

Comprehensive Support Approaches for People with High Support Needs a Review

M.Ramya^{#1}

Assistant Professor (Contractual), Department of Special Education, NIEPMD, Chennai

ramyamani2289@gmail.com

Abstract— People with high support needs require individualized, coordinated, and sustainable systems of care that address complex physical, intellectual, behavioural, psychological, and social challenges. Research consistently demonstrates that fragmented and inflexible service systems often fail to respond effectively to these needs, resulting in poor health, reduced quality of life, and limited community participation (Gridley, Brooks, & Glendinning, 2014; World Health Organization [WHO], 2011). Comprehensive support approaches such as person-centred planning, Positive Behaviour Support (PBS), case management, family and natural supports, individualized housing, and multidisciplinary healthcare systems have been shown to improve outcomes (Collings, Dew, & Dowse, 2016; LaVigna & Willis, 2012; Stacey & Douglas, 2021). This review synthesizes the literature and examines the most effective evidence-based support approaches for people with high support needs.

Keywords— *high support needs, disability support, person-centred care, Positive Behaviour Support, complex support needs*

INTRODUCTION

People with high support needs include individuals with intellectual and developmental disabilities, severe mental illness, acquired neurological conditions, and older adults requiring extensive assistance across multiple domains of daily living. This study shows (Katz et al., 2011; Thompson et al., 2002). Support needs frequently include support with self-care, mobility, communication, behavioural regulation, housing, healthcare access, and community participation (Thompson & DeSpain, 2016).

The literature increasingly identifies that these needs are not exclusively determined by diagnosis but are also influenced by environmental, structural, and service-related barriers (Henwood & Hudson, 2009; WHO, 2011). Division between health, disability, social care, and housing services remains a major challenge (Gridley et al., 2014).

People with high support needs (HSN) are individuals with significant physical, intellectual, or developmental disabilities requiring intensive, frequent, and often lifelong assistance for daily living, communication, and decision-making. This includes comprehensive support to access services, engage in education or employment, and ensure safety, often spanning all areas of life.

This review paper examines comprehensive support approaches that have been identified as effective across disability and social care literature.

I. PERSON-CENTRED PLANNING AND SUPPORT NEEDS ASSESSMENT

Person-centred planning (PCP) is one of the most widely supported approaches for people with high support needs (O'Brien, 1987; Sanderson, 2000; Collings et al., 2016). PCP focuses on the individual's strengths, preferences, to achieve the life goals, and support choices rather than fitting the person into inflexible service systems.

Collings et al. (2016) established that support planning in the Australian National Disability Insurance Scheme improved self-sufficiency and individualized decision-making for people with complex support needs. Similarly, Thompson et al. (2002) highlighted that assessment should focus on support intensity and participation needs rather than deficits alone.

Research by Robertson et al. (2007) researcher showed that person-centred approaches improve community inclusion and service satisfaction.

III. Case Management and Coordinated Care

Case management is central to supporting people with severe and high support needs (Solomon, 1992; Turner & Shifren, 1979).

Solomon (1992) identified several case management models that improve continuity of care, reduce hospitalization, and improve treatment adherence. Turner and Shifren (1979) argued that comprehensive support systems must integrate formal services, community agencies, family supports, and natural networks.

Henwood and Hudson (2009) further highlighted the need for integrated pathways across health, disability, and housing systems.

Housing and Community-Based Support

Housing support is a critical element of comprehensive support systems (Power, 2013; Stacey & Douglas, 2021; Zhang, 2024).

Stacey and Douglas (2021) found that individualized housing improves autonomy, safety, community participation, and self-determination. Similarly, Zhang (2024) highlighted the effectiveness of high-support housing models for people with severe mental illness.

Robertson et al. (2006) further reported that stable housing significantly improves social inclusion and quality of life.

Family and Natural Support Systems

Family support is a major supportive and protective factor for people with high support needs (Slevin et al., 2011; Heller & Caldwell, 2006; Hastings, 2013).

Research consistently shows that family caregivers experience emotional, physical, and financial burden, particularly in long-term care circumstances (Totsika, 2010). Support interventions that include respite, counselling, and coordinated family-professional partnerships improve outcomes (Kyzar et al., 2012).

Natural supports such as peers, neighbours, and community networks are also essential (Piccone et al., 2024).

Multidisciplinary Healthcare Support

People with high support needs frequently experience health inconsistencies and barriers to accessing mainstream healthcare (Emerson & Hatton, 2008; Krahn, 2015). Integrated healthcare approaches involving nursing, occupational therapy, psychology, psychiatry, and disability specialists improve continuity of care and reduce preventable health complications (Cameranesi et al., 2021). Douglas (2024) further highlighted workforce competency and coordinated care systems as key predictors of support quality.

Discussion

Across the literature, the most consistently supported approaches include person-centred planning, Positive Behaviour Support, case management, individualized housing, family support, and multidisciplinary care (Collings et al., 2016; LaVigna & Willis, 2012; Solomon, 1992; Stacey & Douglas, 2021).

