Inner South Submission to Family and Community Development Committee
Inquiries into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness,
October 2008

This submission has been prepared by members of the Inner South SRS (Supported Residential Services) Network and Port Phillip & Stonnington Housing Information Network.

These networks represent a range of agencies, programs and organisations working in support, recreation, advocacy, information/referral and outreach roles across the inner south region of Melbourne incorporating the local government areas of Port Phillip, Stonnington and Glen Eira.

Agencies that have contributed substantially to this response include:

City of Port Phillip
Inner South Community Health Centre
Caulfield Community Health Centre
Southern Citizens Advocacy
Port Phillip Community Group
Caulfield Aged Persons Mental Health Service

Enquiries regarding this submission can be directed to

Kate Incerti- Housing Information & Support worker
kincerti@portphillip.vic.gov.au
Ph. 9209 6367

Karen Watson-Social Support & Recreation Access worker
kwatson@portphillip.vic.gov.au
Ph. 9209 6384
Introduction

Our response to the current inquiries into the provision of supported accommodation for Victorians with a disability or mental illness is related to our involvement with these individuals across a range of accommodation settings including:

- Pension level SRS (Supported Residential Services)
- Private rooming houses
- People living with an ageing carer in the carer’s owned home
- Private rental
- Public housing
- Community housing-including community managed rooming houses
- People currently homeless-sleeping rough (primary homelessness), couch surfing (secondary homelessness); and those without accommodation upon discharge from a psychiatric ward

We represent two networks involving a broad cross section of services and programs that frequently interact with Victorians either with a disability and/or a mental illness who would be eligible for supported accommodation and/or a package of in-home support but who are currently not receiving either of these initiatives.

We have focused predominantly upon the terms of reference in regards to “the adequacy and appropriateness of care and accommodation provided in various government, private and community facilities that accommodate clients with a disability or mental illness because of insufficient places in the specialist system, and in particular including supported residential services, boarding houses, public hospitals, nursing homes and SAAP funded services.”

We have also utilised several questions provided as a guide in the Family & Community Development Committee’s discussion paper to frame our submission to the Committee.

Background of the Inner Sth SRS Services Network

Terms of reference:

- To provide a forum for the diverse range of community and support services that have contact with pension-only SRS residents to network and exchange information about their activities;
- To build partnerships and encourage collaborative practice among agencies that provide services to pension-only SRS residents;
- To develop strategies for addressing specific issues experienced by member agencies providing services to SRS residents on a local level
- To encourage the development of new activities promoting the health & social participation of pension-only residents.
This network meets bi-monthly. Membership is open to any service provider (recreation, health, mental health, disability, outreach, advocacy, authorised officers, community visitors & housing) who work with pension-only SRS residents.

Background of the Port Phillip and Stonnington Housing Information Network

Terms of Reference

- To provide a forum for the diverse range of SAAP and non SAAP housing providers and homelessness services working within Port Phillip and Stonnington, to network and exchange information about their services;
- To build partnerships and encourage collaborative practice among agencies, local government and Office of Housing in responding to housing need in Port Phillip and Stonnington;
- To develop strategies for addressing specific issues experienced by member agencies and programs providing services to people experiencing homelessness, at risk of homelessness or in housing stress at a local level.

This network meets monthly; membership is open to any service provider working within the range of housing provision and homelessness support services.

Some of the responses from the members of the Inner Sth SRS network were included in a submission to the recent Victorian State Government Review of the regulation of SRS in Victoria, July 2008.

General context across the Inner South Metro region:

Across the Inner South we have a range of the types of accommodation outlined by the Inquiries Discussion paper.

➤ Supported accommodation for adults with disabilities (funded by Disability Services)

- Community Residential units for people with disabilities (4) in Port Phillip; (1) in Stonnington and (8) in Glen Eira; Under 6 beds per unit

Total 13 units – approx 65 beds in Inner South (we could not confirm details as DHS would not release figures). There may also be other CRU type facilities – e.g. Scope, Jewish Care but we don’t currently have this information.

