Resident Support Program Evaluation Baseline Report Summary

Background

The Resident Support Program (RSP) is jointly funded by Disability Services Queensland (DSQ) and Queensland Health (QH). They contract non-government organisations to provide a range of external support services to residents with disability living in private supported accommodation, hostels, boarding houses and aged rental accommodation facilities.

RSP services include: Community Linking Project to support residents in mainstream community and leisure activities; Disability Support Services for support with basic self care and presentation; and Key Support Workers for support with health and well-being. The program is being trialled in five locations – Brisbane, Ipswich, Toowoomba, Gold Coast and Townsville.

Disability Services Queensland (DSQ) engaged a University of New South Wales Consortium to evaluate RSP throughout 2004. The researchers are from the Social Policy Research Centre UNSW, the Disability Studies and Research Institute Sydney, and the University of Queensland.

The evaluation methodology employs a mix of qualitative and quantitative methods. Stakeholders to be engaged in the evaluation include: residents; RSP service providers (managers and staff); RSP Local Coordination Groups; premises owners or managers and staff; other providers assisting similar clients (eg. disability services, health and mental health services and allied health); family members, carers or guardians; peak and regional advocacy organisations; industry representatives; the Office of the Adult Guardian, Community Visitor Program Team and the Public Trustee; and State office and regional DSQ and HACC managers.

In the first quarter of 2004 the evaluators conducted interviews with several key stakeholders. In-depth interviews with 32 residents were the main focus of research activity in the period. RSP provider staff, Regional DSQ and HACC officers across the five sites, and other members of the Local Coordination Groups were also interviewed. This report is a summary of baseline themes in two strands of the evaluation: the processes of implementing the RSP and characteristics of the residents. The themes raised here will be explored throughout the remainder of the evaluation.

Implementing the RSP

The experience of implementing the RSP varies between regions, with some general themes emerging. The following factors underpin the local variations.

- **Variation in residents.** The characteristics of typical boarding house and hostel residents vary significantly from region to region because of the availability of low cost and social housing, the availability of health, disability and welfare services, the mobility of the resident population, and residents' negative experiences of or rejection from particular premises.

- **Availability of accommodation.** Boarding house and hostel accommodation has become less secure because of increasing land and building values (particularly in

metropolitan and resort areas) and the associated sale, closure or relocation of premises. The concurrent residential accreditation process has an impact on the viability of some premises operators.

- **Local Coordination Groups.** The structures supporting the co-ordination of the RSP affect program effectiveness. Local Coordination Groups (LCG) vary in size, membership, inclusion or exclusion of other stakeholders, commitment and support of DSQ and HACC regional management, systems for managing interagency aspects of the program and for reporting inputs and outcomes. The resulting structures vary in their capacity to support cooperation and allow for the management of conflict between the stakeholders.

- **Program management.** Themes include the joint agency management by DSQ and Health; the contract arrangements; and the degree of interaction between LCGs and central management.

- **RSP providers.** The availability and viability of NGO providers vary between regions, as does their history, culture, willingness to form partnerships and capacity for service delivery. The number of RSP providers in each region (two to four providers in each region) appears to be a factor in the degree of cooperation between agencies, the degree of care coordination between the service types and the way in which services are delivered. Where there is a high level of provider cooperation and fewer providers the service types are more indistinct to consumers.

- **Resident Needs.** The way entry criteria and service flexibility are interpreted to focus on resident needs varies between regions. The needs that RSP is capable of addressing do not remedy the limitations of the residential context.

- **Both approaches.** Only a limited number of residents can receive RSP services because it is a trial. Group activities have been used to engage residents in RSP before applying the principle of individualised service provision.

- **Premises approach.** The relationship between government and premises is more complex in the premises approach. Opportunities for economies of scale and awareness of the residential context are greater in this approach.

- **Individual approach.** The individual approach enables flexibility to follow residents who move and to enter premises where residents live who are most in need, irrespective of the standard of the premises. This also makes the relationships more difficult to establish and manage for RSP workers.

The residents

Residents were recruited to a longitudinal study on the basis of their having most recently joined the program. The first resident interviews have produced evidence as to the characteristics and experiences of those using the RSP.

Residents in the study were most likely to have a psychiatric disability (over two-thirds of the cohort) or experience multiple disability (just under two-thirds). Over half have a physical disability and two-fifths have an intellectual or neurological disability. They are many times more likely than the general population to see themselves as having poor physical and mental health. Most have access now to the health workers they need (in many cases because of KSW interventions), although there was a broad perception that mental health case manager resources are limited. Generally residents expressed a high level of satisfaction with their health workers.

Disability and health problems, past traumas, unemployment, poverty and inaccessibility impact adversely on residents' capacity to participate socially. Isolation from family, friends and community exacerbate these difficulties. There is a sense for many residents that their situation is unlikely to improve. They have few expectations of the society in which they experience marginalisation. The evaluation has identified the ways that the RSP is countering these adversities. The long term goals and sustainability of resident outcomes are yet to be seen.

A small number in the cohort are receiving DSS assistance, mainly assistance with grooming and showering. Many are receiving CLP and KSW assistance. Central to the KSW practice is the provision of supported transport and attendance at medical and health appointments. CLP is providing help with attending social events and integrating into mainstream leisure options. Training and employment assistance are also significant within the CLP. Residents have generally expressed satisfaction with the assistance they are getting, particularly with their dealings with RSP provider staff. Indeed many people expressed fondness for these workers and value highly the interest being taken in them, particularly given their experiences of social isolation.

Conclusion

The implementation has progressed well in most regions. Stakeholders have identified some problems within the processes and structure of the program during the implementation period. There appears to be sufficient capacity and will for these questions to be resolved as the implementation evolves. This varies between regions.

The longitudinal aspects of the study will inform later reports, particularly the effectiveness of strategies in helping residents reach sustainable outcomes, the impacts of the program on residents' physical and mental health and wellbeing and their ongoing satisfaction with the program elements and providers and more broadly their lives.

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