Submission to the Inquiry on the State Government's Provision of Support Accommodation for Victorians with a Disability or Mental Illness

Yooralla is pleased to have the opportunity to make this submission to the Family and Community Development Committee in relation to the provision of supported accommodation for Victorians with a disability and/or mental illness. We note that, in particular, the committee has been asked 'to report on the current situation in Victoria and compare it to best practice in other jurisdictions'.

Yooralla applauds the government intent to examine the standard, range, sufficiency, adequacy, suitability and availability of services. We are concerned at the emphasis on comparison with other jurisdictions. We can be proud of the fact that Victoria is generally at the forefront of service provision both in terms of quantum and innovation. Nevertheless, if a measure of maturity of a state is how well it supports its most vulnerable citizens, then Victoria still has a long way to go in ensuring that it is genuinely seen as both mature and responsive. Comparison with other jurisdictions can, in effect, give false comfort that if we are doing better than other areas, we may be doing enough.

Our submission will focus on the needs of people with disabilities and, in terms of mental illness, will only remark on the paucity of adequate arrangements for those with dual disabilities, those affected by both mental illness and disability.

Background

Yooralla is an organisation committed to ensuring that people with disabilities have the same rights and opportunities as other people in the community. We provide an integrated and responsive range of services that respond to the expressed needs of people with disabilities and their families and carers. The scope of our activities is extensive incorporating:

• Supported Accommodation and residential services
• Day support services and activities
• In home support
• A continuum of responsive respite information and service options
• Family Options – a service that provides alternative placement in families where the birth family can no longer manage the care of the individual
• Early intervention services and flexible support
• Therapy services in schools and for adults
• Independence skill development support
• Equipment information, needs assessment and prescription
• Case Management
• Service Planning
• Individualised support packages
• Business Services (Commonwealth funded)

We have an annual turnover of approximately $65 million per annum and employ 1,400 people. We support, in many ways, thousands of Victorians with disabilities each year.
Yooralla’s Response

1. Our experience with supported accommodation in Victoria with regard to availability, suitability and adequacy of care for people with a mental illness or disability.

a. Lack of Availability
It is known and accepted that there is a significant unmet demand for supported accommodation for people with disabilities in Victoria. 1,350 people have been identified as requiring and preferring this type of support yet the Auditor General’s reports show that government has shown little inclination to respond to this particular choice of people with disabilities and their families/carers. Creation of new services has been extremely limited and generally focussed on supporting the My Future My Choice initiative. As a result of this prolonged lack of investment, the list of people requiring this support on an ‘urgent’ basis will continue to escalate.

It is well known that the population is ageing and this is equally true of carers who have continued to care for their son or daughter at home. Many of these individuals are now in their 70s and 80s and have no prospects for ensuring that the needs of their sons or daughters will be met in their life time, adding additional stress and concern at a time when most of us are able to slow down. These families were encouraged to care for their young person at home, rather than place them in an institution, with assurances that when they needed the support of the system, it would be there. Another driver of demand is the changing expectations of the younger clients and their families. They have increased expectations of a ‘normal’ life with standard patterns of development and emerging independence. For many young people in their twenties, this means moving away from home to a more independent lifestyle. Finally, medical science has advanced remarkably, saving the lives of premature infants and those affected by catastrophic illness or accidents. For some of these individuals, survival will be at the cost of an acquired disability for which there is only very limited support.

This is not to say that there has been no investment in disability services in Victoria. Such a view would not respect the commitment to, and investment in, new support arrangements that are individually focussed and driven. Having said that, we can not disregard the fact that such ‘individual packages’ average a far lower level of funding than the average funding provided for accommodation. For many people, these packages are far from sufficient and rely substantially on informal supports such as family and carers that may not be available into the future, further fuelling current and future demand for shared supported accommodation.

b. Suitability
The suitability of existing options is a concern. Ageing infrastructure, limited variety and a continued dependence on some remaining institutions combined with resident compatibility issues can affect the quality of life for individuals supported by these services.

Investment in new and existing housing has been limited. While there has been attention to DHS’ owned and managed properties in recent years, there has been less investment in those services operated by Community Service Organisations (CSOs). Some housing stock has become run down, creating second class environments for residents of those services. Smaller organisations with limited assets struggle to meet the cost of maintaining these environments which have higher than average maintenance costs. Resident fees can not be increased as to do so would render many insolvent and leave the rest with an extremely restricted lifestyle due to significant financial hardship.

