RESEARCH TO ACTION

>> Bridging the gap between what we know and what we do

Centre for Applied Disability Research

An Initiative of National Disability Services

NDS National Disability Services

GUIDE TO GOOD GROUP HOMES

Evidence about what makes the most difference to the quality of group homes

THE CENTRE FOR APPLIED DISABILITY RESEARCH The Centre for Applied Disability Research (CADR) is an initiative of NDS. CADR aims to improve the wellbeing of people living with disability by gathering insights, building understanding and sharing knowledge. CADR's applied research agenda is helping to build the evidence base and support stakeholders to better understand what works, for whom, under what circumstances and at what cost.

RESEARCH TO ACTION GUIDES Our objective is to build a comprehensive online collection of disability research and translational resources for the Australian context. Our Research to Action Guides are based on the best available local and international evidence and put together by subject matter experts to support research end users to engage with the evidence. We gather and analyse evidence about what works, and package that information into efficient and practical resources.

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ABOUT THIS GUIDE This Research to Action Guide to Good Group Homes forms part of a suite of resources on this topic. The suite includes other resources, such as research papers, reports and information about ongoing projects also available at the CADR Clearing House, www.cadr.org.au.

This Guide summarises an extensive review of the research literature the Living with Disability (LiDs) Research Centre published in 2016. LiDs looked at the propositions (suggestions) about what makes a difference to the quality of group homes and thus the quality of life of the people with intellectual disability who live there. LiDs reviewed the strength of research evidence for these and reached conclusions about the factors that are most important to quality. The guide uses practice examples from papers published as a part of the research program on group homes led by Professor Christine Bigby since 2004.

The Guide will be most useful for two different audiences. Families or carers trying to asses a group home for someone with intellectual disability they support, which can be a daunting and confusing task. The second audience for this guide is professionals wanting to know what needs to be in place to provide a good Quality of Life for people with intellectual disability in a group home.

FEEDBACK Do you have feedback, or a suggestion for a Research to Action Guide? We welcome your thoughts and ideas. Please contact info@cadr.org.au.

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LA TROBE UNIVERSITY Living with Disability RESEARCH CENTRE

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INTRODUCTION

For many years, group homes have been the principle supported accommodation option for people with intellectual disability who are no longer able to live at home with their parents. The funding options under the NDIS will help to support new, more flexible and potentially individualised options that separate housing and support. In 2017, approximately 16,500 people live in group homes, most of whom have an intellectual disability. While it is possible to have a good quality of life in a group home, they are not all the same. Many things can make a noticeable difference to the quality of group homes but research evidence strongly suggests that two factors; how staff act and whether they use Active Support are the most significant factors that make a difference to quality.

How staff act is influenced by practice leadership (the support they receive from a frontline manager), and the culture in the group home. There is also strong evidence that managers, auditors and potential consumers should not rely on paperwork or second-hand reports to judge the quality of a group home. Rather, it is important to observe what actually happens in the home. This guide should help you know what to look for in making a judgement about the quality of a group home.

This guide summarises an extensive review of the research literature published in 2016[1]. It examines propositions (suggestions) about what makes a difference to the quality of group homes and the quality of life of the people with intellectual disability who live there. The strength of research evidence for these propositions has been reviewed and conclusions reached about the factors that are most important to quality.

The guide uses practice examples from papers published as a part of the research program on group homes led by Professor Christine Bigby since 2004[2]. More details about the method and links to the research papers are in the appendix.

QUALITY OF LIFE AND GROUP HOMES

In considering quality, this review draws on the eight Quality of Life domains identified by Schalock et al help to think about the different things that make up a 'good life'[3]. Some of these domains are objective and easily identified; such as rights and material wellbeing. However, some are subjective and depend on a person's own views of what is important to them. Emotional wellbeing can look very different from person to person. For example, some people like being tidy and ordered, whilst others enjoy being creative and disorganised. This emphasises the importance of knowing a person, understanding what is important to them and what things like 'homeliness', 'meaningful' or 'exciting' mean to them.

The quality of life of people with more severe or profound intellectual disability is closely tied to the support they receive. Position descriptions for staff in group homes show that they are expected to support people across all domains of quality of life. Their role is not restricted to what happens in the house and extends to things such as supporting people to maintain family relationships or building connections with people in the local community.

