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Family &
Community Services
Ageing, Disability & Home Care

Accommodation Service Provider Guidelines

This document guides implementation of person centred accommodation support for people with disability and is an extension of the *Accommodation Support Policy*.



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1 Introduction

1.1 Purpose

The *Accommodation Service Provider Guidelines* (the Guidelines) are issued under the [Accommodation Support Policy](#) to give non government disability accommodation service providers guidance, resources and information to assist implementation of person centred practice in their organisations.

The guidance covers supporting people with disability, fostering their support networks, creating and maintaining a home-like environment, and supporting staff in group accommodation, drop-in settings and individualised options.

A number of resources are included in the attachments to the guidelines to assist providers, such as forms and checklists. References and links to non-government websites are provided as discussion or for background information. Note that this does not necessarily represent specific endorsement of the content of any referenced document or website.

1.2 Background and context

In 2008, Australia signed the [United Nations Convention on the Rights of Persons with Disabilities](#) (2006), which aims to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.

In alignment with the convention, in NSW every Ageing, Disability and Home Care (ADHC), Family And Community Services (FACS) funded disability accommodation service provider is required to comply with the [Disability Inclusion Act \(DIA\) 2014](#), the [Standards in Action](#) and the [ADHC Funding Agreement](#) as well as a number of [mandatory policies](#) detailed in Section 5, to ensure the best possible outcomes for people with disability.

These Guidelines provide recommended approaches and supporting resources which will assist in the provision of accommodation services that put the person with disability at the centre of decision making about the services they receive.

1.2.1 Moving away from institutional approaches

In the past, people living in large institutions or special centres, where life was dominated by staff routines, were isolated from the community, had limited or no informal contact with people outside their accommodation service and experienced restriction on choice, movement and relationships.

More recent approaches to accommodation and support have sought to provide smaller group homes and more individualised services where people have better opportunities to determine their own routines and relationships and are able to enjoy both organised and informal community participation.

Research¹ shows that whilst significant improvements in quality of life occur when people move from large institutions to small-scale supported accommodation in the community, closing institutions does not by itself bring about changes in practice or ensure better outcomes.

The culture of some group accommodation options can sometimes see staff not taking the opportunity to involve the people who live there in everyday activities or support them in exploring interests. In these settings, staff 'do for' rather than 'do with' people they support. Engaging people with disability in their home life can assist to avoid restrictions in group accommodation settings and support people with disability to enjoy a good life.²

1.2.2 Moving to person centred approaches and true inclusion

Through the implementation of person centred approaches, such as those identified in the [Living Life My Way consultations](#), ADHC has increased the choice and flexibility in how it funds accommodation support so that people with disability have a similar range of options to others in the community.

Many organisations are well prepared and implement person centred approaches across their services and teams. Others are just starting on this pathway. Being of service in a person centred way that creates measurable outcomes is a continual improvement process.

1 Beadle-Brown, J et al 2008 'Deinstitutionalisation in Intellectual Disabilities'

2 Bigby, C & Fyffe, C 2008 'Tensions between Institutional Closure and Deinstitutionalisation'

The experience of people with disability, their support networks and practitioners, and the evidence of international research³ indicate that significant and positive changes to the lives of people with disability are more likely to come about when:

- the rights of people with disability are acknowledged and valued
- there is knowledge and information available about person centred approaches
- values based leadership creates agreement that all parts of a service, from senior management to the front line, need to be involved in changes to practice to avoid superficial adoption of person centred approaches
- services place more importance on tailoring supports to meet the wishes and needs of individuals, instead of the person needing to fit in with a pre-determined set of services
- there is evidence that the person's plans are translated into action with real outcomes such as improved social networks and true community inclusion.

1.3 Further resources

Templates and detailed practice information as indicated in Section 5 ([Accommodation Service Provider Guidelines Resources Kit](#)) are available in conjunction with these guidelines. They can be found online as the Accommodation Service Provider Guidelines Resource Kit on the ADHC website at http://www.adhc.nsw.gov.au/sp/delivering_disability_services/supported_accommodation/accommodation-support

³ Ellis, J et al 2008 Person Centred Planning: A review of the literature

2 Person at the centre

2.1 Ways of working

Person centred approaches do not involve a single method or technique but provide flexibility by focusing on what the person wants from life and the support needed to achieve it. This includes using mainstream services and community resources and is not limited to what is available only within specialist disability services⁴.

2.1.1 What is person centred practice?

Delivering person centred services means people with disability set the requirements for and objectives of the service. Staff facilitate this by ensuring that people with disability along with others who are important to them, such as family and friends,⁵ are actively listened to and fully involved in planning and decision making to meet their goals and interests. This is done regardless of the level of support the person needs or whether they can fully demonstrate their engagement.

