Action for More Independence & Dignity in Accommodation

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

Due 18 Mar 2022

AMIDA's response to the National Housing and Homelessness Agreement Productivity Commission report – Issues Paper.

Action for More Independence and Dignity in Accommodation (AMIDA) supports people with 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.

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

AMIDA agrees there is profound market failure in providing suitable and affordable housing for low-income and vulnerable cohorts in the community. In particular, for people with disability, accessible, safe, affordable, single occupancy housing.

AMIDA strongly supports the United Nations (UN) Convention on the Rights of Persons with a Disability (CRPD) and works to assert these rights and community inclusion for people with a disability. The following was given to Australia from the UN after the last reporting period.

Australia needs to incorporate these recommendations into action in order to meet our obligations, having ratified the CRPD in 2008.

- Specifically as mentioned in our previous submission on Social Housing Regulation Review :- Accessibility (art. 9) Living independently and being included in the community (art. 19)
- Our experience with Community and Social housing has shown us that residents are not always well supported by Community and Social housing providers. Some recent cases that we have worked on have shown the following People living in community housing have had problems such as;
    - Housing not accessible for a disabled person or family member
    - Resolving access issues are not seen as a priority
    - Maintenance issues are extremely difficult to have resolved
    - Often residents fall behind with their rental due to medical or other issues and are evicted (In 2018, the Survey of Disability, Ageing and Carers (SDAC) found there were 581,400 Aboriginal and Torres Strait Islander people living in households in Australia.)

Questions

Assessing the performance and suitability of the Agreement

Historically the purpose and the objectives of the NHHA has lost its focus and has failed to be used by both Federal and State governments as an important factor when considering affordable accessible housing for everyone due to budget constraints. New stock of affordable accessible public and social housing has not been seen as a priority. While our population increases this has led to **extreme housing stress** with changes to eligibility and other factors not meeting community need or expectation.

The CHC articulated a bold vision during World War 2 - ***'We consider that a dwelling of good standard and equipment is not only the need but the right of every citizen'*** *(CHC 1944, cited in Troy 2012). It advised the Australian Government to take an active role providing housing to overcome the housing shortage (estimated at the time to be about 300 000 dwellings). The housing shortage was considered national in scope and beyond the resources of the States to address.*

The development of a National Housing Strategy is critical for providing the leadership and coordinated framework for governments at all levels and key delivery partners … to make effective long-term planning and investment decisions, and ensure that all jurisdictions can

deliver enough social and affordable housing for their current and future populations. … a National Strategy must also respond to entrenched housing affordability issues, including the often narrow and limited housing options for very low, low, and moderate-income households along the housing continuum.

As stated in the below extract their needs to be a National body and Strategy (unit in extract below) that would be able to ensure that there was enough affordable accessible housing for those who are low income earners, many of whom are also from CALD communities, Aboriginal and Torres Strait Islander communities, older persons, women and or people with a disability.

The waitlists for Public and Social housing in Australia is huge and growing all the time with inaction, and other budget priorities and the increased immigration strategies. In Victoria alone it is above 80,000.

Extract from 2016 paper to the standing committee on Accommodation and Disability -

'The roundtable discussion highlighted the wealth of expertise in Australia but also the need for co-ordination of the expertise that exists. People don't want a one size fits all approach to housing but they also don't want to have to continually reinvent the wheel.

People spend an enormous amount of time trying to pull together the required information over and over again. We believe there is a need for an innovative housing resource unit or units to share examples of what people are doing and what they are learning and increase capacity for starting up new accommodation projects in the housing space. The unit could compile resources including case studies, research on options as well as policy examples and information on funding. The unit would have the task of sharing the information complied both with individuals and groups.

The unit could have a role in bringing finance and housing players together with people with a disability and their families and/or disability service providers to explore possible solutions. The unit would have a commitment to only supporting development of inclusive and non-institutional housing. Project management may or may not be a role of the unit as there are not for profits that could carry this out once partnerships have been established. The unit could also undertake development of operational policy where gaps are identified and create user friendly kits on all aspects of the process of developing innovative housing solutions.'

Is the objective appropriate and has it been achieved?

The objective of the NHHA (p. 3) is:

… to contribute to improving access to affordable, safe and sustainable housing across the housing spectrum, including to prevent and address homelessness, and to support social and economic participation.

The NHHA has not met its objective as is clearly shown by the housing crisis we are in now. Many of our clients have been threatened with or evicted from Community housing due to ongoing complaints about maintenance issues being unresolved.

AMIDA endorses the Everybody's Home budget position paper "A Plan to Fix Australia's Housing Crisis" which states "A recent calculation by the National Housing Finance Investment Corporation (NHFIC) identifies the need for an additional 890,000 social and affordable homes over the next 20 years, requiring a building program of 45,000 homes per year.

This has left whole families homeless and in need of new housing at a time when accessible and affordable housing is extremely limited and we have a general wait list of around 80,000 just for Victoria alone. Most Community housing services have a particular number of properties and several which are temporary/emergency housing, (once they have long term tenants they lose that property from their books which often means they are unable to provide support to many in need of housing).

Many of our clients have been in temporary/emergency housing for a very long time and this housing is often in urgent need of repair, which is not affordable to the community housing service and so many are left with the only option which is leave and become homeless due to health and safety issues which are not being met by the Community housing provider. Homelessness has become a best option to many people with a disability and their families due to many things which need to be considered when finding someone housing which will suit people's needs.

At the moment due to the lack of suitable housing options people are put into public or community housing options that are not in areas with their supports, or close to schools or other services, with others living in low income areas, trapping people in the welfare and social disadvantage models. Often this is unlivable for families with young children with disability or other high support needs, their families are unable to access needed supports

and when they are offered housing they take it as they are in desperate need for a safe and affordable place to dwell. This doesn't always work out as there are so many barriers that people face in congregate or public housing areas and often they need accessible housing options which are not available. Housing transfers can take years to orgainise leaving families inappropriately housed for long periods of time without their supports being in reach.

Some are living in properties that are damp and have mould and often other bio-toxins, throughout their homes which is dangerous to the health and safety of many people with a disability. As said in our submission to the 10 Year Social and Affordable Housing Strategy for Victoria AMIDA endorses the key initiatives listed in the discussion paper released on 9 Feb 2021. In this paper we also stated:- Fund existing services to implement a **Housing First Model**. This model has been proven to succeed in other Countries including the Housing First Europe Hub and 3 also in Australia. Make this National Housing Policy for Australia.

As seen in previous years, if it is only aspirational or voluntary, it will fall short of meeting the needs of individuals in the community. The investment being made by the Victorian State Government in the Big Housing Build needs to be repeated every year for 10 years if the current need is to be met let alone future need nationwide.

Priority homelessness cohorts and homelessness priority policy reform areas (Further see Appendix A)

Outputs of the Agreement

AMIDA views the outputs of the agreement to be relevant. They are certainly not realistic unless there is funding commitment from the federal government to provide appropriate resources to build new public housing, community housing and fund staff and support services to effectively process then place individuals and families into housing.

AMIDA notes the priority homelessness cohorts and homelessness priority policy reform areas do not include people with disability. This is a service gap which is widely known in the disability sector, the need for emergency, accessible, temporary and permanent housing for people with disability, who can at any time require homelessness services.

Performance monitoring and reporting framework

AMIDA's view is that none of the NHHA's performance indicators have been met and there does not seem to be an accountability system in place to remedy the shortfall and gaps in service delivery. The indicators appear to be relevant and capture essential information however improvement in the mechanism to meet the needs of the most vulnerable members of the Australian population is imperative.

Financial and governance arrangements

AMIDA understands a single system of financial assistance that is portable across rental markets for private and social housing should be established. A single system of financial assistance would: – enable a person to choose where they live based on their preferences — their access to financial assistance (and tenancy support services) would 'follow them' – address current inequities by targeting the type and amount of financial assistance a person receives to their circumstances, rather than the type of housing they live in.

The establishment of a single system of financial assistance hinges on reforms being undertaken at both the national and state and territory level so assistance can be provided as a package. – The Australian Government should extend Commonwealth Rent Assistance (CRA) to tenants in public housing so that it is available to all eligible tenants in social housing properties. People who live in private and community housing already receive CRA, people in public housing do not. This change would provide a consistent baseline level of support. Many households could benefit from reform. – Over 50 000 social housing tenants have expressed dissatisfaction with the property they are in. They currently face a stark choice — remain in social housing in an unsuitable property or move to the private rental market and potentially receive less financial assistance. – Increasing choice would lead to some tenants moving into private housing, which would result in more social housing properties becoming available for tenants who need them. – There are about 850 000 households eligible for, but not in, social housing. The proposed State- and Territory-funded housing supplement could benefit these households where they are in areas with acute rental affordability problems.

The National Rental Affordability Scheme (10 years) is now is it 7th year and AMIDA is aware that over the next four years those living in the 22,000 NRAS properties will be then left to compete in the open private rental market. (Article -ABC Fears thousands will become Homeless when NRAS ends 16 Mar 22). Many of these renters are already facing

homelessness due to the higher rentals each year. This is not a solution and should be adjusted to ensure that low income renters are not homeless because their circumstances have not changed and many are still receiving pensions which only increase a little each year.

How does the NHHA align with other policy areas?