There is strong evidence of considerable variation in the quality of group homes, even among those with similar funding.[4] The quality of support provided to people living in a group home can vary from day to day, between group homes managed by different organisations and between group homes in the same organisation[5]. It also shows that people with more severe levels of disability consistently receive poorer quality of support compared to other people. These are the reasons why it is important to understand what makes a difference to the quality of a group home and how to identify what a good one looks like.

Table 1 describes what each of the eight Quality of Life domains might look like for people with more severe and profound intellectual disability. It has been adapted from a paper titled "Identifying good group homes for people with severe intellectual disability."[6]

Table 1. Quality of Life Domains

Domain of QoL	Description
Social Inclusion	People are present in their local community. They generally use the same services as other community members and are recognised and known by other people in the community where they live. They take part in activities with other people who do not have disabilities and have a sense of belonging to one or more of their communities.
Interpersonal Relations	People are valued as equals by the staff who support them. They have positive interactions with staff and a variety of social relationships with people outside their home. They are supported to have regular contact with family members where applicable and with friends.
Self-Determination	People are regarded by staff and feel like individuals, and they are supported to make choices and express preferences. Their choices are respected, and they are supported to make decisions or included in decision making processes about services and plans about their goals.
Rights	People are treated with dignity and respect, they have privacy for personal care and other times when they want it. They have a sense of ownership of their home. They have someone outside the group home who advocates for them and represents their interests. There are arrangements in place for support with decision making and there are clear processes to make complaints.
Personal Development	People are supported to be engaged and participate in meaningful activities and social relationships. The activities they carry out reflect their preferences, but they are also supported to try out new things. People are supported to exercise choice and control on how they spend their time.
Emotional Wellbeing	People appear content and at ease in their home and with the staff who support them. They are comfortable with the level of stimulation and sensory demand in their environment. They feel listened to and valued. They do not show challenging behaviour or have long periods of self-stimulatory behaviour.
Physical Wellbeing	People feel safe and pain-free. Their health is regularly monitored, and expert advice and medical care sought when necessary. They are encouraged to eat well and exercise and are in the best possible health. They have personalised and respectful support with all aspects of personal care.
Material Wellbeing	People live in a house that is adapted to their needs, can access transport so they can be in their community and have their own money and possessions.

PROPOSITIONS AND TYPES OF EVIDENCE ABOUT GOOD GROUP HOMES

This review identified many propositions about what makes good quality group homes.

A proposition is a statement that there is a connection between good quality and 'doing something' or 'having something in place'. An example of a proposition might be "if there is strong practice leadership in a group home, the quality will be better."

Factors that affect quality all work together, so each proposition should not be considered on its own. For example, having strong practice leadership on its own is not enough to deliver good quality services.

The propositions about what makes a difference to the quality of group homes can be split into five broad topics:

1. Practice: How the staff and managers act
2. Culture: 'How things are done around here'
3. Design and Resources: Small size and sufficient staff for people supported
4. Policy and Procedures: How the organisation organises itself
5. External: Government regulation and community attitudes

This review then rated the strength of the evidence for each proposition:

- **Strong** – Clear, strong and long-standing evidence.
- **Emerging** – Some strong evidence but there has been little research.
- **Weak** – Research has shown there to be little evidence.
- **Mixed** – Research has reached conflicting conclusions.

PROPOSITIONS ABOUT PRACTICE

The proposition with the strongest evidence overall is that how staff communicate, interact and provide assistance to the people they support has an impact on the quality of a group home.

STAFF PRACTICE THAT REFLECTS ACTIVE SUPPORT

Active Support is a way of providing just the right amount of assistance to enable a person with intellectual disability to successfully take part in meaningful activities and social relationships. The evidence is strong that where staff use good Active Support, there are better outcomes for the people they support. This is true for the people with intellectual disability but particularly for those with complex needs and more severe disabilities.

Active Support can include people doing something practical with materials such as vacuum cleaning, hanging out washing, laying a table or washing up, or interacting with other people by talking or listening to them and paying attention to what they are doing. It can also include activities like taking part in a group activity, such as playing a board game or being part of a cheer squad.

