

IMPACT:Ability Staff Focus Groups Winter 2014 Summary Report

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BACKGROUND

In January and February 2014, the Institute for Community Health (ICH) conducted three 90- minute focus groups with Triangle staff and managers to learn their perspectives on the IMPACT:Ability abuse prevention activities that have been implemented over the past 2 years. Two of the groups consisted of non-management staff while one included members of management. A brief, anonymous survey was completed by all attendees at the beginning of each focus group in order to document the participants' backgrounds. The primary purpose of the focus group discussions was to elicit information for program improvement.

PARTICIPANTS

Twenty-two Triangle staff attended the focus groups. Participants ranged in age from 24-63, with the majority of participants falling within the 20-29 years old category (27%). Additionally the majority of the participants were female (68%), and Black or African American (45%), spoke English at home (73%), completed college or higher (59%), had been employed with Triangle between 3 and 10 years (41%) and have worked in the disability services field, including Triangle, between 3 and 10 years (59%). For a more detailed summary of participants demographics, please refer to Appendix A.

SUCSESSES

One of the most salient themes across all three focus groups was broad support for empowering residents and preventing abuse. This was accompanied by numerous descriptions of demonstrations of empowerment by the clients, a real sense that clients behave differently now than they had in the past, and that they are, generally, safer. Staff trainings on abuse prevention were also described as useful and were well-received. A cultural change in how staff approach clients at the organization was identified positively by most focus group participants.

Participant Empowerment

One of the strongest themes that emerged from the focus groups was the perception of the positive effect that the IMPACT:Ability self-defense training had on clients. Some examples include:

- Increased number of instances of clients standing up for themselves and communicating their interests, preferences and needs.
- Improved feeling of safety for clients.
- Clients using safety skills, including stop signals.
- Clients asking for more choices and advocating to have a voice in choosing what activities they participate in.
- Using skills learned from the training in the community, not just in Triangle.

"I have a client who was a victim of abuse and it did help. (The client is very small and shy) and it helped her learn hand signals and the proper tone."

Staff Training Seen as Effective and Useful

When asked about the successes of the IMPACT:Ability program, focus group attendees cited the staff trainings multiple times. It was seen as useful for the following reasons:

"(If it weren't for the IMPACT class) anyone could have reported to me and I would have been lost."

- Learning about policies and procedures increased comfort with reporting abuse.
- Staff valued learning about how to approach an abuse report with compassion and concern for the individual making the report, in addition to the DPPC mandated reporting requirements.
- Laminated cards, with clear instructions, were seen by some as helpful and readily accessible.

Increased Safety

Most staff, and several managers, noted that Triangle has become safer over the past two years. They cited seeing the following changes that made the organization safer:

- Increased instances of clients reporting abuse and standing up for themselves.
- Clients learning about their rights.
- Perception that staff are more aware about abuse and that it would be easier to report other staff, if necessary.

While a majority of focus group attendees found safety to have improved, it is important to note that there were several residential attendees who did not think there was a change in any direction around safety as they wondered how the clients' newly acquired skills would translate into real life circumstances.

Triangle Culture Change

Many staff and managers who work at the Triangle main building, as well as some residential staff, described a large shift in the organizational culture in Triangle around how staff interact with and treat clients. Some examples include:

- Staff turnover had lead to a reduction of “old attitudes” that had a “staff versus client mentality.”
- Clients more likely to be treated as adults by staff.
- Increased opportunities for clients to choose what activities they participate in.

“I remember spending time on the work floor and some of the people that Triangle (employed) weren't treating participants as adults.”

Other Successes of Note

In addition to the major themes highlighted above, several focus group attendees also saw the following areas as successes of IMPACT:Ability:

- Recent improved communication between IMPACT staff and residential directors and staff.
- Willingness to continue to learn and improve. One manager described the initiative as “always going forward.”

CHALLENGES

While there was broad support for IMPACT:Ability, staff and managers also noted that they encountered some challenges, especially due to unintended consequences of client empowerment and miscommunication between IMPACT program staff and other managers. Additionally, focus group participants had a varied understanding of the IMPACT:Ability program as well as Triangle abuse policies and procedures.

