

Inquiry into the provision and regulation of supported accommodation in Queensland

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Queensland
Advocacy
for Inclusion

'Support people, not accommodation'

Inquiry into the provision and regulation of Supported Accommodation in Queensland

To Community Support and Services Committee

February 2024

About Queensland Advocacy for Inclusion

Queensland Advocacy for Inclusion (QAI) is an independent, community-based advocacy organisation and community legal service that provides individual and systems advocacy for people with disability. Our purpose is to advocate for the protection and advancement of the needs, rights, and lives of people with disability in Queensland. QAI's Management Committee is comprised of a majority of persons with disability, whose wisdom and lived experience guides our work and values.

QAI has been engaged in systems advocacy for over thirty years, advocating for change through campaigns directed at attitudinal, law and policy reform.

QAI also provides individual advocacy services in the areas of human rights, disability discrimination, guardianship and administration, involuntary mental health treatment, criminal justice, NDIS access and appeals, and non-legal advocacy for young people with disability including in relation to education. Our individual advocacy experience informs our understanding and prioritisation of systemic advocacy issues.

QAI is funded by the Queensland Government to co-ordinate the Queensland Independent Disability Advocacy Network (QIDAN). QIDAN members work collaboratively to raise the profile of disability advocacy while also working towards attitudinal, policy and legislative change for people with disability in Queensland.

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Executive Summary

QAI holds serious concerns about the current utilisation and regulation of supported accommodation in Queensland. Supported accommodation includes, but is not limited to, level 3 residential services. In theory, good quality hostels and boarding houses can provide a useful short-term accommodation option for people with and without disability in Queensland. If adequately staffed, appropriately maintained and with sufficient regulation and oversight, they can offer something unique to the accommodation sector. But the reality of Queensland's supported accommodation industry is far from this simple.

Due to various factors, including the failings of the initial wave of the deinstitutionalisation movement, supported accommodation has become a long-term accommodation option for many people with disability who have nowhere else to live. Our mainstream and disability support systems are failing to meet their needs and consequently, people with disability continue to reside in institutional environments where they are vulnerable to serious and multiple human rights violations.

QAI considers that supported accommodation should not be a long-term housing option for people with disability. This is because:

1. Supported accommodation facilities do not fulfill the definition of what a home is or meet international standards for adequate housing.¹
2. Supported accommodation can be a form of institutionalisation, contrary to our government's various human rights obligations including those under the Convention on the Rights of Persons with Disabilities and Queensland's Human Rights Act.
3. Current supported accommodation facilities are inappropriate for people with complex support needs.
4. Supported accommodation contributes to low expectations of people with disability which leads to violence, abuse, neglect and exploitation.

¹ Office for the High Commissioner for Human Rights (1991) *General Comment No. 4: The right to adequate housing*

The Public Advocate's report '*Safe, secure and affordable?*'² comprehensively outlined the various problems facing the sector, including the complex interplay between National Disability Insurance Scheme (NDIS) services and personal supports provided by a residential service provider, inadequate oversight and quality assurance mechanisms and the confusing regulatory environment in which residential services operate, to name just a few.

The cost of maintaining the status quo is too great, the issues facing the sector too many and the problems too complex to respond purely with regulatory reforms, even if accompanied with more investment into the sector as it currently operates. Improving standards and enhancing oversight of residential service providers will not be sufficient nor will it change the reality of institutional living. More investment into a flawed model is also risky.

QAI urges the Committee to consider the underlying reasons why many people with disability live in supported accommodation in the first place. Supported accommodation as a long-term housing option for people with disability is a symptom of a much bigger problem; that is, a housing market that is inaccessible and unaffordable for many people with disability and a support system which is failing to adequately meet their needs.

QAI also recommends the Committee consider the significance of this inquiry in relation to the Disability Royal Commission and Independent Review of the National Disability Insurance Scheme (NDIS). Queensland's supported accommodation sector should not be reformed in isolation from the reform agenda set by these inquiries. Among other key changes, the Disability Royal Commission recommended the phasing out of segregation and the NDIS Review recommended the creation of a unified ecosystem of support for people with disability.

The solution is for Queensland to take meaningful steps towards the full deinstitutionalisation of people with disability, as per our international human rights obligations. We must continue to work towards a future where all people, including people with disability with complex support needs live in a home of their choosing, that is culturally appropriate, accessible and secure. This is not to say that every person should live alone. But rather, that every person,

² Public Advocate (Qld), '*Safe, secure and affordable?*' *The need for an inquiry into supported accommodation in Queensland*, August 2023

regardless of whether they have a disability, should be able to meaningfully choose where and with whom they live irrespective of what their support needs are.

