



The Disability Housing Outcomes Framework

Evaluation of the pilot survey program | June 2022

Social Ventures Australia acknowledges Traditional Owners of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging. We also accept the invitation in the Uluru Statement from the Heart to walk together with Aboriginal and Torres Strait Islander peoples in a movement of the Australian people for a better future.

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Our coalition



LIFE WITHOUT BARRIERS



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Executive summary

A coalition of organisations across the sector has been working together to understand what works in disability housing. Building on best and emerging practice and co-designed in partnership with people with disability and other key stakeholders, the Disability Housing Outcomes Framework (the Framework) links the activities of both the built-form environment and in-home supports to understand how housing facilitates good outcomes for people across six core outcome areas: Daily Living, Health, Relationships & Community, Rights & Voice, Independence, and Stability & Safety. A bespoke data collection tool was then co-designed and developed to collect data against the Framework.

A pilot has recently been completed across seven organisations nationally including Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) providers who used the Framework in practice. The purpose of the pilot was to ensure that the Framework and tool provides data that is meaningful for people with disability, practical for providers to implement, and able to inform decision-making across a range of stakeholders. Despite significant challenges due to Covid-19 limiting the ability to work directly with people in homes and affecting the data, the pilot achieved its purpose.

Key findings include:

- **The tool is meaningful for people with disability.** Independent interviews showed that people with disability found the surveys easy to understand and valuable to complete. Nearly a quarter of participants filled in the surveys at least once without support, which is important given the population was predominantly people with intellectual disability or Acquired Brain Injury (ABI).
- **The tool is practical to implement.** Provider staff agreed that the tool was accessible and easy to use, both for people with disability (83%) and themselves (100%). Involving support workers in the survey collection does not appear to introduce substantial bias compared to an independent support person. This means the tool can be used in the context of everyday service provision.
- **The tool provides data that informs decision-making.** There was a broad distribution of survey results that differed by individual and provider, suggesting that cross-sector benchmarking will be achievable in future. While uptake of the tool was slower than hoped due to Covid-19, 100% of providers found the tool useful to understand their tenant or customer needs.

The Disability Housing Outcomes Framework tool is being actively improved over the next few months, building on the findings from this pilot. The tool will be available for broader rollout across the sector in mid-2022. For more information, go to the project website:

<https://disabilityhousingoutcomes.com/>.

Introduction and background

The disability housing sector is facing a changing market with greater consumer choice, yet there is no consistent, sector-wide approach to understanding what works. A coalition of organisations across the sector has been working together to tackle this problem, developing a common outcomes framework and data collection tool to help understand what good housing looks like for people with disability.

This work has been based on best and emerging research and practice, and co-designed and piloted with people with disability and industry to ensure it is meaningful and practical. An extensive, year-long consultation was undertaken with people and organisations across the sector including people with disability, representative and industry peak bodies, disability support and housing providers, allied health professionals, funders, academics, and thought leaders. This process created the Disability Housing Outcomes Framework (the Framework). For more information on the Framework and its development, visit <http://disabilityhousingoutcomes.com>.

The Framework links the activities of both the built-form environment and the in-home supports, including a focus on Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) in the first instance, to understand how housing facilitates good outcomes for people.

To put the Framework into practice, a data collection tool was co-designed with people with disability and housing and support providers. The tool was designed from the ground up to be accessible for people with a range of abilities and practical to implement in the context of everyday service delivery. It helps providers to collect data against the Framework to demonstrate the impact they are creating, understand where there may be opportunities to improve, and better comprehend what good looks like in disability housing across the sector.

The data collection tool consists of two key components. The front end is an online survey platform, designed for accessibility. It asks people with disability a series of questions about their life and wellbeing regularly to help understand their outcomes. The questions come directly from the Framework. People may fill the survey out independently or with support from a person of their choosing (for example, friend, family member or support worker). The back end of the tool enables providers to upload client records and track the survey results for the people they support, address issues, and improve practice.

The tool has been piloted in seven organisations nationally to ensure that it is meaningful for people with disability, practical to implement and can inform decision-making. This included large and small SDA, SIL and community housing providers.

The pilot aimed to understand whether the tool was meaningful for people with disability, practical to implement and able to inform decision-making – prior to broader rollout across industry from mid-2022.

Methodology and data limitations

Methodology overview

The tool was piloted by providers over six months from August 2021 to February 2022, though Covid-19 affected the rollout leading to delays and difficulties working directly in homes. Thirty-two people living in Specialist Disability Accommodation (SDA) participated and collectively completed a total of 214 surveys about their experiences.¹

This pilot was overseen by an ethics committee, who ensured that the data was collected under strict ethical guidelines and that participants were protected.² All participants were provided with an Easy Read or plain language consent form and information sheet as part of their induction into the tool. Consent was also obtained from legal guardians where appropriate.

The pilot includes two surveys:

- Daily Living Survey: administered once every fortnight to understand daily experiences in the home, the Daily Living Survey contains five questions about whether a person's daily needs are being met.
- Longer-Term Outcomes Survey: administered three times during the pilot, the Longer-Term Outcomes Survey contains seven questions about other areas of the person's life, such as safety and stability, health, independence, relationships and community, and rights and voice.

Most questions were on a four-point Likert scale, either 'always'–'never' or 'strongly agree'–'strongly disagree'. A complete list of survey questions is available in Appendix 4.

Notifications about when to complete the survey were able to be sent to either the participant, their support worker or the participant's listed contact (depending on which option the participant chose during the onboarding phase for the project). All participants opted to be notified of the time to complete surveys through emails and texts sent to their support workers.

In addition to this data collection, the pilot also included the running of a bimonthly Community of Practice for providers. This created a learning community of implementation staff at each of the participating providers to share knowledge, experiences, learnings and challenges. Participating providers also had regular one-on-one conversations with SVA Consulting to provide guidance on data collection, analysis and interpretation.

Independent one-on-one interviews were undertaken with pilot participants by the Victorian Advocacy League for Individuals with Disability (VALID) to understand participant experiences through the pilot and ensure participants felt comfortable to respond honestly to the surveys. These were conducted towards the end of the pilot and aimed to hear the direct voice of people with disability in terms of their experiences with the tool. These interviews were also used to assess the relative bias of having an

¹ Fifty-six people signed up to participate in the pilot, however 24 of them had not completed at least one survey at the time of data analysis. Participants came on board at various times during the pilot due to Covid-19 and other challenges, as noted later in this report.

²The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007). Application 2021-03-328.

independent person asking the questions as compared with their support person. Seven of the participants took part in these interviews with VALID.

Full details of the evaluation questions for participants and provider staff, such as surveys and interviews are available on request.

Participant demographics

Pilot participants were customers or tenants from across seven organisations: Aruma, Claro, DPN Casa Capace, Good Housing, Home in Place, Housing Choices Australia and Life Without Barriers. Each of these organisations varies in size and operates in various states and territories across Australia (see Appendix 2 for further details).

Pilot participants were from a diverse mix of ages, locations and genders – with intellectual disability and Acquired Brain Injury (ABI) as the most common primary disability types. These participant profiles were broadly representative of the population eligible for Specialist Disability Accommodation (SDA) under the NDIS. Refer to Appendix 3 to view results of each demographic profile.

Participant retention and drop-off

The Daily Living Survey was issued every two weeks over the pilot period. A total of nine Daily Living Survey notifications (emails or SMSs notifying participants that it was time to complete the survey) were issued to participants over the three-month pilot period. However, participants could choose to complete it more or fewer times.

It is important to note that not all organisations started completing the surveys as soon as the pilot commenced. Due to external factors, such as Covid-19 and floods in NSW, organisations became active on the tool and participants started completing surveys at various points over the course of the pilot. This may have driven changes to the response rates of participants for both the Daily Living and Longer-Term Outcomes surveys.

Overall, participation was considered acceptable for both surveys. Although some participants chose to complete the survey less often than the maximum, each participant completed an average of one Daily Living Survey every 26 days. Refer to Appendix 5 for details of participant retention by survey.

Findings

This section describes the key findings from the pilot and how they align to the three criteria:

- meaningful for people with disability
- practical to implement
- able to inform decision-making.

