

Inquiry into the provision and regulation of supported accommodation in Queensland

Submission No: 118
Submitted by: Supported Accommodation Providers Association (SAPA)
Publication: Supplementary Submission 13 December 2023
Attachments: Making the submission and your name public
Submitter Comments:

Inquiry	Inquiry into the provision and regulation of Supported Accommodation in Queensland
This submission	Is in direct response to the hearing held on 13/12/2023 in the Undumbi Room, Parliamentary Annexe.
Inquiry Recipient	cssc@parliament.qld.gov.au
Author of this submission	Tanya Sherlock Committee Member and Witness at the Inquiry Supported Accommodation Providers Association Inc (SAPA Inc.)
Email Address	██████████
Mobile	██████████
Date of Submission	20/12/2023

Comments on information shared at Inquiry into Supported Accommodation on 13/12/2023.

Witnesses in attendance	SAPA Response
THE PUBLIC ADVOCATE	
1) Advocacy Services Entering L3's	<ol style="list-style-type: none"> 1) The Community Visitor Program is the main consistent advocate entering L3's on a regular basis. This program is funded by the QLD Government and runs under the Office of the Public Guardian 2) Other paid advocacy services generally do not visit L3 sites unless funding is made available for special projects in this space. 3) Paid advocacy groups may also enter an L3 site if the L3 provider themselves makes contact on behalf of a resident, to assist them with issues where an advocate may help them navigate an issue. Generally, it is the L3 provider initiating this. 4) Informal Advocacy e.g. Faith based ministers, community members, family, L3 providers etc. This is generally how residents are supported when they require assistance to navigate an issue. Generally, it falls back on L3 providers to assist residents because there is no other support available. The Community Visitor may guide the resident but does not actively assist them (They observe and report only). The Community Visitor will fall back on the L3 provider to assist the resident (This is unpaid work)
2) The Public Trustee of Queensland	<ol style="list-style-type: none"> 5) Do not visit L3 sites. 6) Residents generally are not assigned a case worker from PTQ and are placed in a general pool. When a resident has a query about their funds or request more funds, a PTQ officer would be assigned at this point. 7) PTQ very slow to respond. Sometimes don't respond. In our experience, this has worsened since staff are working from home due to COVID. Complaint to the manager may be required to get a response. 8) PTQ will not sign General Tenancy agreements for residents sharing a house. They will pay the rent but refuse to sign the 18a form (General Tenancy Form) due to the legalities and responsibilities of sharing with other tenants. E.g. If another tenant leaves or refuses to pay the rent, the PTQ customer is liable for the entire rent. This is where Rooming Agreements are preferable. They are for individuals only and provides more flexibility for the resident. 9) PTQ prefer R18 (Rooming Agreements) because the tenant has the right to give one weeks' notice on leaving compared to 2 months' notice on a general Tenancy Agreement. This suits many residents, especially if they have personality clash with other residents and don't want to stay. 10) L3 providers also prefer Rooming Agreement (R18) because they too can evict someone if they are threatening the safety of others. L3 providers only do this as a last resort when all other options are exhausted. If this wasn't made possible, it would place an unnecessary strain on

emergency services to assist in escalated issues around violence and injury.

- 11) The current R18 (Rooming Agreement) lists the services being paid for by a resident e.g. Accommodation Box, Food Services Box, Personal Care Services Box, Other Box. The only improvement we see necessary would be to add if the provider is registered with Residential Services Accreditation Branch and what level of supports, they are accredited to provide.
- 12) Whilst L3 services may also have a NDIS arm, it's important to understand that the residents can choose which ever provider they want to deliver services, so if they don't choose the L3 provider's NDIS arm then the L3 is at a further disadvantage to offer the staffing and supports required from an L3 level. From an already financially and resource poor industry it places undue stress on providers.
- 13) Rent and Support Services generally referred to as Board and Lodgings. What do residents get for their \$800 - \$950 per fortnight? This varies between providers, and it would be difficult for caps and regulated percentages to be applied without assisted funding from QLD state government, direct to providers, to top up payments ensuring sustainability and adequate services to residents. Generally speaking:

Typically, may include:

Level 1 (Accommodation):

