

# Innovation

in the provision of  
accommodation support services  
for Western Australians with a disability

## Case studies

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Accommodation Think Tank and ACROD WA

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## FOREWORD

This paper provides a forum for showcasing innovative examples of accommodation support models.

Western Australia has a well deserved reputation as a trail blazer in disability service provision. Many of the more creative and innovative dimensions of support services have their origins in Western Australia. The community building capacity of the Local Area Coordination program, established in Western Australia in the late 1980s, and since adopted as a best practice model elsewhere, has provided the impetus for much of the creative thinking about how best to meet the day-to-day needs of people who, because of disability, necessarily depend on the care and support of others to achieve a quality life.

In compiling this paper, the energy, enthusiasm and commitment of people providing accommodation support services, together with their willingness to share their experiences and feedback in the development of this document, is gratefully acknowledged.

It is also important to note that the information included in this paper has been sourced directly from service providers (verbally and from agency reports and websites). The case studies included have been chosen because of some innovative aspect of their overall approach, this isn't to say other aspects of the same approach are also innovative. All models of accommodation support are likely to experience challenges and limitations in meeting the needs of the people involved and the scope of this paper does not include analysis of the outcomes and success of each model for the individuals involved.

Nor does this discussion paper purport to offer a rigorous research analysis of innovation in supported accommodation services in Western Australia.

Rather, its purpose is to seed and share innovative ideas as a basis for further inquiry and/or development. Most especially, the purpose of this paper is to promote a sense of what may be possible when individuals, families, groups, agencies, and, governments, rise above the limitations of the way things already are to "dream of things that never were and ask, why not?"

# 1. INTRODUCTION

## 1.1. Aims and Scope

This paper aims to provide an impetus for creative thinking as to what may be possible in meeting the accommodation support needs of people who have a disability.

Within this context, the aims of this paper are to:

- showcase local examples of innovation in meeting the accommodation support needs of Western Australians with a disability;
- expand the thinking and promote a sense of positive possibility amongst those who use, provide and/or fund accommodation support options;
- prompt discussion of accommodation support issues, opportunities and ways of overcoming obstacles; and
- enable the sharing of information, translation, implementation or adaptation of innovative ideas in other disability service contexts.

The paper focuses on the exploration of innovative ideas and accommodation support models that are currently in operation in Western Australia, rather than elsewhere, on the premise that:

- the service provision context in Western Australia is unique, reflecting needs and issues that are often influenced by local factors; and
- Western Australia has a track record in pioneering innovative approaches to disability services provision which other jurisdictions have, in many cases, sought to replicate.

## 1.2. Background

This discussion paper is one of a number of initiatives of the Accommodation Think Tank. The Accommodation Think Tank was established in response to a recommendation from the Accommodation Blueprint Report. The Blueprint Report was commissioned by the Western Australian Government to develop a planned approach (blueprint) for the provision of accommodation support services for people with disabilities over the five year period 2003-2008.

Reporting in March 2003, the Accommodation Blueprint Steering Committee made a total of 60 recommendations including identifying the need for continuing exploration and development of innovative approaches to providing accommodation support options to better meet the diverse and changing needs of people with a disability.

Under the heading "Supporting Innovation", the Steering Committee recommended the establishment of:

"An independent body to coordinate an innovation think tank consisting of families, individuals, funded agencies and Commission staff, to promote the development of new ideas in innovation and community support" (Recommendation 54, p. xvi).

Established in December 2004, the role of the Accommodation Think Tank is to stimulate discussion, share information and promote innovation with the aim of:

- finding uncommon and innovative solutions to common problems
- identifying innovative responses that are viable without compromising quality
- fostering different models of family and consumer partnerships and innovation.

## 1.3. Innovation in the Provision of Accommodation Support

### Why Innovate?

Neither the Accommodation Think Tank, nor this paper, seeks to promote innovation for its own sake, recognising that innovation does not necessarily mean “better”.

It is acknowledged that there are many aspects of the accommodation support service system that are currently working well, and do not require changing. There are also risks associated with experimentation in service provision, which may impact on the quality of life of vulnerable people.

In reviewing the range of innovative options currently available, it is also worth noting that many of the group residential options for people with disabilities (from the opening of Pyrtton in 1966, through to the progressive establishment of hostels over the 1960s and 70s, and the establishment of community-based group homes throughout the 70s and 80s) were also considered innovative in their time.

The innovative challenge, therefore, is to balance the opportunity for improvement, against the risks of untested change.

### Dimensions of Innovation

The Accommodation Think Tank describes innovation as the process of finding “uncommon solutions to common problems”.

In relation to the provision of accommodation support, common problems (or issues) requiring resolution may occur at an individual, family, agency or systemic level.

At an **individual and/or family** level, such problems may include:

- the limited range of options from which people may be able to choose to best meet their own personal needs and/or lifestyle preferences
- social isolation due to limited mobility, the capacity to initiate or maintain supportive social networks, or the remoteness of the area in which the person lives
- incompatibility or tensions between co-residents sharing group accommodation
- vulnerability of people with a disability to neglect, exploitation or abuse due to inadequate levels of support or supervision
- engagement in inappropriate social, challenging or criminal behaviour due to inadequate levels of support or supervision
- behavioural challenges due to disruptions in routine, or frequency of changes in the physical or social environment, or in support arrangements.

