

Inquiry into the provision and regulation of supported accommodation in Queensland

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Inquiry	Inquiry into the provision and regulation of Supported Accommodation in Queensland
This submission	Tarampa Lodge - <i>Rural</i> Residential Service since 1978 449 Lowood Minden Road TARAMPA QLD 4311
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Background

Tarampa Lodge commenced operating in 1978 and is a family owned and operated service accredited to deliver Level 1, 2 and 3 Residential Services. Founded by our Grandmother, Dorothy, we are now owned and operated by the third generation of the same family. It has been our life's work to provide supports to residents at Tarampa. We believe Tarampa was the first accommodation of its kind in Queensland. You can find further history by visiting <https://tarampalodge.com.au/about-us/>

Tarampa is unique in the fact that it is located in a rural setting on 12 beautiful acres just 1 hour from Brisbane and Toowoomba, and 30 minutes from Ipswich and Gatton. Tarampa has been successful for members of the community requiring a break from the temptations of city living. Residents living at Tarampa have, although not entirely, but predominantly, lived with Psychosocial challenges and Acquired Brain Injuries (ABI). These conditions may be a result of an accident or previous substance abuse leading to irreversible brain injury such as memory loss, frontal lobe damage causing mobility challenges etc. Most residents have been diagnosed with multiple complex disabilities and have lived successfully at Tarampa because they have had access to a staff member 24/7 if they required support. Emergency Services are on our doorstep with SES, Lowood Police, Fire and Ambulance Stations no more than 10 minutes' drive. Residents attend Ipswich Hospital in an Emergency, however due to Ambulance ramping on a regular basis, they often get redirected to Laidley, Gatton or Esk hospitals, all within 30 minutes of Tarampa Lodge.

Tarampa Lodge staff retention is very high, so staff get to build a professional relationship with each of the residents, understanding their day-to-day support and emotional needs. They get to know the residents so well that at times they may predict imminent behaviours of concern and implement non-restrictive preventative measures to de-escalate situations before they arise, reducing the need for emergency services and hospital admissions.

The importance of having a rural accommodation and support service option is paramount for choice and control of a resident needing a quieter lifestyle, and feel safe, calm, and supported. The temptation of Drugs and Alcohol is severely reduced in a rural setting, so residents who want to abstain from taking these substances usually have a higher success rate. The rural sector is generally very friendly, and residents feel more welcome when shopping in their local townships. The Lowood Lions Club have been inclusive of Tarampa Residents since commencing in 1978. They provide a Christmas event annually and have taken residents on the odd outing in the Tarampa Bus. Tarampa Lodge has received runners up awards in the Somerset Regional Council Gardening Competition.

Tarampa Lodge is a community of like-minded residents who generally like living there. However, we understand better than anyone, that rural life is not for everyone, just like city life isn't, so options are important. Residents who choose to move are never restricted, unless they are under a guardianship order stating they are required to stay, but even in these circumstances if a resident is not happy, we will assist them to find alternative accommodation, then ask their guardian for approval. Tarampa never wants any resident to feel trapped or like they must stay, our doors are open both ways and we support this if this is what the resident chooses. If we weren't like this, there would be other residents up in arms due to disruptive behaviours, so it is in the best interest for everyone that we support residents in their choice to either stay at Tarampa or move on.

Over the past 46 years we have had multiple residents stay over 30 years; most stay over 5 years and about 10% are transient and move on. Legislation currently states that Residential Services are a Short Term Accommodation service,

in reality this has never been correct. This is why it is important to offer choice to residents, if they choose to stay, why can't they? If Tarampa is a stepping stone, then that's okay too, we will support each resident on their own journey.

