



Action for More Independence & Dignity in Accommodation

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Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability

Disability Royal Commission Group Homes Issues Paper response. February 2020

Our Vision

AMIDA supports people with a disability as valued members of our community. AMIDA recognises that people with disability contribute to and develop our community.

AMIDA acknowledges that people with disability have a right to a choice of who they live with and where they live. Further, people with disability have a right to good quality housing which is accessible, affordable and non-institutional. People with disability have a right to live in the community with access to support to participate and have a good quality of life.

Our Mission

AMIDA is an independent advocacy organisation which advocates for good housing for people with disability. We provide advocacy to individuals, with priority given to people with an intellectual disability, and advocate for change in systems which prevent people from achieving good housing.

AMIDA strongly supports the United Nations Convention on the Rights of Persons with a Disability and works to assert these rights and community inclusion for people with a disability.

Question 1: Have you, any member of your family, or anyone you care for, lived in group homes? Are you willing to share your experiences or those of another person with the Royal Commission?

AMIDA is an Advocacy organisation and partner in the Self Advocacy Resource Unit

We provide Housing advocacy, NDIS Appeals advocacy and Self-Advocacy resourcing

In 18/19, 117 people were provided advocacy, 168 were provided information advice. We also provide Systemic advocacy including 16 submissions and advice primarily to Government.

We provide community education to challenge community attitudes which provide barriers to disabled people. We provide information to people in group homes about their rights.

As advocates, we are called on for help when people with a disability experience violence, abuse, exploitation and neglect in group homes. We work alongside people who experience violence, abuse, neglect and exploitation, these people are often the most vulnerable and forgotten members of our society,

people with an intellectual disability. People with an intellectual Disability's voices are more often than not never heard. Group homes contributes to this, with the cloistering and segregation of people in these facilities. We see it essential to share with the Royal Commission the stories those people have shared with us. People with a disability have given us their consent to share their stories anonymously.

Question 2: What is your opinion of the quality of life for people with disability in a group home?

The current group housing model in Victoria does not offer a good quality of life for many disabled people. Through the work we do at AMIDA we have contact with many People With a Disability. We regularly receive reports from people who live in group homes that they have no choice about what goes on in the group home they live in. Residents of group homes have reported a lack of control over every day things such as: bedtimes, mealtimes, food choices and when people enter their bedroom (the only private space a person often has, with reports of staff regularly not knocking and barging in). Let alone have a say on where they live, who they share a house with, the staff who work in the home they live in and the agency that provides the services to the home they live in. It has been reported to AMIDA that violence, abuse, neglect and discrimination is a common occurrence these are both explicit and implicit acts, that affect the resident's health; both physical health and mental wellbeing. People often talk about the fact that they can't even control who comes in the front door. The stories we hear from residents of group homes are stories of the support provided being mainly focused on the group within the home. This work is mainly focused on daily household activities and unfortunately no priority for with little if any individual attention and care taking place. Additionally, people who live in group homes have been given little or no information regarding housing alternatives. This is contrary to the changing landscape of the NDIS which is founded on the tenet of 'choice and control'. In this scenario residents of an accommodation service have no one independent of support providers to assist them to even think about what this might mean. Support co-ordinators are often working for the support provider so don't direct them to alternatives. This highlights there is a problem that individuals are not getting the opportunity to seek out accommodation that is best for them.

We have and still hear stories from people who live in group homes who experience some conflict with other residents of the facility. In these instances, mealtimes are still shared, people are forced to eat together (one can only assume for convenience of the support staff) despite the animosity and fear this leads to. People report being unhappy having been forced to be part of the group and not being given a choice as to where they eat their meal. Residents do not control the environment which can lead to maladaptive behaviours such as, a learned submissiveness as a survival strategy in some people while others may express unhappiness in aggressive ways.

Residents have reported that when key staff leave, the situation in group homes can quickly deteriorate. Staff who do listen and are guided by the preferences of residents are sometimes not supported by colleagues or management in our experience. Staff who report poor treatment of residents and advocate for them are often subtly punished, e.g. with reduced shifts. This results in very good staff being pushed out of the job. Good staff tend to stay together so we see pockets of quality in the sector, but maintaining this quality is a constant challenge. When the resident mix changes or the needs of individual residents'

changes, new tensions arise that even the best staff struggle to resolve, and conflicts and neglect of needs can increase.

