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Supported Accommodation Evaluation Framework (SAEF) Guide

**A guide for service providers to measure outcomes for
people with disability**

December 2014

Supported Accommodation Evaluation Framework (SAEF) Guide

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	Culturally and Linguistically Diverse
DS NMDS	Disability Services National Minimum Data Set
HACC	Home and Community Care
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
RoRSA	Register of Requests for Supported Accommodation
SAEF	Supported Accommodation Evaluation Framework
SLF	Supported Living Fund
SPRC	Social Policy Research Centre
ST1	Stronger Together 1
ST2	Stronger Together 2
UNSW	University of New South Wales

1. Introduction

In January 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 new accommodation support and funding options available under Stronger Together 2 (ST2), now known as Ready Together.

The project was commissioned to plan and develop an overarching Supported Accommodation Evaluation Framework (SAEF) that could be applied to any accommodation support service. Additionally, the project sought to build an evidence base about accommodation support through the initial collection of data using the evaluation framework. This evidence base will inform the design and development of policy as NSW transitions to the full implementation of the National Disability Insurance Scheme (NDIS). The results of the initial data evaluation are published in the SAEF Summary Report (Purcal et al 2014).

This guide is designed as a practice document to support disability accommodation service providers to evaluate the services they deliver using the evaluation framework.

1.1. Disability policy context

Australian states and territories are responsible for the provision of disability specialist services to people with disability. Funding derives from federal and state governments. ADHC is part of the Department of Family and Community Services in NSW, which envisions that all people will be empowered to live fulfilling lives and achieve their potential in inclusive communities. ADHC aims to achieve this by increasing opportunities with people with disability by providing supports that meet their individual needs and realise their potential.

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 UN Convention on the Rights of Persons with Disabilities (CRPD). In 2006 the NSW Government announced the first phase of Stronger Together (ADHC, 2006), a 10-year-plan (2006-2016) for a disability services strategy, followed by the second phase Stronger Together 2 (ADHC, 2011) policy direction for disability services in NSW, now known as Ready Together.

These state policy developments go hand in hand with the federal policy context. In October 2011 at the Council of Australian Governments (COAG) all Ministers agreed to a reform of disability services in Australia through the trial of a NDIS commencing July 2013 in four areas of Australia, including the Hunter region in NSW. The aim of the NDIS is to ensure better pathways to timely, affordable, quality care and support for people with disability as set out by the 2011 Productivity Commission's inquiry. Furthermore in 2011 COAG released the 10-year National Disability Strategy. This policy directive clearly sets out that 'suitable accommodation is important to all Australians [and] a prerequisite for a happy and stable life'.

Such large-scale reforms require quality assurance mechanisms, including rigorous evaluation, to ensure that the outcomes and outputs of the policy changes are achieved in an efficient, effective and sustainable manner. Disability policy and practice change is a sensitive process affecting the people using the services, families, carers, workers and

service providers. Participatory evaluation methods can be an effective method of contributing to managing these sensitivities.

1.2. Accommodation support options

A range of different accommodation support options are available to people with disability. Evaluation of accommodation support options in NSW can be grouped into four types: individual packages, drop-in support, group accommodation and other options (Table1). For further information on these accommodation support options, refer to the SAEF Summary Report.

Table 1: Accommodation support evaluation

Type	Accommodation support
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
Other Options	6. NGO group accommodation
	7. Intentional community
	8. Parent governance options

2. Evaluation framework

The Supported Accommodation Evaluation Framework (SAEF) developed by the SPRC is comprised of a program logic (what is the program intended to do and how), evaluation questions and methods, phases of the evaluation and recommended research approach. Below is information on each of these components, which can be used and modified to guide an evaluation of other accommodation support services.

The SAEF evaluation framework guide provides a means by which accommodation support and funding options can be evaluated consistently by measuring outcomes for people with disability in the context of person-centred approaches and individualised funding options. In general terms, service providers can use the evaluation framework to:

- Measure the effectiveness, appropriateness, integrity and sustainability of accommodation support options over time;
- Capture information relating to social inclusion, including the contribution of informal supports such as increased involvement from family and community members, in context of the success of outcomes for individuals;
- Monitor the use of higher and lower intensity services and the use of mainstream services;
- Capture information on how well implementation processes are working, particularly in transition to a person-centred approach, as well as the diversity of outcomes as identified by participants in the research;
- Understand different qualitative experiences across key domains between people using person-centred accommodation support services and those in traditionally block funded accommodation support services;
- Inform agency and service provider governance, planning and service delivery processes; and/or
- Create meaningful and long-term community inclusion for people with disability.

A literature review about other national and international individualised accommodation support options and related evaluation methodology and findings was used to inform the design of this evaluation framework and the data collection instruments (Appendix A - Literature review). The literature review can be referred to when modifying the evaluation framework for use across other services.

2.1. Program logic for accommodation support

Program logic explains in a diagram what the program intends to achieve and how it intends to achieve it. The logic is used to research whether the program follows that intention in practice and if not, why not or how the logic should be changed. In this case the intention of accommodation support programs is to improve participant outcomes by providing accommodation support types with particular program characteristics to support people with disability, their families and support networks, explained in the diagram below.

Participant outcomes

Live with increased independence – self-determination, personal development
Live the way you want to – rights, autonomy
Live in the home of your choosing – material wellbeing
Social inclusion and participation in the community – relationships
Healthy and fulfilling lifestyles – physical and emotional wellbeing



Accommodation support provided

Arranging or providing a preferred place to live – 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



Characteristics of accommodation support

Participants have choice, flexibility and control over accommodation support – funding, supports
Person-centred – primary determiners, supported decision making and planning, safeguards
Strengths based – capabilities and goals, practice framework
Integrated and collaborative practice – family, friends, community, information and advocacy, specialist and mainstream services
Responsive to Aboriginal and Torres Strait Islander people; and cultural, linguistic and religious diversity
Age and life stage appropriate; key transition points
Quality assurance –continuous improvement, regular review, sustainable support and funding arrangements, staff development



Participant characteristics

People with disability with accommodation support needs, their family and support networks

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: 1 Living independently means having social relationships and using informed decision-making to exercise choice and maximise autonomy about support arrangements and who to live with or alone.

2.2. Evaluation questions

The evaluation questions are derived from the program logic. They include three major questions and 11 sub-questions as below.

I Effectiveness

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

1. To what extent does the accommodation support meet the outcomes for individuals, as experienced by people with 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 accommodation support 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 accommodation support 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)?

II Appropriateness

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

4. To what extent is the accommodation support 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?

III Integrity and sustainability

Is the accommodation support 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?
8. What are the short term and long term strengths and weaknesses of the current accommodation support 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)?

2.3. Evaluation design and management

Evaluators can work with stakeholders to refine the evaluation objectives, evaluation questions and research methodology outlined in the SAEF evaluation framework to suit their individual service. To minimise respondent burden, the evaluation can be designed to supplement existing reporting requirements with minimal supplementary data collection.

It is recommended that the development and implementation of data collection tools include the following tasks:

- Design and implement evaluation instruments in consultation with relevant staff
- Undertake related data collection via interviews and surveys
- Analyse and interpret data obtained
- Provide regular progress reports to the Project Sponsor
- Conduct Quality Assurance of data methods and tools
- Present a draft and final report with executive summary and findings
- Present a succinct summary of outcomes in plain English for dissemination to participants.

Evaluation project management tasks include:

- Coordination of the selection of research participants, making contact with the participants and obtaining participation and guardian consent if required
- Gathering research information from participants by undertaking face to face interviews and web/paper based surveys with people with disability, families, workers and managers, using purposive sampling
- Conducting in-depth face to face interviews to understand people's trajectories and the role that support plays in enabling social and economic participation. A trusted person can be present when people with disability need support to communicate.
- Approaching families and carers of the person with disability through a mailed survey or interviews to provide information on the perspectives of carers and family members
- Asking evaluation participants if they would like to be approached in the future
- Conducting a follow up study with the original group allowing for longitudinal analysis in order to provide an understanding of how experiences change over time, and the qualitative impact of different elements of a person-centred system.

2.4. Research approach

The use of participatory methodology is widespread in evaluation research and is increasingly regarded as best practice (Seekins and White, 2013; Fisher and Robinson, 2010). Evaluations rely on the meaningful participation of a range of stakeholders throughout the research process, including: design of methodology, identification and management of potential risks, and data collection.

In the health, community care and disability sectors, empowerment of service users and participation at program design level are now standard expectations (NHMRC 2002; NDRDA 2011). Ottmann et al. (2008) also argue that, for consumer directed participatory action research methods to be sustainable, a range of support mechanisms (e.g. community development, and capacity building initiatives) need to be built into the research process, to ensure ongoing meaningful interaction and integration of consumers at the policy level.

The evaluation framework design aims to enhance the participation of people with disability and their informal supports in the evaluation process. This is facilitated through qualitative data collection processes that focus on the lived experience of service users, recompensing research participants for their contributions (interviews), and ensuring consumers and their families are represented on the committees informing the evaluation.

3. Methodology

3.1. Design rationale

The purpose and aims should be specific to the accommodation support option/s being evaluated.

Evidence found through a review of the literature indicates that a longitudinal, mixed method evaluation design be used to assess the characteristics of accommodation support and to measure quality of life outcomes for people with disability, their families and other informal supports. This methodological approach was used to fit the attributes of the accommodation support and funding options summarised in the program logic (section 2.1).

