Research Report & Recommendations for Mercy Connect

Research Conducted By
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On Behalf of Mercy Connect

Closing the Communication's Gap: Identifying Needs Associated with Commination between Participant Stakeholders Centered around Day Program Activities.

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Background

The Organisation:

Mercy Connect, sponsored by the institute of the Sisters of Mercy, is a non-for-profit Catholic organisation providing a range of services to support adults, children and older people with a disability to live independently and be actively involved in their community**.** Mercy Connect delivers programs registered under the NDIS which are aimed at supporting people with disability to build skills and capability to ensure they can participate in leading a meaningful life. Through the implementation of Day Program activities conducted on site at Mercy Connect facilities as well as in the community at large, Mercy Connect aims to provide facilitated learning and employment opportunities to people with a disability. The implementation of Day Program activities is to provide constructive learning opportunities as well as pre-employment skill development for participants. The implementation of tailored activity and pre-employment skills workshops through the Day Program set up incorporates the person- centred practice model that Mercy Connect strives to achieve, with an individualised approach to service provision which draws on the strengths, needs and desires of the person with disability. A person-centred approach draws on a strength's perspective and systems theory with the person at the centre of a wider social network involved as a full participating partner of their service provision (Mansell & Beadle-Brown, 2004; Carr, 2008; Cole, McIntosh & Whittaker, 2000; Beresford et al., 2011). Partnerships between the person, their family, and the service provider is considered in a whole life, holistic view.

The Project:

This research project involves identifying needs associated with the communication processes between stakeholders involved in the participant's lives who are engaged in service provision at Mercy Connect. There has been an identified gap in these communication pathways both historically and current, and something the organisation has not excelled at consistently.

Families of participants engaged with Mercy Connect services and communication methods engaging with them have also been identified as a gap in the service provision. It has been indicated by managers at Mercy connect that some families would like to increase communication with their family member or loved one partaking in service provision with the organisation. It is often the families' wish to have a greater understanding of what their family member is involved in weekly or monthly and how they are navigating through their lives, as families have historically often felt disempowered by the position some disability service providers have taken in relation to their families' role in the life of their adult family member with a disability (Disability Services Commissioner, 2014; Henninger & Taylor, 2014; VIC Equal Opportunity & Human Rights Commission, 2012)). The implementation of easily accessible information sharing could also be implemented as a mechanism of promoting communication between the person and other family/service providers of people who may have difficulties initiating conversations or who have issues with memory recall of recent or past events without the support of a staff member prompt.

Aims & Significance:

The aim of this study was to produce a needs assessment around the use of communication and communication processes at Mercy Connect between participant stakeholders, centering around day program activity. This assessment has helped to highlight the strengths and weaknesses of current communication strategies and processes that will allow for potentially new processes, policy and protocol to be put in place based on the outcome and recommendations made in this report. Data has been collected in both qualitative and quantitative forms from a range of stakeholders including day program staff, house/outreach staff and a small number of participant families in order to obtain a holistic view of the needs associated with communication at Mercy Connect and the priority of outcomes needing to be implemented associated with those needs.

This study explored whether communication needs are currently being fulfilled from different stakeholder perspectives and allowed a platform for discourse on how these stakeholders would like to see communication between each other or from Mercy Connect being delivered in the future. This analysis will help influence service provision and adapt current methods to suit the needs of the individual stakeholders and the organization as a whole.

Communication between participant stakeholders is imperative in the disability sector to ensure the daily management, treatment, independence and self-determination of people engaging in service provision, especially those with complex and challenging support needs coupled with an intellectual disability or mental health diagnosis (Bland, Renouf & Tullgren, 2015). However, due to a lack of empirical evidence, diagnostic research designs, and needs assessments conducted around stakeholder communication, there is a great need to observe and develop practices that could increase the ease and efficiency of communication processes.

Expected Outcomes:

The anticipated outcomes of this study were to show a gap in the current communication pathways and procedures implemented at Mercy Connect between some or all of the stakeholders involved in the participant's lives. I expected to find a vast range of communication needs specific to the level of involvement each stakeholder has with any particular participant and the complexity of needs associated with the participant's daily routine, medical condition, living arrangements, family involvement and behavioral challenges.