Challenges and potential problems operating at an **agency and/or systemic** level may include the need to:

- balance opportunities for increased independence and individual choice with agency responsibility for management of risk and duty of care
- address changing and potentially increasing support needs of the person with a disability (with associated additional resourcing requirements)
- provide a safe living environment for co-residents (particularly for those with challenging behaviours)
- provide a safe working environment for staff (given the occupational health and safety issues associated with management of challenging behaviours and/or the lifting of people with severe mobility restrictions)
- recruit and retain quality support staff (given poor rates of pay, casualisation of the workforce, shift work and limited opportunities for career development)
- sustain the support option and maintain agency viability (particularly for smaller agencies who are not able to exploit economies of scale)
- develop contingency plans for maintaining service quality and level of support where there is a high degree of reliance on parental input (i.e. as parent carers age and pass away)
- manage transitions, both for the person in need of support, and the person providing it, when staffing or support arrangements change
- secure adequate resourcing to meet agency operating costs and cost increases.

These challenges often require innovative solutions to ensure a range of viable accommodation support options exist.

## **1.4. Format of the Paper**

### **A Work in Progress**

This paper is intended to be a starting point and stimulus for the sharing of innovative ideas on the provision of accommodation support needs of Western Australians with disabilities.

The 9 agencies featured in this document are by no means intended to provide a definitive account of innovative approaches to the provision of accommodation support. Rather, they represent a sample of the range of innovative options available.

The information has been compiled on the basis of discussions with senior agency personnel (by phone and/or in person) supplemented by written documentation supplied by agencies or accessed via agency websites. All agencies have been supplied with a copy of the outline relating to their own service and corrections made on the basis of their feedback.



## 2. INNOVATIVE APPROACHES – Case Studies

This section provides information on a range of different models of accommodation support consistent with the recommendation of the Accommodation Blueprint Steering Committee that:

'A diverse range of accommodation support options continues to be developed, underpinned by individual planning, consumer need, choice and quality standards, which promote community inclusion and responds to the diverse and changing needs and aspirations of people with disabilities and their families (Recommendation 19)'

### Featured Models

Agencies providing options that address an identified priority issue:

<b>Agency</b>	<b>Innovation</b>
Autism Association	Responsive to needs of people with challenging behaviours
Bentley Project/Canning City Council	Local Government involvement in accommodation support
Brightwater Care Group	Support for people at risk of entering residential aged care
Lower Great Southern Community Living Association	Individualised accommodation support: Co-Residency
Midwest Community Living Association	Alternative to funded accommodation model - Good Neighbour Program
My Place	Individualised accommodation models
Multiple Sclerosis Society	Support for people at risk of entering residential aged care
Perth Home Care Services	Individualised accommodation support -Family Care
Senses Foundation/Activ Foundation	Response to needs of people with disabilities who are ageing

## Case Study 1:

### Responsiveness to needs of people with challenging behaviour

**Agency:** Autism Association

<b>Innovative Dimensions</b>	<p>Accommodation support for people with challenging behaviours is based on:</p> <ul style="list-style-type: none"><li>• the premise that behavioural difficulties are not an individual problem but an expression of individual need.</li><li>• recognition that to change a behaviour, a change in approach is often required.</li><li>• house routines and lifestyle tailored to support the specific impact of autism on the individual.</li><li>• a staff roster system that minimises change and disruption to clients.</li></ul>
<b>Model of Support</b>	<p>Group Home accommodation is provided to people who require full time care. Thirty-five people with higher support needs are currently accommodated in 14 community-based group homes. (Individualised options are also available for people requiring lower levels of support).</p>
<b>Key Principles</b>	<p>The aim is to provide people with autism with a lifestyle they enjoy. The Autism Association seeks to support the special interests of individuals with autism and views challenging behaviour as largely a communication of last resort, an unmet need, of the individual.</p>
<b>Key Features</b>	<p>Each resident has an Individual Program Plan (IPP) based on their care and support needs. The IPP is developed in consultation with the family and any other stakeholder the resident and/or their family wish to include. The plan is formally reviewed on an annual basis and updated as required during the year.</p> <p>Group homes are kept small to better manage the particular difficulties experienced by the person with autism. Staff are trained in working with people with autism; including support for problem solving and mentoring provided on an ongoing basis.</p> <p>There is a novel roster system with only three shift changes per week. This reduces stress on residents resulting from change. It also has many benefits for staff. The likes and dislikes of residents are mapped; as are any idiosyncratic means used by the resident to express their happiness or discomfort.</p> <p>A clinical team led by a Clinical Manager oversees the development of support protocols for each resident. The Clinical Manager also provides a safeguarding function for clients and families. This position reports directly to the CEO. Each home has its own supervisor who liaises with families, supports staff and ensures that a high standard of individualised care is consistently provided.</p>

**People Supported** The Autism Association provides accommodation support services (group and individual options) to a total of 54 people with autism currently ranging in age from 16 to approximately 50 years. Most of the recent referrals are on behalf of young men in their mid adolescent to early adult years. In addition to autism, group home residents can present with other conditions including intellectual disability. (The Autism Association has never turned any client away on the basis of their support needs).

**Background** The Autism Association was established in 1967 by families to provide support to each other and to advocate for services. The Residential Program was established in 1993 and will remain an expanding service for the foreseeable future. In 2002, a video conferencing capacity was developed to support people living in rural areas.

**People Providing Support** The most important qualities sought in staff are a good attitude, flexibility, and a willingness to allow clients to teach them about their needs. For individuals who are required to work in an often demanding environment, a calm demeanour is essential. Given these core personal attributes, it is considered that the other skills required can be developed through training.

