9 October 2008

Family and Community Development Committee
Parliament House
Spring Street
East Melbourne VIC 3002

Dear Chair, Family and Community Development Committee

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

St Laurence is a recognised leader in community services, supporting older people, people with a disability or experiencing disadvantage, their families and caregivers since 1958. St Laurence demonstrates a strong commitment to maximising the opportunities for and abilities of people to remain independent and access community based services and reflects the organisation’s Mission “Helping people help themselves”.

Our contribution to this inquiry is based on our practical experience and working knowledge of the available services and draws upon our established networks, direct service capability and relationships with key support services in the community and our direct work with the members of our community that rely upon them.

Experiences with supported accommodation in Victoria
St Laurence’s experience of the availability of suitable accommodation is consistent with the findings of the Auditor General with many more people seeking suitable accommodation than is currently available. People and families in this situation are often families with ageing parents of an adult child with an intellectual disability who are concerned for the long term care and support of their loved one as they age and their capacity to maintain a role as primary carer diminishes.

A key factor for many families and individuals in relation to the availability of accommodation is the perceived suitability of that accommodation to properly meet the needs of the individual and to provide them with the security, support and freedoms that they are able to enjoy. Suitability includes issues relating to the other residents living in a shared accommodation, the nature of their disability (or disabilities), behaviours of concern and the resultant impact on a person’s freedom of movement or level of support from staff. Where services supporting people with complex needs including people with a dual disability are not adequately funded or supported there is a restriction on lifestyle and choice which can in turn perpetuate the behaviours of concern. Put simply, when high and low needs people are sharing a residence it is often the low need clients who miss out as staff are required to provide extensive support to high need clients which in turn limits the amount of time they can spend with others.

It is essential also for people living in community setting’s, whether shared accommodation of some form or trying to live independently to be adequately supported by ancillary community services including acute and sub acute health settings and services, and community based support services. These additional services together with adequate the provision of well trained and resourced staff are fundamental to providing adequate care.
Example:
Staff at a Supported Residential Service notified a mental health agency that they were concerned by the deteriorating behaviour of a resident and requested assistance. Within the space of a week the resident’s behaviour deteriorated to the extent that he physically threatened staff who were forced to barricade themselves in the staff room until police arrived.

Had action been taken by the agency when requested the resident may have received treatment and/or counselling that may have prevented the episode with the result that the resident would still have a home and the distress caused to staff and other residents could have been prevented. On this occasion, three other residents decided to vacate their accommodation due to their concerns about their safety and amenity. This example not only displaced four people from their home, but also created financial difficulty for the “pension only” facility placing further pressure on its viability and therefore placing more people at risk.

St Laurence acknowledges that the adequacy of care can vary by house, service provider or by the staff that are rostered on the day – in terms of minimum standards of training, attention to service user needs, behaviour support, personal care etc, however the base funding structures mean that staff in Community Residential units (whether operated by government or non government sector) are typically staffed only when clients are in residence - putting extra pressure on completing domestic (housekeeping) duties during a shift resulting in less time for client interaction and socialisation.

Fundamentally, demand for supported accommodation continues to grow and no growth in this area has exacerbated this crisis documented by the auditor general. Families have reported (and have been reported in the media) that they now realise that the only way to access a supported accommodation service is to relinquish care or die. The trauma associated with relinquishment is significant and we see families having to choose between the welfare of their children because of the impact on other siblings. Some people can live more independently but many people with disabilities require supervision to ensure their physical and emotional wellbeing and their safety.