Due to the individual nature of service delivery in the disability sector which has been highlighted even more so with the implementation of the National Disability Insurance Scheme (NDIS), communication between stakeholders needs to be assessed on an individual level as well as in a manner that is suitable to be implemented over the whole organization. I expected to find barriers regarding technology appropriateness, confidentiality and outward presentation of participant life to families. When conducting the needs assessment for this project I looked for ways to maintain a person-centered practice framework while assessing the needs of the organization with a holistic view. I did this by centering questions around how each communication tool or strategy positive or negative was affecting the user and in turn affected their ability to service the participant's they work with. This I hope will further benefit the development of improved communication techniques and the implementation of a central communication platform through the recommendations made with by this paper.

Research Plan

Methodology:

This study was conducted using a mixed method approach with a combination of qualitative and quantitative research approaches. A quantitative top down approach allowed for the most appropriate means of gaining a whole organization view of the communication needs outlined in this project, while a 'ground level' methodology allowed me to further my knowledge on the participant and stakeholder experience when participating in communication with each other and the organization, and how this affects the quality of their experiences with Mercy Connect.

Research will begin with observing current communication methods between stakeholders. This will be done in a passive manner so that 'usual' methods can be observed. Using an adapted version of Clippinger's (1980) framework for needs assessment in communications development I employed qualitative methods of data collection in the form of a survey that consisted of both scaling questions open questions and ability to elaborate or add further detail to the questions asked. I conducted these surveys during face-to-face or over the phone interviews with a select group of staff, team leaders and family members associated with participants engaged with day center activates at Mercy Connect. I divided research contributors into four separate groups which will included day staff, home staff, team leaders and family members. Using a rating scale of 1-5 with one being the lowest or rated very poor, 2 rated as poor, 3 as average, 4 good and 5 being the highest or excellent, to rate current communication methods and policies as well as the level of communication currently being supplied by Mercy Connect. The survey was adapted and presented in an appropriate form to each particular group being interviewed, for example, the staff at day programs have different communication needs and therefore a different survey to that of a family member. I assessed the communications needs and capacity/limitations of each group and offered a section for reflections or comments regarding the communication processes at Mercy Connect.

Sampling:

Contributors to this study will included 22 participant stakeholders ranging in ages, gender and both employed with the organization as well as a small sample of family members. These included 7 members in group 1 which were day program staff including 3 team leaders and 4 day program staff members; 10 members from group 2 which consisted of housing staff including 5 selected house team leaders and 5 additional staff, each from different houses; 3 members of group

3 which were coordinators of day programs and accommodation services; and 2 members from group 4 which are family members. Contributors to the survey were selected both randomly by myself and based on names given to me by coordinators. Members of staff were chosen based on their time employed at Mercy connect, both long standing and new staff were interviewed as well as those who were highly interactive and involved with participants in their daily lives.

I selected a range of accommodation services to include participants with differing levels of support, day program activity and challenging behavioral support needs that may need to be communicated about between certain stakeholders. Each contributor was interviewed privately at a time which suited them and were asked the 20 questions of their specific survey tailored to their group. I believe this was a comprehensive but achievable sampling size which provided a comprehensive overview of the issues associated with communications with a wide range of opinions as it includes historic and new staff members as well as staff who have worked for different organizations also and therefore have a comparison in communication techniques to gauge their opinions on.

Method of Data Collection:

As this project was multi-faceted using both qualitative and quantitative methodology, data collection followed a variety of methods including face-to-face or over the phone interviews with staff members of Mercy connect and participant families, field observations and surveys which asked the contributor to rate current systems as well as allowed for recommendations or reflections on future procedure implementation. This method of data collection allowed a broad view of the current gaps in communications between participant stakeholders and where recommendations could be made for new procedures to be implemented.

Surveys were conducted during face to face interviews, with myself asking and filling in the answers given by the project contributor. Contributors were asked to rate the current communication systems in place based on their effectiveness as well as comment on the feasibility of implementing new strategies for communication between stakeholders in the future. Interviews were conducted in the timeframe of half an hour in order to not impact on the busy nature of staff daily routine, however supplementary time was allocated by myself to allow any additional time if needed by the particular contributor to finish the interview if this allocated time is not sufficient. This made sure interviews are not rushed were produced at a high quality with all aspects of the interview covered in a detailed manner.

