Effectiveness of Supported Living in Relation to Shared Accommodation: Short Report

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THE UNIVERSITY OF NEW SOUTH WALES

EFFECTIVENESS OF SUPPORTED LIVING IN RELATION TO SHARED ACCOMMODATION

SHORT REPORT

FOR DISABILITY POLICY AND RESEARCH WORKING GROUP

SPRC Report 17/08

University of New South Wales Consortium
Social Policy Research Centre
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Contents

Abbreviations and glossary

Accommodation support	Formal service support or informal support provided to the person to fulfil their needs to live in their housing
CACP	Community Aged Care Package
CALD	Culturally and linguistically diverse
Case studies	Six examples of innovative accommodation support for people who require 24-hour support
CO	Community Options
CSTDA	Commonwealth State and Territory Disability Agreement
DADHC	Department of Ageing, Disability and Home Care, NSW
DFC	Department for Families and Communities, South Australia
DHCS	Department of Health and Community Services, Northern Territory
DHHS	Department of Health and Human Services, Tasmania
DHS	Department of Human Services, Victoria
DSC	Disability Services Commission, Western Australia
DSQ	Disability Services Queensland
FACSIA	Australian Department of Families, Community Services and Indigenous Affairs
Group homes	Capital or leased property usually housing 2-6 clients with employed staff up to 24-hours on-site
HACC	Home and Community Care, community-based support to assist people to live in their own home and participate in the community. Provided to older people and a smaller number of younger people with disability
Housing	Physical place where the person lives
Individualised accommodation support	Housing and accommodation support models designed around the person's support needs and preferences
In-home care	Community-based support provided in the person's home. Generic examples include CACP, CO, HACC, accommodation support, semi-independent living
Models	National and international approaches to 24-hour accommodation support
NGO	Nongovernment organisation
OECD	Organisation for Economic Cooperation and Development
People with disability	People with an impairment, where 'disability' refers to their social experience resulting from the way social organisation fails to take account of support needs. The experience of disability is also likely to be intensified when in combination with other social disadvantages based on gender, Indigenous background, culturally and linguistically diverse backgrounds, age, sexuality and economic disadvantages.
Require 24-hour support	Accommodation support needs that require access to 24-hour formal or informal support in person or remotely
Semi-independent living	Housing and accommodation support models designed for individual needs, usually individual or small groups, with less than 24-hour formal support
Supported accommodation	Housing or accommodation support for people with disability who require assistance in a place to live

Executive Summary

The Disability Policy and Research Working Group commissioned the UNSW Consortium to research the effectiveness of supported living in relation to shared accommodation to improve service delivery for people with disability. This research project aims to build on existing knowledge, and increase understanding about accommodation services and housing for people with disabilities. The objective is to improve service delivery to people with disabilities. The project entailed two main parts. Part 1 (Improving Access to Housing for People with Disabilities), aimed to improve understanding of how people with disabilities access housing in Australia, as well as to identify strategies to improve access to housing. Part 2 (Improving Accommodation Models for people with disabilities who require 24-hour care) described innovative models of care for people with disabilities requiring 24-hour support, developed a service framework identifying and describing key components of successful models, and a cost-effectiveness analysis of selected models compared to 24-hour staffed group homes.

The report includes an overview of existing national and international approaches to 24-hour supported living, including examples of innovative models; an outline of the primary goals of supported living; an analysis of facilitators and barriers to successful provision of supported living; a framework for assessing the effectiveness of approaches to 24-hour accommodation support based on the goals and facilitators and barriers outlined in previous sections; a detailed analysis of six case studies of innovative Australian approaches to supported accommodation, followed by an application of the assessment framework to the six case studies and a cost effectiveness analysis of the case studies; and a conclusion for policy implications of the research.

The most pervasive trend in current approaches to supported accommodation in Australia and the other countries studied (the U.S and Europe with a focus on the U.K) is deinstitutionalisation. The process is advancing in most countries, including Australia. The most common form of formal residential accommodation support is 24-hour staffed group homes, although there is a trend towards preference of semi-independent living and supporting informal care. An important policy trend is the move towards individualisation of services and many countries have been examining different methods for such provision, including direct funding mechanisms and individualised case management.

The four main goals of supported living identified in the research are (i) human rights concerns for people with disability and the equalisation of their position in society to that of the general population, with a focus on empowerment; (ii) quality of life, including social participation; (iii) independent living with a focus on self-determination and choice; and (iv) cost effectiveness for the person using accommodation support and the most effective use of limited funding.

The main facilitators and barriers to successful provision of accommodation support identified in the research are: effective and supportive legislation and agreements; beneficial and compatible building legislation; effective and streamlined interagency coordination; the nature of the supported living arrangements; funding and demand management; staffing quality including training and management; discrimination, including the specific interests of Indigenous people and people with cultural and

linguistic interests; levels of flexibility and choice in service types and levels; and support for the involvement of informal carers.

The research developed a framework for assessing the effectiveness of approaches to accommodation support based on the goals and facilitators and barriers. The domains include (i) the outcomes and goals of the approach (independent living, quality of life and cultural appropriateness); (ii) administrative systems such as interagency coordination and the policies and practices of the service provider; (iii) service viability in relation to availability, flexibility and mobility of funding for the service user, sustainability of the service, ability to expand and replicability of the service; and (iv) quality of staffing, informal support and coordination between formal and informal support.

Six national case studies of new approaches to support for people who have 24-hour support needs examined in the research are (i) the Lower Great Southern community Living Association in Western Australia; (ii) My Place in Western Australia; (iii) Noarlunga in South Australia; (iv) the Opening Doors Project in South Australia; (v) Tom Karpany House in South Australia; and (vi) Uniting Care Wesley – South East Project in South Australia. All of the approaches are effective when analysed with the effectiveness framework. Despite the wide range of practices and goals in the case studies, all are focused on fostering independence while providing individualised and holistic approaches to service provision. All of the case studies were assessed as being replicable and suitable for people with a range of support needs.

In addition, the cost effectiveness analysis found positive results compared to support provided in group homes. Direct housing costs to the disability government agencies, service provider and person with disability in the case studies seem to be less than some group home models. This is probably because of the range of places that people live and the source of contributions to the housing costs. These included clients contributions, co-resident contributions, subsidised rent through social housing and economic costs to family members through informal care arrangements. The implication is that the other economic housing costs associated with these approaches are incurred by other parts of government (eg. social housing) or families. None of the service providers own the housing in the case studies. Accommodation support and management costs for the case studies also appeared to be lower than or similar to group home costs. The range includes lower costs where people's support needs change following stabilisation of suitable accommodation support and housing. The analysis found that the benefits are likely to be higher for clients in these alternative models of accommodation support than for matched people living in a group home.

1 Introduction

The Disability Policy and Research Working Group commissioned the UNSW Consortium to research the effectiveness of supported living in relation to shared accommodation to improve service delivery for people with disability. This research project aims to build on existing knowledge, and increase understanding about accommodation services and housing for people with disabilities. Part 1 (Improving Access to Housing for People with Disabilities) aimed to improve understanding of how people with disabilities access housing in Australia. Part 2 (Improving Accommodation Models for people with disabilities who require 24-hour care) aimed to learn from innovative models for people with disabilities requiring 24-hour support. Both parts of the research are summarised in this short version of the full report (Fisher et al, 2007a).

The research approach, methods and analytical framework are summarised in Fisher & Parker (2007). The methods included a national and international literature review; interviews with people with disability; interviews with national, state and territory officials; and six case studies using written materials and interviews and questionnaires with service provider managers, clients and families.

Section 2 provides an overview of current supported living arrangements, in Australia and internationally. It includes a snapshot of policy by state and territory, examples of accommodation support models and a summary of trends in policy direction. In this report, 'supported accommodation' is used as an umbrella term to include housing or accommodation support for people with disability who require assistance in a place to live. Section 3 outlines the primary goals of supported living: human rights; quality of life; promoting independent living; and cost effectiveness. Section 4 then analyses the key barriers and facilitators to accessing housing and accommodation support in terms of the achievement of these goals. They include: legislative and regulatory systems; building regulations; interagency coordination; current arrangements of supported living; funding and demand; staffing; the impact of discrimination, particularly with regards to people from Indigenous or CALD backgrounds; the importance of flexibility and choice; and the major concerns for carers of a persons with a disability.

Based on the experience of these facilitators and barriers to achieving the policy goals, Section 5 develops a framework for assessing the effectiveness of approaches to 24-hour accommodation support. The dimensions include goals and outcomes for people with disability supported in successful programs; regulatory and administrative systems that enable effective support and accommodation; practical issues affecting the success of supported living arrangements such as building structure and service arrangements; factors affecting the viability of models; levels of demand for such services as well as funding source and structure, and the contribution of formal and informal support to the accommodation support model.

Innovative approaches to 24-hour accommodation support are presented in six case studies in the next three sections described in Section 1. In Section 7, the framework developed in Section 5 is applied to the six case studies. The results are summarised to draw implications for informing the future development of similar approaches to 24-hour accommodation support elsewhere in Australia. A detailed cost effectiveness analysis of the case studies is presented in Section 8. The analysis compares the costs and benefits of the case studies to 24-hour staffed group homes and semi-independent living models from Stancliffe and Keane (2000) Section 9 concludes with a discussion of the implications of the research for policy development. The full report includes key examples from international and comparative evidence-based studies.

2 Existing Supported Living Arrangements

This section is a description of current accommodation support policy in Australia and internationally. It begins with a snapshot of Australian supported living policy by state and territory. In addition, examples of accommodation support models specific to people with disability and more generally designed for other people needing accommodation support are described. Third, the section turns to a brief description of international policy responses in similar policy contexts. The purpose of these discussions is to highlight current developments in disability accommodation support policies and provide a frame of reference for prospective changes in such policies in Australia. It includes examples of innovations in accommodation support to exemplify the directions in which such policies are changing.

2.1 Snapshot of Australian Supported Living Policy

The following sections include an overview of current accommodation support policy and provision in Australia. First, a summary of national approaches to accommodation support is discussed. Second, a snapshot of Australian policies by state and territory is presented. The information is from interviews with government officials, government websites and reports and secondary literature. It describes the main models, funding, service provision and trends in policy directions.

Across Australia, a number of options for people with disability who require accommodation support are available. These include public housing; community housing; crisis accommodation; home purchase assistance; and private rental assistance (Productivity Commission, 2007). The Commonwealth State/Territory Disability Agreement (CSTDA) provides the national framework for the delivery, funding and development of specialist disability services. The specialised disability services covered in the CSTDA include accommodation support, community support, community access, respite, employment, advocacy, information, and print disability.

Analysis of supported living arrangements in Australia has shown a steady growth in CSTDA funded residential services; a slow but consistent decline in the proportion of people housed in large residential settings; a gradual increase in the number of people in community group homes; and a more rapid growth in outreach/drop in services such as semi-independent living (Stancliffe, 2002). This is in keeping with current trends in OECD countries. This process has had a marked effect on disability services and the people receiving them – in 2004-2005, 83.3 per cent of people with accommodation support received community accommodation and care services (PC, 2007).

Due to definitional differences in classification of disability between Productivity Commission Data and that of the Australian Institute of Health and Welfare, statistics from these different sources are not completely interchangeable. In this report, we have mainly relied on Productivity Commission data. In addition, some useful information is provided in AIHW reports. The AIHW estimates that in 2005 there were close to 23,300 people in need of accommodation and respite services who did not receive them or did not receive them at the necessary level (AIHW, 2007b). Many people using accommodation support receive it from more than one service outlet. Furthermore, many people receive services from more than one service type. Nearly one third (29.1 per cent) of people receiving services, received them from more than one service (AIHW,2007a). The remainder of this section provides a snapshot by state and territory.