Main Street Medical Centre (based in Lowood) visit residents for GP services two times per week; we have QML visit up to twice per week for pathology, Podiatry visits bi-monthly, and a hairdresser visits approximately 6 weekly. If referred by GP, specialist appointments are scheduled. Residents who choose to use alternative allied health professionals are encouraged to do so. Tarampa offers a bus service once per week to either Lowood, Gatton or Fernvale shopping centres for the convenience of residents to stock up on supplies of their choosing. Any other external services can be arranged on request. Tarampa has various NDIS providers who provide individualised support to their participants, however we do have a lot of cancelled visits from external providers and it usually falls back to us, the Residential Provider to provide the service. There is one external provider, in particular, who attends site to assist residents who have aged care packages and they have previously emailed us the night before to let us know they have no staff to deliver personal care support that we have to do it. This is why any type of funding consideration for services must stay with the facility to ensure continuity of services for residents, less anxiety which may lead to emergency service call outs. It is even more important in a rural setting. The other point to consider is the cost to tax payers in transport every time an external provider drives 30 minutes to site then 30 minutes home; under NDIS, this is charged to their plan leaving the participant with less funds for outings. As in Aged Care, when Accommodation and Support Services are delivered together, it protects residents from disjointed service delivery which can lead to anxiety and panic from residents; sometimes they don't receive any support at all.

Viability of the Service is waning and government funding direct to Tarampa is required to continue to maintain the high level of care and support we currently provide. If support services were split from accommodation and funds directed to external providers, Tarampa's future would be in doubt. History has shown (Resident Support Program) this option failed due to inconsistent delivery of care, multiple staffing changes so residents don't have the opportunity to build a rapport with Support Workers, unreliability in delivery of care (just don't turn up), residents left with no one to assist them if they require support (soil themselves etc.); when external staff leave the property there are communication issues between organisations and the resident, supports were costly in transport and administration to government, and, there were WH&S issues around inducting all staff and compliance. Tarampa is privately owned and we must maintain and manage a level of safety and compliance that is consistent with legislation. This is impossible when you have multiple agency staff turning up each day that require induction etc. who pays for this???? Aged Care, Childcare, private hospitals etc. don't have these separated, why should the Residential Sector be any different??

<i>What works well at Tarampa</i>	<i>Comment</i>
<p>1) Accommodation and Support Services delivered by the same provider</p>	<p>1.1)Continuity of Service is a struggle to maintain when there are too many providers. Residents become confused.</p> <p>1.2)Residents have a more stable life when they know exactly where and who to go to 24/7 when they require support.</p> <p>1.3)Even when residents themselves struggle to understand what they need to maintain a healthy, stable, supported life, a Tarampa staff member can be called upon 24/7 to support them. This avoids many behavioural incidents and emergency service call outs leading potentially to hospital admissions.</p> <p>1.4)Tarampa staff assist residents at hospital appointments, helping the resident to remember why they are there and also assisting with previous history so the Allied Health Professional can deliver appropriate care for the resident. External providers don't know the residents so cannot assist in this situation potentially rendering the appointment useless and the resident having to go back on the public hospital wait list.</p>

<i>What works well at Tarampa</i>	<i>Comment</i>
2) Reliable, consistent staff who understand Tarampa's Policy and Procedures	2.1) Staff who work with residents every day and build a mutual, professional relationship, understanding the emotional and day to day needs of each resident. 2.2) Induction Training provided to promote safety for all. 2.3) Staff must already have completed or be enrolled and complete a CHC33015 Certificate 3 in Individual Support within 12 months of being employed by Tarampa Lodge. 2.4) Staff must hold a HLTHPS006 Assist Clients with Medication certificate, under Residential Services legislation. Can it be guaranteed that external supports hold this certificate?
3) Access to local shops, onsite kiosk, inground pool, tennis court, basketball hoop, animal enclosure, vending machines, games pavilion, BBQ Area etc.	3.1) Residents at Tarampa can access the local rural townships to purchase items of their choice. 3.2) Tarampa is like resort style living, on a budget. We are fortunate that residents can access many activities of their choosing, however there is not the budget to have them staffed.
4) Sense of Community and comradery amongst Residents	4.1) Tarampa offers a home where residents can feel comfortable around other like-minded residents, instilling a sense of community. They form lifelong friendships whilst living with the peace of mind they can access staff at any time.
5) Cost saving to Government	5.1) Tarampa is currently registered to house 64 residents. If all 64 residents, where in the equivalent of a 1 staff member to 3 resident SIL (NDIS), this would equate to a government spend of approx. \$11,648,000 per annum, just for support services. The resident still has to pay for accommodation and meals on top. Currently this figure is \$0 impost to the government. If you include accommodation as well, the Queensland Government have just spent millions on various hotels and repurposed retirement villages, so this figure would increase exponentially. There is no doubt residential services save tax payers millions of dollars per year. There is always room for improvement but with residents' income capped at the Disability and Aged Pension rates, there is no way gentrification of the current assets can change without an injection of funding direct to the facilities, from the Queensland Government. When you compare apples with apples, this figure would potentially be miniscule compared to the cost involved to rehouse every resident in a Level 3 Residential Service.
6) Residents have access to other agencies	6.1) The Community Visitor Program (from the Office of the Public Guardian under the Department of Justice) sends an officer to Tarampa bi-monthly to ensure residents are safe and their needs are being met. A report is issued to the Tarampa

