Design, Deployment and Findings of the

SAPA Resident Needs Screening Tool

Final Report

June 2024

Griffith University, Inclusive Futures: Reimagining Disability

INCLUSIVE FUTURES

REIMAGINING DISABILITY

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Executive Summary

The SAPA Resident Needs Screening Tool was designed to provide an overview of residents living in Level 3 supported accommodations in Queensland, including their support needs and how these needs are met. This report summarizes the findings from the tool's deployment, covering resident demographics, support needs, and significant gaps in service provision.

Project Background and Methodology

The SAPA Tool, a staff-rated instrument, was designed and implemented between January and June 2024 across 13 L3SA facilities in Queensland. The resulting 477 data sets are assumed to represent approximately 50% of the state's L3SA bed capacity. The tool is a standardized, sustainable, and scalable instrument designed for multiple uses, enabling periodic data collection for various insights.

Key Findings

Resident Profiles. 76% of residents are over the age of 45 and predominantly male (70.1%). The primary income source for 92.7% of residents is the Disability Support Pension (DSP). Additionally, 73.2% of residents have multiple diagnoses, with up to 10 different conditions. The most common diagnoses include mental health/psychosocial issues (85%), chronic health issues (46.8%), and intellectual impairments (27.5%). Despite these complex and severe health conditions and disabilities, only 76% of residents receive funding, primarily from the NDIS (68.6%).

Crisis and Emergency Needs. Data from three facilities (n=94) revealed that 52.7% of residents experienced at least one incident report (up to 20 per resident), and 24.5% had emergency/crisis contacts within a four-week period. The average number of emergency/crisis contacts was 6.1, involving 2.4 services. Generalizing the findings, the estimated annual ER/crisis contacts for 1,000 residents is 19,362. This highlights an urgent need for implementing proactive and integrated support strategies for preventative care to decrease the cycle of dependency of ER/crisis interventions.

Support Needs and Gaps. Data revealed that 90% of residents need support in at least 6 areas of Daily Living & Personal Care. On average, 52.6% of the total daily living needs are not fully met. Across Health & Wellbeing, over of 80% residents need support in at least 5 areas. On average, 72.1% of all health and wellbeing needs are not fully met.

Barriers to Support. Support from external services is impacted by funding issues (48.7%) and operational challenges (21.8%), such as misaligned service hours to needs, especially outside general business hours, which is typical of external services. The most significant barrier within residential services is the lack of finances, impacting 83.7% of cases with unmet needs. This constraint limits the staff hours and resources available to meet residents' complex needs.

Conclusion

The SAPA Resident Needs Screening Tool has provided critical insights into the extensive and unmet support needs of residents in L3SA. The findings highlight the essential role of residential services in supporting individuals with complex needs and the urgent need for systemic improvements to address significant gaps in care. Enhancing financial resources, improving coordination with external services, and adopting more person-centred care approaches are crucial steps toward better outcomes for residents. The tool's scalability and potential for future use as a data warehouse can support ongoing monitoring and improvement of supported accommodation services in Queensland. Our recommendation is to share the report’s insights with relevant agencies, including the National Disability Insurance Agency (NDIA), the Department of Housing, the Department of Health, Mental Health Services, and the Justice Department, to foster a collaborative approach.

Project background and deliverables

The federal Department of Social Services provided funding to The Department of Child Safety, Seniors and Disability Services (DCSSDS), in collaboration with the Supported Accommodation Providers Association (SAPA), to design and deploy a screening tool to provide a high-level overview of people living in Level 3 supported accommodation, their support needs, and how effectively their needs are met.

Griffith University's Inclusive Futures: Reimagining Disability, in collaboration with the University of Sydney's John Walsh Centre for Rehabilitation Research, has developed and deployed the staff rated SAPA Resident Need Screening Tool in January-June 2024.

Milestones

- Design of a staff rated, standardised data collection tool for a large-scale study, with capacity to be sustainable and scalable
- Design and implementation of staff training, collateral materials, and post-training support for Staff administering the tool
- Design and implementation of a data collection, transfer and analysis system
- Piloting the tool with 3 facilities
- Statewide rollout of the tool to all participating facilities
- Data analysis, interpretation and reporting

Presentation of deliverables

- A summary of the **research process** (p.11) and the tool's findings on the **residents' profile** (p.14) **and support needs** (p.25) **are contained in this report**

- The master copies of the **SAPA Resident Need Screening Tool** and **Facility Administration List** are attached as separate files. The tool's content and features are discussed in the report (p.7).

- The **training material**, including the **training slides** and **the SAPA Resident Need Screening Tool Training Guide** are attached as separate files. Excerpts of the Training Guide can be seen in Appendix 1 (p.45) to illustrate the types of support residential services typically provide.

The SAPA Resident Need Screening Tool

What is the SAPA Tool?

The SAPA Tool is a standardised, staff-rated tool in an Excel file, containing around 250 questions across two main parts:

Demographics: to explore resident profiles (around 45 questions), including:

- Administration basics, such as a facility code, size and location
- Basic demographics (age, gender etc.)
- Accommodation history
- Diagnosed disability and health conditions
- Funding and support network

Support needs: to understand support needs and how they are met (around 205 questions), including:

- Accommodation plans
- Daily living and personal care
- Health and wellbeing
- Incident reports and emergency/crisis contacts
- Data regarding tool administration

Features

Staff rated and standardised

- The tool can be completed in about 20 minutes by Staff with varied levels of qualification and experience, based on their existing knowledge and records within their facility.
- No resident interaction required: based on existing documentation and staff observation
- Completed on residents who arrived a minimum of 2 weeks prior to administrating tool.
- Staff completes one tool per resident, which takes about 20-30 minutes.
- Each facility who uses the SAPA Tool have a unique Facility Administration List that assigns a code to residents. This enables researchers to only collect deidentified data, which facilities can re-identify for future and ongoing use.

Time sensitive management of high-volume data

- Designed and implemented a data collection, transfer and analysis system that is capable of handling completed tools at scale.

Easy user adoption within the supported accommodation/disability sector

- Based on synthesisation of familiar, existing tools and measures in use (e.g. Intake Forms and operational documents commonly utilized in L3SA facilities and the NDIS Evidence of Psychosocial Disability Form)

User-friendly

The Excel file has several design features that makes them user-friendly and efficient to complete, such as dropdown menus, colour-coded visual guides, examples to guide and standardise answers for increased reliability/credibility of data, auto-filling, and data validation.

DAILY LIVING & PERSONAL CARE (last 4 weeks)	**NEED**	**RESIDENTIAL SUPPORT**			**EXTERNAL SUPPORT**				**SUPPORT NEED FULLY MET** (dropdown)	**FACTORS INVOLVED if support need is not fully met**		
	SUPPORT NEED (dropdown)	**FREQUENCY of support** (provided by Residential Service)	**Verbal** (yes/no)	**Hands-on** (yes/no)	**Funded by NDIS** (yes/no)	**Funded by Aged Care** (yes/no)	**Other formal support** (yes/no)	**Informal support** (yes/no)		**Residential service** (not NDIS)	**Non-residential service/s** (e.g. NDIS)	**Resident choice**
Dressing/grooming	yes	1 or more a week	yes	no	no	no	no	no	yes			
Personal hygiene	yes	1 or more a week	yes	no	yes	no	no	no	no	lack of finances	lack of funding	no

Dropdown menus standardise answers and save time

NDIS and/Aged Care column can autofill 'no' based on the Demographic section's answers

If support need is not fully met, cells switch on to reveal dropdown menus that explore the relevant factors

Figure 1: Examples of the SAPA Tool's usability features

How is it sustainable and scalable?

Reusable to monitor individual resident progress

Facilities can use and re-use the tool for their own records to support information sharing and referrals. It has current potential for facilities to monitor how a resident's support needs change across time, by completing the tool in different time intervals.

Scalable data warehouse to monitor statewide progress

The Excel files contain invisible (protected) sheets for the backend of data, which can be coded to automate data aggregation, analysis and visualisation in Power BI (currently set up for the Demographics sheet). This feature can be the foundation to future scaling, such as creating a live dashboard to provide periodic, statewide updates on residents. Successful implementation of similar data visualisation methods in Queensland can be seen in Brisbane Zero's Reducing Homelessness project.

The image below is an example of the Demographics dashboard that was used for data aggregation during the pilot and statewide rollout.

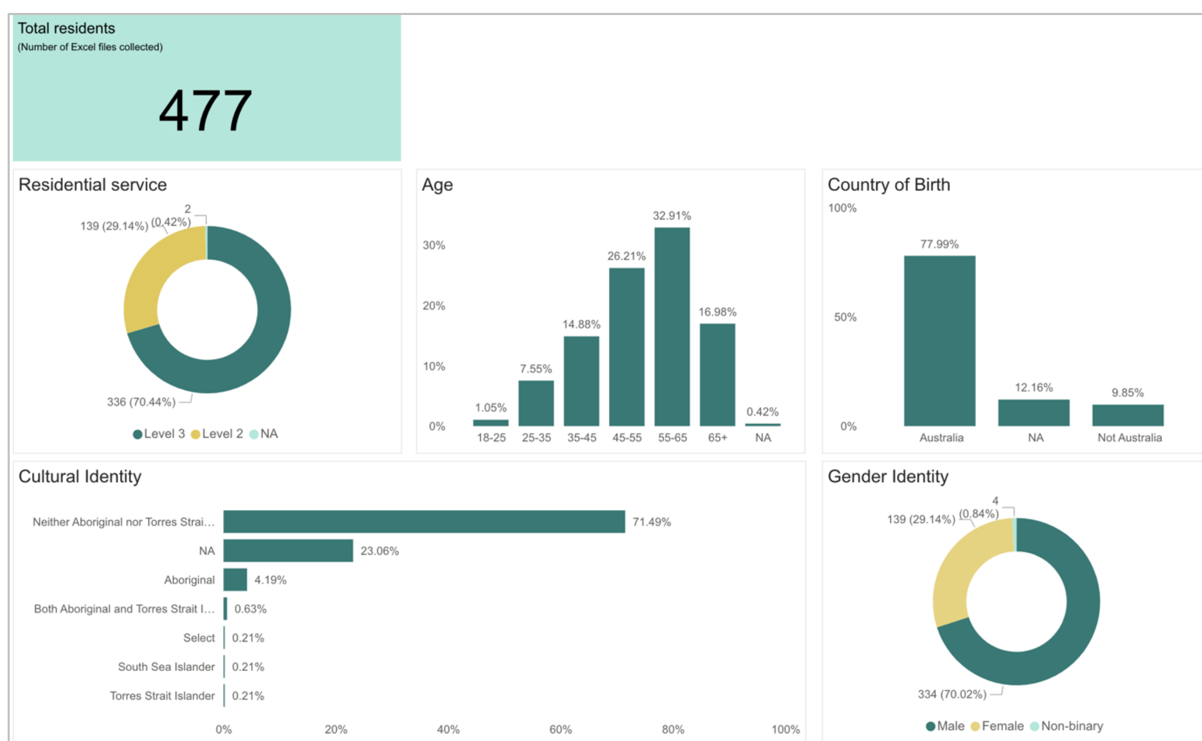

Figure 2: Illustration of the Demographics dashboard with potential for scalability

Future expansion can integrate the Support Needs section so completed tools can operate as a data warehouse to monitor statewide progress.

Future use case for a data warehouse can include the ability to efficiently filter on different features, such as facility location and size. E.g. Filtering on large facilities in the metropolitan area (top image) customises the dashboard to provide details on the 287 residents who fit these criteria.

This can enable more in-depth understanding of resident profiles, the factors impacting their support needs, and how the needs are met.

Additional features include “drill down” options to filer by specific data points (bottom image) and customise the dashboard around that. E.g. Selecting residents who were homeless/sleeping rough prior to arriving to L3SA can show that most of them were referred by mainstream services:

- Hospital: 26.9%
- Mental Health service: 30.8%
- NGO/NFP/Community organisation: 30.8%
- Family/Friends: 7.7%
- Self-referral: 3.9%

Future iterations could also incorporate additional features on the SAPA tool to monitor how residents transition out of L3SA, e.g. by recording the reason for transitioning and the accommodation type.

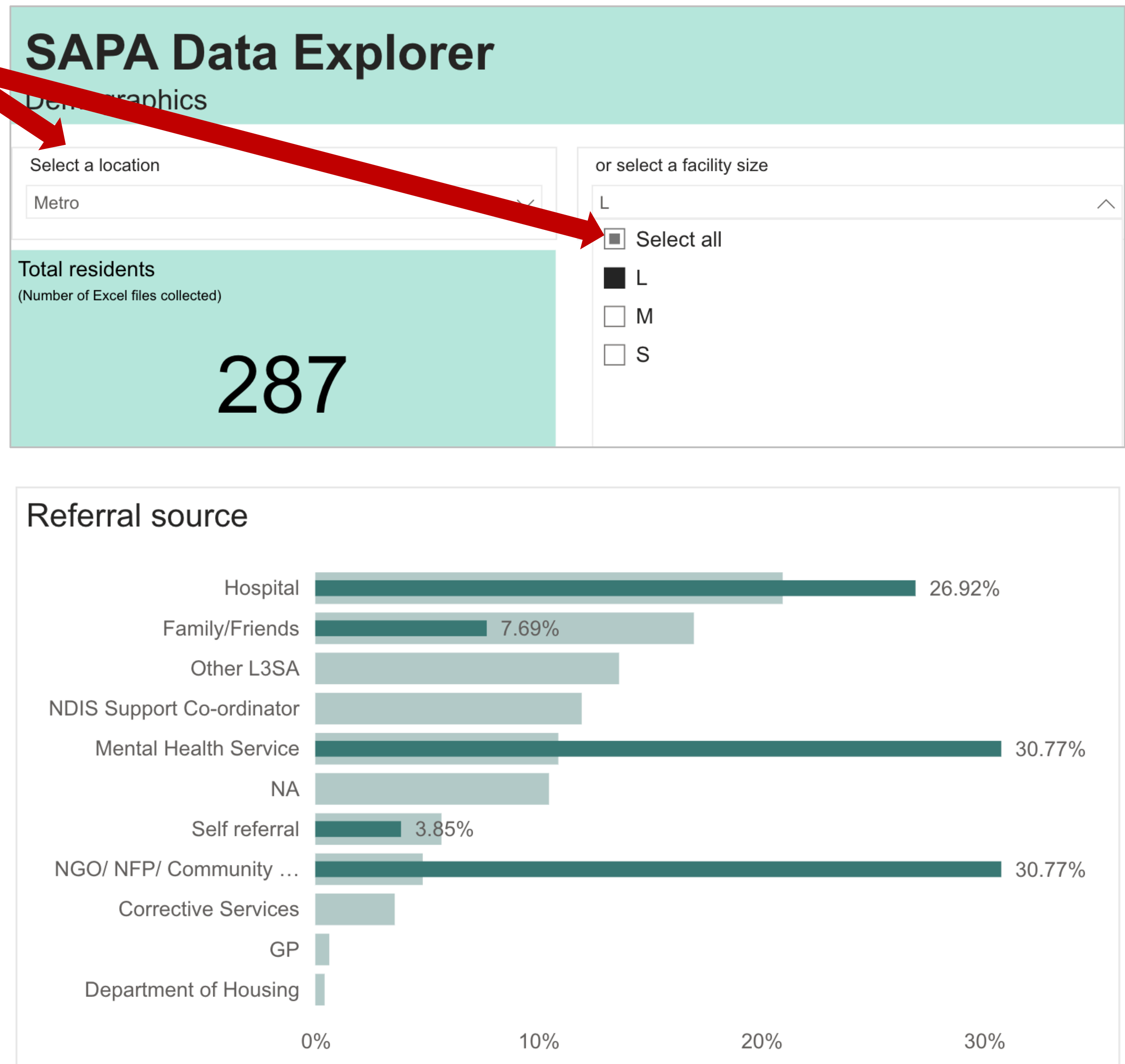

Figure 3: Dashboard customisation based on selected data points

How was the SAPA tool designed and developed?

The methods used an iterative approach, grounded in co-design and design thinking practices.

Synthesisation of existing tools

- Analysis and synthesisation of existing, evidence-based tools (e.g. ~Life Skills Profile - 16 (LSP-16), Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), Care and Needs Scale (CANS) etc.)
- Analysis and synthesisation of existing tools typically used in the sector, such as facility intake forms and NDIS forms

Co-design with multiple stakeholder input

The research process facilitated and synthesised key stakeholder input from multiple sources. The fundamental design challenge was to balance multiple, often conflicting perspectives on a tight deadline with limited resources to ensure the two non-negotiable priorities:

- The tool balances the limitations of providing a high-level overview within a large-scale study by capturing key details to demonstrate the complexity of residents' profiles, support needs and how those needs are met
- The tool upholds academic rigour whilst remaining user-friendly

Figure 4: Co-design workshop participants map referral processes to external

Participating stakeholders

- **Staff Reference Group**: Staff (the primary end users of the tool, as the group responsible for completing it) was represented through a recurring Staff Reference Group meeting. Staff represented a variety of facilities across locations, size and operators (from small business to multi-facility operators)

- **Disability advocates**: advocacy organisations with deep subject matter expertise on the supported accommodation sector were represented through a recurring Steering Committee meeting and additional consultations: Queenslanders with Disability Network (QDN) and Queensland Advocacy for Inclusion (QAI).

