![Scope logo - Disability Means Possibility]

Scope's Submission to the

Disability Supported Accommodation Program Consultation

October 2007

Contents

Executive Summary

Scope is a not-for-profit organisation providing innovative disability services throughout Victoria to more than 6,000 children and adults with physical and multiple disabilities. Scope supports many families with a son or daughter with severe and profound disability. Of these, more than 120 families meet the eligibility criteria of the Disability Supported Accommodation Program (DSAP). Many of these families are in crisis.

As a major provider of disability supported accommodation, Scope has a strong interest in the DSAP. Scope has an enormous amount of experience in providing supported accommodation to people with severe and profound disability, particularly where people have physical disabilities and complex communication needs. We are well positioned to provide constructive input into the framing of the Program.

Unmet Need

- Current conservative estimates of unmet need indicate that over 23,800 people are waiting for accommodation and respite in Australia. Important though the initiative is, the Disability Supported Accommodation Package would address only a fraction of this need. Further funding is needed if unmet need is to be addressed.
- There is a need to produce publicly accessible population-based estimates of needs and projections of supply in relation to disability supports to ensure future budgets take into account both unmet need and the growth in need. These projections need to accommodate analysis at a State/Territory and even at a regional or local government level to facilitate sensible planning.

Ageing and disability

- People with disabilities and their families grow old. As they age their needs change, just like the rest of the community. The significant work being undertaken across Australia to address the implications of an ageing population needs to be expanded to incorporate people with disabilities and the families who often care for them.

The need for supported accommodation for people with disabilities living at home with ageing carers

- In 2003 it was estimated there were over 8,100 ageing carers caring for a son or daughter with disabilities. Over half of ageing carers had a disability themselves, 12% had a stress-related illness and 38% had no fall back informal carer. Nearly half had been caring for 30 years or more.
- Scope conducted a survey of ageing carers who used Scope services in 2007. Of 120 ageing carers we found:
  - 70% need supported accommodation in the next 5 years
  - 35% need supported accommodation **in the next 12 months**
- Scope recommends that the Commonwealth Government set aside additional funding over the next five years for supported accommodation places to address the still significant unmet needs of ageing carers.
- Scope further recommends that the Commonwealth Government work in partnership with carers and supported accommodation providers such as Scope to facilitate effective local planning for supported accommodation.

Support for ageing-in-place

- There is a need to support ageing-in-place for people with disabilities to ensure there is an alignment with policy applied to the rest of the community. It is important to understand that this concept is applicable to both people living independently and those living in supported accommodation.
- Scope recommends that the Commonwealth Government establish a high level policy initiative to address the cross-sectoral barriers to supporting ageing people with disabilities to age in place. This initiative would focus on eliminating boundary issues with aged care services such as HACC and in-home nursing, and health services such as palliative care and community allied health services.
- The Commonwealth Government needs to provide 'top-up' funding to Commonwealth-funded aged care and disability services to ensure the additional age-related support needs of people with disabilities ageing in place can be appropriately addressed. In particular, Scope recommends that the Commonwealth Government fund models of support such as those developed in the *Innovative Pool Aged Care Disability Interface Pilot*.

Who should provide supported accommodation?

- Research has shown that non-government disability accommodation support services are cost effective when compared to government services. They also have an extensive track record in providing quality services under State Government quality and monitoring systems. They are well placed to manage supported accommodation funded through the DSAP.

Eligibility criteria for carers

- The current release of 1,750 supported accommodation places falls far short of what is needed. This means that many carers who are eligible for places will miss out. The Commonwealth Government needs a very carefully designed process to ensure carer expectations are managed.
- Preferably, the Government would signal that further places would be made available over the next five years to ensure no carer is placed in this situation.
- The assessment process would be a more balanced one if the Commonwealth Government was to ensure each family was supported to consider a range of options, with input from disability accommodation service providers who are able to offer a continuum of service options. This three-way process between carers, government and service providers would minimise the risk of inappropriate placement and reduce the chances of locking families into over- or under-servicing.
- The most critical initial task is to ensure that each individual with disability who has the opportunity to move into supported accommodation has the chance to confirm their needs and preferences through a well-designed person-centred planning approach.

Preferred service models

- There is no one right service model. A range of options needs to be made available and matched to individual needs through a rigorous person-centred planning approach.

- Scope does not have a strong opinion on the number of people who should be supported within the one setting. However, for any single building Scope advocates that there should be no more than 4 to 5 residents. A separate bedroom for each resident is an absolute necessity. International research has shown that quality of life outcomes are significantly enhanced when people live in smaller versus larger single-building or single-site accommodation.
- There is one exception to this, namely purpose built supported accommodation for people with disabilities who are elderly (typically 65 years and older). For example, Scope has recently established a 10-resident facility in the south east suburbs of Melbourne for clients who are elderly. Designed with the needs of the elderly in mind, it provides an appropriate home for the residents and is in line with community norms for the frail elderly where they are not able to live without high levels of skilled support.
- Scope considers that each of the following options may be appropriate, depending on the individual circumstances and taking into account the need to accommodate the economic realities of capped funding.

Supported Accommodation Models: Disability Council of NSW, 2005

1. **Terrace Houses/Town Houses (2-3 bedroom) - attached dwellings, usually 2 storey, separated by a vertical wall.**
   * outside spaces often small and divided between front and back - may not be appropriate for people requiring access to open areas;
   * issues of integration and access require careful consideration as these residences are often constructed in rows in busy locations.

2. **Villa Units (1-3 bedroom) - attached dwellings, one storey, separated by a vertical wall.**
   * positive for mixture of ownership and rental;
   * external areas don't always connect.

3. **Multiplex (1-3 bedrooms) - a group of more than two dwellings, with ground access to all.**
   * noise transfer issues need to be carefully considered;
   * outside space may be limited.

4. **Dual Occupancy e.g. "granny flat" - a second dwelling on a piece of land.**
   * offers privacy and crisis support if necessary.

5. **Freestanding Housing (2-6 bedroom).**
   * once considered the ideal model - now seen as just one of many options.

6. **Duplex (1-3 bedrooms) - two units divided by a horizontal separation.**
   * often larger than villas and home units.

7. **Duplex/Semi-Detached (2-3 bedrooms) - two units divided by a vertical wall.**
   * often larger than villas with increased privacy and space around the house;
   * could be appropriate for person with challenging behaviours with support next door.

