

29 April 2005

Accommodation Support Models
C/- Director Accommodation and Respite
Department of Ageing Disability and Home Care
Level 5, 83 Clarence Street
Sydney NSW 2000

Email: replyaccomodels@dadhc.nsw.gov.au

Response to DADHC's discussion paper on Models of Supported Accommodation for People with a Disability

Dear Sir or Madam,

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to comment on the above discussion paper.

MHCC is the state peak body for non-governmental organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of over 140 NGOs in the formation of policy, and acts as a liaison between the government and non-government sectors. Our member organisations specialise in the provision of rehabilitation services and support for people with a disability due to mental illness. In developing this submission, MHCC has consulted member organisations, and taken account of the views of consumers, carers and other stakeholders.

General Comments

The MHCC welcomes DADHC's attention to developing models of supported accommodation for people with a disability and we strongly promote the inclusiveness of people with a mental illness or psychiatric disability to be equally included within the models provided. As stated in the Disability Services Act (NSW 1993), a person with a chronic or episodic psychiatric impairment falls within the disability target group and so deserves equal attention to that given to people with other disabilities.

There has been some difficulty in commenting clearly on the models provided as we interpret your examples as programs or services that are available in the community rather than examples of specifications and conditions that can be duplicated by others. Furthermore, the brief outline of target groups and client descriptions also caused some ambiguity for the purpose of ensuring particular health needs be catered for and addressed. In these issues we refer you to the NSW Health Department 2002 Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders (see attachment 1) which provides helpful guidelines for matching appropriate support to various levels of need.



*Working For
Mental Health*

Mental Health
Co-ordinating Council

PO Box 668
Rozelle, NSW 2039

Phone: (02) 9555 8388

Fax: (02) 9810 8145

Email: info@mhcc.org.au

Website: www.mhcc.org.au

*MHCC is the peak
body for mental health
organisations in NSW*

Individual needs

While all the models you have outlined hold merit, their true value will be found in appropriate placements to suit individual needs and preferences. People with a disability as a result of a mental illness have varied and complex needs that require a variety of housing options and appropriate support. Generally speaking, people with low support needs can live well in the community with minimal support while people with high needs can only live in supported accommodation.

Individual ongoing assessment

There is no prescriptive solution for meeting the needs of people with a mental illness; group homes may cause interpersonal problems while individual housing can cause problems of isolation and withdrawal. Each person and their needs require individual assessment.

An individual consumer's level of need can vary over time which requires flexibility and ongoing review to ensure appropriate placement and continuing suitability of accommodation and support. A client's health can vary and fluctuate over time and can significantly impact on, or be impacted by, the environment and community in which they live. Ongoing re-evaluation of accommodation and the services provided will also avoid crisis intervention and the associated costs.

Sensitive assessment tools are particularly important for identifying the needs of people with complex needs and behavioural disorders. It is essential that associated support funding match the needs of the individual person or the model chosen will not be appropriate or successful.

Overseeing review

We strongly promote greater focus on client needs and the reassessment of needs on that basis. This requires a transparent and accountable process. Currently, it would appear that data collection does not lead to a response from DADHC, commensurate with funding implications that are sensitive to the changing needs of the consumer.

NGOs are required to provide ongoing data on the history of the client but DADHC has to date focused on what services clients are receiving rather than being responsive to meeting changing needs. We do recognise the limitations of DADHC to provide reassessment of clients, however, as the funding body we believe DADHC has a responsibility to assess changes over time and identify the need for streamlining the system so that funding more closely reflects the needs of the client and is aligned with the capacity of the service provider.

For this purpose, we also support the need for an emphasis on strengthening relationships between the Department of Housing, DADHC and NGOs.

Partnerships

We support productive partnerships and believe review is the key to strengthening joint ventures. The Mental Health Housing and Accommodation Support Initiative (HASI) has been successful in creating functional partnerships between Health, Housing and NGOs. Providers

report cooperative partnerships have been very effective in creating a co-ordinated approach to delivering services, resulting in excellent outcomes for consumers. Organisations that formerly stood alone and worked as separate entities, now meet monthly to review, assess and evaluate programs.

Staff skills

A mix of staff skills is required in services providing accommodation support. This is particularly the case when consumer's support needs increase with age. Care staff need to be able to address issues arising as a result of ageing, such as dementia, incontinence, falls fractures and skin care.

Similarly, a mix of staff skills are needed to meet needs arising from psychiatric disability. We have recognised elsewhere that services need to be able to respond to clients with very high support needs arising from severely challenging behaviour. Clinically trained staff, such as Registered Nurses, who are psychiatrically trained and able to provide a case management service using their clinical skills, and non clinical rehabilitation support staff are needed by services.

Ageing clients

Organisations whom we have consulted have expressed concerns about the gap between historic funding levels (unchanged except for CPI / SACS award) and the needs of the ageing population of NSW. As with members of the general public, consumers living in supported accommodation have changing needs as they move through different life stages. There is a clear relationship between the types of services which can be provided (and choices available to consumers) and the level of funding available. As the population of supported accommodation services ages, and their care needs increase, the costs of their care will rise. Without an increase in the level of funding, the quality of services provided to this population group will decline.

Funding should be increased in line with the ageing needs of long term clients. Currently, despite increased needs, funding arrangements remain fixed (subject to CPI / SACS award changes) until the person exits the system, sometimes into an aged care facility. Again, regular review is at the crux of this issue to assess whether needs have increased over time and additional funds are required to meet these needs. We encourage improved case management of clients, more comprehensive assessment tools and increased community resources. This would incorporate increased training of staff in both sectors to deal with the combined consequences of ageing and disability.