Table 2.1: Snapshot of State and Territory Supported Living Policy

	Primary model	Funding	Service provision	*Policy shifts*
Australian Capital Territory Disability ACT	Models include group homes; a link model, in which ten people live in their own dwellings with a support person living nearby; family governed models developed and/or managed for two or three adults; and self managed Individual Support Package established by consumer stakeholder groups.	Under the CSTDA, ACT funded accommodation support for approximately 324 people during 2005-2006 financial year. This included funding for a range of accommodation options	Most accommodation support is provided by ACT Government in group homes or at home. NGOs provide group home and other support in the community through CSTDA services or HACC and two for profit agencies.	The policy shift is to an approach centred on the needs and aspirations of the clients and their families. This shift was the result of a conscious effort and consultations that involved transforming the responsible government agency and the disability sector.
New South Wales DADHC	Three main arrangements are offered: (i) large residential; (ii) group homes; and (iii) in home support. In addition to general group home provision, there are also specialised models that are specific to health care, behaviour management (e.g. for 24-hour care), children and people involved in the criminal justice system.	Funding for 5,300 places. Funds go to the services, as the government supports 'funding a system'. Funding for disability services under the CSTDA is nearly $1.1B (from Commonwealth and State), around 45 per cent of which is allocated to out of home support services. Vacancy management policies and procedures have been used over the past three years, but few vacancies are available.	DADHC operates group homes and residential institutions housing 2,544 people and funds 148 community living organisations housing 1,554 people. The Attendant Care program provides individualised support for home living for people with high-level care needs.	DADHC has closed some of its large residential programs with clients initially moving into group homes. This has now changed to incorporate more flexible options for housing following deinstitutionalisation.
Northern Territory DHCS	Group homes are run by NGOs. Set up to provide disability services. These houses provide support for people with various levels of support needs. NGOs also provide one-bed units and apartments, which are used for transitional needs.	DHCS funds 133 supported accommodation places for older people and people with disability. Low levels of funding create a large waiting list and lack of choice for users when considering location and accommodation style.	Supported accommodation is mostly provided by contracted NGOs and funded by DHCS.	Policy is shifting to place more weight on user preference to determine accommodation support services, and more support and funding for living at home, especially for Indigenous people whose communities are away from the housing offered.
Queensland DSQ	Main models are group homes and support for people living in their own homes. Other specialised supported living options: (i) cluster housing; (ii) Innovative Support and Housing (trial for people whose lifestyle support needs are not met by the disability service system); (iii) initiatives to provide accommodation support for young people in residential aged care – Integrated Living Model (NGOs provide accommodation, health care and disability support); Living with Family & Support Networks Model – NGOs support younger people at home	Under the CSTDA, DSQ funded accommodation support for approximately 5390 people during 2005-2006 financial year. This included funding for a range of accommodation options.	DSQ funds accommodation support options including those provided by NGOs. Approximately 4 800 (89 per cent) users receive services provided by NGOs that are funded by DSQ. Accommodation support was provided to approximately 590 adults with an intellectual disability in government owned housing and in a small amount of private sector owned accommodation. DSQ and the Department of Housing have a MOU for funding and administration of services for users with joint needs.	DSQ has a person centred approach which is supported by the move towards people pooling support to enable individual support needs to be met.

	Primary model	Funding	Service provision	*Policy shifts*
South Australia DFC	Three main arrangements are offered: (i) institutions (ii) group homes, which remain a significant model and (iii) in home support. Other, more innovative models are being developed as part of the reform in disability services	Under the CSTDA, funding is provided for 735 places in institutional settings and 897 places in community settings. Funding for support services goes to service providers (mostly NGOs), not to individuals. Approximately sixty per cent of CSTDA funding goes to accommodation support, but there is a waiting list for accommodation services.	Since June 2006, DFC has lead significant reform to assist vulnerable clients to access more streamlined and connected services. The State Government's disability agencies are being brought together under DFC to form a single agency- *Disability SA.* A similar process is occurring within housing (*Housing SA).*	State Strategic Plan includes a target (T6.10): *Housing for people with disabilities:* double the number of people with disabilities appropriately housed and supported in community-based accommodation by 2014. The DFC Strategic Agenda 2005-08 includes deinstitutionalisation as a key direction for people with disabilities. DFC has also recently developed a Supported Accommodation Strategy to increase the supply of community accommodation and consolidate waiting lists and demand management processes to better understand growing demand.
Tasmania DHHS	Group home (predominantly 4 bedroom) and cluster units are the main models of supported accommodation. Disability Services is in the process of realigning the group home stock to include more unit style accommodation for greater flexibility in meeting needs.	In relation to high-level care, 408 places in 128 units are owned by Housing Tasmania with 24/7 support services funded by the Department of Health and Human Services (DHHS). Several supported accommodation options are owned by the NGO, with the DHHS funded support for the residents.	Tasmania is currently in the process of outsourcing all Government managed group home to NGOs. This process is due for completion by 2008.	Shifts include greater individualisation of services available to people with various disability, providing more choices and putting more emphasis on the preference of the user in deciding services provided.
Victoria DHS	The main models are (i) Community Residential Units (group homes – a significant number of people using these do not require such intensive support); (ii) a small number of Complex Health needs model accommodation (cluster units); (iii) large residential (two left) and (iv) individual support.	Disability Services, a division of the Department of Human Services, manages disability support service funding. Demand for support services and housing currently exceeds supply due to lack of funding, so priority is given to urgent cases. All new funding is provided in individualised support packages.	Disability support service provision is split equally between the DHS and NGOs contracted and funded by it, although the DHS is currently moving away from service provision, in favour of funding and administration, and transferring a higher level of service provision on to NGOs.	Focus on individualised support and consumer participation. People in group homes with low support needs are moving to individualised support packages. Service providers are implementing the Active Support framework in group homes to increase user participation. Formal commitment to plan to close institutions.
Western Australia DSC	Accommodation and support arrangements are decided between the service provider and family to maximise flexibility. The main models are: shared-care residential; paid host family options; adult foster option; co-residency; independent living; and support for self managed funding. Details about these models are in the approaches described in Section 2.2 and 6.	Individualised funding allows people to choose to use funds in their preferred accommodation or service setting. Funding is capped per person. DSC is not concerned with how funds are operationalised, which is between service providers and individuals. They can change their funding situation (e.g. change providers) at any time. A DSC Sector Health Check will re-affirm a policy commitment to individualised funding. DSC avoids service-based funding because it is less flexible in adhering to principles of rights.	Around 55 service providers provide accommodation, which range from small (e.g. three people) to large (e.g. 300 people). Service delivery is individualised and organised in conjunction with Local Area Coordinators. Only a small proportion of applications for funding are successful due to limited resources (Bleasdale, 2006).	The DSC is promoting the 'Developmental Paradigm' policy enabling consistent care through life as a preventative measure against crisis care. It is also furthering its commitment to individualised service provision and funding.

2.2 Australian Approaches to 24-hour Support

The section next explores specific approaches to 24-hour support. Most challenging for accommodation support policy is how to meet the needs of people who require 24-hour support. The full report presents examples of current arrangements used in Australia for this group and people with similar needs. Both disability specific models and general models of accommodation support are presented. These models provide solutions for people who require 24-hour support who would alternatively receive support in formal support settings, such as group homes. Many are focused on reducing the need for 24-hour support while providing a safe environment with as much or as little support as necessary. The examples are in addition to the innovative case studies in Section 6.

Current supported living arrangements can be summarised in two ways: types of housing, that is, where people live; and accommodation support. Housing types can be categorised by who owns or provides the housing. Accommodation support can be categorised by type of support and who organises, provides, funds, manages the funds and provides the support. They include generic, specialist and market arrangements. The trend in Australian accommodation support is towards individualised funding and service provision, as evident in the models above. Many innovative models, both residential and home-based, provide case management and individually planned support services with services as necessary for changing needs of the person supported. The trend in accommodation settings is towards minimising the size of setting, both physically and in relation to the number of people accommodated. This, in conjunction with the emphasis on community integration, has promoted independent community living and generic housing.

Disability specific models for 24-hour supported living

The following innovative models of accommodation support service provision are included to provide examples of models based on current principles of individualisation of support and community living. These models represent recent developments in disability service provision in Australia. A longer description is available in the full report.

- St. Martin's Court, Beaumaris, Victoria – A community living model providing self contained units for 13 residents, with a common room and courtyard, as well as individual support as necessary, including supervision and personal care.
- Redevelopment of Kew Residential Services, Kew, Victoria – A redevelopment of a large residential facility, retaining only 100 residents (out of 480). The new complex provides 20 staffed, mostly detached, group-homes spread out over a 10-hectare development including 380 generic residences.
- Tenant Managed Cooperatives, South-western and Inner-western Sydney, NSW – Housing cooperatives purpose built for people with disability who choose to live in a self managed environment (either alone or with their carers). They offer 1-2 bedroom units within a complex of 7 and 9 units in a community setting.
- Floating Care – Supported Accommodation Initiative for People with HIV/AIDS, State-wide, NSW – Independent accommodation for people needing an extra level of personal and accommodation support. Clients rent accommodation leased by housing associations from the private rental market, with individual support.

- Good Neighbour Program, Western Australia – A community living model providing individuals with disabilities with subsidised, independent housing, leased by a community housing organisation, as well as low levels of support and supervision, from other tenants who received subsidised rent in return for support.

Generic models for 24-hour supported living

In addition to accommodation models designed specifically for people with disability, policy lessons are also available from innovative models of for other people with complex needs, including some people with disability. They are generic alternatives to disability specific services. Some of the services are not suitable for people with high support needs, but experience of these models can be generalised to the development of disability specific accommodation support. Disability policy can also learn from the experiences of accommodation support to address the additional support needs for people previously institutionalised for other reasons, such as people formerly in corrective services (Willis, 2004) or mental health facilities (Muir et al, 2007). These groups of people are included in the examples below.

- Matavai Ageing in Place Initiative, Waterloo, NSW – A program aimed at existing residents of a public housing complex whose support needs have grown. A floor of their existing public housing complex was converted into 7 one-bedroom self-contained units, with a communal area between them. Support is provided by pooling together the services residents are entitled to through their individually assessed CACP into one communal support package.
- Port Jackson Supported Housing Program, Sydney, NSW – An initiative of the NSW Department of Housing, the program offers affordable, stable housing and tailored support packages for people in need of both. The project assists people in such need to attain subsidised housing from social housing and market sources and provides necessary support through one of 23 registered support partners.
- Crisis Accommodation Program Innovation Initiative, State-wide, NSW – A transitional service helping people who have been through crisis accommodation to move into long-term housing. The program provides subsidised medium-term housing from a community housing provider and in-home support through SAAP outreach services for a period of 6-9 months. Rent is subsidised by DoCS.
- Housing and Accommodation Support Initiative, State-wide, NSW – A program funded through the NSW departments of Housing and Health, providing individualised support and long-term accommodation packages for people with mental health issues. The program provides housing through social housing and accommodation support through case management from contracted NGOs.
- Private Rental Brokerage Service, State-wide, NSW – A NSW Department of Housing program aimed at helping people with complex needs secure private market-based housing (or social housing) and facilitating stable tenancy through support services. The program provides coaching and advocacy for attaining and maintaining private tenancy as well as individualised support packages.
- Housing Support for the Aged Program, Statewide, Victoria – A state-based program providing support for maintaining public housing tenancy and improving overall health and wellbeing for people aged 50 year and over with complex needs and history of homelessness. The program provides ongoing case management to

people entering or already living in public and community housing, planning and organising support services, supervision and counselling.

- Sandridge Program, Melbourne, Victoria – A temporary accommodation support service for young people with a history of homelessness aiming to develop stable, long-term tenancies through a specialised support and accommodation program.