> **8. Home Units (1-3 bedrooms).**
> * outside spaces may be limited;
> * physical access to upper storey a key issue: installation of an elevator may improve capital gain opportunities though may also be cost prohibitive.
>
> **9. Integrated (1-4 bedroom per dwelling) - five or more dwellings developed as a house/land package (this is a version of cluster accommodation).**
> * economies of scale: capital acquisition cost benefits;
> * overcomes problems of privacy through physical separation of housing;
> * opportunity to more efficiently provide support;
> * access to peer support and networks;
> * one-bedroom house possibly more appropriate for people with challenging behaviours to increase privacy for all residents;
> * integration of people with and without disabilities is essential with this model;
> * could have negative implications associated with an image of congregate care including the potential for institutional behaviour of staff.
>
> **10. Large freestanding residence (10-12 bedrooms).***
> * less restrictive option for a specific group of people who have profound and multiple disabilities and are dependent on ongoing and intensive medical support and personal care;
> * only acceptable as an alternative to residence in a nursing home or hospital for the above group, when dealing people with disabilities who have become elderly;
> * maximum average number of residents with separate bedrooms: 10 - dormitory accommodation is not acceptable;
> * issues to lessen institutional image and practice need to be considered;
> * potential for staff to get to know people better.
>
> * This has been modified from the original to reflect Scope's preferences and concerns regarding this model

- Scope also draws attention to the KeyRing Model, Cottage Clusters and the Village Model as viable, well-regarded, innovative options.
- Other critical elements are:
    - Access to appropriate levels and types of support
    - Provision of resources to facilitate genuine community inclusion
    - Careful consideration of location and design

Supporting communities to be more inclusive of supported accommodation residents

- The re-location of people into supported accommodation should be complemented by work on building the capacity of local communities to be more inclusive of their new neighbours. There are additional costs associated with this community development work. However, these are usually short term costs – needed only during the transition period. The Commonwealth Government is encouraged to consider funding this type of work to maximise the success of the re-location.

Pricing for the delivery of services in supported accommodation

- Determining the right price is difficult, as most current funding models "blend" capital and output funding. This blending of funding should be avoided by the Commonwealth Government.
- Scope encourages the Commonwealth Government to develop pricing for service delivery based on work already done within State Government jurisdictions, in consultation with service providers represented by peak bodies such as NDS. Fair pricing principles should be used to guide the Government's pricing.
- Scope notes that the current indexation of Commonwealth funding is in no way aligned to the real increases in service cost over time, and currently sits at less than a third of the real annual increase in the cost of service. Scope recommends that a new indexation formula be used to ensure indexation reflects the actual, unavoidable increases in cost year-on-year (largely salary-related), with reference to the work of the Social Policy Resource Centre (2002) on an appropriate indexation formula for the disability service sector

Capital considerations

- The Commonwealth Government needs to be mindful that it does not perpetuate the current problem of under-funding of capital in the community sector, or it will leave a costly legacy for future governments. It must take the long view when considering the capital side of the DSAP, and not be seduced by funding models that do not address the long term acquisition, maintenance and upgrade of DSAP housing stock.
- The Commonwealth Government must release significant funding for capital. While it is sensible that opportunities to complement Commonwealth capital funding be found, the total 'pot' of funding needs to be sufficient to set up the necessarily diverse housing options Australia-wide. Further, the Commonwealth needs to address the cost of maintaining and upgrading supported accommodation housing stock through providing funds over time to enable such work to be undertaken.

Innovative approaches to acquiring housing stock

Scope supports innovative approaches to acquiring property to maximise the value of the Commonwealth's investment in appropriate housing stock for supported accommodation. These include:
- Public-private partnerships
- Redevelopment/refurbishment of existing housing stock currently used for supported accommodation
- Family contributions of capital, where they choose to do so
- Innovative use of land releases – including providing incentives for developers to incorporate supported accommodation service models into their initial design. This approach provides financial and reputation-enhancing opportunities for developers.

Minimising the cost of compliance

- Scope asks that the Commonwealth Government carefully consider how it will assure the quality of services provided, without adding unreasonable additional compliance requirements on service providers.

Minimising duplication

- Scope encourages the Commonwealth Government to work collaboratively with State Governments to reduce or eliminate duplication in service delivery, administration and bureaucracy. Unnecessary duplication simply adds cost for no gain.

1. Introduction

1.1 About Scope

Scope is a not-for-profit organisation providing innovative disability services throughout Melbourne and Victoria to more than 6,000 children and adults with physical and multiple disabilities. Thousands more people intermittently access our information, support and assessment services on a casual basis. Scope supports people with disabilities to achieve their potential in welcoming and inclusive communities.

Central to Scope's work is to ensure Victorians "See the person, not the disability". Therefore, Scope focuses on overcoming the personal, structural and attitudinal barriers that prevent people with disability from participating in community life and works to make our community more inclusive, more accessible and more welcoming.

Scope has long-standing expertise in supporting people with severe and profound disability. This is a result of a commitment to work with people who many other organisations have considered "too hard" to work with. Many clients with disabilities have very high levels of physical and intellectual disability, often with complex health needs.

1.2 About the ageing carers we support

Scope supports many families with a son or daughter with severe and profound disability. Of these, more than 120 families meet the eligibility criteria of the Disability Supported Accommodation Program. Many of these families are in crisis. Here are some quotes from carers captured in a recent survey of the need for supported accommodation conducted by Scope (refer to Section 5.2 for further details of this survey):

A local supported accommodation unit would mean so much to us while both of us are still here. We are finding it harder to cope because of our own health problems.
Husband over 70 years old, wife over 65 years old, child over 40 years old

Our [child] has waited six years for supported accommodation, we were told we would only have to wait 5 years. Despite continual inquiries disability services cannot say when [our child] will be placed. I have other carer commitments with an aging family & our own health issues. Yet even with a letter from my doctor to disability services nothing has been changed. I can only hope this funding will help those who have waited as we have.
Both parents over 65 years old, child over 40 years old

We hope this problem will be addressed as soon as possible - it is a concern which places a lot of stress in our family.
Both parents over 65 years old, child over 45 years old

My [child] is total care, had to have everything done for [them], since my husband passed away… I find the work load much harder for me.
Sole carer over 70 years old, child over 45 years old

Hurry up. Do something. NOW!
Sole carer over 65 years old, child over 40 years old

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2. Scope's Interest in the Disability Supported Accommodation Program (DSAP) Consultation

The Disability Supported Accommodation Program (DSAP) Consultation represents an important opportunity to shape the implementation of the program.

As a major provider of disability supported accommodation, Scope has a strong interest in the DSAP. Scope has an enormous amount of experience in providing supported accommodation to people with severe and profound disability, particularly where people have physical disabilities and complex communication needs. We are well positioned to provide constructive input into the framing of the Program.

Scope receives $17.7 million funding per year from the Victorian Government to provide supported accommodation. A further $1 million is raised through resident fees and charges. While service entry is controlled by the Department of Human Services, Scope's recognized leadership in addressing the needs of Victorians with the highest levels of disability has ensured that residents placed into our services are typically those with the highest support needs.