To achieve the full deinstitutionalisation of people with disability, we need to take a “housing-first” approach. This means separating consideration of housing and support arrangements to facilitate people with disability having meaningful choice over where and with whom they live and who provides their support.

QAI therefore recommends:

1. Urgently reforming the supported accommodation sector to uphold the rights of residents.
2. Supporting residents to transition away from supported accommodation.
3. Phasing out institutions in Queensland.
4. Investing in affordable and accessible housing.
5. Investing in accessible and personalised community supports.

Specific recommendations for reform under these headings are provided in the body of our submission.

Sustaining the current model is to be complicit in the continued institutionalisation of people with disability. **We want supported people, not supported accommodation.**

Introduction

Support to live in a home of one's own, in the location of choice and with whom a person wishes is no extraordinary dream yet continues to be an unattainable reality for a large number of people with disability.

Despite policies of deinstitutionalisation over the last couple of decades, many people with disability continue to live in segregated settings and remain excluded from mainstream housing. Inadequate community supports, long waiting lists for public housing, unaffordable private rentals and inaccessible dwellings all contribute towards the continued segregation of people with disability in group homes and other congregated living environments.

Rather than 'choosing' to live in supported accommodation, many people do so because they are effectively homeless and have nowhere else to go. Spending almost all a person's income on shared accommodation facilities with shared and minimal support does not uphold the rights of people with disability nor provide a decent quality of life. It constitutes institutional living that can lead to violence, abuse, neglect and exploitation and perpetuates harmful community attitudes and values regarding the lives and dignity of people with disability.

Given the continued unmet needs of most people residing in supported accommodation, many of whom live with complex support needs in the context of a disability and/or mental illness, the sector cannot be reformed purely by regulatory or legislative amendments, or through further financial investment that will maintain the status quo. Even if industry standards were raised and routinely complied with, residents would still have insufficient disposable income, be segregated from the wider community and live with others who may also have complex needs, with whom they did not choose to live and must compete with for minimal support.

Our submission will outline some fundamental problems with Queensland's supported accommodation sector before outlining our vision for reform. It concludes with a case study of an alternative model to supported accommodation that is more successfully upholding the rights of people with disability to live independently and be included in the community.

The problems with Supported Accommodation

The Public Advocate’s report ‘*Safe, secure and affordable?*’ provides a comprehensive analysis of the many challenges facing both residents and providers of supported accommodation in Queensland. QAI’s experience resonates with the contents of that report and our submission will not seek to replicate it.

Notwithstanding this, QAI wishes to highlight some fundamental issues with supported accommodation being a long-term housing option for people with disability to contextualise our recommendations for reform.

1. Supported accommodation facilities do not fulfill the definition of what a home is.

A home is more than bricks and mortar. It is about having a sense of belonging, personal safety and security, in a dwelling that is accessible and culturally safe. It is also dependent upon the availability of adequate housing. The Australian government states that “access to secure and affordable housing is fundamental for the welfare of all Australians.”³ The right to adequate housing is enshrined in several international human rights instruments that Australia is signatory to. The Committee on Economic, Social and Cultural Rights have explained the right to “adequate housing” as encompassing the following key elements:

- Legal security of tenure
- Availability of services, materials, facilities and infrastructure
- Affordability
- Habitability
- Accessibility
- Location, and
- Cultural adequacy.⁴

³ Department of Social Services (2023). National Housing and Homelessness Plan Issues Paper. [online] Available at: https://engage.dss.gov.au/wp-content/uploads/2023/08/national-housing-and-homelessness-plan-issues-paper_2.pdf, page 17

⁴ Office for the High Commissioner for Human Rights (1991) *General Comment No. 4: The right to adequate housing*

Applying these elements to supported accommodation in Queensland, the current model falls far short of being an affordable housing option. For instance:

- Residents do not experience security of tenure which guarantees legal protection against forced eviction, harassment and other threats.
- Residential services do not consistently provide facilities essential for health, security, comfort and nutrition. Poor quality food and a lack of autonomy over what, where and when food can be consumed was a key theme identified by residents during QAI's consultations.
- Current fees charged by residential service providers are inconsistent and exceptionally high, with most level 3 residential service providers charging around 85% of a person's income⁵, meaning that other basic needs such as medication and healthcare costs are unable to be met by residents.
- Residents and other stakeholders have reported some facilities are uninhabitable, with very poor levels of hygiene and cleanliness, visible mould and rodents or cockroaches observed, causing risks of disease and infection to residents.
- Despite the disproportionate number of residents in supported accommodation living with disability, some facilities have very poor accessibility. For example, some facilities are completely inaccessible to a person who uses a wheelchair to mobilise. Others have no air conditioning and/or fans, making it extremely uncomfortable for all residents, especially residents who experience challenges with body temperature regulation. The close proximity of large numbers of people can also present accessibility issues for people who require low sensory environments.