Flexible Care Packages

We would also like to bring to your attention the success of a current 3 year pilot program run by New Horizons which provides Flexible Care Packages (FCPs) in DADHC funded homes to enhance community aged care. This program is funded by the Department of Health and Ageing.

Such a program would be valuable in providing extra services to those clients already established in accommodation not meeting all their aged needs. By providing flexible care

packages a person is able to continue to live in their home even when their aged support needs have increased.

N.B. The FCP is similar to the Community Aged Care Package (CACCP) model which provides extra care to aged clients in their own home.

Specific Comments

While our comments are largely stated overall, generally we have attempted to address each model as follows:

Sample Models of Accommodation:

1. Group Homes – Supported community living

- This model is similar to most living arrangements in the community and can have beneficial outcomes for suitable clients.
- The group home model does not necessarily suit the ageing population or people with high needs or compatibility issues.
- People with behavioural problems would require the right mix for such a situation to be successful. The more people in the group home the higher the potential for negative outcomes.

2. St Martin's Court – Unit Cluster of 13

- This is a large cluster model which appears to be similar to a hostel model but the level of support is unclear.
- There is the potential for client individuality and a sense of community for the client
- This model appears to only be appropriate for people with medium to low support needs
- This model is unlikely to be suitable for people with high support needs as there is insufficient support
- Suitability for people with high support needs would be entirely dependent on the services provided
- This model suggests it is an option instead of nursing home care. Many clients would require support with meals, laundry etc

3. Crisis Accommodation Program Innovative Initiative (CAPII) – Drop in support

- This model addresses immediate needs and is valid for low support, transitional housing providing a short term option before entry to long term supported accommodation.
- It is not suitable for people with challenging behaviours or a high needs mental illness as short term assistance does not address complex needs.
- Our member organisations have highlighted the unsuitability of this model for some people who have an intellectual disability as well as a mental illness, particularly when a

consumer is unable to assess their own safety. This accommodation option relies heavily on extra support from other parts of the mental health system.

4. Redevelopment of Kew Residential Services

- This is essentially a disability retirement village in a cluster model of group homes.
- This is a cost effective model but not normalising for people with a disability.
- We would not support the size of this model as it is more like an institution within the community alienating clients from the community and potentially displeasing neighbours.
- A similar model with a maximum of 5 houses could be valuable.

5. Floating Care - Supported Accommodation Initiative for People with HIV/AIDS

- This model provides a sound needs based approach with good flexibility and choice for clients.
- This is similar to the Mental Health Housing and Accommodation Support Initiative (HASI) which has been a successful model in the provision of flexible support services to people with a mental illness. It is currently undergoing evaluation.
- Private rental accommodation is not secure and can be suddenly sold at any time. The need for housing linkages is important. We would promote a government housing attachment when possible in all models.
- We support the separation of housing and support.

6. Matavai Ageing in Place – 7 people on one floor of high rise ageing in place

- This is essentially a cluster housing or small hostel model which combines packages to provide support and could be successful when used on a voluntary basis
- This model could be successful for people with a mental illness who have low to medium support needs
- There is a high risk of behavioural problems with people who have high needs
- There could be a negative impact on the other residents on other floors if there are behavioural issues.
- Public housing residents may be more amenable to this model than private owners of the other units.

7. Guthrie House

- This is transitional accommodation rather than an accommodation program and would be helpful for people moving into the community before they are linked into appropriate networks and suitable long term housing.
- It has no reference for people with complex needs or challenging behaviours.

8. Tenant Managed Cooperatives - Individual purpose built units

- The concept of this model has much promise when coupled with the right support as it provides clients with empowerment and ownership.
- We endorse the inclusion of carers.
- Support needs to be provided as a separate component, when not provided by personal carer.
- HACC services do not provide for high need.

9. Abbeyfield – Independent group living with housekeeper

- This model is essentially housing for older people with a disability in a very large group home.
- Aged people do not fit well into the mainstream which can affect the lifestyle of others.
- Ten people under one roof makes staffing issues more difficult as behavioural problems of one person can affect all.
- There are cost efficiencies but high support dynamics and different needs outweigh the positives.
- Spread out clusters would be preferable and would suit some people, as does the boarding house model.

10. Wintringham – Individual units with basic support

- We do not recommend this model.
- Due to its size this model is institutional - 24 units are a lot for a large group of people with a disability.
- This model does not comply with the Disability Support Act (DSA) 93 standards.

Proposed Model 11

We would like to propose another model be developed to address the unmet and substantial need for suitable accommodation options and services for clients with very high needs. Such a person would have severe and challenging behaviours that can impact significantly on the community including staff, neighbours and local services. For such clients, single accommodation would usually be required with appropriate high support and funding to match the need.

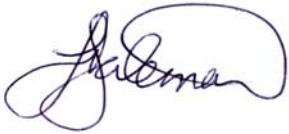
Such a model would be able to provide housing options in areas where noise disturbance or behavioural problems would not impact heavily on the local community and nearby neighbours, eg. residential accommodation in commercial areas or low density housing. Cluster housing that offers individual homes has been shown to work well for clients with high needs, although this is hard to find in the city.

Finally, we highlight the importance of government owned housing in preference to private leases in most situations. This is of particular importance for consumers needing high support

who need stable, secure housing, and for whom relocating can be difficult and expensive. However, the flexibility of private rental can be useful for single unit accommodation.

Thank you for considering this feedback and if you would like to clarify any points in this submission, please do not hesitate to contact Stephanie Maraz on (02) 9555 8388.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Jenna Bateman', with a large, stylized flourish at the end.

Jenna Bateman
Executive Officer
Mental Health Co-ordinating Council