SVAConsulting

Disability Housing – building a common outcomes framework for people with disability

Outcomes Framework

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The disability housing outcomes framework ("Framework") can be used by providers and funders to understand and measure their impact

- Disability housing and funding models are changing across the sector, and governments are looking to ensure value for money
- Customers have more choice and expectations are growing, with providers needing to demonstrate responsiveness and impact



- It is hard to know what good looks like, and there is no consistency across organisations regarding systems and methods used to collect and analyse data
- It is challenging to compare and learn from one another about what works to guide future development of the market

SVA Consulting has partnered with the sector to co-develop a disability housing outcomes framework that can be used to understand and demonstrate the impact of housing on people with disability



This Framework has been developed drawing from existing outcomes frameworks and evidence of what works to support people with disability...

Literature reviews and long-term studies

NDIS Specialist Disability Research Paper Accommodation

Disability outcomes frameworks and housing standards



Other housing, health and wellbeing outcomes frameworks







...as well as extensive consultations with stakeholders across the sector, including people with disability, housing and support providers, and academics

26



1:1 interviews and focus groups

- People with disability
- Representative peak bodies

57



1:1 interviews and workshops

- Building and managing disability housing
- Delivering support for people with disability
- Research and academia

7



Project Steering Committee

- SDA representatives (incl. community housing providers)
- SIL representatives

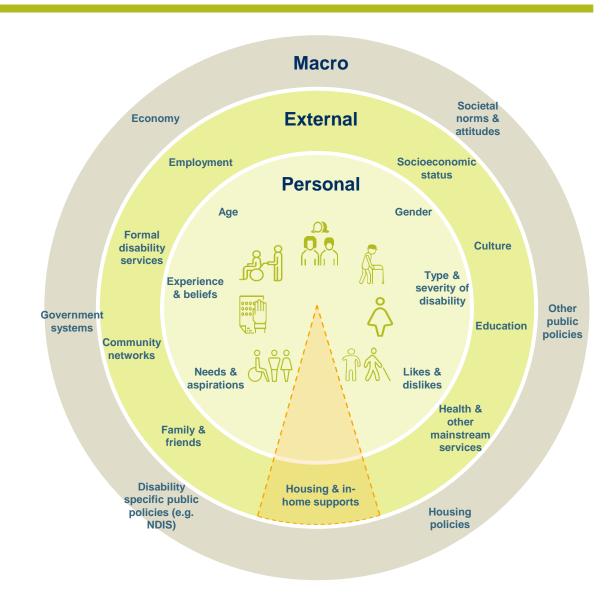


A person's life is complex, and the achievement of their goals is influenced by a range of factors, including housing and in-home supports

Our lives are complicated and influenced by a range of factors

These factors occur at the personal, external, and macro levels, and influence who we are, how we live and what we value.

- Housing is one of many elements of a person's life that can facilitate the achievement of good outcomes
- The Framework is focused on how built-form housing and in-home supports can create or influence good outcomes
- The Framework should be used and interpretated in consideration of the context of each individual's personal circumstances, as well as the broader ecosystem and other relevant frameworks



Source: Adapted from Urie Bronfenbrenner's Ecological Systems Theory

The Framework considers the link between the activities of providers (levers) and the changes these facilitate for people with disability (outcomes)

Impact: The overall long term outcomes created for people with disability, their families, carers, and communities

Outcomes: The short, medium, and longterm changes that can be seen for people with disability Indicators: Specific, observable, and measurable characteristics or changes that represent achievement of or progress towards the outcomes

Outcomes framework (Stage 1)



Levers: The systems, tools, decisions, and activities available to providers to change or influence outcomes, above and beyond the minimum requirements

Outputs: Specific, observable, and measurable characteristics that demonstrate that the levers are in place

Outcomes framework (Stage 1)

Compliance: The minimum requirements in order to meet legal and financial obligations

Not considered as part of this project



The Framework's implementation will also consider existing CQI, feedback, and risk management processes for providers to track and improve outcomes

Impact: The overall impact created for people with disability, their families, carers, and communities

Outcomes: The short, medium, and longterm changes that can be seen for people with disability Indicators: Specific, observable, and measurable characteristics or changes that represent achievement of or progress towards the outcomes

Outcomes framework (Stage 1)

Continuous Quality Improvement (CQI)

Customer feedback

Implementation (Stage 2)

Levers: The systems, tools, decisions, and activities available to providers to change or influence outcomes, above and beyond the minimum requirements

Outputs: Specific, observable, and measurable characteristics that demonstrate that the levers are in place

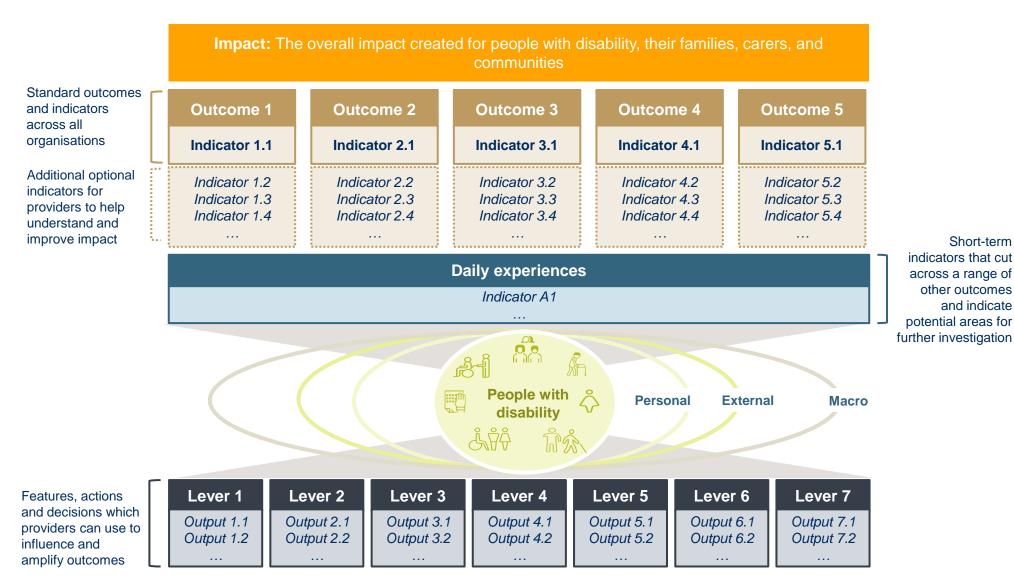
Outcomes framework (Stage 1)

Compliance: The minimum requirements in order to meet legal and financial obligations

Not considered as part of this project



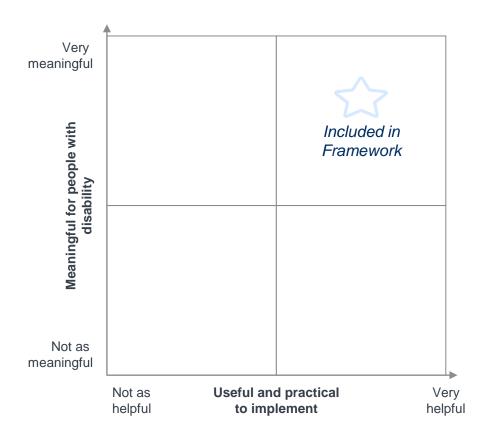
The Framework needs to provide meaningful data to track progress over time, as well as enable providers to respond rapidly to issues as they emerge



The outcomes and indicators have been prioritised based on what matters most for people with disability, and what is most helpful for providers to measure

Three key questions were considered in determining the structure of the Framework, and which outcomes, indicators, and levers to include.

