QUEENSLAND ADVOCACY INCORPORATED

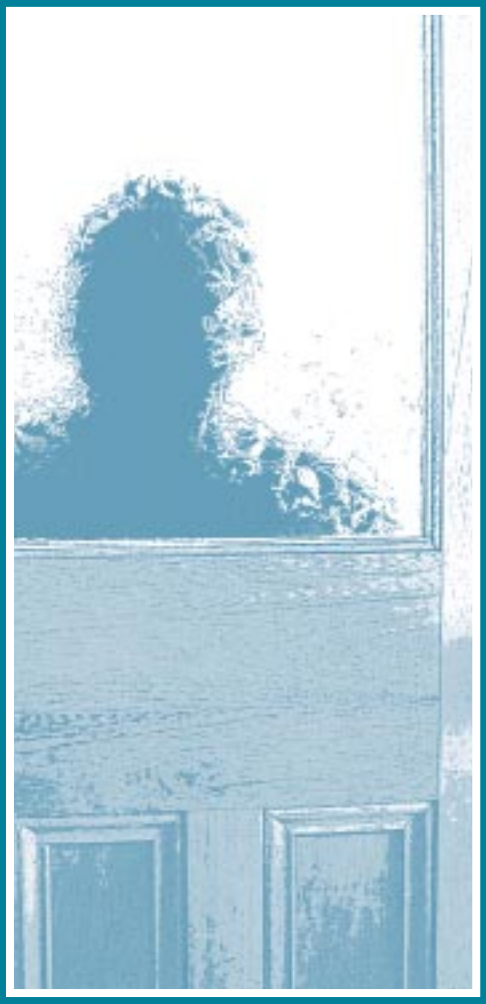
Legislation and Life

The Residential Services (Accreditation) Act 2002

and the lives of vulnerable people with disability inappropriately placed in supported accommodation hostels and boarding houses

Key Messages to the State Government

1. Stop the placement and use of supported accommodation hostels and boarding houses for people with disability with complex support needs
2. Identify existing residents with disability who are inappropriately placed in private residential services
3. Provide for planning to identify decent and sustainable futures for each of these individuals
4. Commit resources, as an election promise, for alternative housing and support for at least 100 people with disability in each of the next three years
5. Keep demographic data centrally and monitor changes and developments in the private residential services industry
6. Regulate the industry to avoid the segregation, congregation and abuse of vulnerable Queenslanders with disability.



what life is like

September 2003

what life is like

Although good quality hostels and boarding houses are important housing options for many people, they are not appropriate places for vulnerable people with disability with complex support needs who require personalised assistance to live their lives. With this form of institutional living, these people's human rights are constantly violated.

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FOOD FOR THOUGHT

Once upon a time five good Samaritans came upon a man whose life was bleak by their standards. His existence and possessions were confined to a cell-like room, in a place where he shared facilities with many others who were also disadvantaged. They thought long and hard about this man's plight and about what they might do.

The first Samaritan declared, *"This man is well cared for. His basic needs are met. He is fed and housed. He has friends here and he seems happy."* – The man sat in his cell.

The second Samaritan declared, *"This place is dull and unsafe. We must do it up. Let's paint the bathrooms, put some carpet in the living room, get curtains, and a doona with a bright cover for his bed. We'll pass legislation so that this place is safe. We'll make regulations to cover fire and decent food, and get help with money, hygiene and medications."* – The man sat in his renovated cell.

The third Samaritan declared, *"Cells are bad news! We have to get him out of here."* So the door was opened and the man was told he could leave. When he saw the open door he thought there might have been a mistake, but, even so, he ventured forth out into the community. When he saw only the backs of others who did not help him, he returned, knowing it really was a mistake. – The man sat in his cell.

The fourth Samaritan declared, *"This man needs to get out more. Lets buy a bus and take him out to visit the community. We'll tour the sights, we'll go to all the shopping malls, we'll drink coffee at each stop, and then we'll bring him back to where he belongs."* – The man soon tired of these futile sojourns and sat in his cell.

The fifth Samaritan asked, *"What would it take to support this man to have a reasonable life? How can he have a home, and participate and contribute in his neighbourhood and wider community? How can he feel he belongs? How can we work together to find better ways to support him and enable others to know him and include him in ordinary life?"*

The first Samaritan said, *"You can't do that! He is happy here, with his own kind."*

The second Samaritan said, *"What about all the expense of doing up the place, and what about all the time and resources that have gone into setting up all the different aspects of the system, which we now have in place to accredit and monitor his situation."*

The third Samaritan said, *"But we tried community living and he chose to come back because there were no supports out there."*

The forth Samaritan said, *"We are already doing that! We have created new agencies, new projects, new transport and new jobs so he can access the community!"*

(Based on a story by R. Barson)

The Queensland *Disability Services Act (1992)* operates from the same ideology as that of the fifth Samaritan.

This report has been written in line with this legislation's good intent. We ask that, in reading and responding to this report, you also do so in the spirit of the governing Act.

EXECUTIVE SUMMARY

The Problem

Appalling situations of abuse and neglect cannot be tolerated.

Many people with disability with complex support needs have been placed in, or advised to use supported accommodation hostels and boarding houses in Queensland. Their placement has often been by State Government Officers, when resources cannot be identified to provide supports elsewhere. This response to the need for housing and assistance is inappropriate, because these facilities provide congregated, institutional care with inadequate supports. People with disability are living degraded and wasted lives in substandard living arrangements and are experiencing abuse, neglect and other violations of human rights. This statement is substantiated by the personal reports in this document about the lives of people with disability who have been inappropriately placed in a known sample of 38 supported accommodation hostels and boarding houses in Queensland.

The Queensland Government's Response

The State has no commitment to meet the needs of residents with complex support needs within the principles and objectives of the *Disability Services Act (1992).*

The key response to this situation has been to legislate for change by introducing standards with which private residential services, including supported accommodation hostels and boarding houses, need to comply. These standards are well received for those people who need affordable housing and minimal supports. However for people with disability with complex support needs who have been inappropriately placed, the legislative expectations are not enough. They continue to leave these residents open to violations because of the inappropriateness of service responses and the lack of adequate safeguards.

The Cost To Queenslanders

Although the response is supposedly set in a cost neutral environment, the implementation of the legislative change in residential services is clearly not cost neutral.

This response is not cost neutral to the Queensland Government.

The financial costs are already huge. The State Government has tied up significant funds in the large infrastructure of workers who are involved in the development, implementation and monitoring of the *Residential Services (Accommodation) Act 2002* and the *Residential Services (Accreditation) Act 2002.* They include public servants in the Premier's Department, Fair Trading, Housing, Disability Services, Emergency Services, Mental Health, Community Health, Justice, Family Services and the Offices of the Public Advocate, Adult Guardian and Public Trustee. Local Councils are also involved.

On a broader level community participation includes a wide range of community housing agencies, peak bodies, advocacy agencies, welfare agencies, protective agencies, consumer groups and a range of community based human services that have contact with people living in supported accommodation hostels and boarding houses. Many organisations have put a huge proportion of their base funding towards this particular issue over the past few years, with most monies coming from State Government subsidies.

Social costs are not neutral either. The clear message being given out to all Queenslanders is that the congregation of people with disability in substandard facilities with inadequate supports is acceptable and that these facilities are where people with disability belong. Despite the *Disability Services Act (1992)*, the clear message from the State is that private enterprise can run institutional care facilities for people with disability and will be encouraged and supported to do so. Such attitudes undermine the significant achievements over the past decade by the State Government towards community diversity and the implementation of social justice for all.

Personal costs are perhaps the highest costs of all. The people with disability who have been inappropriately placed in hostels and boarding houses are living in situations that we would not expect any other Queenslander to endure. This also affects their families and committed others who see someone they loved and respected slip into a life of degradation. In the long term, some people who are considered too challenging for these inadequate facilities are then likely to enter more restrictive and very costly long-term psychiatric care or the criminal justice system where further abuse is likely.

The Outcomes

Is the Queensland Government's reform strategy giving positive outcomes for people with disability who have been inappropriately placed in supported accommodation hostels and boarding houses?

NO

The State has not taken up any of the recommendations that have come from the community sector about the lives of vulnerable people with disability.

We believe the Queensland Government has not recognised that the new legislation will not solve the issues raised in our report. By continuing to place people with disability inappropriately and by allowing them to remain in supported accommodation hostels and boarding houses, the State is condoning institutional care and the resultant abuse, neglect and wasted lives of this extremely vulnerable group of Queenslanders.

aThis response is costing millions in change processes, monitoring and advocacy alone.

Can Queensland afford to go backwards?

Can the Queensland Government afford to abandon people?

The State has failed in its report card on the lives of people with disability living in supported accommodation hostels and boarding houses.

The Queensland Government shares complicity in the ongoing abuse and neglect of people with disability in supported accommodation hostels and boarding houses.

The Way Forward

QAI urges the Queensland Government to move this reform agenda forward.

We believe that when respect of human worth and dignity are combined with the opportunity to create small service arrangements, which support ordinary life at home and in community and allow people with disability to shape the provision of their own personalised supports, quality of life is seen to improve immensely.

Recommendations

Recommendation 1.

1. **Stop the placement and use of supported accommodation hostels and boarding houses for people with disability with complex support needs**
   - Name private congregated residential services as institutional care and acknowledge the inherent dangers in this response with people with disability with complex support needs
   - Develop immediate policy across government that stops the further placement of vulnerable people with disability in private institutional residential services.

Recommendation 2.

2. **Identify existing residents with disability who are inappropriately placed in private residential services**
   - Establish a task force that visits various communities to aid in the identification of vulnerable people with disability with high or complex support needs who are experiencing, or are at risk of, abuse, neglect or exploitation, who are currently living in supported accommodation hostels and boarding houses throughout Queensland
   - Safeguard people from further harm by instituting regular monthly personal visits to those people with disability who are already known to have impaired capacity who are supported by the Adult Guardian and/or the Public Trustee
   - Identify vulnerable people with disability who are affected by any closure process and ensure they have proper need assessments and are not placed in another supported accommodation hostel or boarding house.

3. Provide for planning to identify decent and sustainable futures for each of these individuals

Recommendation 3.

- Provide for personalised planning for decent and sustainable futures for:
  - people with disability who are affected by closures
  - identified residents with disability with complex support needs who remain in supported accommodation hostels and boarding houses
- Provide for temporary housing and meeting of emergency needs of residents at high risk who need to be removed from their current situation immediately.

4. Commit resources, as an election promise, for alternative housing and support for at least 100 people with disability in each of the next three years

Recommendation 4.

- Commit resources for 100 new public housing stock for people with disability, over and above the currently committed budget resources, in each of the next 3 years
- Commit $15 million recurrent over the next 3 years for:
  - personalised supports to enable decent and sustainable home and community life with at least 100 people with disability with complex support needs now living in supported accommodation hostels and boarding houses
  - development of new personalised services and responses based upon people's needs, which operate from a strong positive values base and are embedded in the local community.

5. Keep demographic data centrally and monitor changes and developments in the private residential services industry

Recommendation 5.

- Establish a centralised contact point for data collection in Premiers Department, which holds the information on:
  - the numbers and locations of vulnerable people with disability living in supported accommodation hostels and boarding houses throughout the state
  - the changes and developments in the private residential services industry
- Review the commitment of resources in light of the evidence of known data.

6. Regulate the industry to avoid the segregation, congregation and abuse of vulnerable Queenslanders with disability

Recommendation 6.

- Strengthen the *Disability Services Act 1992* by separating out the citizenship, protective and service functions and ensure that services providing support to people with disability are held accountable by their observance of mandatory principles, objectives and guidelines.

Summary of Key Issues In Relation To Industry Standards

The personal reports in this document are of people with disability with complex support needs who have been inappropriately placed in 38 supported accommodation hostels and boarding houses throughout Queensland. The expectation of the new legislation and accreditation process would be that every one of these facilities would be registered at Level 3 for Personal Care Services. Yet the supports they provide are not enough to enable a decent life, as this report attests.

The proposed industry standards will not change these people's situation.

The following summary highlights some of the specific issues relating to the accreditation of large, congregated residential services.

Breaches of privacy include no curtains on the windows, no privacy when sharing rooms, no locks on shower doors, people walking down the hallway to the showers with no clothes on, abuse of residents about incontinence in front of others and nowhere to attend to medical dressings or any other matter in private. (Hostel Worker)

Privacy And Independence Standards: (p. 26)

When questionable attitudes, profit motive and congregation are in combination, depersonalising routines and supervisory processes typically take over the patterns of daily life. Physical changes to address privacy will make little difference. Vulnerable people who live in these depersonalising situations will be seen to lose their humanness and individuality regardless, and will remain open to degradation and abuse. People with disability who have complex support needs will be particularly at risk, if privacy and confidentiality are then used inappropriately, and to their further detriment, as the excuse for not having access to information or to people who can protect them.

He signed a six-month agreement and not long after he got other housing and left the hostel. They continued to take out board and lodgings from his account and he was told that he must continue to pay. (Community Agency Worker)

Agreement Standards: (p. 27)

Tenancy and other forms of residential services agreements are important, but in congregated care situations where life, housing and support are controlled by the one authority and revolve around very atypical routines and behavioural expectations, people with complex support needs are likely to remain at risk, especially if they are seen to be challenging to the establishment. People with disability who have impaired decision making capacity become even more at risk as advocates and government protection agencies are reliant on identification by others and also have little capacity to see and understand what happens on a day to day basis.

No documentation is kept on any area of care, even about accidents. (Hostel Worker)

Identifying Records Standards: (p. 29)

Even when records direct how people are to be assisted, when people are not known, or when staff numbers are insufficient for their support, people with complex support needs remain at risk of harm and possible death.

Prevention Of Abuse And Neglect Standards: (p. 30)

When vulnerable people with disability are congregated together with minimal assistance, the likelihood of abuse and neglect is maximised, particularly when people have complex support needs and are seen as challenging to others. Many hostels and boarding houses could be described as having a culture of abuse where people are not valued and there is minimal scrutiny of others. Here they are likely to be denied decent or just treatment and are at high risk of abuse and neglect as their life becomes dehumanised.

Grievance Mechanism Standards: (p. 32)

Grievance mechanisms are important to deal with everyday complaints. However for complaints to be effective they must operate in the context of an open culture of responsiveness to people's concerns. Individual complaints mechanisms cannot deal with systemic abuse and wasted lives. Therefore within closed institutional systems found in many private supported accommodation hostels and boarding houses, making complaints can increase the vulnerability of people. This is especially so when the complaint is against someone in authority who controls their well being, and when the issue is endemic in that particular living situation.

Challenging Behaviour Standards: (p. 34)

Because people who have challenging behaviour are often aggravated when they are congregated together, the solution is to not to keep putting them together but rather to find alternative ways that enable them to be less challenging and to have their particular needs met. By remaining together they raise other's vulnerability as well as their own and are likely to become restrained, medicated or removed. The result is usually homelessness or being taken to a more restrictive facility, often in long-term psychiatric care or in the criminal justice system.

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My mother went to visit my brother who was living in an inner-city hostel. When she arrived she found him undressed, lying in urine in a comatose state on his bed. He had obviously been in that situation for a long time. No one knew he was there or had bothered to check. Thank goodness she found him. (Sister of Hostel Resident)

Following a resident's report that she was 'hit and hit' by the manager during her bath time, and with her having subsequent bruising, a worker took her to a community doctor where she was advised to call the police, which she did. Because the resident had an intellectual disability, the complaint was not proceeded with and the worker was sacked several days later. Two other workers also resigned at the same time because they were so concerned. (Advocate)

She was described as a quiet, calm woman, having lived at home for over 40 years. She did not like hostel life and wanted to leave because of the violence there. One day she became very agitated about what was happening to her and punched the hostel owner in the stomach. She was moved to another hostel on the other side of town. Now she has been moved again. She was put in a taxi without any belongings and sent to another hostel. (Advocate)

Perhaps of greatest concern is the lack of action to address the awful situation of people who live here by external people in the know — doctors, placement officers, case managers, day service staff, police, protective service staff and other government agencies and departments that ignore all the evidence. (Advocate)

External Professional And Advocate Involvement Standards: (p. 36)

Having the involvement of external professional service providers will not change the inescapable pathway to and confinement in, privatised institutional care. These are systemic issues of inappropriate responses and of congregated living and cannot be adequately addressed in this way. Professional workers, including those in government roles, find themselves dealing with a system that makes them share complicity for the harm and abuse. The role of advocacy also has a limited effect on internal change, and as a result, the focus is on monitoring the system to ensure that people are safe, but with the ultimate aim of getting people out with enough supports to live a reasonable life.

From my observations and what I have been told, people are losing self-help skills. They are not allowed in the kitchen, they aren't encouraged to help or be involved with anything that happens, and they don't even have the opportunity to make a cup of tea or coffee. (Advocate)

Choice And Independence Standards: (p. 39)

Independence and choice are highly problematic concepts to put into practice in large congregated environments. The very nature of life is institutional, requiring people to relate to and get on with numerous strangers with whom they have not chosen to live. Daily life, by necessity, becomes a regimented routine. Personal identity, choice and interests become secondary to staff agendas that control the smooth running of the facility and ultimately the residents' lives.

The toilets and showers have no doors, for safety reasons, they say. They said they would put the doors back on when inspections are made. (Advocate)

Buildings And Amenities Standards: (p. 41)

Although accommodation definitely needs to be of a decent physical standard, in many ways this is the easy part of any reform process. Renovations will not necessarily change the attitudes towards the residents or the fundamental nature of daily life in the facility. Some very nice looking places have some very appaling practices within their walls. In fact, experience and research in human services confirm that the values of owners, operators and workers are most likely to affect the quality of life of residents. These are more difficult to implement when large numbers of people are living together.

The doors are left unlocked at night. This is said to be because of the risk of fire. However anyone can walk in from outside and this was said to have happened in the instance of an alleged rape of a young woman, which was not followed up. (Advocate)

Security And Other Emergency Standards: (p. 43)

Despite even apparent compliance with fire safety regulations, dangerous procedures can continue in hostels and boarding houses whereby the numbers of people living in residence may be played down and fire exits are locked or alternatively left open to access from the outside. Physical and cognitive impairment, as well as drug and alcohol abuse, will continue to challenge the duty of care of management in an emergency, particularly where large numbers of people are involved and few staff are on duty.

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Business Practice Standards: (p. 45)

With the new legislation the assumption has been made that owners and operators not only have the business and managerial know-how to run both an accommodation and a support service which meets industry standards, but also that they hold the values, understanding and skill to be creative and supportive of ways that enable people with disability who have complex support needs to live a decent life. Yet, paradoxically, if the intent of the overriding principles and objectives of *The Disability Services Act (1992)* were to be implemented, then government support of the institutional congregative care model of supported accommodation facilities would not even be on the agenda.

Residents pay $30 per month extra for toiletries yet they have a communal soap, shampoo, comb, shaver, and sponge. (Hostel Worker)

Workplace Health And Safety Standards: (p. 47)

Where poor attitudes are shown by management towards the conditions and the health and safety of the staff, it is probable that these are mirrored in even poorer attitudes towards the conditions and the health and safety of residents.

Several residents are incontinent and urine and faeces are in their clothes and bed linen. Laundry items are thrown in together with no separation of clean and soiled items. (Hostel Worker)

Human Resource Management Standards: (p. 47)

With profit as a motive, low staff ratios and use of unpaid residents in work roles tend to dominate the industry. Scarce resources are therefore directed into the perfunctory tasks of life relating to meeting residents' basic subsistence needs, as well as managing the behaviour of the large group that is living together unnaturally. The outcomes for people with disability who have been inappropriately placed are therefore likely to remain poor, without the personalised attention to meet their complex needs.

They have no staff come in to do anything. The neighbour's wife comes in twice a week and cooks voluntarily. She comes Mondays and Fridays and cooks up a few meals. The cook is a resident and he does the other five days. (Fire Department Transcript Summary)

Staff Training Standards: (p. 49)

Although staff training is seen as important, the core business of managing human services or supporting people in their life at home is not the focus of training in hostels and boarding houses. The concerns of owners and operators running viable and profitable businesses will take precedence over the lives of people who live there, with the focus of training remaining on running a residential facility in a cost effective way.

There was no support, no supervision and no one with any training or understanding of what needed to happen. As people had just been discharged from a psychiatric ward, they were still pretty fragile. (Hostel Resident)

The manager always did the shopping and the menu was never varied. Each week twenty people were fed for $350. This amount included the buying of all personal care products and all cleaning products. In other words it was costing $17.50 per week per person for everything they needed, and at this stage they were paying $210 per week for board and lodgings. (Hostel Worker)

Food And Nutrition Standards: (p. 50)

As the congregation of people with disability usually results in their devaluation and treatment as second-class citizens, spending money on decent food requirements and nutrition is often perceived as unnecessary. To keep costs low, residents can expect to receive poor quality food and diets that would not be acceptable in the great majority of Queensland households.

Food is prepared in the one hostel for another that is owned by the same group. This means that a worker drives the food across to the other hostel in the back of a car. This other hostel has no cooking facilities. (Advocate)

Food Preparation, Delivery, Service And Storage Standards: (p. 51)

People in ordinary households are usually involved in some way in different aspects of food preparation and cleanliness at home, but in large facilities such as hostels, this becomes quite difficult and inappropriate. Where life revolves around structured daily routines with large numbers of people, health and hygiene takes on much higher importance. Although this is necessary in such a close-living group, these additional atypical demands diminish the nature of ordinary home life even further by superimposing clinical requirements onto already rigid food related routines. The nature of home life is lost with such abnormal roles and relationships.

She was asked by the hostel manager to look after a woman who was blind. She had to bathe and feed her. She was not well and had become very unsteady on her feet, needing a walking stick to move around, so the showering process of someone else was quite dangerous. On several occasions they both fell in the shower while she was assisting the woman. The workers at the hostel encouraged her to refer to the woman as 'her baby', despite the fact that they were around the same age. (Advocate)

Access To Externally Provided Support Services Standards: (p. 53)

To protect people with disability from having all aspects of life controlled by the one management source, lifestyle support services and tenancy need to be entirely separate. The legislation attempts to address this fundamental issue by having the expectation that personal care services will be provided external to supported accommodation. However this separation makes little sense when the owner is the person who employs the operator and the support staff who take on a whole range of other support roles including other aspects of personal care. Although the involvement of external workers can assist in monitoring what is happening to people with disability with complex support needs living in supported accommodation hostels, this does not address the issue of having typical housing and ordinary routines that are home like, where personal support can be done in an ordinary, timely and dignified way.

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Financial And Clerical Support Standards: (p. 55)

When people with disability with complex support needs live together and require support with the management of their money, good tracking systems are essential to ensure that they are not exploited. Monitoring becomes difficult for families, advocates and protective agencies when large numbers of people live together, when money is pooled, when the housing facility controls the handling of money and when people have very little disposable income following the payment of board and lodgings.

Residents are said to handle their own affairs but it is unclear as to whether or not they have the capacity to do so. The manager would fill out their withdrawal forms and get them to sign so that any expenses were taken directly from their accounts. No one oversees this process. (Advocate)

Medication Management Standards: (p.57)

As many people in supported accommodation hostels are on medication, the management of so many individual requirements, some supported and some not, becomes logistically very complicated. Not only is it difficult to know the needs and the capacity of each resident, but also it is difficult to maintain proper dosages and restrictive access to storage, even when pharmaceutical aids such as Webster packs are used. Of greater importance is the personal knowledge of each individual, as well as the monitoring of the medication's effect on the well being of each person. When people have complex support needs and live together with many others who also have complex needs, the poor understanding and management of medication become extremely dangerous, as these can easily lead to ill health and accidental death.

One particularly worrying feature was that all and sundry had free access to the cabinet where all the medication was kept for 44 residents, most of whom had a psychiatric disability. Yet, the finding of an inspection by an Environmental Health Service's Officer to ascertain compliance with the Health (Drugs and Poisons) Regulation, held 18 days prior to the visit, stated:

"I am pleased to advise that at the time of inspection all requirements pertaining to the possession, administering and storage of medications were found satisfactorily met." (Concerned Citizen)

Health Care Standards: (p. 59)

When people with disability with complex support needs are congregated together with few staff for support, their heath and well being are significantly reduced. Residents' health becomes neglected because the time and effort it takes to support vulnerable people is not available. People's health needs remain unknown or not addressed, and health services have the tendency to become rudimentary and standardised. This is likely to be compounded by people's devalued status with the assumption that they do not deserve the quality of health care afforded to others.

