



The Disability Housing Outcomes Framework

Annual Report 2022–23 | September 2023

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.

Project acknowledgements

Our thanks to the Project Advisory Panel, consisting of representatives from Inclusion Australia, People With Disability Australia, and Associate Professor Libby Callaway from Rehabilitation, Aging and Independent Living (RAIL) Research Centre & Occupational Therapy Department, Monash University, and Australian Rehabilitation and Assistive Technology Association.

This report has been prepared by Social Ventures Australia (SVA) Consulting

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SVA Consulting is Australia's leading not-for-profit consultancy. We focus solely on social impact and work with partners to increase their capacity to create positive change. Thanks to more than 10 years of working with not-for-profits, government and funders, we have developed a deep understanding of the sector and 'what works'.

Our team is passionate about what they do and use their diverse experience to work together to solve Australia's most pressing challenges.

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Our coalition



LIFE WITHOUT BARRIERS



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Summary

We need to know what works in disability housing to help people with disability thrive. SVA Consulting has been working with a coalition of organisations across the disability housing sector to tackle this problem. Together, we created the Disability Housing Outcomes Framework (DHOFF).

The DHOFF looks at the way houses are built, the types of technologies, aids and/or equipment that can be used in housing, and the help provided inside houses to see how they can make things better for people. The DHOFF focuses on six areas:

- Daily Living
- Health
- Relationships and Community
- Rights and Voice
- Independence
- Stability and Safety.

It was created by working closely with people with disability, and designed based on research.

This is the first year the DHOFF has been used to measure housing outcomes. Seven organisations across Australia are using it, and this report brings together the results from the first year of the DHOFF rollout.

The report does three things:

Shows what outcomes are currently being achieved.

Looks at the data to start understanding what works in disability housing.

Identifies what we will be able to understand with more data and more providers using the DHOFF.

An important takeaway from this report is the potential power of the data the DHOFF can collect. We know that what improves the lives of people with disability can change from person to person. Many of the patterns we would expect to see in the data are either not there, or only weakly expressed. When there is more data and more providers using the DHOFF, we should see clearer patterns. This will help us understand in more detail what makes a difference for people with disability, and what doesn't.

We hope that this report will show both housing providers and tenants living in disability housing early findings from the DHOFF and what they can expect to understand in time. This will help more providers to continue or start using the DHOFF, and build more evidence of housing outcomes – evidence that has been limited to date. We want funders and government to understand the value of the DHOFF in supporting a sector wide understanding of what works in disability housing, and its potential to inform future funding and policy decisions once the DHOFF has been further rolled out. Lastly, we want people with disability to see their voice and perspectives amplified in both the data – and the personal stories they shared – throughout the report. We thank them for their contribution to building an understanding of what works in disability housing.

Introduction and background

The Disability Housing Outcomes Framework

The disability housing sector is changing because people now have more choice about their lives. However, there is no shared way for everyone to know what works best. A coalition of organisations in the disability housing sector joined forces with SVA Consulting to solve this problem. Together, we created a shared framework and tool to gather information to understand what good housing means for people with disability, and how to measure housing outcomes. This was based on the best research and current practices, to make sure that it is useful and practical. People with disability and professionals in the industry were involved in designing and testing the approach to measuring housing outcomes. They provided feedback on whether it makes sense and can be applied to the real world. Over a whole year, there were in-depth discussions with various people and organisations involved with the disability housing sector. This included people with disability, groups representing them, housing providers, healthcare experts, funding agencies, researchers, and other experts. This collaborative process resulted in the Disability Housing Outcomes Framework (DHOF). For more information on the DHOF and its development, visit <http://disabilityhousingoutcomes.com>.

The DHOF evaluates the houses, assistive technologies used in that housing, and support provided to people with disability. It looks at how the houses are built, like Specialist Disability Accommodation (SDA), the technologies that may be used in that housing (like home automation systems to open blinds, windows and doors, or communication systems so tenants can contact people for support on an 'as needs' basis), and the help given inside them like Supported Independent Living (SIL). The goal is to understand how housing helps people have positive experiences in their lives.

The DHOF has six outcomes:

- Daily Living
- Health
- Relationships and Community
- Rights and Voice
- Independence
- Stability and Safety.

Figure 1 shows these six DHOF outcomes.



Figure 1: The six DHOF outcomes

In practice

To make the DHOF useful, a tool was created with the help of people with disability and housing and support providers. It helps providers gather information across the six domains of the DHOF. The tool was designed to be easy for people with disability to use, and practical for everyday use by providers. The information it collects shows providers the positive changes they are making, helps them see where they can improve, and gives them a better idea of what good disability housing should be like.

One important part of the tool is an online survey platform, which can be used on a smartphone or computer, as described in Figure 2. This was designed to be as accessible as possible for people with disability, including text-to-speech and an Easy Read version. The tool asks people with disability a set of questions about their life and how they're doing on a regular basis. People can answer the survey on their own or get help from someone they trust, like a friend, family member, or support worker. The tool allows providers to store the survey answers and keep track of how the people that they support are doing. This helps them address any problems with the housing and helps the housing providers get better at what they do.



Figure 2: The DHOF tool: online survey platform

In 2021/22, the tool was piloted in seven organisations across Australia to ensure that it is:

- **meaningful for people with disability** – easy to understand and valuable to complete
- **practical to implement for service providers** – can be used as part of everyday work
- **able to inform decision making** – about current and future tenant needs, housing and support delivery, and ways to ensure person-centred disability housing outcomes.

The seven organisations included large and small SDA, SIL and community housing providers. The pilot was a success and showed that the tool could successfully help providers, and was easy for tenants to understand and complete. For more information on the pilot, [see the pilot report](#) available on the DHOF website.

There was lots learned from the pilot and a number of changes were made to improve the tool. These included:

- Adding in new questions.
- Changing the wording of existing questions.
- Adding an Easy Read version of the survey.
- Creating a set of optional questions that providers can choose to ask.

The DHOF and tool was rolled out with new providers over the past year. This first annual report summarises the findings so far and analysis we hope to do in the future.

To create this report, we interviewed a number of people living in SDA homes. Their stories have been incorporated into the report. All interviewees requested to remain anonymous. We thank them for their contributions.

Preliminary findings

Purpose of this report

The Disability Housing Outcomes Framework (DHOFF) has tremendous potential to improve the disability housing sector. It shows what outcomes are being achieved, which allows service providers to improve the way that they work with individuals. It also supports comparison across the sector. This allows service providers to understand how they are doing compared to others, and to learn from each other. Looking at all the service providers together helps improve our knowledge of what works in disability housing overall.

Given that this is the first year of reporting, there are many questions that cannot yet be answered. In future years, as the amount of data grows and more providers start using the DHOFF, we will be able to build a stronger understanding of what works best in disability housing, and what can be improved.

This report does three things:

1. Demonstrates what outcomes are currently being achieved, and allows some comparison across the sector.
2. Begins to analyse the data available to start to understand what works in disability housing overall.
3. Identifies what we will be able to understand with more data and more providers using the DHOFF.

Interpreting the results

The DHOFF was created through a rigorous process that involved talking to with people with disability, providers, and other experts. The implementation has been overseen by a Human Research Ethics Committee. The pilot results were independently checked by an Advisory Panel.

When interpreting the results, it is important to take the following into account:

- This is a preliminary set of findings based on current available data. The most important thing the findings do is show the potential power of the data. Results have been described, but until we have a larger data set some could not be analysed statistically for significance – except where otherwise noted – and therefore should not be used for policy decisions at this stage. (Note that statistically significant results are findings that are unlikely to have occurred by chance, which means we can be more confident trusting them.)
- To increase the strength of findings, data from the pilot and rollout phase were combined where possible. This has positives (increasing overall data) and negatives (differences in how the data was collected could influence conclusions).
- This data was collected across 2021, at a time when some states of Australia were still experiencing significant government restrictions as part of public health measures. Covid-19 had – and for many, continues to have – a big impact on the lives of people with disability through much of the data collection period. These Covid-19 impacts likely influenced the

direction of many results. This is especially true for the Relationships and Community and Independence outcomes.

- The DHOF does not collect outcomes from a single intervention. Instead, it tracks outcomes as people go about their everyday lives. People's happiness is often generally stable, as they can adapt to their circumstances (Armenta et al. 2014). This complicates the analysis as people living in objectively worse conditions may report the same level of happiness as those living in better conditions.
- While the DHOF is designed to collect and compare outcomes across environments, including the impact of technology enablement (e.g. home automation), more data is needed to draw conclusions on the impact of such enablement on housing outcomes.
- There are a variety of factors that can affect people's happiness with their housing and supports. Who a person is, their life leading up to this point, their capabilities, and their personal goals, health and wellbeing at any one point in time, interact with where they live and the supports they get. This can make comparing results between people, even when they live in similar conditions, difficult.

For more detail, see the Methodology section in the Appendix.

How the results are structured

The results are divided by outcome. For each outcome, the following is presented:

- the questions that people with disability were asked
- summary of their answers
- benchmarks for providers to compare themselves to
- analysis of potential levers to try understand what leads to better results
- analysis of demographic characteristics to see if a person's age, gender, functional impairment, or hours of support accessed was linked to their results
- analysis of housing typology, to see if a person's housing type is linked to their results.

We point out and discuss results that are surprising or interesting. We also identify when there is not enough data to comment on the elements above and what more data will allow us to understand.

Finally, it should also be noted that assumed names have been assigned throughout this report to maintain anonymity of participants.

Outcome: Daily living

This outcome is about people with disability being in control of their daily living routines.

In the survey, people are asked to rate their response to four statements about their daily living. These are:

- “The house I live in helps me do things I enjoy”
- “My supports help me do things I enjoy”
- “I am happy with the support I get in my home”
- “The things I do everyday work well for me. For example, having a shower, eating well, and sleeping”.

(Please note that these statements have slightly different words in the Easy Read version of the survey.)

Overall answers

People were mostly very positive about their daily lives. Figure 3 shows the responses to the four statements: “The house I live in helps me do things I enjoy”, “I am happy with the support I get in my home” and “The things I do everyday work well for me”. For every statement, more than half of people responded “Always”.

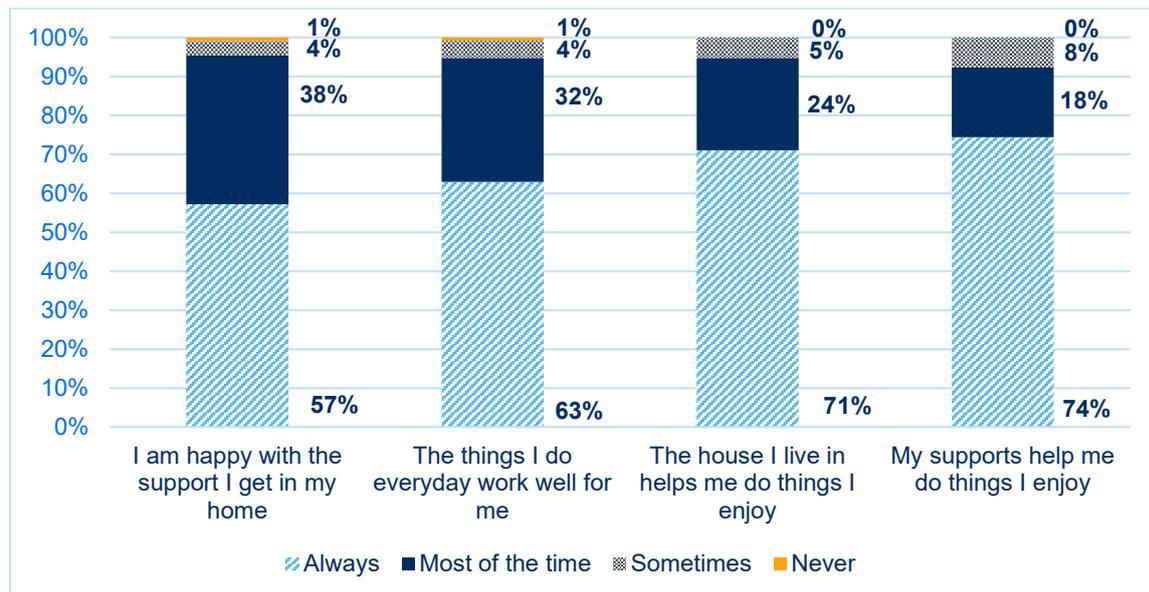


Figure 3: Survey responses to daily living statements. Per each of the four bars above, N= 189, 190, 39, 39 respectively

One of the interviewees shared their experience:

Parker [not their real name] one of three tenants with disability living in a residential home, was generally happy with the things they did every day. Inside the house, they sometimes help with the dishwashing, and help to clean their room. They leave the house often, going to the church on Mondays and to a job for two other days. Sometimes, they say, “we go dancing with everybody” which they really enjoy.