The Australian government has also included supported accommodation within its definition of homelessness, which it states includes people who have “no security of tenure,” including people “in temporary lodgings, supported accommodation or couch surfing.”⁶

⁵ Public Advocate (Qld), *'Safe, secure and affordable'? The need for an inquiry into supported accommodation in Queensland*, August 2023, page 29

⁶ *Ibid*, page 22

2. Supported accommodation facilities can be a form of institutionalisation.

The Committee on the Rights of Persons with Disabilities released guidelines in 2022 on how to achieve the full deinstitutionalisation of people with disability, as required by the Convention on the Rights of Persons with Disabilities (CRPD). The guidelines define institutions as being places where people with disability reside in or are detained based on disability alone or in conjunction with other grounds such as “care or treatment.”⁷ The guidelines state that there are certain defining elements of an institution, such as the obligatory sharing of supports with others and no or limited influence as to who provides the support, isolation from independent life in the community, a lack of choice over with whom a person lives, rigidity of routine irrespective of personal will and preference, and a disproportionate number of people with disability in the same environment, to name just a few.⁸

Another, more informal way to identify whether a facility is an institution is to apply the so-called “burrito-test.” That is, to ask if a person could get up at 3am and microwave themselves a burrito or order one to be delivered to their room, without first seeking someone else’s permission. The question is not about whether the person can physically or logistically complete this task, but whether they have the freedom and ability to do so independently of others. If the answer is no, and the person does not have access to kitchen facilities, does not control what or when they eat and/or is not able to decide who enters the facility at any given time of the day, then they are likely residing in an institutional setting.

Supported accommodation facilities, particularly level 3 residential services, can therefore be understood as constituting a form of institutionalisation of people with disability.

The guidelines state that institutionalisation is a discriminatory practice that constitutes violence against people with disability and that institutionalisation should never be considered a form of protection or a ‘choice’. Further, the absence or removal of one or more of the abovementioned elements does not mean that the setting is community-based.⁹

⁷ CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022), page 2

⁸ Ibid

⁹ Ibid

Level 3 residential services do not reflect contemporary understandings of deinstitutionalisation. They are not equivalent to people with disability choosing to live with other people to reduce the risk of social isolation or loneliness as residents do not choose where, how and with whom they live, enjoy a daily routine according to their will and preference, access services and supports that are individualised and chosen by themselves nor live among the broader community, including people without disability.

The Disability Royal Commission has also unequivocally demonstrated the violence, abuse, neglect, and exploitation that occurs in institutional and congregated settings, particularly when accommodation and personal supports are provided by the same provider.¹⁰ People with complex or high support needs are particularly vulnerable to abuse.

Research commissioned by the Disability Royal Commission concluded that “Congregated accommodation settings (e.g., institutions, hostels, and boarding house-like facilities) need to be closed. They are unsafe and unable to deliver on the expectations of (and obligations imposed by) the United Nations Convention on the Rights of Persons with Disabilities and the objectives of the National Disability Insurance Scheme Act.”¹¹

No amount of industry regulation or standards will change the fundamental nature of institutional life, and its contravention of our international human rights obligations. To simply raise industry standards following this inquiry would be to window-dress a reality that sees people with disability being denied their right to live independently and be included in the community on an equal basis with others.

¹⁰ See Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report, Volume 10: Disability Services, Chapter 2

¹¹ Research report - Outcomes associated with ‘inclusive’, ‘segregated’ and ‘integrated’ settings for people with disability, page 50

3. Supported accommodation facilities are inappropriate for people with complex support needs.

The model of care provided in Queensland's supported accommodation industry, a place known to house a large number of people with complex support needs,¹² does not facilitate people with disability receiving appropriate, personalised and specialist support.

While some residents have access to support from external service providers including those funded through the National Disability Insurance Scheme (NDIS), not all residents are eligible or participants of the scheme. The ability to access external support can also depend upon the willingness of residential service providers to allow them entry into their facility.

The ability to access external or NDIS funded services with little oversight and regulation has led to a number of residential service providers concurrently operating as NDIS registered providers. While in theory this may increase the level of support available to residents in their accommodation, in some situations it has led to service providers "double dipping" and claiming NDIS funds for services that residents are already paying for as part of their rooming agreement.