A man who was clearly psychotic stopped eating. He then began to stay in his room and did not come out. He was not missed for three days at which point they checked his room and found he needed an ambulance and was rushed immediately to hospital. (Advocate)

One man, who is unable to communicate verbally, sits on a chair all day dressed only in incontinence pants, a shirt and socks. He is dressed the same way every time I call. I have seen the staff feel his crutch to check if he is wet in front of any visitors. (Advocate)

Clothing Standards: (p. 61)

If people with disability with complex needs are to look reasonable, they need personalised supports to enable them to develop and express their preferences in clothing and have assistance with their care, enabling them to feel good and be seen more positively. Clothes are not just standardised objects to buy, wear and wash. They form an important part of the broader expression of personal preferences for colour, fashion, style, comfort, suitability and imagery, which are demonstrated in appearance, garments and accessories. People with disability inappropriately placed in supported accommodation hostels lose their identity in the grouped and standardised ways of buying and maintaining the cleanliness and appearance of clothes.

On the first morning when I was helping her to shower, a male resident walked in and took her incontinence pad. Apparently this was usual. This man collected the pads and disposed of them. I was shocked by this practice. (Hostel Worker)

Hygiene Management Standards: (p. 63)

When large numbers of people who need personal care supports are housed together, their personal hygiene is taken care of by workers, often resulting in standardised handling without privacy, acknowledgement of personal preference or use of personal toiletries. With few support staff, personal care routines become atypical and mechanised, and life revolves around the availability, capacity and sensitivity of staff. People with complex support needs endure great loss of dignity as well as poor health and hygiene as a result.

He lives in his room all day and at times he has been locked in. His meals come to his room. He has the TV running all day, usually on children's programs. Other residents wander around aimlessly and come into his room frequently. They hit him and pull his hair. He has few possessions and any furniture has pieces missing or broken. His health and hygiene are poor. He is not supported to bath and looks dirty. (Advocate)

Living Environment Standards: (p. 65)

In comparison with ordinary everyday aspects of home life, the nature of the living situations in supported accommodation hostels and boarding houses is very institutional. When large numbers of people with complex support needs live together, routines become very regimented and atypical and the environment becomes devoid of the personal possessions and touches that help to make grouped housing into a person's ordinary home. Daily life becomes the domain of staff who manage and control the various activities that need to be done as well as the people who live there. In this way people's lives are programmed to fit in with certain routines. They lose their sense of ownership and pride in their home, having little capacity to make any real personal effect on their environment.

Leisure Interest Standards: (p. 67)

Many people with disability living in hostels and boarding houses have lost their connections with family and community life or may have lived very isolated lives before becoming residents. When people have complex support needs they need assistance to connect and access community life, as well as to participate and contribute in valued ways, otherwise they remain isolated. This is best facilitated individually with development of ordinary community connections and networks. When people live in supported accommodation hostels and boarding houses this task becomes very difficult and at best, group outings might be organised. However these do little to fulfil the criteria of the standards that emphasise individual identity, personal choice and meaningful relationships.

Preservation Of Social Networks Standards: (p. 68)

Family and significant others play a crucial role in the lives of people with disability with complex support needs, being their greatest safeguards to having a reasonable life and ensuring that they remain free from harm. Residents require support to maintain or develop relationships and typical roles with family members and with others who can become important in their lives. Yet in congregated living situations such as hostels and boarding houses, families and friends are usually not welcomed, and even if they do visit, they cannot play out any typical roles involved in family life or in friendship, often having to take on the role of informal advocate because of their concerns.

Choice And Decision Making Standards: (p. 70)

When people with disability with complex support needs are inappropriately placed in supported accommodation hostels and boarding houses, their choices and decisions about personal care and preferences in daily life at home are not available. Their life must fit in with the personal routines of others and available support. This is further complicated by their vulnerability, as sometimes they do need support with decisions that need to be taken in their best interest, because of poor decision making that leads to high risk and harm to themselves or others. These 'best interest' decisions cannot be handled in an institutionalised way, as they are very individual and require deep knowledge of the person and an understanding of the complex moral dilemmas faced.

Although good quality hostels and boarding houses are important housing options for many people, they are not appropriate places for vulnerable people with disability with complex support needs who require personalised assistance to live their lives. With this form of institutional living, these people's human rights are constantly violated.

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The men sit on the verandah smoking all day and the women sit inside watching TV. Life is spent this way, waiting between meals. (Advocate)

The manager would put her name down as the person's next of kin when a resident went to hospital. This was so that the families were not informed. (Hostel Worker)

Staff do not understand what duty of care is. Residents are allowed to make very bad decisions that are life threatening, yet the very ordinary everyday choices of life are not available to them. (Advocate)

This section sets the context of the report and the collection of real life stories.

1.1 About this Report

This report is about real people who had a family and others who loved them, who had people who cared for them and about them, and many still do. For some reason, because of challenges, isolation, lack of supports, or death of a family member, they have been 'placed' to languish in the part of the sector that most people do not want to know about. Their lives have become desperate and are played out behind closed doors. They have little voice at this point in their lives, so others must speak out on their behalf.

People with disability who have complex support needs are regularly placed in supported accommodation hostels and boarding houses, where they do not get adequate supports. As this report will testify, the new legislation and standards are not enough. All evidence points to the fact that congregated housing of vulnerable people with disability leads to abuse, neglect and wasted lives, and that tinkering around the edges, with a little window dressing and community access, will not alleviate their situation.

This report relates what life is like when vulnerable people with disability are congregated together with inadequate supports.

This report will not reiterate all the details about who the people with disability are, why they are vulnerable, or the history of how they came to live in hostels and boarding houses, nor will it go into detail about a framework of support and how this can be put in place through a process of planned change. These areas were detailed in QAI's first report, *Opening Doors to Life,* written in 2001, prior to the new legislation. This previous report either has had little consideration, or has been given little credence by the State Government. Either way, no real understanding of people's vulnerability or any ownership of the need to change their life situation appears to have come to light, with the State's response seeming to be that people with disability belong in these congregated facilities and that the new legislation and standards will suffice, in keeping with the demands of a hypothetical cost neutral response.

This second report, *Legislation and Life,* attempts to take a different tack from the first one. We felt the stories of people with disability who are inappropriately placed need to be told, in the hope that humanity will prevail and that those with power and influence to change their situation will begin to own the need to make authentic systemic change for these people. Real life stories are shared giving graphic detail about what life is like. Some stories will shock and raise disbelief that people could be subjected to such awful lives in Queensland in the 21st century. Yet this is what happens when vulnerable people with disability are warehoused together with inadequate supports.

1.2 The Situation

Supported accommodation hostels and boarding houses are considered good, affordable housing options for many people, when they comply with prescribed building and fire safety requirements and, as well, have a reasonable standard of facilities, management, tenancy and food services. Therefore, it might be assumed that, provided the industry is able to comply and direct action is taken to replenish affordable housing stock, the new *Residential Services (Accreditation) Act 2002* should bring this form of private for profit housing into line with what are considered to be reasonable industry standards. QAI has no problem with this.

However over the last few decades the profile of people who live in hostels and boarding houses has changed. A high proportion of people with disability with complex support needs have been placed inappropriately in these facilities, because they have not been able to get supports elsewhere. Instead of continuing their purview of providing an affordable housing and food option, many hostels and boarding houses have now expanded into a new role where support services are provided to people with disability.

This trend is most obvious in the hostel system, which mushroomed into a large supported accommodation sector in the wake of inadequate supports being provided to people with disability following deinstitutionalisation. The unmet need for community based supports in Queensland has added to the growth and occupancy in these hostels, with State funding at close to half that of the national average. Large numbers of people with disability have been housed, often in substandard facilities, and given minimal supports in the private sector. Costs have been kept low for owners who are recompensed by taking the majority of each person's pension and rent assistance.

Industry Standards will not change the fundamental nature of institutional life - the poverty, the isolation, the inadequate supports, the abuse.

As the industry response is fee-for-service and takes most or all of a person's disposable income, it cannot be considered an affordable housing option. Unlike others with disability supported by formal services, with supports funded or provided by the State, residents in supported accommodation hostels pay for their personal care services from their pension as part of board and lodgings. Such supports are usually group based and minimal, and in most cases do not provide people with a decent life, especially when they have complex support needs. In fact, even if the industry standards were complied with, life would still be hostel-bound, with people living in poverty, with no disposable income, excluded from their community, with little opportunity to change their situation, and living with others who also may have complex needs and challenges, with whom they do not chose to live and have to compete for the nominal supports on offer.

The private residential services industry – a convenience to government when unmet need is so high, but at what cost?

The supported accommodation industry, in particular, has provided the State Government with a very valuable social and political service by 'keeping people off the streets' at no extra cost to government. By providing congregate housing for large numbers of people with disability, hostels have been performing a very similar function to the old institutional asylums of yesteryear. However, like the asylums, these hostels and boarding houses have created their own bleak history, giving way to all the same forms of harm, abuse, neglect and wasted lives that people with disability have had to put up with in the past. Despite obvious violations of human rights and such abysmal living conditions, the State views these institutions quite differently now, because people's lives are played out in the private sector and can remain hidden behind closed doors.

Until recently the State did not have any direct responsibility for the welfare of these vulnerable people and appeared to be content to allow human rights infringements and other atrocities to continue. Even though the nature of this form of support contravenes every section of its own *Disability Services Act 1992*, the State Government now sees the solution merely as regulation of the private sector. This maintains the status quo and sets any change in the context of supposed cost neutrality, yet with huge indirect costs, and with questions as to who is the real beneficiary.

Yet we know that despite any strict regulations governing buildings, safety, tenancy, management, food and supports, the unequivocal evidence shows that warehousing of people with disability with complex support needs puts these vulnerable people at high risk of harm. This has been borne out in all the research on institutional life, in all previous inquiries into the State's own institutions and in recent coronial inquiries into supported accommodation hostels. Sadly the evidence that QAI has found in many hostels and boarding houses here in Queensland continues to confirms this reality.

Meanwhile placement of people with disability with complex support needs has continued with a steady stream of new clients coming via Disability Services Queensland and Queensland Health workers, who have become the reluctant agents for the private sector, because of the lack of existing housing and support options. Also, following the introduction of new legislation and aided by rising real estate prices, the quality of affordable housing in Queensland has continued to plummet, with the sector losing living arrangements for 40 people on average per month in Brisbane alone. As the fire safety and registration deadlines loomed closer, the crisis deepened, with no change in government thinking and no considered action on behalf of very vulnerable people with disability.

1.3 The People Living In Hostels And Boarding Houses

In general the two forms of housing attract different people.

Boarding houses are depicted as having greater numbers of people passing through them who are transient or homeless, and who are not necessarily connected with human services. However, some residents do have disabilities.

Hostels, on the other hand, tend to have more long-term residents, although some people are moved from hostel to hostel especially when they are seen to be challenging. Most hostels provide support services with the majority of their residents being people with an identifiable or labelled disability.

People with disability who are most likely to be at risk are more often found in hostels, particularly those providing supported accommodation.

what life is like

The following statements give some insight into **Boarding houses:**

Boarding houses tend to have a high proportion of people with drug and alcohol problems. Recently there has been a rise in the number of indigenous people, particularly young people who are involved in chroming, as well as the number of people with dual diagnosis. (Community Agency Worker)

The people living here are from 17 to 90+ years old. Some are short term, usually around 18 – 20 year olds, but others stay longer. Most have problems, often depression or sometimes agoraphobia. (Boarding House Resident)

Some people with disability who live on the margins are also living in boarding houses and they end up being very vulnerable to the abuse and exploitation of others. They don't necessarily see themselves as having the label 'disability' and are less likely to be part of any formal service system. (Project Worker)

People who live in boarding houses are much more streetwise. Many have been homeless at some time and have a network of people from moving around. (Community Agency Worker)

The following statements give some insight into the nature of **Supported Accommodations Hostels:**

I would estimate that about 90% of residents living in hostels would have a disability label and would be known to the system. (Project Worker)

Some of the hostels I have connection with have 50 to 80 people, many of whom have significant support needs, housed all together. (Advocate)

People range in age from teenagers to over eighty and have such a diversity of abilities and needs. (Advocate)

A wide diversity of people with disability live together in this hostel – people with labels of mental illness or psychiatric disability, people with acquired brain injury, heavy drinkers with Korsakoff's psychosis and Alzheimer's disease and people with intellectual disability. (Advocate)

Whereas boarding houses are a hot bed of changing relationships and people are quite street wise, hostels have an isolated, asexual feel to them. (Project Worker)

People living in supported accommodation hostels

Men and women of different ages:

- Living in segregated facilities
- Living in mixed facilities

People with the following disability labels:

- Intellectual disability
- Episodic mental illness
- Long term psychiatric disability
- Limited physical mobility
- Acquired brain injury
- Sensory disability
- Challenging behaviour
- Multiple disability
- Drug or alcohol problems

People evicted from services:

- From other housing
- From disability services where they have challenged the service system

People involved with the criminal justice system:

- In trouble when they have not coped with the demands and responsibilities of living in the community

People from hospitals and institutions, who have no place to live or no supports:

- Hospital wards and respite beds
- Acute psychiatric hospitals
- Long stay psychiatric institutions
- Respite centres for people with intellectual disability

People with different life circumstances:

- In poverty
- With not much disposable income
- In protection schemes such as Public Trust, Adult Guardian
- Isolated with no family or significant connections to others
- Having lost valued roles in family, job, home, social networks
- From damaged relationships
- From abused lives
- On medication
- With no other housing options
- With no support
- Alone following death of parents

Supported accommodation is replacing the term hostel in some areas of government and human services. Originally the Commonwealth's *Disability Services Act 1986* used this label for services with the intent of supporting a person with disability to live in their own home. However, as it was also picked up and used as the description for group homes, it was quickly superseded. The term has now been resurrected to replace the term hostel, which now mainly refers to some aged care facilities. However both the community disability sector and the residents with disability who live in supported accommodation facilities still tend to refer to their place of residence as a hostel.

In this document, the term hostel is used to denote a private supported accommodation facility where more than 4 people with disability live and where they receive assistance additional to food and board. This could include support with medication, financial management, personal hygiene and grooming, or the monitoring of physical and mental health in collaboration with a case manager.

Although people have their own unique stories and come from a variety of backgrounds and lifestyles, a common thread is that most have been negatively labelled and, as a result of having no supports, they have been pushed to the margins of societal and community life, often because they have been unable to get supports.

1.4 Why vulnerable people with disability are living in hostels and boarding houses.

The stories that were told to QAI have highlighted a whole range of reasons why people with disability with high or complex support needs have been inappropriately placed in hostels and boarding houses. These statements collectively give a good understanding of the current situation.

In our first report, QAI asked the State Government to put a moratorium on placement of people with disability in hostels and boarding houses. This followed our gaining information about how government workers were actively placing people with disability when housing and supports were not available elsewhere.

what life is like

The Aged Care Assessment Team, Mental Health Workers, and Disability Services Queensland have all had initial involvement with a number of people living there. But, unfortunately, as time goes by they drop off their contact and do not stay long-term in people's lives. (Advocate)

When there are no supports this is where people get dropped off. (Hostel Worker)

Her stepmother who had been looking after her died at the age of 92 so she came to live here. (Hostel Worker)

People with disability come to live at this hostel because there is nowhere else to go. They arrive when family members die or cannot cope, or when agencies don't know where else they can go, or when the local hospital can no longer offer them a bed for respite. (Hostel Worker)

In the visitors book is a list of all the people from government departments who call to see the people they have placed there. (Advocate)

He is in his mid fifties. He was placed with 60 other residents, many of whom have complex support needs, when his mother died. (Advocate)

He lived in a nursing home until he had the opportunity to move out into a group home supported by a community agency. When supports broke down he became homeless and has moved from one inaccessible hostel or boarding house to another when he wears out his welcome. (Advocate)

Desperate families and workers who are seeking housing and supports for people with disability have been contacting the agency and asking about our knowledge and understanding of the state of housing and support options available in hostels. We would get about one enquiry a day. (Housing Agency Coordinator)

He has been in and out of the hostel system since he was 16. He is now in his forties. For all these years he has had no support. He goes into hospital when things get really bad, but then the next mental health worker will place him back in the next hostel and the cycle of no support will start again. (Sister of a Hostel Resident)

Our recommendation was also fuelled by the death of Lynette Deamon in a supported accommodation hostel in Ipswich in 1999. Following an inquiry into her death, the Coroner, Donna MacCallum, recommended that the government placement policy regarding people with disability be reviewed. She stated that the expectation for Disability Services Queensland should be that:

"*a person with a disability of whatever nature, and for whom the department is primarily responsible is placed in a residential facility suitable to their needs. This means that the facility is adequately staffed and equipped to properly service the needs of that resident."*

Deaths, inquiries and recommendations, and still no change to the lives of vulnerable people with disability.

It is now four years on from Ms Daemon's death, yet still no change is evident in State Government's policies or practices around placement of vulnerable people with disability in hostels and boarding houses. Since then several more people have died.

The Public Advocate, Ian Boardman, has also raised the same issue of inappropriate placement by government workers in hostels and boarding houses. In his Second Annual Report to Parliament in November 2002, he refers to these facilities as the 'drop off point' conveniently used by government for people with disability.

Mental Health Services and welfare agencies still routinely refer their clients to these residential facilities.

He also points out that Queensland has omitted the safeguard of an 'entry-screening tool' from the new legislation to reduce the likelihood of inappropriate placements.

Systemic change is required.

Regardless of changes that may be encouraged by reviewing placement or by registration and accreditation process, people associated with QAI believe that congregated living, behind closed doors and influenced by market forces of private enterprise, is not the appropriate home life for people with disability who have complex support needs. This form of living with minimal group-based supports leaves people extremely vulnerable and open to harmful institutional practices.

1.5 Background To Personal Stories

There are many stories to be told.

Over the years QAI has heard many stories about the lives of people with disability inappropriately placed in hostels and boarding houses. The State Government has often responded to these as isolated incidents, or at best has acknowledged that there may be the odd 'rogue' provider. With the new legislation in place, and the minimalist approach of the Disability Services Residential Support Program (the 5 site pilot Targeted Response Model), the feeling seemed to be that the odd 'rogue' provider would be closed down and that people with disability would have a good life with any complaints being able to be sorted out. All would be solved by the expectation of meeting standards by registration and accreditation. However, no matter how good the written intent, the negative, endemic effects of the culture of congregated, institutional living on people with disability with complex support needs will not be changed.

We wanted to know what life was like from people who know.

In September 2002, QAI sent out information and contacts through our networks with the hope of collecting a wider range of stories about the lives of people with disability living in hostels and boarding houses. We wanted to gain a better understanding of the scope of the issues we had been talking about in our advocacy efforts as well as how the new legislation would impact on people's lives. We were interested in documenting what life was really like from the perception of people who knew, and encouraged people to give information in confidence and without fear of reprisal.

We wanted to ensure that the State Government understands the importance of the decisions they are making.

We wanted people to tell their stories because we wanted to put the human face into the legislative reforms.

We wanted to portray the real situations of people's lives to give an appreciation of the gravity of the decisions that are being made by people in government, who have no contact and limited knowledge of what life is really like to live with disability in a supported accommodation hostel or boarding house.

The General Set Up:

- General Location
- Residents (how many people, age range, gender, labels, how many have high or complex support needs)
- Staff (how many, roles, routines, paid or unpaid, background and training)
- Physical Set Up (size, facilities, rooms, sharing, access, personal space)
- Daily Life (times, activities, routines)

About A Person With Disability With Complex Support Needs:

- Who They Are And Why They Are Living There (sex, general age, what led to finding, placement or referral to live there, how long ago, if they have lived in other similar facilities)
- Personal And Social Consequences Of Living There (how they view their life, how they feel about living there, their sense of this as home, privacy)
- Safety Of The Person And Their Possessions (any suspected physical, sexual or emotional abuse, violence amongst others, theft or damage of property)
- Tenancy Arrangement (tenancy agreement, cost of board and lodgings, any expenses, discounts, bond, security of tenure)
- Support Available (practical or personal supports to the person, meals, money, medication, decision making, how these fit with person's needs)
- Rules (expected conduct, consequences, punishments or behaviour management, how these apply to the person)
- Services (health, mental health, community or disability services including personnel who have knowledge of, or contact with, the person)
- Concerned Contacts (family, friends, advocates or other people concerned about the welfare of the person)
- Financial Management (how money is handled, managed or controlled, additional expenses, cash in hand, public trust or Centrelink agreements)
- Information (what people are told about conditions of living there, benefits, health info, rights and handling grievances).

About Breaches Of Rights And Policies:

- Breaches Of Rights (any ways the person's rights are being violated)
- Breaches Of Government Policy (any ways government policy is being ignored – safety, care, wellbeing, housing, health, mental health, Disability Services Act 1992 principles and objectives)

About A Positive Future

- What would make a real difference to the person's life

Other Information

- Other things that may be of interest.

1.6 Information Sought

In order to understand what life is like, we were interested in finding out about the general set up and facilities that the hostel or boarding house had, and how this impacted on the lives of individuals who had complex support needs who were inappropriately placed there. We were also interested in understanding how human rights and government regulations and policy were being breached in everyday life. We began by following up on file notes from phone calls to QAI and held discussions with people we knew who were involved in the lives of people with disability who lived in hostels and boarding houses.

To gather further detailed information, we developed a set of questions to be sent out to wider networks to guide our inquiry. The adjoining headings helped to give the information we sought.

Gaining information about people living in private residential services is a difficult process. Many hostels and boarding houses are not widely known about and even if they are, QAI has no right of entry to gain information about people with disability who live within their confines. Therefore the process of collecting information had to be discreet, to ensure that no further harm came to any of the people who were involved in giving information.

The adjoining information gives a profile of the data we collected.

The stories used throughout this document are told by people living in supported accommodation hostels and boarding houses, family members, formal and informal advocates, concerned hostel workers and ex-workers, community agency workers and providers, project workers, collectives, government workers and concerned local citizens. Sometimes several people have told stories about different people in the same supported accommodation hostel.

Because QAI's contacts and stories come from our personal networks of concerned people, enabling the real lives of people with disability to be exposed, a flawed assumption might be made that these stories are biased and not able to be validated. We strongly disagree with this stance. Care should be taken not to dismiss any of these stories as purely subjective. Every one is valid in itself, as it is the unique story relating to a person's real life experience. We believe these stories to be true, as similarities between many of the stories kept recurring. They portray issues that are also remarkably similar to other studies that have been done on institutional life throughout the world.

Also it might be argued that a few of these stories might only relate to one or two individuals who live in a so-called 'good' hostel. (Usually this criticism, we have found, means that the place looks reasonable and that the owner or operator can speak the accepted rhetoric.) Again we would question this perception as the stories usually highlight poor practices that have not been addressed (such as questionable use of resident's money or alleged rape) and have their basis in much deeper negative attitudes and values about people with disability. In addition they are usually being played out in facilities that house large numbers of people with complex needs with very little available support.

A more realistic assumption might be that our evidence is merely the tip of the iceberg, and that many other residences could be operating in similar appaling ways. We would argue that such stories are endemic to poorly supported institutional life and that people with disability with complex support needs should not be living there.

Over these last few months QAI has been told stories about people with disability with complex support needs living in 38 different hostels or boarding houses, the great majority being from hostels that provide supported accommodation.

All the stories come from facilities that wuld be expected to be registered at Level 3 under the *Residential Services (Accreditation) Act 2002.*

Collectively these 38 facilities house around 1,000 people.

Information has been about the lives of people with disability living in the Greater Brisbane Area, Ipswich, Toowoomba, Gold Coast, Sunshine Coast and North Queensland.

SECTION 2 REAL LIVES IN THE LIGHT OF LEGISLATION

This section tells the real life stories of people with disability inappropriately placed in hostels and boarding houses.

The people in the stories, and the people who have told the stories on their behalf, have not been identified, nor have the 38 hostels and boarding houses. This has been a deliberate strategy to protect our sources so that there is no retribution, especially for the residents who live there.

All the stories have been told in good faith in the hope that better lives will be achieved for people with disability inappropriately placed in hostels and boarding houses.

