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UNIVERSITY

LIVING WITH DISABILITY
RESEARCH CENTRE



Conundrums of Group Homes

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Outline

- Review concerns about potential of group home model to deliver a good quality of life
- Summarise findings from literature review - *Evidence about Best Practice in Supported Accommodation Services: what needs to be in place* - prepared for the NDIS Quality and Safeguards Commission Own Motion Inquiry into aspects of supported accommodation in the NDIS.
- New challenges for quality in terms of coordination and collaboration posed by the increasing number of distinct service providers supporting individuals in group homes arising from the NDIS .
- Potential new standards

Critique of group homes

Media, advocacy and RC commentary – rather than evidence

- Not aligned with Australia's commitment to rights of people with disability (UNCPRD)
- Outdated model of service – segregated – closed – congregated
- Institutional environments
- Should be phased out
- The only choice available or only known experience for people living there
- If there were adequate support to consider options many would opt to move
- Unacceptable to future generations of people with disability without experience of large institutions who will have higher expectations about choice and change of home throughout their lives
- Fundamentally flawed model?
- Not an apologist for the model butwhat might replace it and what about the here and now quality of life for people?

Thinking about alternatives

- Much is happening
- Growth of 'innovative models'
 - Single apartment living – individual and shared support
 - NDIS - ILO model blend informal and formal support
 - Reconfiguration of group homes for smaller shared living – new build or renovation
 - Social housing and other forms of rental with drop in support
- Some people are moving out or not moving in
- Not fast and predominantly but not always with people with acquired disability
- Hazy figures - SDA – SIL and not always clear what option or which group is being talked about
- Major challenges – attracting investor in housing stock -- rental affordability

Housing models are necessary but not sufficient

- Many anecdotal assertions newer models are better
- Evidence about outcomes is promising but scant and small scale
- Positive results from Summer Foundation work on new build SDA for people with neurological disability – significant improvements in wellbeing (Douglas et al., 2022) – compared to what?
- Studies of people with intellectual disabilities in drop in support situations show mixed outcomes and few differences to group homes but increased choice and some aspects of community participation (Stancliffe & Keene, 2000; Stainton et al., 2011)
- Similar mediocre quality of life to matched sample in group homes (Bigby et al, 2017)
- Significant gaps in quality of support with health and interpersonal relationships (Bigby et al. 2018)
- Work in progress – individualised options require inordinate time from family – and at times support is unreliable and poor quality
- What ever the housing model – the quality of support is critical

Turning back to group homes

- Seldom hear from people themselves
- No systematic attempt to explore preferences or support decision making – cannot just ask people - Yooralla RC evidence suggests about half would want to move
- Q & S Commission report and consultations that some people are satisfied

Both/And thinking

- New options
- And here and now - as good as it can be
- Evidence shows:
 - Huge variability in outcomes and practice
 - Good outcomes are possible
 - Significance of practice to better outcomes

High level data quality of life and support in group homes

	2011	2018	2022	People with ABS below 151	People with ABS more than 151
No. of organisations	6	11	12		
No. of group homes	37	78	119		
No. of people observed	128	294	345	164	181
Mean % time engaged (mins per hour)	51% (31)	62% (37)	63% (38)	51% (31)	74% (44)
Mean % time disengaged (mins per hour)	49% (20)	38% (23)	37% (22)	49% (20)	26% (16)
Mean % ASM (quality of support)	39%	62% (15-92)	52% (0-93)	42%	60%

- Improvement over time – disrupted by COVID and workforce issues. - increasing passive engagement
- Continuing poorer outcomes and practice for people with more severe intellectual disability
- Yet it is not this group who are front of mind - heard or seen

Best Practice – Conceptualising a model

3 interlocking components for people with intellectual disabilities

Foundation

- universal - relevant for all people living in group homes
- direct support practice and enabling organisational factors
- responsibility of staff working in group homes and organisations that manage them

Specialist

- as and when required
- interventions or additional supports (behaviour support planning, community participation, acute health care)
- responsibility of staff or professionals not based in the group home and may not be employed by the organisation

Collaboration, Coordination, Planning and Decision Support

- glue that holds the other components together
- responsibility unclear, absent or fragmented
- potentially facilitated by foundation enabling organisational factors

Best Practice – Evidence what needs to be in place

Foundation components

- **Staff practice of Active Support** (strongest evidence)
 - positively influences the quality of life (QoL) for all people in group homes
 - across the domains of personal development, emotional wellbeing, autonomy, interpersonal person relationships, and social inclusion
 - an evidence informed practice that can be learned by front line staff
 - integrates the application of rights-based values and a range of support skills, including communication, support for choice, task analysis and adjusting support to the needs of the person.



