

## **Victorian Disability Advocacy Network (VDAN)**

### **Submission to**

## **Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness.**

### **Introduction:**

This submission represents the views of the Victorian Disability Advocacy Network (VDAN) members relating to the need for and provision of supported accommodation for people with a disability in Victoria. It has been developed to reflect the expertise and experience of VDAN members and articulate their common view of systemic issues and viable solutions. These member agencies, as the funded disability advocacy agencies dealing with service failure, have a unique evidence-based perspective.

### **Background:**

#### **The Family and Community Development Inquiry**

The Family and Community Development Committee of the Victorian Parliament Inquiry into supported accommodation for people with a disability (the Inquiry) has been structured with a broad mandate to include all people with a disability who require accommodation and support including but extending beyond those currently in receipt of Government funded and provided services. It has structured its investigation around current provision, demand and access as well as alternative approaches.

#### **Victorian Disability Advocacy Network (VDAN)**

VDAN is a coalition of independent, community based organisations that advocate with and for people with any disability and, where appropriate, their families, VDAN's aim is to maintain an effective coalition through networking and education as well as promoting and defending advocacy. It has more than 30 member agencies. Some VDAN members such as a coalition of VALID, STAR Victoria, REINFORCE Inc and AMIDA are also making a separate submission<sup>1</sup> to the Inquiry focusing on people with an intellectual disability.

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<sup>1</sup> Position Statement, in Response to the Inquiry into Supported Accommodation for Those with Disability and Mental Illness.

VDAN is a partner within the Coalition for Disability Rights, along with National Disability Services (NDS), the Association for Children with a Disability and Carers Victoria, which is also presenting a submission.

VDAN members are focused on those people who are in receipt of or who are eligible for funded disability services predominantly due to a physical, intellectual or cognitive disability. As people with a disability often have more than one disability, they may also provide service to people with a mental illness.

### **People with a disability**

Identifying which people with a disability to focus on is both important and complex. In Victoria people with a disability:

- Include more than a million people (including many older Victorians who acquired a disability with age);
- Often have an increasing disability as they age;
- Include a significant number of people who are receiving informal support often from ageing carers while living at home;
- Are divided into two service systems - mental health and disability services but have services provided also by the housing, homeless, aged care, corrections and acute service streams;
- Rely on the Disability Services Division (DSD) of the Department of Human Services (DHS) for leadership within Government and the community on disability related issues;
- Include 170,000 people who are identified as requiring formal support;
- Include 70,000 people who receive Government disability funding (Commonwealth Territory State Disability Agreement -CSTDA); and
- Include 5,500 people who live in Government funded or run Shared Supported Accommodation (SSA) typically group houses or Community Residential Units (CRUs).

This VDAN submission will address the Inquiry's focus on those people receiving or requiring CSTDA funded support rather than the broader target of all people with a disability or the narrower one of people currently receiving Government funded services.

### **Barriers to Access**

People with a disability face a number of barriers to establishing and maintaining their accommodation. VDAN member confront examples of these barriers as they undertake their advocacy work.

Those barriers can be grouped into:

- **Accessibility** including both the wheelchair accessibility and location of the property. The location affects how people access transport, support services education and employment.
- **Cost** of housing and support. The housing cost may relate to either purchase or rental.
- **Cognitive capacity** to manage the relationships required to establish and maintain housing such as with neighbors, co-tenants, support providers and landlords.
- **Physical capacity** to manage physical support needs and mobility requirements.

Any one of these barriers can be insurmountable. They are typically responded to by a combination of funded support services and targeted housing assistance. The effectiveness of these responses is often affected by the rationing, workforce shortages and constraints of geographic location.

### **Supported Accommodation**

Of those people with high support needs many live in Shared Supported Accommodation (SSA) typically Community Residential Units (CRUs). People with the highest levels of need can live independently while they have enough support (as illustrated by Transport Accident Commission (TAC) claimants). However often people with high needs are aggregated into groups setting such as CRUs or groups of smaller units to deliver economies of scale and critical mass for service provision. Where a facility is staffed it is often classified under building regulations as a Class 3 (as opposed to Class 1 for residential) buildings typically having a fire system. Therefore the development of aggregated settings for supported accommodation is largely a function of the need for funding efficiencies rather than a natural desire of people with a disability to live in group settings.