Project contributors were required to submit their names, but rather a sample number was given to maintain the confidentiality of each contributor and to make sure information was kept in testing groups for each contributor. This information will remain confidential and only sample numbers may be used in this and any future reports if contributors wish to remain confidential.

Data Analysis:

Data analysis has been undertaken by myself in a formal role using the findings from each collection method and passive observations. Analysis will follow a grounded theory methodology using a constant comparative analysis which allows a flexible set of inductive strategies for the analysis of the qualitative data collection throughout the trial. This theory will allow me to emphasize on building inductive theories through the data analysis process with theory evolving during actual research, as it does through the continuous interplay analysis between data collection.

Limitations:

Limitations for this study included the availability of staff to schedule meetings into their busy roster and around day program activities. As these day programs are busy in nature with circumstances changing rapidly, interviews and interview techniques needed be adaptable and, in some cases, portable to fit in with staff scheduling and activity. This also presented itself with home staff and team leaders, making the survey and interview as un-invasive and flexible as possible while still gaining the intended information needed for the study presented itself as a challenges and limitation within the study.

Ethical Considerations:

The research proposal for this study was be submitted for vetting to the executive committee of Mercy Connect and followed the Charles Sturt University guidelines for research. It also followed the Australian Association of Social Workers Code of Ethics (2010) and Practice Standards (2013) in regard to confidentiality and conduct. I familiarized myself with the frameworks produced by the Centre for Applied Disability, the Charles Sturt University Code of Conduct for Research and the National Statement on Ethical Conduct in Research Involving Humans, and understand the principles of respect for persons, beneficence and justice (Commonwealth of Australia, 2007). I acknowledge that research ethics involve the whole research process, and that

disability research aims to transform lives through innovative and collaborative end-user driven research.

Contributors to this research project were obtained on a voluntary basis and all information will be kept confidential. Contributors were informed of the aims and purpose of the study during the initial phase of their interview.

Administration of Research:

This research project was conducted by myself under the supervision of the executive committee at Mercy Connect following the principle guidelines of the organizations quality policy and strategic directions with particular attention being paid to the value of innovation and teamwork.

About the Researcher:

I am a current student at Charles Sturt University completing a master's degree in Social Work (Professional Qualifying). I currently hold a Post Graduate Diploma in Human Services and a bachelor's degree in Equine Science. While I have no published literature in the human services field, I have taken part in and published articles in the equine field. I am currently on placement with the organization Mercy Connect for the duration of 500 hours and am completing this research project as part of that placement agreement. I endeavor to increase my awareness and knowledge in this field through a professional context with the help of comprehensive studies such as this proposed research, which will I hope increase my awareness surrounding gaps in the disability industry that are not necessarily at the forefront of research development but are extremely important to the management and daily life processes implemented around people engaged with service providers and who have an intellectual disability. This research will not only provide the organization with a set of recommendations surrounding communication with stakeholders centered around day program activity, but also hopefully in addition test implemented strategies that are the result of the research findings or provide a framework for future communication platform implementation.

Project Results & Findings:

This research project undertaken on behalf of Mercy connect involved identifying the needs associated with communication processes between stakeholders involved in the participant's engaged with Mercy Connects day program activities and reporting these findings with the purpose of making recommendations. Below are the main and most commonly raised issues centring around communication of stakeholders that were collected through the methods of a survey and through passive and active observations. This data forms the basis of the recommendations outlined at the end of this report.

Several themes were made clear throughout numerous interviews conducted, particularly among survey groups consisting of on-ground staff who work with the Mercy participants in the capacity of a support worker or team leader, However, a distinct lack of consistency in the communication methods used throughout the organisation and quality in which these methods were being implemented with was the issue most commonly raised. This led survey contributors to frequently use the phrase 'everyone needs to be on the same page'. This phrase came in context with procedures such as the making of diary notes to and from day program staff and house staff in regard to food provision, clothing, medication administration or refusal, medical information such as seizure activity or hospitalisation, injuries sustained, mood and complex behavioural issues that may have been experienced throughout the day. When asked the question "How would you rate the level of interaction between day program and house staff?" during the survey, the average response was a value of 2.6, or average to poor, where a one equalled very poor and five excellent.

