



**Family &
Community
Services**



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Social Policy Research Centre

Supported Accommodation Evaluation Framework (SAEF)

Individual Packages

May 2015



SAEF Individual Packages

Prepared for the NSW Department of Family and Community Services, Ageing Disability and Home Care by the Social Policy Research Centre, UNSW Australia.

Document approval

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Abbreviations and glossary

ADHC	Ageing, Disability and Home Care
CALD	Aboriginal and Culturally and Linguistically Diverse
DS NMDS	Disability Services National Minimum Data Set
HACC	Home and Community Care
HOME	Home Occupiers Mutual Enterprise Inc.
Independence	Interdependency of social relationships and informed decision-making to exercise choice and maximise autonomy
IASP	Individual Accommodation Support Package
ILDIS	Independent Living Drop In Support
ILSI	Independent Living Skills Initiative
LPP	Lifestyle Planning Policy
NDIS	National Disability Insurance Scheme
NSW	New South Wales
RASAID	Ryde Area Supported Accommodation for Intellectually Disabled
RoRSA	Register of Requests for Supported Accommodation
SAEF	Supported Accommodation Evaluation Framework
SLF	Supported Living Fund
SPRC	Social Policy Research Centre
SSDAAG	Sutherland Shire Disability Accommodation Action Group
ST2	Stronger Together Two
ST1	Stronger Together One
UNSW	University of New South Wales

1 Easy Read summary about Individual Packages of accommodation support



Individual packages give funding to a person with disability to live how they choose.

There are two types of individual packages:

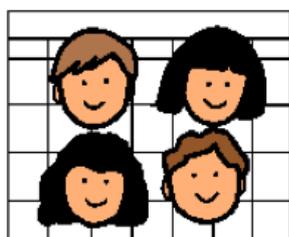
Supported Living Fund



The Supported Living Fund is about making a plan to live in a way that suits you.

People with disability make the plan with help from family, friends and a Support Planner.

Individual Accommodation Support Packages



Individual Accommodation Support Packages are about making support networks and getting the resources for you to live as independently as possible.

It is for people with medium to high support needs.

People with disability make a plan with help from family, friends and a case manager or service provider.



The individual packages are good for young people with disability.

People who used the individual packages had good change in:



- Living the way they want
- Learning new skills
- Being included with family, friends and the community
- Feeling good



People who used the individual packages had less change in:

- Their relationships with family and friends
- What they own
- Having a job



For people to live in their own home with an individual package, usually their family needed to be able to pay for the place to live. It was harder for people whose families could not pay.

If you want to know more about all types of accommodation support or about how we found out about the Individual Packages, there is more Easy Read information at the end of this report. Go to page 121.

2 Brief summary of Individual Packages

The NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) commissioned the Social Policy Research Centre (SPRC) at UNSW to design an evaluation framework and collect data for the accommodation support and funding models under Stronger Together Two (ST2). The evaluation used longitudinal, mixed methods and a participatory research approach. The evaluation includes nine SAEF options grouped in four types: Individual packages, Drop-in support, Group accommodation and Other. This report is about the implementation and use of individual packages: Supported Living Fund (SLF) and Individual Accommodation Support Packages (IASP).

People who received SLF or IASP nominated and worked with an ADHC approved financial intermediary service provider to administer and manage the package. People who used the packages were not tied to any one service provider or living arrangement, rather the funding was portable throughout NSW and remained with the person, administered by a service provider of their choice. The service provider might provide support services or broker services and would charge an administrative fee to manage the package.

Supported Living Fund (SLF) aimed to provide people with disability, and their families and carers, with a flexible, person centred accommodation support option. The SLF enabled people with disability to create living arrangements to suit the person's life and preferences, and access to paid supports and services. Funding averaged \$50,000 per person per year. Every person with an SLF was supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from the service provider or the ADHC SLF Support Planner as required. Capacity building for people with disability, their families and carers as well as ADHC staff and non-government organisations was integral.

Individual Accommodation Support Package (IASP) supports people with disability who required ongoing accommodation support to continue to live as independently as possible with family, friends or independently with support. This involved establishing and maintaining long term support networks and resources. People with disability aged 18 to 64 years who had medium to high support needs were eligible to receive an IASP. IASP was a recurrently funded package without asset attached with funding averaging \$128,000 per person per year. People with an IASP were supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from a case manager or service provider as required.

More younger people held individual packages (27 per cent aged less than 25 years; 54 per cent aged 25-44 years) than other accommodation options. The age profile for IASP was particularly young. Men used two thirds of the individual packages. The cultural and linguistic diversity and Aboriginal and Torres Strait Islander status of participants seemed average compared to the general population, although the data was incomplete. People used packages in most regions. Over half the people using packages had an intellectual disability. Unlike the other options, some people had other impairments, such as physical, acquired brain injury and neurological. Data about level of support needs were incomplete for all support types, although most people seemed to need moderate or high levels of support.

Evidence from the evaluation showed that both SLF and IASP achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families could afford to

purchase real estate for the person with disability to live in or supplement their rent. The findings have policy implications for design, implementation and collaboration.

Program design

1. Clarify program scope and options for the use of funds so that people and families know what the funding can and cannot be spent on
2. Enhance flexibility of funding so the use of funds can be better tailored to individual needs, for example transport
3. Review package sizes to ensure they allow for adequate support in independent accommodation and are responsive to change
4. Review the program design to be compatible with UN Convention on the Rights of Persons with Disabilities (CRPD), National Disability Strategy (NDS), whole of government and NDIS implementation, for example implications for funding, financial management, planning, review and accountability processes

Program implementation

5. Provide information about individual packages in a range of forums and accessible formats
6. Provide information and decision making support for people with disability and families during the application process and including goal setting, arranging support and funds management, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations
7. Target recruitment and specific decision making support to people, families and communities from socio-demographic groups who are currently under-represented
8. Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
9. Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF
10. Provide support for people and families in disputes with support planners and service providers

Interagency collaboration

11. Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
12. Encourage service providers to collaborate with employment support, specialist and mainstream services, community development, local self-advocacy organisations, organisations for referral, training and quality improvement

3 Full summary of Individual Packages

The NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) commissioned the Social Policy Research Centre (SPRC) at UNSW to design an evaluation framework and collect data for the accommodation support and funding models under *Stronger Together Two (ST2)*. The project built evidence about accommodation support through the collection of data and development of an evaluation framework. This evidence base informs the design and development of disability policy. The evaluation used longitudinal, mixed methods and a participatory research approach.

The evaluation includes nine SAEF options grouped in four types: Individual packages, Drop-in support, Group accommodation and Other. The findings from each category are presented in separate reports. This report is about the implementation and use of individual packages: Supported Living Fund (SLF) and Individual Accommodation Support Packages (IASP).

Two types of individual packages were included in the SAEF: Supported Living Fund (SLF) and Individual Accommodation Support Package (IASP). People who received SLF or IASP nominated and worked with an ADHC approved financial intermediary service provider to administer and manage the package. People who used the packages were not tied to any one service provider or living arrangement, rather the funding was portable throughout NSW, remained with the person and was administered by a service provider of the person's choice. The service provider might directly provide support services or broker services on the person's behalf. The service provider would charge an administrative or management fee to manage the package. This was generally up to 12 per cent of the funding package, dependent on the level of support agreed. Service providers were required to provide clear advice about their fee structure and what their administration or management fees included. The fee might cover activities such as managing the funds, purchasing supports and services, providing a human resource function, providing information and support to the person and their family, and providing ongoing support to assist in the implementation and review of the person's support plan. The packages were a recurrent funding type and intended to complement informal supports and networks, as well as other formal supports the person might receive, such as community participation programs.

Supported Living Fund (SLF)

SLF aimed to provide people with disability, and their families and carers, with a flexible, person centred accommodation support option. The SLF enabled people with disability to create living arrangements to suit the person's life and preferences, and provided access to paid supports and services. People with disability aged 18 to 64 years were eligible to apply for the SLF, with funding averaging \$50,000 per person per year.

Every person with an SLF was supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from the service provider or the ADHC SLF support planner as required. The Support Planner was available to assist the person with disability, their family and carers, with initial planning, costing and budgeting, choosing a suitable service provider, and to provide technical assistance relating to the SLF. Capacity building for people with disability, their families and carers as well as ADHC staff and non-government organisations was integral to the establishment of the fund.

Individual Accommodation Support Package (IASP)

The aim of the IASP was to provide accommodation support to people with disability who required ongoing support but who did not wish to live in a full time residential accommodation service. It enabled the person and their family or carers, to choose the accommodation supports they needed to continue to live as independently as possible. People might choose to live with family, with friends or independently with support. This involved establishing and maintaining long term support networks and resources.

People with disability aged 18 to 64 years who had medium to high support needs were eligible to receive an IASP. IASP was a recurrently funded package without asset attached with funding averaging \$128,000 per person per year. People with an IASP were supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from a case manager or service provider as required. It detailed the person's support networks and resources and a budget indicating how the funding package would be used.

Evaluation of individual packages

This summary describes the participant characteristics; the effectiveness, appropriateness, integrity and sustainability of the options; and policy implications from the evaluation.

More than half the people in all options were aged under 45 years. More younger people held individual packages (27 per cent aged less than 25 years; 54 per cent aged 25-44 years). The age profile for IASP was particularly young. Men used two thirds of the individual packages. The cultural and linguistic diversity and Aboriginal and Torres Strait Islander status of participants seemed average compared to the general population, although the data was incomplete. People used packages in most regions. Over half the people using packages had an intellectual disability. Unlike the other options, some people had other impairments, such as physical, acquired brain injury and neurological. Data about level of support needs was incomplete for all support types, although most people seemed to need moderate or high levels of support.

Effectiveness of accommodation support

Do the individual package options provide the intended services and change outcomes for people with disability?

Outcomes experienced by people with disability

All people interviewed who had SLF and IASP packages experienced positive outcomes. Increased choice and decision making by people with disability about key domains of their lives was at the core of these positive outcomes, with results showing that, in particular, self-determination, personal development, social inclusion, and physical and emotional wellbeing improved. Outcomes are summarised in Section 6.10.

Key facilitators of positive change for people with disability included adequate decision making support from families, support workers and planners, and flexibility of funding from the packages. Some positive outcomes achieved in the programs were enhancements of goals initiated before the packages by people and their families.

Less change was evident in people's interpersonal relationships, physical health and decision making support, and there was little change in material wellbeing or employment for most people. Many people had good pre-existing relationships with family, friends and, in some cases, partners and support workers, that they built on with the packages. The options

did not focus on employment and did not include costs of housing property, rent or material possessions. In a few instances, some negative changes were reflected across the outcome domains in cases of ineffective implementation or poor service provider input.

Accommodation support

The accommodation support enabled by SLF and IASP packages has helped people to gain more independence. Some had moved into their own accommodation or were planning to, and others had increased their social activities and social networks. To achieve this, service providers worked in strong collaboration with family, particularly parents. Housing affordability remained a significant barrier to moving out of the family home for many people with disability, and IASP recipients needed more help with fund management and decision making.

Arranging or providing a preferred place to live in the community: Most people interviewed lived in the family home, but many of those would prefer to move out and live in their own accommodation. The accommodation support provided through SLF and IASP had already enabled several people to move out or had made this goal possible in the future.

The funding options did not provide a place to live, and housing affordability was a major barrier to people living in their own accommodation. Affordable rental housing was difficult to obtain, and one person was not successful in obtaining a mortgage. People tried to manage the housing problem by pooling their accommodation support funding, or by sharing housing with friends or housemates. Where parents had the economic means, they often bought, or were planning to buy, a private property for their child with disability. One family member suggested that the government needed to arrange mechanisms for long-term, low interest mortgages for people with disability.

Arranging or providing support as needed to live there: Most support in both SLF and IASP was provided through a combination of informal and formal support and included developing household and budgeting skills, engaging in leisure activities, and accessing technology. People experienced increased independence due to the skills they developed. They were working towards living independently or increasing their social activities. In addition, IASP recipients accessed personal care and respite services, using their IASP funding to purchase respite support which had previously been subsidised. Most IASP recipients wanted more support than they received from service providers about fund management and decision making.

Characteristics of the SAEF options

The characteristics are described in Section 8. Overall, SLF and IASP were implemented as person centred approaches that gave many people with disability choice and flexibility over their accommodation support and were responsive to individual preferences and needs. Selecting preferred activities and support workers made people feel happier, more confident and more independent than before. In both SLF and IASP, all accommodation support characteristics were effectively implemented to some extent.

Important facilitating factors were: families with the capacity to support the person in their planning; and providers who were responsive to people's wishes and managed change within their organisation.

Barriers to effective accommodation support characteristics were experienced by some people in both SLF and IASP, and included: limits to the size of some packages, insufficient to meet their needs; shortage of affordable and suitable housing; cultural barriers to person centred approaches among service provider organisations and support workers; poor

information about the package for some people; poor decision making support from some providers for some people and families; ineffective support to some people with disability and families to plan and implement the package.

Appropriateness of accommodation support

Do individual packages reach the target group and meet their accommodation support needs?

Appropriate to the people with disability

The target groups of SLF and IASP were similar: adults with disability who wished to live as independently as possible. The packages provided individualised funding for formal accommodation support, developing independent living skills and improving social inclusion, with the expectation that there was some informal support in place. In practice, the differences between the way the packages have been allocated included that SLF tended to be held by people who wanted to live in a home of their own, while IASP was used by people who aimed to live as independently as possible in a variety of possible settings, including the family home, with friends or alone in the community. IASP was the larger funding package of the two and targeted people with moderate to high support needs. Level of support need was not specified for SLF.

Participant data showed that in both options certain groups of people were well represented and others were not. Almost all SLF and IASP participants were aged under 45 years, most were men, from an English-speaking background and born in Australia, non-Indigenous and had intellectual disability. It appeared that none of the options had yet reached the full potential target group, and future recruitment for SLF and IASP might focus on expanding its reach through targeted invitations to groups that have relationships with people who were under-represented at the time of the evaluation, particularly people above 45 years, women, people with types of disabilities other than intellectual disability, and people without family support.

Consistent with the intended target groups, IASP participants tended to have higher support needs than those in SLF. People in the IASP interviews were also often less self-motivated to make changes in their lives and used more disability specific than mainstream services. People in the SLF who took part in interviews appeared to have lower support needs and were more self-motivated for choice, control, social inclusion and self-determination.

Both options were intended to provide support for people to live in accommodation arrangements of their choice. Most people interviewed lived with their families in the family home, but many would prefer to live independently in the future. At the time of the evaluation, the SLF and IASP had enabled some people to move into their own accommodation, and a few other people were planning to move. Housing affordability was a major barrier to achieving independent accommodation. Where it had been realised, usually the family could afford to buy or rent real estate for the person with disability.

A strength of the individual packages was that, with good implementation, accommodation support could be adapted to the specific needs and preferences of the person. Addressing these varied needs and preferences was important. Achieving choice and control for people using IASP was likely more difficult, given their possible higher support needs and greater level of social exclusion. Program implementation could be enhanced by more attention to training and resourcing within organisations that support IASP participants, in order to assist support workers to develop creative ways to support and engage participants.

Responsive to Aboriginal and Torres Strait Islander people and CALD background

Cultural responsiveness was relevant to people receiving support currently and to encouraging participation of new people needing support. Several examples of cultural responsiveness of SLF and IASP providers were evident. Cultural competency training, employing support workers with shared cultural heritage or beliefs, recruiting diverse staff, and people with disability recruiting their own staff to meet their requirements were examples of responsiveness to culture.

However, the need for new ways to promote the individual package options and engage people, families and communities from diverse backgrounds was evident from the low rate of diversity (Section 4). Possible methods of promotion include engagement through existing relationships, visiting and personal invitation; information about the application and planning processes in community languages; interpreting services for families during the application and planning processes; and engaging multicultural advocacy organisations to advise and develop pathways.

Responsive to age and life stages at key transition points

The responsiveness of the options are described in Section 8.7. The flexibility offered by SLF and IASP funding enabled many people to choose support and activities that suited their age and life stage. For example, going to the pub with people their own age or attending mainstream community activities; or organising additional supports as people's needs change through ageing. People also appreciated the opportunity to choose support workers of similar ages and interests. Annual reviews of funding packages could be used to adjust supports according to changing ages and life stages.

Integrity and sustainability of accommodation support

Are the SAEF options implemented as planned and responsive to identified gaps in design? Does the implementation maximise effectiveness within the option, with other initiatives and with mainstream services?

Facilitators and challenges to implementation

Important facilitating factors in the implementation of the individual packages that supported people with disability to make choices in their lives and implement them were:

- families or social supporters with the capacity (including interest, education, finances and organisational skills) to support the person in their planning and in organising accommodation support
- support workers who had skills to engage with people with respect and focus on their capabilities
- providers who were responsive to people's preferences and managed change within their organisation.

Where these facilitating factors were present, SLF and IASP were implemented as person centred approaches that gave many people with disability choice and flexibility over their accommodation support, and enabled them to select preferred activities and support workers. This made people feel happier, more confident and more independent than before.

Barriers to effective implementation included:

- lack of information for people and families about the package, and about administrative processes and obligations
- lack of support for those who needed or wanted it in the application process. This was particularly important for families from CALD backgrounds
- cultural barriers to person centred approaches within service provider organisations and support workers
- poor decision making support for some people and families
- incomplete implementation – planning not occurring in a timely way; goals not properly structured with supported planning; or lack of regular reviews

Where these barriers were present, the intended characteristics of the SLF and IASP were not fully implemented. People were then not able to achieve the accommodation arrangement of their choice and were left confused and disappointed. Where support workers and service providers were not delivering person centred approaches, often due to attitudes or lack of skill, people and families did not receive accommodation support that reflected their preferences and needs. Some people experienced a lack of information about the scope of the packages, or lack of support during the application process and for decisions about goal setting and support provision, which prevented some people and families from using the packages to their full potential.

Strengths and weaknesses of the current implementation

Strengths of individual packages were:

- flexibility in how the funding was used
- opportunities for people to interview, choose and employ their own support workers
- capacity to tailor the qualities of support workers to the preferences of people with disability – for example, similar age, engaging personality (e.g. fun or dynamic) and shared interests. These qualities were mentioned by many people as influencing the success of the activities or skill development they tried together
- person centred goal setting process

Weaknesses of individual packages were:

- limits to the size of some packages, insufficient to meet some people's needs, and unclear paths when needs changed
- lack of affordable housing for people to live outside the family home or have choices about who to live with
- cultural barriers to person centred approaches among some service provider organisations and support workers
- inconsistent organisational structures to manage the quality of support in some disability services, which people and families described as the primary lever of quality in IASP

Integrated and collaborative practice

Collaboration among all providers and agencies involved, including housing, accommodation support, health and specialist disability providers, was important to ensure successful service provision under SLF and IASP. It occurred in some cases but not all. Poor collaboration hindered the effective provision of preferred accommodation support for some people.

Family involvement in organising accommodation support was a key factor in the success of SLF and IASP. Effective partnerships between people with disability, families and accommodation support providers were essential to achieving positive outcomes. These partnerships were facilitated by positive relationships with support workers and regular communication between families and providers. Partnerships also worked well where providers managed to address varied concerns of family members, for example a reluctance to relinquish control over support arrangements, a need for decision making support, or a wish to reduce their involvement in support planning.

Less positive practice was noted in the support of family members who were new to dealing with disability services, particularly adult siblings. Building responsiveness to the requests, educational needs and advocacy efforts of adult siblings who are newly supporting a sibling with disability is important in a future-oriented accommodation support service that might need to engage with adult siblings over the long term.

Policy implications for accommodation support

SLF and IASP were intended to support people with disability to live as independently as they chose, in an accommodation arrangement of their choice, and with formal support that suited people's preferences and life goals. Evidence from the evaluation showed that both SLF and IASP achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families could afford to purchase real estate for the person with disability to live in or supplement their rent. Specific policy implications for ADHC concern both administrative and structural levels. Lived experience of people using accommodation support should inform program design, implementation and interagency collaboration.

Program design

- Clarify program scope and options for the use of funds so that people and families know what the funding can and cannot be spent on
- Enhance flexibility of funding so the use of funds can be better tailored to individual needs, for example transport
- Review package sizes to ensure they allow for adequate support in independent accommodation and are responsive to change
- Review the program design to be compatible with CRPD, NDS, whole of government and NDIS implementation, for example implications for funding, financial management, planning, review and accountability processes.

Program implementation

- Provide information about individual packages in a range of forums and accessible formats (e.g. group meetings, individual meetings, telephone support, Easy Read and community languages)
- Provide information and decision making support for people with disability and families during the application process and including goal setting, arranging support and funds management, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations. Examples include:
 - Link people with disability who are planning their packages to support to expanding thinking about possibilities – e.g. My Choice Matters
 - Build on trust relationships with informal and formal supporters to engage in planning and manage transitions
 - Encourage people with disability and family members to identify their mutual and separate goals for the package, so that resources can be assigned to address each set of goals
 - Encourage people and families to think of accommodation support as long term, future-oriented. This includes forecasting long term change and incremental steps
 - Encourage multiple family members and friends to be involved and informed about the planning (e.g. siblings, cousins, friends, family friends etc.), so that possible future supporters remain knowledgeable about supported decision making before crises
- Target recruitment to people from socio-demographic groups (e.g. low resource capacity, not supported by family, Indigenous, culturally and linguistically diverse) who are currently under-represented and provide appropriate personal, family and community support
- Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
- Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF
- Provide support for people and families in disputes with support planners and service providers.

Interagency collaboration

- Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
- Encourage service providers to assist with improving employment outcomes for program participants by working with employment agencies, employers, education and service providers

- Encourage service providers to strengthen professional networks with specialist (other disability organisations) and mainstream services (e.g. TAFE, universities, gyms, sports clubs and community and religious organisations) and invest in community development to promote service integration and to be able to respond to the individual preferences of people with disability with a range of opportunities in their local community
- Encourage service providers to collaborate with local self-advocacy organisations to create pathways for people with disability to access lived experience expertise in the disability community
- Engage with disabled persons organisations to draw on lived experience to inform quality implementation and continuous improvement, such as setting the agenda for training and conducting the training of support workers; engaging advocacy organisations as trainers and peer supporters in transitions and development with people with disability. The involvement of people with disability with disability organisations develops skills, increases community engagement and participation and generates pathways to employment
- Encourage mainstream community groups to make links with capacity building support in the disability sector (e.g. short courses run by People With Disability Australia PWDA and the Independent Living Centre) to back up their confidence and skills to include people with disability in their activities.

4 Introduction

In 2013, the NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) commissioned the Social Policy Research Centre (SPRC), UNSW Australia to design an evaluation framework and collect initial data for the accommodation support and funding models available under *Stronger Together 2* (ST2), now known as *Ready Together*. The project built evidence about accommodation support through the collection of data and development of an evaluation framework. This evidence base aims to inform the design and development of disability policy.

At the time of the evaluation, Australian states and territories were responsible for the provision of disability specialist services to people with disability. Funding derived from federal and state governments. ADHC is part of the Department of Family and Community Services in NSW. The aim of the agency is to provide better and more integrated services for vulnerable client groups through a range of priority initiatives. Services are subject to state and federal legislation as well as national service standards and are changing in the context of major reform under the NDIS and implications of the CRPD.

The evaluation design is described in detail in Fisher et al 2014 and summarised in Appendix A.

4.1 SAEF supported accommodation options

The evaluation included nine SAEF options grouped in four types: Individual Packages, Drop-in Support, Group Accommodation and Other Options. The findings are presented in a summary report (Purcal et al 2014). This report is about the implementation and use of individual packages: Supported Living Fund (SLF) and Individual Accommodation Support Packages (IASP).

Table 4.1: SAEF evaluation accommodation support options

Option type	SAEF evaluation options
Individual Packages	1. Supported Living Fund (SLF)
	2. Individual Accommodation Support Packages (IASP)
Drop-in Support	3. Independent Living Drop-in Support (ILDIS)
	4. Independent Living Skills Initiative (ILSI)
Group Accommodation	5. Lifestyle Planning Policy (LPP) - in ADHC operated group homes and Large Residential Centres (LRCs - Metro Residences only)
Other Options	6. NGO group accommodation
	7. Intentional community
	8 & 9. Parent governance options A and B

4.2 Evaluation of Individual Packages

A range of methods were used to gather the data:

- Review of program data provided by ADHC
- Surveys distributed to people with disability, family members and service provider managers
- Qualitative interviews with people with disability, family members and service provider managers
- Focus group with support workers
- Case studies
- Interview observations.

Except for the program data, the sample sizes for the data collection were small (Table 4.2), and therefore the findings need to be viewed with caution. All information is presented in a non-identifying form to protect confidentiality and privacy. The small number of people using the packages was too identifiable to present whole case studies or individual stories so their data was included in the main analysis. Further information regarding the methods is provided in Appendix B.

Table 4.2: Samples for SAEF data collection

	Total Program data	Interviews					Surveys ¹		
		People with disability	Case studies	Family	Manager	Direct workers group	People with disability	Family	Manager
1. Supported Living Fund (SLF)	212	13 ²	2	5 ²	4	1	57	46	3
2. Individual Accommodation Support Packages (IASP)	64	17 ³	-	16 ⁴	-	-	5	7	2

Notes: 1. Surveys distributed to all people with disability in each option, their family, one manager from all service providers with an active package allocated
 2. Includes one person and one family member from HOME
 3. Includes 4 people from RASAIID and 7 from SSDAAG
 4. Includes 4 family members from RASAIID and 7 from SSDAAG

Recruitment for the interviews was managed by ADHC. They contacted all people who received an individual package. A copy of the recruitment information and request for research volunteers was mailed to each person. If people indicated that they were willing to participate in a qualitative interview, ADHC contacted them to arrange an interview.

ADHC also arranged a number of SAEF briefing sessions for service providers: two metropolitan and three regional sessions. An invitation for service provider managers to take part in a research interview was included with the invitation to attend a briefing session.

Surveys were distributed by ADHC to all people receiving individual packages and their families. Surveys were also distributed by ADHC to all managers of service providers contracted to provide individualised funding. All surveys were made available in paper and electronic format. Less than 10 managers responded.

4.3 Participant characteristics

Data about participant characteristics were available from the program data, survey data and interviews. Full tables are in Appendix C. Missing data are included in the percentages because assumptions cannot be made about the characteristics. The survey data was representative of the full program data but the response rate was low for some option types (Table C.7). This section summarises the findings by the accommodation support options and notes any distinctions.

- Age. More than half the people in all options were aged under 45 years. More younger people held individual packages (27 per cent aged less than 25 years; 54 per cent aged 25-44 years; Table C.1). The age profile for IASP was particularly young (Table C.3).
- Gender. Men used two thirds of the accommodation support in all options (Table C.3). One third of individual packages were held by women (44 per cent of all people using any National Disability Agreement accommodation support were women; AIHW, 2013).
- Cultural and linguistic diversity. In all options, the diversity of participants seemed average compared to the general population, although the data was incomplete (measured as CALD status; language other than English at home; or born outside Australia; Table C.3).
- Aboriginal and Torres Strait Islander status. Data was incomplete. The proportion of participants from Aboriginal and Torres Strait Islander background seemed consistent with the state population average in SLF (less than 10 per cent; Table C.3).
- Location. People used packages in most regions (Table C.1).
- Disability. Over half the people using packages had an intellectual disability (Table C.1). Unlike the other options, some people had other impairments, such as physical, acquired brain injury and neurological (Table C.3). Data about level of support needs were incomplete for all support types, although most people seemed to need moderate or high levels of support (Table C.3).

Families responded for a higher proportion of older people with disabilities, and were older themselves (Table C.12). Most family respondents were mothers.

4.4 Limitations to the evaluation

The sample of people with disability who took part was small, particularly for people using an IASP package. Additional IASP outcome data gathered during interviews from people with disability and family members who were also in the parental governance options, RASAIID and SSDAAG, was included in this report, to address the small IASP sample size. Their experience might be unique to those who were part of a parental governance option. It is not possible to generalise the evaluation findings to the broader population of people with disability using the individual funding options. All staff members who volunteered to participate in a manager interview or focus group provided information on SLF and not IASP, although most providers have both types of packages. Hence information from service providers regarding the IASP is minimal.

Participation in the surveys and qualitative interviews was voluntary. A risk is that the results might be positively or negatively biased (motivated by satisfaction or dissatisfaction) rather than random samples. The sample of people with disability who took part was small. A risk is

that people who are the most dissatisfied or marginalised (e.g. socio-economic, Aboriginal, cultural and linguistic diversity and communication support needs) might be the least likely to participate in research. An implication is that some challenges with the accommodation support or planning might not have been identified. Some of the limitations were addressed through mixed methods. Additional outcome data was gathered during interviews with people with disability and family members, and inclusive methods such as observation, were used to maximise diversity in participants and address the small sample sizes. The participation rate was similar to other evaluations with similar populations and higher than similar evaluation with people with communication support needs (Jacobson et al. 2012), because of the mixed inclusive methods adopted.

These limitations qualify the results and it is not possible to generalise the evaluation findings to the broader population of people with disability using these or similar options. Analysis that considers these limitations is sufficient for informing policy improvement. Further research and evaluation could consider alternative participation strategies and separate focused studies to address these participation limitations.

5 Individual Packages

Two types of individual packages were included in the SAEF: Supported Living Fund (SLF) and Individual Accommodation Support Package (IASP), described in this section. More information on the types of accommodation options can be found on the ADHC website at http://www.adhc.nsw.gov.au/individuals/support/somewhere_to_live

5.1 Policy context

At the time of the evaluation, Australian states and territories were responsible for the provision of disability specialist services to people with disability, with funding derived from federal and state governments. ADHC is part of the Department of Family and Community Services in NSW. The aim of the agency is to provide better and more integrated services for vulnerable client groups through a range of priority initiatives. Services are subject to state and federal legislation as well as national service standards and are changing in the context of major reform under the NDIS and implications of the CRPD.

In 2006, the NSW Government announced its strategic direction, guided by *Stronger Together: A new direction for disability services in NSW 2006-2016*. This involved developing a comprehensive plan for reshaping the disability service system with the first phase, *Stronger Together 1 (ST1)*, commencing in 2006 (ADHC, 2006), followed by the second phase, *Stronger Together 2 (ST2)*, in 2011 (ADHC, 2011).