Benchmarking

The average overall responses above are a useful benchmark. Providers who want to compare their results to the broader sector should aim for:

- **95%** of responses as “Always” or “Most of the time” for “I am happy with the support I get in my home”, “The things I do everyday work well for me” and “The house I live in helps me do things I enjoy”
- **92%** of responses as “Always” or “Most of the time” for “My supports help me do things I enjoy”.

In future, more data will allow for benchmarking by category (such as type of home).

Levers

Many things can affect whether a person is in control of their daily living tasks and routines. We can use the data that the DHOF collects to test which ones are important. We think that these levers might influence daily living:

- **Support provider** – the person providing support and which organisation they are from. This is likely to be very important to a person’s daily life.
- **Number of people in the home** – this can affect how happy people are, especially if there are limited private or personal spaces or conflict between tenants.
- **Form of SDA** – whether a home has all the right facilities for a person affects their daily life.
- **Walk score** – being able to walk or use wheeled mobility to get out and do activities close to home can affect how happy people are with their day.

Our current findings are that there are no statistically significant results across any of these levers.

Number of people in the home

The number of people living in the home does not appear to have much influence on how happy people are in their daily lives (see Figure 4). This is surprising. However, it is possible that having more people in the home means that there are more supports available overall, which could offset some of the negative aspects of living in shared accommodation. More data is needed before any conclusions can be reached.

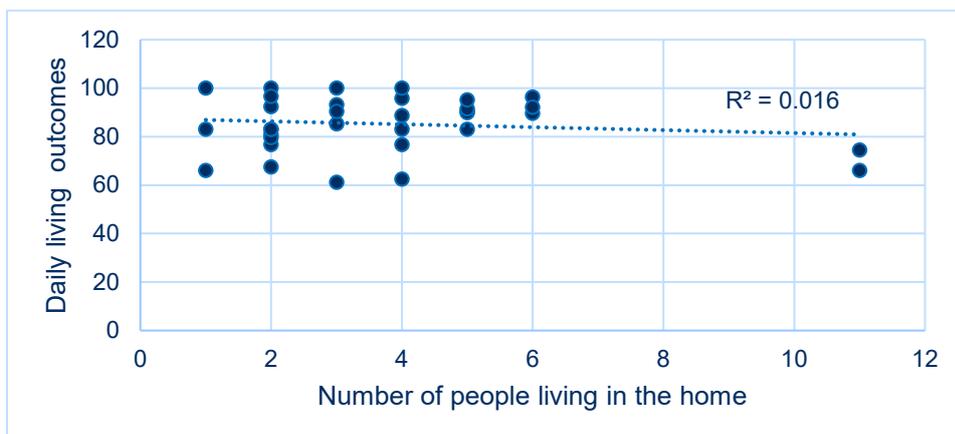


Figure 4: Daily living outcomes by number of people living in the home

One of the interviewees shared their story:

Ash lives in a group home with five other people. They said that this “can be hard” because not everyone gets along with each other, and that is occasionally “gets a bit loud”. They said that it is “very important to have respect for the people you live with”.*

Form of SDA

There are four categories of SDA design – improved liveability, robust, fully accessible and high physical support. There is also an additional design category for older, legacy stock that was built prior to SDA funding commencing, or transitioned from state-funded disability services to NDIS payments. Data were collected across four of these five categories. The data does not show a significant influence of the form of SDA on people’s daily lives (see Figure 5). Those in basic housing had daily living outcomes that were similar to those from other housing types. This is surprising because basic housing is mostly old and poor quality. We would have thought that those in old housing would be less happy with their daily lives. More data is needed to better understand this result.

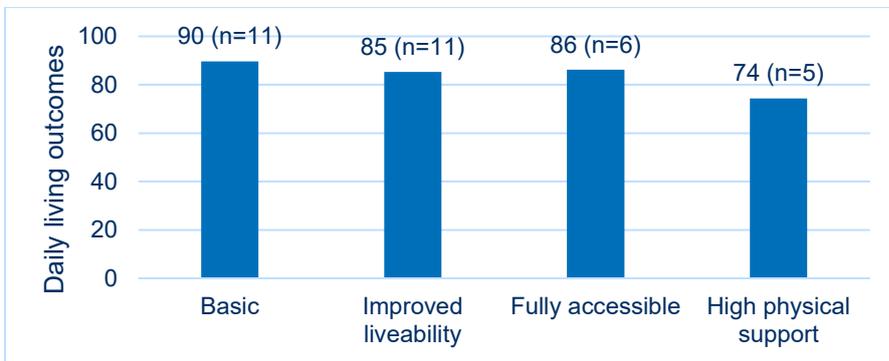


Figure 5: Daily living outcomes by form of SDA

Walk score

How close the home was to services doesn’t seem to have much influence on people’s daily lives (see Figure 6). Again, this is surprising. When there is enough data, it will be interesting to see if this is different for questions that relate specifically to doing activities.

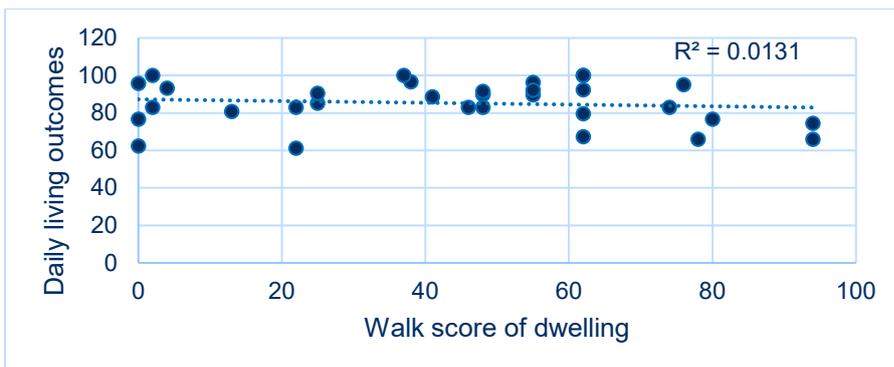


Figure 6: Daily living outcomes by walk score of dwelling

One of the interviewees shared their experience:

Chris enjoys being close to the RSL, where they play scrabble. They say it's "hard to walk there" but only a five-minute drive.*

Support provider

Who is providing support may have an influence on people's daily lives, but there is limited data (see Figure 7). In future, we will be able to consider the different types of people and homes at each provider.

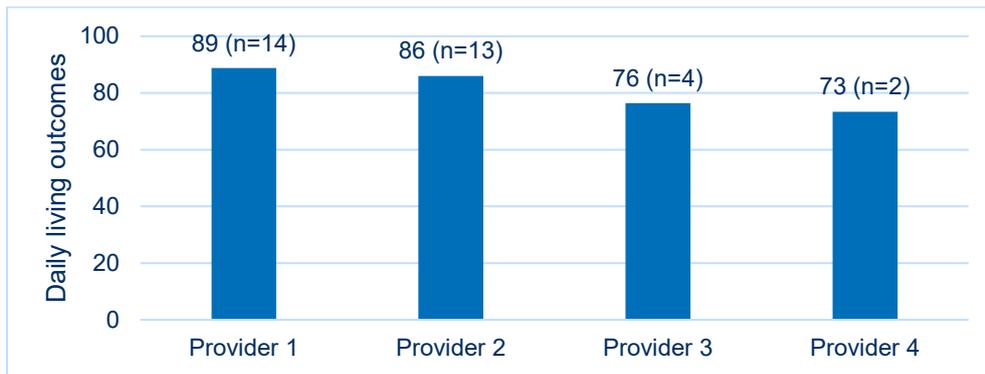


Figure 7: Daily living outcomes by provider

One of the interviewees shared their experience:

Ali made a complaint about the food when they first moved in, saying that "I could make better food than that". They [the occupants] now have a menu, and they get to have more of a say in what food they eat.*

Demographics

Figure 8 shows the daily living outcomes and hours of support accessed. The findings show there are no statistically significant differences for daily living outcomes when looking at functional impairment or hours of support accessed. The fact that there is no pattern when looking at number of hours of support is interesting.

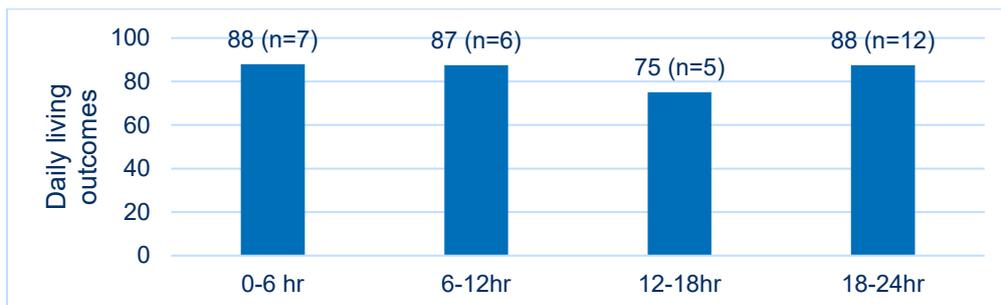


Figure 8: Daily living outcomes by hours of support accessed

While not statistically significant, it is interesting to note that those reporting functional impairments in mobility and self-management appear to have lower outcome scores than those reporting other impairments (see Figure 9).

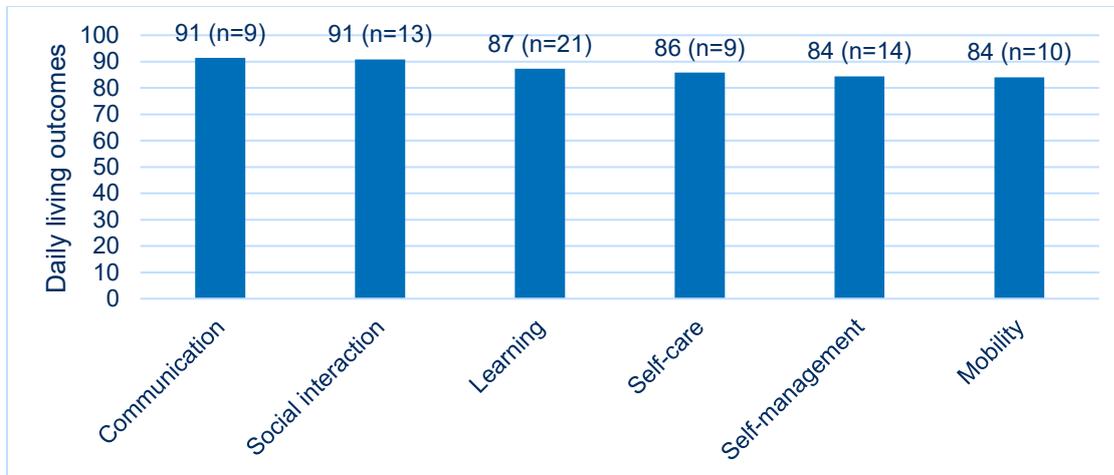


Figure 9: Daily living outcomes by functional impairment

Housing type

There are no statistically significant conclusions that could be drawn for daily living by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Outcome: Health

This outcome is about people with disability feeling physically, mentally, and emotionally healthy, and being able to access health services when needed.

In the survey, people are asked to rate to two statements about their health. These are:

- “I am happy with my access to health care for my physical health”
- “I am happy with my access to health care for my mental health”.

(Please note that these statements have slightly different words in the Easy Read version of the survey.)

There is an optional statement about people’s mental health (“I feel good about myself”) but it is not currently being asked in surveys. The survey does not ask about how healthy people are. This is partly because people have a very wide range of health conditions so setting a single baseline is tricky. It is also because people’s housing and supports have a limited impact on their health compared to other factors.

Overall answers

People were mostly very positive about their health. Figure 10 shows the responses to the statements “I am happy with my access to health care for my physical health” and “I am happy with my access to health care for my mental health”. For every statement, more than half of people responded “Always”.

