Inquiry into the provision and regulation of supported accommodation in Queensland

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Transcript

It's the 20th of February 2024. My name is , Nurse manager for and my address is

I took over and purchased the business in the middle of 2017 and up until then, I'd worked in the Community, specifically in the disability sector, and I'd never heard of a residential service. I had no knowledge or understanding of the levels, and I really had no idea what I was about to get into. was registered to take 22 people all in dorm room settings. When I took over there was about 8 to 9 people living here and many were already connected with the residential services program, which was blocked funding run through the organisation AUS Care and the previous owners explained to me that it could be accessed by residents, particularly of a Level 3 residential service because they were considered to be most at risk and for them to be able to access some sort of support services.

Being a registered nurse, I already had links in the community, so I found the social work at the hospital, the Red Cross, women's centres, and some shelters began referring people to or accommodation once they heard that I was the operator. During the next 12 months, I professionalised and stepped the policy and processes up, increasing the number of referrals of residents to , and we hovered usually around that 16 to 19 residents at all times. And this is what I learned from the first year; systems are broken. Most of the systems that are designed for the vulnerable people in our society and local communities are broken, meaning they're at capacity or their hands are tied or there's a lack of resources for them to function at the level they need to. I learned that residential services attract people who fall through the cracks. That is what I call them. It seems to be the simplest way to explain the demographic. I can tell you story after story after story, of people who don't qualify for a specific program or for that assistance; they aren't bad enough; and they aren't good enough. They are what I call (and it sounds bad), but too high functioning for their own good, but lack the cognition capacity to support themselves adequately because their functional capacity is too low, and these people routinely have no one else in their life to help them. Most I can't say all, but most I'm talking in the 90% of people that live here have no family, no informal support network. becomes family.

So, who helps these people? Well, I did. I ended up helping most residents who stepped foot in this place. Why? Because there was no one else to do it. For example, what good is a health system when a person has no capacity to get themselves help or understand the need for medical treatment. For example, the man with maggots coming out of his legs - he ends up being a frequent flyer boomeranging in and out of hospital services until a social worker puts him here with me and I take him on board to get him sorted out. Advocacy, navigation, linking coordination, referrals, phone calls, emails, phone calls, emails, hours of work do I get paid for this? No. But if I don't do it, who will? No one. Then what? Another dead, vulnerable person with the disability. Literally, who is meant to do this? What system or department is there? There isn't one, and that is the crux of the problem. With Level 3 services, no one would think badly of me if I didn't go the

extra mile. If I followed the legislation and do exactly what I meant to do and no more, it would be accepted. No one is asking me or expecting me to do this unpaid. No one would think badly of me except me. I have to sleep at night knowing this person's situation. The additional burden placed on a Level 3 providers personal ethical and moral values and beliefs systems is what drives good Level 3 operators, not the money, because there is no money for this, but I do it because no one else will.

What good is a mental health system when a person has no capacity to understand the need for medications to regulate their mental health? The lady with an intellectual impairment schizophrenia, who's transient, unsettled, moving from place to place, referred by Red Cross when she has stepped off the bus, arriving into Townsville, having fled her previous situation. A victim of horrendous abuse and neglect in childhood trauma living out of a suitcase on the run as she gets here to [redacted]. For months I could not get any support from any mental health services not even a visit to come see her. The symptoms were horrific, exposed to everybody, the staff, all the other residents. Multiple voices, what we all called sailor talk, uncontrolled. So, do I evict like every other place she's ever tried to live? Or do I invest my time, my efforts and hours of work to help this lady? But then the problem is raised, how can I help her when no one will help me? Finally, after close to a year, that's long it took. You can imagine after a year I had all but given up and we all the staff and the residents were just living with it, putting up with it, and I juggled the complaints. A mental health caseworker who just happened to be here at [redacted], visiting another new resident who had moved in, witnessed this lady hanging out the clothes at the washing line. She came upstairs and got me in the kitchen and told me that we had a seriously mental ill lady, and I broke down. I said I know, and I can't get anyone to help me get her help. This mental health worker then took it upon herself to help me do what I needed to do to get this resident help, which included, among other things, a lengthy application to the QC court system, which I had to do myself, had never been exposed to before, I had no idea what I was doing, but I did it anyways. I was successful in getting her regulated under the Mental Health Act. The good news is that she was taken and put on meds which worked, and she's been living here now six years. Her mental health symptoms are under control enough for her to, after 2 1/2 years, she finally unpacked her suitcase and has been maintaining her tenancy. She has stability in her life and a place to belong. Literally, who is meant to do this? What system or department is there? Who is there to navigate and support this lady to get the mental health intervention she needed? She did not even have health records. She had never been in any health system in Queensland. There isn't one, and that's the crux of this problem. With a Level 3 service (again, I'm just repeating myself) no one would think badly if I didn't go the extra mile. If I followed the legislation and did what I was meant to do, it's accepted. No one's expecting me to do it. It's unpaid. It's not part of the job but I've got to live with myself.