> "The support worker asked Jo what she wanted to take for lunch tomorrow and showed her several options. Jo pointed to the chocolate cake. The support worker brought the cake over to Jo and supported her to hold the knife and cut a piece of cake. Then the support worker brought over some cling film and Jo wrapped the piece of cake."
>
> "The support worker sat on the floor next to Fred and read through the directions on the muffin mix packet. She said, "Do you want to come and help me make these?" showing him the picture on the front of the box. Fred showed no interest so the support worker said, "I'll put all the ingredients in the bowl and you can help me stir – do you want to do that?" She did this and took the bowl to Fred and sat down next to him. She placed Fred's hand on the spoon, putting his hand on top and encouraged him to stir. She asked if he wanted to taste the mixture, putting a small amount on the spoon and offering it to him. Initially, he pulled away, but when asked again he tried it and took up the offer for another spoonful."

Learn more about Active Support and see videos of good practice on this online resource: www.activesupportresource.net.au

GOOD PRACTICE LEADERSHIP

There is strong emerging evidence that good practice leadership helps support workers to use Active Support. Practice leaders also need to be skilled at Active Support to set a good example for other staff.

Practice leadership has five elements.

1. **Coaching and modelling:** Spending time with staff providing them with feedback and demonstrating good practice.

   "I'm part of the actual goings on of the house. You set the standard. People model themselves on what they see you do."[7]

2. **Supervision:** Giving honest feedback to staff about their support. Informal supervision is often preferred but the evidence suggests regular planned individual supervision is important.

   "That's a bit of a skill, to get people to the point where they can sit down and say, 'Oh yes, I was doing this but I didn't think I was doing as well as I could have been.' Supervision is not just you sitting there telling people a list of jobs they've got to do."

3. **Leading team meetings:** Providing regular forums where staff can share knowledge about the people they support and ideas about opportunities for them to be engaged.

   "The meeting is where you can bring all your concerns. If we've got an issue with our client's autistic behaviours, [which] are always changing, then as a team, we'll go, 'Look, I've tried this, I've tried that, that worked, that didn't' and then we come up with a plan."

4. **Staff allocations for every shift:** Ensuring staff receive clear directions about who they are supporting and what their particular needs are on that day. There is never just the 'usual routine'.

   "You have a shift plan on a Thursday that tells staff exactly what they are expected to do when they get into the service and the people we support can also know what they are going to do on a Thursday…Clearly, this is only a guide and may be altered on the day at the beginning of the shift depending on what's been happening that day."

5. **Focus on quality of life outcomes:** Ensuring that every aspect of the work that staff do is focused on providing the best possible support for every person in the group home.

   "We want to encourage and support people to have a quality of life. And it's our challenge to actually support the person so that that can actually happen."

STAFF PRACTICE TAKES ACCOUNT OF DIFFERENCES IN INDIVIDUAL SUPPORT NEEDS

Responding to individual differences and enabling communication, choice and control is at the core of Active Support. There is emerging evidence about the use of Positive Behaviour Support with people who have challenging behaviour, particularly when used in combination with Active Support.

There is relatively weak evidence about other types of practice. These include the SPELL framework to support people with autism and intensive interactions with people with severe or profound intellectual disability.

PROPOSITIONS ABOUT CULTURE – 'HOW THINGS ARE DONE AROUND HERE'

Everyone has a sense of what is meant by 'culture' but it can be hard to define and measure. Embedded in culture are the hidden assumptions about the generally accepted 'way we do things around here'. Culture represents shared values, attitudes and expected behaviours.

Some aspects of culture are easy to see. For example, some group homes have separate crockery or toilets for staff. Think about the values this represents.

The way staff talk to or about people with disability can also illustrate culture. For example, consider the contrasting attitudes these staff have about the people they support:

- "They are all grabbers or shitters in this house"
- "We just call them people, like I would call you a person"

Culture can also be observed in the way staff behave and what they expect of each other. If the way staff work is organised around the needs and preferences of the people they support, then culture may be person-centred. In contrast, support workers might organise their work to suit their own preferences or needs, such as in the choices they make about the type of outings they organise or TV programs on in the living room. This might indicate a more 'staff-centred' culture.

There is emerging evidence that culture impacts on the quality of group homes. Figure 1 illustrates the differences between culture in better and poorer quality group homes.