It perversely leaves people with disability (particularly those with complex support needs) vulnerable to exploitation from providers who, in the context of a housing shortage and cost of living crisis, require residents to use their NDIS business as their "chosen" provider as a condition of their rooming agreement. This means that residents have no choice and control over who provides their services and are not receiving individualised support as intended by the scheme.

For residents not accessing external services who receive personal care support from the residential service provider, there is no mandatory training or qualifications required of staff other than a basic first aid course.¹³ This means that residents with complex psychosocial disabilities, substance use histories and/or intellectual disabilities (or potential combinations

¹² Public Advocate (Qld), *'Safe, secure and affordable'? The need for an inquiry into supported accommodation in Queensland*, August 2023, page 19

¹³ Ibid, page 32

thereof) can receive minimal support from staff who are inadequately trained and lack the required knowledge and expertise to appropriately support them. Moreover, there are no consistent standards with regards to staff ratios or requirements for staff to be available to residents 24 hours a day. This means that a residential service provider's ability (or willingness) to pay for staff onsite dictates whether a person's support needs might be met at any given time of the day.

Additionally, there appears to be little if any consideration given to compatibility of residents to live alongside each other and share facilities. This is despite the fact that many people living in supported accommodation experience challenging life circumstances and unmet support needs that can lead to instances of behaviour that a service provider then deems to be unacceptable. This risk is exacerbated when people are sharing confined spaces with others who have similar unmet support needs.

When incidents are inappropriately responded to by staff who are inadequately trained, the default response can be to call the police, something known as the 'criminalisation of care'. It can lead to the resident being evicted from the facility and it inappropriately exposes the resident to law enforcement agencies, directly contributing to the disproportionate representation of people with disability in our criminal justice system.

Making complaints is also very challenging in an environment where a resident has little control over their day-to-day lives and when residents with intellectual or psychosocial disability tend to be perceived as less competent and therefore not likely to be believed. To assume that residents 'can leave if they want to' is to misrepresent the reality of the current housing crisis where there are few, if any, genuine alternatives.

Even if robust complaints handling processes exist, there can be a fear of retribution from residential service providers which could lead to a loss of support and/or accommodation. Given the power imbalance between residential service providers and residents, and the limited informal support that a resident might have, complaint mechanisms are insufficient to ensure good quality service provision.

Access to capacity building support to foster a resident's independence, set goals for their future and develop skills that will increase their ability to live successfully in alternative, community-based housing options, is also not readily available in the current model.

4. Supported accommodation contributes to low expectations of people with disability which leads to violence, abuse, neglect and exploitation.

A lack of familiarity with people with disability, for example due to their ongoing segregation from the wider community, results in prejudicial attitudes about the skills and abilities of disabled people.¹⁴ Moreover, when people with disability are confined to institutional settings and are forced to live with others to access support, societal expectations about the dreams, capabilities and aspirations of people with disability remain low.

When prejudicial attitudes and low expectations are combined with financial incentives, people with disability can experience harm. Sometimes, it can lead to services that are depersonalized and which fail to see the individuality and humanity of residents. Meeting a person's physical and safety needs becomes the overriding objective and the person's dignity, individuality and capacity to fulfil valued roles in the community is ignored.

On other occasions, it can result in well-intentioned yet misguided service providers seeing themselves as "saving" residents from a life of destitution through the provision of basic accommodation and personal care support. They might think they are providing residents with a substitute family in the absence of alternative informal support and become overly involved in a resident's personal life beyond what is appropriate for a service provider/consumer relationship.

This emotional overlay to accommodation (and in many cases personal care) is remnant of the medical model which saw people with disability being pitied and in need of "fixing." It leaves residents at increased risk of violence, abuse, neglect and exploitation and is particularly concerning given that supported accommodation facilities tend to be isolated from the

¹⁴ Kantar Public (February 2017) 'Building Employer Demand: Literature Review'

broader community and are therefore subject to less oversight ‘from the gaze of citizens’.¹⁵ It is further exacerbated by the current housing and economic crisis which leaves many residents with little to no alternatives, thereby increasing their dependence on these service providers.

When people have little expected of them, either because their humanity is not recognised and they are not seen as individuals, or because they are seen as objects of charity, incapable of leading independent lives in the community, this impacts how people with disability view themselves and what they aspire to achieve in their lives. It shapes their ability to truly exercise “choice and control.”

As the Committee is aware, QAI supported residents to share their story as part of this inquiry. Many residents spoke of their hopelessness and/or their willingness to accept the low standards on offer because it was better than the alternative which is to live on the streets. Some residents did not actively voice a desire or plan to reside elsewhere. They spoke positively of the facility if they were not experiencing physical violence or abuse from residents or staff, if they were not being threatened with eviction or if the facilities met basic standards of hygiene and did not pose an obvious threat to their immediate health and safety. What choice does a person really have, if no one, including the person themselves, expects any different?

