

Submission – Inquiry into the provision and regulation of supported accommodation in Queensland



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About Queenslanders with Disability Network (QDN)

Queenslanders with Disability Network (QDN) is an organisation of, for, and with people with disability. QDN operates a state-wide network of 2,000+ members and supporters who provide information, feedback and views based on their lived experience, which inform the organisation's systemic advocacy activities. We believe people with disability should always be at the table when decisions are made that directly impact their lives. QDN's systemic advocacy is focused on the rights and full social and economic inclusion of people with disability within their communities. Recent advocacy activities have focused on key areas identified by QDN members, including the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC), the National Disability Insurance Scheme (NDIS) Review and improving housing and support options for vulnerable people with disability.

Introduction

Given QDN's role and advocacy activities we especially commend the Queensland Parliament for undertaking this important inquiry into Supported Accommodation in Queensland, by the Community Support and Services Committee. QDN also acknowledges the Queensland Public Advocate John Chesterman and his report, *'Safe, secure and affordable?': The need for an inquiry into supported accommodation in Queensland*¹ August 2023, which included the recommendation for a Parliamentary Inquiry.

Importantly, QDN acknowledges current and past residents, including QDN members, who call Supported Accommodation home, their engagement in this inquiry, their courage to speak up and have a voice, share their story and experiences with the hope and intention to help make positive changes for people now and into the future.

QDN also acknowledges the commitment of many owners, managers and staff working in this industry who support some of the most vulnerable Queenslanders, many with complex health and/or disability needs and life challenges.

QDN further acknowledges the work of SAPA to strengthen the industry and to try and build the capacity of services with their Association to deliver housing and support to residents.

This Inquiry has been initiated at a time when significant changes and reforms are impacting the sector's sustainability and operating environment. Some of these include Queensland's Housing and Homelessness reforms and outcomes of the Disability Royal Commission (DRC) and NDIS review. Housing is a fundamental need and human right and key to enabling people with disability to be included in community and family life, as well as to participate fully as citizens within Australian society. People with disability, similar to other Queensland citizens, want a place to call home that is accessible, safe and affordable. Contemporary state and national housing and human rights legislation and policies reinforce

¹ The Public Advocate, *'Safe, secure and affordable?': The need for an inquiry into supported accommodation in Queensland*, August 2023, [Level 3 Residential services \(parliament.qld.gov.au\)](https://www.parliament.qld.gov.au/level-3-residential-services).

the right of all people to safe, secure, affordable, accessible housing of their choice where their rights, dignity and privacy are respected.

Over the last 10 years QDN has engaged with residents, facility owners and managers and the Supported Accommodation Providers Association (SAPA) – peak body representing Level 3 facilities, with a clear focus of working towards improving the rights, well-being, housing and support outcomes of residents. The scope of projects undertaken with residents and facilities, amongst others, cover National Disability Insurance Scheme Access, COVID and vaccination information, provision of devices and digital literacy training and the power of peer support groups to build resident capacity and social connection.

In December 2023, QDN was subsequently engaged by the Department of Housing to provide information and support to residents in 22 level 3 facilities across the state in relation to the current Inquiry into Supported Accommodation. Resident feedback from this engagement as well as QDN’s past work across level 3 facilities informs this submission and its key recommendations.

This submission is also informed by Queensland’s current housing and human services policy and legislative environment, the DRC and NDIS Review recommendations. In particular, Recommendation 7.38 of the DRC specifically referring to minimum standards and monitoring and oversight of Queensland’s level 3 facilities. This includes resident development of support plans, record-keeping, complaints management, access to independent advocacy and pathways to long-term accommodation options.

Throughout QDN’s submission, Supported Accommodation refers to all levels of facilities, however a clear focus is given on the 1,435 residents² living in 44 Level 3 facilities across the State. Table 1 in the Appendix provides information around resident characteristics of the 22 facilities consulted. Overall, in undertaking consultations relating to this Inquiry, QDN has engaged with over 550 of the 752 residents residing in 22 facilities visited and past residents, as well as facility owners, managers and staff. The primary disabilities of residents across all facilities are Intellectual, Psychosocial, Physical, Acquired Brain Injury and Mental Health conditions.

What We Heard

Throughout the engagement process with residents in supported accommodation facilities a number of key themes were shared by residents. These themes are captured below:

- I share my room; I share my bathroom – I want my privacy.
- I want to be able to snack when I am hungry or use the microwave to heat up some food or make a cup of tea. That is not possible as I can’t access the kitchen.
- I would like to be able to have a say about the food I eat, have a diet that is good for me and my health condition.
- I think we need upgrades to the living environments so we can live in better conditions.