The additional burden placed on the Level 3 providers personal ethical and moral values and belief system is what drives a good Level 3 operator, not the money. There is no money for this. Part of the job but I do it because who else is there that's going to. I can't pay someone to do it, I have to do it myself for the person. From my experience, unless an individual unless an individual within a system hears my story and what I'm doing with or for the person, and they take pity on me as I plead their case, that is usually the only time when I can get action occurring for the resident. Why am I even being put in that position to have to go to that level in the first place? I've threatened the eviction card so many times (not to the resident), It's my last go to resort to get action from services. I could evict these people and make them someone else's problem, but they have already been someone else's problem and here we are, so, someone has to break the cycle.

I've to strap on my armour and fight everyday almost after six years I'm growing weary and tired of the battles. The never-ending BS that inevitably complicates matters, reducing efficiency, effectiveness and ability for me to support these people as tiresome. One example is the OPG's Office of the Public Guardian not allowing accommodation services to also provide other services. The inconsistency in care this real cost is unbelievable. I'm expected to provide health and wellbeing support to people with complex medical conditions with both arms tied behind my back. I've been put in a position, time and time again where I'm forced to take residence myself to medical appointments without being paid without any funding, so that is why I have to do it in my own time because I get no money to pay support workers to do it. When there is another paid provider, the OPG insists on using for community access, just so that I can then in turn provide the resident with consistent care while they are a resident at [redacted] because the resident lacks capacity to do this themselves because they have disabilities, they can't recall accurate information, they can't always tell me what follow up actions the OGP or the specialist has told them to do and then there is the Community access provider that the OPG has insisted on using. Community access providers are usually bound by their organisations, policies and procedures, and confidentiality, privacy, and then they won't tell us anything when they do return the client from a medical appointment. Usually, they don't even go in with the client to their medical appointments, so it's just more [redacted] to deal with. So, what is the use of having a system in place where a person has funding to take them into the community and to support them with health and wellbeing needs that the OPG won't allow person to have the accommodation provider access to this funding to do so. This is what I'm talking about that defies logic. Anyone can see this rule has been made by a person who most likely has never worked in a community setting or in Human Services sector who is sitting in an office far removed from the realities of what Level 3 service providers are being faced with. To provide better outcomes for people, accommodation services must be allowed to access to provide some types of community supports to people with complex medical needs and comorbidities to ensure there is a high quality of health and wellbeing support being given to them for their consistency of care.

So, I'll circle back. At the beginning of my story, I've been in operation about a year, and it was now 2018 and my eyes were now wide open. I get a letter. I still remember standing in the dining room reading it, and I could feel the blood draining out of my face, the Queensland Government was closing down the resident support program and anyone over 65 that's encouraged to access my aged care services and anyone under 65 could access NDIS. Really? So, the Queensland Government expected people living in a Level 3, who could barely pick up a phone and make themselves an appointment, people who fell through every crack and every other system out there designed to help them to go to another system and effectively navigate it to access it, all on their own. I actually cried myself to sleep that night. I cried because I knew the amount of work ahead of me. I knew that if I did not do it, no one else would. This isn't fair, and it wasn't fair. 12 months later, I cannot even begin to describe the blood, sweat and tears. That went into my support of nine residents to all get their NDIS plans finally approved. The countless hours of my time, I just can't describe the hoops I jumped through and the lengths I had to go for some of my residence. I had to attend specialist appointments to get evidence of diagnosis. It was literally a labour of love as I had to do this all in my own spare time while I ran a Level 3 service, largely on my own, as there is no funding for Level 3 for any of this extra stuff. Now I have a university degree and I'm a switched-on kind of person, but even I had problems navigating the NDIS system. How the hell are people with profound and complex disabilities who have no informal support network to help them meant to do it? So how any one of them even going to get NDIS funding for support once the residential support program ceased? Not one of them had capacity to do so without my

direct involvement. That letter from the Queensland Government did not say who would help or who I could link the residents to to assist them with it. So, who would do? It The Level 3 provider who had strong ethical, moral and belief systems and is losing sleep at night worrying over her residence and what is going to happen to them is who does it with no funding unpaid just because it is the right thing to do.