Supporting Choice

The starting point is working with the person so that they know the possible options and consequences to allow them to make informed choices about their life. The choices they make, as for any person, provide for experiences of fun and relaxation, social inclusion and affirmation and support good health. An *active support* approach is applied to assisting the person to be involved in as many ways as possible in 'doing' their own life as often as possible, no matter how small or seemingly insignificant the ways. For example, staff might chat about the steps of any activity in which they are about to engage, before, during and after the activity, and assist the person to be involved.

Helpful person centred planning resources

The ADHC [Lifestyle Planning Guidelines](#) and [Person Centred Thinking Tools](#) (used in ADHC operated services) can be found on the ADHC Good to Great e-learning portal (ELMO) and at [this link](#). These resources are available for disability accommodation service providers, families and carers.

Modules can be accessed at: <http://www.elearn.com.au/adhc/goodtogreat>

Login details are:

user name: **adhc**

password: **goodtogreat**

Also see **Person Centred Active Support** resources in [Resource 1](#).

⁴ Valuing People – A New Strategy for Learning Disability for the 21st Century. Guidance for Implementation Groups, <http://valuingpeople.gov.uk>

⁵ Helen Sanderson Associates 2014 <http://www.helensandersonassociates.co.uk/>

Everyday Activities

One example of this is in everyday activities where the person is supported to participate in and contribute to their household, making decisions and choices according to their interests, needs, aspirations and what is important to them. This might include involvement in meal time preparation, clothing choices, housekeeping and leisure activities.

Social Life

In their private social lives, people are supported to develop meaningful relationships and partnerships, including the expression of their sexuality. Support is provided to assist their understanding of the practical and social aspects of sexual behaviour and avoiding unwanted relationships.

Community Life

Person-centred practice in active support extends to participating in community life where people are valued as individuals (e.g. as a tenant, host, neighbour, family member, employee, volunteer, club member). Support to use mainstream resources such as libraries, sports facilities, clubs, and interest groups promotes true social inclusion, and provides opportunities for learning and self development.

Privacy

It is essential that people with disability are afforded appropriate privacy and that safeguards are in place⁶ (such as when a person raises a complaint or concern) to prevent physical, sexual, emotional, verbal or financial abuse or neglect.

2.1.2 What is not person centred practice?

People with disability are not supported in a person centred way when the person is treated as a 'service user' and this is the main or only role in their life. When a person is only thought about in terms of what they cannot do and is excluded from participating in activities of daily life, this is not person centred practice.

Decisions made by others

Additionally, when the person is expected to make good decisions without support, or others make decisions about the person in every aspect of their life without the person's involvement (for example decisions about food, clothing and outings), person centred practice is not being applied.

Where it is expected that the person will always agree with their family members and other significant people in their life and that difficult discussions with the person and/or their family are avoided, the principles of person centred practice are not being adhered to.

⁶ Safeguards are mechanisms that aim to reduce the risk of harm, abuse and neglect while maximising the choice and control people have over their lives.

No individual choice

Similarly, when the person lives in the community, but doesn't participate in community life and only visits community services in a group, this is not person centred practice.

2.2 Benefits for service providers

Staff Engagement

Changes that make an organisation more person centred will assist people with disability to live better lives but will also offer staff more meaningful working lives with increased motivation. Such an organisation will become an employer of choice, with improved staff recruitment and retention.

Partnerships with People and Families

When people and families are being heard, partnerships develop and conflict reduces and as a result, time and financial resources will be used more effectively to benefit the people the organisation supports. Community responses to the organisation will improve, resulting in more opportunities to build [social capital](#)⁷. Person centred practice will also enhance the development of culturally appropriate responses to the needs of people from Aboriginal and culturally and linguistically diverse communities.

2.3 Reviewing and measuring person centred practice

Reviewing the application of person centred practice in an organisation can encourage and motivate staff by showing evidence that person centred practice is making a difference and improving the lives of the people they support. The benefits to people with disability and staff can assist to promote the success and positive approach of an organisation.

Promoting person centred practice

Sharing success stories, good practice learnings and reflections.

Rewarding individual staff and teams for achievement in supporting people to be more engaged in decision making.

As part of supervision and support, managers observe support staff implementing person centred approaches and provide feedback.

Making person centred resources and training available to staff and families.