It is an indictment on our community when fellow Australians are made to feel grateful for such low standards. Realising the rights enshrined in the CRPD and Australia’s other international obligations is more than the absence of violence and abuse. It is the positive realisation of rights such as the right to live independently and be included in the community, which among other things, requires people with disability to enjoy autonomy and exercise choice and control as to how, where and with whom they decide to live.

¹⁵ Sherwin, J (2021) Submission in response to the rights and attitudes paper, Royal Commission into violence, abuse, neglect and exploitation of people with disability;
<https://disability.royalcommission.gov.au/system/files/submission/ISS.001.00211.PDF>

The solution: Deinstitutionalisation

We must work towards ensuring every person, including people with disability, can live in a home of their choosing, that is culturally appropriate, accessible and secure. If the Queensland government is to truly give effect to the CRPD, it must ensure it does not continue to institutionalise people with disability nor provide funding in a way that forces people with disability to live with others when that is not their choice.

The guidelines on deinstitutionalisation provide a blueprint for governments to make this a reality. They outline what is required for people with disability to live independently and be included in the community. That is, what is required to address the reasons why people with disability end up residing in supported accommodation in the first place.

A rights-based, transformative policy shift towards housing is required to facilitate the full deinstitutionalisation of people with disability.¹⁶ A “housing-first” approach separates consideration of housing and support arrangements to facilitate people with disability having the freedom to choose where and with whom they live, irrespective of their support needs. This means starting by identifying the person’s vision for a home (whether that is to live independently, with family, friends or others) and building in access to supports that will facilitate the person achieving this goal. A person’s support needs should not dictate or influence whether they need to live with other people with a disability to share their supports.

“Emphasising housing first creates circumstances more like those experienced by the rest of the community. Starting with housing means an initial consideration of modification and adaptation, housing design, assistance for rental or purchase, and then the provision of adequate support. When support services are the starting point, appropriate and typical housing is not the emphasis and there are discussions about economies of scale achieved through group approaches and sharing of support.”¹⁷

¹⁶ Research Report - Restrictive Practices: A pathway to elimination, page 257

¹⁷ Chris Fyffe, Jeffrey McCubbery, & Dymphna Laurie, Research project: experiences of inappropriate accommodation support for people with a disability, Research report prepared for the Disability Advisory Council of Victoria, May 2004, pp 16-17.

While simple, this change in approach would have a profoundly positive impact on the lives and rights of people with disability, removing the risk of abuse inherent in congregated living environments and genuinely affording people with disability opportunities on an equal basis with others.

It would also bring economic benefits, through greater social and economic participation of people with disability and their families. The Independent Living Institute says we need to “shift the existing focus on costs on to viewing expenditure on independent living options as a form of social and economic investment with the potential to bring about universal benefits.”¹⁸ Adequate housing is fundamental to the realisation of other human rights which impacts the use of and costs associated with other government funded services, such as health, education and the justice system.

Among other things, deinstitutionalisation requires States Parties to “abolish all forms of institutionalisation, end new placements in institutions and refrain from further investment in institutions.”¹⁹ Deinstitutionalisation requires the exercise of full legal capacity, access to housing, support and service options that are accessible and enable persons to regain control over their lives.²⁰ It is dependent upon the presence of high-quality, individualized and self-directed supports and inclusive mainstream services in the community.²¹

QAI urges the Committee to ensure any recommendations for reform are compatible with the deinstitutionalisation guidelines. As people with disability are not a homogenous group, there is no single solution that will meet the needs of all people with disability, but providing a personalised approach and genuine alternatives will enable people with disability to exercise true choice and control.

¹⁸ Zarb, G (2003) ‘[The economics of independent living](#)’, Independent Living Institute

¹⁹ Ibid, page 2

²⁰ CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022), page 3

²¹ Ibid

QAI therefore recommends:

1. Urgently reforming the supported accommodation sector to uphold the rights of residents.
2. Supporting residents to transition away from supported accommodation.
3. Phasing out institutions in Queensland.
4. Investing in affordable and accessible housing.
5. Investing in accessible and personalised community supports.

Boarding houses and hostels should remain temporary accommodation options available to people with and without disability and should not be places where people with disability live in order to access support. We should support people, not accommodation.

All reforms must be co-designed with people with disability and their representative organisations.