ST1 and ST2 identified the need to improve outcomes for people with disability by delivering more person-centred planning, services and supports, early intervention and prevention and flexible accommodation support options. This includes promoting individualised funding and accommodation support arrangements for people with disability that are inclusive and designed around individual needs. ADHC developed various supported accommodation options in line with ST1 and ST2.

5.2 SLF and IASP common policy

ADHC developed two individualised funding options that were included in the evaluation: the Supported Living Fund (SLF) and the Individual Accommodation Support Package (IASP). Individualised funding is portable funding that remains with the person. SLF and IASP are recurrent funding types and intended to complement informal supports and networks, as well as other formal supports the person might receive, such as a community participation program. People who receive an SLF or IASP nominate and work with an ADHC approved service provider of their choice to administer and manage the package. The service provider may directly provide support services or broker services on the person's behalf, and they charge a fee to manage the package. This was generally up to 12 per cent of the funding package, dependent on the level of support agreed. Service providers were required to provide clear advice about their fee structure and what their administration or management fees included. The fee might cover activities such as managing the funds, purchasing supports and services, providing a human resource function, providing information and support to the person and their family, and providing ongoing support to assist in the implementation and review of the person's support plan.

One of the key differences between the SLF and IASP is that the SLF was designed to primarily assist individuals who were interested in transitioning to living in a home of their own with a mix of informal and formal/paid support arrangements, at an average cost of

\$50,000 p.a. The IASP can be tailored to meet a wider range of support needs for individuals who require ongoing support, do not wish to live in a full-time residential care service and wish to live as independently as possible, while maintaining existing support networks. The IASP has a broader funding range.

5.3 Supported Living Fund (SLF)

ST2 committed to providing 300 SLF packages across NSW, totalling a \$60M funding commitment over five years, with 50 additional packages announced in late 2012. This included the provision of new SLF packages for 100 people in 2011/12 (Round 1), 150 people in 2012/13 (Round 2) and 100 people in 2013/14 (Round 3). In 2011, ADHC facilitated over 25 community consultations with people with disability, families, peak bodies, service providers, advocacy groups and ADHC staff to help inform the development of the SLF. A key finding from these consultations was that information and resources needed to be provided to people with disability to manage the SLF package and develop a support plan.

Family Advocacy, Carers NSW and NSW Council for Intellectual Disability were contracted to provide statewide information sessions for people with disability, families and carers. Carers NSW was also engaged to operate a 1800 information line during the application period to assist individuals and their families with any questions regarding the application. Following the allocation of packages, all successful applicants and their families were invited to attend capacity building workshops. ADHC established temporary SLF support planner positions in each region, to provide time limited support planning with SLF recipients.

Definition, objective and service delivery

SLF aimed to provide people with disability, and their families and carers, with a flexible, person centred accommodation support option. The SLF enabled people with disability to create living arrangements to suit the person's life and preferences, and provided access to paid supports and services. People with disability aged 18 to 64 years were eligible to apply for the SLF, with funding averaging \$50,000 per person per year. People who used the SLF were not tied to any one service provider or living arrangement, rather the funding was portable throughout NSW, remained with the person and was administered by a service provider of the person's choice. The SLF was a recurrent funding type and was intended to complement informal supports and networks, as well as other formal supports the person might receive, such as community participation programs.

Every person with an SLF was supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from the service provider or the ADHC SLF support planner as required. The support planner was available to assist the person with disability, their family and carers, with initial planning, costing and budgeting, choosing a suitable service provider, and to provide technical assistance relating to the SLF.

The SLF could be used to:

- develop plans for moving into one's own home
- pay for support to live in one's own home
- attend life skills programs and other courses (e.g. cooking, work skills)
- increase circles of support and informal networks

- purchase specialist disability needs equipment (capped at \$4,999) which was not readily available
- facilitate relationship building and social supports

Capacity building for people with disability, their families and carers as well as ADHC staff and non-government organisations was integral to the establishment of the fund.

Target group, eligibility criteria and referral

People with disability had to meet the following eligibility criteria to be included in the SLF:

- an adult aged 18-64 years with a disability as defined by the NSW Disability Services Act 1993
- a resident of NSW
- interested in living in a home of their own, with a mix of informal and formal/paid support arrangements that are adequate and sustainable

ADHC Central Office announced the opening of application rounds for the SLF. People might self-refer or be nominated by their family/carer, case manager or other service providers. Applicants were asked to complete and submit a 'SLF My Proposal' application form. The application provided an overview of the person's current living arrangements, their vision for the future and how they would use their SLF package to help them reach their goals. Applications were considered by a Regional SLF Panel made up of ADHC representatives and independents who assessed and prioritised each proposal based on suitability and readiness.

5.4 Individual Accommodation Support Package (IASP)

Between 60 and 65 IASP packages were allocated across NSW with an additional 50 packages made available in October 2012. Of the 50 additional packages, 14 were allocated at the request of the Minister, with the remaining allocated through ADHC's Regional Allocation Committees. The information and resources provided to people with disability receiving an IASP differed to those for people receiving an SLF. People with disability were encouraged to develop their support plan with assistance from family members, a case manager, case coordinator or another planner. Support planning could be purchased from a service provider using IASP funding. Plans were underway to provide capacity building to this group.

Definition, objective and service delivery

The aim of the IASP was to provide accommodation support to people with disability who required ongoing support but who did not wish to live in a full-time residential accommodation service. It enabled the person and their family or carers, to choose the accommodation supports they needed to continue to live as independently as possible. People might choose to live with family, with friends or independently with support. This involved establishing and maintaining long term support networks and resources.

People with disability aged 18 to 64 years who had medium to high support needs were eligible to receive an IASP. IASP was a recurrently funded package without asset attached with funding averaging \$128,000 per person per year. People who used the IASP were not

tied to any one service provider or living arrangement: the funding was portable throughout NSW, remained with the person and was administered by a service provider of the person's choice. The IASP was a recurrent funding type and intended to complement informal supports and networks, as well as other formal supports the person might receive, such as a community participation program, as long as these supports were also part of the person's IASP support plan. Some types of funding, such as Home Care services or respite, might need to be reviewed and covered under IASP funding or be discontinued.

People with an IASP were supported to develop their own support plan and vision for the future. The plan was developed by the person with disability and their family or carer, with assistance from a case manager or service provider as required. It detailed the person's support networks and resources and a budget indicating how the funding package would be used.

The IASP could be used for:

- personal care and daily living support
- communication skills and positive behaviour supports
- assistance with household activities including meal preparation, being a good neighbour, paying rent on time
- maintaining social skills and positive family and peer relationships
- assistance to participate in leisure and recreation activities
- help in recognising and participating in culturally significant events and activities
- getting around the community, including use of transport
- support participation in other services such as day activities, training, employment and volunteer work
- maintaining health and wellbeing
- facilitating access to additional professional supports as required
- budgeting and financial management
- supporting co-ordination and/or intermediary service provision.

Target group, eligibility criteria and referral

People with disability had to meet the following eligibility criteria to be included in an IASP:

- be an adult aged 18-64 years with a disability as defined by the NSW Disability Services Act 1993
- be a resident of NSW
- have medium to high support needs, with an assessed level of functional need requiring more than 30 hours of formal support per week

- demonstrate that they do not need continuous formal overnight support or have sufficient and sustainable informal overnight support, or consent to share access to overnight support with compatible others
- demonstrate that a support network exists so that adequate care arrangements can be provided through a mix of formal and informal supports to enable the person to live in a place of their own, a family home or in a shared tenancy arrangement
- have stable living arrangements that can be sustained within their individual proposal with a mix of formal/paid and informal supports

People who request an IASP were considered by the relevant ADHC Regional Allocation Committee who assessed and prioritised each request based on suitability and need. The processes for application and allocation varied between locations.

6 Outcomes of Individual Packages

The evaluation is a point in time analysis, that aims to compare change in outcomes from before using the option, including their independence, living the way they want to, in the home of their choice, social inclusion and community participation, and health and fulfilling lifestyles (Table 6.1).

The data for measures in 2013 were collected from the interviews and surveys (Section 4). No outcomes program data was available. Outcomes were analysed against the evaluation questions to see whether the SAEF option met its objectives for the people using the individual packages. Analysis was conducted according to the outcomes and indicators in Table 6.1. Full tables and figures of outcome results are in Appendix C. Sample sizes were too small to make definitive statements, particularly in the quantitative analysis.

The section presents the evidence of baseline or change in specific outcomes for each domain. Where the evidence about a domain was the same for SLF and IASP, it is presented together. In addition, each domain also includes evidence specific to the option.

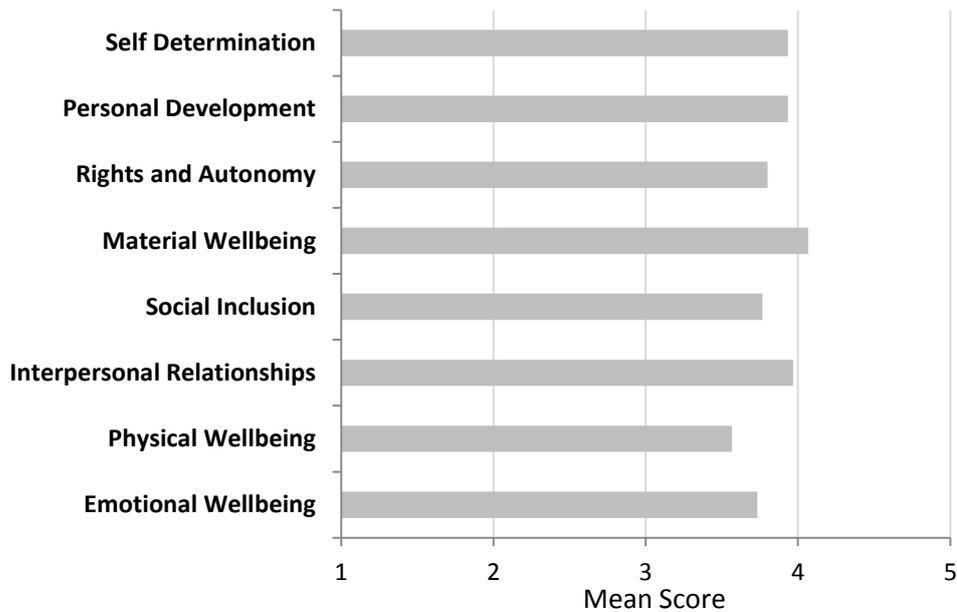
Table 6.1: Outcomes and indicators for individual packages

Domain	Indicators
Live with increased independence	
Self determination	Choosing personal goals Choosing where and with whom they live Choosing services Choosing daily routine Making choices about life stage transitions
Personal development	Acquiring new skills (decision making, participation, housework etc.) Realising personal goals Engaging in meaningful activities Education, training, volunteering
Live the way you want to	
Rights and autonomy	Exercising rights and being informed about them Having time, space and opportunity for privacy Being supported in making own decisions Deciding when to share personal information Treated fairly and with dignity
Live in the home of your choosing	
Material well-being	Possessions Income Homely environment
Social inclusion and participation in the community	
Social Inclusion	Participating in the life of the community Interacting with others in the community Living in an integrative environment Employment
Interpersonal relations (relationships)	Having friends Having intimate relationships Contact with family Engaging with staff (including support staff and other staff, such as the gardener for example)
Healthy and fulfilling lifestyles	
Physical well-being	Being safe Feeling relaxed and comfortable Having best possible health
Emotional well-being	Having natural support networks Feeling respected Having a stable and predictable environment Feeling safe

6.1 General findings about outcomes

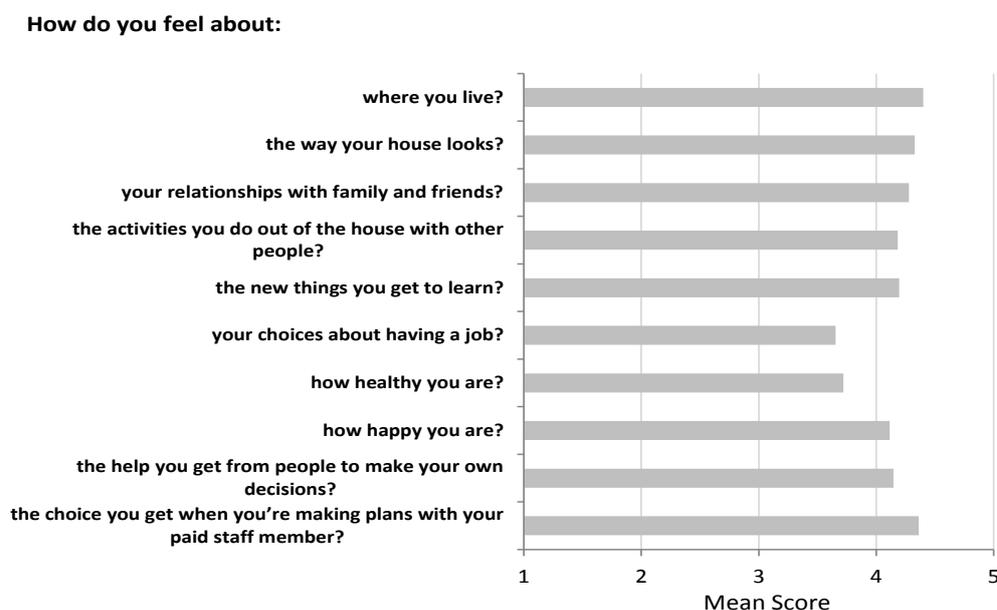
Interviews and surveys to people with disability, families and managers showed that most people were happy with most aspects of their lives. They were less happy with physical wellbeing (Figure 6.2), employment and health (Figure 6.3; Table C.8). The family survey results were similar, although they were less positive about support for choice and cultural needs (Table C.13).

Figure 6.2: Quality of life now, interview data, individual packages, means



Source: Interviews with people using accommodation support options February-August 2013
Note: Range of responses was 1-5 (very unhappy to very happy) for all support options. For details see Table C.18. n=30

Figure 6.3: Quality of life now, survey of people with disability with individual packages, means



Source: Survey to people with disability using accommodation support options July 2013

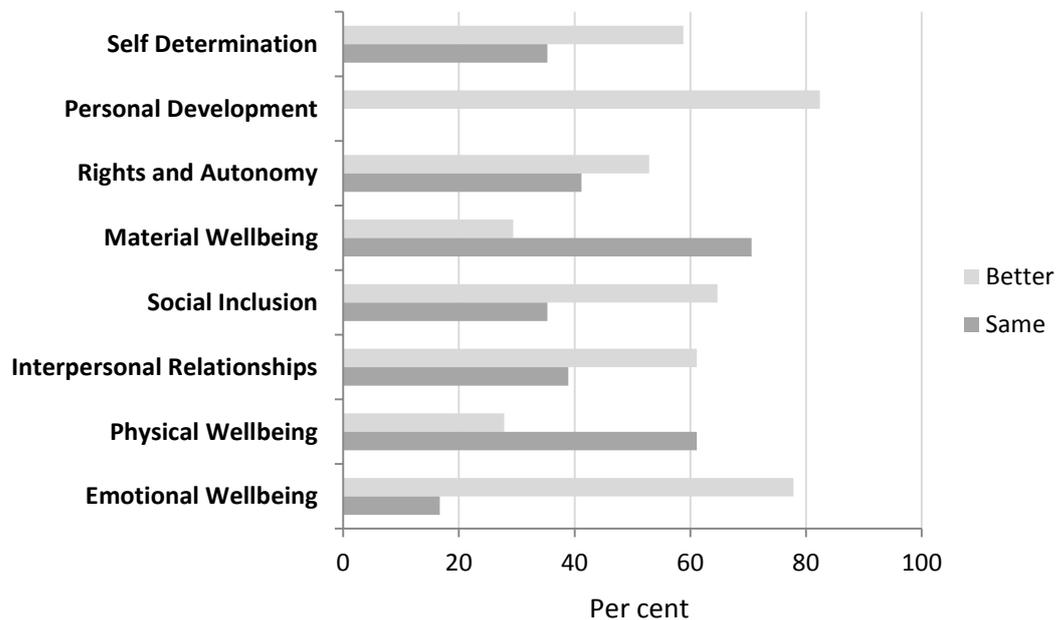
Notes: Range of responses was 1-5 (very unhappy to very happy) for all support options. For details see Table C.8. n=55-61

People were asked about changes in outcomes, as measured retrospectively from the before they used the option. Most people with disability said they stayed the same or had better outcomes on most measures (Figure 6.4; Figure 6.5; Table C.10). According to people's own interview statements, as summarised by the interviewers (Appendix B), greatest improvements seemed to be in personal development and emotional wellbeing (Figure 6.4). Self determination, social inclusion and interpersonal relationships also had often improved, while material and physical wellbeing appeared to have remained the same for many people.

Survey findings of people with disability were similar regarding improvements in self determination (choices when making plans), and physical wellbeing (health) staying the same (Figure 6.5). Many survey respondents also felt their material wellbeing (where they lived and the way their house looked) had improved. On most survey measures, more people said they had stayed the same, than said they had improvements. A few people said that their quality of life had deteriorated, most notably regarding their physical health and the support they received for making choices.

Families of people using individual packages indicated in the surveys that quality of life had improved for the person with disability in several areas, especially regarding opportunities for the person to learn new things, their community involvement, the decision making support the person received, and their life satisfaction (Figure 6.6; Table C.15). In other areas, many families felt that things had stayed the same, particularly the person with disability's job prospects, their physical health, material conditions and relationships with friends and family. Some families said that there had been negative outcomes, mainly in the person's choice and control over their life, decision making support from providers and the person's community involvement.

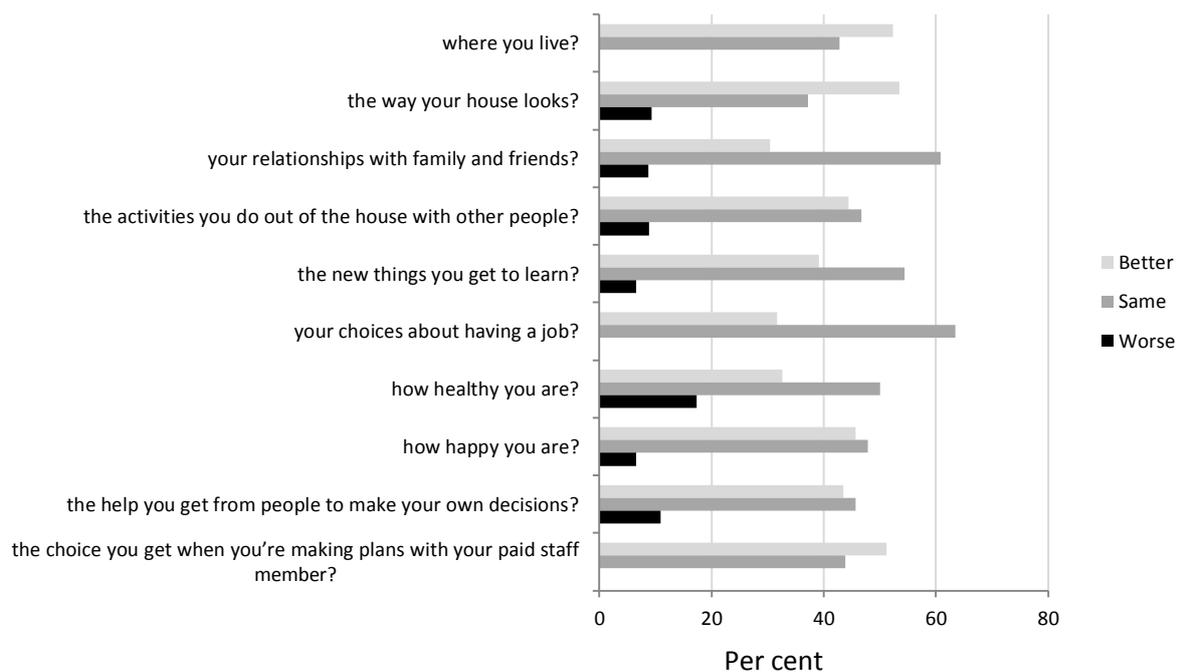
Figure 6.4: Change in quality of life, interview data individual packages, per cent



Source: Interviews with people using accommodation support options February-August 2013
 Note: For details see Table C.20. n=17-18

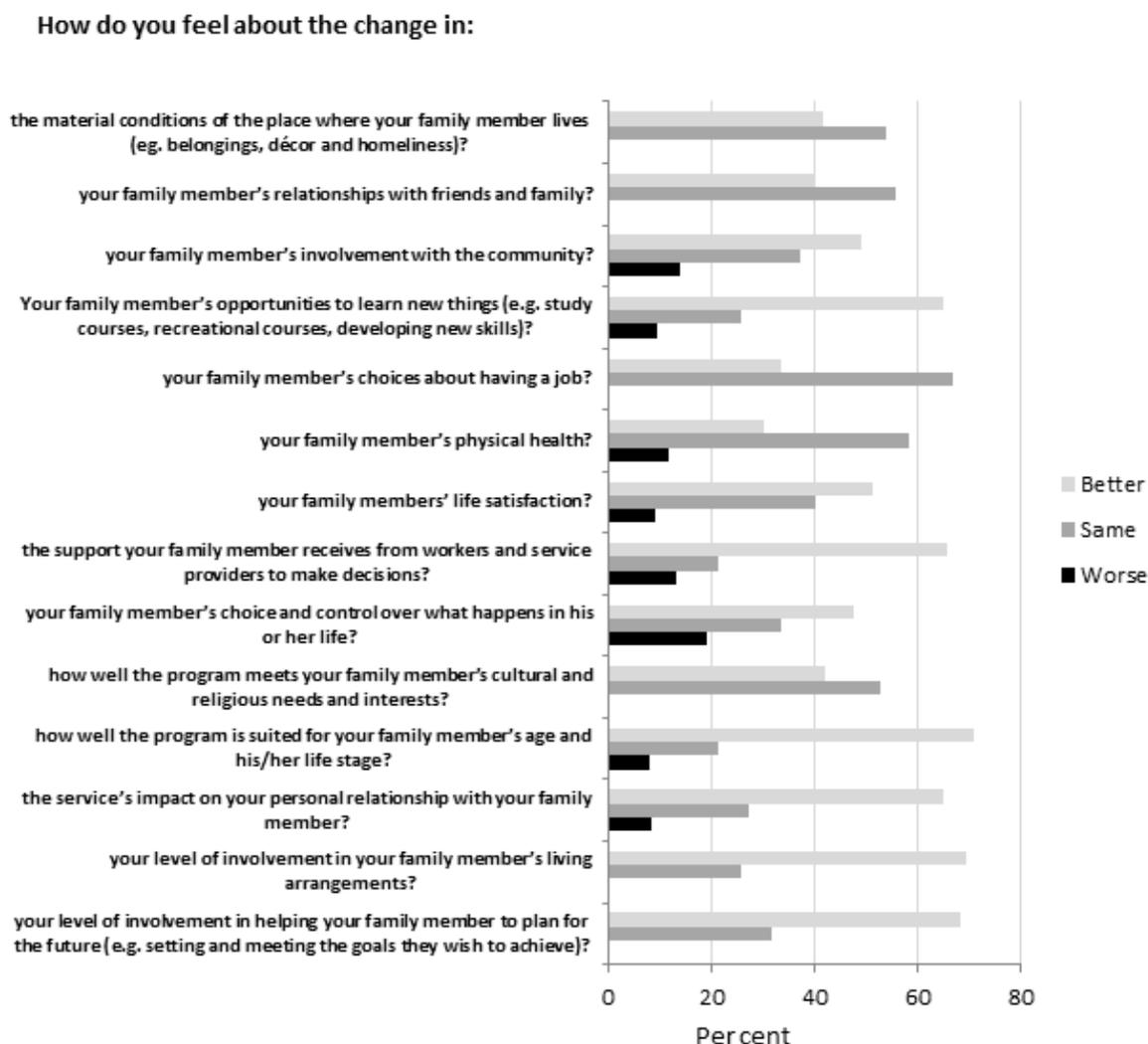
Figure 6.5: Change in quality of life, people with disability survey individual packages, per cent

Change in quality of life between before and now about:



Source: Survey to people with disability using accommodation support options July 2013
 Note: For details see Table C.10. n=41-46

Figure 6.6: Change in quality of life of person with disability, family survey, individual packages, per cent



Source: Survey to families of people with disability using accommodation support options July 2013
 Note: For details see Table C.15. n=37-45

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS programs, and responses were spread across these programs so that samples sizes were too small for analysis of separate programs. Most managers who responded to the survey rated their support option as effective or very effective in supporting people with disability to achieve the following outcomes:

- Living in a homely environment with possessions of their own choosing
- Developing and maintaining relationships with friends and family
- Living a self-determined life by making choices
- Having opportunities to acquire new skills

- Engaging in meaningful activities
- Interacting with people in the broader community
- Being informed about rights in order to exercise them
- Having best possible health
- Emotional wellbeing.

Most managers who responded to the survey also reported that the accommodation support option service was effective or very effective in supporting families and carers of people with disability in the following domains:

- Their relationship with their family member with disability
- Their level of involvement in their family member's living arrangements
- The supported accommodation funding or planning options available to their family member.

6.2 Self determination

Across the SLF and IASP interviews, there was evidence of people with disability increasing their self determination, in the sense of setting and working towards personal goals/plans and making their own decisions and choices. In the SLF, self determination was commonly framed around the goal setting process, and in the IASP, around general planning. In both programs there appeared to be an increase in the role of people with disability in choosing their own support workers. This appeared to be a point of particular satisfaction for many people with disability. People made a range of decisions and choices across both programs, varying according to individual circumstances and including choices and decisions about their daily activities, logistic arrangements, who their support workers would be and, in some cases, where and with whom they would live. People were making most choices and decisions where there was a combination of self-motivation in decision making, adequate support for decision making and a lack of additional complexities or extenuating factors that might compromise their decision making process.

SLF

Choosing personal goals

People with disability set and worked towards a number of personal goals through the SLF. A couple of people with disability interviewed had very clear goals for their future, including moving out of their family home, learning the skills necessary to live independently, getting a job, or getting a drivers licence. Others spoke of short term goals they were working towards. For example, one man was working on improving his travel skills so that he could visit his brother a few hours away by train, while another man had purchased an iPad with the goal of 'improving his use of technology' with assistance from his support workers. Several people had goals around improving health and fitness, which were supported by engagement in exercise through attending a local gym and walking.

Goal setting was built into the SLF planning process. Having access to a source of assistance for setting goals appeared important as several people with disability needed significant support in choosing personal goals and completing the SLF application. In most cases, families were supportive in facilitating the process of setting and achieving goals. This included the active involvement of parents, but also other family members, such as siblings, especially in the process of writing and developing the SLF application and initial goal setting. In other cases, assistance was provided by a support worker or the SLF Support Planner.

There were examples of innovative approaches by some support workers. For example, one Support Planner used the PATH person-centred planning tool,¹ while another support worker supported a man with low literacy to identify new goals for his SLF application by asking him to draw pictures of things he would like to do or learn when he moved out of home. He drew pictures of having a garden, learning to cook, learning to read and write, attending an activity group in order to make new friends, and going on a holiday. At the family's suggestion, a Support Planner included a family member who was overseas in the planning process via Skype because suitable language assistance was otherwise available. With this support from either family or the support sector, most people with disability were able to set a range of clear goals that related to moving out, employment, engagement in activities or the community, skill development and health and fitness. In a few cases people had more difficulty setting goals where they did not have these support people in place to assist them. This suggests the benefit of Support Planner type roles in all accommodation options where someone needs that type of support.

Choosing where and with whom to live

Many of the people with disability interviewed spoke about having a long term goal of moving out of their family home. The support provided through the SLF was assisting them in realising this goal. As one person with disability explained:

My SLF is helping me to become independent with the help of support workers. I will be very happy when I move to a place of my own and share the place with my friends.

A couple of people spoke of wishing to move out of their family home and living with friends. Another explained that he and his family were considering that students from the local university might be potential housemates. A number of people with disability interviewed were already living in a place of their own, either privately owned or rented, with a housemate. This arrangement had existed prior to the commencement of the SLF, and these people spoke of feeling happy about their living arrangement.

Choosing services

People with disability and family members spoke about choosing service providers and support workers through a range of differing methods. One person with disability spoke of sourcing his support workers through his existing social network. Several other people with disability commented on being involved in the advertising or interviewing process for their support workers in collaboration with family members. The opportunity to select their own support workers seemed something that several people with disability found particularly satisfying. A family member provided an example of her son not liking a particular support worker and independently making the decision to ring the service provider and ask for the support worker to be removed from his roster. The family member felt that her son was now

¹ Planning tool developed by Helen Sanderson

making more decisions for himself than he had done previously.

Choosing a service provider was a task that family members spoke about rather than people with disability. One family member spoke of meeting with various service providers and support workers before making a decision as to which service would manage the SLF package. She described mixed reactions by service providers to this approach. Another family member spoke of needing to change service providers with the commencement of the SLF package.

Choosing daily routine

A number of people with disability spoke of choosing their daily activities. One person described how his support workers were helping him to put in place a positive routine, which included waking up each morning at a consistent time. Two friends with disability who lived together were involved in the decision as to how best to structure the paid support they received through the SLF and developed a weekly routine. This included one day a week which was free for each to decide what activity they would like to do with assistance from their support worker.

Making choices about life stage transitions

A number of people with disability spoke of having a long term goal of moving out of their family home. One person spoke of watching his siblings leave home and wanting the same opportunity. For another person, one of his family members spoke of him identifying a long term goal of moving out of his family home but that he needed some help in identifying the smaller goals needed in order to realise this goal.

IASP

Choosing personal goals

In general, the experience of people with disability interviewed reflected a focus on general planning, rather than explicit goal setting. Some people with disability planned to move out of their family home, although not all spoke of using their IASP funding to help prepare for this move. Those who were using their funding to either prepare for or to support them to live out of their family home spoke of wishing to be more independent. They described receiving support to learn how to cook, clean and budget. A number of people also spoke of wishing to engage in more activities and having increased opportunity to socialise. This included regularly going out to local pubs or clubs or learning to use social media.

Not everyone had been involved in choosing personal goals and/or planning. This was sometimes by choice, for example, one man said of the goal making process:

It's a lot of hogwash – I don't care about them things anymore!

Another woman explained that although she met with her service provider on a weekly basis she had not been supported to develop any personal goals. The support she received with her IASP funding covered domestic assistance, such as grocery shopping and cleaning, and despite having a service agreement which outlined that the IASP option provided opportunity for her to be involved in the planning of support, she felt that the service provider had shown resistance to her involvement.

