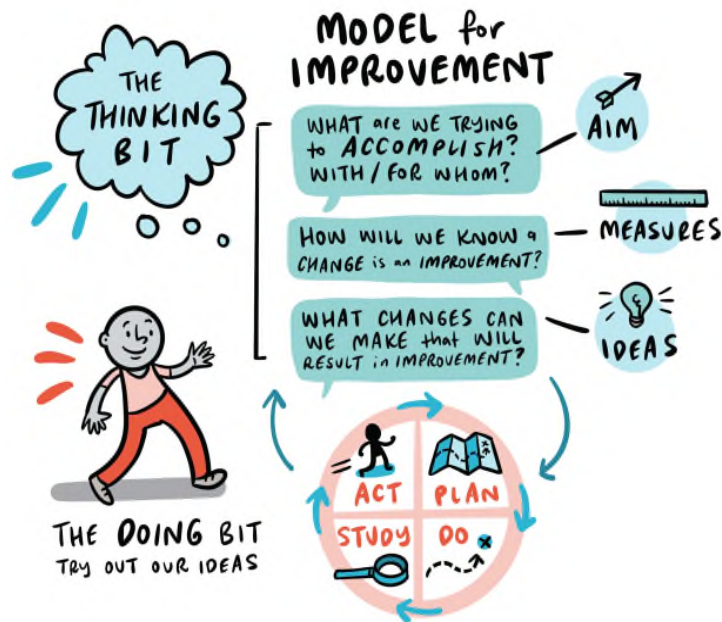
12 Improvement Teams

Using the model for improvement

To improve the outcomes and experiences of C&YP

Improvement Teams:

- Anglicare
- Berry Street x2
 - Brophy
 - CAFS
 - CCV
 - DFFH
- Mackillop x2
 - Mpower
 - VACCA
 - Uniting