1. Urgently reform the current supported accommodation sector

1.1 – Separate the provision of accommodation and personal care services so that residential service providers do not provide both accommodation and personal care support to residents. This principle is part of Queensland’s Housing Strategy which states: “where a person requires support in their home, the provision and management of their housing should be separate from the provision and management of their paid supports.”²²

This has been recommended by both the Disability Royal Commission (see Recommendation 7.41) and the NDIS Review (see Action 9.7).

1.2 – Provide residents with access to independent advocacy services and legal advice before signing rooming and service agreements. Increase investment in specialised community legal services for supported accommodation residents, such as QSTARS.

1.3 – Establish and fund a resident representative body that represents the views and experiences of residents of supported accommodation. Ensure this representative body is

²² Queensland Department of Housing’s [“Housing Principles for Inclusive Communities”](#)

integral to the co-design process that follows this inquiry and is invited to provide ongoing input and advice to government.

Service provider representative bodies should not be funded to advocate on behalf of or represent the views of residents due to the conflict of interest that exists between residential service providers and residents.

1.4 – Establish in-reach services from health, mental health, housing and disability support service systems to all residents in supported accommodation facilities to optimise the health and wellbeing of residents. Ensure inter-agency collaborations between government services include the supported accommodation industry.

1.5 – Standardise fees and charges for supported accommodation services and make them transparent.

1.6 – Reduce fees charges for supported accommodation. For example, introduce a similar fees and charges model to that of Supported Disability Accommodation (SDA) which charges 25% of a person's Disability Support Pension as well as any rent assistance the person receives.

This would ensure residents have access to financial resources and would introduce equity between different support systems. Unlike residents supported by the NDIS where their supports are government funded, residents in supported accommodation currently have pay for their personal care services from their (usually limited) income.

1.7 – Introduce minimum staff ratios and mandatory training in relevant disability support provision for all staff in supported accommodation facilities, particularly level 3 residential services. Ensure training includes skill development on how to support people with psychosocial disability, intellectual disability and/or substance misuse and respond to incidents of challenging behaviour. Currently, only staff who provide personal care services are required to have first aid training.²³

²³ Residential Services (Accreditation) Regulation 2018 (Qld) s 8(2)

1.8 – Ensure regulation and accreditation is less compliance driven and more focused on the quality of services delivered and the experiences of residents. For example, introduce a new model for auditing service providers that centers the expertise and experiences of residents. Reform registration and accreditation processes such that they move beyond compliance and reporting measures and include criteria that evaluate the extent to which services provide person-centred, quality accommodation and support.

1.9 – Increase accountability of residential service providers by requiring the Department of Housing to publicly report on all residential service provider’s compliance with registration, accreditation standards and quality assurance measures.

1.10 – Improve accountability of residential service providers by increasing investment in and the frequency of inspections by oversight bodies such as the Community Visitor Program and provide the requisite resources to implement this.

1.11 – Introduce a new independent housing body that can respond to complaints, provide education and training to staff, provide information to residents about their rights, monitor levels of compliance with various industry standards, as recommended by QIDAN in their submission.

1.12 – Monitor and regulate the use of restrictive practices in supported accommodation facilities.

1.13 – Strengthen legislation governing tenancy and occupancy rights of residents in supported accommodation. For example, empower tribunals to consider a tenant’s disability when considering an eviction, as well as the likelihood of finding alternative accommodation (see Recommendation 7.37 of the Disability Royal Commission).

1.14 – Implement Recommendation 7.38 of the Disability Royal Commission which recommends minimum service standards, monitoring and oversight of supported accommodation sectors. Examples could include yearly (minimum) audits of registered providers, limitations on the number of people allowed to reside in the same facility, requirements for residents to have their own room with a door they can lock and requirements for facilities to have air conditioning.

1.15 – Ensure residents have access to digital technology to ensure digital inclusion. QAI endorses the work of Queenslanders with Disability Network (QDN) on this topic.

2. Support residents to transition away from supported accommodation

2.1 – Obtain information on the needs of residents currently residing in supported accommodation facilities in Queensland. This should include data on the numbers and locations of people with disability and whether a person is eligible for or currently accessing NDIS or other external funded supports.

2.2 – Pilot a government funded program to screen current residents of supported accommodation to identify residents with disability, prioritizing people with complex support needs, who wish to transition out of supported accommodation. This should include an individualised assessment of a person’s housing and support needs and preferences. Specific consideration should be given as to whether residents are eligible for NDIS funded accommodation, such as Specialist Disability Accommodation, and residents prioritised accordingly.

Provide case management support to those individuals to plan for and access alternative and sustainable living arrangements. It should include access to independent advocacy to support residents who might experience backlash from residential service providers during the transition phase. It should also include interagency collaborations with state-funded housing, disability, health and mental health services.