² Public Briefing – Inquiry into the Provision and Regulation of Supported Accommodation in Queensland, Transcript of Proceedings, 27 November 2023, [Transcript - 27 November 2023 - CSC - Briefing - Inquiry into the provision and regulation of supported accommodation in Queensland \(parliament.qld.gov.au\)](https://www.parliament.qld.gov.au/Transcript-27-November-2023-CSC-Briefing-Inquiry-into-the-provision-and-regulation-of-supported-accommodation-in-Queensland).

- I like the way that we (the residents) look out for each other.
- I want to be able to be myself and have activities to do. We must have something to do during our days.
- It would be good to volunteer or gain the skills to get a job. That opportunity seems to just pass us by.
- I need staff to understand me and my mental health condition. I would love the staff to have training in this area, so they can understand me and how to best support me.
- I have lost connection with my family, this place has become like my family.
- We need things to change - I feel like I should have been living here for a few months, it has been many years. I want to make a plan and have a pathway to other housing options that would work for me and the support I need.
- I don't understand the NDIS, how it could better work for me or if I am even on it. I might be but it is not clear to me.
- The staff will often go above and beyond what is their job to help me. Staff do what they can.
- I want to feel safe; I want to feel protected; I want to be safe no matter my gender or sexuality. I don't feel that.
- I want my voice heard; I want to speak up. I feel I can't do that. I am fearful I will get asked to leave or I will pay for speaking out.
- I want to be listened to; I want people who live here to have a say.
- We feel sometimes we are not part of our community.

These key themes were evident throughout all the 22 facilities that QDN visited.

Current Environment

In Queensland, Supported Accommodation, particularly level 3 facilities has historically provided an important emergency and transitional housing option for vulnerable Queenslanders, especially people with a range of disabilities and complex medical and mental health conditions who also require some form of support to meet fundamental personal care, health and wellbeing and community participation needs. For some, it has become a longer term or permanent housing option for reasons outlined further in this submission.

Facilities are privately owned and operated, and the current operating model relies on the payment of rent and fees by residents, most on some form of pension/government allowance as their sole source of income. This provides a unique and complex policy and regulatory environment that underpins the industry.

Overall, QDN considers that until recently this sector - its needs, issues and the approximately 8,000 residents who live in Level 1, 2 and 3 facilities, have been largely 'ignored' by successive governments.

The *Residential Services (accreditation) Act 2002 (QLD)* that governs regulation of the sector has been in place for over 21 years. During this time contemporary approaches to housing, disability and human rights have significantly changed. This includes Australia's adoption of the United Nations Convention on the Rights of Persons with Disability, the introduction of the NDIS and legislating a Queensland Human Rights Act. These contemporary approaches have had little to no impact on the supported accommodation sector, with residents experiencing limited change in over 20 years.

The transition to the NDIS and the bilateral agreements saw a change in the disability ecosystem which has had unintended consequences in a range of services, systems and sectors. This includes supported accommodation. QDN notes that prior to the introduction of the NDIS, the Queensland Government funded a Resident Support Program where external agencies were funded to deliver limited support to residents with diverse disabilities across their personal care and community access needs. This scheme finished with the assumption that all this cohort would access the NDIS. However, as Table 1 in the Appendix indicates over 30% of residents with disability in the 22 facilities QDN has visited, do not meet NDIS eligibility requirements. Some have not agreed to apply for the scheme or have been deemed ineligible, for a range of reasons.

SAPA, although acting as a peak body for this sector has not been funded by government to perform this role. Similarly, no independent resident advisory body or mechanism exists to give a voice to residents, and co-design and inform improved resident outcomes for now and into the future.

Overall, information and data is not available to inform actual needs of the industry. There is currently limited data captured in relation to resident characteristics, issues and needs as well as limited data about industry operating and sustainability issues.

As detailed in Table 1 in the Appendix supported accommodation facilities provide vital referral pathways for a range of Government departments (Health, Housing, Corrective Services, Housing and homelessness services, NDIS Supports Coordinators and Aged Care Case Managers, amongst others) who regularly refer clients/customers requiring housing and support services. However, resident feedback indicates the referral pathway is largely one way into a facility rather than one that supports further transition into long term alternative housing and support arrangements. As such, residents become 'stuck' and unable to move on to their preferred housing choice.

Additionally, feedback reinforces the lack of any targeted, coordinated, collaborative planning pathways and approaches across government and community organisations to enable residents to transition onto other community-based, social and private housing and support arrangements and also reinforces people's lack of access to essential allied, health, mental health, personal care and community participation services and support.

Overall, residents raised their experiences of lack of focus and support to undertake planning for their long term housing goals and needs, and no access to the right assistance to navigate transitional pathways to move to their long term home. Many residents who now access the NDIS talked about some of the challenges they experience, understanding the supports in their plans, not receiving enough funding to access the community and essential services along with a disconnect or lack of goals or lack of understanding about the goals in their plans.