- *Furnished Room (Bed, Mattress, Pillow, Side Table, Cupboard, Window Coverings, Fan) as per MP 5.7*
- *Communal Area Cleaning*
- *Electricity*
- *Water/Utilities*
- *Building and Grounds Maintenance*
- *Access to onsite facilities, unassisted e.g. Tennis Court, Swimming Pool, Pool Table, Table Tennis etc.*
- *Room Cleaning (Personal Area) generally once per week*
- *Clean set of Bed Linen and Towels*
- *Generally, a single staff member onsite for emergencies 24 hours, 7 days*
- *Telephone access*

Level 2 (Food Service)

- *Food as per menu plus Meal Preparation and Delivery - As per the Menu displayed in the dining room each day. (Breakfast, Morning Tea, Lunch and Dinner) all other food/meals/snacks are at the Customers expense.*

Level 3 (Personal Care)

- *Assistance with regular Medication and PRN (As required medication)*

OPTIONAL, DEPENDING ON EACH PROVIDER – *Often completed at no charge*

- *Laundry Services*
- *Assistance with Finances*
- *Clerical Assistance*
- *Assistance with Tobacco Management*
- *Assist residents with diarising, reminding and making appointments, follow up of appointments as per doctors' instructions, liaise with chemist other allied health providers, pathology (specimen samples), x-rays, depot injections etc.*
- *Hairdressers, podiatrists, dental, exercise physiologists, dietitians, hearing specialists, eye tests*
- *Incontinence assessments, ordering personal care products.*

- *QCAT applications, Centrelink advocacy, The Public Trustee of Queensland communications, Support Coordination (NDIS) Communications, Other provider coordination, assisting residents to access new programs e.g. NDIS, My Aged Care, Taxi Subsidy, Companion Cards etc.*
- *Assist residents to sustain family relationships.*
- *Assist residents to moderate their behaviour. Socialisation and engagement with others in appropriate ways.*

- 14) Please understand that staff are paid as per the Fairwork SCHADS Award or EBA (Aligned with SCHADS). Generally, staff costs including Superannuation, Qleave, State Payroll Tax, Workcover Insurance etc. can equate to around \$40 per hour. When compared with resident Board and Lodgings of between \$58 to \$68 approximately per day. This is for the entire day, and we are paying \$40 for every hour a staff member works and this doesn't include penalties on weekends, public holidays, overnight, overtime etc. On top of all this, we still have the facility to maintain, food to purchase, cleaning equipment and chemicals, staff training, grounds maintenance, laundry services, compliance costs, electricity, water, gas, insurance, phone, admin costs, furniture, linen, equipment costs, sewerage, rates, other licensing e.g. commercial kitchen, Department of Environment and Heritage Protection (Sewerage Licensing) etc. It is basically unsustainable as you can see.
- 15) Due to the episodic nature of many residents residing in L3's there is often repair work required for holes in the walls, broken furniture, soiled carpets, cigarette burns in furniture/bedding, damaged paint, missing cutlery/crockery etc.
- 16) Assumptions made about double dipping from the PTQ, we feel was a fly away comment because they don't have legal visibility over resident NDIS plans. Generally, this does not happen and PTQ do ask L3 providers for copies of the NDIS participants plans which we cannot provide to them unless the participant consents.
- 17) The issue around L3 providers not completing Rooming Agreement properly, is something the PTQ should take up with the provider before signing the document. Our understanding is when a Rooming Agreement is completed and signed by the L3 Provider it is then emailed to PTQ for their approval. If L3 providers aren't completing the R18 correctly, then why are they signing and agreeing to pay the L3 component of the Board and Lodgings? Perhaps the PTQ are confused in understanding that L3 providers can charge either L1 and L3 rates only, or L1, L2 and L3 rates or L1 and L2 rates, or L1 rates only. It's up to each provider and the needs of the resident. Most L3 providers may drop the L3 rate and utilise the residents NDIS plan for personal care services where there is sufficient funding in their NDIS Plan and the Participant agrees to these terms. Perhaps a little more education from Residential Services would assist in their knowledge about what providers are able to offer.
- 18) Usually, L3 providers have a fees and charges list outlining what they provide for each level. This is because each provider offers slightly different services, depending on their location and what is available to offer the residents.
- 19) We agree that PTQ should have visibility over their clients NDIS Plans to help them negotiate with providers. In order for this to work well, the PTQ need their staff to be trained in everything aspect of NDIS to avoid placing their clients in further unnecessary financial stress by demanding unrealistic or undeliverable outcomes. At the end of the day the PTQ can