People's stories are set in the context of the new *Residential Services (Accreditation) Act and Regulations, 2002,* and the Industry Standards and Indicators, which have been devised for the accreditation process. The framework for accreditation is as follows:

LEVEL 1
ACCREDITATION DECISION – ACCOMMODATION SERVICES

1A MEETING RESIDENTS' NEEDS AND RIGHTS
The Extent To Which The Service Provider Recognises And Observes The Needs and Rights Of Each Resident

1A1 Privacy And Confidentiality
1A2 Agreement For Residency
1A3 Keeping Of Records About Residents
1A4 Prevention Of Abuse And Neglect
1A5 Grievance Mechanism
1A6 Management Of Residents With Complex Or Difficult Behaviour
1A7 Access To External Providers Of Professional Services
1A8 Entitlement Of Residents To Independence And Freedom Of Choice

1B BUILDINGS AND AMENITIES
The Standard Of The Registered Premises And Facilities In The Registered Premises

1B1 Kitchens
1B2 Laundries
1B3 Common Rooms And Areas
1B4 Bedrooms
1B5 Bathrooms And Toilets
1B6 Passages And Stairways
1B7 Rubbish Removal
1B8 Cleanliness And Good Repair
1B9 Inventory And Equipment
1B10 Security And Other Emergencies

1C MANAGEMENT AND STAFFING
The Way The Service Is Managed And Otherwise Conducted By Staff Of The Service

1C1 Business Practices
1C2 Workplace Health And Safety
1C3 Human Resource Management
1C4 Staff Training

LEVEL 2
ACCREDITATION DECISION – FOOD SERVICES

2A The Quantity, Quality, Variety And Nutritional Value Of The Food Provided

2A1 Food And Nutrition

2.B The Preparation, Delivery, Service And Storage Of The Food

2B1 Kitchens
2B2 Food Delivery And Storage
2B3 Food Preparation
2B4 Food Serving
2B5 Dining Rooms
2B6 Prescribed Records

LEVEL 3
ACCREDITATION DECISION – PERSONAL CARE SERVICES

The extent to which the service provider provides the personal care service in a way that meets the individual needs of the residents to whom the service is provided, protects their interests and maintains and enhances their quality of life generally

3.1 Access To Externally Provided Support Services
3.2 Financial And Clerical Support
3.3 Medication Management
3.4 Health Care
3.5 Clothing
3.6 Hygiene Management
3.7 Living Environment
3.8 Leisure Interests
3.9 Preservation Of Social Networks
3.10 Choice And Decision Making

All the people with disability referred to in these stories have complex support needs and have been inappropriately placed in hostels and boarding houses.

They require personalised supports to live their lives and alternative housing.

In spite of the expectations that the facilities where they live will be accredited at Level 3 for Personal Care Services, such minimal supports are not enough to enable a decent life, as these stories attest.

what life is like

Breaches of privacy include no curtains on the windows, no privacy when sharing rooms, no locks on shower doors, people walking down the hallway to the showers with no clothes on, abuse of residents about incontinence in front of others and nowhere to attend to medical dressings or any other matter in private. (Hostel Worker)

Both males and females share the bathroom at the same time, without any worry about privacy. (Community Nurse)

We always go out, as there is no privacy at the hostel to meet and discuss any issues. (Advocate)

People have their abilities laid bare in front of others and patient care or other confidential matters are exposed to all. The owners verbally abuse residents in front of others. (Hostel Worker)

The dominant values about people with disability are very negative. Residents are treated like little children and in a demeaning manner. (Advocate)

Residents' life at the hostel can be described as having, no privacy, no choices in everyday life, no personal possessions, no access to family or friends, no meaningful activity, no access to money, no individuality, no access to kitchen or cooking, no involvement in neighbourhood or community life and no dignity or sense of personhood. (Advocate)

They have no privacy, as the neighbours can see straight into the bedrooms. (Hostel Worker)

No record is kept of valuable items or of any possessions that residents bring to the hostel. They vanish. (Hostel Worker)

Many things have been stolen; his clothing, his bed covers and other possessions. (Advocate)

Her mum brings her things like shampoo and other toiletries but they disappear the next day. (Advocate)

The owner continually refers to all the residents as kids. (Advocate)

LEVEL 1 ACCREDITATION DECISION – ACCOMMODATION SERVICES

1A MEETING RESIDENTS' NEEDS AND RIGHTS

The Extent To Which The Service Provider Recognises And Observes The Needs and Rights Of Each Resident

1A1 PRIVACY AND CONFIDENTIALITY

- Each resident's right to privacy, dignity and confidentiality in all aspects of the resident's life is recognised and respected by the service provider, each associate of the service provider and all staff of the residential service.

The indicators for this standard cover a varied mixture of physical and personal privacy, safety of personal possessions, a place to speak privately, confidentiality of information and physical access.

The adjoining stories highlight systematic ways that people's privacy and dignity are being violated, reducing their self-respect and personhood. The expectation of the Standards Indicators is that tangible changes can be made to a situation by putting doors on toilets and showers and curtains on windows, keeping personal information private, providing a private place for people who visit and getting rid of steps for physical access. However, these changes become mere window dressing to hide the much more fundamental problem of poor attitudes and values of some owners, operators and staff about the people they support. Privacy and confidentiality are predominantly attitudinal aspects that affect people's dignity. Although having some physical expression, they are more about whether or not people are perceived and treated as worthy human beings. Such attitudes and values are extremely difficult to implement or maintain when large numbers of people who need support are living together, as happens in hostels and boarding houses.

When questionable attitudes, profit motive and congregation are in combination, depersonalising routines and supervisory processes typically take over the patterns of daily life. Physical changes to address privacy will make little difference. Vulnerable people who live in these depersonalising situations will be seen to lose their humanness and individuality regardless, and will remain open to degradation and abuse. People with disability who have complex support needs will be particularly at risk, if privacy and confidentiality are then used inappropriately, and to their further detriment, as the excuse for not having access to information or to people who can protect them.

1A2 AGREEMENT FOR RESIDENCY

- The service provider gives information to residents, prospective residents, or representatives of residents or prospective residents, about the type of accommodation and services available.
- The service provider uses an individual resident agreement for each resident.

The indicators for this standard cover written agreements for tenancy, services, conditions and rules of residency, proper records of transactions and assistance with procedures.

Not all hostels and boarding houses currently have residency agreements. Yet even if agreements do exist, they can expand way beyond their tenancy purview to include support and much expanded house rules that govern ordinary behaviour in everyday life. Some residents, especially people with disability who have complex support needs, who sign such agreements may have trouble understanding the contents and may not appreciate the implications of signing something that could just as easily take away as preserve their rights. This is of real issue for people with disability who are inappropriately placed, who are often without the support of family or others who take an interest in them. Yet these people, who do not have options for housing and supports elsewhere, are the very ones who are highly likely to sign regardless, so they can at least have a roof over their heads. After all, something is better than nothing.

Much confusion still remains about what should be in a residency agreement, as distinct from a tenancy agreement, a service agreement, or a code of conduct. Some owners or operators are only too happy to get a signature to a broader agreement that clearly states that they can evict a person if they do certain things, or, as in the story above, if they do not remain tractable. The irony of signing these sorts of agreements is that the whole nature of 'being of service' can be negated. Many people with disability would not be living in hostels if they did not have support needs that might at times bring challenges to the service provider. In fact they are living there because it is the support of others when they are challenging that they need in order to live a reasonable life.

QAI argued in its first report, that tenancy and support should be quite distinct from one another and be controlled by separate entities so that a person's housing is not dependent upon the nature of the support that the person needs, nor that they are captive to a system that controls all aspects of their life. This does not happen in supported accommodation.

what life is like

The manager says he doesn't bother with giving people written agreements or receipts because the people can't read them anyway. (Community Agency Worker)

Even though there is a general agreement, the residents are not informed about what it says. They are not helped to understand what they are signing or the implications. (Advocate)

Residents have no form of tenancy or other agreement and have even been taken off the electoral role by the manager. (Advocate)

Residents have little understanding of their rights and no knowledge of what might be required or expected under the new legislation. (Advocate)

The rules for living at the hostel are not written anywhere and are quite arbitrary. There are different expectations for different people and these can change on the whim of the manager and staff. (Advocate)

He went away for three weeks. It was all arranged with the manager. He continued paying board and lodgings. When he returned he found his room had been sublet. (Advocate)

what life is like

He signed a six-month agreement and not long after he got other housing and left the hostel. They continued to take out board and lodgings from his account and he was told that he must continue to pay. (Community Agency Worker)

He had signed an agreement saying that he would be 'good'. He was told he had broken the agreement, so the owner arranged for him to be moved to another hostel. (Community Agency Worker)

Residents are not aware that they should have some sort of agreement about what they pay for to live there. (Advocate)

The manager has an agreement but refuses to do any personal care, so that means that people go without any support when she is on duty. (Hostel Worker)

Having both one's housing and support tied together makes people very vulnerable as a fallout in daily life usually results in the loss of housing as well as supports. Although we would agree that all people need security of tenure in their living arrangements, tenancy agreements should remain just that and not require people to agree to things that go well beyond reasonable tenancy expectations. Hence service agreements and internal rules and codes of conduct should not be part of any housing agreement. This still remains a major issue when housing and daily life remain under the control of the same authority.

In spite of residency agreements being law, some owners, perhaps through naivety, think that agreements are unnecessary or are token because many people with disability living in these facilities cannot read and write and may not understand the content and implications of such documents. However this does not mean that decent tenancy agreements should not exist and that people who have limited literacy skills or limited comprehension cannot be party to them. However they do have to be understood and agreed to either by the person or by a person acting on their behalf. Care needs to be taken that the person with whom the agreement is made is not the one who explains the contract, otherwise the person's vulnerability can be exploited.

For any agreement, people need to give their informed consent. The Public Trustee or the Adult Guardian may have these roles in certain situations when people with disability have been judged as having impaired decision making capacity. However they do not necessarily know about or support all people who have impaired capacity, unless they are known, or it is brought to their attention and the person is deemed eligible to have their support. This raises the question as to how people who need this support will come to the notice of these protection agencies and whether or not they have the capacity to intervene on the person's behalf immediately, given the process that is required for determination of decision making capacity. Clarification would need to happen about the ability to be available concerning decision making given their non-involvement in daily life.

Tenancy and other forms of agreement are important, but in congregated care situations where life, housing and support are controlled by the one authority and revolve around very atypical routines and behavioural expectations, people with complex support needs are likely to remain at risk, especially if they are seen to be challenging to the establishment. People with disability who have impaired decision making capacity become even more at risk as advocates and government protection agencies are reliant on identification by others and have little capacity to see and understand what happens on a day to day basis.

1A3 KEEPING OF RECORDS ABOUT RESIDENTS

- The service provider ensures that a register of residents is maintained containing, for each resident, relevant information reflecting the type of residential service and the resident's needs.

The indicators for this standard cover resident records for use in emergency. (In addition they are concerned with cultural and religious needs, medical contact details, dietary requirements, medication and supports required to live daily life, which are considered in detail later in part 3 of this section.)

The following stories highlight concerns about keeping proper records when large numbers of people live together. This situation is particularly problematic when there are no or few staff on duty, or when staff do not have access to proper information to deal with emergencies, safety or the support requirements of the person.

Even when records direct how people are to be assisted when people are not known, or when staff numbers are insufficient for their support, people with complex support needs remain at risk of harm and possible death.

what life is like

No documentation is kept on any area of care, even about accidents. (Hostel Worker)

No files were kept on resident's health problems. (Hostel Worker)

Medical details about residents were noted in an exercise book. (Hostel Worker)

The following, from a concerned citizen, is a transcript of a conversation between a fire safety officer and an unpaid next door neighbour of a hostel, who was the only person seen to be 'on duty' during a visit by the Department of Emergency Services to assess the fire safety of a supported accommodation hostel.

Fire Officer ***Do you know how many residents are here?***

Neighbour *At the moment, according to the latest slips?*

Fire Officer ***Alright. Take your time.***

Neighbour *He's just moved in here so...*

Fire Officer ***He's* (the manager) *got a list of the residents?***

Neighbour *Well yeah. I'm not sure if it is up to date. I know he's got an up to date list somewhere but I don't know where it is at the moment… Can't find it.*

Fire Officer ***Just that previous list you've got …***
There's what, 44 people on that list?

Neighbour *That's the* (date 4 months prior)...
There's been 1,2,3,4,5, we've had about 6 move out and then three move in, so roughly 44….

Fire Officer ***A guess?***

Neighbour *Yeah a guess, so you can't say…*

Fire Officer ***…How many have some sort of mental or physical problem?***

Neighbour *I don't think I can answer that…*

Fire Officer ***You're unaware, or you don't want to make…***

Neighbour *I don't wanna make a statement on that cos that's not my call. That's the manager's call…. I've most likely given you more information than I should have anyhow.*

Fire Officer ***We are just here to check the fire safety system…***
The numbers of residents are reasonably important in terms of what we are looking at.

Gross Neglect:

He has multiple disabilities and usually lives with his parents. He went to stay in a hostel for a couple of weeks while his parents were away. When they returned he was close to death. He had kidney failure caused by dehydration. (Advocate)

His walking is greatly affected and he has developed fungal infections from wearing wet socks encased in shoes all day. He has developed ulceration on his leg, which remains untreated. (Hostel Worker)

The body lay decomposing for up to a week but other residents and on-site accommodation managers failed to notice. Such was the state of decomposition of the body during Queensland's early December heatwave, the woman needed to be identified through dental records, a police spokeswoman said. (Sunday Mail, 29/12/02)

He wears built up shoes to assist with walking. His shoes are broken, the build ups are severely worn down, the soles have worn through to large gaping holes and he has no way of doing them up any more. (Hostel Worker)

Even the manager could not get very basic health and safety issues addressed by the owner. She was so concerned she contacted the advocacy organisation to try to get some things fixed. (Advocate)

1A4 PREVENTION OF ABUSE AND NEGLECT

- The service provider recognises and implements policies and procedures on the right to live in an environment free of verbal, emotional, sexual or physical abuse or neglect.
- The service provider or an associate of the service provider acts to uphold the legal and human rights of residents.

The indicators for this standard cover prevention of abuse and protection from others, lawful and ethical action and proper procedures for dealing with abuse, neglect and all forms of restraint.

Many stories that were told to QAI about life in hostels and boarding houses involved some form of abuse or neglect. Many other stories have also had coverage in the local media with little impact in relation to change in people's lives.

Not only are there many examples of different forms of abuse and neglect, but also of how owners and operators were either oblivious to their happening, or turned a blind eye, pretending incidents had not occurred. The examples of abuse here highlight perpetration by other residents, staff and people external to the hostel or boarding house. In some instances owners or operators were the perpetrators of the abuse or neglect themselves, making victims even more powerless. In these situations some staff also found that they were not treated justly with one worker describing a hostel as *controlled by fear*.

As all research concludes, in institutional settings abuse and neglect become condoned as the norm. Staff become desensitised to the awful treatment of people they are there to support, as they are socialised quickly into a very different value system about the worth of the individuals who live there. Residents also buy into these attitudes and values as their life becomes more degraded.

When vulnerable people with disability are congregated together with minimal assistance, the likelihood of abuse and neglect is maximised, particularly when people have complex support needs and are seen as challenging to others. Many hostels and boarding houses could be described as having a culture of abuse where people are not valued and there is minimal scrutiny of others. Here they are likely to be denied decent or just treatment and are at high risk of abuse and neglect as their life becomes dehumanised.

Gross Neglect:

My mother went to visit my brother who was living in an inner-city hostel. When she arrived she found him undressed, lying in urine in a comatose state on his bed. He had obviously been in that situation for a long time. No one knew he was there or had bothered to check. Thank goodness she found him. (Sister of Hostel Resident)

Violence and Abuse:

Violence was commonplace. Some residents were subjected to cigarette burns of questionable origin. (Hostel Worker)

Residents have reported they do not feel safe living there. They describe the manager as intimidating and having a temper, which can result in physical abuse. (Hostel Worker)

He has experienced significant sexual exploitation and violence in his past and needs others to look out for him. He is not safe when he is isolated. Violence is common between many of the residents. People are evicted regularly and he copes by being at the hostel only for meals, medication and sleeping. (Community Agency Worker)

Residents are threatened all the time and when there are altercations the caretaker stays in his room and hides until everything is over. (Boarding House Resident)

The owner's son always yells and swears at everyone and tells us to piss off and go to our rooms. (Hostel Resident)

Sexual Assault:

She was living at a hostel when she claimed another resident raped her. She was subsequently moved to another hostel. Her life did not get any better here. She claimed the owner of the hostel raped her, three times. She went to the police who did not attend to the matter immediately. However when an external worker became involved and taped an interview with her, the hostel owner was charged. (Community Agency Worker)

He says another resident touches him sexually when he is in the shower and he doesn't like this happening. No one has followed it up when he complained. (Community Agency Worker)

In some situations the service provider acts as a police informant so there is a very pally relationship with certain police. This then means that when serious incidents happen, which reflect on the staff of the hostel, nothing is done. A good example of this was when a rape case was not followed up. (Community Agency Worker)

Drug dealing:

Dope smoking and other drug use were commonplace, causing real problems for those who were not involved. The landlord turned a blind eye to all this activity, as well as to the many drug dealers who hung around to prey on vulnerable residents and their money. This put others at risk as well, especially people with psychiatric disability who had just been discharged from hospital. (Hostel Resident)

When a new resident arrived, she was asked to hide drugs under her bed, and when she refused she was threatened with a knife. (Advocate)

People lie about on the verandahs with needles in their arms. (Boarding House Resident)

A drug addict sold another resident's bike to get money for drugs. (Boarding House Resident)

People and their possessions and cash were not safe at the hostel. Residents stole from one another for money to buy from the dealers. Nothing was ever done about the situation. Police were never contacted about the drugs or the dealers and theft was never dealt with. (Hostel Resident)

Allegations of rape were not investigated properly. (Hostel Worker)

There seemed to be concern that the landlord might lose income if any complaints were made about residents using or dealing drugs, or if people were asked to leave, or if any offences were shown to be committed on site. He only seemed worried that the reputation of the hostel would be at risk, especially as it promoted itself as being a drug free residence. (Hostel Resident)

Making a complaint only makes the residents more vulnerable. I always have to be very careful about what I do or what I say otherwise there is a backlash. (Advocate)

People are always making complaints about loss of belongings. There are no private or safe places to keep anything so that they get stolen. Nothing happens though when complaints are made. (Advocate)

1A5 GRIEVANCE MECHANISM

- Residents and representatives of residents, including advocates, are free to raise and have resolved with the service provider, an associate of the service provider or an external agency, including the Residential Tenancies Authority, any complaint or dispute they may have about the residential service without fear of retaliation.

The indicators for this standard cover having access to proper internal and external complaints mechanisms and appealing decisions.

Making a complaint is always problematic when done in the context of limited options and choices about where one lives. Even when good written processes exist about how complaints will be handled, the ability to make a complaint or take up issues with the person who controls support and housing can be very problematic. There is the worry about retribution, which can take many forms from loss of relationships, to loss of support, to loss of housing. At times a complaint can also lead to further abuse or neglect.

Using a grievance mechanism is difficult when the complaint is about someone in a position of authority, such as a staff member or the manager or owner of the hostel or boarding house. It is even more difficult when the person who is making the complaint is socially isolated and has no support of others to back them up to take action against the person or the system. If the incident happened between two residents, then it is not likely to rate undue concern.

A further difficulty arises when the person who makes the complaint is the victim of abuse or neglect and has an intellectual disability, an acquired brain injury or a psychiatric disability and is seen to be less competent than others. In relation to complaints about abuse, the usual due process is often ignored because of the person's devalued status and the prevailing attitude that they are not worth better treatment anyway. This is fuelled by the perception that they are an unreliable witness. The result can be that no ethical duty of care is considered, complaints are not followed up, crimes are not brought to the attention of the appropriate authorities and justice is not done, with the victim continuing to be wounded further by people's non-belief in them or their story about what has happened.

This situation is particularly prevalent in relation to sexual abuse and is documented widely in all forms of institutional living. In relation to neglect, the excuse of 'it was the person's choice' is often used as a defence for complaints about people living in squalid and unhealthy conditions, again negating any duty of care of support providers. In some situations the neglectful situation has been shown to continue even long after death with people making excuses as to why they hadn't even missed the person.

As independent advocates do not have automatic access to private establishments and usually only find out about the concerns of individuals through their networks, they only hear about abuses well after the events. They can make a very significant difference, but interestingly, this usually is not through a grievance process, but rather in relation to the person's fundamental need of eventual removal from the facility to a new home where they can begin to reclaim a decent life.

The flawed assumption of the legislation and its mechanisms of protection and complaint is that rights will be upheld because there are written policies and procedures that say they will be. The hard reality falls far short, confirming that people with disability who have complex support needs and who have been inappropriately placed can live and can also die with their rights in place, but not upheld.

Grievance mechanisms are important to deal with everyday complaints. However for complaints to be effective they must operate in the context of an open culture of responsiveness to people's concerns. Individual complaints mechanisms cannot deal with systemic abuse and wasted lives. Therefore within closed institutional systems found in many private supported accommodation hostels and boarding houses, making complaints can increase the vulnerability of people. This is especially so when the complaint is against someone in authority who controls their well being, and when the issue is endemic in that particular living situation.

what life is like

Following a residents report that she was 'hit and hit' by the manager during her bath time, and with her having subsequent bruising, a worker took her to a community doctor where she was advised to call the police, which she did. Because the resident had an intellectual disability, the complaint was not proceeded with and the worker was sacked several days later. Two other workers also resigned at the same time because they were so concerned. (Advocate)

People with challenging behaviour are moved around from hostel to hostel until they enter the prison system or a psychiatric ward.
(Community Agency Worker)

His life is focused on moving from hostel to hostel. When he was living at the last one he was evicted and lived on the street until he was picked up by the police and taken to his current address – at yet another hostel.
(Community Agency Worker)

The pattern has been the same for 20 years. He had a brain injury in childhood and as a young adult he went to live in a hostel. Since then has lived in every hostel in South East Queensland because he gets thrown out when they cannot cope with his behaviour. Now he has gone missing. No one knows where he is. We are so worried about him.
(Parent of a Hostel Resident)

The owner took him to the doctor and told the doctor to put him on a libido-suppressing drug.
(Community Agency Worker)

1A6 MANAGEMENT OF RESIDENTS WITH COMPLEX OR DIFFICULT BEHAVIOUR

- Needs of residents with complex or difficult behaviour are managed effectively in a way that is respectful of their dignity.

The indicators for this standard cover response to disruption of others, documentation of incidents, and notification of professional help.

The very nature of many hostels and boarding houses is that they have attracted people who have been seen as challenging to others. As described earlier in this report, many people with disability have not been able to gain or keep supports elsewhere, so they have resorted to living in hostels and boarding houses as they provide housing as well as some modicum of support. Because of the lack of housing and appropriate supports elsewhere, the irrational assumption has remained that this is where these people belong. Yet if one person were considered too challenging and therefore needing support, why would many people living together be any less challenging or need any less support?

In fact, common sense, backed by experience and research, shows that the problems of people who are challenging are greatly exacerbated when they are congregated together. In such situations challenging behaviour escalates and controls become greater as people try to find ways to deal with the behaviours that cause concern. Common negative ways are to become restrictive of the persons choices, to restrain them physically or chemically, or to move people on as confirmed by the adjoining stories. Such controls make vulnerable people more vulnerable and do not necessarily deal with the issues at hand.

Sometimes behaviour that is mislabelled as challenging is also evoked when rules, daily routines or orders are questioned or when a complaint is made. The person gets labelled in this way because they have questioned the status quo, and as a result may find that their life has become more restrictive.

Because people who have challenging behaviour are often aggravated when they are congregated together, the solution is to not to keep putting them together but rather to find alternative ways that enable them to be less challenging and to have their particular needs met. By remaining together they raise other's vulnerability as well as their own and are likely to become restrained, medicated or removed. The result is usually homelessness or being taken to a more restrictive facility, often in long-term psychiatric care or in the criminal justice system.

