Rumbalara Aboriginal Cooperative Ltd’s response to the Inquiry on the Victorian State Governments Provision of Support Accommodation for Victorians with a Disability or Mental Illness

In response to items listed under the Terms of Reference for the Legislative Assembly and Legislative Council.

(1) current government funded supported accommodation, including the number and location of places, occupancy, staffing, demand management, methods of funding and oversight;

There are no ATSI-specific supported accommodation places (SAP) for ATSI people with a disability and / or mental illness (the target group described in this enquiry) in either of the Victorian Regions - Hume and Loddon Mallee – in which Rumbalara Aboriginal Cooperative (RAC) Ltd provides services; and to RAC’s knowledge in Victoria. This creates a significant service gap for ATSI people as the majority prefer to access services from an ATSI provider and often choose to go without services rather than access mainstream options, which although they are funded to provide services to the ATSI community, don’t provide services which are culturally safe.

(2) the adequacy of the current number of places and care provided in community residential units, residential institutions, community care units, secure extended care units, prevention and recovery care facilities and other forms of supported accommodation;

Anecdotally, there are some ATSI people living in mainstream SAP, but RAC is not able to comment on the number or adequacy of the accommodation and support they offer as RAC does not have such data. However, RAC believes that there is a long overdue need for research on this issue, to be carried out, given that it is well known anecdotally (and no doubt supported by DHS data), that people from the broader community can wait for many years for a suitable SAP. It is therefore reasonable to assume that ATSI people, who rarely get to the stage of being on a waiting list for a SAP, are even more impacted and disadvantaged by this situation.

(3) 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;

There is no data on this for ATSI people. The Summer Foundation reporti commissioned by DHS in 2007, identified 105 (out of 221) younger people
with disabilities, under 50 years old, living in Residential Aged Care in Victoria who were willing to participate in a study to identify their needs and preferences for alternative more socially and age appropriate accommodation to inform the *my future my choice* initiative. Not one of the people who participated was from an ATSI background. The reasons for this include variously:

- ATSI aged care facilities funded under the flexible funding model were not included;
- none of the participating or informant organisations was ATSI;
- participants were invited to participate by letter;
- and, there is no way of knowing if any ATSI people either received these letters or had the facilities to respond.

Therefore there is no objective data on the adequacy and appropriateness of care and accommodation for younger ATSI people with disabilities living in RACFs, even though it is known that there are some who do, let alone if they are living in other alternative forms of residential care or homeless.

(4) the impact on Victorian families of insufficient supported accommodation;

The only SAP option for ATSI people is mainstream; and, as the majority of ATSI people do not access mainstream SAP options, for a variety of well documented reasons, they end up in residential aged care, remain at home with struggling carers or alone, or become homeless, **impacting significantly on Indigenous families and on extended kinship networks.**

The unmet complex support needs of ATSI people with disabilities and their carers has been a major concern for RAC for many years and were the subject of the 2005 DHS funded report *Analysis of the Needs of ATSI People with Disabilities and Their Carers within the Shepparton Area* which identified:

- many gaps in data on ATSI people with complex disabilities
- significant underreporting
- minimal engagement with the mainstream service system and
- a dearth of support services for this group of people
- impacting heavily on them, their carers and service providers.

The report included extensive consultations with: mainstream and ATSI organisations, Elders and parents caring for children with disabilities and identified people in their 20s to late 40s, too young for aged care packages but often having numerous disabilities, such as an Acquired Brain Injury or an Intellectual disability (often undiagnosed). The report extrapolated data from
the 1994 Victorian Aboriginal Community Services Association Limited, Report to the Department of Human Services ‘Meeting the Needs of Koorie People with a Disability: Developing and Implementing Strategies for Improving Equity and Access and data from the Australian ATSI Health Infonet, which suggested there could be 300 ATSI people with severe or profound disability in the Shepparton area ATSI population of an estimated 6,000. Information on their supported accommodation needs is not available.

(5) estimates of future supported accommodation needs and the appropriateness and transparency of the Government’s management of demand and placement;

Identifying the current and / or future SAP needs in the ATSI community is difficult to ascertain, as explained above, due to the inadequacy of data. One key factor contributing to the lack of accurate data about need for SAP in the ATSI population is the well recognised fact that the majority of ATSI people with disabilities are not registered with Disability Services, particularly those with various combinations of physical/ neurological/ intellectual/mental health disabilities or an ABI, as:

- they don’t meet the specific diagnostic/ eligibility requirements involved in accessing Disability services
- and/ or they are not able either for limited literacy or the nature of their disability, to access the lengthy, complex, intrusive processes – including:
  - filling out forms
  - the need to seek specialist assessments
  - culturally unsafe processes for the majority of ATSI people and their families/ carers, who don’t trust such intrusiveness into their personal and private circumstances.