➤ Younger Disability community packages

- e.g. Linkages < 65: approx. 45 packages allotted to the Inner South, over past 4-5 years waiting list for referrals continuously closed;
- Support & Choice; Futures for Young Adults and Home First—all being amalgamated to Individualised Support Packages—no. of packages and length of waiting lists for the 3 LG areas in the Inner South not known at time of preparing this submission.
Supported accommodation for adults with mental illness (funded by Mental Health Services)

- Community Care Unit
  1 - Port Phillip (Opening Doors/Alfred/ ISCHS/MI Fellowship - Alma Rd CCU - 20 beds)

- PDRSS (Psychiatric Disability Residential Support Services) accommodation
  3 - Port Phillip - Opening Doors (Rossdale) 20 beds. St Kilda Benevolent Society (Scottsdale) - 19 (longer term) beds and MIND (Edith Pardy House) Recovery – 14 beds;
  2 - Stonnington - MIND (Trellewarren) – 15 beds and MIND Wynnstay Hostel - 16 beds

Total – 6 facilities - approx 83 short term supported accommodation beds and 19 longer term for people with mental illness.

Pension Level Supported Residential Services – private businesses

11 pension -level SRS in City of Port Phillip, Stonnington and Glen Eira

Rooming Houses

Port Phillip (as of 2008)

- 41 Community Rooming Houses (792 rooms)
- 22 Private registered rooming houses (403 rooms)

Stonnington (as of 2008)

- 2 Community Rooming Houses (24 beds)
- 9 Private Rooming Houses (114 beds)

Glen Eira (as of 2003)

- 1 community managed rooming house (24 beds)
- 2 private rooming houses (46 + beds)

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1 www.imrhai.com.au
2 Gordon R Inner South Rooming House Futures Project Is this a half way house or a home Final Report Resolve Community Consulting 2006
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?

People who are discharged from the CCU and PDRSS often have nowhere to go, and so end up absolutely homeless or in unsafe rooming houses or pension level SRS. These residents can continue throughout their lives churning as they are transitorily moving between pension level SRS and rooming houses neither of which offer specialised care and supervision that they frequently require. Many residents living in rooming houses and pension level SRS have severe and chronic mental illness or dual diagnoses and are vulnerable and unsafe in this accommodation.

There has been extensive research into linkages between housing and support and what is important from the perspective of people living with a mental illness. This research identified key factors that supported people maintaining stable housing and risk management strategies. We would strongly advise that this Inquiry endorse many of the recommendations in this research as it particularly proposed:

- A model for integrating risk management into the service system and
- Government making the management of housing risk for people with complex needs a key objective.

Developing a mental illness is one such life event that can happen to anyone in our community at any age. It is apparent that the mental health system is radically under resourced and is geared almost exclusively to the extreme crisis end of care. We have experienced many instances of primary homelessness within Port Phillip of people released from custody, hospital or care without adequate accommodation and support being established.

We also find that people with dual disability that is co-existing intellectual disability and mental illness are particularly disadvantaged by a lack of services that are able to work with their unique needs. This leaves this group particularly vulnerable to recurrent homelessness and/or extremely unstable housing. This instability can exacerbate mental illness and skill loss, as the person struggles to manage day to day living issues.

It has also been our experience that there is a current gap in HACC and PDRSS financially resourcing the cleaning, packing up of items and assisting relocations when a person's mental health has deteriorated whilst they are living independently in private rental accommodation.

We regularly receive requests from acute or outpatient mental health services to assist a person return home from an inpatient admission or relocate to alternative accommodation due to eviction from the private rental property. In part this has been

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3 O'Brien, A et al "Linkages between housing and support-what is important from the perspective of people living with a mental illness" AHURI Sep 2002
due to the condition in which they have allowed the property to reach, rental arrears, neighbour disputes etc whilst experiencing deterioration in their mental health.

Costs are incurred in delaying discharge from hospital which could be sped up if funds could be made available to carry out these tasks and expedite the person's return to their tenancy or relocate to alternative accommodation without the total loss of all their belongings. Research has shown that preventive input has been cost effective across a no. of sectors in relation to averting homelessness. 4

Recommendations:
- There needs to be greater access to adequate crisis, transitional and long term housing, including public housing, community, and supported housing.
- Combined mental health and homelessness support resources situated within crisis accommodation, prisons, juvenile justice, psychiatric inpatient units and refuges need to be expanded.

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

This discussion point rests upon the assumption that there is somewhere to relocate or move someone to if there is a need to relocate a resident from a pension-level SRS or when arranging discharge from hospital or a period of rehabilitation. Increasingly there is nowhere else to choose, some residents have already been trialled in a number of SRS and are not able to return. Whether a person is living in a pension-only SRS or a rooming house there is a lack of choice about who else is living there and people we work with have told us this is one of the constant concerns they can experience.

