

Issue #11, September 2006

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LDC undertaking an evaluation of the 'Direct Payments Project'

The Direct Payments Project is an undertaking of Disability Services in partnership with the Southern Metropolitan Region. Its purpose is to assist people with a disability, family and carers to choose and pay for supports that meet their individual plans.

LDC was recently contracted to evaluate the DHS Direct Payments Project.

The Direct Payments Project is one of a number of 'Participating in Policy Projects' of the Active Participation Strategy, which seeks opportunities to develop, trial and evaluate innovative approaches to increasing the active participation of people with a disability in the policy-making activities that happen across the Division and in regions.

People with a disability, family/carers and other stakeholders have key roles in the evaluation which includes an action learning methodology.

The LDC team evaluating the Direct Payments Project includes:



Liz Dimitriadis



Jill Lane



Dymphna Laurie



Judith Freidin



Mark Lyall

Profile of Dymphna Laurie, AM



The LDC Team is delighted to be joined by Dymphna Laurie on the evaluation of the DHS Direct Payments Project.

Dymphna has been actively involved in the disability field for over 20 years. Dymphna has held senior positions in the non-government sector, both in Australia and in Canada.

Dymphna has been a senior disability conciliator with the Equal opportunity Commission, and a senior advocate/guardian at the Office of the Public Advocate. In addition to this, Dymphna has played a key role in numerous consultancy projects over a 14 year period for the Commonwealth, State and Local governments, as well as participating in organisation reviews in the non government sector.

Committed to fostering social justice for all people with a disability, Dymphna has chosen to concentrate on projects that offer the potential to promote rights, independence and inclusion of people with a disability.

Dymphna has a sound knowledge of public policy and policy analysis, organisational development and evaluation. Coupled with this is Dymphna's ability to communicate effectively with people who have a wide range of needs, with service providers and with government stakeholders.

The LDC Team would like to congratulate Dymphna on her 20 years of work in the disability field which has also culminated recently in her receiving the award of Member of the Order of Australia "For service to people with disabilities as an advocate for improved disability policies and services through community and public sector organisations".

Dymphna's qualifications include a Social Science Diploma from Adelaide University, a Graduate Diploma of Rehabilitation Studies from LaTrobe University and a Graduate Diploma of Public Policy from the University of Melbourne.

LDC completes the Glen Eira City Council Recreation and Leisure Service Needs Assessment for People with a Disability

LDC recently completed a Recreation and Leisure Service needs assessment for People with a Disability living in Supported Residential Services (SRSs) within Glen Eira.

The importance of leisure, recreation and sport are now well understood by community development professionals as greatly contributing to community capacity building and community harmony and cohesion.

The report identified and discussed the following key areas:

- Why leisure/recreational activities are important to people with a disability;
- What we know about the leisure/recreational interest and activities of people with a disability under 65 years living in SRSs in Glen Eira;
- The impact of leisure/recreational activities on residents of SRSs;
- Issues and barriers to leisure/recreational activities that are experienced by SRS residents;
- Transport issues impacting SRS residents; and
- Recommendations for improvements that can facilitate SRS residents' participation in leisure/recreational activities.

Reflective Practice in Nursing

After the discussion on reflective practice in Issue 9 of the LDC Quarterly, we received a request to look at reflective practice from an allied health/nursing perspective. The following discussion attempts to provide some initial points for consideration.

Florence Nightingale is considered to be the world's first nursing theorist (McEwen 2006, p27). She taught that nurses should develop an understanding of the significance of

symptoms, and stressed the importance of "trained powers of observation and reflection" (Kalisch & Kalisch, Quoted in McEwen 2006, p29). Perhaps because of this emphasis upon a mixture of observation and reflection, Nightingale believed that the body of knowledge that nurses accumulated was distinct from that of 'medical' knowledge.

As the science of nursing has developed, the perception of nursing knowledge as something mutually exclusive to medical knowledge has changed. For example, McEwen states that "as an evolving science, nurses should avoid research in isolation. It is imperative that nursing research respond to important questions and issues from nursing practice, administration and management, and education" (McEwen 2006, p452).