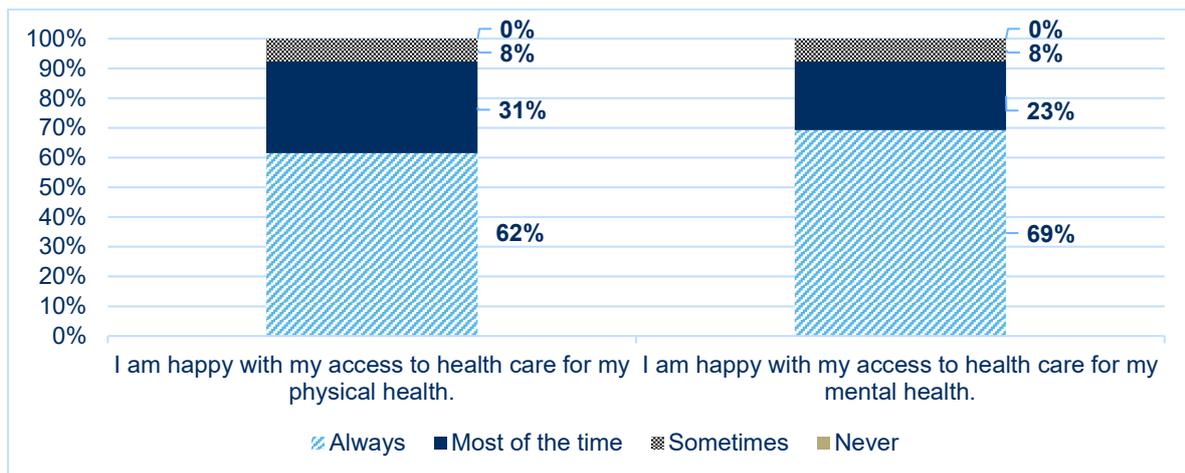


Figure 10: Survey responses to access to health-care statements

Benchmarking

The average overall responses above are a useful benchmark. Providers who want to compare their results to the broader sector should aim for **92%** of responses as “Always” or “Most of the time” for “I am happy with my access to health care for my physical health” and “I am happy with my access to health care for my mental health”.

In future, more data will allow for benchmarking by category (such as type of home).

Levers

Many things can affect whether a person is happy with their access to healthcare. We can use the data that the DHOF collects to test which ones are important. We think that these levers might influence people's health:

- **Number of people in the home** – this can affect people's mental health, especially if there are limited private or personal spaces or conflict between tenants.
- **Form of SDA** – whether a home has all the right facilities for a person affects their physical health.
- **Walk score** – being able to get out and do activities close to home can affect people's physical health.

Number of people in the home

Figure 11 shows the health outcomes and number of people in the home. The findings show that the number of people in the home does not seem to change people's happiness with their health. When there is more data, it will be interesting to distinguish between physical and mental health.

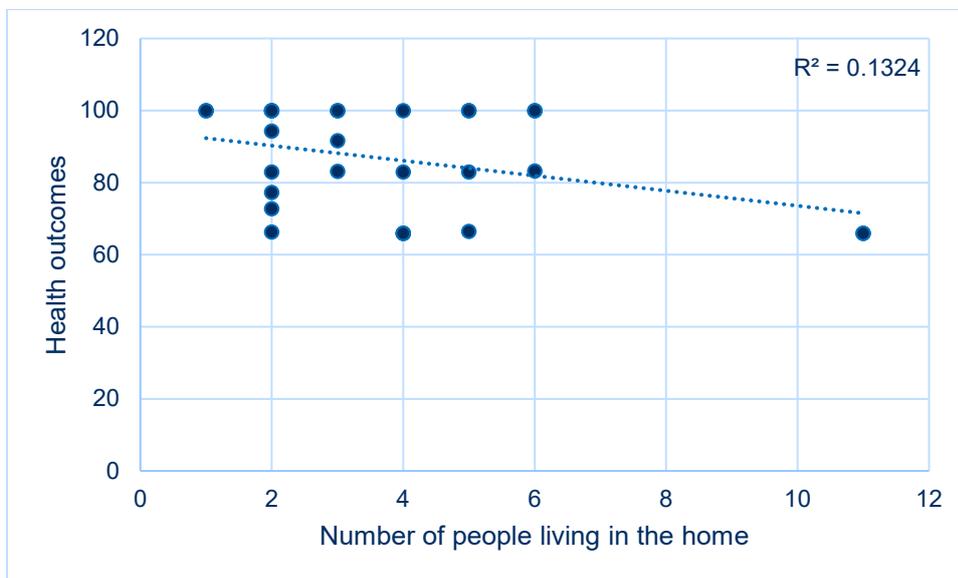


Figure 11: Health outcomes by number of people living in the home

One of the interviewees shared their experience:

Alex emphasised how important it was for the house to be clean. "I don't want to trip over stuff, if anything happens we'll all be in trouble" they said.*

Form of SDA

Figure 12 shows the health outcomes and four forms of SDA: basic, improved liveability, fully accessible and high physical support. The findings show there appears to be a significant correlation between form of SDA and people's happiness with their access to health ($p < 0.05$). Further analysis is needed to understand why. One potential reason is that people in high physical support homes have greater health needs than those in other homes. This could mean they have additional health access

needs, or it could make it more challenging for people to get the help they need. It is also possible that this is impacted by relatively small sample sizes.

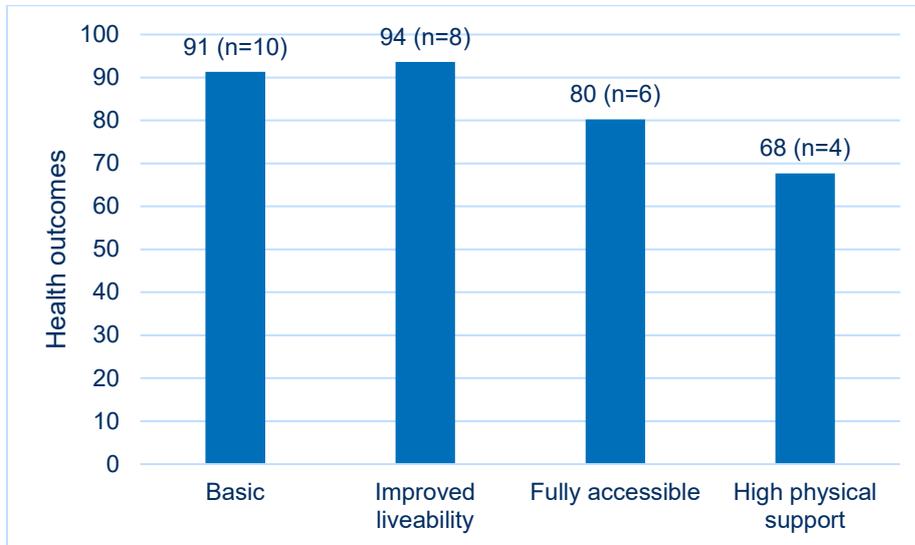


Figure 12: Health outcomes by form of SDA

One of the interviewees shared their experience:

Jamie noted that the house had a swimming pool, but they still haven't been able to go in it because it lacks safety rails. This was promised to be fixed some time ago. They said this is "quite common – they say they'll do something but nothing happens for 100 years."*

Walk score

How close the home is to services did not seem to have much influence on people's access to health care, as shown in Figure 13. This is surprising. When there is more data, it will be interesting to see if this changes between physical and mental health, and what happens when functional impairments are taken into account.

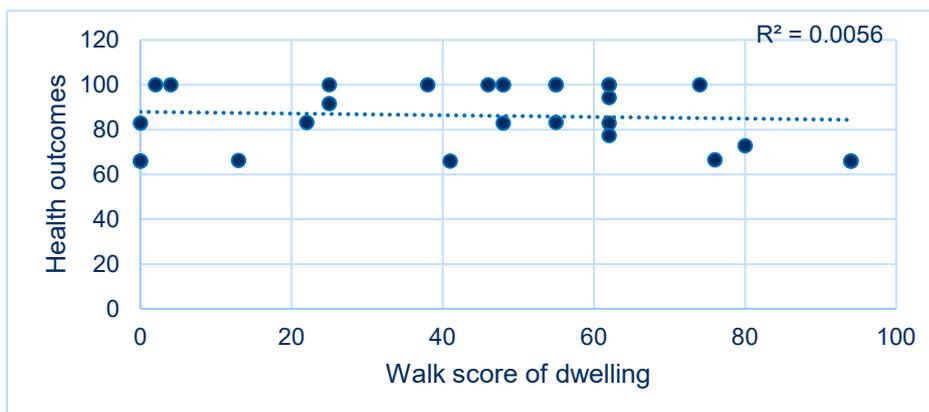


Figure 13: Health outcomes by walk score of dwelling

One of the interviewees shared their experience:

Sam had moved house, which meant that all of their previous health services were now too far away. They said that their old doctor “would be too far out”.*

Demographics

There are no statistically significant differences in health outcomes when looking at age, gender, functional impairment, or hours of support accessed.

Housing type

There are no statistically significant conclusions that could be drawn for health by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Outcome: Independence

This outcome is about people with disability exercising choice and control over decisions about their lives.

In the survey, people are asked to rate to two statements about their independence. These are:

- “I get to have a say in who comes into my home and when they come”
- “I can choose what I do in my free time”.

(Please note that these statements have slightly different words in the Easy Read version of the survey.)

There is an optional statement about people’s independence (“My home helps show people who I am and what I like”) but it is not currently being asked in surveys.

Overall answers

People were mostly positive about their independence. The two items that make up this domain were however the lowest-scoring of all the outcomes. Figure 14 shows the responses to the statements “I get to have a say in who comes into my home and when they come” and “I can choose what I do in my free time”. For every statement, more than half of people responded “Always”.

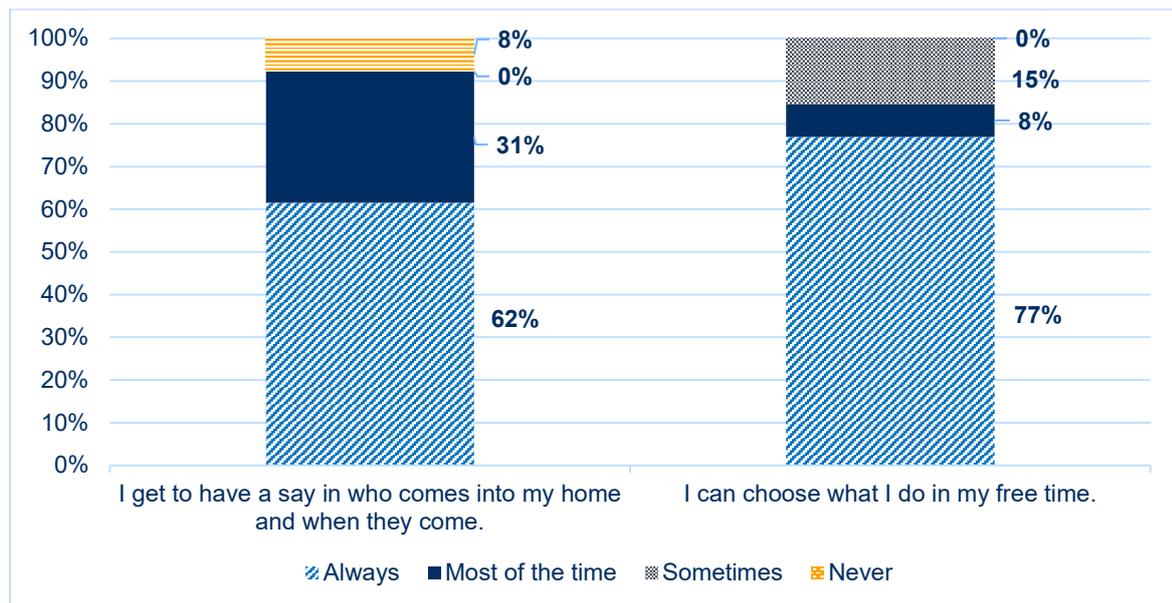


Figure 14: Survey responses to independence statements

One of the interviewees shared their story:

Kai had moved recently and said they were still adapting to the new area, and that they “are not allowed to go for a walk alone, because they have to be safe”. They say that it was “too strange to walk by themselves, because you don’t know what’s going to happen.”*

Benchmarking

The average overall responses above are a useful benchmark. Providers who want to compare their results to the broader sector should aim for:

- **92%** of responses as “Always” or “Most of the time” for “I get to have a say in who comes into my home and when they come”
- **85%** of responses as “Always” or “Most of the time” for “I can choose what I do in my free time”.

In future, more data will allow for benchmarking by category (for example, by type of home).

Levers

Many things can affect whether a person is happy with their independence. We can use the data that the DHOF collects to test which ones are important. We think that these levers might influence people’s independence:

- **Type of home** – whether people are living in an apartment or a house, or whether their home is accessible for them, can affect how much independence they have in their lives.
- **Number of bedrooms** – the size of the dwelling can affect how much control people have over their lives.
- **Number of people in the home** – this can affect people’s independence by influencing how many people need to agree to changes in the home.

Type of home and number of bedrooms

Figure 15 shows independence outcomes and types of home (villa/duplex/townhouse, house and group home). Figure 16 shows independence outcomes and number of bedrooms (2–3, 4–5 and more than 6). The findings show that there is no clear pattern in how the type of home or the number of bedrooms affects people’s independence. The high outcomes for people in group homes and homes with six or more bedrooms (see Figure 16) are surprising. You would expect that people in larger homes are less able to control who comes and goes. Further investigation is needed.