2.3 Comparative Research and International Arrangements

In a comparative analysis of supported accommodation arrangement for people with an intellectual disability, Braddock et al (2001:115) found Australia, the US, Canada and the UK have all seen a general shift towards smaller community-based settings with a similar number of people with an intellectual disability residing in group homes across each country (43–47 per cent of all people with disability). When Australia is compared with the UK or USA, these latter countries have between 22 per cent and 71 per cent more places per person than Australia (Stancliffe, 2002).

Mansell (2006: 65) found that while there has been substantial progress in people living in the community in liberal welfare states, it is the Scandinavian countries (e.g. Norway and Sweden) that are deemed to be the leaders in the deinstitutionalisation process. In these countries, all institutional provision has now been replaced (Mansell, 2006). Even in countries where large institutions have been replaced with group homes, it is now widely recognised that there remains a considerable problem with any 'one size fits all' policy founded on the provision of group homes. Developments in the UK, Ireland, US, Canada and elsewhere suggest possible solutions to this problem lie in a combination of increasing the individualisation of funding allocations, increasing the flexibility of potential living arrangements in ordinary housing dispersed within the community and having a more rigorous performance management of services based on the actual outcomes to be achieved for people with disability (Emerson, 2006). These issues are discussed in relation to Australia in more detail throughout this report.

Approaches to 24-hour support – United States

Overall spending on services for people with intellectual disabilities focuses on community services (65 per cent of the total $38.55 billion in 2004), with only 20 per cent going towards institutional services (Braddock et al., 2005). The majority of people with disability live at home and receive personal assistance, close to 75 per cent of which is provided by unpaid, informal carers (US census, 2006). Many of those who do receive paid assistance do so in conjunction with some form (and level) of unpaid care (Freedman et al., 2004). As of 2004, only 11 per cent of the estimated 4.6 million people with intellectual disabilities in the United States live in supervised residential settings (Braddock et al., 2005). In 2004, 68 per cent of the 494,277 people with intellectual disabilities in residential settings were housed in settings with 6 or fewer residents, most commonly group homes, but also supported and supervised community living arrangements (Braddock et. al., 2005). The primary response to people requiring high levels of care (and without access to informal care) is relocation to staffed accommodation settings (Bridge et al, 2002).

A current trend in disability support is the shift towards 'consumer directed' support programs, involving mainly individually negotiated and/or directly purchased personal assistance services tailored to the needs and preferences of the person with a disability, although as yet only a minority of people receive this form of care (Doty and Flanagan, 2002; Burkhauser & Daly, 2001). Despite the high levels of people with intellectual

disabilities being supported at home by family carers, only 6 per cent of spending on services for people with intellectual disabilities is directed towards family support, supporting a total of 399,337 families (Braddock et al., 2005).

Three examples of models for accommodation support in the United States are described below. More details are provided in the full report. They illustrate current directions in US accommodation support policy towards community integration and semi-independent living.

- Department of Housing and Urban Development Multifamily Housing program, Federal, U.S.A – A federally funded program, administered by NGOs, providing affordable public/private housing for people with disability and their families in an environment that includes formal support services contracted by state or local authorities. The US Federal Department of Housing and Urban Development provides interest-free capital advances to NGOs seeking to build low-cost housing with available support services; and rent assistance to further subsidise the housing.
- New Hampshire Self Determination Project, New Hampshire, U.S.A – A state-based program focused on the administrative side of the client-government relationship. Working to affect a shift in administrative practices towards more individualised and person-centred planning and service provision including both formal and informal care.
- Home Based Support Services Program, Illinois, USA – A state-based program providing individualised budgets for adults with intellectual disabilities living at home and their parents. The program is intended to prevent out-of-home placement for people with intellectual disabilities by enabling them and their carers to access services for informal carers and encourage community integration.

The models are aimed at increasing self-determination and community living by providing sufficient levels and type of support needed in a community setting – either promoting living at home with parents or other carers or in suitable community housing.

Approaches to 24-hour support – United Kingdom and Europe

In the United Kingdom, old and new models of supported living arrangements co-exist. Just under two-thirds of adults with learning disabilities live in private households, most of them with their families, with the remainder living in some form of communal residential establishment. Housing options include: registered care homes; shared housing; cluster housing or bed-sitters (self-contained units usually on a single site but occasionally dispersed across a neighbourhood); adult placements or adult fostering schemes; rental and home ownership (Hanneman and Blacher, 1998; UK Foundation for People with Learning Disabilities, 2001; UK Department of Health, 2005).

These housing options are sometimes supplemented by accommodation support, variously available through specialist disability services; mainstream accommodation and personal support; and contracted services, which are increasingly available through the flexibility of budget holding. In 2004, 80 per cent of people with learning disabilities in England were living in the community. Group homes are the most common solution for housing and 24-hour support, housing 62 per cent of people with learning disabilities who were living in supported accommodation. Support services for people with learning disabilities are mostly provided by a family member (59 per cent)

or other informal carer (4 per cent), with the rest being provided by paid workers, mostly contracted and/or funded by the government (UK DoH, 2005).

Since 1997, a central feature of the British model of support services for people with disability is direct payments. Services are purchased directly by the recipient with the payments. Direct payments recipients are still a small minority (less than 2 per cent as of 2003) of disability support services recipients (Riddell et al, 2005). Direct payment programs are also available in several European countries including The Netherlands, Italy and Austria, with varying levels of universality, funding and restrictions (Ungerson, 2004). The welfare states of central and southern Europe such as Germany and Italy remain focused on informal and community-based care, often merging the two. Direct Payment programs in Italy encourage a formalisation of family and community care due fewer restrictions on the use of the payments (Ungerson, 2004).

The most widely used method of support is staffed residential accommodation (eg. group homes, cluster-housing) with 0.4 per cent of the population under the age of 65 in Sweden, Denmark, Finland and Norway being supported in such settings (Emerson, 2004; Hvinden, 2004). Examples of innovative models of accommodation support in Europe are described below. More details are provided in the full report. They illustrate the policy preference for consumer-directed and individualised services.

- Sheltered Housing project, National, UK (example used: Leicester City Council Supported and Sheltered Housing) – A national initiative, administered by local authorities, for housing people with disability (mostly those over 50) as well as frail aged people in small scale housing community cooperatives with small living units (mostly 1 bedroom) based around a communal area offering amenities such as kitchen and lounge room. Sheltered housing offers supervision and personal assistance at different levels (in different housing complexes) based on the needs of the person, while helping them maintain independence and a normalised lifestyle.
- Direct Payments program, National, UK – Currently being promoted as a central method of individualised service funding for people with disability in the UK, direct payments offer cash payments transfers to people with disability or their guardians in lieu of directly provided or contracted services. Recipients' needs are assessed and a corresponding level of funding is decided upon, with which the recipient purchases any services they prefer. Recipients decide the level, type and provider of the services and take on the responsibility of administration of the services.
- Persoonsgebondenbudget (PGB) – Person Centred Budget, National, Netherlands – A national direct payment system providing cash payments to people with disability in lieu of the services as necessary. Recipients receive an individually calculated monthly allowance to purchase services on the open market or from an informal carer. Recipients decide the type, level and provider of care that they prefer and take responsibility for administration of the funds and accountability to the government.

Most European countries are committed to encouraging independent living and reducing the size and clinical nature of residential facilities. Stability and sustainability of tenancy are also seen as important for the wellbeing of the person, and cost effective funding. The notion of individualised, home-based care being revised and tailored to suit the changing needs of people rather than the person moving to a facility where their needs can be better met, has become a focus of many different support methods and aids in creating such stability.

3 Goals of Supported Living Policy

The goals of supported living policies are based on three principles that inform the current development of disability policy. First, like other citizens, people with disability want equal choice, freedom and control over their living arrangements, including where they live, who they live with and who provides support to them. For most people with disability this means informal support from family and friends while living in the community, supplemented with formal support or housing where necessary. Second, governments are reorienting disability accommodation support policy towards prevention and early intervention and away from crisis responses or relative need. The implication is that policies aim to be responsive to people's changing support needs and preferences in the community context in which they live or in which they would prefer to live. Third, governments are moving towards individualised service provision, consistent with the other two principles. This approach has implications for provision of all forms of accommodation support, including access to generic and disability specialist housing and support services. Service planning becomes based on what is most appropriate for a person's changing support needs and personal preferences. In the context of these principles, supported living policies aim to achieve four goals:

- Human rights – The right to housing and accommodation support facilitates participation in wider political, social, economic and cultural spheres of society (Parker, 2007a; United Nations, 1966). Supported living policies aim to assist people with disability to lead full and independent lives (Bigby, 2004; DRC, 2006). Human rights form the conceptual framework for the other three goals of supported living, which cannot be read independently of this first goal.
- Quality of life – Improving quality of life is considered to be one of the most important goals of disability policy as is recognised under the Disability Services Act (DSA) (1986) (Felce 2000). When compared to institutions, community-based living offers more opportunities for good quality of life, including community access, self-determination, wellbeing, social networks and self-care (Stancliffe & Keane 2000; Howe et al, 1998; Emerson et al, 2001; Kim et al, 2001; Young, 2006).
- Independent living – People with disability have the right to live in the community, to choose their place of residence and where and with whom they live on an equal basis with others, and are not obliged to live in a particular living arrangement. To meet their individual needs and preferences they need access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation (UN, 2006; Burchard 1991; Bigby, 2004).
- Cost effectiveness – Cost effectiveness goals are from the perspective of the person using the supported living and the agencies organising it. Researchers disagree about which approaches to supported living are the most cost effective. Some studies find a correlation between costs and benefits in relation to the type of living arrangement (Emerson et al, 2004), whereas other studies have found no significant difference in the cost of the different methods of support (i.e. supported living and traditional residential services) (Epstein-Frisch et al, 2006:6; Stancliffe & Lakin, 2005).

These four goals of disability supported living policy are applied in the next section as the context for evaluating the facilitators and barriers to people's positive experiences of current supported living policy. The goals are described in more detail in the full report.

4 Facilitators and Barriers

The research revealed nine key areas in which facilitators and barriers impact on the achievement of the goals of supported living policy described in the previous section. They are legislation and agreements, building regulations, interagency coordination, the supported living arrangements, funding and demand, staffing, discrimination, flexibility and choice and informal carers. This section discusses the evidence in relation to these facilitators and barriers, with the purpose of informing policy development that can respond to these experiences of the current system. The findings are applied in the development of a framework for assessing the effectiveness of accommodation support models in Section 7. More details are discussed in the full report.

4.1 Legislation and Agreements

The first key area is the financial and legislative arrangements between governments, which determine the conditions and pool of funding available for supported living policy planning and implementation. The Disability Services Act (1986) provides standards and key performance indicators for organisations receiving government funding for providing disability services.

- *Commonwealth State and Territory Disability Agreement* (see Section 2). Since the introduction of the CSTDA bilateral agreements, the coordination between different levels of government and service provision has significantly improved. Remaining problems include questions about the success and equity of joint funding arrangements; poor coordination, inefficiencies and gaps from the context of multiple services and funding arrangements (DHS, 2007; Senate SCCA, 2007; Bridge et al, 2002; AHURI, 2002). An approach, taken in some states and the UK, is to develop a planning response to key issues facing supported accommodation (Senate SCCA, 2007; Innes, 2006; UK NCIL, July 2006).
- *Commonwealth State Housing Agreement.* Some supported living arrangements are also affected by the Commonwealth State Housing Agreement (CSHA) 2003, which provides funding to assist people whose needs for appropriate housing that cannot be met in the private market. Steps to reform the housing assistance system have occurred under the current CSHA (AHURI, 2002a). Concerns centre around a growth in housing need; the impact of targeting on a social housing system; increases in demand where people are missing out; and ageing and inappropriate stock (AHURI, 2002a). Governments are seeking the development of a national housing policy framework that would integrate and coordinate housing policy and other social policy objectives across all levels of government (AHURI, 2002).
- *Outcome information for policy planning.* No outcomes framework operates nationally or state wide to measure the effectiveness of supported living. Developing outcomes frameworks is an area that requires further evidence-based research to prioritise service funding and respond to demand (DFC, 2007).