Meaningful for people with disability

It is important that the Disability Housing Outcomes Framework tool and surveys are meaningful for people with disability, and that surveys can be administered sustainably over a long period of time to ensure participants can continue to provide feedback about their housing and supports in a meaningful way.³ To assess this, we looked at four key elements:

- correlations between demographics and outcomes
- ability to fill in the survey independently and honestly
- effect of completing the surveys without support
- avoidance of questions.

Correlations between demographics and outcomes

Responses by house type

It was anticipated that participant responses to certain questions would be influenced by the type of homes they live in. Group homes are known to be highly variable in quality, and there are expectations that many NDIS participants would prefer to live in other locations.⁴ Thus, we could expect to see a difference between average responses in group homes and, houses and villas.

At this stage, there appears to be no apparent trend across participant responses, as seen in Figure 1. Indeed, participants living in group homes had a slightly higher average response to some questions. Noting the relatively small data set and the short period of time for the pilot, this unexpected finding will continue to be assessed over time to understand the relationship.

³ Significant work had been undertaken to develop the Framework outcomes and indicators aligned with the preferences and priorities of people with disability. For more detail on the development of the Framework, visit <http://www.disabilityhousingoutcomes.com.au>.

⁴ G Taleporos, [NDIS shortfall in disability housing](#), La Trobe University website, n.d., accessed 24 May 2022.

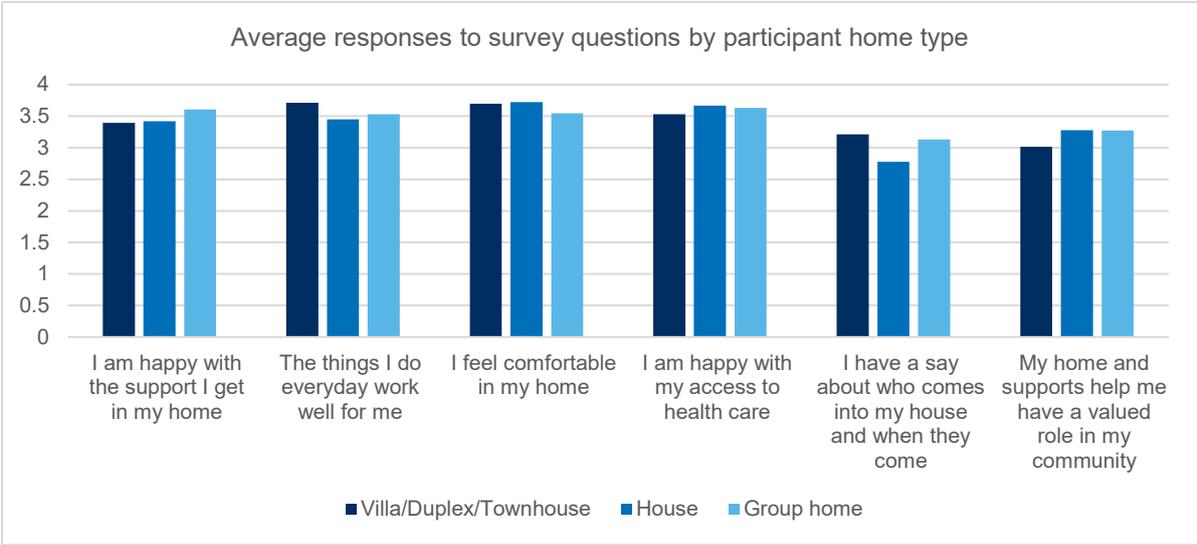


Figure 1: Average responses to Likert scale questions by dwelling type

Responses by hours of support accessed

As can be seen in Figure 2, participants accessing 18–24 hours of support (n=14) had among the highest responses on all questions in comparison to those accessing different hours of support. In contrast, participants accessing 12–18 hours of support mostly averaged lower in their responses to questions across both surveys (n=7). As more data is collected, a more detailed picture of how hours of support correlate with outcomes will emerge.

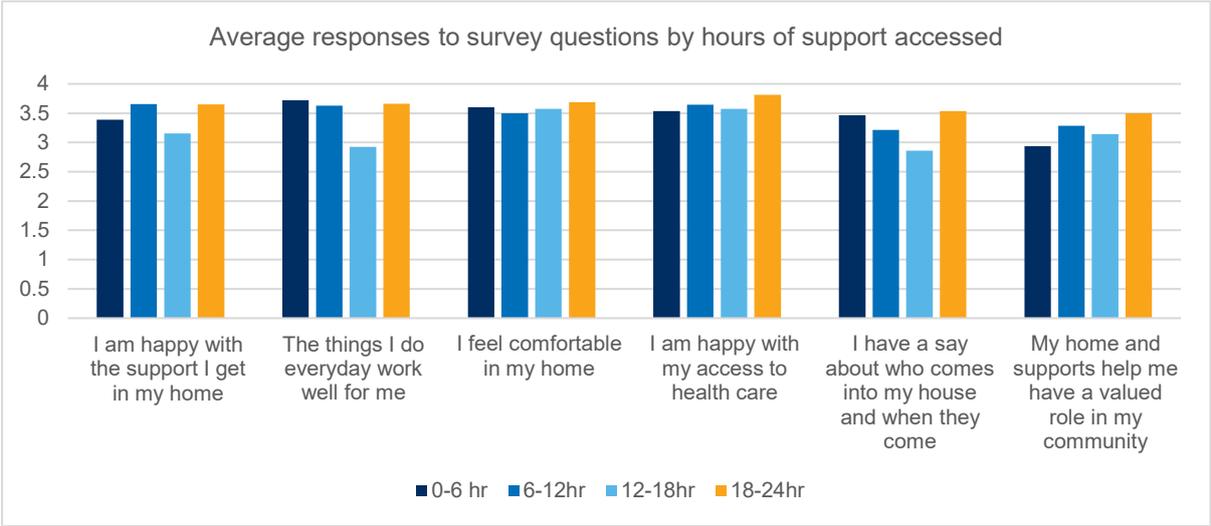


Figure 2: Average responses to Likert scale questions by hours of support accessed

Responses by other factors

When analysing the average responses by age and gender, there were no apparent trends. It is anticipated that this may change over time as more data becomes available.

Ability to fill in the survey independently and honestly

The pilot demonstrated that both the Daily Living Survey and the Longer-Term Outcomes Survey were straightforward to complete for people with disability. In addition, the accessibility of the tool and the questions asked in surveys enabled the tool to accurately capture feedback from people with disability. Nearly a quarter (22%) of participants were able to complete the Daily Living Survey on their own (for example, without help from a friend or support worker) at least once. Similarly, 21% of participants were able to complete the Longer-Term Outcomes Survey independently.

This was further confirmed through interviews with participants. They revealed that most interviewed participants (5 out of 7) were able to complete the surveys independently, with minimal assistance from their support workers. Participants grew more confident to complete surveys over time as they became familiar with the survey questions and the layout of the tool.

One participant explained:

"The questions were easy to complete, I get help sometimes from my support worker, but I can do it myself most of the time."

However, participants suggested that accessibility of the tool might be improved further if additional functionalities were to be considered for future implementation and roll out. The tool currently contains audio voice overs, help text and emojis to improve accessibility of the survey for participants. All interviewed participants felt that in addition to these functionalities, they would benefit from an Easy Read version of the survey.

Honesty is an important factor in whether survey responses are meaningful. In interviews, all participants stated that they completed the surveys in an open and safe manner. Participants shared that despite receiving varying degrees of assistance from their support workers for tech help or with understanding surveys, the answers they provided were their own.

For the results to be useful, it is important that the survey answers are not heavily influenced by having a support worker helping with the survey. There does not appear to be a trend towards worse responses when participants were independently interviewed (Figure 3). Indeed, for several questions the independent responses were mostly the same or higher than the average.

It should be noted that the presence of a stranger, especially a stranger that appears to hold a position of power, has also been associated with bias when interviewing people with intellectual disability.⁵ Thus this does *not* prove that there is no bias when support workers are asking the questions. Instead, it suggests that introducing independent reviewers does not appear to lead to a reduction in bias.