Not all staff do treat disabled people well in group homes. Some staff do abuse residents, some bully residents, some ignore or neglect people they don't like or find difficult, some treat residents with little respect and some are violent towards disabled people. Ableism is prevalent in the disability sector as it is in society. Sometimes disabled people can speak up and seek justice but often they cannot. Even when they do, they are often not listened to. Even when they have family support and advocacy, they are often not given the response they deserve and have little option but to stay in an abusive group home.

Question 3: Are you aware of any violence, abuse, neglect or exploitation of people with disability in group homes? Are you willing to share your knowledge with the Royal Commission?

AMIDA has advocated for numerous disabled people experiencing violence, abuse, discrimination and neglect in group homes. The following are a few recent cases examples:

- A new resident moved into a 5 resident group home. The new resident began verbally abusing and harassing other residents in numerous incidents each week. Examples initially included invading privacy by walking in on other residents in the bathroom, swearing, yelling, thumping fists on table and threatening physical assault. Despite protracted advocacy, the response was ineffective from both the initial government service provider and subsequent contracted community service provider. The service provider response focussed on counselling to calm the affected residents, explaining that the abusive resident couldn't help it and discouraging residents from constantly complaining about the issues. Psychological assessments reported the stress of the residents targeted was understandable and increasing. Despite this, only minor increases in support provision occurred. Unsurprisingly, this additional support in the same group setting did not change the level of abuse. Complaints by residents and their families, and consequent meetings at both the house and management level did not result in appropriate action to ensure all individuals were housed and supported adequately and were safe in their own home. For example, it took more than 2 years for the service provider to agree to place a privacy lock on the bathroom door. Over the course of 3 years the abuse escalated to the resident throwing furniture and making an attempt to set fire to the house. The mental health of residents deteriorated, and all residents were ultimately taking medication for mental illness they had not had prior to this resident moving in. Finally, group home support staff were physically attacked, and when they subsequently threatened to resign, the service provider acted to evict the violent resident. As no alternative accommodation was immediately available the resident was sent back to stay with their parents. It is still unclear what will happen in this case and whether the resident will be appropriately housed and supported, returned to the group home or moved to a vacancy in another inappropriate group home. If a vacancy is left by this resident, it will be filled by the same service provider who allowed abuse to continue for so long. Residents will not have choice and control of who moves into their home.
- In another group home a resident was frequently violently attacked by a co-resident and eventually hospitalised. The family of the disabled person were reluctant to complain and advocate on his behalf. State Government Human Service staff became involved but even with their support 23 unsuccessful applications for alternative accommodation for the victim were made. 18 months later a place was finally made available in a new 1-bedroom specialist disability accommodation house where he is about to move and be safe. No alternate accommodation was sought for the resident who had behaved violently. The vacancy in the house the abused person left will quickly be filled by someone else in urgent need of housing despite it already proving to be an unsafe space. State government funding for staff to assist in these situations ends on June 30th 2020.
- A young woman was sexually assaulted twice in a group home by two different men who were providing her personal care at different times. Despite these matters going through the courts and

resulting in prosecution of the perpetrators, the service provider continues to ignore requests, by the family and the AMIDA advocate, for exclusively female staff. Male staff are regularly providing her personal care, including showering. The young woman displays fear when this happens. Despite it being clear that she does not want to have male workers touch her body, the service provider decides on staffing and continues to provide male workers.

- Neglect is a feature of all these examples as even when violence and abuse is reported, **the response**, at all levels of service provider organisations, including government, is minimal, ineffective and does not place the physical safety and emotional wellbeing of disabled people as the first priority. The enormous time it takes to get solutions to problems of abuse exacerbates the problems, further erodes trust, and further silences people. Even where there is a strong desire by service providers to quickly address the abuse, there are several factors that prevent this including lack of alternatives to group housing and lack of support to disabled people to pursue what alternatives there maybe. As a result, service providers tend to try to smooth conflicts over, drag out response times, medicate the unhappy residents and discourage residents' complaints.

Question 4: When violence, abuse, neglect and exploitation occur in group homes, what do you think are the causes? What can be done to prevent violence, abuse, neglect or exploitation in group homes?

As this issues paper states, **'the United Nations Committee on the Rights of Persons with Disability (the CRPD Committee) has said that, to live independently, people with disability must have 'all necessary means to enable them to exercise choice and control over their own lives', including in relation to 'personal lifestyle and daily activities''**.