- 1. Is it meaningful for people with disability? How does it consider the diverse experiences and contexts of people with disability including cultural background, type of disability, location, and age?
- 2. Is it useful for providers to prove and improve what they are doing?
- 3. Is it practical to implement? Can data collection be simplified to ensure it is not burdensome for people with disability and their formal or informal supports?





Underpinning this Framework is the importance of supporting people with disability to make meaningful decisions, including those with complex communications needs

- An outcomes framework is only as good as the data that is collected
- The data will be most useful if people with disability are supported to understand their options, communicate their preferences, and provide honest feedback
- There is a need to ensure that people with complex communication needs are appropriately supported in order to not only achieve their goals, but also participate meaningfully in the data collection against this outcomes framework. This includes through the development and ongoing review of communication plans if/as required
- Some people with disability may require support to understand their options and make meaningful decisions, including through supported decision making
- Consideration of how people with disability have been engaged in the administration of the Framework will be critical in the interpretation of the data received





While every effort has been made to represent what is practical and meaningful for people with disability, there are a number of limitations to the Framework

- The value placed on each outcome may vary depending on the experiences of each person
- The pathways by which particular outcomes are achieved may look different for people with different needs, contexts, and aspirations
- The stage of life of each person may also affect the application of the Framework
- We recognise that Aboriginal and Torres Strait Islander peoples and others with culturally and linguistically diverse backgrounds have unique experiences and aspirations, and while efforts have been made to consider and incorporate these differences, further adaptation, testing, and support may be required for these cohorts
- This Framework only considers outcomes related to the built-form and inhome supports. The ecosystem of housing and disability supports more generally is complex, and to understand what good looks like across the sector would require a significantly more rigorous and complex process*
- The consultations with people with disability throughout Stage 1 were undertaken with people with primary intellectual and/or physical disability living in outer Melbourne during Covid-19 restrictions







Contents

- 1. The Framework outcomes and indicators
- 2. The Framework levers and outputs



The Framework centres around six outcomes which reflect core values of choice and control, and what matters most for people with disability to live a good life



HEALTH

...are physically, mentally, and emotionally healthy and can access health services



RELATIONSHIPS & COMMUNITY

...have healthy relationships at home and are connected to their community



RIGHTS & VOICE

...can exercise their rights and responsibilities, and have valued roles in community



DAILY LIVING

... are in control of their daily living routines



INDEPENDENCE

...have choice and control over decisions about their lives



People with

disability...



STABILITY & SAFETY

...are comfortable in their home and safe from physical and psychological harm



Importantly, the outcomes are interrelated and so the interpretation of indicators and data collected must not be done in isolation

The following key principles will be crucial to the interpretation of the indicators and data collected:

- The outcomes are all related and an increase in one may lead to a
 decrease in another or vice versa. This must be at the forefront of
 collection and analysis.
- 2. The indicators selected include a combination of self-reported measures as well as observed measures. This has been done to ensure there is a balance of subjective and objective data when viewing the Framework as a whole.
- The frequency of data collection will also affect the interpretation of the data, as short term changes may not reflect overall trends and progress.





Eight common indicators have been selected to understand progress towards these outcomes, including both self-reported and observable measures (1 of 2)

People with disability...

Daily living	Safety & stability	Health	Independence	Relationships & community	Rights & voice
have their basic daily needs met	are comfortable in their home and are safe from harm	are physically, mentally and emotionally healthy	have choice and control over decisions about their lives	have healthy relationships & are connected to their community	can exercise their rights & responsibilities, and have valued roles in community
Satisfaction with care received Change in frequency of positive interactions Daily self-care (personal hygiene, eating and care needs) met	Sense of comfort	Satisfaction with access to health services	Level of control over the front door, who comes or out, and when	Social visits with family / friends who are not living with them	Ability to gain and/or keep valued role(s) in the home and community akin to others of a similar age (e.g. employment, volunteering, student, business or community leader)



Eight common indicators have been selected to understand progress towards these outcomes, including both self-reported and observable measures (2 of 2)

People with disability...

Daily living	Safety & stability	Health	Independence	Relationships & community	Rights & voice
have their basic daily needs met	are comfortable in their home and are safe from harm	are physically, mentally and emotionally healthy	have choice and control over decisions about their lives	have healthy relationships & are connected to their community	can exercise their rights & responsibilities, and have valued roles in community
I am happy with the support I get (Likert scale) Number of positive interactions with another person My daily routine meets my needs (e.g. personal hygiene, diet, sleep) (Likert scale)	I feel comfortable in my home (Likert scale)	I can get help with my health when I need it (Likert scale)	I have a say over who comes in to the house and when they come (Likert scale)	Number of social visits with friends or family in the last month	My housing helps me gain or keep valued role(s) in employment, personal relationships, business and/or the community (Likert scale)

Key:

Shorter-term outcome

Longer-term outcome

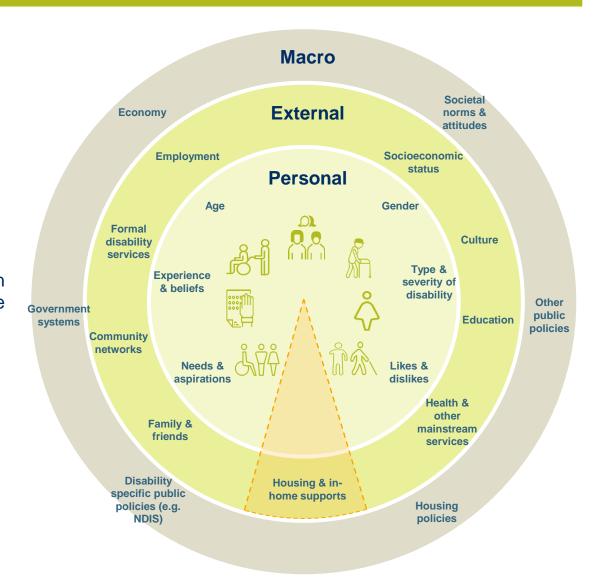
Common measure

Note: Likert scales are from 1-4, ranging from strongly disagree to strongly agree. Numbers, pictures, and/or words may be used depending on the communication needs of the person