**Agency Support Provided** As well as managing each individual's accommodation support funding, the agency provides specialised in-house training for staff working with people who have autism.

A Supervisor is assigned to each group home to lead the care team, identify and arrange ongoing staff training, arrange more specialised supports if needed, and provide ongoing liaison with families.

**Benefits** Residents benefit from living in a predictable home-like environment based around the things they enjoy in which change and stresses are minimised opportunities for personal growth and development are maximised.

**Challenges** Operational challenges include:

- maintaining the small size of residences (given cost pressures)
- ensuring compatibility between residents

securing the purchase/leasing of suitable houses as soon as possible after approval of support funding.

**Contact** Jean Taylor, Manager Accommodation Services: 9489 8900, [jeant@autism.org.au](mailto:jeant@autism.org.au)

**Website** Autism Association: <http://www.autism.org.au/>

## Case Study 2:

### Local government involvement in accommodation support

<b>Agency:</b>	City of Canning – including the Bentley Project
<b>Innovative Dimensions</b>	The provision of support in partnership with local government authority (one of only two council's in WA in receipt of accommodation support funding through the Disability Services Commission).
<b>Model of Support</b>	<p>The City of Canning is one of only two Local Government authorities to receive Disability Services Commission Accommodation Support Funding. The only other funded council is the City of Cockburn for one individual option.</p> <p>As part of its Disability, Youth and Family Services Program, the Canning City Council manages individual options on behalf of four people and three community based group homes each accommodating 2-3 people and the Bentley Project. The Bentley project is a cluster housing model based on an intentional community of friends with mild disabilities providing emotional and social support for each other – with visiting daily support from rostered staff. The Bentley properties are managed by the Council on a non-profit basis under a headlease arrangement with the Department of Housing and Works. All rentals are redirected to the upkeep of the properties. The Council subsidises the management costs through its own administration and infrastructure budget enabling all accommodation support funding to be channeled into direct support.</p>
<b>Key Principles</b>	The Canning City Council sees community service provision as part of its civic responsibility and also runs holiday programs for children and youth with disabilities, youth centres, youth accommodation services and home and community care services.
<b>People Supported</b>	In total, the City of Canning supports about 20 people in a variety of accommodation options. People accessing group options have a mild to moderate intellectual disability, must have a day placement and not require overnight support. The service cannot support people with high medical care needs or challenging behaviours. The Council also provides an in-home respite on a regular basis for 18 local families.
<b>Background</b>	Bentley Project -In Homes Support Group was established in late 1980s to plan for a proposed cluster housing development based around a group of friends. Against prevailing opposition to cluster housing developments for people with disabilities, the group successfully lobbied for Disability Service legislative principles to include the individual's right to live in accommodation option of their own choosing. The Department of Housing and Works agreed to reserve an identified site. After accommodation support funding was approved in 1996, but as yet no service provider, construction began. A provider prepared to accept the funding package (i.e. City of Canning) was eventually found and the complex opened in June 1997.

<b>People Providing Support</b>	Nine casual part-time staff provide 65 hours support/week overseen by a full-time supervisor employed by the City of Canning.
<b>Agency Support Provided</b>	The City of Canning head leases the units from the Department of Housing and Works and manages the building, grounds and provision of support services. The City of Canning is also responsible for recruitment, training and management of staff employment and conditions.
<b>Benefits</b>	Support staff are council employees and able to move between the different options according to the needs of residents. Integration with other community service programs run by the Council enhances capacity to “value add” between the different services.
<b>Challenges</b>	Retention of staff – high turnover due to employment conditions often involving shifts outside standard working hours – including 6 am start and weekends.  Capacity depends on residents maintaining current level of competency and access to a day placement. Viability would be threatened if needs or circumstances changed.
<b>Contact</b>	Lyndon Smart, 9231 0608, <a href="mailto:lsmart@canning.wa.gov.au">lsmart@canning.wa.gov.au</a> Bill Booth, 9361 9025
<b>Website</b>	City of Canning <a href="http://www.canning.wa.gov.au/MinorCat.asp?ID=218&amp;SID=63&amp;MID=5">http://www.canning.wa.gov.au/MinorCat.asp?ID=218&amp;SID=63&amp;MID=5</a>

### Case Study 3:

## Accommodation support for people with disabilities at risk of entering aged residential settings

**Agency** Brightwater Care Group

**Innovative Dimensions** Alternatives to the inappropriate placement of younger people with high support needs in aged care residential facilities.

**People Supported** Support is provided for approximately 63 younger people (aged 18-60) with a particular focus on people with Acquired Brain Injury and people with Huntington's Disease both of which may include the need for management of challenging behaviours.

Between 1995 and 2000, 71 younger people formerly located in residential aged care facilities have been transferred to more age appropriate Brightwater facilities in Carlisle, Manning, Maylands, Balcatta, Warnbro and Marangaroo. A couple also relocated to individual options and two moved to aged care facilities closer to their family homes in Mandurah and in Kalgoorlie.

**Model of Support** Brightwater provides both individual options and group options depending on preferences and needs. Individual options provided under Brightwater's "At Home" Services are a major growth area and, although funded by the Disability Services Commission, is not part of the original Young People in Nursing Homes (YPINH) project.

**Key Features** **At-Home Services:** provide individually tailored nursing home care within the person's own home. Services, coordinated by nurses, include personal care, carer support, medication support, wound care, respite, meal preparation and household cleaning.