4.2 Building Regulations

Second, some state departments noted that while building regulations protect standards, they can act as a barrier to accessible and affordable housing stock. This is particularly the case for residential facilities, which have complex codes. Statutory regulations can have an adverse impact on accommodation in ways including the development of new housing or maintaining current housing arrangements for ageing residents (Innes, 2006;

Government Interviews, 2007). For example, in Victoria building regulations can unintentionally impact on people with disability living in their own homes with staffed support, which could stigmatise people living there (DHS, 2007).

4.3 Interagency Coordination

The third systemic facilitator and barrier is the effectiveness of interagency coordination between government agencies and with the numerous service providers involved in the sector, either through case management, service system or policy coordination mechanisms.

- *Reasons for coordination.* People with disability have needs that are not neatly packaged into the systems and supports associated with or offered by only one government agency or service provider. Bigby (2006) found that housing providers and support service providers did not adequately share information about their service provision to people with disability, which impacted upon the suitability of the accommodation (also Sachs & Associates (1991). Agencies have difficulties assigning responsibility for people with a multiple diagnosis (e.g. mental health, drug or alcohol and disability) (DSQ, 2007). Bridge et al (2002) argue that linkages are still primarily based on informal cooperative efforts that vary in their effectiveness. Bostock and Gleeson (2004) suggest that the lack of coordination between housing and support often results in disability agencies focusing more on support requirements of clients to the detriment of housing requirements and mainstream housing options (Bleasdale, 2006).
- *Housing and accommodation support separation or integration.* A policy question for policy officials is whether to separate or integrate housing and support. Historically, residential care was a single package of housing and accommodation support. In contrast, community care typically separates them (Oldman, 2000). Reynolds et al (2002) suggests that if a range and diversity in approaches to link housing and support services are available they can be responsive to need. Bigby (2006) notes that the separation is only successful where organisations coordinate and communicate. The preferences of people with disability for integrated or separated housing and accommodation support services are not clear from the research for this project. Funded coordination can be a bridging mechanism between the two approaches.
- *Human service sectors.* People with disability who access other support systems (e.g. mental health, health or criminal justice) have often received types of support not traditionally offered by the disability service system. FaCSIA (2007) noted the gaps in coordination between departments, for example juvenile justice, which results in a lack of proper rehabilitation and posing the risk that the young person ends up with higher, more complex needs. Memoranda of Understanding are a formal response to this need. The intersection between service streams can also have consequences for people living in accommodation support services. One example is in accommodation support packages that do not include funding for community participation or transitions, such as from institutional care and age-related services (18 and 65 years). In contrast, good transitions require coordination between the formal and informal support services, at least temporary case management and the associated costs of temporary additional support to manage the change.

Anna says her daughter, Reba's, move into her unit was carefully managed, with a gradual transition and careful observation to check that Reba, and the woman she lives with, were both managing and happy there (Stakeholder Interviews, 2007).

4.4 Supported Living Arrangements

The fourth facilitator and barrier is the funding arrangements of where people live. This includes the type of housing, the location and co-location, who they live with, the condition and quality of the housing, the appropriateness to the person's support needs; and direct payments and individualised service provision.

- *Considerations in housing arrangements.* Government officials commonly agreed that of utmost importance in any housing arrangement is availability, flexibility and diversity of affordable and purpose appropriate housing options (Government Interviews, 2007). The number of people in any housing arrangement (particularly in group homes) is an important contributing factor to quality and satisfaction. Stancliffe and Keane (2000) in a study of semi-independent living arrangements found that participants in smaller (staff-to-user ratio) arrangements experienced better outcomes. Bigby (2000) describes quality housing and support as including: a house which is appropriate in its design; affordable and where tenure is secure; has access to required supported services (formal or informal) that are available when needed, and provided in a way that meets the person's needs and circumstances.
- *Cluster housing.* Researchers have criticised clustered, rather than dispersed, community living as providing an overall poorer quality of life when compared with dispersed housing. EIDRN (2003) argue that family and community ties continue to be disrupted even with more progressive cluster community living arrangements, which are reminiscent of institutional services. Epstein-Frisch et al (2006) suggest that many of the features of institutional living are also risks in cluster models, including: a whole of life umbrella approach to the delivery of services; a custodial and impersonal nature of care; segregation from the community; inability to provide a home-like environment; and their difficulty meeting the physical, emotional, social and skill development needs of the groups of people living there (also Emerson et al, 2000).
- *Accessible housing.* The United Nations in a special report on housing in Australia commented on the lack of suitable and affordable housing for people with disability. The Report recommended that all new private and public constructions should have accessible design arrangements, which if included during the design phase, could save the costs of later modifications, and could also benefit other members of society, such as older people and young families (Kothari, 2006).
- *Shared housing.* One of the main barriers to goals of choice and control noted by people using services is sharing accommodation with others not necessarily by choice (either sharing at all, or sharing with particular people).

Fiona lives with a co-resident, a man in his 60s, and she said that they get on well. She said she had problems with the previous co-resident as they fought. Fiona tried living alone for several months, but it was financially difficult, and the current co-resident moved in about a year ago. She said that she knew the co-resident socially beforehand, and that she had a say in who would move in (Stakeholder Interviews, 2007).

- *Individualised funding mechanisms.* The policy direction in Australia is to offer support services based on personal requirements, including individual support packages so that the person can access their preferred accommodation support. Internationally, this includes individualised funding (see Section 2.3; Lord & Hutchinson, 2003, Bostock & Gleeson, 2004). Australian governments are also experimenting with individualised funding arrangements, such as Western Australia, Victoria and NSW (eg. Fisher et al, 2007b). Individualised funding arrangements can include: direct payments, indirect payments and funding held by organisations. Services to be purchased include personal support, domestic services and social services. The implementation of such arrangements can be through service brokers, personal agents and voucher schemes that provide assistance with budgeting, service selection, payment management and accountability. Benefits include responding to personal preferences and needs, lowering administrative costs, increased competition, and employment opportunities (Senate SCCA, 2007). Risks are in the operationalisation of the system, including: tax implications; accountability over funds; and the level of funding to meet the person's needs. In the UK, successful implementation involves having a policy of training, mandatory duties, performance indicators and local targets to protect duty of care (Priestly et al, 2006).

4.5 Funding and Demand

The service system does not meet demand for either affordable housing or specialist disability services. Resource facilitators and barriers include the implications of the competition for support funding; prioritising prevention or critical care; the availability of social housing and other housing stock; and costs of changing needs.

- *Implications for funding.* A policy problem is the high unmet demand for affordable and accessible housing and accommodation support (Sachs & Associates, 1991; McNamara, 2001; UK Department of Health, 2003; Foundation for People with Learning Disabilities, 2001; Bleasdale, 2006). Governments also acknowledge the difficulty in addressing 'under-met' need (AIHW 2007b). The urgency of meeting critical demand has had the effect of reducing the choices available. The rationing of accommodation support services mitigates against people being able to make lifestyle choices and decisions, either because the hours of support they receive are insufficient or the required support is too costly (AIHWb). Most available options are locked into the current arrangements, leaving little opportunity for service providers to shift resources to maximise choice and flexibility.
- *Prevention or critical care funding.* Funding of services is often reserved for people with complex, high and/or critical levels of need, which results in service gaps for people with less critical need. Due to the high levels of unmet demand, often, accommodation support becomes a crisis response, rather than preventive. In these circumstances, funding and provision of service is often not decided by personal level of need, but cost and budget (Simons, 1998; Ozanne, 2001; UK NCIL, 2006). People with disability and families not only need sufficient funds to ensure basic support, but also to facilitate supporting people 'well'.
- *Social housing and other affordable housing stock.* One of the structural barriers across Australia is the housing market, where there is limited affordable housing and high demand for social or public housing. According to AHURI (2002), the number of public housing units has decreased, while the population and number of people requiring such housing has increased. At the same time, the lack of affordable

4.6 Staffing

The sixth facilitator and barrier is quality staffing in accommodation support, including availability, training, service approach and managerial support in the employing organisation. Staffing is well established as a key determinant to the success of service quality and outcomes for people with disability in supported living arrangements. The literature demonstrates that for people with high support needs, three key factors are important: (i) available activity for all – which involves moving from the 'hotel' model to resident participation; (ii) available personal support including well developed method for staff/resident deployment and activity planning; and (iii) effective assistance to help people who lack skills to accomplish and activity successfully (Epstein-Frisch et al, 2006). The importance of quality staffing is echoed by people with disability and their family members. It is necessary to have experienced well-trained staff who have a positive vision of what is possible for the person.

> Community Service [the non government organisation that supports Zach] find workers who they think would be a good match for Zach (gender, personality, hours available), then the family decides if they are a good fit. If so, the worker starts on a three-month trial at the end of which time an assessment is made, looking at what the person themselves thinks (through a formal process), then they become a permanent worker. They have worked this way successfully for 16 years. (Stakeholder interviews, 2007)

Another key issue with staffing is the managerial or organisational processes of service provision. Bigby (2006) suggests that often the primary focus is on day-to-day care by staff and managers, with little weight being given to planning and vision for the quality of life of the people.

4.7 Discrimination

Discrimination about culture, language and Indigenity are an additional barrier for some people with disability. Some accommodation support services have facilitating practices to address this risk. Socio-economic barriers and stigma about particular disability are also a barrier for access to both housing and support for independent living.

A key issue in provision of accommodation services to diverse groups of people with disability is ensuring such services and support are culturally sensitive. This is sometimes difficult to achieve, particularly with the proximity between the housing and culturally specific community support, such as social networks and cultural facilities (FaCSIA, 2007).

In the Northern Territory, a high percentage of Aboriginal people living in remote areas do not have access to services or supported accommodation, and are instead relocated to the urban areas – often hours away from their family and friends and in a white urban setting. The cultural mix of staff can also be problematic, with little flexibility or knowledge by service providers about cultural issues (DHCS, 2007). In a study undertaken by Carlson and Hutchinson (2001), five main factors were found to affect

the level of support received by people from a CALD background isolation, cultural beliefs and cultural differences; language difficulties; inter-sectoral links; and access.

Some of the strategies to overcome these barriers include: improve awareness amongst service staff of issues specific to the cultural needs of families with a disability; where possible, tailor support to the cultural norms and beliefs of the family; increase and maintain bi-lingual staff; ensure appropriate levels of liaising between various organisations, including establishing memorandums of understanding; and ensure that dissemination of all information relating to services and support is available in multiple languages and distributed through as many communities as possible. Improved data collection based on ethnic and linguistic factors can also lead to better understanding the needs of people in such communities (Carlson and Hutchinson, 2001). NSW is developing a specific CALD unit to understand the issues that CALD people with disability face across the State (DADHC, 2007).

In addition to cultural barriers, a number of socio-economic barriers prevent some people with disability accessing appropriate supported accommodation, such as stigma and high costs of housing. Despite the shift towards community-based housing, some communities are less welcoming and accepting of people with significant disability, which results in pressure to return to more congregated environments (DSQ, 2007). Lack of acceptance of the potential capacities of people with an intellectual disability can also act as a barrier. For example, some formal and informal carers can disregard and dismiss requests for support with semi-autonomous activities or in enabling autonomous activities to occur (Buys & Tedman-Jones, 2004)

4.8 Flexibility and Choice

As discussed in the goals of supported living policy (Section 3), accommodation that offers flexibility and choice facilitate quality of life goals for people with disability. Several participants in the research emphasised that flexibility of support was important to people on a range of levels: from being able to determine on which day of the week they did their shopping (when needing staff support to do so), to a family who organised hours of support to supplement the caring role they also filled during part of the week.