In addition, there is a long list of additional indicators for organisations who have interest in deeper engagement with the Framework and understanding of their impact

Our lives are complicated and influenced by a range of factors

- The proposed eight indicators are unlikely to capture the full spectrum of a person's experience and satisfaction with their housing. However, these indicators are meaningful for people with disability, practical to track, and will facilitate decision making for organisations
- There is a larger set of indicators for each outcome available for providers who have the resources and/or the interest in engaging more deeply in outcomes management
- These additional indicators can also be used to investigate particular elements of the service further or to understand the unique value proposition of the provider in more detail
- See Appendix for details on the additional indicators



Daily living (1 of 2)



Daily living

Definition	People with disability are in control of their daily living routines
Why it's important	 Daily experiences within the home influence long-term outcomes, but may be difficult to understand with quarterly or annual data analysis Changes in typical daily patterns such as mood or behaviours can indicate that there may be something underlying which the provider/s need to be aware of in order to appropriately support the person with disability Daily activities are heavily influenced by both the service delivery model as well as the support staff delivering on the care, however what is possible is often established by the built-form of the house including design, configuration, and location Inaccessible housing increases support needs for most people with high support needs, including both paid and unpaid support¹ This is particularly relevant for people with communication difficulties, intellectual disability or cognitive impairment who may face barriers to effectively communicating their wants and needs The ability to go out during the day is a key component of daily living for most participants
Other considerations	 These patterns and indicators may be burdensome to collect and analyse on a regular basis and so consideration needs to be made with regards to the most important, and those which will give the right information to providers to understand where and how they may need to investigate potential issues further on a case-by-case basis



Daily living (2 of 2)



	Daily living				
	Priority indicators	Measure	Timing	Data source(s)	Interpretation of data
*	Change in frequency of positive interactions	Number of positive interactions with another person	Weekly	 Staff observations Resident or family interview / survey 	 This indicator is intended to capture meaningful interactions with staff, friends and family, and the broader community It may also be helpful to understand progress towards the achievement of a person's goals A sudden change or a decline in this metric over time may indicate a need for investigation of the cause Tracking this indicator may be helpful to guide staff and provider activities and decisions from a strength-based perspective
*	Satisfaction with care received	I am happy with the support I get (1-4 scale ranging from strongly disagree to strongly agree)	Weekly	 Resident or family interview / survey 	 This indicator is a self-reported metric intended to capture the relationship between the person and support staff A sudden or gradual decline in this metric is also a flag for further inspection of the support model in the home
*	Daily self-care (personal hygiene, eating and care needs) met	My daily routine meets my needs (e.g. personal hygiene, diet and sleep) (1-4 scale ranging from never to always)	Daily	Resident or family interview / survey	 This indicator is a self-reported metric intended to capture the daily needs of the person. A decline in this metric is a flag for further inspection of the support model in the home



Health (1 of 2)

W Health					
Definition	People with disability feel physically, mentally, and emotionally healthy, and can access health services when needed1				
Why it's important	 Improved housing conditions, such as more space and privacy at home, a safer neighbourhood, and improved accessibility has a positive impact on overall self-reported health² Configuration of the home and accessibility of the kitchen can affect goals around healthy eating and physical activity³ Mental health can be correlated to access to community and other positive relationships Access to mainstream mental and physical health services is influenced by the location of housing, proximity to services and public transport, and the level of support required to engage these services Assistive technologies and telehealth services can also affect access to health supports 				
Other considerations	 Community-based health can be more effective in improving access for CALD communities and Aboriginal & Torres Strait Islander peoples, who may face additional barriers in accessing mainstream services People with disability can face other barriers in accessing health services such as accessibility of the facilities (22% of people with disability in 2018) and discrimination by health professionals (particularly 8.9% of people with a severe or profound disability in 2018). Such barriers can make access to reproductive and sexual health services difficult as well Support to understand the importance of health and healthy decision making is important in facilitating ownership and empowerment over a person's own health and wellbeing 				

- 1. Adapted from Community Housing Industry Association Victoria, 'Through Tenant Eyes: Measuring the Social Impact of Community Housing', (2019).
- 2. AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011); AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015); 1. Weisel, I. Living with disability in inaccessible housing: social, health, and economic impacts. University of Melbourne. 2020
- 3. AIHW, 'Health of people with disability', (2020)



Health (2 of 2)



	W Health				
	Priority indicators	Measure	Timing	Data source(s)	Interpretation of data
*	Satisfaction with access to health services	I can get help with my health when I need it (1-4 scale ranging from never to always)	Biannual	Resident or family interview / survey	 Help in this context refers to health practitioners. The greater the access to help through health services, the better the health of the person. Declines in this metric may indicate barriers inside and/or outside the home in accessing health services. As a result the cause for a decline should be identified
	Change in healthier habits	I am making healthier choices Qualitative: Please explain how or how not.	Biannual	Staff records	 An increase in this metric will be positive Decreases may indicate other underlying challenges including with physical or mental health, family or relationship breakdown, or issues with the housing situation and care Healthier choices can be related to diet, physical activity, meditation, community connection etc.



Relationships and community participation (1 of 2)



Relationships and community participation

Definition	People with disability are active participants within the home and in their community ¹				
Why it's important	 Housing conditions affect social inclusion and relationships, such as having visitors over, who people interact with on a daily basis, making new friends, maintaining existing friends, or developing new relationships² The housing configuration can lead to inclusion. For example, bigger spaces at home allow people to pursue private leisure activities and socialise Location can also affect community participation including visiting cafes, shops, parks, places of employment and volunteering organisations³ Support models can influence a person's ability to build meaningful connections with the community 				
Other considerations	 There may be different interpretations of community participation and obligations for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities compared with other Australians⁴ There may also be different interpretations of this outcome for people with complex intellectual and psychosocial disabilities based on their unique needs and context 				

- 1. Adapted from Family, Community & Services NSW Government, 'Measuring Social Housing Outcomes: Desktop review', (2016)
- 2. AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011); AHURI, 'Moving to my home: housing aspirations, transitions; Weisel, I. Living with disability in inaccessible housing: social, health, and economic impacts. University of Melbourne. 2020 and outcomes of people with disability', (2015).
- 3. Stakeholder consultations
- 3. Scott Avery, First People's Disability Network, 'Culture is Inclusion', (2018)



Relationships and community participation (2 of 2)



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Relationships and community participation