AMIDA has noted the National Disability Strategy was released on 3 Dec 2021. AMIDA endorses the strategy and recognises that all levels of government are responsible for supporting people with disability to reach their full potential, as equal members of the community. AMIDA also endorses the Strategy's outcome that people with disability live in inclusive, accessible and well-designed homes and communities.
The main priorities relating to housing being:

- Increase the availability of affordable housing
- Ensure housing is accessible and people with disability have choice and control about where they live, who they live with and who comes into their home.

To meet these priorities and outcomes AMIDA encourages the building of accessible housing which is safe, affordable and scattered in the community, rather than congregate living or enormous high density apartment blocks which lend themselves to sites of violence and abuse. **(Further see Appendix C)**

Issues across the housing spectrum

People with disability are subject to homelessness at any time, like other members of the community. Even more so than other people in the community due to the fact that some people with disability are not eligible for SDA, some people find it extremely difficult to work with mainstream housing organisations or to actually successfully find accommodation that is accessible and affordable to the Disability Support Pension (DSP).
This highlights a need for :-

- disability specific emergency accommodation that is accessible
- affordable community housing for those on low incomes (changes to eligibility requirements).
- More flexibility with housing services stock
- A connection of housing services, domestic violence services and disability advocacy services to ensure that all of people's needs are met in the processes of finding tenancy

- A budget to support housing stock & maintenance which is separate to the build budget
- People with complex housing issues need to be provided flexible housing options, suitable to their needs and in their community.

AMIDA has seen a recent influx of cases requiring assistance with bio-toxins in their home in public, community and Co-Op housing. AMIDA has cases where some people have a susceptible genotype which makes them more likely to become unwell from exposure to mould. When a person carries the gene they are genetically susceptible. A misprocessing of antigens occurs which inhibits the immune system to reacting correctly to bio-toxins. All housing service stock need to be kept to a healthy standard to prevent vulnerable individuals, families and communities becoming ill due to exposure to bio-toxins. We have had many clients experience this and who seem to be discriminated because of this and evicted.

Housing services need to communicate with domestic violence services and disability advocacy services to support the future housing options for people with disability and their families leaving domestic violence situation, including Specialist Disability Accommodation. funding for training for workers needs to be a priority in regards to this aspect, as AMIDA has witnessed mistreatment of people with disability and also people going from service to service as there is no linkage. DFFH and community housing services. Otherwise people feel shut out and not listened to or kept safe in violent circumstances. This is when AMIDA has seen people give up and choose homelessness.

Appendix C – AMIDA's response to Victorian Government Specialist Disability Accommodation Policies October 2021 – this has been included to raise some of the issues across housing in Victoria, and Australia.

"It needs to be very clear that SIL providers must be the preferred provider by the residents.

- *Residents must have choice and control in their living environment*
- *AMIDA is concerned that a lot of private SDA providers are providing SDA with inbuilt restrictive practice which appears to go without regulation*
- *AMIDA notes that when institution living was ended and instead people with disability were given the right to live in the community, SDA's were not meant to be permanent congregate living. They were set up as a stepping stone to more independent living. This practice however has not been changed in over 20 years*
- *AMIDA sees a preferred option of many people who access individual advocacy through our service would be 1 or 2 residents sharing.*

AMIDA views this as important-
"Residents can choose to change their SIL provider – providing the proposed SIL provider meets the department's eligibility requirements.
Residents' NDIS funding will usually require a resident to share their supports with one or more other residents. Where this is the case, those residents will need to agree on the same SIL provider. Residents make this decision in collaboration with their support networks and NDIS supports.
If residents engage a SIL provider that the department doesn't already have a collaboration agreement with, staff will arrange a meeting with the provider to discuss the roles and responsibilities of each party in supporting the same resident and to arrange signing of a collaboration agreement."

Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL)

AMIDA has had contact with people with disability who have been seeking housing, some people homeless, and have applied for vacancies for apartments or rooms advertised. During the application process when the person has stated they wish to bring their own SIL provider they have then been unsuccessful in their application.
This is extremely concerning to people who are in dire need of housing, during a global pandemic, who cannot secure housing because of their choice of provider of supports.
AMIDA notes a number of organisations have taken over the tenancy process to set up supports in a building and can discriminate over a prospective tenant's choice of SIL provider.

AMIDA asks for more regulation in the market by the NDIA and DFFH over the organisations guidelines and monitoring of providers and eliminate discrimination over the choice of SIL provider.
Also see Appendix A

Social Housing

Introducing a common service delivery standard and regulation across social and community housing. Applying a uniform set of service delivery and asset management standards to public and community housing, combining best practice elements from both sectors.

AMIDA has had problems with Co-Ops and private rental organisations for this same point, Supported Independent Living (SIL) providers and Specialist Disability Accommodation in the

past. AMIDA wishes to be reassured that the service delivery standards and regulations will cover these as well as public and general community.

Tenant Empowerment, forming a dedicated advocacy body for public and community housing residents together to provide a representative voice for all social housing tenants. Embedding tenant involvement in policy and regulatory development and decision-making. AMIDA states that funding must accompany this advocacy body to ensure that tenants are not out of pocket.

AMIDA also suggests professional development program named Voice At the Table (VATT) who offer training and aim to build the capacity of Government Departments to be inclusive and ensure people with disabilities participate in civic processes on an equal and valued basis.

It is extremely important that a national housing strategy is funded and expanded over time to assist all of those who will be seeking affordable accessible housing in the coming years.

Ensure regulations include input from tenants

- Tenants needs are seen as a high priority, in particular escaping violence in housing
- Ensure all information is provided to tenants in an accessible way e.g. Easy English or other accessible formats
- Ensure that all complaints processes are clear and easy to follow and have clearly understood outcomes
- Allow for swift outcomes to tenant issues which are clear, easy and accessible depending on tenant needs
- In our experience it would be great if there was an independent person who was able to assist to resolve issues
    - This needs to happen in a way that tenants understand
    - It is important that all communication is accessible
    - It is important that tenants with a disability have decision making explained to them in a way that they can understand
    - VCAT and other similar bodies across Australia needs to provide time for understanding decisions
        - E.g. a tenant had rental arrears and didn't realise that she would need to pay the arrears anyway, and her refusal to pay led to eviction, homelessness and a rental debt. If she had agreed to set up a payment plan she may have been able to stay at the property and the maintenance that was required may have been done

- Tenants may need to consult so that they understand the consequences of their actions
- Tenants need to be given the appropriate support when dealing with Community housing services
- Maintenance issues in Community housing services is difficult
- Many Community housing services have wait lists for their housing
- Many community housing services don't have funding to provide for maintenance and disability modifications
- It seems that if a tenant makes a complaint or raises a maintenance issue they are seen as a problem
- It is difficult for a tenant to receive action for a number of issues such as neighbor disputes, maintenance or other problems Community housing tenants have rights under the Tenancy act but this is often ignored. AMIDA endorses accountability back to the community however notes that human rights considerations need to be included in all decision making of Aboriginal Housing providers, particularly when one or more resident has disability.

At present there appears to be an absence of regulation on these grounds, the Victorian Housing Registrar only holding community housing providers to their own policies and procedures. A stronger regulator of accountability to residents is required. In particular, there needs to be responsibility taken for funding necessary modifications to properties on the basis of accommodating disability which are currently not paid by Community housing, are not automatically funded by NDIA for participants who are eligible for the NDIS and only 10% of people with disability in Australia are accepted onto the NDIS. This leaves an enormous service gap for residents of Community housing who need disability modifications made to property and there remains no funding available.

AMIDA has heard reports from participants of high levels of violence in social and community and SDA housing. We have assisted people who have been at high risk of injury or death on a daily basis. These people do not feel safe in their homes. With the housing system as clogged as it currently is, with a waitlist of 80,000 there is little chance people who are in such danger can quickly move to another residence through a transfer or even secure temporary housing without losing their property and being placed back onto the waitlist with an unclear timeframe for securing permanent tenure again.

(Further, see Appendix A & Appendix B)

Affordable housing and assistance for low-income renters

As said in *Financial and governance arrangements* -

A single system of financial assistance that is portable across rental markets for private and social housing should be established. A single system of financial assistance would: – enable a person to choose where they live based on their preferences — their access to financial assistance (and tenancy support services) would 'follow them' – address current inequities by targeting the type and amount of financial assistance a person receives to their circumstances, rather than the type of housing they live in.

The establishment of a single system of financial assistance hinges on reforms being undertaken at both the national and state and territory level so assistance can be provided as a package. – The Australian Government should extend Commonwealth Rent Assistance (CRA) to tenants in public housing so that it is available to all eligible tenants in social housing properties. People who live in private and community housing already receive CRA, people in public housing do not. This change would provide a consistent baseline level of support. Many households could benefit from reform. – Over 50 000 social housing tenants have expressed dissatisfaction with the property they are in. They currently face a stark choice — remain in social housing in an unsuitable property or move to the private rental market and potentially receive less financial assistance. – Increasing choice would lead to some tenants moving into private housing, which would result in more social housing properties becoming available for tenants who need them. – There are about 850 000 households eligible for, but not in, social housing. The proposed State- and Territory-funded housing supplement could benefit these households where they are in areas with acute rental affordability problems.

It is some time since the eligibility for public and housing financially has been looked at and changed to suit the low income assets tests, this needs to be refined to allow more people to be eligible and access public and social housing. The need for affordable assessable and single use not congregate housing is growing beyond the stock all across Australia and must be increased.

