

Please find attached a submission on behalf of Care Connect to the Inquiry into Supported Accommodation for Victorians with a Disability or Mental Illness.

We appreciate the opportunity to contribute to the Inquiry.

Should you require any further information, please do not hesitate to contact our CEO, Mr Nicholas Woodlock.

Kind Regards,

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Submission:

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

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Introduction

Care Connect is a leading provider of case management services to people with complex health and support needs across Australia. Care Connect is a robust not-for-profit organisation, with a vision to be a leader and innovator in community care.

Care Connect has been a leading provider of community-based services to people with disabilities since 1994

Care Connect operates 13 offices across Victoria, New South Wales, South Australia, and Queensland. We employ 194 staff, and provided services to 3,866 clients during the 2006-2007 financial year.

Our work supports:

- Frail older persons, or person with disabilities, who have complex needs.
- Adults with multiple health concerns, including mental health issues such as dementia.
- Families and carers who care for an adult or child with disability and/or complex needs.

This submission has been developed in response to the Family and Community Development Committee's Discussion Paper on the Inquiry into Supported Accommodation for Victorians with a Disability or Mental Illness.

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?

- Limited availability for people with disabilities as vacancies often only arise due to resident deaths or transfers to another facility.
- Limited suitability as facilities often cater to people with disabilities, who do not have complex needs and/or behavioural issues. Facilities normally do not cater to people with complex and/high care needs.
- Staffing models (i.e. 1:6 for CRUs) are inadequate in terms of staff competencies and level of supervision.
- Independent accommodation model with site support is only for people with disabilities with low support needs (approximately 2%), and is generally targeted to people who have existing care packages.

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

- Limited information about SRSs is available from the Department of Human Services. Therefore, the case manager or family undertakes matching with each facility that is considered.
- Information about CRU accommodation is only made available after a client has been short-listed for that particular vacancy.
- Although information given about CRU that has been with matched with client, it is still subject to a competitive process by Verification Panels.
- Decision making at three stages is determined and controlled by the Department of Human Services and there is no avenue for appeal.

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

- Flexible funding needs to be available for add-on to standard staffing models in SRSs and for innovative strategies developed in the community to meet specific client needs on a local basis.
- Partnership and collaboration need to take place in planning and vacancy management with clients, service providers and communities.
- There needs to be a greater range of flexible accommodation models available for people with disabilities, from independent to fully supported options (including congregate care with independent living units and staff supervision to meet client needs for emotional and problem solving support).

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

- There is no alternative accommodation and this places further stress on the limited facility-based respite system. Clients become homeless and for people lacking decisional capacity, additional issues around guardianship, risk and protective issues may arise depending their age group - adults or minors.

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

- There is not enough capacity or flexibility to meet the diversity of clients' physical, social and medical needs. Increased homelessness is the result.
- Community agencies (e.g. Create) that are funded to provide assistance to access suitable accommodation are limited by the inadequacy of this capacity and the lack of flexible options for this diverse client group.

6. What are the positives and/or negatives of the current approach to provision of supported accommodation have on families and carers?

- *Positive:* Models are changing to better meet individual client needs, but policy directions are not yet to be operationalised due to lack of government investment.
- *Negative:* Regional fragmentation of the service system.
- *Negative:* Stressors are intensified as the result of lack of adequate planning and suitable options at an earlier point. This leads to families being pushed to crisis point and therefore requiring longer term and more intensive interventions.

7. What issues need to be considered in the accessibility and provision of supported accommodation for people from...

- *Culturally and linguistically diverse backgrounds:* Limitations of capacity as indicated above. There are no specialist housing options or housing support services available for differing cultural needs.

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

- Consider and resource more comprehensive transition planning from institutional to community based models by DHS and/or mental health services. De-institutionalisation is a complex issue and transitional pathways have not been fully developed.
- Giving a voice to consumers and carers to voice their preferences for choices and provide input in relation to accommodation options.
- Consider holding a summit with key stakeholders, to discuss issues and strategies e.g. Client Advocates, CEOs, key senior managers.