Mainstream organizations are given encouragement to deliver services to ATSI people, but their whole construct means ATSI individuals with a disability are largely missing out. The words disability/ disabled do not have meaning in the ATSI community; individuals with special needs are not segregated or considered not normal, so families do not necessarily seek out a diagnosis or disability services. This is true not only for families / consumers but also for staff working in the field.

In order to inform an application for mfmc funding in late 2008, for supported accommodation for ATSI people with disabilities living in the Hume and Loddon Mallee Regions, RAC tried to quantify and qualify the need and types of support required. Through accessing RAC’s Housing, Family Services and Aged Care & Disability Services [which includes HACC, ATSI
Respite Program (funded through the National Respite for Carers Program) and the Galnya Maya Program (funded through FAHCSIA and DHS: Disability Services), 7 people with an immediate SAP need were identified, with the majority having an ABI, ID and/or a neurological disorder. There were a further 25 whose disability may or may not have been fully diagnosed, but included a mental health disability. At least 2 were identified as living in RACFs (this is not exhaustive), 15 were at home with aging carers/no carer, living in transition care or were homeless. Very few were registered with Disability Services or had undergone formal assessments. This data was accumulated without going through RAC Health Services data or going outside of RAC’s program areas. This is known to be a severe underestimation of actual need.

(6) the government’s response to unmet accommodation needs, including sources of funding, planning and delivery;

RAC received no response to the recommendations in the report commissioned in 2005, despite repeated requests to DHS.

Based on the data described in the response to question 5, RAC submitted a Stage 1 EOI during the 2008 mfmc funding round, for a purpose built ATSI SA option for 3 eligible people, to be located at RAC’s Multi Aged Care Complex currently under development in Shepparton, plus recurrent funding to support these 3, plus 3 others on ISPs from the Hume and Loddon Mallee Regions of Victoria. This application was successful in that RAC was invited to submit a Stage 2 application, and met with DHS on the 21st February 2009, where it was agreed that RAC prepare a 2 step proposal for proceeding to Stage 2 (for the very reasons outlined above). This was completed in conjunction with RAC’s partners, the Summer Foundation and presented to DHS on 30th March. It includes a request for a funded part time project worker, plus some funds for research, to enable RAC to proceed with this 2 step proposal. **RAC is still awaiting an outcome to this proposal from DHS.**

(7) the ability of country Victorians to access supported accommodation and the appropriateness and quality of care they receive;

Covered in answer to item 1.

(8) access and service issues for particular groups, including rural communities, culturally and linguistically diverse communities and indigenous Australians; and the appropriateness and quality of care they receive;

This is largely addressed in RAC’s answer to item 1, in that in the rural areas in which RAC provides services there isn’t a culturally safe option of
supported accommodation or the funding to provide appropriate, quality, specialist support services needed by this target group.

(9) the appropriateness of the current mix of service providers, including government, private and community; and

(10) alternate approaches addressing unmet needs in supported accommodation in Victoria.

RAC has taken a proactive and innovative approach to trying to overcome the persistent, known and acknowledged, but as yet unmet, need for an ATSI SAP option for ATSI people with a disability and/or mental illness. It facilitated and participated in the report prepared in 2005, which attempted to identify the needs of ATSI people with disabilities in the Shepparton area, but none of its recommendations were acted upon by DHS, the main one of which was to fund a skilled worker to focus on disability and ‘drive’ the essential elements to increase access for ATSI people to the mainstream system and services as well as quantify need including establishing:

- Agreements and Protocols
- Data systems within Rumbalara and between Rumbalara and mainstream
- Cultural awareness training for disability service providers

RAC’s 2008 (& follow up 2009) proposal to DHS in the mfmc funding round is an innovative response to address this service gap for ATSI individuals’ with a disability and / or mental illness. The proposal includes:

1. By August 2009 developing a model for ATSI Service Access:
   a) Agree on pathways and partnership arrangements with DHS
   b) Develop culturally appropriate assessment tool
   c) Train and mentor RAC staff to assess identified people
   d) Identify demographics and disability and support needs
   e) Identify future directions (including strategies to build capacity and ensure sustainability)
   f) Produce a formal report (similar to the 2007 Summer Foundation report) to provide an evidence base of identified need and solutions

2. By February 2010 develop a detailed ATSI Community Integrated Housing proposal for ATSI people with a range of disabilities:
   a) Accommodation Design
   b) Support Design
   c) Service Model
   d) Price/Cost of Submission
RAC has been working closely with the Summer Foundation to present this considered, systematic and evaluative approach, of which the stated outcomes will not only inform current needs and support options for people in the Hume and Loddon Mallee Regions, but has the potential to inform policy and future directions for this significantly disadvantaged group of ATSI people across Victoria into the future.

1 Younger People in Residential Aged Care: Support needs, preferences and future direction: my future my choice. Winkler et al. 2007