	<p>negotiate with providers, but providers need to remain viable so will ultimately make the decision if the PTQ is being unreasonable about costings, especially if they are uneducated.</p>
3) The Public Guardian	<p>20) They take a long time to endorse or approve anything. They will never sign anything however they will email an endorsement.</p> <p>21) Often residents are not included in any decisions including NDIS planning meetings. They use information from Support Coordinators who often don't visit their clients either, for information.</p> <p>22) The Public Guardian seem to use the same Support Coordination company for all their clients instead of allowing their clients, with support to choose who they want.</p> <p>23) OPG won't allow L3 to deliver services, they see it as a conflict of interest, even if their client wants an L3 provider and have robust conflict of interest policies and management processes which have been audited by NDIS and approved, OPG still won't allow it.</p>
4) Residential Tenancy Authority (RTA)	<p>24) The numbers identified by the RTA during the inquiry for bond lodgements would predominantly be for Level 1 and 2 services. Generally, Level 3 providers do not ask for a bond from residents.</p> <p>25) The RTA only get involved when there has been a complaint lodged with them. Otherwise, the L3 provider, generally will not hear from them.</p> <p>26) SAPA representative attends RTA Stakeholder meetings.</p> <p>27) L3 providers do not have to lodge Rooming Accommodation Agreements or the like with the RTA so they would not have data available on Residential Services unless a bond is lodged, which does not capture the L3 cohort.</p> <p>28) Change to Tenancy Laws has put further financial stress on the Residential industry by allowing increases to commence annually instead of in line with Pension increases.</p>
5) Supported Accommodation Providers Association	<p><u>Recommendations from SAPA Inc.</u></p> <p>29) Require urgent funding to registered, accredited providers to ensure the sector and its residents maintain viability.</p> <p>30) Do not fund external providers for supports within the facility, medical supports, and socials due to continuity of service issues and excessive, unnecessary funding to maintain the external agencies e.g. travel costs, WH&S requirements for site inductions and insurance obligations.</p> <p>31) Require urgent funding for capital upgrades.</p> <p>32) Removal of State Payroll Tax</p> <p>33) Stamp Duty relief for vehicles, buildings, and equipment.</p> <p>34) Immediate exemption from the annual rent increase rule and tie increases back to the Centrelink increases to ensure viability and assist residents with anxiety and stress over one larger increase once per year.</p> <p>35) Viability study to be commissioned by the QLD government into the sector to ensure appropriate numbers are recorded and used for future planning and resourcing providers within the sector.</p> <p>36) Reduce duplication between other funded compliance bodies and L3.</p> <p>37) Introduction of a L4 to assist hospital discharges and support residents during the in between hospital and their accommodation stage, by funding clinical staff to support the resident.</p> <p>38) Funding facilities directly to employ a coordinator who would assist residents with their health appointments, transitioning in and out of facilities, liaise with external stakeholders and the resident, check in with the resident to ensure their needs are being met and action requests as they need them. (Similar to what a Support Coordinator would do under the NDIS)</p> <p>39) Fund residents for individual supports if they don't have NDIS.</p>

- 40) Provide gap funding for those residents on My Aged Care who require additional supports above what Aged Care will fund. This will avoid residents going into Aged Care too soon.
- 41) Ongoing funding for SAPA Inc. peak industry body to have paid staff assisting in government liaison and regulation reform.
- 42) Rates, Electricity and Gas relief to assist with rising costs. If residents were living in their own home, they would receive this because they are on a government pension, but because they live in a residential service we are not entitled to any rebate.
- 43) Funding for staff training
- 44) Numbers of providers and resident beds for each level of service:
As of 27 October 2023

Reference: <https://www.data.qld.gov.au/dataset/residential-services-registered-with-the-department-of-communities-housing-and-digital-economy/resource/a43beb6c-de5c-443d-936f-97bf60a64686>

ACCREDITED LEVELS	REGISTERED BEDS	REGISTERED PROVIDERS
Level 1 only	3672	163
Level 1 and 2	2220	41
Level 1, 2 and 3	1387	38
Level 1 and 3	76	4