**Group Accommodation Options** include access to professional support services provided by registered nurses, social workers, psychologists, dieticians, physiotherapists, occupational therapists, speech pathology in line with the Brightwater rehabilitative focus.

**Oats Street facility in East Victoria Park** (also funded by the Disability Services Commission but not under the YPINH project) operates as a Rehabilitation Centre for people with acquired disabilities with a focus on helping residents to achieve their full potential and self-determined goals. The aim is to equip residents to eventually live independently in the community. Since 1991, an estimated 240 young people have "graduated" from Oats Street.

**Marangaroo Complex** opened in July 2000 enabling younger people previously accommodated at an aged care facility to relocate to more suitable accommodation. The complex comprises six spacious houses each with their own street frontage providing accommodation for a total of 31 people. The houses include individual bedrooms, ensuite bathrooms and shared lounge and dining areas.

Two of the houses are dedicated to the Transitional Rehabilitation Unit for ten young people with Acquired Brain Injury who have further potential for rehabilitation gains (funded by the WA Health Department).

**Ellison House** for people with Huntington's Disease is a 12 bed community home located in Carlisle for people whose disease has progressed to such a stage that they are no longer able to live within their own home. The complex comprises three houses each with four bedrooms and a shared bathroom, kitchen and lounge. The fourth house is a club house which provides staff office facilities, laundry and resident shared space. Due to the uneven progression of the disease, a flexible model of care has been developed for each resident which supports them to take control over their own life choices.

## **Background**

Formerly the Homes of Peace, Brightwater has operated in Western Australia since 1901. With an initial focus on institutional aged care, Brightwater has expanded into the provision of home-based individualised options and to include younger people with disabilities. It has a special program dedicated to the needs of young people.

From 1995-2000, 71 young people were relocated from aged care nursing homes to community based facilities as part of the Young People in Nursing Homes Project funded under the Disability Services Commission's first Five Year Plan. Additional funding was provided through the Commonwealth Government following the closure of Mt Henry and Sunset Hospitals.

## **People Providing Support**

Direct care is provided by a mix of Enrolled Nurses and multi-skilled carers who provide "on the floor" cover 24 hours per day. All sites except Maylands and Manning also have registered nurses.

## **Benefits**

Individual options enable maintenance of personal support networks in a familiar environment whilst assuring provision of services equivalent to specialised care facility.

Group options provide a sense of community for people who may otherwise be isolated including high level specialised care from multi-disciplinary teams.

Brightwater's rehabilitative focus enables people to work towards life goals (despite disabling condition).

## **Contact**

Janet Wagland 9362 9202, 0409 221 902 [janetw@brightwatergroup.com](mailto:janetw@brightwatergroup.com)

## **Website**

<http://www.brightwatergroup.com/home.php>

## Case Study 4:

### Individualised accommodation model - Co residency

<b>Agency</b>	Lower Great Southern Community Living Association
<b>Innovative Dimensions</b>	<p>The co-residency option offered through Lower Great Southern Community Living Association (LGSCLA) provides:</p> <ul style="list-style-type: none"><li>• an opportunity for one-to-one personal support relationship developing over time; and</li><li>• for a more spontaneous “normal” lifestyle which may include the “dignity of risk”.</li></ul>
<b>Model of Support</b>	Co-residency is based on the person with a disability sharing premises with another person who provides needed support.
<b>Key Principles</b>	The model is based on creating the most natural context in which people can be supported in a home environment with a strong focus on community inclusion and participation.
<b>People Supported</b>	Eleven people of varying disabilities and needs ranging in age from 18 years to 67 years are currently supported in co-residency arrangements. An additional 15 people are supported through other individualised options. Most have an intellectual or cognitive disability.
<b>Key Features</b>	<p>The person with a disability and person providing support reside in same rental premises and share living expenses. To assure security of tenure, the lease is held by the person with a disability.</p> <p>The co-resident is paid a wage including salary packaging for the care provided (usually with one day off/week plus respite available every second weekend and four weeks annual leave).</p> <p>The person with disability participates in day activities (which also provides day-time respite for co-resident) and other community activities based on holistic approach to person’s needs.</p>
<b>Background</b>	<p>LGSCLA was incorporated in 1991 on the initiative of the then Local Area Coordinator who continued to play an active part until 1994.</p> <p>The agency initially established a co-residency arrangement for two women who had very different lifestyles (one being relocated from large Perth-based institutional care, the other moving from the local family farm). It became apparent that more individualised arrangements were required.</p> <p>Since 1997, LGSCLA has also been accredited by the Disability Services Commission as a service provider for Alternatives to Employment with substantial growth over the past 8-9 years.</p>



**People Providing Support**

Co-residents come from a range of backgrounds (including students, mature age women, young couples). Most have some personal or professional connection with disability.

Personal networks are considered a more effective recruitment strategy than advertising.

**Agency Support Provided**

Management support is through the Executive Officer and three Coordinators with 24 hour back-up for support workers.

Networking and training is provided on how to respond to caring demands including self care.

A Community Development Officer employed to support inclusion in mainstream community activities (e.g. is TAFE lifestyle courses, Safety First Training, Consumer Awareness and Protection Courses)

**Benefits**

Co-residency is considered to provide many benefits including the:

- development of close personal relationship between the person with disability and co-resident.
- opportunity for spontaneity in lifestyle in normal home environment.
- community connections through the cohesive local community.