- **Lived experience**: people with lived experience of disability, Aboriginal and Torres Strait Islander peoples, people from the LGBTQIA+ community and people from CALD backgrounds. The core research team had multiple members with lived experience of disability, and researchers from

CALD backgrounds, and sought expertise from Citizen Scientists with lived experience of disability.

- **Oversight**: recurring consultations were held with SAPA and the DCSSDS, with reporting requirements. The project received ethics approvals from Griffith University and University of Sydney.

How were participating facilities recruited?

- Participating facilities were offered a $20 for each tool completed: a reimbursement enabling facilities to cover staff's frontline duties
- **All 42 facilities on the government registry were contacted** (1,463 max bed capacity); 4 of them were no longer operational as L3SA, and 4 restructured
- 35 L3SA facilities were assumed to be operational, with 1,373 max bed capacity
- 7 facilities declined and 5 did not respond despite repeated attempts.
- 23 facilities agreed to participate. Of those, 16 completed the training.
- **13 facilities completed SAPA Tools**.

Which facilities completed the SAPA Tool?

- All facilities that completed the SAPA Tool were SAPA members.
- The 13 facilities who completed the SAPA Tool Demographics have 684 max bed capacity, representing around 50% of the overall L3SA bed capacity in Qld.

How many tools were completed?

Demographics data: n=477 from 13 L3SA facilities. This number represents approx. 70% of the facilities' max bed capacity of 684, which is close to 50% of all L3SA capacity of 1,373.

- **Location** of facilities: 9 Metropolitan, 2 Regional and 2 Rural
- **Size**: 8 Large (50+ max bed capacity); 1 Medium (25-50) 4 Small (Up to 25)

Support Needs data: n=94 from 3 L3SA facilities

- **Locations**: 2 Metropolitan, 1 Rural
- **Size**: 2 Large (50+ max bed capacity); 1 Small (Up to 25)

SAPA Tool Type	Completed Tools	# Facilities	Max Beds	Location			Size			SAPA member		# Ops
				Metr	Reg	Rur	L	M	S	Yes	No	
Demographics	477	13	684	9	2	2	8	1	4	13	0	9
Support Needs	94	3	156	2	0	1	2	0	1	3	0	3

Table 1: Facilities that completed the SAPA Tool

What training and support was provided?

All participating facilities/staff who completed the SAPA tool were required to attend training. Post-training support was provided by the researchers through multiple channels.

Training

- **Attendees**: 16 facilities attended training with 1-2 Staff each.
- **Sessions**: 10 training sessions were held
- **Duration**: 2 hrs in-person (off site and on site) and online
- **Format**: group and one-on-one
- **Collaterals**: Training slides and SAPA Tool Training Guide

Support post training

- **2 researchers** provided post training support
- **Format**: email, phone, video conferencing, in person
- **Average 2.2 enquiries** per facility (29 enquiries across 13 facilities)

The training materials are attached as separate files.

Figure 5:Training materials included presentation slides and a Training Guide

Resident Profiles

Level of Residential Service

The Level of residential service received by residents in L3SA accredited accommodations varies across the following factors.

Based on the Residential Services (Accreditation) Regulation 2018, L3SA facilities must be accredited both as Level 1 (Accommodation Services) and 3 (Personal care services). Level 2 (Food services) are optional. Therefore, residents can receive different services:

- **Level 1, 2 and 3**: accommodation, food and personal care services); or
- **Level 1 & 3** (accommodation and personal care services, but no food).
- **Personal care's definition** is based on the accreditation standards but is interpreted differently across facilities (e.g. medication management is typically included, showering is not).

The different Levels are included in the residential fee as separate components, based on the Levels of service received by residents (typically up to 85% of DSP/Aged Pension). Facilities who participated in this research shared that they absorb considerable portions of the personal care costs for most residents, as the Level 3 component charged typically outweighs the level of support provided by residential services. Residents are typically charged around $60/day to cover rent, food and personal care in L3SAs, whilst the cost of employing Staff is $60-80/hr (SAPA, 2023).

Providing care outside general business hours (9-5), weekends and public holidays are especially high stakes for facilities due a compound impact of limited availability of additional services and increased Staff costs. After deducting the cost of rent and food (inc. accommodation, food and operational costs such as utilities, insurances, audits etc.), the personal care component covers around 45 minutes of Staff time per resident per week; around 7 mins per day. This means that many facilities provide support at their own cost, increasingly operating at a financial loss (SAPA, 2023).

For NDIS participants, NDIS funding may pay for additional L3 (personal care) services based on individual circumstances. In some (but not all) of these cases, residents may have their whole personal care component funded by the NDIS, not as part of their residential fees. Based on this, the levels and payment source(s) for services are:

- **Level 1, 2 and 3** paid by resident, typically with L3 partially absorbed by the facility at their own cost
- **Level 1, 2 and 3** paid by resident, with additional personal care services funded by NDIS (and in most cases, also partially absorbed by the facility at their own cost)
- **Level 1 & 2** paid by resident's rent, with personal care funded by NDIS (and in many cases, also partially absorbed by the facility at their own cost)

Some operators have linked NDIS and residential services through parallel operations through a separate NDIS entity that enables them to provide both residential and NDIS services on site.

According to the SAPA Tool (n=477), the levels of residential service received by residents in L3SA are:

- **70% of residents receive Level 3** (Accommodation, Food and Personal Care services)
- **30% Level 2** (Accommodation and Food services)

More details and data insights on the types and frequency of support provided by residential services can be found in the Support Needs section (p.28).

Basic demographics

Age

The median age category of residents is 45-55, with 76% residents older than 45. This is significantly older than the general Australian population with a median age of 38 (ABS, 2022). The largest age cohort is 55-65 years (32.9%), followed by 45-55 (26.2%) and 65+ years (17%).

For the under 45 cohort, there is only 1% of young adults (18-25), 7.6% 25-35 years, and 14.9% aged 35-45 years.

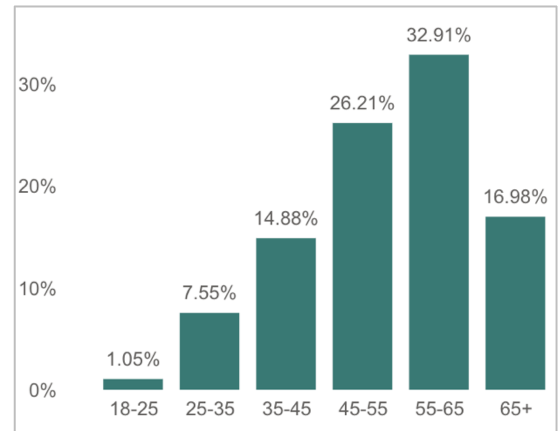

Figure 6: Age distribution of residents

Aboriginal and Torres Strait Islander Peoples

5% of residents are Aboriginal, Torres Strait and South Sea Islander peoples, slightly above the average of 4.6% of Queensland (ABS, 2022). However, there was a large percentage of residents with unknown cultural identity, which may indicate the need for increased engagement to explore and understand culturally significant aspects of residents' profile.

- Aboriginal: 4.2%
- Both Aboriginal and Torres Strait Islander: 0.6%
- Torres Strait Islander: 0.2%
- South Sea Islander: 0.2%
- Neither Aboriginal nor Torres Strait Islander: 71.5%
- Unknown: 23.1%

Country of birth

10% residents were born overseas, which can be interpreted as an indication of residents from a Culturally and Linguistically Diverse (CALD) background. This is significantly lower than the QLD average of 22.7% (ABS, 2022).

Gender identity and sexual orientation

Males were significantly overrepresented: 70.1% compared to 29.1% females. Only 0.8% residents were non-binary and 3.6% were part of the LGBTIQ+ community, although the high unknown numbers may reflect that this is not area fully known to Staff.

- Male: 70.1%
- Female: 29.1%
- Non-binary: 0.8%

- Heterosexual: 81.1%
- Unknown: 15.3 %
- LGBTIQ+: 3.6%

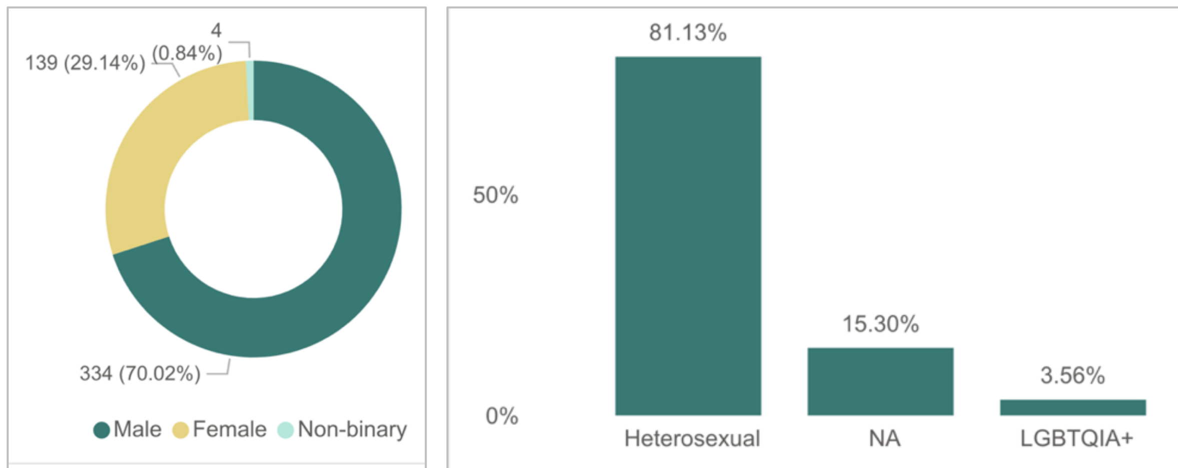

Figure 7: Gender identity and sexual orientation

Education level

- 61% completed Year 10 or below and 29% completed Year 12 amongst those with known education levels. This likely indicates high unmet support needs since childhood for a large majority of residents.
- 9% completed a VET qualification/Certificate, bachelor's degree or higher education degree.

Current employment, education, and volunteering

Only 3.7% of residents have a form of employment, compared to 83.4% of Australians without a disability and 53.4% with disability (AFDO, 2019). 94.2% are not employed or enrolled in education. 0.8 % of residents are undertaking education and 3.7% volunteer.

Main source of income

97.3% of residents receive government support as their main income, with **92.7% residents receiving the Disability Support Pension (DSP)**. A small percentage of residents received the Aged Pension: 3.8%, Service Pension: 0.2% and New Start/Unemployment: 0.2%. Super/Self-funded or Family support is 2.1%, and Employment is 0.6%.

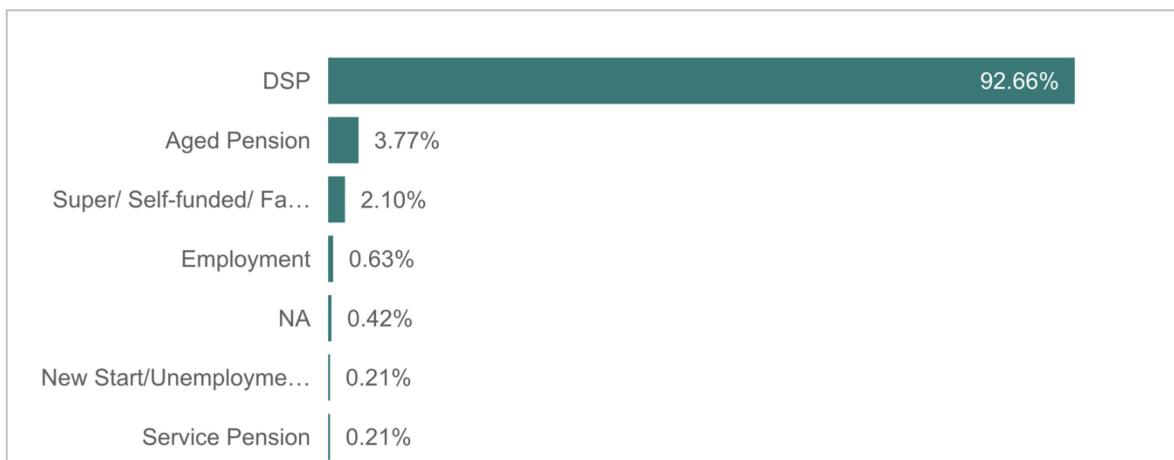

Figure 8: Main source of income

Accommodation history

Date of arrival

30% of residents arrived between Jan 2023 and Apr 2024**.** 17.4% arrived in 2023 and 15% in 2022. Over third of the residents arrived 2015-2020, and 5.04% 2010-2015. 7.7% moved into their L3SA before 2010.

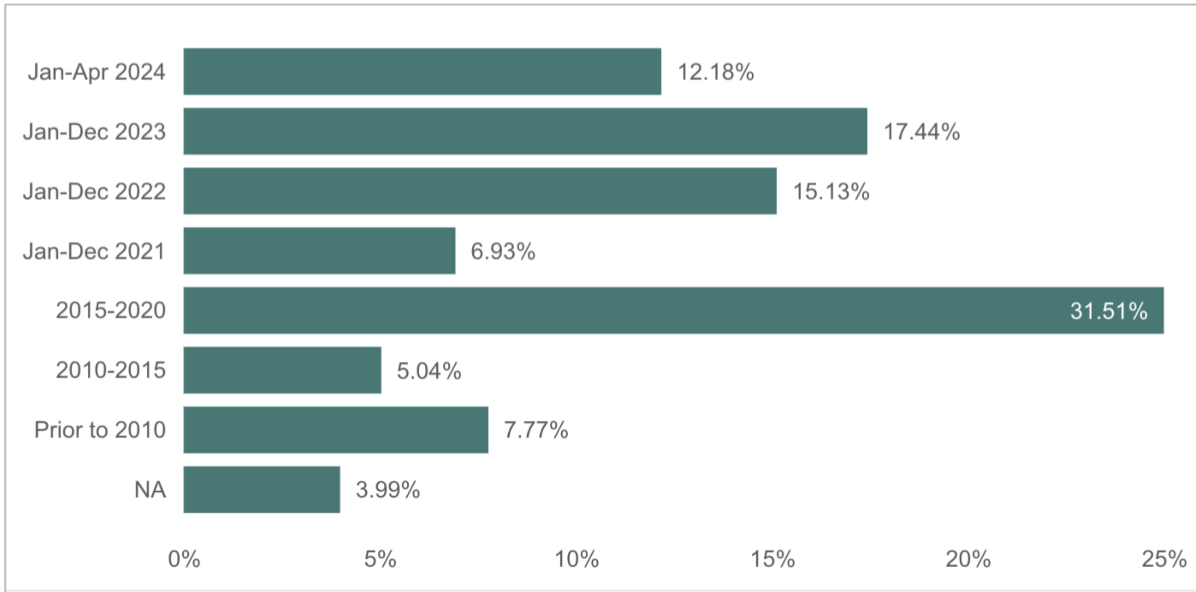

Figure 9: Date of arrival

Last housing before current L3SA

The most frequent previous accommodation was another supported accommodation at 25.4%, followed by hospital: 17%. Only 7.6% residents arrived from private housing (rented or owned) and 1.7% from Social/Public housing. 15.9% were previously living with friends and family and 8% lived in temporary housing (boarding house/hostel/couch surfing). 6% of residents were homeless or sleeping rough.

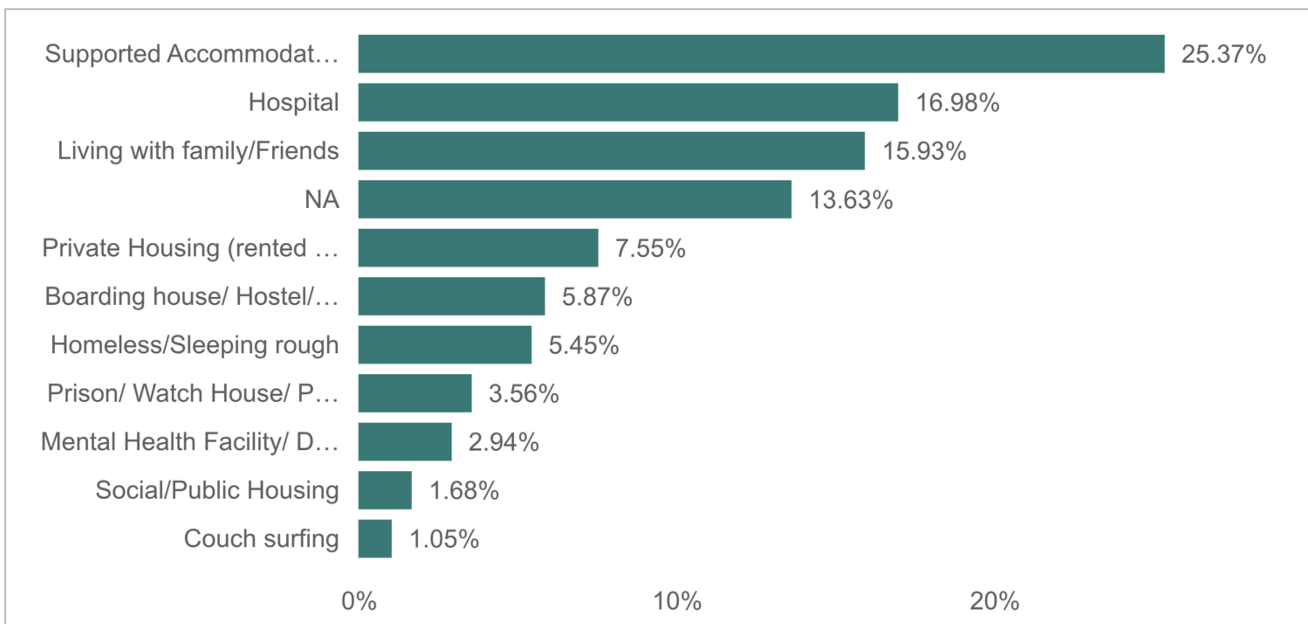

Figure 10: Last housing before current L3SA

Referral sources

35.5% residents were referred from mainstream services: hospitals 21%, mental health 10.9% and corrective services 3.6%. Other L3Sas were notable referral pathways with 13.63%, along with NDIS Support Co-ordinators at 12%. Lower referral rates came from NGO/NFP/Community organisations 4.8%, GPs (0.6%) and the Department of housing (0.4%). Family/Friends and self-referrals accounted for 16.7% and 5.7% respectively.

