

Inquiry into the provision and regulation of supported accommodation in Queensland

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Community Support and Services Committee
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To Whom It May Concern,

INQUIRY INTO THE PROVISION AND REGULATION OF SUPPORTED ACCOMMODATION IN QUEENSLAND

Q Shelter welcomes the opportunity to provide a submission to the inquiry into the provision and regulation of supported accommodation in Queensland. We have engaged closely with QDN and endorse their submission. This submission seeks to emphasise some key recommendations considered important by Q Shelter.

In summary, Q Shelter considers the reliance on level 3 supported accommodation is because of a lack of adequate, appropriate, and affordable housing with support to provide people with genuine choices about where they live and how.

Q Shelter acknowledges the significant work of organisations such as SAPA to strengthen the industry and offering of housing and support to people. Our submission simply highlights that the housing system needs to offer more genuine choices to people about where they live and how, enabled but adequate support depending on their needs.

Residential services house some of Queensland's most vulnerable people. Q Shelter calls for higher building and service delivery standards enforced through regulatory reforms, increasing available housing options with support so that people have genuine choices, and embedding the voices of people with lived experience in all future reforms underpinned by genuine support to participate.

Going forward, housing and support models should afford people legal rights as tenants, and be underpinned by principles of self-determination, the least restrictive alternative and genuine choice.

Summary of our recommendations

Standards and regulation

1. Adopt clearer and more enforceable standards that, at a minimum, reflect contemporary expectations in terms of built form, staffing, the separation of housing and support, and service delivery.
2. That the Office of the Regulator becomes independent of the Department of Housing, Public Works, Infrastructure and Planning to avoid conflicts of interest when pursuing regulatory activities. The regulator needs to perform their functions without limits due to the role of the Department to provide adequate housing supply. Further, more resources should be available to the regulator to intensively engage with residential services providers to facilitate continuous improvements and compliance.
3. Consider a time-limited funding program for capital improvements based on previous grants and loans provided by the Queensland State Government and Brisbane City Council for safety and other enhancements. These grants should be short-term and conditional on other contributions from the providers.¹
4. Adopt a guarantee that people will always have the choice to have a single room to themselves depending on their preferences.

Alternative housing and support models

5. Develop and fund alternative housing and support models such as supportive housing.
6. Fund an ongoing tenancy sustainment program so that more people in Queensland are supported to sustain their accommodation and to find and keep accommodation that is appropriate to them. A tenancy sustainment support program is essential to expanding the housing options available to people across different tenures.

Contact, engagement, and understanding the individual needs of people living in level 3 supported accommodation

7. Undertake a co-design process involving advocacy organisations, people living in level 3 supported accommodation, architects, community housing providers and other experts to articulate new models and standards for building design and quality, service delivery, resident participation, and inclusion in community life.
8. Undertake independent, coordinated, and active case management for people discharging from a Queensland Government facility or service (e.g., child protection, hospitals, prison, or youth detention) into residential services accommodation. This would also be a trigger for NDIS participants to have their plans reviewed to ensure current housing arrangements are suitable, and to identify any further assistance required to transition a person into suitable housing.
9. Fund a program and protocol to independently engage with all people living in level 3 supported accommodation to review their housing needs and develop appropriate individual plans for housing linked to support. Like Project 300, Q Shelter recommends Project 1500 where the housing needs

¹ Emma Greenhalgh et al (2004) Boarding Houses and Government Supply Side Intervention. AHURI Positioning paper number 67.
https://www.ahuri.edu.au/sites/default/files/migration/documents/AHURI_Positioning_Paper_No67_Boarding_houses_and_government_supply_side_intervention.pdf

of current level 3 residents are reviewed in terms of suitability and considering people's needs and preferences.

10. Fund an ongoing advisory group consisting of people living in level 3 supported accommodation to provide advice and input to reforms. This needs to be guided by paid participation policies such as those used by the Queensland Mental Health Commission.

Workforce

11. Fund a workforce development strategy inclusive of minimum standards of training for all staff employed in residential services. These training opportunities should be integrated with other industry training opportunities so that learning experiences are collaborative across the housing and support ecosystem.