**Challenges**

Operational challenges include:

- determining who leaves the home during respite and holiday periods
- managing the process of transition when the existing support worker wishes to move on
- responding to the level of demand – there is wait list for service support.

**Sustainability**

The average turn-over of co-residents is 3 to 5 years. Longer term arrangements have existed for 8-12 years. Most former co-residents maintain contact beyond their direct caring relationship period. However a process of personal grieving and adjustment is acknowledged.

**Future Directions**

Following a recent family meeting on how to develop more cost effective options, consideration is being given to the expansion of the co-residency concept in which two people with a disability may be supported by a co-resident particularly where there is a pre-existing friendship/relationship between the people and/or compatibility is assured.

**Contact**

Kathy Hough

Executive Officer for Lower Great Southern Community Living Association as well as a co-resident (as of the past 12 years) with a now 50 year old woman with an intellectual disability. [lgsccla@inet.net.au](mailto:lgsccla@inet.net.au)

## Case Study 5:

### Alternative to funded accommodation model – Good Neighbour Program

<b>Agency</b>	Midwest Community Living Association's Good Neighbour Program
<b>Innovative Dimensions</b>	<p>The program enables provision of support and independent living for people who would not qualify for critical needs accommodation support funding.</p> <p>A strong partnership with local branch of Department of Housing and Works which enables local development of innovative community based options.</p>
<b>Model of Support</b>	Support is provided by a neighbour living in adjoining unit. (Midwest Community Living Association also supports people through other individualised models such as co-residency).
<b>Key Principles</b>	The model builds on natural community connections and a spirit of neighbourhood support.
<b>Key Features</b>	<p>Sets of adjoining units are provided through the Department of Housing and Works. The units are adapted to meet any special access or aid requirements of the residents. One unit is allocated to the person/people with disability. The adjoining unit is allocated to a person/family who agrees to perform the role of a "good neighbour".</p> <p>Agreement to participate in the program ensures access to quality accommodation for which the good neighbour might not otherwise be considered on a priority needs basis. Good neighbours also become eligible for rent assistance through Centrelink.</p> <p>Both the person with a disability and the good neighbour are responsible for their own living expenses including rent which is charged as 25% of total income. The support required is negotiated informally between the two sets of neighbours and the family of the person with disability and documented in a written agreement. Support may include help with domestic chores e.g. cooking, cleaning and/or support for independent living e.g. transport, reading and explaining mail or someone to contact in case of an emergency.</p> <p>The initial planning also includes contingency arrangements for occasions when the good neighbour may be absent for any length of time, and back-up support in emergency situations.</p> <p>The level of support required usually diminishes over time as person with disability achieves greater competence and/or independence.</p>
<b>People Supported</b>	The Good Neighbour Program currently supports one person with an intellectual disability and two people with mild cerebral palsy. None of the people participating in the program receives accommodation support funding.

<b>Background</b>	Midwest Community Living Association was started by two local parents and the Local Area Coordinator in 1990. It operates on a voluntary basis with three unpaid coordinators and a small group of dedicated parents.
<b>People Providing Support</b>	Good neighbours come from a range of backgrounds but must be eligible for community housing through the Department of Housing and Works i.e. people on a low income. Many have been located by the person with a disability or their family and friends.
<b>Agency Support Provided</b>	The agency oversees the advertising and recruitment of “good neighbours”. In consultation with all parties, the Program Coordinator oversees the initial planning of the arrangement and documentation of the written agreement which is updated regularly. The Coordinator maintains regular contact through visits and telephone calls and mediates if any issues arise.
<b>Benefits</b>	The model offers localised, community based support with an opportunity for independent living not otherwise available through a funded model.
<b>Challenges</b>	At a program level, an additional five local people with disabilities have indicated they would like to participate in the program pending the allocation of additional housing through the Community Housing Program of the Department of Housing and Works.
<b>Sustainability</b>	The longest arrangement has been in existence for eleven years during which time three different “good neighbours” have provided support – all the new neighbours were located by the tenants and/or their family or friends. The third arrangement has been in place for the past two years with the same good neighbour throughout.
<b>Future Directions</b>	Midwest Community Living has recently taken on management of support package for a person with challenging behaviours who has received accommodation support funding through the Disability Services Commission. With the support of the local office of the Department of Housing and Works, the person with a disability and their “live-in” carer have been allocated duplex accommodation enabling each to have their own independent living space on either side of the premises.
<b>Resourcing</b>	To date, the Good Neighbour Program has received no Disability Services Commission funding. Accommodation has been provided through the Department of Housing and Works through its Community Housing Program.
<b>Local Factors</b>	Strong relationship with local branch of Department of Housing and Works through leadership of branch manager. Options are developed locally and then forwarded to head office for approval.
<b>Contact</b>	Midwest CLA <a href="mailto:mwcla@bigpond.com">mwcla@bigpond.com</a> Phone 9921 1505