Ultimately, the regulatory and legislative environment is a complex one which residents struggle to understand, particularly their rights, and who they can go to if they need to exercise those rights, including advocacy organisations, and how they access these supports.

Additional complexities and challenges include the fundamental imbalance of power between the landlord/tenant relationship and potential conflicts of interest that arise where the owner/landlord is also the service and support provider.

Reforms are needed

Short, medium and long term reforms are needed. In the short term, it is critical that people living in supported accommodation in Queensland can have consistent minimum standards of housing and supports, that afford people their safety, human rights including privacy, dignity and choice. Additionally, residents need a comprehensive and multi-level approach to their support which addresses individual goals, housing, pathways to alternate support options, health and specifically mental health supports, community connection and advocacy.

Housing supply is of key importance – we need short, medium and longer term housing. The housing ecosystem in Queensland needs to provide more choices for accessible, affordable and adequate housing options and choices across a diversity of housing models including supported, social, private market housing and a range of alternative support approaches; towards delivering true choice and control about where, with whom and how residents live.

Supported accommodation needs to be acknowledged as transitional housing arrangements and a reset is needed which enables people to realise their goals if it is their choice to move on to other long-term housing arrangements.

It is important that we acknowledge that people's needs are not just about clinical supports and clinical interventions and specialists supports but also about the supports people need for activities of daily living, day to day supports, building independent skills, self-care, cooking, transport and community access. Such supports are essential towards building residents' capacity to transition on and to live more independently.

Key to the reforms is a greater focus on resident's rights not only their basic human rights but also their rights to privacy, social connection and safety. Importantly, the reforms need to enable residents having a voice – a say on service and support reforms going forward as active citizens of this community.

As such, QDN considers legislative and regulatory reform are vitally needed. The *Residential Services (Accreditation) Act 2002 (Queensland)* needs urgent review. Revamped supported accommodation principles and standards are needed that are monitored and enforced through a number of mechanisms including on-site external assessments. It is important that this is also conducted by people with disability and/or lived experience of supported accommodation.

Residents living in supported accommodation need education, support, capacity building and access to services around their rights and advocacy. Additionally, they need mechanisms that give people a voice and a safe way of providing feedback, input and engagement around the services they receive, and opportunities to inform the planning, design and deliver of their housing and support.

The recommendations in QDN’s submission cover the issues raised above and target short and longer strategies. Importantly, they respond to feedback directly from residents across a number of facilities and locations who are clear significant reform needs to happen.

Key Recommendations

The following key recommendations are based on the overall work QDN has undertaken in supported accommodation over the past 10 plus years. They have particularly drawn upon resident feedback obtained as part of QDN’s current work assisting residents in Level 3 facilities to learn about the Queensland Parliamentary inquiry, and supporting residents to provide individual submissions, should they choose.

These recommendations are underpinned by the following principles and frameworks:

- Four housing principles for inclusive communities of rights, control, choice and inclusion³;
- Human Rights based approach and framework.
- Co-design principles to ensure the planning, design, delivery and evaluation of policy, services and products are co-designed by and for people with disability.
- Person-centred principles.
- Housing First Principles for Australia.
- Separation of tenancy/housing and supports.
- the United Nations Convention on the Rights of Persons with Disability (UNCRPD).

1. Tenants rights and voice

Recommendation 1.1

Establish and resource a resident consumer advisory group supported by an independent organisation to act as a key advisory body. This consumer advisory group to comprise of resident representatives drawn from facilities across the state along with other key stakeholder representatives such as advocacy and people with disability organisations. This group to deliver on a range of functions and mechanisms to ensure a consumer voice and be paid and recognised for their time and contributions. This would include:

- Engagement in co-design around the reforms, and establish ongoing good governance mechanisms;
- Establish a broader tenancy network across facilities for people to come together and share information, peer to peer support and for external agencies to deliver education and information about key services like health, mental health, and housing;
- Working with the industry representative body to provide feedback and input from the consumer perspective to inform service and system level improvements.

Recommendation 1.2

³ [Housing principles for inclusive communities | Department of Housing, Local Government, Planning and Public Works](#)

Co-design and deliver improved resident information and resources that are universal and consistent across facilities, accessible and user friendly. This is to include resident information about:

- Level 3 services and supports including board fees, circumstances of resident fee increases and other fee-for service;
- NDIS supports that are in residents' individual plans and how they align with services provided through a level 3 facility;
- Peer support groups operating in Queensland including those operated through QDN to build residents' social connection, confidence and capacity in 'having a voice' around issues that impact them.

Recommendation 1.3

Establish a tenancy rights education program co-designed and co-delivered by people with disability that builds knowledge and capacity around understanding residents' rights and responsibilities, builds confidence and capacity around raising issues and lodging complaints and creates improved pathways around securing a range of independent, disability-specific and broader community advocacy supports.