Having a participatory approach can be particularly important when reviewing accommodation services as it can elicit information from people with a range of experiences to improve future services and inclusion into the local community.

A community researcher with disability who has experienced various support services could be recruited in the evaluation team to work closely with the fieldworkers, help design research instruments and conduct qualitative interviews with people with disability. This brings lived experience to the evaluation team for another perspective on the design, data and findings.

3.2. Research samples

Research samples for the evaluation of accommodation support options may include people with disability in the programs, their families, workers and managers. The interview sampling framework should include people with different disability support needs, men and women, and people from diverse backgrounds and locations.

Research participant considerations

The research design should take into account individual needs, capacities and barriers to participation by ensuring that questions and methods are built on participants' strengths.

For example, semi-structured interviews can be conducted with an interview schedule that is designed to be flexible and to rely on the skills and judgement of the researchers who preferably have prior experience interviewing people with disability.

Interview schedules should use plain English and be simplified by the researchers depending on the needs of the participants.

Observational data can also be collected for each person during the interview, including information on the participant's interaction with other people and their environment. This method may be particularly useful for participants less able to take part in a conversation based interview.

Participants may also be encouraged with visual cues, such as photographs, faces displaying different emotions or drawings, if this assists them to share information.

It is good practice to invite a nominated and trusted support person to attend the interview with participants who require communication support. The support person should sit in on interviews with a participant to help that person communicate in the best way possible with the researcher. This approach helps to make research inclusive and ensures that information is gathered from all participants. A protocol can be applied to guide supporters about their role to protect the primary perspective of the person with disability (Appendix B: Fieldwork instruments).

Recruitment strategy

Recruitment information should be developed individually for different audiences, and should include details about the expectations of the people with disability, family members and service providers involved in the research. For example, different versions of the recruitment information may be suitable for people receiving individualised accommodation support, people receiving group accommodation and service providers. Following is a recruitment strategy that could be modified for the evaluation of other accommodation support services.

- Service providers contact participants and family members to invite them to participate in the research. This could involve sending information in the mail or electronically or conducting briefing sessions.
- People who indicate that they are willing to participate are contacted by researchers to gain full consent to participate.
- People are reimbursed expenses for participating in the research.

Recruitment strategies will vary depending on the accommodation support option being evaluated, the participants involved in the research and available funding for the research.

3.3. Methods of data collection

Quantitative and qualitative methods of data collection can be used to gather information, including the use of:

- Program/administrative data
- Web based or paper surveys
- Face to face or telephone interviews
- Focus groups
- Participatory observation during activities.

3.4. Quantitative data and analysis

Quantitative data can supplement the qualitative data to provide a broader analysis of the scope of change. Options include surveys, administrative data and outcomes data.

Surveys

Surveys can be used to measure the impact of the accommodation support on outcomes for people with disability and the supports available. They can be distributed by service providers to people with disability accessing accommodation support, their families, workers and managers.

Instructions for administration of the survey should include how to support a person with disability to complete the survey, and consideration should be made around how people will access the surveys. Surveys can be made available in different formats such as paper or electronic. It is best practice for surveys for people with disability to include plain English phrasing, clear and straightforward questions, and pictures to support understanding of the text.

The use of surveys can aim 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 relevant policy directions; and/or
- measure outcomes for people with disability and their family members and carers.

It may be necessary to distribute a different version of the survey to people with disability, families, workers and managers, or to people representing different accommodation types.

Administrative data

Administrative data can be compiled from client records, interviews and/or surveys and may include demographic information on personal characteristics (e.g. age, gender, type of disability, cultural background, location) of the individual, service option received, the quantity of funding received, the number of hours of care received and the level of support required.

It is best practice to analyse de-identified administrative data by providing a unique identity reference code for individual client information from each of the accommodation support and funding options.

Where different accommodation types are available, analysis may provide descriptive statistics of the demographic characteristics of participants and funding options by providing a profile of the participants as a whole, and describing the diversity within each option or support type. For example, this could be achieved by providing analysis by type of disability, age and life stage, gender, cultural background, location and disability support needs.

Recurrent annual program cost data may be obtained and analysed against a number of variables, such as against each accommodation option, average cost and range per person and/or against the outcomes.

The following steps could be taken to obtain and analyse 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 accommodation support
5. Develop analysis plan that maps data sources to evaluation outcomes
6. Analysis of data

Outcomes data

Quantified outcomes may be informed through qualitative interviews with people with disability by quantifying the data from participant interviews 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).

There are many methods of scoring quality of life. The evaluation framework uses the quality of life domains (Table 2) for each participant which can be scored using a five-level Likert scale scoring system. Scores for each quality of life domain range from 5, which represents an overwhelmingly favourable experience, to 1, which indicates an extremely negative experience. A score of 3 indicates a neutral response or mixed experience. Researchers can discuss their ratings and develop consistent descriptions for each level of the scale to ensure reliability.

3.5. Qualitative data and analysis

A range of qualitative methods may be used to gather data including: interviews with people with disability, family members and managers; case studies; focus groups with support workers and service coordinators; open-ended comments in surveys; observation; and qualitative program data. Some of these qualitative methods are described below.

Interviews

Interviews are used to gather data from the perspective of the person interviewed about an aspect of the evaluation questions. Semi-structured, qualitative interviews can be conducted with people with disability, their family members, and accommodation support managers. Consideration should be given around the best way to conduct these interviews, for example, interviews with people with disability should be conducted face to face in a location preferred by the participant, whilst family members and managers could be interviewed face to face or via telephone, depending on convenience and budget constraints. If participants agree, interviews may be voice-recorded for accuracy and transcription.

To address the evaluation framework objectives and research questions, qualitative interviews should include the following topics:

- Outcomes for people with disability and their families
- Effectiveness to provide or arrange the intended accommodation support

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

The interviews can be thematically coded using the accommodation support indicators outlined in Table 1 and Table 2.

Case studies

Case studies about the experience and quality of life changes of people with disability living in accommodation support services can be developed. They can include information on the changes, benefits or impacts people have experienced as a consequence of the support type and can be gathered from a range of sources, such as interviews with the participant, family members and/or support workers.

Information contained in a case study should be de-identified so as not to share personal information about a research participant with the wider community.

Focus groups

Focus groups are used when there is a group of people with similar characteristics who can talk together about their common experiences on an aspect of the evaluation questions. For example, focus groups can be arranged to gather information about the experiences and views of staff members working in the accommodation support and funding options. When planning focus groups, consideration should be given to the number of participants and the length of the session. Staff members who are unable to attend the focus group meetings could be invited to provide written information to the questions discussed in the group.

The focus group findings can be thematically coded using the accommodation support indicators outlined in Table 2 and Table 3 .

Surveys

Surveys are used to find out information from a larger group of people than is possible through interviews. Surveys can be distributed to people with disability, family members/friends and service providers as outlined in Section 3.5. Survey formats should include open-ended questions to enable qualitative data collection.

Observation

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 accommodation support 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 evaluation as it enables researchers to gain a greater understanding of factors which can enhance and limit the effectiveness of the accommodation support.

Observation data can be collected during qualitative interviews with people with disability, particularly when people experienced difficulty communicating. Observation data can be coded using the same framework as the other qualitative data for analysis against the program logic domains in Tables 1 and 2.

Qualitative program data

Qualitative program data about participants can also be analysed if adequate consent has been gained. This could include, for example, information from participants' support plans.

3.6. Limitations

When evaluating research results, it is important to consider the limitations in the research methods and results that may affect the research findings and that can be taken into account in interpreting the research. Potential limitations in the evaluation of accommodation support options include:

- Incomplete administrative data
- Voluntary participation
- Small sample size
- Communication barriers
- Accessibility and time constraints
- Limited availability of funding, time and resources.

4. Analysis

The data should be analysed to follow the program logic and answer the evaluation questions. Reported findings of accommodation support research can be structured around the themes: participant outcomes; accommodation support provided; characteristics of the accommodation support; strengths and limitations; cost effectiveness; and implications and conclusions. For example, in the initial summary report, the interviews were thematically coded using the accommodation support indicators outlined in Table 1 and Table 2 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012). Other ways to analyse the data include manual coding against the same indicators.

4.1. Participant outcomes

The evaluation framework can be used to assess to what extent the accommodation support achieved outcomes for individual participants and supporters as defined in the program logic (Section 2.1):

Participant outcomes

Live with increased independence – self-determination, personal development

Live the way you want to – rights, autonomy

Live in the home of your choosing – material wellbeing

Social inclusion and participation in the community – relationships

Healthy and fulfilling lifestyles – physical and emotional wellbeing

The evaluation framework can be used to analyse quantitative and qualitative data at more than one point in time in order to compare change over time across a number of key outcomes, including a person's independence, their level of choice and control, physical and emotional wellbeing, satisfaction with social relationships, social inclusion, community participation and material standard of living. Indicators for each outcome measured in the evaluation framework are summarised in Table 2. The outcomes and indicators are consistent with international measures of quality of life (Schalock, 2002, McCormack, 2009, Vickery, 2007).

