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Moonee Ponds 3024

Moonee Valley
127 Council

10th October, 2008
Family and Community Development Committee
Victorian Parliament House
East Melbourne

To Whom It May Concern;

Re. Inquiry into Supported Accommodation for Victorians with a Disability or
Mental Illness

We thank you for the opportunity to comment on the discussion paper regarding accommodation for people with a disability or mental illness and provide our experiences to each question below:

Question 1.

What have been your experiences with supported accommodation in Victoria with regard to availability, suitability, and adequacy of care for people with a mental illness or disability?

Comment:

Availability – It has been our experience that this is the greatest issue facing this target group (both disability and mental illness). It's clear that there is insufficient accommodation to cope with the constant and growing demand. The Social Worker and the Homeless Advocacy Officer in the Aged & Disability Services Department of the City of Moonee Valley have contact with around 50 clients each month who face issues of pending homelessness, requiring urgent re-housing due to lack of availability of supported accommodation.

Suitability – The Social Worker reports that "In the 7 years he has been employed at the City of Moonee Valley I have never been able to place a client in supported accommodation when needed". This results in people being placed into substandard rental housing, resulting in recidivism.

This is also the case when clients are placed in boarding houses where unless the owner takes a particular interest in the wellbeing of the boarder, the client can regress. A boarding house with such an owner is in our experience, a rarity.

Adequacy – In supported accommodation the staffing is often totally inadequate in numbers and the high turnover of staff creates further instability.

It would appear that there is little attention screening suitability of the mix of clients at the point of intake. Preservation of the client's dignity is not a high priority within the system.

Question 2

What is your experience of trying to access supported accommodation in terms of information, planning and decision making?

Information – It is frustrating when trying to access information in this area as there doesn't seem to be consistency on how, why and where one can access the appropriate accommodation.

Planning & Decision making – It is unclear how any waitlists work, or what priority weighting is given to clients on who should be allocated an accommodation place. The client's mental health or disability status is not taken into account when placing clients in one accommodation unit, which often means the placement, is inappropriate if they are lucky enough to get it. There is an urgent need for better intake and assessment systems to be developed with a priority scoring tool and some way of measuring compatibility of residents. There should be only one entry point state-wide.

The client should also have the ability to have choice so as to protect their dignity and encourage self independence.

Question 3

What other approaches/models should be considered to address supported accommodation funding, planning and delivery?

The present approaches/models are a good basis to improving the sector. What is desperately needed is much more funding in order to build on and improve existing models (E.G. Intake, etc.).

Question 4

What are the implications for individuals who need but cannot get supported accommodation? Is the alternative accommodation that is available adequate and care appropriate?

Implications – As mentioned above: these include homelessness with the inherent risks to health and safety that homelessness produces and a recurrence of mental health episodes.

Alternative accommodation – There is neither adequate alternative accommodation nor appropriate care for most people in this client group.

Question 5

What is your view of the provision of accommodation and care in private, government and community sector managed supported accommodation?

In the private sector, unless the client has strong financial means, the provision of accommodation and care is of a very low standard.

In the government and not for profit community sectors, notwithstanding the above comments about suitability of clients living together, the care is generally adequate.

Question 6

What are the positive and or negatives of the current approach to provision of supported accommodation on families and carers?

On the negative side, the stress on families when they can no longer care for their family member, or when they see the inadequate placement occurring and the health and safety risks often present is immeasurable. Families become despairing when they cannot have the family member at home due to violence or behaviour issues and when they experience substandard accommodation they feel guilt ridden, depressed and desperate. It is our experience that this scenario has often torn families apart. Instead of being able to support the person in supported accommodation it often means they need support themselves creating a further social cost to society.

Question 7

In the City of Moonee Valley there is a high population of people from a Cald background. This further complicates the care and adequacy of supported accommodation i.e. lack of culturally sensitive places.

Question 8

What other issues do you think need to be considered which have not been addressed by the above questions?

As a provider of a range of community services, i.e. Home & community Care, Social Worker, Community Aged Care Packages (Homeless) the City of Moonee Valley is able to provide alternatives to supported accommodation in some cases. Once the client is adequately housed our services are then able to

provide ongoing support in various forms to ensure they are stabilised and able to access their community and live independently.

What so often prevents us from being able to do this more often is the lack of private rental opportunities in this community and more importantly, the lack of public housing. The criterion for public housing, i.e. for segment 1, is very strict and therefore limits the range of clients who qualify. Often the client may have multiple difficulties however they will still not be approved. A case study is provided as an example.

A female client in her twenties, suffering from schizophrenia, multiple admissions and discharges from acute care desperately needing permanent accommodation in order to stem these admissions is denied segment 1 on the grounds that she doesn't have a chronic disability. Furthermore, there needs to be a large injection of funding into public housing; there simply isn't enough public housing to go around for the general population let alone for people with mental illnesses and disabilities.