Recommendation 1.4

Deliver increased investment in independent advocacy and pathways to advocacy and supported decision making for residents. Government and disability-specific and mainstream advocacy organisations work together to maximise residents' access to dedicated, independent advocacy to support individuals experiencing challenges in their housing and support including blockages in residents' navigation of the service system and transiting to alternate accommodation and support.

2. Governance and structures

Recommendation 2.1

Establish a cross agency Inter-Departmental Committee, comprising key Government, Statutory and community sector stakeholders, SAPA, QDN and representatives from the resident consumer advisory group (refer recommendation 1.1) to:

- explore alternate supported accommodation models and investment options into the future, utilising a co-design approach to ensure final products will 'be fit for purpose' and deliver quality-of-life outcomes;
- provide feedback and have a dedicated focus upon approaches that better cater for residents with complex disability and support needs;
- Provide guidance and feedback on the development and implementation of immediate and longer-term strategies that deliver more integrated service approaches and case management/supports coordination to residents with unmet support needs;
- Through a series of co-design forums, engage with broader stakeholders to inform options around the purpose, composition, and overall terms of a resident consumer advisory group; and

- Resident consumer advisory group outlined in recommendation 1.1 to have key feedback mechanisms as part of Terms of Reference to this committee including representative/s.

3. Monitoring, legislation, regulations and safeguards

Recommendation 3.1

Undertake a formal review of the current legislation including

- the maximum number of residents to reside together on site at a facility that is reflective of contemporary living arrangements in the disability and human services sector;
- reasonable grounds for evictions and timeframes for cessation of tenancy agreement.

Recommendation 3.2

Establish a new supported accommodation regulator to:

- Regulate level 2 and 3 facilities;
- Monitor support services received by residents including those provided through the NDIS;
- Take a person-centred approach which focuses on how a person's needs and rights are being met;
- To have sufficient human resources funding which allows the regulatory mechanism to include independent on-site visits that are unannounced, including the provision of powers and authority to act where required;
- Establish a service user review panel that is based upon a suite of practice tools to assist services to define and develop best practice measures for the empowerment of residents, based upon quality service guidelines across NDIS and residential services. This would involve training and supporting a team of people with disability to undertake service user reviews using the tools and framework. This could be modelled on the tool VALID8 which is used in Victoria as a partnership between VALID and Department of Health Services. It is imperative that this be consistent with Queensland quality standards, National Disability Standards and NDIS which includes person-centred planning; support for decision-making; participation in organisational governance; involvement in service decision-making; skill development opportunities; input into quality processes, wellbeing and community participation outcomes.

Recommendation 3.3

Establish and implement a supported accommodation safeguarding framework through a co-design process that includes:

- More regular visits from Community Visitors with clear referral processes
- Improved information sharing practices between agencies;
- Mechanisms to deliver safeguards in place about minimising resident fee increases;
- Clear regulation of restrictive practices using a Senior Practitioner model;
- Pathways for escalation for break downs in services, supports and decision making;

- Transparent mechanisms and safeguards including monitoring with regards to services provided to residents through their board fees compared to the NDIS services and support they receive;
- A Restrictive Practices framework including a senior practitioner model as recommended by the Queensland Public Advocate reform options paper *Improving the regulation of restrictive practices in Queensland: a way forward* and Recommendations 6.35-6.40 of the Disability Royal Commission Final Report
- Implementation of Disability Royal Commission Final Report Recommendation 7.38 Minimum service standards and monitoring and oversight of supported residential services and their equivalents.

As part of the safeguarding framework, clear guidelines in relation to the separation of housing and support is needed as a safeguarding provision around ‘whole of life’ service provision to residents. Oversight mechanisms need to be in place to ensure independent monitoring of all support services.

4. Contemporary services and supports

Recommendation 4.1

Develop a support needs and cost modelling framework through undertaking an individual and service level audit of accredited level 3 facilities that includes a review of:

- Number of individuals and any funded supports from external services including NDIS, My Aged Care or other funding programs;
- Individual support needs;
- Services delivered within tenancy agreement at level 3 facilities;
- Current staffing models;
- Emergency support needs of residents that sit outside supports that are funded via tenancy agreement or NDIS supports;
- Needs map to be able to build support models across residents at a facility level;
- Unmet needs for support.

Recommendation 4.2

Undertake an audit of residents support needs and wellbeing across level 1 and 2 supported accommodation facilities to identify unmet needs for support and inform an Integrated Response Pathways planning approach going forward.

Recommendation 4.3

Residents with no funded supports - Establishment of a specific funding program for residents of Level 3 facilities which delivers targeted services and support to residents who do not receive any funded services and are not eligible for supports through NDIS, My Aged Care or other funding programs. This is for people who require essential basic daily supports including personal care and grooming, transport, shopping, medical appointments and community inclusion.