Class 3 buildings were excluded from access to OoH (Office of Housing) growth funds under the Affordable Housing Program in 2006.

### **New Directions in Social Housing**

Like other people confronting housing stress, many people with a disability live in social housing, that is, public or community (including affordable) housing.

The target groups of Government housing assistance (of which social housing is part) have recently been identified in the following bands:

- **Band A:** Most in need, predominantly those on statutory income and including many people with a disability who require support.
- **Band B:** Those confronting housing stress in the private rental market including a significant but lesser number of people with a disability.
- **Band C:** Those seeking to secure or maintain home ownership.

In the last couple of years there has been a change in direction of Social Housing in Victoria which has challenged its central role in the provision of housing to people with a disability who require support. Increasing recognition of the crisis in housing markets (particularly private rental) and the parlous state of the stock and finances of public housing have led the Office of Housing to retarget its growth. That growth is now through the Affordable Housing Program of more than \$300m directed through community housing agencies registered as Affordable Housing Association). This new housing funding, allocated on a competitive basis, is focused on Band B: Private Renters and people falling out of Band C: Home Owner. There are no significant targets to house people with a disability.

As a consequence there has been less than \$5m for new housing for people with significant support needs since 2005. This is in sharp contrast to the \$150m+ provided through funding 190 CRUs between 1997 to 2004. When the CRU model fell out of favor the funds were not maintained to fund new models for housing people who require support but focused on housing higher income, lower need people. Indeed the Office of Housing went as far as ending funding for Class 3 Buildings which are required to house people with high support needs.

Funds have been committed to other areas without generating significant growth such as:

- relocation from institutions (50+ Kew CRUs);
- non shared supported accommodation (Disability Housing Trust (\$20m+); and
- Replacement of rundown CRUs - \$53m.

A disturbing development has been the sale of nomination rights where access to affordable housing for people with a disability has been directly linked to capital payments by support agencies. If applied broadly, this would mean that access to Government funded housing for any person with a disability would need to incorporate an additional payment to compensate for their lower capacity to pay rent or the increased cost to provide the housing. This is inconsistent with the Government policy and community expectations that Government assistance in all areas including housing should include a focus on those most in need. In the absence of an identifiable adequate source of additional funding, access by people with a disability is likely to be significantly curtailed.

### **New Directions in Disability Policy**

The emergence of individualized (and to a much smaller extent, client controlled) funding has raised significant issues for how people with a disability access housing and support. VDAN members have undertaken significant policy work on this issue.

The two significant issues that stand out are:

- the unbundling of housing and support has led to a lack of co-ordination in the development of new housing and access to existing housing; and
- Access to rental (private and social housing) and home ownership) is being stopped by a lack of money.

### **Private Provision through SRSs and Boarding Houses**

Private, for profit providers deliver a considerable amount of housing with support for people with a disability largely through pension only Supported Residential Services (SRSs) and private boarding houses. SRSs alone house more than 1,400 people with a disability.

These privately provided systems, which include some services of high quality, can be best described as:

- Under-funded (relying on resident's funds);
- Under-regulated (often through Local Government);
- Congregate (often housing large numbers with inadequate facilities; and
- In receipt of Government funding, often indirectly through not for profits, without accompanying standards monitoring.

This significant and critical area of service provision, which produces some of the worst accommodation outcomes, is therefore worthy of significant examination to ensure it is transparently funded and regulated.

### **VDAN Members Views**

VDAN members:

- Strongly endorse the Government and community's commitment to supporting participation in the community by people with a disability through the delivery of **non institutional services** and the continuation of de-institutionalisation. (For evidence supporting the value of non institutional services we refer you specifically to the Submission on behalf of people with intellectual disability and their families presented by VALID, STAR, AMIDA and Reinforce);
- Expect that all parts of Government, particularly all Divisions and Regions of the Department of Human Services (DHS) operate within a **consistent framework** for policy and service that delivers the appropriate services to people with a disability;
- Are committed to the delivery of the **Disability State Plan 2002-2012**.
- Recognise that there are many **good models** largely unrecognized or replicated within the Victorian service system; and
- Supports the development of **new service models** where their effectiveness and sustainability is demonstrated.

However VDAN members have identified that:

- The service system is based on **crisis management** not the long term, strategic planning that is required<sup>2</sup> which is consistent with the finding of the Victorian Auditor General 2008 review.