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	<p>Lodge manager following their visit. During their visit, the Community Visitor chooses which resident(s) to speak with and is not influenced by Tarampa Lodge staff in any way.</p> <p>6.2) Onsite visitors: Families, GP's and other Allied Health professionals, Support Coordinators (NDIS), Mental Health and friends of residents. Residents also attend offsite Allied Health Professionals of their choosing on an ongoing basis. There are so many people in contact with residents and who attend Tarampa on any one day that there is no way we could do anything untoward without someone noticing and reporting it.</p> <p>6.3) If advocacy groups are so worried about resident access to outsiders, then what happens in Aged Care Homes to address this?</p> <p>6.4) Tarampa Lodge residents have ultimate choice in leaving site at any time. We will ensure they can do this safely, while ensuring we practice dignity of risk.</p>
7) Affordable	<p>7.1) Residents on a full Disability Support Pension or Aged Pension currently receive \$1281.50 per fortnight from Centrelink. This includes allowances and rent assistance. A resident of Tarampa Lodge receiving level 1, 2 and 3 services pay \$75 per day with \$222.50 per fortnight left over for personal spending. Most residents choose to pay for tobacco products with their remaining income before any outings, so it seems they have no money. Many however, prioritise their spending for medication, tobacco, coffee, other personal items, and lastly, outings. The left-over spending money increases to \$374.50 per fortnight if the level 3 component is not charged and medication and laundry services are charged to the resident's NDIS Plan, where applicable.</p> <p>The Board and Lodging of \$75 per day pays for their furnished bedroom (including bed and all linen), yard maintenance, electricity, gas, water, 3 home cooked meals per day plus morning and afternoon tea, medication support, communal laundry assistance, transport to the shops one day per week, staff onsite 24/7 for emergencies, internet, payphone, onsite recreation facilities, onsite kiosk Monday to Friday, vending machines.</p>
8) Different Rooming Options	8.1) The available room configurations at Tarampa are shared (no more than two), single shared amenities, single with an ensuite. We strive to ensure each resident has their own privacy. With government funding it is possible to have single rooms right through with ensuites, but this is not possible without funding.

