

## **Inquiry into the provision and regulation of supported accommodation in Queensland**

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# Inquiry into the provision and regulation of supported Accommodation in Queensland

## Submission by the Queensland Independent Disability Advocacy Network (QIDAN)

To the Community Support and Services Committee in response to the inquiry into the provision and regulation of supported accommodation in Queensland

2 February 2024



## About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) consists of organisations delivering individual advocacy services to Queenslanders living with disability. These organisations are the Aboriginal and Torres Strait Islander Disability Network Queensland; Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; Independent Advocacy in the Tropics; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion; Rights in Action; Speaking Up For You; and TASC.

QIDAN has three aims:

- **Systemic advocacy:** coordinated action to address systemic issues experienced by people with disability,
- **Member support:** provide a collaborative platform for the exchange of information, resources and issues affecting disability advocacy organisations, and
- **Sector advocacy:** promote the significance and value of independent disability advocacy on a local, state, and national levels.

The members of QIDAN's offer various independent disability advocacy services throughout Queensland, covering general disability advocacy, specialized individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. These experiences inform QIDAN's understanding and recommendations.

QIDAN welcomes the housing reforms proposed by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the 'DRC Report')<sup>1</sup> and by the Independent National Disability Insurance Scheme Review (the 'NDIS Review Report')<sup>2</sup>. The Committee is urged to thoroughly consider these reforms, as they address the critical issue of appropriate housing, or the lack thereof, for people with disability.

<sup>1</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Inclusive education, employment and housing, Part C. ('The DRC Report'). <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.docx>.

<sup>2</sup> Working together to deliver the NDIS. Independent Review into the National Disability Insurance Scheme, Final Report 2023, Part one ('The NDIS Review Report'). <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis#:~:text=Settings-,The%20Final%20Report,more%20accessible%20and%20inclusive%20Australia.>



## QIDAN's recommendations

1. Establish a clear roadmap in Queensland to phase out group homes within 15 years (DRC rec. 7.43).
2. All Australian governments should agree and publish a targeted action plan for housing under Australia's Disability Strategy, including an increase in accessible housing stock (DRC rec. 7.35 and NDIS rec. 9.11).
3. Immediately implement the following interim measures until recommendation 1 above is fully implemented:
  - 3.1. Ensure that comprehensive data is collected and effectively used to inform reforms and transition residents from services or institutional settings to long-term safe and adequate housing (DRC rec. 7.33 and NDIS rec. 9.1, 9.3, 9.8 and 23.5)
  - 3.2. Establish minimum service standards, monitoring and oversight of Levels 1, 2 and 3 residential services in Queensland, including caps on services charges, accessible disaster plan, minimum staff ratio, accessibility, certified staff training and mandatory disability screening (DRC rec. 7.38 and NDIS rec. 17.4 and 18.3)
  - 3.3. Improve complaint mechanisms, expand the Community Visitor Program to quarterly visits to all Level 1, 2 and 3 residential services with monthly visits where risks have been identified, ensure that regulatory bodies have powers to enforce all standards and audits occur yearly (DRC rec. 7.38(c) and NDIS rec. 12).
  - 3.4. Increase tenancy and rooming protections for Queenslanders with disability, including legislation reforms that empower tribunals to consider a resident's disability when being evicted (DRC rec. 7.37).
  - 3.5. Institute a comprehensive streamlined case management system, including the implantation of NDIS Interface teams within state agencies, to plan and coordinate safe and appropriate housing for people with disability (DRC rec. 7.39 and NDIS rec. 2.7).
  - 3.6. Ensure adequate funding to enable people with disability who need housing support have access to independent legal advice and advocacy services (DRC rec. 7.40 and NDIS rec. 1.5).
  - 3.7. Ensure that the market quality improvement is immediately embedded, promoted and incentivised. This must include mandating the separation of housing providers and supports providers (DRC rec. 7.41 and NDIS rec. 9.7 and 19).
  - 3.8. Establish a reference group for residents, including people with disability, with the purpose of discussing issues and providing feedback to service providers.