As highlighted above, Scope supports over 120 families that meet the eligibility requirements of the DSAP, and therefore has a broader interest in the DSAP on behalf of those families. Scope has an insight into their experiences, and the ability to work in partnership with those families to put forward local supported accommodation solutions that will be attractive to the Commonwealth.

In this submission Scope wishes to address a number of issues that will impact on the success of the DSAP either directly or indirectly. The establishment of supported accommodation nationally is complex, particularly when this requires an understanding of service issues, capital requirements and the labyrinthine policy frameworks that must be engaged with. It is vital that the policy makers charged with implementing the DSAP address this complexity if positive outcomes are to be assured for the families and individuals for whom the DSAP has been established.

This submission focuses particularly on Victoria, because that reflects the organisation's experience and interests, although the implications are relevant nationally.

3. Unmet Need

3.1 Addressing Unmet Need

The Australian Institute of Health and Welfare (AIHW) has attempted to determine unmet need for disability supports across Australia using population based estimates. The AIHW estimated that, in 2005, the unmet need for disability services in Australia was as follows[1]:

Unmet need for accommodation and respite in Australia	23,800
Unmet need for community access in Australia	3,700

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[1] Australian Institute of Health and Welfare 2007. *Current and future demand for specialist disability services. Disability series.* Cat. no. DIS 50. Canberra: AIHW. Note that these statistics have a sampling error of 17%.

Using an estimate of Victoria's population as a proportion of the Australian population (24.77%)[2] this indicates unmet need in Victoria was as follows

Unmet need for accommodation and respite in Victoria	5,895
Unmet need for community access in Victoria	916

The Victorian Department of Human Services (DHS) maintains a Disability Support Register, which indicates the requested, unmet demand for services[3]. This is summarised in Table 3.1.

Department of Human Services Disability Support Register	
Category	**All Requests**
Disability Services Supported Accommodation options	1361
Support to live in the community	1294
Daytime activities	375
Total	**3030**

Table 3.1   Department of Human Services Disability Support Register as at 30 June 2007

Both the AIHW and DHS measures provide conservative estimates of unmet need, yet both indicate that there is an unacceptable level of unmet need. This will continue to grow as a function of population increase.

In this context, the Australian Government's proposed Disability Assistance Package is an incredibly important initiative. While, there are significant issues arising from different levels of government running the same types of programs, there is no doubt that the enormous unmet need requires significant investment. The Package is at least a start.

However, there is much more that needs to be done by both State/Territory and Commonwealth Governments to address unmet need. **The 420 places (approximately) that the package would make available for Victoria addresses only a fraction of the need.**

Scope recommends that the Commonwealth Government, in partnership with the State and Territory Governments, provide additional funding to significantly reduce unmet need.

3.2   <u>Getting the measures of unmet need right</u>

Currently, there is little or no transparency to how the Commonwealth budgets link funding to actual need or to growth in that need. Good planning requires robust population-based estimates of need to ensure that there is adequate funding to meet the need and to plan for growth. At both a national and State level there is a need to agree definitions to ensure funding platforms such as

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[2] Australian Bureau of Statistics. *3101.0 - Australian Demographic Statistics, Mar 2007.* http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyCatalogue/6949409DC8B8FB92CA256BC60001 B3D1?OpenDocument accessed 18/10/07.
[3] Department of Human Services, Disability Support Register, http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf/sectionone/supports_people?open accessed 15/10/07

the *Commonwealth, States and Territories Disability Agreement* can sensibly assure the flow of funds to where they are needed and at the levels of funding needed.

At the moment it appears that Governments are surprised that a child who requires high levels of support in the early years is highly likely to need support when they enter the school system and when they leave the school system. They also appear surprised when the level of support required increases when they are elderly.

The current use of tools such as waiting lists, needs registers, surveys and other tools seeking expressions of need or demand are clearly failing. However, such registers do not represent a true picture of need, as they are not updated, or require people to actively update their status. Scope has undertaken its own surveys and discovered that there are people who are unaware that such registers exist or who have not updated their details even though there have been substantial changes to their needs.

The Australian Institute of Health and Welfare (2007)[4] provides the only publicly available population-based estimates of demand, working from Australian Bureau of Statistics data. There is no available estimate of potential need. The distinction between demand and potential need is an important one, as data is only gathered where people 'put up their hand', which will always ensure the actual need remains significantly underestimated.

Of more importance is the fact that there is no data available at a national or State level on population-based estimates of needs or projections of supply in relation to disability supports.

The solution required would be no different to the type of modeling routinely undertaken in relation to predicting health needs, or the impact of ageing on welfare and health services.

If we are to avoid the current debacle of growing unmet need and families in crisis, with different levels of government apportioning blame and abrogating their collective responsibility, then modeling of need and supply is vital.

Scope recommends that the Commonwealth Government, with other Governments as appropriate, move to provision of publicly available population-based estimates of needs and projections of supply in relation to disability supports to ensure future budgets take into account both unmet need and the growth in need. These projections need to accommodate analysis at a State/Territory and even at a regional or local government level to facilitate sensible planning.

4.   Ageing and disability

People with disabilities and their families grow old. As they age their needs change, typically increasing, just like the rest of the community. However, Government policy at a State and Commonwealth level suggests that this simple fact is not known by policy makers.

As highlighted by ACROD (now NDS) in its submission to the Australian Senate's *Inquiry into the Funding and Operation of the Commonwealth State/Territory Disability Agreement*:

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[4] Australian Institute of Health and Welfare (AIHW) *Current and future demand for specialist disability services,* Cat. No. DIS 50, 2007

The needs that arise from ageing do not displace the needs associated with a long-term disability: they are additional. Yet the existing funding arrangements and policy rules mostly deny a person simultaneous access to services from the aged care and disability service systems[5].

The significant work being undertaken across Australia to address the implications of an ageing population needs to be expanded to incorporate people with disabilities and the families who often care for them.

The consequences of this policy vacuum are starkly apparent in the crisis of ageing carers desperate for appropriate accommodation for their middle-aged relative with severe and profound disability who is still living at home. A recent survey of carers has revealed that carers have the lowest collective wellbeing of any group yet surveyed[6]. It is obvious that this must be compounded for ageing carers. This is a crisis requiring immediate, urgent attention.

5. The Need for Supported Accommodation for People with Disabilities Living at Home with Ageing Carers

5.1 Context

The AIHW has estimated the current need for supported accommodation[7] by ageing carers (aged over 65, or approaching this age and caring for over 30 years, care recipient under the age of 65). This work, from 2002 and 2003, identified 29,100 ageing carers, of whom 8,100 were caring for a son or daughter.