## Case Study 6: Individualised accommodation models

<b>Agency</b>	My Place
<b>Innovative Dimensions</b>	Provision of flexible, individualised accommodation options including: living in the person's own or family home with support, co-residency, host family and support for self managed funding
<b>Model of Support</b>	Individualised options are based on personal choice including: living in the person's own or family home with support, co-residency, host family and support for self managed funding. About 80% of consumers are supported to live in their own home (renting, purchasing or the family home). The remaining 20%, typically younger people, are supported to live in co-residency arrangements or with a host family.
<b>Key Principles</b>	<p>Key operating principles are based on:</p> <ul style="list-style-type: none"><li>• a person-centred approach i.e. "My Place", "My Plan"</li><li>• personal choice and control over how the person lives his or her life</li><li>• extension of abilities and life choices working to life goals, encouragement, opportunities and support for personal and educational development and community and economic participation.</li></ul>
<b>People Supported</b>	Supports approximately 120 people with a range of disabilities to live as independently as possible within the community. My Place consumers include people with intellectual disabilities, autism, cerebral palsy, multiple sclerosis, muscular dystrophy and spinal injury ranging in age from six years to 60 years. About 12 have no verbal means of communication.
<b>Key Features</b>	<p>The flat management structure minimises administrative expenses enabling maximum direct care funds to be spent on services for the individual.</p> <p>Service Coordinators at My Place work like Local Areas Coordinators (LACs) coordinating and managing service supports. By establishing a personalised on-going relationship with a clearly defined consumer group, Service Coordinators provide a fixed point of accountability, expertise and advocacy on individual needs and links with local communities. Service Coordinators supervise the work of direct care staff.</p> <p>Each person is supported to develop their own plan "My Plan" which outlines their goals in life and how these may be achieved. In consultation with the consumer and, where appropriate, his or her family, the plan is updated regularly.</p>

<b>Background</b>	<p>My Place was established by Mr. Peter Dunn, Dr Gregory Lewis and Dr Phillip Deschamp in 1996 in response to a perceived need for more flexible and individualised approach to provision of support.</p> <p>My Place has grown rapidly in recent years (from supporting 30 people in 2000 to 120 people at the end of 2004).</p>
<b>People Providing Support</b>	<p>My Place employs 160 support workers – called Personal Assistants – to provide direct care support under the supervision of the responsible Service Coordinator.</p> <p>In host family or co-residency arrangements, (accessed by about 20% of consumers) the person with disability becomes part of the extended family. The aim is to build a relationship based on give and take (rather than dependency) with the goal of moving to greater independence for the person with a disability.</p> <p>Service Coordinators oversee all the direct care and support arrangements.</p>
<b>Agency Support Provided</b>	<p>My Place supports the development of options, application for and management of funding, recruitment, training and payment of direct care staff.</p> <p>My Place will also support people who wish to manage their own funds and thereby increase resourcing available for direct care. About 7 people have been supported to establish micro agencies under the auspices of My Place to enable direct management of funding in this way.</p>
<b>Benefits</b>	<p>The individualised approach offers flexibility, and increased personal choice and consumer control.</p>
<b>Challenges</b>	<p>Current challenges include the management and resourcing of changing needs particularly for consumers with degenerative conditions who may require increasing medical support.</p>
<b>Sustainability</b>	<p>The development and expansion of My Place reflects the commitment and dedication of the three founding directors. Succession planning is underway to assure maintenance of the vision and approach beyond the working life of the key players.</p>
<b>Future Directions</b>	<p>A decision has been made to maintain the agency at its existing size to ensure that the personalised nature of service provision, in which Service Coordinators have a direct voice and input, can be maintained.</p>
<b>Contact</b>	<p>Peter Dunn, Managing Director, 17 York St, Subiaco, 6380 2927</p> <p><a href="mailto:peterdunn@bigpond.com">peterdunn@bigpond.com</a> or <a href="mailto:myplacewa@bigpond.com">myplacewa@bigpond.com</a></p>
<b>Website</b>	<p>My Place: <a href="http://www.myplacewa.com.au/">http://www.myplacewa.com.au/</a></p>

## Case Study 7:

### Support for people with disabilities at risk of entering residential aged care

<b>Agency</b>	Multiple Sclerosis Society
<b>Innovative Dimensions</b>	The Fern River Project meets high level complex medical needs while promoting maximum independence in a community setting. It provides for married couples to continue to live together and enables residents to remain on site if they become seriously ill or if death is imminent (rather than relocate to hospital) through an affiliation with local medical practice and Hospice Service.
<b>Model of Support</b>	Fern River comprises six independent living units in suburban Perth with high level support are provided on site to meet personal care, medical care and end of life needs. Communal areas enable residents to share time and space if desired – providing a sense of community for people who share similar experiences.
<b>Key Principles</b>	The key operating principles emphasises attaining a quality lifestyle (despite high level support needs), maximising personal choice and independence and interaction with family and friends and community connections.
<b>People Supported</b>	<p>The Fern River Project is designed to support up to ten people with multiple sclerosis (or comparable conditions with similar care needs) who have very high support needs. Currently one resident lives alone, one married couple occupies a villa and eight residents share in 4 villas.</p> <p>Since it opened in late 1997, five of the original residents, who came out of nursing homes, have died due to the progression of the disease. The new group of residents includes a mix of genders and higher level abilities which has lead to increased community engagement and participation.</p> <p>The degenerative nature of multiple sclerosis can lead to complex medical / nursing support needs increasing the likelihood of admission to an aged care residential facility due to a lack of community-based alternatives. 2,000 Western Australians are registered with the Multiple Sclerosis Society.</p>
<b>Key Features</b>	<p>Fern River provides nursing home level care in community setting. A registered nurse from the MS Society supervises the enrolled nurses who work part-time on site, while carers (who are trained by the MS Society and have Silver Chain assessed competencies to undertake basic nursing and personal care functions) are available 24 hours a day.</p> <p>Use of state of the art technology (including automatic door, environmental controls, and remote control activation of lighting and air conditioning maximises independence and comfort. A paging system provides the security of on-call assistance. Installation and use of ceiling mounted lifting equipment enables attention to needs while maintaining as much dignity as possible.</p>