Practices, funding and approaches to service delivery are facilitators or barriers to choice experienced by many people using services and trying to access them. Although disability policy legislation principles include diversity, choice and flexibility (Section 4.1), Australian government departments find it difficult to operationalise them. As a consequence some officials and providers reflect that parts of the current system of supported living are too inflexible and lack opportunities for people to make real choices (McNamara, 2001; MacArthur, 2003). For example, if a person has current accommodation, even if not ideal, then they are of lower priority for both other disability and housing support options (DHS, 2007; DHHS, 2007).

4.9 Informal Carers

The final facilitator and barrier is support for informal carers. Robust informal support – both practical and emotional – from both family and friends is considered to be a key facilitator of a good supported accommodation experience. This sort of support is particularly helpful in ensuring the person is viewed as more than a ‘client’ or ‘resident’. While many adults are content to remain in the family home, often this is because of a lack of viable alternatives. EIDRN (2003) note that although family care

may appear as the cheaper and more preferred option, the need to accurately estimate costs of family care remains when determining equity and measuring effectiveness and efficiency of public services. AHURI (2002) suggest that while some community care services are available to assist informal carers, often financial restraint limits access to this help, which puts long-term informal carers at risk of financial hardship.

A key barrier is the interface between formal and informal support. If a person has a well developed, effective network of support, their priority of access to more formal supports is limited, even though the level of funding or support that is required to sustain such arrangements is often relatively low (DSQ, 2007). Lack of housing options places an unacceptable demand on many families and informal carers, restricting choice and opportunity for developing an independent life for many people with disability.

With regards to quality of life for the families and carers of people with disability, the degree and type of support need is a major determinant. Where families have control over respite and personal assistance services, they experience an increase in service satisfaction and community participation, as well as a reduced staff turnover (AIID, 2006). Similarly, where families have an abundance of social, emotional and material resources, the stress of caregiving can be minimised, however very few families have access to such levels of supports. While home-based supported living can improve quality of life for a person with a disability, it can impact negatively on the quality of life of the caregivers/family members. Primary carers are at considerable risk of high stress, clinical depression and abnormally low subjective quality of life (Cummins, 2001). The needs of people with an intellectual disability and their informal carers can conflict, which is especially problematic for ageing carers who have care needs of their own (Ozanne, 2001). Furthermore, informal care may actually negatively impact on the independence and autonomy of people with disability, particularly people with an intellectual disability (Burchard et al, 1991; Buys and Tedman-Jones, 2004).

4.10 Summary of Facilitators and Barriers

The discussion about these nine facilitators and barriers to effective accommodation support (legislation and agreements, building regulations, interagency coordination, the supported living arrangements, funding and demand, staffing, discrimination, flexibility and choice and informal carers) illustrate the complexity of the policy environment. No one approach to supported living is likely to be sufficient in this context. The people and organisations involved in accommodation support have appropriately responded with multiple approaches to accommodation support.

In order to assess the effectiveness of that range of responses, the research develops a framework in the next section based on the findings about facilitators and barriers to achieving supported living policy goals. Section 5 defines a framework that incorporates the key components of effective accommodation support for people with disability The framework addresses elements of alternative models reviewed in the literature, considered core to evaluating the effectiveness of approaches to accommodation support in terms of the goals for people with disability.

5 Framework for Effective Supported Living Services

5.1 Outcomes and Goals

Living independently

(from UN Convention on Disability)

- Opportunity to choose place of residence on equal basis to others (eg. type)
- Opportunity to choose where to live on equal basis to others (eg. geographical)
- Opportunity to choose with whom to live with on an equal basis with others (eg. housemates)
- Opportunity to choose conditions of informal and informal service provision (eg. provider; times/days; length; staff)
- Opportunity to change housing and accommodation support

Quality of life

(from the University of Toronto Quality of Life Profile)

- Achieves, encourages and facilitates overall well-being
  - Physical (eg. physical health, nutrition, exercise and general physical appearance)
  - Psychological (eg. psychological health, adjustment; cognition; feelings, self-esteem, self-concept, self-control)
  - Spiritual (eg. personal values; personal standards of conduct; spiritual beliefs)
- Achieves and facilitates personal goals, hopes and aspirations
  - Practical (eg. domestic activities; paid work; education or volunteer activities; seeing to health or social needs)
  - Growth (activities that promote the maintenance or improvement of knowledge and skills; adapting to change)
  - Leisure (eg. activities that promote relaxation and stress reduction)
- Achieves and facilitates connection with one's environment
  - Social belonging (eg. intimate others; family; friends; co-workers; neighbourhood and community)
  - Community belonging (eg. adequate income; health and social services; employment; educational programs; recreational programs; community events and activities)
  - Physical belonging (eg. home; workplace/school; neighbourhood; community)

Culturally appropriate

- Considers the specific needs of Culturally and Linguistically Diverse (CALD) and/or Indigenous clients
- Is a general service appropriate for or a specialised service designed for CALD and/or Indigenous clients
- Ensures availability of CALD and/or Indigenous staff
- Ensures cultural competence of all staff
- Involves local cultural community

5.2 Administrative Systems

Interagency regulations and coordination

- Formal Memoranda of Understanding
- Levels of coordination and referral processes

Service provider policies and practice

- Consistent with Federal, State and Territory government requirements (eg. legislation, standards, CSTDA)
- Complaint mechanisms
- Consumer participation

5.3 Service Viability

Funding for housing and support for the person needing assistance

- Availability
- Flexibility
- Mobility

Sustainability of service

- In the short term
- In the long term
- Financial assistance needed to maintain and sustain
- Extra support / staffing needed to maintain and sustain (eg. formal and informal)
- Infrastructure assistance (eg. buildings) needed to maintain and sustain

Ability to expand service

- Need or demand for expansion
- Overall scope to expand
- Staff availability to expand
- Economically efficient to expand
- Responsiveness to demand (eg. service, building, funding and changed needs)

Replicability of service

- By other organisations (eg. government, NGO or private)
- Within the State/Territory to other areas
- Across other States/Territory
- Nationally
- For people with other needs

5.4 Formal and Informal Support

Staffing – formal support

- Qualifications and experience in the field
- Staff-to-client ratio (eg. appropriateness, costs and sustainability)
- Job satisfaction
- Philosophy towards supported living
- Managerial support for innovation

Informal support

- Sustainability of informal support (eg. short-term and long-term)
- Availability of support network (eg. accessibility, consistency and level of reliance on informal support)
- Level of contribution (eg. monetary, physical and emotional support and time)
- Contribution to decision-making for family member or friend with disability

Coordination between formal and informal support

- Communication between formal and informal support
- Availability of choice between informal or formal
- Reliance on informal support for effectiveness of formal support
- Opportunities for informal to contribute to service management

6 National Case Studies

This section describes the six case studies of alternative approaches for people requiring 24-hour accommodation support. They were chosen as representing the range of approaches for people who require 24-hour support or who would otherwise live in a 24-hour support setting, either with their family or in formal residential care. The effectiveness framework from Section 5 is applied to the case studies in Section 7.

The considerations in selecting the case studies were:

- the innovative aspect of the approach;
- variation between the case studies and the type of support needs they address;
- the approach has been established long enough for participants to have experienced costs and outcomes;
- the approach fosters a personalised path to maximise independence, choice and flexibility;
- the service receives some funding under the CSTDA; and
- availability of existing data (research or evaluation) or opportunity for face to face investigation on at least some of the case studies.

All the case studies offer 24-hour support. Usually this is in the form of a package of formal and informal support, on-call support and more support at times of greater need. A central goal of many of the case studies is to diminish the necessity for 24-hour formal support for the people using the service. The case studies also vary the level of support according to the person's changing needs.

The framework to assess the effectiveness of supported living services (Section 5) is applied to the six case studies described in Section 7. The results are summarised for each case study. The second part of the Section 7 summarises the effectiveness findings in terms of implications for the development of alternative models for people who require 24-hour support.

6.1 Lower Great Southern Community Living Association, Western Australia

Overview	The person with a disability and the person providing support reside in the same rental premises and share living expenses. To assure security of tenure, the lease is held by the person with a disability. Homes are rented mostly from a non-profit housing provider. The co-resident is paid a wage including salary packaging for the care provided, usually with one day off per week plus respite available every second weekend and four weeks annual leave. The person with a disability participates in day activities (which also provides respite for the co-resident) and other community activities based on a holistic approach to the person's needs.
Innovative dimensions	Co-residency offered through Lower Great Southern Community Living Association (LGSCLA) provides an opportunity for a one-to-one personal support relationship developing over time; and for more community participation. Training for staff on non-verbal communication used by people with challenging behaviours. Employing community development worker to enhance consumer participation in the community LGSCLA supplements funds for the program through running a store.
Model of support	Co-residency is based on the person with a disability sharing premises with another person who provides needed support. The co-resident is required to provide 24-hour back-up support and mentoring if and when necessary.
Key principles	Creating the most natural context in which people can be supported in a home environment, with a strong focus on community inclusion and participation; avoiding cluster housing. Individualised approach. Partnerships with other agencies.
People supported	33 people of varying disabilities and needs ranging in age from 18 years to 67 years are currently in the accommodation program, including co-residency arrangements and other individualised options. Most have an intellectual or cognitive disability, and some have other mental illness, physical disabilities or acquired brain injury.
Benefits / challenges	Benefits: development of close personal relationship between the person with disability and co-resident; opportunity for spontaneity in lifestyle in normal home environment; community connections; individuality and ownership of household items; level of disability does not preclude people from this model of care; low turn-over of support staff; cost-efficiency. Challenges: managing host family's needs for respite and holiday periods; managing the process of transition when the existing support worker wishes to move on; responding to the level of demand – there is a waiting list for service support; local communities do not always know how to include people with disability.
Evaluation	N/A

6.2 My Place, Western Australia

Overview	My Place works with people with disability and their families to find accommodation that meets the individual clients' needs. People with significant disabilities (intellectual, physical and/or sensory), are supported across the Perth metropolitan area and the South West of WA.
Innovative dimensions	Provision of flexible, individualised accommodation options including: living in the person's own or family home with support; sharing accommodation with a carer, living with a host family and support for self-management of assigned disability funding packages; management ranging from full service co-ordination and management through to self-management in accordance with the client's wishes; individualised funding arrangements with funding usually provided by government.
Model of support	Individualised options are based on personal choice. Every person supported by My Place (other than those who elect to self-manage) has a dedicated Service Co-ordinator who assists them to design the lifestyle and accommodation supports that they wish for themselves. The Service Co-ordinator then assists the person, and any involved family members, to develop informal and formal supports to help the chosen lifestyle become a reality. They work with individuals to find a house that is comfortable, well equipped, affordable, close to services and in a suburb that they prefer. 70% live in their own homes (which they may be renting or purchasing), 10% live in their family home and 20% live with a host family.
Key principles	A person-centred approach. There is personal choice and control over how and where the person lives their life.
People supported	Supports around 120 people with a range of disabilities, including intellectual disability, cerebral palsy, multiple sclerosis, autism, muscular dystrophy and spinal injury, to live as independently as possible within the community (age range 15 to 70 years).
Benefits / challenges	Benefits: Individualised approach offers flexibility and increased personal choice and consumer control. Challenges: Management and resourcing of changing needs, particularly for people with degenerative conditions.
Evaluation / research	Random client satisfaction surveys are undertaken each year. Each of the three DSC (Disability Services Commission) programs under which My Place is funded (Accommodation Support Funding, Intensive Family Support and Post School Options/Alternatives to Employment) is monitored every three years by two Independent Standards Monitors appointed by DSC.
Contact	www.myplace.org.au