The major challenge identified across studies is service fragmentation and workforce inconsistency (Gridley et al., 2014; Hewitt, 2014). A coordinated, rights-based, and person-led support model remains essential.

Conclusion

Comprehensive support approaches for people with high support needs must be individualized, coordinated, and multidisciplinary. Evidence strongly supports PCP, PBS, case management, family support systems, housing, and integrated healthcare as key models that improve autonomy, dignity, safety, and quality of life (WHO, 2011; Gridley et al., 2014; Douglas, 2024).

REFERENCES

Allen, D. (2009). Behaviour support in community settings.
Bellamy, C., Klee, A. S., Cornejo, X., et al. (2020). Peer support for people with psychiatric illness: A comprehensive review.
Bigby, C. (2010). Social inclusion and disability support.
Bigby, C., & Beadle-Brown, J. (2018). Practice leadership.
Bradley, V. (2002). Crisis stabilization supports.
Caldwell, J. (2010). Individualized funding and self-direction.

Cameranesi, M., McCombe, L., & Shoostari, S. (2021). A scoping review of effective community-based primary healthcare initiatives to improve health outcomes for persons with intellectual and developmental disabilities.

Carr, E. G. (2002). PBS and quality of life.

Collings, S., Dew, A., & Dowse, L. (2016). Support planning with people with intellectual disability and complex support needs in the Australian National Disability Insurance Scheme. *Journal of Intellectual & Developmental Disability*, 41(3), 272–283.

Ding, Y., & Vanderheiden, G. C. (2014). Computerized decision support for people with disabilities: Review and outlook.

Douglas, J. (2024). Building an evidence-based multi-level system of quality disability support for adults with acquired neurological disability.

Emerson, E. (2001). Challenging behaviour and intellectual disabilities.

Emerson, E., & Hatton, C. (2008). Health inequalities in disability.

Felce, D. (2004). Quality of life and service models.

Felce, D., Perry, J., & Jones, E. (2008). Community living outcomes.

Gore, N. J. (2013). Positive Behaviour Support framework.

Gridley, K., Brooks, J., & Glendinning, C. (2014). Good practice in social care for disabled adults and older people with severe and complex needs: Evidence from a scoping review.

Hastings, R. P. (2013). Family caregiving and intellectual disability.

Heller, T., & Caldwell, J. (2006). Family supports and ageing carers.

Henwood, M., & Hudson, B. (2009). Keeping it personal: Supporting people with multiple and complex needs.

Hewitt, A. (2014). Workforce competency in disability services.

Horner, R. H. (1990). Functional assessment and support planning.

Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A., & Jaffe, M. W. (2011). Studies of illness in the aged: The index of ADL.

Krahn, G. L. (2015). Healthcare disparities and support systems.

Kyzar, K. B. (2012). Family-professional partnerships.

LaVigna, G. W., & Willis, T. J. (2012). The efficacy of Positive Behaviour Support with the most challenging behaviour: The evidence and its implications. *Journal of Intellectual & Developmental Disability*, 37(3), 185–195.

Lunsky, Y. (2014). Crisis services for people with developmental disabilities.

Mansell, J. (2010). Deinstitutionalisation and community supports.

Mansell, J., & Beadle-Brown, J. (2012). Active support and quality of life.

Mansell, J., & Elliott, T. (2001). Service quality indicators.

- McGill, P. (2018). Workforce issues in PBS.
- O'Brien, C. (1992). Community inclusion approaches.
- O'Brien, J. (1987). Person-centred planning in disability services.
- Piccone, C., Xu, X., Thomson, D., et al. (2024). Enabling formal and natural supports for adults with developmental disabilities.
- Power, A. (2013). Housing and support needs.
- Robertson, J. (2007). Outcomes of person-centred planning.
- Robertson, J., Emerson, E., Hatton, C., et al. (2006). Housing and social inclusion.
- Sanderson, H. (2000). Essential lifestyle planning.
- Schalock, R. L. (2004). Supports paradigm and quality of life.
- Slevin, E., Taggart, L., McConkey, R., et al. (2011). Support for people with intellectual disabilities and their family carers.
- Solomon, P. (1992). The efficacy of case management services for severely mentally disabled adults.
- Stacey, O., & Douglas, J. (2021). The outcomes of individualized housing for people with disability and complex needs: A scoping review.
- Stancliffe, R. J. (2011). Supported decision-making.
- Thompson, J. R., & DeSpain, S. N. (2016). Community support needs.
- Thompson, J. R., Hughes, C., Schalock, R. L., et al. (2002). Integrating supports in assessment and planning.
- Totsika, V. (2010). Family stress and disability support.
- Turner, J. E. C., & Shifren, I. (1979). Community support systems: How comprehensive?
- Wehmeyer, M. L. (2005). Self-determination theory in disability.
- World Health Organization. (2011). World report on disability.
- Zhang, S. (2024). High support housing for people with serious mental illness: A scoping review.