#### Example

In the DHS Northern Region a respite house was to cease being used for respite for five people, but to house one person with difficult behaviours instead. This was only averted at the last minute due to intervention by many people, including advocates, unions and parents. Options for the person weren't looked for initially but were available when DHS was forced to look beyond the respite house.

Even the possibility of a respite house being closed to permanently house and support one person had a ripple effect. There was much lobbying to avoid this situation. There was no account taken of the impact on people using the respite house, their families and carers, and supports to all these people. When this situation occurs it affects the lives of many people and takes a huge toll on resources. One problem may be solved, but more are created.

- Without the systemic development of good service models of support and accommodation, **poor models** will evolve, often as crisis response.

#### Example

Plenty Residential Services (PRS), a cluster facility, built to replace two institutions, Kingsbury and Janefield, will ensure that generations of people live in isolation, instead of in the community as was the aim of closing the institution. This model being in existence will perpetuate the idea that cluster, group housing is a legitimate model. Whilst visiting people at PRS, residents were locked out of their rooms during the day, and were congregated in one house with staff. They were not able to show their friends their own rooms.

#### Example

Dianna is in her late 40's she contracted encephalitis as a baby. Her parents gave her up and she was institutionalised in a hospital. She was made a State Ward. When the hospital closed down she was placed in an aged care facility. There is no family contact. Individual advocacy was commenced when therapists at the day centre had concerns about her daily living needs. Dianna was placed on the Disability Support Register. She will never be urgent enough to gain more appropriate accommodation and will never have the experience of living in a home like atmosphere.

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<sup>2</sup> Accommodation for people with a Disability (2008), Victorian Auditor General. Melbourne

- The lack of appropriate short and long term housing options with appropriate support is causing **displacement** into other parts of the service system incurring significant cost and reducing capacity.

#### Example

Terry is a 21 year old person with an intellectual disability. His family has applied to DHS for him to access supported accommodation and a day program, but he has not been offered any placement. Over the last years he has been placed in a number of inappropriate accommodation settings, including nursing homes and aged care facilities. As a consequence, his mental health has deteriorated to the extent that he became suicidal, and he has been hospitalised twice for treatment of psychosis. Despite the urgency, his situation is still unresolved.

Housing capital funding for accommodation for people with a disability with high support needs has largely **ceased**.

#### Example

When Kew closed all resources were put into accommodation for people there, but no further funding was made available for other people. In the State Plan Colanda and Sandhurst are to be closed and alternate housing developed but this must happen in conjunction with more housing and support suitable to the needs of those also waiting.

- **No other significant source** of funding has been provided by Government beyond small scale innovation programs and stock replacement programs.

#### Example

Many of the innovation programs developed under the Accommodation Innovations funding were successful, but need expansion to a wider group of people, instead of being restricted to the DHS regions they developed in, or losing funding altogether. The opportunity is there to expand successful, innovative programs, but seems to have been ignored.

- Government through a variety of Departments, Divisions, Regions and Programs is **funding inadequate and inappropriate solutions** sometimes indirectly.

#### Example

Mario received a brain injury as a child. He is an alcoholic. He lives in an SRS. The SRS meets his basic needs and is well run. The SRS is not very glamorous and is under resourced but the staff understand their clientele. However Mario needs to be in a more isolated setting away from the temptations of alcohol. Mario has low self esteem and dealing with many people challenges his ability to have relationships. In a smaller setting there would be more opportunity to put in place a routine which could be monitored intensively. Mario has had 4 prison admissions

in the past year. If he had a home to live in it would raise his self esteem and provide more opportunities to deal with the alcoholism.

### Example

One client is living in independent accommodation provided by a private service provider. This accommodation and the service is not satisfactory to our client, but it is extremely difficult for her to access other accommodation as she is seen as 'being housed' and as of lesser urgency than a homeless person. It appears that once you find accommodation, even though it is very unsatisfactory, there is little opportunity or support to improve your situation.

- Government is not requiring **consistent and robust standards** for services used by people with a disability.

### Example

Peter is in his early 30's and lives in a Supported Residential Service (SRS). He was placed in the SRS as there were no other accommodation options available. Peter is a paraplegic. The SRS does not provide him any personal care as he has told them he does not need it. The SRS provides his meals and cleans his room. They were not aware that they could be providing him with personal care. There is no care plan in place and they provide no activities. The bathroom is inadequate for his needs and there are serious OH&S issues with equipment in his room. The SRS was unaware of these issues.