Figure 1. Difference between culture in better and poorer quality group homes

Likely to be found in underperforming homes	Dimensions of Culture	Likely to be found in better homes
	Overarching characteristics	**Cohesive, Respectful, Enabling, Motivating**
In-groups may be powerful or the values of the frontline manager may not reflect those of the organisation.	Alignment of power-holders values	The values of frontline managers are the same as the organisation. They are strong leaders and there is shared responsibility among staff and teamwork.
People supported seen as 'other,' fundamentally different, 'too disabled,' lacking skills, or as able to watch but not be involved.	Regard for residents	Positive regard for people supported as being equal but staff recognise and attend to their differences.
Staff role is doing things **for** people not **with** them – such as looking after people and taking them on group outings.	Perceived purpose	Staff role is centred around helping each person live the life they want, recognising and respecting preferences, being inclusive and engaging, and ensuring care dignity and comfort.
Practice is staff-centred and staff needs are prioritised. People supported are not seen as individuals.	Working practices	Practice is person-centred – attentive, relational, flexible, with fun interactions.
Resistance to external influences and ideas.	Orientation to change and new ideas	Open to ideas and outsiders.

The culture in better group homes can be characterised in the following ways.

1) **Enabling** – People are supported to be included in their home, engaged, have their choices and dignity respected and staff practice is attentive, based on relationships and includes moments of fun.

   "Bruno leads a conversation about where Seth wants to go. It is worked out that they will go to City Mall, where Seth will get a haircut, get something to eat, and have a head massage. Bruno tells me that although the mall is further than some of the local shopping centres it is one that Seth prefers."

2) **Motivating** – there is strong leadership, shared values and shared responsibility between staff for the quality of their support. Staff are an effective team and are open to new ideas and collaborating with those outside the team.

   "There's a standard the practice leader expects from everyone that works here and if you're not doing it, believe me! But she treats everyone the same. [How do you know you are doing a good job?] Madge would tell us if we were not."

3) **Respectful** – people with intellectual disabilities are positively regarded by staff and seen as part of the same diverse humanity as themselves. Staff acknowledge and attend to individual differences.

   "If the residents are not ready the bus has to wait, says Hetty."

   "He relies on my judgement a lot I suppose; what we do and where we go, which is okay, because the basic fact is that Hank can't tell me exactly what he wants to do, but we try and find stuff that he likes to do."

4) **Cohesive** – all the staff are on the same page and there are no cliques of staff working on their own agendas.

   "We all share the same work ethic ...that's why we have all these notes and communication things going on, so that it's passed on and handed over."

PROPOSITIONS ABOUT POLICY AND PROCEDURES – HOW THE ORGANISATION ORGANISES ITSELF

There are many propositions that the policies and procedures of organisations influence the quality of group homes. However, there is very little evidence or even research about these, and the evidence that does exist is weak or mixed.

Policies about training in Active Support, workshops and hands-on

There is strong evidence that training in Active Support, which includes both classroom workshops and hands-on mentoring in the home by an experienced trainer, has the strongest link to improved staff practice. This means all staff in a group home should expect to attend at least a one or two-day workshop and have on-the-job mentoring from an experienced trainer where they work.

Human Resources (HR) policies and procedures

There is some emerging evidence about the importance of strong HR practices on the quality of staff practice and culture. This research points to the positive influence of having:

- Disciplinary procedures that support frontline managers in holding staff responsible for the quality of their practice.
- Recruitment processes that include ways of finding out the values of potential staff, and use of probation to ensure the approach of new staff is consistent with the values of the organisation.
- Expectations that are clearly conveyed to staff through orientation, training, and performance management.
- Processes in place to help new staff become familiar with the people supported in a group home, such as the use of shadow shifts and working alongside experienced staff.

Procedures to guide staff in planning for the people they support

There is mixed evidence about the impact of individual planning systems on the quality of group homes.

Staff characteristics and turnover

There is weak evidence that staff characteristics such as satisfaction, stress levels, professional qualifications or experience impact on the quality of group homes. There is also weak evidence about the influence of staff stability or turnover on quality.

PROPOSITIONS ABOUT DESIGN AND RESOURCES

There is strong evidence about the design and resources necessary for quality group homes. However, these are not enough to lead to good outcomes. For example, a carefully designed and well-resourced home without a strong practice leader and staff skilled in Active Support will not be a good quality home.