Residents are punished if they do anything untoward, being forced to sit alone on a chair in the backyard. Yet if the manager yells at someone or speaks derogatorily about them, this is seen as totally acceptable behaviour. (Advocate)

Residents who were 'out of favour' were transferred downstairs where they were given limited access to other parts of the hostel, eg banned from the TV room. (Hostel Worker)

He came to work grumpy one day and said that the owner would not allow him to go to the finals of his weekly bowls tournament, because he had been grounded. (Community Agency Worker)

The manager is judge and jury on any issue and metres out punishment and controls as she sees fit. These are quite over the top for ordinary incidents, which are made worse by large group living. (Advocate)

People are kept in line by bullying and yelling, and getting into trouble if things don't go to workers' plans. (Advocate)

She was described as a quiet, calm woman, having lived at home for over 40 years. She did not like hostel life and wanted to leave because of the violence there. One day she became very agitated about what was happening to her and punched the hostel owner in the stomach. She was moved to another hostel on the other side of town. Now she has been moved again. She was put in a taxi without any belongings and sent to another hostel. (Advocate)

They had been yelling at one another and to our surprise, the owner pushed him down a flight of stairs. He was hurt but she wouldn't take him to the doctor. (Hostel Worker)

She said that the owner took her kettle away for a month because she had wet the bed at night. This was to stop her drinking before bedtime. This happened well over a month ago and she still has not got it back. (Advocate)

A resident was caught stealing $10 from petty cash and he was not allowed to go out of the hostel and was only allowed out of his room for meals. He was banned from going to church and ten pin bowling for around ten weeks, yet the manager continued to take out the usual amount of money for these outings from his account. (Hostel Worker)

He has connections with a worker from Disability Services Queensland who intervenes only when he becomes homeless or when the police are called in. (Community Agency Worker)

When there is a vacancy at the hostel, the owner just rings up the psychiatric unit and they send someone out to fill it. (Community Agency Worker)

There are no mental health workers who have contact with the hostel, which is surprising given that most of the residents have a psychiatric disability. (Advocate)

Perhaps of greatest concern is the lack of action to address the awful situation of people who live here by external people in the know — doctors, placement officers, case managers, day service staff, police, protective service staff and other government agencies and departments that ignore all the evidence. (Advocate)

1A7 ACCESS TO EXTERNAL PROVIDERS OF PROFESSIONAL SERVICES

- Residents have full access to professional case workers or other providers of services from a health, disability or welfare agency or other relevant professional service.
- Residents who have asked for help from an advocate have full access to the advocate by way of visits to or from the advocate.

The indicators for this standard cover resident's right of access to outside professional help, familiarity with procedures to ensure that they gain access, as well as access to independent advocacy.

As discussed earlier, external professional service providers, especially those with case management roles in the State's Disability and Health Services, are often the people who have found the living arrangements for residents and have negotiated what can only be described as 'placements'. This term is a very antiquated one that has not been used for decades in relation to the support of people with disability. Yet the function of these workers is to place a person in a facility, akin to the institutional placements of mid last century. It seems like once a roof is over the person's head they are seen to be 'done', and the worker then moves on to the next person and the next crisis that needs to be dealt with.

This situation happens because supports that enable a person to live their life cannot be found elsewhere. As the list of people with disability who have unmet need is so high in Queensland, the person is unlikely to be able to gain supports at short notice, even though they may be considered very high priority. Lack of any supports usually means they are or will become homeless unless a bed can be found. Yet the irony remains that as soon as the person has a roof over their head, be it extremely inappropriate or not, they lose their priority status for support and are therefore likely to remain in that same situation without further opportunity to change their residence because the supports will not be available to them, unless this is via movement from one hostel to another within the sector.

Professional staff are well aware of this difficulty, being caught in a Catch 22 situation. They have a duty of care to find the person a place to live where they have some support, hence a hostel and boarding house placement, which is the only option available. Yet because the worker is caught in the systemic circle of crisis management, they are unable to deal with the difficulties that a person is likely to face there. They are unable to keep them safe and are unable to move them into better housing because the supports to maintain a decent lifestyle are not forthcoming. Neither Disability Services Queensland nor Housing Queensland has any priority to seek out or allocate funding to people with disability who are living in hostels and boarding houses who need to move out because they are inappropriately placed there.

Unlike some others with disability who have the advantage of an ordinary home life and personalised supports to be part of community life, little consideration is ever given to meeting the residents' needs beyond a physical and safety subsistence level, which in many instances is also inadequately done. Consideration is not given to acceptance, being truly wanted and respected, social participation and contribution, ordinary experiences and valued roles, stability, security and protection, or the suitability of the home environment.

Planning for a sustainable future, with an aim to move the person to another living situation where they have a decent life and appropriate supports, is therefore not on the agenda. After settling into the facility, the contact with external workers often diminishes, unless the person has some crisis situation which warrants further contact or placement in the hostel and boarding house sector elsewhere. However in some hostels and boarding houses the crises for people with disability who live there are ongoing. In one hostel an advocate reported that *the signing-in book read like a list of who's who of government workers.*

The way the State has now responded to this systemic difficulty is to fund a few small service responses via community agencies. The Resident Support Program (the renamed 5 site pilot Targeted Response Model) is seen by government to be a mechanism for increasing the quality of life of the residents who live in the relatively few hostels and boarding houses that are targeted. Although this program has some admirable goals, the model still begins with the premise that hostels and boarding houses are the right home environments to congregate people with disability with complex support needs.

what life is like

They may have spasmodic visits from Disability Services Queensland, Mental Health or Community Health staff but these visits usually fade away after while. (Community Agency Worker)

There is high resistance to having an advocate visit the hostel and I have to be very careful that the person gets no retribution following my visit. (Advocate)

He has had a parade of case managers in his life who continue to move him on. They have added to his problems rather than taking a role where they try to make some positive changes in his life. (Community Agency Worker)

Unfortunately the Disability Services Queensland worker has said that they cannot offer any alternatives to this terrible living arrangement where he is without proper supports. They have said that the main aim is to maintain his behaviour in this environment.
(Advocate)

We believe this supposition is incorrect as it locks people with disability into an institutional life and merely tinkers around the edges by providing some service contacts external to the facility. This will, at best, improve the subsistence level and provide some programmed activity for residents, not unlike the government institutions of yesteryear.

Although formal and informal advocates have had much to do with the hostel and boarding house scene in Queensland for many years, individual advocacy can only deal with the issues and solutions for one person. Such involvement can heighten the likelihood of harm to the person if the situation is not handled well. When the problems of abuse, neglect and wasted lives are endemic to the system, the approach is to continue to monitor the living situation to try to ensure that the person is safe, but the ultimate goal is to get the person out with adequate supports to enable a decent life elsewhere. However as soon as one vulnerable person moves out, another is placed in their wake. When the overriding issues are the same for all residents, the vulnerability of one can often mean vulnerability of all, when so many people with disability are living together in environments where their well being remains at risk.

Having the involvement of external professional service providers will not change the inescapable pathway to and confinement in, privatised institutional care. These are systemic issues of inappropriate responses and of congregated living and cannot be adequately addressed. Professional workers, including those in government roles, find themselves dealing with a system that makes them share complicity for the harm and abuse. The role of advocacy also has a limited effect on internal change, and as a result, the focus is on monitoring the system to ensure that people are safe, but with the ultimate aim of getting people out with enough supports to live a reasonable life.

1A8 ENTITLEMENT OF RESIDENTS TO INDEPENDENCE AND FREEDOM OF CHOICE

- Each resident's right of independence and freedom of choice is recognised and respected, if the right does not unreasonably infringe on the rights of other residents.

The indicators for this standard cover resident's rights to pursue friendships, religion of choice, cultural customs, activities of choice, and entry and exit of premises.

When large numbers of people live together, the choices in daily life are always affected. Living in a hostel or boarding house, sometimes with as many as 80 others, does restrict opportunities and choices in daily life and can sever the connections with the outside world even further. A resident's options and choices will be constrained both on a macro level, in relation to where they live and who they live with, and on a micro level, in relation to daily routines like what they eat or when they go to bed. Residents end up having very few real alternatives in life from which definitive choices can be made. Unfortunately this is the reality of congregated living arrangements. By legislating otherwise, the fundamental nature of institutional life will not change.

Many people with disability, especially those who live in supported accommodation, also have very limited lifestyles outside the residence. When they have complex support needs, their life can be become very inward looking with few opportunities to have the typical involvements with the outside world. This can be for many and varied reasons including social isolation, lack of ability to initiate new ventures alone, having no disposable income following payment of board and lodgings, being seen as socially undesirable, or seen as needing controlled routines.

Although the Community Linking component of the Resident Support Program attempts to widen the experience of life with a small number of residents living in hostels and boarding houses, independence and choice may not necessarily be on the agenda. Such programs can become a form of community tourism whereby people are bussed around the community, going to public venues, but rarely making connections or developing relationships of any substance. Unless supports with people are personalised, life may only gain a few grouped activities presented in a way that gives the phoney choice of 'do you want to go or not?'

what life is like

All their personal property goes into a communal holding for everyone to use. From here it is difficult to reclaim as it is often missing. (Advocate)

Residents must always be in bed by 8.30 pm each night. (Hostel Worker)

The only connection he had to the outside world was going to church and that was taken away from him any time he was seen as being 'naughty'. (Hostel Worker)

The front door is always locked and the side gate is unable to be opened, so residents must always find the staff member to ask to open the door to go out or in. (Advocate)

The manager has life and death control over people. She rules supreme and if residents do things she does not approve of, they get condemned or evicted. (Hostel Worker)

She came home from the sheltered workshop one day and all her possessions had been moved out to another hostel. (Advocate)

The passageways and small rooms are terrible for access. It is so difficult to get about in a wheelchair to do the usual things associated with daily living. (Advocate)

He is in a wheelchair. It is hard for him to get around, as there are steps up into the hostel and thresholds into the bedroom, dining and bathrooms. (Advocate)

I heard a story about a person with an intellectual disability who was forced to move from one hostel to another one. When I asked about this I was told that apparently some hostels have agreements between one another and money is exchanged for residents to fill beds like a contract of sale. (Advocate)

He really doesn't have anything in common with the people he shares with but he doesn't have any choice. (Advocate)

From my observations and what I have been told, people are losing self-help skills. They are not allowed in the kitchen, they aren't encouraged to help or be involved with anything that happens, and they don't even have the opportunity to make a cup of tea or coffee. (Advocate)

People in the roles of landlord, manager or support staff can take away specific alternatives and decisions from residents to further undermine their already limited choices in congregated residential life. To add insult to injury, those choices associated with personal identity and interests, are the very things that are taken away and used as punishment when a resident is seen as challenging. These controls can have life defining consequences for some residents of hostels and boarding houses, as described in many of the stories in this document.

Conversely these same people who hold authoritative roles in residents lives may not give any clear direction to a person or consider their duty of care when a resident makes a highly damaging or life threatening choice. In such a situation a decision may need to be made in the person's best interest to avoid an extremely harmful situation to themselves or others. Ironically in the absence of this important aspect of duty of care, the defensive response is usually 'it was their choice'.

Independence and choice are highly problematic concepts to put into practice in large congregated environments. The very nature of life is institutional, requiring people to relate to and get on with numerous strangers with whom they have not chosen to live. Daily life, by necessity, becomes a regimented routine. Personal identity, choice and interests become secondary to staff agendas that control the smooth running of the facility and ultimately the residents' lives.

1B. BUILDINGS AND AMENITIES
The Standard Of The Registered Premises And Facilities In The Registered Premises

1B1 KITCHENS
- Kitchen facilities, including food storage, preparation and cleaning up facilities, are kept clean and in good repair.

1B2 LAUNDRIES
- Laundry facilities are kept clean and in good repair.

1B3 COMMON ROOMS AND AREAS
- Common rooms and areas are equipped with clean, comfortable furnishings and equipment that are in good repair. Examples of common rooms and areas – lounge rooms, verandahs, places for general relaxation and socialising

1B4 BEDROOMS
- Bedrooms are clean and comfortable, providing privacy and personal space to each resident.

1B5 BATHROOMS AND TOILETS
- Bathroom and toilet facilities provide privacy and are kept clean and in good repair.

1B6 PASSAGES AND STAIRWAYS
- Passages and stairways are kept free of objects to allow safe and unimpeded movement through them at all times.

1B7 RUBBISH REMOVAL
- All rubbish is removed regularly and in a way that does not impact on the health and wellbeing of residents and staff of the residential service.

1B8 CLEANLINESS AND GOOD REPAIR
- Internal and external features of the premises are kept clean and in good repair.

1B9 INVENTORY AND EQUIPMENT
- Adequate stocks of goods and equipment necessary for the enjoyment of the residents and the smooth operation of the residential service are available.

The building standards and amenities appear to vary quite considerably from place to place, despite payment of a roughly similar amount for board and lodgings across the sector. People can be housed in large single dwellings, under houses, or in converted flats, units, garages, old nursing homes and hospitals, or on rural properties, sometimes without means of access to leave.

what life is like

This hostel is just an old large converted house where 24 people live. All residents have a disability and are aged between 35 and 80 years. (Advocate)

Some bedrooms are in the partitioned off area in the garage and are very cold in winter. (Hostel Worker)

Personal space is defined by a single bed in a dormitory-style room, where up to ten people sleep together at night. (Advocate)

One bedroom accommodates 10, another 5, with other rooms accommodating either 2 or 3 people. (Advocate)

The shower and toilet were in the same area in full view of each other with no privacy. (Advocate)

The toilets and showers have no doors, for safety reasons, they say. They said they would put the doors back on when inspections are made. (Advocate)

When you go in there is a real stench of urine. (Advocate)

He cannot leave the hostel without someone carrying his motorised wheelchair down the decaying front stairs. (Advocate)

The bathroom has a shower and a toilet in the same room and because there is no shower curtain and people come in and out to the toilet, there is no privacy. (Hostel Worker)

what life is like

Twenty-one people share 2 bathrooms and toilets. (Hostel Worker)

It was difficult for him to get to the toilet in time, so he often had accidents. His room was a long way from the toilet, with a step at the door. Because of his mobility problems he took ages to get there and with his frame, he had to enter the room backwards. (Advocate)

As the hot water system was small, people shared bath water or had cold showers if they were towards the end of the bathing line. (Hostel Worker)

The particular hostel does have a good cleanliness record in its favour, however this has been described as over the top and super-hygienic because of the time and effort that goes into this main priority for daily life. (Advocate)

He says this place is not clean and that life is very disorganised. (Community Agency Worker)

Tap handles are missing and pipes are leaking and blocked. The dishwasher leaks everywhere. (Hostel Worker)

There are doors in the bathroom, but some are hanging off hinges. (Advocate)

The hostel is hot in summer and cold in winter but no cooling or heating is provided. A parent bought a small air conditioner for her son's room, as he tended to have seizures when overheated. The staff were instructed not to use it and the manager taped over the outlet so that it couldn't be turned on. (Hostel Worker)

Some facilities are in good repair whilst others can best be described as hovels or ramshackle warrens. Some are centrally located whilst others are very isolated. There are still some others that have not been identified, remaining hidden within urban and rural communities throughout the state. These are likely to remain underground but will still operate, taking residents from other unregistered facilities when they close down.

One danger in the physical upgrading of premises is that owners will have to spend money for renovations. Many have indicated that if they are to reclaim their profit then cost will be passed on to residents or cost cutting will happen in other ways by scrimping on other parts of service provision. Residents already find that hostels and boarding houses are no longer affordable housing options when the great majority of their pension, as well as their rent assistance, goes into paying for their current board and lodgings. This already leaves people in need of support, without disposable income and with limited and limiting lifestyles.

Owners could also be over capitalising on their properties, so are more likely to take the option of selling out more than ever during the current boom in Queensland real estate, especially in inner city areas. At the current rate of loss of affordable housing stock, people with disability with complex support needs will be among those to be looking for premises elsewhere. The State needs to have well planned crises responses to avoid homelessness or further inappropriate placement of people with disability because of lack of available supports. This will not happen in a cost neutral environment, as the adequate supports are the key to success.

The physical state of buildings is not necessarily the best guide to the quality of life that goes on within them. We already have some reasonable looking hostels and boarding houses as well as facilities in other parts of the disability sector, which mask the appaling treatment of residents who live there. One good example well known to the State is Basil Stafford Centre, which had over a million dollar upgrade of its physical facilities in the late 1990s, yet still the culture of abuse has remained and yet another attempt at redevelopment is being considered.

Although accommodation definitely needs to be of a decent physical standard, in many ways this is the easy part of any reform process. Renovations will not necessarily change the attitudes towards the residents or the fundamental nature of daily life in the facility. Some very nice looking places have some very appaling practices within their walls. In fact, experience and research in human services confirm that the values of owners, operators and workers are most likely to affect the quality of life of residents. These are more difficult to implement when large numbers of people are living together.

1B10 SECURITY AND OTHER EMERGENCIES

- Policies and practices are in place to protect the safety of residents.

The indicators for this standard cover compliance with fire safety and duty of care.

With the deadline for compliance with fire safety standards now expired, the number of hostels and boarding houses that are not up to standard remains a huge issue in itself. If these facilities are allowed to continue to operate in unsafe ways more deaths are likely.

However even those that have been seen to comply with the regulations have some very questionable procedures. Although Emergency Services officers visit hostels and boarding houses to check their compliance with fire safety regulations on a regular basis, some of the adjoining stories indicate that safety is still compromised because of the practices around locking or unlocking all doors at night. In one situation in a multi-story dwelling, a staff member was on sleep over duty with a large number of residents who required support to get out in an emergency. All the exit doors were locked at night and residents had no access to any keys. According to some hostel staff, this situation is not unusual and could be happening in a large number of facilities.

In other situations the opposite was happening to comply with fire safety. All doors were being left open every night so that anyone could, and did, walk in off the street in the middle of the night. In one situation described, a man walked into the bedroom of a young woman with an intellectual disability and allegedly raped her. Apparently this person's story was ignored and not reported to local police and the practice of leaving doors open still continues.

Physical access also causes problems in emergency, when people with physical disability are living in premises that are inaccessible or cluttered, or where there are no staff on duty in emergency to assist them to get out. Some places were totally inaccessible with many steps, yet still housed people with physical disability who used wheelchairs or who had difficulty in moving around. Safety issues and staff's duty of care in emergencies was further compounded by sedation, heavy drinking and illicit drug use, as well as people's limited cognitive ability.

what life is like

The doors are left unlocked at night. This is said to be because of the risk of fire. However anyone can walk in from outside and this was said to have happened in the instance of an alleged rape of a young woman, which was not followed up. (Advocate)

The hostel is registered with the local council to accommodate 16 people, but it actually houses 21. (Hostel Worker)

As the dwelling was multi-storied it would have been impossible to unlock the safety exits if a fire started and shepherd people out. Fire inspectors were not told this. (Hostel Worker)

Where does duty of care fit? I was fired because I raised the issues of security, as there were no lockable windows, and doors were left open at night, and there were no controls around masses of medication that were on site. (Hostel Worker)

If there were a fire he could not get out down the steps. He would burn to death. (Advocate)

He is in his twenties. He is losing physical function and has difficulty walking due to a degenerative condition. The hostel where he lives has many stairs. When asked what would happen in a fire, staff replied they would wrap him in a blanket and roll him down the stairs. (Advocate)

One staff member was alone at night with 20 residents. At nightfall staff were instructed to padlock all exits including the fire exits. (Hostel Worker)

There are no blinds, curtains or locks on the windows so that anyone passing by can see into her bedroom from the street. As she is in a wheelchair, this makes her vulnerable if anyone climbs in during the night. (Hostel Worker)

In several instances we heard of facilities that were registered with the local council for a certain number of occupants, but in reality they had several more residents often with the additional people sleeping doubled up in a single room, or on verandahs, or in out houses, attached dwellings or in garages.

Despite even apparent compliance with fire safety regulations, dangerous procedures can continue in hostels and boarding houses whereby the numbers of people living in residence may be played down and fire exits are locked or alternatively left open to access from the outside. Physical and cognitive impairment, as well as drug and alcohol abuse, will continue to challenge the duty of care of management in an emergency, particularly where large numbers of people are involved and few staff are on duty.

1C. MANAGEMENT AND STAFFING

The Way The Service Is Managed And Otherwise Conducted By Staff Of The Service

1C1 BUSINESS PRACTICES

- The service provider applies current business principles to the management and operation of the residential service.

The indicators for this standard cover a business plan, information about the service, its mission, polices and practices and proper administrative and accounting procedures.

Stories about the poor attitudes and values of management appear throughout this document, especially in relation to the personal service role. Although some of the larger consortiums have glossy brochures and even web sites extolling their mission and virtues, it appears that many hostels and boarding houses have developed and operated in an ad hoc way in response to the day-to-day workings of residential life. Such arrangements have meant that the industry has not worked in a uniform manner and has not had to fulfil service standards, as has the rest of the human service sector, which has had such standards for many years.

In fact it might be said that some hostels and boarding houses would have difficulties even complying with proper business standards, given some stories we heard about payment of staff under the table, taking extra money from residents, non-receipting of moneys received, claiming unemployment and carer's pensions for residents who act as staff, not taking out the usual insurances, and not complying with safe work practices or with award wages and conditions. Workers who have had a lot of contact with the sector have also described some owners and operators as *rather naive when it comes to fulfilling business and government requirements*.

It has also been suggested that the reason that the sector has remained burgeoning and profitable is that the expectations and overheads for accommodation and support services have been kept extremely low. This has been borne out by stories about costs and weekly budgets in later sections of this report. By changing the expectations for the quality of amenities and services via compliance with the industry standards, many hostels and boarding houses will have to reframe what they are about and how they go about their business. This will mean that people in owner and manager roles will need greater business acumen to be able to comply as part of a regulated sector of accommodation and of human services.

what life is like

The manager and owner always promote how residents have such a good life, yet health is neglected and hygiene is poor. People are totally isolated and bored and have lost any dignity and skills that they had before they went there. (Advocate)

This is a family business where three members control the hostel and its residents. (Hostel Worker)

The caretaker is on the dole but he gets paid to look after the place by the owner. (Boarding House Resident)

The manager holds on to all the Medicare and Gold cards. (Advocate)

Staff are paid under the table. There were no pay slips. (Hostel Worker)

The manager's mother, who doesn't smoke, has a carton of the cheapest cigarettes and charges residents 40 cents a smoke. (Hostel Worker)

what life is like

Residents pay $30 per month extra for toiletries yet they have a communal soap, shampoo, comb, shaver, and sponge. (Hostel Worker)

A conservative estimate of the yearly net income, from one hostel with 60 residents is at least $243,530. (Concerned Citizen From Court Records)

The emphasis of the new legislation is on a rights perspective, which implies that proper roles, responsibilities and relationships are established in the context of the services that are provided. One fundamental change will be to understand the differences in the values base and purview of accommodation services and those of support services, which operate from very different assumptions about the roles and relationships of tenant/landlord and service user/service provider. Mission, policies and practices would need to reflect such understanding, which is more than merely complying with legislative requirements. At this point in time, it seems that few establishments even have written policies and procedures, and if they do, either the values base or the coherency between what they say and what they do could be easily questioned, particularly with regard to support of people with disability. Very few facilities would even know about the overarching *Disability Services Act 1992* or what the principle and objectives of this Act mean in relation to people with disability having support to live a decent life.

With the new legislation the assumption has been made that owners and operators not only have the business and managerial know-how to run both an accommodation and a support service which meets industry standards, but also that they hold the values, understanding and skill to be creative and supportive of ways that enable people with disability who have complex support needs to live a decent life. Yet, paradoxically, if the intent of the overriding principles and objectives of *The Disability Services Act 1992* were to be implemented, then government support of the institutional congregative care model of supported accommodation facilities would not even be on the agenda.

1C2 WORKPLACE HEALTH AND SAFETY

- The service provider is aware of and meets obligations under workplace health and safety legislation.

The indicators for this standard cover the polices and procedures that deal with waste, storage, first aid, ventilation and ergonomics.

Not only are residents who live in many hostels and boarding houses not valued, but also it seems nor are the staff in those facilities. Workers who spoke up on behalf of residents also told us stories of how their health and safety was not supported by some owners and operators. In fact a few of our informants had either resigned or lost their jobs because they had taken up issues with the owner or manager about the physical safety of the premises and about procedures that they felt were unsafe for residents as well as themselves. They also raised issues where double standards about health and safety were apparent such as when an owner or manager smoked in front of residents and staff whilst on duty, yet policed rules stating that residents were not allowed to smoke on the premises, or when they refused to eat the same food, or would not do any personal care or 'dirty work'.