Table 2: Participant outcomes and indicators

Domain	Indicators
Live with increased independence	
Self-determination	Choosing personal goals Choosing where and with whom to live Choosing services Choosing daily routine Having control of finances Making choices about life stage transitions
Personal development	Acquiring new skills (decision making, participation, independent living etc) Realising steps towards personal goals Engaging in activities meaningful to the person Education, training
Live the way you want to	
Rights and autonomy	Being informed about and exercising rights Having time and space for privacy Building capacity to make decisions Deciding when to share personal information Treated with respect and dignity
Live in the home of your choosing	
Material wellbeing	Income Means to live in an environment of choice Personal possessions
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, volunteering
Interpersonal relations (relationships)	Having friends and acquaintances Having intimate relationships Engaging with family Engaging with staff (including support staff and other staff, such as a gardener)
Healthy and fulfilling lifestyles	
Physical and emotional well-being	Upholding personal safety Having best possible health
	Having support networks (informal and formal) Feeling happy Having a stable environment

4.2. Accommodation support provided

The evaluation framework can be used to analyse the services provided, as defined in the program logic (Section 2.1):

Accommodation support provided

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

Analysis of the accommodation support provided can be based on the service provider's documented description of the program, administrative data and manager survey data. It can include units (e.g. days, hours and occasions of activities) and costs of service. This data can be supplemented with the interview data to analyse changes in the quality of the service experience from the perspective of participants, families and others, workers and managers.

4.3. Characteristics of accommodation support

The evaluation framework can be used to analyse the characteristics of the accommodation support, as defined in the program logic (Section 2.1):

Characteristics of accommodation support

Participants have choice, flexibility and control over accommodation support – funding, supports

Person-centred – primary determiners, supported decision making and planning, safeguards

Strengths based – capabilities and goals, practice framework

Integrated and collaborative practice – family, friends, community, information and advocacy, specialist and mainstream services

Responsive to Aboriginal and Torres Strait Islander people; and cultural, linguistic and religious diversity

Age and life stage appropriate; key transition points

Quality assurance – continuous improvement, regular review, sustainable support and funding arrangements, staff development

These characteristics can be measured against the indicators summarised in Table 3. Data from the qualitative methods can be supplemented with policy document data and program data analysis to evaluate the characteristics.

Future applications of the evaluation framework may consider:

- the role of mainstream services in crisis prevention and/or supporting the transition of people into an increasingly independent lifestyle
- identification of improvements for carers in an early intervention context
- the effectiveness of new service options (such as the use of informal support networks) in delivering outcomes for families or carers.

Table 3: Characteristics of disability accommodation support options

Support characteristics	Indicators
Participants have choice, flexibility and control over accommodation support	Providing accommodation support to meet each person's needs and circumstances Portable and flexible funding arrangements
Person centred	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 Person-centred safeguards: creating a balance between maximising choice and control and ensuring adequate protection of the person's right to be safe
Strengths based	A person's strengths and capabilities guide the setting of goals, with planning oriented towards the steps and supports required to realise these goals 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).
Integrated and collaborative practice	Service providers work in partnership with the person, and with their consent, their family, support network, broader community, information and advocacy services and other relevant services (e.g. health, education, employment, mental health)
Responsive to diversity	Needs and aspirations of Aboriginal and Torres Strait Islander people are respected and valued Cultural, language and religious backgrounds are respected and valued
Age and life stage appropriate	Supports and activities are suitable for the person's age and life stage and during key transitions
Quality assurance	Continuous improvement: regular review and monitoring to ensure support is 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

4.4. Strengths and limitations of the accommodation support options

An important aim of the evaluation framework is to assess the quality of the accommodation support. The framework can be used to analyse the strengths and weaknesses of the accommodation support options, considering issues such as the flexibility and responsiveness of the option to meet individuals' needs and wants; whether it supports self-directed decision making and control over allocated funding; and the extent to which it builds on participants' and communities' strengths and capabilities.

In this context, the evaluation framework can consider issues such as the flexibility and responsiveness of the option to meet individuals' needs and wants; whether it supports self-directed decision making and control over allocated funding; and the extent to which it builds on participants' and communities' strengths and capabilities.

4.5. Cost effectiveness

An assessment of the cost of the accommodation support option against participants' outcomes can be made. These costs can also be analysed in terms of total program cost and individual program cost per participant where the data is available.

The outcomes of accommodation support options are not usually quantified into a dollar value, which limits the scope of the economic analysis. Outcomes of accommodation support options are more likely to be discussed in relation to the benefits in general qualitative terms such as the participant outcomes.

4.6. Implications and conclusions

Evaluation of accommodation support options can inform the improvement of future service provision leading to better outcomes for people with disability.

Implications can be reported according to the research questions and grouped under the research question headings of effectiveness, appropriateness, and integrity and sustainability.

5. Project management

5.1. Risk management

Potential risks that could impact on the collection of data and management of an evaluation project are summarised in Table 4.

Table 4: Risk management strategy

Risk	Likelihood	Severity	Solution
Poor quality quantitative and administrative data	High	High	Close consultation with service providers and governance groups to identify and manage data quality problems.
Data gaps to address the evaluation objectives	Med	Low	Triangulate data sources to adjust the outcomes, process and cost analysis. Work with service provider to maximise triangulated data sources.
Poor quality data collection (inter-rater reliability)	Low	High	Use of standardised instruments which have been used in similar studies. Training for service providers and researchers and good QA systems
Psychological distress or other harm caused to participants, informal supports, researchers	Low	High	Stringently designed recruitment and interview procedures. Trained interviewers. Follow up and referral where necessary
Research compromised due to lack of capacity	Low	High	Draw on skills if needed to enhance capacity of team
Poor communication between researchers and service provider	Low	High	Work closely between the researchers and service provider
Research does not adhere to budget	Low	High	Base budget on previous project experience
Research design does not meet the service and policy needs	Low	High	Develop design, detailed objectives and dissemination strategy in collaboration with service provider and amend during the project
Evaluation team fails to work effectively	Low	Low	Build on history of collaboration and protocols for accountability and communication
Evaluation team member unavailable	Low	Low	Succession plan within the evaluation team for continuity

5.2. Ethics

Research activities should follow ethics processes described in the National Health and Medical Research Committee (NHMRC) guidelines¹. Depending on the purpose and reach of the project, this might include formal ethics approval, as described in the guidelines.

Prior to participation in research, all participants should:

- be provided with clear, accessible information about participating in the research
- understand that consent is voluntary
- be provided with an easy English version of the information about the research and consent forms
- understand that any information shared will be confidential, unless disclosed information requires mandatory reporting
- be informed that they can decide at any time to withdraw from the study by revoking their consent
- provide informed consent.

When researching accommodation support options, it may be appropriate for people with disability to provide consent for researchers to speak with a family member or direct worker and to access named administrative data collected by the service providers, such as case files. Dual consent from a trusted person (family or friend) and/or official guardian can be sought for people with disability as appropriate and/or legally required due to the nature of their disability.

All identifiable data should be de-identified in any publications that result from evaluation.

Consideration must be given to the secure storage of research data, and the data should be destroyed after seven years.

It is recommended that a disclosure protocol for developing an ethical research environment and responding to participant risk be designed prior to the commencement of accommodation support fieldwork (Appendix B). A disclosure protocol should be developed in the event that research participants disclose to the researchers that they have been subjected to abuse, neglect or other possibly criminal actions by others. The disclosure protocol should outline issues of confidentiality and capacity of the participant to understand the consequences of acting on concerns.

5.3. Communication strategy

A communication strategy should be adopted for engaging and working collaboratively with participants and families, services, government and non-government service

¹ <http://www.nhmrc.gov.au/health-ethics/human-research-ethics-committees-hrechs/human-research-ethics-committees-hrechs/national>

providers and other relevant stakeholders involved in the accommodation support option. Table 5 contains the communication strategy that was developed by SPRC for the SAEF initial evaluation.

Table 5: Communication strategy

Communication to	Form	Frequency
Project Sponsor, governance groups, service providers	Written reports, meetings, phone, email, presentations and ad hoc participation in evaluation management meetings	Start and finish of each Phase and as required
Participants and informal supporters	With permission of service provider, written summaries of plan and progress inviting input distributed through service providers	Start and finish of each Phase and as required, after approval
Other interested persons or organisations	With permission of service provider, written summaries of plan and reports inviting input on SPRC website and elsewhere as agreed with service provider	After each Phase after approval

Appendix A: Literature review

A review of national and international literature about the evaluation of disability support services in the context of person-centred approaches and individualised funding arrangements

Purpose of the review

The purpose of the literature review was to identify and analyse evaluation frameworks of initiatives relevant to accommodation support in other Australian jurisdictions and internationally. Taking into account the documented experience of other agencies in evaluating new accommodation support options, recommendations were developed relating to the use of specific indicators and outcomes in data collection instruments.

Procedure

An international review of literature published between 2003 and 2013 in English-language was conducted. Procedurally, two steps were followed. First, bibliographic searches of web-based databases (Medline, Proquest Social Science Journals, FAMILY: Australian Family and Society Abstracts, Family and Society Studies Worldwide, Web of Knowledge, PAIS International) were conducted. This was then supplemented by “snowball” searches of articles cited in publications already identified, as well as the identification of existing literature known by the authors. Key words for the search were: disability, evaluation, supported accommodation, supported independent living, supported housing, individual budgets, individual funding, direct payments, self-managed care. The key inclusion criterion for the literature review was the relevance to individualised accommodation support programs in terms of evaluation methodology and data collection instruments.