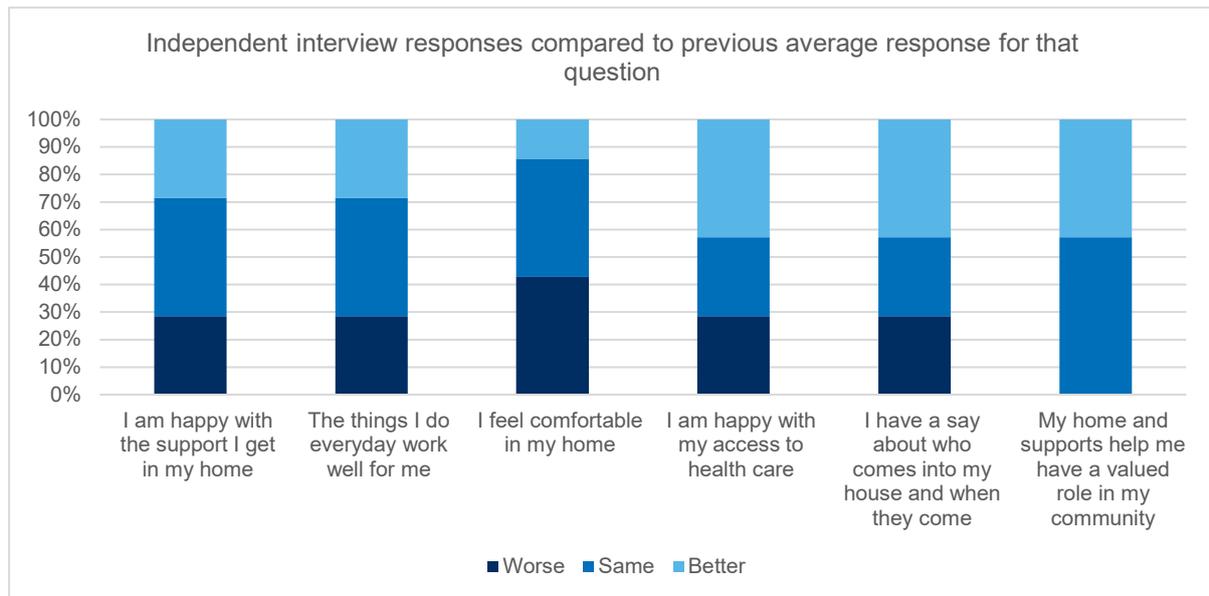


Figure 3: Independent responses compared to previous average

Effect of completing the surveys without support

Figure 4 shows that surveys completed by participants without help (that is, they selected 'No, I am doing it by myself' in answer to the question 'Is anyone helping you to fill in this survey right now?') do not appear to have an obvious trend compared to questions completed with support (for example, they selected 'Yes, support worker' or 'Yes, family or friend' in answer to the question 'Is anyone helping you to fill in this survey right now?'). While data is limited (n=9 for the Longer-Term Outcomes Survey), this suggests that having support workers involved in the process appears to have a limited effect.

⁵ LW Heal and CK Sigelman, 'Response biases in interviews of individuals with limited mental ability', *Journal of Intellectual Disability Research*, 1995, 39 (4):331-40, doi: 10.1111/j.1365-2788.1995.tb00525.x.

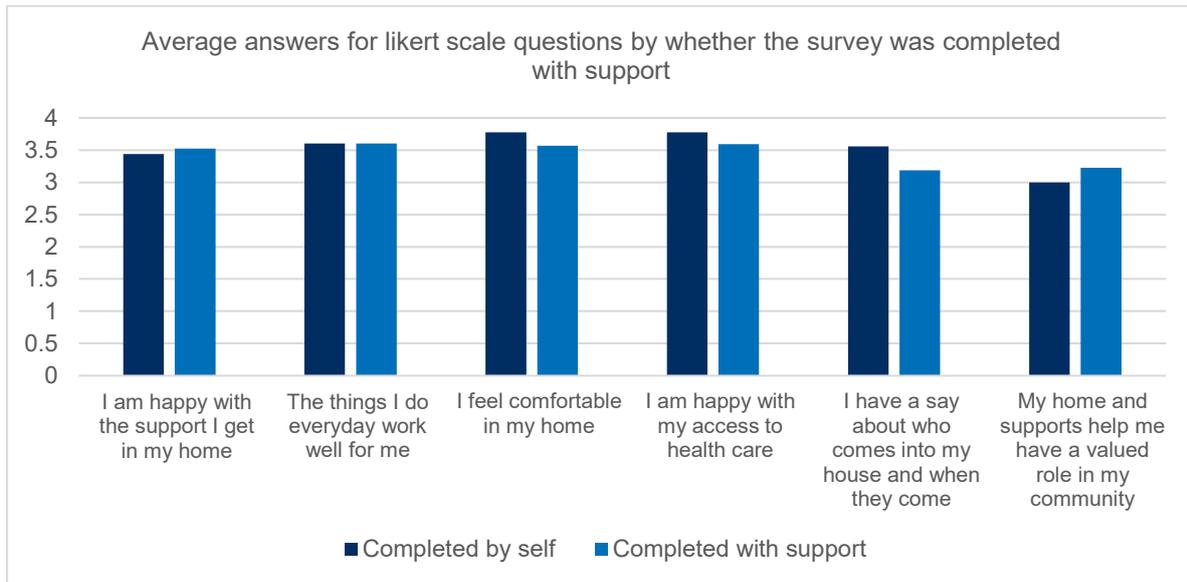


Figure 4: Average answers to Likert scale questions by support for survey completion

Avoidance of questions

When completing the survey, participants have the option to skip any questions they do not want to answer. This was intentionally made available to participants as some may not want to answer all questions, including for example questions that make them uncomfortable. They may be unwilling, or for any another reason, unable to complete the questions.

Daily Living Survey

Two questions in the Daily Living Survey were each skipped a total of nine times throughout the pilot (out of 143 total survey responses). These questions were:

- ‘How many nice interactions have you had today? For example, doing something nice with another person, such as smiling, having a nice chat or helping’
- ‘How many nice interactions would you like in a day?’

In interviews, participants raised that the word ‘interaction(s)’ was difficult for them to understand. As a result, some mentioned that they either requested help from their support workers to help explain the word (each time they completed the survey) or skipped the questions altogether if they found them complex to understand and/or complete. Based on user testing prior to the pilot, we anticipated that these may be more challenging questions to answer for some people. They were included as they were consistently identified by people with disability and other key stakeholders as important to capture. Given the findings of the pilot, these questions will be removed in favour of a simpler form.

Longer-Term Outcomes Survey

Like the Daily Living Survey, there were no substantial differences in the questions that were skipped or left unanswered in the Longer-Term Outcomes Survey. However, participants who were interviewed highlighted the question ‘My home and supports help me have a valued role in my community. For example, I have a say about things important to me, I am a volunteer, or I have a job’ was confusing.

Participants said that they did not understand what was meant by the term 'valued role'. While this survey question was intended to encourage a subjective response from participants, it did not offer them enough clarity. Additionally, participants mentioned that the examples mentioned in the question were not always reflective of their circumstances (for example, they did not all have jobs or the opportunity to volunteer). The next iteration of this survey question will be more specific and relatable for participants.

Practical to implement

Feasibility in a home context

The Disability Housing Outcomes Framework tool was easily used within the context of everyday lives and service delivery within the homes. In the homes of some of the participants who were interviewed, the surveys have become an integrated part of participants' fortnightly routines. In these homes, support workers are notified fortnightly about when participants are required to complete the survey.

One participant shared that:

“I like filling in the survey, [my support worker] lets me know when it’s time to fill it in, and we set aside time to do that”

Support staff were surveyed about their experience in assisting participants to complete surveys. Below in Figure 5, all support staff who responded to the survey ‘agreed’ or ‘strongly agreed’ that the surveys enabled participants to provide feedback about their housing and support. When asked about the accessibility of the online tool, 84% of staff ‘agreed’ or ‘strongly agreed’ that the tool was easy for participants to use.