## Introduction

QIDAN submits this response to the Community Support and Services Committee, contributing insights to the inquiry into the provision and regulation of supported accommodation in Queensland. This submission is grounded in the collective experiences of independent advocates, aiming to specifically address the distinct challenges faced by residents with disability in supported accommodation.

In the 2022-2023 financial year, Queensland State-funded individual disability advocacy services addressed 2458 advocacy issues. Housing emerged as the most prevalent mainstream concern, with 10.2% of individuals seeking advocacy for housing-related issues. Advocates tackled various housing matters, including homelessness, access, accessibility barriers, and complaints.

Demographic data from QIDAN services revealed additional complexities:

- 15.9% identified as Aboriginal and/ or Torres Strait Islander,
- 21.1% identified as culturally and linguistically diverse (CALD),
- 14.7% disclosed experiencing domestic and/ or family violence,
- 33.9% identified with a psychosocial disability,
- 16.3% identified with an intellectual disability,
- 33.1% were aged between 50 and 64 years.

Due to the multifaceted nature of these issues, housing ranked as the fourth most time-consuming challenge addressed by advocates. Advocates spent a minimum of 2,863 hours addressing housing-related issues in the 2022-2023 financial year. While there is no consistent data to fully understand the number of residents in supported accommodation with disability, the Office of the Public Advocate reports that a substantial number of residents in supported accommodation likely have disability such as intellectual impairment, acquired brain injury, mental health concerns, or issues relating to drug and alcohol use.<sup>3</sup>

Systemic cultural beliefs in Australia contribute to social exclusion, stereotypes, financial hardships, and discrimination against people with disability. These beliefs influence policies and procedures for housing access and affordability that results in people with disability experiencing an increased level of poverty and homelessness.<sup>4</sup> People with disabilities are living in substandard conditions, with insecure tenancies, a lack of acknowledgement of the right to

<sup>3</sup> The Office of the Public Advocate. 'Safe, secure and affordable'? The need for an inquiry into supported accommodation in Queensland, August 2023 ('The Public Advocate Report').

<https://www.justice.qld.gov.au/public-advocate/our-advocacy/disability/supported-accommodation-in-queensland>.

<sup>4</sup> The DRC Report, page 660. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.docx>.



live where and with whom they choose.<sup>5</sup> In our observation, supported accommodation facilities frequently fall short as suitable housing solutions for many people with disability. They often serve as a final recourse for those who have “fallen through the cracks” and find themselves with no alternative options.

The DRC found that “there is too little cause or compulsion for inclusive housing options for people with disability to be developed in the mainstream housing system while group homes continue to exist. This is particularly the case for people with higher or complex support needs”.<sup>6</sup> Despite two decades passing since the *Residential Services (Accreditation) Act 2002*, the failure to provide adequate housing options has resulted in numerous negative consequences and breaches of human rights.<sup>7</sup>

The ultimate solution calls for de-institutionalization and phasing out group homes, including all levels of residential services. Prioritizing the delivery of inclusive housing options for people with disability is crucial. To facilitate proper de-institutionalization, immediate interim reforms are imperative for Level 1, 2 and 3 residential services aiming to enhance safety, security and affordability.

QIDAN welcome the Public Advocate’s invitation to discuss the role of supported accommodation in Queensland, given the outcomes of the Disability Royal Commission’s final report, published on 29 September 2023, as well as the Independent NDIS Review Report, published on 7 December 2023. It is time for the disability sector, at the federal and state level, to provide long-term housing solutions for people with disability to prevent further violence, abuse, neglect and exploitation and to honour the human rights for people with disabilities to have housing that is safe, secure, sustainable and affordable.

This submission aims to present solutions and recommendations based on QIDAN’s extensive advocacy experience.

<sup>5</sup> The DRC Report, page 641. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.docx>

<sup>6</sup> Ibid.