Others have similarly 'burnt their bridges' in a number of community and then private rooming houses. Their ability to move to government funded accommodation in either the disability or mental health sector is non-existent. Various members of our networks indicate as many as 1100 people are currently on waiting list for Disability Services Shared support accommodation.

Referring prospective residents to pension-level Supported Residential Services can frequently be 'ad hoc' with inappropriate placement of a person in the SRS due to lack of alternative and more suitable accommodation options. The pressure on agencies to place a person without any secure housing or alternative accommodation and who has little or no income support, can lead to a lack of client-centred planning and informed choice by the individual concerned. In addition the information being sent with a resident upon discharge from a hospital or other institutional setting is extremely limited which further severely compromises developing care plans.

An issue that is of critical importance in the inner southern metropolitan area is the loss of pension level beds in SRS and affordable or low cost rental, forcing people to move out of their familiar area and away from regular support services. Often outreach services are limited to a specific geographic area, and when a person is forced to outer suburbs, due to a lack of accommodation in their usual area, they lose contact with the agencies that link them to important health, social and recreational services. This causes severe disruption to the physical and mental health and wellbeing of many individuals.

Often people in pension-level SRS are forced to even share their bedroom, merely partitioned off from other occupants by screens. Some residents report to us their very real fears of violence including sexual assault, due to the diverse population accommodated in pension level SRS, including people with acquired brain injury, substance abuse issues, poorly controlled mental illness and other conditions that can lead to poor anger management. This is exacerbated by very low staffing levels and few staff having suitable experience or qualifications in managing difficult behaviour.

**Recommendation:**
- The use of the DHS/SRS referral form should be made standard across the SRS sector for use by all referrers and proprietors. Currently the form is mandatory for referrals from mental health agencies to SRS. If made standard across all referrals to SRS, it would improve the appropriateness and effectiveness of referrals of prospective residents.

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

There has been and will continue to be a problem with the long term viability of pension-level SRS because the income derived by the Proprieto is not sufficient for them to pay their overheads: rent, staff, rates, utilities bills, etc, whilst also providing an adequate level of care. Residents are often severely disabled and chronically incapacitated, and struggle to self fund.

Many of the residents of pension-level SRS have formerly lived in residential psychiatric hospitals and similar state-run facilities for the intellectually disabled and other community members with high needs, many of whom would qualify for a nursing home level of care.

**Recommendation:**
- Obviously the sector needs external funding, and so far this has resulted in the establishment of the Supported Accommodation for Vulnerable Victorians Initiative (SAVVI) in 2007. This initiative needs to be expanded as without recurrent external or public funding of pension-level SRS they will remain non-viable as privately run businesses and be at ongoing risk of closure.
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?

The current level of the Disability/Age Pension is inadequate and this has a direct impact on the already limited capacity of Centrelink recipients to firstly gain access to supported accommodation if they require it, whilst also putting financial stress on their ability to maintain their accommodation particularly if they have a disability or mental illness.

4.1 Pension-level SRS as an alternative:

Inadequate income levels contribute to higher levels of transience amongst the SRS resident group and rooming house population, with many opting out of supported care for cheaper accommodation which doesn’t meet their support and care needs. Many people move in and out of SRS purely for financial reasons, because the loss of most of the Pension and their Commonwealth Rent Assistance severely limits their social contacts, access to public transport, personal shopping opportunities and their capacity to pay for services.

This creates a situation where vulnerable people are placed in a position where they are forced to seek cheaper sub-standard accommodation that doesn’t meet their care needs, because they can’t afford to pay the higher accommodation fees and have money left over for personal or discretionary purchases or shopping. Many residents of pension-level SRS have less than $20 ‘pocket money’ per week to spend.

The implication of people with a mental illness not being able to access government supported accommodation as listed above is that many are relying on other forms of accommodation in particular private SRS which are ultimately private, for-profit businesses. We have a range of concerns about people with very complex needs such as a mental illness, acquired brain injury, and/or intellectual disability having as their only choice for supported accommodation -a pension-level SRS.

The main issues we would like to highlight are:

- There is a lack of tenancy rights or protection so residents have no real security of tenure;

- The current level of fees trap people in this setting, as the majority are reliant on a Centrelink benefit alone, with no savings, and no funds to consider alternatives. Many lack funds even for transport to a homelessness or community health service; they also lack funds for adequate clothing.

