CRGI SNAPSHOT

Quality of Life as a Guiding Construct in Disability Services
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Keywords: Quality of life, individuals with developmental disabilities, training

Background
Many organizations are beginning to use quality of life as one way to evaluate the success of community supports for individuals with developmental disabilities. Individuals with disabilities often face severe challenges achieving the kind of life the average person expects. Supports for individuals with disabilities should enhance their quality of life.

Currently, the disabilities sector does not offer much in the way of quality of life based training or courses for support staff. People working in the sector represent great diversity in cultures, generations, and experiences. The quality of life construct can help to unite this kind of diverse group by helping them understand their clients, and evaluate their own support work.

Objectives
Develop, deliver, and evaluate the learning outcomes of a two-day Train the Trainer course on quality of life as a guiding construct.

Method
The content of the Train the Trainer course was developed based on the Quality of Life Model (Centre for Health Promotion, 2012). This model defines quality of life as, “the degree to which a person enjoys the important possibilities of his or her life”. It constructs quality of life out of three broad domains: being, belonging, and becoming. This model was chosen for its holistic and broad perspective, which was suitable for our diverse group of staff.

The training was delivered to 60 key leaders from the SKILLS Society in Edmonton, Alberta, which provides support to individuals with disabilities, their families, and communities. Participants were a mix of team leaders, managers, and senior managers who regularly guide staff support practices. The training consisted of a presentation combining instruction and videos about quality of life. Participants were given specific information about how to enhance their own clients’ quality of life outcomes. This was followed by small group discussions among the participants.

A follow-up questionnaire was sent to all training participants to assess their attitudes, opinions, and learned knowledge about quality of life from the training. The questionnaire gathered both qualitative and quantitative data on learning outcomes.

Five focus groups were also conducted with five to seven participants each. They consisted of an open discussion based on the question, “What did you learn from the quality of life training session?” Notes were taken and themes were identified afterwards.

Results
The questionnaire had a response rate of 55%. It asked participants whether they felt a shift in their ideas about quality of life following the training. Most participants did not report a strong shift, but many commented that the training confirmed they were already focusing on quality of life in their supports. However, these participants commented that they learned new ideas and strategies to advance their work.

The following qualitative themes were observed in the open-ended questionnaire responses:
• The training reminded staff to focus on quality of life as a guiding construct when providing and evaluating the effectiveness of supports for people with disabilities.
• The concepts of being, belonging, and becoming helped make quality of life easier to understand.
• The training helped clarify the overall construct of quality of life.
• More staff should take the training.
• More training would be necessary before being able to train others about quality of life.

Some of the following themes came up during the focus groups:
• The domains of being, belonging, and becoming were helpful to understand the components of quality of life, and overcome language barriers.
• Staff leaders need more practice with these ideas to be able to successfully train new and existing staff in a simple, reliable format.
• Staff need to reflect, plan, and evaluate their own work. They need to think past managing crises to helping their clients achieve good lives.
• Staff need to have regular meeting with leaders to have a discussion about current successes and planning future improvements based on quality of life outcome models.
• Quarterly progress reports would help motivate staff and leaders to maintain focus on applying quality of life initiatives.
• There needs to be a clear link between the objectives of the organization and quality of life initiatives.

Conclusions
Quality of life is one of the most important and powerful ideas to guide and evaluate the effectiveness of supports for individuals with developmental disabilities. Training about quality of life should be engaging and address the wide cultural and linguistic differences that exist among support staff.

Future research will focus on developing rich, balanced, relevant, and effective training programs for disabilities support staff and members of the human services sectors. Because there is a high rate of staff turnover it would be beneficial to translate the training into a format for individuals or small groups to complete on their own.

Lessons Learned
Given that quality of life outcomes of people with disabilities who receive support services are routinely assessed, it is important to also allocate adequate resources for quality of life training for support staff. Without sufficient staff training, service organizations cannot properly support quality of life improvement for the people they serve.

The full report can be found at www.mentalhealthresearch.ca

References
Centre for Health Promotion University of Toronto, Quality of Life Research Unit. Quality of Life Model. Retrieved May 16th, 2012, from http://www.utoronto.ca/qol/qol_model.htm

About the Author: Debbie Reid is a senior manager of leadership and community development at the SKILLS Society. Her interests include quality of life, citizenship, health and safety, community development, and human rights.