It was observed and referenced too that there were many communication methods being used throughout the organisation on a ground level, including verbal handovers, diaries, email, phones, progress notes and Riskman. However, it was repeated often during interviews that all of these methods of communications were not updated in real time, or being used in a consistent manner, or additionally, available to be viewed by all members of staff (Riskman in particular). Many of the survey contributors made the reference that both simple and complex information needed to be shared freely and in real time. This is mainly due to the flow-on effect that can be caused through the restriction or breakdown of communication, particularly where medical issues could arise or when the participant is non-verbal. This could be as simple as reporting mood, and the reason for a poor or agitated mood. One example was given regarding the consumption of a lunch time meal. If lunch is refused in a day program setting, this should be recorded and passed through communication lines to housing staff, due to the fact that this may contribute to a flow-on effect within the house setting, which may also affect other participants who share accommodation

though group home living arrangements. This information sharing would also be particularly important for participants who suffer with conditions such as diabetes or other metabolic conditions.

The implementation of a structured protocol surrounding communication processes and the streamlining of progress notes and other communication methods through the digitisation of these procedures will help move essential communication processes into a real time communication system. This will have significant advantages to on-ground support staff and their supervisors. Incidences, assaultive behaviour, mood, medication administration as well as favourable experiences and goal achievement will then be freely shared between relevant stakeholders and can additionally be easily passed onto other stakeholders such as involved family members where suitable and relevant. Critical needs and the onset of crisis were identified as needing to be shared in real time with quick and accessible updated information seen as essential to the care of the individuals experiencing crisis. It was also identified that this information sharing needed to be reciprocated with responses and solutions to those needs responded to in a timely manner, this is where real time information sharing could reduce time costs for both the person sharing and receiving information where digital communication procedures were to be put in place. It was also reported that on-ground support staff were excited and eager to share the achievements and goals attained by the people they supported with other support staff and loved ones involved in that participants life. This process of transparent and easily accessible information surrounding each individual participant was expressed as essential by many of the survey contributors where the passing of information will help build additional resources on how to care, communicate, relate and best service the individual participant, especially those who are non-verbal or who display complex behaviours, and move towards the building of relationships between staff and participants engaged in services at Mercy Connect in a meaningful way.

With the implementation of the NDIS, increased pressure has been put in the collection of evidence for the securing of funding especially for those who present challenging and complex support needs. This is due to funding models moving to the form of individual funding packages rather than the previous group funding models as implemented by the National Disability Insurance Act 2013 (NDIS Act). This collection of evidence was particularly emphasised by group three when conducting the survey. This is most likely due to their higher level of engagement with the National Disability Insurance Agency as well as NDIS planners. The idea that if more effective communication systems were put in place, the grater evidence showing goal and skill attainment as well as behaviours of concern and the need for increased levels of support could be obtained, increasing the organisations ability to collect data surrounding these key focus areas. The standardising of

procedures for communication access and delivery across day program, residential housing and outreach living supports would allow for greater and more detailed data collection, and the implementation of an application or common communication platform would allow a catchment area for this. With this information being collected and stored in a common area, in standardised, detailed and legible formats. While this is being implemented already to some degree with all participant information being stored in their client file both on the Mercy Connect database and at each house or day program location, this information is often out of date, takes the form or multiple computer systems or manual forms when reporting, uploaded to the system with delay, sometimes of weeks, not shared in real time or with other support workers due to technology restraints or system access restrictions, and often hand written in illegible handwriting. This lack of a consistent communication platform also seemed to discourage support workers to report on the achievements or goal attainment of the participants they were working with. As skill development, goal attainment and community involvement are at the forefront of the NDIS, providing a communication platform where both challenges and achievements can be recorded, revisited in an accessible manner and even responded to would encourage support workers to share these moments of achievement, which in turn would provide supporting evidence to the organisations NDIS consultants.