6.3 Noarlunga, South Australia (Demonstration Projects)

Overview	This program's goal is to establish and maintain successful tenancies and improve quality of life for people with a significant mental health-related disability. Partnerships are formed between key agencies to provide a range of support needs, and service provision is individualised. Any type of housing arrangement is possible. Staff assist clients to find suitable accommodation. Positive contact between client and support workers has been a significant factor in the success of the project.
Innovative dimensions	A partnership involving key agencies: Housing SA, local Mental Health Services, and NGOs contracted to provide support.
Model of support	Support services provided in coordination with the provision of housing and clinical mental health services. Provision of support services to clients is managed by a full-time coordinator. Crisis management plans for each client include 24-hour contact plans and overnight support is provided where necessary.
Key principles	Client-centred and tailored to individual needs, focusing on promoting independence and providing support across life domains. Service provision across 7 days and outside of business hours.
People supported	10 clients, each assessed as requiring between 10 and 30 hours of support per week. Client ages range from 22 to 47.
Benefits / challenges	Benefits: holistic approach (problems other than immediate mental health were identified and addressed - drug and alcohol, physical, financial, domestic violence); individualised and highly varied (wide range of providers were engaged); attending community activities; social contact with the support worker was the most significant aspect of the project; positive impact on clients' families and the service system. Challenges: Prolonged negotiations and tensions among participants about the model, target group and leadership delayed the start of the project; ongoing, if reduced, tensions between Mental Health and other agencies; providing identified support needs (actual support hours are significantly lower than allocated hours); excessive paperwork for referrals; addressing underlying causes (eg. loneliness as primary reason for alcohol abuse); generally helping clients with entrenched drug/alcohol abuse; skills and personality of the support workers need to match the client's needs; ensuring ongoing progress and goal attainment with current clients.
Evaluation / research	Evaluation report in (February 2004) by the SA Department of Human Services

6.4 Opening Doors Project (ODP) Riverland, South Australia (Demonstration Projects)

Overview	Supported accommodation for Aboriginal young people (15 to 25 years) whose independence is at risk due to mental illness and complex needs and who need assistance in finding and keeping accommodation. Among several demonstration projects across South Australia, this is the only one targeting Indigenous young people. It has a formal partnership between Anglican Community Care, Housing SA, Aboriginal Housing Authority, Child and Adolescent Mental Health, Riverland Regional Mental Health, and SA Department of Family and Community.
Innovative dimensions	Aboriginal sensitivity: understanding of transient life styles Inclusion of families and networks High level of presence in the community Support follows the client, rather than being tied to accommodation.
Model of support	The project supports clients to be housed and stabilised in a safe and suitable environment, whether that be at home with family and friends, or in private rental or public housing. Workers support the client wherever they live, and throughout housing transitions. Support is individualised and culturally appropriate: the program worker will develop goals and a support plan with the young person, will help establish links with their identified communities, and help them to make positive health choices and changes in their life (including developing home and self management skills, and community living skills). The program is predominantly delivered in the community, rather than being office-based. Transport assistance constitutes a significant part of service provision. A rostered staff member is available at all times by phone if the client is in crisis.
Key principles	Building capacity of the Aboriginal community; partnership among agencies; close contact with the client's community
People supported	The project currently supports 12 Aboriginal young people who have high and complex needs, including homelessness or housing instability, mental illness or risk of a mental illness, in contact with the juvenile justice system and/or child protection, and substance misuse.
Benefits / challenges	Benefits: flexibility in the extent of support provision over time and in accommodation options; holistic approach; the client's wider networks are included in the program Challenges: recruiting local Aboriginal people as support workers; managing staff workload with highly transient clients; finding agreement on eligibility criteria (severe mental health issues or early intervention for 'at risk' clients?), and accurate diagnosis; maintaining focus on both accommodation and other support needs; dealing with entrenched and chronic problems such as homelessness or substance abuse needs long-term engagement
Evaluation	Evaluation report by SA Department for Families and Communities

6.5 Tom Karpany House, South Australia

Overview	Tom Karpany House is a transitional accommodation service for Aboriginal men provided by the SA Department for Families and Communities under the Disability SA. The service assists people to improve their mental and physical health, budget planning, healthy diet (with a particular focus on diabetes management), and building self confidence, before moving into public housing with ongoing outreach support. A maximum of four clients live in the house at any one time. Tom Karpany supports Aboriginal men who have a long history of homelessness, mental illness, and/ or acquired brain injury, and/ or drug and alcohol abuse, and/ or intellectual disability. Clients have a history of slipping through service gaps, high use of services, long-term unemployment, and have been in police custody frequently.
Innovative dimensions	Tom Karpany services clients who are extremely vulnerable and have fallen between gaps in services for many years. Offers flexible, individualised 24-hour support; addresses whole of disability, not just limiting assistance to diagnostic type.
Model of support	Provides 24-hour active supported accommodation and outreach services to Aboriginal men with high and complex needs (alcohol, psychiatric, intellectual, behaviour). The goal is slow transition from homelessness to having supported accommodation, to independent housing and rehabilitation into work/education where possible. Individualised, highly flexible model of support adaptable to need. Several former residents have successfully moved into housing provided by the Aboriginal Housing Services, with ongoing support from Tom Karpany.
Key principles	Communal decision-making: Tom Karpany sets some requirements, such as a 'dry house', but other decisions are made jointly by the men at the service, eg. number of visitors. Patience: Service workers do not pressure clients to move out but wait until the client feels ready to live independently.
People supported	Transitional accommodation service, plus outreach service, for a total of 7 people
Benefits / challenges	Benefits: stable accommodation; Aboriginal staff help overcome cultural barriers; close collaboration with other agencies; residents decide house rules; improvements to life domains other than accommodation (eg. health, finances); participation in community activities and education Challenges: lack in police support; negative attitudes in the sector towards the program; identifying Aboriginal cultural practices
Evaluation	N/A

6.6 Uniting Care Wesley – South East Project, South Australia (Demonstration Projects)

Overview	One of 12 Supported Accommodation Demonstration Projects currently operating across South Australia. The target group for this project, are people with psychiatric disability who can, with support, live independently. The project aims to improve capacity and participation in activities and the community, promote personal choice, maintain housing stability and reduce acute admissions to hospital. Central to all Demonstration Projects is the concept of a partnership between government (mental health and housing services) and the contracted NGOs.
Innovative dimensions	Equitable partnership between key agencies, in this case Housing SA as the housing provider, South East Regional Community Health Service as the provider of clinical mental health services, and South East Community Living (Port Adelaide Central Mission) providing psychiatric disability support. Additional partnerships, e.g. with GPs, to address service gaps.
Model of support	Clients live in housing of their choice (i.e. with family, private rental, own home) however most participants live in Housing SA housing. They receive 6-21 hours support a week from Community Support Workers in their own home and community. The program has a holistic approach and is recovery orientated. It includes a range of support such as help with household tasks, transport, attending appointments and activities, housing issues, budgeting, access to educational courses, relationship support, goal setting and self management. Support staff are available 7 days a week from 9am to 7pm and the manager is available by phone at any time. Relapse Prevention Plans are formulated with clients to help them identify early warning signs if they are becoming unwell and provide contact information for specialist and generic emergency services.
Key principles	- Equitable partnership among key agencies. - Client choice: participate voluntarily and determine their own support needs. - Flexibility in level and nature of support, and over time. - Holistic - Community integration - Psychosocial rehabilitation: clients to develop independence and control over their lives through encouragement.
People supported	Eleven people are currently supported, seven of who live in Housing SA accommodation. In addition to psychiatric disability, eligible persons also have to have complex needs, be willing to receive support, and require support to live independently in the community.
Benefits / challenges	Benefits: social contact with the program workers impacts positively on many life domains; family members freed to live more independently; increased client independence reduces service needs; increased client self management; housing stability; improved health and confidence; continuity of support, case management and housing; collaboration among agencies in the sector Challenges: tensions between client/family expectations and nature and extent of support provided; servicing regional areas; managing staff and finances to respond to people's changing support needs;
Evaluation	Evaluation report by SA Department for Families and Communities

7 Application of Framework for Effective Supported Living Services to the Case Studies

Dimensions	Criteria	Model 1 LGSCLA	Model 2 My Place	Model 3 Noarlunga	Model 4 Riverland	Model 5 Tom Karpany	Model 6 SE Project
Outcomes and goals	Independent living	Co-residency (mostly rental from NGO), plus other options; day activities and flexible services	My Place helps clients find suitable accommodation of their choice; help with organising other support needs	Staff help clients find or maintain suitable accommodation of their choice; other support services wide-ranging and individualised	Staff support clients to establish stable and safe accommodation of their choice; flexible in types and extent of support over time	Transitional group home plus outreach; flexible and wide-ranging service provision, towards independent living	Independent living with support, mostly in social housing; flexible in types and extent of support over time; client determines support needs
	Quality of life	Close relationship with co-resident; extensive community connections through co-resident; ownership of household items; help with managing disability funding	Close relationships where clients live with family or a co-resident; help with service access and developing informal support	Good relationships with support workers; holistic approach (incl. drug and other problems); community activities; increased independence	Involves client's families and networks, where possible; holistic approach (incl. health and home management)	Holistic approach (incl. health, budget planning, self-esteem); communal control over house rules; community activities, education; increased independence	Good relationships with support workers; holistic services (incl. housework, budgeting and transport); increased housing stability; community integration; increased independence
	Culturally appropriate	Can be provided in culturally sensitive manner if required, eg. client and co-residents can be from the same group	Not mentioned, but accommodation option can theoretically be culturally appropriate, if required	Not mentioned, but can theoretically be provided in culturally sensitive manner, if required	Targeted at Aboriginal young people; sensitive to cultural needs; involves the community; but: difficult to recruit local Aboriginal people as support workers	For Aboriginal men; Aboriginal staff; sensitive to cultural needs within reason	Not mentioned, but support can theoretically be provided in culturally sensitive manner, if required
Adminis-trative systems	Inter-agency regulation and coordination	Participation in service provider networks; partnerships with government local area coordinators	For-profit business, but 87% of all funding received is annexed for direct client support and transferred to a separate non-profit NGO. All direct staff are employed by and supervised through the NGO.	Formal partnership among key agencies; integrated services; initial tensions among partners about the model, target group and leadership	Formal partnership among key agencies; successful, long-standing collaboration; effective collaboration with other agencies	Government-funded service; formal inter-agency links with other service providers and police	Formal partnership among key agencies; additional partnerships to address service gaps; project has increased collaboration in the sector

Dimensions	Criteria	Model 1 LGSCLA	Model 2 My Place	Model 3 Noarlunga	Model 4 Riverland	Model 5 Tom Karpany	Model 6 SE Project
	Service provider policies and practice	Encourages clients to make choices; develops individual support plan with them; regular client satisfaction surveys – client feedback mostly positive; policies (eg. about complaints) were revised in response to client feedback	Develops individual support plan with client; helps client adjust the plan as circumstances change; helps with plan implementation; regular client satisfaction surveys – client feedback mostly positive	Clients participate in the development of their individual support plans.; The evaluation shows clients are satisfied with their input into decision-making; written policies on complaints, appeals, program exit etc.)	Service provision is individually tailored. Support is responsive to client needs; comprehensive policy and procedure manual (for referrals, appeals, grievances, risk management)	'Dry-house' policy set by the provider, residents decide other house rules collectively; individual plans are developed with the clients	Developing individual goal and support plans was difficult – needed to establish trust first; flexibility in support over time; clients satisfied with support, and feel they can raise any problems with the support worker
Service viability	Funding for user	Client is individually funded by the government; funds are portable, and client has control over them; LGS charges 15 per cent for staff and administration; lease for the residence is held by the person with a disability; co-resident is paid a wage	Client is individually funded by the government; funds are portable, and client has control over them; My Place charges 13% of total funding for service management and co-ordination.	Clients pay 25 per cent rent from their pensions; most have their funds managed by the Public Trustee	Clients pay 25 per cent rent. Program has access to brokerage funds which may support them with loans (for buying furniture etc.)	Residents pay 55 per cent of their pensions for board and lodging; they have control over the rest	Clients pay 25 per cent rent.
	Sustaina-bility of service	Depends on government funding to clients; LGS has grown year by year, but government funding not sufficient to always provide high quality care; two people sharing reduces costs	Depends on attractiveness of the service to potential clients: they freely choose to engage My Place to manage their funds	Depends on ongoing direct funding from government; service provider is optimistic because outcomes are positive	Depends entirely on ongoing direct funding from government; needs suitable staff to establish the service within the Aboriginal community	Depends on ongoing direct funding from government; optimistic because program is included in department's strategic plan and it services politically sensitive clients	Depends entirely on ongoing direct funding from government; government seeking further efficiencies to ensure maximum value for money.
	Ability to Expand Service	Demand exists, but LGS is hesitant to expand further. Expansion, however, is occurring, with a focus on maintaining the best interest of existing clients	Capacity reached in full service co-ordination, some growth capacity in self-managed options	Capacity reached, but overall demand exceeds available places for eligible participants	Depends on government funding and availability of suitable staff;	Depends on government funding; demand exists; would need a second or larger house; outreach services have already expanded	Waiting list; servicing more people with current funds would compromise quality of support and viability of the service