	Priority indicators	Measure	Timing	Potential data source(s)	Interpretation of data
*	Social visits with family / friends who are not living with them	Number of social visits with friends / family in the last month	Biannual	 Resident or family interview / survey Staff records 	 This metric is focused on social interactions within and outside of the home. This includes whether the home is appropriate for having friends and family visit, barriers in entertaining at home, and the ability of a person to leave the home as and where they choose An increase in this metric may be expected when the person first moves into a new home or if increased community participation is one of their goals Some people may not prioritise social visits, and so this indicator would need to be considered and understood with regards to a person's social goals
	Sense of belonging	I feel like I belong in my community (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey 	 The person can define 'community' as relevant and appropriate to them An decrease in this metric could be related to a range of other outcomes such as a community and relationships or safety



Rights and voice (1 of 2)



Rights and voice

Definition	People with disability can exercise their rights and responsibilities, and have valued roles in community ¹				
Why it's important	 People with disability have historically experienced a significant level of social exclusion and trauma from institutionalisation, neglect, and abuse¹ Exercising your basic human rights and civic participation can be linked to where you live. Housing also acts as a hub for leading a meaningful life A lack of accessible housing has been linked to job loss, missed job opportunities, reduced work hours, and reduced productivity at work. In addition, fatigue from living in an inaccessible home leads to additional time and energy spent on self-care and home-care, and reduced productivity, motivation, self-confidence, and capacity to work, study or volunteer³ Having a process to share concerns and feelings about housing such as a regular meetings or check-ins with housemates and staff is important 				
Other considerations	 Historically there has been a leaning towards safety (restraint and restrictive practices) which can inhibit a person's rights and active citizenship in the community² The dignity of risk is an important part of a person taking an active role in their own life The voices of people with disability, especially where communication is difficult, is often overlooked A positive relationship with care staff is linked to feeling heard¹ 				



^{1.} Adapted from AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011)

^{2.} Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 'Public Hearing Report: The experience of living in a group home for people with disability', (2019)

^{3.} Weisel, I. Living with disability in inaccessible housing: social, health, and economic impacts. University of Melbourne. 2020

Rights and voice (2 of 2)





Rights and voice

	Priority indicators	Measure	Timing	Potential data source(s)	Interpretation of data
★	Ability to gain and/or keep valued roles in the home and community akin to others of a similar age (e.g. employment, volunteering, student, business or community leader) Others: Home owner or renter; Friend; Family member; Employee; Partner/boyfriend/girlfriend; Workmate; Neighbour; Team mate (sporting); House-mate; Person of faith; Host; Student; Cook; Companion; Decorator; Consumer/shopper; Gardener; Volunteer; Friend; Traveller; Club member/supporter; Cultural identity	My housing helps me gain or keep valued role(s) in employment, personal relationships, business, and/or the community (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey Employment / volunteer / student records Membership in advocacy groups 	 The goal is for this metric to increase or remain stable over time The types of roles may vary over a person's life based on their context and aspirations Changes may indicate the location or configuration of the home is inappropriate for the person, issues with tenancy matching and/or the support model, and will require additional investigation
	Satisfaction with their ability to have a say in the home on issues important to them	I feel like my voice is heard in the home (1-4 scale ranging from strongly disagree to strongly agree)	Biannual	 Resident or family interview / survey Memberships in advocacy groups 	 Changes in this metric may lead to increases in behaviours of concern, more complaints or feedback, or less positive interactions A decline may indicate gaps in the staff and person relationship



Independence (1 of 2)



Independence

Definition	People with disability exercise choice and control over decisions about their lives ¹				
Why it's important	 For some people with disability the amount of support required declined or was expected to decline significantly after living independently for the first time² Design and assistive technology can support people with disability maintain control and independence, for example, opening and closing doors and windows Having the ability to decide who comes in and out of the home both socially and for care and maintenance support, as well as when and why the person chooses to leave their home, is an important factor in exercising choice, control, and social participation Being able to go out to the shops on their own or with support staff is important as an indication of their independence¹ 				
Other considerations	 Sometimes family and friends can operate as a barrier to independent living and privacy. This comes from a place of love and concern for their wellbeing and safety² Culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities may prioritise and define independence differently³ 				

^{2.} AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011); AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015); Weisel, I. Living with disability in inaccessible housing: social, health, and economic impacts. University of Melbourne. 2020



^{1.} Adapted from NDIA, 'National Disability Insurance Scheme: Outcomes Framework Pilot Study', (2015)

Independence (2 of 2)





Independence

	Priority indicators	Measure	Timing	Potential data source(s)	Interpretation of data
*	Level of control over the front door of the home (who enters, and when)	I have a say over who comes in to the house and when they come (1-4 scale ranging from never to always)	Biannual	 Resident or family interview / survey Service agreements 	 This metric is anticipated to vary depending on the circumstances of the person. While for some people, this may mean physical control over the front door and when they and others enter and exit, for others it may indicate a level of control over decision making regarding who enters, when, and why, and their ability to leave when they choose For those in shared living situations, consideration of both the front door and bedroom door may be necessary A decline is a flag for further investigation into the accessibility of the door or support model
_	Ability to go to the shops or cafes on their own or with support	I can go to the shops on my own, or with support, when I want to (1-4 scale ranging from strongly disagree to strongly agree)	biannual	Resident or family interview / survey	 Leaving the home when choosing to links with community participation, health, and rights and voice A decrease in this metric may indicate the complex support needs of the people may limit their independence out of the home, lack of accessibility in the shops or of public transport, and/or support staff being unavailable to take the people out



Stability and safety (1 of 2)



Stability and safety

Definition	People with disability are comfortable in their home and safe from physical and psychological harm ¹			
Why it's important	 People with disability can face discrimination and violence outside the home and within There are significant experiences of trauma for some people with disability which can influence outcomes Trusting and feeling comfortable with staff impacts safety for most participants¹ Positive outcomes are generally associated with less congregated housing, individual choice in housing, and housing stability¹ Cultural safety is centred in where you live, who you live with, and access to community, and may be particularly important for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities 			
Other considerations	 People with disability are at higher risk of abuse, particularly women and girls with disability and those with communication difficulties, intellectual disability, or cognitive impairment Physical safety elements such as a fire egress (exit) plan is a concern and consideration especially for people who require staff support or use of a wheelchair People with disability should be supported to have a say over where they live and who they live with, a key factor in ensuring safety and stability People may prefer to select staff based on shared gender, religious or cultural values, or acceptance of who they are (e.g. a transgender person may prefer staff that are accepting of the LGBTQI community)³ A person living alone may be at greater risk of isolation or exploitation¹ 			



^{1.} AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011) and AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015)

^{2.} AIHW, 'People with a disability in Australia', (2019): https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/summary

^{3.} Consultations with stakeholders

Stability and safety (2 of 2)