The use of reflective practice in nursing is perhaps one such response to those questions. Amulya offers this definition of reflective practice and its purpose: "By developing the ability to explore and be curious about our own experience and actions, we suddenly open up the possibilities of purposeful learning—derived not from books or experts, but from our work and our lives. This is the purpose of reflection: to allow the possibility of learning through experience, whether that is the experience of a meeting, a project, a disaster, a success, a relationship, or any other internal or external event, before, during or after it has occurred." (Amulya undated, p1).

Amulya also reminds us that:
“Individual and collective reflection need not be sequestered from one another—in fact, they can be mutually supportive of each other inside of the same learning process.” (Amulya undated, p2)

The third edition of the book ‘Reflective Practice in Nursing’ is a practical guide to incorporating reflection into everyday nursing practice, with contributions from several experienced practitioners.

In his introduction to ‘Reflective Practice in Nursing’, Chris Bulman compares Dewey’s concept of reflecting on action with Schön’s concept of reflecting in action: one describes a post mortem on something in the past and the other the actual process of reflection whilst doing something now (Bulman 2004, p3). As theories of reflective practice are about constructing knowledge to improve practice, they usually talk of reflecting on action – as do the contributors to ‘Reflective Practice in Nursing’ (Bulman 2004, p3).

In her chapter ‘Supporting Practitioners in the Process of Reflective Practice’, Charlotte Maddison emphasises the role of the reflective mentor, reinventing Daloz’s model of a teacher who supports, challenges and provides vision (Bulman 2004, p80). Charlotte also reworks Brookfield’s ten strategies for facilitating critical thinking (which is inextricably linked to reflective practice). The ten strategies are (Bulman 2004, p82-84):

1. Affirmation of self worth
2. Attentive listening
3. Support of critical thinking efforts
4. Reflect and mirror effects and actions
5. Motivation
6. Regularly evaluate progress
7. Create networks for support
8. Be a critical teacher
9. Make people aware of how they learn critical thinking
10. Model critical thinking

Sue Schutz, Carrie Angove and Pam Sharp contribute a chapter called ‘Assessing and Evaluating Reflection’ and point out that there is still much debate as to whether reflection can and should be measured, or “whether it is a contradiction in terms to make judgements about what is a personal process” (Bulman 2004, p50). However, they conclude that “if reflection is a key skill in achieving the learning outcomes of particular courses and is acknowledged to have a positive impact on care, then it must be assessed.” (Bulman 2004, p50).

Issues relating to the assessment of reflection are identified as (Bulman 2004, p52):

- Lack of clarity about what constitutes reflection;
- Whether it is the process of reflection or its outcome that should be assessed;
- Whether reflection has levels and how these might develop over time;
- Barriers to honesty caused by summative assessment;

- Lack of effective tools for assessment;
- Skills of facilitators; and
- Political and financial pressures.

Sue Schutz, Carrie Angove and Pam Sharp then suggest some tools for the assessment of reflection (Bulman 2004, p55):

Verbal Strategies

- Reflective discussion with mentors
- Individual and group reflective tutorials

Written Strategies

- Reflective learning contract
- Critical incidents analysis
- Reflective essay
- Reflective journal or diary
- Reflective case studies
- The reflective portfolio

Chris Bulman concludes the book by emphasizing that although there are several reflective practice models (such as the famous reflective cycle of Gibbs), “the key factor seems to be finding something that helps you to get started and that eventually gives you the confidence to ... deconstruct your own practice” (Bulman 2004, p170).

There is an increasing body of literature about reflective practice in an allied health context, and we hope that this discussion might motivate readers to explore some of the ideas further.

References

Amulya, J. (undated). What is Reflective Practice?: 4.

Bulman, C. and S. Schutz (2004). Reflective practice in nursing. Oxford, Blackwell.

McEwen, M. and E. M. Wills (2006). Theoretical basis for nursing. Philadelphia, Lippincott Williams & Wilkins.

Other Sources to Follow Up

‘The Journal of Natural Inquiry and Reflective Practice’ can be found online at:

<http://www.und.nodak.edu/dept/ehd/journal/>

The Institute of Reflective Practice-UK coordinates the journal ‘Reflective Practice’. Subscription details can be found here:

<http://www.tandf.co.uk/journals/carfax/14623943.html>

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