Evaluations of disability support services

There have been several evaluations of support services that include elements of person-centred approaches or individualised funding. These are described below.

Translating quality of life into service action: use of personal outcome measures in the Republic of Ireland (McCormack & Farrell, 2009)

The aim of this study was to assess the quality of life of adults with learning disability across a range of service providers in the Republic of Ireland. Two hundred and fifty six people with intellectual disability took part in a survey, the results of which provided a baseline for Irish services against which they can benchmark further progress. The Personal Outcome Measures (POM) (Council on Quality & Leadership, 2000) was used as the survey instrument as it is designed to assess whether there are organisational processes in place to support the achievement of personal outcomes as well as identify people's unmet priority outcomes. The researchers considered the Personal Outcome Measures (POMs) to be congruent with person-centred planning approaches and felt it has the potential to act as a “change agent” for organisational development ([R.L. Schalock, 2005](#)).

Baseline data collection forms part of the evaluation process. The POMs were not directly used as the data collection tool, as administration of the POMs requires standardised

procedures and would have therefore required staff from each of the agencies involved in the evaluation process to be trained in the use of the instrument, which was not practical. However, the outcomes indicators of the POMs fit well with the eight accepted quality of life domains for people with intellectual disability ([Robert L. Schalock et al., 2002](#)) and these domains were strongly considered in the development of evaluation and in the design of associated data collection instruments.

McCormack and Farrell also discuss the problematic issue of proxies (family member, staff) completing surveys on behalf of a person with profound disability or severe communication difficulty and suggest the need for proxies can be reduced by using augmentative and alternative communication (AAC) methods, by simplifying instructions and response formats, and by observing and assessing participant behaviour using clearly defined behavioural observation methods. Each of these suggestions was considered in the design of the evaluation instruments to ensure maximum participation by people with varying levels of capacity in the Stage 1 data collection. This is another reason why the use of a standardised assessment, which does not allow for these modifications, is not ideal for the purposes of evaluation data collection.

I'll do it my way (Vickery, 2007)

This was a small research study that used the World Health Organisations' Quality of Life Application Model (2000) to assess outcomes of supported housing in relation to person-centred planning. Vickery (2007) argues that evaluation of person-centred planning is regularly expressed using quality of life indicators, and similar indicators are now appearing in a number of evaluative processes in social care internationally. Face-to-face interviews with clients were conducted, from which three main themes regarding clients' perceptions of person-centred planning were identified: the role of person-centred planning in focusing on what makes for a meaningful life; the role of person-centred planning in aiding clients to gain insight, self-awareness and control; and the role and importance of other people in the person-centred planning process.

While the sample size for the Vickery study (five detailed face-to-face interviews and 17 written submissions) was considerably smaller than the sample size in the stage 1 data collection for evaluation, the evidence from the study does point to person-centred planning as being both a valuable and valued tool for supported housing providers and their clients. The researchers offered seven findings related to person-centred planning, including the demands it places on clients, and the varying support requirements some clients may require from their key worker to enable them to understand the process and to help them reach their goals. Both the findings and the quality of life domains used were considered in the development of evaluation and associated data collection tools.

The development and utility of a program theory: lessons from an evaluation of a reputed exemplary residential support service for adults with intellectual disability and severe challenging behaviour in Victoria, Australia (Clement & Bigby, 2011)

Clement and Bigby (2011) used data from an evaluation of a small residential support service to outline a program theory for supporting people with intellectual disability and challenging behaviour to achieve good quality of life outcomes. They argue that without a program theory, it is difficult for an organisation to assess how well they are implementing the processes that have been linked to expected outcomes. One key aspect of the program theory developed by the researchers was the practice framework, which detailed how support staff should interact with their clients.

Five key elements of a practice framework were identified: 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). It was argued that all five elements create a supportive environment and the 'right' supportive environment may help to reduce challenging behaviour. The researchers suggest that since elements of the practice framework endorse practices that research has shown to be generalisable to a range of settings for people with intellectual disability, it could be implemented in other organisations. These findings were considered in the development of the data collection tools.

Furthermore, the research by Clement and Bigby stresses the importance of staff 'competencies' when working with the people with disability, which they argue can be developed through a variety of techniques, including induction, training, and management observation of staff performance. These findings are useful for the evaluation, as the evaluators review techniques that have been put in place to develop the competencies of staff when contributing to person-centred service delivery.

Making life good in the community: when is a house a home? (Robertson, Frawley & Bigby, 2008)

This study investigated the concept of 'homeliness' of smaller group homes for people with intellectual disability in Victoria, Australia. The study describes the evaluation of the Kew Residential Services, a large institution which was redeveloped into smaller group homes. The researchers measured three different domains of homeliness: physical (what you could see and touch), social (what activities residents do with other people) and atmosphere (what it feels like, what the mood is like). These domains are relevant for the development of evaluation data collection tools, as they assist in determining what constitutes good 'quality of life' outcomes.

An inclusive action research approach was also chosen for this study 'to reflect on supporting a person with intellectual disability to be a co-researcher' ([Bigby & Frawley, 2010](#)). This is similar to the SAEF evaluation process, as a community researcher with intellectual disability has been employed to support the researchers and to assist in ensuring social validity of the research. The evaluators designed modified research tools to facilitate the observational and interviewing skills of the researcher with intellectual disability. These same considerations were made when developing the data collection tools for the SAEF evaluation.

Evaluation of the Individual Budgets Pilot Program Final Report (Glendinning et al., 2008)

In 2007 the UK Department of Health announced plans to reform the social care system for adults. The reform entailed a shift from the current social care service to a service characterised by person-centred planning, self directed support and personal budgets for people eligible for publicly funded adult social care. The primary goal of the reform was to create an outcome-focused, whole system approach to service and planning, commissioning and delivery through the use of Individual Budgets (IBs). Individual budgets are consumer-directed or self-directed support programmes that are envisaged as a way of increasing individuals' choice and control over social care resources provided by the public sector.

To facilitate the new reform an IB pilot scheme was developed which included 13 pilot sites. A key objective of the IB pilot was to identify whether the approach improved outcomes for people in social care. An evaluation of the pilot scheme was commissioned, with the analysis involving a comparison between the 13 pilot sites and a control group of individuals not in receipt of IBs. The main aim of the evaluation was to identify whether IBs offer a better way of supporting older people and other adults with social care needs, compared with conventional methods of funding, commissioning and service delivery.

The evaluation incorporated a multi-method design. A randomised control trial (RCT) examined the costs, outcomes and cost-effectiveness of IBs, compared to conventional methods of service delivery. The RCT was complemented by in-depth interviews with sub-samples of people who had been offered IBs. These interviews examined users' early knowledge and expectations of IBs and their experiences of assessment, resource allocation and support planning. Repeated semi-structured interviews with a wide range of managers and others involved in plotting IBs were also examined; these interviews and other data covered issues such as workloads, job satisfaction, training needs and the management of risk. The methodology in this evaluation is similar to the one in evaluation incorporating both qualitative and quantitative research methods. Similarly both evaluations also collect information from managers involved in providing support. The triangulation of these methods adds to the robustness of the evaluation and to the interpretation and understanding of those findings. The evaluation differs in one regard, as the analysis does not include a comparison group.

Although there was some variability between IB user groups in the evaluation, overall the recipients of IBs felt more in control of their lives than the comparison group. However, the evaluation of the IB pilot scheme highlighted a number of issues that required further attention for the implementation of IB more broadly. Given that, as with the UK adult social care reform, Stronger Together 2 involves a new direction for disability services, these issues were considered in the development of evaluation. The issues include: managing change, including the need for clear, comprehensive and sustained information, training and ongoing mentoring for staff at all levels; training and capacity-building with support organisation; and the adapting of conventional service delivery monitoring and review systems to ensure the focus is on whether an individual is being supported in the way intended.

Towards a framework for implementing individual funding based on an Australian case study (Laragy & Ottmann, 2011)

Laragy and Ottmann (2011) propose a framework for the successful introduction and implementation of individual funding programs based on data from a four year qualitative case study conducted in Victoria, Australia with a not-for-profit disability agency. The individual funding program offered families who supported a child with disability to self-manage their disability support instead of receiving traditional case-managed support. The aim of the case study was to evaluate the effectiveness of the program's implementation strategies and the outcomes achieved.

The case study involved the collection of data from participant observation and interviews with program participants and managers. Eleven families participated in the evaluation. Follow-up interviews were conducted four years later, providing longitudinal data. The researchers analysed their findings using Bronfenbrenner's ([Bronfenbrenner, 1995](#)) four system levels (micro-system, meso-system, exo-system, and macro-system) to identify what factors were effective in the program's implementation. They argue that using Bronfenbrenner's (1995) ecological systems theory highlighted the interconnectedness of all levels of service design and delivery, and explained how a mix of encouraging and

restrictive macro-system factors impacted upon personal experiences and outcomes at the micro level.

