

You are in

[VAGO](#) > [Reports & Publications](#) > [Reports by Year](#) > [2008](#) > [20080312 Disability Accom](#) > 1. Executive Summary

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Main Sections

[Home](#) | [About Us](#) | [Reports & Publications](#) | [Audits in progress](#) | [Career Centre](#) | [Tenders](#) | [Links](#)

---

Current links

[1. Executive Summary](#)

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# Accommodation for People with a Disability

## 1 EXECUTIVE SUMMARY

### 1.1 Introduction

Victorians living with a disability face significant barriers to social and economic participation in the community. These barriers are exacerbated by the difficulties people with a disability experience in accessing adequate and appropriate care and support.

The *Disability Act 2006* consolidated the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991* and provided for a more whole-of-government approach to service provision. The new Act recognises (as did the previous Act) that resources are limited and that people with a disability cannot expect universal and total access to disability services. Only those who request support and meet criteria specified under the Act are eligible to receive support. That support is provided in a manner based on the Department of Human Services (DHS) assessment of priorities, and subject to the availability of the required support. The new Act states that if a person is assessed as disabled, that assessment of itself does not provide an entitlement to services.

For people at the high end of the scale with the most severe or profound disabilities, DHS provides shared supported accommodation (SSA). Currently, around 4 600 people reside in 914 SSA houses. They live usually in groups of four, five or six, with 24-hour rostered support. In 2006-07, DHS allocated \$395.6 million for SSA. DHS funds community service organisations (CSOs) to provide around 40 per cent of this support (\$156.6 million in 2006-07).

People with disabilities that are less severe than the high end of the scale, but whose disabilities are still nevertheless severe, are supported by DHS to live in the community through the provision of individualised packages such as home help services, equipment and respite care for carers (\$141.1 million was allocated for these types of support in 2006-07). Around 8 260 individual support packages were issued in 2006-07. Packages ranged from under \$10 000 (77 per cent) to over \$55 000 (1 per cent). Eight packages exceeded \$100 000.

*The Disability Act 2006* was written within a human rights framework. It reinforced the transition of the disability support model from a medical model (health care) to a social model (one of facilitating more flexible support for persons with a disability to achieve their individual needs and aspirations).

Under the new Act, the accountability requirements for SSA service providers have been strengthened. In 2006, DHS's Quality Framework for Disability Services established the parameters for best practice and quality improvement. The framework has minimum standards for the condition of houses and administrative systems, and processes for monitoring compliance with the standards. The framework also incorporates outcome standards, which reflect the quality-of-life aspirations of people with a disability, and the measurement of these outcomes.

The objective of this audit was to determine the extent to which people with a disability receive accommodation and related support services commensurate with their need. We selected 32 houses to visit across two rural and two metropolitan DHS regions. Of the 32 houses, 16 were managed by DHS and 16 by 11 CSOs. At each house, we selected one resident's file to examine in detail.

## **1.2 Findings**

DHS has taken positive steps to address long-standing system shortcomings. Establishing the Quality Framework should contribute to improving the quality of support provided and the quality of accommodation facilities. Focusing on each person's support needs rather than delivering a broad-based service should improve the level of support. The framework for measuring outcomes will also help in this regard.

Significant issues remain which, unless addressed, will continue to impede the transition from a medical to a social model of support.

### **Capacity and expertise of service providers**

DHS has not yet conclusively assessed whether the disability sector has the capacity and expertise to adopt the changes (though DHS has identified the need for such an assessment). Nor has it established a strategy to address gaps in capacity or expertise. Service providers are struggling to meet their existing obligations for supporting residents, particularly in regard to the time required to provide individualised support. Their capacity to provide additional individualised support is limited. There is considerable variation in staff skills and qualifications, which results in variability in service provision.

### **Unmet demand for support**

DHS is unable to provide support for all those requesting it (unmet demand is around 1 370 people or 30 per cent), yet demand is increasing by around 4 to 5 per cent annually and DHS has not accurately quantified future support needs or the associated need for resources. The reactive nature of DHS's response to accommodation needs, combined with the stringent prioritisation criteria, is likely to continue, and therefore perpetuate a crisis-driven system.