Stability and safety

	Priority indicators	Measure	Timing	Potential data source(s)	Interpretation of data
_	Sense of comfort	I feel comfortable in my home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey 	 Comfort can be linked to a range of levers available to housing and support providers. As a result, a decline in this metric is likely to require investigation into those levers
	Sense of safety	I feel safe in my home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey Personal Wellbeing Index 	 An increase in this metric is positive. A decline could be due to built-form housing issues or issues related to the support model. This metric should be reviewed along with outputs related to number of incidents, number of complaints made and inspections of the home
	Sense of stability	My current housing arrangements (house and support staff) are unlikely to change for the worse in the near future (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey Personal Wellbeing Index 	 This metric includes tenure of the home, support staff and changes in house mates A decrease in this metric over time would indicate a lack of stability and the cause will need to be investigated

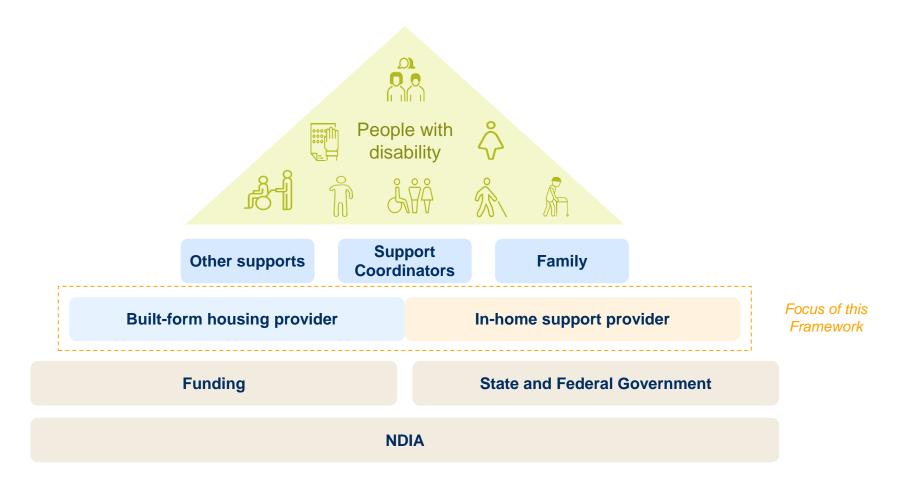


Contents

- 1. The Framework outcomes and indicators
- 2. The Framework levers and outputs



Disability housing is a complex ecosystem and this Framework focuses on the levers available to built-form and in-home support providers





There are eight key levers which housing and support providers can use to facilitate or enhance good outcomes for people with disability

Shared Location **Stability** Proximity of the home to Tenure of the house and change of staff and services, work, family and Built-form housing provider people with disability friends **Safety** provider Features or services that Support model **Quality of home** allow for comfort within (SDA) Relationships the home and facilitate between residents Model of care including improved safety Durability of the home and providers active supports and including workmanship delivery and the materials The relationship between residents and providers, and between providers Design & **Tenancy Matching** Configuration The layout of the housing, Processes in place to pair style, and accessibility people with disability to features housing and other residents



Understanding how providers can activate these levers alone or in partnership is essential in enabling good outcomes for people with disability

 Levers related to the development and management of the builtform of the home fall within the control of the developer and built-form housing provider

Prior to the person moving into the house, the built-form housing provider may have frequent interactions with them about the design and configuration of the home

 Levers related to the support fall within the remit of the in-home support provider

Once the person has moved in, the in-home support providers interact with them in the home on a more frequent basis compared to built-form housing providers

 There are levers that providers need to collaborate on such as tenancy matching, safety, stability, and the relationships between providers and the person

Here the level of control and influence is less clear and it can be difficult to navigate

 The following pages highlight some outputs that providers can use to facilitate or enhance good outcomes for people with disability

Although one provider may have more control over a lever, other provider(s) can often also influence that output and so some levers include 'shared' responsibilities and outputs





These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (1 of 8)

Design and configuration The layout of the housing, style, and accessibility features Definition The design and configuration of the home is crucial to the experience of a person with disability in their home The design and configuration can influence a range of outcome domains including health, social and community Why it's participation, independence, and safety¹ important Some people with disability spend a significant amount of their time in the home and so design and configuration is important to them for comfort Similarly, design and configuration is important to enable socialising with friends and family at home **Built-form housing provider** In-home support provider Shared · Accessibility features are embedded in · People are able to chose who they live Activate the design features through the with and in what configuration1 support model and other key levers the design · Ability to reduce eco-footprint and costs Person has access to all parts of their home without having to navigate through home (e.g. solar energy) Satisfaction with accessibility features obstacles (e.g. adjustable counters in kitchen for Ability to open and close windows those in a wheelchair) without obstacles **Example** Number of living spaces in the home outputs Spaces with natural light and/ or high air quality in the home Configuration of the house facilitates a good support model e.g. staff rooms are not in an intrusive location The configuration of house suits the lifestyle of the person and their preferences²

^{1.} AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011); AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015); Weisel, I. Living with disability in inaccessible housing: social, health, and economic 341 impacts. University of Melbourne. 2020





These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (2 of 8)

Quality of the home						
Definition	Durability of the home including workmanship and the materials					
Why it's important	care model, and/or the quality and structure of the facilities!					
Example outputs	 Built-form housing provider The durability of the structure The durability of the materials used Number of defects / damage reports Number of modifications to the home Housing has enough storage space to allow for a clean environment 	 People are able to chose who they live with and in what configuration¹ Person has access to all parts of their home without having to navigate obstacles Ability to open and close windows without obstacles 	In-home support provider Activate the home quality through the support model and other key levers			



^{1.} Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 'Public Hearing Report: The experience of living in a group home for people with disability', (2020); Weisel, I. Living with disability in inaccessible housing: social, health, and economic impacts. University of Melbourne. 2020

^{2.} AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015)

These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (3 of 8)

Loc	Location Definition Proximity of the home to services, work, family and friends						
Definition							
Why it's important	 The location can affect the extent to which people can access their family and friends, transport, mainstream and specialist services and recreational facilities. Some people with disability note locations close to the coast or parks a important to them² Location can also contribute to the sense of safety people feel in their home and neighbourhood¹ Proximity to local amenities and public transport lines is essential for most participants. It allows for enhanced independence and spontaneous activity without a support staff or with less support if applicable² Availability of safe and accessible pedestrian crossings nearby is important and dependent on location of housing² 						
	Built-form housing provider	Shared	In-home support provider				
Example outputs	 Number and type of amenities (incl. public transport) within 1-5km radius Family and friends are located close by or accessible by public transport³ The neighbourhood is safe Regionality 	 Person has access to amenities and public transport nearby (either independently or with support) 	Activate the benefits of the location through the support model and other key levers				