Usually group homes are an environment disabled people have not chosen to live in and their choices within the home are limited. They don't choose who they live with and who supports them. AMIDA has observed numerous examples where disabled people indicate they are unhappy living in the group home they have been placed in. People with cognitive disabilities can and do verbally communicate their experience but sometimes they show what they are feeling via actions. These actions include displaying sadness, depression, anxiety, fear and anger and sometimes acting violently. As human beings and service users they deserve to be listened to when they communicate their unhappiness with home and support received. Disabled people in Australia have the right to be supported and housed appropriately in a way which doesn't make them unhappy and respects their preferences as expressed. When disabled residents of group homes are not listened to the consequences for them and others, they share with can be dire. People who are forced to share group homes are often harmed because service providers and funding bodies do not listen and respond by providing reasonable and necessary housing and supports.

When people living in the community receive a service in their own home the visiting support worker is usually mindful and respectful that they are in someone's home and that they are there to provide a service to the person. In group homes the support workers are a fixture, not a visitor, and the power relationship shifts to this being a service provision site, rather than someone's home. Disabled people living in group homes don't have choice and control over what happens in their homes including who moves in and who provides support and what support they provide. Staff in group homes make all the decisions in almost all cases and it is common for them to never consult residents and to treat people with a disability as passive recipients of a service designed and managed by others. If residents are consulted about anything it is usually token and limited.

Group housing is thought to be cheaper than individual housing with support, but enormous resources and time are spent ineffectively dealing with the problems that inevitably arise due to conflicts and clashes between people. Even if there are some savings in the group housing model, there are inherent problems in the model because people with a disability are harmed and denied their rights to choose and control.

Research into ways of better offering support in group homes has been taking place since the model developed in the 1980's yet violence, abuse, exploitation and neglect continue. Research has in fact shown that the larger the number of staff to residents, the lower the level of resident activity and resident gains

were found to occur more when the resident group size was reduced (Felce: 1998:110). It is not possible to prevent violence, abuse, neglect and exploitation in group homes. Community visitors reports over the years continue to document problems in group homes that visitors get to see. If video cameras were in place, though they may infringe the privacy of residents, they may reveal the true extent of the problem of violence, abuse, neglect and discrimination which is likely to be extreme. But they would not prevent the problems inherent in grouping people against their will. Nevertheless, while the model persists, if residents wish to have video cameras in place, monitored by someone other than the service provider, they should have the right to do so. Service providers are unlikely to ever agree to this unless residents are given this right in law.

While disability services continue to operate in this way they risk neglect and abuse occurring and continuing, for which people with disability pay the price. Dominant policy and practice approaches do not consider the prevention and protection of people from harm, focusing primarily on responding to individual instances of maltreatment. Managerial, compliance-based systems may be deflecting attention from recognizing and responding more effectively to abuse and neglect at individual, systemic and structural levels. The current dominant approach fails to develop a culture of prevention and protection for people with intellectual disability. Further, some systemic and structural preconditions are set which make abuse and neglect less likely to be prevented. (Robinson S, Chenowith L. 2011)

AMIDA has advocated for legislated rights of residents living in group homes for many years. Often service providers argued to limit rights. We have heard service providers argue that legal protections should not be extended to group home residents because it is not possible to prevent people being assaulted by other residents and service providers can't be held accountable for this. Many workers in these setting have become desensitised to the harm people with a disability have inflicted on them in these settings. Institutionalisation of workers and residents happens in group settings and although group homes are in general better than the large-scale institutions, they replaced, they have many of the same pitfalls. The group home model is only still in place because of a lack of investment in appropriate alternatives such as individual housing with support for independent living. People contemplating moving out of group homes with their NDIS funding will battle to find accessible, secure and affordable housing. Furthermore, their NDIS funding package will have been set based on a group setting and will be insufficient to cover 24 hours for an individual. They will face a battle to get this increased as the NDIS currently expects most people in Specialist Disability Accommodation to continue to live in group settings. To even know about, let alone seek funding for an individual living option requires enormous advocacy. Most people have no knowledge of an alternative and will stick with the secure "devil they know". Only if everyone living in a group home was given genuine alternatives and the opportunity to experience these would we see who actually chooses group homes.

Question 5: Do you consider the experiences of violence, abuse, neglect and exploitation in group homes different for particular groups of people with disability? For example, how does a person's gender, age, or cultural or sexual identity impact on their experiences? What are the experiences of First Nations people in relation to group homes?