Yooralla has taken the opportunity afforded by the redevelopment of larger services to create state of the art, innovative housing options that more accurately reflect the wishes
of today’s consumers and residents. Most housing for supported accommodation is of
the same design, often recognisable in the street due to frequency with which the same
model has been built. Five bedroom community residential houses assume an
homogeneity of client need and aspiration, can result in a one size fits all approach to
service and generally results in significant incompatibilities. There is an urgent need to
create options that offer wider choice such as one and two bedroom accommodation
settings, key ring models and accommodation for couples. Location of services need to
reflect the diversity and choice available to others in the community.

Victoria has been at the forefront of deinstitutionalisation but the drive to close the
remaining institutions seems to have dissipated. For these residents, the future remains
bleak. A commitment to the on-going program of closure of institutions is in alignment
with the Disability Act 2006, the human rights perspective and the modern moral
imperative.

c. Adequacy
Adequacy of accommodation, including style, scope, availability and staffing support, is
seriously affected by capacity to strategically plan for and resource the development of
new services. The move from the ‘Service Needs Register (SNR)’ to the ‘Disability
Support Register (DSR)’ has dramatically reduced capacity to collect data leading to
effective strategic planning. The SNR had capacity to capture future need and interest in
specific services. While limited in the way it collected this information, at least it had
some predictive capacity. The newer DSR is specifically limited to those with a current
need. This has eliminated data collection and analysis on those who know what they will
require in the future but who will be able to remain in their family home for the next 3 to 5
or more years. On this basis, we will only know about those who need accommodation
12 months or less before it is required. Within the realities of the political funding cycle
and in consideration of the planning, building and service establishment process, it is fair
to say that this approach ensures that we are building in an expectation and acceptance
of crisis and homelessness that is out of sync with the expectations of the Act. It is this
approach that is supporting the increasing use of respite as emergency accommodation,
sometimes for a year or more, for individuals who would otherwise be homeless. In
effect, this reduces the availability of respite to other families and carers, increasing the
likelihood that other caring arrangements will become increasingly stressed and
breakdown.

The adequacy of accommodation services is affected by a range of issues. Despite the
State Plan and the Disability Act 2006, there is an underlying focus on providing a basic
rather than an ‘adequate’ or ‘responsive’ service. Such an approach is rarely conducive
to supporting choice, community participation, social inclusion or personal development.
For many residents in rural areas or those with mobility impairments, the need for special
transport is still a practical reality and yet it is only available in some settings and is not
consistently funded. For individuals with complex needs, such as those with medical
support needs or behaviours of concern, there is little consideration for varying the
funding and/or support model to tailor staff support or staff learning and development to
adequately meet resident requirements. The issues with workforce will be considered
under question 5.

d. Under-met or inappropriately met need
We believe that this inquiry should also consider the needs of people who are currently
accommodated within the system but whose support arrangements are sub-optimal.
There are a number of reasons why people who are supported within the system are not
receiving the assistance they require in the way it would most benefit them.

With a large unmet need for services, the use of existing vacancies becomes a high
priority for both funder and service provider. Every effort is made to ensure an optimal
match of person to vacancy but the reality is that the person entering the service is
generally required to ‘fit’ into that service rather than the service refocussing itself to meet the requirements of that person. This is due in large measure to the fact that the service is already successfully meeting the needs of other people and adjustments can affect service relevance for them. This is a fundamental tension in the provision of group-based services, particularly where the impact on the person’s life is so substantial. It is also fair to say that as long as urgency and crisis drive the system, there will be incompatible placements as responding to crisis takes precedence over compatibility.

For some individuals then, shared supported accommodation might never be their choice but will become their reality. People require support to be functional within their own lifestyles, rather than to be ‘cared for’ in a shared setting. One outcome of a model driven system is that people can become stuck in undesirable situations because of the lack of other appropriate choices. Incompatibility, placement in medically-based models, and roster inflexibility dictating lifestyle choices are all outcomes of a system where people are required to fit the mould of an existing service. This situation is further exacerbated when the person’s lack of suitability in that setting is virtually ‘overlooked’ as there are so many other people who are in urgent need who don’t have any service.