Where poor attitudes are shown by management towards the conditions and the health and safety of the staff, it is probable that these are mirrored in even poorer attitudes towards the conditions and the health and safety of residents.

1C3 HUMAN RESOURCE MANAGEMENT

- The service provider plans and implements fair and consistent strategies for the recruitment, selection and development of staff of the residential service.
- The service provider ensures that staff are on duty in sufficient numbers to provide agreed services and support to residents.

The indicators for this standard cover staff's familiarity with the facility's policies and procedures, needs of residents, duties, training needs as well as adequate supports.

Stories were told about a number of facilities that had no formal paid staff apart from either the owner or a caretaker/manager. These places usually had some arrangement with a number of long-term residents who took on supervisory, cooking and cleaning roles so that people were fed and the hygiene of the place was given some attention. Sometimes residents got a small reduction off their rent for these tasks, but others got nothing.

what life is like

Staff have no soap or amenities to wash hands to stop any cross infection. (Hostel Worker)

Residents have sores and ulcers that require attention. Pathological waste and dressings are not properly disposed of. (Hostel Worker)

Urinal bottles are not washed out properly or sterilised. (Hostel Worker)

Several residents are incontinent and urine and faeces are in their clothes and bed linen. Laundry items are thrown in together with no separation of clean and soiled items. (Hostel Worker)

The manager worked during the daytime on week days while most people attended the sheltered workshop. Only 6 people were at home during this time. At most other times there were 21 people and only one staff member. (Hostel Worker)

They use a resident as their cleaner. She has short-term memory loss from an acquired brain injury, so they ask her to do little tasks one at a time, to which she sweetly obliges. "Will you just do a little job for me?" and this happens again and again and again, until the whole place is cleaned up. (Advocate)

what life is like

Residents are the staff. They cook and clean and look after people. (Advocate)

A hairdresser and doctor visit on a regular basis. They are said to be personal friends of the manager. (Hostel Worker)

He has significant support needs, yet whenever I visit, there are never any staff around. (Advocate)

They have no staff come in to do anything. The neighbour's wife comes in twice a week and cooks voluntarily. She comes Mondays and Fridays and cooks up a few meals. The cook is a resident and he does the other five days. (Fire Department Transcript Summary)

The manager has instructed staff to lock the fridge and pantry, and at night to padlock the doors and the phone and to take the keys to their bedroom. (Hostel Worker)

There is only one staff member who acts as the caretaker. He gets a resident to do the cleaning and he gets $10 off his rent. (Boarding House Resident)

Family and friends of the owner, or occasionally neighbours, also attended to tasks in some facilities. Residents sometimes took on personal care roles with other residents with the occasional arrangement made with Centrelink so that the Carers Pension was paid and the resident got some economic benefit from looking after someone else.

Maybe these pseudo staff roles could be seen positively, as, apart from any small monetary rewards, residents do seem to gain some status and sense of worth in an environment where there are few opportunities to play a valued role. However these roles can also be seen as exploitive, especially when there are no other better opportunities on offer and profit is made at their expense. Although the expectation of the legislation and industry standards is that residents who are seen to function as staff are to be trained as staff, no expectation is given that these same residents should be paid award wages or have any other benefits of paid employment.

Duty of care must also be questioned when residents are put in charge of the welfare of other residents, especially when they have complex support needs and when no supervision is available. In places where paid staff are on duty, the staff resident ratio was usually very low, sometimes greater than 20:1. (This statistic should be compared with the State Government's own accommodation services benchmark for grouped housing of people with disability where the current staff/resident ratio is around 3:1, not that even this model is ideal for people with very challenging behaviour.) With such low ratios, the main procedures that are told to staff tend to revolve around rules for keeping people tractable.

The question of how resident's needs are defined is a complex one in relation to the role of staff. The standards suggest that staff are told what people's needs are so that they can go about their work, but who decides these needs? The standards give no clarity as to how this process might happen, giving mixed messages about residents defining their own needs and owners/ managers/ caretakers taking on this role and informing staff.

With profit as a motive, low staff ratios and use of unpaid residents in work roles tend to dominate the industry. Scarce resources are therefore directed into the perfunctory tasks of life relating to meeting residents' basic subsistence needs, as well as managing the behaviour of the large group that is living together unnaturally. The outcomes for people with disability who have been inappropriately placed are therefore likely to remain poor, without the personalised attention to meet their complex needs.

1C4 STAFF TRAINING

- Staff are adequately trained to carry out assigned duties within a safe and supportive environment.

The indicators for this standard cover training on and off the job and competency of staff.

Although hostels and boarding houses have been around for many decades, the industry has remained unregulated, with many managers and staff being unskilled and not having to fulfil any particular requirements for employment. The new industry standards emphasise proper selection and skilling of staff with the expectation that they have access to internal and external training, but gives no indication as to what his training might be.

Although the emphasis is placed on knowledge and training in workplace health and safety, the core business of either human service management roles or direct support worker roles are not addressed. There are no expectations of training about values, working with staff, working with residents, or how to be of good service on the job, just the request that documentation is to be kept when staff have attended training.

Although staff training is seen as important, the core business of managing human services or supporting people in their life at home is not the focus of training in hostels and boarding houses. The concerns of owners and operators running viable and profitable businesses will take precedence over the lives of people who live there, with the focus of training remaining on running a residential facility in a cost effective way.

what life is like

I had no induction and no training. I was only told briefly about cooking, cleaning and rules. (Hostel Worker)

Staff are taken off the street and put in charge of residents without any training or experience. (Advocate)

There is a great deal of mobility of staff around the hostels and boarding houses. (Hostel Worker)

There was no support, no supervision and no one with any training or understanding of what needed to happen. As people had just been discharged from a psychiatric ward, they were still pretty fragile. (Hostel Resident)

Staff have sold items taken from the resident's rooms, yet this was seen as OK behaviour. (Boarding House Resident)

what life is like

The manager always did the shopping and the menu was never varied. Each week twenty people were fed for $350. This amount included the buying of all personal care products and all cleaning products. In other words it was costing $17.50 per week per person for everything they needed, and at this stage they were paying $210 per week for board and lodgings. (Hostel Worker)

The typical weekly menu was cereal and toast for breakfast, sandwiches and a piece of fruit for lunch and for dinner sausages three times a week, mince twice, stew once and pasta once. Every second Sunday pizzas were ordered in, which the residents paid for themselves. (Hostel Worker)

The food is all boiled with cheap cuts of meat. No one is allowed to have coffee, as it is too expensive. (Advocate)

The manager had an arrangement with a local greengrocer to get fruit and vegetable seconds and would also buy price reduced meat and bread. Apart from a stew on one day a week, potatoes were the only fresh vegetables used. Others were frozen. All main meals were made together on the one day each week and sandwiches for lunches were made twice a week. They were then frozen. (Hostel Worker)

The staff are entitled to eat meals whilst on duty. However, they have refused to eat the awful food that that the residents get and buy their own. (Advocate)

Residents complained that they were sometimes given 'nude' sandwiches at lunchtime. By this they meant they had two slices of bread with nothing in between. (Community Agency Worker)

Each day they were given a cordial and two teas and restricted to one spoonful of sugar and powdered milk. (Hostel Worker)

The residents' only means of hydration is at mealtimes. There is no access to water except in the bathroom. (Hostel Worker)

There was no opportunity to eat outside the three set mealtimes. (Hostel Worker)

The residents constantly complain about the food and I would seriously question the nutrition of it. It is cheap quality and very stodgy. (Advocate)

LEVEL 2 ACCREDITATION DECISION – FOOD SERVICES

2A The Quantity, Quality, Variety And Nutritional Value Of The Food Provided

2A1 FOOD AND NUTRITION

- Residents are provided with food that is adequate in quality, quantity, variety and nutritional value to meet each person's daily food requirements.

Many situations can only be described as Dickensian. Cooking massed food, using seconds, having no choice, having no change to the menu week in week out, and having a very limited range of food and beverages are indicative of the very negative attitudes and values of managers and owners towards the residents, and further highlight the vulnerability of people with disability living in their confines.

As the congregation of people with disability usually results in their devaluation and treatment as second-class citizens, spending money on decent food requirements and nutrition is often perceived as unnecessary. To keep costs low, residents can expect to receive poor quality food and diets that would not be acceptable in the great majority of Queensland households.

2.B The Preparation, Delivery, Service And Storage Of The Food

2B1 KITCHENS

- The kitchen facilities comply with Amendment No. 51 to the Food Standards Code.

2B2 FOOD DELIVERY AND STORAGE

- Procedures are in place to ensure the safe delivery and storage of food.

2B3 FOOD PREPARATION

- Persons preparing food observe adequate hygiene standards and ensure food does not spoil before or during preparation.

2B4 FOOD SERVING

- Persons serving food to residents observe adequate hygiene standards and take all steps to prevent the contamination of food and the spread of disease.

2B5 DINING ROOMS

- Dining room facilities are clean and comfortable, close to kitchen facilities and separate from lounge room facilities.

2B6 PRESCRIBED RECORDS

- Special dietary requirements

As mentioned before, in several supported accommodation hostels a couple of residents prepare, cook and serve food and clean up afterwards for all. Some may have a specific task each day such as peeling the vegetables, or washing up after meals, whilst others may have the role of cook with responsibility for food preparation, cooking meals and the workings of the kitchen. However in other facilities the owner, manager or duty staff member take on the role of cook. The owner or manager is more likely to have responsibility for the organisation of the budget, menus and catering.

Most facilities seem to have firm timing and routines around the preparation and serving of food necessitating that residents are present at mealtimes or they miss out. As meals are often the key punctuations of a otherwise boring day, they take prominence in breaking the monotony and people tend to look forward to them as a social event, despite their often meagre offerings. In fact one apt description of a supported accommodation hostel was that *life revolved around waiting for meals*.

what life is like

Food is prepared in the one hostel for another that is owned by the same group. This means that a worker drives the food across to the other hostel in the back of a car. This other hostel has no cooking facilities. (Advocate)

Some residents have mouth infections and cross-infection is aided by the communal mugs only being washed once a day, if that. (Hostel Worker)

There are no mechanisms to ensure clean preparation of food in large quantities, such as wearing gloves or hair tied back or covered. (Hostel Worker)

Food is served at set times. Breakfast is at 6.30, lunch at 12.30 and tea at 5.00. If you are not there, you miss out. (Advocate)

We have had dead rats and a dead possum in the kitchen. (Boarding House Resident)

The bathroom is directly off the dining room and you can see all that is happening there. When I have visited a resident around lunch time, I have seen other people showering. (Advocate)

In typical home life, the ordinary expectations of hygiene around preparing and eating meals suffice. However when large numbers of people are living together, cleanliness, storage, preparation and heating require stricter controls around food to manage the larger quantities and greater opportunities for cross-infection. Adding to this, when many of the residents require support with personal care, maintaining proper health and hygiene take much greater consideration and care, especially when someone is unwell. Therefore people living in formal institutional arrangements, such as supported accommodation hostels, need stricter health and hygiene regimes than the ordinary household. However, although necessary, they add to the institutional nature of the facility, giving a clinical feel to ordinary meal preparation with less spontaneity or opportunity for different ways of preparing, serving or eating food.

People in ordinary households are usually involved in some way in different aspects of food preparation and cleanliness at home, but in large facilities such as hostels, this becomes quite difficult and inappropriate. Where life revolves around structured daily routines with large numbers of people, health and hygiene takes on much higher importance. Although this is necessary in such a close-living group, these additional atypical demands diminish the nature of ordinary home life even further by superimposing clinical requirements onto already rigid food related routines. The nature of home life is lost with such abnormal roles and relationships.

LEVEL 3 ACCREDITATION DECISION – PERSONAL CARE SERVICES

The expectation of the legislation is that all facilities providing personal care services to residents will be accredited at Level 3. This means that all supported accommodation hostels and some boarding houses would be required to register at this level and will be assessed on the following industry standards.

3.1 ACCESS TO EXTERNALLY PROVIDED SUPPORT SERVICES

- Personal care services for residents are delivered, wherever possible, through entities external to the residential service.

The indicators for this standard cover information and contact details of local services and how residents will be supported to make contact.

Although the legislation might encourage otherwise, it appears that staff as well as residents do much of the daily personal care without involvement of external service providers unless the person has a significant physical or intellectual disability. This means that the role of landlord and service provider remains one and the same, raising the vulnerability of people with disability to loss of housing if their supports do not work out for them or if they become challenging in other ways.

Where staff are involved in daily personal care routines, these are often in supervisory roles where they check on people to ensure that they have bathed, but having stood under a shower will usually suffice, raising the question of the staff role in relation to the ongoing health and hygiene of residents who need support. Some staff are involved in bathing or other personal care routines, or take it upon themselves to do personal care tasks which ensure good hygiene of residents. However in some situations residents take on these more personal care roles for others, at times being remunerated by gaining extra money as part of a carer's pension or by reduction in rent, but in many situations it is by staff expectation, but with no financial gain.

Having staff or residents in charge of other residents' personal care and hygiene and their well being in daily life raises many issues around the ethical duty of care of owners and operators of supported accommodation hostels. It is in this area, in particular, where abuse and neglect of residents can become rife if proper procedures and practices are not in play. Even so these become very difficult to supervise in institutional environments where staff ratios are low.

what life is like

They linked him with another resident who was to be responsible for him and organised for the carer's pension to be paid. Apparently this was common practice, but then the other resident left. (Community Agency Worker)

I came to pick him up to go out, but because he is incontinent and only supported to shower occasionally, he smelt noticeably. (Advocate)

People are not encouraged to go out. The hairdresser comes into the hostel on a regular basis. The women all have their hair cut in the same male style of short back and sides. One of the residents has expressed her distress in having her hair cut in this manner. (Community Agency Worker)

Services come into the hostel. People do not go outside to them. (Hostel Worker)

what life is like

He had visits from a community nurse to help him shower, but this only happened 3 days per week, despite his toileting accidents. (Advocate)

No professional supports are available from outside. Everything happens on site with the owner and son. (Advocate)

She was asked by the hostel manager to look after a woman who was blind. She had to bathe and feed her. She was not well and had become very unsteady on her feet, needing a walking stick to move around, so the showering process of someone else was quite dangerous. On several occasions they both fell in the shower while she was assisting the woman. The workers at the hostel encouraged her to refer to the woman as 'her baby', despite the fact that they were around the same age. (Advocate)

When external personal care services are accessed, such as community nurses, they arrive into the home of a large number of people and are usually required to provide their support in communal bathing and dressing facilities as opposed to the usual more personalised, private home bathroom and bedroom. When a resident who is being supported has no personal items of their own to aid the bathing process this adds difficulty to the task. It is also problematic to bath someone when others who have no relationship to the external worker are in the bathroom undressing and showering at the same time. Dignity of all is lost very easily.

Some external services also hold negative views about coming into a hostel to support a resident. This may be because they feel uncomfortable in having to work there, or that they abhor the living conditions that people are subjected to, or that the residents are seen as different from the usual people they support in their own homes. The result can mean that the person gets a minimal service, or that they are left until all the other clients are attended to before their worker arrives. Therefore a person with a disability with high support needs living in a hostel may not be up and dressed until late in the day, or that they get few visits in a week. As many external services do not work outside a Monday to Friday framework, weekends and holidays remain problematic, even more so when staff numbers in the hostel are usually reduced at these times.

When other external personal care services such as hairdressers are involved, institutional practices are rife. The worker comes into the hostel rather than the resident going out to them as part of the typical expectations of ordinary community life. This practice also means that residents have no choice about who provides the service and are therefore subjected to the same worker as everyone else, often with stereotyped results.

To protect people with disability from having all aspects of life controlled by the one management source, lifestyle support services and tenancy need to be entirely separate. The legislation attempts to address this fundamental issue by having the expectation that personal care services will be provided external to supported accommodation. However this separation makes little sense when the owner is the person who employs the operator and the support staff who take on a whole range of other support roles including other aspects of personal care. Although the involvement of external workers can assist in monitoring what is happening to people with disability with complex support needs living in supported accommodation hostels, this does not address the issue of having typical housing and ordinary routines that are home like, where personal support can be done in an ordinary, timely and dignified way.

3.2 FINANCIAL AND CLERICAL SUPPORT

- Service provider cannot be power of attorney.
- Residents have management of their own financial affairs as much as possible or have entities external to the residential service help with financial decisions.
- Where residents require clerical support or help in managing their daily finances, practices are transparent to ensure accountability for funds held for residents.

The indicators for this standard cover administrative services arrangements, records of fees and charges, proper accounting procedures, tracking records of use of money, contact with protective agencies and support to read and answer mail.

The expectation of the legislation is that residents handle their own affairs or have the appropriate support to do so. However many people with disability who have been placed inappropriately in supported accommodation hostels have difficulty in reading and writing or with budgeting and money management. They therefore need the support of others to help them manage their money, especially when they are living in poverty and must be mindful of what they must pay or buy. This may not necessarily mean that their money needs to be held in trust, provided that others are doing the right thing by them. However this does leave people at risk of being exploited if safeguards are not sufficient.

The stories here highlight the difficulties in overseeing vulnerable people's money, even when protective agencies are involved. Although some of the issues raised have now been brought to the attention of the relevant authorities because advocates became aware of the situation, unless there is vigorous, but not overbearing, monitoring of people's financial affairs in daily life, vulnerable people can be taken advantage of very easily. Misdemeanours can range from outright fraud, to extra charges for everyday items, or using a person's money to buy items that are used collectively or for others.

Protective agencies rely on explanations about how money is to be used as well as the receipting of payments for items and services based on honest dealings. When money is not used for the expressed purpose or when receipts are genuine but the expenditure has not been on the person from whom the money has been debited, then tracking the money can become more difficult.

what life is like

Residents had no cash in hand and were given specific amounts to do certain things like to pay transport to church, but they then had no additional money for the collection. (Hostel Worker)

He owed some money to the manager. When he couldn't pay, he was made to clean the toilets in the hostel every day, even though he had emphysema and found it difficult to breathe. (Hostel Worker)

Residents who attend the workshop are generally without money to buy anything from the food van that called each day or from the canteen. (Community Agency Worker)

The manager handles their money and they are asked to sign blank withdrawal slips, which are then used at the manager's discretion. (Hostel Worker)

He had his financial affairs handled by the Public Trustee but he also has his own bank account. The manager oversaw withdrawals out of his account. Although the cost of his board and lodgings was $840 a month, he paid between $148 and $200 extra a month from this account. (Advocate)

At Christmas an extra $85 from each person was asked for from the Public Trustee and paid to the hostel manager for a Christmas outing and for a personal gift. The outing did not eventuate and the gifts were toiletries, which were collected and put back into the collective stock. (Hostel Worker)

what life is like

He was paying an average of $62 per month extra to the hostel owner above board and lodgings. (Advocate, from monthly charges invoiced to the Public Trustee)

Residents are said to handle their own affairs but it is unclear as to whether or not they have the capacity to do so. The manager would fill out their withdrawal forms and get them to sign so that any expenses were taken directly from their accounts. No one oversees this process. (Advocate)

Complaints to The Public Trustee have included the payment of additional expenses above board and lodgings, and the extra payment for Napisan each month when all clothing remained badly washed and stained. (Brother of Hostel Resident)

He was given a couple of dollars to buy a drink if he went out, but he said it was unfair because he would not get any money if he 'played up'. (Advocate)

The owner had a swear box and demanded money from residents every time anyone swore. (Hostel Worker)

No one has direct access to their money. The manager gives them 'pocket money' each week. Yet there is no involvement by the Public Trustee as they are supposedly able to manage their own affairs. (Advocate)

Following complaints to the Public Trustee, direct access by the manager to people's bank accounts has been stopped. However some residents draw their pension cheque out in cash, which they then give to the manager to take expenses from. (Advocate)

One concern raised was that families have to go through quite rigorous demonstration of accountability for use of money controlled by the Public Trustee, yet owners and operators of supported accommodation hostels do not appear to have such intense scrutiny. From many of the stories it does appear that better tracking of the use of residents' money is required in supported accommodation hostels, especially where large numbers of people who have high support needs are living together.

A major difficulty for residents living in supported accommodation hostels is their cost of board and lodgings. Many hostels charge extras for all sorts of additional services on top of taking most of the pension. This leaves people with very little disposable income. They usually have little left for clothing or any activities associated with community life outside the hostel's confines. If they smoke or are on medication their disposable income is virtually nil. They cannot afford to do things with others even if they have connections with community life. This makes people very dependent on hostel life for all aspects of their physical, social and emotional well being, adding to their vulnerability.

Getting into debt it can become a vicious cycle. Residents have little money to save to pay back the amount, putting themselves in even greater debt. To avoid this situation, owners and operators usually safeguard their business interests to ensure automatic payment of board and lodgings from pension based accounts. However, some residents are put to work to repay debts to owners for other essentials. Sometimes this may be to their advantage, but at other times the situation could be quite exploitive.

When people with disability with complex support needs live together and require support with the management of their money, good tracking systems are essential to ensure that they are not exploited. Monitoring becomes difficult for families, advocates and protective agencies when large numbers of people live together, when money is pooled, when the housing facility controls the handling of money and when people have very little disposable income following the payment of board and lodgings.

3.3 MEDICATION MANAGEMENT

- If residents ask for support to manage their medication, help is given in accordance with medical directions.

The indicators for this standard cover policies and procedures for safe storage, access, administration and reordering of medication.

The following stories highlight the difficulties when large numbers of people live together, each with a different medication regime. Some people will require supervision or support to ensure that medication in its right dosage is taken, whilst others are taking their own medication without any overseeing, and require a safe place for storage, as most have no secure places in bedrooms. Some people may require reminding to take their medication, others for renewing prescriptions, others to see the doctor to review medication and others to suppress the re-emergence of psychoses or other illnesses.

Supported accommodation hostels are visited regularly by Environmental Health Service Officers to ascertain their compliance with the Health (Drugs and Poisons) Regulations. When officers arrive they usually report to the manager or owner and most places are found to comply with the standards. Yet on a day-to-day basis the practices are very different, as the stories confirm. As there were no bona fide staff on duty in several stories we were told, residents or a neighbour took on the function of giving out the medication. Apparently in these places there are no safeguards for vulnerable people with disability when staffing is so minimal. Yet, there are already governmental regulations and monitoring in place here. When government officers from Environmental Health Services assess the standards, the manager is there, on site, appearing to be in charge and following proper process.

Other questions also must be raised about the industry standards. If a person must ask for support with their medication before it is given, what does this mean if the person has been deemed not able to manage their own affairs? Does the Adult Guardian make this decision and ask on their behalf? How, then, is the person's welfare monitored in this regard? What if a person with a psychiatric disability stops taking their medication and becomes irrational? How do the lines of duty of care and best interest remain clear yet distinct from control or neglect? Although choice is seen as the basis for this standard, this can be very problematic when poor decisions or poor memory pay a part.

If residents have not asked for support as is the requirement for the standard, there are no controls about what is taken, how much is taken, when it is taken, or who takes it. In one story above, people have open access to their own medication, but this also gives them access to the medication of everyone else, which is housed 'safely' in the one cabinet in an open office area.

what life is like

In this hostel, other residents dispense the medication. All the medication is kept in the one cabinet with free access to all. There are no records of who has taken what tablets, how much has been given out to any person, or when this last happened.
(Community Agency Worker)

Residents have been put on PRN sedation. They say that the manager doles out sedatives when people get angry about something.
(Advocate)

Medications are changed without proper medical direction. Residents can be refused medication, or can miss out, or be given incorrect doses. The storage of the medication is not properly done.
(Hostel Worker)

Fire Officer*: How many are on medication? I saw the gent (a resident of the hostel) here hand out some medication just a moment ago. Is that normal?*

Next-door Neighbour*: Yes...*

Fire Officer *So a significant number would be on medication, or not?*

Next-door Neighbour*: Yep ...I basically issue medications and cigarettes when they want.*

(Conversation between a fire safety officer and a neighbour during a visit by the Department of Emergency Services to assess the fire safety of a hostel)

He has an antacid prescribed by his doctor for stomach pain but the hostel manager's mother has told staff to water it down, as she believes he doesn't need it. Yet when he continues asking her or vomits in pain as a result, he is then given the whole bottle to take away with him, because he is seen as a wretched nuisance.
(Hostel Worker)

One particularly worrying feature was that all and sundry had free access to the cabinet where all the medication was kept for 44 residents, most of whom had a psychiatric disability. Yet, the finding of an inspection by an Environmental Health Service's Officer to ascertain compliance with the Health (Drugs and Poisons) Regulation, held 18 days prior to the visit, stated: "I am pleased to advise that at the time of inspection all requirements pertaining to the possession, administering and storage of medications were found satisfactorily met."
(Concerned Citizen)

The question must be asked as to what safeguards are in place for people to avoid the possibility of taking the medication of others, deliberately or mistakenly, or to have easy access to a means of overdosing? In the earlier section on neglect a story highlighted this very issue.