### **Block funding for SSA**

Funding for SSA is delivered to each service provider (per house) in a block, based on the level of support a particular house provides. As funding is tied to the service provider rather than the individual, it reinforces a 'group approach' to service provision rather than a system that services the needs of the individual.

### **Availability of SSA houses**

In 2003-04, DHS identified the need to replace or upgrade approximately 443 of its SSA houses, at an estimated cost of \$225 million. DHS subsequently identified that approximately 200 of its houses did not meet current building access requirements for people with a disability and occupational health and safety standards, and therefore needed to be replaced or substantially upgraded. To date, DHS has requested \$123.2 million over time to meet the liabilities identified. Since 2004-05, DHS has received \$44.5 million which has provided for 51 new (replacement) houses and nine major refurbishments. A further \$10 million was funded for minor upgrades to facilities that did not meet occupational health and safety or building regulations. In 2006-07, \$15 million was provided to replace facilities and provide equipment to the CSO sector.

Some houses operate from an 'institution' mindset, catering for residents' physical needs rather than operating like a home where residents are encouraged to develop an independence limited only by their own capacity. DHS has not assessed the suitability of its houses in regard to the goals of the State Disability Plan and the Disability Act 2006. Likewise, operators of CSO houses have not assessed the suitability of their houses.

Due primarily to the high cost of SSA, DHS has in the last decade been moving away from these services to the provision of less costly services and more flexible accommodation options. More support is being provided for people to live in the community through, for example, community access programs or home-based support. Nevertheless, DHS has estimated

demand for SSA will grow by around 4 to 5 per cent annually from the current level of 4 600 people. Some steps have been taken to address this growth but not in the structured and cohesive manner necessary to reliably address this growing demand.

Over the past four years, DHS has created 77 new facilities to replace unsuitable facilities but has not increased SSA bed capacity.

### **Individual support plans**

DHS has not clearly specified the detailed contents of residents' support plans, and the form they will take, beyond the key elements. As such, there is a risk these support plans will not be prepared on a consistent basis or to a quality consistent with providing individualised service responses. Existing plans, prepared under the previous legislation, often lack relevant detail. In consequence, approaches to planning by DHS and CSOs lack consistency and coordination.

## **1.3 Conclusion**

Due to the significant issues identified in this audit, there remains a disconnect between the new support model and the actual delivery of the model by service providers. It will be critical for DHS to address these issues. In particular, DHS needs to establish mechanisms to monitor how well the new service model is being implemented and applied.

Of particular concern to audit is that the three issues of capacity and expertise of service providers, block funding for SSA, and individual support plans were raised by us in 2000. In the course of the present audit, DHS advised us that it had initiated actions to address these issues. It remains to be seen whether these actions will have the desired effect.

The future service requirements of the people currently receiving support need to be better understood. In addition, there is a need to identify those people who may seek, and be eligible for, support in the future. Some initial work has been undertaken but it needs to be far more extensive and systematic. Without this information, DHS is poorly placed to plan for and manage the full extent of its future resourcing requirements. This may perpetuate a service system that is reactive and crisis driven.

## **1.4 Recommendations**

DHS should:

- provide focused support, guidance and resources to facilitate the development of individualised plans by service providers. This should involve:
  - adopting a team-based approach to preparing plans, comprising relevant support and professional staff
  - on-the-job training (**Recommendation 3.1**)
- allocate specific resources for undertaking individual planning for residents within SSA (**Recommendation 3.2**)
- develop its information systems to provide relevant historical information relating to SSA residents for support staff to assist in meeting residents' day-to-day and long-term needs (**Recommendation 3.3**)
- review the SSA funding model to better align it with the new service model of individualised support (**Recommendation 3.4**)
- systematically assess the capacity and expertise of SSA staff to deliver support services in accordance with the new service (social) model and to address gaps subsequently identified (**Recommendation 3.5**)
- guide and support service providers on the conduct and documentation of the review of individual support plans (**Recommendation 3.6**)
- assess residents' satisfaction, directly or through their family and friends, with their accommodation on an on-going basis, and incorporate the results into a system of continuous improvement (**Recommendation 4.1**)
- expand its demand management strategies and explore options for accelerating the implementation of existing demand management strategies (**Recommendation 5.1**)
- systematically measure projected need and develop strategies, such as alternative delivery mechanisms and a workforce management strategy, to meet future resourcing requirements (**Recommendation 5.2**).