More and more people are benefiting from the opportunity to plan their lifestyle and support. While this is a positive system augmentation, it can raise expectations. When a shared supported accommodation option arises, it may not fit the ideal of the person’s hopes and expectations, giving rise to disappointment. It is unfortunate that the Individual Funding Packages are on average so far less than the funds available for accommodation as it limits realistic choice and service system response. Full commitment to individualised funding would see funding offers that match the person’s identified need, even if such a package was equivalent to the cost of service in a high support residential service. For people who have benefited from individual support packages but who are prematurely ageing due to the long-term impact of their disability or increasing effect of their neurological condition, the need to move to shared accommodation settings can be particularly disheartening as they sacrifice control, independence and lifestyle at a time when personal resilience may be at a low ebb. In the first instance, further funding may prevent the need for such a move but where such an option is the only viable choice, it is essential that sensitive transition arrangements are funded and supported.

The lack of individualised responses within shared supported accommodation, particularly for people with behaviours of concern and/or complex support needs can lead to tensions that grow into crisis with no readily attainable solution. For example, incompatibility of clients can lead to increased behaviours of concern, service dissatisfaction, and further decline of individualised response as service resources are diverted from proactive support to managing the issues. As the situation worsens, further funding is usually provided but it is to manage the issue, not improve the lifestyle. Rather than putting more resources into ‘managing’ these issues, resources should be deployed to create environments where each individual receives the support they need in an environment free of the triggers that provoke behavioural outbursts. Clearly, there would be flow-on benefits for staff retention and improved occupational health and safety as well as significantly enhanced outcomes for residents.

Prescriptive funding models result in inappropriate and inflexible service models. For example, most residents are required to have a ‘day service’. These services have prescribed operating times that in turn dictate the rosters of shared supported accommodation and vice versa. While this impacts on flexibility and choice, for people ageing with a disability, this becomes a trap that prevents them from experiencing the natural process of ‘retirement’. While some federal initiatives have been identified to ease this issue, there is a need for cross jurisdictional conversation and action that is driven by realistic choices and needs of the individuals who use the services.
People with dual disabilities (mental illness and disability) are among the most marginalised of current and potential service users. Resource constraints in both service sectors can result in responsibility shifting, denial of service and, where a service is offered, poor integration of support arrangements. Interdepartmental cooperation and partnership does not occur and the casualties are the people for whom the services exist. In effect, Disability Services have attempted to address this by creating and funding their own specialist services. Capacity is extremely limited so dual disability has come to mean double disadvantage. Cooperative interface and endeavour would improve efficiency and outcomes. One mechanism for achieving this could be the development of a joint pool of funds, managed by an interdepartmental steering group that incorporates representation of consumers and CSOs.

2. Yooralia’s experience of access to supported accommodation in terms of information, planning and decision-making.

The previous section addresses the issues related to the change from SNR to DSR but other systemic concerns are evident and require redress.

In a recent address at a Public Policy Forum at the University of Melbourne, NDS Chief Executive, Dr Ken Baker, referred to the process of information, access and decision-making. Paraphrasing his comment here may assist in this inquiry. Ultimately, his premise was that many of the systems resources are deployed to keep people out of the system and services. Multiple gateways, eligibility assessments, lack of access to planning and service delays all serve to block entry and at substantial cost. This was a concise summary of the difficulties individuals and carers face when trying to access a fragmented and under-resourced system. In effect, many give up, further eroding our capacity to collect essential data allowing for genuinely responsive strategic planning. The lower the level of progressive investment in new services, the greater the unmet demand, the longer the wait for individuals and the higher the level of expenditure on gate keeping and crisis management. This is a destructive and self-defeating cycle.

Perhaps surprisingly, when a vacancy arises in an accommodation service, it is not filled promptly. Naturally there is a need for a small interval but when that vacancy continues for more than 3 months, it represents a substantial loss of service capacity. DHS substantially controls the vacancy coordination process but there appear to be no key performance indicators for DHS in relation to this issue.

The arrangement of service planning, funding and vacancy coordination processes through regional offices has been effective in many ways. That said, this structure has built in a barrier to considering the needs of individuals across regional boundaries. For some individuals living on the border between regions, the optimal solution could be one block away but unattainable due to the nexus between regional planning approaches. For others with very complex needs, the ideal service may be farther away but skilled and funded to meet the specific needs or requirements. Cross regional communication should be enhanced to better meet the needs of our service users.