In 2003 it was found that 51% ageing carers had a disability themselves and 12% had been diagnosed with a stress-related illness. About 38% did not have a fall back informal carer. About 44% had been caring for 30 years or more. Many carers (42%) spent 40 hours or more per week actively caring for or supervising their main recipient of care. When 2003 survey data on ageing carers were updated to 2005 to allow for population growth the data indicated there were 30,300 ageing primary carers.

5.2 The Need for Supported Accommodation of Ageing Carers

There is very little data available about the real need for supported accommodation of ageing carers. To address this deficiency, Scope has undertaken a survey of ageing carers who meet the DSAP eligibility criteria[8]. Scope supports over 120 ageing carers who are the primary carer of a relative with severe and profound disability. The survey of these ageing carers identified the following requirements for supported accommodation for their child:

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[5] Australian Senate Community Affairs Committee. *Funding and Operation of the Commonwealth State/Territory Disability Agreement.* February 2007

[6] Cummins, Hughes, Tomyn, Gibson, Woerner, and Lai. *The Wellbeing of Australians – Carer Health and Wellbeing.* Australian Centre on Quality of Life: 2007.

[7] Australian Institute of Health and Welfare 2007. *Current and future demand for specialist disability services.* Disability series. Cat. no. DIS 50.Canberra: AIHW.

[8] Scope. *Supported Accommodation – Future Needs Survey.* October 2007.

- 70% need supported accommodation in the next 5 years
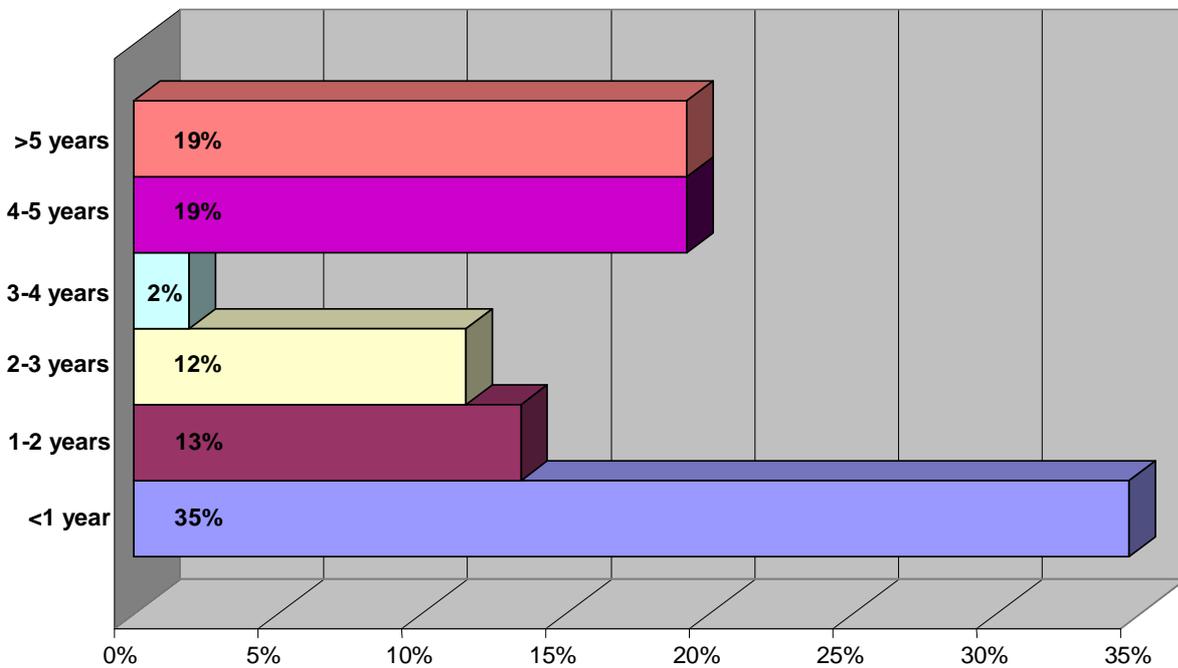- 35% need supported accommodation in the next 12 months

To spell this out:

> **Over one third of ageing carers supported by Scope have an immediate need for supported accommodation.**

The Scope survey also found that 53% of ageing carers were sole carers – that is, they had no-one else in the family to assist with care on a day-to-day basis.

The Scope survey reveals that supported accommodation requirements were as follows:

Scope Survey - Ageing Carers' Need for Supported Accommodation

Category	Percentage
>5 years	19%
4-5 years	19%
3-4 years	2%
2-3 years	12%
1-2 years	13%
<1 year	35%

The geographic spread of ageing carers supported by Scope who require supported accommodation in the next 5 years (that is, within the timeframe of the DSAP's proposed roll-out) is as follows:

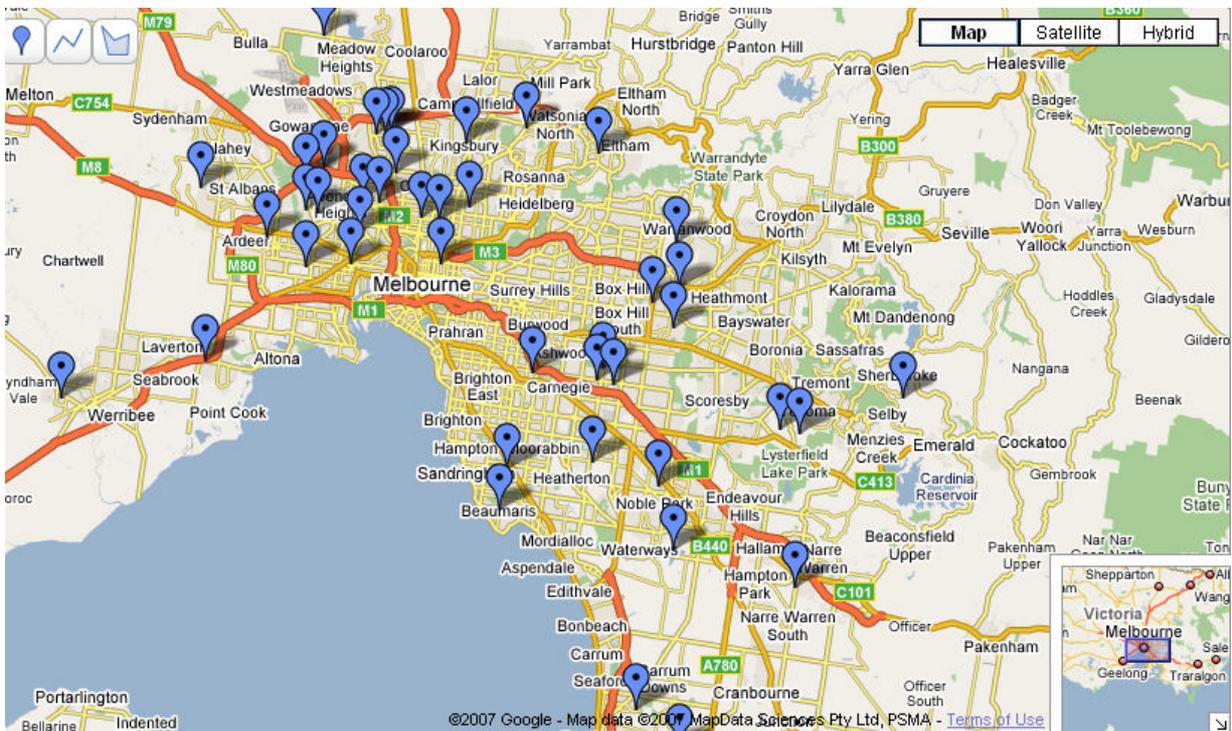**Location of families with ageing carers seeking supported accommodation who use Scope services – Victoria**
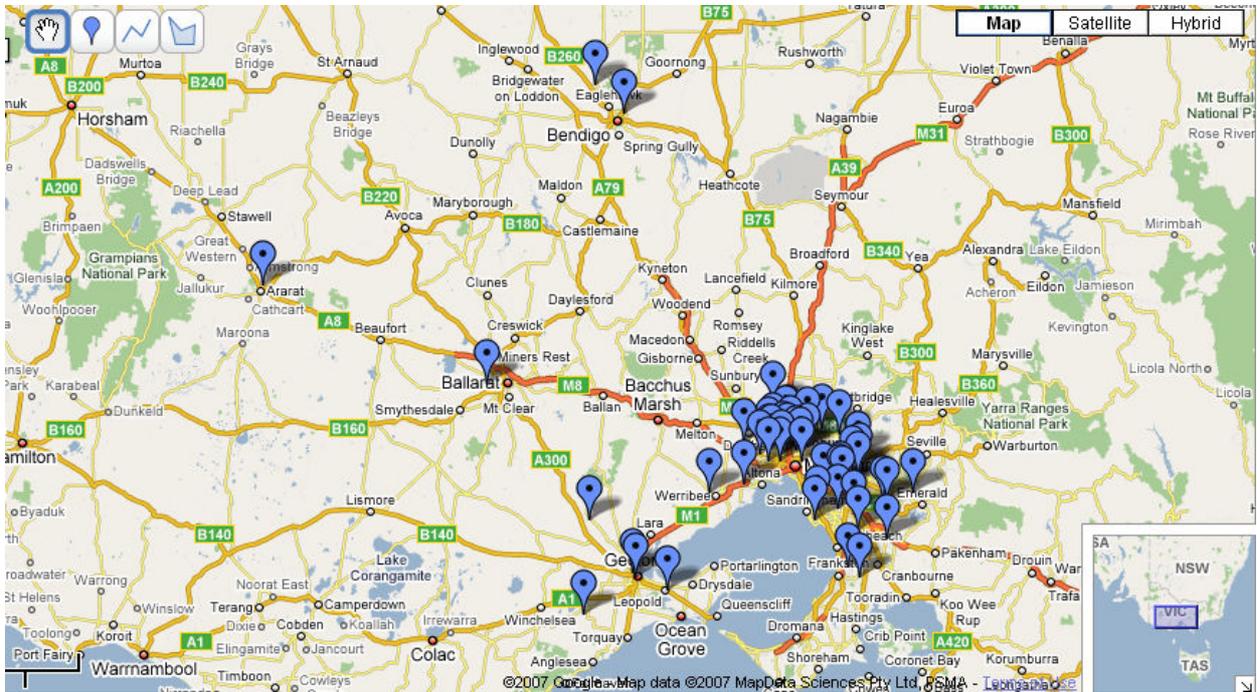
Location of families with ageing carers seeking supported accommodation who use Scope services – Metropolitan Melbourne

As expected, there is a preponderance of families in metropolitan Melbourne. However, there is certainly a need for supported accommodation in rural and regional Victoria. Within the Melbourne metropolitan area there is a clear "doughnut" effect, with carers living in a band around the CBD.

This is important data for planning purposes. It highlights that Scope can work in partnership with ageing carers in developing local supported accommodation solutions. It also indicates where supported accommodation might be located to ensure families are able to maintain contact with their relative with disability.

Scope recommends that the Commonwealth Government set aside additional funding over the next five years for supported accommodation places to address the still significant unmet needs of ageing carers.

Scope further recommends that the Commonwealth Government work in partnership with carers and supported accommodation providers such as Scope to facilitate effective local planning for supported accommodation.

5.3   Ageing-in-Place

There is a need to support ageing-in-place for people with disabilities, to ensure there is an alignment with policy applied to the rest of the community. It is important to understand that this concept is applicable to both people living independently and those living in supported accommodation[9]. This will require cross-sector engagement by the Commonwealth Government as it implements the DSAP to clarify obligations within the health, aged care and disability sectors, together with additional 'top-up' funding to pay for the support of people with disabilities who are ageing.

Bureaucratic boundaries between the disability and HACC services are highlighted in the Australian Senate Community Affairs Committee report[10]. These boundaries currently prevent many people with lifelong disabilities who living in supported accommodation who are ageing from accessing appropriate supports to enable them to continue to age in place. Similar boundary issues have been identified at the interface between disability and a wide range of health services (for example, palliative care, community nursing and allied health)[11].

If the DSAP is to succeed issues impacting on the ability of people in supported accommodation to age in place must be addressed at the time the program is being established. This will share the cost-burden of increased support due to ageing appropriately across the disability, health and ageing sectors. It will also ensure people have access to appropriate, skilled support. If such steps are not taken these residents risk a second crisis in accommodation as they reach old age.

Scope recommends that the Commonwealth Government establish a high level policy initiative to address the cross-sectoral barriers to supporting ageing people with disabilities to age in place.

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[9] Fyffe, Bigby and McCubbery. *Exploration of the population of people with disabilities who are ageing, their changing needs and the capacity of the disability and aged care sectors to support them to age positively*. National Disability Administrators: February 2006. Page 68.
[10] Australian Senate Community Affairs Committee. Section 5.18 – 5.24
[11] Fyffe, Bigby and McCubbery. Page 20.

This initiative to eliminate boundary issues with aged care services such as HACC and in-home nursing, and health services such as palliative care and community allied health services.

The Commonwealth Government needs to provide 'top-up' funding to Commonwealth-funded aged care and disability services to ensure the additional age-related support needs of people with disabilities ageing in place can be appropriately addressed. In particular, the Government to fund models of support such as those developed in the *Innovative Pool Aged Care Disability Interface Pilot*.