The person, who was extremely depressed, went to the medicine cabinet took several bottles away to his room and attempted suicide. Had his mother not arrived to find him in a coma some hours later, he would have died.

When a person is on medication, one of the most important roles is the monitoring of the effects that the drugs have on the person's health, mood and well being. In most cases new medication will need to be tested to see what effects it has, with different drugs and dosages being tried until the right amount is determined. This is particularly so for people with psychiatric disability or for people who are given medication in an attempt to reduce behaviours that challenge others. Change of dosage also requires the same monitoring. This role is a complex one when people are only superficially known or when no one takes the time and personal interest that are required to understand the effects when a person has complex support needs.

The use of PRN medication (given when required) also raises some very touchy issues when large numbers of vulnerable people live together, especially when the medication is a form of tranquilliser or sedation. Staff can use such medication quite inappropriately to control people's behaviour. Also who decides if PRN medication is necessary when no staff are available, or when the person has difficulty making that decision for themselves, or when they are monitoring their own medication?

One standards indicator, suggested to help with the dispensing of medication, is the ready packaged individual dosage from the local pharmacy. Although Webster Packs and other types of packaging by the pharmacist are good, they can add up to $5 per week to the resident's cost of living. For most people living in hostels and boarding houses this added expense on top of payment for medication is an increased burden, further reducing their disposable income when they already used most of their pension following payment of board and lodgings.

As many people in supported accommodation hostels are on medication, the management of so many individual requirements, some supported and some not, becomes logistically very complicated. Not only is it difficult to know the needs and the capacity of each resident, but also it is difficult to maintain proper dosages and restrictive access to storage, even when pharmaceutical aids such as Webster packs are used. Of greater importance is the personal knowledge of each individual, as well as the monitoring of the medication's effect on the well being of each person. When people have complex support needs and live together with many others who also have complex needs, the poor understanding and management of medication become extremely dangerous, as these can easily lead to ill health and accidental death.

3.4 HEALTH CARE

- Residents have a choice of health care provider.
- Where necessary, residents are encouraged and helped to maintain their physical, dental and mental health.

The indicators for this standard cover choice of provider, their access to residents, preventative health care and first aid.

Some of the stories above highlight not only poor health care, but also gross abuse and neglect, and mass treatment of people living in some supported accommodation hostels. In some instances complicity seems to be shared with the doctor, in their poor medical treatment of such a captive clientele.

Many hostels and boarding houses have an appointed doctor to service the facility. This doctor often provides medical services to every resident. An arrangement is made with the owner or operator where the doctor visits every week at the same time to attend to a line of residents who require medical attention. In some situations it appears that the owner or operator decides who will and who will not see the doctor and will also arrange for mass inoculations and birth control, as well as reviews of drugs. For some doctors this can provide quite lucrative arrangements, especially when large numbers of residents are involved or when they have an interest in the premises. For owners and operators it gives direct access to the ear of the doctor and the ability to organise residents to have medical attention quite easily.

Appropriately, the industry standards expect each resident to have their own doctor, dentist and any other health care professional, the assumption being that they have the choice and do what the rest of the community does and visit in the surgery or clinic. However if this is the case, many residents with disability will require support to make appointments, to get to the premises and sometimes to explain what is wrong. They might also require follow up pathology, X-ray or other services, again requiring organisation and transport and support to get there. As the stories confirm, these aspects of health care can rarely be supported, especially when staff ratios are extremely low. In a couple of instances hostel workers told stories of how they had taken a resident to their own doctor because they were so concerned about the lack of treatment they were receiving in the hostel. The medical complaints proved to be serious ones including toxic levels of medication and malignant cancer.

Dental care raised a range of issues. It seems that in many hostels dental hygiene is not supported or monitored. When there are shared personal resources, residents even share a community toothbrush. Gingivitis is common because of poor nutrition and poor dental hygiene and this is compounded by the side effects of medication and long-term alcohol abuse. Some residents have no dentist or rarely visit one except in dire emergencies. As free dental treatment is centralised, this too poses problems for residents. Dental care in some instances was restricted to removal of painful teeth.

what life is like

All residents have the same doctor appointed. He visits the hostel every week and attends to all resident's health needs on that day. (Advocate)

She had not received any dental treatment for several years and she complained her gums were sore. There was no general check up for anyone. (Hostel Worker)

A local doctor services all residents, visiting every two weeks, taking referrals and direction from the manager. (Hostel Worker)

Menstrual pads were not on any shopping list as female residents were put on a regime of depo provera to stop their periods. A family member found out that her sister was on depo provera despite having had a hysterectomy years before. (Hostel Worker)

Medication levels were not monitored and dental care was neglected. Because of poor nutrition, many residents were constipated. (Hostel Worker)

His sister visited and was concerned about all the flies buzzing around his head. When she checked she found an open lesion. He immediately was taken to the doctor and it proved to be cancerous. (Advocate)

what life is like

Many incidents reported to the manager, were not brought to the attention of the doctor — a cancerous lump the size of a golf ball, medication above toxic recommended doses, gingivitis from poor dental care, a ruptured hernia, infectious sores, deep vein thrombosis, severe bruising, and injuries from being pushed down a flight of stairs. (Hostel Worker)

The man had significant support needs. He had visual impairment, amputations and had difficulty speaking. His prosthesis had been broken for over a week so he could not get around, and no one had done anything about it. (Advocate)

She had an abscess on a tooth. The doctor said she should be taken immediately to the Dental Hospital, which finally happened, two weeks later. This resulted in loss of the tooth, which could have been avoided. (Advocate)

In one hostel she got glass in her foot, but no one took any notice and it was a week before she was taken to the doctor. (Advocate)

The doctor has been known to prescribe medication and do mass inoculations by request of the manager. (Advocate)

The hostel manager finally arranged for him to go to the hospital to have his shoulder X-rayed. He was asked to come back again the next day for treatment, but there was no one to help him to organise to get there. (Advocate)

She is now living with 80 other people and has lost a significant amount of weight very quickly. (Advocate)

He has had several falls with injuries that have never been attended to. In one, his foot was broken and he ended up with having to have it re-broken and set a few weeks later because no one had done anything about it. (Advocate)

He fell in the bathroom and broke his ankle and nothing was done. (Advocate)

He said he hated the food and had stopped eating. His weight had dropped to 32 kilos. The manager said that he might as well die here as elsewhere. (Advocate)

The owner buys one brand of cheap, strong cigarettes with the highest tar content, and then sells them on to everyone at a profit. (Hostel Resident)

He has been on and off medication and he now has fragile health and has lost so much weight. He has had all his teeth removed and was given no replacements. He now has chronic smoking and drinking problems from the hostel's way of life. (Hostel Worker)

When this happened, improvement to personal appearance was often neglected with residents not having the opportunity to get implants or false teeth.

Many residents smoked, and cigarettes were used as currency and reward in some hostels. A few stories were told about how owners or operators bought cheap cigarettes by the carton and resold them to residents by the packet or individually at a neat profit.

Interestingly vision and hearing checks were not particularly addressed in the stories, however on questioning some informants, it appears these were not on the agenda. Basic preventative health care such as pap smears, mammograms, prostate checks, diabetes tests etc were also not supported or encouraged.

When people with disability with complex support needs are congregated together with few staff for support, their heath and well being are significantly reduced. Residents' health becomes neglected because the time and effort it takes to support vulnerable people is not available. People's health needs remain unknown or not addressed, and health services have the tendency to become rudimentary and standardised. This is likely to be compounded by people's devalued status with the assumption that they do not deserve the quality of health care afforded to others.

3.5 CLOTHING

• Residents are supported to ensure they have access to and wear clothing appropriate to the situation and climate.

The indicators for this standard cover having adequate well fitting clothing, shopping for own clothes, having storage space and means of identifying own clothing.

The industry standards expect residents to have decent clothing to suit the weather and general fashion, based upon their personal choice. Because disposable income is low, and because money management processes are often in place for people with complex support needs, buying clothing can be problematic. In supported accommodation hostels clothing is often very basic and sometimes bought in bulk, especially the essentials such as T-shirts and underclothes. For some, their clothes are always second hand.

For many hostel residents to purchase clothing of their choice, staff would need to accompany them to assist with the budget, size, suitability of look and fashion, or even help with dressing, as well as with transactions such as cash or lay by. Again this is problematic given such low staff ratios. Sometimes a large and very visible group from a hostel goes out shopping for clothes with a staff member. Such practice draws attention to the whole group as they descend upon a sales assistant to be served, as opposed to the ordinariness of two people shopping together, one of whom happens to have a disability.

Residents will often need help to ensure that clothes are changed regularly and that dirty clothes are put into the wash. A further complication is the laundering of clothes, which is often done by the supported accommodation facility. Because of harsh detergents and poor sorting of clothes, garments do not keep their appearance for long. Ironing is not an option in some facilities. Clothing also gets lost in the laundry process. The industry standard requires discreet marking of each resident's clothes so that they can be identified and returned to them. However this again requires some individualised time taken by staff to assist with the marking of every item of clothing and of their return to the person following washing. Again, although these expectations are safeguards for residents, they are institutional practices and very atypical in ordinary life.

what life is like

Staff go out and buy all our clothes and underwear. We don't get a chance to pick anything out. (Hostel Resident)

Not all residents have wardrobes so they cannot put their own things away or hang up any clothes. (Hostel Worker)

Questions should be raised as to why residents are buying their clothes from local second hand charity shops when receipts for clothing bought elsewhere, yet not given to them, were being given to the Public Trust Office. (Hostel Worker)

The family of a resident complained she did not have any appropriate summer clothes when she went to stay with them for the weekend. They went with her and bought her new clothes. (Hostel Worker)

A male resident had to wear a female's menstrual pads as no one had organised any incontinence aids for him. (Hostel Worker)

One man, who is unable to communicate verbally, sits on a chair all day dressed only in incontinence pants, a shirt and socks. He is dressed the same way every time I call. I have seen the staff feel his crutch to check if he is wet in front of any visitors.
(Advocate)

Clothing is more than just garments. Other accessories such as shoes, bags, hats and jewellery are part of ordinary life, as are makeup, perfume, aftershave and other toiletries that assist with ones appearance. No mention of these is made in the standards, perhaps wrongly assuming that people with disability with complex support needs have little interest in looking and feeling good. Yet, again from research, we know that if people with disability with complex needs are to be part of the life of the community, they are far more likely to be accepted if they look and feel good about their clothes and appearance. Unfortunately many people who live in supported accommodation hostels stand out and are rejected even further because of their unkempt appearance.

If people with disability with complex needs are to look reasonable, they need personalised supports to enable them to develop and express their preferences in clothing and have assistance with their care, enabling them to feel good and be seen more positively. Clothes are not just standardised objects to buy, wear and wash. They form an important part of the broader expression of personal preferences for colour, fashion, style, comfort, suitability and imagery, which are demonstrated in appearance, garments and accessories. People with disability inappropriately placed in supported accommodation hostels lose their identity in the grouped and standardised ways of buying and maintaining the cleanliness and appearance of clothes.

3.6 HYGIENE MANAGEMENT

- The personal hygiene needs of residents are met in a way consistent with individual needs and respect for dignity and privacy.

The indicators for this standard cover encouragement of personal and dental hygiene and support with personal care tasks such as showering, dressing, oral hygiene, shaving, and managing incontinence.

Personal hygiene usually remains one of the most private and sensitive matters for all people, requiring any support to be with the person's input and given in a down-to-earth but very dignified way. In most situations, if people are not members of the same family, the personal routines, toiletries and preferences for how things are to be done, and in what order, are not shared with others, yet need to be when support is required. When people live in grouped situations and have little privacy, yet need support to do some of the most basic self care tasks, many of the aspects of life that give dignity to the person are lost. This is very apparent in many supported accommodation hostels as the stories confirm.

Having open bathrooms and toilets, and shared personal care items such as soap, toothbrushes, washers, shavers and combs all add to the degradation of the people living together. Yet to support a large number of people in a personal way with very few staff is also very difficult. Keeping track of each person's personal toiletries, what brand they prefer, whose towel is whose, and when they need to buy new items, all become a logistical nightmare with a large number of people who need support. The way around this dilemma is to pool items and bulk order in institutional fashion. Another way is to develop very atypical routines such as having a staff member bath people at 4.30 in the morning so that help is available to prepare breakfasts at the usual time when people would normally be getting up and requiring that support. Smaller hygiene routines such as supporting or encouraging cleaning of teeth usually do not even make the agenda, with dire long-term consequences.

Institutional pooling of resources, towels and toiletries brings other negatives. Health is at stake with people living in such close proximity and sharing personal items. We heard stories about head lice, skin infections, mouth infections, sores, boils, ulcerations, gastric upsets, worms and herpes being transmitted from resident to resident. The kitchen and laundry processes around washing crockery and clothes also left much to be desired especially when people had open wounds or infections, or were incontinent.

what life is like

He is often incontinent at night, but he has no dignified supports such as incontinence pads or a kylie on his bed. Staff are encouraged to bribe him by rewarding him with cigarettes if he does not wet the bed during the night. This practice totally confuses him as he does not see any connection between the cigarettes and the incontinence. (Hostel Worker)

On the first morning when I was helping her to shower, a male resident walked in and took her incontinence pad. Apparently this was usual. This man collected the pads and disposed of them. I was shocked by this practice. (Hostel Worker)

She came home for the weekend. Her hair was heavily infested with lice and her fingernails were extremely dirty. (Brother of Hostel Resident)

Residents at the hostel paid $15 per month on top of their board and lodgings to pay for personal hygiene items. This entitled them to share toothbrushes, razors, deodorants, hair brushes, combs, towels and washers. No items were personally owned unless family stated this must be so and were vigilant that it happened. (Advocate)

People who were incontinent were woken at 4.30 am to be showered so that the single staff member had time after this to supervise the breakfasts for those who attended the local sheltered workshop. (Hostel Worker)

Residents were charged extra for laundry services each week, but the cheapest washing powder was used. This was particularly problematic when urine or faeces were being washed out or when blood stains were on clothes or bed linen. (Advocate)

Because she is incontinent, the manager has said she is not allowed to go out anywhere. There are no incontinence aids used, so they leave her on the toilet for an hour or so until she obliges. They put octopus straps around her to keep her on the toilet and also use them on her chair. (Advocate)

Plastic garbage bags were used on the beds of people who were incontinent. (Hostel Worker)

Residents have to share all toiletries and other personal items with one another. (Advocate)

In many supported accommodation hostels we heard stories about residents' incontinence, sometimes caused by heavy alcohol use, other times by lack of ability to toilet oneself, or by the combination of age, disability and distance from the toilet during the night. In these stories incontinence aids were not being used, or if they were, people were inappropriately supported to use them. Complaints were made about the stench of urine, the use of padded pants as daytime outer clothing, the use of garbage bags on beds and inappropriate processes of disposing of pads in some hostels.

Interestingly the issue of menstruation was not raised, except in relation to soiled laundry and poor maintenance of underclothing, or regarding its prolonged absence via the long-term use of birth control methods.

When large numbers of people who need personal care supports are housed together, their personal hygiene is taken care of by workers, often resulting in standardised handling without privacy, acknowledgement of personal preference or use of personal toiletries. With few support staff, personal care routines become atypical and mechanised, and life revolves around the availability, capacity and sensitivity of staff. People with complex support needs endure great loss of dignity as well as poor health and hygiene as a result.

3.7 LIVING ENVIRONMENT

- A safe, comfortable and homelike environment is available for residents.

The indicators for this standard cover non-regimented, minimalist routines, having a range of possessions to personalise décor and own living area and having home-like furnishings.

Usually in any living environment there are typical expectations about the routines of daily life and how time is used. Accordingly, the times when a person gets up, goes to bed, eats, bathes, sleeps or is engaged in meaningful activities would usually be expected to be similar to and within the general norms of our society and culture, as would the rhythm of daily and weekly life, the seasons and the year. However on examination of hostel life, many facilities have very atypical routines, not only of activity, but also of timing. Each day for some, especially those who have a disability and complex support needs, can be much the same as the next, with little going on except the basic subsistence tasks of life. Even routine tasks are done at different times than would happen in a typical household.

When people with complex support needs are congregated together, then atypical regimes are established to manage the situation in the most convenient way. The staff usually define residents' lives to fit to their convenience so that tasks are done when staff are available or when the management of people's behaviour allows for ease and least disruption. This is how dinner gets served at 4.30pm (the cook goes off at 5.00pm) or that people are in bed by 7.00pm (residents are easier to supervise with one staff member at night when they are in bed early). Although convenient and cost effective, these routines can only be described as institutional yet, unfortunately, many supported accommodation hostels operate this way.

Although the standards also encourage people to have their own possessions, one of the major concerns, highlighted by earlier stories, was the theft or destruction of people's personal property. This happened because of poverty, close living and people not having secure rooms or places to leave valuable or personal items. When violence was a problem breakages were a result, and sometimes possessions were stolen or traded as part of drug or pay off deals with others.

what life is like

Life in the house has a set routine. Residents are up at 5 am to have showers and are put to bed by 6 pm at night. (Hostel Worker)

He lives in his room all day and at times he has been locked in. His meals come to his room. He has the TV running all day, usually on children's programs. Other residents wander around aimlessly and come into his room frequently. They hit him and pull his hair. He has few possessions and any furniture has pieces missing or broken. His health and hygiene are poor. He is not supported to bath and looks dirty. (Advocate)

The place can only be described as being institutional. (Advocate)

Once you come to live here, these hostel walls become the boundaries of your life. (Hostel Resident)

Two standards were apparent in the hostel. It was generally acknowledged that people and their possessions were safer if they had interested families who visited frequently. (Advocate)

Their personal space is a bed and a cupboard. There is nothing personal about the place or anything that could be considered homely. (Advocate)

The front door of this converted house where 24 people live is always locked and residents cannot leave voluntarily. (Advocate)

Theft was described in stories on three levels; by people from outside the facility, by co-residents and also by staff. Stealing ranged from taking larger items such as bicycles to radios, personal clothing and mementos. Laundering of personal items was also a source of loss. In places where people had private possessions, clothes, towels and bedding disappeared. This was a constant frustration for families who kept connection with a family member with disability.

In comparison with ordinary everyday aspects of home life, the nature of the living situations in supported accommodation hostels and boarding houses is very institutional. When large numbers of people with complex support needs live together, routines become very regimented and atypical and the environment becomes devoid of the personal possessions and touches that help to make grouped housing into a person's ordinary home. Daily life becomes the domain of staff who manage and control the various activities that need to be done as well as the people who live there. In this way people's lives are programmed to fit in with certain routines. They lose their sense of ownership and pride in their home, having little capacity to make any real personal effect on their environment.

3.8 LEISURE INTERESTS

- The rights of residents to independence and freedom of choice in pursuing activities of interest to them is recognised and encouraged.

The indicators for this standard cover knowledge of residents' interests, information on activities in house and in community, and support to attend activities.

Recreation and leisure did not seem to rate priority in the facilities we heard about. Most people described life as devoid of stimulation and of opportunities to take up or explore personal preferences or interests. In-house activities were limited because of lack of support staff and the difficulties involved in keeping personal things safe. Watching television and hanging around seemed the most usual ways that residents filled in time.

External activities often involved money and transport, both of which were not readily available to residents given the cost of their board and lodgings. The most common activities outside the living environment seemed to be grouped and segregated, with some people attending sheltered workshops run by a statewide community based service for people with an intellectual disability (hardly a leisure activity), some other people, including young people, attending day respite facilities with aged people. Some residents attended local churches, but this seemed mostly to be just going to a service and not having further contact with the church community, except in the rather inappropriate example adjoining. We were not told stories of how people's interests were supported.

An additional difficulty in involvement in outside activities is that they do not revolve around the same routines as the facility does. For example, a person might need to be up and dressed earlier than usual to go to a particular event, or alternatively an afternoon activity might end at 5.00 pm, but this could mean that the resident misses out on dinner which is served at 4.30. At night the person may not be able to get in because the doors are locked and they have no key. Staff members may also need to assist or encourage the person to look good, to have clean and appropriate clothing, to ensure that they have enough money to pay for things, or even to organise transport to and from the venue.

Many people with disability living in hostels and boarding houses have lost their connections with family and community life or may have lived very isolated lives before becoming residents. When people have complex support needs they need assistance to connect and access community life, as well as to participate and contribute in valued ways, otherwise they remain isolated. This is best facilitated individually with development of ordinary community connections and networks. When people live in supported accommodation hostels and boarding houses this task becomes very difficult and at best, group outings might be organised. However these do little to fulfil the criteria of the standards that emphasise individual identity, personal choice and meaningful relationships.

what life is like

They sit around all day waiting for food to punctuate the boredom. (Advocate)

Only a few residents go out and that's to day respite with aged people. (Advocate)

Some people stayed at home all day with the TV turned on in a common room. There were few outings for anyone, only one or two a year. Some people attended church on Sundays. (Hostel Worker)

The workshop notified the hostel that they were having a barbeque and that people needed to bring $5.00 to cover the cost of lunch and drinks. The resident was told that the BBQ cost too much money and they couldn't have it. (Community Agency Worker)

In addition to their board and lodgings, residents were charged extra for any transport and all outings. (Advocate)

The men sit on the verandah smoking all day and the women sit inside watching TV. Life is spent this way, waiting between meals. (Advocate)

There are no organised activities. They go out once a week to a church group, but unfortunately they tend to play patronising children's games there. (Advocate)

Nothing at all happened for him during the day. He just sat around. (Parent of Hostel Resident)

Residents had nothing to do, no newspapers, books or other forms of stimulation. Staff used to bring things in on weekends and hire videos themselves for people to watch. (Hostel Worker)

He rarely went out. If he did with me, he was given another resident's wheelchair and was carried downstairs by two residents. (Advocate)

what life is like

Hostel residents are even more vulnerable when they do not have regular family contact or do not have family or friends who care about them. This is especially so when they incur the manager's disfavour, or when they are non-compliant, or when they challenge or query anything. (Advocate)

When outsiders visit the hostel, residents are said to be interrogated by the manager to find out what has been said to them. (Advocate)

It seems that residents are deliberately kept isolated from any connections with community life. Residents have no access to a phone even to speak with family members. (Advocate)

The sign on the hostel gate reads, 'No Admittance. By appointment only.' (Advocate)

Daily life happens within the house with very little contact with anyone in the outside world. (Hostel Worker)

3.9 PRESERVATION OF SOCIAL NETWORKS

- The importance of preserving family relationships and informal social networks is recognised and supported.

The indicators for this standard cover encouraging contact with friends and family and making them feel welcome to visit.

Although many people who live in supported accommodation hostels and boarding houses are isolated from family and community life, some do retain relationships with significant people. For those who do not have connections it may be that over time people have drifted apart or not kept contact, or that things have happened in their lives that have been quite traumatic requiring a healing process to occur. People may need to be reconnected with loved ones and/or enabled to develop new relationships, as it is widely recognised that relationships are not only the stuff of life, but also are the greatest safeguard for vulnerable people.

When people with disability with complex support needs are isolated, they become much more open to risk and harm. As corroborated by research into institutional life, people with disability who live in institutional settings, are more vulnerable when families or friends are not involved in their lives to ensure their safety and well being. Our stories confirmed this reality. In some supported accommodation hostels, families and others external to the facility were not valued. External people were seen as unwelcome and as negative influences on people living there. Some owners or operators saw families as not having any legitimate interest in the resident and actively discouraged their contact.

Even when families are welcomed, they tended to find that visiting a facility where a large number of people are housed quite a daunting experience. Fuelled by lack of privacy, the usual roles of family life, as well as significant events such as birthdays, cannot be played out or celebrated easily in a large gathering of onlookers. Reciprocal roles for residents are also lost as they do not have the support to play positive roles or to acknowledge an important event by phoning, hosting a meal or sending a card or present to recognise a birthday or other significant event in the usual ways.