Barriers	Possible Solution
<p>1) Capped Income e.g. Disability and Aged pensions - it is impossible to provide the following without government funding direct to facilities: building improvements and maintenance in line with community expectations, additional staff for personalised care and activities, staff training, more individualised support similar to NDIS, transport costs, vehicle purchases, updated furnishings and equipment, administration costs due to compliance creep.</p> <p>Residents living at Tarampa can be very hard on assets; e.g. cigarettes put out on furniture, wheelie walkers scratching walls and doors, smashing holes in walls, spilling food and liquids, spitting, involuntary bowel, and urine movements, refusing to accept help with personal care and room cleaning, dropping rubbish and cigarette butts, taking cutlery and kitchenware and disposing of them in bins, damaging towels and linen etc.</p>	<p>1.1) Residential Services could fall in line with Aged Care and other social housing by capping rents at 30% of the DSP plus 100% Rental Assistance, if the State Government funded the difference. This is not possible without it.</p> <p>1.2) There is so much we could do to improve the lives of each resident if the facility itself was funded to deliver it. Similar to Aged Care, Child Care, NDIS, Schools, Hospitals etc, which are all funded</p> <p>1.3) As a rural facility, we need to have a reliable fleet of vehicles. This is extremely costly to own, service and manage. We need stamp duty relief and fleet discounts from government to assist us to purchase or lease new vehicles.</p> <p>1.4) Funding needs to be separated so assets and equipment are funded suitably (e.g. robust furniture) to ensure a high standard and support services are separate. This will assist in compliance checks and accountability.</p> <p>1.5) Administration costs are killing us. As compliance in all areas increase, we are required to ensure it is met. To do this we need staffing and resources to maintain a quality Governance Structure.</p>
<p>2) State Payroll Tax and Stamp Duty</p>	<p>2.1) The Residential Services Industry is battling for survival with competition from the Not for Profit Sector who are not required to pay State Payroll Tax and Stamp Duty. We deliver the same services to residents with a Disability so why does it apply to us? It is very difficult to continue operating when Tarampa is having to pay thousands of dollars every month on these taxes.</p> <p>SOLUTION: Remove State Payroll Tax and Stamp Duty from Accredited Residential Services.</p>
<p>3) Being a rural service we don't have sewer connection, only septic so registration with Department of Environment and Science is required</p>	<p>3.1) Costly annual fee to have EPA license to be reduced or removed.</p> <p>3.2) Costly maintenance to ensure compliance within licensing ranges. Direct funding would assist with this.</p>
<p>4) Residential Tenancy Authority – Rent Increase restrictions</p>	<p>4.1) Residential Services have been caught up in the 12 monthly rent increase caps. Usually Board and Lodgings increase in line with the Centrelink increase as a percentage; this ensures the residents have consistent quality services, and the residents are less anxious when they know the rent goes up with inflation twice per year. The way the laws are written now, facilities can only increase Board and Lodgings once per year which will be as a percentage of the pension, but it will be a large amount and will cause unnecessary anxiety and panic in some residents with psychosocial disability. Tarampa is already disadvantaged by 6 months, by not being able to</p>

Barriers	Possible Solution
	<p>meet the increasing costs of food, fuel, power, wages, etc., etc., All of this places additional undue stress on our organisation.</p> <p>SOLUTION: Make accredited Residential Services exempt from the 12 month increase rule and change it to be in line with pension increases.</p>
<p>5) External Organisations, often do not show up for services with current clients of Aged Care and NDIS Services, leaving the residents without any support unless Tarampa can do the service. Residents with no funding have no one to assist them with personal care unless Tarampa staff do it at no cost, due to the resident not being able to afford it.</p>	<p>5.1) This happens on a regular basis, residents are left without service provision from external providers which causes anxiety and at times escalated behaviours which Tarampa staff have to manage, without funding. Sometimes staff have to stay back and do overtime to ensure the resident has de-escalated enough, so they are safe.</p> <p>5.2) Most residents prefer to use facility staff because they build a rapport with them. E.g. they don't have a different staff member help them shower everyday which is quite humiliating and embarrassing. Tarampa staff preserve and protect the resident's dignity as much as possible.</p> <p>5.3) The Public Guardian refuse to allow Residential Services to assist participants with their NDIS even though it disadvantages residents by costing them more in their NDIS plan and takes away their choice and control. It also costs Tarampa because if the external provider is not onsite when the resident needs them, Tarampa staff has to do the service anyway at no cost. This puts the residents at risk of not receiving any support at all.</p> <p>SOLUTION: Fund residential services directly so all residents have the opportunity to have services that cater to their daily needs including activities.</p>
<p>6) Currently when external providers attend site to deliver a personal care service, they attend for a specific timeframe then leave, leaving Tarampa staff to assist residents when they soil themselves, or require other forms of personal care, including requiring another shower.</p>	<p>6.1) SOLUTION: Fund Facilities directly</p>
<p>7) Residents under the Public Guardian are not included in decisions around their NDIS and Aged Care Supports. There have been residents at Tarampa who weren't even invited to their own NDIS review meeting, the guardian and the support coordinator were the only attendees, leaving the participant with unmet needs. Residents are not given a choice of Support Coordinator when they have a Public Guardian, it appears anyone with a guardian is awarded the same company without any choice.</p>	<p>7.1) Tarampa have a document listing available services from multiple agencies in a list format. When staff sit with residents to give them the opportunity to choose the service provider, the resident will tick who they want. If the resident has a Public Guardian, they don't have a choice in our experience. The one and only company that assists the Public Guardian clients know this and offer a lack lustre service, not engaging with their participant as they should. When they do require information, they telephone or email Tarampa staff expecting us to do all the work, and not engage with their client. SOLUTION: Ensure The Public Guardian consider the "Accredited" Residential Service Provider as an option ensuring there is an appropriate Conflict of Interest process in place to ensure transparency. The Public</p>