Specifically in relation to the standard of accommodation offered through pension only Supported Residential Services (SRS), St Laurence commends the operation of the Supported Accommodation for Vulnerable Victorians Initiative (SAVVI). This innovative program has enabled organisations like St Laurence to work directly with the SRS proprietors to improve the standard of care and accommodation for residents, enhancing resident amenity and therein improving the financial viability of these vital accommodation services for people with a disability or experiencing severe disadvantage. Indeed without the injection of targeted and purpose specific funds this housing stock may have been lost to the community with many of the pension only SRS facilities facing closure.
Access to Supported Accommodation - Information, planning and decision making

Government has over many years sought to manage what is a very scarce resource through mechanisms like the former Service Needs Register (SNR) and more recently established Disability Services Register (DSR). Within these various methods of managing demand sit further layers of control or allocation relating to priority of access for individuals. For many people, including individuals, families and caregivers and service providers there is at times a perceived lack of transparency in the decision making process, or even where one sits or fits in that process. For example, once a person has been assessed and accepted onto the DSR, they are not able to access information as to how they have been ranked in terms of priority. In the circumstance where a family’s anxiety regarding the future safe accommodation of their loved one is already high, this ‘not knowing’ only serves to further exacerbate the problem. Unfortunately such measures and methods undermine confidence in the fairness of processes including allocation and review of funding.

Other approaches and models

The key element in considering other approaches and models of accommodation and support for people with a disability is real choice and real options. This includes the choice of sharing a home with other people with a disability or not. Some current or recent approaches have been to exclude shared accommodation (congregate care) as a choice or option for people with a disability. This limiting approach is not applied to other groups or like communities, who due to their cultural, religious or economic imperative choose to share accommodation or live in the same block of flats or indeed share and pool their resources, and should not be applied to people with a disability who may CHOOSE that option.

The community need to consider a range of options for accommodation for people with a disability that provide them with a sense of place a and space including:

- Community based independent housing with a central staff point (Key Ring)
- Individual units with individualised support
- Long / short and crisis term supported accommodation for children who are displaying behaviours of concern and placing family members or themselves at risk.
- Cluster units with a central staffing point but freedom of movement and choice monitored in a non evasive way and supportive manner.
- Age appropriate housing and support for people with a disability who are ageing.
- Shared supported housing (Community Residential Units).

In relation to SRS accommodation, the early indications of the SAVVI program demonstrate that pension only SRS’ have benefitted from direct purpose specific funding to improve resident amenity, and that has in turn improved the viability of these low rental housing options for people with a disability and experiencing disadvantage. This has proved a positive approach and one that should be considered beyond the initial 3 year pilot.

Implications for individuals who need but cannot get supported accommodation?

As indicated above the implications for individuals who need but cannot get supported accommodation can be dire and often resulting in family breakdown and the need for crisis accommodation. For many people crisis accommodation often means the person being placed in a respite service which in turn deprives other families of accessing the service adding further stress to carers. Families have experienced considerable delays of several months before a suitable long term option becomes available. In other circumstances a person with a disability may be ‘shuffled’ between family members with no permanent homes while aging carers are unwell.
Indeed for some people the implications can also include the person being ‘lost to the system’ and ending up in inappropriate accommodation in relation to their support needs which could include SRS’s and homelessness.

In addition to the provision of Respite for families and care givers to support and strengthen their capacity to provide ongoing care, some proprietors of pension only SRS environments have also indicated the potential benefit of the opportunity for respite for SRS residents, through mechanisms like a house swap or an alternative setting. People living in pension only SRS accommodation do not have the financial means to maintain a place while they have a break from that environment.

Finally, St Laurence remains conscious of our responsibility to work with Government and the community to be part of the solution and to this end we make the following suggestions.

1. Government, key stakeholders and the community work through the current review of flexible funding packages to ensure that people with a disability and their families have access to flexible and accessible funding approaches to provide timely and targeted support.

2. Government work with key stakeholders and Community Service Organisation’s to develop new initiatives to gather reliable data about unmet need, particularly in the area of accommodation (shared supported and ‘independent’).

3. Government and key stakeholders work develop clearer timeframes and access to information regarding a DSR application as a ‘priority needs’ application, including a process of appeal or review to be given so that more accurate planning can occur and people with a disability and their families can make timely informed decisions.

St Laurence thanks the Committee for the opportunity to contribute to the important work of the Family and Community Development Committee and this inquiry and look forward to the Committee’s deliberations on these important matters.

Yours sincerely

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