Meetings between people with disability, families and service providers appeared to be a common feature of the IASP, however the usefulness of these meetings appeared mixed.

Some people described having good relationships with their support workers and felt supported in choosing goals and creating plans, whereas a number of family members spoke of feeling frustrated by the lack of support from service providers for goal setting and planning.

Choosing where and with whom to live

The extent to which people with disability receiving an IASP were making their own choices about where they were to live was mixed. Some people interviewed were keen to live independently and in a couple of cases had actively stated this as preferable to living in their family home or in accommodation with a group of other people with disability. In each of these cases, family members spoke of being supportive of this decision. One mother highlighted that ‘that’s the really important thing’ – that her daughter made the decision about when she moved out of her family home. Where people with disability had made these decisions, they appeared to be confident in the decision and understood the options available. For example, one man who had moved out of his family home spoke of how much he enjoyed where he was living and that he had stayed only a couple of nights at his parent’s home in the two years since he had moved. Another woman with disability showed awareness of influencing factors to her decisions, saying that she had:

always wanted to move out [but was aware that she] can’t do things if we can’t pay people to support me.

Other people with disability, often those with higher support needs, appeared to be following the advice of family members regarding the most suitable accommodation arrangement.

Choosing services

People with disability receiving an IASP were involved in choosing their services to the extent that they were involved in the interview panel for deciding on their support workers or had requested particular workers. This was usually with the support of family. Having the opportunity to choose support workers was seen as positive. A mother commented that her daughter had:

never had this choice before... she will tell the service provider the type of person she wants to have working with her.

Another person with disability described how she had a number of different support workers before finding one that suited her best. In terms of choosing service providers, in most cases it appeared that this decision was made by family members. A couple of family members spoke of finding this task quite challenging.

Choosing daily routine

Several people appeared to be making at least some of their own decisions about their daily activities, for example, one man had independently arranged to go to the movies during his holiday with his support worker:

I spoke to him last Friday at the coffee club and then I rang to confirm.

Another woman said to her mother that she would rather meet her support worker at the shops than at her home, and this decision was respected. In some cases, support workers appeared to be supporting this type of decision making, for example, one worker had helped a woman to make a list of daily activities to assist her in planning her day and remembering what she needed to do.

Making choices about life stage transitions

A number of people with disability spoke of having a long term goal of moving out of their family home. Their IASP funding was assisting in making this possible as they were now less dependent on the informal support provided by family. One person spoke of wanting to get a job and was hoping to receive assistance from his support workers in the job seeking process, and another spoke of wishing to change jobs. One person spoke of the long term possibility of getting married to her boyfriend and was receiving support in this decision making process from family.

6.3 Personal development

In both the SLF and IASP, personal development was a focus, mainly through acquiring new skills and engaging in new activities, with some people also commenting on achieving or working towards plans or goals. Skill development centred on independent living skills, such as cooking, cleaning and other domestic tasks. Across both programs, support workers were key in teaching these skills, and in some cases people combined it with social activities, for example attending a cooking class. People also engaged in various meaningful activities. In the SLF, this often involved exploring mainstream community activities. In the IASP, people tended to participate in a mixture of disability specific and mainstream community activities, perhaps because the IASP funds are larger, with less incentive to the providers to seek mainstream solutions. A few people had participated in education or volunteering, but overall this was not a focus of personal development among people with disability in receipt of a SLF or IASP.

SLF

Acquiring new skills

Most people with disability spoke about using their SLF package to learn and acquire new skills. For many, this was about improving their domestic skills, including cooking, cleaning, vacuuming, washing up, mowing the lawn and doing laundry. Cooking was a particular area of focus for many people with disability. For example, one man noted that all the cooking used to be done by his mother and sister, but now he was able to occasionally cook for them. He and his support worker had been developing a personalised book of recipes. Another man spoke very positively about the support he received to develop cooking skills. He noted:

 Cooking is the best thing about the SLF... they taught me how to cook mushrooms.

Other areas of skill development included shopping and budgeting, learning how to use public transport, attending a first aid course and studying to pass a drivers licence test. A few family members noted that people's money and budgeting skills had improved, although people with disability did not comment often on this. Only one man appeared not to have focused on developing any new skills or have any responsibilities required of him, however, at the time of the interview he had only recently been successful in obtaining an SLF package.

The support available through the SLF had played an important role in acquiring new skills. Comments made by people with disability included:

 It [the SLF] helps me to do stuff I'd otherwise wouldn't be able to do.

The SLF has given me the chance to try new things... challenges me when I need it, explains needed info.

New services have given me a lot of choices with things to do and learn, and I want to keep on learning new skills and activities in my life.

Before I got the SLF I lived with my parents. Now they have organised a unit for me, and I do lots more things, and I am learning to be more independent and develop more living skills.

For most people, support to acquire new skills meant that their support worker worked with them on skill development. For example, one man cooked with his support worker two to three times a week.

Realising personal goals

People with disability, family members and managers reflected during interviews on goals that had been achieved since receiving the SLF. For example, one woman with disability commented that she had achieved goals that were identical to those she had outlined in her SLF application whereas a family member commented:

We achieved goals that we thought in the beginning weren't possible.

A manager noted:

The most significant outcome has been their self belief in independence, their realisation of achieving their own goals that have been set by them.

The manager also reflected on the complexities of managing risk, safety and health in the goal setting process:

Their choice might not always be the safest or healthiest, and providing they have been given that choice we have to deal with dignity and risk [...] You can recommend an alternative but not oppose it.

Engaging in meaningful activities

The other main area that people with disability discussed for personal development was trying a range of new activities. Many of these activities were centred on being purposeful, active and utilising resources and groups available in the mainstream community. People spoke of trying new activities, deciding whether they enjoyed them and then either continuing or trying alternative activities. These included recreational activities, educational activities, volunteering and activities related to health and fitness. Recreational activities included participating in or attending music classes, laser tag, movies, bowling, music gigs, football matches, boating, and various recreational clubs such as fishing clubs and Men's Sheds. Educational activities included cooking and sewing classes, literacy and using the internet at the local library. Forms of volunteering included working for a local charity or child care centre, and a couple of people spoke about the possibility of volunteering at the local nature reserve or community garden. Activities for health and fitness included gym, exercise classes, kick boxing, meditation, yoga, swimming, diving, horse riding and sessions with a personal trainer. One person did not describe trying any new activities using his SLF, however he had only just commenced using the funding and he worked full time.

People with disability and families highlighted examples of how they had arranged their SLF package specifically to suit engagement in these activities. For example, one man was

recruiting a second support worker because his current worker was female but he needed a male worker to support him in attending a Men's Shed. One person with disability reported that she lived with another person with disability, and they shared a support worker who assisted with domestic activities, but they each had a separate support worker for engaging in social and leisure activities because they had different interests.

Education, training and volunteering

As noted above, some people with disability in the SLF engaged in a range of educational activities including cooking and sewing classes, literacy work and using the internet at the local library. One family member felt that the changes within the TAFE system had reduced opportunities for education. Other people with disability spoke of volunteering, which included working for a local charity or child care centre, and a couple of people spoke about the possibility of volunteering at the local nature reserve or community garden. Some of these activities started as a result of receiving the SLF and others did not.

IASP

Acquiring new skills

In many cases, people with disability were using their IASP funding to acquire or develop new skills. This most commonly included developing skills in domestic tasks such as cooking, grocery shopping, budgeting, cleaning, washing and ironing and, in one case, using the telephone. Often this involved support workers teaching these skills. In some cases, it included developing planning skills around managing household tasks. For example, one man spoke of developing a routine in which he froze meals he had cooked with his support workers so he had meals available on days when he did not receive support. Another person was being supported to use his new skills to assist others. He spoke of doing the grocery shopping for his whole family with assistance from his support worker. In other cases, skill development was combined with developing other relationships and activities, for example, one woman had a regular cooking night with her brother's girlfriend, and another person was attending a group cooking class one evening per week.

Beyond domestic skills, examples of IASP recipients developing other independent living skills were limited. One man was completing a literacy and numeracy course at TAFE, and a few people were learning how to use an iPad with support. A couple of family members interviewed spoke of wanting to use the IASP funding to get support for their family member with disability to use their iPad to develop specific skills, such as expanding communication opportunities through augmentative and alternative communication or accessing software that might help in expressing emotions.

People with disability and family members spoke of a range of barriers to acquiring or developing new skills through the use of IASP funds. Reported barriers to supporting people's engagement in activities included difficulty with transport and difficulty managing complex behaviours while in the community. Sometimes other people were reported as presenting as barriers, for example, family members who took over tasks; support workers who were not assisting with developing skills; or providers using internal services rather than outsourcing or brokering specialist and other support. In some cases, people's high and complex support needs meant that they had limited opportunities to learn new living skills.

Realising personal goals

People with disability mainly appeared to be working towards their IASP plans or goals in the sense that these were underway and in process. No one directly commented on goals that

had failed, although, as noted in Section 8, some people mentioned limitations to the goal setting process that prevented them from embarking on achieving goals.

Engaging in meaningful activities

People with an IASP participated in a modest but enjoyable range of activities. People were more likely to attend disability specific services or activities than mainstream activities. People with disability and families mentioned a broad range of activities that they participated in through disability specific services. This included social outings, coffee clubs, swimming, sport, snooker, sailing, dancing, karaoke, bowling competitions, beauty therapy, cooking, volunteering and attending a Toastmasters course. People with disability spoke about these activities with much enjoyment, emphasising that it was often an opportunity to see friends. Involvement in many of these activities had been long term, but receiving IASP funding enabled greater independence from their families, as support workers rather than family members could facilitate involvement.

Others used their IASP funds to participate in new activities with support. For example, a woman with disability commented on how she had originally attended a mainstream community sewing class, but when she found this too difficult, she pooled her funds with another IASP recipient to have private lessons with the same sewing teacher. This person commented:

I do many more things now that I have funding.

Other people spoke of specifically seeking more activities in the community, such as one man who wanted to move from a disability specific sailing group to a mainstream sailing group. People with disability had either had support to learn travel skills to attend these activities independently or went with a support worker. One mother reflected on how the extra support worker hours available through the IASP had allowed her daughter to do more activities:

Now she can get support with the things she wants to do, with various activities. For example, in the past she wanted to do drama on a Friday night, but we've always said 'no, you can't do drama' because we already take her to swimming on Wednesday nights and social club on Thursday nights and it's just too much for us to be going out late at night to pick her up. But now we've been able to say 'yes' to drama, so she starts next month... That's why the funding is great, because we have a lot more options... being able to employ staff to help us out.

Other people were using the IASP to access community facilities and spaces, usually with the support of a worker. One mother commented on how it was more appropriate to go to football matches or to the local pub with a support worker of a similar age, rather than to be reliant of parents for these activities.

People with disability also mentioned a range of leisure activities done at home. This included making photo albums, watching TV, using iPads (including learning to play multi-player online games), and using social media.

Education, training and volunteering

A few people with disability receiving an IASP were engaged in both education and volunteering through their day program. One person engaged with volunteer work through assisting with running Meals on Wheels. Involvement in these activities was independent of

receiving IASP funding. Some people had also attempted TAFE courses or work experience prior to receiving their IASP.

6.4 Rights and autonomy

The main areas mentioned in regard to rights and autonomy in the SLF and IASP were being informed about and exercising rights; having time, space and opportunity for privacy; and support for decision making. Across both SAEF options, most people with disability were able to maintain privacy, whereas being informed about and exercising rights was more complex. In the SLF, people spoke about the complexity of the application process and the difficulty of obtaining adequate information. People using the IASP reflected more on the difficulty of obtaining funding and or specific information about the package than the application process, perhaps because it does not yet treat accommodation as a continuum of support.

SLF

Exercising rights and being informed about them

People with disability and family members provided examples of being informed about and exercising their rights in relation to the SLF. One man said that when he decided that he wanted to move out of the family home, his family supported him. People with disability appeared particularly satisfied with the opportunity to advertise for, interview and choose their own support workers; this was commented on positively by a number of people with disability and family members. A family member observed that autonomy was something that was continuing to develop:

As he grows more autonomous, I will be able to step back. It is a work in progress and he is going in the right direction.

Some parents spoke about being well informed about the SLF through contact with SLF Support Planners or the advocacy sector. While most people with disability and family members were satisfied that the SLF informed them of their entitlements and rights, being informed did not always go smoothly. The application process for the SLF was cited by several families as complex, with a number explaining that several family members were needed to work through the application with the person with disability. One mother, whose daughter had not previously been receiving services, felt that there was not enough support for informing those who were less familiar with the disability sector. A family from a non-English speaking background reported particular difficulty, as translation services were not provided, meaning that they had to rely on a family member living overseas to translate and assist in filling out the SLF application via Skype. One manager explained that '[Support Planners] are giving clients missing information about what their entitlements are'. This manager felt that the Support Planners were not sufficiently informed about the SLF, which was why they did not always provide clear information.

Having time, space and opportunity for privacy

Many people with disability using the SLF did have time, space and opportunity for privacy. Those who moved out of home as part of the SLF or were planning to move out seemed happy about having their own space and freedom. Many who were living with another person with disability said that they shared the main living areas, but had their own bedroom and that this gave them enough privacy. Two friends with disability living together commented

that since they had been able to directly choose their support workers through the SLF, they had far more control over who entered their home than before they received the package.

Others were able to maintain their privacy while living within the family home itself, for example, one man had his own wing in the family home with his own bedroom, bathroom, TV and recliner chair. Another way that people were able to maintain privacy was to have their own time with support workers; for example, two friends with disability who lived together had separate days with their support workers to choose what they each individually wanted to do, while a brother-sister pair who lived together each had their own support worker for the same reason.

There were a few instances of people with disability having their privacy disrupted. One woman explained that most of her support workers did not respect her privacy:

They just come in... disrespectfully in a degree, yes... sometimes it just clashes.

Another person reported that her support workers looked through her possessions without asking. In another case, a person reported that her flatmate would go into her room and take personal things without asking. She also said that the flatmate was very religious and was trying to persuade her to engage in religious activities which she did not wish to take part in.

Being supported in making own decisions

Beyond support to set goals (see Section 6.2 above), there were other examples of support for making decisions. Where people with disability spoke about this, they usually mentioned asking or discussing ideas with others when making decisions. This commonly included discussions with support workers. One mother commented that her son:

Makes his own decisions after all the facts are in.

Others cited processes of negotiation. A mother, for example, spoke about posing an idea to her son about him moving into a house previously owned by his grandparents, which he did not at first like, but later agreed to once they worked out that the house would be renovated. Another parent commented on needing to support her adult child to make decisions and choices about healthy food.

Support workers commented on providing decision making support, for example, the method cited in 6.2 relating to the drawing of goals. Another support worker commented that one person with disability found it hard to make decisions himself as he was used to other people making decisions for him. There were examples of both parents and support workers commenting on increased independence and confidence in decision making among a number of people with disability.

No one made direct comments on deciding when to share personal information or about being treated fairly and with dignity, although people with disability in the SLF did comment on feeling respected (see Section 6.9).

IASP

In general, not much information was given about how people with disability receiving the IASP experienced rights and autonomy. The findings below are based on the few cases where this was mentioned during the interviews, often indirectly.

Exercising rights and being informed about them

There was not a strong sense from the interviews as to whether people with disability receiving an IASP were informed about and able to exercise their rights. In some instances, people with disability spoke about feeling supported by their families in a general way. One mother spoke about how her daughter had expressed a desire to one day get married and have children. While she felt this would require significant support, she did not feel she had the right to decide otherwise for her daughter.

Concrete examples of people with disability being provided with information and choices in a practical sense were limited. A woman with disability said that she had not received sufficient information about budgeting and support worker's pay rates, which had left her with a lack of clarity about how she was spending her package. She reported that she did not feel the service provider had treated her with respect or dignity. These details should have been available to her during the planning process. A man spoke about how his affairs were managed by the Public Trustee, who he called a 'dickhead'. It was unclear whether these were widespread experiences or not.

Have time, space and opportunity for privacy

Having time, space and opportunity for privacy was one of the areas best reflected on by recipients of the IASP. Several people mentioned having their own bedrooms as beneficial for privacy. A family member of a woman who had moved into her own apartment commented:

I wanted her to have her own lounge room because all these years she has been doing all her TV watching and that sort of stuff... I just wanted her to have a regular house where she has the lounge room to herself... She can do whatever she likes [now that she has moved] – has more space to herself – all the rooms are hers to enjoy.

Where people with disability had obtained private space, they often appeared to enjoy and value it. For example, one man enjoyed his own space so much that he had rarely slept at his family's home since he moved, even on special occasions. People with disability also commented on side benefits of having private space. For example, one woman commented that her family used to lock the kitchen cupboards, because she liked to 'sneak food', however now in her own place, this was no longer an issue.

A couple of people expressed concern about a lack of privacy. One man noted that his home was sometimes shared with recipients of respite services, and a mother commented that her sons had more space to themselves currently in the family home than they would when they moved into their own accommodation as planned.

Being supported in making own decisions

People receiving an IASP had varying experiences with support to make decisions. Some people with disability were making their own decisions. In some cases, this appeared to be where people were less in need of support or assistance with the decision making process. The decisions appeared to be recognised and respected by family members, even when they did not agree or had personal reservations about the decision. Other people with disability cited receiving more active support for decision making. For example, one woman mentioned discussing decisions with her support worker, and a family member spoke of encouraging her son when he was '50-50' in making his decision about where to live.

When people with disability were making fewer of their own decisions, either with or without support, they cited a range of additional complexities or extenuating factors. For example, one woman was reported to have mental health issues, which her family felt impaired her judgement for decisions. Another man recently moved to living with family members who were not experienced in supporting him. They had not yet looked beyond using IASP funding for respite to other sources of support for more self determination and decision making. In another family, the person's communication needs made it difficult to observe when she was making her own decisions and when family members were making these for her. In these cases, some families and support workers had taken a greater role making or vetoing decisions, rather than supporting the people to make decisions themselves.

These findings suggest that supported decision making might be happening where people with disability were self-motivated in decision making or where adequate supports were in place, but that high support needs or additional complexities (e.g. mental health issues, communication impairment) might make it more difficult for supported decision making to be carried through successfully. The implication is that attention needs to be given as to how to support people to make decisions when high support needs or additional complexities affect the person's decision making.

No one made direct comments on deciding when to share personal information or about being treated fairly and with dignity, although people with disability receiving an IASP did comment on feeling respected (see Section 6.9).

6.5 Material wellbeing

Overall, people with disability in receipt of a SLF or IASP enjoyed a reasonably good standard of living, but the extent to which SLF and IASP funds contributed to this was limited. Many people said that SLF and IASP funds were predominantly used to cover the costs of support workers rather than the costs of property, rent or other material possessions, as is consistent with accommodation support policy. The costs of material wellbeing were covered by the personal resources of the individual and/or family. Transport was sometimes cited as problematic, as was the cost of rent.

SLF

Possessions

People with disability spoke about a number of possessions, although in most cases these were not bought with SLF funds, and there did not appear to be a significant change in material possessions as a result of joining the SLF. The only exceptions were three people who cited buying an iPad using their SLF package. Many recreational items were mentioned during the interviews, even if not bought through the SLF. These included TVs, computers, Wii games, iPods, iPads and music systems. Furniture and decor were mentioned, such as one man's recliner chair and another's music posters. Some sports equipment was mentioned, such as a tricycle and a trampoline. There was little difference between the items mentioned by those living in the family home and those living in their own homes, although one person with disability living with his mother commented that the house was decorated mainly with her possessions.

Income

People with disability and family members interviewed did not reflect directly on their income, but they did reflect on rent and cost of living. These reflections are reported below.

Housing and homely environment

People with disability lived in a range of housing situations. Some people with disability were living with parents. This might be in their parents' home, in a separate wing of the home or in a granny flat. Most people with disability described homely conditions living with their parents, such as access to a kitchen for cooking, a plan to start a vegetable garden and having their own space within the house, such as their own bedroom. For some people with disability, living at home was either not chosen or not appropriate. One man laughingly commented that he wanted:

My own house ... friends allowed, family not.

In another family, a man with disability's support needs were such that he could no longer be supported at home, and an application had been put in for housing elsewhere; this application was to mitigate the risk of the man being left in emergency respite care. Most family homes presented a pleasant environment, but one man lived in a poorly maintained housing commission house.

Other people with disability lived separately from family, often in their own or a shared flat or house. This accommodation had often been purchased by parents. Some people lived alone, while others shared with flatmates. These flats or houses were usually well decorated and maintained, displaying personalised items, such as certificates or other possessions, and with a comfortable, personalised atmosphere. This did not always reflect input from the SLF; for example, one woman commented that all of her possessions had been purchased by her mother, rather than through the SLF. A pair of people with disability living together noted no difference in their material standard of living since joining the SLF. Overall, people commented that the SLF package was more commonly used to cover the costs of support than for buying or maintaining material possessions, such as furnishing houses, which are not within the SLF guidelines. Partnerships with housing providers would be expected to increase here as the disability support role decreases.

Other

People with disability and families using the SLF also commented on other areas of material wellbeing, including rent, cost of living and transport.

Rent and cost of living. People with disability had various arrangements for paying rent. For some, this was covered through their Disability Support Pension or taken from their net income; for one woman, it was 25 per cent of her net income. One woman noted that high rental prices might be a future impediment to maintaining her housing situation. A number of people with SLF were in employment. They reflected on their enjoyment of work, but rarely on the role of their income in establishing their material wellbeing.

Transport. People with disability described using a number of forms of transport, including bikes (including one person with an electronic bike and another with a tricycle), public transport or receiving support for transport from either family members or support workers. Lack of appropriate or accessible transport was cited as a barrier to engagement in the community.

IASP

Possessions

Material possessions rarely seemed to be purchased using IASP funds. Most people's possessions appeared to have been bought by family or acquired when moving out (e.g.

acquiring second hand furniture through friends or relatives). The only item commonly purchased with IASP funds were iPads for disability support. People spoke of learning how to use their iPad either with support from family members or support workers. Some were using their iPad for entertainment, while the focus of others was on skill development. For example, one person with disability was learning how to use the electronic calendar, and another was hoping to use it to assist with his communication. Other possessions included computers, music systems and pets, although these were not purchased using IASP funding.

Income

People with disability and family members using the IASP did not comment directly on income, but did discuss the cost of living, as detailed below.

Housing and homely environment

Recipients of the IASP were living both independently and with family. People with disability receiving the IASP commonly lived in their family home or with adult siblings, usually in comfortable and well maintained conditions. In some cases, family members spoke of having used the IASP funding to complete modifications to the family home to improve accessibility. One family member, whose brother with disability had recently come to live with her, did state that the lack of alternative housing provided meant that she could no longer maintain employment due to the level of support her brother required.

A number of people with disability were living in independent locations, for example in a separate apartment or townhouse, either with flatmates with or without disability or alone. These homes appeared comfortable and well maintained. Some of these homes were in small communities, where public transport and local facilities were readily available. In several cases, family members had purchased the properties and they had been furnished and decorated without assistance from IASP funds. One family noted that they could do this only because they had recently inherited some money and the IASP package had come at a good time; here, and for several other families, the IASP funds seemed more likely to pay for support workers than the direct costs of property or living. One person was living in community housing apartment and another in an apartment made available through a service provider.

Other

People with disability and families using the IASP also commented on other areas of material wellbeing, including cost of living and transport.

Cost of living. A few people commented on cost of living in relation to IASP funds, and those who did had various experiences. One family member felt that her daughter had 'more spare cash' and a better standard of living now that she had IASP funding and did not need to self-fund all activities. However, another person with disability explained that she could only afford living costs because she shared with a flatmate because affordable housing is not within the responsibility of the package. A mother highlighted that she was not in a position to purchase an apartment for her daughter and that she feared that rental prices might be unaffordable when her daughter did decide to leave home. The latter two cases highlight that expenses and cost of living might be a significant issue for recipients of the IASP, perhaps especially in relation to the purchase or rental of property. As IASP funds were often used for support workers, as required by the guidelines, rather than living costs or property capital, outcomes on material wellbeing for people with disability might depend on their own personal or their family's financial resources. People with disability who had employment did not reflect on the role of their income in establishing their material wellbeing.

Transport. Recipients of the IASP commented on transport where they were hoping that the IASP funds would assist with this. Two families were attempting to lease accessible vehicles through IASP funds and another family member said that they would like to purchase an accessible vehicle with the IASP funds.

6.6 Social inclusion

Across both SLF and IASP, social inclusion happened through participating in the life of the community and interacting with others in the community. People with disability used a range of community spaces and facilities and interacted with others. Often these were long term friends or people they had existing relationships with, although some people had established recent friendly acquaintances in the community. In the SLF, the focus appeared to be on expanding to mainstream activities. In the IASP, a combination of disability specific and mainstream activities was common. Some people with disability in SLF were attempting to find employment with the help of their support worker. However, across both programs there remained some people for whom social inclusion was still to be worked on.

SLF

Participating in the life of the community

There were many examples of people who used the SLF for participating in the life of the community. For many, this meant using community spaces and facilities, often with their support worker. For example, people with disability described accessing shopping centres, cafes, cinemas, a night club, libraries, gyms, putt-putt golf and public transport. In other cases, people described participating in the community through joining community groups. For example, one man was going to meditation and yoga classes, and another was preparing to attend his local Men's Shed. A woman was part of a swimming squad, and another had joined a community garden. One man had used the SLF goal setting process to set a goal of attending more community events, for example football matches and live gigs. Another man, who had been participating in his local bowling league for a number of years, planned to use his funding to assist in increasing other activities outside the home. This suggests that for some people with disability, extending the variety of ways of participating in the life of the community might be an important function of the SLF.

Interacting with others in the community

People with disability had various experiences of interacting with others in their communities. Where people did interact with others, this often appeared to be linked to pre-existing strong connections through either mainstream schooling, local employment, long term involvement with a group (e.g. the man who attended the bowling club) or smaller communities where it might be easier to be cohesive and well known (e.g. regional communities). Where these relationships were particularly good, people in the community took an interest in people with disability, for example, attending their birthday celebrations, offering them a lift, or one man had his house renovated by a group of people from his local community. Beyond these well established relationships, others spoke of having friendly acquaintances in the community, such as with shopkeepers or staff at the local pool, whom they saw regularly. One parent commented:

She is beginning to forge new links, particularly gaining confidence shopping for herself and finding regular places, for example cafes, where she is becoming known.

For other people, opportunities for interacting with others were more limited. For example, one man did not know many people outside his immediate family, while another said that 'people are ignoring me' at work. One woman commented:

I like my unit, but I don't like the people. There are 56 units in the complex. Most tenants are aged people and very sick. Only few are younger, maybe two or three. None of them talk to me... Most weekends I am on my own. I would love to have people coming on [the] weekend to my place and spend time with me, cook meals and eat with me, going to movies, take me out.

Such comments highlight the importance of both appropriate living location and appropriate support in interacting with others in the community. For some people, simply living in a community location might not be enough.

As with participating in the life of the community, some people had relationships with one or a few people in the community, but aimed to establish more interaction with others through the supports offered in the SLF.

Living in an integrative environment

People with disability using the SLF were involved with both disability specific and mainstream supports. Some people were using disability specific supports through post school programs, therapy, supported employment and organisations for taking people with disability on holiday. The focus of the SLF seemed to be on SLF support workers assisting people with disability to use or attend more mainstream facilities, groups and activities in the community. As such, people were commonly using the SLF to have the support necessary to access the range of facilities and groups outlined above and elsewhere in the report, including shopping centres, cafes, cinemas, a night club, libraries, gyms, putt-putt golf, public transport, a range of classes and groups (e.g. sport, yoga or art), clubs, football matches, gigs, Men's Sheds and community gardens. Whilst people were using disability specific supports, many people with disability spoke of using SLF to improve their engagement with the mainstream community.

Employment

Several people with disability described their work life. Packages are not intended to provide employment support, which are covered by referral to employment agencies, post school programs and day programs. People were employed prior to receiving their SLF package. Employment tended to be in retail or the disability sector. Places of employment included McDonalds, supermarkets, a bakery, disability service organisations and supported employment. People working in retail appeared to enjoy their role, with a few having been in the same work for more than a decade. A couple of people had certificates on display in their homes relating to their years of employment, and one man spoke about how he enjoyed saying hello to customers when he saw them outside of the work context. Other people with disability were looking for other job opportunities:

My son would love to work in an office and has worked in retail for 8 ½ years. We cannot seem to get anywhere with him finding a new job (family member).

A couple of people were looking for employment with assistance from their SLF support workers. One man was completing a work trial at a supermarket, and another was investigating future options for volunteering. For others, a job was not yet an option. One person said:

Life is now full of opportunities except in the job front.

People with disability who were employed rarely spoke of the role of income in establishing their material wellbeing.

IASP

Participating in the life of the community

People with disability receiving the IASP commonly appeared to participate in the life of the community by using community spaces and facilities, most commonly local shops, cafes and clubs, but also community colleges, movies, beaches and other recreational spaces. In many instances, this was directly facilitated by IASP support workers who accompanied people with disability in the community. A number of people with disability were also participating in the life of the community through disability specific organisations, such as organised social groups.

For a number of people, a major barrier to participation in the life of the community appeared to be lack of suitable transport. Where people lived beyond walking distance of shops, were not able to use public transport or did not have accessible or effective transportation available to them, they were less likely to be participating in the life of the community. This linked to the desire expressed by several family members to use IASP funds to access wheelchair accessible transport. Other barriers to participation in the life of the community included mental health problems and lack of confidence. One man could not find a suitable accommodation support provider, which meant that he was living in a health institution. He has since moved.

Interacting with others in the community

Where people with disability using an IASP were participating in the life of the community, they appeared to have a strong focus on socialising. In some cases, this meant spending time with family, for example going out to eat with parents, siblings or nieces and nephews. People with disability also reported engaging with friends in community spaces, for example attending sports games together or going to a night club with friends and a support worker. Several people reported making friends by attending their day program. For some people, their chances to do activities in the community with friends had markedly increased since starting the IASP. One person commented:

I do so many things now that I have funding.

For a number of people, disability specific groups were an important chance to connect with friends and do activities in the community. For example, people spoke of attending social groups, playing snooker, taking part in bowling competitions, pamper evenings, coffee clubs, karaoke or going dancing with friends. In a small number of cases it was reported that service providers had either not pursued opportunities to connect with others in the community or that the process of organising proper support for this with service providers had been time consuming and ineffective.