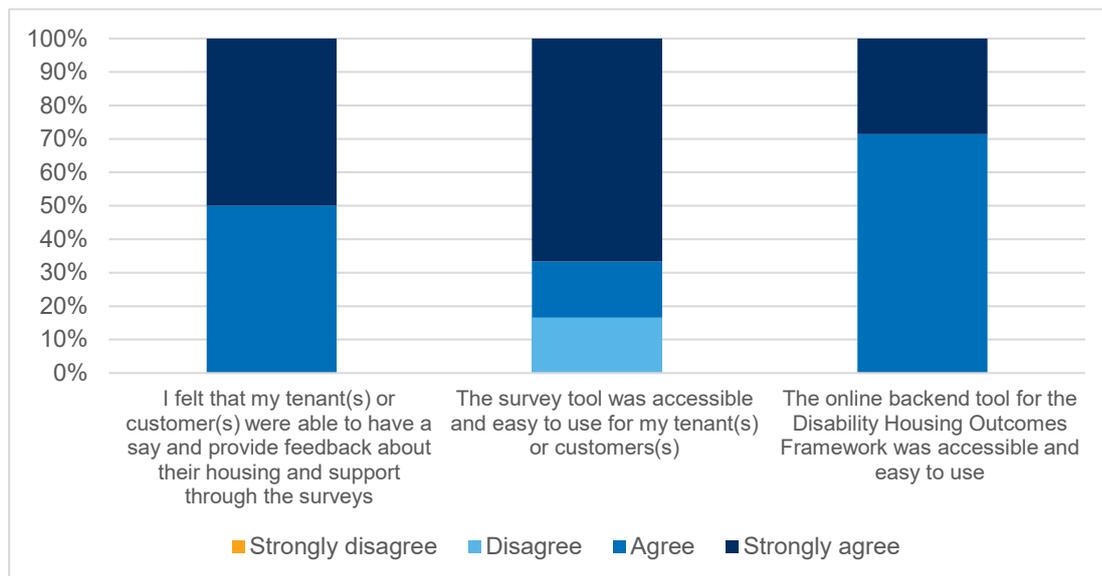


Figure 5: Survey results from provider staff

Additionally, all staff who were given access to the back end of the tool felt that it was both accessible and easy to use. Staff also provided feedback on what other additional functionalities could be useful to incorporate to further improve their experiences with the tool.

One support worker explained that:

“My experience of helping him with the surveys has been very straight forward and easy to follow.”

The previous finding that the surveys were able to be completed independently and honestly means that organisations can implement the surveys through existing staff and supports, such as family and advocates, without needing to hire independent contractors to ensure valid survey results.

Results by provider

While the number of responses by provider varied substantially, visible differences emerged between providers in the pilot data (Figure 6). This is a strong indication that the results of the surveys could be used for cross-provider benchmarking.

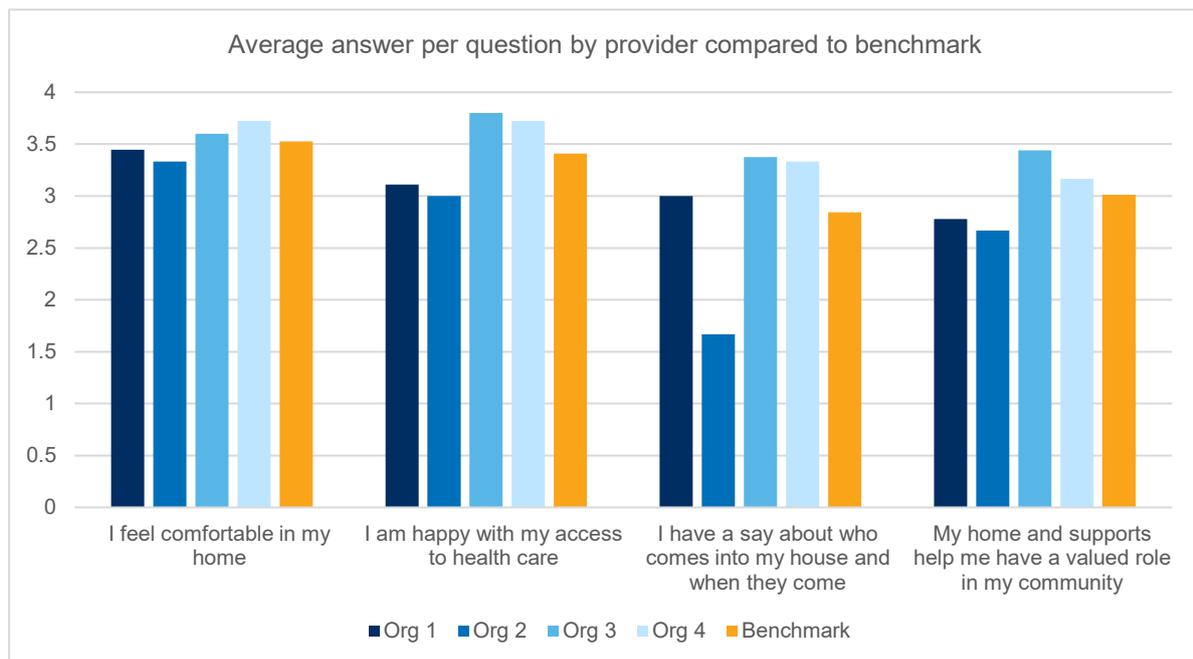


Figure 6: Average answer for selected questions by provider⁶⁷

⁶ Questions (left to right) are Q1 and Q4 from the Daily Living survey, and Q3 and Q6 from the Longer-Term Outcomes Survey.

⁷ Other providers are not included due to limited data.

Able to inform decision-making

The findings from the tool were also used to inform decision-making for providers both within a particular home as well as across their organisations, with promising indicators to inform decision-making across the sector more broadly. While uptake of the tool was slower than hoped due to Covid-19, in a survey of provider staff 100% of respondents found the tool useful to understand their tenant or customer needs, and 44% of respondents found it ‘very’ or ‘extremely’ useful. One provider said that:

“I fully anticipate using the results to inform practice at all levels, with access to an evidence base.”

Usefulness to organisations

Broadly, all respondents thought that the tools were useful, though comments noted that this usefulness was hampered by lack of data (Figure 7). A slow rollout due to Covid-19 and other factors led to limited data being available to providers until quite late in the pilot.

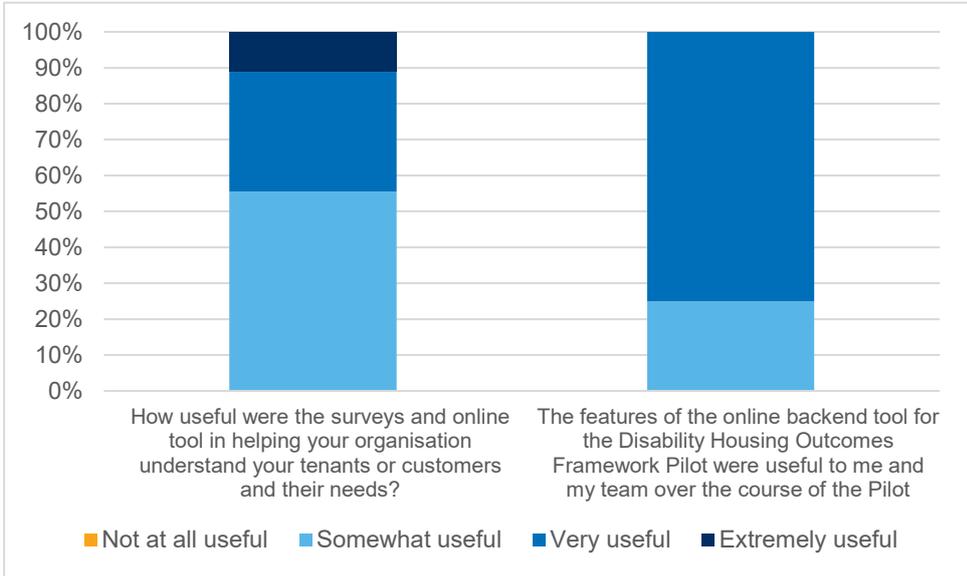


Figure 7: Staff opinion on Disability Housing Outcomes Framework tool

Provider comments gave additional context for the above responses. Multiple providers noted that additional data will make the survey significantly more useful:

“Response above is more from not having really implemented. The data I have seen overall I think ultimately will be extremely valuable.”

Other providers, despite having limited data, found the tool valuable:

“Since our only participant is a non-verbal communicator, we were extremely interested in giving him a voice and being able to get his feedback.”

Another provider noted that the tool was mainly used for monitoring during the pilot but they hope to do further analysis:

“Yes, in that we monitored the results for any feedback that would require immediate intervention (there was none). Now that the Pilot Period is over and we have some better longitudinal data we will investigate further to see if any change to practice is warranted.”