<b>Background</b>	<p>The Multiple Sclerosis Society was formed in 1972 by a group of people with multiple sclerosis with the aim of providing mutual support and to develop essential services that were not available elsewhere.</p> <p>Closure of Mt Henry Hospital released Commonwealth money. The first five year Business Plan of the Disability Services Commission also included provision of \$6.12m in growth funding to enable the relocation of 95 young people from aged care nursing homes into more appropriate community settings. The Fern River Project was officially opened on 10 December 1997.</p>
<b>Benefits</b>	<p>The benefits include:</p> <ul style="list-style-type: none"> <li>• providing a sense of community for people with high support needs (with varying levels of rostered supports) who, if living alone, may otherwise be left unsupported or unsupervised for long periods of the day and night;</li> <li>• enabling pooling of resources to meet complex needs with economies of scale; and</li> <li>• offering the opportunity for residents to age (and die) in place.</li> </ul>
<b>People Providing Support</b>	<p>The project is managed on a part-time basis by the Fern River Coordinator.</p> <p>A registered nurse employed by the MS Society provides part-time supervision for the enrolled nurses and carers enabling appropriate around the clock nursing care to be provided at a reduced cost. Carers are trained to meet a range of medical and personal care needs including medication, elimination, gastro peg feeding, suction, pressure care management and cardio pulmonary resuscitation (CPR). As well as meeting the residents' personal care needs, they may provide support with shopping, cleaning, gardening and enabling community access and engagement. No staff member ever works alone with a minimum of two staff members on site at night and considerably more during the day.</p>
<b>Agency Support Provided</b>	<p>The WA Multiple Sclerosis Society manages the services provided through the project including provision of Coordinator Services, recruitment and training of staff, wages and employment cost, the provision of medical supplies and personal care aids and the maintenance and running costs of the complex.</p>
<b>Future Directions</b>	<p>The City of Cockburn has recently transferred land at Hamilton Hill to enable the MS Society to build an additional supported accommodation complex and respite home.</p>
<b>Contact</b>	<p>Sue Shapland, 9365 4888 <a href="mailto:sue.shapland@multiple-wa.asn.au">sue.shapland@multiple-wa.asn.au</a>  <a href="http://www.multiple-wa.asn.au/">http://www.multiple-wa.asn.au/</a></p>

## Case Study 8:

### Individualised accommodation model – Family Care

<b>Agency</b>	Perth Home Care
<b>Innovative Dimensions</b>	<p>Alternative family care options service a niche market meeting a unique need for adults who require and will benefit from on-going family-based care.</p> <p>Only a small number of WA agencies provide alternative family care. (Perth Home Care Services is reportedly the largest provider).</p>
<b>Model of Support</b>	Under the Alternative Family Care model (i.e. Family Based Foster Care for Adults), the person with disability becomes part of the family and participates in normal family life. Perth Home Care Services also offers a range of other individualised accommodation support options.
<b>Key Principles</b>	The option is based on providing personalised care in family environment and promoting natural family and community connections.
<b>People Supported</b>	Perth Home Care supports 15 people with multiple needs ranging in age from 18 to late 50s who may benefit from more personalised family-based care. A number of those supported have been relocated from institutional care or graduated from wardship under the Department for Community Development. Perth Home Care does not consider the Family Care Option it provides to be suitable to people with challenging behaviours.
<b>Key Features</b>	<p>The person with disability becomes part of and participates in the life of the family.</p> <p>A respite component is built in (from 2-8 days/month plus 4-5 weeks per annum). Respite takes place at the home of another family specially recruited for this purpose. Other respite options may also be utilised.</p> <p>A carer reimbursement (not a salary) is negotiated with the alternative family carer depending on the level of the support needed by the person with a disability and may range from \$180/week up to \$700/week. The alternative family carer is not “employed” as such and is not therefore covered for workers’ compensation or superannuation entitlements.</p> <p>A written agreement spells out the responsibilities of both the carer and the agency (including provision for regular review). The alternative family carer has access to specialist and professional services if required.</p>
<b>Background</b>	Perth Home Care Services was established in 1967 initially as an emergency housekeeping service to provide short term assistance to families in the event of hospitalisations, illness etc. In 1985, funding through the Home and Community Care Program signaled a change of direction with an emphasis on services to enable frail elderly people and people with disabilities to remain in their own home.



The first Alternative Family Care options were established in the early 90's for a number of residents moving from larger scale residential care. In 2002-03, Perth Home Care Services reported that it was supporting a total of 1,200 people in the community (including those in Alternative Family Care) with 300 staff providing 239,000 hours of service.

**People Providing Support**

Alternative family carers come from a variety of backgrounds including single people and families with children. Most alternative family carers have prior exposure to the disability field and many have a pre-existing relationship with the person with a disability e.g. staff from Pyrron and Bristol Hostel, or as foster parents in a wardship arrangement which has now moved into guardianship. There are a number of alternative family care arrangements in the Northam, Toodyay, York area which means the local community is familiar with the concept if additional recruitment is required. For each alternative family carer, a respite family/ies is also recruited.

**Agency Support Provided**

Perth Home Care supports links to specialist services and community access opportunities.

A Service Coordinator maintains regular contact (at least every three months).