Living in an integrative environment

Many people with disability receiving an IASP used disability specific services, such as activity groups for people with disability or day programs. Some people appeared to combine disability specific services with using the support workers available through the IASP to also do other things in the community, such as use community spaces, catch up with friends or go

to beaches or on bushwalks. In these cases, the support workers appeared to be the bridge between mainstream activities and disability specific support. There were also a number of other ways that people with disability navigated an integrative environment. Some people with disability had a weekly schedule that included some disability specific activities and some assistance from support workers to do more mainstream activities. Other people attended disability specific activities within mainstream spaces, for example several attended a local community college that ran a program for people with disability within a mainstream college setting. There was also an example of one man looking to expand from a disability specific activity that he had enjoyed to a mainstream option for the same activity; he had enjoyed a sailing group for people with disability, and his family were now exploring options for how he could go sailing in a way that was not disability specific.

Employment

People with disability receiving the IASP were often engaged in mainstream employment, supported employment and volunteering. This included office jobs, maintenance jobs, child care and sheltered workshops. People also commonly attended day programs or other disability specific services. No one directly commented on the role of the IASP referring people to suitable support to secure or maintain employment, although one person was currently looking for a job.

6.7 Interpersonal relations

Across both the SLF and IASP, people with disability commonly reported having a variety of relationships, including with family, friends, boy or girlfriends, flatmates and support workers. A number of people also spoke of relationships with neighbours, community members and service managers, while others did not. Most people with disability spoke of having many good relationships characterised by trust, support, fun and time spent together. A small number of people with disability also spoke about difficult relationships, for example with family and some support workers.

It was difficult to determine the role of the SLF and IASP in influencing relationships. Often moving out of the family home had improved relationships with the parents or siblings, although in a small number of cases the stress of organising the SLF or IASP, with or without planning support, had strained family relationships. In many cases support workers were able to provide support for building and maintaining friendships. The importance of ensuring positive relationships with suitable support workers and matching for age and personality type was also highlighted.

SLF

Having friends (and other)

People with disability described relationships with friends, but also with peers, neighbours and community members, although they did not always attribute these relationships to the SLF. Several people with disability had longstanding friends, sometimes since school or from their childhood neighbourhood, and in a few instances these were the people they were living or planning to live with. One man had attended a mainstream high school where he had made friends; a couple of his friends had become his support workers when he started the SLF. Other people with disability had made new or more recent friends, including through work, their unit block and various activity groups. One woman who had moved spoke of how she kept in touch with friends in her old town via social media, with assistance from a support worker. A family member noted that her daughter had developed good relationships with a

person from her church who was helping her make a recipe book. For others developing friendships was a challenge. A parent commented:

[My daughter] loves her accommodation, but is still a bit isolated socially.
[She] has a good relationship with [paid] carers, but few real friends.

A couple of people spoke of using the support available through their SLF package to engage in different community activities and groups with the view of meeting new people and potentially expanding their social networks.

Several people with disability interviewed spoke about their flatmates. One person lived with one of his longstanding friends who he met in primary school, and according to his support worker this arrangement worked well, as they were good at pooling resources and supporting each other. Another person moved in with someone she knew from high school. The person with disability and her support worker mentioned that she was not completely satisfied with this living arrangement, as her flatmate did not often engage with her socially. Another family was still considering how to select a flatmate:

Our current challenge is to find an appropriate community member to share his home.

Having intimate relationships

Two people with disability spoke about intimate relationships. One man mentioned a past relationship with a girlfriend and explained that he would like to have a girlfriend again in the future. Another man was currently in an intimate relationship; one of his parents noted that his service provider had linked them up with a specialist family planning service to support their relationship. The need for SLF support in extending relationships was mentioned by a few people in the interviews.

Contact with family

People with disability had variable relationships with family, however few people with disability made direct comments on how the SLF had influenced these family relationships. Most people had positive relationships with their family. This included socialising together, family holidays, frequent visits by family at the person's home and close relationships with a range of family members including parents, siblings, grandparents, nieces and nephews. One woman described how her brother would cook for her, another commented:

My mum is the most warm and generous person I know.

A man described his goal of developing his travel skills so that he could independently visit his brother a few hours away by train. Other people with disability described more distant relationships with family, where they would speak to family members only occasionally or where family members lived close by but they did not see them regularly. One woman was becoming so busy with a range of activities that she no longer visited her parents as often on the weekends, but still enjoyed a close relationship with them.

A few people with disability had poor relationships with family. A couple of family members were observed by researchers in the interviews to speak in a patronising and disrespectful manner towards their family member with disability. In these cases, people with disability usually had other supportive relationships in place, such as other family members or support workers. In one instance, a particular support worker who had been involved for the last six years provided support to lodge the SLF application.

Family members reflected on changes in their relationships with their family member with a disability as a result of the SLF. Many highlighted how their relationships had changed positively since the SLF. One parent commented:

Now I don't do nearly as much personal care, we have more quality time together.

Others commented on feeling that their adult children respected and appreciated them more now, for example:

Our relationship has also changed, he is not so dependent on me... he respects me more now, I think.

Another parent commented that her daughter was now better at noticing her feelings, such as being tired or needing space, and that this had improved their relationship together. Other family members commented on change in how people with disability engaged within relationships, for example:

Since he is becoming more independent now, his self confidence has improved a lot, and he is able to have more meaningful conversation with family and friends.

A father noted how his son was becoming so busy that he now had to make a set time to see him, but that he felt this was a good thing:

It limits my options for seeing them [his son and the son's flatmate], which is a good thing, not a bad thing – it's exercising his authority and independence.

Staff and managers reflected similar observations about improvements in the quality of family relationships. One service manager said of the SLF:

[Parents] have made some extra connections with their children.

They gave the example that they assisted one client to visit her mother in a nursing home on a regular basis.

Engaging with staff

Most people with disability described getting on well with their support workers, describing them as 'very nice', 'good fun', 'my friend', 'funny' and people they could trust. Where relationships with support workers were positive, these were characterised by the support worker offering respect, flexibility, structure and support as required. Often the support worker was described as being young, friendly and dynamic, and sometimes people with disability spoke of having shared or common interests with their support worker. For example, one man and his support worker shared interests in country music and horses, which meant they got on very well. Where relationships with support workers were positive, people with disability spoke of feeling less lonely than before and appreciative of their support. For a number of people, family members commented on noticing significant improvements in mood since they had started receiving support.

A few people with disability described current or past support workers who they did not like or did not feel comfortable with. One woman described her support worker as 'bossy', saying that she was sometimes confusing and could upset her. This person's family member felt that support workers were not adequately trained in how to support her daughter's mental

health needs. However, the same person also noted that 'it's fantastic' that a younger support worker recently started working with her, and this had made a positive change to her life. This woman's experience highlights the importance of the personal characteristics, such as personality and age, of support workers. The opportunity for people with disability to be personally involved in selecting support workers was felt to be beneficial for establishing effective and positive relationships. One man commented that he 'got lucky' when choosing his support workers.

One mother felt that there was a benefit in keeping personal care and support for recreation separate. The SLF enabled these types of decisions to be made, and she also felt there was a benefit in her daughter not being reliant on only one support worker. A parent of another man noted that the support workers had been accessible for her son and:

When he has serious questions, he can always contact them.

Staff and managers noted the benefit of having the consistency of just one worker (or a small number) through the SLF for developing positive relationships between people with disability and support workers. This was seen to promote trust and involvement, although it needed to be balanced with maintaining professional boundaries.

There was not a lot of mention of the support planners by the people with disability interviewed. However, when people with disability or family members did talk about their support planner, they usually spoke about them positively. For example, support planners were described as taking a 'flexible and supportive approach', 'efficient' and perceived as engaging. One support planner came to the individual's house when they were making a Skype call to another family member living overseas during the SLF application process. For other families, contact with the support planner ranged from one to several face to face meetings, often on a needs-basis, with other contact largely by telephone or email.

IASP

Having friends (and other)

Where people with disability in the IASP spoke about relationships with friends, two themes stood out. Firstly, for most people friendships seemed to be linked to planned activities, such as seeing their friends in organised social groups or disability specific activities. Spending time with friends outside of organised activities seemed to be less common. Secondly, because of the large proportion of people interviewed who received the IASP also being connected through the RASAIID and SSDAAG communities, many people with disability appeared to be part of the longstanding friendship networks in these communities, which were greatly enjoyed and valued. A few people with disability commented on establishing relationships with neighbours or people in the local community.

The IASP funding was reportedly being used to maintain and develop friendships. Examples included assistance and encouragement from support workers to make telephone calls to friends; support workers attending social events with people with disability, such as a worker who went to a nightclub with one woman and her friends; and plans to move out with existing close friends. Some family members commented on the importance of personality type and of having support workers of a similar age to the person with disability in assisting their family member in developing and maintaining friendships. Together these findings highlight the importance of planned activities to people with disability for having and maintaining friendships, and the importance of assistance from appropriate support workers in expanding opportunities for developing and improving friendships. Some people with disability in the IASP reportedly remained relatively socially isolated, possibly due to safety concerns,

support needs, behavioural difficulties, inaccessibility of housing (for visitors) and ineffective IASP planning. For these people, friendship was often identified as an area for further development.

A small number of people commented on relationships with flatmates. These relationships were varied. Some people had moved in with existing friends, others with people they had not known. Some people had moved in with other people with disability, others with people without disability. Some people described friendly relationships with flatmates from which they drew emotional support, while others reported amicable relationships but not friendship; no one reported direct conflict with flatmates. A couple of people with disability lived alone. Information about the quality of relationships with flatmates was sparse. One family member spoke of relationships with flatmates. She spoke of a previous flatmate who had had a friendly relationship with her family member with disability, which included hosting parties and spending time together. She commented that her son had been sad when this flatmate had moved. It was unclear to what extent people with disability had a role in choosing their flatmates. Where people were recipients of the IASP through RASAIID or SSDAAG, families appeared to have put thought and consideration into matching people from within these groups whose personalities would work well together.

Having intimate relationships

Few people with disability in the IASP spoke about intimate relationships. Only two people reported being in an intimate relationship, and one other person had a photo with a past girlfriend displayed. One of the people in an intimate relationship was hoping to get married in the future. The other had previously lived with her partner, but had decided to live separately due to disharmony with his family. Overall, there was little information as to the role of IASP in assisting people in maintaining and developing their intimate relationships.

Contact with family

Most people with disability using the IASP appeared to have close relationships with family, most commonly with parents and siblings, but also other extended family such as grandparents, nieces, nephews and other relatives. Closeness was expressed in easy interactions together, expressions of support, having regular contact, spending time together, including during weekends and holidays, and excitement over each other's events. For example, a man with disability happily recounted his sister's wedding, or parents enthused over the new opportunities available to their sons or daughters with disability when they had moved out of home. No person with disability directly commented on poor family relationships, although one person's family had little contact with him and had chosen not to attend his IASP planning meeting. In one other case, the researchers observed a mother who might have been controlling or dominating, although still had a loving relationship with her daughter.

It is difficult to know the extent to which these close family relationships were pre-existing and how much the IASP had or had not influenced them. Direct comments on the role of the IASP in family relationships were infrequent. One family member said that the extra funding from the IASP would allow their son to visit extended family in another part of the state, which would improve his engagement with them. Several parents commented that the move of their son or daughter into their own accommodation had improved family relationships and decreased strained relationships within the family. This was the case with relationships between parents and people with disability, and between siblings with and without disability. For example, one mother commented that her daughter had more 'freedom' now since moving out of the family home and this had improved the relationship between them, while another mother commented that more 'space from each other' had improved the relationship between siblings with and without disability in their family. Where family relationships had

improved, this appeared to be a particularly important outcome for families. This was only the case where accommodation was suitable and appropriate. In one case where a man with a disability had not been able to secure suitable and appropriate accommodation, his sister commented that this had in fact damaged their relationship as he expected her to sort out his accommodation, and she suspected that he felt let down by her when this did not occur despite her extensive advocacy efforts. This highlights the impact that services and supports, and their organisation and implementation, can have on relationships.

Engaging with staff

People with disability in the IASP engaged with staff and generally appeared to have good relationships with support workers. Many enjoyed their company and benefited from the facilitation of friendships and activities they provided. One woman said of her support worker:

I absolutely love spending time with her.

Where there were good relationships with support workers, these relationships were characterised by trust, opportunities to do fun activities, laughter, and support with communication or other emotional and structural support. One family member commented that the fact that the support worker was 'a real extrovert' helped in establishing a positive dynamic with her daughter.

Some concern with getting the right support workers and establishing the right tone in the relationship was evident for several people. For example, one man reflected on how it would be better for him to have a male support worker than his two current female support workers and was looking for someone to fill this role. A family member commented on the need for a balance between 'domestic' and 'social' tasks undertaken by the support worker, and another spoke of 'managing carefully' the matching of support workers with her family member with disability. Another person with disability explained that he had purposefully requested a support worker with whom he already had a pre-existing positive relationship. Such insights suggest that while people with disability were mainly reporting good relationships with support workers, this might be because a considerable amount of effort had gone into planning and ensuring that positive relationships with workers were established.

A few difficult relationships with support workers were mentioned. In one case a family member commented that 'some staff members are lazy in doing household things' and focus only on social or leisure activities, while another reflected on the difficulties of having lots of alternating agency staff. There was not enough information to properly assess people with disability's relationships with managers. Only two people made comments: one reported a good relationship with the manager of her accommodation service, and another had a difficult relationship with her management team, reporting that she often felt ignored and patronised.

6.8 Physical wellbeing

Across both the SLF and IASP, physical wellbeing was well considered. People with disability commonly appeared to be working towards having the best possible health and had goals or plans around weight loss, exercise, fitness and nutrition. A number of people spoke of participating in physical activity and learning about healthy eating. This was often with the assistance of support workers. The potential for SLF or IASP funds to assist with addressing existing health problems and pre-existing injuries was explored by several families, both successfully and unsuccessfully. Safety and comfort were areas of physical wellbeing less often commented on.

SLF

Being safe

People with disability and family members interviewed did not directly reflect on safety in the interviews.

Feeling relaxed and comfortable

Some people with disability commented on feeling relaxed since joining the SLF, but did not elaborate. Most, but not all, of the people with disability interviewed appeared relaxed and comfortable in their home environment and with the people supporting them during the interview.

Having the best possible health

People with disability and family members mainly spoke of physical health in terms of a focus on weight loss, exercise and fitness and via the role of the SLF in providing assistance with managing existing health problems.

One of the most common reported goals being addressed through the SLF related to exercise and weight loss. One person with disability explained that her support worker

is taking me out for walks... and taught me how to cook more healthy stuff.

This person spoke of having lost almost eight kilograms since she started receiving support through the SLF. Another person with disability started going to gym classes with her support worker and also reported having lost weight. Exercise was supplemented with a healthy diet. This person's support worker noted that she had started making healthier food choices, for example:

She packs fruit now when she goes out and buys water instead of sweet soft drinks.

Some people chose weight loss as a goal as they had not been eating healthily enough in the past and put on weight; others needed to comply with special diet requirements due chronic health conditions such as celiac disease or diabetes. One woman who had moved out of home prior to the commencement of the SLF had gained weight, and one of her family members explained that her support worker was assisting her to make healthy choices when purchasing food. Cooking healthier meals and buying appropriate ingredients were some of her current goals.

Several other people nominated their general fitness as an area for improvement. In two cases, personal trainers had been recruited to improve fitness and general strength. One person with disability noted that he now attended the local gym twice a week and spent half an hour on the treadmill. Another man said that he and his support worker rode their bikes to most activities, swam regularly and engaged in kick boxing twice a week.

SLF participants identified some pre-existing health problems. One woman who used a CPAP machine explained that her support worker helped her with operating the machine, which made her feel safer as she lived by herself. Another person described having irregular sleep patterns prior to commencing his SLF package. His support worker was assisting him to establish a healthier sleep cycle. Two people who reported having sleep problems related to anxiety were using SLF funds to attend meditation classes.

People with disability and families were also using SLF funds to cover physical health costs and assessments costs. For example, one man who was in the initial planning stage for the SLF hoped to cover the cost of therapy to treat a skin condition through the SLF funds. Another family planned to use SLF funds to cover the cost of occupational therapy sessions.

IASP

Being safe

People with disability receiving an IASP rarely commented on safety, although risk management one of the IASP tasks. A few people commented on feeling safe without elaboration. One family commented on concerns regarding the person with disability's vulnerability, now that he was living alone, to salespeople coming to his door, as one company had persuaded him to buy an unwanted telecommunications package. They noted that support workers and family were working with the person on skills to manage these situations more effectively. Another person spoke of reducing the amount of risk taking behaviour he engaged in since receiving support through IASP.

Feeling relaxed and comfortable

Although people with disability and families in the IASP did not speak about feeling relaxed and comfortable specifically in relation to their physical wellbeing, they reflected on people with disability feeling respected and in general feeling increasingly good about themselves since joining the IASP, as reported in Section 6.9.

Having the best possible health

People with disability and family members interviewed spoke about having the best possible health in relation to a number of core areas of physical wellbeing. There were weight, diet and nutrition; physical activity and a healthy lifestyle; and the role of the IASP in addressing pre-existing injuries and health problems.

Weight, diet and nutrition were areas commonly considered by those receiving the IASP. Several people were working towards weight loss, primarily via support to make healthy eating choices and physical activity. This was often with the encouragement of family members and support workers. One person with disability reported having put on weight since moving out of home and felt this was partly due to her mother no longer monitoring her diet. While people cited working towards healthy eating choices, diets and physical activity, it was often unclear how the IASP assisted this, except by facilitating physical activity, as detailed below.

Physical activity and a healthy lifestyle were areas generally well supported through the use of IASP funds. A number of examples of people with disability being supported to keep active were cited, including participation in swimming programs, buying a gym membership, going on regular walks with support workers or the use of a personal trainer.

Families had mixed success using IASP funding to address pre-existing injuries or health problems for people with disability. One family member felt that the person's mental health had not been sufficiently acknowledged when determining funding levels. Another family member spoke of having applied for IASP funds to cover a medical procedure but this had been refused. It perhaps indicates that the parameters of the accommodation support funding were not fully explained to them or understood.

6.9 Emotional wellbeing

Both the SLF and IASP appeared to have a positive effect on the emotional wellbeing of people with disability. The programs played a role in increasing the size of and their role in their natural support networks, allowed people with disability to feel respected and increasingly good about themselves, promoted predictability and stability in their lives, and there were opportunities to creatively use funds from these programs to safeguard people with disability's emotional wellbeing. However, the more difficult experiences of some people highlighted the potential for these programs to damage emotional wellbeing, through, for example, raising but then not delivering on people's hopes for their lives and through ineffective efforts at housing placement, which caused frustration and confusion.

The emotional wellbeing of families appeared to have benefited through more free time and security for the future, particularly for parents. In some cases this benefit did not carry over to adult siblings, who experienced difficulties where service providers were not responsive to their requests, educational needs or advocacy efforts.

SLF

Having natural support networks

People with disability using the SLF appeared to have strong natural support networks, often including family and friends. Family had often been supportive throughout people with disability's lives, and this continued when they were using the SLF. Where people with disability had moved out of home, they were developing new natural supports, such as with people in their church community, unit block or with colleagues. People with disability were trusting of support workers, often particularly since joining the SLF. One mother highlighted that since her son had been working on his cooking skills through the SLF, he now felt able to bring a dish that he had made when he visited a relative's house. Similarly, some people with disability were increasingly interactive since joining the SLF and more comfortable in interactions with family, friends, housemates and support workers. One mother commented that her daughter now instigated talking to people 'rather than standing back and observ[ing]'. These are examples of how increased skills and confidence since the SLF might improve people with disability's natural support networks.

Feeling respected (and otherwise feeling good about oneself)

Some people with disability using the SLF described feeling respected, for example, through being treated the same as the rest of the family or through having respectful relationships with SLF support workers based on emotional support and encouragement. Beyond feeling respected, there was evidence that people with disability were feeling increasingly good about themselves in other ways since joining the SL.

Some people with disability and families described gaining confidence from moving out and developing new skills through the SLF package, such as confidence gained from increased cooking skills. Others described feeling more independent through, for example, using public transport.

Some people with disability and families described a greater sense of optimism and of feeling more relaxed. Optimism was shown through excitement about upcoming events, through laughing and joking more often, through an increase in social activities and through coming up with one's own ideas about what to do. Two people described being 'less scared' and 'more free'. One man reported that:

I get angry with myself and my parents at times.

He explained that since getting support through the SLF his tolerance for frustration had increased and he felt much calmer. Staff and managers saw people with disability as happy socialising with their own age group, as having more choice about what to do in their lives and increasing in maturity. One support worker remarked about a woman receiving the SLF:

I can definitely see a change in her... she is a lot more enthusiastic and comes up with her own ideas.

Having a stable and predictable environment

People with disability and families commented on the role of SLF in providing routine, predictability and stability. Several people with disability commented on the benefits of developing a good routine – this was described as positive and as contributing to predictability, with one woman saying this meant ‘a lot came off my shoulders’. One mother commented that her son had benefited from the predictability of the SLF:

He listens because [staff] created a predictable environment, and he has a week planner... they use a board with pictorial aids, such as photos of him doing an activity.

Feeling safe

People with disability and families using the SLF did not directly reflect on safety in the interviews.

Other

People with disability and families spoke about other aspects of emotional wellbeing in relation to the SLF, including the role of the SLF in addressing existing problems with emotional wellbeing and in the emotional wellbeing of families.

Role of the SLF in addressing problems with emotional wellbeing. The SLF had a role in addressing concerns related to emotional wellbeing for some people with disability. Difficulties with emotional wellbeing described by people with disability and families included anxiety, panic attacks, few coping skills, depression, frustration with memory loss, sleeping problems and self-injurious behaviour. People with disability were worried about the health of their family members, about difficult relationships within and outside the family, and they had experienced mental health problems in response to poor treatment in the past in other service situations.

In some cases, direct supports for emotional wellbeing were in place through the SLF to address these concerns. Examples included attendance at counselling, use of anti-depressants and supportive relationships with family and support workers. There were examples where the SLF played a direct role in safeguarding people with disability’s emotional wellbeing. For example, one woman’s SLF package was going to cover continuing counselling after she had finished the sessions covered by Medicare. A man had been weaned off anti-depressants with support from his SLF support workers, and his mood had significantly improved. A couple of individuals noted that their anxiety levels had dropped since using the SLF and that they felt more relaxed and settled now. For one woman, the change of location offered by the SLF had been vital for both her physical and emotional health:

Before SLF, I was very, very unhappy, and this took a big toll on my health – high blood pressure and stressed on a daily basis. I lived at [a] group home, it was living in a prison. I was treated like a disabled person on all levels. [Now I am] living with my sister in her house, just the two of us. I am now 10/10 happy. My sister bought the house so we could live together as she knew if I didn't move my life would be miserable, my health declined and I was depressed. She and SLF have saved my life. Happy now.

These examples highlight ways in which SLF planning had specifically been put in place to account for and safeguard people with disability's emotional wellbeing, in combination with the findings above about people with disability feeling increasingly good about themselves. This suggests that the SLF might be effective in working towards good emotional wellbeing for people with disability.

Emotional wellbeing of families. Family members noted the benefits of the SLF for their own emotional wellbeing. Some parents commented on the benefits to their own free time and not having to worry about their son or daughter, for example:

I can get some 'me time' now and because my son is a lot happier, I feel happy too.

The SLF has been the most exciting, liberating and supportive measure I have experienced in my son's life since having early interventions... He has gone from being depressed and highly anxious to just about free of his mental health issues. I have begun to feel I can have my daily life without being totally constrained by his needs all the time. There are actually whole hours in the day that I don't think about him now!

Parents also cited more peace of mind about where their son or daughter would live in the future and fewer arguments between parents and adult children with disability. Staff and managers noted that many ageing parents felt relief that supports were in place for their adult children with disability and that they knew where they would live and be supported in the future. No family members spoke about concerns for their own emotional wellbeing in relation to the SLF.

IASP

Having natural support networks

People with disability using the IASP often appeared to have strong natural support networks from since before the IASP, consisting mainly of parents, siblings, some extended family members and support workers. Some cited relationships with friends or community members, for example through college. People within these natural support networks appeared to have a role in encouraging and supporting people with disability in both a practical and emotional sense, and often had regular contact with them. Where people with disability had moved out of the family home, they often remained living close to their family and other members of these natural support networks.

In a couple of instances, IASP support workers were seen as an addition to these natural supports; for example, one woman had only recently begun to admit to others that she had the assistance of support workers, but now really enjoyed their presence, and a mother commented on how young support workers meant her daughter had relationships with people of a similar age to herself. Having support workers of a similar age was noted by another family as a positive aspect in forming natural relationships. In one instance, a man

with disability had moved in with his brother and sister in law after the death of his mother and appeared to have few natural supports beyond this couple; all three appeared to be struggling with and under-supported in knowing how to access and use the IASP to enter new activities or to extend natural supports or relationships.

Feeling respected (and otherwise feeling good about oneself)

People with disability and families using the IASP noted that people with disability felt respected, secure, safe and happy since joining the IASP. Beyond this, there were other ways that people with disability appeared to be feeling increasingly good about themselves since joining the IASP. Families commented on positive developments in autonomy, independence and freedom for people with disability, and it was also noted by families that some people with disability were calmer and less agitated than previously. One woman with disability noted that since she had moved out of home, she had more decision making power about her own life, which in turn had increased her confidence. Many people with disability commented on enjoying their new home or on looking forward to moving out.

For some people the benefits of increased emotional wellbeing flowed on to other areas of their lives. For example, the family of one woman who had been having problems at work noted that these problems had stopped almost exactly at the time when she moved out of home, and they felt that these developments were linked. However, not everyone had positive experiences in this area. For example, the brother of a man with disability noted that through the IASP planning, all of the man's hopes and dreams had been listed for goal setting, but these were not acted on or implemented effectively through the IASP, and the man with disability and his family had been left feeling disrespected and disappointed. This case highlights that while the IASP may increase emotional wellbeing for many, there is also potential to damage emotional wellbeing through ineffectively implemented IASP processes.

Having a stable and predictable environment

Many people with disability in the IASP appeared to have a stable and predictable environment in the sense of having a regular routine established around the activities they did and relationships with people they saw regularly. People with disability were able to describe what they did during the week and in some instances had input into the planning. One man was increasingly planning his own activities and routine, for example he had a week of holiday at the time of his interview and had made plans for the week without the assistance of his family. It was not clear the extent to which the IASP contributed to this predictability and routine.

Many people appeared to have predictability and routine in their lives, but if they did not, this appeared to be particularly problematic. For example, one man had been moved between six different locations in less than a year and was living in a mental health unit at the time of the interview; his sister said the lack of stability was a major barrier to his wellbeing, causing frustration, depression and confusion. In another example, a woman with disability described extensive difficulty in coordinating her supports with service providers, citing confusion and delays with her service arrangements. She spoke about how this had made her anxious and worried about negative payback from the service provider agency to the extent that this was having a severe impact on her health. Again, these examples highlight that while the IASP might promote stability and predictability for many people with disability, where housing and other supports could not be effectively secured or implemented this could have a negative impact on the emotional wellbeing of people using the IASP.

Feeling safe

A few people with disability noted feeling safe since joining the IASP, but did not elaborate on this. One man was having safety concerns addressed by support workers, who were helping him learn skills for dealing with salespeople coming to his door.

Other

People with disability and families also spoke about other aspects of emotional wellbeing in relation to the IASP, including the role of the IASP in addressing existing problems with emotional wellbeing and the role of the IASP in the emotional wellbeing of families.

Role of the IASP in addressing problems with emotional wellbeing. Families also described the role of the IASP in addressing existing mental health problems for people with disability or other existing problems with emotional wellbeing. Problems such as trauma, anxiety, challenging behaviour, emotional outbursts and disrupted sleeping patterns were cited. Families gave examples of how the IASP was used to address these issues. The most common example was engaging a psychologist or psychiatrist through IASP funds – this was happening for a number of people. Other examples included planning for positive behaviour support in the IASP and engaging a support worker whom the person with disability liked enough that she was motivated to go out with her and amend her sleeping patterns accordingly. In these ways, the IASP could be used to offer support and improvement in people with disability's emotional wellbeing. Not all existing mental health or emotional wellbeing problems were being addressed.

Emotional wellbeing of families. The IASP was also cited as having a role in promoting positive emotional wellbeing for families. Parents spoke about how the security and planning offered by the IASP gave them increased peace of mind about what would happen to the person with disability in the future. The parents of one man noted how although their son's personal care was currently exhausting for them at home, when he moved out of home 'we will be more of value to him' and they would be able to visit him more enjoyably. Other parents described other benefits, such as the possibility of going on holiday when the person with disability had successfully moved out of home (this family had been on only one holiday in 22 years), more time to spend on their own relationship, and one mother had returned to work since the IASP funds had covered more of her daughter's care. One family did express concern about how long the planning for the IASP was taking and felt the RASAIID house was unlikely to be ready in a timely manner for assisting many families.

Parents also noted that IASP offered security for adult siblings, potentially easing feelings of responsibility and guilt around future care for the person with disability – '[the IASP] lightens it up for everyone'. The two adult siblings in the IASP sample who were most involved with their brother or sister with disability had both experienced ineffectively implemented IASPs. One had had his brother with disability recently come to live with him and his wife after the death of their mother. He had little experience assisting his brother with disability with services and had received little support from service providers to develop his knowledge or skills or in effectively planning the IASP. As a result, this family was not engaging the IASP to its full capacity. Another sister's brother with disability had been moved between six locations in less than a year and was living in a mental health unit at the time of her interview, despite the sister's advocacy to ADHC to find a permanent living location for him. She described this as a detrimental and frustrating experience for both of them and noted that it had also damaged their relationship. This highlights that IASP service providers may need to better engage with and be responsive to the requests, educational needs and advocacy efforts of adult siblings and other family members. If this is not in place, they may not be able to effectively assist people with disability in using the IASP. It has implications for the NDIS readiness of service providers.

6.10 Summary of outcomes of Individual Packages

Within the caveats about small sample sizes and recruitment methods in mind, findings about outcomes were fairly consistent across survey and interview methods, and across people, families and managers. There were clear improvements in self determination, personal development, social inclusion and emotional wellbeing for many people with disability using individual packages. These changes were facilitated by the person being able to make more choices about their life, such as choosing activities and choosing their own support workers. Adequate decision making support from families, support workers and planners was important, as was the flexibility of funding from the packages. Some positive outcomes had been achieved before the packages, due to a supportive family environment, and they were usually enhanced once SLF and IASP funding became available.