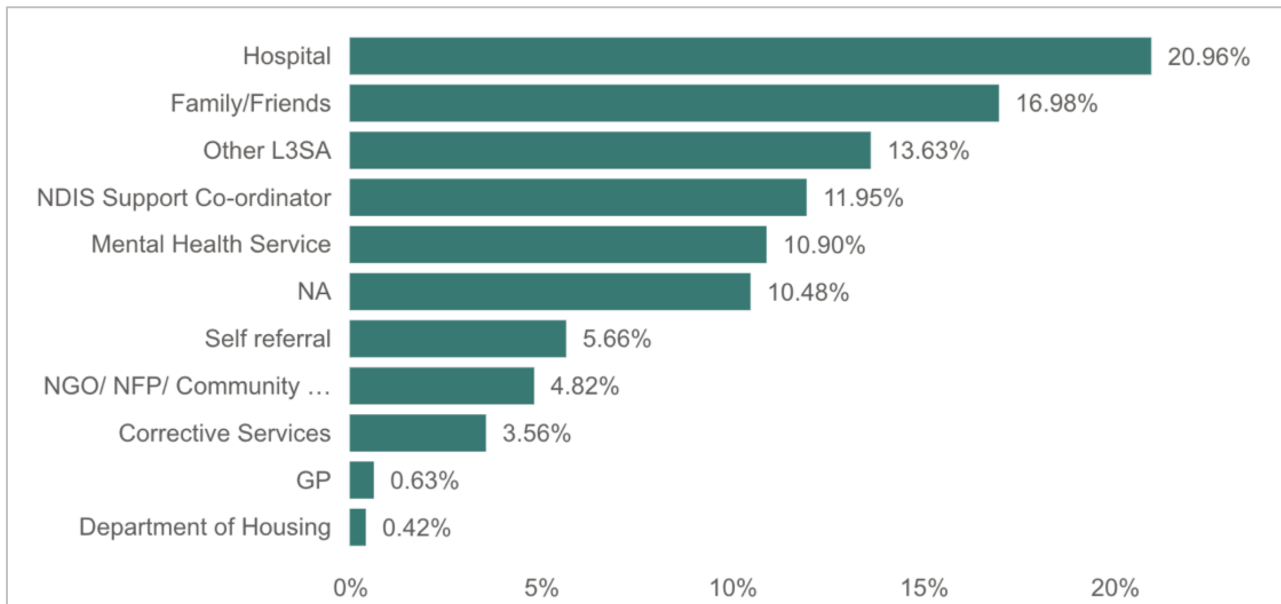

Figure 11: Referral sources

Main reason for referral

72.9% of residents came to their current L3SA because of accommodation issues (lack of suitable housing: 36.9%), increased support needs (24.7%) or institutional exit (discharge from hospital, mental health facility or prison: 11.3%). Family/domestic issues (including separation and domestic violence) accounted for 5.5%. 5.4% of residents arrived because of their tenancy at risk. A small portion was referred because of property issues (hazardous/unsafe property 3.1%), interstate move (0.8%) or financial issues (0.4%).

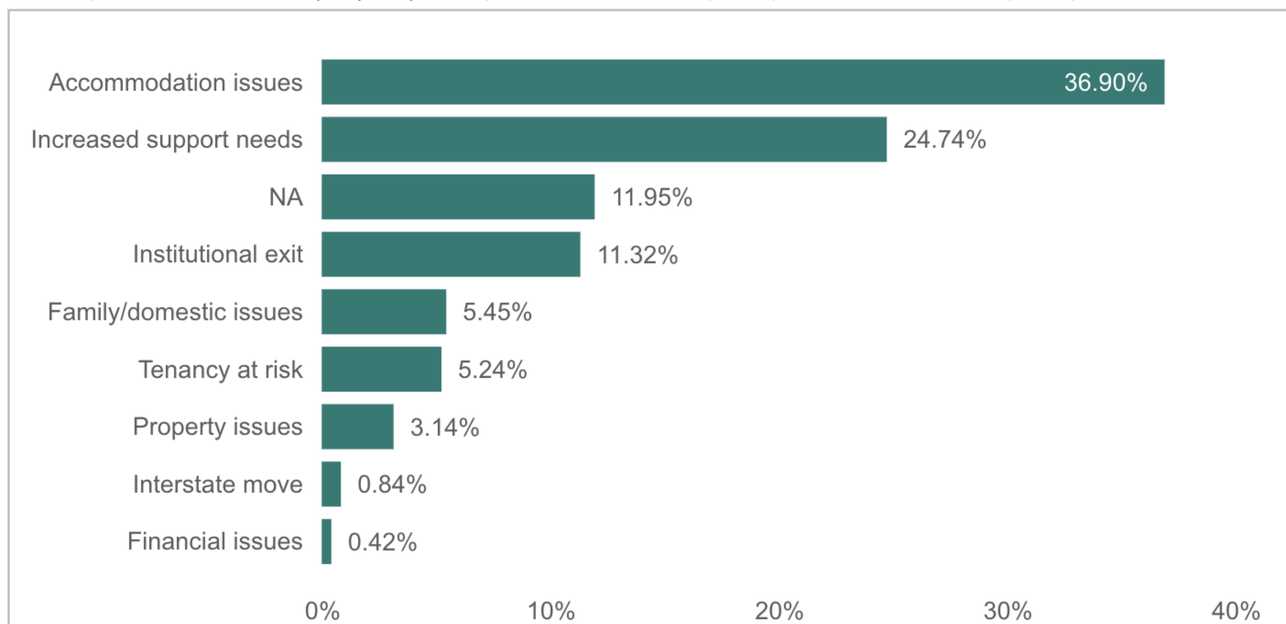

Figure 12: Main reason for referral

Accommodation choice and plans

Residents' choice was explored as part of the Support Needs section, which was completed on a smaller, but significant sample (n=94).

46% of residents chose L3SA as an option, 33% did not (21% was unknown). While only a third of the residents have sufficient finances for independent transitioning, financial constraints are not the primary driver for staying in L3SA, as evidenced by financial issues being the lowest reason for referral. This suggests that decisions to stay or transition are more influenced by care needs and personal satisfaction with the services received rather than by financial capabilities.

Data indicates that a significant majority of residents (61%) do not wish to transition out of L3SA. This might reflect a sense of stability and community within the current settings, contrary to the traditional view of L3SAs as merely transitional. Given the large portion of residents with significant length of stay, many may consider L3SA as their home and community, and wishes for more support rather than a new place. For many, these facilities may have evolved into long-term or permanent homes where they feel settled and supported.

There is a significant disparity in the desire to transition out of L3SA between the general resident population and those who have recently experienced emergencies or crises. While only 24% of all residents wish to transition, this desire nearly triples among those with recent emergency/crisis contacts, where 60.8% express a desire to move to different settings.

Amongst all residents, there is an even split between those who desire more independent accommodation (12%) and higher support (12%). For residents with ER/crisis contact, the wish for higher support is nearly triple for higher support (34.8%), and more than double (26%) for more independent accommodation. The desire for higher support rather than transitioning to more independent settings, even among those who experienced crises, highlights a potential gap in the current support framework within L3SA. It indicates that enhancing support within existing structures might be more beneficial and desired than facilitating transitions to potentially less supported environments. (More details on ER/crisis contact are presented in the Crisis and Emergency Need section (p.25).

Diagnosed disability and health conditions

The high percentage of professionally diagnosed, evidenced disability and health conditions demonstrate the severe and complex needs of residents within L3SA. This is likely a conservative estimate, as the lack of access to affordable and appropriate assessments has been a strong recurring theme throughout the project.

Diagnosis and co-occurrence

73.2 % residents have multiple diagnoses, up to 10 diagnoses

Most common diagnoses: Mental health/psychosocial (85%), chronic health issues (46.8%) and Intellectual impairments (27.5%)

Single and multiple diagnoses within categories

The table below indicates the **overall percentage of diagnosis in each category.** Residents may have multiple diagnoses within multiple categories.

- **Total %**: percentage of residents with at least one diagnosis in the category (e.g. mental health).
- **Single**: % of residents with a single diagnosis within the category
- **Dual**: % of residents with two diagnoses within the category
- **Triple**/+: % of residents with three or more diagnoses within the category

Diagnostic category	Total %	% of diagnoses within category		
		Single	Dual	Triple/+
Mental Health/Psychosocial (Schizophrenia, Bipolar, PTSD etc.)	84.9	58	22	5
Chronic Health Issues (Asthma, COPD, Diabetes, Heart issues etc.)	46.8	29	13	5
Intellectual (Down Syndrome, Fragile X, Prader-Willi, etc.)	27.5	26	1.5	0
Physical (Arthritis, Cerebral Palsy, Spinal Cord Injury etc.)	14.7	12	0	1.3
Neurological (Alzheimer's, Parkinson's, Epilepsy, Migraine etc.)	13.8	12	1.3	0.6
Acquired Brain Injury (Acquired and Traumatic Brain Injury)	12.4	12	0.2	0.2
Neurodiversity/Developmental (Autism/ASD, ADHD, Tourette's etc.)	10.5	9	1	0.4
Sensory (Hearing, Vision, Senses, etc.)	9.2	8.6	0.2	0.2

Table 2: Diagnosed disability and health conditions

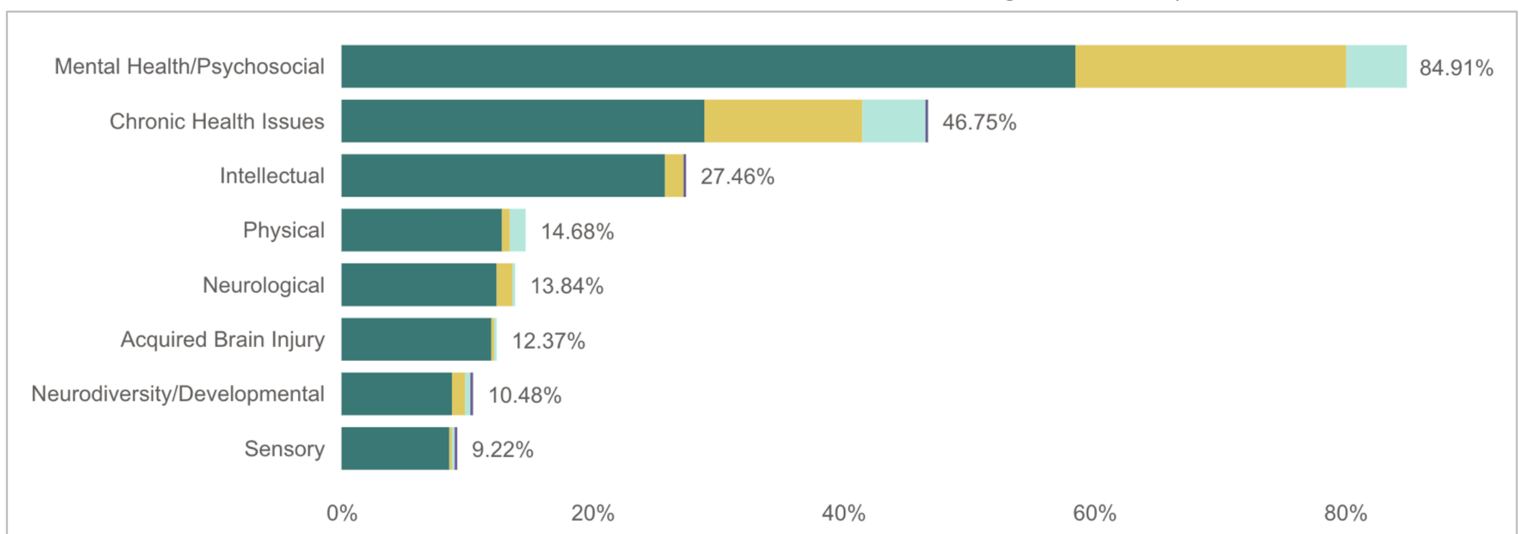

Figure 13: Diagnosed disability and health conditions

Forensic and Support Orders and Plans

15.9% of residents have an Order or Plan in place, such as:

- Forensic and treatment support orders
- Peace and good behaviour orders
- Domestic violence orders
- Parole orders
- Positive Behaviour Support Plans

Alternative/substitute decision makers and advocates

- **42.8%** residents have an alternative/substitute decision maker.
- **18.5%** has a community visitor/disability advocate

Support and Funding

76% residents receive some type of funding, 24% do not, which indicates a significant gap in support. Types of funding received (some of the fundings may overlap):

- **NDIS: 68.6%**.
- **Aged Care: 3.8%**
- **Other funding** (e.g. DVA, NIIQ): 7.8%

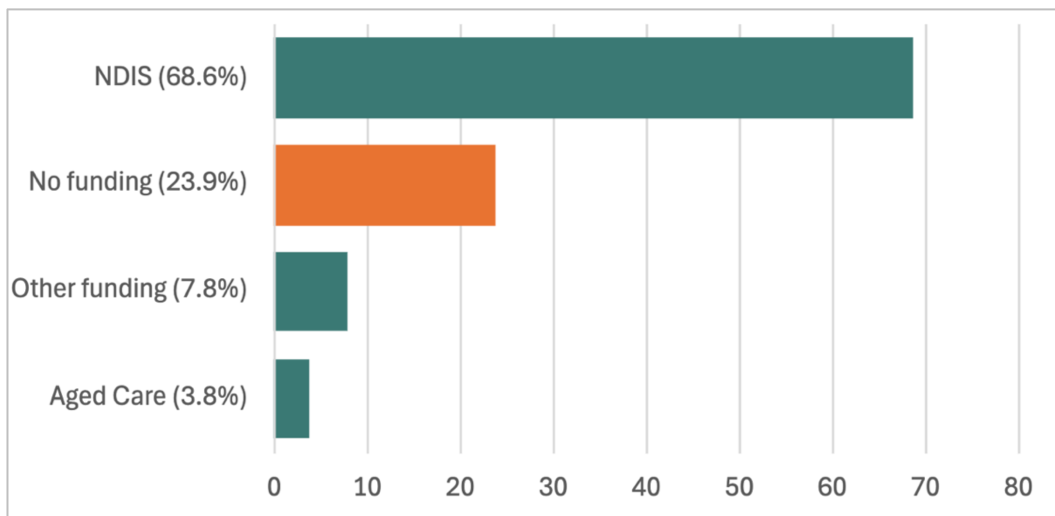

Figure 14: Funding received by residents

92.7% residents receive the DSP, yet only 68.6% have NDIS funding.

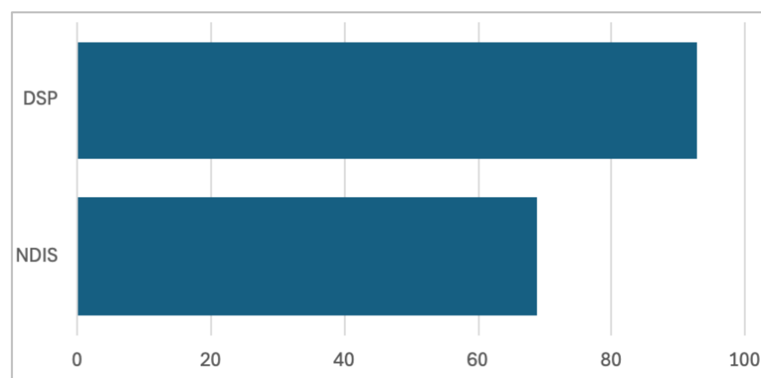

Figure 15: Gap between DSP recipients and NDIS participant

Support Network

93.9% residents have formal support, including all external (i.e. non-residential) services, regardless of funding source. However, this number is not indicative of the level and frequency of support provided, which may be ongoing or occasional. **54.3% residents have informal support** through friends and family.