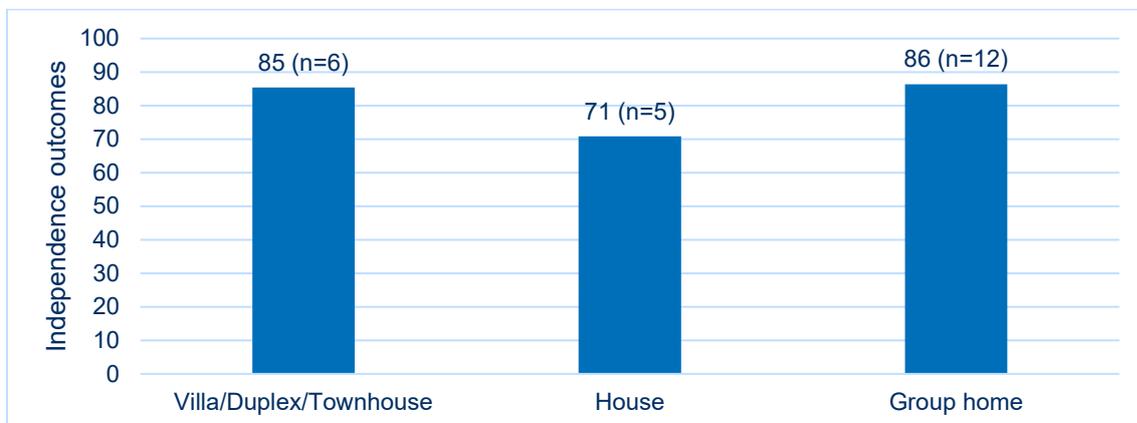


Figure 15: Independence outcomes by type of home

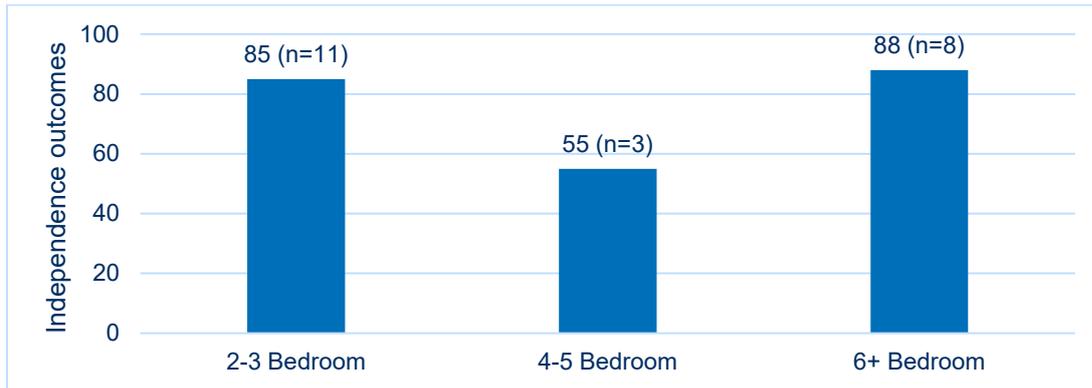


Figure 16: Independence outcomes by number of bedrooms

Number of people in the home

Similarly, the number of people in the home does not have a significant effect on people’s independence in the data, as shown in Figure 17. More investigation is needed to understand why.

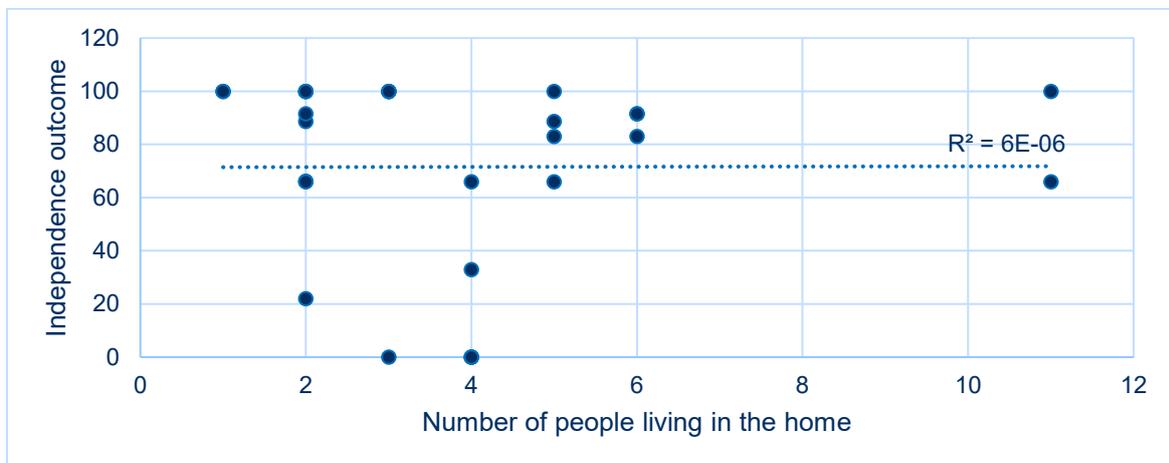


Figure 17: Independence outcomes by number of people living in the home

One of the interviewees shared their experience:

Jo says they don't feel they have much control over what they do and when. They said that they generally have to wait until there's a day when they have multiple workers and the other people with wheelchairs want to go out as a group. If there's not enough people wanting to leave, they don't go. They say they "want to go out at night, but there aren't enough people interested".*

Demographics

There are no statistically significant differences in independence when looking at age, gender, functional impairment, or hours of support accessed.

Housing type

There are no statistically significant conclusions that could be drawn independence by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Outcome: Relationships and community

This outcome is about how people with disability are active participants within the home and in their community.

In the survey, people are asked one questions and then asked to rate one statement about their relationships and community. These are:

- “How many times did you see or speak to friends and family last week? For example, phone calls, visits at home or online, or meeting at a café or at a party?”
- “I am happy with how much I see my family or friends”.

(Please note these questions have slightly different words in the Easy Read version of the survey.)

There are three optional statements about people’s relationships and community (“It is easy for me to go out into the community from where I live”, “My support workers help me go into the community when I want to”, and “It is easy for my family and friends to see me at my home”) but they are not currently being asked in surveys.

Overall answers

Overall, the majority of people were happy with the amount that they see friends and family. However, a significant amount of people still wanted to see friends and family more. We anticipate that the answers to these questions are the ones most likely to have been affected by the Covid-19 pandemic, including both government restrictions that may have been in place at the time of data collection, as well as the ongoing reduction in attendance at community or group gatherings that people with disability may consider in order to reduce the risk of Covid-19 cross-infection. Figure 18 shows the answers to “How many times did you see or speak to friends and family last week?”, and Figure 19 shows the responses to “I am happy with how much I see my family or friends”. Most people saw friends or family at least once a week.

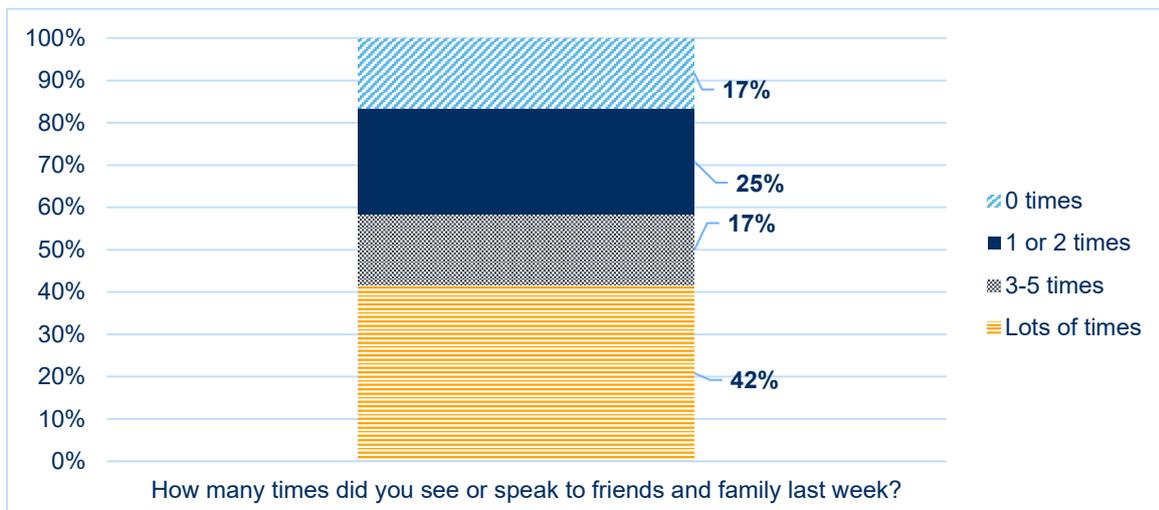


Figure 18: Survey responses to relationships and community statement – speaking to friends and family

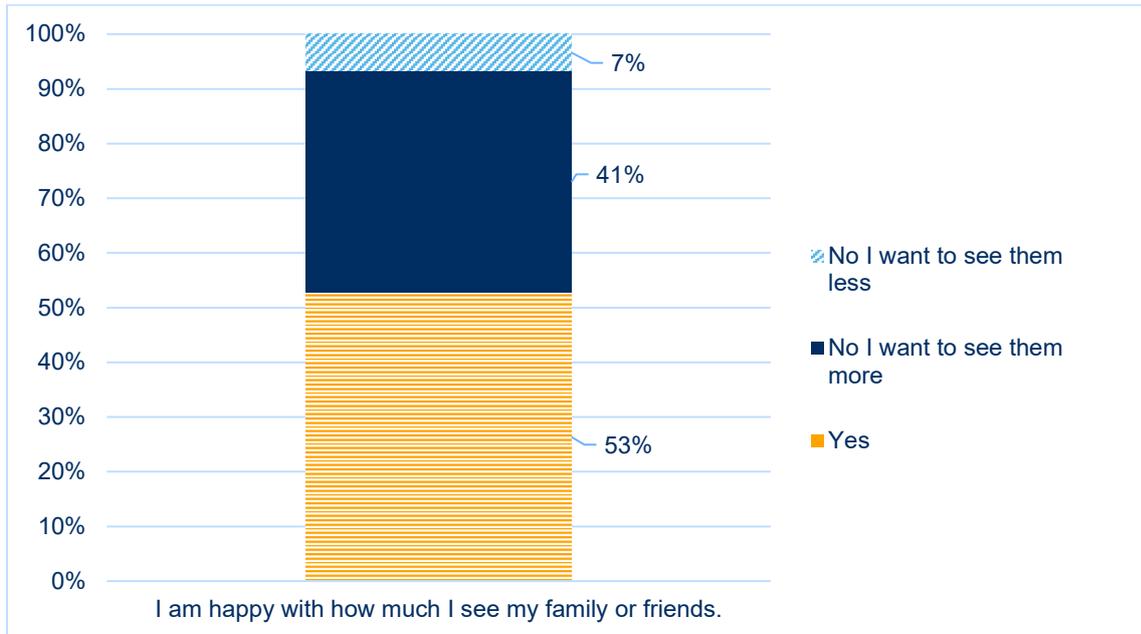


Figure 19: Survey responses to relationships and community statement – seeing friends and family

One of the interviewees shared their experience:

Lee said they have no family they are in contact with, and “one close friend”. They said that they ring them sometimes and that they go out to lunch, but they haven’t heard from them recently.

Benchmarking

Unlike the other outcomes, only one of the questions can be benchmarked against. Providers who want to compare their results to the broader sector should aim for **53%** of responses as “Yes” for “I am happy with how much I see my family or friends”.

In future, more data will allow for benchmarking by category (for example, by type of home).

Levers

Many things can affect whether a person is happy with their relationships in their home and community. We can use the data that the DHOF collects to test which ones are important. We think that these levers might influence people’s relationships:

- **Number of people in the home** – people’s relationships are likely to be shaped by who they live with in the home.
- **Walk score** – how close people are to their community is likely to affect their relationships.

Number of people in the home

Figure 20 shows relationships outcomes and number of people in the home. The findings show that it is not clear whether the number of people in the home affects relationship outcomes. More data will allow us to distinguish between people living with friends compared to people living with matched tenants (i.e. individuals matched with someone they previously did not know).