So now it's 2019 and the large majority of my residents have been linked with NDIS and my aged care, and we're getting lots of providers coming in the front door, lots of activity. Residents are getting equipment, they're getting out, they're going to therapies, it's great, it's wonderful. I have so many good news stories that I can tell all thanks to the NDIS and seeing vulnerable people getting support and assistance was wonderful. As difficult as it was getting to that point, it warmed my heart to know I did that for them and could make a real difference to someone's life who did not have the ability to do it themselves and I did it. One of the problems, as touched on earlier was that the residents had all of this funding now and this was great for them. However, relying on other providers to support the residents was not an easy thing and brought additional work and burden on me yet again. Simple things like not sharing or handing over information, not knowing how to work with a resident due to their behaviours, their medical needs, not knowing what to do when they got here with the resident. After about three to six months, I was so sick of having to teach and mentor every single other organisation staff on how to work with my residents because I knew them all so well. The additional coordination work administratively was mounting up that was not there previously has been expected to now provide mass coordination to all of my residents, with each of their NDIS providers, who at minimum had two, some three and I had to be the central point of contact for each of these providers, this was huge. It was a significantly noticeable shift where a massive administration burden was now on me and expected of me as a Level 3 residential service to coordinate the residencies service provision. Honestly, I needed to employ a full-time social worker or coordinator for this, but pay them with what? How do I get the money to pay them? increase of residence rent by another $100 a week to cover their wages? Of course I can't do that, but I'm expected to carry out this additional work again with no funding.

By 2019, I was done, over it completely. I was being pulled from pillar to post, dealing with about 15 to 20 different services. As much as I did not want to become a NDIS provider myself, I felt like I was forced to. I had no other options. No other Ave opened to me as a residential. Service to actually provide a quality Level 3 service to people none, zero. I was being asked frequently by residents if I would just be their provider and I was continuously declining this, but they wore me down. So, I became a registered NDIS provider in July 2019, and my first NDIS participant was a [redacted] resident, who was the first one I successfully obtained a plan for (She used to live in this room) and to this day she resides now in her own unit in the community and my NDIS organisation still provides services to her every day. This NDIS registration eliminated the burden immensely of me having to deal with so many other organisations and services that have come into the residence lives at the lodge and instead of they're having to train other organisations staff on a daily basis (because they would send something new every day), I got to train a mentor, my own staff, who then could come every day and build strong professional working relationships with residents and actually start making a difference in their lives too. So, from 2020 to now, [redacted] has inevitably and unfortunately been on a slow-moving trajectory but forced into the stereotypical mould of an NDIS service where largely operating now as an NDIS service provider would be for most of the residents in a 24/7 care model with supported independent living funding. But what does this mean for the level through residential service? It is quietly being squashed into the background, which is devastating. the level through residential service is at a critical juncture and on life support. Why? And with what future? Why did this happen? I'm going

to get personal and did not come here to tell this part of the story, but I fear that if I'm not honest, once and for all, then you'll never know the truth of what goes on behind the scenes. Unless I tell it like it was.

From 2017 to 2019, I was a single mum with two children 6 to 8 years old. For the first nine months, I worked every day, every shift alone at [redacted] to ensure the residents have what they needed, and I fulfilled my obligations as a Level 3 service. I rented the House directly across the street because I took this lease over from the previous owners. After nine months, I built the number of residents up that allowed me to introduce some support workers to help me out. I got to take a morning or afternoon off occasionally. To have these workers meant I could go for periods of time, sometimes weeks, without having a wage myself. I had two young children, and this was very difficult time in my life, usually bringing leftover food from [redacted] to lodge home with me so I had food for the kids and myself at no. No one knows this and I don't want anyone to know because I poured everything into making sure that the staff were paid before myself and that the residents got what they needed as number one. There's no funding for a Level 3 operator to provide services apart from the rent charge to the resident. I was charging $665 a fortnight. The rent has only ever gone up once in my time here, and that was after the pandemic and the cost of living rose sharply and it went to $700.00, which it remains at now. I know that [redacted] is the lowest costing level 3 service in the state lowest with all the running expenses of a residential service and the cost of living, which I won't bore you with. I can hand on heart, as God as my witness testify to you all that the rent we get from the residents does not cover the operational running of a residential service and I know that the only reason why on paper it looks like they do is because the operators just go without paying themselves for the time that they put into it of what they're actually working to have to put into it. I know this because I've lived it and it's not unusual for me to work 12 to 16 hour days, seven days a week. What is the ramification of this? What is the future for residential services? It means the extinction of the Level 3 residential service, full blown across the board extinction, and the only reason Level 3 operators can now remain operational is 100% solely due to the funding the NDIS brings in the door and this is low Level 3 residential services are morphing away from what a true residential service is into this hybrid of a disability support accommodation facility.