Unintended Consequences of Client Empowerment

While staff supported the goal of client empowerment and many saw its firsthand benefits, they also perceived it as having unintended consequences, which ranged from making it more difficult to do ‘what is best’ for the client to creating more interpersonal issues. Some examples include:

“[There is] more knowledge, more no's!”



- Several staff were concerned that some of the more savvy clients have used or may use their new found empowerment to ‘throw staff or other clients under the bus.’ For example, one focus group participant said that one client reported that another had touched her inappropriately and when investigated it was determined that she seemed to have fabricated the report to get the front seat on the bus.
- A client began refusing to eat their breakfast, even though the client needed to take their morning medication with food.
- A number of residents expressing their ‘right’ to eat food in their room when it is against house rules for health reasons.
- Perceived increase of clients threatening to call the police if they don’t get what they want. One example cited was a client calling DPPC because there wasn’t any mayonnaise left in the fridge.
- While one client was empowered to be on a safety committee, he/she began inspecting all of the fire extinguishers, which was outside of his/her appropriate role.

“One client told me, ‘It’s my right to go to Dunkin Donuts.’”

Limited Understanding of IMPACT: Ability

While most focus group attendees had heard of IMPACT, they were most familiar with the self-defense class for clients. Some staff were aware of the IMPACT staff training, but hadn’t heard it existed until they received the training. Additionally, there was further confusion on who was involved in IMPACT and several attendees used IMPACT interchangeably to describe a client sex education class, the self-defense class, and the staff abuse reporting training. At least one focus group participant seemed only to have heard of IMPACT in regards to being asked to come to the focus group and otherwise had no understanding of the initiative at all.

Varied Understanding of Abuse Policies and Procedures

While most focus group attendees valued the training on abuse policies and procedures, there was a varied understanding of the topics and access to the trainings. Some areas of confusion include:

- Several attendees thought they knew the proper policy and procedure, and indicated that they first tell their supervisors before anything else. Yet one staff member related how grateful he was to have received abuse disclosure reporting training because the first thing he would have done previously is let his supervisor know and now he realizes that this would have broken confidentiality.
- Two residential staff mentioned that if it wasn’t for training at a previous job, they wouldn’t know how to properly report and handle an abuse disclosure or observation.
- Some staff reported that they have access to trainings and resources on abuse policies and procedures, while other staff indicated that they did not.
- Some staff knew about the laminated abuse reporting cards and at least one had used it recently, while others did not know about them and one person felt they were not present in the house where she worked.
- There was confusion on the different protocols to report and approach an abuse claim (e.g. if it should be done differently for participant-on-participant vs. staff-on-participant).
- During one focus group some of the discussion focused on relief staff not having been trained. They felt even if the relief staff knew correct procedures, they would not follow them, they would tell the manager about any issues (disclosure or observations) first because they would not want to ‘lose hours for causing trouble.’ Respondents indicated that they have clearly told relief workers that this would not happen.



Communication Issues

A number of challenges that were discussed in the groups all relate in some way to communication issues. While participants noted that communication has improved, some examples include:

- A sex education training for residents was seen by certain staff as ‘inappropriate’ and ‘not professionally done,’ which elicited strong emotions from some staff at one focus group. Several residential managers felt IMPACT staff had discussed and worked with residential staff, the training would have been more successful. Having not been consulted left the managers the impression that IMPACT staff did not respect their knowledge of the residents and assume ‘they (the IMPACT staff) know better.’
- Some staff felt that Triangle leadership is more top heavy and less cohesive than it used to be, which results in a weaker sense of who is in charge and who make decisions. This affects IMPACT:Ability as it may be harder to create cultural shifts and communicate consistent messages with a diffuse leadership structure. Additionally, many focus group participants felt that staff meetings were an important way to receive information from leadership about the agency as a whole and were felt to be relevant to everyone, and now were seen as having been taken over by IMPACT trainings.
- Some newer staff felt that IMPACT:Ability policies and procedures had not been communicated to them early or consistently in the on boarding process. New staff felt strongly they should have this training prior to coming into contact with clients and were very concerned about not knowing what to do in the case of abuse disclosure or observation.
- Some focus group participants felt that the IMPACT:Ability safety trainings with clients was too separate from the other programs at Triangle leading to each working in a silo. This concerned them since they felt some of the messages from the various programs are not aligned. For example, STC staff felt they wanted to be able to address with clients what type of self-advocacy and empowerment is appropriate to exercise with your boss.