Dimensions	Criteria	Model 1 LGSCLA	Model 2 My Place	Model 3 Noarlunga	Model 4 Riverland	Model 5 Tom Karpany	Model 6 SE Project
	Replicability of service	yes	Yes	yes	yes	yes	yes
Formal and informal support	Formal support	Co-resident: lower turnover than regular support staff; individual coordinator for each client; staff use a flexible rather than clinical or structured approach	Service coordinator manages client's support funds	Recruits staff who are skilled in empowerment and rehabilitation; client's needs should be matched with staff's strengths	Needs local Aboriginal staff as support workers; uses local Aboriginal elder to increase service's credibility	Half of staff are Aboriginal as a policy; staff provide emotional support to the clients and engage in community activities together with them	Project staff provide day-to-day support; psychosocial rehabilitation approach: doing things *with* the clients, not *for* them; social contact between client and staff very important to program's success; other formal support from Mental Health
	Informal support	Community-based model of care helps to maintain the client's existing network	Client usually lives in the community, retains informal support	Families are involved with client's consent	Most clients live with family; understanding of mental illness and acceptance of the program are limited	Clients were homeless before – usually bad relationships with family	No reliance on families for support; clients can build their own networks through attending community facilities; family members can live more independently
	Coordination between formal and informal support	Client gets involved in the co-resident's networks; contacts with other clients through LGS activities	Client alone, and/or with their family, decides how much formal support they wish to buy	Noarlunga support workers help clients to form new relationships or re-connect with family	Staff work closely with families and networks if client consents; sometimes they mediate between client and family (eg. around contributing to the household); staff work hard to gain acceptance for the service within families and the community; goal of community capacity building	Families are involved if client consents	Family involvement in the program is encouraged if client consents

Summary of Effectiveness of Case Studies in Relation to the Framework Criteria

Dimensions	Criteria	Summary
Outcomes and goals	Independent living	In all models, clients are encouraged to choose where, how and with whom they live, and to live as independently as possible. The range of options depends on the client's capacity to choose and live independently. Some models support clients with high accommodation needs (especially Tom Karpany and Riverland) and try to increase their independence and ability to choose accommodation, while continuing to support them along the way.
	Quality of life	All models have a person-centred, holistic view of the client and address a range of support needs in addition to accommodation. Service workers or paid co-residents are highly engaged in practical and psychological support of their clients. The private service, My Place, is more restricted in this regard, but clients are aware of this and engage My Place by choice.
	Culturally appropriate	Riverland and Tom Karpany are specifically targeted at Aboriginal clients and try to be sensitive to cultural needs, e.g. by engaging Aboriginal staff. The other models have not mentioned any cultural issues, but their client-centred approach makes it likely that services could and would be tailored to different cultures.
Adminis-trative systems	Inter-agency regulation and co-ordination	There is a wide spectrum among the models: My Place is a stand-alone business, LGS participates in provider networks, and the other four models work in formal partnership with other agencies. It is not obvious that any particular level of coordination increases effectiveness of support for the client. Even among the formal partnerships one works very well and another has ongoing internal tensions.
	Service provider policies and practice	All providers develop individual support plans with the client. They keep plans flexible and adjust them according to the client's changing needs. All models seek client feedback, and policies and procedures are adjusted in response. Riverland even shifted the main focus of its support.
Service viability	Funding for user	All clients have full control over their government support funds, unless funds are managed by the Public Trustee. Two of the models are fully government-funded, while the other four charge clients a relatively modest percentage of their disability support. Of these, Noarlunga and Tom Karpany charge the most, but that amount covers rent and, at Tom Karpany House, food.

Dimensions	Criteria	Summary
	Sustainability of service	Four of the models rely on direct government funding. Among these, the SE Project is under pressure from government to stretch the money across more clients, and Riverland needs suitable Aboriginal staff to keep the service viable. My Place receives 90% of its funding directly from government and the other 10% from compensation pay-outs. LGS is funded through client contributions, and has managed to expand its client base. LGS finds, however, that government support to clients is not always sufficient to provide quality care.
	Ability to Expand Service	Unfilled demand exists for three of the models, and additional government funding would enable expansions. Among the others has reached its capacity, with the exception of clients who wish to self-manage and only use My Place's funding administration services; Noarlunga has reached capacity, but services a very specific and therefore small potential client pool, so that expansion would be gradual and modest; and Riverland is still establishing credibility within the Aboriginal client community. As credibility grows, demand will presumably grow, along with a need for increased government funding.
	Replicability of service	All models are replicable, as long as funding and well-trained, suitable staff are available. None of the models require large capital outlays or any other material resources that would restrict replication in other towns, areas or states, or by other organisations.
Formal and informal support	Formal support	All models assign individual client support workers or other ongoing contact people (including co-residents) to each client. Personal relationships form and contribute significantly to the models' effectiveness. Support is always flexible and client-centred.
	Informal support	As part of their holistic approach, all models help clients to enhance their own support networks in the community. The client retains control, and their families are involved only if the client consents.
	Coordination between formal and informal support	If the client consents, staff may work with their families to determine support needs, finetune ongoing support, or build and improve relationships. The SE Project frees families to live more independently by taking over some of their support work.

8 Cost Effectiveness Analysis

8.1 Introduction

The following analysis compares the six case studies described in Sections 1 and 7 with the Stancliffe and Keane (2000) analysis of outcomes and costs for people living in group homes and semi-independent living, NSW. Where the data are available, it includes costs to all stakeholders, including government, clients, service providers and informal carers. Other costs are not included in the analysis, such as costs to other government departments, increased use of generic community services (e.g. emergency and health services), unintended consequences or possible future costs associated with providing unsuitable or incomplete services. Comments on cost impact of rural and regional differences are included in the discussion where the data are available.

The benefits include client outcomes found to be significant between the two models in Stancliffe and Keane: social networks eg. friends and quality family contact; empowerment to make choices and decisions; use of community services eg. parks, clubs, shops; and participate in domestic tasks.

Data sources were a cost survey to the six case study providers, interviews with the managers and clients, financial records where available and comparison to the Stancliffe and Keane analysis.

Average number of all clients

All data in the analysis are about the group of clients supported in the same accommodation support service, unless otherwise stated (Table 8.1), for example, all clients in the same house or all clients supported by the case managers or family.

Table 8.1: Number of Clients and Model Identification

	Case study models						Comparison models*	
	LGSCLA	My Place	Noarlunga	Riverland	Tom Karpany	SE Project	Semi-independent	Group home
Model	1	2	3	4	5	6	7	8
Average number of clients in this accommodation support service	33	90	17	15	6	11	27	27
Average number of all clients using services from this organisation	51	90	17	15	7	11	-	-

Notes: * Stancliffe and Keane (2000). Clients were from a number of services, some living with other clients

8.2 Costs and Funding

Housing costs

None of the service providers own properties. Although the Stancliffe and Keane analysis did not include housing costs, this is likely to be the biggest cost difference between these models and group homes. The case study models assist clients to make housing arrangements in a range of housing options. Some service providers did not supply housing costs for the analysis because housing costs are commonly fully met by the client (Table 8.2).

Table 8.2: Housing Costs per Client, Annual ($)

Model	1	2	3	4	5	6	7*	8*
Rent	25% income - social housing	Social housing or client cost	3,370	client cost	3,484-12,000	3,292	-	-
Other expenses eg utilities, maintenance	client cost	client cost	2,000	client cost	36,120	client cost	-	-

Notes: Does not include cost to government of providing social housing
* housing costs were not included in the Stancliffe and Keane analysis.

Most other housing costs are also paid for directly by the client, such as electricity and gas, water, telephone, cleaning and gardening. The managers did not have figures for depreciation of furnishing, fixtures and equipment. Housing costs, including rent, are low compared to market rates because most people in these models live in social housing, shared housing or with informal carers. Some models have direct links to social housing providers (eg. LGSLA and Tom Karpany). In others, housing with informal carers and co-residents is part of the model design, which has the effect of reducing housing costs.

Accommodation support hours and cost

All models only provided accommodation support rather than providing owned housing. The support hours are to assist the client to live in their current housing eg. support to shop, cook, personal care and case management (Table 8.3).

Table 8.3: Accommodation Support Hours per Client

Model	1	2	3	4	5	6	7	8
Average hours p.w.	41	78	10	46	38	39	10	42
Range hours p.w.	-	7-168	5-30	-	-		2-30	20-71
Average cost p.a	40,587	62,201	15,875	90,530	50,553	38,532	13,434	41,173
Range cost p.a.	17,000-105,000	8,666-112,835	7,800-46,800	-	-	-	2,426-36,972	17,032-137,083

Notes: p.a.= per year; p.w.= per week
Stancliffe and Keane costs are Consumer Price Index (CPI) adjusted from December 1997 to 2006 (155.0 to 120.0, price increase of 29.6 per cent www.rba.gov.au).

The number of support hours available to clients depended on their needs and varied considerably (average 42 hours per week per client; range 5-46). Average accommodation support hours (42 hours) were the same as group home support hours in the Stancliffe and Keane (2000) research. Most models include low hours options, similar to the Stancliffe and Keane semi-independent living models (only average hours (46) were available for the young Indigenous program (4) Riverland). Most approaches also include options for a high number of support hours depending on client needs (except (3) Noarlunga, which provides 5-30 hours per week). The average hours and cost disguise the range of support hours within each of the models. Most models reported only qualified staff hours (except two). All models also rely on informal care hours, except Tom Karpany. Some models also incurred other direct accommodation

support costs, which the managers included in this category, such as travel and activities.

> I live in a Housing SA house. I have support workers who come and help me to go shopping and get out of the house. My brother and my mum spend some time with me every now and then. (6)

The managers reported flexibility in the accommodation support in relation to when it is provided (7 days per week); which agencies or partnerships provided it; the amount of support (eg. increase or decrease as clients' needs and preferences change and at short notice should a crisis occur); and in which housing. The Riverland manager described how the support workers for a client remain stable, even when the clients change where they live.

Management and overhead costs

In addition, accommodation support incurs overheads through the organisation that employs the support staff or administers the funding (Table 8.4). In some cases this relates to direct service provision, such as travel. In other cases, the overheads are not directly attributable to any specific service but can be allocated over all the services. The Western Australian models are funded for 15 per cent administrative costs.

Table 8.4: Management and Overhead Costs per Client ($)

Model	1	2	3	4	5	6	7	8
Total cost p.a.	513,408	839,711	148,465	71,610	130,000	98,127	-	-
Cost per client p.a.	10,067	9330	8733	4774	18,571	8921	5490	13,980

Note: Stancliffe and Keane clients were in a number of services
Stancliffe and Keane costs are Consumer Price Index (CPI) adjusted from December 1997 to 2006 (155.0 to 120.0, price increase of 29.6 per cent www.rba.gov.au).