Recommendation 4.4

Establish cost effective digital inclusion program/initiative that enables residents to be able to access donated digital devices and digital literacy training which also includes Wi-Fi connectivity across Level 3 facilities. This will enable residents' access to essential services, mainstream and community organisations, facilitate communication and social connection, and expand their vocational and educational opportunities.

5. Models and pathways to support

Recommendation 5.1

Service entry pathways: Establish a consistent framework across level 3 supported accommodation facilities that includes individual independent assessments of housing and support needs at point of entry, and a review process every two years for existing residents.

Recommendation 5.2

Fund a program and protocol to independently engage with all people living in level 3 supported accommodation to review their housing and support needs in an integrated response approach across multi-agencies. Modelled on Project 300, QDN recommends Project 1500 as a targeted project to work with people living in level 3 facilities around their housing and support needs and goals, provide case-management and support to establish and deliver pathways for residents wanting to move to alternative accommodation and support options.

The project could include:

- a planning process with residents using the My Housing Matters individual planning tool to explore options to provide information and tips to guide and build residents' confidence around transitioning on to other housing arrangements;
- exploration of service and support approaches that best complement and build capacity to sustain longer-term housing arrangements, including activities of daily living, social connection and community participation skills and independent living skills.

Recommendation 5.3

Establish an Integrated Response Pathway across high frequency referral agencies and other key stakeholders (Departments of Housing, Health, Corrective Services, Justice and Attorney-General, Hospital and Health Services, NDIA, NDIS Supports Coordinators, Office of the Public Guardian /Community Visitor Program) to ensure smooth and integrated information, pathway planning and referral data sharing.

This will enhance residents' access to essential services and support when entering supported accommodation facilities, needing access to allied, mental health, health, community and disability supports once in the facility as well as when transitioning onto alternate, community-based, housing and support arrangements. This needs to include a case management function for level 3 residents that is a collective/block funded arrangement.

Recommendation 5.4

Develop and fund alternative contemporary housing and support models including supportive housing that are co-designed with people living in level 3 facilities, key disability peak and advocacy organisations, community housing providers, disability, housing and community experts.

6. Workforce and industry

Recommendation 6.1

Invest in funding SAPA as a peak body to represent the issues and interests of the industry, including operational and industry viability issues and solutions going forward.

Recommendation 6.2

Invest in a workforce development strategy that delivers consistent and mandatory training and capacity building for all staff employed in residential services, including training in trauma-informed, mental health and disability care.

7. Capital works

Recommendation 7.1

Establish a time-limited funding program that could use a ratio matched funding approach for infrastructure modifications and/or improvements that require a % co-contribution of the total project cost. Priority should be given to capital works that align with contemporary disability policy and approaches and promote quality service provision, without added cost imposts to residents.

Reoccurring Themes

The following reoccurring themes about resident experiences and feedback is from a diverse range of people, including participants who identified positive things about their current living situation including with comparisons to their last

Residents with unmet support needs

Since QDN commenced working with supported accommodation residents, we have heard ongoing stories in regard to the negative, day to day, life impacts for residents who have unmet functional, social and community participation service and support needs that are not within the scope of supports provided through a level 3 facility. Such residents fall into three groupings including:

- residents without any funded services and support
- residents with limited funding through programs such as My Aged Care
- residents with NDIS funding.

Residents without any funded services and support

Data gathered through QDN's engagement across 22 facilities indicates that **approximately 25% of residents are without extra funded supports** within the scope of level 3 provision. These residents fed back to QDN they watch others with NDIS or My Aged Care individualised, funded supports undertaking external activities, especially activities that enable their health and well-being, social connection and community participation.

Having visited a significant number of level 3 facilities QDN's observations and interactions with residents reinforce that this cohort includes people with complex disability, health and mental health conditions and impairments, including residents who need support around decision making.

Currently, residents without funding receive minimal support through a Level 3 to cover the basics of personal care and grooming, medication management/ administration and some support around medical and allied health appointments. The level of these supports are dependent upon the specific facility.

Discussion with residents in these situations indicated the lack of funded services and support poorer health, mental health and well-being outcomes and more limited social and community connections.

Residents with limited funding through programs such as My Aged Care

By comparison, only **6% of residents** across the 22 facilities access My Aged Care funding. This group also expressed funding limitations impacted opportunities around social connection and community participation. This group included some who had previously been on the NDIS and now accessed My Aged Care funding and services.

Residents with NDIS funding

Conversely, the majority of additional funded support being accessed by residents in these facilities is through the NDIS with **69% of residents** in the 22 facilities with NDIS plans and funding. However, across facilities feedback indicated challenges in relation to securing 'the right level and kind of NDIS supports

delivered in a quality way at the right time' to enable residents to maximise their quality of life on a daily basis.

A number of residents indicated they were not receiving NDIS supports that aligned with their individual goals for support, with many saying they wanted to do different things including employment, volunteer or vocational education, go out more, go out at different times. Further to this, other residents identified they needed more support around medical and health appointments than what they were currently receiving.