The private rental market

AMIDA understands from the cases we have assisted that the private rental market in Victoria and in particular in Melbourne is not affordable to people on the disability support pension, even with the addition of Commonwealth Rent Assistance, the reports from participants we have assisted is the cost of rent and living puts people with disability below the poverty line

when renting privately. This places vulnerable people with disability at the mercy of public housing or community housing waitlists. Even with the help of individual advocacy there is no guarantee that a person who is homeless will secure public or community housing and many people with disability are excluded from the NDIS or if they have access to the scheme they are not made eligible for Specialist Disability Accommodation.

(Further Appendix D)

Home ownership

AMIDA agrees with the statement in this issues paper that home ownership provides people with the greatest freedom to customize their housing to suit their preferences and needs. It is the most secure form of tenure providing a high degree of stability that is often especially valued at particular life stages (such as when having a family or at retirement). AMIDA has witnessed a small proportion of people with disability have the opportunity to own their own home. If they do they may have acquired their home before the onset of disability, or have the opportunity to work and purchase their own property or have family who provide people with disability with housing. It is people with disability who benefit most from the freedom to make modifications for accessibility and have the security of tenure and person.

Statistics show that people with disability are more likely to be subject to abuse, violence, exploitation and neglect, in particular women and girls.

People with disability would benefit greatly from home loans available over longer periods of time, grants particular to people with disability, stamp duty concessions, shared equity arrangements, allowing buyers to purchase a home with a lower deposit or reduce the amount they need to borrow, concessional loan programs, targeted initiatives to allow social housing tenants to transfer into home ownership and access to specialized savings vehicles.

Housing outcomes for Aboriginal and Torres Strait Islander people

See AMIDA's response to the **AMIDA social housing Regulation and Aboriginal housing submission dated 8th November 2021 Appendix A**

The supply side of the housing market

With recent reporting showing a housing shortfall estimated at 450,000 dwellings in 2020, the housing supply is definitely not keeping pace with demand and with continued intake of people from overseas, war torn areas and migration in general, Australia will need to invest in supply in order to avoid further deepening of the current housing crisis.

The building and construction industry

AMIDA has long been advocating for more accessible housing and has put forward submissions to change the National Construction Code to Gold Level Accessibility minimum standard to be set this year 2022.

AMIDA understands in 2009, the Australian Network for Universal Housing Design (ANUHD) joined the National Dialogue on Universal Design in a bid to work collaboratively with the housing industry and community sector to increase the supply of accessible housing. The National Dialogue settled for a voluntary approach and adopted an "aspirational target that all new homes will be of an agreed Universal Housing Design standard by 2020 with interim targets to be set within that 10 –year period." The aspirational goal was endorsed by the Council of Australian Governments (COAG) as a key commitment in the 2010 – 2020 National Disability Strategy (NDS).

The voluntary approach didn't achieve the targets or goal to any extent at all. In fact, by any measure, the voluntary approach has failed conclusively to increase the supply of accessible housing. This failure clearly demonstrates the need for a mandated code and for governments to build accessible housing. Over 10 years has been spent waiting for the voluntary approach to achieve desperately needed outcomes. This is a lost 10 years of development of accessible stock the loss of which is keenly felt by people; people who are being disabled by a lack of regulation, and leadership by government. This failure shows housing developers and the housing construction industry count accessibility for people as a very low priority. If Australia does have a commitment to fairness and accessibility for people to the built environment including residential properties, it will have to mandate meaningful accessibility standards and provide leadership at the State government level by making any new social housing accessible to all. And if it does not, it is responsible for disabling people. The new Universal Design building code agreed upon by the states needs to be legislated to ensure that new housing being built is accessible.

Appendix A -

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

8 Nov 2021

Social Housing Regulation Review – Aboriginal Victorians and Social Housing Regulation

Action for More Independence and Dignity in Accommodation (AMIDA) supports people with 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.

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 (UN) Convention on the Rights of

Persons with a Disability (CRPD) and works to assert these rights and community inclusion for people with a disability. The following was given to Australia from the UN after the last reporting period. Australia needs to incorporate these recommendations into action in order to meet our obligations, having ratified the CRPD in 2008.

Specifically as mentioned in our previous submission on Social Housing Regulation Review :-

Accessibility (art. 9)

Living independently and being included in the community (art. 19)

Our experience with Community and Social housing has shown us that residents are not always well supported by Community and Social housing providers. Some recent cases that we have worked on have shown the following

People living in community housing have had problems such as;

- Housing not accessible for a disabled person or family member
- Resolving access issues are not seen as a priority
- Maintenance issues are extremely difficult to have resolved
- Often residents fall behind with their rental due to medical or other issues and are evicted

In 2018, the Survey of Disability, Ageing and Carers (SDAC) found there were 581,400 Aboriginal and Torres Strait Islander people living in households in Australia. Of these almost 1 quarter had disability.

Many of our clients have been threatened with or evicted from Community housing due to ongoing complaints about maintenance issues being unresolved. This has left whole families homeless and in need of new housing at a time when accessible and affordable housing is extremely limited and we have a general wait list of around 80,000 just for Victoria alone.

Most Community housing services have a particular number of properties and several which are temporary/emergency housing, (once they have long term tenants they lose that property from their books which often means they are unable to provide support to many in need of housing). Many of our clients have been in temporary/emergency housing for a very long time and this housing is often in urgent need of repair, which is not affordable to the community housing service and so many are left with the only option which is leave and become homeless due to health and safety issues which are not being met by the Community housing provider.

Homelessness has become a best option to many people with a disability in their families due to many things which need to be considered when finding someone housing which will suit people's needs. At the moment due to the lack of suitable housing options people are put into public or community housing options that are not in areas with their supports, or close to schools or other services, with others living in low income areas, trapping people in the welfare and social disadvantage models. Often this is unlivable for families with young children with disability or other high support needs, their families are unable to access needed supports and when they are offered housing they take it as they are in desperate need for a safe

and affordable place to dwell. This doesn't always work out as there are so many barriers that people face in congregate or public housing areas and often they need accessible housing options which are not available. Some are living in properties that are damp and have mould throughout their homes which is dangerous to the health and safety of many people with a disability.

As said in our submission to the **10 Year Social and Affordable Housing Strategy for Victoria** AMIDA endorses the key initiatives listed in the discussion paper released on 9 Feb 2021. In this paper we also stated:-

Fund existing services to implement a Housing First Model. This model has been proven to succeed in other Countries including the Housing First Europe Hub and also in Australia. Make this National Housing Policy for Australia. As seen in previous years, if it is only aspirational or voluntary, it will fall short of meeting the needs of individuals in the community. The investment being made by the State Government in the Big Housing Build needs to be repeated every year for 10 years if the current need is to be met let alone future need.

Many staff working in Community housing services do not have adequate training in regard to people with a disability and very little knowledge about how to speak to someone with a cognitive or psycho social disability. Training must be a requirement for staff at Community housing services this must be delivered by people with disability so that they are more able to understand the very differing needs of people with disability in their housing needs and why some needs are extremely important. This training should be done on a regular basis so that staff are able to become more understanding of peoples varying needs.

It is also important to consider the housing needs of people with disabilities and low income families when deciding on the future of Community housing. While it is agreed that there is a lack of accessible affordable housing in Victoria it is important with the cost of private rental and home ownership, that there are viable and useful housing rental options available to low income families and a commitment to invest in new housing. It is extremely important that the 10 year Victorian Social and Community housing strategy is funded and expanded over time to assist all of those who will be seeking affordable accessible housing in the coming years.
Ensure regulations include input from tenants

- tenants needs are seen as a high priority
- ensure all information is provided to tenants in an accessible way e.g. Easy English or other accessible formats
- ensure that all complaints processes are clear and easy to follow and have clearly understood outcomes
- allow for swift outcomes to tenant issues which are clear, easy and accessible depending on tenant needs
- in our experience it would be great if there was an independent person who was able to assist to resolve issues
    - this needs to happen in a way that tenants understand
    - it is important that all communication is accessible
    - it is important that tenants with a disability have decision making explained to them in a way that they can understand
        - VCAT needs to provide time for understanding decisions
            - E.g. a tenant had rental arrears and didn't realise that she

would need to pay the arrears anyway, and her refusal to pay led to eviction, homelessness and a rental debt. If she had agreed to set up a payment plan she may have been able to stay at the property and the maintenance that was required may have been done
        - Tenants may need to consult so that they understand the consequences of their actions
        - Tenants need to be given the appropriate support when dealing with Community housing services
- Maintenance issues in Community housing services is difficult -
    - Many Community housing services have wait lists for their housing
    - Many community housing services don't have funding to provide maintenance and disability modifications
    - It seems that if a tenant makes a complaint or raises a maintenance issue they are seen as a problem
    - It is difficult for a tenant to receive action for a number of issues- neighbor disputes, maintenance or other problems

Community housing tenants have rights under the Tenancy act but this is often ignored

AMIDA endorses the Accountability back to the community indicator included in the finding and options paper however notes that human rights considerations need to be included in all decision making of Aboriginal Housing providers, particularly when one or more resident has disability. At present there appears to be an absence of regulation on these grounds, the Victorian Housing Registrar only holding community housing providers to their own policies and procedures. A stronger regulator of accountability to residents is required.