<sup>7</sup> The Public Advocate Report. <https://www.justice.qld.gov.au/public-advocate/our-advocacy/disability/supported-accommodation-in-queensland>.

## The Residential Services (Accreditation) Act 2002 in Queensland and the substantial reforms proposed in the DRC Report and the NDIS Review Report

In September 2003, immediately following the enactment of the *Residential Services (Accreditation) Act 2002*, Queensland Advocacy for Inclusion (QAI) submitted concerns to the Queensland Government, highlighting issues with the then-new legislation. It included the inappropriateness of services responses and the lack of adequate safeguards for people with disability with complex support needs living in residential services.<sup>8</sup> After 20 years, it is evident that the legislative changes failed to bring about improvements, inadvertently supporting a form of institutionalization for people with disability.

It is time to focus on effective housing solutions for people with disability, guided by key principles:

- ✓ The Convention on the Rights of Persons with Disabilities (CRPD) recognizes the rights of people with disability to live in the community, choose where and with whom they live, and have an adequate standard of living, including food, clothing and housing.<sup>9</sup>
- ✓ The Queensland *Human Rights Act 2019* affirms rights such as freedom of movement including freedom to choose where to live (s 19), privacy (s 25), culture (s 27) and health services (s 37).
- ✓ The DRC recommends: “The housing sector needs to change so it can deliver a much greater supply of inclusive housing options that support people with disability. This is particularly the case for those with more profound disability or complex needs, to enable them to live on their own terms in the community, with genuine choices and options”.<sup>10</sup>
- ✓ The NDIS Review Panel envision “secure and affordable housing is foundational to the lives of all Australians” and that NDIS participants “should be able to choose from a range of diverse and innovative housing and living options to find what best suits their particular needs and circumstances”.<sup>11</sup>

Collectively, these sources advocate for the end to institutionalisation and the realisation of promised human rights for people with disability – a home that is of their choice, that is private, safe, secure and affordable.

<sup>8</sup> Legislation and Life: *The Residential Services (Accreditation) Act 2002* and the lives of vulnerable people with disability inappropriately placed in supported accommodation hostels and boarding houses, September 2003. <https://www.aph.gov.au/DocumentStore.ashx?id=692a224f-4ae9-48c8-82b7-a8b97fc26b1a>

<sup>9</sup> Articles 19 and 28 of the CRPD.

<sup>10</sup> The DRC Report, page 643.

<sup>11</sup> The NDIS Review Report, pages 149-150.



Aligned with these principles, QIDAN supports two central recommendations from the DRC Report and the NDIS Review Report:

First, we endorse Recommendation 7.43 of the DRC Report which calls on the Australian Government to develop and implement a roadmap to phase out group homes within 15 years. On this point, it is important to clarify that the DRC Report defines group homes as:<sup>12</sup>

a form of accommodation that is ‘distinguished from other houses by having four or five long-term residents’<sup>i</sup> and where services and supports are provided to residents with disability. As we have also explained, residents of group homes are unlikely to be entitled to the protections tenants have under the residential tenancies legislation of the states and territories.

Second, we endorse Recommendation 9.11 of the NDIS Review Report which states that “All Australian governments should agree and publish a targeted action plan for housing under Australia’s Disability Strategy”.

Moreover, QIDAN align with the other findings of the DRC Report and the NDIS Review Report addressing housing issues and homelessness experienced by people with disability. Our additional recommendations focus on suggested interim measures, aiming for immediate implementation while gradually incorporating the two main recommendations over time. These interim recommendations are summarised in our responses to the Public Advocate’s questions, answered in detail below.

## **Responses to the Public Advocate’s report ‘Safe, secure and affordable’?: the need for an inquiry into supported accommodation in Queensland’**

In targeting our responses to the specific questions included in the Public Advocate’s report, we first direct our attention to the following central questions:

### **I. Are the current residential services regulatory criteria appropriate and appropriately monitored?**

The current regulatory criteria for residential services are inadequate, failing to effectively protect people with disabilities despite the prevalence of disability among residents. QIDAN supports the DRC’s recommendation to phase out group homes, therefore we do not support Levels 1, 2 and 3 residential services continue to be seen as a long-term housing and support solution for people with disability. We understand that phasing out group homes will take time and will require careful steps towards and interim measures to ensure residents transition to a

<sup>12</sup> The DRC Report, page 688.



home that is safe, secure, and affordable. Hence, it is crucial to discuss regulatory criteria and monitoring as an interim measure.