- Once the decision is made-often at a crisis point to place person in a Pension-only SRS or rooming house they remain there and few opportunities occur to review their living choices; few options exist and they tend to lose abilities/skills
The introduction of the SAVVI initiative is an extremely welcome step in the right direction as we are well aware that for many years proprietors have struggled to make ends meet with increasing rents particularly in the Inner South area;

- Nutrition can be a real concern as the amounts spent on food and the quality, variety and choices of diet can vary greatly between SRS;

- In our experience the standards of cleaning, heating and fabric of buildings can also vary greatly and in a number of instances in this area are of a very poor quality; very few SRS or rooming houses are purpose built so accessibility can be a very great concern.

- There are issues with the supervision of giving medications to SRS residents whilst use of Webster packs is encouraged it does add an extra $5.00 to pharmacy costs weekly when compared to use of Dosette refills and this is a further burden on residents with minimal funds;

- The pension-only sector struggle to instil a rehabilitation and recovery focus to their context: residents can become deskillled when placed in a SRS as they cannot practise skills such as food preparation. Any opportunity to promote an active living model within the legislation would be welcomed. Currently, moving to a pension-only SRS can result in rapid loss of skills necessary to live independently, trapping residents in this sector indefinitely, particularly if they have cognitive impairments.

- The overuse of sedatives and other medication as a substitute for proper behaviour management strategies. Further, we have seen situations where residents have been evicted due to inadequate resources for managing difficult behaviours.

4.2 Private Rooming Houses as an alternative

As we have outlined, the implication of people with a mental illness not being able to access government supported accommodation is that many are relying on other forms of accommodation. Some of this can end up being unregistered and unsafe rooming houses.

Traditionally, private and community rooming houses are seen as a low-cost housing option. However, evidence suggests that this form of accommodation is not always as low-cost as generally thought- particularly in the private rooming house sector. This was noted in recent submissions to the Victorian State Government, Department of Consumer Affairs: Residential Accommodation Stakeholder Consultation:

"rents of over $150 per week per person for a bed in a rooming house. This suggests that rooming houses are a form of accommodation that is relatively easily accessible, particularly during times of a tight rental market but still of questionable affordability when you are receiving a Centrelink benefit."

The Proposed Health (Prescribed Accommodation) Regulations 2008 Regulatory Impact Statement also went on to report:
“Access to alternate accommodation is a particular issue for many rooming house residents, who are particularly vulnerable and can have complex needs, such as mental health and substance abuse issues. This can be even more acute for the high number of singles who rely on rooming houses for accommodation. Rooming house residents are often characterised by having experienced deinstitutionalisation, inability to secure private rental and poor history as tenants including eviction. It is well known that accommodation factors such as overcrowding, poor building conditions and lack of appropriate water and sanitary facilities can have a significant impact on an individual’s health. This, in turn, impacts on the public health outcome for all persons living on a particular premise and potentially more broadly in the community.”

“These factors, combined with a relatively tight rental market in recent times, have exacerbated issues being faced by rooming house residents. They are a highly vulnerable group, many with poor health and other complex needs, who often have few if any accommodation alternatives. Most have a history of homelessness, impacting on their health and well being and social and economic opportunities. It is important to recognise private rooming house operators are in the business of letting rooms for a profit. Some operators are opportunistic exploiting vulnerable groups in urgent need of affordable accommodation.”

Workers in our networks would endorse these observations from our local experiences. The Inner South region has a high concentration of private rooming houses and many network members have observed people moving between SRS and private rooming houses with very limited or no ongoing support despite them having a severe and chronic mental illness and commonly a combination with Acquired Brain Injuries (ABI) usually alcohol or other substance related acquired brain injury and intellectual disabilities.

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

One area of particular concern to our network is the current regulations regarding staff ratios in private, pension -level SRS doesn’t allow for adequate input to a number of care plans, particularly behaviour management. This can lead to situations staff and management of SRS having to rely on chemical means of restraint to achieve compliance.

We understand the required staff ratio in pension-level SRS to currently be 1:30 but as the complexity and multiple natures of residents’ conditions have increased, this ratio isn’t satisfactory.

We are particularly concerned that the current definition of SRS refers to care and assistance within a fairly ‘medical model’ but doesn’t reflect best practice in Disability and Mental Health research that promotes an active service and recovery model within care plans and promoting wellness and development of skills.

Many residents complain to external service providers about the lack of food, the lack of variety of meals and the early serving of evening meal.

Many residents complain to service providers about the lack of choice over how the bulk of their income is spent leaving them very little money to use for essentials. For example we know of residents who cannot afford to buy shampoo and shaving equipment and these are not supplied by the SRS.

