

Presenting the Evidence:

Accommodation and Support for People with
Disability

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Presenting the Evidence

- What is the evidence of academic and research literature?
 - Cost/effectiveness & models
 - Staffing
 - Supporting people with **challenging behaviour**
 - Supporting people with **complex health needs**
 - **Self management** of supports by families and individuals with a disability

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Today we will focus on:-

- Cost/effectiveness & models
- Supporting people with challenging behaviour

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Costs and Outcomes

- Cost and outcome studies of **de-institutionalisation** in the USA consistently reveal **better outcomes** and **lower costs** (11 US studies quoted in Stancliffe & Lakin: 2005)
- UK studies show higher costs of community services & **acceptance** and that **higher cost is necessary** to avoid replicating institutional **conditions** (Eidelman, Pietrangelo, Gargner, Jeisen & Groser: 2003 in Stancliffe & Lakin: 2005)

Costs and Outcomes

- UK and US Studies consistently demonstrate **better outcomes in dispersed housing and community living**

(Stancliffe:2005, Stancliffe & Lakin:2005, Jones:1984, Knobbe, Cary, Rhodes & Horner: 1995, Stancliffe & Lakin: 2001, Eidelman et al:2003, Emerson et al:200, Kim et al:2001, Robertson et al:2000)

- Within dispersed housing, **smaller group homes and supported living associated with better outcomes** (Emerson:2005 in Stancliffe & Lakin:2005)

Nature of Support and Outcomes Dispersed Housing

- Smaller homelike settings
- High staff ratios
- Reasonably well developed internal planning & management processes
- Less likely to be prescribed anti-psychotic medication
- Experienced greater choice
- More extensive social networks with people with disability & local people
- More physically active life
- More exposure to crime
- Shorter working week (Emerson:2005 in Stancliffe & Lakin: 2005)

Nature of Support and Outcomes Villages

- Larger less homelike settings, moderate level of institutional climate
- Low staff ratios
- Well developed internal planning & management processes
- Less likely to be prescribed anti-psychotic medication
- Experienced less choice
- More extensive social networks with people with disability
- Reduced number and variety of leisure activities
- Less exposure to crime
- Longer working week (Emerson:2005 in Stancliffe & Lakin: 2005)

Nature of Support and Outcomes Residential Campuses

- Larger less homelike institutional settings
- Low staff ratios
- Poorly developed internal planning & management processes
- Home more likely to be used for short term respite
- Most likely to be prescribed anti-psychotic medication
- Experienced less choice
- Less extensive social networks with people with intellectual disability
- Less active life & reduced number and variety of leisure activities
- Greater exposure to crime
- Shorter working week (Emerson:2005 in Stancliffe & Lakin: 2005)

Costs and Outcomes

Cluster Housing

Compared to people in dispersed housing, people in cluster housing significantly more likely to:-

- **Have poorer quality of life**
- **Share their home with more people and with people on temporary basis**
- **Be supported by lower ratio of staff**
- **Spend more time in larger groupings**
- **Have poorer health outcomes**
- **Have poorer social outcomes** (Emerson:2005 in Stancliffe & Lakin: 2005)

- **BUT no difference in rated satisfaction**

Outcomes Cluster Housing

Research available after Presenting the Evidence Review completed

Australian research 2006

- Cluster and dispersed housing result in better lifestyle & skill development outcomes compared to institutions
- Significant differences between residents of dispersed and cluster housing with residents of dispersed housing demonstrating better adaptive skills, choice making and objective life quality
- Dispersed housing offers increased opportunities compared to institutions and clustered housing

(L. Young, 2006)

Supporting people with challenging behaviour

- Serious **problems** have arisen in the implementation of **Applied Behaviour**

Analysis (Horner et al:1990, Scotti et al:1999, Dunlap et al:2000, Meyer & Evans: 1989)

- Despite overwhelming evidence that they produce poor outcomes, **punitive & reactive approaches remain dominant** in service

provision (Carr et al:2002, Felce & Emerson:2001, Horner et al:1990, Robertson et al:2005, Scotti & Meyer:1999, Mansell et al:2004, Emerson:2000, Stancliffe, Hayden & Lakin:1999)

Supporting people with challenging behaviour

Grouping people with challenging behaviour creates environments that are:-

- **not conducive to positive adaptive behaviours**
- **not cost effective**
- **associated with poor outcomes**
- **associated with lower staff contact** (Mansell et al:2003, Beadle-Brown:2003, Robertson:2002)
- **associated with poorer outcomes** when compared to outcomes in homes where people have a variety of needs (Mansell:2003, Mansell:1994, Mansell:1995)

Environmental/systemic issues

(Felce & Emerson:2001)

- Engagement in household and community activities is strong linked to adaptive behaviour
- Small scale living environments result in better outcomes
- Staff training and skills need to be match to resident needs