Concerns arise from the limited understanding that residents with disability have about what they can expect from service providers, creating a potential risk of abuse, neglect and exploitation. Despite an apparent “overregulation,” existing rules have not prevented various issues within residential services, including unsuitable physical environments, safety risks, privacy concerns, limited freedom, and poor-quality support services.<sup>13</sup>

Residential service providers deliver services akin to Supported Independent Living (SIL) and Specialist Disability Accommodation (SDA) providers, yet to our knowledge they operate with lower reporting standards. The lack of information on residents, their needs, and whether these needs are adequately addressed raises significant regulatory gaps. Furthermore, we understand that there is an absence of minimum staff-to-resident ratio which is a notable concern. The issues extend to the lack of regulation on service charges. The Public Trustee of Queensland’s representative reported at the public hearing on 13 December 2023:<sup>14</sup>

When you see someone who is in level 3 supported accommodation and 90 per cent of those costs are going towards rent and you are talking about \$700 or \$800 a fortnight in rent for a shared bedroom and a shared bathroom, that does not seem to me to be reasonable when they provide that breakdown on the rooming agreement. I think more regulation around those costs and how they are charged and visibility about what the care and support services are, is needed. I have seen, for example, some rooming agreements when we did our little snapshot where \$800 might be the rent component for a fortnight and there is only \$100 for food for the fortnight. It does not seem to be commensurate with the service they are receiving that a shared bedroom would be \$800 a fortnight in rent. I think some regulation around what the providers can charge is required.

Discrepancies between SDA providers, regulated at 25% of the pension, and some residential services that can reach 75-90% of the pension on rent, highlight a pressing need for consistency and regulation.

To address these issues, QIDAN proposes several key recommendations:

<sup>13</sup> The Public Advocate Report, page 9. <https://www.justice.qld.gov.au/public-advocate/our-advocacy/disability/supported-accommodation-in-queensland>.

<sup>14</sup> Community Support and Services Committee. Public Hearing – Inquiry into the provision and regulation of supported accommodation in Queensland. Transcript of proceedings, page 10. <https://documents.parliament.qld.gov.au/com/CSSC-0A12/IPRSAQ-00AB/Public%20Hearing,%2013%20December%202023.pdf>.



1. Regulate service charges to ensure fairness and transparency, with a particular focus on rent and support service costs.
2. Fund sufficient independent legal advice and advocacy support for decision making support for residents. Service providers should be mandated to encourage residents to access supports, make referrals, and allow access to these independent supports especially before signing tenancy or rooming agreements.
3. Increase the frequency of audits by the Department of Housing (DoH) to ensure more regular and thorough monitoring, oversight of incidents, and safety of residents. Moving away from audits at accreditation and renewal every 3 years to an annual basis will increase accountability, safety, and compliance with regulatory requirements.
4. Enhance the efficiency and frequency of visits by the Community Visitor Program to encourage engagement with residents and resolve issues. The Community Visitor Program should have quarterly visits to all Level 1, 2 and 3 residential services with monthly visits where risks have been identified.

Addressing the inadequacies in regulatory criteria and monitoring is critical as we work towards phasing out group homes. Immediate reforms are necessary to safeguard the well-being of residents and ensure a smooth transition to inclusive, safe, and secure housing options.

## **II. Is there sufficient regulatory oversight of the interplay between multiple systems, particularly the state-regulated residential services system, and the federally regulated NDIS?**

No. As mentioned above, the residential services system is not sufficiently regulated to ensure that residents have access to housing and supports that are safe and affordable. One critical issue is the lack of transparency and regulation related to charges, leading to uncertainty about what residents are paying for. This lack of clarity can result in potential duplication of services for residents receiving NDIS funding, emphasizing the need for a clear regulatory framework to enhance financial security and budgeting for residents.