Less change was evident in people's interpersonal relationships, physical health and decision making support, and there was little change in material wellbeing or employment for most people. Many people had good pre-existing relationships with family, friends and, in some cases, partners and support workers, that they built on with the packages. The options did not focus on employment and did not include costs of housing property, rent or material possessions. In a few instances, some negative changes were reflected across the outcome domains in cases of ineffective implementation or poor service provider input.

All outcome measures did show mixed results, and survey findings differed between people with disability and family members. This reflects the different individual experiences that people had in the programs; these differences are explained by the facilitators and barriers to effectiveness identified in the interviews, discussed throughout this report.

Self determination: In both the SLF and IASP, there was evidence of people with disability increasing their self determination, as they were setting and working towards personal goals and plans, and making their own decisions and choices. In the SLF self determination was commonly framed around the goal making process and in the IASP, around general planning. In both programs there appeared to be an increase in the role of people with disability in choosing their own support workers. This appeared to be a point of particular satisfaction for many people with disability.

Most people across both programs made a range of decisions and choices, which varied according to individual circumstances and concerned their daily activities, logistical arrangements, who their support workers would be and, in some cases, where and with whom they would live. People appreciated their involvement in making decisions. Family members, support workers and, in the SLF, the support planner, provided decision making support, sometimes using innovative approaches to ensure people could express their wishes. People made the most choices and decisions where there was a combination of self-motivation in decision making, adequate support for this and a lack of complexities or extenuating factors that might compromise their decision making process. Some people appeared less involved in making decisions, either by choice, due to high support needs or communication impairment, or due to resistance from service providers.

Personal development: In both the SLF and IASP, personal development was a focus, mainly through acquiring new skills, engaging in new activities and realising personal goals. Skill development, often facilitated by support workers, centred on independent living skills, mainly domestic tasks and, especially in the SLF, other skills such as travel training, budgeting and household planning.

People also engaged in various meaningful activities. Almost everyone interviewed in the SLF explored mainstream community activities. In the IASP, people often participated in a

mix of disability specific and mainstream community activities. Both options facilitated engagement, although successful engagement appeared dependent on the support of those close to people with disability, such as family, friends and other people in the community. A few people had participated in education or volunteering across both the SLF and IASP, but overall this was not a focus of personal development among people using either program.

Some people reported barriers to using the IASP package to support personal development activities, such as limited transport, support needs, limited package funds, and a lack of willingness to engage people with disability in activities or skill development, either from families, support workers or those running community activities.

Rights and autonomy: Across both SAEF options, most people with disability were able to maintain privacy. This was observed across a variety of living arrangements that suited each individual person. People were appreciative of having their own space and having control over who enters it. In a few instances people reported having their privacy disrupted, mainly by support workers.

Being informed about and exercising rights was more complex. While many people in the SLF were satisfied with the information they had received about SLF and with their capacity to exercise choice, some people talked about the complexity of the SLF application process and the difficulty of obtaining streamlined, consistent and adequate information during the application. Translation services and general assistance, for example from support planners, were examples of what would help some people. Similarly in the IASP, a few people expressed a need for more information about the package.

There were examples of effective decision making support for the person with disability from family members, support workers and, in the SLF, the support planner. Decision making was encouraged and facilitated by giving the person all relevant information through means appropriate to the person (for example, drawings) and through negotiating with them. As a result, parents and support workers reported increased independence and confidence in making decisions for some people. People were making more decisions themselves if they needed less support to do so, either because they had higher communication capabilities or were used to making their own decisions, and if families and support workers facilitated decision making.

The survey results were similar, with people with disability indicating that support they received for making decisions had stayed the same or improved since the start of the programs, and the majority of family members felt that decision making support from service providers had improved.

Material wellbeing: Overall, people with disability using the SLF or IASP enjoyed a reasonably good standard of living, however the contribution to this from SLF and IASP funds was limited. Many people used these funds to cover the cost of support workers rather than material possessions. Therefore the costs of material wellbeing were covered by the personal resources of individuals and/or families. Transport was sometimes cited as problematic, as was the cost of rent. The funds were not intended for these costs and people were expected to be referred to other support if they needed help with these costs.

Social inclusion: Across both SLF and IASP, social inclusion happened through participating in the life of the community and interacting with others in the community. Often people interacted with pre-existing friends or people they had existing relationships with, although some people had established recent friendly acquaintances in the community. In the SLF, the focus appeared to be on expanding mainstream activities. In the IASP, a combination of disability specific and mainstream activities was common, and IASP often funded a support worker to accompany the person with disability to these activities.

Transport was reported as a barrier to inclusion. Some people with disability in each option had been in paid employment since before receiving an individual package, others in SLF tried to find employment with the help of their support workers. Across both package types, some people had limited social inclusion but were planning to use their funds to increase it.

Interpersonal relationships: Across both the SLF and IASP, many people with disability had good relationships with family, friends, flatmates and support workers, and sometimes boy or girlfriends. Some people also spoke of relationships with peers, neighbours, community members and service managers, while others did not. Some people with disability also spoke about some difficult relationships, for example with family and some support workers.

The SLF and IASP had improved some family relationships by giving people more independence and confidence, so that time spent with family members became more meaningful and fun-oriented and less focussed on support needs. Often moving out of the family home had improved relationships with parents or siblings, although sometimes the stress of organising the SLF or IASP had strained family relationships. Most people had pre-existing friendships, and support workers had an important role in maintaining these friendships and building new ones.

Good relationships with support workers were important to people with disability. This was achieved where personality types, ages and interests matched, and where support workers offered respect, structure and flexibility. People appreciated the opportunity to select support workers with their SLF and IASP packages, and they had made considerable effort to find a good match.

Physical wellbeing: Across the SLF and IASP, physical health was a focus. People with disability commonly appeared to be working towards good health and had goals or plans for weight loss, exercise, fitness and nutrition, with people participating in physical activity and learning about healthy eating. This was often facilitated by the funding package, which, for example, paid the cost of gym classes and other fitness activities, and by the emotional and practical assistance from support workers. SLF and IASP funds also assisted with the cost of addressing health problems and pre-existing injuries, but there were some limitations regarding the scope of approved treatments. Personal safety was raised as an issue for one person now living by himself. Support workers had put skills training in place to deal with unsolicited marketing. Otherwise, safety and comfort were areas of physical wellbeing less often elaborated on.

Emotional wellbeing: Both the SLF and IASP appeared to have a positive effect on the emotional wellbeing of many people with disability in the programs. SLF and IASP played a role in improving natural support networks, allowing people with disability to feel respected and increasingly confident and good about themselves, promoting predictability and stability in their lives, providing funds to improve their emotional health, for example by paying for counselling and, for a small number of people, helping them feel safe. The emotional wellbeing of families also appeared to benefit through more free time and security for the future, particularly for parents.

Emotional wellbeing was most improved where the programs fulfilled expectations raised during the goal setting process, where effective housing arrangements were available, and where people and their families, including parents and adult siblings, had support to use the funds effectively.

7 Accommodation support provided within the Individual Packages

This section presents findings from the interviews with people with disability, families and service providers about the features of accommodation support provided in SLF and IASP, according to the program logic:

Accommodation support provided for participants through the Individual Packages

Arranging or providing a preferred place to live in the community – home, location, co-tenants

Arranging or providing support as needed to live there

- Practical support
- Skills development
- Building and maintaining relationships
- Referral, linkage, brokerage and funds management
- Decision making support – to participant and family

7.1 Arranging or providing a preferred place to live in the community

The findings about a place to live were common to SLF and IASP. Both options provided accommodation support but not a place to live. Most people interviewed were living, or had a family member with disability living, in private accommodation rather than social housing or disability housing. Most people preferred living with other people rather than by themselves, mainly for social and economic reasons.

Most people were living in their family home, although well over half of them had the goal of moving into their own accommodation. People with disability and families alike, spoke of how the funding provided through the SLF or IASP had made this option possible, as they now had accommodation support that might enable them to live independently. One parent said:

We built our house thinking our son would always be with us and now that might not be the case. We never imagined it could be anything different, so it is quite amazing.

Others were already living out of the family home in private properties, public housing or housing provided by their service provider. Most of these people lived with at least one housemate and had been in this arrangement prior to obtaining an individual funding package.

Housing affordability was raised as a problem on numerous occasions by people with disability, family members and managers of service providers. One woman commented that she would not be able to afford to live independently due to high rental costs. Another woman, who was living alone, commented on the poor quality of her rental property and the difficulty she had experienced in being approved to rent.

To solve this problem, some people were planning to pool their accommodation support funding with others as a way of making their preferred living arrangement viable. Many of the people interviewed had purchased, or were planning to purchase, a private property. One family member had purchased a property on behalf of her son, as he was not able to obtain mortgage finance himself, even with a substantial deposit. She felt that there should be a scheme available that assisted people with disability to borrow funds on a long term, low interest loan.

7.2 Arranging or providing support as needed to live there

The accommodation support varied according to the context in which people lived and their capabilities and needs. Most support was provided through a combination of informal and formal support and included practical support, developing domestic skills, engaging in leisure activities, and accessing technology and respite. The findings in these topics were common across SLF and IASP, reported below. These topics, as well as the issue of support for building relationships, are covered in more detail in Section 6, while referral, linkage, brokerage and funds management are included in Section 8. Particular observations about practical support, funds management and decision making support in IASP are reported here.

Depending on their capabilities, most people received support through their individual packages to engage in activities that helped to increase their independence in everyday domestic tasks, including cooking, cleaning, laundry, grocery shopping and banking. One family member commented that it was 'beneficial having someone else drive skill development', and that she had noted a significant improvement in her son's confidence and initiation since he started receiving formal support. For people already living out of their family home, developing skills in budgeting, bill management and 'stranger danger' were common sources of support provision. One person spoke of his skill development in budgeting and bill management as a gradual process. He withdrew his spending money each week when doing his grocery shopping, and he and his support worker worked out his weekly budget and reviewed any bills that might have arrived. They were also setting up direct debit systems for most bill payments.

Not all people receiving individual packages had goals relating to improving independent living skills. As one family member commented, the family had already provided considerable support in improving independence; however, in their opinion independent living was not a realistic option. Instead, support provision focused on assisting the person to engage in social and leisure activities. Support for developing new interests and maintaining engagement in existing social and leisure activities was a focus for all those interviewed. Several people spoke of having support to engage in TAFE courses, gym or fitness classes and other preferred leisure activities including fishing, bowling and attending sporting events.

Support to attend social activities was a key area for service provision, with people obtaining support to attend pre-existing social activities and some wishing to expand their social network through engaging in new activities. This included joining their local Men's Shed or taking part in exercise classes.

Technology was another common area for support provision, with many people wishing to learn how to use newly purchased items such as iPads. One person spoke of receiving support to learn how to use social media and had already successfully reconnected with people through social media sites. Another person had engaged a support worker whose primary role was to assist him to develop his technology skills, including learning how to take photographs, load music and send emails. Some people were learning to use technology for

educational or organisational purposes, for example, one person was learning how to use the calendar function in her iPad.

IASP

In addition to the observations above, which were common to both SLF and IASP participants, people with IASPs raised the issues of access to respite and support with funds management and decision making.

Practical support

Support accessed by people with IASP funding also included assistance with personal care and accessing respite care. Many people who wanted respite services had long standing relationships with respite service providers and existing routines involving visits to centre based respite. IASP funding was used to purchase respite support which had previously been subsidised. One family member commented that it was now easier to access centre based respite as the respite service provider had designated places for people using IASP funding. This provided greater flexibility in terms of how frequently centre based respite could be accessed.

Funds management and decision making support

Most family members expressed dissatisfaction with the level of assistance they received from service providers for IASP funds management and decision making. Several families wanted greater transparency from service providers as to how funds were managed. Some people felt that they were charged an administration fee from service providers, despite receiving minimal assistance. Presumably service provider transparency will improve in preparation for the NDIS. Many spoke of receiving limited guidance in goal setting or decision making, leaving it to family members to drive the planning and set up of accommodation support.

7.3 Summary of accommodation support for participants within the Individual Packages

The accommodation support enabled by SLF and IASP packages has helped people to gain more independence. Some had moved into their own accommodation or were planning to, and others had increased their social activities and social networks. To achieve this, service providers worked in strong collaboration with family, particularly parents. Housing affordability remained a significant barrier to moving out of the family home for many people with disability, and IASP recipients needed more help with fund management and decision making.

Arranging or providing a preferred place to live in the community: Most people interviewed lived in the family home, but many of those would prefer to move out and live in their own accommodation. The accommodation support provided through SLF and IASP had already enabled several people to move out or had made this goal possible in the future.

The funding options did not provide a place to live, and housing affordability was a major barrier to people living in their own accommodation. Affordable rental housing was difficult to obtain, and one person was not successful in obtaining a mortgage. People tried to manage the housing problem by pooling their accommodation support funding, or by sharing housing

with friends or housemates. Where parents had the economic means, they often bought, or were planning to buy, a private property for their child with disability. One family member suggested that the government needed to arrange mechanisms for long-term, low interest mortgages to people with disability.

Arranging or providing support as needed to live there: Most support in both SLF and IASP was provided through a combination of informal and formal support and included developing household and budgeting skills, engaging in leisure activities, and accessing technology. People experienced increased independence due to the skills they developed. They were working towards living independently or increasing their social activities. In addition, IASP recipients accessed personal care and respite services, using their IASP funding to purchase other support, such as respite, which is subsidised for people without packages. Most IASP recipients wanted more support than they received from service providers about fund management and decision making.

8 Characteristics of Individual Packages

The second aspect of the process analysis was the characteristics of the SAEF options measured against indicators, summarised in Table 8.1. Findings are detailed below.

Table 8.1: Characteristics of individual packages accommodation support and indicators

Program Characteristics	Indicators
Participants have choice, flexibility and control over support	<ul style="list-style-type: none"> - Providing accommodation support solutions to meet each individual's needs and circumstances - Portable and flexible funding arrangements
Person centred	<ul style="list-style-type: none"> - Individual support afforded to the person in order to achieve their aspirations, goals and needs - Respecting the person as a primary determiner by facilitating decision-making and planning processes - Supporting early intervention by matching individuals with suitable accommodation options that meet the person's needs and aspirations
Strengths and partnership based	<ul style="list-style-type: none"> - An individual's strengths and capabilities guide the setting of goals and activities, which should be developed, wherever possible, through genuine partnerships between the person, their families/support people and service providers - Long term plans to achieve goals are turned into day-to-day activity (e.g. essential support summary, proactive strategies, protocols) - Shared commitment of all those involved in planning with the person, including paid and unpaid relationships - Practice Framework: active listening (e.g. the ability to capture verbal and non-verbal messages); positive language (e.g. praise and enthusiasm); choice and control (e.g. providing options and space to make decisions); plan of the day (e.g. routines, person-centred plans, day structures); and active support (e.g. pro-active strategies, such as verbal prompts to increase independence). - Safeguards in a person-centred system: creating a balance between maximising choice and control and ensuring adequate protection of the person's right to be safe. Elements include information and advice, assessment, planning, fund holding, support coordination, community linking and case management
Integrated and collaborative practice	<ul style="list-style-type: none"> - Service providers work in partnership with the person with disability, and with their consent, their families and carers, the broader community, information and advocacy services and other relevant services (e.g. health, education, employment, mental health)
Responsive to diversity	<ul style="list-style-type: none"> - Needs and aspirations of Indigenous people are respected and valued - Needs of individuals of all cultural, language and religious backgrounds are respected and valued
Age and life stage appropriate	<ul style="list-style-type: none"> - Supports and activities are suitable for the person's age and life stage and during key transitions

Quality assurance	<ul style="list-style-type: none"> - Continuous improvement – regular review, monitoring, adaptive and responsive - Staff development: opportunities for training, supervision, discussion, feedback, coaching and support - Sustainable support and funding arrangements: accessibility to individual, portable, client-driven and flexible funding types to ensure long-term support options
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8.1 General findings about the characteristics of the accommodation support

Family members were generally positive about the characteristics of accommodation support, including the appropriateness of the program for age and life stage and their level of involvement in their family members living arrangements and development of plans for the future (Table C.13, Figure C.14). Just over two-thirds of family members reported that there had been improvements in these three characteristics of services (Table C.15, Figure C.16)

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS programs, and responses were spread across these programs meaning that samples sizes were too small for analysis of separate programs. The 10 managers who responded to the survey were a small proportion of all managers, and therefore their answers cannot be regarded as representative.

Most managers who responded to the survey agreed or strongly agreed with the statements that the accommodation support option that they provided achieved the following Stronger Together 2 priorities:

- People with disability are the primary determiners in supported decision-making and planning processes
- Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements
- Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements
- Working in partnership with people with disability, their family/support people to identify goals and activities that reflect the person’s wishes, strengths and capabilities
- Providing support to people with disability that is appropriate to their age and life stage
- Providing a responsive and adaptable approach to meet the needs of Aboriginal or Torres Strait Islander people and people with culturally and linguistically diverse background
- Supporting people with disability through service integration and collaboration with other stakeholders

- Reviewing and monitoring service delivery on a regular basis to ensure its continuous improvement
- Providing staff with opportunities to develop and broaden their skills through training, supervision, coaching and other professional support

8.2 Participants have choice, flexibility and control over accommodation support

Overall, the flexibility of the funding arrangements for both the SLF and IASP and the ability to provide support solutions that best suited the needs and circumstances of each person were seen as positive. People with disability spoke about the benefits of involvement in the selection of support workers and having the opportunity to live in an accommodation arrangement of their choosing. The individual packages also presented new challenges, including affordability and sustainability.

SLF

People with disabilities have different aspirations, dreams and goals, and now they have a chance of realising them and contributing in real ways to the community in which they live and flourish (family member).

Providing accommodation support solutions to meet each individual's needs and circumstances

Several family members and support workers discussed the benefits of the SLF in providing people with disability the opportunity to make choices and decisions that best suited their needs and lifestyles. They reported that these opportunities had not been possible under previous accommodation support options. Some people with disability spoke about being involved in the interviewing process for support workers and being very happy with their selection. Others spoke about the SLF providing them with the opportunity to consider moving out of their family home, something they had not previously considered possible.

However, one person with disability reported that the SLF package was insufficient to enable her to live fully independently, and so she split her week between living in her own home and living in her family home. This was also reflected in comments made by several family members who raised issues relating to affordable housing. They argued that while the SLF package provided accommodation support, it was difficult for people with disability to live independently due to accommodation costs. Several families reported purchasing accommodation on behalf of their family member with disability but commented that not all families were able to make this decision.

Several family members spoke positively about their role changing with the introduction of the SLF, including having less responsibility for skill development. This shift was described as being positive for both the person with disability and their family, especially as parents might be ageing and/or experiencing health issues. They described noticing improvements in their family member's mood and confidence resulting from their increased independence. One service provider manager spoke about how the more flexible service option also posed challenges, forcing some staff and families to shift their thinking about the way that accommodation support was provided.

Portable and flexible funding arrangements

Service providers also raised issues about the sustainability of providing flexible accommodation support under the SLF option. This included discussion about the balance between ensuring that people with disability were provided with the support that they wanted and required, while still meeting the service's obligations to staff. Several managers spoke about the impact of the minimum two-hour shift requirement causing viability difficulties, in that the support requested did not always equate to a two-hour shift. They felt that this had implications for smaller and regional service providers who had difficulty covering the shortfall. Information about working within Award conditions might assist planning.

IASP

It's been a wonderful breath of fresh air for us really, and it is very good to feel that you can have control of it [...] but I think we need a clearer picture on how we can use the rest of the money (family member).

Providing accommodation support solutions to meet each individual's needs and circumstances

There were mixed responses from family members relating to the funding arrangements provided through IASP. Several family members spoke about being granted the IASP funding at a time of crisis, and that the IASP funding had been beneficial in enabling the person with disability and their family to continue with the accommodation arrangement of their choosing. On each occasion, the person with disability was able to remain living within his/her family home due to the additional support provided through IASP.

Several other family members were concerned that the funding was not sufficient to cover the 24-hour accommodation support required for their family member with disability. Family members expressed concern that moving out of the family home would not be an option due to the shortfall in accommodation support. In a couple of situations, people with disability requiring high levels of support were living independently but needed to access additional funding to supplement their IASP. These additional funding arrangements would not continue long term because IASP is funded to form alternatives to full-time formal support.

Many family members spoke about wanting greater clarity from ADHC as to how the IASP funds could be spent. They were frustrated about delays in having equipment approved or not knowing that the package could be used to purchase equipment. Several people reported that they had requested official guidelines from ADHC but had not yet received any. One family member felt strongly that IASP funding should be able to provide an income for family members (siblings) wishing to provide the accommodation support if this was the preferred option for the person with disability. This reflected a view held by several family members that greater flexibility in how the funds could be used would be beneficial.

Portable and flexible funding arrangements

Regarding flexibility of IASP funding, many family members spoke positively about the choices they could make relating to support workers. Examples were provided of support workers being chosen, often due to long association with the person with disability, and subsequently employed through the support agency who managed the IASP. The ability for people with disability and their families to choose who would be providing accommodation support was seen by most as a positive aspect of IASP. Other family members spoke of their frustration at not being able to choose who would provide the support. It appeared that when the support was required for a relatively short period of time, the support agency would not

guarantee a specific support worker due to staffing management issues. One parent said there was a need for a cultural change within support agencies to address these barriers.

How accommodation support was provided using IASP funds varied for each person with disability. While this partly reflected the individualised nature of the IASP funding arrangement, there did appear to be discrepancy among people about how the IASP was utilised. Some family members described using the package in a way that was similar to how they had used previous funding options, such as respite. Others described how they had made significant changes in support arrangements and spoke more positively about the better outcomes the IASP had enabled.

8.3 Person centred

There were mixed responses as to how the SLF and IASP funding packages were enabling people with disability to envisage and achieve their goals and aspirations. For the most part, the support people with disability received was viewed as positive. However, barriers were reported with the transition to person centred service provision, including the need for cultural change at the individual and organisational levels and the need for adequate support in decision making and planning processes.

SLF

The Supported Living Fund has been my first experience in not having to highlight my son's deficits/weaknesses to get an appropriate level of funding support, but to celebrate his strengths and dreams. This is a very powerful aspect of this funding model for people with disability and their families (family member).

Individual support afforded to the person in order to achieve their aspirations, goals and needs

Overwhelmingly, people with disability, their families and support workers spoke about how the SLF enabled people to envisage and achieve their goals and aspirations. Many people with disability spoke about having the opportunity to move out of the family home, just like their siblings and friends. Some appreciated being more independent and less reliant on their family members for support as a result of SLF. This was also reflected in observations made by some family members who reported that being able to create his/her own future plans had led to significant improvements in mood of the person with disability.

Respecting the person as a primary determiner by facilitating decision-making and planning processes

Service provider staff, both managers and support workers, reflected on the shift in service provision associated with providing person centred accommodation support. Several people spoke positively of the change from the person needing to fit the organisation to the organisation putting the person at the centre of the process and then determining how best to provide the required support. It was noted that this had come with its own challenges. One manager reported observing a generational divide relating to the provision of person centred support, in that younger people with disability and their families had the expectation that services would be person centred, whereas older people with disability and their families had sometimes found it difficult to adjust. One support worker spoke positively of how services had been forced to form formal and informal partnerships with other organisations in order to meet the goals of people with disability.

IASP

For the first time in 20 years we are feeling hopeful (family member).

Individual support afforded to the person in order to achieve their aspirations, goals and needs

There were mixed responses from family members about how the IASP enabled people with disability to envisage and achieve their goals and aspirations. Some family members reported that receiving the IASP had been positive for the person with disability, and in being able to determine their own goals they had never been happier. Many family members reported dissatisfaction with aspects of the IASP. Several family members felt that the culture within ADHC created barriers to IASP being person centred, particularly in terms of what was and was not approved by ADHC as accommodation support. However, each still felt hopeful about the future with the shift to person centred service provision.

Respecting the person as a primary determiner by facilitating decision-making and planning processes

Several other family members reported that the support provided under IASP appeared person centred in theory but not in practice. They attributed this to the culture that existed within some service providers. One family member reported that they had received no planning support from the service provider and the person with disability, and their family were left to consider how best to use the IASP. At the time of the interview they were accessing respite services only. Without access to a support planner type position, they did not know how to make positive changes.

8.4 Strengths and partnership based

There were common findings in this topic across SLF and IASP. In addition, people who received an SLF package, families and service managers spoke about their experiences with support planners.

An individual's strengths and capabilities guide the setting of goals and activities

People with disability and family members had mixed responses about whether the SLF and IASP enabled accommodation support that was strengths and partnership based. Most people with disability reported that the accommodation support they had received had focused on their wishes and needs. Family members observed a shift in the skill level, confidence or mood of their family member with disability that surpassed their expectations and resulted directly from having an individualised accommodation support plan.

We achieved goals that we thought in the beginning weren't possible.
(family member).

The experiences of other people with disability and family members were different. One person with disability spoke about the support workers 'treating me like a child and showing little interest in my likes and dislikes'. Another spoke of how she found her support workers discouraging rather than encouraging. The negative responses tended to be about the service provider rather than the design of the funding packages. One person explained that she felt her family member with disability was not meeting their full potential and felt that the service provider could focus more on the person's capabilities and strengths. The responses

indicate that people might need more information about how to use service provider feedback, complaints and suggestion processes.

Shared commitment of all those involved in planning with the person, including paid and unpaid relationships

A service provider manager acknowledged that the introduction of the individual funding packages had resulted in the need for service providers to develop active listening skills to ensure that they were operating in a strengths based manner and in partnership with the person. Support workers and managers spoke about the skill required in assisting people with disability to break their large goals down into small achievable goals. They also spoke about needing to build people's confidence and to provide decision making support, as in many cases individual funding was a new experience for people with disability, their families and support workers alike.

Safeguards

Managers and family members spoke of the need for safeguards to ensure the correct balance between maximising choice and control for the person with disability and ensuring protection of their right to be safe. One manager commented that some people with disability had unrealistic wishes and goals, and these needed to be managed. Managing the relationship between support worker and person with disability was also an important factor, especially ensuring that they had a positive working relationship. A couple of family members expressed concern about the skill level of support workers, especially relating to behaviour management and mental health. Emergency response mechanisms were raised as being important to consider when people with disability were no longer living in the family home.

SLF

An individual's strengths and capabilities guide the setting of goals and activities

Some people who received an SLF package, as well as service managers, spoke about their experiences with SLF support planners. Two people with disability described the SLF support planner as taking a flexible and supportive approach to planning. Another person spoke of having formal meetings with the SLF support planner on an as needs basis. Several family members spoke of knowing the contact details for the SLF support planner in their region; however, they did not feel that planning support was required. One family member spoke of occasionally contacting the SLF support planner to confirm details relating to the SLF package.

A number of managers spoke critically of the SLF support planner role. Criticism included the SLF support worker not adequately understanding the program, not exploring the person with disability's likes, dislikes, needs and wishes sufficiently and not fully understanding the context when they assisted with planning. One manager felt that attempts were not made to create partnerships between service providers and the SLF support planner role, which reduced the effectiveness of the planning process.

8.5 Integrated and collaborative practice

Most people using an individual package used other ADHC funded disability services (Table 8.2 and Table 8.3).

Table 8.2: Services used by individual package option - number of participants using a service

Number of services used by type	SLF	IASP
Accommodation support	37	29
Community support	193	66
Community access	92	38
Respite	135	33
Total participants in individual package option	212	64

Source: ADHC MDS program data 30 June 2012 (2011-12)

Notes: n.a.= Cells smaller than 3. Participants may use more than one service within a category so some numbers may be greater than the total number of participants in the program.

Table 8.3: Average hours used per person using the service by individual package per week, 2011-2012

	SLF ¹	IASP ²
Accommodation support		
1.05 Attendant care/personal care	23.95 (4)	44.79 (3)
1.06 in-home accommodation support	4.39 (26)	46.06 (15)
1.07 Alternative family placement	5.29 (1)	
Community support		
2.06 Case management, local coordination and development	0.87* (29)	4.83* (2)
Community access		
3.01 Learning and life skills development	14.47 (67)	18.28* (31)
3.03 Other community access	7.4 (2)	11 (1)
Respite		
4.02 Centre-based respite/respite homes	12.96* (27)	31.4* (9)
4.03 Host family respite/peer support respite		57.96 (1)
4.04 Flexible respite	4.08* (61)	3.29* (15)

Source: ADHC MDS program data 30 June 2012 (2011-12)

Notes: * denotes that average hours calculation was based on data for services users for whom data on hours was available, not all services users. This data should be interpreted with caution. () = number of users with hours recorded against the service type.

1. SLF recipients were not receiving SLF until 2012-13 financial year

2. This data only includes ST1 IASP recipients and not ST2 IASPs which were allocated in the 2012/13 financial year.

Service providers work in partnership

Partnerships were with the person with disability, and with their consent, their families and carers, the broader community, information and advocacy services and other relevant services. There were common findings in this topic across SLF and IASP. Reports were mixed about the success of partnerships.

Many family members spoke of having a positive working relationship with support workers and service providers. In some situations, family members acknowledged that the relationships within their family had been improved through the support provided to each of them, including referrals made to other support services as appropriate. Key factors for successful partnerships included having positive, collaborative relationships between support workers, person with disability and family members and regular communication between family and service providers. For some, communication included weekly emails or telephone conversations, for others it was regular scheduled meetings. One family member spoke of using a shared electronic calendar which they could all access for planning purposes.

There was acknowledgement by some support workers and service provider managers that family involvement was a key component in the success of the SLF and IASP accommodation support options. One support worker spoke about the difference observed in being able to actively engage people with disability when the person had family support compared with when they had not, and how critical family involvement was in the process. Many family members also felt that success had been enabled through their involvement. However, they also spoke about wishing to decrease their role in the process. This was often raised in the context of considering the long term sustainability of accommodation support for the person with disability, especially as family members aged. Others spoke about receiving limited support from service providers in the planning and implementing of accommodation support.