3. Other approaches/models that should be considered to address supported accommodation funding, planning and delivery

While we actively support allocation of new funding to support the high level of unmet need and a systematic approach to ensuring that investment keeps pace with natural growth in demand, we believe that the proposed National Disability Insurance Scheme merits very serious consideration and action. Under this no fault scheme, eligible recipients would receive support on an assessed needs basis, similar to the Traffic Accident Commission (TAC) and WorkCover. While initial considerations for this scheme seem to be centred around those affected by catastrophic injury, a more comprehensive approach would result in far reaching outcomes that could not otherwise be achieved
through an incremental or piecemeal approach. Moving to a structure based on actuarial modelling would result in systemic change. Resources currently allocated to preventing or controlling access to services could be redeployed to achieve positive results. The system would adjust its priorities and commitments to ensure optimal independence and individual development leading to greater investment in early intervention services and therapy ultimately leading to potentially reduced dependence on scarce resources. Community education would assist in reducing the prevalence of some conditions resulting from controllable causes such as Foetal Alcohol Syndrome or low levels of folic acid. We would move from a model of expensive crisis management to more efficient proactive, individually targeted support. Achievement of such a scheme requires political will and commitment as well as a demonstrable willingness to bridge the divide between national and state jurisdictions. Funding would be available through the scheme to meet needs, potentially eliminating the continual battle for additional resources. Such an approach is consistent with the ideal of ensuring the rights of people with disabilities.

Strengthening the respite system, while not the subject of this inquiry, is an avenue for reducing demand. An effective respite system, offering a full continuum of planning, coordination and support options would assist in building and maintaining carer resilience and confidence. The current system is highly variable between regions, resulting in unequal opportunities for support. In addition, the current government bias against facility-based respite is denying families the right to choose and use the service that is consistently identified as one that is preferred and beneficial.

A system deficit is that reassessment of individual need does not occur on a regular basis. Reassessment allows the system to understand changing need and to project requirements for additional funding. It also allows continual refinement of funding allocations, ensuring that funds are optimally used based on individual need. One outcome of this approach would be to ensure that clients who are developing greater independence do not continue to receive the previously higher levels of support, support that could recreate dependency.

Another option for increasing the system’s capacity is to make it easier for families with the financial means to invest in the future of their children. This could take the form of investment in capital or a specific trust to contribute to the long-term support of their family member. In the past such offers have been rejected on the basis that provision of government funded support must be allocated according to priority of need and that ‘queue jumping’ must be avoided at all costs. While this is a defensible position where the need is not considered ‘high’ or ‘urgent’, the reality is that where such an offer is received and where the person with a disability is on the ‘high’ or ‘urgent’ list, the offer should be accepted. This allows injection of resources on a planned, documented and sustainable basis. As an example, in 2004 a family offered to purpose build a new residential facility for up to 6 individuals with high support needs on an ideal block in Monash. This offer, a total value of $2 million, was debated incessantly for a year before it became clear that DHS would not fund the recurrent support on the basis that it would be ‘queue jumping’. The fact that it would provide a home for five others who would not otherwise have one was irrelevant. It was also irrelevant that the individual family member was already on the ‘urgent’ list and had been for more than 3 years. In effect, this was a wasted opportunity, particularly at a time when investment in purpose-built housing for people with a disability in the general community was at an all time low.

A particularly creative model has been developed by Wallara that is worthy of consideration for some individuals. In this model, shared supported accommodation for people with disabilities has been combined with aged care on one site to cater for the needs of ageing parents while also providing a relevant, age appropriate service for younger people with a disability who want an opportunity to experience independent living with support.
The system could also benefit from the establishment of further transitional models of support. These programs are designed to assist young people to develop the skills, confidence and resilience required to live independent lifestyles with a package of personalised support.

Grass root community initiatives such as DAWN also point the way to achieving locally based solutions tailored to local needs and designed to ensure optimal community inclusion and support. Fostering such innovation is in the best interests of all stakeholders.

As funding systems evolve, portability of support arrangements within shared supported accommodation could become a practical reality. Assuming that such arrangements combine fixed funding components relevant to operating core service provision and flexible individual funding for personalised support, it is possible that greater flexibility and responsiveness of the existing system could be achieved.

Another approach that could extend the use of both existing and new resources is to consider the strategic use of new technologies and to invest in the exploration and development of new technological solutions. Environmental controls and the greater provision of aids and equipment, could enable individuals capacity to manage their own environment independent of funded support. Taking this a step further, robotics are now considered to be a viable option worthy of investment in Japan, the United Kingdom and the USA. Taking a longer-term view of this form of investment could assist in ensuring a more economically sustainable approach, better, more targeted use of staff resources and, potentially, reduction in work related injuries.