The absence of specific data about the residents living in residential services pose a substantial challenge. A lack of information on NDIS eligibility, how many of them could be living in social housing, or how many are on waitlists hinders effective oversight and coordination. Establishing a transparent regulatory framework with comparable regulations and price guides would enable a better understanding and mapping of residents' needs and service demands. Without effective oversight, the interplay between the two systems may be financially costly to government and traumatic for people with disability.

In addition to the above recommendations, QIDAN recommends:

1. Establish a robust data collection system including information on NDIS eligibility, social housing occupancy, and waitlists.

2. Implement a case management system to provide residents with disability wrap-around services.

In addition to these overarching questions and recommendations, QIDAN provides responses to the 29 questions posed by the Public Advocate below.

**1. Is the current model by which level 3 residential services are provided – which typically sees private providers delivering accommodation and support services at the cost of a majority of a resident’s Disability Support Pension – an appropriate one for Queensland into the future?**

No. To reiterate, the current model does not offer housing and supports that are safe, secure and affordable for people with disability, and it should not be seen as a long-term solution for people with disability.

**2. Should new models of service delivery that meet the needs of particular cohorts of residents (e.g., residents with significant mental health concerns or with significant drug and alcohol use) be trialled?**

People with significant mental health concerns, disabilities and drug and alcohol require individualised support in appropriate settings, not congregated living that mirrors institutionalisation. It is imperative that people living in Levels 1, 2 and 3 residential services are actively supported to explore and transition into long-term housing solutions.

An approach similar to the NDIS [Medium-Term Accommodation](#), which provides funding while a person is waiting for their long-term house to become available, could be considered. For that to happen, though, the government must increase housing stock to ensure short to medium-term accommodation do not inadvertently become long-term solutions due to a lack of options. It is essential that any services providing housing and supports to people with disability have appropriately trained staff.

Another example of alternative short-term accommodation is the [Step Up Step Down service](#) in Cairns that provides sub-acute services to residents who are transitioning from a mental health facility to living safely in the community. Nevertheless, it is essential that such services do not become a long-term solution for people with disabilities.

**Costs and charges**

**3. Are current charges for level 3 residential services reasonable?**

As noted previously, it is not reasonable that 75-90% of someone’s low income is spent on housing and services. Please refer to answer to question 1 above.

**a. Do they enable residents to have sufficient disposable income to ensure a reasonable quality of life?**

No. Having only about 10-20% of income available is not sufficient for people to maintain a reasonable quality of life. Considering the cost of living today and medical costs, including visiting a GP. This limited disposable income forces people to make sacrifices in terms of health, nutrition, and overall quality of life to be able to survive, let alone for hobbies or recreational activities. People with disability in such conditions face a very poor quality of life.

**b. Do they enable providers to deliver quality services on a financially viable basis?**

The lack of publicly available information makes it challenging to assess whether the charges for residents are sufficient to deliver quality services. However, people with disability who live in those settings report to us issues with hygiene, cleanliness, accessibility, and poor food quality despite paying up to 90% of their low-income. For people with disability to receive quality services they must be individually supported by trained support workers and their housing arrangements must be accessible, safe and affordable. Unfortunately, this hasn't been our experience while advocating for people with disability in residential services.

**c. Should a cap be placed on the amount that residents are able to be charged?**

Yes. The current charges are unsustainable, inappropriate, and unaffordable on a Disability Support Pension. Prices should be regulated, similar to the approach taken with the NDIS Price Guide<sup>15</sup> and the regulation of accommodation by the SDA Price Guide<sup>16</sup>.

**4. Should greater transparency be required of level 3 residential service providers concerning the fees charged for accommodation, food, and personal care services?**

Yes. Transparency is imperative, however, robust regulation of practices, accountability and actual consequences are crucial.