*RESPONSE provided by Secretary, Department of Human Services*

*The Department of Human Services (the department) welcomes external examination of the operation of accommodation services for people with a disability through the Auditor-General's report. This report rightfully acknowledges that progress has been made to enhance the operation of disability accommodation services and that reforms will continue into the future. The Victorian State Disability Plan 2002-2012 and the Disability Act 2006 have placed stronger emphasis on the rights and needs of the individual. Positive changes are occurring but the department acknowledges that there is more to be done.*

*Over the past five years the department has implemented significant policy and practice changes to enhance choice and opportunities for people with a disability. It is important to recognise that the Auditor-General's review occurred during the latter part of 2007 and examined the performance of a relatively small number of disability accommodation services during a period of substantial transition. This period included:*

- *implementation of the Disability Act 2006 on 1 July 2007*
- *implementation of individualised planning approaches and support and choice initiatives. These approaches are putting in place new processes to tailor planning to the individual's needs and aspirations and reinforces plans are to be directed, to the greatest extent possible, by the person and their network to promote participation in community life*
- *revision of the Quality Framework for Disability Services resulting in a stronger emphasis on service quality being aligned with personal outcomes for people with a disability. This resulted in outcome standards being added to the existing industry standards and planned major changes to monitoring and reporting arrangements*
- *introduction of the Industry Plan to enhance the capacity and networking of Disability Services within Victoria. The Plan focuses on five key result areas: creating individualised support responses; workforce planning and development; increasing community awareness and valuing of diversity; community strengthening through partnerships and industry governance, management, planning and investment*
- *initiation of the department's Community Sector Investment Fund in 2003. This resulted in the allocation of \$7 million for initiatives to support efficiency and sustainability for community service organisations*
- *workforce development and planning initiatives, including a five-year workforce planning strategy to increase workforce attraction, retention and culture change*
- *funding for residential accommodation support in Victoria has increased by 65 per cent from 1999-2000 to 2007-08.*

*These changes mean that the environment today is substantially different from that of five to six years ago. The previous Auditor-General's report on Disability Services was released prior to the proclamation of the Disability Act 2006 and since that time there have been many changes, and there will continue to be, to systems and processes in accordance with the principles of the Act.*

*The department welcomes the Auditor-General's office's constructive comments regarding how improvements may be made to achieve a more individualised support approach for people with a disability living in disability accommodation services.*

*It is worth noting however that whilst this model of accommodation support offers many benefits for people with a disability who are amongst the most vulnerable in our society, it does present limitations to individual choice inherent in living in a group home.*

*The department has commenced a number of initiatives to reduce barriers to individual choice for people with a disability in accommodation services including:*

- *person centred active support*
- *personal outcome measures as part of the revised Quality Framework for Disability Services*
- *a sustained program of culture and practice changes to help staff work differently to support people with a disability.*

*The department is mindful that it needs to maintain a constructive and collaborative partnership with the Disability Services sector to continue the positive change agenda for people with a disability. In this way, it will be possible to*

*build further capacity of the sector to embrace and respond to the changes. The planned move to independent certification of Disability Services from 2009, along with the monitoring framework for the health, housing and community services sectors, will help build a sustainable funded sector by strengthening and monitoring accountability arrangements.*

*The department supports eight of the nine recommendations (3.1, 3.2, 3.3, 3.5, 3.6, 4.1, 5.1 and 5.2) and partly supports one recommendation (3.4). Further comments made by the department are contained in parts 3, 4 and 5 of this report.*

## **Quicklinks**

# **Contents (pdf of report)**

[Foreword](#)

1. [Executive summary](#)
2. [Background](#)
3. [Supporting people with a disability](#)
4. [Accommodation and service delivery standards](#)
5. [Managing current and future accommodation needs](#)

[Full Report](#) (595kb)

[Return to Graphics Mode](#)