The same marginalisation and discrimination that occurs in the community based on age, gender, cultural or sexual identity and being First Nations people also occurs in group homes. People are discriminated against based on disability by being forced to live in a group setting that denies choice and control. In a group setting individual approaches to service provision are compromised. Identity issues are also compromised.

Question 6: Is there a continuing role for group homes in providing accommodation for people with disability? If so, what is the role? If not, what are the alternatives?

1. Disabled people in group homes will spend most of their lives sharing their accommodation and they will be profoundly affected by this. The group housing model is expensive to staff and operate with huge amounts of time being consumed by the problems inherent in the model.

2. Under the NDIS, government subsidies flow to developers of predominantly group homes under the Specialist Disability Accommodation SDA scheme. SDA guidelines require most people to share accommodation. To quote the SDA pricing and payments framework **“Any participant could live independently if unlimited funds were available to support them in their own home. Enabling every NDIS participant to live independently with their required levels of supports would be prohibitively expensive for the NDIS”, and “Providing support for participants in a shared living arrangement, where staff and other resources can support more than one participant is often an effective strategy”**. The framework is in place from July 2016 to July 2021. A relevant current AMIDA case which demonstrates the pressure to share is a young woman in a country town who requires a home which accommodates her high physical support needs. Her family are prepared to build an SDA property for her but the NDIA will only allow funding subsidies for the property if it is built to share with at least one other. She does not want to share and would be vulnerable. Also, there is unlikely to be another person in the town requiring the same level of SDA and if they did, may not be a compatible, age, gender, personality etc. The decision to force shared accommodation has been challenged but the case has taken 2 years so far and is still being appealed.

However, independent supported living is successfully occurring for thousands of people with disabilities via the NDIA SDA and SIL funding and it is a form of discrimination to deny this to people living in group homes.

3. There is currently not enough alternative housing, especially single bedroom stock. At least 28,000 places are urgently required for disabled people, 12,000 of these new and 16,000 already existing but needing to be redesigned to break down the congregation of group homes.
4. Currently a tiny amount of new SDA housing is being developed by housing providers: 534 1-2 b/r apartments, 199 2-3 b/r group units, 336 2-3 b/r group houses **440 4-5 b/r group houses and 36 5+ b/r group houses. However, even single bedroom units are being clustered in groups of up to 15 units. A single support provider will be locked in for each cluster with no individual choice for residents.**
5. Considering the problems that exist with group housing urgent policy change is needed to limit the group size of SDA accommodation and allow for many many more non share arrangements.
6. Compared to other OECD countries we have an incredibly low level of public housing which is one viable affordable accessible housing source. But in Victoria, Public housing wait lists are currently around 40,000 people and though the government has committed to building 1000 much more is needed to address the need. **It is relevant to point out that public housing tenants would never be expected to share their tenancy as a matter of policy, despite the long wait lists. Yet people with a disability must share with many others with no choice about who they live with in order to receive essential services.**
7. Another problem that flows from the lack of housing alternatives is that there is no emergency funding for housing costs. Under the state government disability services, money could be provided to pay for serviced apartments while a long-term housing solution was found. However, the NDIS doesn't pay for housing, so with the full transition to NDIS, there is now no funding for emergency housing.

It is not in the interests of disabled people for the group home model to continue however it will continue for some time even with a huge effort to transition to alternatives. Currently there is very small growth in alternatives but thousands more options must be developed. In the meanwhile, rights to safety must be legislated for and access to advocacy massively increased.

Question 7: Are you aware of the use of restrictive practices in group homes that you can share with the Royal Commission? If so, what needs to change or happen to eliminate the use of restrictive practices in group homes?

AMIDA has seen restrictive practices used often in group houses. The system allows application to be made and it is usually approved. If disabled people weren't unhappy in group housing though the applications for restrictive practices would be reduced. The restrictive practices are only necessary

because people are not receiving appropriate support and housing. The major example of this is the use of medication to tranquilise the residents who are acting out their frustrations, or are experiencing harm.

Question 8: What barriers or obstacles exist for people with disability identifying, disclosing or reporting incidents of violence, abuse, neglect or exploitation? What should be done to encourage investigating and reporting of violence, abuse, neglect or exploitation in group homes when it occurs?