**Service standards**

**5. Do current service standards set appropriate benchmarks for the provision of level 3 residential services, particularly in relation to personal care?**

No. It is our understanding that staff who provide personal care in residential services are only required to have a first aid course, fire training and medication compliance. The absence of comprehensive training in disability support may compromise the safety, well-being and individualised care that residents require.

<sup>15</sup> NDIS Pricing Arrangements and Price Limits 2023-24:

<https://www.ndis.gov.au/media/6502/download?attachment>.

<sup>16</sup> NDIS Pricing Arrangements for Specialist Disability Accommodation 2023-24:

<https://www.ndis.gov.au/media/6378/download?attachment>.



**6. Should the assessment of whether level 3 residential services meet particular standards require more thorough evidence, including greater on-site monitoring and more direct engagement with residents and relevant representative agencies?**

Yes. Recommendation 7.38 of the DRC Report must be fully and immediately implemented to ensure the safety of people with disability currently living in residential services.<sup>17</sup> Please refer to our recommendation 3.2.

**7. Should the residential services regulator be required to publicly report on the compliance of service providers with accreditation standards?**

Yes. For greater accountability and full transparency to the public and the broader community.

**Staff**

**8. Are current minimum qualification and training requirements for staff of level 3 residential services appropriate?**

No. The current minimum qualifications and training requirements for staff that provide personal care to people with disability living in residential services is inadequate. We advocate for all staff delivering personal care support to hold a minimum accredited qualification in disability, individualised supports and management of challenging behaviour. Our experience has been that disability is misunderstood by the broader community, and residential services are no exception when staff lack proper training. The current training requirements of first aid, fire training and medication are not sufficient to provide adequate supports to people with disability.

Please refer to our recommendation 3.2.

**9. How might greater assistance be provided to level 3 residential services to manage difficult scenarios, including those that occur outside business hours?**

Properly trained staff on site should help manage difficult situations. People with complex needs should be properly identified, assessed, and placed in adequate housing with highly trained staff providing support to them. Greater connection with other community and social services to ensure that people with disability have networks of support is also essential.

<sup>17</sup> The DRC Report, pages 588-589. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.docx>



## Conflicts of interest and transparency

**10. Further to question 4, should greater transparency be required concerning the fees that are charged to residents when their level 3 residential service provider, or a closely related entity, also provides them with NDIS-funded services?**

Yes, most definitely. To minimise conflict and the possibility of double payments. A complete standard breakdown of participant expenditure should be itemised for scrutiny.

**11. When a level 3 residential service resident chooses their accommodation provider, or a closely related entity, as their NDIS service provider, what evidence should the service provider be required to provide to demonstrate that the resident has exercised an independent choice?**

To minimise conflicts of interest and improve the quality of supports for people with disability, accommodation and disability supports should be provided by different service providers. This is recommended by both the DRC Report and the NDIS Review Report.

To ensure effective supported decision making, tenants and prospective tenants should be offered independent advocacy and / or legal advice when choosing service providers.

Please refer to our recommendation 3.8.

**12. Is the monitoring of NDIS-funded services provided to residents of level 3 residential services adequate?**

No. As mentioned before, there is inefficient and insufficient oversight of the services that are provided to people with disability living in all levels of residential services and the NDIS funded services received by that same person. Please refer to our recommendation 3.5.

## Oversight and safeguards

**13. How can existing safeguards be improved to provide better protections for residents living in level 3 residential services?**

People with disability who reside in Levels 1, 2 and 3 residential services should have access to independent advocacy services and community visitors should increase regularity of visits. Annual audits and unannounced assessments should be conducted by statutory regulators to ensure accounts are in order, residents are safe, and money is spent in an ethical manner.

Separating housing providers from support providers will better protect people with disability.

Regulatory tenancy authorities such as the Residential Tenancy Authority (RTA) should have greater power and oversight to protect tenants of residential services.