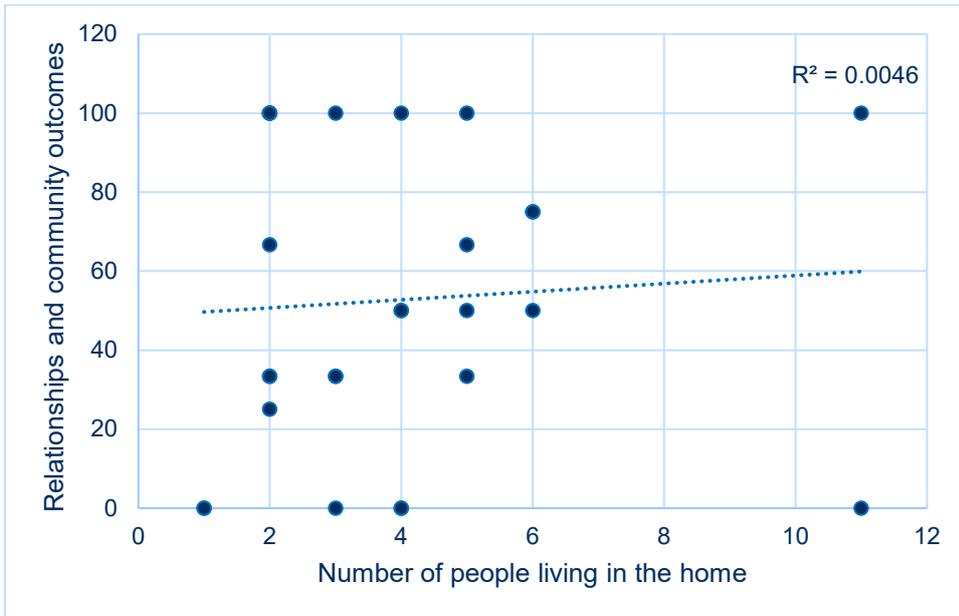


Figure 20: Relationships outcomes by number of people living in the home

Walk score

There is no obvious relationship between walk score and relationship outcomes, as shown in Figure 21. Further investigation is needed to understand why.

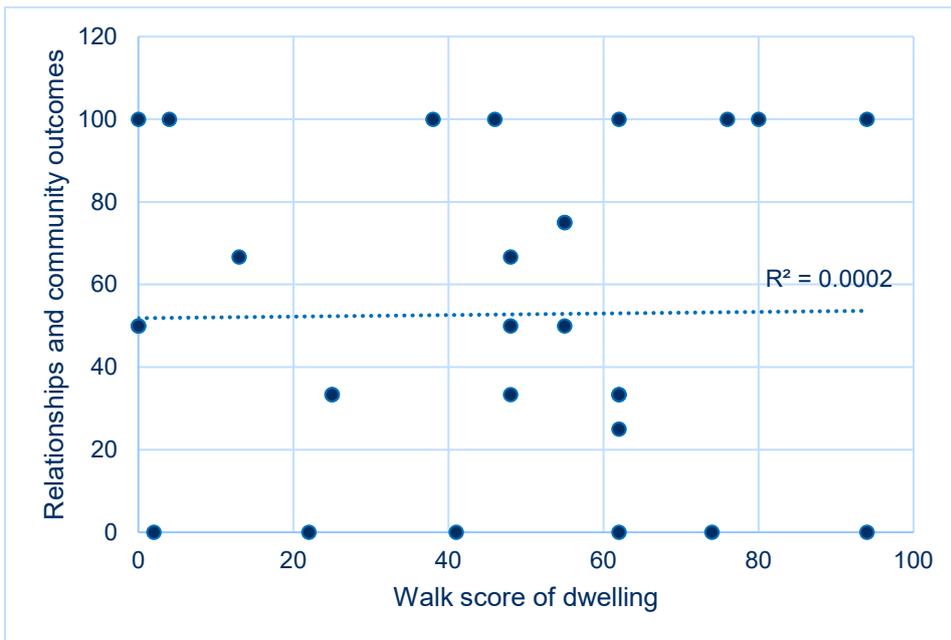


Figure 21: Relationships and community outcomes by walk score of dwellings

One of the interviewees shared their story:

Pat said that there's been a fair amount of changeover in tenants since they've been at the home. "One of the people was here when I arrived, but the rest are new", they said. There was a big changeover, as the house used to have several younger people who wanted to play video games. They moved out because they "wanted to be closed to own".*

Demographics

There are no statistically significant differences in relationship outcomes when looking at age, gender, functional impairment, or hours of support accessed.

Housing type

There are no statistically significant conclusions that could be drawn for relationships and community by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Outcome: Rights and voice

This outcome is about people with disability being able to exercise their rights and responsibilities and have valued roles in community.

In the survey, people are asked to rate two statements about their rights and voice. These are:

- “Where I live helps me be part of the community. For example, I have a say about things important to me, I am a volunteer, or I have a job”
- “Staff at my home and my support workers help me be part of the community. For example, I have a say about things important to me, I am a volunteer, or I have a job”.

(Please note that these statements have slightly different words in the Easy Read version of the survey.)

There is an optional statement that people can choose to rate about their rights and voice (“I can speak up about issues if I need to.”) but it is not currently being asked in surveys.

Overall answers

People were mostly very positive about their rights and voice. Figure 22 shows the responses to the statements “Where I live helps me be part of the community” and “Staff at my home and my support workers help me be part of the community”. For every statement, more than half of people answered “Always”.

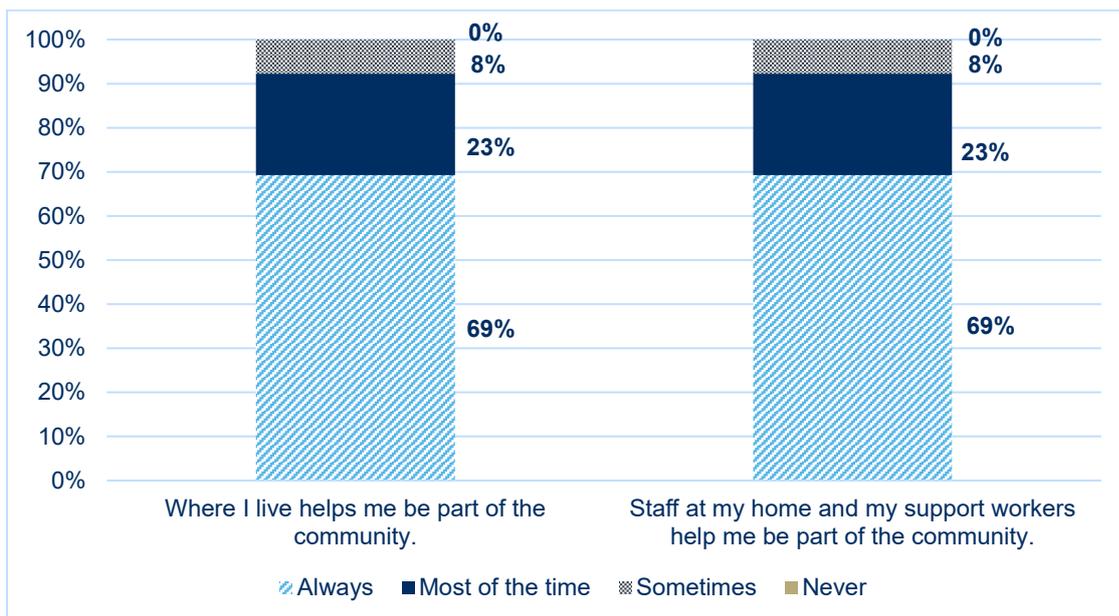


Figure 22: Survey responses to rights and voice statements

One of the interviewees shared their experience:

Chris said that, because they've moved house, it's harder to see their old friends. They had a "lot of friends who knew them at their old house" but they're too far away to visit as the taxi fares were becoming too expensive and the staff "wanted them to be safe". Instead they have coffee with the staff.*

Benchmarking

The average overall responses above are a useful benchmark. Providers who want to compare their results to the broader sector should aim for **92%** of responses as “Always” or “Most of the time” for “Where I live helps me be part of the community” and “Staff at my home and my support workers help me be part of the community”.

In future, more data will allow for benchmarking by factors that may impact this outcome domain (for example, type of home the person lives in; who they live with).

Levers

Many things can affect whether a person feels they can have a valued role in the community and exercise their voice. We can use the data that the DHOF collects to test which ones are important. We think that the **walk score** might influence people’s rights and voice. How close they are to their community may affect how easily they are able to access it.

Walk score

There is no clear relationship between walk score and people’s ability to be able to exercise their rights and responsibilities and have valued roles in their community (see Figure 23). This is slightly unexpected. You might assume that dwellings that are a long way from public transport and the community would mean people are less well able to volunteer or have a job. More research is needed.

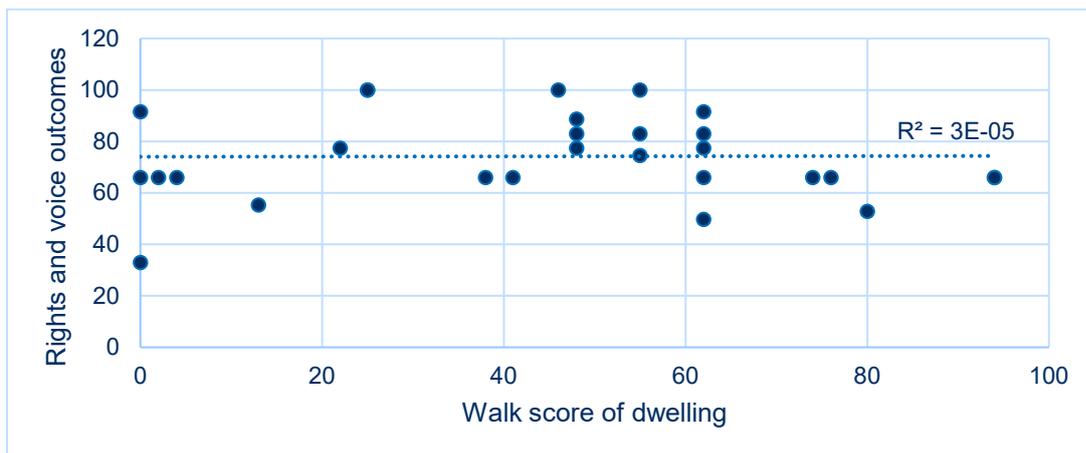


Figure 23: Rights and voice outcomes by walk score

Demographics

Figure 24 shows rights and voice outcomes and functional impairment (social interaction, learning, self-management, self-care, communication and mobility). The findings show that there appears to be a potential relationship between functional impairment and rights and voice ($p = 0.05$). People with communication or mobility impairments were less likely to be able to exercise their rights and take part in community.

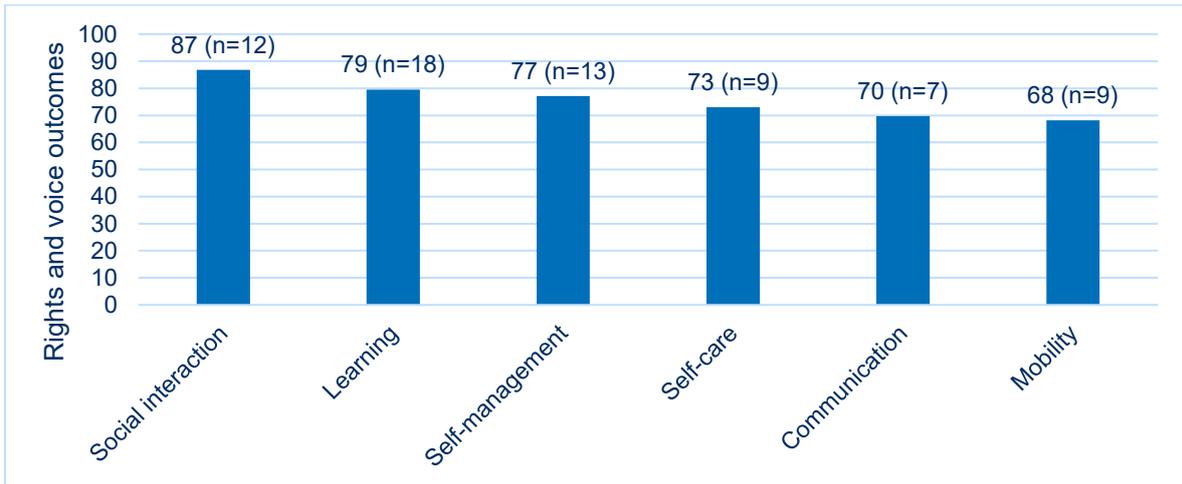


Figure 24: Rights and voice outcomes by functional impairment

One of the interviewees shared their experience:

Ollie said that they “wouldn’t mind doing some work” but that the staff and location don’t allow for it. “The staff would need to get me to and from work, and they aren’t interested” they said.*

Housing type

There are no statistically significant conclusions that could be drawn for rights and voice by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Outcome: Stability and safety

This outcome is about people with disability being comfortable in their home and safe from physical and psychological harm.

In the survey, people are asked to rate two statements about their stability and safety. These are:

- “My house is comfortable”
- “My supports help me feel comfortable in my home”.

(Please note that these statements have slightly different words in the Easy Read version of the survey.)

There are two optional statements they can choose to rate about people’s stability and safety (“If I speak up about a problem with the things in my home the issue will be sorted” and “If I speak up about a problem with a support worker in my home the issue will be sorted”) but they are not currently being asked in surveys.

Overall answers

People were mostly very positive about their stability and safety. Figure 25 shows the responses to the statements “my house is comfortable” and “my supports help me feel comfortable in my home”. For every statement, more than half of people responded “Always”.