In particular, there needs to be responsibility taken for funding necessary modifications to properties on the basis of accommodating disability which are currently not paid by Community housing, are not automatically funded by NDIA for participants who are eligible for the NDIS and only 10% of people with disability in Australia are accepted onto the NDIS. This leaves an enormous service gap for residents of Community housing who need disability modifications made to property and there remains no funding available.

Appendix B -

Action for More Independence & Dignity in Accommodation

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

20 Sep 2021

The Victorian Social Housing Regulations Review

Action for More Independence and Dignity in Accommodation (AMIDA) supports people with 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.

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 (UN) Convention on the Rights of Persons with a Disability (CRPD) and works to assert these rights and community inclusion for people with a disability. The following was given to Australia from the UN after the last reporting period. Australia needs to incorporate these recommendations into action in order to meet our obligations, having ratified the CRPD in 2008.

Concluding observations: UN Report on Australia's review of the CRPD, 24 Sep 2019.

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; the Disability (Access to Premises-Buildings) Standards; and the National Standards for Disability Services;
b) The significant proportion of existing inaccessible built environment 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 of information and communication technology and systems.

18. In the light of article 9 of the Convention and its general comment No. 2 (2014), 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 mandatory compliance reporting of the Disability Standards for Accessible Public Transport; the Disability (Access to Premises-Buildings) Standards; and the National Standards for Disability Services;
b) Amend the Federal law with mandatory rules on access for all new and extensively modified housing;
c) Take the necessary legislative and policy measures, such as public procurement criteria, to implement the full range of accessibility obligations under the Convention, including regarding information and communication technology and systems, and ensuring effective sanction measures for non-compliance.

Living independently and being included in the community (art. 19)

37. The Committee is concerned about:

a) The fact that the specialist disability accommodation (SDA) framework facilitates and encourages the establishment of residential institutions and will

result in persons with disabilities having to live in particular living arrangements to access NDIS supports;
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 Younger People in Residential Aged Care—Action Plan only outlines plans to reduce the number of persons, including persons with disabilities, under the age of 65 years living in aged care facilities, but does not end the practice.

38. The Committee recommends that the State party:

a) Develop a national framework for the closure of all disability-specific residential institutions, and the prevention of trans-institutionalisation including addressing how persons with disabilities not eligible for the NDIS can be supported to transition to live 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 no person aged under 65 years should enter or live in residential aged care by 2025.

The Committee requests the State party to implement the recommendations contained in the present concluding observations. It recommends that the State party transmit the concluding observations for consideration and action to members of the Government and parliament, officials in relevant ministries, the judiciary and members of relevant professional groups, such as education, medical and legal professionals, as well as to local authorities, the private sector and the media, using modern social communication strategies.

AMIDA also strongly supports the Productivity Commission's 2017 inquiry Introducing Competition and Choice into Human Services: Reforms to Human Services - Inquiry Report, Chapter 6, Choice and equity in social housing: a single system of financial support -

- *A single system of financial assistance that is portable across rental markets for private and social housing should be established. A single system of financial assistance would:*
  - *enable a person to choose where they live based on their preferences — their access to financial assistance (and tenancy support services) would 'follow them'*
  - *address current inequities by targeting the type and amount of financial assistance a person receives to their circumstances, rather than the type of housing they live in.*
- *The establishment of a single system of financial assistance hinges on reforms being undertaken at both the national and state and territory level so assistance can be provided as a package.*
  - *The Australian Government should extend Commonwealth Rent Assistance (CRA) to tenants in public housing so that it is available to all eligible tenants in social*

housing properties. People who live in private and community housing already receive CRA, people in public housing do not. This change would provide a consistent baseline level of support.

- *Many households could benefit from reform.*
  - *Over 50 000 social housing tenants have expressed dissatisfaction with the property they are in. They currently face a stark choice — remain in social housing in an unsuitable property or move to the private rental market and potentially receive less financial assistance.*
  - *Increasing choice would lead to some tenants moving into private housing, which would result in more social housing properties becoming available for tenants who need them.*
  - *There are about 850 000 households eligible for, but not in, social housing. The proposed State- and Territory-funded housing supplement could benefit these households where they are in areas with acute rental affordability problems.*

A choice-based letting model would provide these tenants with more choice of home. Chapter 8, October 2017 – A better Social housing system improving user focus -

- *Reforming the social housing system would require strong government stewardship.*
  - *Clear government plans for how they would meet the future demand for social housing properties are essential, given the long-lived nature of housing assets and the inherent inflexibility of the social housing system.*
  - *Assessment of the outcomes for tenants receiving housing assistance, particularly tenants renting in the private market, would need to be improved.*
- *Continuing to make the management of social housing properties contestable would provide incentives for managers of social housing properties to improve the effectiveness of service provision, and increase the pressure on them to provide well-maintained properties that meet the requirements of tenants.*
  - *Contestable approaches should be open to all types of providers, and be backed by a full evaluation of property management transfers.*
  - *The management of public housing properties should be separate from social housing policy to improve the accountability of public housing providers. Public housing providers and non-government providers of social housing should face consistent regulatory requirements.*
- *Enabling users to have greater choice over their home requires that tenants are provided with adequate information on properties and support to help them make choices. Longer-term support is needed for some tenants to help them to sustain their tenancy.*
  - *High-quality intake and assessment services are key to matching tenants with both financial and non-financial housing support. Current intake and assessment services are fragmented and it can be difficult for tenants to identify the support they are eligible to receive. In some cases, tenants may not receive additional support services because providers are unable to identify what support the tenant requires.*

Many support services targeted at social housing tenants are not made available to tenants renting in the private market. Making access to support services portable between social and private rental housing is an important part of enabling choice.

Our experience with Community and Social housing has shown us that residents are not always well supported by Community and Social housing providers. Some

recent cases that we have worked on have shown the following

People living in community housing have had problems such as;

- Housing not accessible for a disabled person or family member
- resolving access issues are not seen as a priority
- Maintenance issues are extremely difficult to have resolved
- Often residents fall behind with their rental due to medical or other issues and are evicted

Many of our clients have been threatened with or evicted from Community housing due to ongoing complaints about maintenance issues being unresolved. This has left whole families homeless and in need of new housing at a time when accessible and affordable housing is extremely limited and we have a wait list of around 80,000 just for Victoria alone.

Most Community housing services have a particular number of properties and several which are temporary/emergency housing, (once they have long term tenants they lose that property from their books which often means they are unable to provide support to many in need of housing). Many of our clients have been in temporary/emergency housing for a very long time and this housing is often in bad need of repair which is not affordable to the community housing service and so many are left with the only option which is leave and become homeless due to health and safety issues which are not being met by the Community housing provider.

Homelessness has become a best option to many people with a disability in their families due to many things which need to be considered when finding someone housing which will suit people's needs. At the moment due to the lack of suitable housing options people are put into public or community housing options that are not in areas with their supports, or close to schools or other services, with others living in low income areas, trapping people in the welfare and social disadvantage models. Often this is unlivable for families with young children with disability or other high support needs, their families are unable to access needed supports and when they are offered housing they take it as they are desperate. This doesn't always work out as there are so many barriers that people face in congregate or public housing areas and often they need accessible housing options which are not available. Some are living in properties that are damp and have mould throughout their homes which is dangerous to the health and safety of many people with a disability.

As said in our submission to the **10 Year Social and Affordable Housing Strategy for Victoria** AMIDA endorses the key initiatives listed in the discussion paper released on 9 Feb 2021. In this paper we also stated:-

Fund existing services to implement a Housing First Model. This model has been proven to succeed in other Countries including the Housing First Europe Hub and also in Australia. Make this National Housing Policy for Australia. As seen in previous years, if it is only aspirational or voluntary, it will fall short of meeting the needs of individuals in the community. The investment being made by the State Government in the Big Housing Build needs to be repeated every year for 10 years if the current need is to be met let alone future need.

Many staff working in Community housing services do not have adequate training in regard to people with a disability and very little knowledge about how to speak to someone with a cognitive or psycho social disability. Training must be a requirement for staff at Community housing services this must be done by people with disability so that they are more able to understand the very differing needs of people with disability in their housing needs and why some needs are extremely important. This training should be done on a regular basis so that staff are able to become more understanding of peoples varying needs.

Rather than building large high density towers of public housing which are a hazard in a situation such as a pandemic, build scattered public housing that is of good quality and cannot easily be distinguished between homes owned by individuals and those renting through social housing. This also addressed the social stigma associated with the label of public housing occupants.
There needs to be 'spot purchase housing' (which was done years ago by Office of Housing) to ensure that people have choice about where they live, people with a disability should be able to continue to live in their local neighborhood's where they have support networks and they are familiar.

Provide Gold Standard (as mentioned above) accessible housing, scattered in the community, that is located near accessible public transport, close to facilities such as hospitals and care services. Assign housing assistance to people with disability or specific needs in order to smooth the process of moving into accessible housing.

Lobby federal governments to abolish Negative gearing. It makes housing prices go up and further reduces the chances for low income first home buyers. Permanently remove stamp duty on houses under $600,000. Regulate for accessibility so that developers must build accessible homes across all markets. Spot purchase housing and allow people over time to purchase the houses they are living in with special home loans, but do not recreate the 'rent buy loans' that meant that people would never own their homes.