- 1. AHURI, 'Moving to my home: housing aspirations, transitions and outcomes of people with disability', (2015)
- 2. Stakeholder consultations
- 3. Professor Errol Cocks and Dr Stian H Thoresen, Curtin University, 'Individual Supported Living Manual: 2nd Edition', (2017)



These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (4 of 8)

Sta	bility			
Definition	Tenure of the house and change of sta	aff and people with disability ¹		
Why it's important	 Housing not only provides shelter and access to services, it also brings stability to the lives of people and can provide a platform for personal development and engagement with the community¹ The number of times a person has to move house and/or change service providers can influence a person's sense of stability, safety, comfort, and confidence in undertaking daily activities as well as progression towards longer-term goals Change in stability metrics may identify positive changes. For example changing in-home support staff to find a staff member that is preferred. As such, this metric cannot be interpreted at face value but these outputs will flag areas for further investigation 			
Example outputs	 Built-form housing provider Duration of vacancies / tenure Length of lease / agreement Person's name is on bills for utilities etc. 	 The person has keys to their home Number resident / housemate changes due to compatibility 	 In-home support provider Number of staff changes in a short period of time Person is aware of (or knows) staff that will be coming the next shift 	



These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (5 of 8)

Safe	ety			
Definition	Features or services that allow for comf	ort within the home and facilitate improved	d safety	
Why it's important	 There are tensions between the desire to keep people safe – both with families and carers as well as from providers who have a duty of care – and the desire and right to freedom and dignity of risk for the person with disability Historically there has been a leaning towards safety (including institutionalisation, restraint and restrictive practices) which can inhibit a person's right to live in ways in which they choose Some of these safety features can feed into trauma and be retriggering if not designed and considered in light of a person's unique circumstances People with disability are more likely to experience social exclusion, violence, neglect, and abuse than people without a disability¹ 			
	Built-form housing provider	Shared	In-home support provider	
Example outputs	 Heavy duty windows (where appropriate) Bedroom has a lock that can be locked by the person Assistive technology safety features such as voice activated features (e.g. curtains or door) and buttons to call for help if required People with disability involved in hoist decisions Wide doorways and larger spaces for those in wheelchairs 	 Number of incidents reported Number of safety complaints Time taken to resolve complaints The person has keys to their home Number of different people a person can speak to if they have a concern Ability to be involved in tenancy matching 	 A person's preferences are considered with respect to their support staff based on gender, culture, religion, etc., aligned to their needs and staff skills and experience Staff seek permission when entering the person's home and room 	

Source: Stakeholder consultations; Desktop research.

^{1.} AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011) and AIHW, 'People with a disability in Australia', (2019): https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/summary



These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (6 of 8)

Ten	Tenancy matching				
Definition	Processes in place by which people with disability choose or express preferences for their house and other residents (if applicable)				
Why it's important	 Who people with live with and the type of home they live in is important and relates to a range of domains such as social and community relationships, mental health, safety and sense of privacy There is a tension when choosing appropriate tenancy matching between a person's preferences and needs, their support model, and their funding levels and NDIS pricing¹ 				
Example outputs	There is an ongoing process for reviewing the arrangement, assessing the needs of the person and implementation of changes ²	 Decisions about moving from the home and/or having another person living in the home are made by or in consultation with the person² Process for seeking and acting on person's input of who they live with Process for seeking and acting on the person's input on the type of house they live in or whether they prefer to move out A clear and articulated vision for what is a good life for the person drives the living arrangement² 	 Policies, surveys, and processes used for matching In a shared living situation, residents have compatible interests/hobbies² and shared values 		

Source: Stakeholder consultations; Desktop research.



^{1.} AHURI, 'Housing assistance, social inclusion and people living with a disability', (2011)

^{2.} Professor Errol Cocks and Dr Stian H Thoresen, Curtin University, 'Individual Supported Living Manual: 2nd Edition', (2017)

These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (7 of 8)

Relationships between residents and providers

Kei	ationships between residents and	providers	
Definition	The relationship between residents and p	providers, and between providers	
Why it's important	 The home is a place of comfort and related to their home and comfort with Housing and service providers contract. 	ol and amplify a range of levers or activities with disability. The working relationship	son must be able to voice any concerns ies which have an impact on the
	Built-form housing provider	Shared	In-home support provider
	 Housing provider facilitates the choice of people in the home to access 	A feedback mechanism is in place and communicated to residents in a	The person understands their rights and responsibilities and can act on

Example outputs

different support providers

- Providers have processes in place for a coordinated response in a home with multiple support providers
- way that they can understand and action
- Feedback is actioned quickly
- Regular communication between providers
- Housing provider and support provider have access to participant goals under their plan to inform decision making

them (e.g. regarding tenancy agreements, household duties)2

Source: Stakeholder consultations; Desktop research.



^{1.} Consultations and workshops with a range of SDA and SIL providers

^{2.} Professor Errol Cocks and Dr Stian H Thoresen, Curtin University, 'Individual Supported Living Manual: 2nd Edition', (2017)

These levers can be used by providers to influence and amplify outcomes for people with disability, and may be measured through various outputs (8 of 8)

Support model

Model of care including active supports and delivery While for some people, housing infrastructure alone will enable outcomes to be achieved, for most, in-home supports will be required in order to support the person to live as they choose including undertaking daily tasks as well as longer-term capacity building supports Factors which influence effective support models include balancing the house being a home compared with a workplace, how levels of support are negotiated depending on how the individuals wants to live and what degree of risk is acceptable to them, and the extent to which there are opportunities for the person to develop their capability and lifestyle¹

Built-form housing provider

Facilitate the support model through the design and configuration of the home, including location of on-site support if/as required

Example outputs

Source: Stakeholder consultations; Desktop research.

- 1. Summer Foundation, 'Living like everyone else: rethinking 24 hour support', (2016)
- Professor Errol Cocks and Dr Stian H Thoresen, Curtin University, 'Individual Supported Living Manual: 2nd Edition', (2017)

Shared

- Participant has active voice including with support of family or advocate in identifying needs and goals as required
- Participant understands their rights and responsibilities and can act on them
- A feedback mechanism is in place and communicated to residents in a way that can be understood and actioned – e.g. regular tenancy meetings
- Number of people and number of organisations the person can speak with if they have feedback, suggestions, or concerns
- Person is able to access supports in a way in they choose (e.g. button to call staff, staff housed in the next room etc.)