When families or significant others are witness to hostel life they will often raise issues with the management when they feel their loved one or friend is not having a reasonable life. Making complaints can alienate the family (and sometimes the resident) even further when people are made to feel that they should be beholden to the facility for housing their relative or friend. As many families and other significant contacts do worry about the health, well being and treatment of people with disability in hostels, it is quite reasonable to expect that many will want to know when and why a relative or friend has gone into hospital, why someone is badly bruised, why personal possessions have gone missing, why the person is unkempt when they visit, or why the person has no money and it is not clear what has happened to it. These are legitimate concerns, even though the facility may not want not answer them.

Family and significant others play a crucial role in the lives of people with disability with complex support needs, being their greatest safeguards to having a reasonable life and ensuring that they remain free from harm. Residents require support to maintain or develop relationships and typical roles with family members and with others who can become important in their lives. Yet in congregated living situations such as hostels and boarding houses, families and friends are usually not welcomed, and even if they do visit, they cannot play out any typical roles involved in family life or in friendship, often having to take on the role of informal advocate because of their concerns.

what life is like

The manager would put her name down as the person's next of kin when a resident went to hospital. This was so that the families were not informed. (Hostel Worker)

Currently his relationships are only with other residents in the hostel. (Community Agency Worker)

Former workers from another agency were concerned about her and continued to visit her informally. When violence erupted, a Disability Services Queensland worker transferred her to another hostel on the opposite side of Brisbane, so she left her known neighbourhood and the people who had continued to take an interest in her welfare. (Advocate)

what life is like

Staff do not understand what duty of care is. Residents are allowed to make very bad decisions that are life threatening, yet the very ordinary everyday choices of life are not available to them. (Advocate)

Residents have no choice about anything in their daily life. The daily routine is very controlled with set times for everything. Residents must be in bed by 8.30 every night. (Advocate)

He is in his twenties and they put him in a room with a non-English speaking man in his late 50s, so they had little in common and couldn't communicate. (Advocate)

He found the operators very controlling as they tried to police all his movements. (Community Agency Worker)

They don't have any discussions about what he likes or what could be happening to make life better for him. (Advocate)

3.10 CHOICE AND DECISION MAKING

- Residents participate in the decisions about the services they receive.
- Residents are able to exercise choice and control over their lifestyle if this does not unreasonably infringe on the rights of other residents.

The indicators for this standard cover seeking each resident's input about the service, gaining consent about personal care activities done on their behalf, avoiding high-risk activity and having the right of inviting significant others to support decision making affecting daily life.

Many issues around choice and decision-making have been discussed in the earlier section relating to the standard of independence and freedom of choice, as well as in other sections about daily life. As pointed out, the opportunities for choices in daily life become much more restricted when a large number of people with disability with complex support needs live together with minimal staff to assist them. For example, it is very difficult to offer any choice to each of ten residents about how and when they will have their shower, if only one staff member is available and they have been allocated an hour to support all ten people prior to breakfast, which is at the regimented time of 7.00 am. Even when external support is available for personal care, difficulties with choice can remain. For example, if community nursing is involved, a resident may have a different person attending each day at a time to fit with a schedule of others who they must also visit.

Institutional life also has no opportunities for the ordinary spontaneity that can happen in other households. – The weather is great. We could have lunch on the verandah today! Let's look at the great movie on TV late tonight! Why don't we grab a sandwich and go to the free concert in the gardens? These opportunities to seize the moment are lost when large numbers of people live together.

In spite of the reality that most of the little decisions and choices in daily life are controlled by the policies and practices of institutional life, some crucial decisions relating to the person's or others well being are not addressed at all. This is commonly how some people with disability get the label of having challenging behaviour, which can be a way that owners, managers and staff step back from their duty of care and do not have to deal with supporting people who have difficulty in making constructive choices. However the issue here is about people's vulnerability.

People with disability with complex support needs may need support in decision making so that the options and choices that they seek and make in daily life do not bring great harm to themselves or to others. Although this is a key issue for the understanding and performing of this standard, the difficult moral dilemmas in making decisions on behalf of someone else are not addressed in relation to how such decisions are made. This is all about actively doing something in the best interest of someone else, especially when the person is making very poor and very harmful decisions for themselves. This is a very difficult area of support, as the person who is assisting has to walk the fine line between too much control and too much badly considered choice. Although guardians and advocates juggle with these moral dilemmas constantly, these people are not on the ground in everyday life, so that support staff are constantly faced with these dilemmas.

Some clear examples where vulnerability is paramount and allowing choice may not be the highest moral order are when a resident who has a mental illness stops taking their tablets and becomes suicidal or psychotic, when a resident with intellectual disability is prostituting themselves for cigarettes, when a resident with alcohol dependence is not eating, when a person who is clearly ill does not want to see a doctor, etc. In such situations decisions may need to be taken in the best interest of the person. However even these decisions need to be closely monitored. When no external people are in a person's life, residents in congregated care can become caught in the ways that their custodians make important decisions on their behalf.

When people with disability with complex support needs are inappropriately placed in supported accommodation hostels and boarding houses, their choices and decisions about personal care and preferences in daily life at home are not available. Their life must fit in with the personal routines of others and available support. This is further complicated by their vulnerability, as sometimes they do need support with decisions that need to be taken in their best interest, because of poor decision making that leads to high risk and harm to themselves or others. These 'best interest' decisions cannot be handled in an institutionalised way, as they are very individual and require deep knowledge of the person and an understanding of the complex moral dilemmas faced.

what life is like

The staff locked her cupboard because she would decide to change what she was wearing during the daytime. (Advocate)

There were many double standards around choice. For example the manager of the hostel would not allow residents to smoke in the hostel, yet she would smoke on duty in their presence. Residents would only be taken to buy second hand clothes yet she would parade all her new clothes. (Community Nurse)

People continue to be 'done to' as though they are some kind of objects, instead of being human, having choices and being involved in living life. (Advocate)

This section considers how the State Government is addressing the issues of vulnerable people with disability and the implications of their responses.

3.1 The effect of legislation on the private service system and the results for people with disability.

With the registration of all supported accommodation hostels and boarding houses now expected by law, a number of new concerns are being identified. Four trends have become apparent since the enactment of the legislation.

3.1.1 The movement of people from inner city areas to the fringes

Some private providers have sold their inner city facilities during the housing boom and have moved to cheaper accommodation in the outer suburbs, taking their charges with them. Whilst some have taken over disused nursing homes, others are choosing to set up in a number of smaller group style houses and are promoting a disability service identity. Others have considered operating below the radar in small suburban or rural houses where they may not be identified or picked up easily under the new regulatory regime.

For people with disability with complex support needs this has meant that facility owners have moved people without any planning or choice and have dislocated them from the communities where some have lived for many years. Some of these new facilities are very large and institutional. Others are small, hidden and isolated, yet still institutional, and can be some distance from transport and other forms of community infrastructure.

Some new facilities are large, others are small. Most control all aspects of residents' lives.

3.1.2 The false illusion of separation of support, yet creation of all of life control

Some private providers appear to be considering separating housing and support services by setting up two different companies. This gives the appearance of separation of landlord and service provider roles and of external involvement by outside agencies. Yet all of life control remains in the hands of the same people who remain as directors, with rent and fee for services exchanged through business arrangements using different company names.

For people with disability with complex support needs, having the same people in control of all decisions and attempting to meet needs in every aspect of life, often without access to or scrutiny by others, heightens their vulnerability incredibly. People can be moved at whim or lose their housing if they are seen to be challenging or if their supports do not work out. This point contravenes the *Disability Services Act 1992*, which recognises people's potential vulnerability by stating the objective of *having no single agency exercising control over the life of the person.*

3.1.3 The loss of affordable housing stock

Housing stock is being lost on 2 levels, in numbers and in affordability. The numbers of beds in places where people can stay is reducing, and in supported accommodation hostels, people must pay most of their pension, rendering this form of housing unaffordable, as people have so little disposable income left to live their lives. Already the impact of the legislation has seen many hostels and boarding houses close as they have not met with the fire regulations or have not had the capacity, the will, the know how or profit margin to upgrade and become registered, let alone accredited, under the new Act.

Redevelopments, public liability, escalating costs, age of premises, and new requirements have all influenced the change. The rate of loss in the sector has increased over the past year with over 40 places per month gone in Brisbane as well as many others in regional and country areas. Now that the deadlines for fire safety and registration have passed, the rate has increased, with more hostels and boarding houses closing or likely to be closed.

Loss of affordable housing has increased over the past year with over 40 places per month in Brisbane alone, (Brisbane City Council).

Despite heightened vulnerability when housing and support are lost, no strategy has been planned for people with disability with high or complex support needs who have been inappropriately placed in hostels and boarding houses. People living in supported accommodation hostels are particularly at risk and require planned, resourced responses so that they do not end up in yet another inappropriate situation. Although the old adage still applies that a bed in a facility is not a home, no recognition has been given to the need to create homelike alternatives where support is available to meet complex needs so that people with disability enjoy a decent quality of life.

The State's Residential Services Closure Response does not identify this group as being at particularly high risk, nor does it put forward plans for meeting their needs or allocate resources to develop new alternatives. As part of the coordinated interagency response, the involvement of Department of Housing, Queensland Health, Disability Services Queensland and Department of Families is merely to assess people's needs and eligibility for existing services and to implement change within existing agency resources.

Despite heightened vulnerability when housing and support are lost, no strategy has been planned for people with disability with high or complex support needs who have been inappropriately placed in hostels and boarding houses.

Some facilities are handling closures themselves so that people with disability are being moved around or traded with other facilities including other hostels and boarding houses, as well as aged care facilities where already an alarming number of young people with disability have been sidelined. Some others are disappearing into old networks from whence they will reappear somewhere down the track when they wear out their welcome. There have been stories of others being found with packed bags at the local railway station not knowing where to go. As there is little capacity or intent to monitor and track outcomes with individuals who are affected by closures, fear is held for their long-term safety and well being.

3.1.4 The development of private institutional monopolies

One huge fear in the disability sector is that some big institutional operators will become much bigger and that new national and multinational companies will exploit this failing industry and become interested in trading places and people for a price. This could mean that facilities and their residents could be bought and owned and large vested interest monopolies will be developed, which will have a strong lobbying base to ensure the continuation and growth of these new institutions. This trend will be fuelled by economy of scale, which will further drive out the smaller private agencies and attract big business.

The sector is concerned about opening up the possibility for large corporate ownership of facilities and people, supported by individual funding packages.

The result could be that more powerful owner providers will have centralised control of a number of residential facilities as well as the associated service provision. They could be easily compensated and well subsidised by the State Government's individualised funding packages attached to people with disability, or even by block funds from government via services provided by external community based agencies. For people with disability this may mean living in more modern facilities, but having no option but to pay for minimal services and to be resigned to an institutional, poor quality lifestyle.

Such a solution takes service provision for people with disability back over half a century.

3.2 Poor Service Can Bring Big Profit

Up until now many supported accommodation hostels and boarding houses have been able to run their businesses as profitable concerns. This has been because the standard of support has been very basic and assistance has been group based and spread very thinly across a large number of residents.

The following conservative figures were estimated by a chartered accountant, and are based on details of a court hearing held in 2000 following an action that was taken by a local residents' group against a local authority and the owner of a hostel. The action was taken because of the concern about the lack of support and care of residents living at the facility. Details of the general operations were obtained from the court transcript and documents lodged with the court. The figures used were based on carefully considered estimates and are generally greater than the percentages contained in the 1998 report by Price Waterhouse Coopers for the State's Hostel Industry Development Unit.

The supported accommodation hostel had the capacity to house 60 residents and at that stage the usual rate charged to residents was $389 per fortnight. The hostel had no paid employees, but gave a rent discount to 5 people for the work they did. An additional cottage was on site and it was also rented out at $160 per week.

The gross yearly income from board and lodgings for 60 people even at the much lower rate of $350 per fortnight would be $546,000, plus the rental of the cottage on site at $160 per week of $8,320 would give a total of $554,320. The discount to residents for work done could be estimated at $50 per week for say 10 people giving $26,000, which could be taken from the above amount as well as a deduction for a 5% vacancy rate of $26,416. This would leave a total yearly income of $501,904.

Estimated outgoing costs were bank charges of $2,000, depreciation of $4,500, electricity and gas of $6,000, food and supplies of $83,220, insurance of $5,400, interest of $3,200, laundry of $4,000, equipment hire and lease of $3,000, rent outgoings of $99,252, licenses and permits of $2,000, vehicle costs of $12,000, stationery of $2,400, professional fees of $3,000 repairs of $18,000, Sundries of $2,000 and phone of $8,400. The result would be total operating expenses of $258,372.

The estimated yearly income for the owner of this hostel would be at least $243,532.

The landlord purchased the property in June 2000 for an outlay of $605,000.

Each week twenty people were fed for $350. This amount included the buying of all personal care products and all cleaning products. At this stage residents were paying $210 per week for board and lodgings.

In another supported accommodation hostel, a staff member was asked to take over the role of buying the weekly food and supplies for the owner. She was given a set budget of $350 from which she was to buy all the requirements for the week.

The gross yearly income from board and lodgings in this particular hostel, which was a large suburban home, would have been $218,400. Out of the $4,200 collected weekly from the residents only a paltry $2.50 per day, or $17.50 per week was being expended on each person's food and other basic necessities.

The average cost paid by each resident in one supported accommodation hostel last year was calculated to be between $11,000 and $12,500. This figure was estimated by an advocacy agency based on reports of individuals' monthly expenditure invoiced to the Public Trustee. The figure was in excess of the full pension at that time. On top of their board and lodgings, residents also had to pay for personal hygiene costs, medication, washing, take-away meals, cash advances, outings, transport, hair cuts and contributions to other residents birthdays, all of which were paid directly to the hostel owner.

QAI believes that the accounts of businesses running supported accommodation hostels must be open to scrutiny as part of the accreditation process, and that the costs incurred by residents be monitored more closely by the Public Trustee if they hold jurisdiction to ensure that the quality of supports are adequate and that residents are not being exploited.

3.3 A Cost Neutral Response By Government?

The State Government continues to refer to the reform of the hostel and boarding house sector as being ***cost neutral*** **or** ***within existing agency resources***. The response may be cost neutral in relation to people with disability who are inappropriately placed, however the whole exercise of reform is costing the allocated **$12.5 million** plus an undisclosed fortune tied up in the infrastructure of government bureaucracy, in the government's support of the hostel and boarding house industry, and in bandaid responses which do little to change the nature of institutional life for people with disability with complex support needs.

The response may be cost neutral in relation to people with disability who are inappropriately placed, however the whole exercise of reform is costing $12.5 million plus further millions in government infrastructure.

3.3.1 The State Superstructure

The State Government planned reforms to hostels and boarding houses include:

- Enhanced responsibility for the State Government's Residential Tenancies Authority through their administration of the *Residential Services (Accommodation) Act 2002*
- Establishment of an accreditation agency in the Department of Tourism, Racing and Fair Trading to administer the *Residential Services (Accreditation) Act 2002*
- New pilot resident support services to be implemented through Disability Services Queensland and Queensland Health in a number of regions
- An enhanced role for the Community Visitor Program of the Office of Adult Guardian to ensure premises covered by the new laws are defined as visitable sites so that Community Visitors can visit premises on a regular basis to discuss issues relating to residential service provision and assist in identifying appropriate solutions for residents
- An enhanced role for the Tenancy Advice and Advocacy Services Queensland to ensure residents are provided with information, advice and support about their accommodation rights and responsibilities
- Industry viability measures involving affordable loans and grants scheme for residential services providers, industry training, business system support and monitoring of industry viability.

BUT

At what economic cost?

For what outcomes for vulnerable people with disability?

The extent of the involvement of different players who have a stake in the reform is far reaching. The following agencies give some indication of the breadth of involvement and the resources that are really tied up in this reform process.

STATE GOVERNMENT LEVEL:

Premier and Cabinet
Justice and Attorney General
Adult Guardian
Pubic Trustee
Public Advocate
Fair Trading
Housing
Residential Tenancies Authority
Disability Services
Health
Families
Emergency Services
Local Government and Planning
Treasury

STATEWIDE COMMUNITY LEVEL:

Industry Bodies
Housing Peak Bodies
Service Peak Bodies
Disability Peak Bodies
Professional Bodies
Lobby Interest Groups
Advocacy Agencies For People With Disability
Advocacy Agencies For Aged People
Tenants' Union

GOVERNMENT SERVICES AT THE LOCAL LEVEL:

Local Government
Fire and Rescue Service
Housing Area Workers
Hospitals
Community Health
Community Mental Health
Centrelink
Police
Community Visitors

COMMUNITY LOCAL SERVICE LEVEL:

Individual Advocacy Agencies
Resident Support Program Agency Providers
Home And Community Care Health Care Providers
Community Disability Services Providers
Tenancy Advice and Advocacy Services
Community Housing
Local Community Groups
Local Church And Welfare Groups

Most additional money is going into State Government Departments and Authorities with massive new bureaucratic infrastructure created to implement and monitor the new legislation. The following examples of some of the new sections, committees, advisory bodies, networks, response groups and evaluation groups not only give some idea of use of money but also highlight the additional hidden administrative costs that result in little change or positive outcomes for those people with disability who have been inappropriately placed.

Establishment of a massive Bureaucratic Infrastructure.

Residential Services Sector Coordinating Committee

Role:
Coordinate State Government Reform Action

Meetings:
Quarterly or more frequently

Chair and Secretariat:
Department of the Premier and Cabinet

Membership:
Department of the Premier and Cabinet
Queensland Health
Disability Services Queensland
Department of Housing
Department of Tourism, Racing and Fair Trading
Residential Tenancies Authority
Office of the Adult Guardian

Participant observer status:
The Public Advocate

Discretionary membership:
Queensland Treasury
Department of Families
Department of Employment and Training
Emergency Services
Department of Local Government and Planning
Public Trustee.

Residential Services Sector Coordinating Committee

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Residential Services Stakeholder Advisory Council

Role:
Provide advice to the State Government regarding the ongoing reform

Meetings:
Quarterly

Chair and Secretariat:
epartment of the Premier and Cabinet

Membership:
***State Government:**
Department of the Premier and Cabinet
Queensland Health
Disability Services Queensland
Department of Housing
Department of Fair Trading
Residential Tenancies Authority
Office of the Adult Guardian
The Public Advocate
Others as appropriate

***Industry sectors:**
Supported Accommodation Providers
Boarding House Owners and Operators Aged Care Queensland
Property Owners Association
Real Estate Institute of Queensland

***Resident population group:**
Queensland Disability Housing Coalition
Queensland Disability Network
Pensioners and Superannuants League
Tenants Union of Queensland

***Support service provider representative:**
ACROD

***Local Government:**
Local Government Association of Queensland

***Training representative:**
Queensland Community Services and Health Industry Training Council
Additional stakeholders as appropriate

Residential Services Stakeholder Advisory Council

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Residential Tenancies Authority

Role:

Administration of the *Residential Services (Accommodation) Act 2002*

- Provision for written residential services agreements between service providers and residents so that each party is clearly aware of their rights and responsibilities
- Inclusion of standard terms and house rules in residential services agreements, as well as the amount of rent payable and the components of the rent attributable to accommodation, any food service, personal care service or other service
- Provision for rules to be made and given to residents by a service provider in specific areas such as the use of shared facilities, parking, noise
- Processes for residents to dispute rule changes
- Requirements to maintain rent receipts and records
- Procedures for rent increases and decreases
- Prohibition of the seizure of a resident's goods in lieu of rent or another amount due
- Requirements for the handling and lodgement of rental bonds with the Residential Tenancies Authority
- Grounds for entry to rooms by service providers and procedures which must be followed
- Procedures to deal with disputes between residents and service providers including a three-stage dispute resolution process involving self-resolution, conciliation, and if necessary, arbitration by the Small Claims Tribunal
- Notice periods for the termination of residential services agreements either by providers or residents.

Residential Tenancies Authority

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Residential Services Accreditation Branch - Office of Fair Trading

Role:

Administration and compliance monitoring of the *Residential Services (Accreditation) Act 2002*

- To protect the health, safety and basic freedoms of residents
- To encourage service providers to improve the conduct of their residential services
- To support fair trading in the residential services industry.
- Regulate the conduct of residential services through:
  - development of industry standards
  - registration

    Level 1 – Accommodation

    Level 2 – Food Services

    Level 3 – Personal Care Services
  - accreditation of premises
- Encourage residential service providers to embark on continual improvement of their service
- Monitor the impacts of regulation on the industry and residents
- Promote the standards and accreditation system including its values and purpose among key stakeholders and broader community
- Build and continue to improve the organisational capacity of the industry to provide the highest quality service to clients.

Office of Fair Trading – Residential Services Accreditation Branch

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Statewide Central Offices Project Working Group

Role:
Responsible for managing operational issues in relation to project plans including the Resident Support Services project plan.

Representatives from central offices:

- Queensland Health
- Disability Services Queensland
- Department of the Premier and Cabinet
- Other relevant Government Departments as required
- Department of Housing
- Department of Fair Trading
- Reports to the Residential Services Sector Coordinating Committee
- The project managers of Queensland Health and Disability Services Queensland provide updates and reports on Resident Support Services

Statewide Central Offices Project Working Group

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Centrally Based Closure Network

Role:
Central point of coordination, accountability and information regarding closures of hostels and boarding houses

Convenor:
Department of Housing

- Ensure liaison happens across departments as part of the Queensland Government Interagency Residential Services Closure Response Protocol
- Monitor and evaluate the effectiveness of each closure response.

Essential Membership:
Department of Housing
Queensland Health
Disability Services Queensland
Department of Families

Supplementary Membership:
Queensland Fire and Rescue Service
Office of the Adult Guardian
Department of Local Government and Planning

Centrally Based Closure Network

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Local Response Teams

Role:
Oversee a collaborative approach to any closures
Respond to resident need as guided by local knowledge and resources

Convenor:
Department of Housing

- Assessing needs of residents
- Rehousing of residents
- Finding supports for residents in already existing services
- Managing disputes
- Aiding assistance for rent, return of bonds
- Ensuring residents do not fall through service gaps

Essential Membership:
Department of Housing
Queensland Health
Disability Services Queensland
Department of Families

Based In 17 Area Offices

Supplementary Membership:
Tenant Advice and Advocacy Queensland
Local Residential Services
Local Community Agencies
Office of the Adult Guardian
Public Trustee
Queensland Fire and Rescue Service
Local government Authorities
Centrelink
Queensland Police Service

Local Response Teams

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Adult Guardian – Community Visitors Scheme

Community Visitor Role:
Safeguarding the rights and interests of people with an impaired capacity

People with impaired capacity with the following labels:

- mental illness or psychiatric disability
- intellectual disability
- acquired brain injury
- dementia
- Providing people called Community Visitors to visit people with impaired capacity who live at visitable sites (places where a person with impaired capacity is supported by a paid service provider)

With possibility of further action by the Adult Guardian

- Help people to resolve any complaints by providing them with information about their rights, dealing with any concerns about abuse, and making referrals to other agencies for assistance where needed

Community Visitor

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Adult Guardian Role:
Appointed to protect the rights and interests of adults with impaired decision-making capacity.

- Acting as their decision-maker in certain circumstances
- Giving advice and information about decision-making on behalf of adults with impaired capacity
- Investigating allegations of neglect or abuse, whether physical or financial
- Advocating on their behalf with service providers, government and other agencies
- Can investigate if there is a report of exploitation, abuse or neglect of a person with impaired capacity
- Can be responsible for making decisions on health matters on behalf of an adult with impaired capacity
- Has the authority to conduct an audit, and obtain a warrant to remove an adult who is being abused, exploited or neglected if a person is found to have behaved irresponsibly

Broad investigative powers with authority to:

- Require someone to produce records and accounts
- Audit accounts
- Obtain access to any relevant information, including medical files and financial records
- Issue a summons ordering a person to provide information
- Obtain a warrant to enter premises and remove a person from danger.

Adult Guardian

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Queensland Fire And Rescue Service

Role:

Inspections of buildings to ensure they meet required fire safety standards as well as fire safety procedures, installations and records within a building to determine compliance with appropriate legislation and regulations.