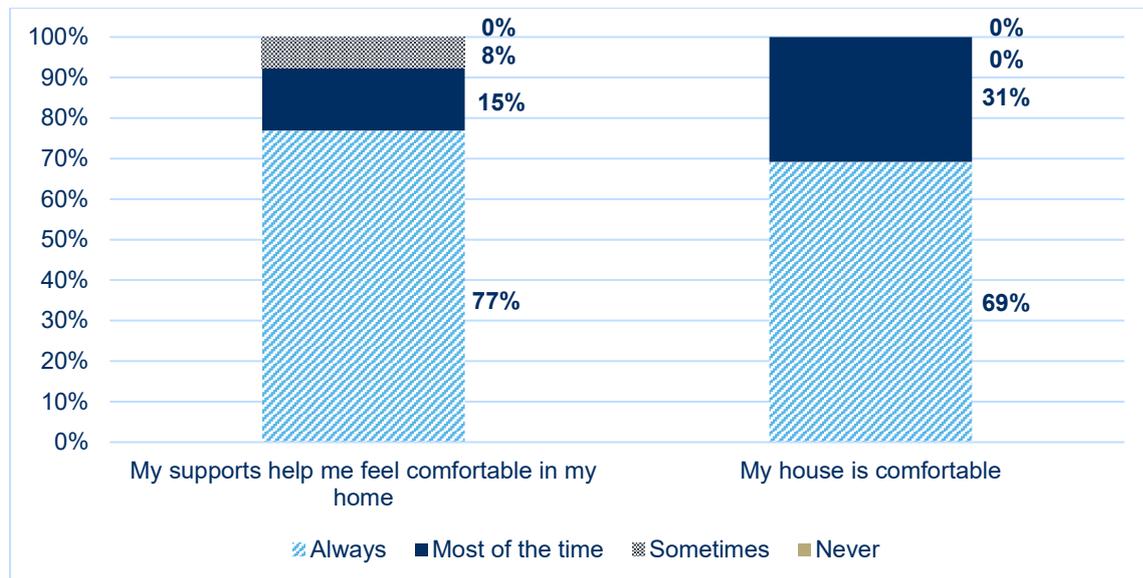


Figure 25: Survey responses to stability and safety statements

One of the interviewees shared their experience:

Morgan moved house recently after they became too infirm to stay in their old home. They repeated that moving was “their choice”. They said it was a “small size house”, and that things had changed a lot. They said that when the change happened they weren’t happy. “It took a while to meet everyone”, they said, and that there was a lot of change they didn’t understand.*

Benchmarking

The average overall responses above are a useful benchmark. Providers who want to compare their results to the broader sector should aim for:

- **92%** of responses as “Always” or “Most of the time” for “My supports help me feel comfortable in my home”
- **69%** of responses as “Always” for “My house is comfortable”.

In future, more data will allow for benchmarking by category (for example, type of home).

Levers

Many things can affect whether a person is happy with the stability and safety of their home. We can use the data that the DHOF collects to test which ones are important. We think that these levers might influence people’s safety:

- **Number of people in the home** – the people around you can affect how comfortable you feel.
- **House type** – the form of a dwelling may influence how comfortable you are.
- **Form of SDA** – whether a home has all the right facilities for a person affects their comfort.

Number of people in the home

The number of people in the home does not appear to significantly change people’s comfort, as shown in Figure 26. This is surprising because we know that living with more people can create a less comfortable environment. Further investigation is needed.

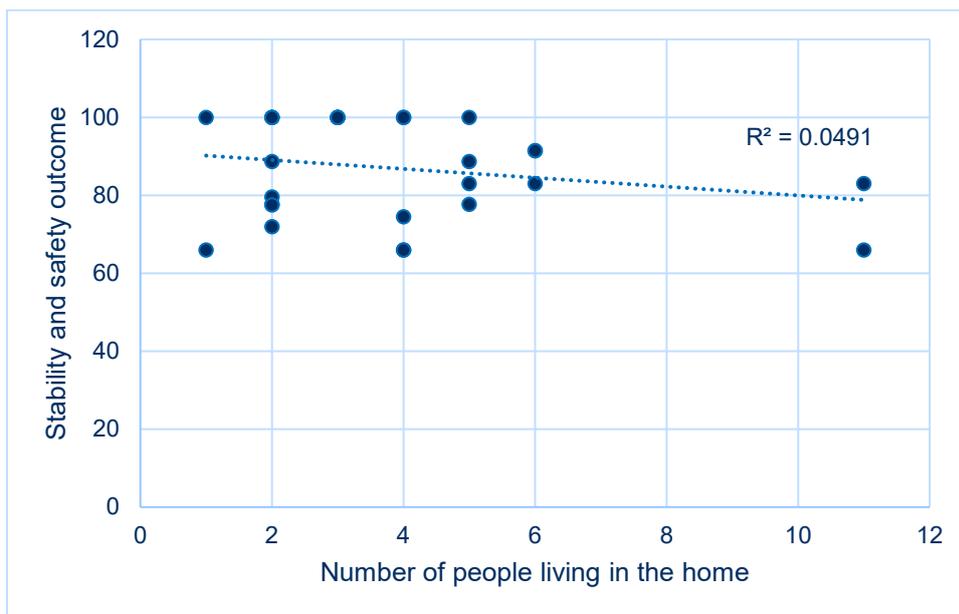


Figure 26: Stability and safety outcomes by number of people living in the home

House type

Figure 27 shows that the type of house does not appear to have a significant effect on people’s comfort. It will be interesting to see this result when there is more data from apartments, which you would expect to have a different level of comfort to other types of houses.

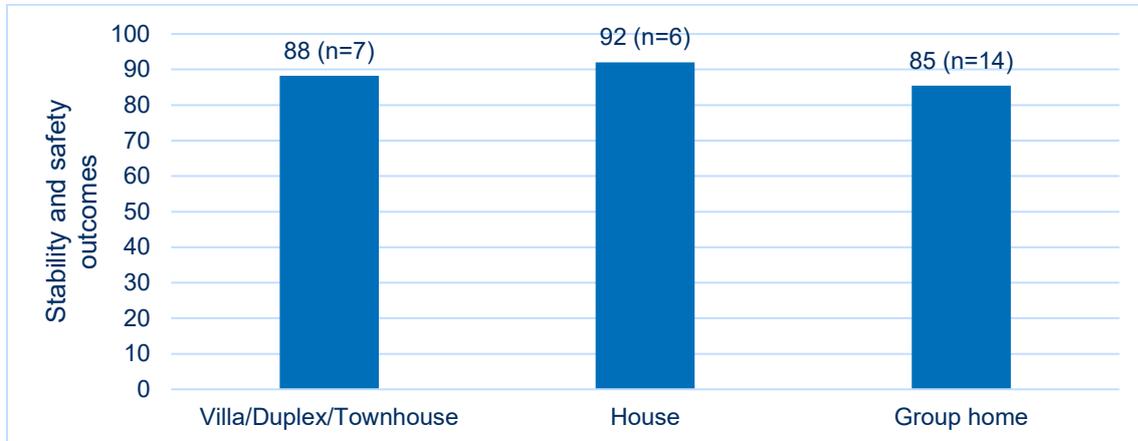


Figure 27: Stability and safety outcomes by type of home

One of the interviewees shared their experience:

Robin was having the walls of their house painted and couldn't be home during the day. They said that the paint "gives them headaches" and makes living in the house hard.*

Form of SDA

People’s comfort level does not appear to be highly affected by the form of SDA that they are living in, as shown in Figure 28. This is surprising because a person would expect that the poorer quality of basic dwellings would lead to people feeling less comfortable, but it does seem to indicate that consideration of environment goes beyond its physical aspects alone, and may include evaluation of the social and attitudinal environment offered also. This is also in line with the WHO ICF (World Health Organisation, International Classification of Functioning, Disability and Health (ICF)), which highlights physical, attitudinal, social, financial, institutional environments and their impact on health. More investigation is needed.

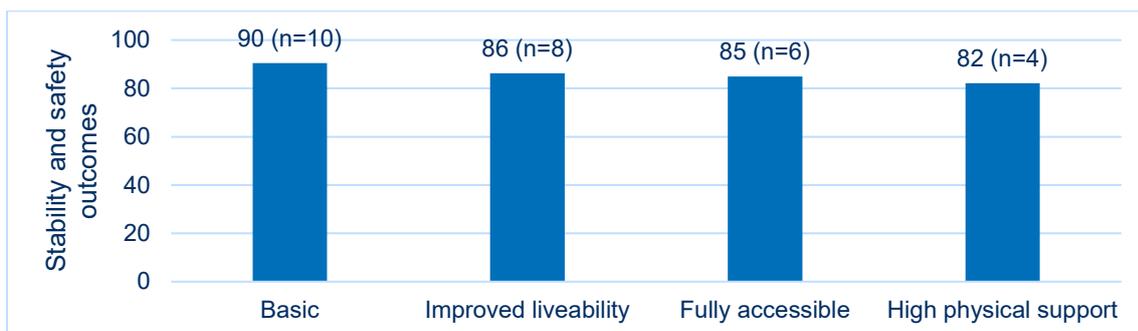


Figure 28: Stability and safety outcomes by form of SDA

One of the interviewees shared their experience:

Drew liked their room, especially that it has an en-suite. It meant “you’re able to go to the bathroom whenever you want to go”. They said the house is well set up for people with disability.*

Demographics

There are no statistically significant differences in stability and safety outcomes when looking at age, gender, functional impairment, or hours of support accessed.

Housing type

There are no statistically significant conclusions that could be drawn for stability and safety by analysing the data via housing typology, e.g. apartment vs group homes vs houses

Future work

This report details the first available data from the DHOF. It aims to demonstrate what outcomes are currently being achieved, provide early insights on what works in disability housing, and identify what we will be able to understand with more data and more providers using the DHOF. In the future, we will be able to run the existing analyses with more data. We will also be able to:

- **Explore what has happened to participants over time** – the richness of this dataset is in the fact that it is also a time-based dataset. The pandemic means that comparisons over time within the dataset are currently difficult – as we saw in [the pilot report](#). Once more time-based data has been collected, we will be able to begin analysing changes in outcomes for participants over time.
- **Analyse the data using more specific groupings** – once more data has been collected, we will be able to look into several factors which could not be analysed for this report, such as primary disability type.
- **Provide more specific benchmarks** – to allow providers to compare themselves to the other providers most similar to them.
- **Support providers to see the impact of changes they make** – by tracking any significant changes made to people's lives and homes.

The most important thing that this report does is show the potential power of the DHOF and data it collects. We hope that this report will show providers early findings and what they can expect to understand in time, so that they continue or start using the DHOF. We want funders and government to understand the value of the DHOF in supporting a sector wide understanding of what works in disability housing, and its potential to inform future funding and policy decisions once it has been further rolled out. Lastly, we want people with disability to see their voice and perspectives amplified in the stories throughout the report. The DHOF has tremendous potential to improve the disability housing sector. Knowing what works in disability housing will support decisions to be made that support people with disability to thrive.

References

Armenta C, Bao KJ, Lyubomirski S and Sheldon KM (2014), 'Is Lasting Change Possible? Lessons from the Hedonic Adaptation Prevention Model, *Stability of Happiness*, 57–74, doi: 10.1016/B978-0-12-411478-4.00004-7.

Heal LW and Sigelman CK (1994), 'Response biases in interviews of individuals with limited mental ability, *Journal of Intellectual Disability Research*, 39 (4):331–40, doi: 10.1111/j.1365-2788.1995.tb00525.x.

Appendix

Appendix 1: Demographics

Figure 29 and figure 30 show the demographics of the survey respondents.