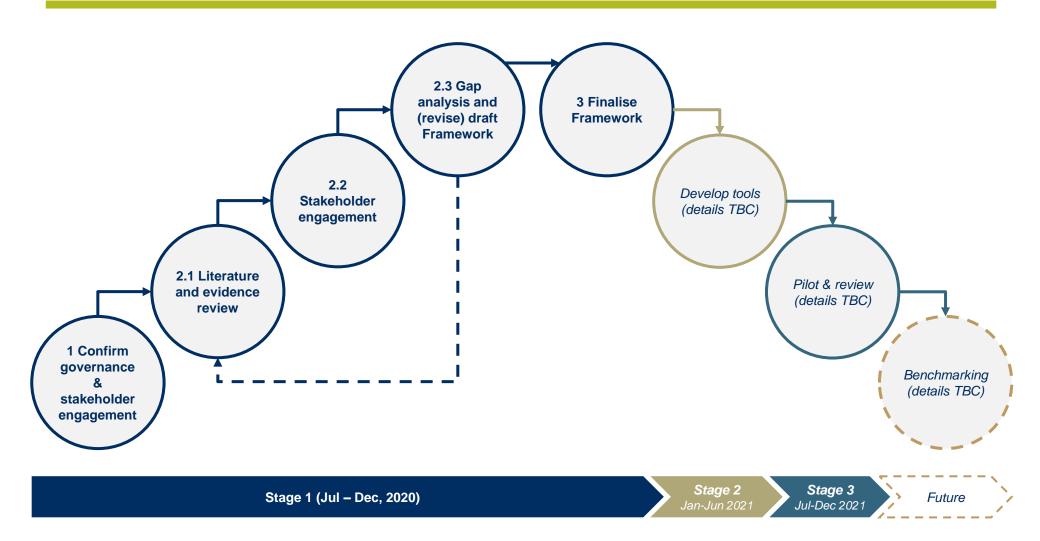
In-home support provider

- Actively providing support, choice, and control in the home with regards to e.g. cleaning and tidying the home; preparing meals; doing laundry; entertaining friends or family; gardening; interacting with neighbours²
- Complex communications plan in place and regularly reviewed (e.g. at least annually)
- Person is involved in decision-making in the home. (e.g. bed time or wake up time; what and when to eat; visits by others; routines; arrangement of furniture and decorations; leisure activities)²





Project overview





Project governance structure, Stage 1

Project lead

SVA Consulting

- Project oversight
- Decision owner
- Accountable throughout project

Steering committee

Representatives from key stakeholder groups including SDA and SIL providers

- Support, guidance and oversight of project
- ➤ Provide regular strategic advice throughout Framework development, ensure project outputs are practical, effective, and efficient to achieve project outcomes
- > Recommendations regarding decisions















Expert advisors

Individuals and/or organisational representatives with specialist knowledge including people with disability

- Provide feedback and strategic advice at selected points throughout Framework development, to ensure project outputs are practical, effective, and efficient to achieve project outcomes
- Make recommendations and/or provide key information and materials

Support diversity of representation including across different locations; types and severity of disability; culturally and linguistically diverse communities; Aboriginal and Torres Strait Islander communities; service and housing provider types

Key financial supporter





Full list of indicators and potential data sources (1/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	Change in frequency of positive interactions	The number of positive interactions with another person	Weekly	Staff observations Resident or family survey / interview
*	Satisfaction with care received	I am happy with the support I get (1-4 scale ranging from strongly disagree to strongly agree)	Weekly	Resident or family survey / interview
Daily living	Daily self-care (personal hygiene, eating and care needs) met	My daily routine meets my needs (e.g. personal hygiene, diet and sleep) (1-4 scale ranging from never to always)	Daily	Resident or family survey / interview
Daily living	Change in behaviours of concern	The number of behaviours of concern	Weekly	Staff observations
	Trend change in daily reported mood / happiness	I feel good about my life (Yes / No)	Daily	Resident or family survey / interview
	Daily self-care (personal hygiene, eating and care needs) met	My daily routine meets my needs (e.g. personal hygiene, care, diet and sleep) (1-4 scale ranging from strongly disagree to strongly agree)	Daily	Resident or family survey / interview



Full list of indicators and potential data sources (2/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	Satisfaction with access to health services	I can get help with my health when I need it. (1-4 scale ranging from never to always)	Biannual	Resident or family survey / interview
	Change in healthier habits	I am making healthier choices. Qualitative: Please explain how or how not.	Biannual	Resident or family survey / interviewStaff records
	Satisfaction with personal physical and mental health	I am happy with my physical and mental health. (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Personal wellbeing indexNDIS outcomes reporting
	Visit to the GP in the last 12 months	Has the participant attended the GP in the last 12 months? (Yes / No)	Annual	 Staff observations Health record or annual medical checks Resident or family survey / interview
Health	Change in emotional distress or frustration	I am unhappy with my living situation (Yes / No)	Monthly	 Staff observations Complaints and feedback received Resident or family survey / interview
	Change in self-esteem	I see potential in myself. (1-4 scale ranging from strongly disagree to strongly agree)	Monthly	 Resident or family survey / interview
	Change in participation in leisurely activities (recreation or hobbies)	I can connect with other people who have similar health interests or issues. (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family survey / interview Support coordinator / NDIS Plan Social and Community Spend Data NDIS outcomes reporting
	Change in fitness and physical activity	Has the resident been physically active? (Yes / No / Not Applicable)	Monthly	Staff recordsNDIS Plan Social and Community Spend DataNDIS outcomes reporting



Full list of indicators and potential data sources (3/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	Level of control over the front door of the home (who enters, when and why)	I have a say over who comes in to the house and when they come (1-4 scale ranging from never to always)	Biannual	 Resident or family survey / interview Service agreements
	Ability to go to the shops or cafes on their own or with support	I can go to the shops on my own, or with support, when I want to (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Participant chooses how to spend their free time at home	I can choose what I do in my free time (Yes / No)	Annual	Staff recordsResident or family survey / interview
	Change in support required	Have the person's needs or support levels changed? (Yes / No / Not Applicable)	Annual	NDIS plan
	The person is involved in a range of normal, everyday homemaking practices (e.g. cooking, cleaning etc.)	I do chores around the house (e.g. cooking and cleaning) (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Staff recordsNDIS outcomes reporting
Independence	Satisfaction in having their voice heard	I have control over the important decisions in my life (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family survey / interview Complaints and feedback reporting
	Confidence to take public transport	I can take public transport on my own (Yes / No / Not Applicable)	Annual	Staff recordsResident or family survey / interview
	There is respect for the person's natural authority in his or her own home	I have control over what happens in my house; I make the decisions. (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interviewStaff records
	The person's home reflects who the person is and what he or she likes	My house reflects who I am (Yes / No)	Annual	Resident or family survey / interview
	What the person wants is actually happening with help and support from people close to him or her	When I ask for something to be changed, it is changed (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Staff recordsResident or family survey / interview