6.   Who Should Provide Supported Accommodation?

6.1   Cost Effectiveness of Non-Government Accommodation Support Services

The Industry Commission, in its 1995 overview of the charitable sector, found that governments "could expect significant cost savings by making greater use of the community sector in the provision of government services"[12]. In particular, they noted that non-government service providers were significantly more effective providers of services than equivalent government agencies. The 2007 Productivity Commission Report on Government Services reinforces the cost effectiveness of non-government accommodation support services. This report identified that, nationally, annual government expenditure on accommodation support services in group homes was $98,629 per service user (in 2004-05), compared to $82,203 per service user in non-government organisations[13]. (It needs to be highlighted that this difference is partially due to chronic underfunding of the non-government sector by State governments, as well as lower wage costs resulting from application of differing industrial awards. However, this does not fully account for the 17% difference in cost).

6.2   Service Quality and Service Experience

Non-government disability supported accommodation service providers have an extensive history in the provision of quality support to people with disabilities, particularly for people with severe and profound disability. For example, Scope operates 47 supported accommodation facilities across Victoria. These services are often provided in an integrated manner with employment and non-vocational services. The location of these facilities is provided for information:

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[12] Industry Commission. *Charitable Organisations in Australia: Overview*. Report No. 45: 1995
[13] SCRGSP (Steering Committee for the Review of Government Service Provision) 2007, *Report on Government Services 2007*, Productivity Commission, Canberra.

Location of Scope Accommodation Facilities – Victoria

Location of Scope Accommodation Facilities – Metropolitan Melbourne

Many years of experience delivering services under State Government quality and monitoring systems have enabled disability supported accommodation service providers to develop a deep operational experience base. This experience is critical, given many residents often have complex health, physical and/or behavioural support needs.

7. Eligibility Criteria for Carers

7.1 Limited Supply

As outlined in the section on unmet meet (Section 5), the current release of 1,750 supported accommodation places falls far short of what is needed. This means that many carers who are eligible for places will miss out. Given the high levels of stress (see Section 4) experienced by carers the selection process is likely to be highly distressing for those who miss out. The Commonwealth Government needs a very carefully designed process to ensure carer expectations are managed. Preferably, the Government would signal that further places would be made available over the next five years to ensure no carer is placed in this situation.

7.2 Assessing Genuine Need

On the one hand there are many carers with a genuine need for supported accommodation, while on the other there are some carers who see supported accommodation as their preferred solution when this may not be needed. Scope supports a number of individuals with severe and profound disability who are able to live independently with in-home support. It is not enough to simply ask carers who meet the DSAP eligibility criteria for their preference. Direct engagement with the person receiving care is vital to ensure their needs and interests are taken into account.

The assessment process would be a more balanced one if the Commonwealth Government was to ensure each family was supported to consider a range of options, with input from disability accommodation service providers who are able to offer a continuum of service options. This three-way process between carers, government and service providers would minimise the risk of inappropriate placement and reduce the chances of locking families into over- or under-servicing.

The most critical initial task is to ensure that the individual with disability who has the opportunity to move into supported accommodation has the chance to confirm their needs and preferences through a well-designed person-centred approach. In this way appropriate accommodation and supports can be matched to the individual, based on choice and honouring each person's right to make the important decisions in their life.

8. Preferred service models

8.1 The right service model

What is the right service model for supported accommodation? The answer to this is well summarised in a recent report from the NSW Department of Ageing, Disability and Home Care:

> No one model can fit all needs. Flexible options, planned approaches, the development of criteria to allow for changing needs, and collaboration between Government departments,

agencies and service providers [are] important issues in relation to supported accommodation provisions[14].

As highlighted in Section 7, there needs to be an effective planning process around the individual that draws on international best practice person-centred approaches. Assuming that this planning indicates that supported accommodation is the preferred option, appropriate accommodation and related supports can then be matched to the individual.

8.2   The right number of people

Scope supports a range of choices in terms of supported accommodation.

The current Australia-wide trend to group homes of 4-5 people is largely a compromise between quality of life and economies of scale.[15]

Scope does not have a strong opinion on the number of people who should be supported within the one community. However, for any single building Scope advocates that there should be no more than 4 to 5 residents. A separate bedroom for each resident is an absolute necessity. International research has shown that quality of life outcomes are significantly enhanced when people live in smaller versus larger single-building or single-site accommodation. Scope has confirmed this difference in quality of life at first hand through its own research of people moving from a large residential complex into group homes[16].

There is one exception to this, namely purpose built supported accommodation for people with disabilities who are elderly (typically 65 years and older). For example, Scope has recently established a 10-resident facility in the south east suburbs of Melbourne for clients who are elderly. Designed with the needs of the elderly in mind, it provides an appropriate home for the residents and is in line with community norms for the frail elderly where they are not able to live without high levels of skilled support.

8.3   Supported accommodation options

Taking into account the constraints outlined in Section 8.2, there are many supported accommodation options that might be appropriate, depending on the individual needs and aspiration of the individual. In its response to the NSW Report on Models of Supported Accommodation for People with a Disability (2005), the Disability Council of NSW[17], which is the official adviser to the NSW government on disability issues, noted a number of the accommodation models currently available. These are outlined in the Box 8.3., including positive and negative aspects of each proposal.

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[14] NSW Department of Ageing, Disability and Home Care. *Report on Models of Supported Accommodation for People with a Disability*. DADHC: 2005

[15] Parliament of South Australia. *Inquiry Into Supported Accommodation*. Eighteenth Report of the Social Development Committee November 2003.

[16] Heggie & Dyson. *Quality of Life Outcomes: A Move to Community Living*. May 1999

[17] *Supported Accommodation Models*: Disability Council of NSW, 2005

Box 8.3   Supported Accommodation Models: Disability Council of NSW, 2005

1. **Terrace Houses/Town Houses (2-3 bedroom) - attached dwellings, usually 2 storey, separated by a vertical wall.**
   * outside spaces often small and divided between front and back - may not be appropriate for people requiring access to open areas;
   * issues of integration and access require careful consideration as these residences are often constructed in rows in busy locations.

2. **Villa Units (1-3 bedroom) - attached dwellings, one storey, separated by a vertical wall.**
   * positive for mixture of ownership and rental;
   * external areas don't always connect.

3. **Multiplex (1-3 bedrooms) - a group of more than two dwellings, with ground access to all.**
   * noise transfer issues need to be carefully considered;
   * outside space may be limited.

4. **Dual Occupancy e.g. "granny flat" - a second dwelling on a piece of land.**
   * offers privacy and crisis support if necessary.

5. **Freestanding Housing (2-6 bedroom).**
   * once considered the ideal model - now seen as just one of many options.

6. **Duplex (1-3 bedrooms) - two units divided by a horizontal separation.**
   * often larger than villas and home units.

7. **Duplex/Semi-Detached (2-3 bedrooms) - two units divided by a vertical wall.**
   * often larger than villas with increased privacy and space around the house;
   * could be appropriate for person with challenging behaviours with support next door.