The key communication methods or procedures currently being employed with mercy connect were identified by the staff participating in the survey as verbal handovers, diary notes, email, newsletters, phone conversations and progress notes, with additional methods being identified as Facebook, Riskman, seizure charts, client files, manual handling plans, incident reports and behaviour support plans. When asked how the survey contributor would rate the efficiency of these communication systems a score of 3.3 or 'average' was given as a collective score, with no contributor scoring it higher than a 4 or 'good' score. In addition to this, when asked if they felt their time was being used effectively a score of 3.4 or 'average' was provided overall. Following on from what has been outlined above, when asked to provide comment on the question regarding the efficiency of the communication systems currently employed with the organisation it was also noted the consistency and quality of notes taken or handovers given were subject to the individuals time allowance, quality of note taking and ability. It was mentioned numerously that time is limited when writing by hand multiple versions of the same or similar notes to satisfy, progress notes and diary entries as well as then entering incidences into the Riskman program when needed. It was also noted that if diaries of the participants were not filled out with detail, but rather their progress notes were, say at their residential accommodation, then this information was rendered useless as the communication process stopped there due to the progress notes not following the participant, or being available until they were uploaded to the database sometimes weeks later. This could also be

applicable for people engaging in Mercy Connect day program services who live in outreach accommodation where staff interaction in the home setting is far more minimal and tools such as diary notes are less effective. The streamlining and centralisation of fast, up-to-date and accessible information would help alleviate some of the difficulties staff are finding they are having when they are time poor, unable to locate up-to-date information, do not regularly work with a particular participant, or are needing accessible information regarding a participant on the go.

Another key theme to come out of the data received from the survey conducted was staff training and development centring around communication methods. This was repeatedly brought up when asked the question "If new procedures were to be implemented what would you like them to contain/look like?". Frustration was often expressed by the contributors of the survey around the standardised responses often left in progress notes and diary entries by many staff members across the organisation. It was often commented that phrases such as "followed all procedures", "had a good day", and "enjoyed all activities" were often used as blanket responses to satisfy the need to provide an entry into these communication methods. It was also expressed that staff were not consistently trained in writing diary or progress note entries or outlined exactly what should be detailed when writing them. The implementation of protocols and training surrounding the writing of important communication documentation such as progress notes and even diary entries would be beneficial in gaining consistency in the quality of information sharing between participant stakeholder groups. Training around communication and the methods employed by Mercy Connect would also help staff to develop their communication skills and re-centre practices on a person-centred approach to care by helping staff to focus on the skills, highlights and goal attainment which have been implemented during their shift, maintaining the person receiving services are at the forefront of all procedures and staff minds. This may also help reduce any agenda-based practices which was also brought up multiple times in this section of the survey.

These themes of training and staff development continues into technology training for staff members employed at Mercy Connect. When asked the question of "How proficient are you with technology?" an average score of 4.2 or 'good' was given with most of the contributors scoring themselves a 5 or 'excellent' at using technology and only one contributor scoring themselves a 2 or 'poor'. An increase in training surrounding current and future communication methods and platforms will hopefully empower staff to increase communication levels as well as be able to have input into future communication methods that will increase accessibility and portability of information sharing. This need for portability was indicated with the question "How easy is it for you to access quick information regarding the participants day to day life?", the answer to this question was generally commented as "poor" or "hard", it was indicated that staff had poor access to Mercy

Connect devices especially in outreach circumstances, with the information that was available to them out of date or inaccessible due to portability issues or was limited. This was mainly an issue for on-ground staff who worked in a supporting role with participants and was generally less of an issue for team leaders and coordinator roles. This was likely due to their increased access to computer systems and additional devices to obtain this information. It was noted that the information that was available to staff working in a support role was often out of date, limited, for example, previous progress notes are stored on the computer system, non-portable and some information, for example behavioural information not always available.