The most common formal support were GPs (91%). This is likely due to many participating facilities having a visiting GP organised for their residents as part of their offering. Despite the complexity and severity of diagnosed health conditions and disability, **only 69.2% of residents have a Case manager/Coordinator/Social worker**. **33.1% has a psychologist/psychiatrist/counsellor, which is extremely low, given that 84.9% residents had a mental health/psychosocial diagnosis** (the most frequent diagnosis). 42.8% of residents have Alternative/substitute decision makers and 18.5% has a community visitor/disability advocate.

Nearly half of the residents have a Personal care provider: 49.5% and Podiatrist: 49.5%. There is a sharp drop for the rest of the external support: Dentist: 26%, Occupational therapist/physiotherapist: 20.8% and other external supports: 13.6%. 4.8% residents have a peer support group, although this is exclusive to metropolitan areas.

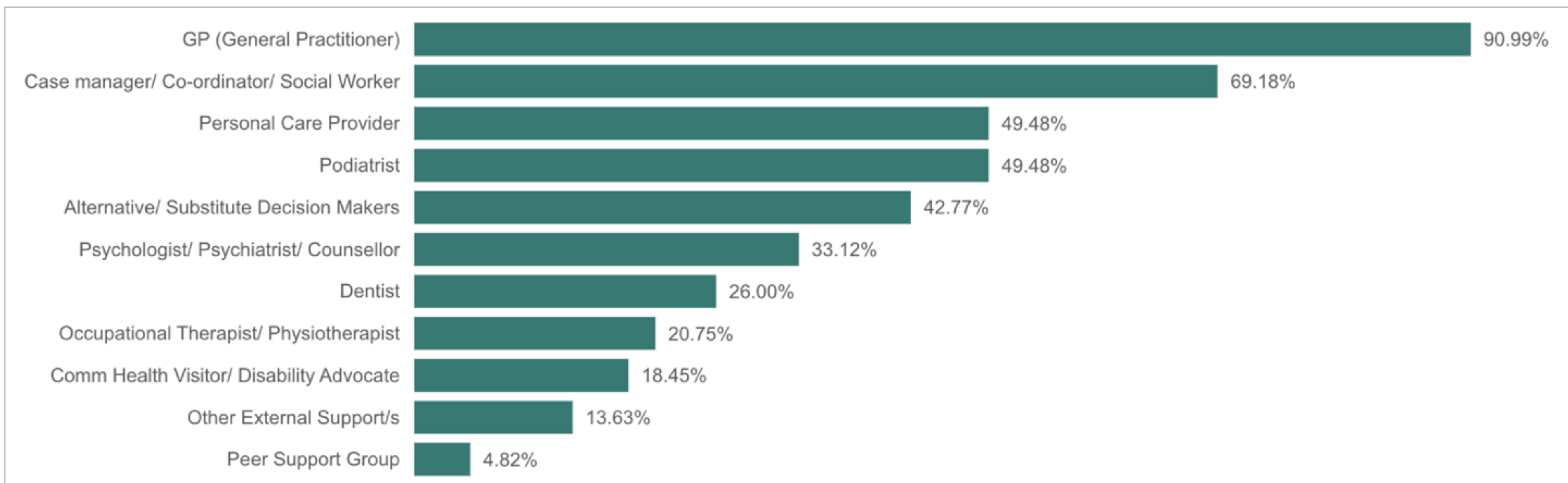

Figure 16: External support services

Profile differences across regions

Metro Resident Profiles

- **Residential Service**: Mostly Level 3 services (69.1%)
- **Age Distribution**: Median age: 45-55. Fewer older adults compared to rural areas, with a significantly lower percentage of residents over 65 years (15.5%).
- **Higher diversity**: 3.9% Aboriginal, 0.3% Torres Strait Islander, 0.3% South Sea Islander and 0.8% both Aboriginal and Torres Strait Islander people. A higher percentage of culturally and linguistically diverse (CALD) residents, with 16.0% of residents born outside Australia. All residents identifying with gender and sexual diversity located in Metro areas. Predominantly a male and heterosexual.
- **Education and Employment**: Higher levels of education but low employment rates at 2.9%.
- **Housing Prior to L3SA**: A high percentage of residents arriving from other Level 3 accommodations (31.8%) or hospitals (17%), indicating high mobility and possibly crisis-driven admissions.
- **Income and Funding**: Highest percentage of DSP as the main income source (94.2%); with the largest funding gap as 29% residents do not receive any funding. 67% residents are NDIS participants.
- **Diagnoses**: 73.2% residents have multiple diagnoses, most frequently mental health/psychosocial (87%), chronic health (46%) and neurological (28%).
- **Orders and Plans**: 17%, suggesting engagement with the health and judicial system
- **Support and Services**: Residents have the highest levels of formal services (97%) and low informal support (51%).

Regional Resident Profiles

- **Residential Service**: Level 3 services
- **Age Distribution**: Median age 45-55, with a relatively higher proportion of younger residents aged 18-25 years (4.3%).
- **Cultural Identity and Country of Birth**: 4.3% residents are Aboriginal people. 13% residents born overseas.
- **Gender and Sexual Orientation**: Consistent majority male and heterosexual distribution, like other regions.
- **Education and Employment**: Highest employment rates (10.9%) and highest level of Year 12 completed (21.6%)
- **Housing Prior to L3SA**: Close to half of the known referrals in regional areas came from Mental health services and hospitals (23.9 and 19.6% respectively), with institutional exit as most frequent reason for referral (28.3%).
- **Income and Funding**: Lower DSP coverage (82.6%) and the lowest NDIS participants (54%) with a significant percent funded by Super/Self/Family (10.9%) and 65% accessing other funding.
- **Diagnoses**: Highest diagnoses of mental health (94%). A notable 26% of residents have Forensic and Support Orders and Plans, reflecting significant engagement with health and judicial systems.
- **Support and Services**: The lowest levels of both formal (78%) and informal support (45%), indicating significant service gaps

Rural Resident Profiles

- **Residential Service**: A mixture of Level 2 (42%) and Level 3 (58%) services
- **Age Distribution**: A significantly older population with 27.5% over 65 years, median age 55-65

- **Cultural Identity and Country of Birth**: Higher representation of Aboriginal and Torres Strait Islander peoples (5.8%). Lowest percentage of residents born overseas (4.3%)
- **Gender and Sexual Orientation**: Predominantly male, like other areas, with very no diversity rated in sexual orientation and gender identity.
- **Education and Employment**: Predominantly lower educational achievements (59.4% with Year 10 or below) and low engagement in employment. However, higher volunteer involvement (12%).
- **Housing Prior to L3SA**: highest percentage of residents previously living in hospitals (34.8%) and with family/friends (36.2%), with increased support needs as the most common reason for referral (55.1%). 36% of residents arrived before 2015.
- **Income and Funding**: 91.3% receives the DSP, with the highest percentage of NDIS funding (86%)
- **Diagnoses**: Highest rates of chronic health and neurological conditions (54% and 39% respectively), and highest rate of multiple diagnoses, possibly reflecting age related factors.
- **Support and Services**: Highest levels of informal support (77%), but formal supports are not as extensive as in metro areas (87%), despite the complex needs.

Crisis and Emergency Needs

Data from three facilities involving 94 residents over four weeks revealed alarming trends of unmet support needs. With 52.7% of residents experiencing at least one incident report, some having up to 20, and 24.5% having emergency/crisis contacts, it is evident that the current support systems are failing to address the complexities of these residents' needs effectively. This situation highlights significant gaps in preventative care and the necessity for more proactive and integrated support strategies.

- **Total Incident Reports**: 52.7% residents had at least 1 incident report, up to 20 per resident 238 (n=94).
- **Emergency/Crisis Contacts**: 24.5% residents had at least 1 contact (140 contacts in total (n=94).

Incident reports

An incident report is the documentation of an event that has occurred where potential or actual harm came to a person or property. Some examples of incidents are illness or injury to a person (including self-harm), physical and verbal threats or assault, neglect or exploitation, wilful or negligent damage to property, absconding.

Incidents are uneven amongst residents

- 0 incident report: 47.9% residents
- 1-5 incident reports: 39.4% residents
- 5+ incident reports: 12.8% residents were involved in 6-20 reports, involving 60% of all incident reports.

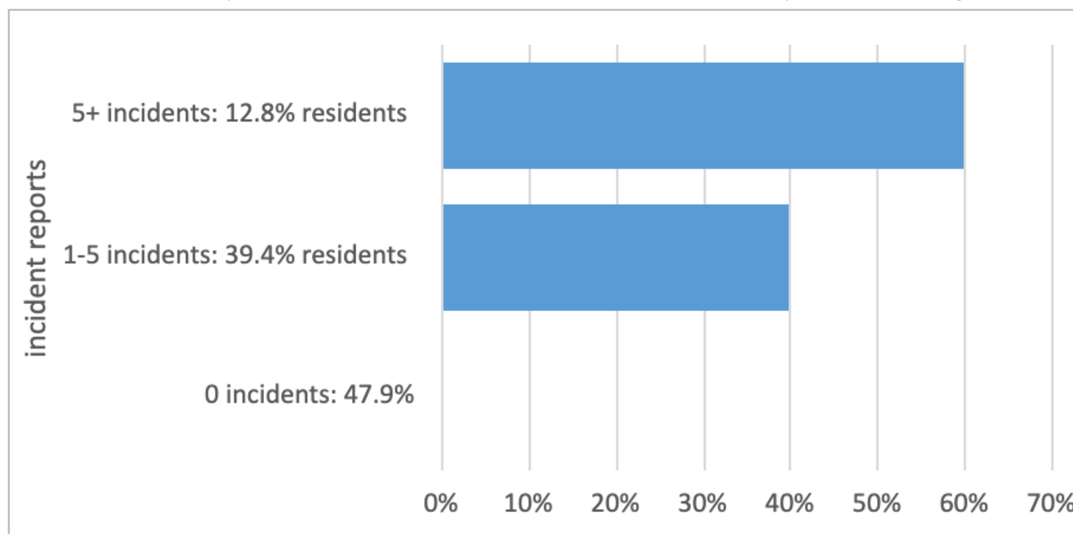

Figure 17: Distribution of incident reports amongst residents

Generalization of findings

- Estimated annual incident reports for 1,000 Residents: 32,916 incident reports.

Emergency/crisis contacts

24.5% of residents had ER/crisis contact over 4 weeks prior to completing the Support Needs part of the tool. Contacts were counted for ambulance, police, Accident & Emergency, Acute Care Team (Mental Health), and Public Trust/Guardian.

Emergency/Crisis Contacts

- 24.5% of all residents had at least 1 contact, some up to 25 (total of 140 contacts amongst 94 residents)
- Average number of contacts: 6.1 (per resident with ER/crisis calls)
- Average number of services contacted: 2.4 (per resident with ER/crisis calls)

Types of contact

- Accident & Emergency (A&E): 7.14%
- QLD Police Service (QPS): 12.1%
- Acute Care Team (ACT/Mental Health): 13.6%
- QLD Ambulance Service (QAS): 32.1%
- Public trust/Guardian: 35%

Generalization of findings

- Estimated annual ER/crisis contacts for 1,000 Residents: 19,362

Profile of residents with ER/crisis contacts

Residents with ER/crisis contacts are predominantly older males (55+ years) with multiple, severe health and psychosocial issues, high rates of substance use and a history of institutional living. Despite high levels of DSP and NDIS funding, these residents experience frequent crises, indicating a gap in effective, preventative support. There is a strong desire for transitioning to different accommodation types, especially higher support.

Mainstream services (hospitals, MH facilities, prison) accounted for 58% of previous accommodation. The most frequent reason for referral institutional exit (38%). 43% residents have lived in their current L3SA for longer than 5 years. As 7.7% of residents arrived from other L3SAs, it is possible that half of the residents have lived in L3SA for over 5 years. 60.8% of residents with ER/crisis contact wished to transition out of L3SA: 34.8% to higher support and 26% to more independent accommodation.

The main income was DSP for 95.7%. Surprisingly, residents with ER/crisis contacts had higher rates of funding compared to the L3SA average, with only 13% receiving no funding. 82.6% were NDIS participants (compared to 68.6% average) and 8.7% received other funding (in addition to NDIS). The high funding levels might indicate systemic inefficiencies where resources are allocated but not necessarily translating into improved outcomes. This could point to issues such as inadequate care coordination, insufficient integration of services, and a service delivery model that is more reactive than proactive, focusing on managing crises rather than preventing them. There may be a gap in preventative care and early intervention strategies that could reduce the need for emergency responses, perpetuating a cycle of dependency on ER/crisis services and recurring emergency situations.

Diagnosed disability and health conditions

The average diagnosis per resident is 2.7. Over 78% residents had multiple diagnosis, some up to 10. The most common diagnoses are:

- **Mental health/psychosocial: 82.6%**, with a high incidence of Serious Mental Illness (e.g. schizophrenia).
- **Chronic health issues: 56.5%**
- **Substance use: 52.2%**, with 50% of substance use including at least 1 type of Schedule 1 (heroin, methylamphetamine ("ice"), amphetamine ("speed") and multiple substances

The table below describes the specific diagnoses of residents with emergency or crisis contacts, providing a clearer understanding of their complex health conditions and support needs.

Diagnosed Health Conditions, Disability and Substance Use	**Total %** (n=23)
Mental Health/Psychosocial (inc. Schizophrenia, Schizoaffective Disorder, Complex PTSD, Major Depression, Anxiety, Alcohol Use Disorder)	**82.6**
Chronic Health Issues (inc. Hepatitis C, Stage 4 Renal Failure, Diabetes, COPD, Asthma, Hypertension, Osteoarthritis)	**56.5**
Substance Use (inc. Schedule 1 (heroin, metyl/amphetamine), Schedule 2 (Cannabis), alcohol (and household items with alcohol content) and medication	**52.2**
Neurological (inc. Korsakoff's Dementia, Alzheimer's, Seizures, Epilepsy, Post Stroke)	**26.1**
Acquired Brain Injury (inc. Acquired & Traumatic Brain Injury)	**21.7**
Intellectual (Intellectual impairments)	**13.0**
Sensory (inc. Cataracts, Bilateral deafness, hemianopia)	**13.0**
Neurodiversity/Developmental (inc. Autism & Tourette's)	**8.7**
Physical (e.g. Incontinence)	**4.3**

Table 3: Diagnoses amongst residents with recent ER/crisis contact

The analysis shows that a significant proportion of residents with ER/crisis contacts are older males with multiple severe health and psychosocial issues, high rates of substance use, and a history of institutional living. Despite a high percentage funding from the NDIS (82.6%), these residents continue to experience frequent crises, indicating systemic inefficiencies in resource allocation and care coordination.

There is a pressing need to shift from a reactive to a proactive service delivery model, focusing on early intervention and continuous, personalized support to prevent emergencies. The high occurrence of incident reports and emergency contacts suggests that without immediate action to improve preventative care, the cycle of dependency on emergency services will persist, exacerbating the challenges faced by residents, and by extension, residential service providers.

Support Needs and Support Gaps Overview

Data considerations

The significant extent of unmet needs presented here likely represents the best-case scenarios in terms of service provision. The facilities that completed the support needs section are all registered, visibly engaged with sector-wide advocacy for residents, and SAPA members. These facilities have 24/7 staff onsite and regular on-site visits from GPs, up to three times a week. Additionally, they benefit from regular on-site visits by community visitors/disability advocates and allied health professionals (some on request). All facilities included in this section have dedicated leisure/recreation/activities spaces.

Despite these advantages, the data highlights significant support gaps that underscore the urgency for systemic action. Given that the data does not fully capture the challenges faced by residents in less resourced or unregistered facilities, it is evident that even the best-case scenarios demand immediate and comprehensive interventions to address these critical support needs across the sector.

Support Needs

The graph presents the percentage of support needs amongst residents in various daily living and personal care areas. The top 6 areas of highest demand for support are required over 90% of all residents. Food/nutrition and cleaning/tidying were 100%, closely followed by medication management at 99% and transport/travel at 98%; then budgeting and finances at 97%. Self-advocacy and case management support is required by 90%.

Personal hygiene and dressing/grooming support is required by 77% and 67% of residents, respectively. Technology access/literacy needs are apparent for 74% of residents, and 66% also requires support for functional literacy (reading and writing). Support with toileting/continence is needed for 39%. The lowest level of support need is for mobility at 23% of residents.