## Promoting skills and independence

### 14. Are there unintended consequences from the participation of residents of level 3 residential services in the NDIS that warrant regulatory reforms?

Due to a lack of training for workers in residential services, people with disability are often missing opportunities to build vital skills for independence. Additionally, due to the congregated nature of such settings, many residents are unable to access places such as the kitchen to build and/ or practice cooking skills.

It is essential that residents who are NDIS participants are encouraged and supported to use their NDIS plans to exercise their choice and control and build skills. Moreover, it is crucial that residents are not charged by residential service providers for supports that are already funded in the resident's NDIS plan.

## Complaints mechanisms

### 15. Should a 'no wrong door' approach be established under which residents of level 3 residential services are assisted to lodge complaints about service provision across a range of service sectors, including the accommodation, NDIS, and aged care sectors?

Yes. However, there is a concern that while service providers are allowed to provide accommodation and supports, and there are no other housing options available residents will not be safe to make a complaint.

Clear complaints mechanisms and decision-making authorities need to be published and accessible to people with disability i.e. in Easy English, video, and with translations.

The establishment of an independent resident reference group, including people with disability, (similar to the former Queensland Disability Housing Coalition) could also be used to assist residents to lodge complaints about service provision. This body could be responsible for providing education and training to staff to ensure that people with disability are supported and feel safe to make a complaint.

Additionally, mechanisms for mandatory referrals to an independent advocate or to the community visitor to assist with complaints would reduce conflicts of interests.

## Rooming agreements

### 16. Do current regulatory requirements concerning rooming agreements adequately protect the rights of residents of level 3 residential services?

No. It is our understanding that the RTA have very little jurisdiction and cannot assist with issues related to rooming agreements. Service providers should be required to ensure that

people with disability receive independent legal advice before signing a rooming agreement. Please refer to our recommendations 3.4 and 3.6.

### **Informal safeguards and capacity building**

#### **17. What additional steps should be taken to ensure that residents of level 3 residential services understand and are able to exercise their rights?**

Please refer to question 15.

#### **18. How can the voice of residents become more central to the regulation of level 3 residential services?**

It is important that residents are truly heard on an ongoing basis, so they feel safe to raise issues about their housing situation. There should be a focus on a regular proactive monitoring of residential services instead of waiting for residents to raise complaints in a private and confidential manner.

Residential service providers should be informed by their residents, including residents with disability, about the service and incorporate ongoing feedback. This could be done as a reference group of residents for example.

### **The suitability of personal care services**

#### **19. Should a standardised intake assessment process be developed and implemented for potential residents of level 3 residential services to ensure that their accommodation and support needs will be able to be met in this setting?**

Yes. However, unfortunately, it is our experience that this would not make much difference as providers have discretion and the current regulation is not sufficient to ensure that residents are matched with supports that meet their needs. Standardised intake assessments should be done to ensure that current residents can be referred elsewhere, where their accommodation and support needs are met.

Standardised intake assessment processes should be implemented for all people with disability seeking housing to ensure that suitable accommodation is provided to them. For example, where an assessment results in a person being deemed potentially eligible for SDA and SIL, there should be supports in place for that person to seek such supports. On the other hand, if social housing with minor modifications meets a person's needs, supports should be provided to assist that person to secure such housing.

Please refer to our recommendation 3.1.



**20. How might the service and support needs of residents of level 3 residential services be reliably and regularly assessed?**

Please refer to questions 18 and 19.

Additionally, case management for all residents provides an opportunity for ongoing monitoring and assessment to determine where supports are needed, assist with navigating processes, and finding appropriate services. Case management should be independent of the residential service and have an ongoing role to assist with finding long term sustainable housing.

Please refer to our recommendation 3.5.

**Access to funding**

**21. Should greater assistance be provided to residents of level 3 residential services who need to navigate and engage with multiple service systems (including in the fields of housing, NDIS, aged care, mental health, alcohol and other drugs, and the justice system)?**

Yes. Please refer to response above to question 20 and to our recommendations 3.5 and 3.6.