Some service provider managers and support workers spoke about the difficulties in balancing the expectations of family members and the rights and choices of the person with disability. One of the barriers identified was that previously family members had been the primary determiners, and this role was now shifting to the person with disability. Support workers spoke about needing to advocate on behalf of the person with disability. Several family members confirmed that this tension existed and spoke about difficulties they experienced in negotiating with service providers and feeling side lined. One family member admitted that it was difficult for her to relinquish control of her daughter's support, even though she was able to see the benefits in doing so. Another family member felt that conflict arose from the attitude of support workers and managers towards families, and he envisioned that the culture within service providers would shift as individual funding options became more common. It was acknowledged by one of the managers interviewed that the new funding options created a learning curve for both workers and families.

Collaboration with other organisations and service providers was also reported as mixed. A family member expressed frustration that the accommodation support provider and respite service provider did not work together to achieve the best outcome for the person with disability. Another family member commented on the strained relationship she had observed between ADHC and the accommodation support provider and expressed her frustration at the lack of cooperation between ADHC, the housing provider and accommodation support provider when attempting to establish an appropriate living arrangement for her family member with disability. Some family members expressed confusion as to what specialist services could be funded using SLF and IASP. Additional assistance from specialist services for behaviour management support was raised by a number of people as necessary.

There were mixed opinions about accessing disability specific services, with a number of people with disability expressing a desire to socialise and participate in mainstream activities. This might include attending TAFE classes, having membership at their local gym, and joining groups such as Men's Sheds. For other people, the disability specific social groups were a significant source of support and enjoyment. The flexibility of the SLF and IASP funding options enabled people to make these choices for themselves.

8.6 Responsive to diversity

Not many people with disability or family members provided information as to whether the SLF or IASP funding options enabled the provision of accommodation support that met the cultural, language and religious needs of people with disability. Findings were common across SLF and IASP. As one service provider manager commented, if the support provided was person centred then it should meet the needs of the person, regardless of their cultural or religious background. However, factors were raised that either facilitated or hindered the provision of support that met cultural, language and religious needs.

One SLF service provider manager spoke about having successfully engaged with the local Indigenous community, largely through the efforts of an Indigenous employee. Another manager spoke of employing an Indigenous trainee to assist with expanding cultural awareness within their organisation. However, it was acknowledged by a service provider manager that one of the barriers they experienced was a lack of support staff from cultural and linguistically diverse backgrounds. While the service provider had a policy of recruiting support workers who had the same cultural and linguistic background as the person with disability, this was not always possible, especially for those from Indigenous backgrounds.

For those interviewed, the experience of receiving support to meet their religious needs was mixed. One person with disability spoke positively about the support she received from her service provider in finding support workers who shared similar religious beliefs. She explained that she had spoken with her service provider about her religious needs and they had created a one page profile outlining her cultural and religious beliefs which was used in the recruitment process. Another person was planning to visit his place of religion.

However, another person with disability explained that while she was religious, she had received very limited support to meet these needs, with some support workers appearing antagonistic towards providing support in this area. She now sought support from her family to meet these needs. A family member interviewed spoke of limited engagement with cultural or religious activities by the service provider, despite the service provider being from a similar cultural background.

8.7 Age and life stage appropriate

The use of person centred planning within the SLF and IASP options enabled people with disability to receive accommodation support that best suited their age and life stage. Findings were common across SLF and IASP. Several family members and managers spoke of improvements in mood resulting from people being able to choose the supports and activities that best suited them rather than having to fit within traditional disability programs. This was particularly the case for people with disability who enjoyed mainstream activities and did not wish to participate only in disability specific activities. One person spoke of his unhappiness when he transitioned from a mainstream school into a post school options program. Prior to this transition he had not been part of a disability specific program. His mood has reportedly improved significantly now that he was in receipt of an individual funding package and had support to participate in mainstream community activities of his choosing.

Having choice as to who provided support was also raised as significant in ensuring age appropriateness. Many people with disability spoke about being involved in the selection of their support workers and the benefits in having someone from a similar age group. For example, one person with disability spoke about sharing similar music interests to her support worker and how they enjoyed singing to music while travelling in the car. Another

person spoke of having support to spend time in his local pub or club over the weekend, something he felt considerably less comfortable doing with his parents. One family member spoke of being less concerned about the support worker's experience within the disability sector and more concerned with finding someone who suited the person with disability.

As people age they generally require more support. One manager envisaged advantages with individual funding options given that the packages were reviewed on an annual basis and hence it could be determined whether additional supports were required. Not all family members felt that the individual funding packages were best meeting the age related needs of people with disability. A couple of people spoke of their family member not experiencing the appropriate level of stimulation given their age. One family member felt that there were too many activities scheduled into each day, and the person with disability was always fatigued. Another family member felt that there was too little stimulation for the person with disability given their age. It appeared that ongoing review was needed to ensure that support remained appropriate to the age and life stage of the person.

8.8 Quality assurance

Common themes emerged from people with disability, family members, managers and support workers relating to the implementation and ongoing review needs of the SLF and IASP. These included issues with funding arrangements, support arrangements and staff training and the review and monitoring processes implemented. In addition, people with an SLF spoke about the complexity of the application process.

Sustainable support and funding arrangements

Lack of transparency in how funds were managed and expenses calculated was consistently voiced as a concern. A couple of people with disability spoke of their frustration in needing to check and reconcile budget figures and invoices, and family members spoke about not receiving information from service providers as to how funds were being spent. Service provider managers spoke about the difficulties in educating people with disability and family members about the financial obligations of administering an individual package and the true costs involved in providing individualised support. Staff spoke about administration fees often not being sufficient to cover the case management provided or staff training required and the service provider needing to cover the shortfall. One manager admitted that individual funding had required an operational change within organisations and that there was a need to be more accountable to people with disability and their families. It was felt that ADHC could play a more active role in educating people about budget allocation and costs of support to lessen conflict in this area, especially given the increasing shift to individual funding packages.

One of the issues raised by service providers was the shortfall in funding to provide adequate staff training. Managers spoke about the high turnover of staff contributing to this problem, as new support workers required training. A key reason cited for the high turnover of staff was the difficulty experienced by service providers in being able to employ permanent staff. The difficulty in managing rosters to accommodate each person's support needs and wishes was considered a barrier to employing permanent staff.

One of the difficulties is that some people only require support for a short period of time and we have a minimum shift requirement of two hours. This is where the waters get muddied a bit. We don't have sufficient numbers at this stage to go from person to person to person. But once we reach the economic equilibrium, we can then do this. And the further west in NSW you go, the less numbers of people/service participants there will be, and that is going to raise the costs. Remote can just be remote from other

people with disabilities. And with industrial laws that say that the minimum time you can employ someone is two hours, then a half hour task (such as help getting into bed) will cost four times as much (SLF manager)

Managers from regional areas also spoke about a lack of availability of staff wishing to work in the early mornings or late evenings.

One manager hoped that the individual funding packages would actually assist in decreasing staff turnover:

Because the SLF package allows services to know specific hours per week of support, we may see an improvement in retention of staff. For example, our service can say to a staff member that, say, for this person you will be providing 35 hours of support per week and for this person 15 hours per week (SLF manager)

Only a couple of people with disability interviewed raised staff turnover as an issue, although several spoke about needing to spend time finding suitable support workers. Many of those with successful working relationships with support workers had interviewed for the positions or had a pre-existing relationship with the support worker.

Continuous improvement

Significant variability was reported about review processes. Some family members and managers spoke of engaging in regular reviews to ensure that any necessary changes could be made to the support plan. This might be a face-to-face meeting or regular telephone conversations. In some instances the service provider had a case manager or liaison coordinator designated to managing the planning and review process to provide consistency for people with disability and families. In other instances people reported that there were no formal review meetings or timeframes for review. The responses to this arrangement were mixed, with one family member reporting this as positive as the person with disability was setting the pace, while another family member spoke of his frustration around the lack of clarity with the review process. He was unsure whether the funding would be continuing for another year or how he could ensure changes were made to the existing plan as needs and priorities shifted. Another family member spoke of goals being achieved but no mention of a review by the service provider.

Staff development

Staff training appeared to vary between service providers. Several support workers spoke of not being provided with specific training relating to working within the individual package models and professional learning taking place on an ad hoc basis though peer discussion. Other support workers spoke of a more structured approach to learning with regular team meetings involving discussion about how best to provide support. Numerous service providers spoke of providing training to staff relating to person centred planning, reflective practice and positive behaviour support. For some service providers, training took place on an annual basis and for others as an ongoing process. Managers spoke of the shift in culture within service providers from providing care support for people with disability to the role of an educator or facilitator. In some organisations, senior practitioners or external consultants were engaged to facilitate cultural change, and one manager spoke of changing the staff recruitment criteria in recognition of the different skill set required.

Some family members spoke of providing the training to staff, although for differing reasons. Some felt that support workers were inadequately trained to manage complex health or behavioural issues, others opted to provide specific training to meet the needs of

their family member. One family member spoke of developing an orientation package for new support workers in conjunction with the service provider that contained information about what was important for the person with disability, his goals, what his support requirements were and any occupational health and safety issues. In this example, careful attention was paid to the introduction of new staff, including completing buddy shifts, with positive outcomes reported.

SLF

Sustainable support and funding arrangements

The application process for the SLF was raised by most people interviewed as being a lengthy and complex process. Many family members spoke of needing assistance from extended family or support networks to complete the application. The concern raised by family members was that the application process presented a significant barrier for people to access the funding option, particularly people with fewer personal resources, support networks or people from non-English speaking backgrounds. More detailed information on the funding option and better support during the application process from ADHC was recommended, including the provision of interpreters when appropriate. Despite the challenges in completing the application process, several family members spoke of the benefits of the process when it came to putting support plans in place.

8.9 Summary of characteristics of Individual Packages

Overall, SLF and IASP were implemented as person centred approaches that gave many people choice and flexibility over their accommodation support. Selecting preferred activities and support workers made people feel happier, more confident and more independent than before. The intended characteristics of SLF and IASP were best implemented where families had the will and capacity to support the person in their planning; and where providers were responsive to people's wishes and at the same time successfully managed change within their organisation.

Participants have choice, flexibility and control over accommodation support: The flexibility of the funding arrangements for both the SLF and IASP and the ability to provide support solutions that best suit the needs and circumstances of each person were seen as positive. People with disability spoke about the benefits of involvement in the selection of support workers and having the opportunity to live in an accommodation arrangement of their choosing. Choice and control for people were limited by housing affordability; by the size of the package, which was not always considered adequate to cover the required accommodation support costs; and by lack of clarity on how IASP funds could be spent. Service providers raised concerns regarding their organisations' viability in providing accommodation support under the new individual funding options, for example staff rostering problems.

Person centred: There were mixed responses as to how well SLF and IASP funding enabled people with disability to envisage and achieve their goals and aspirations. For the most part, the individualised, person centred support people received was viewed as creating greater independence and happiness. The transition to person centred service provision had generally worked well for younger people and their families, who were observed to adjust more readily, and where service providers gave decision making support. Some families in IASP felt that implementation of a person centred approach was not yet fully developed within some parts of ADHC and some service provider organisations. Good examples of person centred support were where independent support planners regularly

review plans to ensuring that packages were person orientated to set achievable goals and tailored to meet changing individual needs.

Strengths and partnership based: Most people reported that their accommodation support had focused on their wishes and needs. Family members observed an improvement in the skill level, confidence and/or mood of their family member with disability as a result of SLF and IASP support. This was particularly the case where support workers had adequate professional and interpersonal skills to treat people with respect, focus on the person's capabilities, and support them in setting achievable goals. A number of family members interviewed had positive experiences with receiving support from the SLF Support Planners when needed, whereas several service managers felt Support Planners were not engaging well in partnerships with families and service providers.

Integrated and collaborative practice: Family involvement in organising accommodation support was a key factor in the success of SLF and IASP. Effective partnerships between people with disability, families and accommodation support providers were essential to achieving positive outcomes. These partnerships were facilitated by positive relationships with support workers and regular communication between family and providers. Partnerships also worked well where providers managed to address varied individual concerns of family members, for example a reluctance to relinquish control over support arrangements, a need for decision making support, or a wish to reduce their involvement in support planning. Collaboration among all providers and agencies involved, including housing, accommodation support, health and specialist disability providers, was important to ensure successful service provision under SLF and IASP.

Responsive to diversity: Responding to the cultural, language and religious needs of people with disability was easier where service providers had managed to recruit diverse staff, and where people with disability had been successfully recruited support workers who could meet their specific needs.

Age and life stage appropriate: The flexibility offered by SLF and IASP funding enabled many people to choose supports and activities that suited their age and life stage. For example, going to the pub with people their own age or attending mainstream community activities; or organising additional supports as people's needs change through ageing. People also appreciated the opportunity to choose support workers of similar ages and interests. Annual reviews of funding packages could be used to adjust supports according to changing ages and life stages.

Quality assurance: In both SLF and IASP, financial arrangements such as budgeting, accounting and financial administration worked well where families had sufficient information about budgeting processes and obligations, and about realistic costs of support services; and where providers gave detailed, accurate information to families about how funds were spent. Service providers and ADHC could play a role in further informing families.

Service providers noted that a cultural shift was required in providing individualised support. They needed to manage staff availability around flexible rosters and necessary changes in staff attitudes. Some providers had engaged practitioners or consultants to provide staff training, or they had adjusted staff recruitment criteria. People who employed their own support workers spent time and effort finding suitable staff and trained them as needed.

Regular reviews of support plans, either formal or informal, helped to adjust goals and services according to the current needs of people with disability, and to provide clarity for family members around future funding. People with an SLF and their families asked ADHC for more information about the funding option and for more support during the complex application process.

9 Cost effectiveness of the Individual Packages

The costs of the individual packages were analysed against the outcomes experienced by the people using the packages and their families. The hypothesis was that for a given cost, as a result of the accommodation support, people with disability would experience improvements in outcomes. The hypothesis could not be fully tested because of the limited availability and quality of expenditure and quantitative outcome data. In addition, most outcome measures for the people using individual packages were at a baseline only, and not all benefits could be measured. None were quantified into a dollar value. Outcomes were discussed in more general and qualitative terms.

9.1 Costs

The costs were analysed in terms of total program cost and cost per person. Recurrent funding per person is presented in Table 9.1. The cost per person ranged within each option and between options. The range depended on the person's needs, their historic allocation, the definition of the option and amount available in the option (Section 5).

Table 9.1: Recurrent funding per person by individual package option (\$), mean and total number of packages

	SLF ¹	IASP ²
Average amount 1 - Including outliers	41,527	111,056
Number of packages	212	64

Source: ADHC Funding Management System data April 2013
Notes: 1. This is base funding only and does not include indexation or one-off-payments. 2. Based on 2012-13 data

ADHC also indirectly financially contributed to the development of the individual package options through the ADHC staff time to advise on the development of individual support planning.

A potential financial risk to the government of individual packages was from instability or changes to the support needs of the people using them that result in the need for a greater resource allocation.

9.2 Outcomes

The outcomes of the individual package options are summarised in Section 6.10. Most of the outcomes measures were baseline only, although some people experienced large changes in their lives as the individual package enabled them to make choices about their accommodation preferences and act on them.

10 Implications and conclusions

The implications of the findings from the evaluation of the Individual Packages can inform future policy for implementing individualised accommodation support and better outcomes for people with disability. The implications in this section are grouped by the evaluation questions. The section cross references to the findings in the earlier sections and draws out future implications.

10.1 Effectiveness of accommodation support

Do the individual package options provide the intended services and change outcomes for people with disability?

1. *To what extent do the individual package options meet the outcomes for individuals, as experienced by people with disability, their families and informal supporters?*

All people interviewed who had SLF and IASP packages experienced positive outcomes. Increased choice and decision making by people with disability about key domains of their lives was at the core of these positive outcomes, with results showing that, in particular, self-determination, personal development, social inclusion, and physical and emotional wellbeing improved. Outcomes are summarised in Section 6.10.

Key facilitators of positive change for people with disability included adequate decision making support from families, support workers and planners, and flexibility of funding from the packages. Some positive outcomes achieved in the programs were enhancements of goals initiated before the packages by people and their families.

Less change was evident in people's interpersonal relationships, physical health and decision making support, and there was little change in material wellbeing or employment for most people. Many people had good pre-existing relationships with family, friends and, in some cases, partners and support workers, that they built on with the packages. The options did not focus on employment and did not include costs of housing property, rent or material possessions. In a few instances, some negative changes were reflected across the outcome domains in cases of ineffective implementation or poor service provider input

2. *Do the individual packages provide or arrange the intended accommodation support (preferred place to live, support to live there: practical support, skills development, relationships, referral, brokerage, funds management, decision making support)?*

The accommodation support enabled by SLF and IASP packages has helped people to gain more independence. Some had moved into their own accommodation or were planning to, and others had increased their social activities and social networks. To achieve this, service providers worked in strong collaboration with family, particularly parents. Housing affordability remained a significant barrier to moving out of the family home for many people with disability, and IASP recipients needed more help with fund management and decision making. Access to accommodation support is analysed in Section 7.

Arranging or providing a preferred place to live in the community: Most people interviewed lived in the family home, but many of those would prefer to move out and live in their own accommodation. The accommodation support provided through SLF and IASP had already enabled several people to move out or had made this goal possible in the future.

The funding options did not provide a place to live, and housing affordability was a major barrier to people living in their own accommodation. Affordable rental housing was difficult to obtain, and one person was not successful in obtaining a mortgage. People tried to manage the housing problem by pooling their accommodation support funding, or by sharing housing with friends or housemates. Where parents had the economic means, they often bought, or were planning to buy, a private property for their child with disability. One family member suggested that the government needed to arrange mechanisms for long-term, low interest mortgages for people with disability.

Arranging or providing support as needed to live there: Most support in both SLF and IASP was provided through a combination of informal and formal support and included developing household and budgeting skills, engaging in leisure activities, and accessing technology. People experienced increased independence due to the skills they developed. They were working towards living independently or increasing their social activities. In addition, IASP recipients accessed personal care and respite services, using their IASP funding to purchase respite support which had previously been subsidised. Most IASP recipients wanted more support than they received from service providers about fund management and decision making.

3. *Which characteristics of individual packages have been most and least effective (choice and control, person centred, strengths and partnership based, integrated and collaborative practice, responsive to culture and age; individualised, portable, client driven funding; quality and effectiveness of support planning; integration of mainstream and informal support)?*

The characteristics are described in Section 8. Overall, SLF and IASP were implemented as person centred approaches that gave many people with disability choice and flexibility over their accommodation support and were responsive to individual preferences and needs. Selecting preferred activities and support workers made people feel happier, more confident and more independent than before. In both SLF and IASP, all accommodation support characteristics were effectively implemented to some extent.

Important facilitating factors were: families with the capacity to support the person in their planning; and providers who were responsive to people's wishes and managed change within their organisation.

Barriers to effective accommodation support characteristics were experienced by some people in both SLF and IASP, and included: limits to the size of some packages, insufficient to meet some people's needs; shortage of affordable and suitable housing; cultural barriers to person centred approaches among service provider organisations and support workers; poor information about the package for some people; poor decision making support from some providers for some people and families; ineffective support to some people with disability and families to plan and implement the package.

10.2 Appropriateness of accommodation support

Do individual packages reach the target group and meet their accommodation support needs?

4. To what extent were individual packages appropriate to the characteristics and needs of clients?

The target groups of SLF and IASP were similar: adults with disability who wished to live as independently as possible. The packages provided individualised funding for formal accommodation support, developing independent living skills and improving social inclusion, with the expectation that there was some informal support in place. In practice, the differences between the way the packages have been allocated included that SLF tended to be held by people who wanted to live in a home of their own, while IASP was used by people who aimed to live as independently as possible in a variety of possible settings, including the family home, with friends or alone in the community. IASP was the larger funding package of the two and targeted people with moderate to high support needs. Level of support need was not specified for SLF.

Participant data showed that in both options certain groups of people were well represented and others were not. Almost all SLF and IASP participants were aged under 45 years, most were men, from an English-speaking background and born in Australia, non-Indigenous and had intellectual disability. It appeared that none of the options had yet reached the full potential target group, and future recruitment for SLF and IASP might focus on expanding its reach through targeted invitations to groups that have relationships with people who were under-represented at the time of the evaluation, particularly people above 45 years, women, people with types of disabilities other than intellectual disability, and people without family support.

Consistent with the intended target groups, IASP participants tended to have higher support needs than those in SLF. People in the IASP interviews were also often less self-motivated to make changes in their lives and used more disability specific than mainstream services. People in the SLF who took part in interviews appeared to have lower support needs and were more self-motivated for choice, control, social inclusion and self-determination.

Both options were intended to provide support for people to live in accommodation arrangements of their choice. Most people interviewed lived with their families in the family home, but many would prefer to live independently in the future. At the time of the evaluation, the SLF and IASP had enabled some people to move into their own accommodation, and a few other people were planning to move. Housing affordability was a major barrier to achieving independent accommodation. Where it had been realised, usually the family could afford to buy or rent real estate for the person with disability.

A strength of the individual packages was that, with good implementation, accommodation support could be adapted to the specific needs and preferences of the person. Addressing these varied needs and preferences was important. Achieving choice and control for people using IASP was likely more difficult, given their possible higher support needs and greater level of social exclusion. Program implementation could be enhanced by more attention to training and resourcing within organisations that support IASP participants, in order to assist support workers to develop creative ways to support and engage participants.

5. Are the services responsive to Aboriginal and Torres Strait Islander people and service users with CALD background?

Cultural responsiveness was relevant to people receiving support currently and to encouraging participation of new people needing support. Several examples of cultural responsiveness of SLF and IASP providers were evident. Cultural competency training, employing support workers with shared cultural heritage or beliefs, recruiting diverse staff, and people with disability recruiting their own staff to meet their requirements were examples of responsiveness to culture.

However, the need for new ways to promote the individual package options and engage people, families and communities from diverse backgrounds was evident from the low rate of diversity (Section 4). Possible methods of promotion include engagement through existing relationships, visiting and personal invitation; information about the application and planning processes in community languages; interpreting services for families during the application and planning processes; and engaging multicultural advocacy organisations to advise and develop pathways.

6. Are the services responsive to age and life stages at key transition points?

The responsiveness of the options are described in Section 8.7. The flexibility offered by SLF and IASP funding enabled many people to choose support and activities that suited their age and life stage. For example, going to the pub with people their own age or attending mainstream community activities; or organising additional supports as people's needs change through ageing. People also appreciated the opportunity to choose support workers of similar ages and interests. Annual reviews of funding packages could be used to adjust supports according to changing ages and life stages.

10.3 Integrity and sustainability of accommodation support

Are the SAEF options implemented as planned and responsive to identified gaps in design? Does the implementation maximise effectiveness within the option, with other initiatives and with mainstream services?

7. What are the facilitators and challenges to implementation and what effect do they have on outcomes?

Important facilitating factors in the implementation of the individual packages that supported people with disability to make choices in their lives and implement them were:

- families or social supporters with the capacity (including interest, education, finances and organisational skills) to support the person in their planning and in organising accommodation support
- support workers who had skills to engage with people with respect and focus on their capabilities
- providers who were responsive to people's preferences and managed change within their organisation.

Where these facilitating factors were present, SLF and IASP were implemented as person centred approaches that gave many people with disability choice and flexibility over their accommodation support, and enabled them to select preferred activities and support workers. This made people feel happier, more confident and more independent than before.

Barriers to effective implementation included:

- lack of information for people and families about the package, and about administrative processes and obligations
- lack of support for those who needed or wanted it in the application process. This was particularly important for families from CALD backgrounds
- cultural barriers to person centred approaches within service provider organisations and support workers
- poor decision making support for some people and families
- incomplete implementation – planning not occurring in a timely way; goals not properly structured with supported planning; or lack of regular reviews.

Where these barriers were present, the intended characteristics of the SLF and IASP were not fully implemented. People were then not able to achieve the accommodation arrangement of their choice and were left confused and disappointed. Where support workers and service providers were not delivering person centred approaches, often due to attitudes or lack of skill, people and families did not receive accommodation support that reflected their preferences and needs. Some people experienced a lack of information about the scope of the packages, or lack of support during the application process and for decisions about goal setting and support provision, which prevented some people and families from using the packages to their full potential.

*8. What are the short term and long term strengths and weaknesses of the current **service delivery option**?*

Strengths of individual packages were:

- flexibility in how the funding was used
- opportunities for people to interview, choose and employ their own support workers
- capacity to tailor the qualities of support workers to the preferences of people with disability – for example, similar age, engaging personality (eg. fun or dynamic) and shared interests. These qualities were mentioned by many people as influencing the success of the activities or skill development they tried together
- person centred goal setting process.

Weaknesses of individual packages were:

- limits to the size of some packages, insufficient to meet some people's needs, and unclear paths when needs changed
- lack of affordable housing for people to live outside the family home or have choices about who to live with
- cultural barriers to person centred approaches among some service provider organisations and support workers
- inconsistent organisational structures to manage the quality of support in some disability services, which people and families described as the primary lever of quality in IASP.

9. *Has integrated and collaborative practice occurred and contributed to outcomes (the person, family, friends, community, specialist and mainstream services)?*

Collaboration among all providers and agencies involved, including housing, accommodation support, health and specialist disability providers, was important to ensure successful service provision under SLF and IASP. It occurred in some cases but not all. Poor collaboration hindered the effective provision of preferred accommodation support for some people.

Family involvement in organising accommodation support was a key factor in the success of SLF and IASP. Effective partnerships between people with disability, families and accommodation support providers were essential to achieving positive outcomes. These partnerships were facilitated by positive relationships with support workers and regular communication between families and providers. Partnerships also worked well where providers managed to address varied concerns of family members, for example a reluctance to relinquish control over support arrangements, a need for decision making support, or a wish to reduce their involvement in support planning.

Less positive practice was noted in the support of family members who were new to dealing with disability services, particularly adult siblings. Building responsiveness to the requests, educational needs and advocacy efforts of adult siblings who are newly supporting a sibling with disability is important in a future-oriented supported accommodation service that might need to engage with adult siblings over the long term.

10. *Is the program cost effective and viable for the person, family, service provider and government compared to other accommodation support?*

The size of the individual packages varied (SLF \$11,000 -\$65,000; IASP \$38,000-\$189,000; Section 9.1), based on the person's needs, their historic allocation, the definition of the option and amount available in the option. ADHC committed additional resources to planning support. Most people also received other disability support, such as for community access (Table 8.2).

Viability for the person was raised as an issue by some people and families, who considered the funding inadequate to enable independent living. The package amount would not always cover the person's support needs, especially if they needed 24 hour support from workers. The package did not address housing costs. Many people found the funding insufficient to cover market rent as well as adequate accommodation support. Independent accommodation often relied on the family's economic capacity to buy property for the person with disability. Some families were concerned about the extent of administration fees and about budgeting processes. Oversight from ADHC, guidelines to service providers, and improved budgeting information and assistance might help.

Some service providers raised concerns about viability from costs of staff training and rostering. Those that did not have these problems had adapted their management and recruitment processes to achieve person centred service provision within the package funding limitations.

11. *What strategies are used to work towards continuous improvement of service delivery (planning, review, staff development, budget management)?*

Most people used service providers to manage the package or provide support. They relied on these organisations to implement continuous improvement mechanisms to manage quality and make changes that respond to their expectations (Section 8.8).

In both SLF and IASP, financial arrangements such as budgeting, accounting and financial administration worked well where families had sufficient information about budgeting processes and obligations, and about realistic costs of support services; and where providers gave detailed, accurate information to families about how funds were spent. Service providers and ADHC could play a role in further informing families.

Service providers noted that a cultural shift was required in providing individualised support. They needed to manage staff availability around flexible rosters and necessary changes in staff attitudes. Some providers had engaged practitioners or consultants to provide staff training, or they had adjusted staff recruitment criteria. People who employed their own support workers spent time and effort finding suitable staff and trained them as needed.

Regular reviews of support plans, either formal or informal, helped to adjust goals and services according to the current needs of people with disability, and to provide clarity for family members around future funding. People with an SLF and their families asked ADHC for more information about the funding option and for more support during the complex application process.

10.4 Policy implications for accommodation support

SLF and IASP were intended to support people with disability to live as independently as they chose, in an accommodation arrangement of their choice, and with formal support that suited people's preferences and life goals. Evidence from the evaluation showed that both SLF and IASP achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families could afford to purchase real estate for the person with disability to live in or supplement their rent.

The facilitators and barriers to achieving effective accommodation support in the individual packages have been listed throughout this report. Specific policy implications for ADHC concern both administrative and structural levels. Lived experience of people using accommodation support should inform program design, implementation and interagency collaboration.