Through the Community of Practice, providers also created and shared how their organisations planned to act on survey results. The Community of Practice was held every two months and included staff from the participating organisations who came together to ask questions and share lessons with each other. This included the development of a shared rubric to analyse and action results, which was put into practice by multiple providers. Providers were generally positive about the Community of Practice:

“The CoPs have been a useful resource for hearing from the experiences of other providers and being able to sound out problems and discuss them with the group.”

This is supported by survey results (Figure 8) where all providers noted that the Community of Practice was useful with 87% saying it was 'very' or 'extremely' useful.

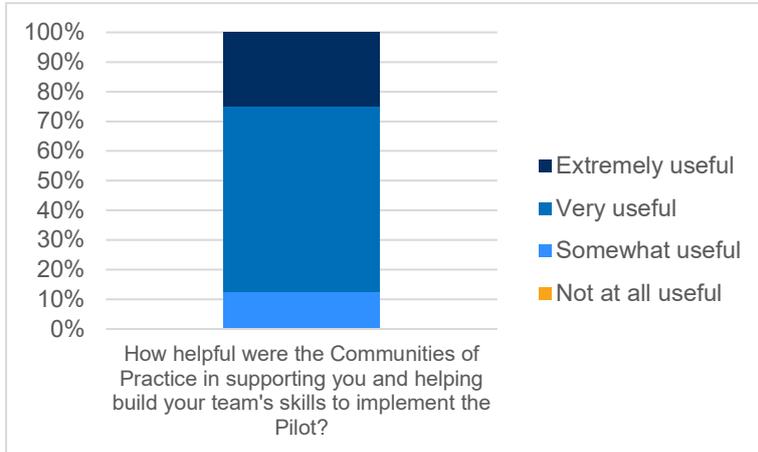


Figure 8: Staff opinion on the Communities of Practice

Overall distribution of responses

To be useful for decision-making, the survey results need to accurately reflect the true beliefs of the participants.

Encouragingly, participants did not generally give the 'best possible answer' to all questions each time, implying that there was variability in responses and acquiescence bias was limited (Figure 9). Only 10% of responses in the Daily Living Survey and 2% of those in the Longer-Term Outcomes Survey had 'perfect scores'.

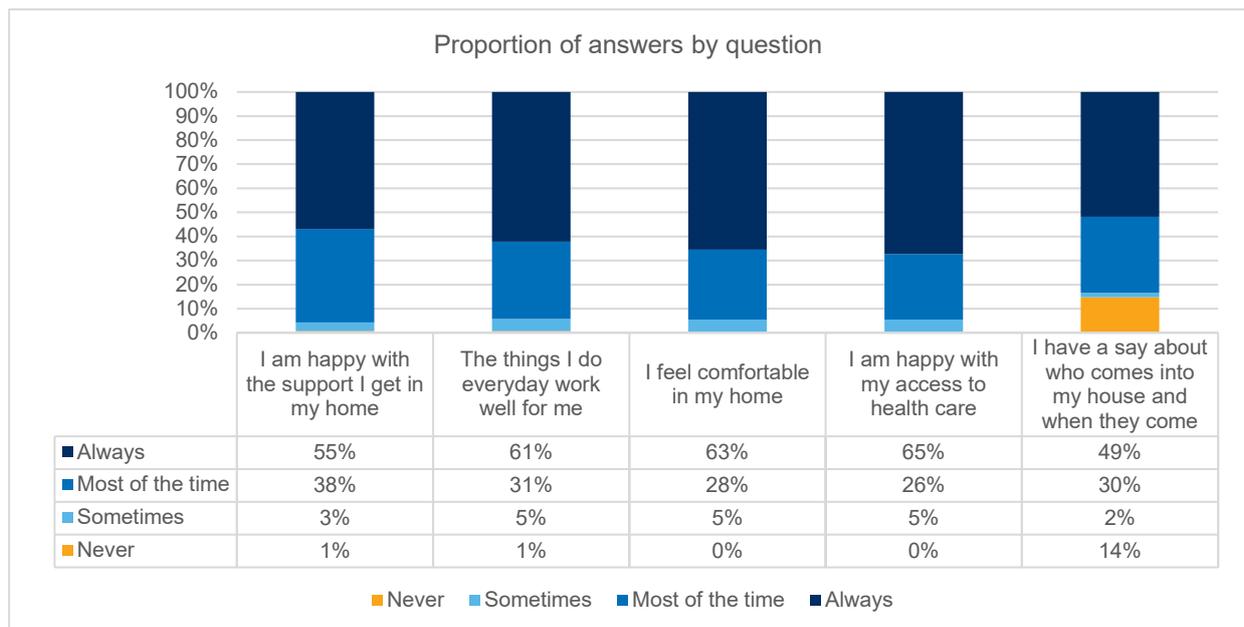


Figure 9: Distribution of answers by question

Sensitivity of the tool

Most questions were on a four-point Likert scale, either ‘always’–‘never’ or ‘strongly agree’–‘strongly disagree’. All Likert scale questions exhibited a noticeable positive skew, though there was a spread of responses with no single answer selected by more than 65% of participants. The question that led to the most ‘never’ responses was Long-Term Outcomes Survey question three, ‘I have a say about who comes into my house and when they come’.

The overall positive trend is potentially due to several factors. Some of these factors are deliberate – the survey questions have only four possible responses to improve accessibility, with the aim of distinguishing between highly positive and highly negative answers. This balances the need for nuance and change over time, with ensuring it is easy to understand and practical to implement. One potential reason is bias introduced by the person supporting them to fill in the survey, though the data does not appear to support this (see previous section for more details). Other reasons are more systemic, such as the known increased rate of acquiescence bias in people with an intellectual disability.⁸

Changes in individual responses over time

When comparing the first survey to the last survey taken, few trends emerge, which is unsurprising given the short period of the pilot as well as broader contextual factors, such as Covid-19 (Figure 10). Of the Likert scale questions, only the first question of the Longer-Term Outcomes Survey (‘I feel comfortable in my home’) had a visible trend towards improvement over the course of the pilot, and question two of the same survey (‘I am happy with my access to health care’) appears to have decreased in several cases.

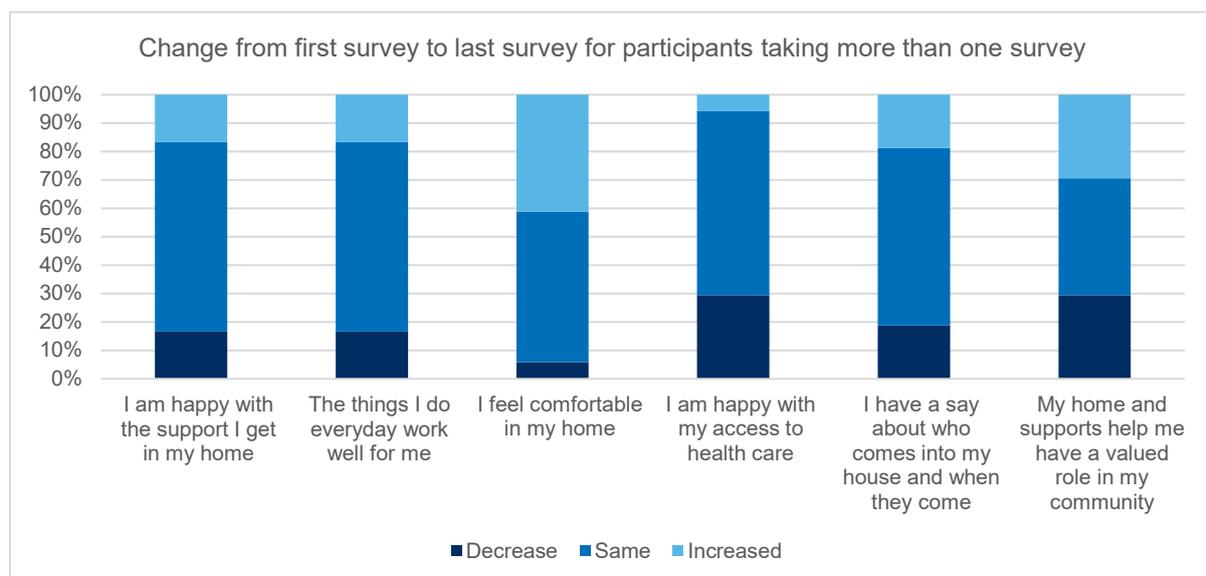


Figure 10: Change from first to last survey⁹

⁸ LW Heal and CK Sigelman, ‘Response biases in interviews of individuals with limited mental ability’, *Journal of Intellectual Disability Research*, 1995, 39 (4):331–40, doi: 10.1111/j.1365-2788.1995.tb00525.x.