Best Practice – Evidence what needs to be in place

Foundation components

- **Staff practice that supports healthy lifestyles and access health care**
 - exercise and diet
 - identifies and acts on early signs of health problems
 - supports communication with health professionals,
 - supports action on the health professionals' advice.
- Strong evidence of need and essential elements
- No overarching evidence informed model that articulates the roles of group home staff, sets out how these roles fit together, how staff should work in collaboration with external experts, or identifies the skills group home staff require to fulfil health related roles.
- Major evidence gap

Best Practice – Evidence what needs to be in place

Foundation components

- **Culture**

- Much discussion about significance of culture – especially negative implications
- Emerging evidence about impact of Positive staff culture that is – cohesive – respectful – enabling – motivating
- Measured with Group Home Culture Scale – 7 dimensions
- These types of culture associated with good Active Support practice and strong Frontline Practice Leadership
- Gaps in knowledge about how to change culture

Best Practice – Evidence what needs to be in place

Foundation components - enabling

- **Staff who are competent and satisfied with their work**
 - When staff are trained in Active Support and confident in management there is more likely to be good Active Support, which is indicative of good QoL outcomes (strong evidence).
 - Some evidence staff turnover is associated with poorer QoL for people in group homes
 - Staff trained in Active Support, who are confident in management and satisfied with their work are more likely to remain in their role (strong evidence).

Best Practice – Evidence what needs to be in place

Foundation components - enabling

- **Staff practice enabled by Frontline Practice Leadership** (strong evidence)
 - Frontline managerial practices reflect the 5 tasks of Frontline Practice Leadership positively influences the quality of staff Active Support practice by staff and QoL in group homes.
 - Frontline Practice Leadership includes focussing staff on quality of life of the people they support, supporting team work, organising support on each shift, regularly observing and providing feedback to staff about their practice, coaching, modelling good practice, and supervising staff.
 - Frontline managers need **time** to be **regularly present, know staff and the people they support** – free from being on shift or admin work



Best Practice – Evidence what needs to be in place

Foundation components -enabling (strong evidence)

- **Senior organisational leaders who value direct staff practice and implement structures and processes to support and maintain it** (strong evidence)
 - Values of senior organisational leaders about practice, and their actions are predictors of good Active Support practice and QoL in group homes.
 - Overarching support for practice,
 - Embedding staff training in Active Support, (both the theory and practical application) in organisational processes
 - Structuring Frontline Practice Leadership close to direct support staff and sufficient time for frontline managers to carry out all 5 tasks.
- Growing evidence that paperwork is an increasing burden on front line staff and managers that detracts from providing good direct support.

Best Practice – Evidence what needs to be in place

Foundation components - enabling

- **Design**

- Small with six or less people - dispersed in communities (strong evidence)
- Staff resources reflect the support needs of the people supported (strong evidence)
- People living together have similar levels of support needs in term of their adaptive behaviour (strong)
- People living together are compatible (weak) – gap in evidence on compatibility

Best Practice – What's missing

Foundation components

- **Perspectives of people who live in group homes**
 - Very little evidence about perspectives of people who live in group homes
 - The limited literature suggests people value
 - having control over their own life,
 - good relationships with staff,
 - continuity of staff
 - staff have knowledge about the people they support.

Their perspectives reflect those of families and the aims of elements of best practice.

Best Practice – What's missing

Foundation components

- **Collaboration with families**
 - Limited literature raises importance of recognition and collaboration with staff
 - Some research about the benefits of a key worker role work in this regard
 - Group home cultures that are cohesive, respectful, enabling, and motivating are likely to be more open and collaborative with family members.
 - Minimal evidence about the practice of group home staff working collaboratively with family members of adults in group homes or the QoL benefits of this.
 - Major gap in research

New challenges - limited evidence

- Exponential growth of specialist or additional support from outside coming in to support people in group homes – not clear whose leading
- Foundation and specialist interventions are interconnected
- Plus individualised funding
- Generates high need for skilled service coordination, staff collaboration and skilled support to involve people in planning and decision making



And thus for

- Managerial practices to support access to specialist interventions and additional support.
- Managerial practices to support staff collaboration, service coordination, involvement in planning and support decision making.
- Major gaps in evidence about many of the specialist interventions and what works in group home context
- Indications a cohesive culture open to outsiders and strong Frontline Practice Leadership will facilitate collaboration between internal and external staff

Both/And approach

- Develop new models of housing
- **And** focus on good support practice in these new models – what is different ?
- **And** concentrate on implementing all components of best practice to improve quality of life here and now for people living in group homes
- Particular attention to people with severe and profound intellectual disability and who have no one to monitor quality or complain on their behalf
- Explore evidence about strategies to meet new challenges of coordination, collaboration, planning and supported decision making
- Follow through on practice standards for group home to ensure use of evidence based practice

Thank You



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