Other Challenges of Note

- In addition to the major themes highlighted above, several attendees during one focus group also felt strongly that staff compensation was extremely low and not in line with comparable jobs elsewhere. This, they felt, was relevant to our discussion of IMPACT:Ability because they believe poor compensation may lead to staff burnout and that staff burnout can sometimes lead to treating clients poorly. They noted that an improved organizational culture that emphasizes value and respect for everyone should include respect for staff which could demonstrated through higher wages.

“(Lack of raises) has an impact on how people feel about their jobs.”
- There was concern that the perceived organizational disconnect between Triangle day services and residential has affected the accessibility of IMPACT programming (APLT meetings, staff trainings an self-defense classes) for those at residential sites. One staff member noted that while there is a great interest among residents in self-defense classes, scheduling has been an issue.

“It (lack of raises) affects emotional abuse. If staff feels slighted, it trickles down: not paying attention to (clients). I’ve seen that happen.”

SUGGESTIONS

When asked their opinions on how to improve the program, focus group attendees made the following recommendations:

- The IMPACT staff training should be offered more frequently and to more staff and trainings should build on each other and include more types of scenarios.
- Ensure all staff have access to abuse policy and procedures and a contact number or a well known place (electronic file) to go to find all the available information.
- Develop a training or protocol to help staff know how to approach a staff person or client who has been accused of being a perpetrator of abuse.
- Communicate with staff about the messages and learning topics that are covered in the self-defense class, so it can be supported in other program areas.
- Work with other program staff to ensure that program messages across Triangle align with each other.
- Develop self-defense and sexuality classes that are geared towards different disability types and comprehension levels.
- Use outside resources for sexual education - teachers who are professionally trained to teach this particular topic to people with disabilities.
- Emphasize in the IMPACT:Ability self-defense class that everyone has rights and clients can't infringe on other client and staff rights. This was described repeatedly as a training for clients on being part of a 'community.'
- Additional trainings for staff to know how to deal with the unintended consequences of the empowerment felt by clients.
- Improve communication with residential staff and make IMPACT:Ability programming (self-defense, APLT meetings, etc) more available by holding meetings and classes in residential locations in addition to the main office.
- Continue to have staff meetings about agency-wide information and have separate IMPACT:Ability trainings for staff – not enough time to combine the two.
- Develop and implement a comprehensive and mandatory human resources training on abuse-prevention for all new Triangle staff.
- Develop instructional videos that review abuse, abuse protocols and the different scenarios that can happen when observing/reporting abuse. Some attendees referred to existing videos that they had seen in the past on these topics but also felt this was a project that Abelvision could take on.
- Improve opportunities for interactions between residential staff and day service staff. A recent training on the responsibilities and tasks of residential staff was very well received.

“Staff can't infringe on clients rights and clients can't infringe on staff's rights.”

CONCLUSION

As related by the focus group attendees, a real cultural shift has taken place at Triangle in regards to abuse prevention efforts. This has not come without challenges, though. These challenges revolve mostly around what was perceived as unintended consequences of this cultural shift and communication issues. Given that the attendees expressed great support for the goals of IMPACT:Ability and the areas noted for improvement seem concrete and feasible, the IMPACT:Ability initiative is poised to be successful in achieving its long-term goals.



APPENDIX A

Demographics (n=22)		
Age	#	%
20-29	6	27%
30-39	4	18%
40-49	4	18%
50-59	3	14%
60+	2	9%
Missing	3	14%
Gender	#	%
Female	15	68%
Male	6	27%
Missing	1	5%
Language	#	%
English	16	73%
Haitian-Creole	3	14%
Other	3	14%
Race	#	%
Black or African American	10	45%
Other	4	18%
White	8	36%
Educational Attainment	#	%
High School Graduate	3	14%
Some College or Technical School	6	27%
Completed College	9	41%
Post Graduate Training	4	18%
Employment Length at Triangle	#	%
Less than 1 year	4	18%
1-2 years	4	18%
3-10 years	9	41%
More than 10 years	5	23%
Employment Length (including Triangle) Disability Services	#	%
Less than 1 year	1	5%
1-2 years	2	9%
3-10 years	13	59%
More than 10 years	6	27%