8. **Home Units (1-3 bedrooms).**
   * outside spaces may be limited;
   * physical access to upper storey a key issue: installation of an elevator may improve capital gain opportunities though may also be cost prohibitive.

9. **Integrated (1-4 bedroom per dwelling) - five or more dwellings developed as a house/land package (this is a version of cluster accommodation).**
   * economies of scale: capital acquisition cost benefits;
   * overcomes problems of privacy through physical separation of housing;
   * opportunity to more efficiently provide support;
   * access to peer support and networks;
   * one-bedroom house possibly more appropriate for people with challenging behaviours to increase privacy for all residents;
   * integration of people with and without disabilities is essential with this model;
   * could have negative implications associated with an image of congregate care including the potential for institutional behaviour of staff.

10.	**Large freestanding residence (10-12 bedrooms).***
	* less restrictive option for a specific group of people who have profound and multiple disabilities and are dependent on ongoing and intensive medical support and personal care;
	* only acceptable as an alternative to residence in a nursing home or hospital for the above group, when dealing people with disabilities who have become elderly;
	* maximum average number of residents with separate bedrooms: 10 - dormitory accommodation is not acceptable;
	* issues to lessen institutional image and practice need to be considered;
	* potential for staff to get to know people better.
	* This has been modified from the original to reflect Scope's preferences and concerns regarding this model

Scope considers that each of these options may be appropriate, depending on the individual circumstances and taking into account the need to accommodate the economic realities of capped funding.

In addition, Scope draws attention to the KeyRing Model, which we believe is a genuine alternative to the above options. This service model, from the UK, consists of around ten ordinary properties located in the one neighbourhood within easy walking distance. All but one of the homes (flats or houses) is used by people with disabilities. The last building houses a support worker whose role may include provision of personal support, but also involves building networks of informal and formal support for the residents with disabilities.

Other options can include Cottage Clusters, with four or five purpose-built three to four bedroom single storey villas on a large suburban block, plus a manager's office and accommodation; or the Village Model, which consists of 20 purpose-built three to four bedroom single storey villas plus a manager's office/accommodation[18]. There are a range of variations on these themes. The co-residency model may also be feasible in some circumstances, where the person with disabilities shares with a co-tenant (or co-tenants) without disabilities, with support provided by a disability service provider[19].

8.4   <u>Key requirements for all models of supported accommodation</u>

Scope believes that a number of issues must be addressed no matter which supported accommodation model is used:

<u>Support</u>

Residents in supported accommodation need the right support. This includes:

- appropriate support to address the unique needs of individuals
- adequate levels of support, including staffing in the supported accommodation
- residents being able to maintain existing employment and non-vocational activities
- access to high quality person-centred planning, particularly during the initial transition

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[18] NSW Department of Ageing, Disability and Home Care. p. 69.
[19] NSW Department of Ageing, Disability and Home Care. p. 70

- access to suitable aids and equipment (assistive technology), including communication aids for people with complex communication needs
- high quality staff development to ensure best quality support is provided

<u>Inclusion</u>

Additional resources are provided to facilitate genuine inclusion. This includes:

- development and implementation of strategies to enable inclusion of residents in the local community
- development and implementation of strategies to minimise social isolation, particularly in relation to friends and family

<u>Location</u>

The supported accommodation is located:

- to maximise contact between the residents and their families and friends
- to enable continuity of day time support and/or employment
- in proximity to local shops and facilities, and near to accessible public transport
- in urban environments that have adequate levels of physical accessibility

<u>Design</u>

The supported accommodation needs:

- to be built using principles of universal housing design
- to accommodate needs for privacy and social engagement as appropriate
- to enable unencumbered wheelchair access to and from the house, property and street
- to include, or be designed to accommodate, hoists for people who require this in bathrooms and bedrooms
- to meet best practice OH&S and fire safety standards (refer to Victorian Department of Human Services guidelines for good practice in this regard)
- to have adequate air conditioning and heating
- to meet emerging environmental standards for electricity and water usage.

9. Supporting Communities to Be More Inclusive of Supported Accommodation Residents

As it establishes supported accommodation sites around Australia the Commonwealth needs to ensure residents are included in their local communities. As is the case with any marginalized group, people with disabilities often struggle for acceptance and inclusion by others. For example, the Victorian Government, in the current redevelopment of the Kew Residential Services, has invested in achieving this acceptance and inclusion for residents re-located into group homes.

Scope has a long-standing interest in strategies that lead to community organisations being better able to include or respond to the needs of marginalized people such as people with disabilities.

Our Mission explicitly incorporates the notion of <u>creating</u> welcoming and inclusive communities. As a result, Scope has developed significant expertise in this area.

Scope has developed a Community Capacity Building Framework for its engagement with communities. This Framework outlines a range of strategies that can be used with community organisations to develop their ability to include people with disabilities. To be effective, any community capacity building approach needs to operate at a number of levels and adopt a diverse range of strategies. The approach to be adopted incorporates three primary components – building capacity in infrastructure, programs and people. These three components, whilst defined separately, are very much interrelated in their application.

Scope raises the issue of community capacity building as this is an important piece of work that should be undertaken alongside the re-location of people into supported accommodation. There are additional costs associated with community capacity building, however these are usually short term – needed only during the transition period. The Commonwealth Government is encouraged to consider funding this type of work to maximise the success of the re-location.

10. Pricing for the Delivery of Services in Supported Accommodation

10.1 What is the right price?

The question of price is a difficult one to answer. Currently, disability supported accommodation funding is provided by State Governments. In a report recently commissioned by National Disability Services (NDS) Allen Consulting highlighted the problem of "blended" funding. They observed that:

> blending capital and output funding does not allow the funded agency or government to distinguish between ongoing costs and one-off or dedicated costs[20].

Blending of capital and output funding should be avoided by the Commonwealth.

Current funding levels for supported accommodation in Victoria are subject to a review, as part of a broader agreed review of unit cost pricing by the Victorian Department of Human Services (DSH). This review is to be undertaken in partnership with disability service providers, recognizing the knowledge of underlying cost drivers held by these organisations. Disability service providers have long argued that the underlying pricing principles and assumptions need to be reviewed, particularly as there is scant information available to service providers to determine the rationale of DHS pricing.

Taking the above caveats into account, Scope encourages the Commonwealth Government to develop pricing for service delivery from State Government jurisdiction, in consultation with service providers, as represented by peak bodies such as NDS. Fair pricing principles should be used to guide the Government's pricing.