Background

Queensland transitioned away from institutionalisation in the 1980s, with the aspiration that people would live in the community, avoiding the pitfalls of institutionalisation. Deinstitutionalisation was guided by principles such as human rights, the least restrictive alternative, greater self-determination and choice over life decisions, and location and inclusion within the community in preference to institutionalised settings.

These principles were not underpinned by a housing and support strategy to ensure that people did enjoy greater choice and freedom, living in a connected way with the broader community. Instead, privately owned boarding houses and hostels emerged in response to the needs of people who had few or no genuine choices about where they lived.

These forms of housing were and still are relied upon by highly vulnerable people living with disability inclusive of people living with complex mental health issues with residual and functional impacts preventing full independence. The level of vulnerability of people residing in hostels and their genuine lack of choices, needs to be the primary driver for genuine reform.

Many of the circumstances that deinstitutionalisation has sought to address have not been prevented by the reliance on privately run supported accommodation facilities. However, there has been no long-term investment or intentional strategy to address this need since that time. A strategy is needed that ensures people with complex needs, including those being discharged from government facilities- such as hospitals and prisons, have access to appropriate and long-term housing, with the support structures required to transition into community life and maintain wellbeing.

It should also be acknowledged that people residing in accommodation regulated under the *Residential Services (Accreditation) Act 2002* are often overlooked in media reporting, or reports focussed on the delivery of crisis accommodation, social or affordable housing. They however represent a very large and important part of the supported accommodation ecosystem. This inquiry brings into focus the urgent need to review the standard and appropriateness of housing provided for this cohort.

We note that:

- Approximately 7500 people reside in residential services, however, there is little data on who they are, what their needs might be, and whether those needs are being met.
- In terms of Level 3 providers, Q Shelter is advised that this population is circa 1,500 people with many discharged from hospital, mental health facilities, prison, or youth detention. These are people who generally require some form of ongoing support, ranging from meal preparation, transport, and personal care right through to ongoing primary and secondary medical treatment.

- Management, through a regulatory approach alone, has been insufficient at addressing the housing needs of this demographic, and we recommend immediate and targeted service improvement measures to guarantee residents' wellbeing, followed by a long-term strategy and capital commitment to transition into housing models that meet contemporary standards and expectations.

The terms of reference that the Committee is called to consider provide the framework for our submission on this topic.

a. Appropriateness of standards and their enforcement.

Residential services, as defined under the *Residential Services (Accreditation) Act 2002* and other shared living arrangements, includes a wide range of services such as boarding houses and supported accommodation. The residents of these services also range in their life experiences and level of support required to live full lives.

Q Shelter suggests that legislated standards could be stronger in terms of the built form and provision of support services including staffing and staffing profile to address issues such as:

- The quality and appropriateness of the built form
- Lack of access to kitchens which may contribute to de-skilling people and impacting opportunities for greater independence
- People sharing rooms if they don't want to
- Too few bathrooms
- Some facilities housing a significant number of people in environments that have some features of institutions
- Facilities having enforced rules that limit choices and freedom.

Q Shelter makes the following observations for improvement:

- Regulations should be linked to the needs of residents, not self-assessment of residential service providers.
- Built form standards should be tailored to the needs of residents, with basic standards including access to a private bedroom and food preparation areas in a way that fosters independence, choice, and control.
- An agreed workforce development plan with integrated training and development options offered in the housing and homelessness service system
- Staffing ratios need to be reviewed and adjusted to avoid features of institutionalised living.

Q Shelter is aware of concerns among some residential services providers, that the financial model is challenging and unsustainable. A co-design process to explore built form, service delivery and financial models may help to identify and address issues as well as expand the models available delivering genuine choice about housing and support.

b. Provision of support services funded by the NDIS.