Finally, encouragement of universal design in housing, particularly public housing, would increase access to this scarce resource for people affected by mobility impairment. While meeting the needs of more people with disabilities, this also serves to improve the living options and environment for older people and those with young children.

4. Implications for individuals who need but cannot get accommodation? Adequacy and care of alternative accommodation

The aspirations of people with disabilities are constantly evolving, both as a constituent group and as individuals. The demand for supported accommodation for individuals remains high as it is seen as a safe and secure service that can provide effective support and a quality residential environment. The advent of the National Attendant Care Scheme (a service that eventually evolved into HomeFirst) allowed a new form of choice in terms of living arrangement. Nevertheless, the low level of support (34 hours per week) ensured that it was only available to those with lower to medium support needs, effectively discriminating against those with high support needs. Optimally individual responses demand a system that would enable those with high or intermittent support needs to effectively choose to live in the situation of their choice, be it alone, with family or friends, in accessible and appropriately fitted residential settings. This demands a greater range of public housing options that can be readily offered to meet the needs of these individuals. It is also fair to say that at the same time that we increase the range of service options for these individuals, we need to continue to respect the fact that some people will continue to choose a more traditional option such as shared supported accommodation. In effect, this requires us to empower the individual to choose the lifestyle of their choice and to assist them to make that choice a reality rather than attempting to impose our views on their private lives.

For individuals who need accommodation but cannot get a place, the picture is bleak. For some individuals with lower support needs, there is the capacity to manage in the family home with a package if one can be made available quickly. If the family home is not
available, then the options become far more difficult. If they can no longer stay at home, they are forced to move into hospital, nursing homes or facility-based respite services. For some, this means a merry-go-round of short-term placements, constantly moving to where a bed can be found. For others, it means living in an environment that was never designed to be a home for an active person still engaged with a wide variety of life interests. For example, aged care facilities and hospitals are designed for the ill, the frail and the dying. The services are internally focussed and resources to support community inclusion do not exist. Constantly changing rostered staff, a lack of awareness of the specific needs of individuals with disabilities, reduced opportunities to develop new relationships and lack of capacity to assist with external activities or skill development condemns the person with a disability to a life of dependency, boredom and hopelessness. Placement in a facility-based respite service is little better. Other people who use the service move in and out constantly. Staff change and, due to resource limitations, there is little opportunity to assist with community access, social participation or skill development. If placement comes at a time of bereavement, the total disruption, lack of security and instability exacerbate the grieving process. Crisis accommodation outside of respite is extremely rare. SRSs offer extremely limited support in a large environment with residents with highly variable needs and behaviours. Hotels are occasionally used as a totally inadequate option. In reality, the alternatives to shared supported accommodation for many are unacceptable.

5. Yooralla’s view on the provision of accommodation and care in private, government and community sector managed supported accommodation

Provision of care in the community sector is generally well managed as agreed industry and outcome standards ensure a shared and consistent basis for service delivery and support.

Service quality is substantially an outcome of having sufficient numbers of skilled, committed and supported staff. It is well known that the disability service sector, like aged care and health, is confronting an unprecedented labour market shortage that is unlikely to improve significantly or sustainably in the near future. Current funding arrangements are not conducive to strategically addressing this growing challenge. The government sector currently offers pay and conditions substantially greater (between 23 and 30%) than is funded for the Community Service sector. At the same time, funding arrangements have progressively been impacted by annual productivity or efficiency cuts to funding, despite increasing compliance expectations. Staff management and support arrangements suffer in this environment. At the same time, staff have increasing expectations that they will be provided with regular support, encouragement and feedback. They also expect training and career development support. Funding for training at 1.2% of funding, inclusive of the cost of back-fill, is totally insufficient to meet the basic learning and skills requirements for work in this sector. The lack of capacity to provide effective support and development increasingly impacts on the capacity to retain staff creating a vicious cycle of recruitment and induction as well as increased use of costly, but less effective agency staff. Victoria is proactively developing a Workforce Strategy but further resources will be required to ensure success of the identified initiatives.

Within the community sector, compliance requirements have continued to increase steadily for a decade, escalating further with the introduction of the Disability Act. Completion of compliance requirements can divert support time from service, impacting on quality.