The researchers identified several factors important for successful implementation of individual funding programs, including: the meaningful involvement of the person with disability in decision-making; adequate resources; access to information and appropriate supports; knowledge of policies and procedures; policies ensuring oversight and responsible accountability; and support for staff and managers to adjust to their new roles. They also recommend that knowledge of effective implementation strategies is important for disability agencies and for governments promoting individual funding, as it is a radically different funding arrangement. While the case study did not involve accommodation support services, the findings are relevant to the implementation of individual funding options as part of evaluation and hence were considered in the development of the evaluation framework and data collection instruments

Specialist Supported Living Services Post Implementation Final Report (Fisher et al., 2012)

The aim of ADHC Specialist Support Living Service Post Implementation Review (SSL PIR) was to ensure that lessons were identified to improve the process of the closures of large residential centres and the development of new accommodation services for people with disability. As part of the review, 36 people with disability and 17 family members were interviewed to determine the degree to which the closure of three large residential centres had achieved and sustained a better quality of life for the people with disability, their families and carers.

Specific data collection tools were developed for the review, with the rationale of enabling people with differing levels of capacity to participate in the evaluation and for the process to be as inclusive as possible. For the people with disability, two separate formats of the data collection instruments were developed: easy read questions, with complex and simpler options; and a version with “faces” (AAC method) and hence catering to people with differing levels of intellectual disability and communication impairment. A behaviour observation instrument was also developed for people with severe intellectual disability or communication impairment, to be used as either a supplement to the interview or as an alternative for those people who find this approach better suited to their abilities. The data collection instruments used for SAEF involved a similar approach, with different options so that people with varying levels of capacity can still participate.

The interview process for SSL PIR was designed to invite a nominated and trusted support person to attend the interview where possible to act as a facilitator. In the past this approach has proven useful in enabling the inclusion of as many people with disability in the research as possible and in collecting useful information. This is therefore a tested approach that can be usefully applied in the SAEF process.

The questions developed for the SSL PIR data collection instruments were based on a number of resources as outlined below:

NSW Ombudsman – People with disabilities and the closure of residential centres (Ombudsman, 2010)

This report was used to examine what kind of individualised focus should be achieved for people with disability in moving to community living, including the methods used to ensure that people with disability may have been supported to have a say (individual plan, setting goals, discussions) and the focus on needs, goals and wishes of the person with disability.

United Nations Convention on the Rights of Persons with Disabilities
www.un.org/disabilities/documents/convention/convoptprot-e.pdf

This document provided important contextual background, and the interview questions draw on Article 3: General principles (including full and effective participation and inclusion in society, respect for differences, respect for inherent dignity, autonomy and independence of persons) and Article 19: Independent living and being included in the community (including persons with disability having the opportunity to choose their place of residence, having access to a range of support services, and for services and facilities for the general population being available and responsive to their needs).

Cummins, 1991 – The Comprehensive Quality of Life Scale – Intellectual Disability: An Instrument Under Development (Cummins, 1991)

The Comprehensive Quality of Life Scale separates quality of life into seven domains; each domain covers a broad area of the person's life. This tool was used to prioritise comparative domains to inform the quality of life interview questions: material possessions, physical wellbeing, productivity, intimacy, safety, place in society, emotional wellbeing.

Cummins and Lau, 2005 – Personal Wellbeing Index – Intellectual Disability
www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-id-english.pdf

The Personal Wellbeing Index is a measure of subjective quality of life and has superseded the Comprehensive Quality of Life Scale. This tool was used to develop questions relating to the specific domains of quality of life, including questions relating to physical wellbeing, interpersonal relations and social inclusion.

Conclusion

A range of data collection instruments have been used by researchers in their evaluations of disability support services for people with disability, including surveys, face-to-face interviews and routine administrative data collection. It is clear from the review that researchers often make use of multiple instruments to evaluate the impact of either person-centred approaches or individual funding arrangements, involving mixed methods of qualitative and quantitative techniques. In the evaluation great care needs to be taken in deciding on the specific indicators and outcomes for use in the data collection instruments, and these should correlate to the internationally recognised quality of life domains for people with intellectual disability.

Appendix B: Fieldwork instruments

Survey for people with disability

In this survey, we would like to find out about you and your experience with the place where you live and the help you get to live there.

First we ask some questions about **you**. Then, we ask some questions about **what it is like where you live**.

You can choose to answer the questions on paper or on the computer. The computer link is at (insert link)

If you want to, you can also ask someone to help you answer the questions.

Please try to answer the questions in the beginning first as these are the more important ones. Just answer those you can; you don't have to answer all the questions.

About you

1. Are you?



Male



Female



2. How old are you?



I am _____ years old

3. What's the name of the suburb you live in?



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4. Are you from an Aboriginal or Torres Strait Islander background?



Yes

No

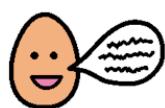
5. Were you born in Australia?



Yes

No

6. Do you speak a language that is not English with your family?



Yes



No

7. What is your disability?

Write here:



8. Where do you live or what accommodation funding do you receive?



- Supported Living Fund (SLF)
- Individual Accommodation Support Packages (IASP)
- Independent Living Drop In Support (ILDIS)
- Independent Living Skills Initiative (ILSI)
- Group Home
- Large Residential Centre (LRC)
- NGO group accommodation
- Intentional community
- Parent governance

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You can use these faces to answer all the questions

Very unhappy	Unhappy	Just OK	Happy	Very happy
				
Tick 1	Tick 2	Tick 3	Tick 4	Tick 5

Where you live now....

	1	2	3	4	5
9. How do you feel about where you live now?	<input type="checkbox"/>				
10. How do you feel about the way your house looks?	<input type="checkbox"/>				
11. How do you feel about your relationships with family and friends?	<input type="checkbox"/>				
12. How do you feel about the activities you do out of the house with other people?	<input type="checkbox"/>				
13. How do you feel about the new things you get to learn?	<input type="checkbox"/>				
14. How do you feel about your choices about having a job?	<input type="checkbox"/>				
15. How do you feel about how healthy you are?	<input type="checkbox"/>				
16. How do you feel about how happy you are?	<input type="checkbox"/>				
17. How do you feel about the help you get from people to make your own decisions?	<input type="checkbox"/>				
18. How do you feel about the choice you get when you're making plans with your paid staff member?	<input type="checkbox"/>				

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19. What else do you have to say about what it's like where you live or how your accommodation funding service works for you? (Only answer if you want to)

The next questions are about where you lived before you started the new program (you might live in the same place) or before you started with your accommodation funding.

You might not be able to answer these questions as you may not be using your funding yet.

Where you lived before you started the accommodation support option

Very unhappy	Unhappy	Just OK	Happy	Very happy
Tick 1	Tick 2	Tick 3	Tick 4	Tick 5

	1	2	3	4	5
20. How did you feel about where you lived then?	<input type="checkbox"/>				
21. How did you feel about the way your house looked?	<input type="checkbox"/>				
22. How did you feel about your relationships with family and friends?	<input type="checkbox"/>				
23. How did you feel about the activities you did out of the house with other people?	<input type="checkbox"/>				
24. How did you feel about the new things you get to learn?	<input type="checkbox"/>				
25. How did you feel about your choices about having a job?	<input type="checkbox"/>				
26. How did you feel about how healthy you were?	<input type="checkbox"/>				
27. How did you feel about how happy you felt?	<input type="checkbox"/>				
28. How did you feel about the help you got from people to make your own decisions?	<input type="checkbox"/>				
29. How did you feel about the choice you got when you made plans with your paid staff member?	<input type="checkbox"/>				

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30. What else do you have to say about what it's like where you lived before the new accommodation support option? (Only answer if you want to)

Once you have completed this survey, please place it in the self-addressed envelope.

Thank you for taking part in this survey.

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The pictures in this survey belong to Dynavox Mayer-Johnson:

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Survey about your family member's accommodation support option

In this survey, we would like to find out about the life of your family member with disability using the accommodation support option. We would also like to find out about your own experiences with the option.

Please answer the questions based on *how you see each area of your family member's life* now and if this has changed what it used to be like.

This study is being done by the Social Policy Research Centre (University of New South Wales) and is funded by ADHC (Ageing, Disability and Home Care). The study is looking at the implementation of accommodation support funding or service and aims to evaluate and assess their effectiveness.

Before answering the questions, we would like you tick which option your family member is currently using. Please select *one* option only.

If you are unsure which option your family member is using, please contact:

1. My family member uses this accommodation support funding or planning option:

- Supported Living Fund (SLF)
- Individual Accommodation Support Packages (IASP)
- Independent Living Drop In Support (ILDIS)
- Independent Living Skills Initiative (ILSI)
- NGO group accommodation
- Intentional community
- Parent governance

Questions about the accommodation support option

2. How do you feel about the material conditions of the place where your family member lives (e.g. belongings, decor, and homeliness)?	
Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
Comments (optional):	
3. How do you feel about your family member's relationships with friends and family?	
Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
Comments (optional):	
4. How do you feel about your family member's involvement in the community?	
Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
Comments (optional):	

5. How do you feel about your family member's opportunities to learn new things (e.g. study courses, recreational courses, developing new skills)?