⁹ Questions are (in order left to right) Q1 and Q4 from the Daily living Survey, and Q1, Q2, Q3 and Q6 from the Longer-Term Outcomes Survey.

This can be partly attributed to the overall positive trend noted earlier. In Longer-Term Outcomes Survey question two ('I am happy with my access to health care'), nearly 75% of respondents picked the highest possible response ('always') in their first survey – leaving very little room for improvement over time. Notably, this proportion was 51% for question one ('I feel comfortable in my home'), and only 31% for question six ('My home and supports help me have a valued role in my community').

This suggests that providers should be careful when comparing progress over time for individuals without taking baseline values into account. It is also imperative that providers consider other data and feedback that they obtain beyond the tool to inform decision-making, so as not to rely on the tool as the sole source of information about a participant's experience.

Data limitations

The biggest challenge universally shared by organisations was navigating the implementation of the Disability Housing Outcomes Framework tool in face of changing Covid-19 public health orders, especially in the states of New South Wales and Victoria, where most pilot participants are located. Navigating recruitment, onboarding and implementation processes during Covid-19 public health orders, including restrictions on visitors and non-essential workers in homes, was challenging for all providers. In some instances, this limited the ability of providers to recruit participants as originally planned, leading to fewer participants recruited for the pilot.

In addition, frontline support staff were required to balance the appropriateness of onboarding clients with more pressing activities and processes relating to Covid-19 during this period. Given how stretched support staff were during the Covid-19 period, they were also experiencing fatigue at the point of rollout for the pilot, creating an added point of concern and limiting the number of participants they were able to onboard.

The nature of Covid-19 is also likely to have impacted the results of the surveys. For example, questions about socialisation will be skewed by the lockdowns and other impacts within homes, as people were less likely to see friends or leave the house due to the pandemic.

The smaller participant cohort for the pilot has limited the ability of this report to conduct and produce a statistically significant analysis of the impact of the pilot on participant outcomes. Analysis of the key trends and insights was supplemented with qualitative feedback from provider staff and pilot participants to inform. It is anticipated that the volume of data and statistical analysis will be revisited and updated over time as further data is collected.

Next steps

Alterations to the tool based on this data

The results of this report have informed the further development of the tool. Several changes are planned to respond to this data as well as feedback received through the Steering Committee and Community of Practice. These changes include:

- Some questions will be adjusted based on feedback from people with disability to ensure that they are easy to understand and better correspond with people's experiences.
- A number of optional questions will also be added in addition to the core questions.
- An Easy Read version of the survey will be added as an option in addition to the current plain language version.
- A new question will be added to allow participants to note whether they would like to give further feedback via interview to their provider.

These changes will be made over the coming months prior to the industry rollout, with additional potential changes to be identified and prioritised over time as additional gaps and opportunities are identified.

Industry rollout

The Disability Housing Outcomes Framework tool will be made available to the broader sector from mid-2022. Providers of housing and/or supports are encouraged to sign up to use the tool to measure their outcomes and understand what works for people with disability.

Providers participating in the industry rollout will have access to training and onboarding, ongoing access to the Community of Practice, regular reporting, and targeted individual support on a regular and as needed basis. There is also opportunity for funders, investors and others interested in the findings from the project to engage with the work.

Future work

As more data is collected, the ability to deliver insights on the sector and what works in disability housing will continue to increase. The project will be releasing regular reports on what the data reveals, including a benchmarking report for all participating providers to compare themselves against the industry average.

If you are interested in using the tool to measure the outcomes of your own organisation, visit the Disability Housing Outcomes Framework website (www.disabilityhousingoutcomes.com.au) or contact Anna Ashenden (aashenden@socialventures.com.au) for more details.

Appendix

Appendix 1: Disability Housing Outcomes Framework outcomes

This Framework considers the link between the activities of providers (levers) and the outcomes created for people with disability and provides a common approach to tracking impact.

The outcomes

The Framework identifies six outcomes that reflect NDIA core values of choice and control, and what matters most for people with disability to live a good life (Figure 11).

- Daily Living: people with disability are in control of their daily living routines.
- Health: people with disability are physically, mentally, and emotionally healthy and can access health services.
- Relationships & Community: people with disability have healthy relationships at home and are connected to their community.
- Rights & Voice: people with disability can exercise their rights and responsibilities, and have valued roles in community.
- Independence: people with disability have choice and control over decisions about their lives.
- Stability & Safety: people with disability are comfortable in their home and safe from physical and psychological harm.

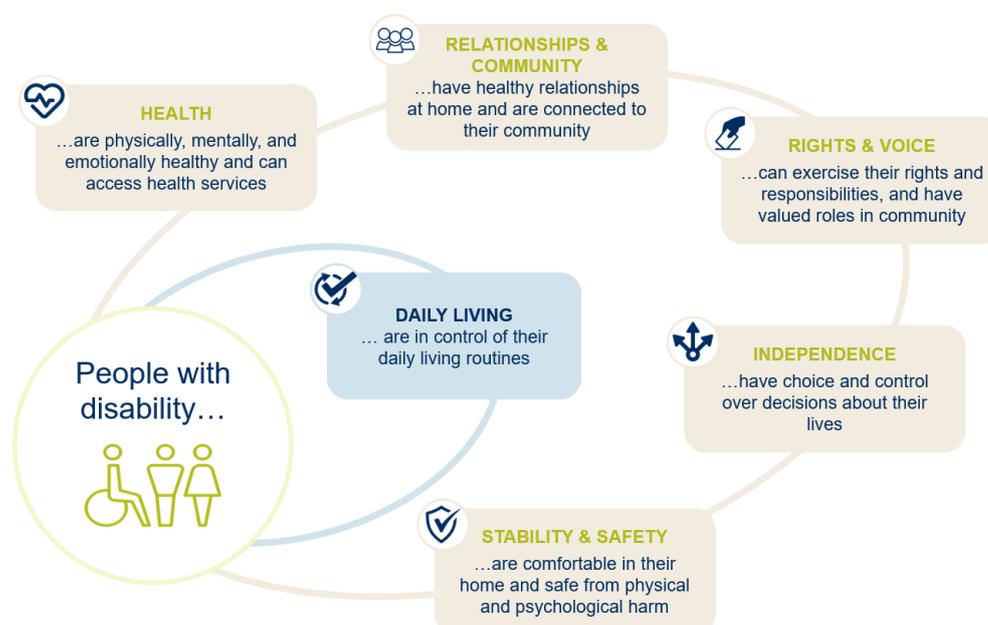


Figure 11: Six Disability Housing Outcomes Framework outcomes

The levers

The levers are the decisions and activities made by providers that facilitate or enhance outcomes for people with disability. The Framework identifies eight key levers or tools that housing and support providers have control over, including where there are shared responsibilities (Figure 12):

- Built-form housing providers (including SDA)
 - Location: proximity of the home to services, work, family and friends
 - Quality of home: durability of the home including workmanship and the materials
 - Design and configuration: the layout of the housing, style and accessibility features
- In-home support providers (including SIL)
 - Support model: model of care including active supports and deliver
- Shared levers
 - Stability: tenure of the house, changes in staff, changes in residents in a shared home
 - Safety: features or services that allow for comfort within the home and facilitate improved safety
 - Relationships between residents and providers: the relationship between residents and providers, and between providers
 - Tenancy matching: processes in place to pair people with disability to housing and other residents.