In terms of buildings, while creativity of building design is lacking in many, there is a good level of accessibility and space. The buildings are well managed to meet fire safety requirements and provide a home-like environment.
6. Positive and/or negatives of the current approach to provision of supported accommodation for families and carers

For people with disabilities and their families/carers, supported accommodation support in single units, shared units or shared supported accommodation houses is a safe, dependable and secure arrangement that reduces uncertainty for the future. Families and carers feel confident that rostered staff, available 24 hours per day, will ensure the safety and well being of their family member. From time to time, they present with concerns about the level of training of staff, the availability of permanent staff or the attitude of a single staff member but generally, there is a sense of confidence and trust. While carers can welcome the prospects of individual packages, they worry about the sufficiency of those packages, about where the ‘safety net’ is and how flexible those support arrangements will be if personal needs change. For these reasons, shared supported accommodation remains a preferred arrangement for many carers, particularly for those whose family member has intellectual disability or multiple and complex disabilities.

For many people, a funded accommodation place is a mirage, something they need desperately but that is illusive and unobtainable. Ultimately this increases the feeling of entrapment, insecurity, disempowerment and desperation. Our older carers live with the fear that they will be hospitalised or die with no known care arrangement for their son or daughter. As they increasingly struggle to cope with caring, their avenues of support can diminish. For example, the availability of facility-based respite is reduced due to the use of scarce beds for crisis placement. Some of these carers are offered individual packages but these are often very low, less than $5,000 or less than 3 hours per week, and they are often for in-home support arrangements that can often increase the burden due to constantly changing staff. The recent study shows the level of depression and hopelessness that carers experience. The system's incapacity to meet the predictable and growing need for accommodation and support exacerbates feelings of helplessness and hopelessness.

7. Specific issues in accessibility and provision of supported accommodation

People in rural and regional parts of Victoria continue to find it difficult to access shared supported accommodation. There are shires, such as South Gippsland, where there is no shared supported accommodation service. When a place becomes available, it is often in a locale distant from family homes and personal networks, affecting the long-term sustainability of those relationships and life satisfaction. Compatibility in rural services is often an issue as placement is by urgency rather than by shared interest or need. This sees the residents with behaviours of concern living with individuals with vulnerability, including physical disability. In addition, it stretches staff to become expert in a wider range of support needs and accountability requirements. Over 10 years ago, Yooralla recommended the development of more creative approaches to accommodation in the rural regions. One model would have seen the development of a two bedroom residential setting combined with a separate two bedroom respite service. As demand grew or compatibility suggested an alternate requirement, an additional 1 or 2 bed room unit could have been built offering choice of both service and housemate. We believe that this is still a viable option that would increase respite availability (potentially reducing demand for residential services) and improve flexibility and responsiveness of services in these rural areas. Another example of a successful service is the DHS development at Moe. This service offers 5 private, fully self-contained units with on-site staff facilities. This has enabled the successful support of five very different individuals, some with significant behaviours of concerns, and ensured meaningfully independent lives.

For individuals from CALD backgrounds, it is important that personal networks and cultural interests are supported and maintained. Recognition of specific needs is essential. For example, despite Yooralla’s strong recommendation to the contrary, in one
service, a female Muslim resident was forced to accept the admission of an unrelated male to her home, despite a strong cultural expectation that such living arrangements must not occur. This created a range of tensions and conflicts for the resident, her family, the new resident, his family, staff and DHS. Ultimately, the new resident was withdrawn from the service but at a huge emotional cost to him, his parents and to all the other stakeholders.

Yooralla is prepared to partner an indigenous service, offering mentorship and support to enable conceptualisation, development and management of culturally responsive services.

8. Other issues for consideration
History and research tell us that service paradigms shift over time. These shifts are generally incremental rather than transformational. It is important that the planning for and resourcing of services takes account of the evolution of choice and aspirations, enabling response to that evolution in measured ways. Investment in housing options is expensive but such investment need not bind us to the provision of a particular model or to a specific place, rather, it challenges us to continually assess and evaluate our portfolio of properties and to update, shift and reconfigure that infrastructure on a needs and preference basis. There is a fear that service providers will be captured by current or future infrastructure provision but this is only the reality if we do not plan for and accept the alternate view of continuous renewal and development. This should not become an excuse to avoid investment or to defer the decision to extend service system capacity to meet current requirements.

In the end, these are real people with real lives who require real choice and genuine respect. We believe that the system can be improved through greater investment, respect for individual choices and enhanced creativity of the supports and settings offered.

Yooralla trusts that these comments will be of assistance in your deliberations.

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