<p>Now</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy 	<p>Before using the accommodation support option (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
<p>Comments (optional):</p> <hr/>	
<p>6. How do you feel about your family member's choices about having a job (if applicable)?</p>	
<p>Now</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy <input type="checkbox"/> Not applicable 	<p>Before using the accommodation support option (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy <input type="checkbox"/> Not applicable
<p>Comments (optional):</p> <hr/>	
<p>7. How do you feel about your family member's physical health?</p>	
<p>Now</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy 	<p>Before using the accommodation support option (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
<p>Comments (optional):</p> <hr/>	

8. How do you feel about your family member's life satisfaction?

Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
--	--

Comments (optional):**9. How do you feel about the support your family member receives from workers and service providers to make decisions?**

Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
--	--

Comments (optional):**10. How do you feel about your family member's choice and control over what happens in his or her life?**

Now <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy	Before using the accommodation support option (if applicable) <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
--	--

Comments (optional):

11. How do you feel about how well the program meets your family member's cultural and religious needs and interests?

Now <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy 	Before using the accommodation support option (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
---	---

Comments (optional):

12. How do you feel about how well the program is suited for your family member's age and his/her life stage?

Now <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy 	Before using the accommodation support option (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
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Comments (optional):

Questions about your own experience with the accommodation support option

These questions ask about *your experience* of your family member accessing or commencing an accommodation support option. Please answer from *your own perspective*.

13. How do you feel about the option's impact on your personal relationship with your family member?

Now <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy 	Before using the accommodation support option (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Very unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Happy <input type="checkbox"/> Very happy
---	---

Comments (optional):

14. How do you feel about your level of involvement in your family member's living arrangements?

Now

- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

Before using the accommodation support option (if applicable)

- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

Comments (optional):

15. How do you feel about 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)?

Now

- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

Before using the accommodation support option (if applicable)

- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

Comments (optional):

Demographic questions about your family member with disability

1. Year my family member was born:

2. My family member is:

- Male
- Female

3. My family member is from an Aboriginal or Torres Strait Islander background:

- Yes
- No

4. My family member was born in Australia:

- Yes
- No

5. My family member speaks a language other than English with his/her family:

- Yes
- No

6. The postcode where my family member lives is:

7. My family member has the following type of disability:

Demographics about you

1. I am my family member's:

- Parent
- Sibling
- Son or daughter
- Other relative
- Friend (non-family)
- Other (please specify) _____

2. Year I was born:

3. I am:

- Male
- Female

4. I am from an Aboriginal or Torres Strait Islander background:

- Yes
- No

5. I was born in Australia:

- Yes

No

6. I speak a language other than English with my family:

Yes

No

7. The postcode where I live is:

If you would like to make any other comments, please write in the box below.

Once you have completed this survey, please place it in the self-addressed envelope.

Thank you for your participation in this research study.

Survey for managers of an accommodation support option

In this survey we would like to find out about the accommodation support option **provided by your organisation.**

This evaluation is being done by the Social Policy Research Centre (University of New South Wales) for ADHC (Ageing, Disability and Home Care). The study is about the implementation of accommodation support funding and aims to evaluate and assess the effectiveness of these options under Stronger Together 2.

Your organisation may provide more than one of the accommodation support options. Please note that **only one** of these options can be addressed in the survey. **We ask that you complete a separate survey for each of the options provided by your organisation.**

Please answer as many of the questions as you can and add any comments. All information you provide will be confidential.

Section 1: About your organisation

1. What accommodation support option is your organisation providing?

- Supported Living Fund (SLF)
- Individual Accommodation Support Packages (IASP)
- Independent Living Drop In Support (ILDIS)
- Independent Living Skills Initiative (ILSI)
- NGO group accommodation

2. Please indicate the LPA/s where your service is provided

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Hunter | <input type="checkbox"/> Central Coast | <input type="checkbox"/> South East Sydney | <input type="checkbox"/> Nepean |
| <input type="checkbox"/> Northern Sydney | <input type="checkbox"/> Inner West | <input type="checkbox"/> New England | <input type="checkbox"/> South West Sydney |
| <input type="checkbox"/> Cumberland/Prospect | <input type="checkbox"/> Mid North Coast | <input type="checkbox"/> Orana/Far West | <input type="checkbox"/> Illawarra |
| <input type="checkbox"/> Far North Coast | <input type="checkbox"/> Central West | | <input type="checkbox"/> Riverina/Murray |
| <input type="checkbox"/> Southern Highlands | | | |

Section 2: About the effectiveness of the characteristics of the accommodation support option provided by your organisation

3. How would you rate the following aspects of support provided by your organisation through this particular model:

	Very effective	Effective	Neither effective nor ineffective	Ineffective	Very ineffective	N/A
a. Planning with the person and their family as how to make supported living work for them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Management of referrals (e.g. health referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Linking and packaging services to address need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arranging or providing a preferred place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supporting people with disability and their families to make informed decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing practical support to clients (e.g. access to health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. To what extent would you agree that the accommodation support option (as selected in question 1) achieves the following Stronger Together 2 priorities:

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. People with disability are the primary determiners in supported decision-making and planning processes	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
b. Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
c. 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		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
d. Providing support to people with disability that is appropriate to their age and life stage		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
e. 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	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
f. Supporting people with disability through service integration and collaboration with other stakeholders	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
g. Reviewing and monitoring service delivery on a regular basis to ensure its continuous improvement	i. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Comment – What has your service done to achieve this?					
h. Providing staff with opportunities to develop and broaden their skills through training, supervision, coaching and other professional support	ii. Achieves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Comment – What has your service done to achieve this?					

Section 3: About the outcomes for people with disability and their families

5. On average, to what extent has the accommodation support option (as selected in question 1) been effective in supporting people with disability to achieve the following outcomes:

	Very effective	Effective	Neither effective nor ineffective	Ineffective	Very ineffective
a. Living in a homely environment with possessions of their own choosing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developing and maintaining relationships with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Living a self-determined life by making choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having opportunities to acquire new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Engaging in meaningful activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interacting with people in the broader community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Being informed about their rights in order to exercise them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having best possible health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Emotional wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Would you like to make any other comments about outcomes for people with disability that can be achieved through this accommodation support option by your organisation?					

6. On average, how effective would you say is the accommodation support option in supporting families and carers of people with disability in the following domains:

	Very effective	effective	Neither effective nor ineffective	ineffective	Very ineffective
a. Their relationship with their family member with disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their level of involvement in their family member's living arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The supported accommodation funding or planning options available to their family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would you like to make any other comments about outcomes for families/carers of people with disability that can be achieved through this accommodation support option provided by your organisation?					

Please write any other comments you would like to make in the box below:

Thank you for participating in the survey.

Interview questions for people with disability

NOTE: This interview schedule is designed to be flexible and to rely on the skills and judgement of the fieldworkers, who all have experience interviewing people with disability.

- Language is pitched at a Plain English level and can be adapted by fieldworkers to be harder or easier depending on the needs of participants.
- Options are built into the questions and fieldworkers need to choose the right questions based on the program and experiences of the participant.
- Some 'Easy Read faces' are provided in an attachment for the fieldworker to introduce if necessary. If used, these should be used flexibly according to the preferences and needs of the participant.

Experiences and outcomes: What has been achieved so far? What support have you received?

I'm going to ask some questions about how you live, how you spend your time, and the support you receive.

<i>How you live and your material wellbeing</i>	<i>Social inclusion & personal development</i>
<ul style="list-style-type: none">• [Place] Where do you live? How much choice do you have about where you live?• [Co-tenants] Who do you live with? What do you think of living with these people?• [Support] Who helps you with the things you do at home? (e.g. family, friends, support workers) What do you think of getting help from them?• What do you like or not like about how you live now?• What's been the biggest change to how you live since starting the program? OR Are there any changes coming up for how you live when you start the program? What is going to change?• What things do you own? What do you think of these things? Have any of these changed since starting the program? Have you got anything new?• What money do you get to help you live here?<ul style="list-style-type: none">◦ [Private income] Money from a job, own business, superannuation, family	<ul style="list-style-type: none">• What do you do during the day / evening / weekend? <i>Prompt for:</i><ul style="list-style-type: none">◦ Around your home◦ For fun or enjoyment◦ For education or learning◦ Work or volunteering• Why do you do these things?• Who do you do them with?• Who helps you with these things? (e.g. family, friends, workers, service providers)• What do they help you with? <i>Prompt for (just some):</i><ul style="list-style-type: none">◦ helping you by doing things in the house◦ developing your skills<ul style="list-style-type: none">▪ skills for what to do in your home▪ skills to live on your own◦ helping you make friends and get to know new people◦ getting support (help) of new services◦ helping you to be involved in your culture or religion or do things in your family's language

<p>I'm going to ask some questions about how you live, how you spend your time, and the support you receive.</p>	
<ul style="list-style-type: none"> ○ [Public support] Money from disability support pension, age pension ● What help do you get to manage your money? 	<ul style="list-style-type: none"> ● Is that different to the help you had before you changed to the program? What's changed?
Interpersonal relations	Physical and emotional wellbeing
<ul style="list-style-type: none"> ● Who do you spend time with? Who do you keep in touch with (and how often)? <ul style="list-style-type: none"> ○ What do you do together? ○ How do you keep in touch with them? ○ What do you think of this? ● How do you feel about your relationships with: <ul style="list-style-type: none"> ○ Family ○ Friends ○ People you live with ○ Partners ○ People living close by ○ People in the local community ○ Service provider / workers ● Has anything changed about these relationships since starting the program? What's changed? What is better? What is harder? 	<ul style="list-style-type: none"> ● How safe do you feel at home? Has that changed since starting the new program? How has that changed? What makes you feel safe / unsafe? ● What is the mood like at home? Do you feel 'at home' there? Has that changed since starting the new program? How has that changed? ● How much do you feel like there are people around who will help or look out for you? Has that changed since starting the new program? How has that changed? ● How happy do you feel? Has that changed since starting the new program? How has that changed? ● How healthy are you since starting the new program? Has that changed since starting the program? How has that changed? ● Who helps you to keep healthy? (e.g. family, friends, workers, service providers) ● What do they help you with? <ul style="list-style-type: none"> ○ Fitness and exercise ○ Healthy eating ○ Going to medical appointments ○ Managing medication and health issues ● What or who makes you feel important at home? (<i>don't prompt for it, but see if they mention staff</i>) Has that changed since starting the new program? How has that changed?
Self-determination	Autonomy and rights
<ul style="list-style-type: none"> ● What was your role in deciding on your program? <ul style="list-style-type: none"> ○ How much did you get to say about what you wanted? ○ How much did you know about what else you could choose? (i.e. other 	<ul style="list-style-type: none"> ● How much privacy do you get? OR How happy are you with the time/space you have to yourself? Has that changed since starting the program? How has that changed? ● Since using the program has anything changed about and if so, what's changed

I'm going to ask some questions about how you live, how you spend your time, and the support you receive.