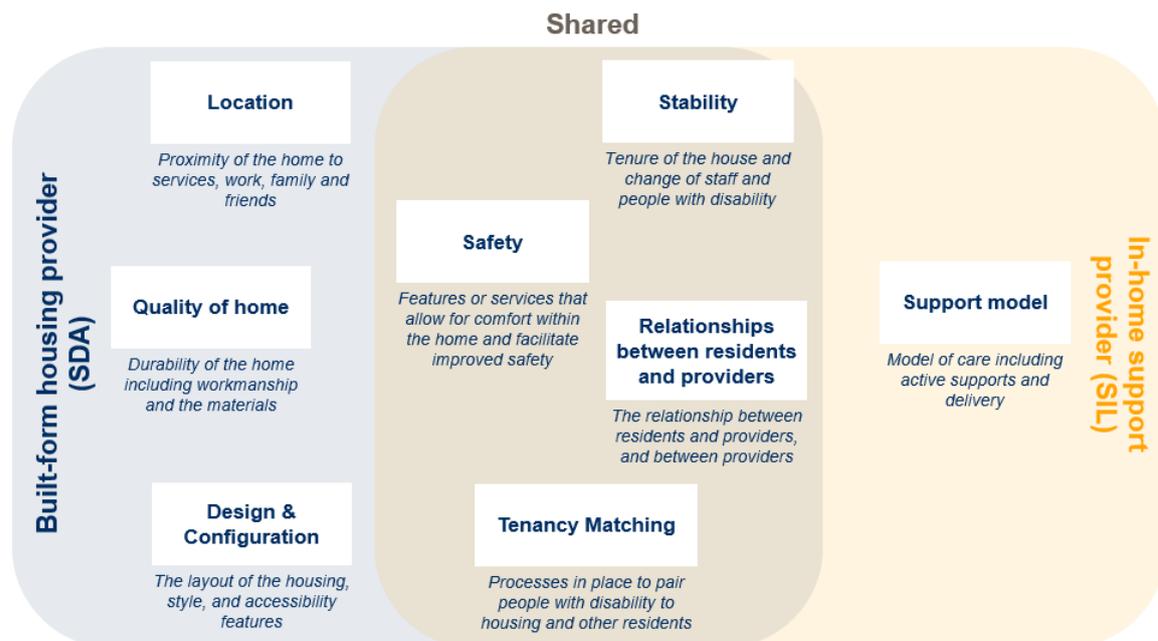


Figure 12: Eight key levers used to enhance good outcomes for people with disability

Appendix 2: Participating providers overview

Table 1: Disability Housing Outcomes Framework participating providers

Name	Size	Location
Aruma (disability services and housing provider):	~5,300 total customers	NSW, VIC, QLD, ACT
Claro (disability services and housing provider)	~5,300 total customers	VIC, NSW, QLD, WA, SA
DPN Casa Capace (New-build SDA provider):	~20 tenants	NSW, VIC
Good Housing (New-build SDA provider)	<10 tenants	NSW
Home in Place (community housing provider)	~340 SDA tenants	NSW, QLD
Housing Choices Australia (community housing provider)	~600 tenants	TAS, VIC, NSW, SA
Life Without Barriers	~23,000 total customers	All states and territories

Appendix 3: Participant demographics

Participants in the pilot were representative of multiple age groups between 20 and 54, with most participants falling between the ages of 20–24 and 45–54 (Figure 13). In comparison, there were fewer NDIS SDA-eligible participants in the same age ranges.

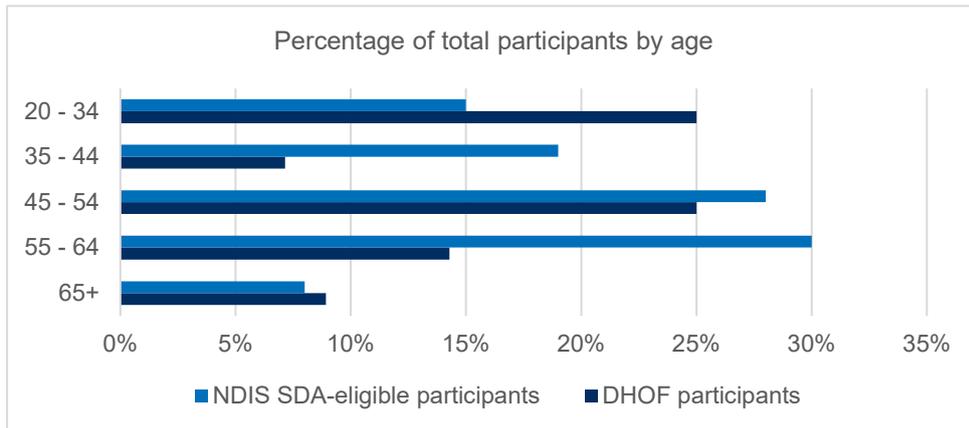


Figure 13: Participants by age
 Data source for NDIS SDA-eligible participants: NDIS specialist disability accommodation 2020–21 quarter 4 report

Most participants (82%) were in New South Wales and Victoria (Figure 14). The remaining participants lived in Western Australia, Queensland and South Australia. This is similarly reflected by the spread of participants who are eligible for SDA nationally.

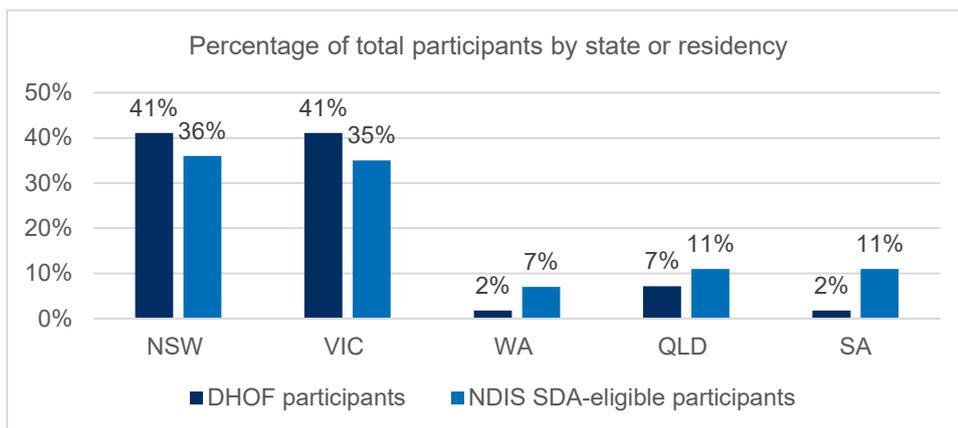


Figure 14: Participants by state
 Data source for NDIS SDA-eligible participants: NDIS specialist disability accommodation 2020–21 quarter 4 report

There are more male than female participants for both the pilot (54% vs 29%, with the remainder choosing not to respond) and those eligible for SDA across the NDIS (59% vs 41%).¹⁰

¹⁰ NDIS specialist disability accommodation 2020–21 quarter 4 report

Participants lived in a mix of group homes (50%), houses (25%), and villas and duplexes (22%). One participant lived in an apartment.

The primary disabilities of participants are mostly intellectual disability and Acquired Brain Injury (61%) (Figure 15). Intellectual disability is the leading primary disability type amongst participants in the pilot and those in the NDIS datasets. The variance in 'primary disability' type captured in the pilot assisted in testing that the tool was usable and accessible for a diverse range of people with disability.

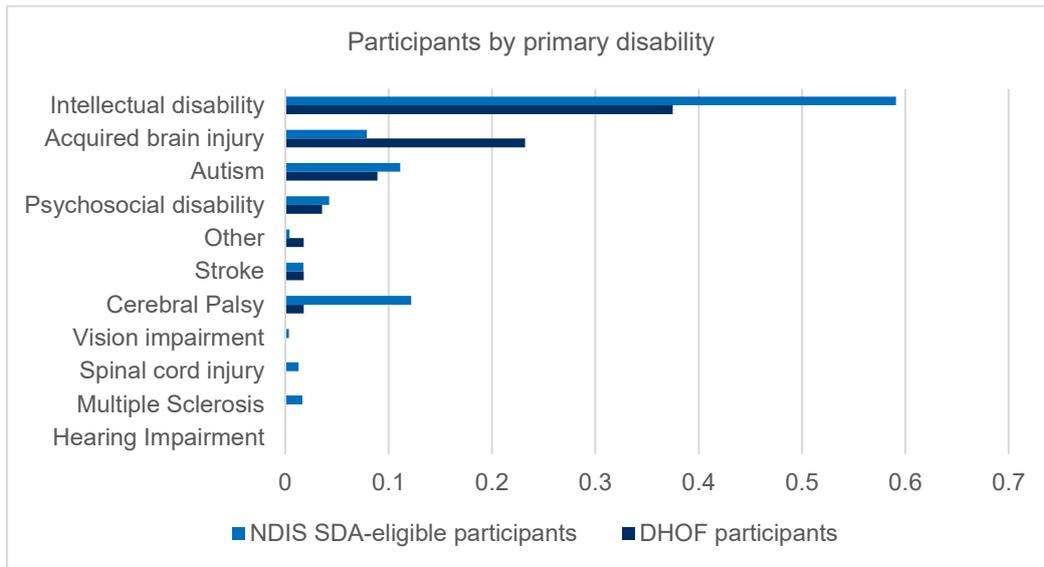


Figure 15: Participants by primary disability

*Pilot participants include people with intellectual disability, developmental delay, Global Developmental Delay (GDD) and Down syndrome. NDIS SDA-eligible participants include people with intellectual disability and Down syndrome. Developmental delay and Global Developmental Delay (GDD) are not explicitly captured in the NDIS dataset.