Recently I've been approached by the Department of Housing wanting to discuss if I will drop the level through registration, due to this inquiry and it is a debate I'm struggling with right now to have within myself. Do I give it up and make my life easier and just be a level one with NDIS participants? Or do I keep performing CPR to keep the Level 3 status alive? Because if I let it die, then there is a huge piece of vital Community support that is desperately needed in a community going to die along with it. Because all the people who used to access [redacted] and now don't because they don't have NDIS plans, have not magically disappeared. They're all still out there, so where do they go now? What accommodation of residential service can they access? They've not all magically gotten themselves into NDIS plans. They're still falling through cracks, living in and out of shelters, backpackers, motels, going from system to system until one person within a system stands up, decides to take the individual person on and help them. Then they fall through another crack, and they get moved along to be someone else's problem to solve. I've lost count of the amount of times someone from an organisation has called me looking for a better [redacted] for a Level 3 and they say no, they don't have any NDIS, but they need it and I say no, I have no availability. I've been down that road and it pains me to say no, but I've quite literally been left with no other option. I easily get one to two inquiries on average a day in the seven-month period between 2018 and 2019 I turned away 42 inquiries for female residents alone as I had no vacancy to take them in our little dedicated women's only area. I've taken residence from

Broome, Mackay, Mount Isaac, and Cairns, who have travelled to get to [redacted] because it's a Level 3 residential service. There's no doubt in my mind there is a massive social need for residential services, there is no doubt in my mind that for years, for many, many, many years, Level 3 residential service providers have been the backbone, quiet achievers, supporting the most vulnerable people in our communities. There's no doubt in my mind that if nothing's done quality level through residential services will become extinct without some sort of funding that's not in the NDIS, it's not aged care services, not health services, proper Department of Housing, Residential services funding.

So, what is the answer? I thought up an idea, Im going to solve the world's problems - In my opinion, for what it's worth, which is not much, but I'm hoping to add my voices weight on the scales. Funding. I mean, it always comes down to money, doesn't it? But it's got to be measured well thought out, deliberate, funded supports for facilities. There can be no risk of this funding being misused, it has to be targeted. I'm no expert, I've never worked in the aged care environment or been around nursing homes so, my knowledge in this area is very little, but old people have pensions and that seems to be all they need to qualify to move into an aged care facility or a nursing home. I'm aware these are subsidised and provided funding by the government. What and how exactly I don't know. People with disabilities have pensions, it's called the disability support pension. My idea is if someone is on the disability support pension then that would qualify them to be accepted into a residential service. Where a determination could be made as to whether they needed the level 1-2 or three based on their support needs. Some sort of developed criteria, and then that residential service is subsidised and funded much like aged care facilities. This would also unnecessarily keep young people out of nursing homes and reduce burden on so many of our other systems, like the health system. That is my two cents. That is what it should be like. That is what would make it fair. That is what it would take to close the gaps and systems so that these most vulnerable people, the gap dwellers, can stop falling through cracks.

The Department of Housing, ever since I took over from previous owners, the residential services sit within the Department of Housing and I've had, I guess I call in my main contacts there and he's been terribly supportive. The whole Department has been terribly supportive right through COVID. They were really good. They helped me organise having the health services come here to do all the vaccinations. So, we ended up making this like a a vaccination sort of clinic and even past residents and other people in the community were welcome to come here to get it done. For, the two shots and the booster. So, we ran through clinics. That's been the one and only time Queensland Health have ever done anything here or contacted me for anything.

obviously, I get checked in on I have to do my accreditation and go through my audits with the Department. They have got a gentleman who's based here in Townsville now and that's only fairly new, so probably in the last year or two prior to that it was just always dealing with Brisbane because there was no one outside of Brisbane for that. So that's been really good. And he touched base with me recently and said that they were just, you know, checking in particularly with the Level 3 providers and given the inquiry that was going on just to see if there was any support we needed, or you know we've been in this discussion, with them just prior to the, inquiry about what my registration is going to look like now. [redacted] has been evolving right and and the people who were here purely 100% needing that Level 3 residential service as they move out and rooms become available, they're being replaced with people who want NDIS supports and being a nurse and having that human side, being contradicted by you have to put a business hat on and think about money. I hate being put in that position. I hate it. It's not why I do this but unfortunately, I've been forced into a position where I've got to take the person with the NDIS funding. It's just

the way it's been. Right now, with my Level 3, we've got the two residents here that are getting supports under that service. And I don't want to let it go because I don't know what the future brings.