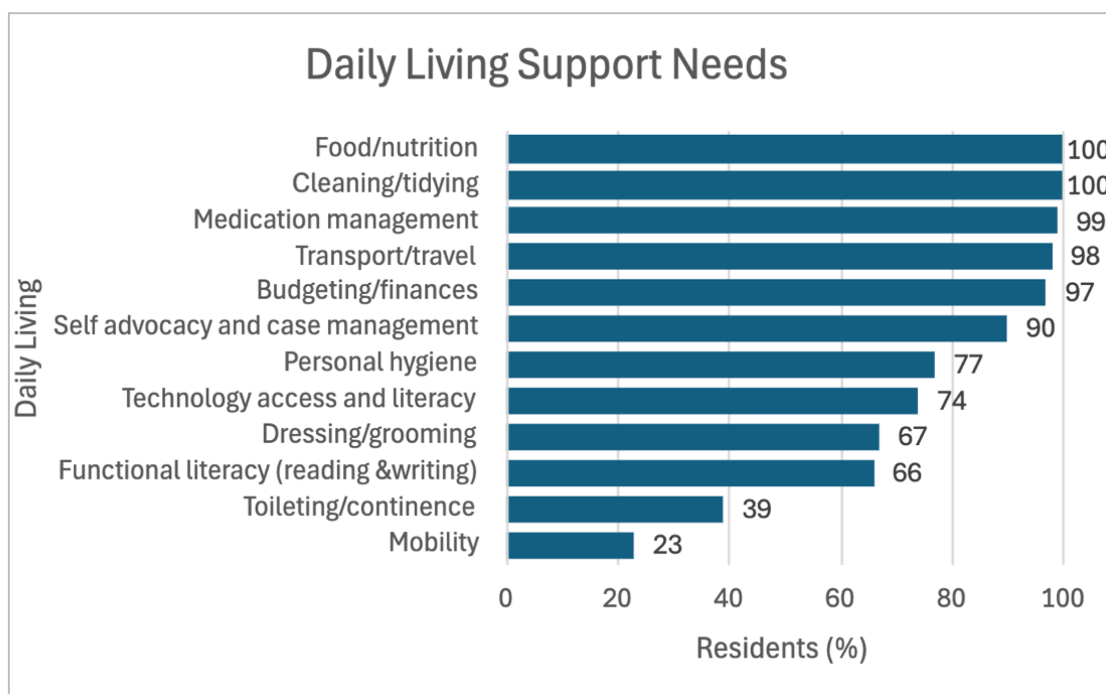

Figure 18: Support needs in daily living and personal care

With respect to health and wellbeing, the top support needs were leisure and recreational activities (98%) and social/community connections (96%), closely followed by mental health (88%) and substance use (81%). Physical (81%) and dental health (56%) support needs are also significant.

Communication/social skills and cognitive functions are critical areas, required by 74% and 73% of residents, respectively. Complex/challenging behaviour requires support for 55% of the population. There are also significant concerns in safety, with 27% of residents at risk of harm to others/property and 24% at risk of harm to self, indicating a critical and urgent need for targeted interventions.

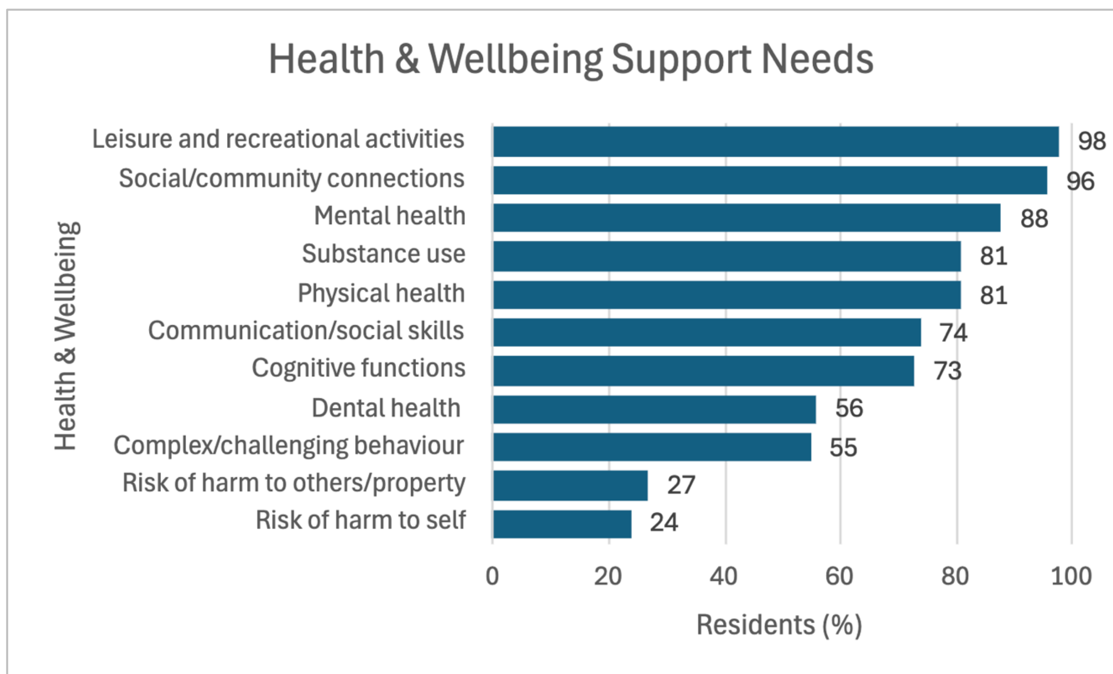

Figure 19: Support needs in health and wellbeing

Support Gaps

This section illustrates the percentage of residents experiencing support gaps in various aspects of Daily living & personal care and Health & wellbeing, highlighting the areas where needs are not fully met. Support gaps are the unmet needs: they are defined as the difference between the support needs and the extent to which those needs are fully addressed.

In daily living, transport/Travel (71%) is the highest support gap, suggesting significant barriers to independence. 41% of residents also face significant mobility support gaps, impacting their ability to move freely and safely. Gaps in Technology Access and Literacy (70%) and Functional Literacy (66%) highlight critical areas for intervention in an increasingly digital world, including not only daily functioning, but also accessing support, services and referrals. Over half of the residents with support needs (59%) lack sufficient support in advocating for themselves and managing their cases, indicating a need for empowerment and better case management services.

The support gaps indicate 70% of unmet needs in dressing and grooming, 65% in personal hygiene, and 57% in toileting/continence, pointing to challenges in maintaining basic aspects of dignity with self-care. 53% of support needs are not fully met in cleaning and tidying.

One-third of residents (33%) need more help with managing their medications, which is crucial for their health and well-being. Both food and nutrition, and budgeting/finances share the lowest support gap at 23%,

yet they remain essential areas requiring attention to ensure residents' health and financial stability. Food and nutrition have a significant impact on physical, mental and dental health. Managing finances effectively is a critical skill, and 23% of residents report a gap in support, indicating a need for financial literacy and budgeting assistance.

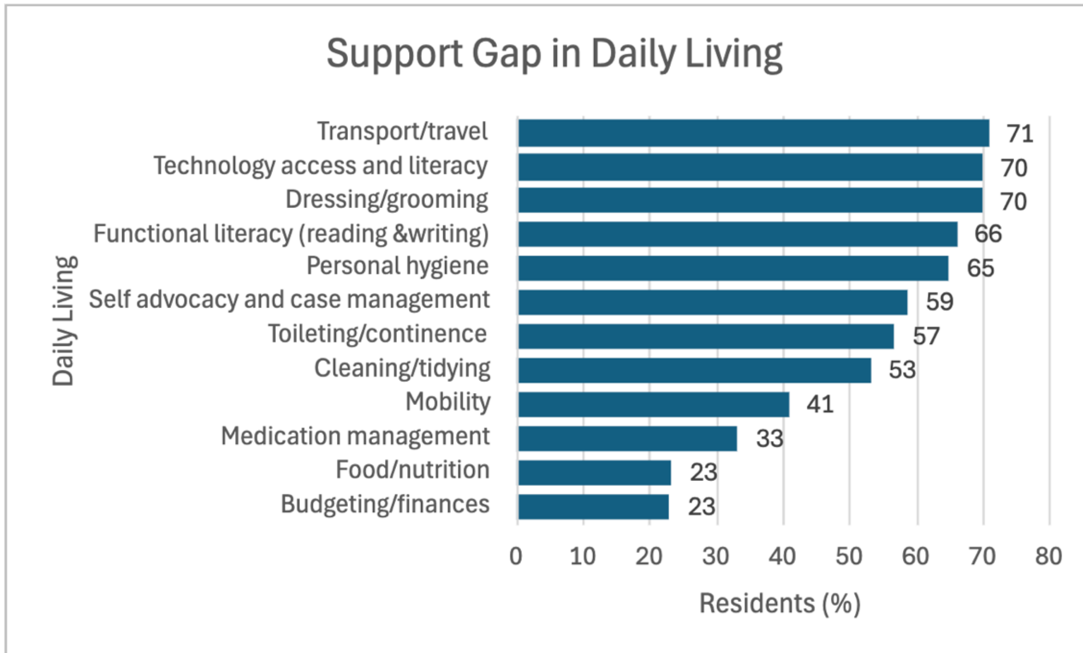

Figure 20: Support gaps in daily living and personal care

Leisure and Recreational Activities (89%) are the highest support gap followed by Social/Community Connections (88%), which show the lack of sufficient support in building and maintaining social and community connections, highlighting the importance of social inclusion and community integration. The 76% support gap is also seen in communication and social skills, underscoring the importance of enhancing interpersonal skills for better social interactions. These are significant areas, due to their known impact on mental health, challenging/complex behaviour, and substance use.

The 85% gap in support for managing complex and challenging behaviours indicate a significant need for specialized behavioural interventions and support. The support gaps in Risk of Harm to Self (74%) and Risk of Harm to Others/Property (72%) in residents with related support needs is of critical concern. 75% of cognitive support needs are not fully met.

Substance use presents a substantial support gap for 67% of residents, indicating a pressing need for substance abuse programs and support. Similarly, 60% of residents face gaps in mental health support, underscoring the need for comprehensive mental health services and interventions. The intersection of substance use and mental health is a paramount area, as highlighted by the ER/crisis contact section (p.25).

60% of dental health needs are unmet, emphasizing the importance of accessible dental care and hygiene support. While the lowest among the listed categories, 47% of physical health support needs are unmet needs in physical health, spotlighting an urgent area for improvement in medical and physical care services.

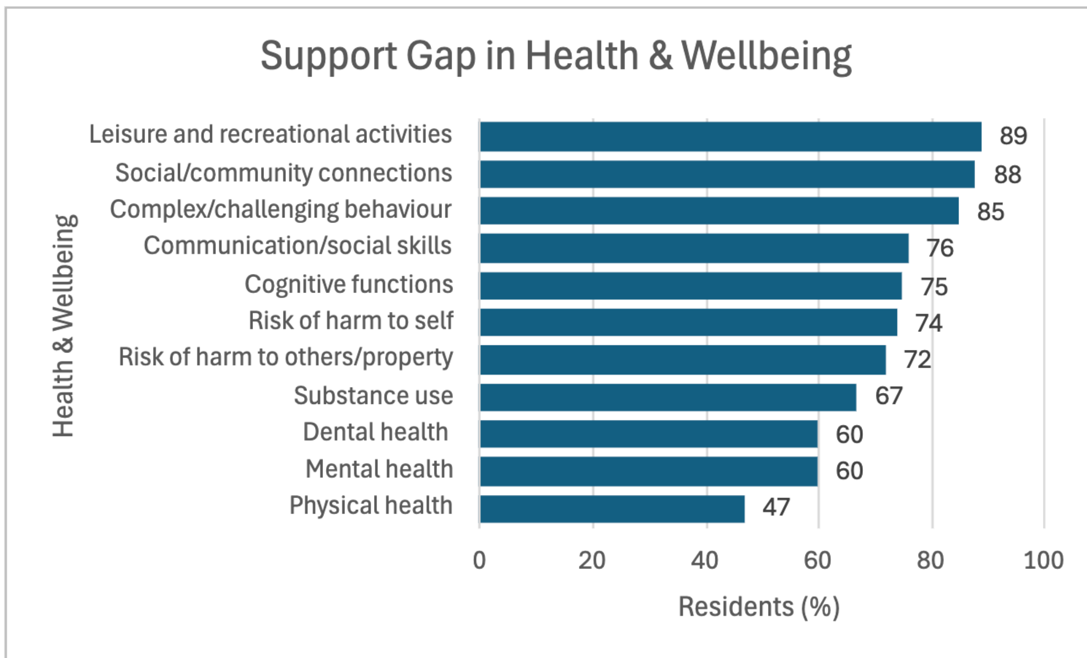

Figure 21: Support gaps in health and wellbeing

Support Barriers

The SAPA Tool explored 3 main perspectives in relation to the support gap: residential services, external services and resident choice. The most salient factors contributing to support gaps are presented below.

Residential services

The most significant issue is the lack of finances, impacting 83.7% of cases. This is unsurprising given that the number of staff hours covered by the income from residential services, which includes combined fees charged for Level 1, 2, and 3, averages only 45 minutes per resident per week. This amounts to less than 7 minutes per day for each resident, whose complex support needs are evidenced by their medical diagnoses. Lack of finances is also the main barrier to increasing service provisions, such as facility upgrades.

The support need is out of scope in 8.5% of cases. This includes instances where the type of support needed is not within the scope of practice, or the complexity/intensity of need requires specialized services. In some cases, the environmental settings (e.g., built environment, location) prevent support from being offered.

Other barriers in 7.7% of cases, include the residential service being overwhelmed with catering to higher priority needs.

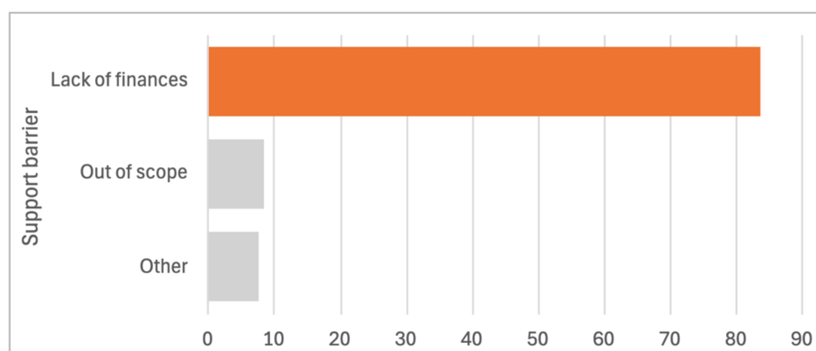

Figure 22: Support barriers in residential services

External services

The data highlights several critical barriers faced by residents in accessing external services.

- **Lack of funding, affecting 48.7% of cases, is the most significant issue**. This includes situations where a resident's existing funding does not cover the required services or only partially covers them, leaving gaps in meeting the resident's needs.
- **Operational issues** account for 21.8% of the barriers. These include misaligned service hours, particularly outside business hours and weekends, staffing issues where providers fail to show up for shifts, lack of staff, delays due to the need for inter-agency coordination, and services being overwhelmed with higher-priority clients.
- **Resident ineligibility** is a barrier for 13.6% of the residents, where they do not meet the eligibility criteria for the required services.
- In 3% of cases, there are **no suitable services** available. This could be due to being out of catchment, not catering to cultural sensitivities, or the complexity of needs being too high for the available services.
- **Other barriers, affecting 12.8%** of residents, include difficulties in establishing referral pathways due to challenges in gathering necessary evidence, lack of capacity for services to take on new referrals, insufficient training or skills to provide suitable services, and multiple providers declining services due to ambiguity over which service is most suitable.

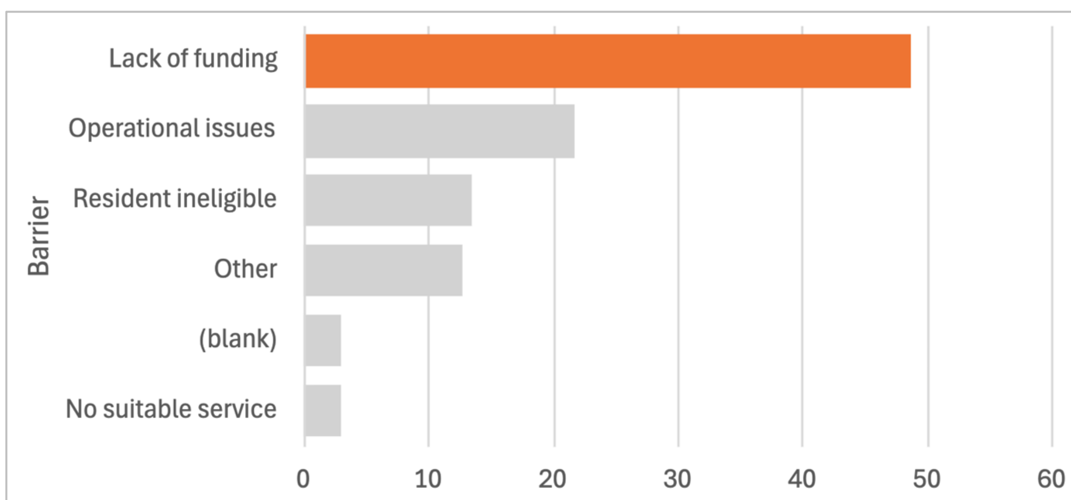

Figure 23: Support barriers in external services

Resident choice

Data collection on residents' choice is an important opportunity towards person-centred care, by understanding why residents may choose not to engage with support, which is a **factor in 31.3% of cases.**

- **Misalignment with Service Offering and Need**: Residents may find the type, time, location, or format of the service unsuitable, indicating a need for more flexible and personalized service options.
- **Cost or Side Effects of Treatment/Medication**: When the side effects or costs of treatment/medication outweigh the perceived benefits, residents may choose not to engage, highlighting the need for careful evaluation and management of treatment plans.
- **Non-Engagement and Non-Cooperation**: While non-engagement and non-cooperation can be challenging, they also present an opportunity to better understand and address the underlying reasons, fostering more effective and compassionate support strategies.