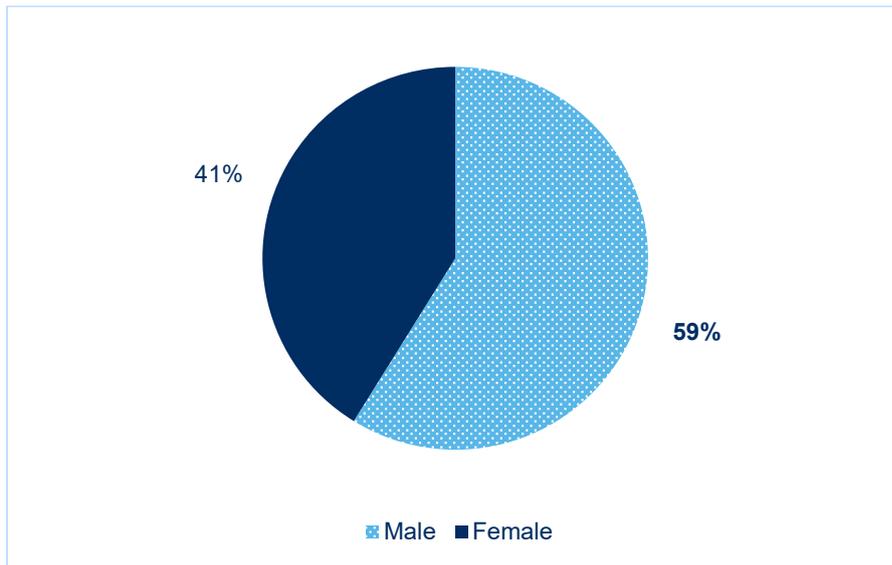


Figure 29: Gender split of survey respondents

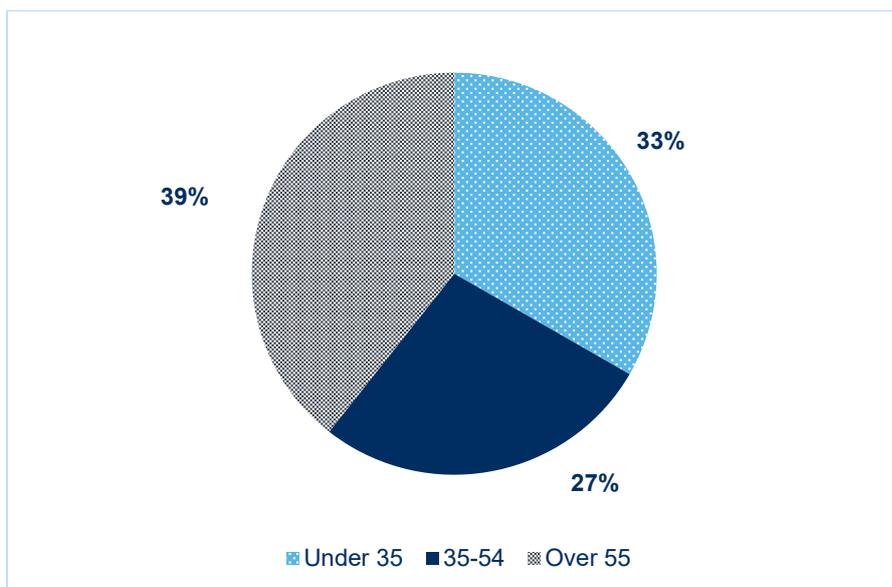


Figure 30: Age split of survey respondents

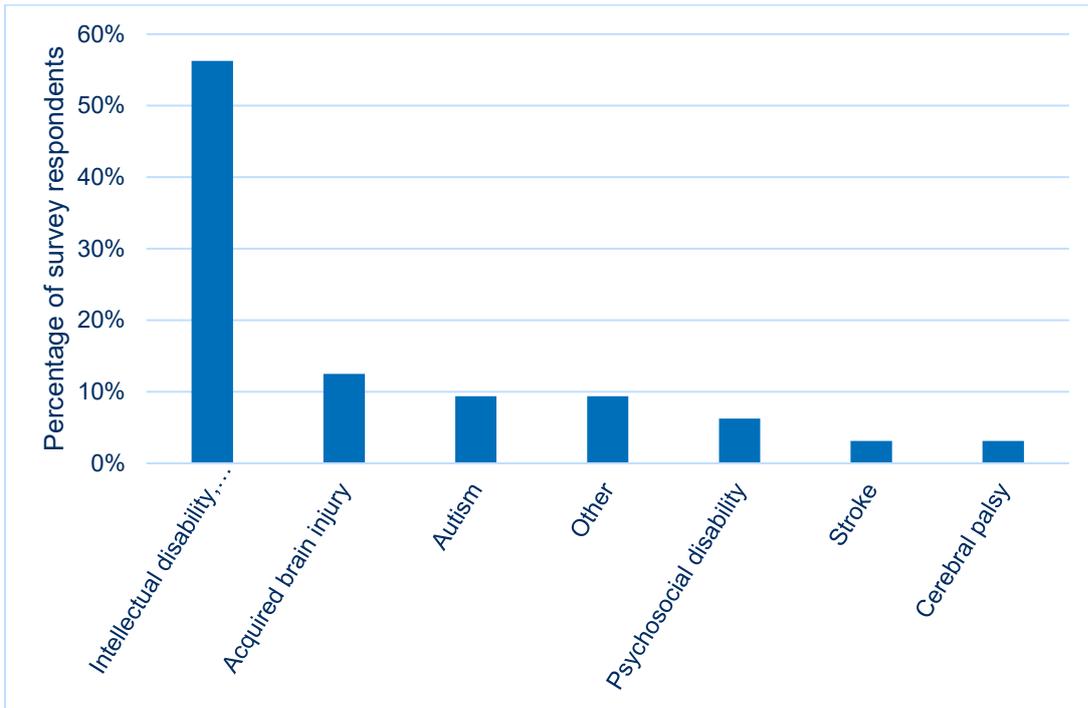


Figure 31: Survey respondents by type of primary disability

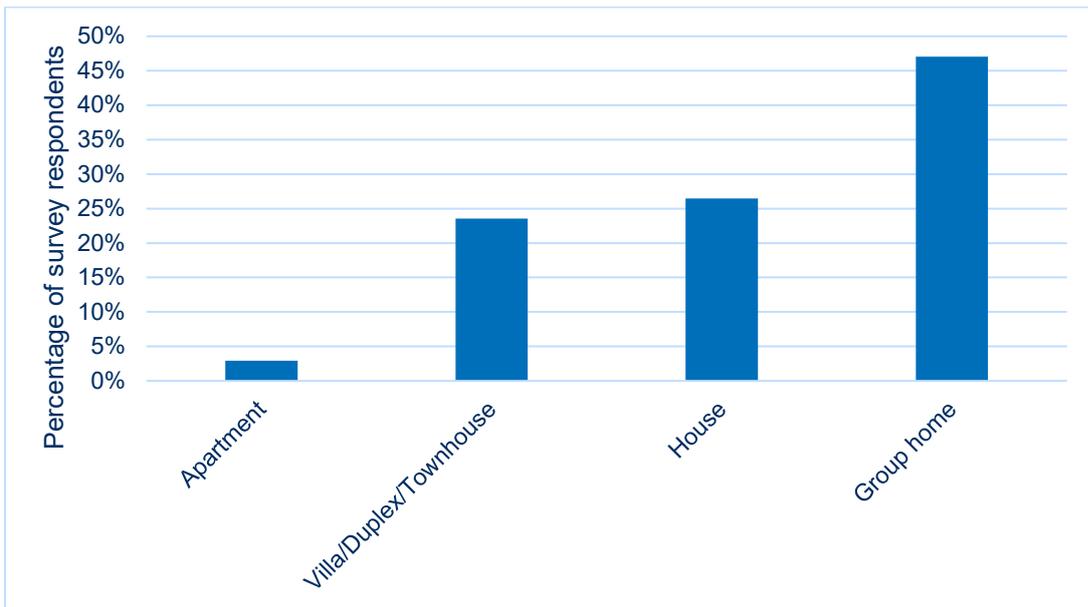


Figure 32: Survey respondents by dwelling type

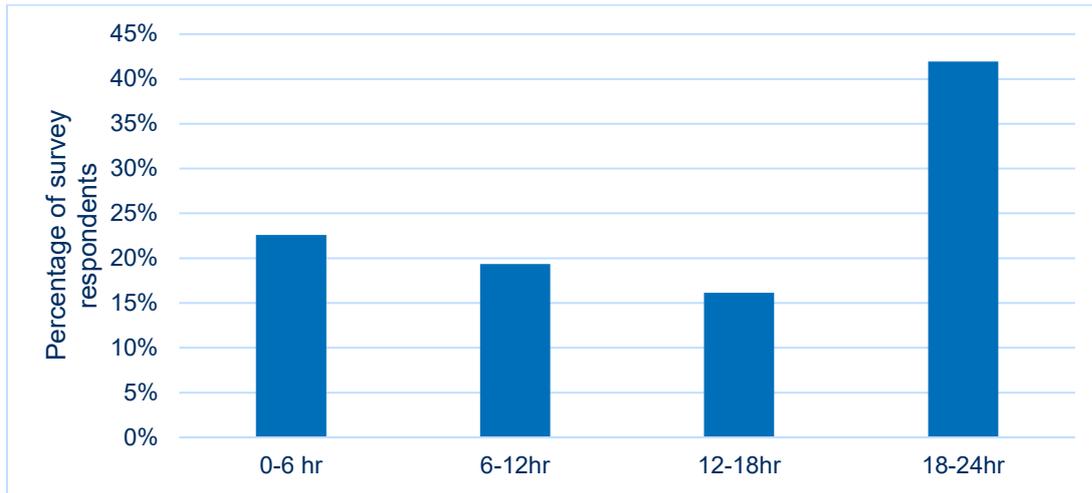


Figure 33: Survey respondents by hours of support

Appendix 2: Methodology

Survey methodology

Surveys were collected from October 2021 to May 2023. There was a break at the end of the pilot period when the survey tool was upgraded and updates were made.

Covid-19 affected the rollout of the DHOF. It led to delays and difficulties working directly in homes. Thirty-three people living in SDA participated and completed a total of 310 surveys about their experiences. This includes pilot and industry rollout data.

The implementation of the DHOF has been overseen by an ethics committee. Their job was to make sure that the data was collected under strict guidelines and that participants were protected. (The 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.)

All participants were provided with an Easy Read or plain language consent form and information sheet as part of their induction. Consent was also obtained from legal guardians where appropriate.

The DHOF includes two surveys:

- Daily Living Survey – this is administered once every two months 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 – this is administered once every six months to understand change over time. The Longer-Term Outcomes Survey contains seven questions about the outcomes: Health, Relationships and Community, Rights and Voice, Independence, and Stability and Safety.

Most questions are asked on a four-point Likert scale of “Always” to “Never”. Easy Read surveys use a three-point scale. A complete list of survey questions is available in Appendix 4.

Notifications about when to complete the survey can be sent to 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 data collection, the rollout of the DHOF involved bimonthly Community of Practice meetings for providers. This created an opportunity for staff at each of the providers to share knowledge, experiences, learnings, and challenges linked to implementation. Providers also had regular one-on-one conversations with SVA Consulting to provide guidance on data collection, analysis and interpretation.

Data analysis methodology

Answers to survey questions were mapped to a score out of 100. The best answer mapped to 100 and the worst answer mapped to 0.

For the benchmarking, only data from the rollout was used. For the levers and demographics analysis, data from the pilot and industry rollout was combined when the questions were considered to be similar enough.

One individual was excluded as an outlier, as they completed a single survey response that significantly changed the results.

Significance testing was done using single factor ANOVA for nominal categorical variables (such as SDA type) and linear regression when variables was quantitative and discrete (such as age).

Appendix 3: Data characteristics

Sources of bias

There are several potential sources of bias that should be taken into account when viewing these results:

- **Non-random sample of participants** – participants generally require support staff to coordinate the consent and onboarding process. This likely means that participants are more likely to have support staff that are less overworked. People with support staff with higher loads are less likely to take part in the study
- **Participants are self-selected** – participants have the option to take part in the DHOF. Those who were unhappy may have been less likely to participate
- **Covid-19** – people with disability were impacted by COVID-19 throughout the pilot period. This is likely to have had a significant effect on results.

One known source of potential bias is having support people participate in the survey collection process. Interestingly, this does not appear to affect the overall result. This result was analysed in more detail by having an independent organisation verify survey results during the pilot period – see [the pilot report](#).

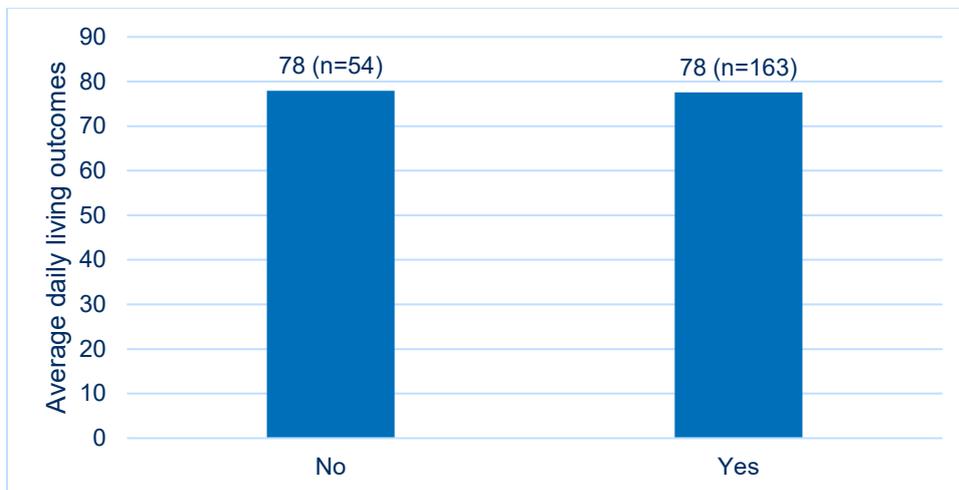


Figure 34: Average daily living outcomes by response to the question "Is someone helping you fill in this survey?"

