10 October 2008

Family and Community Development Committee
Parliament House
Spring St
East Melbourne, Vic 3002

Re: Submission to the Inquiry into Supported Accommodation for Victorians with a Disability or Mental Illness

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?

Summary:
- Large waiting lists ensure that vacancies are filled during crisis management rather than forward planning for appropriate matches.
- Few to no options if people are inappropriately placed.
- More planned approach to moving people to independently living.
- No places are being created in supported accommodation.
- Pressure to fill places as soon as they become available.
- Lack of flexibility/options to deal with changing needs of people in SSA.
- Management of information within SSA should be considered.
- The role of support workers to be better explained to specialists.
- More role clarity is needed between day programs and SSA.

Detailed Areas of Concern:
There is obvious pressure on the availability of places in the supported accommodation area of the disability field. This issue presents itself in a number of different ways. There are mismatches in the placement of people as a result of the pressure to fill any space that exists and relieve the stress on families who may be in crisis or on respite places that are waiting to be filled. In what appears to be crisis management, people are placed in a CRU because it is a better option than where they currently reside, but the matches with existing people is often far from perfect. Once it is apparent that the placement is not
appropriate there is often little room for seeking alternative accommodation because of either how quickly the previous placement is filled or, if the move has been from the family home, it has often occurred because the family was no longer able to provide adequate support. In either case, returning is not an option and people are inappropriately placed with no real process for effectively preventing or managing the issue.

The latest budget allowed for funding for “replacement stock” for SSA but there was no money allocated to build new SSA homes and therefore no new places will be created. With a large waiting list and parents currently under stress to keep their aging children at home, it seems that planning for new places in SSA needs to be a priority.

Increased availability for current SSA places could be created if greater planning and investment were given to supports that aim to develop peoples independence and to supporting the transition of people moving out of SSA into independent living. This approach would require forward planning to identify where these potential people could move to; there appears to be a shortage of places for more independent people to move to.

There is a clear stress on filling vacancies within supported accommodation. Where a person who has called a SSA “home” for many years passes away, they leave behind the friends they have shared their home with and a team of staff who have been committed to their care. It is concerning that the moment the person dies there is clear pressure to provide the relevant documentation so the vacancy can be advertised. There is no time for the people left behind to grieve the loss of their friend. This lack of consideration is certainly driven by a lack of availability of spaces in SSA.

Adequacy of care is called into question when changing needs arise. People may develop complex medical needs or behaviours of concern but there are not always the resources available to support them with these changes. People are forced to move from their homes because there is not adequate funding available to support them within their existing environment.

Adequacy of care could also be improved if there was better co-ordination between disability service providers and the mental health sector. Often people with disabilities are not able to receive adequate care in the area of mental health as there are too few specialists and resources in the area of intellectual disability and mental health. In order for better care to be provided, this issue needs to be further explored.

The management of personal information for people residing in SSA needs to be considered. Where people move between SSA places it can be difficult to ensure that the relevant information is transferred between service providers. This results in some needs having been previously identified not being met because they are not flagged to the incoming service provider. Improved co-ordination of services could also occur in relation to distribution of information. The recent introduction of the Disability Act 2006 has highlighted that information is not being distributed as it should be. Doctors are not being made aware for example, of their responsibilities in relation to restrictive intervention management.

On occasion, relationships between medical professionals and support workers can be strained as a lack of understanding of the role of support workers can create tension and
result in inadequate care being provided to people with intellectual disabilities and mental illness. Some education provided to medical professionals about the role of support workers would benefit the lives of Clients.

Improved communication structures and clear boundaries between SSA and day programs may need to be considered as something that may impact on adequacy of care. A single individual plan, which includes the support of all relevant service providers, has clear advantages in terms of balancing pursuits across the various Quality of Life domains and in ensuring consistent approaches to support. However, current structures give no clear guidance on how the development of a single plan would work for the various independent agencies that may be involved.

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

Summary:
- There are no structures to support older carers in planning for the future.
- Intake process for SSA may be too centralised.
- Too many people involved in very complex processes.

Detailed Areas of Concern:
Parents of older children want to plan for the future. Parents want to know that if something happens to them, their child is going to be looked after. There is currently no process for this to occur for parents/carers. The viability of a planning process should be explored. Further to this where the vacancy process does exist, at times it lacks flexibility. All vacancies are managed by DHS and where families may have express requests these are not able to be accommodated due to current structures and demands on the system. For example a good match may be possible with a person in a SSA but because all vacancies must go through a centralised process, the best outcome in the eyes of the client, their family, and service providers are sometimes put aside.

This issue may be partially alleviated through improved communication. Where set processes for accessing SSA exist these are not easily accessed by those who need them. Families are not informed about the processes and are not provided a full and clear picture of what is available to them. Where they are made aware, the processes are confusing and often need to involve a number of different people. Communication and coordination of these processes must be a priority. Centralised processes have advantages but they are often not understood by those who need to use them. It would be great to see more information sessions held for families so they are better informed about processes and their options.