⁷ 'Social capital' is a concept that describes the extent and nature of relationships people have with others, the relationships people have with their communities, and relationships between people and various services, institutions and systems

Measuring your organisation's implementation of person centred practice⁸ can occur through:

- **self assessment:** am I 'doing most things for' a person or supporting a person to be involved in activities they choose?
- **front-line managers engaging with staff** to assess if people with disability are frequently involved in everyday activities and are actively participating in their life and choices
- **surveys and interviews** with people with disability, families and staff on the person's progress in achieving identified goals and to gauge whether the person's needs are being met
- **focus groups** to assess the benefits of a particular practice initiative
- **clinician assessment and observations** of the quality of service provision
- **creating a quantitative baseline** prior to implementation of person centred practice, which can be compared with a post program survey so as to track positive changes.

Helpful resources to review and measure person centred practice

The Progress for Providers – Checking Your Progress in Using Person Centred Approaches (Managers) is available on the [National Disability Services \(NDS\) website](#).

A [checklist for observing person centred active support practice](#) is also available on the "Every Moment Has Potential" website, Module 5. This could be used by managers with disability support workers as part of their supervision practices.

The [Guide to Visiting and Good Group Homes](#) is a research based guide providing information and advice to guide observation of person centred practice in group home settings and what good practice looks like with reference to quality of life domains.

Also see the [Social Impact Measurement Tool](#) from the Industry Development Fund website, which assists people with disability, disability support workers and service providers to plan supports and achieve goals effectively, refine daily practice as required and monitor overall performance in terms of social and economic impact.

⁸ <http://progressforproviders.org/resources/resources-for-using-person-centred-approaches/>

3 Person centred living environments

Putting the person with disability at the centre of support is also reflected in the home environment.

3.1 Creating a home-like environment

Service providers can develop high quality services by supporting people with disability to create their own homely environment. Defining a good 'home' is subjective as it will not be the same for everyone.

A Good Home

Research⁹ indicates the common elements in the concept of a 'home' include: a person having control in the house and over communal activities (for example, involvement in making decisions about changes to the house and activities) and making choices about their lives in the house (for example, discussing routines such as sleeping, waking and eating preferences).

Comfortable, Safe and Secure

Other factors contributing to a home-like environment include being comfortable and having optimal levels of sleep, food and drink, and good health. A person must feel secure and safe and, if preferred, be able to live with others of similar age and with common interests to enable them to share opportunities with their peers. Placing adults and children together in accommodation support is considered to be a high risk and will only be an option in exceptional circumstances. It must be approved¹⁰ by the FACS Deputy Secretary (see [Accommodation Support Register \(ASR\) Guidelines](#)).

Physical Surroundings

A suitable physical environment is imperative and should include consideration of:

- accessibility according to the person's individual mobility and support needs;
- personal decoration and possessions that are seen in both bedrooms and in common areas of the home; and
- the home being appropriately lit, ventilated, fitted out, furnished, heated and cooled according to the individual's specific needs¹¹.

9 Bigby, C et al., 'Making life good in the community: when is a house a home?'

10 Approval will generally only be provided where the adult has very high or complex health needs and/or such limited mobility so as to present no potential risk to others, or not be at risk from others.

11 Considering clinical indications for environmental controls.

Domestic Relationships

Having relationships with other people, including shared meal times that include staff and housemates, and living in a warm, cosy and fun atmosphere that involves social activities in the house (such as playing board games, special house projects and cleaning together) are also important in creating a home-like environment.

Helpful resources on how to make a house more homely

A study undertaken by La Trobe University for the Victorian Government developed [tools](#) to help people find out what a homely house is like and how to make a house more homely.

<http://www.dhs.vic.gov.au>

Privacy and Freedom

In a homely environment, a person would enjoy their privacy and freedom and have access to all areas of the house while respecting others' privacy. A person would have their own bedroom¹² and the privacy they need without being constantly observed, except when required for clinical support or safety reasons.

Additionally, a home-like environment provides a person with the ability to grow and develop and have the opportunity to engage in their chosen social, cultural and religious practices while respecting others' peace and privacy.

3.2 Benefits of a home-like environment

In a study¹³ of eighteen group homes, researchers found that where a house appeared more home-like and less institutional or clinical in appearance, people with disability had better outcomes (including more interactions with support workers and more outings). In more home-like settings, staff members were observed to talk with and support people to be engaged in activities in the home and in their community.

¹² Unless there is a mutual agreement to share with someone else (e.g. the person's partner) and appropriate safeguards are employed.

¹³ Egli, M et al (2002) 'The role of Residential Homelikeness in promoting community participation.'