Residents raised that not all their support needs occurred at a time that their funded NDIS support worker is available to support them. There are times when emergency or unplanned needs arise, including grooming, personal care including accidentally soiling self or bedding, or illness or medical conditions. It is not viable to get this support at short notice. Whilst some personal supports are part of resident's individual board fees, it was reported that sometimes these needs fall outside scope however assistance is provided by supported accommodation facility staff.

Additionally, residents reported disappointment when workers didn't turn up for shifts and found it particularly upsetting when they were not informed in advance the worker was not coming. Residents were left frustrated and let-down as they were awaiting personal care assistance for showering or had prepared to go out for an activity. Facility owners and managers reinforced they were left to 'deal with the consequences' within their staffing resources. Examples shared included staff speaking with residents, contacting the NDIS provider, de-escalating behaviours, suggesting alternatives.

QDN also noted few residents indicated a key goal of their NDIS plan was exploring alternate community accommodation options and support approaches or building daily living skills to equip them to transition onto more independent, contemporary supported accommodation arrangements. Such goals would better reflect the intent of the NDIS around economic and social participation and participant capacity building.

Whilst QDN recognises the NDIS Review recommends changes towards improved, person-centred support and informed decision-making (Recommendations 5, 7 and 8) this requires an implementation roadmap and five-year transition (Recommendation 26). The need for flexible, responsive supports needs to be addressed immediately in supported accommodation. Additionally, plans should include goals around capacity building, targeted towards building the participant's confidence and capacity to transition onto more contemporary living and support options of their choosing.

Confusion around NDIS Supports and Level 3 Supported Accommodation Services

As noted, some residents appeared confused as to whether they were receiving services funded through their NDIS Plan or as part of the suite of services paid for through their board component. This confusion is understandable given the context around services and support in these environments, with most residents currently accessing NDIS supports in addition to the services provided by the individual facility.

Information provided by the facilities generally reflects Level 3 facilities are providing alternate or complementary services to the supports funded under the NDIS. However, feedback provided suggests there are potential over-laps and facilities do step in and provide similar supports in emergent situations or on a fee-for-service basis which needs further clarification and clear information for residents and oversight.

The data that QDN gathered around the facilities attended through this process identified that the majority of facility owners/managers have established a separate NDIS registered business arm which provides disability supports to some residents, mostly personal care and activities of daily living support. Engagement with residents reinforced the lack of understanding by residents about what supports they are receiving, if it is delivered through their board fees or through their NDIS funded supports.

Residents' disposable income

Most residents across the facilities have Centrelink benefits (Disability Support Pension) as their main source of income. However, some residents don't receive a Disability Support Pension or the NDIS. In some situations, resident's family members or Queensland Health subsidise the cost of their living situation. The board charges in each facility vary, however as outlined above, residents generally pay the majority of their income on rent (80-85% for those on Centrelink benefits), which leaves very little disposable income.

Limited disposable income means that many residents cannot afford essential health services, clothing, grooming and other day-to-day essential goods and services as well as social activities in the community which impact on social connectedness.

Some residents discussed how their board increases each time Commonwealth Government raised pensions and were confused or cynical about this whilst some said they did not see value for money in what they were paying for.

Additionally, without the opportunity to ever have access to disposable income to put into savings, the pathways and options to transition out of supported accommodation are limited.

Facility design and issues around safety, privacy and dignity

The supported accommodation facilities are reflective of the history and time in which they were built, or acquired from facilities that served other purposes for large congregate living. Infrastructure and building design is either not accessible or has limited accessibility across physical, sensory or neurodiversity needs and in some facilities people could not access all parts of their home. Some did not have air-conditioning and have limited maintenance undertaken of building and grounds.

Across the 22 facilities, there were some residents who raised their preference for alternative models and designs including layout, size and number of residents living together and support arrangements. Feedback also reinforced any new models of supported accommodation need to be co-designed with people with disability and organisations that represent people with disability and in this context, particularly with resident representatives drawn from Level 3 facilities.

Residents across the facilities live in a mixture of single and shared rooms. Some share arrangements are 2 or 4 people sharing a room. Most have shared bathroom and toilet facilities. For example, some facilities with up to 30 residents have only four toilets and two showers resulting in a roster system for showering. One facility has a port-a-loo (portable toilet on site) to deal with the unworkable ratio of residents to available toilet facilities. The facilities' overall layout includes a shared dining room for resident meals, a common room/s for recreational activities and outdoor 'smoking' area/s used by residents for general relaxation, outdoor activities and a space for small group conversations.

Feedback from majority of residents said they would like their own individual room and bathroom so that they could have privacy, dignity and ability to have real choice and control over their personal space.