Size and location

There is strong evidence that group homes should be small in size with no more than six people, be similar to other houses in the local area and dispersed throughout a community rather than clustered together in one place.

Staffing levels

There is strong evidence that there must be sufficient staff. However, there is no formula for working this out. The number of staff needed depends on the nature and severity of disability, as well as the required needs of the people being supported. There is evidence that having more staff does not lead to better outcomes.

Mix of people

There is strong evidence that when the people supported in a group home have a mix of abilities and support needs, this leads to better outcomes. In particular, people with complex support needs associated with challenging behaviour should not be grouped together in a house.

PROPOSITIONS ABOUT EXTERNAL FACTORS

Group homes are subject to state and federal laws that regulate service standards. There is almost no evidence about the impact of the external environment or actions of inspectors, standards or regulations on quality. There is emerging evidence from the UK that conclusions reached through inspection processes do not match those found through research. Standards are often judged by looking at paperwork and processes rather than observing the way staff work, and the everyday life of people living in group homes. Evidence shows that staff overestimate how good their practice is, and that paperwork is not a reliable indicator of what staff have done or what has happened in a group home.

CLOSING STATEMENT

This review has summarised several decades of research that has tried to better understand how to support people who live in group homes to have a better quality of life. A small sized house in the community and sufficient staff resources are necessary but not sufficient for a good quality group home. What staff do, how they support the people who live in the house, how they work together in a team and whether there is a competent practice leader are what really makes a difference.

Choosing a group home can be a difficult and challenging task that may have to be done in a hurry. Not all group homes are the same quality and the best way to make a judgement is by going to have a look, watching how staff interact with the people who live there and talking to them about how they understand their role. This review and the accompanying guide should prepare you for what to look for and what to ask staff and managers about.

SUMMARY

Table 2 outlines what makes the most difference to the quality of a group home

Practice of frontline staff and managers	Staff use Active Support – they do things **with** people rather than **for** them. Staff adapt their communication and support to each individual. Staff use positive behaviour support to promote quality of life for the individual. Frontline managers lead practice. They often observe the way staff work, demonstrate good practice, coach staff, lead the team and supervise individual staff.
Culture	Service culture is clear, enabling for the people supported, motivating for staff, and respectful of the people supported by regarding them as equal and recognising their need for support.
Policy and procedures	Staff are trained in Active Support both in the classroom and in the home while they work. The organisation hires staff who put the quality of life of people first. There are strong HR policies around recruitment of staff and holding staff responsible for the quality of their support. The staff are skilled to support the needs of the people in the house.
Design	The group home is small with no more than six people, similar to houses in the local area. There are enough staff for the needs of the people who live there. There is a mix of people in terms of the severity of their disability and they do not all have challenging behaviour (e.g. aggressive or destructive type behaviours).

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7. We use direct quotes from research interviews and field notes to illustrate abstract ideas. All of these quotes come from published or unpublished research data collected as part of the Living with Disability Research Centre's program of research about group homes (see appendix for more details).

APPENDIX

METHODOLOGY

This Research to Action guide has been developed for the NDS Centre for Applied Disability Research. It summarises an extensive review of the research literature published by the La Trobe University in 2016.[1] This examined propositions (suggestions) about what makes a difference to the quality of group homes and thus the quality of life of the people with intellectual disability who live there.

The strength of research evidence for these was reviewed and conclusions reached about the factors that are most important to quality.

This guide uses practice examples from papers published as a part of the research program on group homes led by Professor Christine Bigby since 2004.

More details about the method and links to the research papers are included at the end of this appendix.

BACKGROUND

Most people who live in group homes have intellectual disability. They may also have health or mental health problems, or physical or sensory difficulties. Some group homes support people with severe physical disabilities or traumatic brain injury but very little research has looked at the quality of services for these specific groups.

Group homes have been the principle accommodation option for people with disability for many years. This means people with very different severities of intellectual disability live in group homes. Some people have severe or profound disabilities and very high support needs, others have a mild intellectual disability and lower support needs. Some people just need support to manage their money, make decisions or manage unexpected circumstances while others may need support 24 hours a day to ensure their safety. They may also need help with self-care tasks like showering or dressing themselves.

