

Notes 24<sup>TH</sup> September 2008  
 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?

**SRS**

- Can provide safe place for some people but too expensive
- Location is sometimes a problem
- Restricts self determination & ability to live a dignified life
- Reduces expendable income resulting in limits on community access, choices in lifestyle, interests and accessing medical & other health services
- Staff changeovers & lack of communication can result in clients missing out on meds, appointments, meals & messages
- Levels of care are not related to cost ie. Clients who can do things for themselves still pay as much as those that require extensive support.
- Staff do not always have appropriate skills, levels of education
- High variance in operator standards, bad operators continue to operate, exploit, overcharge, rent not regulated, poor food standards, no privacy or dignity, sometimes bullied to relinquish pension by centre pay.
- SRS's close down - no security.
- There are few options in regard to suitability of age of residents (youth and the elderly often reside together).
- Limited ability of staff to manage mental health, deterioration leads to eviction, risk of homelessness

**Community Care Unit**

- Great opportunity to learn daily living and coping skills in a secure, staffed environment and then move to independent living
- Some clients however cannot cope in the wider community and have few choices as to where they will live post CCU

**Caravan parks**

- Owner's now far more selective due to the housing crisis which results in the exclusion of the already marginalised.

**Boarding houses**

- Heavy reliance on access to boarding because this is all there is available, high cost \$140-160 per week, no security, often grotty. Boarders have no rights, sometimes exploit marginalised, no protection, providing a service that no one else will provide.

**Public Housing**

- At crisis point, blocked. Numbers growing. Demand disproportionate to supply. Competitive system. Prohibitive. Process is difficult, care plan requirements.
- Housing is a 'right'. People who do not have advocates miss out.

## **Nomination Rights -Partnerships between housing providers and mental health services**

- Not enough Transitional housing, creates mass blockages because the long term housing is not available. When people do find private rental in the interim, they lose their Segment with the Office of Housing, cannot sustain private rental, only to repeat the cycle.

## **Crisis Housing**

- People being moved every 13 days from crisis housing, revolving door. Very difficult for families.
- Scoring system reflects gross inequity of single males score far less than families, single parents. No likelihood of offers for single males.
- No house, no recovery. Cannot recover. No way out. Critical to hierarchy of needs.

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

- Access usually revolves around availability so prospective clients have little real choice. A vacancy somewhere is better than homelessness
- Clients rarely plan or have input into decisions around their care, they accept vacancy & then adhere to the structure/rules of the facility
- There is a good website that identifies SRS's but usually accessed via word of mouth, experience & degree of urgency.
- Have no impact in planning and decision making.

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

- Other services that are not just private, purpose built facilities that enable the consumer access to managed services, as a human right to have a safe environment like the rooming house plus model, HASSI, Homeground etc.
- More affordable housing options, lead tenant in some instances, more public housing, youth income makes rental or shared unreachable.
- Semi-rural housing that is flexible, urban, cater for individual needs, and broaden options for shared equity i.e 5% buy in.
- Well run quality SRS's that may cater for specified age groups i.e. 18-35yrs; 35-65 & 65+
- Purpose built, rehab focussed establishments, independent houses, CRU models, groups of units or slightly smaller SRS style buildings
- Qualified staff, multidisciplinary teams
- Consumer driven , weekly meetings, input into catering, activities, meal planning & delivery, household tasks
- Carer & family involvement encouraged
- Independent living skills programs to be provided
- Individual Care Plans that have psychosocial focus as well as medical
- Address standards, policies surrounding care as well as building & safety standards

**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?**

- Revolving door, back into hospital, people sleeping rough, turn to substances, leave people vulnerable, must then enter rooming house and then easily exploited and target for financial abuse, physical and emotional abuse.
- Kept in crisis merry-go-round,
- At risk of overdose, increase self harm increased police involvement, increased risk for children and families, sometimes death.
- Other implications, it takes staff/workers far longer to find housing, this equates to a greater cost, and this could be better spent purchasing housing.
- Lack of alternatives, SRS's & Boarding houses are currently the only options both of which are often used inappropriately to avoid homelessness.
- Settling for shelter at the cost of self determination-soul destroying

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

- Many non for profit options that reflect housing as a 'right' to meet the needs of many people.
- Rooming houses/boarding houses run not for profit, as a person's right to quality housing.
- Dual purpose buildings, - sleep at night, use the building for other purposes during the day.
- Not for profit cabins and caravans.
- Accommodation options should be based on an individuals needs
- Should enhance social & individual integration
- More options need to be available to cater for family units, couples, single parents who are unable to utilise SRS's

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

- **Positive:** the minority of people who have access to affordable, quality, secure housing with support- The clients basic needs are met
- Family & carers regain their lifestyles & freedom from caring role
- **Negative:** Housing Associations will need to charge more for some properties due to generating funds through loans etc.-access will cost more for people on DSP.
- Concerns about the quality of care being provided
- Isolation & breakdown of relationship between family & resident
  
- Families & carers can feel a mixture of relief & guilt

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

- Rural and regional Victoria
- Culturally and linguistically diverse backgrounds
- Indigenous Victorians

- SRS's residents with children & couples are not catered for in SRS's
- SRS's need to be close to services & accessible to families
- Cultural & religious aspect need to be catered for. Workers need to be educated, services & facilities need to purpose designed
- Look at Dutch/Italian & Macedonian models
- Family, ethnic involvement important re design & delivery of service
- Close to transport and shops
- Affordable, security of tenure

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

- Dual diagnosis model: the need for purpose built facilities for people with a complexity of needs who cannot access services.
- Recognition that funding needs to be provided
- Standards, Policies & Inspections need to be reviewed, Accreditation needs to include quality of life
- Staffing levels & qualifications need to be mandatory, multidisciplinary Teams
- Building codes adhered to and Reviewed/Rewritten