Most participants were living with matched tenants (72%), and none lived with their parents or partners.

Appendix 4: Survey questions

Table 2: Pilot survey questions

Survey	Survey Questions	Survey responses
Daily Living Survey	1. Is anyone helping you to fill this survey right now?	No, I am doing it by myself / Yes, Support Worker / Yes, SDA workers / Yes, family or friend / Yes, someone else
	2. I am happy with the support I get in my home.	Likert scale Never / Sometimes / Most of the time / Always
	3. How many nice interactions have you had today? For example, doing something nice with another person, such as smiling, having a nice chat or helping.	# Positive times 0 interactions / 1–2 interactions / 3–5 times / 6+ interactions
	4. How many nice interactions would you like in a day?	Likert scale Less interactions / Same amount / More interactions
	5. The things I do everyday work well for me. For example, having a shower, eating well and sleeping.	Never / Sometimes / Most of the time / Always
Longer-Term Outcomes Survey	1. Is anyone supporting you fill in this survey right now?	No, I am doing it by myself / Yes, Support Worker / Yes, SDA workers / Yes, family or friend / Yes, someone else
	2. I feel comfortable in my home For example, I feel safe, good and cosy. I can stay for as long as I want to live there.	Likert scale Never / Sometimes / Most of the time / Always
	3. I can get help with my health when I need it. For example, information about my health or access to doctors and dentists.	Likert scale Never / Sometimes / Most of the time / Always

4. I have a say about who comes into my house and when they come.

Likert scale

Never / Sometimes / Most of the time / Always

5. How many times did you meet friends and family last week?

0 times / 1–3 times / 4–9 times/ 10+ times

For example, phone calls, visits at home or online, or meeting at a café.

6. How many times would you like to meet friends and family in a week?

Less times / Same amount / More times

7. My home and supports help me have a valued role in my community.

Strongly disagree / Disagree / Agree / Strongly agree

For example, I have a say about things important to me, I am a volunteer, or I have a job

Appendix 5: Survey completions and drop offs

Figure 16 below depicts the number of times the Daily Living Survey was completed by participants over the pilot period, against the number of days they were in the pilot. This shows that there is a general trend of strong completion rates, though several of the initial participants dropped off. This is partly attributable to the framing of the pilot as a ‘pilot’ but also to the high frequency of data collection during this phase. Feedback was received that fortnightly surveys was considered too often for many participants. Based on this data, the survey period will be significantly lengthened for the industry rollout.

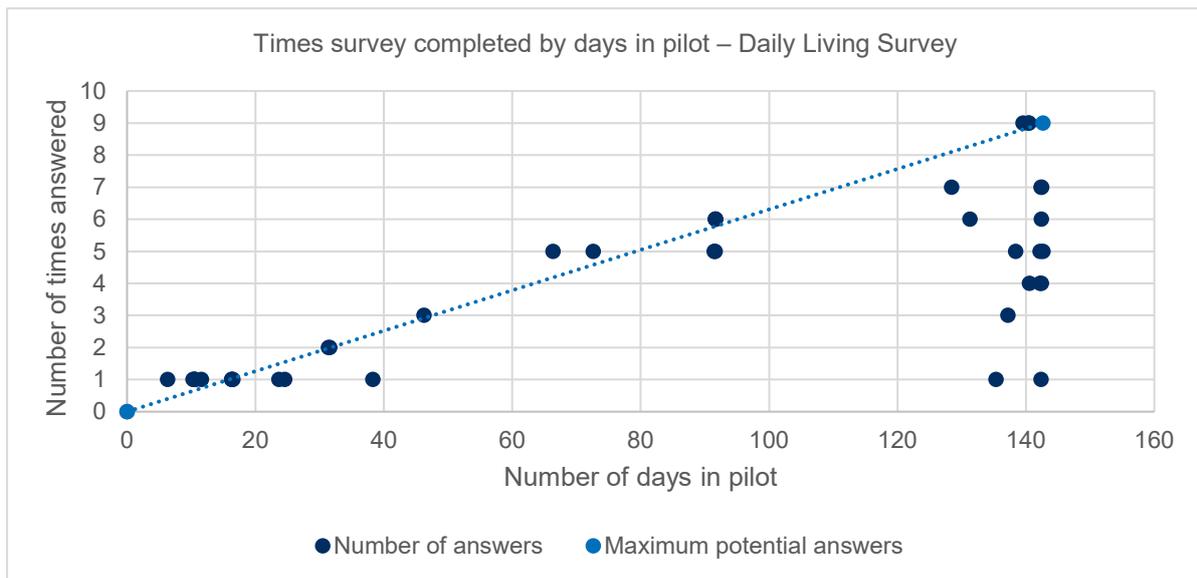


Figure 16: Times survey completed by number of days in pilot (Daily Living Survey). Each dot is a participant.

The Longer-Term Outcomes Survey was issued a total of three times over the pilot period. Like the Daily Living Survey however, participants were able to choose to complete it more or less frequently.

As can be seen in Figure 17, the drop-off exhibits a similar pattern. Twelve participants completed the survey twice, and five participants completed it three times. Frequency of data collection is often reliant on support from carers or support workers, many of whom were facing significant barriers and competing priorities due to the pandemic. The industry rollout will have improved training materials and notifications for support staff to help maximise participation, as well as reduced frequency for the surveys.

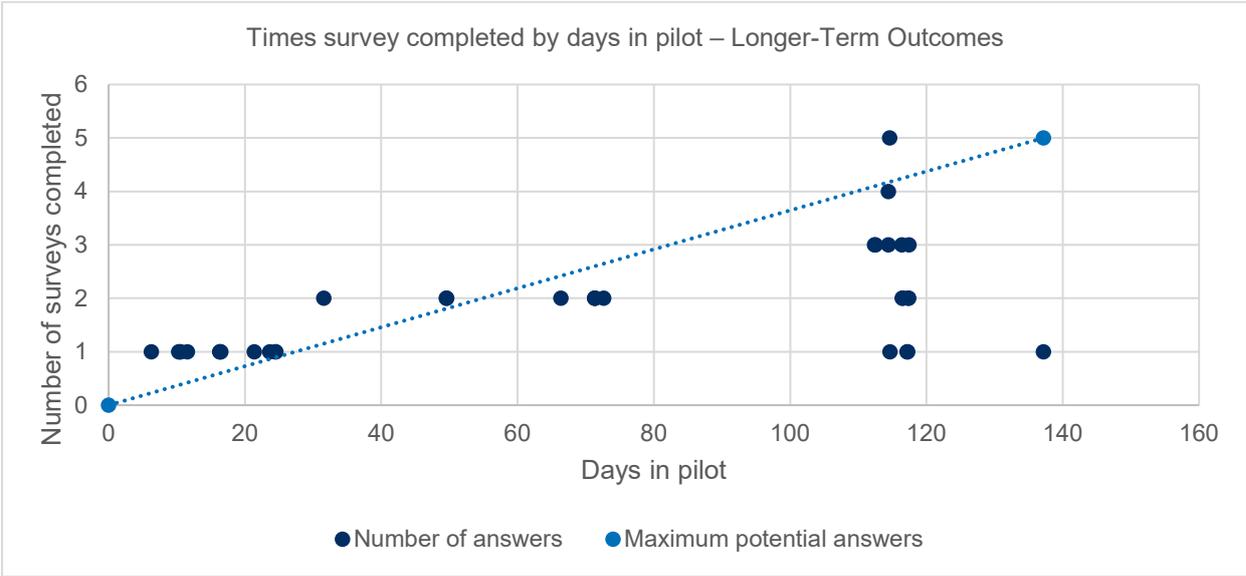


Figure 17: Times survey completed (Longer-Term Outcomes Survey). Each dot represents a person.

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