A major barrier is lack of access to advocacy and lack of availability of advocacy. Residents in group homes are often unable to independently contact advocacy services and require support from workers to do this. When they have complaints about the workers or what is happening in the group home, workers are put in a conflict of interest position and this jeopardises a person's access to advocacy. Advocacy services have huge demands placed upon them and require additional funding. Cases can be protracted as service providers drag out matters and respond inadequately. The capacity of advocacy services is such that they cannot provide services to all those requiring it. Most advocacy services in Victoria have closed their waiting lists as they cannot hope to deal with any more cases within reasonable timeframes. The federal Dept of Social Services defunded the Disability Advocacy Network Australia core funding. This means Advocates don't have the ability to come together and share information to try to promote change.

With more resources and rights to enter services, advocacy could outreach to people living in group homes. Advocacy services could also provide residents with rights information and connect them with self-advocacy groups.

Toothless monitoring agencies such as the Quality and Safeguards Commission is another barrier as is the lack of legal rights of residents to protection in group homes and a workable mechanism to exercise these rights.

Self-advocacy groups are very poorly funded yet provide peer support, have experience acting as a group on disability rights issues and provide rights information and skills in self advocacy. Resourcing for self-advocacy is one off around Australia. Victoria funds a very small number of self advocacy groups a very small amount of money. They do also fund the Self Advocacy Resource Unit, SARU. AMIDA and SARU were funded to meet with self-advocates with intellectual disability, Acquired Brain Injury and complex communication impairments across Australia and this led to the development of a proposal for the roll out of resourcing units for self-advocacy support specifically for people within these target groups. However, the NDIS Information Linkages and Capacity building funding framework does not allow for this model to be funded and is lonely short term funding anyway. Despite several applications, no national funding for self-advocacy resourcing has been provided nor has there been any increase to the very small direct funding to self advocacy groups.

Question 9: Should anything be done to improve or change staffing in group homes to better support the choices and potential of people with disability?

Yes. Self-advocacy groups could play a major role in training staff. Ableism is rife in the disability workforce and very little is done to challenge it. Disabled people and self-advocacy groups could be instrumental in changing this. Many self-advocacy groups have sought this type of funding but apart from sporadic short-term funding, little has been provided. On-going funding to self-advocacy groups and a role in training staff would begin to challenge ableist views.

Question 10: What else should we know? Have we missed anything?

Yes. As Australia is a signatory to the **Convention on the Rights of Persons with a Disability** we believe the Royal Commission should consider the lack of progress by Australia in meeting the obligations of this Convention especially with reference to violence, abuse, neglect and exploitation.

We have included relevant housing and related excerpts from the **Committee on the Rights of Persons with Disabilities 15th October 2019 report on,**

“Concluding observations on the combined second and third periodic reports of Australia”

The Committee is concerned about:

The unsustainability and inadequacy of resources for continuous, individual and independent advocacy programmes.

The Committee recommends that the State party:

Ensure that persons with disabilities are able to access continuous, sustainable and adequately resourced individual and independent advocacy programmes, particularly those not part of the National Disability Insurance Scheme.

Accessibility (art. 9)

17. The Committee is concerned about:

(a) The lack of a national framework for reporting compliance with the Disability Standards for Accessible Public Transport 2002, the Disability (Access to Premises – Buildings) Standards 2010 and the National Standards for Disability Services;

(b) The significant proportion of the existing built environment that is inaccessible and the lack of mandated national access requirements for housing in the National Construction Code;

(c) The lack of comprehensive and effective measures to implement the full range of accessibility obligations under the Convention, including the lack of information and communications technologies and systems.

18. In the light of article 9 of the Convention and its general comment No. 2 (2014) on accessibility, the Committee recommends that the State party, taking into account goal 9 and targets 11.2 and 11.7 of the Sustainable Development Goals:

(a) Establish and enact a national framework for reporting compliance with the Disability Standards for Accessible Public Transport 2002, the Disability (Access to Premises – Buildings) Standards 2010 and the National Standards for Disability Services ;

(b) Amend the federal law by including mandatory rules on access for all new and extensively modified housing ;

(c) Take the necessary legislative and policy measures, such as the development of public procurement criteria, to implement the full range of accessibility obligations under the Convention, including regarding information and communications technologies and systems, and ensure effective sanctions measures for non-compliance.