People spoke about frustration/friction between residents due to differing perspectives around room configuration and bathroom tidiness and the differing behaviours and preferences of roommates related to their individual sleep and activity schedules and choice of recreational activities.

Upgrades and maintenance comes at a cost and it is important going forward that this does not deliver increased impact on residents. QDN acknowledges that some owners have undertaken improvement programs in their facilities over time.

The current arrangements under the tenancy agreement means that there is no reasonable time frames for evictions and there is limited tenancy rights with regards to reasonable grounds for being evicted.

Feedback indicated the current model is not the best-fit for these residents, with some reporting they had asked/forced to leave other facilities and had troubled/fractious relationships with some residents in their current facility and/or people/businesses in the broader community.

QDN considers this cohort needs intensive case management/supports coordination, given the complexity of their support needs and the number of government and community organisations with whom they regularly interact. It includes residents currently with NDIS supports coordination who appear to need more intensive supports coordination to achieve better life outcomes.

Access to affordable, accessible devices and Wi-Fi

Lack of digital access and inclusion came up during engagements across the facilities. Many essential services cannot be accessed without the internet, with the main ones that people brought up being Centrelink and MyGov. Receiving digital literacy and IT support as well as access to computers and digital devices was also highlighted. Residents also expressed a desire for internet connectivity for capacity building and social and community inclusion.

QDN was funded to deliver a Digital Inclusion program from 1st of October 2021 to 31st of October 2022, which included 80 digital literacy workshops and the provision of 470 digital devices to people with disability, including Level 3 accommodation facilities. However, funding for this program has ceased. This program delivered devices, workshops and 1:1 peer support for people with disability to break down the digital divide and assist in ensuring access to essential services and information.

Several residents have been living in each facility for a long time (up to 20 years), some relocating from other parts of the state or from interstate. Whilst some saw the facility as their home, others saw it as a transitional arrangement and expressed the desire to move onto alternate, affordable accommodation and support options, including options closer to where they had previously lived, into the future.

The current housing crisis was understood by the majority of residents and many talked about being on the wait list for social housing for a long time.

Hospitals, Mental Health, NDIS Supports Coordinators/Mental Health Coaches made up the majority of the agencies making referrals to level 3s. These agencies have a widely accepted role and function to ensure people are linked into appropriate short and longer term housing and support options. Feedback from residents indicated that more than often they were referred to the level 3 by one of these agencies because of lack of other alternatives rather than being there preferred choice. Other feedback also highlighted that sometimes, the supported accommodation facility was not the most appropriate setting for some residents in the short or long term.

Limited consistent evidence-based intake and risk assessment processes, inappropriate placements, lack of case-management and lack of appropriate supports to think about housing options and needs mean that people receive no supports to work towards achieving their housing goals and transition pathways.

Having a voice

QDN understands a range of different external organisations engage with residents of Level 3 accommodation facilities, including agencies that give residents a chance to discuss issues/concerns they can experience around their accommodation and support arrangements and learn about their rights and responsibilities.

However, residents raised their capacity to speak up was impacted by fear of upsetting staff, worry about repercussions or not being understood. It is critical that residents understand their rights and have the right mechanisms in place to be able to speak up in safe environment with the right independent supports including a range of independent mainstream housing and disability advocacy.

QDN understands Office of Public Guardian (OPG) practises supported decision-making, involving the person with impaired capacity in decision making, to the greatest extent possible, and generally seeks separation between the accommodation provider and NDIS support provider, in acting as a Guardian for a resident. However, some residents raising this issue didn't feel they had been listened to and didn't appear to fully understand potential conflict-of-interest impacts (if a resident has an issue/complaint with one provider which can directly or indirectly impact their overall service and supports when providers are the same or closely aligned).

Ultimately, the regulatory and legislative environment is a complex one which residents struggle to understand, particularly their rights, and who they can go to if they need to exercise those rights and how they access these supports. The additional barriers that exist from the fundamental imbalance of power between the landlord/tenant relationship, the potential conflicts of interest that arise where the owner/landlord is also the service provider and the enforcement and oversight of the regulations have delivered the current situation we are in, and contributes to the real day to day impacts on individual residents.

Conclusion

QDN thanks the Parliamentary Committee for the opportunity to provide this submission to the inquiry into the provision and regulation of supported accommodation in Queensland. QDN acknowledges the current and past residents including QDN members who have provided submissions, feedback and input into this inquiry. People need consistent minimum standards of housing and supports, that afford people their safety, human rights including privacy and dignity. Having a place to call home, that is safe, secure, affordable and accessible is important for all Queenslanders and needs to be front and centre. Housing that has right supports, at the right time, in a way that gives people genuine choice, upholds their human rights and enables people to be included in the community is critical. Reform is needed. Immediate reforms are needed to address people's current living environments, and ensure people are getting adequate supports to meet their fundamental needs. Investment and support is needed for independent engagement and planning with people living in Level 3 accommodation to review their housing needs and develop plans and work with people in an integrated and targeted approach. Targeted, coordinated,

collaborative planning pathways and approaches across Government and community organisations are needed to deliver joined up services. Regulatory and legislative reforms are needed along with resourcing to provide adequate oversight, monitoring and enforcement. Housing supply is a critical issue impacting on not only Supported Accommodation but the broader community. Longer term reforms are needed to deliver a housing ecosystem that ensures every Queenslanders has a place of their choosing to call home, with the right supports they need.