The transition program must also ensure residents are supported with their decision-making with regards to exploring alternative housing options, particularly because it is likely that many residents experience impaired decision-making capacity.²⁴ Moreover, given the effects of institutionalisation, it is unreasonable to assume that people who have never had opportunities to lead a decent but ordinary life in a home of their own will be able to

²⁴ Public Advocate (Qld), *'Safe, secure and affordable'? The need for an inquiry into supported accommodation in Queensland*, August 2023, page 8

immediately know what they want in a home, or where or how they would like to live, without support.

2.3 – Independently evaluate the pilot and if successful, plan for a staged roll-out of the program across Queensland within a specified timeframe. Ensure the roll-out is appropriately resourced.

2.4 – Provide temporary housing and supports to residents at high-risk who need to leave their facility immediately. It could include replicating initiatives such as the National Rental Affordability Scheme or implementing something similar.

2.5 – Ensure residents of supported accommodation facilities who receive NDIS funding are prompted to consider adding home and living goals as part of their plan, as well as capacity building supports, such as independent living skills development to increase the residents ability to live successfully in alternative, community-based housing options.

3. Phase out institutions in Queensland

3.1 – Commission independent research to examine best practice to achieve the full deinstitutionalisation of people with disability, including pathways to exit institutional living.

3.2 – Implement recommendation 7.43 of the Disability Royal Commission which recommends the Australian government and state and territory governments develop and implement a comprehensive roadmap to phase out group homes (which includes supported accommodation) within the next 15 years.²⁵ This includes developing a timeframe in which to cease the cross-governmental practice of referring people with disability to live in supported accommodation facilities, particularly individuals who have complex support needs.

While group homes continue to exist, there will be little incentive to invest in alternatives.

²⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation (2023) Inclusive education, employment and housing – summary and recommendations. Final Report Volume 7, page 44

4. Invest in affordable and accessible housing

4.1 – Implement Action 9.11 of the NDIS Review which recommends all Australian governments agree and publish a targeted action plan for housing under Australia’s Disability Strategy. This should include specific actions such as:

- Increasing investment in social housing stock to reduce long waiting lists
- Introducing private rental increase caps and freezes
- Upgrading current housing stock to ensure accessibility standards are met
- Ensuring subsidy programs exist to assist low-income earners with the costs of rent, home ownership or home modification. Ensure the availability of these schemes to people with disability approved for social housing but who remain on the waiting list.

It should also include the development of innovative solutions, such as programs where funding is available to people with disability rather than service providers to purchase and/or build accessible dwellings. Initiatives that allow residents of social housing the opportunity to use their rent contributions towards purchasing their home, should also be explored. In the event of the person’s death or relinquishment of the property, the house could be returned to social housing to become available to another person, rather than passed on through laws relating to will and estates.

4.2 – As recommended by the Australian Network for Universal Housing Design in their submission to the NDIS Review:

- Ensure all new social and affordable housing is built to the ABCB Livable Housing Design Standard: Beyond Minimum, immediately.
- Incentivise the housing industry to build to ABCB Livable Housing Design Standard: Beyond Minimum, as soon as practical, and

- Require the Australian Building Codes Board (ABCB) to mandate the ABCB Livable Housing Design Standard: Beyond Minimum, for all new housing in the National Construction Code (NCC) in 2028.²⁶

4.3 - Implement recommendation 7.35 (c) of the Disability Royal Commission which recommends auditing the demand for, and accessibility of, current crisis housing to determine sector need and to inform resource allocation for their refurbishment.

4.4 – Implement recommendation 7.36 of the Disability Royal Commission which recommends the improvement of social housing operational policy and processes to ensure inclusive and accessible processes for people with disability.

4.5 – Ensure people with disability in prison who are eligible for parole have access to in-reach support to find appropriate housing for their release.

4.6 – Implement recommendation 7.39 of the Disability Royal Commission which recommends state and territory governments commit to a policy of ‘no leaving into homelessness’ for people with disability transitioning out of other institutional settings, such as mental health services and correctional services.

5. Invest in accessible, personalised community supports

5.1 – If not already established, create a Queensland-based taskforce to develop a plan to implement the Queensland government’s responsibility with regards to recommendations from both the Disability Royal Commission and the NDIS Review, in conjunction with people with disability and their representative organisations. Ensure the focus on the provision of personalised and community-based supports for people with disability includes residents of supported accommodation facilities.

Pay specific attention to:

²⁶ Submission to the NDIS Review - Accessibility in all new housing construction, Australian Network for Universal Housing Design and Building Better Homes, 5 July 2023.