Many Level 3 providers have established other entities to provide NDIS in-home living supports, with the same staff that also manage the tenancy. We believe it is critical that there is a clear delineation between tenancy and support, and accommodation providers should not provide support services. The best practice indicates that housing and support services should be separated, including supportive housing models such as Common Ground and Youth Foyers. Regulation must also ensure that tenant management, support

services and case management are separate but interdependent with clearly defined roles and responsibilities, with collaboration based on shared client data and need assessment.²

Note: More information on issues and proposed solutions relating to home and living for NDIS participants, can be found in [Q Shelter's submission to the NDIS Review](#).

c. Provision of accommodation and support services to Queenslanders in a variety of settings, including if the current service delivery of Level 3 residential services is appropriate.

The current shortage of housing should not prevent a thorough review of the appropriateness of residential services for some residents.

Q Shelter makes the following observations for improvement (across all levels of accommodation):

- People must be actively involved in choosing the services that they receive, and these range from physical health needs to employment and training, allied health, advocacy, financial counselling, and peer support.
- The decision to discharge a person from a hospital or mental health facility, or a release on parole or following a prison sentence, to residential services (levels 1 through 3) must automatically trigger active case management
- For people that healthcare providers assess as potentially eligible for NDIS, but are not currently participants, there should be a clear system in place that triggers NDIS assessment before discharge.
- Case management must include active planning as to whether this is the best housing arrangement for this person, and what extra support is required to transition out of this accommodation into permanent housing.
- The State must support advocacy groups to ensure that residents are receiving the support that they require. For example, digital literacy and access to a mobile phone are crucial for independence, but we are advised many residents do not have access to this basic tool.

There are other housing and support models such as supportive housing, and community-based options such as L'Arche and the Foyer model that are genuine alternatives. Q Shelter also proposes that funding for tenancy sustainment support is a way to assist people with wider housing system options.

d. Sustainability of proposed models, market constraints, and potential impacts to other government systems.

Research demonstrates that failing to address peoples' housing needs is more expensive to governments and the wider economy, than providing adequate housing - through direct costs to the State, such as primary healthcare and criminal justice interventions.³ Supportive housing offers a best practice project example of how to deliver both long-term housing and support.⁴

Q Shelter urges a co-design process to review standards, service delivery models, staffing ratios, and financial sustainability. This process should result in the articulation of several models underpinned by values of choice, self-determination, and rights. We urge models that separate housing from support and that legally identify people as tenants under the Residential Tenancies Act.

² Alves, T., Brackertz, N., Roggenbuck, C., Hayes, L., McGauran, R., Sundermann, K. and Kyneton, N. (2021) Common Ground Housing Model Practice Manual, prepared with MGS Architects, Mind Australia, Australian Housing and Urban Research Institute Limited, Melbourne.

³ Cameron Parsell, Maree Petersen, Dennis Culhane, Cost Offsets of Supportive Housing: Evidence for Social Work, The British Journal of Social Work, Volume 47, Issue 5, July 2017, Pages 1534–1553, <https://doi.org/10.1093/bjsw/bcw115>

⁴ Ibid n 1.

e. Resident wellbeing, including the differing needs of vulnerable population groups, and adequacy of current service delivery, quality and safeguards and oversight arrangements in place across all levels of government.

Research shows that quality supported accommodation improves quality of life for residents⁵, and reduces cost imposts on the state.⁶ The best practice examples we have provided in this submission, including youth foyers and supportive housing, improve residents' well-being with service provision linked to the needs of individuals. Long-term planning must recognise that the existing residential services industry is unsuitable for people requiring a range of support services in addition to their tenancy, and there must be a long-term plan to transition to best practice supported housing, for both transitional arrangements and long-term. This will require a capital commitment to provide housing for the approximately 7,500 people residing in residential services, and an ongoing funding commitment for the services that tenants require.

Contact

For further details about this submission, please contact Q Shelter through Rachel Gallagher on [REDACTED] or at [REDACTED].

Yours sincerely

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⁵ Bigby, C. (2022). Evidence about Best Practice in Supported Accommodation Services – What Needs to be in Place. Prepared for the NDIS Quality and Safeguard Commission, Living with Disability Research Centre, La Trobe University.

⁶ Ibid n 4.