Be encouraged by the strong positive response to the Big Housing Build. Victorians want to seek homelessness ended and will support governments who make this an ongoing yearly commitment to fund more public housing. We can end homelessness and government has to keep leading us in this direction. Grow the Big Housing Build so that this commitment is made again and again until the job it done. In 10 years it can be done.

From AMIDA's submission to the Parliamentary Inquiry into Homelessness 2020:-
Include in the model for ending homelessness a mechanism to assist people with independent support for decision-making so they can learn about options and say what they want.

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.

Include in the model for ending homelessness a large proportion of emergency refuge and respite accommodation for people with disability that is accessible in Metro Melbourne and all other districts in Victoria, particularly for people to access when experiencing violence and abuse at their current residence.

Case Study 1 *A relevant case study is a case AMIDA has been working on for since Jul 2019, a gentleman named Andy (not his real name) who sustained an injury to his leg while service in the Australian Defence Force, was housed in a rooming house. Since being housed his injuries worsened and he had a diagnosis of nerve damage in his foot where he is unable to weight bear. He relies on a wheelchair for mobility however his residence has 3 flights of stairs from the entrance, there is no lift and no other way of accessing his room other than the stairs. His room is too small to allow for a wheelchair turning circle and he instead uses crutches. The crutches are problematic however due to his repeatedly knocking the injury and delaying healing. He has been hospitalized for surgery on his injuries and the hospital was hesitant to discharge him home to inaccessible housing. There was no alternative and since being discharged his injuries have worsened. He has reported to AMIDA that he may have to have an amputation of his foot if the condition deteriorates further. He has attempted to lower the wheelchair down flights of stairs with a rope in order to exit the building. There is a high risk of falling, incurring further injury or death. AMIDA advocated on his behalf to the Office of Housing and the MP for Housing. This has resulted in his being prioritized for Transfer to an accessible property however there is a further delay in the transfer due to lack of accessible housing in Victoria. AMIDA advocated to the Premier of Victoria and was referred back to the Office of Housing.*

AMIDA provided Andy with information about his right to make a complaint to the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) and assisted Andy to lodge a complaint on his behalf. AMIDA advocate worked with VEOHRC staff to make known his position under the Equal Opportunity Act. AMIDA then advocated to senior policy staff of DHHS, referred through the MP for Housing. These staff made contact with Andy and a temporary offer of an accessible, one-bedroom house was made to Andy who accepted the offer and moved into the premises as soon as possible. He was also able to maintain his position on the Priority Transfer list to move closer to his family who live some distance away in Melbourne.

Andy gave very positive feedback to AMIDA about the service he received which was recorded by senior AMIDA staff.

Case Study 2 *Isabella (not her real name) was referred to AMIDA from the Office of the Public Advocate for individual advocacy in her housing situation. Isabella was living in Community Housing in Victoria where she was the victim of extreme racial hatred from a neighbor. Isabella had received a diagnosis of leukemia and stated she was feeling extremely distressed by the actions of her neighbor when she was also*

trying to manage her difficult health condition. She stated she believed her neighbor was trying to force her to leave or die and was forcing mental illness on her. Isabella took out intervention order against her neighbor to prevent her coming onto Isabella's property, reported the bullying behavior to the Community Housing provider however no further action could be taken to prevent the neighbor from continuing with bullying other than Isabella moving residence.

Advocacy for Housing Transfer

AMIDA created an Action Plan for Isabella, agreeing to write to the Office of Housing, The Victorian Housing Register, the NDIA the MP for Housing and the MP for Disability and Isabella's local Greens MP. Within 2 weeks AMIDA received communication from the local Office of Housing inviting AMIDA to phone to discuss a transfer. Isabella did not have many accessibility requirements at this stage of her illness which AMIDA noted made it a more timely process.

Within a month Isabella was offered a transfer to a high density public housing block. Isabella was not able to accept this offer as she was not able to live in a high density setting.

Within another 3 months Isabella was made another offer for low density housing which Isabella was able to accept. AMIDA advocated for Isabella to be exempt from some of the eligibility restrictions due to her medical condition and disability, along with evidence from Isabella's treating practitioners. This was accepted by the Office of Housing.

Result

Isabella was made a formal offer for the low density property and accepted the offer without hesitation. She was able to move in within a short period of time once the offer was finalized. Isabella provided a client satisfaction survey to AMIDA stating she was happy with the advocacy assistance she had received and was grateful to have a way out of the abuse and violence she was subject to by her neighbor. AMIDA sought consent to write a case study about her advocacy matter and Isabella agreed stating if she was still in that housing her health would be dramatically affected by COVID-19 lockdown. Isabella stated she was still traumatized by her time living in the previous property. She stated her new dwelling was peaceful and she was able to enjoy some of her time listening to music.

AMIDA has seen that transfers to more suitable public housing is often made at a quicker pace than residents who require many modifications due to limited mobility.

There is a need for more transparency and accountability in the Social and Community Housing sector, including Housing Co-Ops and Supported Residential Services.

Registrations for Community Housing providers needs to be mandated, as AMIDA has heard many first-hand accounts of Community Housing providers acting against public health legislation, the Vic Charter of Human Rights and Responsibilities and clearly only acting in their own interests.

The Victorian Housing Registrar who regulates Community Housing providers currently only have an ability to hold them to account to their own policies and procedures.

AMIDA has heard accounts from tenants where their home has fallen in to such

disrepair that it is deemed uninhabitable by hygienist reports, only for the Community Housing provider to continue to charge full rent, without fully addressing the hygiene or maintenance risks. A tenant has very little power to compel a housing provider to act in this instance other than taking VCAT action which can in turn leave them open to the risk of retribution, either subtle or obvious, from the housing provider.

AMIDA has been pleased to see minimum standards introduced into the RTA however these only apply to new tenancies.

Concluding summary
Consultation paper 2 & 3-
While the information as to why regulation is needed in these consultation papers is clear, it is also important to consider the housing needs of people with disabilities and low income families when deciding on the future of Community housing. While it is agreed that there is a lack of accessible affordable housing in Victoria it is important with the cost of private rental and home ownership, that there are viable and useful housing rental options available to low income families and a commitment to invest in new housing. It is extremely important that the 10 year Victorian Social and Community housing strategy is funded and expanded over time to assist all of those who will be seeking affordable accessible housing in the coming years.
Ensure regulations include input from tenants

- tenants needs are seen as a high priority
- ensure all information is provided to tenants in an accessible way e.g. Easy English or other accessible formats
- ensure that all complaints processes are clear and easy to follow and have clearly understood outcomes
- allow for swift outcomes to tenant issues which are clear, easy and accessible depending on tenant needs
- in our experience it would be great if there was an independent person who was able to assist to resolve issues
    - this needs to happen in a way that tenants understand
    - it is important that all communication is accessible
    - it is important that tenants with a disability have decision making explained to them in a way that they can understand
        - VCAT needs to provide time for understanding decisions
            - E.g. a tenant had rental arrears and didn't realise that she would need to pay the arrears anyway, and her refusal to pay led to eviction, homelessness and a rental debt. If she had agreed to set up a payment plan she may have been able to stay at the property and the maintenance that was required may have been done
        - Tenants may need to consult so that they understand the consequences of their actions
        - Tenants need to be given the appropriate support when dealing with Community housing services
- Maintenance issues in Community housing services is difficult -
    - Many Community housing services have wait lists for their housing
    - Many community housing services don't have funding to provide maintenance and disability modifications
    - It seems that if a tenant makes a complaint or raises a maintenance

issue they are seen as a problem
    - It is difficult for a tenant to receive action a number of issues- neighbor disputes, maintenance or other problems
- Community housing tenants have rights under the Tenancy act but this is often ignored

Appendix C –

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22 October, 2021

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concluding observations for consideration and action to members of the Government and parliament, officials in relevant ministries, the judiciary and members of relevant professional groups, such as education, medical and legal professionals, as well as to local authorities, the private sector and the media, using modern social communication strategies.

Manual 1 –Business Practice Manual

AMIDA questions why this policy is only for DFFS owned SDA?
In our experience many SDA and SIL providers have their own policies which reflect the NDIS Quality and safeguards, the NDIS Code of Conduct and the National Disability Standards but in fact many working in this area are not aware of the policies and procedures of their organisations, this is alarming and needs to be fixed by offering more mandatory staff training. This training should be done by people with a disability and be done regularly for it to be effective and to minimize abuse and neglect of people with a disability.
AMIDA requests Easy English versions of all manuals that is looked at by people with a cognitive disability to ensure it is Easy to read
We ask that supported decision making be provided by an independent source.
We recommend a complaints process that is easy read including brochures detailing steps with diagrams.
It is a conflict of interest for SIL staff to support SDA residents in decision making around decisions about housing or tenancy rights, or by providing support at meetings.
SDA provider should provide training to residents about any policies and procedures and this would be best developed and provided by people with a disability. In practice this should be delivered more than once and more often than just when a vacancy becomes open.

Case study:-

Robyn- (not her real name) – Contacted AMIDA regarding the fact that her son's SDA service provider gave him a 60 page document/service agreement to sign when he can't read.

AMIDA continue to witness that SDA and SIL service agreements provided to residents are not delivered to them in a way they can understand. There is a need to look into best practice of information provision and supported decision making in SDA and SIL supported accommodation.