Daily living and personal care insights

The data insights below provide detailed information on residents' support needs and support gaps in different areas, their support networks involved, and the type and frequency of care provided by residential services.

Cleaning/Tidying

Definition

- Keeping living spaces and storages clean, organized, and free of hazards
- Dusting, vacuuming, mopping and decluttering
- Washing and drying laundry
- Buying household items

Support insights

100% of residents have cleaning and tidying support needs
100% of residents with support needs receive support from at least one source
79% of needs are not fully met due to a support gap
70% of residents receive funded support: **67%** NDIS and **3%** Aged Care
97% receive support from residential services

- Type: 100% verbal and 97% hands-on
- Frequency: multiple per day: 9%; daily: 13%, 1-3 per week: 76%; 1-4 per month: 2%
- **27.7%** of residents only receive support from residential services

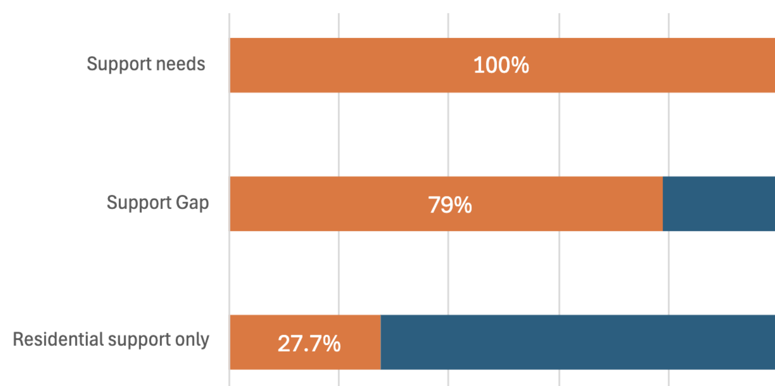

Figure: Cleaning and tidying. 100% residents have cleaning and tidying support needs, 79% of those needs are not fully met. 27.7% only receive support from residential services

Food/Nutrition

Definition

- Deciding what to eat and drink to maintain health
- All aspects of meal preparation, including grocery shopping and safe food storage

Support insights

100% of residents have food and nutrition support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
35% of needs are not fully met due a support gap
23% of residents receive funded support

- **22%** NDIS
- **1%** Aged Care

76.6% of residents only receive support from residential services
98% receive support from residential services

- Type: 82% verbal and 95% hands-on
- Frequency: multiple per day: 99%; daily: 0%, 1-3 per week: 1%; 1-4 per month: 0%

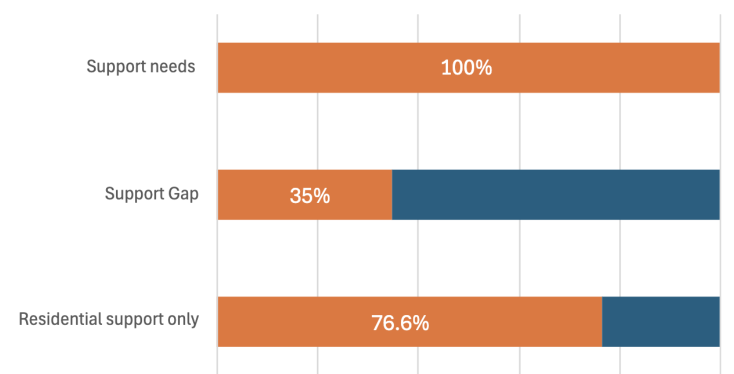

Figure: Food and nutrition. 100% residents have cleaning and tidying support needs, 79% of those needs are not fully met. 27.7% only receive support from residential services

Medication Management

Definition

- Taking medication as prescribed
- Ordering/refilling prescriptions/storing medication supplies

Support insights

99% of residents have medication management support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
33% of needs are not fully met due a support gap
41% of residents receive funded support

- **40%** NDIS
- **1%** Aged Care

78% receive support from residential services

- Type: 100% verbal and 96% hands-on
- Frequency: multiple per day: 99%; daily: 0%, 1-3 per week: 1%; 1-4 per month: 0%
- **55.9%** of residents only receive support from residential services

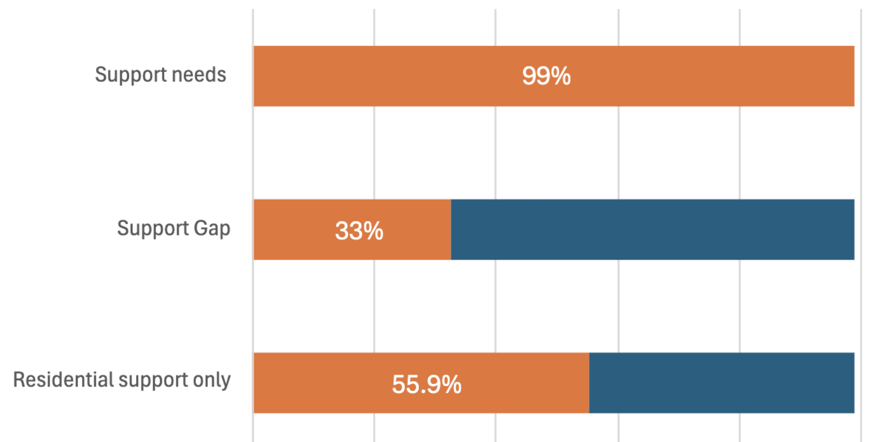

Figure: Medication management. 100% residents have support needs, 33% of those needs are not fully met. 55.7% only receive support from residential services

Transport/Travel

Definition

- Navigate various forms of transportation independently, including driving, using public transit, and understanding travel logistics

Support insights

98% of residents have transport and travel support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
74% of needs are not fully met due to a support gap
74% of residents receive funded support

- **72%** NDIS
- **2%** Aged Care

76% receive support from residential services

- Type: 100% verbal and 73% hands-on
- Frequency: multiple per day: 1%; daily: 10%, 1-3 per week: 77%; 1-4 per month: 11%
- **17.4%** of residents only receive support from residential services

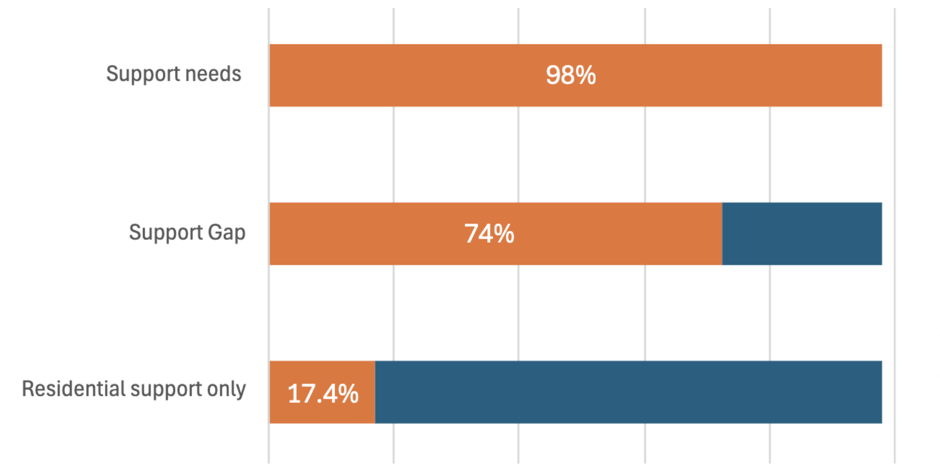

Figure: Transport/Travel. 98% residents have support needs, 74% of those needs are not fully met. 17.4% only receive support from residential services

Budgeting/Finances

Definition
Managing personal finances and bank accounts
- Overseeing budgeting including expenses and paying bills
- Assisting with financial planning for future needs

Support insights

97% of residents have budgeting and finances support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
23% of needs are not fully met due to a support gap
31% of residents receive funded support
- **30%** NDIS
- **1%** Aged Care

80% receive support from residential services
- Type: 93% verbal and 96% hands-on
- Frequency: multiple per day: 5%; daily: 12%, 1-3 per week: 44%; 1-4 per month: 38%
- **37.4%** of residents only receive support from residential services

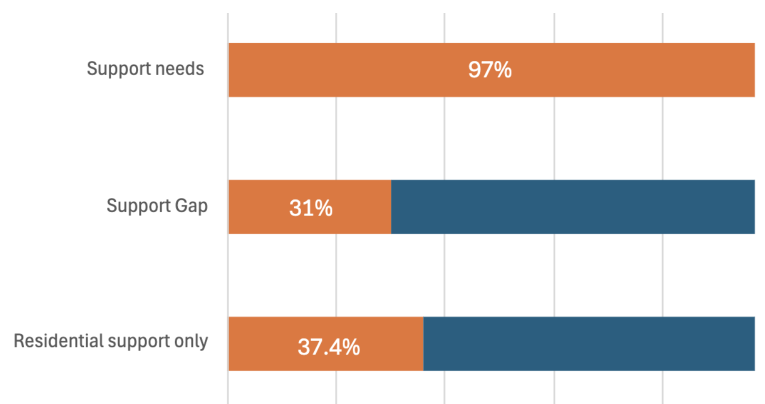

Figure: Budgeting/Finances. 97% residents have support needs, 31% of those needs are not fully met. 37.4% only receive support from residential services

Self-advocacy and case management

Definition
- Coordinating and overseeing the delivery of support services to meet support needs (inc. referrals, access, advocacy, engagement, implementation, review)

Support insights

90% of residents have self-advocacy and case management support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
59% of needs are not fully met due to a support gap
73% of residents receive funded support
- **71%** NDIS
- **2%** Aged Care

86% receive support from residential services
- Type: 100% verbal and 85% hands-on
- Frequency: multiple per day: 11%; daily: 5%, 1-3 per week: 37%; 1-4 per month: 47%
- **17.6%** of residents only receive support from residential services

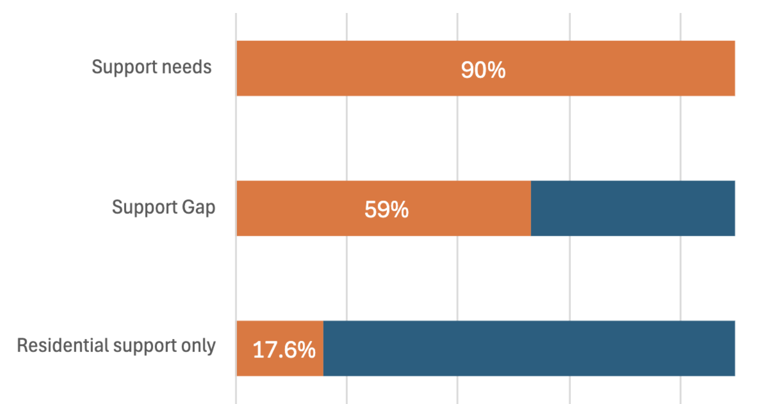

Figure: Self-advocacy & Case management. 90% residents have support needs, 59% of those needs are not fully met. 17.6% only receive support from residential services

Personal Hygiene

Definition

- Showering/bathing and washing hair. Ensuring basic manicure and pedicure is maintained. This did not include care required by podiatrist (e.g. ingrown nails)
- Skincare such as basic moisturising and exfoliating was applied but did not include any medicated ointments
- Oral hygiene included brushing teeth twice a day, flossing or denture cleaning

Support insights

77% of residents have personal hygiene support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
65% of needs are not fully met due to a support gap
82% of residents receive funded support

- **72%** NDIS
- **10%** Aged Care

75% receive support from residential services

- Type: 100% verbal and 65% hands-on
- Frequency: multiple per day: 46%; daily: 6%, 1-3 per week: 33%; 1-4 per month: 15%
- **16.7%** of residents only receive support from residential services

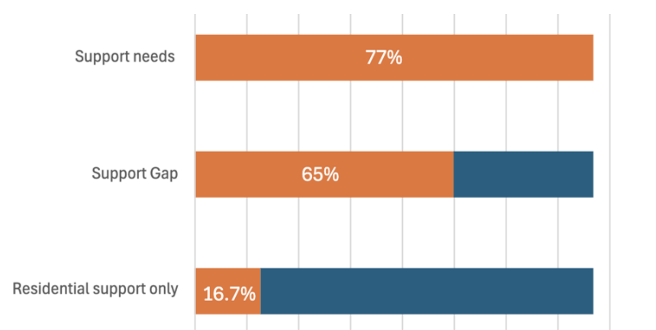

Figure: Personal Hygiene. 77% residents have support needs, 65% of those needs are not fully met. 16.7% only receive support from residential services

Technology access and literacy

Definition

- Accessing and using devices (e.g. smartphone, computer); aids and appliances

Support insights

74% of residents have technology access and literacy support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
70% of needs are not fully met due to a support gap
71% of residents receive funded support

- **67%** NDIS
- **4%** Aged Care

87% receive support from residential services

- Type: 98% verbal and 87% hands-on
- Frequency: multiple per day: 7%; daily: 3%, 1-3 per week: 43%; 1-4 per month: 48%
- **24.3%** of residents only receive support from residential services

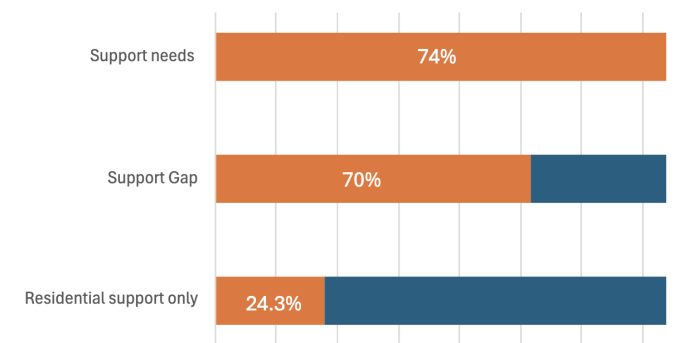

Figure: Technology access and literacy. 74% residents have support needs, 70% of those needs are not fully met. 24.3% only receive support from residential services

Dressing and grooming

Definition

- Choosing clothing appropriate for the weather and activity; dressing, undressing, changing clothes
- Ensuring clothes are clean, fitting, and mended if needed
- Brushing and styling hair, grooming facial and body hair, and/or applying makeup according to personal preference.

Support insights

67% of residents have dressing and grooming support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
70% of needs are not fully met due to a support gap
82% of residents receive funded support

- **71%** NDIS
- **11%** Aged Care

76% receive support from residential services

- Type: 98% verbal and 69% hands-on
- Frequency: multiple per day: 50%; daily: 13%, 1-3 per week: 27%; 1-4 per month: 10%
- **14.3%** of residents only receive support from residential services

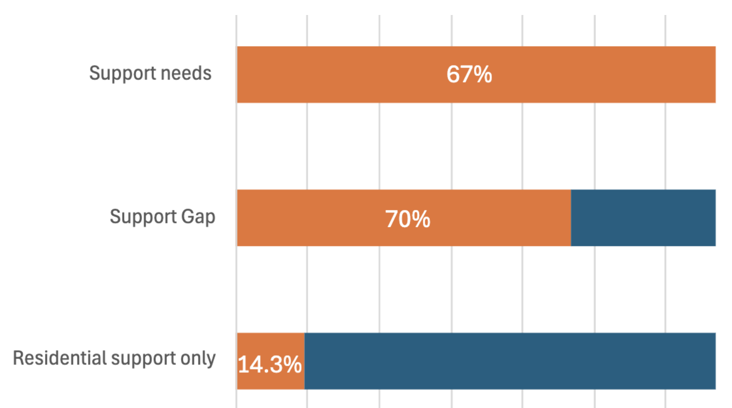

Figure: Dressing and Grooming. 67% residents have support needs, 70% of those needs are not fully met. 14.3% only receive support from residential services

Functional literacy

Definition

- Ability to read, write and access information

Support insights

66% of residents have functional literacy support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
66% of needs are not fully met due to a support gap
73% of residents receive funded support

- **68%** NDIS
- **5%** Aged Care

90% receive support from residential services

- Type: 96% verbal and 89% hands-on
- Frequency: multiple per day: 7%; daily: 6%, 1-3 per week: 65%; 1-4 per month: 22%
- **22.6%** of residents only receive support from residential services

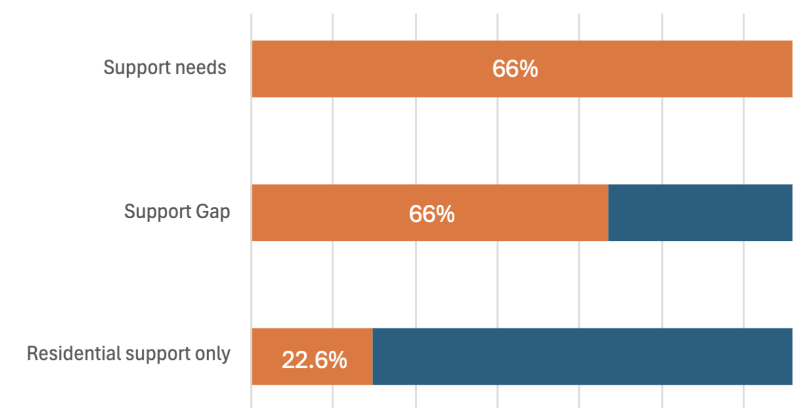

Figure: Functional literacy. 66% residents have support needs, 66% of those needs are not fully met. 22.6% only receive support from residential services