Barriers	Possible Solution
	Guardian also need to engage with Residential Service Providers more to find out what their clients really need as we are with them 24/7.
<p>8) The only advocacy Service who has attended Tarampa Lodge in 46 years, was QDN to do paid government work. The other is the Public Guardian Community Visitor program who attends bi-monthly. They document issues, on behalf of a resident, but do not act on them, leaving providers to do all the follow-up, again, without funding. When they do attend it is for a short timeframe, they have no concept of the day to day operations and how they are handled. I don't think anyone should judge our industry unless they have worked or have 'lived experience' within the service. It is frustrating when judgement is made without this experience.</p>	<p>8.1) QLD Government to provide more funding to the Community Visitor program so site visits can be more frequent.</p> <p>8.2) QLD Government to fund Residential Services directly and in return accredited Residential Services may provide ongoing data on the sector which can be analysed, proving the value of why Level 3 residential services are a real option to assist in the housing and homelessness crisis and, over time, build capacity and resourcing where appropriate.</p>
<p>9) There is no where for residents to go when they are in crisis. Mental Health, Alcohol Tobacco and other Drugs (ATODS) and hospitals all redirect issues without resolution, often resulting in residents being caught in a loop of homelessness whilst they are unwell - until they do something criminal and end up in the court system where they end up on a Forensic Order forcing medication compliance. Why does it take this long for Mental Health to address an issue?</p>	<p>9.1) Residential Services to have a consistent key contact in the hospital and Mental Health system who has the authority to act immediately, before it becomes a crisis. This would also help with statistics and future planning for health.</p> <p>9.2) Mental Health services need to stop saying its behavioural avoiding their responsibility to at least talk to a resident and assess them. Sometimes residents only need to speak to Allied Health Professional to help them calm down and reassure them, therefore avoiding a potential crisis.</p> <p>9.3) There is no follow up with residents anymore. In the 80's and 90's there were aftercare nurses who would follow up residents after being in hospital or in the Mental Health and AOD Units. Reintroducing this service will severely drop readmissions and save the Queensland Government money.</p> <p>9.4) Hospitals are too quick to discharge patients when they are clearly not at their usual baseline health. At Tarampa we tell the hospital we will visit the resident before they discharge them in case we cannot provide the level of care they require until they recover. This really helps reduce readmissions, but again, without funding it costs time and money which the resident or Residential Service cannot afford to pay.</p>