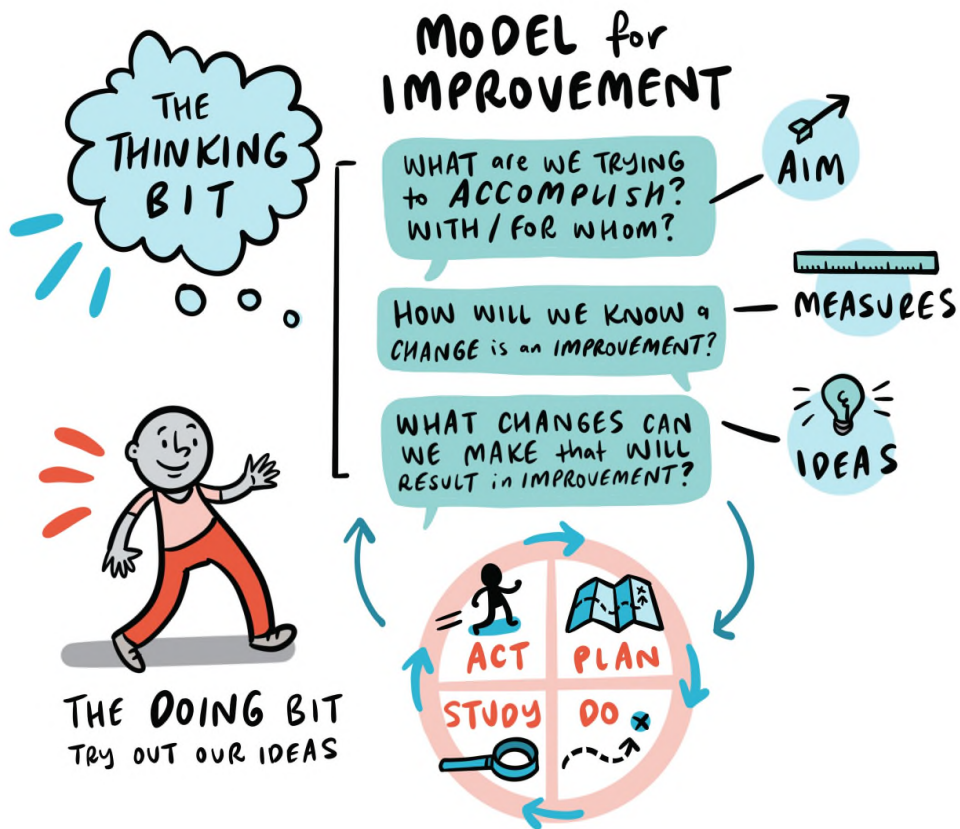
Purpose Statement

We aim to improve residential care so that children and young people feel safe, have stability, are connected to their culture and family (particularly Aboriginal children) and are provided with education and life skills to support their future aspirations.

The Model for Improvement

Improvement methodology for the
Improving Care Initiative

The model for improvement



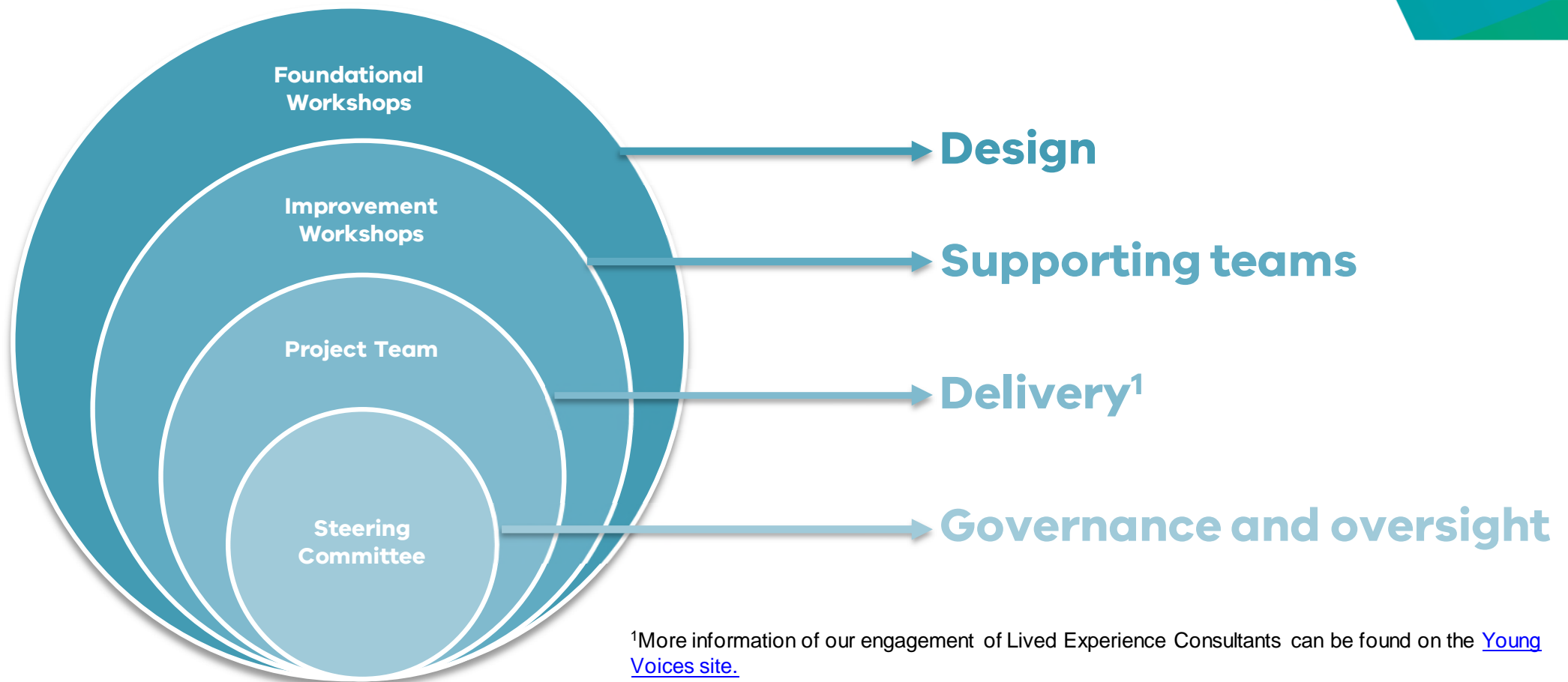
The Model for Improvement is a **simple**, yet **powerful** tool for **accelerating improvement**.