Disability service providers (in this case SDA and SIL providers) need processes and mechanisms in place that ensures information and communication (in this case service agreements) is "in a form, language and manner that enables people with disability to understand the information and make known their will and preference" as stated in the NDIS Code of Conduct 2013. Some examples of individuals who need to be considered when developing these clear systems and processes are individuals who:

- May understand the agreement when provided with an Easy English version
- May understand the agreement when provided with support to read the document, with support to raise questions throughout.
- For individuals that are able to understand elements of the agreement however are unable to understand others
- Individuals who do not understand any elements of the agreement regardless of format provided.

The need of this systemic issue to be addressed aligns with Article 9 of the UNCRPD – Accessibility:

" To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others.... to information and communications, including information and communications technologies and systems… States Parties shall also take appropriate measures: f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;" (UNCRPD).

Manual 2 – SDA Policy residency manual

AMIDA endorses the following listed in the manual:

Who can apply for a vacancy in department-owned SDA?

NDIS participants who have SDA in their NDIS plan can apply for vacancies in department-owned SDA. The NDIA is responsible for assessing SDA eligibility.

The department may also consider applications from people who:

- are clients of the Disability Support for Older Australians program (formerly called the Commonwealth Continuity of Support program)
- receive disability support funding from the Victorian Government because they are ineligible for the NDIS
- receive funding for assisted living accommodation though the Traffic Accident Commission or Worksafe.

AMIDA has noted there is an enormous service gap for people who need supported residential care who do not qualify for SDA through the NDIS.

Policy principles outlined in the residency manual are endorsed by AMIDA.

- Collaboration
- Equity
- Consistency
- Sustainability
- Safety

To be meaningful and effective we recommend these are practiced by serviced providers, not just written in a policy document.
AMIDA strongly recommends in all of the above inbuilt trial times for new residents moving into vacancies.
In our experience people are moved into SDA and develop friendships or enmity and become unhappy due to a number of different factors depending on the person and also the other residents. It is important that it is possible to review tenancy before issues become a factor which causes deep rifts and often tension and anxiety in all residents and staff this can magnify over time without intervention. We ask for a mechanism where if a housing situation is not working for residents they have a way to change this. AMIDA has seen multiple cases which provide evidence of extended delays to any move out of SDA even when there is violence and abuse between residents. Living in a state of domestic violence does not provide safety.

Could we consider the following when looking at Screening factors–

- Need to include visits for a meal with other residents so that they can get to know each other and make an informed decision about tenancy. This would need to be done a few times and in conjunction with the meetings
- Can a resident of SDA be able to ask for a transfer? For whatever reason? Residents need be able to transfer, as people can in Office of Housing properties.
- If a new resident develops behaviours of concern – this could be for a number of reasons
    - They may be unhappy as they have just moved from family home
    - They may decide they don't like the other residents after spending time with them
    - They may have issues with their support services as they may not be able to access the supports they want
    - They may be subject to violence and abuse by other residents or staff

In our experience behaviours of concern are not always seen as unhappiness. Often the person is blamed rather than their situation.

Manual 3 – Residency management manual

It needs to be very clear that SIL providers must be the preferred provider by the residents.

- Residents must have choice and control in their living environment
- AMIDA is concerned that a lot of private SDA providers are providing SDA with inbuilt restrictive practice which appears to go without regulation
- AMIDA notes that when institution living was ended and instead people with disability were given the right to live in the community, SDA's were not meant to be permanent congregate living. They were set up as a stepping stone to more independent living. This practice however has not been changed in over 20 years
- AMIDA sees a preferred option of many people who access individual advocacy through our service would be 1 or 2 residents sharing

AMIDA views this as important-

"*Residents can choose to change their SIL provider – providing the proposed SIL provider meets the department's eligibility requirements.*

Residents' NDIS funding will usually require a resident to share their supports with one or more other residents. Where this is the case, those residents will need to agree on the same SIL provider. Residents make this decision in collaboration with their support networks and NDIS supports.

If residents engage a SIL provider that the department doesn't already have a collaboration agreement with, staff will arrange a meeting with the provider to discuss the roles and responsibilities of each party in supporting the same resident and to arrange signing of a collaboration agreement."

Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL)

AMIDA has had contact with people with disability who have been seeking housing, some people homeless, and have applied for vacancies for apartments or rooms advertised. During the application process when the person has stated they wish to bring their own SIL provider they have then been unsuccessful in their application.
This is extremely concerning to people who are in dire need of housing, during a global pandemic, who cannot secure housing because of their choice of provider of supports.

AMIDA notes a number of organisations have taken over the tenancy process to set up supports in a building and can discriminate over a prospective tenant's choice of SIL provider.

AMIDA asks for more regulation in the market by the NDIA and DFFS over the organisations guidelines and monitoring of providers.

We note the NDIS Guidelines state:
Do you need to have the same provider for SDA and your other supports?
No. You can choose the provider you would like for each of your supports.

Your SDA provider must let you change your providers for other supports at any time.

If you want, you could choose a different SDA provider to your other supports like Supported Independent Living (SIL), personal care supports or Support Coordination. That way, you pick the supports and providers that suit you best. It is important to eliminate conflict of interest in service provision.

AMIDA has also had reports of Robust SDA properties being built with restrictive practice in the building structure and fittings/fixtures. Restrictive practice is regulated by the Senior Practitioner in Victoria and there are clear guidelines around using the least restrictive means of providing care.

Again AMIDA asks the DFFS to take the actions of SDA providers and building companies into account for regulation and monitoring to ensure the human rights of people with disability are upheld and preserved.

More training for housing and generic services about the needs of people with disability needs to be done by people with disabilities. Homeless housing services need to have more training about disability and how to engage with them.

Group Homes and Congregate Living

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 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 other residents and 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.

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.

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 ended 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 continued to ignore requests, by the family and the AMIDA advocate, for exclusively female staff. Male staff were regularly providing her personal care, including showering. The young woman displayed fear when this happens. Despite it being clear that she did not want to have male workers touch her body, the service provider decided on staffing and continued 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' complaint.

SDA needs to be as flexible as the needs of people with disability and their many needs, not just by being assessable affordable but also maintaining the family unit when required. We have recently had several calls from a parent with a disability who requires SDA support but also doesn't want to have to move away from their married partner of young child, this does not seem to be taken into account for people who are eligible for SDA accommodation.

In AMIDA's experience we have seen many people who are unable to transfer from SDA to other SDA more suited to their changing needs, this is an issue that should be taken into account when writing policy.

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 choice 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.

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.

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.

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.

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.**

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.

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 80,000 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.**

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.

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.

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 only 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.

Manual 4 – Maintenance and Property Management

All maintenance and property management needs to done in a timely manner and should be in line with the Residential Tenancies Act and also all residents should be notified of any maintenance that will affect their living conditions or the need for temporary relocation must have reasonable notice of this.

Maintenance and Modifications

Maintenance and modifications for housing is often a difficult issue for people with disability. In our experience since the NDIS started many people with a disability in housing who have needed maintenance or modifications to ensure their housing is accessible and have provided OT reports with the maintenance or modification needs have been clear have faced many hurdles with the NDIS and Office of Housing or

Community housing refusing to take responsibility to ensure accessible housing options. This is extremely stressful to the NDIS participant and the supports they need – we have had experience of people in wheelchairs needing to be carried upstairs to enter their home, or crawl up the stair on their own this is not safe and should never happen.

The Productivity Commission Report on the Review of the National Disability Agreement 2019 states "Unclear service boundaries also open the door for strategic behavior as the Australian, State and Territory Governments each have an incentive to use uncertainty about who should be doing what to cost – shift from mainstream services to the NDIS and vice – versa."
AMIDA has also noticed there is no funding available to community housing providers for modifications. Residents in community housing rely on NDIS funding for modifications. If this is denied they face having to move to an appropriately accessible property. There is a national shortage of affordable and accessible housing stock, which makes this prospect extremely challenging, if not altogether impossible, depending on the modifications needed and the disability the person is living with.

Recommendations from AMIDA

1. **More education on housing options for staff and service users.**
2. **More funding for supported decision making, in particular for people with ID.**
3. **People living in SDA to have the option to live alone, and/or with family members**
4. **Reassessment of the Group Home model.**
5. **Limit the amount of residents to a few people to each congregate living arrangement.**
6. **Regulation and monitoring accommodation providers of SDA and SIL.**
7. **Appropriate response to all reports of abuse and neglect by people with disability**
8. **Legislate the right to safety of people with disability in congregate living settings.**
9. **Much more single bedroom stock and low density SDA.**
10. **Funding for emergency housing costs – provider of last resort no longer available. Rooming housing and SRS are not a valuable or liable option for people with intellectual disability.**
11. **Tenants needs to be seen as a high priority.**
12. **Allow for swift outcomes to tenant issues which are clear, easy and accessible depending on tenant needs**
13. **Engage independent parties to assist resolve issues.**

14. **Remove perpetrators of violence in group homes from other residents rather than victims of violence residents being forced to move away from their home, their supports in the community and be displaced.**
15. **A genuine commitment to the UN CRPD and incorporation of the feedback from the UN on Australia's UN reporting, into the legislation, regulations and guidelines.**

Appendix D -

Action for More Independence & Dignity in Accommodation

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

16 Mar 2020

Submission into the Parliamentary Inquiry into Homelessness

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.