**External service providers**

**22. What changes are required to ensure that residents of level 3 residential services are able to access external services, including advocacy services?**

Residents must be informed about independent advocacy services. It could also be made mandatory for residential services to refer clients to advocacy organisations when the resident requests or when the need is identified (or identifiable). QIDAN is aware of service providers that support residents with decision making, however we have concerns about such cases as it raises a potential conflict of interest and service providers generally do not have the expertise to provide such support. QIDAN's organisations have experienced instances where the involvement of an advocate has been questioned by service providers, which should never be accepted. The role of independent advocacy should be highly respected, and residents should be encouraged to seek advocacy assistance when needed.

**Unregistered residential services.**

**23. How might unregistered services that meet the current level 3 residential services criteria, and that are therefore required to obtain registration and accreditation, be more reliably identified?**

Increasing the availability and supply of accessible housing for people with disability should be the highest priority for the government, not increasing the number of registered providers. On this point, the DRC Report noted that "the absence, reform or removal of one of more

‘institutional elements’ will not make a setting ‘community-based’<sup>18</sup>. Where autonomy and meaningful choice are denied, and a set routine is established by a service provider, the setting is considered an institution, and therefore should not be supported.

### Emerging, unregulated models of accommodation

#### 24. What regulatory steps should be taken to better protect residents of level 3 residential services from predatory provider behaviour?

Access to external services such as independent advocacy should help protect residents with a disability. However, even advocacy services have difficulties helping residents when the service providers are not held accountable for their practices. It is essential that the regulatory bodies have enforcement power to warn providers and even fine them, if needed. Increasing the frequency of visits by the Community Visitor Program would also improve the oversight and monitoring of predatory behaviour (please refer to response under question 13).

### Decision-making

#### 25. How might residents, and potential residents, of level 3 residential services be better supported to make their own accommodation and service-related decisions?

As previously mentioned, informal supported decision-making support, advocacy, and more housing options are essential for residents with disability to access accommodation that is safe, secure, and affordable. It is crucial that government and service providers staff are highly trained in inclusion and disability, so we can start seeing changes that don’t reflect an attitude of ableism and discrimination.

### Zero tolerance policies

#### 26. Has the adoption of ‘zero tolerance’ policies by some level 3 residential service providers had unintended consequences that require a regulatory response?

Yes. It has made people with disabilities much more vulnerable. The lack of understanding about disability means people get evicted with nowhere to go instead of being supported and understood.

<sup>18</sup> The DRC Report, page 775.

## Restrictive practices

### 27. How should the use of restrictive practices in level 3 residential services be minimised and more effectively regulated?

It is crucial that staff are highly trained on the use of restrictive practices and that a new quality and safeguard framework strongly underpins accountability. Please refer to our recommendations 3.2 and 3.3.

## Emergency and disaster planning

### 28. Are current disaster planning measures adequate across level 3 residential services?

No. Disability needs must be included in disaster planning measures. QIDAN do not have expertise in disaster planning, however, we are able to identify that the additional difficulties and challenges on top of the existing vulnerabilities experienced by people with disability would exacerbate the negative experience already existent for these people. With that said, we can recommend the Queenslanders with Disability Network's (QDN) work on [Disaster and Emergency Planning](#) specific to people with disability.

## Pathways out of level 3 residential services

### 29. How might residents of level 3 residential services be assisted to develop skills that will enable them to move into other accommodation settings, where this is their preference?

Please refer to our recommendations 2, 3.1, 3.5 and 3.6.

## Conclusion

QIDAN thank the Community Support and Services Committee for the opportunity to contribute to the inquiry into the provision and regulation of supported accommodation in Queensland. QIDAN appreciates the government taking interest in reviewing the *Residential Services (Accreditation) Act 2002* and listening to people with disability, their families, and advocates.

We hope to see QIDAN's recommendations embedded in future policies, regulations, and structural changes.

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<sup>i</sup> National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020 (Cth), sch1 s1(4).