Barriers	Possible Solution
<p>10) SIL funding is getting harder for participants to obtain, so the idea of residents being moved out of a residential service and into the community is a moot point. So who will fund this?</p> <p>At the moment, when a SIL application is lodged with the NDIS it is taking over 12 months for it to be processed and most are being knocked back. Residents would then be placed in the community with less supports than they would have been receiving in a Residential Service with a high probability of them ending up unwell again and back on the hospital / legal treadmill.</p>	<p>10.1) The solution is to fund a coordinator within the Residential Service directly to help the resident over a period of time access a suitable option with wrap around supports to try and avoid decline. This can only happen with appropriate funding.</p>
<p>11) Tarampa Lodge is privately owned. From the very beginning the business model included the care component offering continuity of care and support to residents. If the QLD Government split accommodation from support services it will cause financial stress, putting the business at risk.</p>	<p>11.1) Aged Care, Childcare, private hospitals, education etc. have the funded support side of their business included with the ownership of the asset, why should it be any different for Residential Services? We have the experience, longevity, proven track record (46 years). All we need is funding to further enhance what we have worked hard to maintain for all these years.</p> <p>11.2) Fund Residential Services Direct. Have a potential portal set up similar to NIISQ where the service must be delivered prior to receiving subsidy. An invoice with services rendered would be uploaded through the portal with the Residential Service required to keep appropriate evidence of service for audit purposes. By funding Service providers directly the QLD Government saves money, improves direct service delivery by only providing service funding if certain criteria is met first, delivers continuity of service to residents, strengthens the industry by reducing the risk of Residential Services declining and going bankrupt and becomes part of the homelessness solution for members of the community requiring support. Any business showing noncompliance has their funding cut, similar to Aged Care, NDIS etc. This will give government control over the quality of services in the community even though they are privately owned.</p> <p>11.3) The other option could be, that QLD Government offer to purchase current Level 3 assets and take offers for management rights. This would separate the asset from the support services offering no conflict of interest and current quality providers have the opportunity to tender for management rights. The assets are all approved to deliver supports to people with a disability so no DA's required, however investment in gentrification would be required at most sites.</p>

Barriers	Possible Solution
<p>12) Staff and Manager Training. The increasing costs to train staff ensuring they work safely and appropriately in their role and meet the needs of residents is mammoth. Considering the costs of all the other expenses, there is very little if nothing left in the budget to provide staff with paid training. We try and access free training where we can but it's not just about the cost of the training, there is also the cost of paying the staff to attend and their replacement for the shifts they would normally fill, not forgetting, superannuation, state payroll tax, QLeave, Workers Compensation Insurance etc, it all adds up and is cost prohibitive.</p>	<p>12.1) Qld Government to fund Residential Services direct to appropriately train staff.</p>
<p>13) If residents are given the choice, would they pay more for upgraded accommodation and services or cigarettes?</p> <p>Tarampa has just completed a remodel of some of its single rooms, which hadn't been done for over a decade. We gutted the interior and installed new air conditioners in each of the rooms, replaced the floor coverings and installed king single beds, recliners and built in cupboards. It's sad but residents often will prioritise cigarettes and coffee over paying more rent for an airconditioned, updated room and outings.</p> <p>External NDIS providers often complain that residents don't have enough money for their outings however the resident chooses to pay for tobacco products first leaving them with little to no money left for outings.</p>	<p>13.1) How much spending money is enough for residents? Should the Queensland Government have to fund this? Residential Service providers shouldn't be expected to reduce fees to fund spending money.</p> <p>As a Centrelink representative once told our residents – the pension is there to provide a roof over your head, food in your belly and medication as the priority.</p>

At Tarampa we pride ourselves on ensuring residents are safe, comfortable and have everything they need to be able to live comfortably whilst having the peace of mind that staff are on hand if they need it. Our biggest wish is that we could individualise the care and supports for each of the residents, but this cannot be achieved without the funds to pay for the expenses involved to do this. We cannot compete with government buying up hotel buildings and retirement villages or not for profits in receipt of tax payer funds not having to pay State Payroll Tax and Stamp Duties etc. We can only do what we can with the funds we have, and we think Tarampa has done an amazing job of this over the past 46 years with no recognition. Our family values set a pretty high standard throughout the Residential Services industry, one we wish other providers would embrace - maybe they could if they had more funds? There are always going to be providers who do not have the same values and ethos that we do at Tarampa. Therefore we support reform, engagement, and funding for the sector directly. It will not work having external providers attend site to provide support services as explained above, but we do know that improvements must be made in order for community perception to change. So we encourage reform, along with education, funding and compliance to strengthen the industry and continue to assist in a positive way through the housing crisis. If this is not possible, then as sad as it is, we are also open to government buying us out and at least allowing us to pay out our debts, so we don't go bankrupt after 46 years of community service! Yes, we are feeling really dejected!