Full list of indicators and potential data sources (4/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	Social visits with family/ friends who are not living with them	Number of social visits with friends/family in the last month	Biannual	Staff records
	Sense of belonging	I feel happy about doing things outside the home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Personal Wellbeing Index (rephrased)
	Participation in a community event or activity	I participated in a community event or activity of my choice this year (Yes / No)	Annual	 Staff records Resident or family survey / interview NDIS Social and Community Participation spend in plan NDIS outcomes reporting
Relationships and community participation	Change in cost of transport	I have spent more on public transport this year than the previous year (Yes / No / Not applicable)	Annual	 Resident or family survey / interview Dept. of Transport or PTV or Opal data on average spend on public transport
	Location and access to community	I can easily access my community when I want to (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Housing helps to maintain family relationships	My home makes it easy for friends/family to visit (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Rich and diverse social network	I meet new people in my community regularly (Yes / No)	Annual	Resident or family survey / interview



Full list of indicators and potential data sources (5/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	The housing arrangement has helped the person gain and/or keep valued roles in the home and community akin to others of a similar age (e.g. employment, volunteering, student, business or community leader) Others: Home owner or renter; Family member; Employee; Partner/boyfriend/girlfriend; Workmate; Neighbour; Team mate (sporting); Person of faith; Host; Student; Companion; Volunteer; Friend; Traveller; Club member/supporter; Cultural identity	My housing helps me gain or keep valued role(s) in employment, personal relationships, business, or the community (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family interview / survey Employment / volunteer / student records Membership in advocacy groups
Rights and voice	Satisfaction with their ability to have a say in the community on issues important to them	I feel like my voice is heard in the community (1-4 scale ranging from never to always)	Annual	Resident or family survey / interviewMemberships in advocacy groups
	Satisfaction with their ability to have a say in the community on issues important to them	I feel like my voice is heard in the community (1-4 scale ranging from never to always)	Annual	Resident or family survey / interviewMemberships in advocacy groups
	Participation in self-advocacy	I speak out when something is wrong (Yes / No)	Annual	Staff recordsResident or family survey / interview
	Change in provision of feedback / exercise of rights	Has the person made a complaint or provided feedback this year? (Yes / No)	Annual	Feedback and complaints reports
	Engagement in civic duties (e.g. voting, volunteering, advocacy)	I voted in the last election (Yes / No)	Annual	Staff recordsResident or family survey / interview
	Economic participation / employment	Employment status	Annual	Staff records

Full list of indicators and potential data sources (6/6)



Outcome	Suggested indicators	Measure	Frequency	Potential data source(s)
*	Sense of comfort	I feel comfortable in my home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Sense of stability	My current housing arrangements (house and support staff) are unlikely to change for the worse in the near future (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interviewPersonal Wellbeing Index
	Sense of safety	I feel safe in my home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family survey / interview Personal Wellbeing Index
	Change in injuries or incidents in the home	Has the person had any incidents or injuries in the home? (Yes / No)	Annual	Incident reportsStaff records
	Change in trust in carers	I trust my carers (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family survey / interview Net Promoter Score of support provider
Safety and stability	Change in number of housing & maintenance complaints	Has the person made any complaints about the housing and support?	Annual	Complaints reports
	Comfortable to make complaints and report	If I make a complaint about my safety, the issue will be addressed. (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Participant satisfaction with their home	I am happy about how safe I feel at home (1-4 scale ranging from strongly disagree to strongly agree)	Annual	Resident or family survey / interview
	Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Have the person's family made complaints about housing or support? (Yes / No)	Annual	 Resident or family survey / interview Compliance reporting
	Participant satisfaction with maintenance service provided	I feel happy about the time it takes to fix or change something in my house. (1-4 scale ranging from strongly disagree to strongly agree)	Annual	 Resident or family survey / interview Complaints reports / feedback forms

List of stakeholders who have provided input to Framework development (1 of 2)

Name	Organisation	Name	Organisation
A McGibbon		David Havercroft	Respect & Inclusion Australia
Adam Schickerling	Synapse	Glenn Amanonce	BlueCHP
Alex Debney	Conscious Investment Management	Greg Robertson	CareChoice
Amelia Condi	Summer Foundation	Hannah Maraz	ARC Health
Analise Bauchinger	ARC Health	Helen Wood	AccessAccom
Andrew Richardson	Aruma	Irene Vidaller	Inspire Impact
Angie Simmons	Ability SDA	Jacalyn Bodycoat	Housing Choices Australia
Antony Anisse	Good Housing	Jacob Edwards	Bank Australia
Brad Swan	Life Without Barriers	Jane Flanagan	National Ethnic Disability Alliance
Brent Woolgar	DSC	Jason Walter	Federation Asset Management
Bruce Bonyhady	Melbourne Disability Institute	Jesse Zielke	Liveable Home Builders
Catherine McAlpine	Inclusion Australia	Jo-Anne Bennet	ARC Health
Charles Northcote	BlueCHP	Joseph Connellan	MC Two Pty Ltd
Chris Edwards	Aruma; Vision Australia	Justin Nix	Guardian Living
Christine Bigby	Living with Disability Research Centre (La Trobe)	Karen Stace	NDS
Danielle Colton	DPN Casa Capace	Katharine Walters	Inspire Impact



List of stakeholders who have provided input to Framework development (2 of 2)

Name	Organisation	Name	Organisation
Kevin Stone	VALID	Miranda Cross	Children and Young People With Disability Australia
Kim Woolgar	Life Without Barriers	Nikhil Anand	Anand Group Homes
Kristy Simmonds	Zenitas	Owen Jourdian	Illowra Projects
Laverne Mina	Housing Choices Australia	Perry Cross	Accesible Housing Australia
Lawrie Gibbs	BG Capital Corporation	Peter Marles	SDAQId
Leighton Jay	Sotica	Queenie Tran	Summer Housing
Libbi Cunnington	Women with Disabilities Australia	Rebecca Cattermole	CareChoice
Libby Callaway	Rehabilitation, Ageing and Independent Living (RAIL) Research Centre	Rebecca Thomas	Synergis
Lily Nehme	Good Housing	Robbi Williams	Purple Orange
Linda Justin	Aruma	Roberta Buchanan	Housing Choices Australia
Lucy Acheson	ARC Health	Sam Crinall	Zenitas
Mark Lawler	Inclusive Housing Australia	Sam Graiche	Good Housing
Melanie Southwell	SDA Alliance	Stephen Vick	
Michael Fuller	DPN Casa Capace	Steve Anthony	Supporting Independent Living Cooperative
Michael Lynch	Synergis	Tom Ray	Accessible Housing Australia
Michelle Groeneveld		Nikhil Anand	Anand Group Homes



Thank you to the people with disability who spoke with us throughout the Framework's development, without whom this work would not have been possible.

For more information about the Framework, please contact SVA Consulting: consulting@socialventures.com.au