Changes in the provision of social services for people with intellectual disability have clamed self-determination, individual choice and the rights of citizenship as its core values, rather than other people making decisions about their loves, people with intellectual disabilities are now able and encourages to make decision for themselves (Reinders, 2002; Young, Sigafoos, Suttie, Ashman & Grenvelle, 1998; Emerson & Hatton, 1996). This is indeed one of the core values that Mercy Connect, and its staff work towards. However, in some cases this is not always possible, and in the case of communication, reasons were stated by the contributors of the survey for and against the contribution and involvement of the participant in communication pertaining to them through the question "Do you feel the participants you work with should be involved in the communication between day program activities, house staff and families?". Contributors of the survey working with participants who were verbal and have the cognitive abilities to communicate and comprehend in a meaningful way all expressed the desire and agreeance that the involvement of the participant in the communications between day program staff, house staff and where applicable and appropriate their families would increase self-advocation and help increase skill development in communicative methods. They also agreed that by giving the participants a voice, it allowed for greater choice and control, moving away from a culture of being talked too and about, and rather with, sharing their experiences of their lives. Survey contributors who worked with participants who possessed the ability to read and write expressed a desire to involve them in the writing of their own diary entries or progress notes where appropriate or involve them by reading over and discussing what had been written. This is however not always possible or appropriate, especially when working with people who may not comprehend correctly or effectively what has been written about them or who are non-verbal or unable to engage in these practices. When talking to staff members who worked with participants who were non-verbal, or who suffered with a mental health diagnosis, which presented as delusional thinking, they expressed a clear aversion to sharing information written about the participant for the purpose of communication. In these cases, it was stated that any negative feedback could perpetuate anger and delusion in some participants which may be displayed as

behaviours of concern. They also outlined that some participants, especially those with reduced capabilities would be "set up to fail" or could be led to a situation that may create frustration and confusion, this could then be the catalyst for problems surrounding this important aspect to a staff members job.

An important aspect of this research project was the involvement and possibility of increased involvement of family members sharing in the activities and achievements of the participants engaged in day program services at Mercy Connect. There were two questions in the survey that were directly linked to the increase in family activity, these were, "would you like to see more interaction between families and participant day program activities?" and " What would be the main thing, activity/emotion/achievement you would like to share with families or loved ones of the participants here at Mercy Connect?". The first question had mixed responses from all groups surveyed, with some contributors expressing a definite yes, that families should be encouraged to participate more in their loved ones lives, and that Mercy Connect should be doing all they can to encourage this, while other members, mainly those working at a ground level were less enthusiastic about the increase in family involvement expressing that an increase communication level with families had historically caused friction and frustration, and that family interaction were not always positive to all participants. When asked if staff would like to share experiences with family members however, most survey contributors agreed that they would like to share highlights of the participants they work with, goals achieved both personally and as per their NDIS plans, personal skills development including relationship building, dealing with anxiety and positive behavioural changes, funny and entertaining stories, the emotional well being of the participants, happy pictures and how loved the participants are in their daily lives. While all of these were positive experiences to share, it was also expressed by some survey contributors that they would like to share a holistic view with the families of the participants including good and bad times, things that were being worked towards, and challenges that are presented, the reality of these challenges presented, and how participants are being assisted to overcome these challenges. It was mentioned however by several of the survey contributors that there was no platform to communicate this, there was a Facebook page and a newsletter, however they mentioned that with an aging population of their participants, there was also the issue of their parents, usually the main receiver of communication, who may not have the technological knowledge to use email or Facebook.

Family members who were interviewed for this survey were minimal, this was largely due to the sheer volume of data that was collected regarding communication issues at Mercy Connect from the staff interviewed in the initial 20 surveys. However, there were 2 formal interviews and two informal discussions with family members made throughout the research period. These family

members interviewed did not believe that they needed a greatly increased amount of communication from Mercy connect, they were satisfied with the level of interaction they had with their loved ones engaged with services and day program activities however did not engage in any of the communication methods Mercy employs for communicating with family members including Facebook or the newsletter. This does not mean that all families do not engage in this way as this was a very small percentage of family members interviewed, and a did not show a clear representation of the total population. This focus group consisted of one participant who lives in the family home setting and the others were all verbal participants who have regular contact with their family members either through visitations or over the phone. This meant that the family members were able to prompt conversation around any topics that they wished to gain knowledge in or were able to visit their family member to ensure their wellbeing and safety is being maintained, which is as literature suggests the most important outcome for families of people who have intellectual disabilities (Henninger, 2014; Reinders, 2002; Bigby, 2008).

Recommendations

Recommendation 1

Mercy Connect should implement policy surrounding the daily communications between important and relevant stakeholders to better improve the quality of service provision.