Normality of data

There is a strong skew towards more 'positive' survey responses. This is more obvious in the Daily Living Survey data than the Longer-Term Outcomes Survey data. It is encouraging that most responses did not give full marks. This suggests that most people are likely to be answering each question separately and not just saying 'yes' to every question.

The overall positive trend could be due to several factors. Some of these factors are deliberate. For example:

- **The survey questions have only four possible responses** – which balances being able to tell the difference between highly positive and highly negative answers, with ensuring the survey is easy to understand and practical to implement.

- **Some people are supported to fill in the survey** – although the data does not appear to show that this makes a difference (see previous section for more details), this may affect the answers that people give.

Other reasons are more systemic, such as the known bias towards agreeing to statements or questions in people with an intellectual disability (Heal and Sigelman 1995).

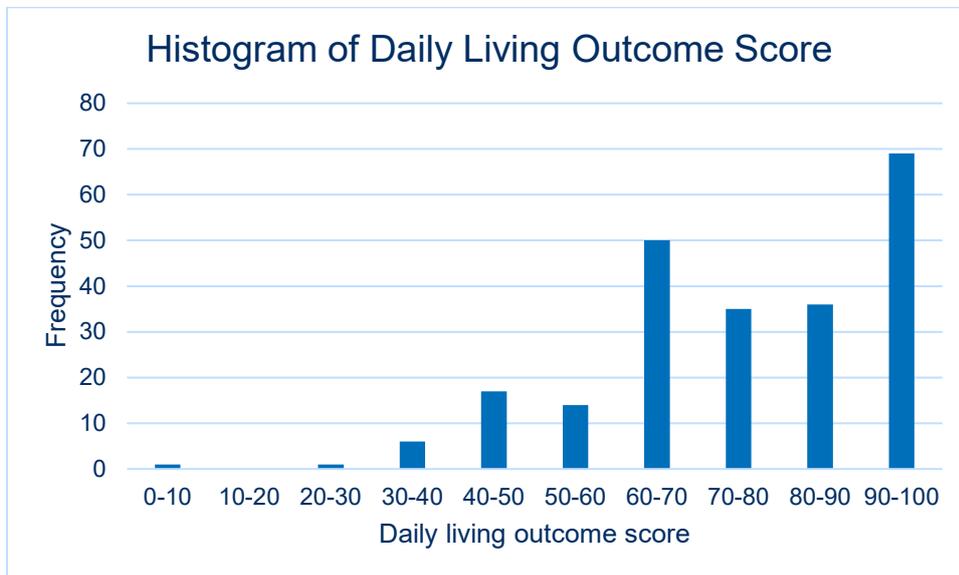


Figure 35: Histogram of Daily Living Survey responses: average across questions

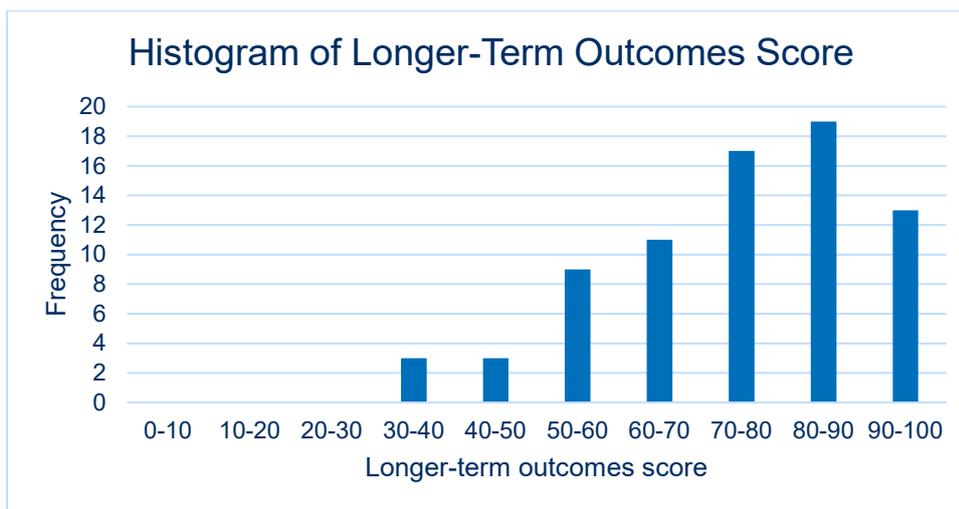


Figure 36: Histogram of Longer-Term Outcomes Survey responses: average across questions

The current data does not support strong conclusions, but the Easy Read surveys appear to have a more positive skew than the non-Easy Read surveys. This could be due to the cohort. People who use the Easy Read surveys may be more likely to have a bias towards agreeing to statements. It could also be due to the questions. The Easy Read surveys have only three options (Never, Sometimes, Always), as opposed to the non-Easy Read surveys which have four options (Never, Sometimes, Most of the time, Always).

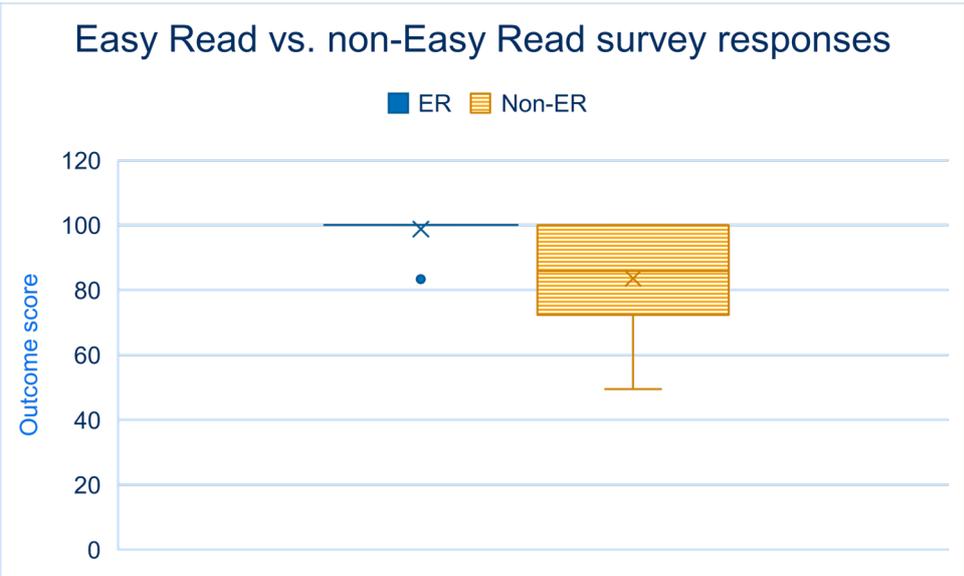


Figure 37: Easy Read vs non-Easy Read survey responses

The number of times a person has completed the survey has no significant effect on their average Daily Living Survey responses. This suggests that people who feel more positively are not more likely to keep filling in the survey than others.

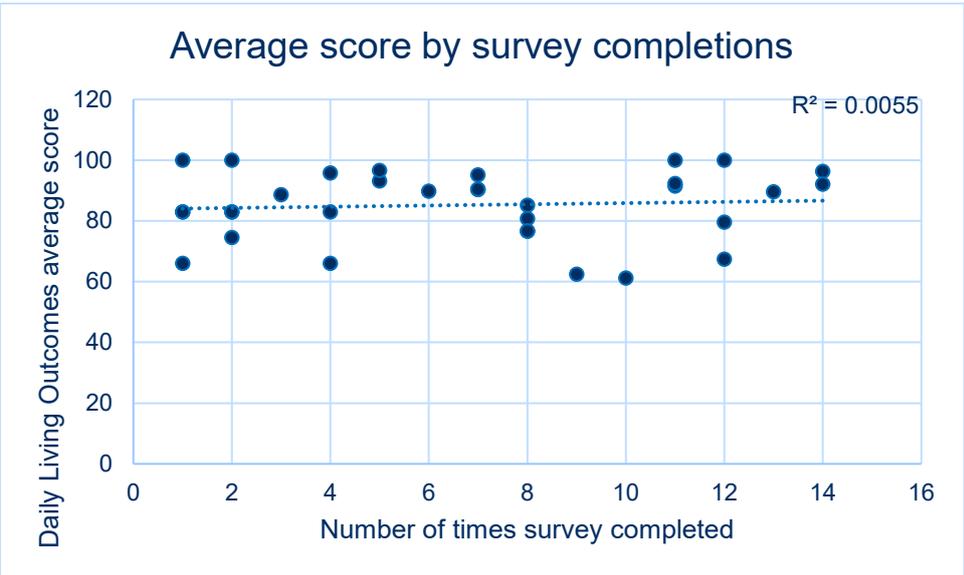


Figure 38: Daily Living Outcomes average score by number of survey completions

Appendix 4: Survey questions and statements

Outcome: Daily living

Outcome: people with disability... have their basic daily needs met.

Frequency of data collection: surveys every two months

Table 1. Survey statements about daily living

Survey questions or statements <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
The house I live in helps me do things I enjoy	Never / Sometimes / Most of the time / Always
My supports help me do things I enjoy	Never / Sometimes / Most of the time / Always
I am happy with the support I get in my home	Never / Sometimes / Most of the time / Always
The things I do every day work well for me. For example, having a shower, eating well, and sleeping.	Never / Sometimes / Most of the time / Always

Outcome: Safety and stability

Outcome: people with disability... are comfortable in their home and are safe from harm.

Frequency of data collection: surveys every six months.

Table 2. Survey statements about safety and stability

Survey questions or statements <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
My house is comfortable	Never / Sometimes / Most of the time / Always
My supports help me feel comfortable in my home	Never / Sometimes / Most of the time / Always

Outcome: Health

Outcome: people with disability... are physically, mentally and emotionally healthy.

Frequency of data collection: surveys every six months.

Table 3. Survey statements about health

Survey questions or statements <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
I am happy with my access to health care for my physical health	Never / Sometimes / Most of the time / Always
I am happy with my access to health care for my mental health	Never / Sometimes / Most of the time / Always
I feel good about myself.	Never / Sometimes / Most of the time / Always

Outcome: Independence

Outcome: People with disability... have choice and control over decisions about their lives.

Frequency of data collection: surveys every six months.

Table 4. Survey statements about independence

Survey questions and statements <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
I get to have a say in who comes into my home and when they come.	Never / Sometimes / Most of the time / Always
I can choose what I do in my free time	Never / Sometimes / Most of the time / Always
My home helps show people who I am and what I like.	Never / Sometimes / Most of the time / Always

Outcome: Relationships and community

Outcome: people with disability... have healthy relationships and are connected to their community.

Frequency of data collection: surveys every six months.

Table 5. Survey questions and statements about relationships and community

Survey questions <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
<p>How many times did you see or speak to friends and family last week?</p> <p>For example, phone calls, visits at home or online, or meeting at a café or at a party.</p>	<p>0 times, 1-2 times, 3-5 times, Lots of times</p>
<p>I am happy with how much I see my family or friends</p>	<p>Yes / No I want to see them more / No I want to see them less</p>
<p>It is easy for me to go out into the community from where I live.</p> <p>Your community may include the area where you live, people with similar interests, cultural or faith-based communities, or any other way you think about your community.</p>	<p>Strongly disagree/ Disagree / Agree / Strongly Agree</p>
<p>My support workers help me go into the community when I want to.</p> <p>Your community may include the area where you live, people with similar interests, cultural or faith-based communities, or any other way you think about your community.</p>	<p>Never / Sometimes / Most of the time / Always</p>
<p>It is easy for my family and friends to see me at my home.</p>	<p>Strongly disagree/ Disagree / Agree / Strongly Agree</p>

Outcome: Rights and voice

Outcome: people with disability... can exercise their rights and responsibilities, and have valued roles in community.

Frequency of data collection: surveys every six months.

Table 6. Survey statements about rights and voice

Survey questions <i>(Plain language and Easy English)</i>	Responses <i>(includes pictorials and words)</i>
Where I live helps me be part of the community. For example, I have a say about things important to me, I am a volunteer, or I have a job.	Never / Sometimes / Most of the time / Always
Staff at my home and my support workers help me be part of the community. For example, I have a say about things important to me, I am a volunteer, or I have a job.	Never / Sometimes / Most of the time / Always
I can speak up about issues if I need to.	Never / Sometimes / Most of the time / Always
If I speak up about a problem with the things in my home the issue will be sorted.	Never / Sometimes / Most of the time / Always
If I speak up about a problem with a support worker in my home the issue will be sorted.	Never / Sometimes / Most of the time / Always