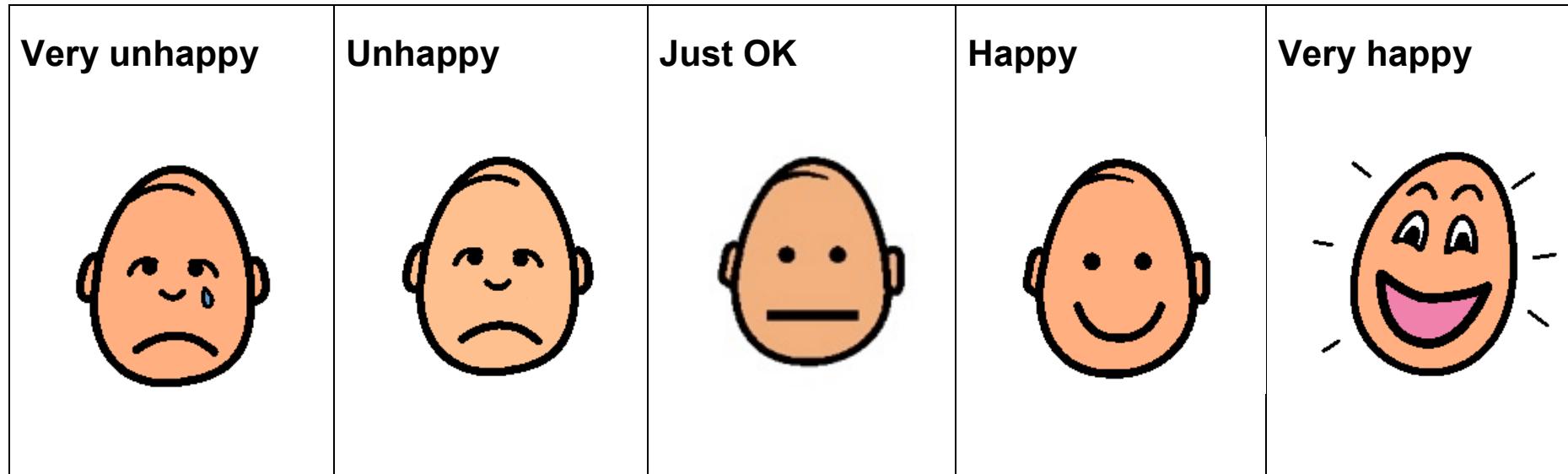
<p>programs)</p> <ul style="list-style-type: none"> ○ What help did you get to make those decisions and choices? (prompt for: discussions, workshops, written info, support planner) Who helped? ○ Did you choose the staff members who help you? Are they different to other staff you have worked with? • What things about this program made it the best choice for you? • I am going to ask you some questions about your plan. <ul style="list-style-type: none"> ○ Who did the planning with you? (e.g. family, friends, workers) ○ What's in your plan now? What are your goals? ○ Is the plan different to other plans you've had before? ○ Have your plans/goals been reviewed • What do you see happening for you in the future? 	<p>about:</p> <ul style="list-style-type: none"> ○ What types of things you get a say in? How much of a say you get? (prompt for: wants, needs, things that affect them, schedule etc) ○ How often workers talk to you and explain things to you? ○ How often it is up to you to decide what should happen? What things you get to decide on about what should happen? ○ What help you get to make hard decisions? ○ What happens when you disagree with others (e.g. workers, family) about what's good for you or what should happen? • Do you feel able to make decisions (choices) about your own future and the help you may need?
--	---

Buffer

Rationale: End the interview on a good note.

I've got two last questions and then we're finished!

- What's the best thing about the program?
- Is there anything else you wanted to say today that I didn't ask about?



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Interview questions for family members/friends

NOTE: Many questions ask about 'each of you' – try hard to get an answer on both their participant and their family member; we want to know perceptions on both perspectives.

Background and choice, flexibility and control via the characteristics of the accommodation support option

To start out, we're interested to get some background on how your family member is living and about their accommodation support option.

1. Can you start out by telling me a little bit about your family member's living arrangements? Where do they live and who do they live with?
2. What accommodation support option do they receive, and what is the option like?
3. Why did you and your family member decide on this particular option? What features of this option made it most appropriate? (*prompt for:* individualised, portable, client-driven; support provided)
4. What has worked and not worked about:
 - a. **[Choice and control]** How the option enables your family member to have choice and control over the way they live their life? (e.g. supports that suit their needs and circumstances, portable and flexible funding arrangements)
 - b. **[Person-centred]** How the option enables your family member to identify and achieve the goals that are of greatest importance to them?
 - c. **[Person-centred]** How the option ensures that your family member is central to the planning and decision making required to achieve his/her goals?
 - d. **[Age and life-stage appropriateness]** How the option suits your family member's current needs? (e.g. age appropriate, life stage appropriateness)
 - e. **[Responsive to diversity]** How the option accommodates your family member's language, cultural or religious needs?
 - f. **[Strengths based]** How much support your family member receives in planning their daily activities based on their present and future goals?
 - g. **[Integrated and collaborative practice]** How much of a say *you* have on what your family member wants or needs?
 - h. **[Integrated and collaborative practice]** How the option ensures coordination between different support networks? (e.g. coordination with your family members, friends, external services and the broader community)
 - i. **[Quality assurance]** How often your family member's goals and plans are reviewed and modified?

Planning process

We're also interested to know your views on what it was like deciding on and changing to the option.

5. How did you and your family member decide on the option?
 - a. What choices did each of you have?
 - b. What were each of you worried about?
 - c. How much of a say did you get in the decision?
 - d. What help or support did each of you receive when making the decision?
 - e. What practical assistance did each of you receive to carry out the plan? (e.g. planning, budgeting, building, timeliness)
6. What did you think of the process?
 - a. What were the advantages of how it happened?
 - b. What were the disadvantages of how it happened?
 - c. What would make the process better for your family member?
 - d. What would make the process better for you?

Outcomes

Finally, we're interested to know what's changed for you and your family member since starting the option – either for better or for worse.

Since your family member started the option...

7. Have the **conditions in which** your family member lives changed? What has changed?
 - a. What has worked or not worked?
 - b. How much choice does each of you have about that?
 - c. What support has been provided? (practical, skill development, building and maintaining relationships)

Prompt for

Material wellbeing
Income and financial security
Means to live in an environment of choice
Personal possessions

8. Have there been changes to **how much say** your family member has about what happens in their life? What has changed?
 - a. What has worked or not worked?
 - b. What support has been provided? (practical, skill development, building and maintaining relationships)

Prompt for

Rights and autonomy
Being informed about and exercising rights
Having time and space for privacy
Building capacity to make decisions
Deciding when to share personal information
Treated with dignity and respect

9. Have there been changes to your family member's **relationships with others**? What has changed?
 - a. What has worked or not worked?
 - b. How much choice does each of you have about that?
 - c. What support has been provided? (practical, skill development, building and maintaining relationships)

Prompt for:

Interpersonal relations
Having friends and acquaintances
Having intimate relationships
Engaging with family
Engaging with staff

10. Have there been changes to your family member's **participation and inclusion in the community**? What has changed?

Prompt for:

Social inclusion
Participating in the life of the community

Interacting with other members of the community
Living in an integrative environment
Employment and/or volunteering

11. Have there been changes with regards to **how independent** your family member is? What has changed?

- a. What has worked or not worked?
- b. How much choice does each of you have about that?
- c. What support has been provided? (practical, skill development, building and maintaining relationships)

Prompt for:

Self-determination	Personal Development
Choosing personal goals	Acquiring new skills
Choosing where and with whom to live	Realising steps towards personal goals
Choosing services	Engaging in activities meaningful to the person
Choosing daily routine	Education and training
Control of finances	
Making choices about life stage transitions	

12. Have there been changes for family member with regards to **living a healthy and fulfilling lifestyle**? What has changed?

- a. What has worked or not worked?
- b. What support has been provided? (practical, skill development, building and maintaining relationships)

Prompt for:

Physical and emotional wellbeing
Upholding personal safety
Having best possible health
Having support networks (informal and formal)
Feeling happy

Having a stable environment

Final comment

Is there anything else you wanted to say today that I didn't ask about?