Program design

- Clarify program scope and options for the use of funds so that people and families know what the funding can and cannot be spent on
- Enhance flexibility of funding so the use of funds can be better tailored to individual needs, for example transport
- Review package sizes to ensure they allow for adequate support in independent accommodation and are responsive to change
- Review the program design to be compatible with CRPD, NDS, whole of government and NDIS implementation, for example implications for funding, financial management, planning, review and accountability processes

Program implementation

- Provide information about individual packages in a range of forums and accessible formats (eg. group meetings, individual meetings, telephone support, Easy Read and community languages)
- Provide information and decision making support for people with disability and families during the application process and including goal setting, arranging support and funds management, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations. Examples include:
 - Link people with disability who are planning their packages to support to expanding thinking about possibilities – e.g. My Choice Matters
 - Build on trust relationships with informal and formal supporters to engage in planning and manage transitions
 - Encourage people with disability and family members to identify their mutual and separate goals for the package, so that resources can be assigned to address each set of goals
 - Encourage people and families to think of accommodation support as long term, future-oriented. This includes forecasting long term change and incremental steps
 - Encourage multiple family members and friends to be involved and informed about the planning (e.g. siblings, cousins, friends, family friends etc), so that possible future supporters remain knowledgeable about supported decision making before crises
- Target recruitment to people from socio-demographic groups (eg. low resource capacity, not supported by family, Indigenous, culturally and linguistically diverse) who are currently under-represented and provide appropriate personal, family and community support
- Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
- Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF.
- Provide support for people and families in disputes with support planners and service providers

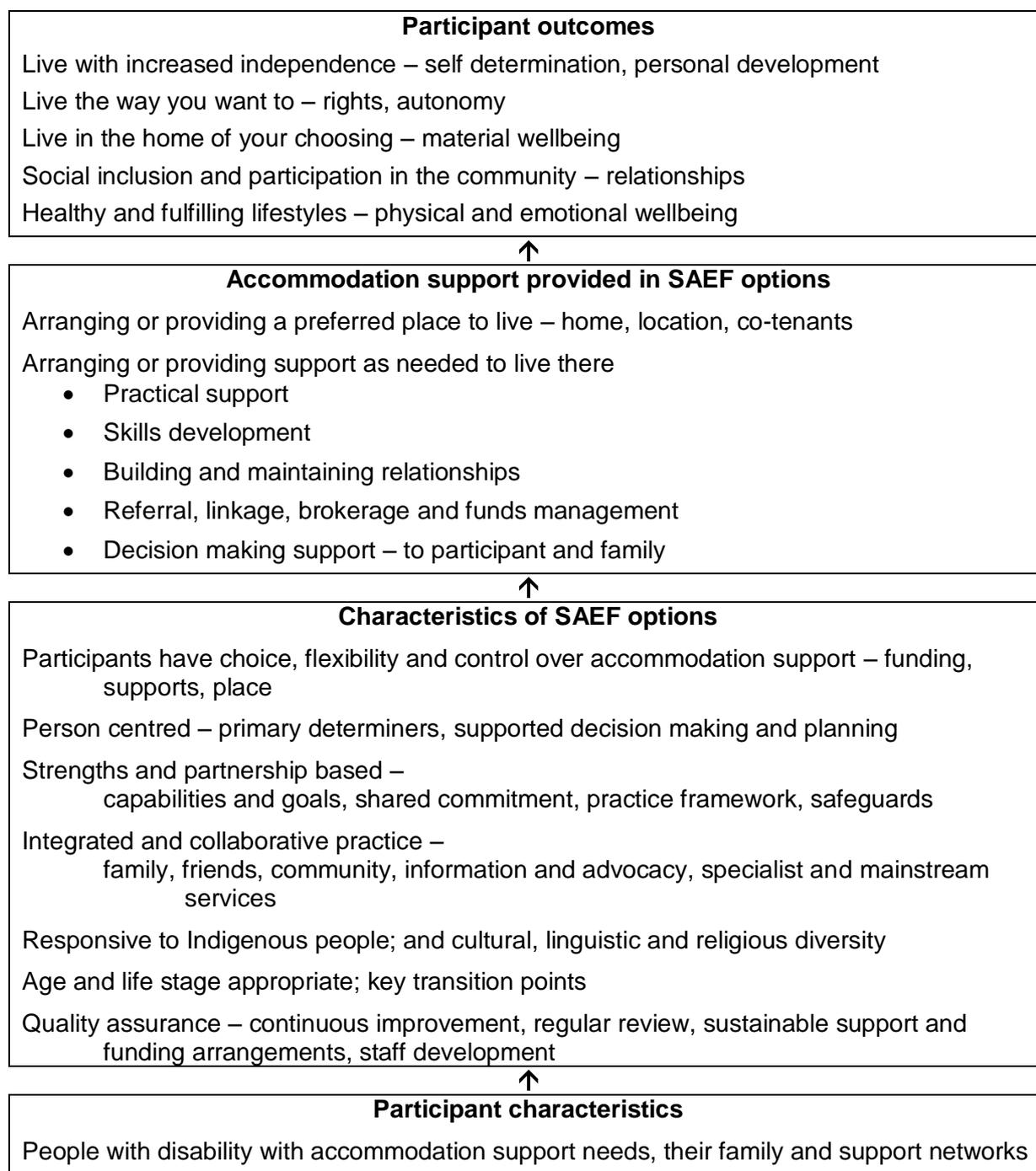
Interagency collaboration

- Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
- Encourage service providers to assist with improving employment outcomes for program participants by working with employment agencies, employers, education and service providers

- Encourage service providers to strengthen professional networks with specialist (other disability organisations) and mainstream services (e.g., TAFE, universities, gyms, sports clubs and community and religious organisations) and invest in community development to promote service integration and to be able to respond to the individual preferences of people with disability with a range of opportunities in their local community
- Encourage service providers to collaborate with local self-advocacy organisations to create pathways for people with disability to access lived experience expertise in the disability community
- Engage with disabled persons organisations to draw on lived experience to inform quality implementation and continuous improvement, such as setting the agenda for training and conducting the training of support workers; engaging advocacy organisations as trainers and peer supporters in transitions and development with people with disability. The involvement of people with disability with disability organisations develops skills, increases community engagement and participation and generates pathways to employment
- Encourage mainstream community groups to make links with capacity building support in the disability sector (e.g. short courses run by PWDA and the Independent Living Centre) to back up their confidence and skills to include people with disability in their activities

Appendix A Evaluation framework

Program logic for the SAEF options



Sources: ADHC ST2 policy 2006-2016; Reforming NSW disability support – discussion paper 2013; Community Participation, Life Choices and Active Ageing Program Guidelines; Lifestyle Planning Policy 2012; UNCRPD 2008; Personal Wellbeing Index 2005; McCormack, B. & Farrell, M. 2009; Schalock, R. et al 2005; Vickery, L. 2007.

Note: SAEF nine options: 1. Individual package: 1a. Supported Living Fund (SLF); 1b. Individual Accommodation; Support Packages (IASP); 2. Drop in: 2a. Independent Living Drop in Support (ILDS); 2b. Independent Living Skills Initiative (ILSI); 3. Group: 3a. Lifestyle Planning Policy (LPP); 4. Other: 4a. Abbeyfield; 4b. HOME; 4c. RASAI; 4d. SSDAAG

Evaluation questions and methods

The evaluation questions are derived from the program logic.

Effectiveness Does the accommodation support option provide the intended services and change outcomes for people with a disability?

1. To what extent does the SAEF option meet the outcomes for individuals, as experienced by people with a disability, their families and informal supporters (independence, choice and control about life and home, social inclusion and participation, healthy and fulfilling lifestyle)?
2. Does the SAEF option provide or arrange the intended accommodation support (preferred place to live, support to live there: practical support, skills development, relationships, referral, brokerage, funds management, decision making support)?
3. Which characteristics of the SAEF option have been most and least effective (choice and control, person centred, strengths and partnership based, integrated and collaborative practice, responsive to culture and age; individualised, portable, client driven funding; quality and effectiveness of support planning; integration of mainstream and informal support)?

Appropriateness Does the service reach the target group and meet their accommodation support needs?

4. To what extent is the SAEF option appropriate to the characteristics and needs of clients?
5. Are the services responsive to Aboriginal and Torres Strait Islander people and service users with CALD background?
6. Are the services responsive to age and life stages at key transition points?

Integrity and sustainability Are the SAEF options implemented as planned and responsive to identified gaps in design to maximise effectiveness within the option, with other initiatives and with mainstream services?

7. What are the facilitators and challenges to implementation and what effect do they have on outcomes?
8. What are the short term and long term strengths and weaknesses of the current service delivery option?
9. Has integrated and collaborative practice occurred and contributed to outcomes (the person, family, friends, community, specialist and mainstream services)?
10. Is the program cost effective and viable for the person, family, service provider and government compared to other accommodation support?
11. What strategies are used to work towards continuous improvement of service delivery (planning, review, staff development, budget management)?

Appendix B Evaluation methods

Purpose and aims

The evaluation generated an overarching Supported Accommodation Evaluation Framework that may be used to assess the effectiveness of a variety of new accommodation support and funding options piloted under ST2. The SAEF provides a means by which all of ADHC's accommodation support options can be consistently monitored and evaluated.

The project sought to build a solid evidence base about accommodation support through the collection of data and development of an evaluation framework that will ensure the collection of consistent, comprehensive data over time. This evidence base will inform the design and development of policy.

The evaluation assessed the effectiveness of the nine accommodation support and funding options to empower participants to make choices about the services and supports they require, and to create meaningful and long-term community inclusion for people with disability. To address this aim, the evaluation analysed the experience of the participants as well as agency and service provider governance, planning and service delivery processes.

Design rationale

This study used a longitudinal, mixed methods design and a participatory research approach to address the evaluation questions above. The rationale behind the design and methods to answer the research questions is based on previous research with people with disability and support options that aim for community participation and inclusion.

The design assessed the characteristics of the nine SAEF options and to measure quality of life outcomes for people with disability, their families and other informal supporters. This methodological approach was developed to fit the attributes of the accommodation support and funding options summarised in the program logic. It was designed within the evaluation constraints such as available and prospective sources of information, budget, timeframe and respondent burden.

Having a participatory approach was particularly important for this review as the aim was to seek information from people who have changed accommodation support or were using individualised funding packages that aim to promote the person's inclusion into the local community. The SPRC involved a community researcher with disability who has experienced various support services. He was part of the evaluation team, worked closely with the fieldworkers and helped design the research instruments and conduct the qualitative interviews with people with disability.

Samples and methods

The sample groups were people with disability in the programs, their families, workers and managers, and the methods included program data; web based or paper surveys; and face to face or telephone interviews and focus groups (Table 4.2). The sample and methods, including alternative inclusive methods, are described in detail below. The fieldwork instruments (surveys and interview questions) are included in the separate evaluation framework.

The interview sampling framework included people with different disability support needs, men and women, and people from diverse backgrounds and locations. The sample sizes were minimum but sufficient for the mixed methods, and they maximised participation within the limited evaluation budget.

Quantitative data and analysis

The quantitative data was from three sources: surveys with people with disability, family members/friends and managers; administrative data provided by ADHC; and quantified participant outcomes informed through qualitative interviews with people with disability.

Surveys

Surveys were distributed by ADHC to all people with disability accessing a SAEF option (direct to the person in individual packages). The survey was to measure the impact of the SAEF option on outcomes for people with disability and the supports available. The survey for people with disability included plain English phrasing, clear and straightforward questions and pictures to support understanding of the text. Instructions for administration of the survey included how to support a person with disability to complete the survey. ADHC did not have access to contact details of family members or friends, so copies of the survey for family members/friends were sent to the person with disability.

Surveys were also distributed by ADHC to one manager from all service providers who provide or have been contracted to provide the nine SAEF options, including ADHC and NGOs.

The aim of the survey was to:

- assess the effectiveness of different processes in facilitating change to accommodation support for people with disability, family members and carers
- assess the effectiveness of different features of accommodation support services
- examine to what extent accommodation support is achieving the priorities outlined in ST2
- measure outcomes for people with disability and their family members and carers.

All surveys were available in paper and electronic format. A total of 308 surveys were completed. Of these, 258 were completed online and 50 were paper copies. The online survey closed on 5 July 2013. A small number of respondents did not provide sufficient information to identify which option they participated in and so were excluded from the analysis. A small number of people with disability were participants in more than one option, and they were included in the analysis in both options.

Administrative data

The evaluation analysed de-identified administrative data provided by ADHC. Individual client information from each of the accommodation support and funding options received a unique identity reference code. The administrative data provided by ADHC was compiled from client records in each of the nine SAEF options. The data included information on

personal characteristics of the individual, service option received, the quantity of funding received, the number of hours of care received and the level of support required.

The analysis aimed to provide descriptive statistics of the demographic characteristics of the participants of the nine accommodation support and funding options. The aim was to provide a profile of the participants as a whole and describe the diversity within each option or support type. This was achieved by providing analysis by type of disability, age and life stage, gender, cultural background, location and disability support needs.

Some demographic information, including age, gender and type of disability, cultural background and location was also collected through interviews and surveys.

Recurrent annual program cost data was obtained from ADHC and analysed as a total for each option, average and range per person for each of the nine SAEF options. The recurrent funding data from ADHC were analysed against the outcomes.

The following steps were taken to obtain and analyse the administrative data:

1. Identify data sources
2. Receive data for analysis
3. Assess data quality, identify potential gaps
4. Map data items to research questions and outcomes of the SAEF options
5. Develop new data collection where existing data does not provide adequate information for evaluation purposes
6. Develop analysis plan that maps data sources to evaluation outcomes
7. analysis

Outcomes

Quantified outcomes were informed through qualitative interviews with people with disability. In addition to the qualitative analysis, the researchers quantified the data from each participant interview in terms of subjective satisfaction with quality of life from the perspective of the participant (adapted from methodology in Heal & Chadsey-Rusch 1986; Schwartz 2003).

The researchers scored each of the quality of life domains (Table 6.1) for each participant, using a five-level Likert scale scoring system. Scores for each quality of life domain ranged from 5, which represented an overwhelmingly favourable experience, to 1, which indicated an extremely negative experience. A score of 3 indicated a neutral response or mixed experience. In order to ensure reliability between the researchers, they discussed their ratings and developed consistent descriptions for each level of the scale.

Qualitative data and analysis

A range of qualitative methods were used to gather data: interviews with people with disability, family members and managers; case studies; focus groups with support workers

and service coordinators; open-ended comments from the surveys; observation; and qualitative program data. These are described below, as well as research participant considerations and recruitment strategy.

Research participant considerations

The research design took account of individual needs, capacity and barriers to participation by ensuring that questions and methods built on participants' strengths.

Semi-structured interviews were used with an interview schedule that was designed to be flexible and to rely on the skills and judgement of the researchers, each of whom had prior experience interviewing people with disability. The interview schedule used plain English and was simplified by the researchers depending on the needs of the participants. Observational data was also collected for each person during the interview, including observation of the participant's interaction with other people and their environment. This method was particularly useful for participants less able to take part in a conversation based interview. Participants were also encouraged with visual cues, such as photographs, faces displaying different emotions or drawings, if this assisted them to share information. The rationale for this approach is that people have different levels of capacity to respond and participate in the interview, and the research aims to be as inclusive as possible.

The interview process included inviting a nominated and trusted support person to attend the interview where necessary. A support person is someone who sits in on an interview with a participant to help that person communicate in the best way possible with the researcher. This approach helps to make the research inclusive and ensure that information is gathered from all participants. A protocol was applied to guide supporters about their role to protect the primary perspective of the person with disability.

Recruitment strategy

The SPRC, in collaboration with ADHC, developed three versions of the recruitment information: one for people receiving accommodation support; one for service providers; and one for ADHC group accommodation services. Recruitment information included details about the involvement of people with disability, family members and ADHC and service provider staff in the research.

Participants and family members were not directly approached by the researchers. They were invited by ADHC or by service providers to participate in the research. If people indicated that they were willing to participate then ADHC would contact them to arrange an interview. The person's contact details were then forwarded to the researchers to gain full consent to participate. This 'arm's length' process aimed to avoid real or perceived coercion by the researchers. People were reimbursed expenses for participating. Recruitment strategies varied depending on the accommodation support and funding option.

People who received an individual package were contacted directly by ADHC. A copy of the recruitment information and request for research volunteers was mailed to each person. In both the individual packages and drop-in support categories, contact details of family members or carers were not available, therefore information about the involvement of family members or carers in the SAEF evaluation were sent to the person with disability.

ADHC also arranged a number of SAEF briefing sessions for service providers: two metropolitan and three regional sessions. The information briefing sessions aimed to inform service providers of what was involved for people with disability and how service providers could contribute to the research. Service providers from the three accommodation support

categories were sent invitations to the briefing sessions. An invitation for service provider managers to take part in a research interview was also included.

Interviews

Semi-structured, qualitative interviews were conducted with people with disability, their family members, and accommodation support managers. All interviews with people with disability were conducted face to face in a location preferred by the participant. The family member and manager interviews were conducted face to face or via telephone, depending on the convenience of the respondents and budget constraints. To address the evaluation objectives and research questions, the qualitative interviews included the following topics:

- Outcomes of the SAEF option for people with disability and their families
- Effectiveness of the SAEF option to provide or arrange the intended accommodation support
- Experience of people with disability when commencing the SAEF option
- Effectiveness of various characteristics of the SAEF option
- Effectiveness of the SAEF option to reach the target group and meet their accommodation support needs
- Facilitators or barriers for service providers in providing the SAEF option.

The interviews were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Case studies

To supplement the interviews, the evaluation team completed six case studies about the experience and quality of life changes of people with disability participating in this study. Case studies were de-identified data about a particular participant gathered from a range of sources, including interviews with the participant, family members and/or support workers. The case studies aimed to capture the participant's experience of the accommodation support and funding option and included changes, benefits or impacts they had experienced as a consequence of the new support type. The individual case studies were highly identifiable, and therefore the material was presented as part of the general analysis rather than separate stories.

Focus groups

Focus groups were arranged to gather information about the experiences and views of staff members working in the accommodation support and funding options. Focus groups were held with staff from each of the three key accommodation support categories: individual packages, drop-in support and group accommodation. Focus groups included between five and twelve staff members and were approximately two hours in length. Staff members from the individual packages and drop-in support categories who were unable to attend the focus groups were invited to provide written answers to the questions. A further 14 staff members provided information using this method. The focus group findings were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Surveys

Surveys were distributed to people with disability, family members/friends and managers as outlined above. Each of the survey formats allowed participants to provide open-ended comments. As noted above, the survey for people with disability included plain English phrasing, clear and straightforward questions and pictures to support understanding of the text. A total of 306 surveys were included in the quantitative analysis. Comments from a further ten surveys from people with disability and eight family member surveys, which were returned after the survey closed, were included in the qualitative analysis. Comments were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Observation

The researchers collected observation data during the qualitative interviews with people with disability, particularly when people experienced difficulty communicating. Participant observation is a method that has been used in previous research on community and health care service delivery (Fudge et al. 2008: 314). It involves the researchers observing how the service system and partnerships are working (across individual elements of the SAEF option and as a whole) and taking detailed notes about their impressions.

This approach gives researchers a richer understanding of the service delivery context and provides an additional source of data which can be triangulated with other data sources. For example, observation data can be compared with what is written in policy documents and procedure manuals and with interview data, which can strengthen the overall analysis.

Participant observation is an important component of the SAEF evaluation as it enables researchers to gain a greater understanding of the factors which can enhance and limit the effectiveness of the SAEF option. The observation data was coded using the same framework as the other qualitative data for analysis against the program logic domains.

Qualitative program data

The evaluation also analysed qualitative program data about participants who permitted the analysis of their de-identified data. This included information collected by community consultants (case managers) throughout the planning and goal setting stage and later ongoing support provision (e.g. case planning resource output). Examples are information from the Participants Planning Tool, Participants Story, or Tracking Sheet. Program data for all participants was non-identifiable and collected by ADHC as part of the service agreement in the SAEF option.

Limitations

The administrative data provided by ADHC was incomplete for a number of variables, particularly cultural diversity, disability type and the level of support needs, for some of the accommodation support options. Confidentiality requirements meant that some elements of data was not able to be reported for accommodation support options with relatively few participants. Data on additional services used and hours of services used were also incomplete.

Participation in the surveys and qualitative interviews was voluntary. Efforts were made to provide recruitment information to each person using one of the nine SAEF accommodation support options. There were low response rates to surveys in several of the accommodation support options, and therefore the findings need to be viewed with caution. It is not possible

to generalise the survey findings to the broader population of people with disability using these options.

The evaluation proposed a sample size for qualitative interviews of between 10-12 people with disability in each of the nine SAEF options, with the exception of HOME, which had fewer than 10 participants. A total of 90 interviews were conducted with people with disability, which was less than the 130 initially proposed. The number of people with disability who took part in interviews was small, particularly for people in the IASP, ILDIS, Abbeyfield, HOME, RASAIID and SSDAAG options. It was therefore not possible to generalise the evaluation findings to the broader population of people using these support options. To compensate for the small IASP sample size, the outcome information gathered during interviews from people with disability and family members who received IASPs and also participated in the parental governance models, RASAIID and SSDAAG, was included in the IASP analysis. Their experience might be unique to those who were part of a parental governance model.

More than two-thirds of the people with disability who took part in interviews were able to communicate verbally. People who experienced difficulty communicating verbally predominantly lived in group accommodation, particularly the LRCs. For these people, additional data from observation, case file review and reports from family or staff members was included. Completing the survey was difficult or inaccessible for people with significant cognitive or communication difficulties.

Interviews with people with disability were conducted face to face in a location preferred by the participant. Interviews were arranged in numerous locations across the state. Due to the logistical complexity of arranging a large number of voluntary interviews within a set timeframe, researchers often had limited advance notice for a scheduled interview. This reduced the opportunity for the SPRC's community researcher to be involved in the interviews. The community researcher attended four interviews in the Sydney region.

The proposed sample size for family members or friends taking part in qualitative interviews was 24, or six family members from each of the accommodation support categories. A total of 37 interviews were conducted with family members, 20 of whom were family members of people with disability interviewed. A few family members who took part in interviews spoke of receiving information regarding the research from advocacy groups rather than ADHC.

A total of 12 manager interviews were proposed, four from each of the Individual Packages, Drop-In Support and Group Accommodation categories. A total of 11 manager interviews were conducted, with the final interview cancelled due to scheduling difficulties. All staff members who volunteered to participate in a manager interview or focus group for the Individual Packages option provided information on SLF and not IASP. Hence information from service providers regarding IASP is minimal.

Appendix C Data tables

Program data

Table C.1: Demographic characteristics of participants from individual packages program data, number and per cent

	Individual packages	
	n	per cent
Age		
Less than 25 years	75	27.2
25-44 years	148	53.6
45 -64 years	49	17.8
65 years and over	0	0.0
Not Known	4	1.5
Total	276	100.0
Age		
Less than 45 years	223	80.8
45 years and over	49	17.8
Not Known	4	1.5
Total	276	100.0
Gender		
Male	180	65.2
Female	91	33.0
Not Known	5	1.8
	276	100.0
Language spoken at home		
Language other than English only	9	3.3
English (and other)	190	68.8
Not Known	77	27.9
Total	276	100.0
Country of Birth		
Australia	214	77.5
Other country	18	6.5
Not Known	44	15.9
Total	276	100.0
CALD Status		
Yes	39	14.1
No	235	85.1
Not Known	n.a.	n.a.
Total	274	99.3
Aboriginal and Torres Strait islander status		
Yes	16	5.8
No	214	77.5
Not Known	46	16.7
Total	276	100.0

	Individual packages	
	n	per cent
Region		
Hunter	38	13.8
Metro North	51	18.5
Metro South	62	22.5
Northern	83	30.1
Southern	17	6.2
Western	25	9.1
	276	100.0
Disability		
Intellectual	156	56.5
Specific learning/ Attention Deficit Disorder		0.0
Autism	14	5.1
Physical	32	11.6
Acquired brain injury	17	6.2
Neurological	5	1.8
Sensory and speech	5	1.8
Psychiatric	7	2.5
Not known	40	14.5
Total	276	100.0
Support Needs		
Very High		
High	42	15.2
Moderate	208	75.4
Low		
Minimal		
Not Known	26	9.4
Total	276	100.0
Number of program participants	276	

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Table C.2: Demographic characteristics of program participants – detailed, Numbers

	SLF	IASP
Age		
Less than 25 years	50	25
25-44 years	127	21
45 -64 years	33	16
65 years and over	0	0
Not Known	n.a	n.a
Total	212	64
Age		
Less than 45 years	177	46
45 years and over	33	16
Not Known	n.a	n.a.
Total	212	64
Gender		
Male	136	44
Female	73	18
Not Known	3	n.a.
Total	212	64
Language spoken at home		
Language other than English only	8	n.a
English (and other)	131	59
Not Known	73	n.a.
Total	212	64
Country of Birth		
Australia	155	59
Other country	15	3
Not Known	42	n.a.
Total	212	64
CALD Status		
Yes	32	7
No	180	55
Not Known	0	n.a
Total	212	64
Aboriginal and Torres Strait islander status		
Yes	16	n.a.
No	152	62
Not Known	44	n.a.
Total	212	64

	SLF	IASP
Region		
Hunter	38	0
Metro North	41	10
Metro South	58	4
Northern	38	45
Southern	17	0
Western	20	5
Total	212	64
Disability		
Intellectual	116	40
Specific learning/Attention Deficit Disorder	0	0
Autism	13	n.a.
Physical	24	8
Acquired brain injury	10	7
Neurological	0	5
Sensory and speech	5	0
Psychiatric	7	0
Not known	37	n.a.
Total	212	64
Support Needs		
Very High	0	0
High	40	n.a.
Moderate	172	36
Low	0	0
Minimal	0	0
Not Known	0	26
Total	212	64
Number of program participants	212	64

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3.

Table C.3: Demographic characteristics of participants from individual package program data, per cent

	SLF	IASP
Age		
Less than 25 years	23.6	39.1
25-44 years	59.9	32.8
45 -64 years	15.6	25.0
65 years and over	0.0	0.0
Not Known	n.a	n.a
Total	99.1	96.9
Age		
Less than 45 years	83.5	71.9
45 years and over	15.6	25.0
Not Known	n.a	n.a.
Total	99.1	96.9
Gender		
Male	64.2	68.8
Female	34.4	28.1
Not Known	1.4	n.a.
Total	100.0	96.9
Language spoken at home		
Language other than English only	3.8	n.a
English (and other)	61.8	92.2
Not Known	34.4	n.a.
Total	100.0	92.2
Country of Birth		
Australia	73.1	92.2
Other country	7.1	4.7
Not Known	19.8	n.a.
Total	100.0	96.9
CALD Status		
Yes	15.1	10.9
No	84.9	85.9
Not Known	0.0	0.0
Total	100.0	96.9
Aboriginal and Torres Strait islander status		
Yes	7.6	n.a.
No	71.7	96.9
Not Known	20.8	n.a.
Total	100.0	96.9

	SLF	IASP
Region		
Hunter	17.9	0.0
Metro North	19.3	15.6
Metro South	27.4	6.3
Northern	17.9	70.3
Southern	8.0	0.0
Western	9.4	7.8
Total	100.0	100.0
Disability		
Intellectual	54.7	62.5
Specific learning/Attention Deficit Disorder	0.0	0.0
Autism	6.1	n.a.
Physical	11.3	12.5
Acquired brain injury	4.7	10.9
Neurological	0.0	7.8
Sensory and speech	2.4	0.0
Psychiatric	3.3	0.0
Not known	17.5	n.a.
Total	100.0	93.8
Support Needs		
Very High	0.0	0.0
High	18.9	n.a.
Moderate	81.1	56.3
Low	0.0	0.0
Minimal	0.0	0.0
Not Known	0.0	40.6
Total	100.0	96.9
Number of program participants	212	64

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Table C.4: Services used by individual package option - number of participants using a service

Number of services used by type	SLF	IASP
Accommodation support	37	29
Community support	193	66
Community access	92	38
Respite	135	33
Total participants in individual package option	212	64

Source: ADHC MDS program data 30 June 2012 (2011-12)
Notes: n.a.= Cells smaller than 3. Participants may use more than one service within a category so some numbers may be .greater than the total number of participants in the program.

Table C.5: Average hours used per person using the service by individual package per week, 2011-2012

	SLF ¹	IASP ²
Accommodation support		
1.05 Attendant care/personal care	23.95 (4)	44.79 (3)
1.06 in-home accommodation support	4.39 (26)	46.06 (15)
1.07 Alternative family placement	5.29 (1)	
Community support		
2.06 Case management, local coordination and development	0.87* (29)	4.83* (2)
Community access		
3.01 Learning and life skills development	14.47 (67)	18.28* (31)
3.03 Other community access	7.4 (2)	11 (1)
Respite		
4.02 Centre-based respite/respite homes	12.96* (27)	31.4* (9)
4.03 Host family respite/peer support respite		57.96 (1)
4.04 Flexible respite	4.08* (61)	3.29* (15)

Source: ADHC MDS program data 30 June 2012 (2011-12)
Notes: * denotes that average hours calculation was based on data for services users for whom data on hours was available, not all services users. This data should be interpreted with caution. () = number of users with hours recorded against the service type.
1. SLF recipients were not receiving SLF until 2012-13 financial year
2. This data only includes ST1 IASP recipients and not ST2 IASPs which were allocated in the 2012/13 financial year.

Table C.6: Recurrent funding per person by individual package option (\$), mean

	SLF ¹	IASP ²
Average amount 1 - Including outliers	41,527	111,056

Source: ADHC Funding Management System data April 2013
Notes: 1. This is base funding only and does not include indexation or one-off-payments. 2. Based on 2012-13 data

Survey data

Table C.7: Demographic characteristics of individual package participants from survey, number and per cent

	Individual packages	
	n	Per cent
Age		
Less than 25 years	14	22.6
25-44 years	36	58.1
45 -64 years	12	19.4
65 years and over	0	0.0
Not Known	0	0.0
Total	62	100.0
Age		
Less than 45 years	50	80.7
45 years and over	12	19.4
Not Known	0	0.0
Total	62	100.0
Gender		
Male	36	58.1
Female	26	41.9
Total	62	100.0
Language spoken at home with family		
Language other than English	8	12.9
English	52	83.9
Not Known	n.a.	n.a.
Total	62	96.8
Country of Birth		
Australia	50	80.7
Other country	6	9.7
Not Known	6	9.7
Total	62	100.0
Aboriginal and Torres Strait islander status		
Yes	3	4.8
No	59	95.2
Not Known	0	0.0
Total	62	100.0
Region		
Major cities of Australia	41	66.1
Inner regional	16	25.8
Outer regional	n.a.	n.a.
Not known	n.a.	n.a.
Total	62	91.9
Disability		
Intellectual	40	64.5
Specific learning/ Attention Deficit Disorder		n.a.
Autism	6	9.7
Physical	4	6.5
Acquired brain injury	n.a.	n.a.

	Individual packages	
	n	Per cent
Neurological	n.a.	n.a.
Sensory and speech	n.a.	n.a.
Psychiatric	n.a.	n.a.
Not known	7	11.3
Total	62	91.9
Number of respondents	62	

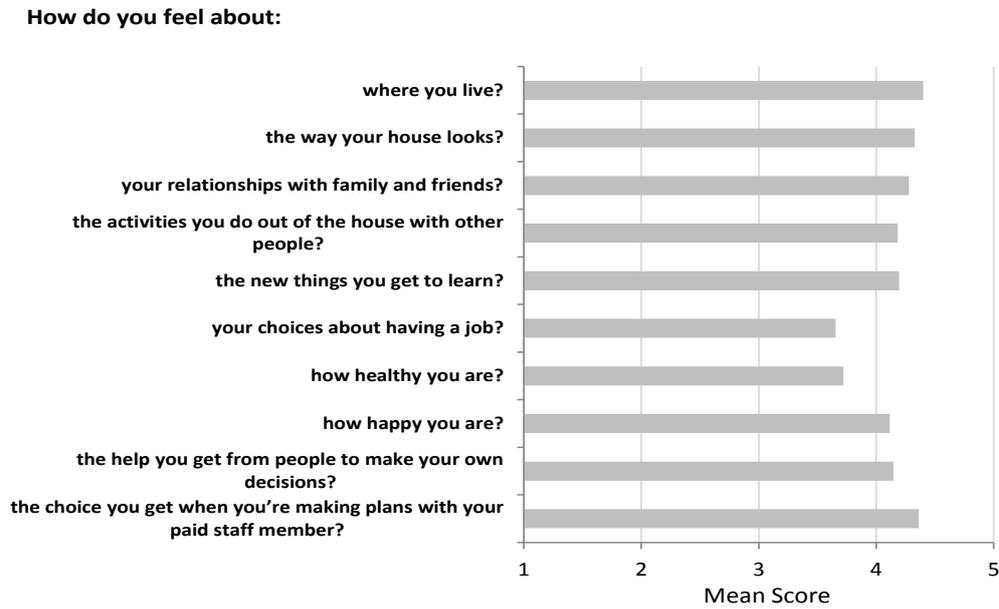
Source: Survey to people with disability using accommodation support options July 2013
Notes: n.a.= Cells smaller than 3.