3.3 Design considerations for home-like environments

Disability accommodation service providers should consider the [Livable Housing Australia](#) guidelines and ADHC's [Design Guidelines for Group Accommodation](#) when creating new home-like environments. Examples include (depending on clinical needs):

- varied decor – avoidance of same paint colour, furnishings, flooring and layout across all rooms and service outlets
- shared facilities, such as laundry and kitchen are available for supported use by all residents
- kitchen items are not stored in separate staff and resident shelves or cupboards
- avoid (where possible) overly wide passages and doorways which can create impressions of a public foyer; where these are unavoidable to support equipment access, develop creative ways to decorate and soften their appearance
- ensure privacy between bedrooms, such that a person in one bedroom cannot see a person in another; not grouping bedrooms together may be an option
- provide for access from bedrooms to toilet or bathroom that is not observed from living or recreation rooms
- avoiding 'institutional' style layouts, e.g. a corridor that runs the length of the house from the front door to the rear.

3.4 Whose home is it?

Work Health and Safety (WHS) regulation is necessary to ensure the safety of people with disability, staff and visitors to the person's home. For example, a home must be compliant with building, planning and fire safety legislation.

However, shaping a group home environment purely as a place of work with a focus on staff rather than people with disability can be avoided. An employee focus on WHS does not need to reduce the extent to which people participate in specific tasks or to create dependence rather than independence. For example, people with disability who require support with motor skills may have difficulty using standard equipment (e.g. mops and buckets), but rather than being excluded from participating in that task, it may be possible to adapt the task in consideration of their support needs.

Open discussion about the person's home, including how they feel about the environment is important so that people with disability are offered the opportunity to have any issues addressed and agreed changes are followed through by staff.

Helpful Workplace Safety resource

Disability Safe provides information on workplace safety, risk management and workers compensation for the NSW Disability Services Sector.

<http://www.disabilitysafe.org.au/>

4 Supportive service structures

Structures are an organisation's systems and procedures. Structural and cultural change may be required to successfully implement person centred approaches to support people with disability as well as supporting staff to use such approaches.

4.1 Values and vision of your organisation

Successful implementation of person centred approaches is not simply an addition to the services an agency provides, and requires more than training for front-line staff. It involves comprehensive organisational change that can affect all levels of the organisation, including the organisation's strategic direction, culture, leadership, structure and the design of supports to individuals¹⁴. It includes governance arrangements that align service management and delivery with person centred active support practices.

All levels of the organisation need to be aligned with the provision of person centred approaches, including the Board of Management, the senior management team and front-line management and support staff. People receiving supports and their families need support to understand person centred approaches and how these might affect them.

Where an organisation is newly embarking on this approach existing policies and procedures may need review to assess their support for person centred approaches. Such a review across all organisational levels can assist to create the culture and policy environment required to integrate person centred approaches.

Service providers may experience challenges when attempting to move away from systems-driven services to implement person centred approaches. These challenges may include:

- resistance from people with disability, families and staff
- developing systems to cater for individualised options
- the creation of new roles in the organisation
- building people's confidence and ability, and supporting them to make decisions and exercise authority over their own lives
- supporting people's choices while exercising duty of care, particularly for people with impaired decision-making capacity.

¹⁴ Cornell University, Person Centred Planning Education Site, <http://www.ilr.cornell.edu>

Things to think about - organisational values and existing policies

What values guide the work of your organisation? Do the existing philosophies, values, systems, policies and procedures of the organisation align with person centred approaches? Are they communicated to staff in language that embodies person centred philosophy and principles?

Are all levels of staff in your organisation aware of the values? During a visit to a group home, could a member of the board or a senior executive readily identify if people are actively engaged in household and personal activities and make choices about everyday activities?

Are the values consistently being put into practice? Do all staff reflect on their person centred practice and feel confident to suggest changes where it is not being practiced?

4.2 Partnerships with people and families

Including family members and other significant people in a person's life is central to supporting people with disability to experience good lives.

Staff and families may have limited knowledge of person centred approaches, particularly if they are used to making decisions for the person. A shift in thinking will need time, patience, support and education for the person, family and staff. Real partnership will occur when everyone involved is given the opportunity and time to improve their understanding of person centred approaches, and the positive outcomes which can be achieved for all when they are implemented.

Helpful resource on planning a good life

Resourcing Families provides information and ideas for families, friends and allies of people with disability so that they can have knowledge, skills, confidence and networks to help plan a good life for and with a person with disability.