The Committee recommends that the State party:

(a) Establish a national accessible oversight, complaint and redress mechanism for persons with disabilities who have experienced violence, abuse, exploitation and neglect in all settings, including all those not eligible for the National Disability Insurance Scheme and, particularly, older women with disabilities;

(b) Ensure adequate resources and a redress mechanism for the Royal Commission into Violence, Abuse, Neglect and Exploitation of Persons with Disabilities ;

(c) Implement the recommendations contained in the report of the Australian Human Rights Commission *A Future without Violence*;

The Committee is concerned about:

(a) The fact that the Specialist Disability Accommodation framework facilitates and encourages the establishment of residential institutions and will result in persons with disabilities having to live in particular living arrangements in order to access National Disability Insurance Scheme support;

(b) The lack of appropriate, affordable and accessible social housing, which severely limits the capacity of persons with disabilities to choose their place of residence;

(c) The fact that the Younger People in Residential Aged Care action plan only outlines ways to reduce the number of persons under 65 years of age, including persons with disabilities, living in aged care facilities, but does not end the practice.

38. The Committee recommends that the State party:

(a) Develop a national framework aimed at closing all disability-specific residential institutions and preventing transinstitutionalization, including by addressing how persons with disabilities not eligible for the National Disability Insurance Scheme can be supported to transition from living in an institution to living independently in the community;

(b) Increase the range, affordability and accessibility of public and social housing for persons with disabilities, including by implementing a quota for accessible social housing and by developing regulations and standards to guarantee the progressive application of universal design principles in accessible housing;

(c) Revise the Younger People in Residential Aged Care action plan to ensure that by 2025 no person under 65 years of age enters or lives in residential aged care.

AMIDA supports these recommendations and urges the Royal Commission to consider and accept them. Further we recommend that the Royal Commission make recommendations that;

1. Give people a way out of violent and abusive environments.

- a) Much more independent affordable accessible housing through both Public housing and SDA that is based on what we know about group homes, what people want when given an experience of the alternatives to group homes and not what developers, support providers and funding bodies want.**
- b) Give people independent support for exploring options and decision-making so they can learn about options and say what they want. People with disability needs to have an active say in their housing rights and their housing options the same as anyone else in the community,**
- c) Make it easy to get emergency extra funding from the NDIS when there is crisis and Exploring Housing Options Package funding is urgently needed.**
- d) The NDIS should pay for housing costs in an emergency but this can't be a substitute for long term appropriate housing growth. This is paramount. There is a need for provision of emergency housing to be available to someone in a group home who has experienced violence, abuse, discrimination and neglect which is disability specific with Universal Housing Design GOLD or PLATINUM level standards. (i.e enhanced requirements for the Core Capital Liveable housing design elements plus all remaining elements)**

2. Give people the choice

- a) Give people the choice of where they live and who they live with and the support they receive and who provides it. Given this choice, most people would not choose to share their entire lives in a group home.**

- b) Give residents more choice and control of Support Independent Living (SIL) providers so they have real choice about who works with them.
- c) Many disabled people are finding they cannot secure accommodation and SIL even when there is a vacancy. Providers choose not to provide to some people. Choice is shifting to the provider rather than the service user. A high quality government provider of last resort for housing and support needs to be considered, as the States no longer see themselves as responsible for this.
- d) Stop building group homes as they are not a model that is conducive to allowing quality or choice, and control for people in their lives. Stop clustering people with a disability in unit developments of up to 15 where the support provider is locked in for all units with no individual choice of who provides support

3. Change NDIS SDA frameworks and policy

- a) Change NDIS SDA frameworks and policy so that people are not forced to share Specialist Disability Accommodation in order to have needed housing and support. Change the regulations and attitude of the NDIA so that it is possible to support someone who wants or needs to live alone, with the supports they need, especially in remote areas

4. Allow the voice of disabled people to be heard

- a) Increase funding for independent advocacy and allow advocates to provide people with a disability with information directly about advocacy so they can access it if needed and wanted.
- b) Allow advocacy organisations like AMIDA who have developed training packages for residents to be properly resourced to provide training of residents about their rights and housing options
- c) Provide funding for self-advocacy groups across Australia so that people are more empowered to live productive lives and choose their housing from all available options.
- d) Make it mandatory for organisations who run or provide support in group homes to have a person or people with an intellectual disability, a brain injury or complex communication needs as a member of their management committee or group and allow these people to have access to VATT training.

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