Administrative costs were similar for all models, at about $10,000 per annum per client. Exceptions were (5) Tom Karpany, which has higher costs from vehicles, managers and other costs associated with the complex multiple needs of this client group; and (4) Riverland, which also provides less formal care than the other models because of travel and different preferences of young people. The reason for pairing of the highest average support cost with the lowest management cost in (4) is unexplained. The management costs for the case studies are higher than the comparison semi-independent study but lower than the group home administrative costs. The data might not be comparable however, because the Stancliffe and Keane published discussion of the research does not include details about what is included in these costs.

In summary, average cost per client per year was between $24,611 for the model with lowest hours of support to $95,308 for the model with high levels of support for all people using the service (Table 8.5).

Table 8.5: Summary of Average Accommodation Support and Management Cost per Client per Year ($)

Model	1	2	3	4	5	6	7	8
Accommodation support	40,587	62,201	15,875	90,530	50,553	38,532	13,434	41,173
Management and overheads	10,067	9330	8733	4774	18,571	8921	5490	13,980
Total	50,655	71,533	24,611	95,308	69,129	47,459	18,931	55,161

Note: Range varies greatly in all models
Stancliffe and Keane costs are Consumer Price Index (CPI) adjusted from December 1997 to 2006 (155.0 to 120.0, price increase of 29.6 per cent www.rba.gov.au).

In comparison, cost data from the Productivity Commission (2007) shows the cost to Australian governments of accommodation support varies between settings and between providers. Government expenditure on NGO provided accommodation support services in group homes was $82,203. Expenditure on similar government provided services was $98,629 per user. Unlike the analysis in this report, these averages do not distinguish between different support needs and staff hours.

Funding

The case studies are consistent in the sources of funding or income including fees, government contracts and client expenses (Table 8.6). All accommodation support and management costs are state-funded. Housing costs are generally borne by the client, although if the clients access social housing, state government agencies responsible for housing share the cost. In these cases, clients pay a proportion of their social security payment, usually 25 per cent. These data also do not include the economic cost to informal carers for housing and accommodation support.

Table 8.6: Funding Sources for Housing, Accommodation Support and Management

Model	1	2	3	4	5	6	7*	8*
Cost								
Housing	Client	Client	Client	Client 95% State 5%	Client 25% State 75%	Client	-	-
Accommodation support	State	State	State	State	State	State	State	State
Management and overheads	State	State	State	State	State	State	State	State

Notes: Does not include cost to government of providing social housing
* Stancliffe and Keane did not include housing costs
In cases of individualised funding, 'State' means allocation of individualised funding for these costs

Some service providers reported funding for management was sufficient to also cover development funding such as community development, staff development and contributions to changing the broader service systems to be more inclusive of their client group.

8.3 Client Benefits

The analysis includes the client benefits that Stancliffe and Keane found to be significantly different between people in semi-independent living and group homes (Table 8.7). The service providers were asked to estimate and explain the average impact on wellbeing for clients in the service compared to clients in other accommodation support services. Clients were also asked about the same measures of change in quality of their lives. The manager data could include upward bias, which was addressed by asking the managers to explain the answers with examples and triangulating with the client data.

Table 8.7: Client Benefits

Model / Benefit	1	2	3	4	5	6	7	8
Social networks eg. friends, quality family contact	Above average	Excellent	Above average	Above average	Below average	Above average	Significant difference[1]	
Empowered to make choices and decisions	Above average	Excellent	Excellent	Above average	Average	Excellent	Significant difference[2]	
Use community services eg. parks, clubs, shops	Above average	Above average	Above average	Above average	Average	Excellent	Significant difference[3]	
Participate in domestic tasks	Above average	Above average	Above average	Above average	Above average	Above average	Significant difference[4]	

Note: Stancliffe and Keane 2000: 296, Table 5

1. Social dissatisfaction – semi-independent less dissatisfied 0.97-2.03
2. QOL-Q empowerment – semi-independent more empowered 24.11-22.02
3. Frequency of community use and number of community places used without social support – semi-independent used more 159.78-128.85; 9.22-6.22
4. Domestic participation – semi-independent participated more 19.37-16.96

Social networks

The reasons given for why social networks were above average included that many people in these models had previously lived with their families until the need for supported accommodation arose. The models of support adopted enable the person to remain connected with friends and family and supports are built around these, rather than replacing them. It is easier to maintain friendships and relationships than develop new ones, especially for people who have been socially isolated.

A couple of the clients mentioned that their previous housing had not been close to their family, isolating them and also meaning that they were unable to receive the support that they might have received from family:

> I didn't like living in [city]. It was too busy and I was isolated away from my family. I like where I live now as it's closer to family and closer to shops (4)

In addition, clients are supported to discover local options for meeting people and developing friendships. Support workers encourage people to reflect on their

interpersonal skills with family members and friends. The workers, family members and friends can assist clients to bridge communication gaps and encourage healthy relationships.

> I like to spend time with my friend … who comes out on day leave. My brother … and my mum also come around. I like spending time with my neighbour who visits me regularly and also my support workers. (6)

One client talked about her support workers believing in her and encouraging her to get her children back:

> My support workers helped me believe that I could get my kids back. My psychiatrist, mental health worker and support workers helped me to believe that I could have a normal life (4)

In contrast, the poorer rating in the Indigenous service is explained because families have often ditstanced themselves from the clients and many friends had drug and alcohol problems. The support service aims to gradually rebuild more constructive relationships. One of the clients said that he would like to live with his family but that this was not an option for him, 'I'd rather live with family but that's no good for me or my sister.' (1)

Empowered to make choices and decisions

Each of the models starts from a client-centred approach in service planning, design and provision. In many of the models, the clients live alone or are the leaseholder for their housing, empowering them to control their housing environment. Their ability to make choices is enhanced with information, skills training and control over their funding. Several programs provide skill development for self management (SE Project) and assertive communication (LGSLA). Workers support clients to face challenges that increase their abilities and skills. Some decisions are restricted for legal reasons, such as guardianship, parole and bonds in Tom Karpany.

Several of the clients mentioned that they like where they currently live because they have the choice to do what they want to do when they would like, 'What I like about where I live is that I can do what I want.' (3)

> I lived at my mum's place before I moved here. It is better here because I have my own space and my own bedroom area. I can also smoke inside the house sometimes. It is worse here because I have to do all the cooking myself and I don't get to have mum's cooking. (6)

Use community services

Use of community services is generally through formal and informal support to access mainstream services. The managers emphasise engagement in activities that are meaningful to the client. LGSCLA also invests in community development to assist mainstream services to become accessible for everyone in the community. The Noarlunga manager described the purpose of using community services as follows,

> Clients are encouraged to participate in community services as much as possible, in order to reduce isolation and increase their abilities to get out of the house, and feel comfortable doing so.

Other managers reported improved access to health services and professionals, which has had the effect of reducing hospital admissions (eg. SE Project).

Participate in domestic tasks

All clients reported participating in domestic tasks. The level of independence depends on their skill level and support needs of the clients. Service providers described assisting people to develop their skills to create independence. It is also dependent on clients' choices as to the focus of their support hours. Skill development ranges from classes to individual prompting. Many clients had never had a home of their own to look after so the timeframe for skill development is long term.

One of the domestic tasks that the clients talked quite a lot about was food preparation. Food preparation varied from client to client. Some clients prepared their own meals and liked that they were able to choose their own meals and others had their meals preapred for them.

> I choose what I buy at the shops, what I cook and what I eat for dinner. I do most of it by myself. My brother helps me sometimes when he is here. I eat by myself, and sometimes with my mum, brother or my neighbour. (6)

Other benefits

A small number of clients were asked about aspects of their personal wellbeing. The number of respondents is too small for quantitative analysis. It is still possible to make some comparisons. The scores show clients receiving these models of accommodation support have a high level of personal wellbeing across most domains (Table 8.8).

Table 8.8: Personal Wellbeing of Clients in Case Studies (range)

Model How happy do you feel about:	1	2	3	4	5	6
Your life as a whole	5-9*	9-10	-	-	6-9	2
Things you have	7-10*	9-10	-	-	5-7	10
How healthy you are	5-10	8-10	-	-	7.5-8	4
Things you make or things you learn	9-10	9-10	-	-	5	9
Getting on with the people you know	7-10	9-10	-	-	8.5-9.5	10
How safe you feel	9-10	9-10	-	-	3	5
Doing things outside your home	8-10	9-10	-	-	8.5	9.5
How things will be later on in your life	5-9	9-10	-	-	4-9.5	5
Number of respondents	4 (*5)	4	-	-	2	1

Note: Personal Wellbeing Index (PWI). Scale 0-10 where 0=completely unhappy, 10=completely happy (Cummins 2005: 25)

This is consistent with the Stancliffe and Keane (2000: 296) analysis, where all clients had positive scores for measures of personal wellbeing and people in semi-independent

living had higher scores than people living in group homes on the measures discussed above. Given complexity of support needs, the Tom Karpany manager noted that progress can be slow but that the clients have experienced good progress in some life domains. This variation is also evident in the Tom Karpany clients' self assessment of wellbeing.

Several of the clients mentioned that they liked having their 'own place' because it gave them their own space and they did not have to share with other people. It gave them something that was 'their own':

> Yes. I lived in a group home with a lot of other people. What is better about where I live now is that there are less people. Where I live now is 'my house'. (3)

Being able to have their own place rather than living in a group home also meant that some of the clients could now have their children live with them.

8.4 Summary of the Cost Effectiveness Analysis

Direct housing costs to the disability government agencies, service provider and person with disability in the case studies seem to be less than some group home models. This is probably because of the range of places that people live and the source of contributions to the housing costs. These included clients contributions, co-resident contributions, subsidised rent through social housing and economic costs to family members through informal care arrangements. The implication is that the other economic housing costs associated with these approaches are incurred by other parts of government (eg. social housing) or families. The analysis does not capture information about other parts of government or families incurring the economic, if not financial, cost. None of the service providers own the housing in the case studies.

Accommodation support and management costs for these case studies appeared to be lower than or similar to group home costs. The range includes lower costs where people's support needs change following stabilisation of suitable accommodation support and housing.

The effectiveness results are also consistent with the Stancliffe and Keane (2000) analysis, which found that the benefits are likely to be higher for clients in these alternative models of accommodation support than for matched people living in a group home. Clients and managers reported high levels of benefits in the fields found to be different between people supported in group homes and semi-independent living in the 2000 analysis.

9 Conclusion

Trends in Australian accommodation support policy for people with disability are consistent with international policy changes. Governments are considering innovative methods of providing sufficient levels and types of support for the needs of people with disability in a cost effective manner. This report presented findings about factors most likely to be associated with cost effective approaches to accommodation support. These include a focus on client outcomes, administration practices, affordability of services (for client, provider and government) and sustainability.

Examples of innovative models from Australia and internationally were outlined in order to exemplify current theoretical and policy trends. Six Australian innovative case studies were analysed in detail in regards to the above factors in order to determine cost effectiveness. The case studies have independent living as a central feature, either as their accommodation setting or as a goal for attainment following a transitional program. They all also provide individualised services and support planning and encourage the participation of the client in the decision-making process where possible. An important issue for many of the programs was cooperation between accommodation support providers, housing providers and funding bodies (both government and private). Cost effectiveness of accommodation support in the alternative models analysed was shown to be greater than in traditional group homes. Outcomes for clients were shown to be better while costs were generally similar, and in most cases, lower.

It is evident, then, that future models of support and accommodation provision for people with disability traditionally needing 24-hour support should, irrespective of the accommodation setting or level of support needed, be focused on an individual approach to accommodation support. This can facilitate mobility, flexibility as needs change and options for integrating informal, formal and generic support. The research shows this approach is also most likely to meet the goals of supported living policy in terms of human rights, quality of life, independent living and cost effectiveness.

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