The support and opportunities for involvement in appropriate supported activities and social groups varies dramatically across local government areas.

There needs to be a framework of objective criteria involved in determining suitability for employment or management duties in SRS. Other vulnerable Victorians receive care from trained staff for example-residents of Community Residential units, Community Care Units and in residential Aged Care.

Currently SRS residents, unlike most other Victorians, have extremely limited consumer protection in terms of their tenure. This may be incompatible with the Victorian Charter of Human Rights and Disability Discrimination laws.

In addition the physical fabric of some buildings is very poor resulting in damp and draughts, thus draining already stretched finances and heating capacities.

SAVVI money has increased some standards of accommodation but financial reality is that we rely on older poorly maintained buildings due to an absolute lack of real alternatives.

Lack of accreditation relies on complaints and re-activeness rather than pro-activeness; often residents lack the cognitive skills to be able to access an external service to initiate a complaint and fear retribution should they be identified as ‘causing problems’;

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

People living in Pension-level SRS have very limited means available to sustain or initiate contact with family or friends as they have no money left for a mobile, limited access to a house telephone and limited funds to use for transport to visit anyone. This is also experienced by someone living in a rooming house.

Families and individuals need assistance with future planning as we have had experience of dramatically changing circumstances on the entry to care or death of an ageing carer of someone with a disability and/or a mental illness. The house is sold and money distributed to a number of recipients but forcing the person with the disability out of the family home-possibly with too much money to be eligible for public or community housing but not enough to purchase accommodation and support services.

The Supported accommodation model –Rooming House Plus (69 Queens Rd. Melbourne) offers a collaborative approach-on-site services, recreation and activities whilst also allowing access to a kitchen, coffee making facilities etc for each tenant and
also has a collaborative recurrent funding and reporting framework underpinning this model which is welcome and innovative.

SRS and rooming houses are not child friendly or safe environments for visits from children, so contact with a child or young person if you have parental access rights is severely compromised and difficult to maintain.

Some families are fearful of raising complaints about the care standards in the SRS where their relative resides. Families are often aware that their family member can be evicted on short notice and are afraid to risk jeopardising the accommodation.

Further, families are often unaware of other accommodation options, for example, Disability Services DHS Intake will refer family members to SRS as the first option for accommodation, without explaining that other forms of accommodation exist.

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

- Culturally and linguistically diverse backgrounds

There are issues with the supervision of giving medications to SRS residents. Staff who are employed after hours and on weekends need to have adequate English language and communication skills, and be familiar with residents’ names for the giving of medications.

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

The level of response by local Government, GPs, health and community services can vary across areas and in terms of reaching people in different housing settings.

This relies on available resources and the attitudes of different accommodation providers - current practice relies heavily on whether a person can advocate for themselves or has a consistent advocate. This has led to a very ad hoc service outcome - there are also workforce issues, resource issues. More supported accommodation needs to be provided with trained paid staff, adequate care plans and recovery or active living models of practice.

Good examples of this have been:

- GP case conferencing model
  Health checks-review of all residents in terms of their psych medication; eye checks, hearing, dental, prevention checks-such as breast scans, prostate checks etc
  Social meals programs in rooming houses

- SRS proprietors and Rooming House owners and managers (both private and community) have commented that they lack basic information about a person, case managers etc.
The current COAG discussions of housing affordability and new initiatives aiming to expand housing need to include targets of increasing supported accommodation.

Recent research has shown that a number of people have developed their mental illness and/or substance abuse problem after they became homeless, therefore a great imperative to reduce incidence of harm by providing housing to mitigate or reduce prevalence of mental illness.  

There have been dramatic rent rises across the Inner South region over the past 5-10 years heavily impacting on availability of all forms of housing:

SRS proprietors generally rent the premises

Private rooming houses are usually owned but we have experience of when they’re inherited from older members of family, younger owners are not continuing to keep them in this form—particularly when some will require expensive sprinkler systems installed by June 2009 due to changes in State building regulations.

Private rental is not affordable across this inner south area for someone reliant on a Centrelink benefit or low income—some have previously been able to have their rent subsidised by a individualised community package such as Support & Choice but this has recently been changed and their ability to maintain their housing is now threatened. Access to public and community housing is also similarly prohibitive as there are currently long waiting lists, particularly for fully accessible or modified properties.

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7 Chamberlain, C; Johnson, G and Theobold, J Homelessness in Melbourne: Confronting the Challenge, Centre for Applied Social Research RMIT University 2007