Toileting and Continence

Definition

- Using the toilet and managing continence care

Support insights

39% of residents have toileting and continence support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
57% of needs are not fully met due to a support gap
87% of residents receive funded support

- **73%** NDIS
- **14%** Aged Care

57% receive support from residential services

- Type: 100% verbal and 62% hands-on
- Frequency: multiple per day: 57%; daily: 0%, 1-3 per week: 7%; 1-4 per month: 2%
- **10.8%** of residents only receive support from residential services

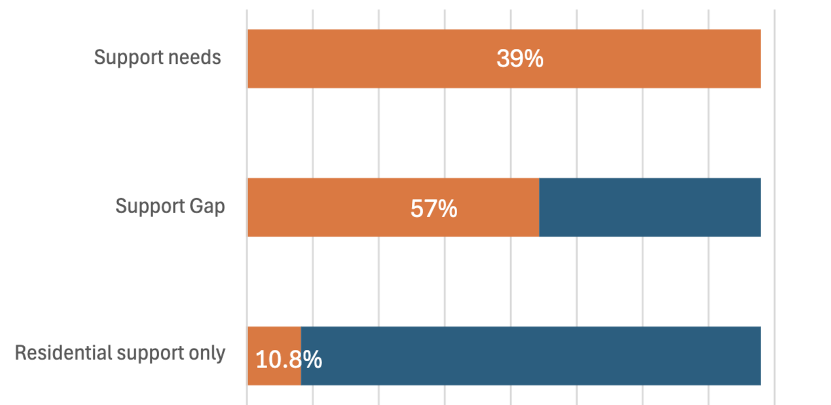

Figure: Toileting and continence. 37% residents have support needs, 57% of those needs are not fully met. 10.8% only receive support from residential services

Mobility

Definition

- Moving within home and in community
- Transferring from a chair/bed/shower

Support insights

23% of residents have mobility support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
41% of needs are not fully met due to a support gap
95% of residents receive funded support

- **77%** NDIS
- **18%** Aged Care

27% receive support from residential services

- **Type**: 100% verbal and 50% hands-on
- **Frequency**: multiple per day: 67%; daily: 0%, 1-3 per week: 17%; 1-4 per month: 17%
- **4.5%** of residents only receive support from residential services

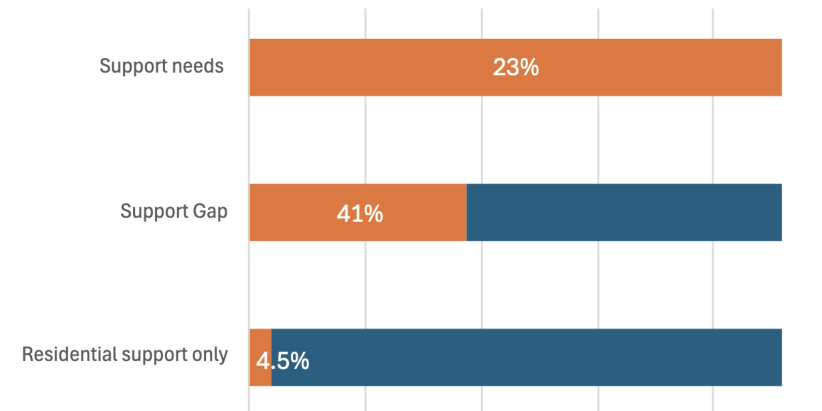

Figure: Mobility. 37% residents have support needs, 57% of those needs are not fully met. 10.8% only receive support from residential services

Health & Wellbeing Support need insights

Detailed information/examples of the types of verbal and hands-on support provided by facilities in these areas are presented in Appendix 1 (p.45).

Leisure and Recreational Activities

Definition

- Activities that provide purpose, enjoyment, achievement or sense of belonging
- Leisure: recreational activities, hobbies

Support insights

98% of residents have risk of harm to others/property support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
89% of needs are not fully met due to a support gap
76% of residents receive funded support

- **73%** NDIS
- **3%** Aged Care

76% receive support from residential services

- Type: 100% verbal and 81% hands-on
- Frequency: multiple per day: 4%; daily: 21%, 1-3 per week: 59%; 1-4 per month: 16%
- **10.9%** of residents only receive support from residential services

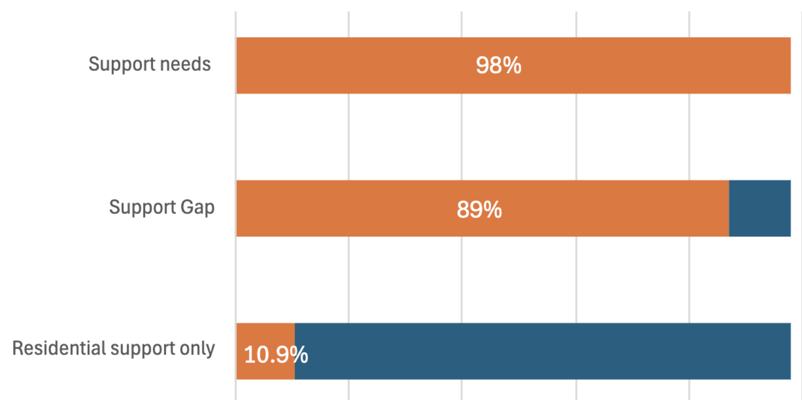

Figure: Leisure and Recreational activities. 98% residents have support needs, 89% of those needs are not fully met. 10.9% only receive support from residential services

Social/community connections

Definition

- Participating in education/skill development and/or employment to increase employability and/or personal/professional development

Support insights

96% of residents have social and community connections support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
88% of needs are not fully met due to a support gap
78% of residents receive funded support

- 74% NDIS
- 4% Aged Care

71% receive support from residential services

- Type: 100% verbal and 83% hands-on
- Frequency: multiple per day: 13%; daily: 17%, 1-3 per week: 59%; 1-4 per month: 11%
- **5.6%** of residents only receive support from residential services

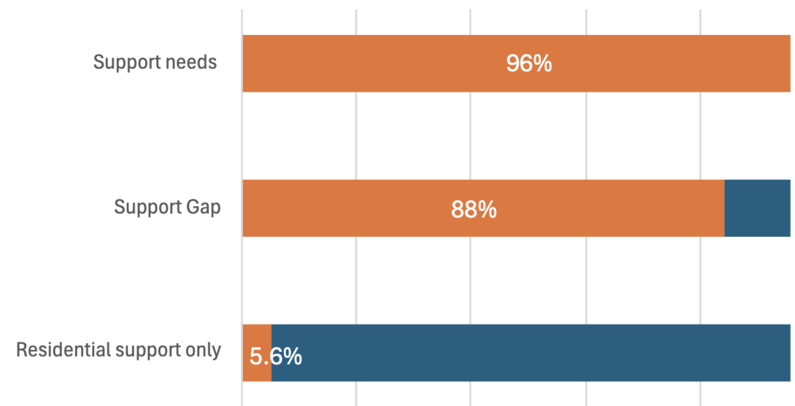

Figure: Social/Community connections. 96% residents have support needs, 88% of those needs are not fully met. 5.6% only receive support from residential services

Mental Health

Definition

- Mental and emotional health including managing mood and emotion; having meaningful goals and achievement in personal and professional development and social connections
- Awareness and management of warning signs of deteriorating mental health, strategies for coping, and emergency contact information.

Support insights

88% of residents have mental health support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
60% of needs are not fully met due to a support gap
77% of residents receive funded support

- **73%** NDIS
- **4%** Aged Care

89% receive support from residential services

- Type: 100% verbal and 73% hands-on
- Frequency: multiple per day: 29%; daily: 3%, 1-3 per week: 30%; 1-4 per month: 38%
- **14.5%** of residents only receive support from residential services

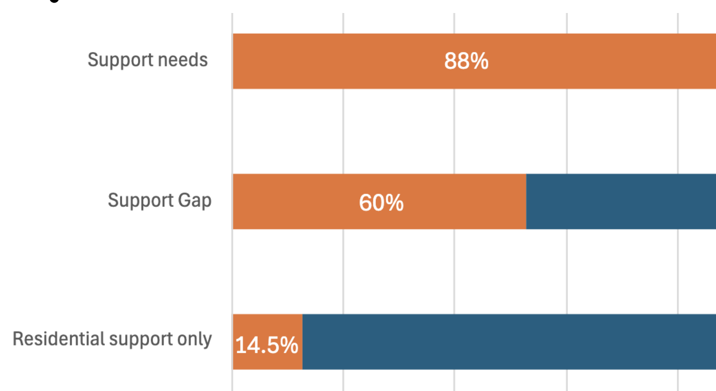

Figure: Mental health. 88% residents have support needs, 60% of those needs are not fully met. 14.5% only receive support from residential services

Physical Health

Physical Health

Definition

- Overall condition of the body, including fitness, physical function, and the absence of preventable diseases and infections physical
- Ensuring residents are maintaining/improving health conditions through early detection and management of potential health issues
- Lifestyle inclusive of physical activity/regular exercise; weight management; sleep hygiene; adequate nutrition and hydration (inc. use of food and soft drinks)

Support insights

81% of residents have physical health support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
47% of needs are not fully met due to a support gap
67% of residents receive funded support

- **63%** NDIS
- **4%** Aged Care

95% receive support from residential services

- Type: 100% verbal and 78% hands-on
- Frequency: multiple per day: 7%; daily: 0%, 1-3 per week: 54%; 1-4 per month: 39%
- **14.5%** of residents only receive support from residential services

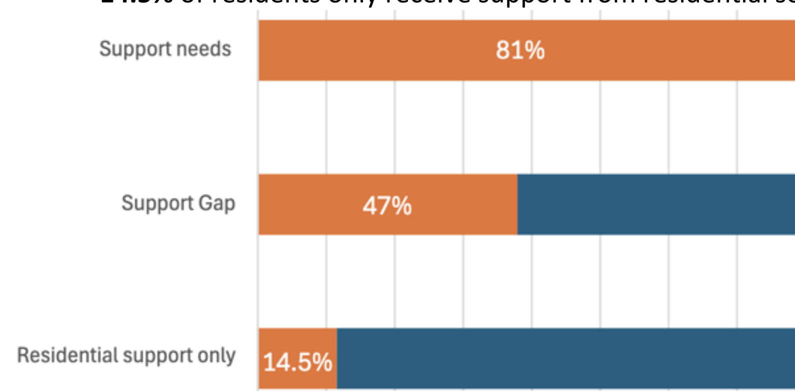

Figure: Physical health. 81% residents have support needs, 47% of those needs are not fully met. 14.5% only receive support from residential services

Communication/Social Skills

Definition

- Verbal and non-verbal communication to express wants and needs
- Attending to social cues and active listening
- Empathy and perspective taking, Assertiveness, conflict resolution, negotiation
- Maintaining and building personal and professional support network
- Access to appropriate spaces and channels for socializing (physical and digital spaces for privacy, intimacy and group socializing)

Support insights

74% of residents have communication and social skills support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
76% of needs are not fully met due to a support gap
78% of residents receive funded support

- **77%** NDIS
- **1%** Aged Care

91% receive support from residential services

- Type: 98% verbal and 80% hands-on
- Frequency: multiple per day: 48%; daily: 3%, 1-3 per week: 39%; 1-4 per month: 9%
- **7.1%** of residents only receive support from residential services

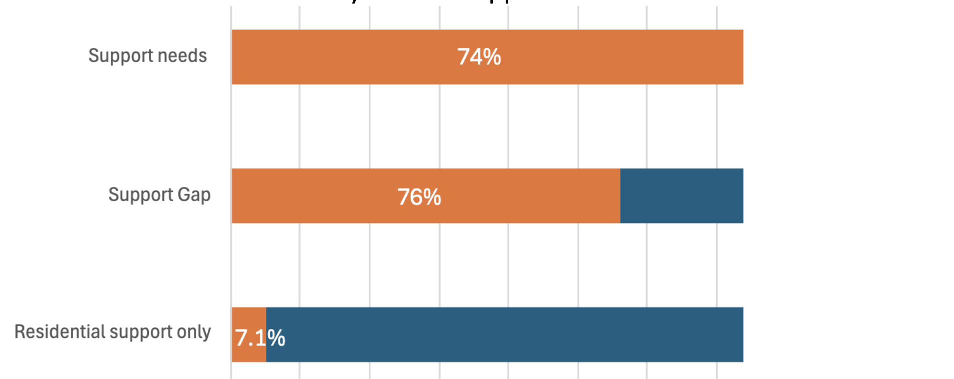

Figure: Communication/Social Skills. 74% residents have support needs, 76% of those needs are not fully met. 7.1% only receive support from residential services

Cognitive Functions

Definition

- Attention, concentration, memory and learning
- Abilities involving planning, problem solving, decision making, reasoning
- Perception and orientation (senses, concepts, time and space)
- Cognitive flexibility (switch thinking and perspectives, adapting to changes)
- Self-advocacy

Support insights

73% of residents have cognitive function support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
75% of needs are not fully met due to a support gap
74% of residents receive NDIS funded support
88% receive support from residential services

- Type: 100% verbal and 89% hands-on
- Frequency: multiple per day: 38%; daily: 3%, 1-3 per week: 41%; 1-4 per month: 18%
- **8.7%** of residents only receive support from residential services

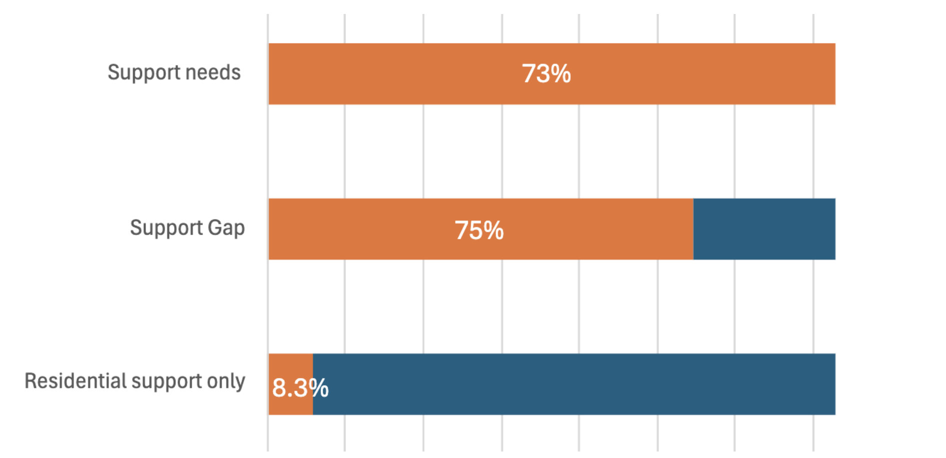

Figure: Cognitive Functions. 73% residents have support needs, 75% of those needs are not fully met. 8.3% only receive support from residential services

Dental Health

Definition

- Prevention and management of diseases like tooth decay, gum disease etc.
- Organises or communicates routine dental check and cleaning every 6 months
- Ensure resident follows treatment plans (if any)

Support insights

56% of residents have dental health support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
60% of needs are not fully met due to a support gap
66% of residents receive funded support

- **62%** NDIS
- **4%** Aged Care

92% receive support from residential services

- Type: 98% verbal and 51% hands-on
- Frequency: multiple per day: 0%; daily: 0%, 1-3 per week: 2%; 1-4 per month: 98%
- **17%** of residents only receive support from residential services

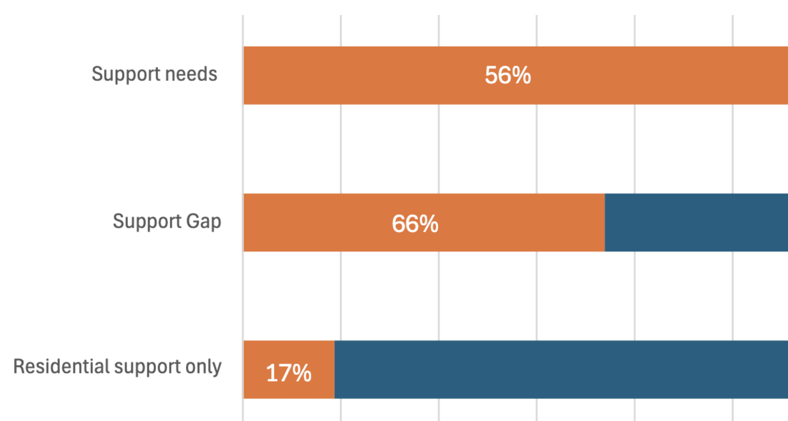

Figure: Dental Health. 56% residents have support needs, 66% of those needs are not fully met. 17% only receive support from residential services