Interview questions for managers

Experiences

To begin, we'd like to get some background on your organisation and your work in relation to accommodation support under Stronger Together 2.

1. Please describe your **role** in relation to accommodation support.
2. Which **accommodation support option** is your organisation providing?

Impact of accommodation support

3. As your organisation is now eligible to provide more individualised models of accommodation support for people with disability, what has changed in the way you:
 - a. **Arrange or provide** a preferred place to live? (*prompt for:* home, location, co-tenants)
 - b. **Arrange or provide** the support required to live in the preferred location? (*prompt for:* practical support, skills development, building and maintaining relationships, referral, linkage, brokerage and funds management, decision making support to participant and family)

Program characteristics

4. What have been the facilitators or barriers for your organisation in providing accommodation support in regards to:
 - a. Providing accommodation support that ensures people with disability have **choice and control** over the way they live their life? (*prompt for:* supports that suit their needs and circumstances, portable and flexible funding arrangements)
 - b. Enabling people with disability to identify and achieve the goals that are of greatest importance to them? (*prompt for:* person-centred planning, respecting the person as primary determiner, safeguards)
 - c. Ensuring that the **capacity and strengths** of people with disability are recognised and valued? (*prompt for:* person's strengths and capabilities guide planning and goal setting, appropriate strategies implemented to maximise strengths)
 - d. Communicating with, and involving, **families and friends** in the planning processes
 - e. Ensuring coordination between different support networks? (e.g. coordination with person, family members, friends, community, specialist and mainstream services)
 - f. Ensuring that cultural, linguistic and religious needs of people with disability are accommodated?
 - g. Supporting people with disabilities with support that is appropriate to their age and their current life stage in their lives? (*also prompt for:* support during key transitions)

- h. Ensuring that services reflect best practice (e.g. continuous improvement, regular review, sustainable support and funding arrangements, staff development)

Outcomes

Finally, we'd like to find out about the personal **outcomes** of the accommodation support options for people with disability, their families and direct workers.

While you're answering, please think about whether there have been **different outcomes** from the different accommodation support options provided by your organisation (*remind and prompt for this all the way through*).

5. What have been the outcomes for **people with disability**?

(*prompt for:* self-determination; personal development; rights and autonomy; social inclusion and participation in the community; relationships with family, friends, workers and service providers; material wellbeing and standard of living; physical and emotional wellbeing).

6. What have been the outcomes for **families and friends of people with disability**?

(*prompt for:* relationship with their family member; opportunity to contribute to decisions regarding their family member, shared commitment in supporting the individual).

7. Have there been changes in outcomes for **direct workers of people with disability**?

(*prompt for:* training; skill development; changed workloads; changed work tasks; changed attitudes and relationships between people with disability and support workers).

8. What would you say has **facilitated** these outcomes?

9. What would you say has **constrained** these outcomes?

10. What could be changed or put in place to allow **better outcomes**? (*prompt for:* changes to the project scope, timeline or plan)

Final comment

Is there anything else you'd like to say today?

Interview questions for direct workers – focus group

Experience

To begin, we'd like to get some background on your work in accommodation support.

1. As we go around the group, can you each give a little background on which accommodation support option you work in and what your role entails?

Outcomes

We'd like now to find out about the impact of your accommodation support option on different people involved in it. Thinking about your work in your accommodation support option...

2. Has the program impacted either positively or negatively on the following groups of people, and if so how?

- a. People with disability?

For example, impact on their self-determination, personal development, rights and autonomy, material wellbeing, social inclusion, interpersonal relationships, physical and emotional wellbeing.

- b. Families and friends of people with disability?

For example, the impact of the program on their relationship with their family member, their opportunity to contribute to decisions regarding their family member or developing a shared commitment with others to support their family member.

- c. Direct workers and service providers?

For example, impact on or change to your role as a direct worker, impact on your relationship with or approach to the people with disability you provide a service to, developing new skills or acquiring new training.

Processes

Finally, we're interested to know about the process of putting these accommodation support options in place.

3. What have been the facilitators and barriers in regards to:

- a. Putting in place a support option that is person-centred for people with disability?

For example:

- responding to the needs of Aboriginal and Torres Strait Islander people and people with cultural and linguistically diverse background
- appropriate to the different ages and life stages of people and supporting them during key transition point of their lives
- considering the person with disability the primary determiner and supporting them in decision making and planning

- providing flexible support that gives people with disability choice and control.
- b. Putting in place a support option that coordinates well between the range of people and services involved?

For example:

- partnerships, integration or collaboration between people with disability, families, communities, a range of direct workers and service providers, as well as agencies and ADHC
- a collaborative focus to improving areas such as capabilities and goals, shared commitment, safeguards and developing a strong practice framework.
- c. Putting in place a support option that provides a high quality service for people with disability?

For example:

- Encouraging staff development and training
- Sustainable support and funding arrangements
- Providing regular reviews of practices and sustainable and improving accommodation funding or lifestyle planning support.

Final comment

4. Is there anything else you wanted to say today?

Supporter protocol

Being a supporter in a research interview

What is a supporter?

A supporter is someone who sits in on an interview with a person with disability to help that person communicate in the best way possible with the researcher.

Supporters can be a trusted family member, friend or advocate.

Staff and workers can also act as supporters as well.

What is my role as a supporter?

Your role as a supporter is to:

- Facilitate and interpret the person's speech or communication
- Rephrase questions in words or ways that the person will understand
- Give an example that might help the person understand better
- Alert the researcher to subtle signs of the person being upset or distressed
- Moral support and motivation

What is NOT my role as a supporter?

Supporters are *not* meant to answer questions *for* the person with disability – they are instead meant to help that person answer him or herself.

What are my responsibilities as a supporter?

Your responsibilities as a supporter are:

- To help the person with disability communicate in the best way possible
- To assist in ways that are reflective of the person's opinion
- To be discrete about the information you hear from the person during the interview and to respect the person's confidentiality. If you are concerned about something you hear during the interview, please seek the advice of the researcher or of the manager of your service.

Disclosure protocol

In the event that research participants disclose to the researchers that they have been subject to abuse, neglect or other possibly criminal actions by others, the researchers are ethically required to take action.

The confidentiality, wishes of the person with disability, and impaired capacity must be balanced with this requirement – the person's control in the process should be maintained within the researcher's legal obligations. As these situations will be complex, the disclosure protocol must be flexible.

Capacity to understand consequences of acting on concerns	Permission to act	Action
Person with disability has the capacity	Person gives permission	Describe the abuse or neglect and disclose personal details to the resource below for them to act
Person with disability has the capacity	Person does not give permission	Describe the abuse or neglect to the service provider without disclosing the personal details for them to act at a systemic level. Cases of self-harm or any type of physical harm need to be reported to the responsible service manager even where the person does not consent (e.g. Manager of local manager).
Person does not have capacity, inform the guardian	Guardian gives permission	Describe the abuse or neglect and disclose personal details to the service provider for them to act
Person does not have capacity, conflict of interest with guardian		Describe the abuse or neglect and disclose personal details to the service provider for them to act
Person does not have capacity, inform the guardian	Guardian does not give permission	Describe the abuse or neglect to the service provider without disclosing the personal details for them to act at a systemic level. Cases of self-harm or any type of physical harm need to be reported to the responsible service manager even where the guardian does not consent (e.g. Manager of local manager).

In the SAEF evaluation, the disclosure protocol was applied in the following way:

Issue	Resource
Conduct of a service provider (staff/manager)	<ul style="list-style-type: none"> → Accommodation Planning & Reporting, ADHC Annette Donlan, Senior Project Officer E:annette.donlan@facs.nsw.gov.au T: (02) 9377-6515
Concerns about immediate safety	<ul style="list-style-type: none"> → Service provider manager or trusted person
Concerns about self-harm or any type of physical harm	<ul style="list-style-type: none"> → Service provider manager or trusted person
Concerns regards emotional wellbeing following interview	<ul style="list-style-type: none"> → Service provider manager or trusted person → Carers NSW T: 1800 242 636
Concerns about the rights of a person with disability	<ul style="list-style-type: none"> → Disability Rights and Information Service: provides information to people with disability and their associates, supports and empowers the person to self advocate and seek out the most appropriate service to address their issue T: 02 9370 3100 or 1800 422 015 E: dris@pwd.org.au
Concerns about the rights and interests of a person with impaired capacity	<ul style="list-style-type: none"> → National Disability Service Abuse & Neglect Hotline for the reporting of allegations of abuse or neglect of people with disabilities who receive Government funded services: T: 1800 880 052 E: hotline@workfocus.com → Official Community Visitors coordinated by NSW Ombudsman: visit boarding houses and supported accommodation and meet with residents to promote rights, identify and help resolve residents' inquiries and complaints (E: ocv@ombo.nsw.gov.au T: 02 9286 1000)
Concerns about discrimination involving a resident	<ul style="list-style-type: none"> → Anti-Discrimination Board General Enquiry Service T: (02) 9268-5544
Concerns about the quality and delivery of health-related services, including medication	<ul style="list-style-type: none"> → NSW Health Care Complaints Commission T: (02) 9219-7444 / 1800-043-159
Concerns about financial matters of a NSW Trustee managed resident with impaired capacity	<ul style="list-style-type: none"> → NSW Trustee and Guardian T: 1300-360-466

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