Recommendation 2

Mercy Connect should implement procedures centring around the consistency of daily handovers of participants, particularly with reference to those who display complex behavioural needs or who are non-verbal.

Recommendation 3

Mercy Connect should invest in communications training for their staff who may not have the tools needed for effective communications methods, this includes language and writing skills, technology training and training around the organisations policy, procedures and expectations with regards to formal communication. This will aid in ensuring and maintaining the quality and consistency of communications by participant stakeholders throughout the organisation.

Recommendation 4

Mercy Connect, while maintaining the privacy and confidentiality of its clients should implement strategies to streamline the communication process' surrounding challenging or assaultive behaviours. These incidents should be reported in a transparent and consistent manner between Mercy Connect stakeholders so that staff working with participants displaying these behaviours are made aware of such incidences.

Recommendation 5

Standardised protocols should be implemented surrounding the streamlining of information sharing between stakeholders in all facets of the organisation including day programs, group home residential care and outreach residential care, this should include the provision of staff training in regard to how Mercy Connect expects communications methods to look like moving forward.

Recommendation 6

All mercy connect official communications including daily progress notes, incident reports and PRN medication administration information should be digitised and shared in real time with all relevant stakeholders.

Recommendation 7

Any communication policy and procedure change should be developed in conjunction with the user ie. Staff member groups; and implemented as a package across the organisation. The addition of training in using any new procedures or technologies implemented by Mercy Connect should also be employed.

Conclusion:

This research project identified a gap in communications at the organisation Mercy Connect between participant stakeholders centring around day program activity. This communications gap presented bigger than was originally expected at a ground level due to the current systems in place having major shortfalls in consistency, accessibility, portability and a lack of real time sharing of information. Information is often left out or ceases to reach its desired target due to a lack of ease in communication methods, or a lack of training in how daily communications are expected be executed. Transparency of information is difficult under the current methods employed at Mercy Connect due to multiple communication pathways employed at the organisation, many of which do not service up to date information, are unaccusable to some staff and do not share information in real time. This means that many important items of information are not shared or are lost in the communication pathways. It was original put to me when looking at this research project that an app could be use to better communicate with family members of participants here at Mercy Connect, I believe this to be the case, however fundamental changes need to be made at a ground level such as this digitisation of important information, real time sharing of communications be made available to all relevant stakeholders who rely on this information to best service the participants they work with as a more urgent matter.

The employment of an application that could house all relevant information pertaining to each participant, allow for progress notes to be updated and entered in real time and communications be responded to would allow for a greater and more consistent level of communication across the organisation as well as save time due to the congregation of many communication platforms into one. While this may not be a short-term solution, the longer-term outlay of such an application I believe would aid in the consistency of service provision as well as the ability to collect data in a single location in a consistent manner. This may be an avenue for further research. The development of any application should take a bottom up approach with systems designed by and for the user and should service all facets of the organisation not just geared towards one or another.

The short-term solutions to the communication problems faced by the organisation involve the standardisation of protocol surrounding communication expectations and applying training in this area. By providing guidance and education on how communication is expected to be approached and developing a standard protocol with rules for this area and specific communication types, a more consistent manner of communication will precede which can be applied across all facets of the organisations support staff. The short term solution of day program and house staff

communication regarding the terms programs would be an easy way to begin the process of "getting everyone on the same page" by creating a term calendar for day program activities outlining what each participant will need, and the cost if additional to the expenses they already pay will help alleviate some of the tension seen in this area around the "us and them" culture of the organisation. The implementation of standards surrounding diary activity for participants serviced in group home accommodation in particular, but also for all participants enrolled and attending day programs will help with the lines of communication being opened and remaining clear in the short term also.

It has been made clear through the data collection of this survey that the participants engaged in services at Mercy Connect are valued and loved by the staff who support them. These support workers often want to share the achievements and happiness that they get to see on a daily basis with other members of the Mercy community, the community at large and the families of the participants they work with. As a short-term solution, the promotion of family communications should be employed, this may take the form of a term report for each participant which includes pictures of activities that they have partaken in during their time at their respective day programs. This however will take additional resources to implement and the sustainability of such a project would need to be looked at in further detail.

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