**Benefits**

Support is based on the establishment of a caring personal relationship. The person with a disability is linked into family networks with the opportunity to experience normal family life.

**Challenges**

Current challenges include:

- the interface between wardship responsibilities of the Department for Community Development, adult guardianship arrangements and Disability Service Commission responsibility for accommodation support funding.
- Carer reimbursements which may have implications for family carers who also receive Centrelink payments.
- the small pool of potential family carers available.

**Sustainability**

The longest arrangement has been in place for 12 years.

The level and nature of support required is a significant factor in the longevity of the arrangement.

**Contact**

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**Website**

Perth Home Care Services: <http://www.phcs.org.au/>

## Case Study 9:

### Response to needs of people with disabilities who are ageing

<b>Agency</b>	Senses Foundation in association with Activ Foundation
<b>Innovative Dimensions</b>	<p>Response to the changing needs of people with a disability as they age (particularly as support needs increase through the ageing process).</p> <ul style="list-style-type: none"><li>• Interagency cooperation to pool expertise and address needs that cross boundaries of administrative responsibility.</li><li>• Cross Jurisdictional Funding (Disability Services Commission for disability component, Commonwealth Health and Ageing for aged component).</li></ul>
<b>Model of Support</b>	<p>Disability Aged Care Services (DACs) <u>supplements</u> disability community accommodation supports with high quality age-related support services (joint funding Disability Services Commission for the disability component and Commonwealth Department of Health and Ageing through the Innovation Aged Care Pool funding for age related issues).</p> <p>The aged care component is provided as domiciliary model of care with intense one-to-one support rather than as a traditional institutional model.</p>
<b>Key Principles</b>	<ul style="list-style-type: none"><li>• Maintain optimal level of functioning.</li><li>• Enable ageing in place thereby maintaining important personal and social networks and prevent relocation to aged care nursing home thus minimising the disruption of relocation for people who may find it difficult to adjust to new environments.</li></ul>
<b>People Supported</b>	<p>The project supports clients aged 50 or over who live in a disability funded facility in the metropolitan area and have a current Aged Care Assessment.</p> <p>Twenty people living in Senses and Activ group accommodation in north, east and south metropolitan areas are being supported under the Project.</p>
<b>Key Features</b>	<p>A tool specifically designed for people with a disability who are ageing is applied to enable identification of age related needs as distinct from needs arising from the pre-existing disability (based on a checklist developed by Minda Incorporated in South Australia).</p> <p>Individually focused additional supports are provided through a team of registered nurses, enrolled nurses, care aids, physiotherapists, occupational therapists, social workers and a visiting community pharmacist.</p> <p>The project is based on an holistic approach addressing the person's personal care, cognitive, physical and social needs includes management of challenging behaviours associated with many ageing conditions. Age-related dimensions may include memory loss, arthritic conditions, mobility, pain management, vision and hearing loss and changing dietary needs.</p>

- Background** The Innovation Aged Care Pool was established by the Commonwealth Government in 2001 “to provide a national pool of flexible care places available for allocation outside the normal Aged Care Approvals Round”
- The Senses Disability Aged Care pilot commenced in October 2003 with funding until June 2006.
- Benefits** Positive outcomes have been achieved for a majority of clients resulting from intensity of support, new stimulation and one-to-one or group activities aimed at maintenance of skills.
- General improvement in wellbeing has also been noted due to increased competency and individual attention and input.
- Achievement of Disability Aged Care goals has crossover benefits in overall functioning and capacity.
- Challenges** Challenges include:
- More intense needs over time as ageing process becomes more pronounced.
  - Need for detailed documentation prior to on-set of age related condition to evaluate benefits of the intervention.
  - Difficulties in recruiting staff with expertise in both disability and aged care (most tend to specialise).
  - Facilities not constructed to deal with ageing in place – particularly the possibility of a loss of physical independence, mobility issues e.g. use of wheelchair/walking frame. Need for universal design to enhance opportunities for ageing in place.
- Sustainability** Innovative Aged Care funding is available on a pilot basis. The project funding was initially due to expire in June 2005 but has been extended to June 2006.
- “It is important to note that the Innovative Pool is designed to test new approaches to providing aged care, not to provide on-going aged care services”. (Commonwealth Guidelines).
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- Senses Foundation: <http://www.senses.asn.au/>
- Aged Care Innovation Pool:  
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-guidelns-acinnovpl.htm>

### 3. CONCLUSION

This paper has profiled a range of Western Australian case studies, with the aim of seeding and sharing innovative ideas and as a basis for further inquiry and/or development. Again, it is important to state that the case studies included have been chosen because of some innovative aspect of their overall approach. Therefore the case studies profiled may in fact have aspects of their program that are far from innovative.

All models of accommodation support are likely to experience challenges and limitations in meeting the needs of the people involved and the scope of this paper does not include analysis of the outcomes and success of each model for the individuals involved.

**Some points for further discussion include:**

- How do we provide accommodation support that enhances rather than diminishes the natural supports in people's lives?
- How do we find, focus and support the right people (support workers) to provide accommodation support?
- How do we provide adequate support to people as their support needs fluctuate?
- How do we monitor and ensure people are safe in informal and/or individualised support models?
- How do we understand and monitor the outcomes for people with disabilities in the various forms of supported accommodation?
- How do we define quality in supported accommodation?

**If you would like to comment on these and other points of discussion please email [contact@thinktankwa.net.au](mailto:contact@thinktankwa.net.au).**