AMIDA was one of the first to develop community housing as an alternative to large institutions however we have not been involved in the establishment of housing for more than 20 years. Our expertise since that time is in advocacy; not in financing and developing housing. We were encouraged to see the detailed work of the Summer Foundation Finance Think Tank which has provided an excellent summary of the financial models, the finance gap and options for filling the gap. We note that while philanthropic capital is considered a high priority option, the role of government capital and annual housing subsidies is also in the High priority category and is very much part of the solution.

With one off funding we provide community education to challenge community attitudes which provide barriers to disabled people. For example, Opening Doors is a website we've just launched Dec 2019, https://openingdoors.net.au/ Previously we were funded to provide information to people in group homes about their rights through the Housing Know Your Rights training more information is on our website www.amida.org.au

The National Construction Code through the Australian Building Code BoardIn Nov 2019 AMIDA made a submission to the Australian Building Code Board as follows:

"AMIDA understands in 2009, the Australian Network for Universal Housing Design (ANUHD) joined the National Dialogue on Universal Design in a bid to work collaboratively with the housing industry and community sector to increase the supply of accessible housing. The National Dialogue settled for a voluntary approach and adopted an "*aspirational target that all new homes will be of an agreed Universal Housing Design standard by 2020 with interim targets to be set within that 10 –year period."* The aspirational goal was endorsed by the Council of Australian Governments (COAG) as a key commitment in the 2010 – 2020 National Disability Strategy (NDS).

In relation to housing, the NDS in 2010 included the following commitments:

"Improved accessibility in social housing is being achieved through the incorporation of universal design elements in more than 15,000 new public and community housing dwellings which are being built under the social housing component of the Nation Building – Economic Stimulus Plan. Funding provided through the Social Housing Initiative will support the inclusion of six specified universal design features in these dwellings that will provide improved access to people who have limited mobility. Of these, more than 5,000 dwellings will also achieve an even higher level of adaptability through compliance with the Australian Standard for Adaptable Housing Class C.

The Australian Government is working with representatives from all levels of government, key stakeholders from the disability, ageing and community support sectors and the residential building and property industry on the National Dialogue on Universal Housing Design to ensure that housing is designed and developed to be more accessible and adaptable. An aspirational target that all new homes will be of agreed universal design standards by 2020 has been set, with interim targets and earlier completion dates to be determined."

The voluntary approach didn't achieve the targets or goal to any extent at all. In fact, by any measure, the voluntary approach has failed conclusively to increase the supply of accessible housing. This failure clearly demonstrates the need for a mandated code. Over 10 years has been spent waiting for the voluntary approach to achieve desperately needed outcomes. This is a lost 10 years of development of accessible stock the loss of which is keenly felt by people; people who are being disabled by a lack of regulation. This failure shows housing developers and the housing construction industry count accessibility for people as a very low priority. If Australia does have a commitment to fairness and accessibility for people to the built environment including residential properties, it will have to mandate meaningful accessibility standards. And if it does not, it is responsible for disabling people."

The Australian Building Codes Board is currently in the process of developing a Regulatory Impact Statement. There will then be a consultation on the National Construction Code (NCC) put to the public for comment in 2021. Decisions will be made by Government on inclusion of accessible housing provisions and the NCC will take effect in all states of Australia on 1 May 2022.

There is very little Public housing stock being built in the states as the majority of Public housing stock has needed funding for long awaited maintenance and therefore no new housing stock has been built which has led to the Public housing waiting list blowing out.

During Dec 2019 AMIDA provided evidence to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, public hearing on Group Homes held in Melbourne Victoria.

Disability Royal Commission Group Homes Issues Paper response. February 2020

http://www.amida.org.au/newsreport/amidagrouphomesissuespaperresponse2020/

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 assualted 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 the m 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, Aquired 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 [1]**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

[1] Concluding Observations: UN Report on Australia's Review of the Convention on the Rights of Persons with Disability (CRPD), 24 September 2019.

(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 recommendation and urges the Royal Commission to consider and accept them. Further we recommend that the Royal Commission make recommendation that;

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

a) Much much, 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. "

Supported Residential Services living arrangements present the same challenges as group homes or rooming house arrangements and can lead to conflict between residents, violence and abuse. People with Disabilities can find themselves in a state of homelessness from one day to the next if they are unable to tolerate their circumstances, like any member of the community.

Family and carer relinquishment of care

AMIDA has seen instances where family have been required to relinquish care of people with disability for various reasons such as illness, surgery, moving into care themselves or passing on. At times there may be no plan in place for the person with disability for when these life events take place for their carer.

Government Services in Victoria for Housing and Homelessness

Report on Government Services 2020 - Part G Housing and homelessness[2]
Main aims of services within the sector
"The main aim of housing and homelessness sector services is to ensure that all Australians have access to affordable, safe and sustainable housing - a vital determinant of wellbeing that is associated with better outcomes in health, education and employment, as well as economic and social participation."
This report also acknowledges "Low income earners are particularly susceptible to housing instability as market factors lead to higher private housing prices. "Rental stress", defined as spending more than 30 per cent of gross household income on rent, is a measure of housing affordability for this cohort." Further "A temporary inability to access or maintain stable housing in the private sector may be addressed for some with the support of short or medium -term services. For others, ongoing housing stability may depend on long-term social housing tenancy. A smaller proportion of service users experience variable but persistent vulnerability to housing instability and homelessness. This is typically associated with a complex mix of adverse social and economic circumstances that affect the capacity of the household to maintain engagement with service providers and effectively utilise services. For the most vulnerable, limited progress towards a less insecure form of housing or homelessness may require a range of service types, and may not be sustained. Further progress may be possible on later re-engagement with service providers. Factors that increase the risk of homelessness and/or need for social housing can include physical and mental health issues, disability, alcohol and other drug misuse, unemployment, relationship breakdown and family or domestic violence. Housing instability and homelessness can in turn increase vulnerability to adverse social and economic circumstances through, for example, poorer outcomes in education, employment and health, and increased risk of involvement with the justice system."

AMIDA strongly agrees with the findings mentioned above and notes there has been the development of a National Housing and Homelessness Agreement (NHHA) which includes agencies specialising in delivering services to specific target groups.

Often homelessness from relationship breakdown and domestic violence leaves women with children homeless or living in their car, or older women who are unable

[2] [2] Report on Government Services 2019 – Housing (http://pc.gov.au/research/ongoing/report-on-government-services/2019/housing-and -homelessness)[2]

to gain work living with family or friends in a tentative housing crisis. Often this leads to these families and older women living on the street with no financial support.

The national priority cohorts specifically identified are:-
Women and children affected by family and domestic violence
Children and young people
Indigenous Australians
People experiencing repeat homelessness
People exiting institutions and care into homelessness
Older people

<u>AMIDA notes there is no identified need for specialist homelessness services for people with disability.</u>
A contributing factor to this may be that before the introduction of the National Disability Insurance Scheme (NDIS), funding for an accessible house and in-home supports mostly went together under the Department of Health and Human Services (DHHS). This is because daily personal support was only available in supported accommodation or Independent Support Packages (ISP).
In the NDIS these supports have been separated. The NDIS recognises that most people who need Supported Independent Living (SIL) funding which is assistance from paid support workers at home, are able to live in an ordinary home that is already available and does not need modification. Most people who will have SIL approved as a reasonable and necessary support in their NDIS plan will not need Specialist Disability Accommodation (SDA).
The NDIS itself predicts that only 6% of participants will qualify for SDA. This means 94% will not get SDA approved in their NDIS plans. This percentage also does not include any participants with disability who have applied for the NDIS and been denied access, most often simply due to a lack of medical evidence from treating practitioners who often do not have information about what the NDIA require to assess eligibility.

This has created an enormous service gap for people with disability who were eligible and waiting for housing under the Disability Services Register (DSR) under the DHHS model, now find themselves ineligible for SDA or any Specialist Homelessness Service.

This is a big change for people with intellectual disability that have no significant physical access needs. NDIS participants in this group will most likely receive SIL and not SDA funding. This is further compounded by the number of people with intellectual disability who already live in supported accommodation that transition automatically to SDA even though they would not likely qualify if they were to re-apply for SDA now. This fact is highly confusing to people with intellectual disability who may see that their fellow people with disability in the community are housed and they find themselves excluded from housing and unable to understand why.

It is important to consider the housing needs of the 90% of people with a disability who are ineligible for NDIS funding support and the fact that the ILC providers are unable to assist this group of people with disability in their many and different housing needs. This is a new group of people with disability who will add to the already growing homelessness list.

We know that there is not enough Community housing or transitional emergency housing as we have had clients who have been in temporary or transitional housing for many years. This housing is not extra housing and the more people who are in transitional housing long term the less emergency housing available for homeless people now.

State governments were the provider of last resort but are relinquishing this. The NDIS and State housing providers argue over who will pay for maintenance that is essential for people with a disability who wait for months or years for maintenance that allows them access to their homes. E.g. a client who is living in a rooming house on the second floor with only stair access, this client is in a wheelchair much of the time and has to lower the chair downstairs with a rope and crawl downstairs. We had someone with a physical disability housed in a house without access, he relied on people carrying him and his wheelchair up and down stairs, but this was a health and safety nightmare which took some time to resolve.

AMIDA is also concerned about the lack of housing workers and advocacy services for people with a disability in regard to housing and homelessness.