Table C.8: Quality of life now, survey of people with disability with individual packages, sample size and means

How do you feel about:	Individual packages	
	n	Mean
Where you live?	60	4.4
The way your house looks?	61	4.3
Your relationships with family and friends?	61	4.3
The activities you do out of the house with other people?	60	4.2
The new things you get to learn?	61	4.2
Your choices about having a job?	55	3.7
How healthy you are?	61	3.7
How happy you are?	61	4.1
The help you get from people to make your own decisions?	61	4.1
The choice you get when you're making plans with your paid staff member?	61	4.4

Source: Survey to people with disability using accommodation support options July 2013
Notes: Range of responses was 1-5 (very unhappy to very happy) for all support options

Figure C.9: Quality of life now, survey of people with disability with individual packages, means



Source: Survey to people with disability using accommodation support options July 2013

Notes: Range of responses was 1-5 (very unhappy to very happy) for all support options. n=55-61

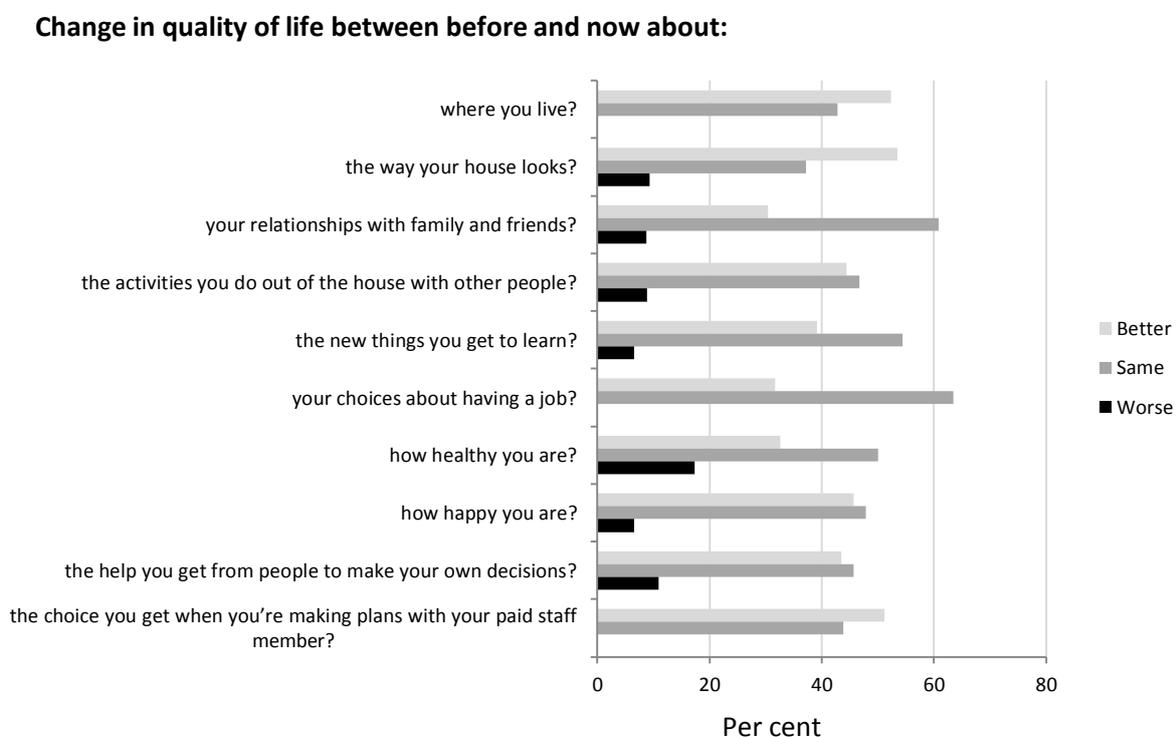
Table C.10: Change in quality of live, people with disability survey individual packages, per cent

	n	Individual packages		
		Better	Same	Worse
How do you feel now compared to how you felt before about:				
Where you live?	42	52.4	42.9	n.a
The way your house looks?	43	53.5	37.2	9.3
Your relationships with family and friends?	46	30.4	60.9	8.7
The activities you do out of the house with other people?	45	44.4	46.7	8.9
The new things you get to learn?	46	39.1	54.4	6.5
Your choices about having a job?	41	31.7	63.4	n.a
How healthy you are?	46	32.6	50.0	17.4
How happy you are?	46	45.7	47.8	6.5
The help you get from people to make your own decisions?	46	43.5	45.7	10.9
The choice you get when you're making plans with your paid staff member?	41	51.22	43.9	n.a

Source: Survey to people with disability using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3.

Figure C.11: Change in quality of life people with disability survey individual packages, per cent



Source: Survey to people with disability using accommodation support options July 2013. n=41-46

Table C.12: Demographic characteristics of participant with disability and family respondents, from family survey, number and per cent

	Individual packages	
	n	per cent
Participant with disability characteristics		
Age		
Less than 25 years	9	17.0
25-44 years	35	66.0
45 -64 years	6	11.3
65 years and over	na.	na.
Not Known	na.	na.
Total	53	94.3
Age		
Less than 45 years	44	83.0
45 years and over	n.a.	n.a.
Not Known	n.a.	n.a.
Total	53	83.0
Gender		
Male	27	50.9
Female	24	45.3
Not Known	n.a	n.a.
Total	53	96.2
Language spoken at home with family		
Language other than English	7	13.2
English	45	84.9
Not Known	n.a.	n.a.
Total	53	98.1
Country of Birth		
Australia	46	86.8
Other country	6	11.3
Not Known	n.a.	n.a.
Total	53	98.1
Aboriginal and Torres Strait islander status		
Yes	3	5.7
No	48	90.6
Not Known	n.a.	n.a.
Total	53	96.2
Disability		
Intellectual	37	69.8
Specific learning/Attention Deficit Disorder	n.a.	n.a.
Autism	n.a.	n.a.
Physical	5	9.4
Acquired brain injury	n.a.	n.a.
Neurological	n.a.	n.a.
Sensory and speech	n.a.	n.a.
Psychiatric	n.a.	n.a.
Not known	6	11.3
Total	53	90.6

	Individual packages	
	n	per cent
Family respondent characteristics		
Age		
less than 45 years	n.a.	n.a.
45 -64 years	34	64.2
65 years and over	17	32.1
Not Known	n.a.	n.a.
Total	53	96.2
Gender		
Male	8	15.1
Female	44	83.0
Not known	n.a.	n.a.
Total	53	98.1
Relationship		
Parent	45	84.9
Sibling	3	5.7
Son or Daughter	0	0.0
Other	4	7.6
Not known	n.a.	n.a.
Total	53	98.1
Language spoken at home with family		
Language other than English	6	11.3
English	46	86.8
Not Known	n.a.	n.a.
Total	53	98.1
Country of Birth		
Australia	40	75.5
Other country	12	22.6
Not Known	n.a.	n.a.
Total	53	98.1
Aboriginal and Torres Strait islander status		
Yes	n.a.	n.a.
No	51	96.2
Not Known	n.a.	n.a.
Total	53	96.2
Region		
Major city of Australia	37	69.8
Inner regional	11	20.8
Outer regional	4	7.6
Remote/very remote	n.a.	n.a.
Not known	n.a.	n.a.
Total	53	98.1
Number of respondents	53	

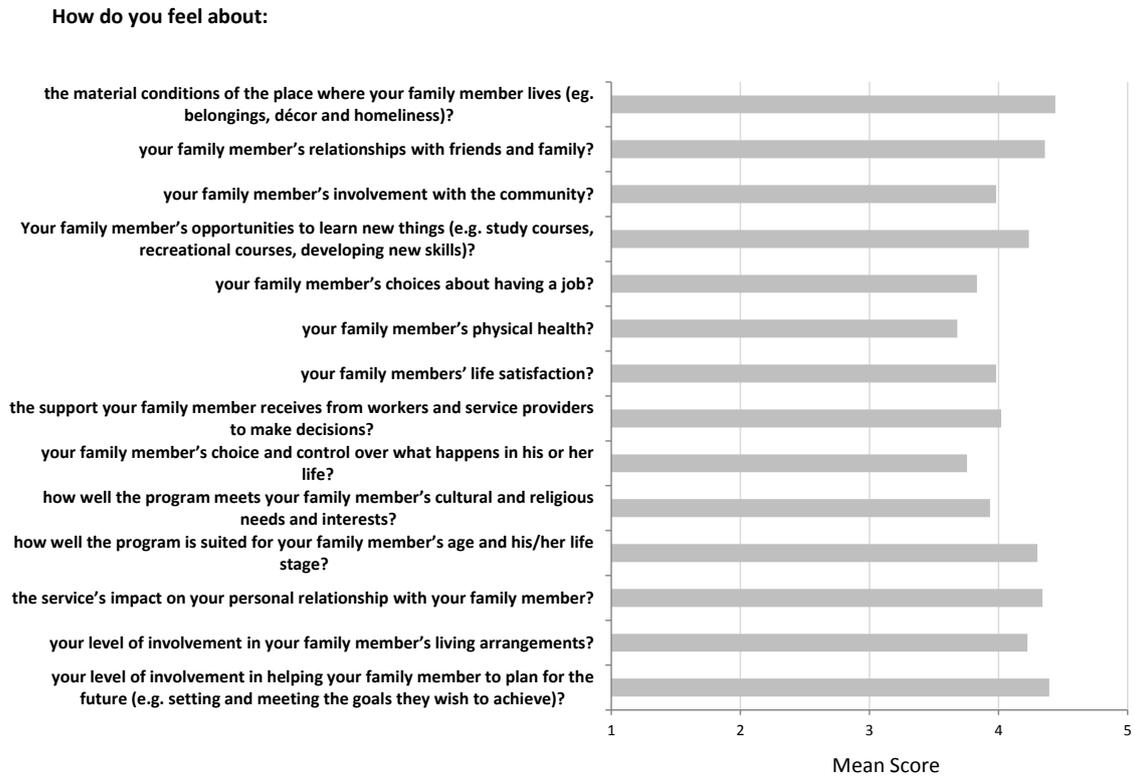
Source: Survey to families of people with disability using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3.

Table C.13: Quality of life of person with disability now, from family survey, number of respondents and mean

	Individual packages	
	n	mean
How do you feel about:		
the material conditions of the place where your family member lives (eg. belongings, décor and homeliness)?	50	4.4
your family member’s relationships with friends and family?	53	4.4
your family member’s involvement with the community?	51	4.0
Your family member’s opportunities to learn new things (e.g. study courses, recreational courses, developing new skills)?	51	4.2
your family member’s choices about having a job?	36	3.8
your family member’s physical health?	50	3.7
your family members’ life satisfaction?	52	4.0
the support your family member receives from workers and service providers to make decisions?	50	4.0
your family member’s choice and control over what happens in his or her life?	49	3.8
how well the program meets your family member’s cultural and religious needs and interests?	46	3.9
how well the program is suited for your family member’s age and his/her life stage?	50	4.3
the service’s impact on your personal relationship with your family member?	47	4.3
your level of involvement in your family member’s living arrangements?	49	4.2
your level of involvement in helping your family member to plan for the future (e.g. setting and meeting the goals they wish to achieve)?	51	4.4
Number of survey respondents in total	53	
Source: Survey to families of people with disability using accommodation support options July 2013		
Notes: Range of responses was 1-5 (very unhappy to very happy) for all support options. n.a.= Cells smaller than 3.		

Figure C.14: Quality of life of person with disability now, from family survey individual packages mean



Source: Survey to families of people with disability using accommodation support options July 2013. n=36-53

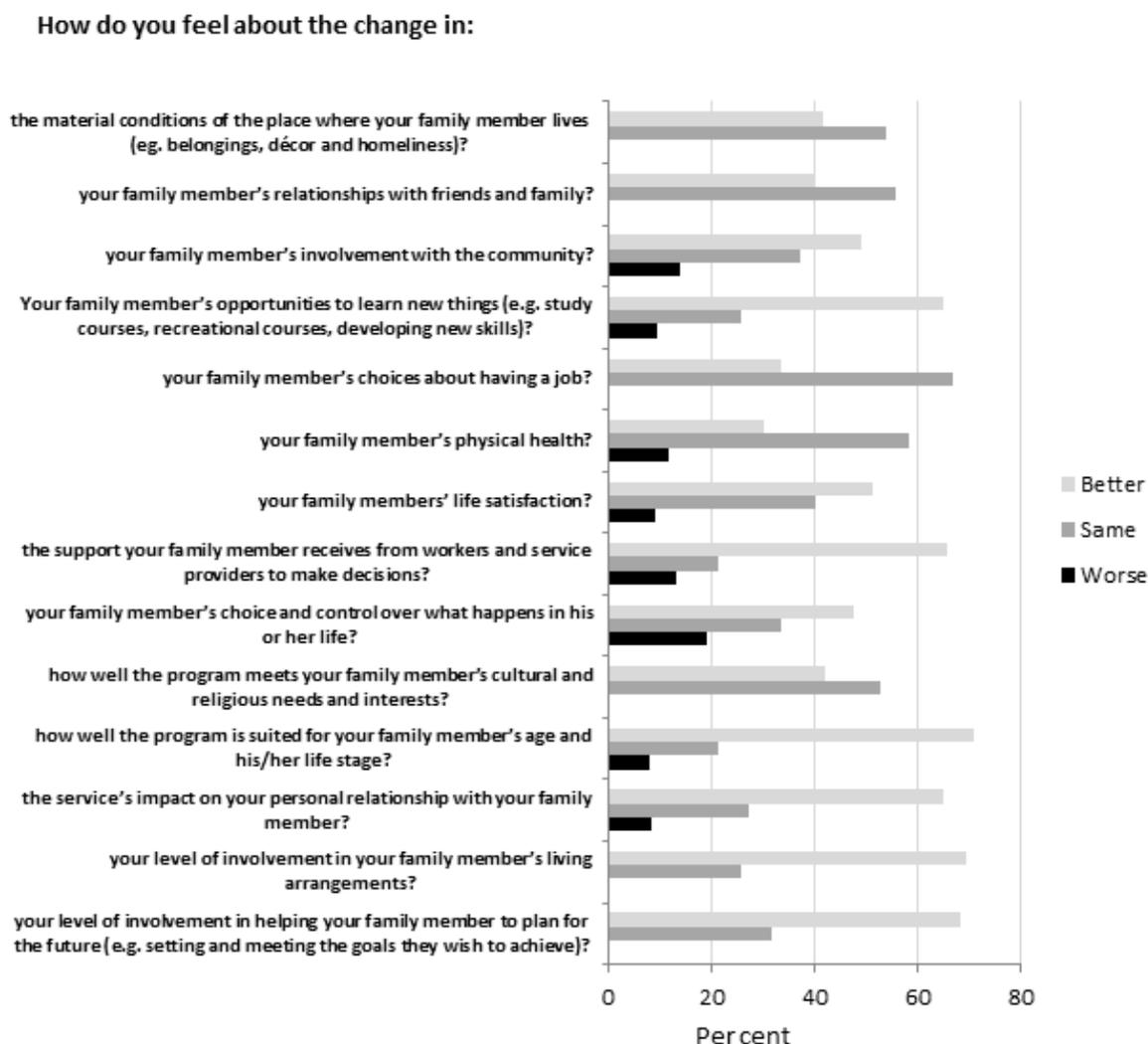
Table C.15: Change in quality of life of participant with disability, from family survey, per cent

	n	Individual packages		
		Better	Same	Worse
How do you feel about:				
the material conditions of the place where your family member lives (eg. belongings, décor and homeliness)?	41	41.5	53.7	n.a.
your family member's relationships with friends and family?	45	40.0	55.6	n.a.
your family member's involvement with the community?	43	48.8	37.2	14.0
Your family member's opportunities to learn new things (e.g. study courses, recreational courses, developing new skills)?	43	65.1	25.6	9.3
your family member's choices about having a job?	33	33.3	66.7	0.0
your family member's physical health?	43	30.2	58.1	11.6
your family members' life satisfaction?	45	51.1	40.0	8.9
the support your family member receives from workers and service providers to make decisions?	38	65.8	21.1	13.2
your family member's choice and control over what happens in his or her life?	42	47.6	33.3	19.1
how well the program meets your family member's cultural and religious needs and interests?	38	42.1	52.6	n.a.
how well the program is suited for your family member's age and his/her life stage?	38	71.1	21.1	7.9
the service's impact on your personal relationship with your family member?	37	64.9	27.0	8.1
your level of involvement in your family member's living arrangements?	39	69.2	25.6	n.a.
your level of involvement in helping your family member to plan for the future (e.g. setting and meeting the goals they wish to achieve)?	41	68.3	31.7	0

Source: Survey to families of people with disability using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Figure C.16: Change in quality of life of person with disability, family survey, individual packages, per cent



Source: Survey to families of people with disability using accommodation support options July 2013. n=38-45

Managers

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS programs.

Most managers who responded to the survey rated their organisation as very effective or effective with regard to support provided by the organisation in relation to:

- Planning with the person and their family as how to make supported living work for them
- Management of referrals (e.g. health referrals)
- Linking and packaging services to address need

- Supporting people with disability and their families to make informed decisions
- Providing practical support to clients (e.g. access to health services)

Although, fewer managers rated their organisation as effective or very effective for arranging or providing a preferred place to live.

Most managers who responded to the survey agreed or strongly agreed with the statements agree that the accommodation support option or service (as selected in question 1) achieves the following Stronger Together 2 priorities:

- People with disability are the primary determiners in supported decision-making and planning processes
- Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements
- Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements
- Working in partnership with people with disability, their family/support people to identify goals and activities that reflect the person's wishes, strengths and capabilities
- Providing support to people with disability that is appropriate to their age and life stage
- Providing a responsive and adaptable approach to meet the needs of Aboriginal or Torres Strait Islander people and people with culturally and linguistically diverse background
- Supporting people with disability through service integration and collaboration with other stakeholder
- Reviewing and monitoring service delivery on a regular basis to ensure its continuous improvement
- Providing staff with opportunities to develop and broaden their skills through training, supervision, coaching and other professional support

Most managers who responded to the survey rated their support option or service as effective or very effective in supporting people with disability to achieve the following outcomes:

- Living in a homely environment with possessions of their own choosing
- Developing and maintaining relationships with friends and family
- Living a self-determined life by making choices
- Having opportunities to acquire new skills
- Engaging in meaningful activities
- Interacting with people in the broader community
- Being informed about rights in order to exercise them
- Having best possible health
- Emotional wellbeing

Most managers who responded to the survey also reported that the accommodation support option service was effective or very effective in supporting families and carers of people with disability in the following domains:

- Their relationship with their family member with disability
- Their level of involvement in their family member's living arrangements

- The supported accommodation funding or planning options available to their family member

Table C.17: Demographic characteristics of individual package participants from interviews, number and per cent

	Individual packages	
	n	Per cent
Age		
Less than 45 years	24	80.0
45 years and over	5	16.7
Not Known	n.a	n.a
Total	30	100.0
Gender		
Male	16	55.2
Female	13	44.8
Not known	n.a	n.a
Total	30	100.0
Aboriginal and Torres Strait Islander status		
Yes	n.a	n.a
No	29	96.7
Not Known	n.a	n.a
Total	30	100.0
CALD status		
Yes	n.a	n.a
No	28	93.3
Not Known	n.a	n.a
Total	30	100.0
Disability		
Intellectual	23	76.7
Other ¹	7	23.3
Total	30	100.0
Number of respondents	30	

Source: Interviews with people using accommodation support options February-August 2013

Notes: n.a.= Cells smaller than 3.

1.'Other' includes Specific learning/Attention Deficit Disorder, Autism, Physical, Acquired brain injury, Neurological, Sensory and speech, Psychiatric, Not known

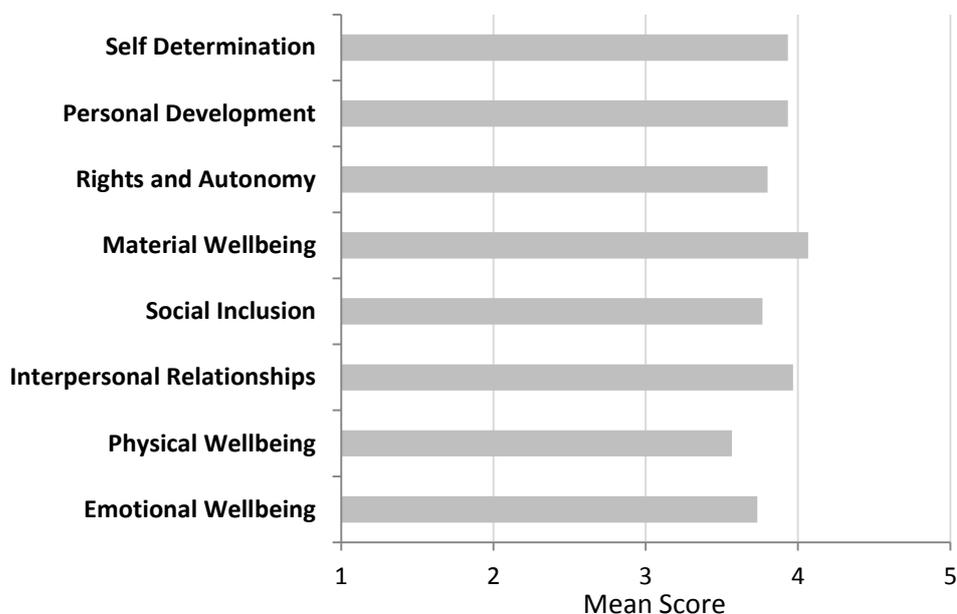
Table C.18: Quality of life of person with disability now, individual packages, interview data, sample size and mean

	n	Mean
Self determination	30	3.9
Personal development	30	3.9
Rights and Autonomy	30	3.8
Material wellbeing	30	4.1
Social Inclusion	30	3.8
Interpersonal relationships	30	4.0
Physical wellbeing	30	3.6
Emotional wellbeing	30	3.7

Source: Interview with people using accommodation support options February-August 2013

Notes: Interviewer ratings of person’s subjective experience. Range of responses was 1-5 for all support options. 1= Never, rarely to 5= Usually, always. See Table 6.1 for indicators used to assess each category

Figure C.19: Quality of life of person with disability now, interview data, individual packages, mean



Source: Interview with people using accommodation support options February-August 2013. n=30

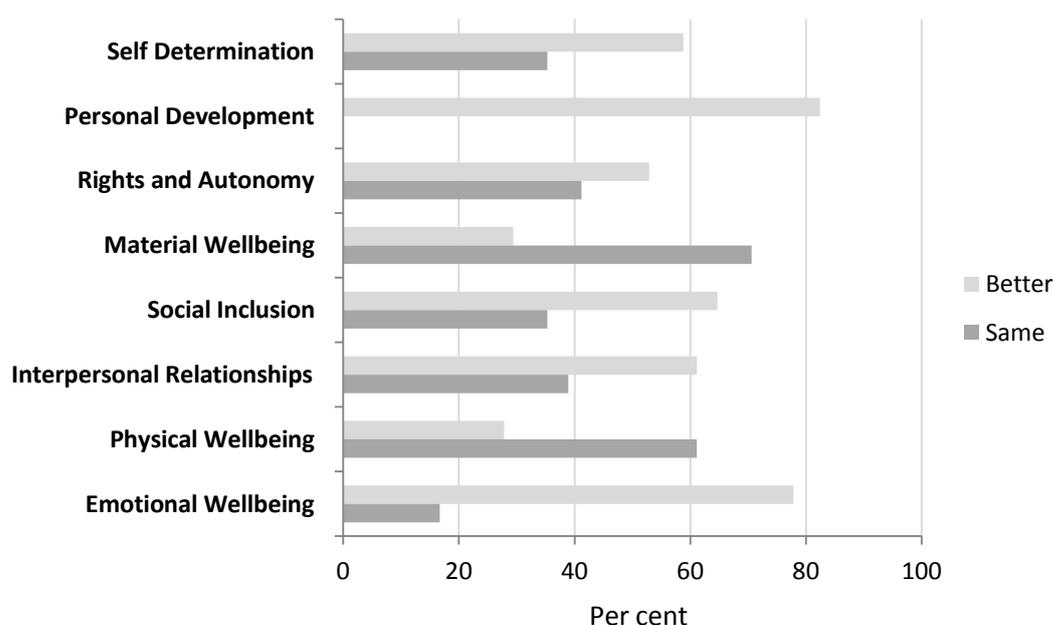
Table C.20: Changes in quality of life, interview data, individual packages, sample size and means

	n	Better	Same	Worse
Change in quality of Life in:				
Self determination	17	58.8	35.3	n.a
Personal development	17	82.4	n.a.	n.a.
Rights and Autonomy	17	52.9	41.2	n.a.
Material wellbeing	17	29.4	70.6	0.0
Social Inclusion	17	64.7	35.3	0.0
Interpersonal relationships	17	61.1	38.9	0.0
Physical wellbeing	18	27.8	61.1	n.a
Emotional wellbeing	18	77.8	16.7	n.a

Source: Interview with people using accommodation support options February-August 2013 .

Notes: n.a.= Cells smaller than 3. Missing included in percentages

Figure C.21: Changes in quality of life, interview data, individual packages, per cent

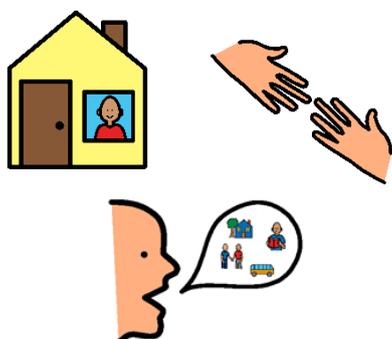


Source: Interview with people using accommodation support options February-August 2013.n=17-18

Appendix D Easy Read summary about accommodation support for people with disability



This report is about accommodation support for people with disability in New South Wales, Australia.



Accommodation support helps people with disability to live where and how they choose.

It includes a place to live. Help to live there. Help for people to say what they want and need.



This report is about how well accommodation support is working.

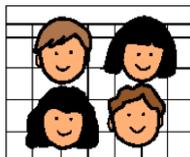
Lots of people spoke about how well accommodation support is working:



- People with disability



- Family members and friends



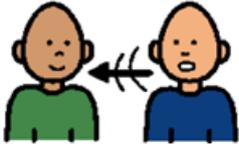
- Support workers



- Service providers



- Government



Some people did an interview. This is talking and answering questions.



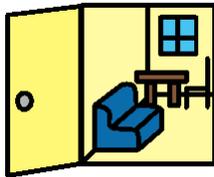
Some people did a survey. This is choosing answers from some already written down.



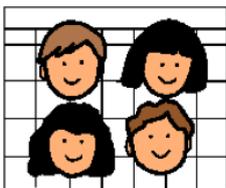
A person with disability helped to decide on what questions to ask.

Most people who used accommodation support had some good changes in their lives.

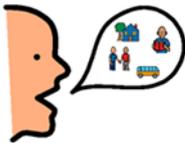
People with disability said they liked:



- Having their own space and privacy when they moved into a new place



- Choosing support workers they liked



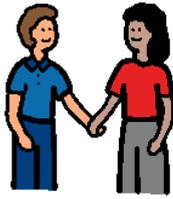
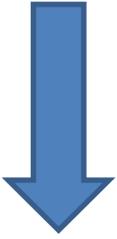
- Getting help to say what they wanted and needed



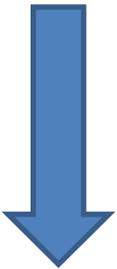
- Making a plan to live how they wanted to



- Living near family, friends, trains or buses, shops and other places to go



Fewer people had good changes in their relationships.



Fewer people found a job.



Sometimes it was hard to find a good place to live or to pay for it.

Some things are important to make accommodation support good for people with disability:

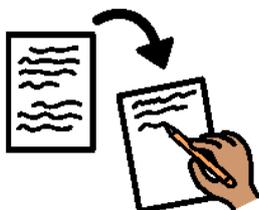
Making a plan



- Help people with disability make a plan with goals that can really happen



- Make sure that people with disability have help to say what they want and need in the plan



- Make sure to change the plan when there are changes in what people with disability want and need

Helping everyone work together

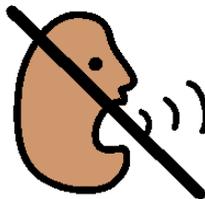
Lots of different people may help people with disability make the plan – for example:

- Family and friends
- Support workers
- Service providers

Because lots of people might be helping, it is good to:



- Help everyone work together when making the plan

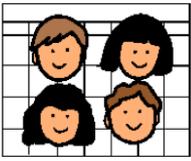


- Help everyone work out any disagreements that happen while planning



- Make sure there is information that everyone can understand

Working with support workers



- Work with support workers to be flexible and respect people with disability



- Train support workers to help people with disability live how they want to

Working with service providers

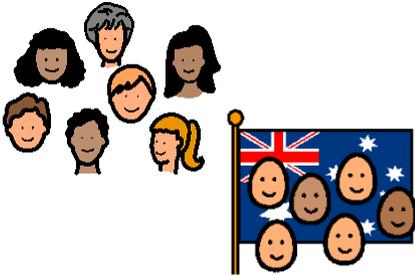


- Work with service providers to give people with disability the information, funding and help to make plans happen



- Help service providers work together with other service providers, so that they all use their skills together to help people with disability

Making the plan happen



- Link people with others in the community and government who can help the plan happen



- Make sure people can use their funding in lots of different ways to make their plan happen



- Do more work to make places to live cheap enough that people can pay for them

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