The approach focuses on **innovation**, **rapid-cycle testing** in the field and **spreading** of changes to generate learning about **what changes**, in **which contexts**, work to **produce improvements**.

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But where is the lived experience...?

The role of lived experience consultants



¹More information of our engagement of Lived Experience Consultants can be found on the [Young Voices site](#).

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Young peoples involvement in the Mfi

The [Model for Improvement](#) ask Three Questions:

- **What are we trying to accomplish? With/for whom?**
- **How will we know a change is an improvement?**
- **What changes can we make that will lead to improvement?**

And teams test the changes through a **Plan, Do, Study, Act** Cycle

Throughout the process, we embedded the voices of people with a lived experience of residential care to help answer these questions

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listen to young people!

PLENARY DISCUSSION

MYTH busting RULES

IF WE ARE ALL WORKING on this AREA of FOCUS, WHAT is POSSIBLE to ACHIEVE in the NEXT 12 MONTHS & BEYOND?

BETTER PLACEMENT of YOUNG PEOPLE
IMPROVE the PROCESS

CHOICE & VOICE

- ▷ DECISIONS
- ▷ WHERE will I BE TODAY?

INFORMATION

limitations...
WHAT ARE the OPP'S?

TRAINING for STAFF

6 MONTHS: INDUCTION

INDIVIDUALS PORTFOLIO

(REDUCE REPEATING our STORY)

SAFE and STABLE ENVIRONMENT
"EVERYTHING BUILDS OFF SAFETY!!!"

- LESS 'LIMITED OPTIONS' IMPROVES our PLACEMENT
- REGULAR COMMUNICATION
- LESS ADMIN BURDEN
- ACCOUNTABILITY
! HIERARCHY of NEEDS!
- WORKERS PRESENCE
- @ ALL TIMES -
- SAFE TRANSPORTATION (AVAILABILITY & OPTION)
- REDUCED POWER DYNAMIC



EDUCATION

- SKILLS
 - RIGHTS
 - LIFE SKILLS
 - MENTORING
- empower YOUNG PEOPLE

ASPIRATIONS for EDUCATION

PATHWAYS to BUILD SKILLS

▷ alternate ED. OPTIONS

DECISION MAKING

LIFE SKILL PLANS (INDIVIDUAL)

100 POINTS of I.D. / CARDS

(COMMS → STATE & FED)

APPROPRIATE FUNDING

ALL KIDS e SCHOOL & TRANSPORTATION

'INTEREST BASED' TRAINING & UPSKILLING

SUPPORT and CONSISTENCY

- ONGOING RELATIONSHIPS
- WORKERS, HEALTH CARE, ROLE MODELS

CONNECTION to CULTURAL & FAMILY GROUPS

CONSISTENT staff ENGAGEMENT

IMPROVED OPINION around the ROLE of RESICARE WORKERS

CONSISTENT MSG^{ING} SUPPORTING behaviours

FASTER NOTIFICATION TIMES of FINES

ELEVATE ROLE of CASE WORKERS

the RIGHT to ASK

What are we trying to accomplish?

PURPOSE STATEMENT:

We aim to improve residential care so that children and young people **feel safe**, have **stability**, are **connected** to their culture and family (particularly Aboriginal children) and are provided with **education** and life skills to support their **future aspirations**.