Research in Victoria shows that about a third of the people who live in group homes have similar support needs to people who live more independently in supported living.[2]

The age of people who live in group homes is also very varied. Some people are aged in their 60s or older. There is no reason that people cannot remain in a group home as they get older. There are no rules about moving when a person reaches a particular age.

TERMS USED

Different words are used in Australia to describe the same things when people talk about group homes. Here are some of the common words, who might use them and the terms we will use throughout the associated Practice Guide.

TYPES OF SUPPORTED ACCOMMODATION

Group homes are one type of supported accommodation. In this guide 'group homes' means

- An average looking house in an ordinary street that does not look different from others around it.
- A place close to transport and local amenities like shops, libraries and cultural venues.
- A house where between one to six people live together, with their own rooms and shared living spaces.
- A place where housing and support usually go together. The house is usually owned by government or a non-government organisation.
- A house where people pay rent and household costs are shared.
- A place that has 24-hour support from paid staff, shared between the people who live there. Staff are responsible for supporting all aspects of people's lives including facilitating access to health services, enabling community participation and safeguarding rights
- In addition to group home staff, people living there may also get support for social inclusion from other programs or other specialist support or health services.

Sometimes group homes are referred to as 'residential support services' or 'community residential units'. Similar terms are also used by different countries to refer to quite different types of services. For example, in Sweden, a group home may be a group of self-contained apartments each with their own front door but some shared living space as well.

There are other types of supported accommodation for people with intellectual disability who choose to live away from their family home. They can be described in the following ways.

- **Supported living** normally means between one to three people sharing their own home or a rented property with drop-in support. In this type of supported accommodation housing and support are usually separated.
- **Cluster accommodation** normally means a cluster of individual units on one site, which may resemble individual group homes or supported accommodation. The distinguishing feature is the cluster is often distinctly separate from the surrounding houses. Increasingly however, new developments 'salt and peppering' where for example, a 'cluster' of apartments for supported living are scattered across one floor of an apartment block. While each is separate, there may be some on call or shared support across apartments.
- **An institution** normally refers to a large service with more than 20 people under one roof on the same site.

The NDIS is introducing new models of supported accommodation and new words to describe disability support services and accommodation. Terms are evolving, for example, specialist disability accommodation may refer to a service like a group home or supported living while supported independent living may refer only to support for daily tasks, not the accommodation itself.

More information about these types of services can be found on the NDIS website:

- **SIL – Supported Independent Living** – assistance with and/or supervising tasks of daily life to develop the skills of individuals to live as autonomously as possible.
- **SDA – Specialist Disability Accommodation** – accommodation for people who require specialist housing solutions, including to assist with the delivery of supports that cater for their extreme functional impairment or very high support needs.
www.ndis.gov.au/specialist-disability-accommodation.html

PEOPLE WHO WORK IN OR VISIT GROUP HOMES

Organisations use different terms to refer to similar organisational roles, staff or people supported by the service. Below are some of these which are used in this guide.

- **Support Worker:** Frontline staff, disability support workers, disability support professionals, or direct support workers. Support workers are responsible for direct support of people supported by the service.
- **Practice Leader:** Home manager, house supervisor, team leader or frontline manager. A practice leader is a frontline manager of staff who has a key role in maintaining a high quality of practice by support workers.
- **Regional Manager:** Operational manager, cluster manager, district manager or group manager. A regional manager is the manager of the practice leader.

PEOPLE WHO LIVE IN GROUP HOMES

- **The people we support:** Client, resident, tenant or service user. In this guide the people who live in group homes are referred to as either 'people we support' or 'resident'.

REFERENCE MATERIAL

The key research papers that formed the basis for this review of the literature are listed below. The review was primarily based on *Improving quality of life outcomes in supported accommodation for people with intellectual disability: What makes a difference?*[1]; which was an extensive review of the academic literature.

As such that paper refers to many other journal articles. Some of the key publications from the group home research program at La Trobe University are listed along with those that have informed work in this field.

Many of these articles are available as open access via the link provided. Pre-publication versions of non-open access papers are available in the La Trobe University research repository (follow link and search for 'Bigby').
http://arrow.latrobe.edu.au:8080/vital/access/manager/Index

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