We are concerned that Builders are using the NDIS incentives to build housing with inbuilt restrictive practice. This is a major concern as the people who may be next on the waiting list for those homes may not need inbuilt restrictive practice. People with disability will once again have their choice and control taken away and be unable to access their kitchen even if they are able to cook for themselves.

With the lack of Public affordable accessible housing and the continuing increase in our population there will be more and more people unable to move out of unsuitable housing and waiting lists will continue to grow.

As recognised above low income earners are more susceptible to rental stress, the majority of people with disability are recipients of the Disability Support Pension and are not receiving an income from any other means.

Further recommendations from the **Committee on the Rights of Persons with Disabilities 15th October 2019 report on**

Adequate standard of living and social protection article 28

51. The committee is concerned about:

a) A significant proportion of persons with disabilities living either near or below the poverty line;

b) The eligibility restrictions for the Disability Support Pension and the inadequate income support payments to persons with disabilities, such as the Newstart employment payment;

c) The limited consideration of persons with disabilities, particularly Indigenous persons with disabilities, in poverty and homelessness reduction strategies including the National Affordable Housing Agreement and National Partnership Agreement on Homelessness.

52. The Committee recommends that the State party:

a) Develop a national poverty reduction plan that is inclusive and accessible to all persons with disabilities and prioritize the realization of the right to an adequate standard of living and social protection for Indigenous persons with disabilities;

b) End the eligibility restrictions for the Disability Support Pension, increase the rate of Newstart unemployment payment and other income support payments to ensure persons with disabilities have access to an adequate standard of living;

c) Ensure that persons with disabilities are included as a priority cohort in the implementation of poverty and homelessness reduction programmes, including the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness.

Public Opinion[3] also indicates 32% of survey respondents said access to affordable and accessible housing and accommodation was a severe issue. Another 27% said it was a major issue. Comments highlighted housing for people with disability was not enough of a priority. Many people said housing affordability is likely to get worse into the future.

In this area, people said a future strategy should enable:

- More to be done to strengthen building codes, standards and requirements to ensure housing is accessible into the future.
- Tailored strategies and supports for people with disability to be included in national housing agreements between Commonwealth and state and territory governments.

Recommendations for Inquiry:-

[3] Consultation report to help shape the next national disability strategy, Right to opportunity, December 2019.

Look for ways to promote independent affordable accessible housing through both Public housing and SDA that is based on what people want not what developers, support providers and funding bodies want.

Include in the model for ending homelessness a mechanism to assist people with independent support for decision-making so they can learn about options and say what they want.

Make it easy to get emergency extra funding from the NDIS when there is crisis and Exploring Housing Options Package funding is urgently needed.

Stop building group homes and 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 choice of who provides support

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.

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.

Include in the model for ending homelessness a large proportion of emergency refuge and respite accommodation for people with disability that is accessible in Metro Melbourne and all other districts in Victoria, particularly for people to access when experiencing violence and abuse at their current residence.

Appendix E -

Action for More Independence & Dignity in Accommodation

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

NDIS Home and Living Consultation – An Ordinary Life at Home

10 Sep 2021

Action for More Independence and Dignity in Accommodation (AMIDA) supports people with 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.

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.

Every disabled person in Australia has different and diverse needs and no two people with disability will have the same wishes and dreams about their home, or where and who they live with, therefore it is extremely important that all living options are flexible and suit the needs of the person with disability not the service provider or the NDIS. People without a disability are able to make these choices about where they live and who they live with. People with disability need to be given the same options available to them so that they can make informed decisions and that may mean that we look at closing Group homes or SDA and providing proper housing choices in the community that meet a person's needs so they have choice and control of their own lives.

These rights are protected under **The Victorian Charter of Human Rights -**
Section 8 Recognition and equality before the law
(1) Every person has the right to recognition as a person before the law.
(2) Every person has the right to enjoy his or her human rights without discrimination.
(3) Every person is equal before the law and is entitled to the equal protection of the law without discrimination and has the right to equal and effective protection against discrimination.
(4) Measures taken for the purpose of assisting or advancing persons or groups of persons disadvantaged because of discrimination do not constitute discrimination.

Section 12 Freedom of movement
Every person lawfully within Victoria has the right to move freely within Victoria and to enter and leave it and has the freedom to choose where to live.

One of the main problems for people with disability is that they are unaware of all of the housing options or funding provided by the NDIS and NDIS planners and Support Coordinators are also not familiar with all of the options so people are often not given choice and control of their decisions, or supported decision making. 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, which is a direct conflict of interest. This highlights there is a problem that individuals are not getting the opportunity to seek out accommodation that is best for them.

People living in SDA have not had any choice and control about who they live with or where they live or even in some cases what supports they want. People with intellectual disability (ID) are often looked at by services as the difficult group of disability, and they have a history of being without a voice when major decisions are made about their lives. It is extremely important that more money is provided to allow for the time needed and the expertise required to ensure they are able to make their own decisions. This is often not seen as possible but with the right independent supports and time to develop relationships many more people with ID are able to make their own supported decisions about where and who they live with.

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.

Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL)

AMIDA has had contact with people with disability who have been seeking housing, some people homeless, and have applied for vacancies for apartments or rooms advertised. During the application process when the person has stated they wish to bring their own SIL provider they have then been unsuccessful in their application.
This is extremely concerning to people who are in dire need of housing, during a global pandemic, who cannot secure housing because of their choice of provider of supports.
AMIDA notes a number of organisations have taken over the tenancy process to set up supports in a building and can discriminate over a prospective tenant's choice of SIL provider.
AMIDA asks for more regulation in the market by the NDIA over the organisations guidelines and monitoring of providers.

We note the NDIS Guidelines state:

Do you need to have the same provider for SDA and your other supports?
No. You can choose the provider you would like for each of your supports.

Your SDA provider must let you change your providers for other supports at any time.

If you want, you could choose a different SDA provider to your other supports like Supported Independent Living (SIL), personal care supports or Support Coordination. That way, you pick the supports and providers that suit you best.

AMIDA has also had reports of Robust SDA properties being built with restrictive practice in the building structure and fittings/fixtures. Restrictive practice is regulated by the Senior Practitioner in Victoria and there are clear guidelines around using the least restrictive means of providing care.

Again AMIDA asks the NDIA to take the actions of SDA providers and building companies into account for regulation and monitoring to ensure the human rights of people with disability are upheld and preserved.

Maintenance and Modifications

Maintenance and modifications for housing is often a difficult issue for people with disability. In our experience since the NDIS started many people with a disability in housing who have needed maintenance or modifications to ensure their housing is accessible and have provided OT reports with the maintenance or modification needs have been clear have faced many hurdles with the NDIS and Office of Housing or Community housing refusing to take responsibility to ensure accessible housing options. This is extremely stressful to the NDIS participant and the supports they need – we have had experience of people in wheelchairs needing to be carried upstairs to enter their home, or crawl up the stair on their own this is not safe and should never happen.

The Productivity Commission Report on the Review of the National Disability Agreement 2019 states “Unclear service boundaries also open the door for strategic behavior as the Australian, State and Territory Governments each have an incentive to use uncertainty about who should be doing what to cost – shift from mainstream services to the NDIS and vice – versa.”
AMIDA has also noticed there is no funding available to community housing providers for modifications. Residents in community housing rely on NDIS funding for modifications. If this is denied they face having to move to an appropriately accessible property. There is a national shortage of affordable and accessible housing stock, which makes this prospect extremely challenging, if not altogether impossible, depending on the modifications needed and the disability the person is living with.

Training

NDIS planners need to have more training about how a person may make choices and how these can be supported. The way planning for NDIS supports needs to be improved so that the person meeting to discuss and recommend the plan is the person who makes the decisions about what the plan includes. Too many times the person with disability spends time with a planner to organize the supports they need and when they receive their plan there are not the supports available within the plan that they need. To review a decision is a difficult process which needs to be streamlined so people have access to support for this. More funding for NDIS appeals workers.

More training for generic services about the needs of people with disability done by people with disabilities. Homeless housing services need to have more training about disability and how to engage with them.

Group Homes and Congregate Living

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 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 other residents and 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.

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.

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 ended 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 continued to ignore requests, by the family and the AMIDA advocate, for exclusively female staff. Male staff were regularly providing her personal care, including showering. The young woman displayed fear when this happens. Despite it being clear that she did not want to have male workers touch her body, the service provider decided on staffing and continued 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' complaint.

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

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.

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.

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.

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.**

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.

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 80,000 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.**

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.

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.
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 only 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.

Recommendations to the NDIA from AMIDA

16. **More education on housing options for staff and service users.**
17. **Training of NDIA planners, staff and service providers by people with disability.**
18. **More funding for supported decision making, in particular for people with ID.**
19. **People living in SDA to have the option to live alone.**
20. **Reassessment of the Group Home model.**
21. **Limit the amount of residents to a few people to each congregate living arrangement.**
22. **Regulation and monitoring by the NDIA over accommodation providers of SDA and SIL.**
23. **Modification funding by the NDIA essential for all people with mobility needs.**
24. **Appropriate response to all reports of abuse and neglect by people with disability, especially those living in congregate living.**
25. **Legislate the right to safety of people with disability in congregate living settings.**
26. **Much more single bedroom stock of affordable and accessible housing.**
27. **Funding for emergency housing costs.**
28. **A genuine commitment to the UN CRPD by the NDIA and incorporation of the feedback from the UN on Australia's UN reporting, into the legislation, regulations and guidelines.**