To achieve this, we will ensure the **voices** of children and young people are **heard** and **acted** on to improve these four key areas:

- Child, young person and family centred placement
- Safe house environment
- Consistent and supportive health and social care
- Individualised learning pathways

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What changes can we make that will result in improvement?

Handover: Workers to develop and use a '30-minute handover conversation guide' that includes C&YP in the verbal handover process and provides vital information to support C&YP

About me profiles: Workers to regularly refer to 'about me' profiles designed by C&YP about their needs and preferences, to strengthen connections (including pronouns, interests, triggers & how they calm down, favourite food, hobbies, fun facts, family and friends)

House rules: Workers to co-design 'house rules' with C&YP to be discussed and reviewed at weekly house meetings with all C&YP

Family Contact: Workers to organise at least monthly family activities for C&YP (e.g. movies with siblings, video calls, phone calls)

Night-time Routine: Workers to co-design tailored bedtime routines with C&YP to help them settle in the evenings and stay in the residential care house overnight

Strengthen Connections: Workers to schedule, co-design and engage in one-on-one activities at least weekly with C&YP to strengthen connections and Workers & C&YP to gather together at least weekly for co-designed age-appropriate group activities to strengthen connections

Sensory Room: Workers to co-design and deliver a sensory area in the house with C&YP (including lighting, music and sensory objects) to assist C&YP to calm down and settle themselves when needed

House Profiles: Give me a profile of the house I'm going to before I get there. (Supportive task: Establish current profile of houses, including likes/dislikes/habits and other relevant information about residents and staff)

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How will we know the change is an improvement?

Hearing the voices of young people was critical to know if we were making a difference.

- Our data collection focused on opportunities to hear from young people who were living in the houses where changes were being tested.
- Their views were used as an opportunity to inform if we were making a difference.
- This happened in a variety of ways; through surveys, informal discussions and as part of house meetings.

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Testing changes - PDSA

- Lived experience consultants supported teams to plan their tests of change.
- Teams were encouraged to engage young people through 'study' component
- Importantly, teams needed to act on what young people told them



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What did we achieve?

Quantitative Data

Quantitative data was collected through out the initiative, this includes surveys with young people.

- During the initiative there was an increase in children and young people that Strongly agreed and Agreed to the question “residential care workers understand me”
- During the initiative there was a decrease in client incident reports in the participating residential homes. Although this cannot be attributed to particular tests of change, we theorise that improved engagement between workers and young people helped decrease incidents.

Quantitative data was collected across a number of areas, although due to low reporting rates was not always useable

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Qualitative data

Due to low reporting in our quantitative data, we relied heavily on qualitative data from improvement teams to understand the impact.

- Improvements for young people including family reunification, reduced incidents and greater engagement in the handover process
- Improvements for staff including feeling empowered to try ideas they have had for a long time, clear aim for the team, focus on small day-to-day improvements rather than larger system level changes
- Since their involvement, teams have recognised the value of the methodology to generate improvement, although there are still barriers such as staff time and consistency which impact upon its application

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Learnings and challenges

What have we learnt?

From IHI's Project Summary report:

- The voices of young people are critical to the success of the Initiative
- Engaging children and young people living in residential care requires a tailored, creative and an evolving approach
- This methodology has supported culture change in the way teams work with young people
- The use of Improvement Science is new for the community services sector and we have all been learning together

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Next steps:

- Continue to support participating teams build their capacity
- Apply the learnings from the initiative so far:
 - Reviewing team membership and leaders
 - Improving data collection
 - Refining ways to hear from young people
- Work with the CFECFW to:
 - Evaluate the initiative with a focus on capability building of the sector
 - Develop resources such as knowledge translation products for the sector
 - Facilitate data workshops
- Explore options for future funding to expand the approach

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Thank you and questions

Feel free to reach out at ImprovingCare@dffh.vic.gov.au