Appendix

Table 1 Resident Characteristics

Service	Total Number of residents	Residents with NDIS	Aged care	No additional support	Types of disability	Where are residents referred from or have been living prior?
Avalon Village	83	63	12	8	Acquired Brain Injury, Intellectual Disability, Mental Health, Psychosocial Disability	NDIS Support Coordinators, Hospitals, Mental Health Services, family, Department of Housing, Non-government housing and homelessness services
Cockatoo Lodge	9	8	1	0	Acquired Brain Injury, Intellectual Disability, Mental Health, Psychosocial Disability	Queensland Corrective Services, Department of Child Safety, Seniors and Disability Services, Department of Housing, Non-government housing and homelessness services
Lilliput Caring	48	43	3	2	Acquired Brain Injury, Intellectual Disability, Psychosocial Disability	Hospitals, NDIS Support Coordinators, Department of Housing, Non-government housing and homelessness services
Colville Lodge	25	21	2	2	Intellectual Disability, Mental Health, Psychosocial Disability	NDIS Support Coordinators, Hospital, Mental Health Services, Queensland Corrective Services, family, Department of Housing, Non-government housing and homelessness services
Tarampa Lodge	57	43	8	6	Acquired Brain Injury, Psychosocial Disability, Intellectual Disability, Neurodiverse	Hospital, Mental Health Services, NDIS Support Coordinators, Department of Housing, Non-government housing and homelessness services
Bergin Gardens	14	12	2	0	Psychosocial Disability, Intellectual Disability, Physical Disability	Hospital, GP, another Level 3 facility, family

Service	Total Number of residents	Residents with NDIS	Aged care	No additional support	Types of disability	Where are residents referred from or have been living prior?
Diamond Valley Lodge	29	28	1	0	Psychosocial Disability, Intellectual Disability, Neurodiverse, Mental Health	Hospital, GP, Non-government housing and homelessness services, Department of Housing
Christine Court	45	42	0	3	Psychosocial Disability, Intellectual Disability, Neurodiverse, Mental Health, Physical Disability	NDIS Support Coordinators, family, Queensland Corrective Services
Herston Lodge	68	34	1	33	Psychosocial Disability, Acquired Brain Injury; Intellectual Disability, Hearing impairment	Hospitals, NDIS Support Coordinators, Queensland Corrective Services
Thomas Henry House	24	22	2	0	Psychosocial Disability, Intellectual Disability	Mental Health Services, NDIS Support Coordinators, Department of Housing, family
Caloundra House	28	13	0	15	Psychosocial, intellectual, mental health	Hospitals, Queensland Corrective Services, Non-government housing and homelessness services, community organisations
Wotton Lodge	21	5			Psychosocial, intellectual, physical	
Gilbert Lodge	11	9	1	1	Most psychosocial, some with mild intellectual disability, a couple with physical disability	Hospital, GP, another Level 3 facility, family
Richmond Road, Cannon Hill	5	3	0	2	Intellectual disability and psychosocial disability	NDIS Support Coordinators, Hospitals, Mental Health Services, family

Service	Total Number of residents	Residents with NDIS	Aged care	No additional support	Types of disability	Where are residents referred from or have been living prior?
Clayfield House	56	41	1	14	Psychosocial, mental, intellectual, physical	Hospitals (RBWH, Logan, The Prince Charles, Princess Alexandra, Robina Hospital), NDIS Support Coordinators, Aged Care Case Managers, Non-government housing and homelessness services, community organisations, Mental Health Services, family
Orley Services	17	13	2	2	Some have physical, the prime condition is psycho-social disability. All have intellectual disability and mental illness.	Hospital, Mental Health services, family, NDIS Support Coordinators
Suncare Villages	20	12	0	8	Intellectual disability	
Fernvale Aftercare	27	19	0	8	Physical, intellectual, psychosocial, mental health.	
Fairhaven Supported Accommodation	27	19	2	6	Mostly psychosocial, intellectual, autism	
Montray	45	14	5	26	Psychosocial, intellectual, acquired brain injury	
Greenslopes House	66	36	2	28	Intellectual, psychosocial, mental health	
Willow House	27	21	0	6	Predominantly psychosocial. Also people with acquired brain injury, intellectual disability and three post-stroke (one non-verbal).	
TOTAL	752	521	45	170		