Scope notes that the current indexation of Commonwealth funding is in no way aligned to the real increases in service cost, and currently sits at less than a third of the real annual increase in the

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[20] Allen Consulting. *Challenges faced by disability service providers in Victoria*: NDS 2007

cost of service. The Social Policy Resource Centre[21] reporting to the National Disability Administrators as far back as 2002 highlighted this problem and outlined a new indexation formula based on the Australian Bureau of Statistics *Wage Cost Index* (ABS Cat. No. 6345.0), which includes data on health and community services. Scope suggests that this or a similar indexation method by used. Supported accommodation service costs are largely salary costs, so it can be easily argued that even CPI-based indexation is inadequate. Indexation needs to be in line with actual wage movements.

Scope draws the Government's attention to the NDS submission to the DSAP Discussion Paper, particularly its reference to the range of estimated costs of establishing disability supported accommodation for people with severe and profound disabilities[22].

10.2   Financial contributions by people with disabilities

It is common practice across Australia for people with disabilities to contribute to the cost of their accommodation, with fees and rentals being paid. While practice varies from service provider to service provider, there are some important principles that Scope believes need to be upheld, consistent with community norms:

- rental fees should be set at up to 25% of the Disability Support Pension, but no higher
- residents should be expected to pay for outgoings (utilities, excluding phone because largely used by staff)
- residents should be expected to pay for day to day living costs such as food
- the Government should provide the initial capital outlay for furnishing supported accommodation buildings. Residents should then be expected to pay for the replacement and maintenance of furnishings, whitegoods, etc, although for some people access to financial support in this area may be needed

11.   Capital Considerations

Scope provides services in housing stock with a range of ownership structures:

- Scope owned
- Office of Housing owned
- Victorian Department of Human Services owned
- Owned by family of client and rented to others

Scope argues that the current approach to disability housing within Victoria is not sustainable. Recent innovations in Victoria and elsewhere, such as the establishment of Housing Associations to manage housing stock at arms-length from Government and service providers is worthwhile considering, but careful attention must be paid to the long term sustainability of the model.

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[21] *Methods to Address Requirements for Changes in Funding Disability Services Brought About by External Change.* Bruce Bradbury, Social Policy Research Centre University of New South Wales. Report presented to the Department of Human Services for the National Disability Administrators, April 2002

[22] NDS *Submission: Disability Supported Accommodation Program.* October 2007

One of the biggest challenges faced by any owner of housing stock used by people with disabilities is that the owner is constrained by their ability to generate revenue to cover long term maintenance and upgrade costs. These constraints are:

1. the revenue stream from rental is tied to the pension, which means revenue is well below market rates and also can only increase at the rate of CPI
2. any funding from Government that includes a component for depreciation (that is, for capital) is typically indexed to the CPI which is arguably too broad a measure for the real costs that relate to purchase, maintenance and upgrade of property.

This places significant financial pressure on property owners over time. This, combined with the confused funding models (as outlined in Section 10.1), has led to the vast majority of housing stock operated by not-for-profit organisations and Governments requiring significant refurbishment. Increasingly, boards are faced with the choice of eroding the balance sheet to maintain housing stock, or are forced into onerous capital fundraising activities.

The Commonwealth needs to be mindful that it does not perpetuate the problem of under-funding capital in the community sector, or it will leave a costly legacy for future governments. It must take the long view when considering the capital side of the DSAP, and not be seduced by funding models that do not address the long term acquisition, maintenance and upgrade of DSAP housing stock.

The Commonwealth must release significant funding for capital. While it is sensible that opportunities to complement Commonwealth capital funding be found, the total 'pot' of funding needs to be sufficient to set up the necessarily diverse housing options Australia-wide. Further, the Commonwealth needs to address the cost of maintaining and upgrading supported accommodation housing stock through providing funds over time to enable such work to be undertaken.

12.   Innovative Approaches to Acquiring Housing Stock

Scope supports innovative approaches to acquiring property to maximise the value of the Commonwealth's investment in appropriate housing stock for supported accommodation.

Public private partnerships should be actively pursued. By way of example, Scope is currently exploring a partnership with Melbourne Affordable Housing and local government to redevelop an old hostel site. These types of partnerships unlock significant value for all partners.

Scope observes that many not-for-profit organisations have capacity to redevelop or refurbish existing housing stock. The Commonwealth, working in partnership with these organisations, can release trapped potential through relatively modest capital injections. By way of example, Scope has such housing stock in the north-west suburbs of Melbourne, which could be developed with assistance from the Commonwealth to provide additional supported accommodation places for DSAP-eligible families.

Scope supports the concept of families contributing capital where they choose to do so. This may be to pay for all or part of a property. Scope currently has such an arrangement in place, where a family member has purchased a property and built a house to accommodate people with physical

disabilities. They have agreed to a rental charge of 25% of the DSP, with indexation set at the CPI. The family member sees this as meeting a broader social responsibility and so is prepared to wear the opportunity cost of lost rental revenue.

An additional opportunity that Scope believes to be feasible is innovative use of land releases (particularly where a designed community is proposed). By partnering with State Governments or developers, the Commonwealth Government could explore establishing some of the service models outlined in Section 8.3, particularly the KeyRing, Cottage Cluster and Village models or similar approaches. Scope believes that it would be financially attractive to developers to offer these types of solutions, which may lead to families choosing to locate to the development to live near their family member. The developers could be encouraged to incorporate the service models into their initial design and perhaps to pay for administrative/staff offices in the same way that they currently pay (or are offering to pay) for landscaping, railway station construction or community centre construction. Developers would also be able to promote their corporate social responsibility credentials through such work, although Scope maintains that there is a purely financial case that could be made.

Scope representatives would welcome an opportunity to flesh out the details of each of the above approaches to acquiring property and housing stock with the Government.

13.   Minimising the Cost of Compliance

There has been much discussion about increased compliance requirements and other 'red tape' placed on community organisations. Governments understandably wish to ensure full accountability for funds they distribute on behalf of all Australians to disability organisations. However, the added costs of meeting compliance requirements eat into the capacity of organisations to deliver services.

By implementing the DSAP the Commonwealth Government runs the risk of significantly adding to the cost of compliance for service providers. The proposal to extend the Disability Services Standards to cover supported accommodation is fine in principle, but if it adds an additional layer of compliance processes to the work of non-government organisations this will simply increase the 'red tape'. Scope asks that the Commonwealth Government considers carefully how it will assure the quality of services provided, without adding unreasonable additional compliance requirements on service providers.

14.   Duplication and the CSTDA

Scope encourages the Commonwealth Government to work collaboratively with State Governments to reduce or eliminate duplication in service delivery, administration and bureaucracy. Scope believes that the CSTDA is a critical vehicle for ensuring the effective and efficient delivery of disability services within a national framework. Commonwealth funding for some of the unmet need in supported accommodation for ageing carers is indeed highly welcome, but unnecessary duplication simply adds cost for no gain. This is not in anyone's interest, least of all the interests of people with disabilities and their families.

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