- Recommendation 1 from the NDIS Review which recommends the investment in foundational supports to bring fairness, balance and sustainability to the ecosystem supporting people with disability. This includes the development and implementation of a Foundational Supports Strategy (Action 1.2).
- Recommendation 7 from the NDIS Review which recommends the development of mental health reforms to better support people with psychosocial disability. This includes the recommendation that governments prioritise supports for people with psychosocial disability as part of general foundational support (Action 7.5) and that all governments improve access to mental health services for people with psychosocial disability and strengthen the interface between mental health and other systems.
- Action 13.4 of the NDIS Review which recommends all Australian governments through the Disability Reform Ministerial Council agree and publish a provider of last resort policy to ensure people with disability have continued access to supports where markets fail.
- Action 16.5 of the NDIS Review which recommends state and territory governments establish adult safeguarding agencies to deliver a universal service offering for the safeguarding of all people at risk of harm, including people with disability.
- Recommendation 20 from the NDIS Review which, among other things, recommends National Cabinet agree a new Disability Intergovernmental Agreement to underpin delivery of a comprehensive and unified disability support ecosystem.

5.2 – Provide skills, training and support to people with disability to ensure they can exercise their rights and obligations under individualised funding arrangements.

Case study: An alternative to supported accommodation

An example of a different model of housing that provides residents with access to additional support yet does not replicate institutional forms of living is the Common Ground Queensland community housing initiative.

Common Ground Queensland is a community housing provider that provides supportive housing to people who are chronically homeless and affordable housing to people on low

incomes.²⁷ Brisbane Common Ground is a 14-storey apartment block that comprises of 146 one-bedroom apartments, thirty-three of which have been designed to accommodate a wheelchair user. Onsite facilities include a 24/7 concierge service and communal spaces such as a library, communal lounge and rooftop garden.²⁸ Residents must meet a set of eligibility criteria and apply through the Department of Housing.

One resident described the following advantages of the Common Ground model:

- Residents come from a diverse range of backgrounds, including people with and without disability, students, low-income earners.
- Common facilities are accessible to people with disability and some units are fully accessible for wheelchair users.
- Residents enjoy privacy with their own unit.
- The property is well maintained, e.g. through regular pest inspections.
- Rent is cheaper than supported accommodation.
- Leases are rolled over, with no end dates.
- There is a separate community funded organisation (currently Micah Projects) who provide in-reach support to residents.
- The non-profit organisation who runs and maintains the building (Common Ground) does not provide personal care support to residents.
- A health clinic provides bulkbilling in-reach services to residents.

However, they identified the following disadvantages:

- Issues are dealt with by the non-profit organisation running the building (Common Ground) rather than the government department which owns it, meaning that there can be delays in resolving issues when the non-profit organisation must go backwards and forwards with the government department to seek resolution.

²⁷ Common Ground. (n.d.). Brisbane Common Ground. [online] Available at: <https://commongroundqld.org.au/housing/brisbane-common-ground/> [Accessed 2 Feb. 2024].

²⁸ Ibid

- For people who do not receive a wage, rent is now charged as a percentage of the property market value, which leaves people receiving income security payments vulnerable to a volatile and increasingly expensive housing market.
- The introduction of the NDIS changed the way that external organisations are funded and able to deliver support to residents. The resident explained that support feels less community focused and more internally focused with support programs more likely to be provided in the facility rather than in the broader community. They said:

“...before the NDIS for example, staff would be tasked...like in the morning for example, if there was an event on, they would actually call people's units and say, hey remember that such and such is on today at 10am, for example. But now that doesn't happen. It's up to the individual. Or, as they would say, it's up to the NDIS to build the capacity of that person or the tenant, in order to get them to that level to be able to remember for example that that activity was on. It's no longer their responsibility to do it.”

When asked whether Common Ground was a better model than supported accommodation, the resident said:

“I think it's better in terms of that you're not being controlled who you live with. You're not being, you're not under a, like a support provider that says, well you have to go shopping at this time. You know, you're not enforced in that sort of way....There's no limit to, I mean yes they lock the doors, but because I am a tenant, I have cards and I can go in and out whenever I want. And there's never been a question I guess, from the concierge, which we do have 24 hour concierge services. Which is a bit different to the other places in terms of there's a Micah staff member and then there's a security staff member. So that is certainly different in, but in terms of activities and like doing activities in the building, they're very much, are still quite restrictive and are only, are non-community based basically.”

Conclusion

QAI thanks the Community Support and Services Committee for the opportunity to contribute to this inquiry. We are happy to provide further information or clarification of any of the matters raised in this submission upon request. We also consent to the publication of our entire submission, including the name of our organisation, on the inquiry website.

QAI also endorses the recommendations in QIDAN's submission.