Complex/Challenging Behaviour

Definition

- Behaviours that are difficult to manage and impact daily life and social interactions
- Perseveration (continuous repetition), compulsions, excessive reassurance seeking, withdrawal, isolation, disengagement
- Non-compliance, refusal, disruptive behaviour, sexualized behaviour, vulnerability to exploitation

Support insights

55% of residents have complex and challenging behavior support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
88% of needs are not fully met due to a support gap
73% of residents receive funded support

- **71%** NDIS
- **2%** Aged Care

90% receive support from residential services

- Type: 100% verbal and 96% hands-on
- Frequency: multiple per day: 51%; daily: 9%, 1-3 per week: 21%; 1-4 per month: 19%
- **11.5%** of residents only receive support from residential services

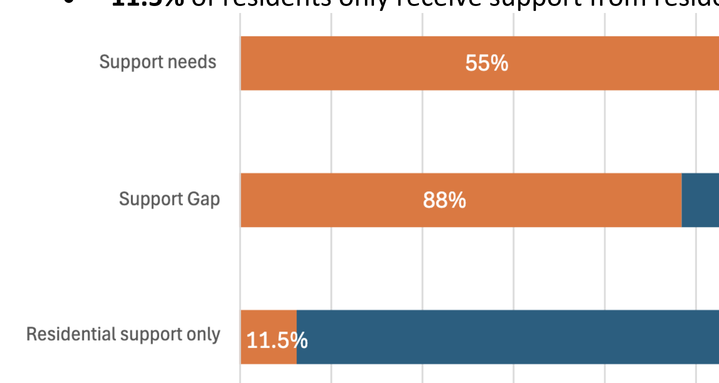

Figure: Complex/Challenging behaviour. 55% residents have support needs, 88% of those needs are not fully met. 11.5% only receive support from residential services

Risk of Harm to Others/Property

Definition

- Situation or behaviour with risk of injury or harm to others (inc. animals), either intentionally or unintentionally
- Verbal aggression inc. threats, intimidation, coercion, abusive language
- Physical aggression and threatening behaviour/intimidation, manipulation, exploitation, stalking, inciting disturbances
- Destruction/damage of property/vandalism Unwanted physical contact or sexual advances; actions that violate personal boundaries or consent

Support insights

27% of residents have risk of harm to others/property support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
72% of needs are not fully met due to a support gap
60% of residents receive NDIS funded support
84% receive support from residential services

- Type: 95% verbal and 90% hands-on
- Frequency: multiple per day: 5%; daily: 0%, 1-3 per week: 70%; 1-4 per month: 25%
- **8%** of residents only receive support from residential services

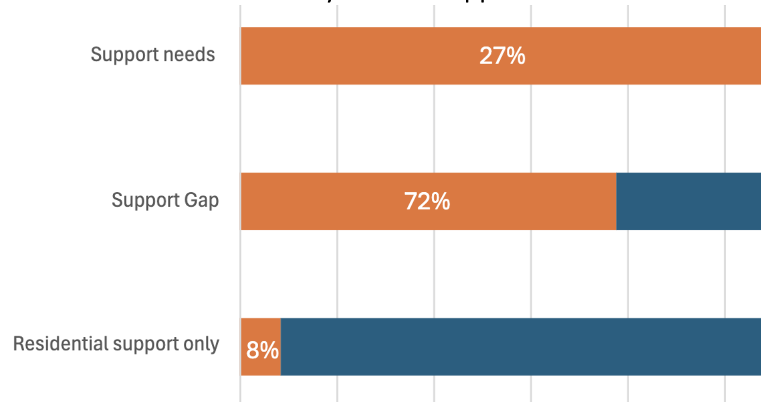

Figure: Risk of harm to others/property. 27% residents have support needs, 72% of those needs are not fully met. 8% only receive support from residential services

Risk of Harm to Self

Definition

- Situation or behaviour with risk of injury or harm to self, either intentionally or unintentionally
- Engaging in risky activities (e.g. reckless driving, unprotected sex)
- Self-neglect and Self-injurious behaviours (e.g. tissue damage)
- Plan or attempt to suicide

Support insights

24% of residents have risk of harm to self support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
74% of needs are not fully met due to a support gap
65% of residents receive NDIS funded support
78% receive support from residential services

- Type: 100% verbal and 89% hands-on
- Frequency: multiple per day: 6%; daily: 6%, 1-3 per week: 72%; 1-4 per month: 17%
- **8.7%** of residents only receive support from residential services

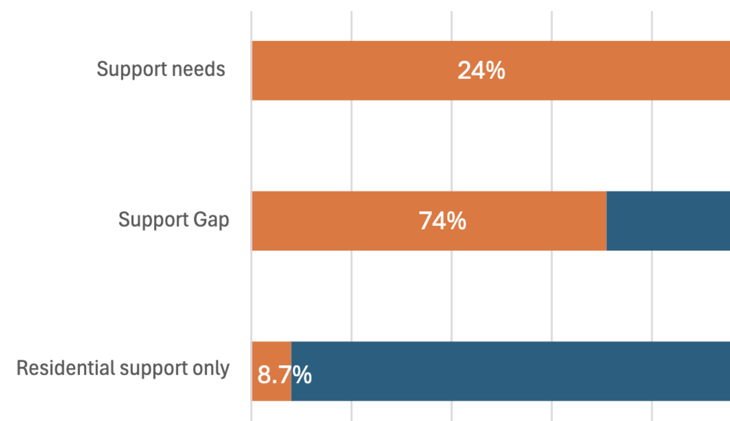

Figure: Risk of harm to others/property. 24% residents have support needs, 74% of those needs are not fully met. 8.7% only receive support from residential services

Substance Use

Definition

- Managing substance use according to professional guidelines (e.g. alcohol: max. 10 standard drinks per week with max 4 standard drinks within 1 day)
- OTC (over the counter) and prescription medication, illicit drugs
- Tobacco/vaping
- Gambling etc

Support insights

19% of residents have substance use support needs
100% of residents with support needs receive support from at least one source (e.g. funded, formal, informal, residential, or a combination of these)
67% of needs are not fully met due to a support gap
72% of residents receive NDIS funded support
72% receive support from residential services

- Type: 92% verbal and 69% hands-on
- Frequency: multiple per day: 8%; daily: 17%, 1-3 per week: 33%; 1-4 per month: 42%
- **16.7%** of residents only receive support from residential services

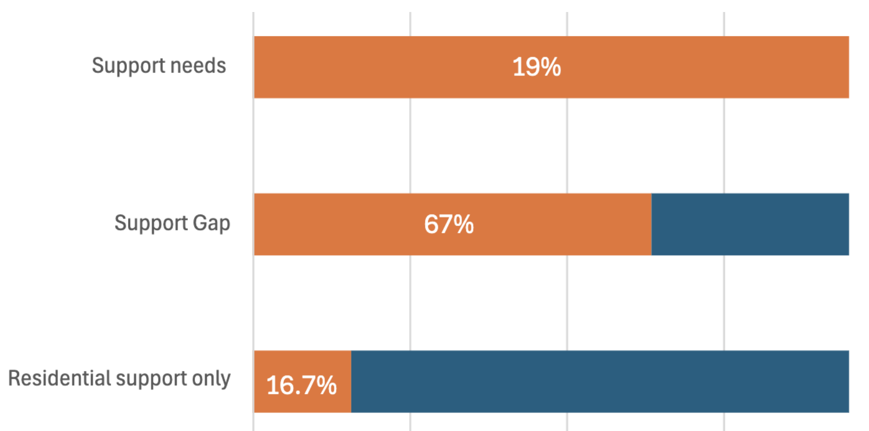

Figure: Substance Use. 19% residents have support needs, 67% of those needs are not fully met. 16.7% only receive support from residential services

Summary

The above data insights highlight the critical role of residential services in the daily lives of residents and the pressing need for enhanced financial resources and better-coordinated external support. With an average of 52.6% of unmet needs in Daily Living & Personal Care, and 72.1% of unmet support needs in Health & Wellbeing, these statistics underscore the significant gaps in service provision and the urgent need for more comprehensive and effective support systems.

To address these substantial gaps, systemic improvements are essential. Increasing financial resources, improving coordination between services, and adopting more person-centred care approaches are crucial steps toward better outcomes for residents. The SAPA Tool's scalability and potential as a data warehouse for ongoing monitoring can facilitate the continuous improvement of supported accommodation services in Queensland. By addressing these issues, we can ensure that residents receive the comprehensive support they need to enhance their quality of life and wellbeing.

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Appendix

Health and Wellbeing Support Needs and Support Types List

The list below is an excerpt from the Training Guide to assist staff with filling out the SAPA Tool's Support Needs section. It is presented here to provide examples of the types of verbal and hands-on support provided by facilities.

Health and Wellbeing

PHYSICAL HEALTH
Monitoring, managing, and addressing physical needs and conditions to maintain and improve physical health and prevent complications or deterioration, including preventive care and treatment adherence.

Verbal support examples:

- Encouragement, reminder and prompt to follow treatment plans, and attend medical appointments and preventive care (do we need examples of preventive care i.e. making sure someone with coordination issues as appropriate footwear, so they don't trip over etc
- Discouraging intake of foods and drinks that impact on physical health

Hands-on support examples:

- Assistance with scheduling/transport/access/attendance to appointment
- Case noting outcomes of appointments and forwarding case notes to relevant stakeholders.
- Assistance following medical advice
- Applying minor 1st aid and monitoring i.e. wound cleaning and monitoring, ice packs.
- Welfare check

DENTAL HEALTH

Prevention and management of diseases like tooth decay, gum disease etc.

Monitoring, managing, and addressing the condition of teeth, gums, and mouth to maintain and improve dental health, including regular dentist visits.

Verbal support examples:

- Encouragement, reminder and prompt to follow dental hygiene practices, such as brushing and flossing.
- Encouraging and regular dental check-ups.

Hands-on support examples:

- Assistance with scheduling/transport/access/attendance to appointment
- Case noting outcomes of appointments and forwarding case notes to relevant stakeholders
- Assisting with brushing, flossing and denture cleaning
- Supporting appropriate eating and food associated with dental treatment

MENTAL HEALTH

Mental and emotional health inc. managing mood and emotion; having meaningful goals and achievement in personal and professional development and social connections

Min. yearly mental health check up with GP/primary care provider

Monitoring, managing, and addressing emotions, thoughts, and behaviours to maintain and improve psychological and social well-being.

Awareness and management of warning signs of deteriorating mental health, strategies for coping, and access to emergency contact information

Stress management and coping skills

Following treatment plans (if any)

Verbal support examples:

- Emotional support, active listening, guidance and advice (including discouraging intake of food and drinks that impact on mental health i.e. caffeinated drinks, sugar drinks.
- Encouraging participation in mental health programs and therapies
- Debriefing appointment outcomes and providing distraction conversations

Hands-on support examples:

- Assistance with scheduling/transport/access/attendance to appointment/accessing emergency services
- Assistance following treatment plans
- Assistance managing thoughts, feelings behaviours and warning signs
- Redirecting activities to lessen likelihood of self-medicating.
- Assisting with coping skills, redirection, distraction activities etc

COGNITIVE FUNCTIONS

Attention, concentration, memory and learning

Planning, problem solving, decision making, reasoning

Perception and orientation (senses, concepts, time and space)

Cognitive flexibility (switch thinking and perspectives, adapting to changes)

Verbal support examples:

- Providing reminders, cues and guidance to aid memory and concentration.
- Encouraging participation and motivation to complete cognitive tasks and exercises

Hands-on support examples:

- Assistance with planning and organizing daily activities, reminding and actively engaging in tasks with the person (see one / do one)
- Assistance with problem-solving and decision-making
- Engaging in relevant activities either individual or groups
- Demonstrating how to use their equipment i.e. which button turns on their TV or stereo, how to put in and turn on hearing aids etc
- Assistance with reminders to complete tasks

COMMUNICATION/ SOCIAL SKILLS

Verbal and non-verbal communication to express wants and needs
Attending to social cues and active listening
Empathy and perspective taking
Assertiveness, conflict resolution, negotiation
Adapting communication style to listener
Maintaining and building personal and professional support network
Appropriate spaces and channels for socializing (physical and digital spaces for privacy, intimacy and group socializing)

Verbal support examples:

- Teaching and reinforcing effective communication techniques.
- Role-playing social interactions to build confidence and skills.

Hands-on support examples:

- Facilitating social interactions and group activities.
- Assisting with communication aids or devices.
- Applying and facilitating de-escalation techniques to manage interactions
- Conflict resolution among groups of individuals
- Assist with having conversations with others around difficult topics
- Anger management techniques, coping and management

COMPLEX/CHALLENGING BEHAVIOUR

Behaviours that are difficult to manage and impact daily life and social interactions
Perseveration (continuous repetition), compulsions, excessive reassurance seeking
Withdrawal, isolation, disengagement
Non-compliance, refusal, disruptive behaviour,
Sexualized behaviour
Vulnerability to exploitation

Verbal support examples:

- Providing clear and consistent instructions and boundaries.
- Offering positive reinforcement for appropriate behaviour.

- Debriefing, discussing, ‘talking down’ escalated behaviours

Hands-on support examples:

- Implementing behaviour management strategies and interventions.
- Creating and implementing plans as not everyone has a formal behaviour management plan under NDIS as their behaviours may not be seen as severe but still inappropriate for the environment or the others they reside with.
- Ensuring a safe environment to minimize triggers for challenging behaviour.
- Assisting residents to own inappropriate behaviours and make amends to staff and other residents
- Distracting and refocusing
- Redirecting and reassuring

SUBSTANCE USE

Managing substance use according to professional guidelines, such as alcohol consumption limits.

Verbal support examples:

- Discussing the risks and benefits of substance use.
- Encouraging adherence to recommended guidelines.

Hands-on support examples:

- Assisting with access to substance use treatment programs.
- Monitoring and supporting residents in reducing or abstaining from substance use.
- Managing behaviours if residents cannot or refuse to abstain from substance use.
- Removing equipment and needles
- Providing distraction activities, engaging in activities to implement coping skills
- Developing alternative coping skills
- Coordinating with residents and stakeholders to minimise risk of access
- Mitigate/eliminate risk to other residents/staff and others
- Increasing welfare checks and monitoring

RISK OF HARM TO SELF

Managing situations or behaviours with the risk of injury or harm to oneself, either intentionally or unintentionally, including risks of physical, mental, and financial harm.

Verbal support examples:

- Providing reassurance and support during times of distress.
- Encouraging the use of coping strategies and safety plans.

Hands-on support examples:

- Implementing safety measures and monitoring at-risk behaviours.
- Assisting with access to crisis intervention by emergency and/or mental health services.
- Assisting with crisis interventions by distracting, redirecting and implementing alternative coping skills
- Continual support when crisis is imminent and before emergency or mental health services intervene.

RISK OF HARM TO OTHERS/PROPERTY

Managing situations or behaviours with the risk of injury or harm to others, including property and animals, either intentionally or unintentionally, encompassing physical, mental, and financial harm.

Verbal support examples:

- Setting clear expectations and consequences for behaviour.
- Mediating conflicts and promoting peaceful interactions.

Hands-on support examples:

- Ensuring a safe environment and implementing behaviour management strategies.
- Providing supervision and intervention when necessary.
- Organising emergency services if required
- Invoking tenancy rules and management, then following up with action plans to reduce risk
- Assisting to implement budgets to paid for damages

EDUCATION/EMPLOYMENT/VOLUNTEERING

Supporting participation in education, skill development, and/or employment to increase employability and personal/professional development.

Verbal support examples:

- Encouraging participation in educational and vocational programs.
- Providing guidance on career and personal development.

Hands-on support examples:

- Assistance with scheduling/transport/access/attendance to related activities
- Assistance with enrolment and job preparation, supporting job search and retention
- Assisting with activity completion and understanding

SOCIAL/COMMUNITY CONNECTIONS

Building and maintaining social connections and participating in community and social activities, including friendships, family, peers, religious, cultural, spiritual, and local community engagement.

Verbal support examples:

- Encouraging social interaction and community participation.
- Providing information on local social and community events.
- Motivating for attendance

Hands-on support examples:

- Facilitating/organising introductions and social opportunities.
- Assistance with scheduling/transport/access/attendance to related activities.
- Assisting resident's external provider/s with organisation of resident prior and after the activity. E.g. assisting resident to pack appropriate items for the trip (medication, extra clothing, sunscreen, lunch etc.) Then assisting with unpacking on return.
- Assisting to dress for the occasion, be up and ready to go

LEISURE AND RECREATION

Regular engagement with recreational and leisure activities, hobbies, and meaningful activities.

Verbal support examples:

- Discussing and planning leisure activities and hobbies.
- Encouraging participation in recreational pursuits

Hands-on support examples:

- Organizing and leading group activities and outings.
- Providing resources and support for individual hobbies and interests.
- Assistance with scheduling/transport/access/attendance to related activities
- Engaging in activities with resident in the first instant and then either continue or slowly withdraw when they are comfortable and content to continue with either the group or by themselves
- Assisting resident's external provider/s with organisation of resident prior and after the activity. E.g. assisting resident to pack appropriate items for the trip (medication, extra clothing, sunscreen, lunch etc.) Then assisting with unpacking on return