Supporting people with challenging behaviour

People with challenging behaviour benefit most from:-

- **Living in community** rather than segregated settings (Bostock et al:2001)
- **Small scale living environments** (Felce & Emerson:2001)
- **Positive Behaviour Support** programs that focus on preventative measures (Horner et al:1990, Scotti et al:1999, Dunlap et al:2000, Meyer & Evans: 1989)

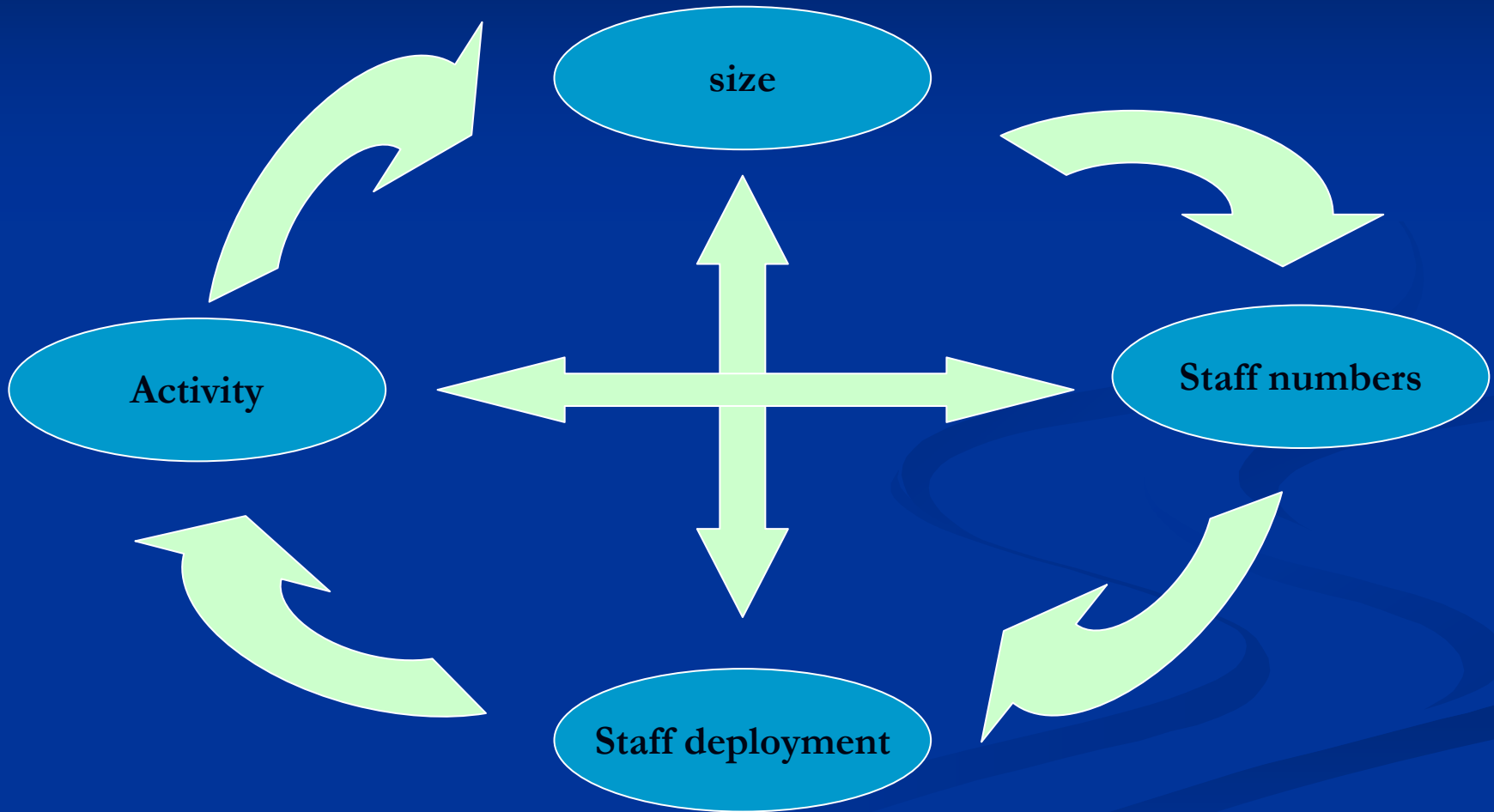
Positive Behaviour Support

- Whole of life/person centred focus
- Communicative strategies
- Environmental strategies
- Changing staff practices (not the person)
- Educative/developmental approach
- Reliance on preventative strategies

Inter-relationship



Inter-relationship



Overall Conclusions: Presenting the Evidence

- Smaller groupings produce superior quality outcomes
- Costs in smaller groupings are either lower cost or marginally higher
- Reactive and punitive behaviour strategies continue to be dominant despite extensive research about positive behaviour initiatives producing far superior outcomes
- Staff activities are integral to producing quality outcomes