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

A number of different models could be explored and the following features should be considered:
1. Although it has many complexities, service delivery that is really based on individual people, individual needs and individualised funding needs to be further explored in relation to SSA. Individualised funding may mean that people who have changing needs are better able to then source the services they need to meet these needs. Greater flexibility in how people within SSA can manage their services would ensure a more thorough and person centred approach to meeting needs. An approach such as this that has funding based on each individual persons needs should also be explored. In the current climate, if a person moves from a SSA into independent living they may be replaced by a person with very high and complex needs. Where extra funding is not made available this places stress on the SSA and less enthusiasm to move independent people out.

2. An increase in the provision of models that support people living on their own or with only one or two others would allow for more places within SSA. More models like this would also allow for greater flexibility in the options available to people with intellectual disabilities that have fewer needs and are able to function with few supports within the community.

3. More “small community” models where businesses support the upkeep of the accommodation have a mix of people with disabilities and the general community should be explored. Within this type of model, rental from community centres and businesses would generate income to maintain the accommodation houses and good community involvement could be established.

4. An increased number of Department of Human Services SSA places should be handed over to the not-for-profits. This service model saves money and therefore more SSA places can be created without increases ongoing costs.

5. A model of service that takes into account that future planning needs to be integral. Families, local communities and disability services need to be consulted to ensure that services that may be needed in the future can be planned for and therefore provided.

6. Disability Support Work is not seen as a profession but the quality of services provided is reliant on the skill and education of those providing it. Professional levels of pay need to be seriously considered if we are to attract for professional individuals capable of providing the level of support and quality of services that should be expected.

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

Summary:
- Ageing carers are keeping their children at home and this can be a cause of stress and a reduction in the quality of care.
Gellibrand Residential Services

...Realising Potential

- SRS accommodation is not designed to meet the needs of people with disabilities.
- Young people with ABI are residing in older person’s accommodation.
- Lack of skill development focus within respite services.

Detailed Areas of Concern:
Where there are insufficient places within SSA, people are left to live with aging carers and not provided with greater opportunities to enhance their independence aside from basic living skills training. Families end up under stress as they themselves age or struggle to cope with the demands that are sometimes placed upon them by the requirement to care for a person with complex needs.

On occasion, a person may not be able to reside with SSA so they are entered into SRS accommodation. This accommodation model is not set up or designed to cater for the needs of people with intellectual disabilities. Within this accommodation model, service delivery is not monitored and does not appear to be based on supporting individuals to obtain a good Quality of Life.

There are also instances where young people with ABI are residing in aged care facilities due to a lack of availability of accommodation specifically designed to meet the needs of this group.

Respite is often used as an option for providing accommodation to people with intellectual disabilities who are not able to remain at home or not find a place within a SSA service. Within respite, often skill development is not the focus and so individuals are ‘looked after” rather than being taught to look after themselves and develop skills. This means that when these individuals finally get a place within a SSA service they find it difficult to adjust because the expectations placed upon them are so different.

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

Summary:
- The various responsibilities placed on providers of SSA are essential in trying to ensure quality services are provided. The structures for ensuring quality within non SSA programs need to be considered.
- Families feel SSA is an extension of their own family.
- Families feel guilt about relinquishing care.

Detailed Areas of Concern:
The current approach of SSA providers is guided by the principles and provisions of the Disability Act (2006) and the related policies and publications released by the Department of Human Services. These structures ensure that rights of people with disabilities are protected as well as they can be. In completing surveys for our organisation, families report that the current model of SSA allows them to feel that the house is an extension of their own family home, where they feel included in the child’s life and are able to share in the highs and lows. The SSA approach encourages families to stay involved in their family member’s life but also respects the choices made by the family member in SSA about how they wish to live their life. Within this model, the responsibility of families is reduced and
the relationship will shift (from that of carer of a dependant to a natural adult family relationship) as the SSA provider takes on responsibility for the support of their family member.

This can lead to SSA providers being seen in a negative light by families. They sometimes feel guilt about relinquishing care of their child to a SSA provider. Also when they relinquish care, they do not have enough time to adjust to the moves their family member is going to make. Once a vacancy is matched the moving in process happens within weeks, not allowing enough time for adjustment.

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?

Summary:

- There does not appear to be a clear process for disseminating information in an accessible way.
- Lack of employment options in rural areas.
- Increased networking options need to be made available to stakeholders in rural areas.
- Workforce capacity to employ people with appropriate skills in the required areas needs to be considered.

Detailed Areas of Concern:
Information needs to be made more accessible to families and individuals. Language and/or cultural barriers in providing and understanding service needs to be addressed. Information needs to be made available in both appropriate languages as well as easy read. A process for disseminating information such as legislative updates, local issues and available options needs to be developed.

Employment options are limited in rural areas so people have to drive greater distances to access services.

It would be good to consider how networking, information sharing and liaison opportunities could be broadened for people in rural areas and from diverse backgrounds.

Planning and integration will be required to ensure that the range of services’ required are appropriately distributed and resourced. This planning should include provisions that ensure that support workers are employed who are able to relate to people from diverse backgrounds and with a range of needs and who also possess the appropriate skills specific to the disability field.

What other issues do you think need to be considered which have not been addressed by the above questions?
It would be great to see processes established that encourage networking between adults and children with disabilities. Processes such as these may better prepare individuals for the move to SSA and therefore improve success of placements within SSA.

Sincerely,

Matthew Hoyle
Chief Executive Officer
Gellibrand Residential Services