<http://www.resourcingfamilies.org.au/>

Things to think about – partnerships

Michael Kendrick identifies some common signs that demonstrate that a partnership is both ethical and fruitful. They are:

- **truthful communication** – meaning that those in partnership should always try and remain truthful in their words and conduct, even though they will not be without fault.
- **the partnership is transparent** – meaning that things are ‘out in the open’
- **there is constant dialogue and relationship** – meaning that the partnership has to be actively pursued by both parties and that people with disability and families are not excluded from any relevant or important information.
- **promises made are promises kept** – meaning that commitments made are acted on. If things do not happen for any reason, then this needs to be discussed and negotiations made about what happens next.
- **there is a focus on the real issues in people’s lives** – meaning that the priorities or constraints of the service provider are a hurdle to overcome but do not take over.
- **there is authentic sharing of power** – meaning that the service provider maintains a serious commitment to recognising the voice of the person with disability and their family.
- **there is acknowledgement of failings and limitations** – meaning that both parties own up to each other about their shortcomings or changes of opinion.

Source: Kendrick, M. (2008) The Key Ingredients of Optimal Partnerships between Service Users and Families and their Possible Human Service System Partners, unpublished.

4.3 Supporting the workforce

An effectively managed organisation will have values and attitudes that reflect the objects and principles of the Disability Inclusion Act 2014 and person centred approaches, and will support all staff to implement these values and attitudes.

Person centredness is not just about improving the lives of the people supported, but also the lives of the people providing the support. The way individual staff are recruited, inducted, mentored and provided with ongoing training and support is an essential part of the successful implementation of person centred practice.

Helpful resource on employing a flexible workforce

There are a number of resources available on the Industry Development Fund website on industrial relations and workforce development levels in an organisation.

This includes: *A guide to employing a flexible workforce in a person centred environment.*

<http://www.industrydevelopmentfund.org.au>

Things to think about – recruitment

Does your recruitment information mention person centred approaches such as active support?

Is it clear you want staff to put the people they support at the centre?

Does your organisation explain its mission in simple terms?

How do you check whether candidates have the potential to provide active support and to build rapport?

Are the people you support involved in recruitment processes?

How do you recruit and/or support staff to be reflective, creative and able to use their initiative?

Are criminal record and reference checks conducted prior to commencement of staff?

Things to think about – current workforce

Is the implementation of your organisation's mission/values clearly explained?

Do staff have the knowledge, skills and professional development required to successfully implement person centred approaches? Are expectations made clear for employees, contractors and casual staff?

Are assessments undertaken to show exactly how a person centred approach is being implemented and the benefits people with disability and staff are experiencing?

Is there ongoing monitoring and review based on observations of good practice?

Is your workforce stable? How do staff movements effect resident outcomes?

What are the gaps between actual performance and what employees are required to do such as facilitating relationships between people with disability and non-disabled people; building partnerships with families and supporting people to be engaged in every aspect of their life?

Are staff supported to express their concerns and ideas to a receptive management?

5 Accommodation Service Provider Guidelines Resources Kit

The [Accommodation Service Provider Guidelines Resource Kit](http://www.adhc.nsw.gov.au/sp/delivering_disability_services/supported_accommodation/accommodation-support) comprising the following resources can be found on the ADHC website at http://www.adhc.nsw.gov.au/sp/delivering_disability_services/supported_accommodation/accommodation-support

Resource 1 – Active Support

The benefits of engaging in an Active Support approach, for both people with disability and the people who support them.

Attachments 2–9 are optional templates which may be adapted to suit the needs of your organisation:

Resource 2 – Example Service Agreement

A template agreement between a person with disability and their service provider, about everyday living wants and needs.

Resource 3 – Example Family Agreement

A template agreement between a person with disability, their family and the service provider about communication protocols.

Resource 4 – Example Residents Meeting Agenda

A template agenda for a house meeting between people with disability and the people who support them.

Resource 5 – Example “My belongings” Inventory

A template inventory to be filled in by people with disability, their families and service providers regarding when to keep and dispose of items.

Resource 6 – Example Team Meeting Agenda

A template agenda for a service provider team meeting.

Resource 7 – Example Induction checklist for disability support workers

A template checklist which may be used with new staff, including items related to the everyday running of a supported accommodation placement.

Resource 8 – Example Manager’s checklist

A template checklist to be utilised for all residents and particularly when a new resident moves in or new staff begin working at the placement. Note that this checklist is not exhaustive and may require additions to meet mandatory requirements.

Resource 9 – Example Premises checklist

A template checklist to be utilised when considering purchasing or renting a premises or when modifications are imminent, with the aim of having an environment where people with disability can fully participate in all activities. Note that this checklist is not exhaustive and may require additions to meet mandatory requirements.

Resource 10 – Additional resources

Including legislative obligations, mandatory policies and requirements and other policies, useful document links and training.



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www.facs.nsw.gov.au