- There is **uncoordinated development** of accommodation and support for people with a disability.

### Example

Jeremy had a traumatic brain injury three years ago. He is in a rehabilitation hospital. He is 34 years of age. He has been accepted into the My Future My Choice initiative. A housing option has been planned for him, through the initiative. The hospital have told him he has to vacate his bed within the near future, they need the bed for other patients. The My Future My Choice housing option has not even passed through the planning process yet. The only other option for Jeremy now is an aged care facility where they are not likely to have the skills to deal with his needs.

### Example

The Disability Needs Register has been replaced by the Disability Support Register, which only has people with immediate needs on it. There is no capacity to record, predict and plan for what will be required into the future.

- CRUs are being filled through a crisis based system leading to **increased numbers of permanent vacancies** and displacement of residents.

**Example**

Planning for accommodation seems ad hoc. People are placed in inappropriate housing with people of very different age groups. An example was given by Tim Clement from La Trobe University at the Strengthening Advocacy Conference 2008. An 18 year old young man in crisis was permanently placed in a CRU with men 45-70 years old who had moved out of Kew Residential Services. The vacancy arose when one of the men died and was immediately filled.

At the other extreme houses have fewer than their capacity as the support in the houses is not sufficient to deal with individual needs. A Housing Association which manages CRUs, as well as other social housing, reported to AMIDA that the vacancy rate in CRUs was always much higher than their other stock. Support agencies could not safely place people into the CRUs because incompatibility and insufficient support were resulting in violence and abuse.

- There is a **lack of leadership and advocacy within Government** (sometimes due to limited mandate or resources) from agencies responsible for services to people with a disability.

**Example**

While many people with a disability are accommodated in an SRS, the Disability Service Commissioner does not have a mandate to address issues in these services.

**Required Responses**

VDAN members believe that, to achieve appropriate, effective, efficient and sustainable solutions, it is essential the following actions be taken:

***Roles of Government***

- That a whole of Government approach be developed for accommodating people with a disability across all departments, authorities, divisions and regions linking with and ensuring consistency with existing standards.

***Social Housing (public, community and affordable)***

- That current levels of access to social housing be maintained.
- That new social housing be allocated with:
  - 50% to people with a disability.
  - Of that allocated to people with a disability
    - a half should be reserved for people in receipt of Government funded disability support services; and
    - a fifth for people with a disability with high support needs.

### ***Tenure***

- That short term accommodation (including crisis, transitional and respite) not be used for long term accommodation.
- That long term accommodation not be used as short term accommodation.

### ***Standards***

- Government establish and enforce an integrated set of standards (linked to State Plan) for all directly and indirectly Government disability funded services. This would extend beyond the existing disability standards and quality framework to include supplementing existing standards in areas where the disability standards do not currently apply.
- That the service standards support client choice.

### ***Development of new Models and Services***

- That existing service models be evaluated and good ones replicated.
- That the development of housing and support be co-ordinated.
- That the development of large scale aggregations of people with a disability (often more than 20 people on one site) cease.

### ***Family and Individual Contribution***

- That, where families provide financial resources to assist in the provision of housing and support, the arrangements are simple, clear and equitable.
- That family or individual contributions (or the lack thereof) do not affect the access to a Government funded or provided service.

## **Submission Development Process**

This submission has been developed in consultation with VDAN members through both a development workshop and the circulation of draft papers. The process has been facilitated by Joseph Connellan of MC Two Pty Ltd ([www.mctwo.com.au](http://www.mctwo.com.au)) with assistance from Vicki Davidson of Quest Consulting.

## **Conclusion**

The Victorian community, with leadership from the Victorian Government in developing the 2002-2012 Disability State Plan, has made a long term commitment to ensure people with a disability participate fully in our society. The provision of adequate, appropriate and affordable housing underpins that participation for thousands of marginalized Victorians who have a disability. VDAN congratulates the Family and Community Development Committee of the Victorian Parliament for establishing the Inquiry which provides a historic opportunity for a comprehensive overview of this complex area. VDAN members are committed to continue to work in partnership with all stakeholders to pursue our shared vision of an inclusive society.