- The installation of an early warning system and emergency lighting
- A schedule of work intended to be carried out to bring the building into compliance with the standard
- Any additional measures taken by the owner or occupier to address fire safety in the building
- Monitoring implementation of a fire safety management plan: premises information, number of occupants, fire safety installations, maintenance schedules and records, evacuation plans and training, building plans

Queensland Fire And Rescue Service

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Local Government and Planning

Role:

Production of documents to provide guidance to certifiers and local government on local laws and building legislation associated with the new legislation

- Fire Safety In Budget Accommodation Buildings giving information about accommodation and legislative changes.
- The Fire Safety Standard about amendments with explanatory notes giving an overview of the proposed changes to assist users Standard in identifying where the changes appear
- Fire Safety Standard Guidelines to help budget building owners, local government officers, fire officers, consultants and designers in bringing budget accommodation buildings into compliance with the Fire Safety Standard
- Fire Safety Case Studies providing information to assist owners or operators of budget accommodation buildings determine how the fire-safety legislation applies to a specific type of budget accommodation
- The Building and Other Legislation Amendments
- Residential Services Legislation giving background information, contacts and links on local laws and building legislation.

Local Government and Planning

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

3.3.2 Direct And Indirect Support To Industry

Several grants to supported accommodation hostels and boarding houses have been made available by the State Government to upgrade premises and to train residents about the new Acts. In addition, some resident support services have also assisted in propping up some supported accommodation hostels that provide inadequate supports on site.

Residential Services Industry Building and Fire Safety Improvements Financial Assistance Packages

Residential Services Industry Building and Fire Safety Improvements Financial Assistance Packages

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Available from:
Department of Housing

Role:
Financial Assistance Packages to help in meeting the cost of installing early warning smoke alarms and emergency lighting systems, as required by the new fire safety laws

Aims:

- To support hostel and boarding house owners to comply with the prescribed building and fire safety requirements and standards under the *Residential Services (Accreditation) Act 2002* and regulations
- To modify or upgrade premises
- To assist with costs associated with the capital works and improvements

Two types:

- Conditional grant of $350 per resident up to the maximum number of residents who can be accommodated
- Principal and interest loan from $10,000 to $140,000.

Community Education Grants

Community Education Grants

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Role:
Special One-Off Funding Grant For Projects Relating To The *Residential Services (Accommodation) Act 2002*

Available from: Residential Tenancies Authority
Amount: $15,000 to eligible organisations
Aims:

- To develop and deliver information and education for residents of supported accommodation hostels where personal care and accommodation services are provided (Level 3)
- To respond to specific information needs identified by residential services stakeholders
- To provide information and support for residents so they can understand their rights and responsibilities under the Accommodation Act and sign a residential service agreement.

Public Grants Scheme

Role: For non-capital items and non-recurrent projects to educate about the Residential Tenancies Act 1994 and/or the *Residential Services (Accommodation) Act 2002*

Available from: Residential Tenancies Authority

Amount: $120,000 to eligible organisations
Up to $12,000 each (more if a good proposal of benefit for the community)

Aims:

- To run education programs for residents of hostels and boarding houses
- To conduct research on education programs

Public Grants Scheme

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Resident Support Services (Targeted Response Model)

The now renamed Resident Support Services, (the old Targeted Response Model) is another way of offering assistance to some facilities where it has been recognised that residents were not getting appropriate support. Although these residents may be benefiting by having a little more personal support or a little more organised activity in their life, the status quo of institutional home life is being supported and maintained by these add on services. So, in fact, this is strengthening the facilities, as owners and operators are being supported to provide less and can claim to be using outside services for support of residents, being more likely then to become accredited.

Role:
Improvement of residents quality of life

Responsibility:
Disability Services Queensland and Queensland Health

Individual Approach:
Residents identified from a range of premises in Brisbane, Ipswich and Toowoomba.

Premises Approach:
Residents living in identified premises within two locations in Townsville and Gold Coast.

Funded through Home and Community Care Program

- Key Support Workers

Funded by Disability Services Queensland ($1.55M)

- Disability Support Services
- Community Linking Projects

Resident Support Services (Targeted Response Model)

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Queensland Health – Funding Key Support Workers

Funding Role:
Funding organisations to provide Key Support Worker services to residents involved in the target groups

Primary Role of Community Agency
Recruitment, selection and management of key support workers to assist and support residents to access primary health care services

Aims:
- To improve the quality of life for residents involved in the project
- To improve health outcomes for residents through the facilitation of early identification, assessment and management of health and health related problems
- To increase residents' access to health and well being services
- Facilitate greater independence, privacy and confidentiality for residents regarding their health and support needs

Types of services:
- General Practitioners
- Integrated Mental Health Services
- Oral Health Services
- Other non-health related services including HACC funded services.

Queensland Health – Funding Key Support Workers

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Disability Support Services

Funding Role:
Funding organisations to provide personal care services to residents involved in the target groups

Primary Role of Community Agency:
Provide personal care to residents within their place of accommodation.

Aims:
- To improve the quality of life for individual residents by providing personal care to residents living in the private residential services sector by an external service provider
- To enhance opportunities for residents to increase their level of personal care skills by providing supervision in basic hygiene
- To assist participation in community activities by providing personal care and promoting self-help skills
- To promote community inclusion for residents by working in collaboration with other project service providers to enhance residents' personal presentation.

Personal care may encompass supervision with:
- Bathing/showering
- Personal hygiene
- Assistance with toileting
- Continence management
- Dressing
- Eating.

Disability Support Services

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Community Linking Projects

Community Linking Projects

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Funding Role:
Funding organisations to support socially isolated residents to participate in local community activities

Primary Role of Community Agency:
Linking individuals into recreational, social, educational, and where appropriate, vocational opportunities.

Aims:
- To improve the quality of life for residents
- To enhance opportunities for residents to participate in community activities eg. by working with organisations, services or clubs to facilitate sustainable links between those agencies and residents
- To support the development of resident's skills to participate in the community
- To improve residents' access to and decision making for supports, resources, services and advocacy to meet their needs

Community Linking Projects Enhancement Funding

Community Linking Projects Enhancement Funding

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Role:
Provision of short-term assistance to local organisations to provide a sustainable link between residents and the organisation's activities.

Discretionary funding:
- Recreational organisations
- Vocational organisations
- Clubs

Evaluation of the Resident Support Services

Role:
Determine the effectiveness of the Model in improving the quality of life for residents living in facilities within the project.

- Development and approval of the tendering process for an evaluation consultant
- Recruitment and selection of the evaluation consultant

Evaluation of the Resident Support Services

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Referral Processes to Private Residential Services For Disability Services Queensland

Role:
Establish, manage and overview the external review of the processes for referral to private residential services including supported accommodation hostels and boarding houses by staff of Disability Services Queensland

Management:
Director, Policy Directorate, Disability Services Queensland

Steering Committee
Development, implementation and evaluation of an external consultancy to:

- Identify the current policy and practices of referral used by Disability Services Queensland
- Analyse the adequacy of current policies and practices of referral
- Identify those aspects which require enhancement or amendment
- Provide detailed recommendations for consideration in the context of financial and time limitations.

Referral Processes to Private Residential Services

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Local Coordination Groups

Role:

Facilitation of the contribution of key local stakeholders towards the implementation, operation and evaluation of the Resident Support Services in local areas.

Membership:

Queensland Health HACC area managers
Disability Services Queensland nominated Regional Officers
Local Service Providers
Key Support Workers
Community Members
Industry Representatives
Consumer Representatives

Functions:

- Provide advice and monitor the implementation and ongoing operation of the Resident Support Services Project
- Identify opportunities for local collaboration and formal linkages between service providers and community groups to facilitate improved service delivery to people with disability who live locally
- Oversee the application of guidelines for the selection of individuals or premises that will participate in the project
- Oversee the establishment of effective service coordination processes between the funded service providers in the local project area
- Assist service providers, DSQ regional officers and relevant HACC officers with the promotion of the project at the local level
- Identify and raise issues relating to the project and report major issues to the Central Offices Project Working Group
- Receive concerns and complaints about the local level implementation of the project and either resolve these or refer them to the Central Offices Project Working Group
- Contribute to project evaluation
- Report to and advise the Central Offices Project Working Group
- Report to the Residential Services Stakeholder Advisory Council on the progress of the project

3.3.3 Other Economic Costs

Other economic costs are outlaid by local government's involvements, and in the wider community sector, many agencies have direct service or advocacy involvements with people living in private supported accommodation hostels and boarding houses.

Local Councils

Role:
Part of the accreditation process involving site inspection of the premises, and the gathering of information from residents, staff and other stakeholders including local government officers.

Ensuring:
- The Residential Service holds a registration certificate or other documentation to confirm premises are registered with local government
- The operator is licensed with the local government,
- The kitchen has been inspected by an Environmental Health Officer
- There is no significant complaint history
- There have been no significant adverse reports following an inspection

Issue:
- A building compliance notice
- An inspection report
- A notice of compliance

Local Government Working Party

Role:
Facilitation of the understanding and role of local governments in the accreditation process, including registrations, compliance and closure of supported accommodation hostels and boarding houses, in the administration of the *Residential Services (Accommodation) Act 2002 and Residential Services (Accreditation) Ac 2002*

Membership:
Representatives from local governments in South East Queensland
Local Government Association of Queensland
Office of Fair Trading
- Identification of opportunities for information exchange
- Discussion of issues relating to the role of local governments in the administration of the new legislation
- Development of protocols to facilitate the smooth operation of registration and accreditation processes

Local Councils

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Local Government Working Party

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Tenants Advice And Advocacy Services

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Tenants Advice And Advocacy Services

Role:
Provides tenants with information, advice and support regarding their rights and responsibilities in negotiations with landlords.

25 services throughout the State

- Understanding rights and responsibilities regarding tenancy law and related legislation
- Exercising those rights and responsibilities in the role of tenant of a hostel or boarding house
- Accessing trained advocates to assist with exercising their rights under tenancy law and related legislation
- Accessing assistance to appropriate referral to safe, secure and affordable accommodation.

Other Community Agencies

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Other Community Agencies

Role:
Monitor the effects on the residents of the reform of supported accommodation hostels and boarding houses

Provide supports to people in supported accommodation hostels as part of the reform process

Advocate on behalf of vulnerable residents in supported accommodation hostels and boarding houses

Statewide:
Industry Bodies
Housing Peak Bodies
Service Peak Bodies
Disability Peak Bodies
Professional Bodies
Lobby Groups
Interest Groups
Advocacy Agencies For People With Disability
Advocacy Agencies For Aged People
Tenants' Union

Local Agencies:
Individual Advocacy Agencies
Resident Support Program Providers
Home And Community Care
Community Disability Services
Community Housing
Local Community Groups
Local Church And Welfare Groups

Many community-based agencies have put a huge proportion of their base funding towards the issue over the past few years, with most monies coming from State Government subsidies.

*At a recent meeting held by the Boarding House Action Group on the 20th June 2003, representatives from **17 community agencies** took part in a workshop on collaboration around the government reform process in supported accommodation hostels and boarding houses. Representatives from each of the organisations were asked to state their current understanding of residents' experiences.*

The recorded list provides further background to the personal reports in this document and highlights the high vulnerability of residents and their lack of connection with formal and informal supports.

(Collaboration Project: Working together on the evaluation of the Residential Services Reform Package, a workshop by the Boarding House Action Group Available at www.qsheleter.asn.au)

The recorded list of the experiences of residents, identified by people from 17 community agencies, provides further background to the personal reports in this document.

3.3.4 Crisis Responses

In addition to the examples of the ways that government and community agencies are dealing with the overall reform processes, many other workers in the sector are finding crisis housing and supports and then dealing with the day to day consequences of placements that do not work out in supported accommodation hostels and boarding houses. In a number of stories that were told to QAI other people who are not involved in the direct reform strategies have been involved with people with disability to provide extra supports, or to find alternative living arrangements, often in other hostels or boarding houses when their housing and/or support situation has not worked out. These workers are usually professional people in key worker or in case manager roles, who are attached to regional area offices or community based organisations.

Professional Case Workers

Role:
Crisis placement of people with disability with complex support needs and monitoring of their welfare over time

Professional Case Workers

COST NEUTRAL?

Improving the lives of these vulnerable people with disability?

Workers from:
Disability Services Queensland
Queensland Health including:
- Mental Health
- Community Health
- Hospital based workers

Housing Organisations
Community Service Organisations
Advocacy Organisations

Case Managers
Key Workers
Social Workers
Housing Workers
Disability Service Workers
Community Workers
Advocates

Dealing with:
Rehousing
Behaviours that challenge
Mental illness
Rehospitalisation
Issues in people's lives related to their lack of support
Health issues
Abuse, neglect, exploitation
Money issues
Brushes with the law
Keeping contact
Avoidance of more restrictive placement
Extrication from more restrictive environments

The additional hidden costs of all workers involved in the support of the reforms is costing further millions.

3.4 The Other Costs

Not only are huge economic costs contained in this reform process, but also many other costs are incurred. These have long-term effects on people with disability and on our society as a whole, diminishing positive attitudes, diversity and quality of life.

3.4.1 The Social Costs

By re-establishing institutional life for people with disability in private residential services, a clear message is being given to society that such places are where people with disability belong. This reinforces the 'us and them' mentality and goes against the State Government's own values and practices of encouraging and valuing diverse communities.

What appears to have happened is that the State has historically ignored the needs of its most vulnerable citizens and has allowed the private sector to fill the gap. This has resulted in a cost shifting exercise where, instead of supporting these people with disability, the State has supported the burgeoning private hostel and boarding house industry, to the detriment of vulnerable people.

The ready acceptance of this alternative values base, which these exclusionary practices reinforce, teaches Queensland communities that people with disability really are second-class citizens and that they deserve no better. It is acceptable for them to be warehoused in large facilities and owned and traded like some commodity, in somewhat similar ways to serfdom. It is acceptable for them to be abused, neglected and exploited, to have little support and to live wasted lives.

The denial of the awful lifestyles and the atrocities that happen to people with disability living in supported accommodation hostels and boarding houses gives Queenslanders the clear message that human rights are for some but not all citizens.

- **Is this what the State Government really wants to portray?**
- **Is this how we want to shape the thinking and action of the next generations of Queenslanders?**

By establishing and condoning a strong private industry that congregates and institutionalises people with disability with minimal supports, Queensland is heading down a very retrograde and disturbing track. We will be subjecting people with disability, their families and our communities to a system that will remain with us for generations to come, and we will have lost the ethical leadership that has been evident in progressing the citizenship of people with disability in this state.

The denial of the awful lifestyles and the atrocities that happen to people with disability living in supported accommodation hostels and boarding houses gives Queenslanders the clear message that human rights are for some but not all citizens.

3.4.2 The Personal Costs

Personal costs are high and are often reflected not only in the lives of the people with disability, but also in the lives of their families and significant others. Imagine what it is like to walk in a resident's shoes and to live in a congregated, institutional facility where those who are your keepers define the whole nature of who you are and what you do. Imagine also what it would be like to see what happens to a loved one because there are no other options.

Although a person with disability may have a roof over their head and others milling around them, the huge personal costs are most obvious in the trauma of the different forms of abuse that are rife in these institutional systems – the emotional, physical, sexual and financial abuse, as are well documented in this report. Losses are high too – the dislocation from family, friends and ordinary life, the loss of relationships, the loss of opportunities, the loss of skills, the loss off material acquisition and the loss of personal control even over the most simple things, with the resultant helplessness and hopelessness of living a wasted, routine existence and a life apart. In some extremely bad situations this can, and does, result in loss of life.

Personal identity is also damaged in this form of institutional living, often reflecting the negative experiences that violate one's personal integrity. People can easily succumb to playing out the low expectations of the destructive and spoiled identities that others hold for them, causing further challenges for their life in congregated confines. This form of living can significantly intensify the behaviours that challenge as well as increase personal vulnerability to harm in many ways.

This situation is most inequitable as the government is shifting the economic cost of support back onto the individual who lives in a supported accommodation facility, at great personal cost to the individuals concerned.

An additional personal cost, borne by individuals who need support who are living in this part of the sector, is the fee for service, which is paid as part of board and lodgings to the landlord. As supported accommodation hostels take the majority of a person's pension, little disposable income is left to pay for anything else in their life. Compare their situation with a person with disability who lives in public housing and uses support services to assist them in every day life. This person has a residual disposable income from the pension, or is supported to work, which enables them to be a participant and contributor in ordinary life. This situation is most inequitable as the government is shifting the economic cost of support back onto the individual who lives in a supported accommodation facility, at great personal cost to the individuals concerned.

Although many people with disability are seen to have lost contact with relatives and friends, this again mirrors what happens when a family member is institutionalised. Many families are victims in this as well, as they may have made or supported the decision that their family member goes to live in a hostel or boarding house. Yet for many, this was purely a decision and not a choice. As there were no other options available, what do you do? However families also have to live with the consequences and deal with the resultant inadequate supports and lifestyle that their loved one must endure. This for some means distancing themselves because the hurt is too great, and for others it means taking on a life of advocacy in an attempt to ensure the well being of their family member with disability.

3.5 Outcomes For People With Disability Who Are Inappropriately Placed

The reforms embodied in the new residential services legislation have brought some very positive outcomes for some people who live in hostels and boarding houses. These are very important changes and we would hope that this document does not diminish their appropriateness or their importance.

These good outcomes for some people include better fire safety, better facilities and for those people who can stand up for their rights, better living conditions and supports.

However for people with disability with high or complex support needs who are inappropriately placed, the outcomes are very different.

At the end of all the legislation, guidelines, committees, meetings and economic outlays by the State Government, what are the results for people with disability with high or complex support needs who have been inappropriately placed in supported accommodation hostels and boarding houses?

At the end of all the legislation, guidelines, committees, meetings and economic outlays by the State Government, what are the results for people with disability with high or complex support needs who have been inappropriately placed in supported accommodation hostels and boarding houses?

In June 2001 QAI produced the position paper, *Opening Doors To Life,* from information gained from stakeholders with an interest in the well being of people with disability who have been inappropriately placed in supported accommodation hostels and boarding houses.

The following practical suggestions were made in that position paper in 2001 in a genuine attempt to improve their lives.

Recommendations From The Sector In 2001

1. Separate the issues of the hostel and boarding house owners and operators from those of vulnerable people with disability

2. Separate the provision of ordinary housing from the provision of support to people with disability

3. Do a mini census to identify people with disability inappropriately placed living in hostels and boarding houses

4. Stop the placement of people with disability with high or complex support needs in hostels and boarding houses

5. Put in place a safeguarding strategy with access to:

- external paid supports
- independent advocates
- staff from protection agencies

Recommendations From The Sector In 2001

1. **Separate the issues**
2. **Separate housing from support**
3. **Do a mini census**
4. **Stop the placement**
5. **Put in place a safeguarding strategy**
6. **Fund a pilot project**
7. **Evaluate the pilot project**
8. **Commit funding**

6. Fund a pilot project for one year to enable 40 people, inappropriately placed and at great risk of harm, to move out to a decent home life with a more appropriate lifestyle showing:
- A personalised approach to meeting needs of people with disability with high or complex support needs
- A possible approach to crisis support and planning towards desirable futures with people with disability with high or complex support needs
- A model of local community capacity building
- The development of new personalised support services embedded in the local community
- Accurate costing of the paid support needs of 40 people with disability with high or complex support needs

7. Evaluate the pilot project to determine:
- The helpful and unhelpful aspects of using personalised approaches with people with disability with high or complex support needs to work towards their desirable futures
- The capacity of personalised approaches as a way of operating ongoing crisis support with people with disability with high or complex support needs
- The ability of using personalised approaches to enable building local community capacity
- The ability of personalised approaches to develop new, values based, support services to meet people's needs and enable good quality of life

8. On the basis of positive evaluation, commit funding in subsequent budgets to:
- Ongoing support of those 40 people from the pilot project
- Others with high or complex support needs remaining in hostels in the next 3 subsequent budgets
- The establishment of crisis funding as part of disability reform to enable access to temporary housing for people with disability with high or complex support needs
- The establishment of new personalised support services which work towards planning and enabling desirable futures with people with disability
- Development work that strengthens the capacity of local communities to welcome and include people with disability or complex support needs
- Development work that enables new personalised services to support people with disability with complex support needs to get off the ground.

3.5.1 The State's Report Card

So how has the State Government delivered in these past two years in relation to these earlier recommendations from the community sector about the lives of people with disability who were inappropriately placed in hostels and boarding houses?

- Is there evidence of planned systemic change to move vulnerable people with disability who have been inappropriately placed, out of institutional supported accommodation hostels and boarding houses where they are abused and neglected?

  ☐ Yes ☒ **NO**

- Are resources committed to support vulnerable people with disability who are at risk to address their fundamental needs of housing, safeguards and assistance so they can have a decent home life embedded in a local community?

  ☐ Yes ☒ **NO**

1. The State Government's response still confuses the needs of people with disability with those of industry owners and operators and is propping up a system that maintains people with disability in institutional facilities.

- Has the overall status quo changed so that owners of supported accommodation facilities do not also have responsibility for the provision and the management of support services?

  ☐ Yes ☒ **NO**

- Have employment and values based training of staff moved from control of owners and operators of supported accommodation facilities to other sources?

  ☐ Yes ☒ **NO**

2. The State Government's response has not separated the roles of landlord and of provider of support services.

- Does any one agency hold information about the numbers of people with disability who are inappropriately placed in hostels and boarding houses?

  ☐ Yes ☒ **NO**

- Have attempts been made to identify people with disability with complex support needs who have been inappropriately placed in supported accommodation hostels and boarding houses throughout Queensland?

  ☐ Yes ☒ **NO**

3. The State Government's response has been to avoid basic demographic data collection and to limit understanding of vulnerable people with disability and their needs.

4. The State Government's response continues to condone their officers placing people with disability inappropriately.

- Has a moratorium been put on the placement of people with disability into supported accommodation hostels and boarding houses in Queensland?

  ☐ Yes ☒ **NO**

- Do relevant Queensland Health and Disability Services Queensland have specific policy that safeguards people with disability with high or complex support needs against placement in hostels and boarding houses?

  ☐ Yes ☒ **NO**

5. The State Government's response has put few safeguards in place to ensure the safety of vulnerable people with disability who are currently living in supported accommodation hostels and boarding houses.

- Has the Public Trustee identified and ordered more stringent oversight of the finances of known people with disability with complex support needs living in hostels and boarding houses?

  ☐ Yes ☒ **NO**

- Has the Adult Guardian identified and arranged on site visits and monitoring of the well being of all current charges with disability who are protected by the State and living in hostels and boarding houses?

  ☐ Yes ☒ **NO**

- Has the State raised questions with Centrelink as to why some residents of supported accommodation hostels and boarding houses are receiving the carer's pension?

  ☐ Yes ☒ **NO**

- Are informal and formal advocates welcome in hostels and boarding houses?

  ☐ Yes ☒ **NO**

- Has any new housing for people with disability caught in this sector been allocated?

  ☐ Yes ☒ **NO**

- Have personalised approaches to rehousing and meeting the needs of any vulnerable people with disability with high or complex support needs been demonstrated?

  ☐ Yes ☒ **NO**

- Have possible approaches to crisis support with long-term planning towards decent and sustainable futures with vulnerable people with disability complex support needs been demonstrated?

  ☐ Yes ☒ **NO**

- Has a model of local community capacity building been demonstrated?

  ☐ Yes ☒ **NO**

- Have any new personalised support services embedded in the local community and supporting people in their own homes been developed?

  ☐ Yes ☒ **NO**

- Has accurate costing of the paid support been estimated on the basis of any pilot?

  ☐ Yes ☒ **NO**

6. The State Government has not funded any project to enable a number of people with disability who are inappropriately placed and at great risk of harm to move out of private residential services to a decent home life with a more appropriate supports and lifestyle.

- Have personalised approaches to work towards desirable futures with people with disability with high or complex support needs been evaluated?

  ☐ Yes ☒ **NO**

- Has the use of personalised approaches in operating ongoing crisis supports with people with disability with high or complex support needs been evaluated?

  ☐ Yes ☒ **NO**

- Has the ability of using personalised approaches to enable building local community capacity been evaluated?

  ☐ Yes ☒ **NO**

- Has the use of personalised approaches to develop new, home based support services to meet people's needs and enable good quality of life been evaluated?

  ☐ Yes ☒ **NO**

7. The State Government's response has no projects and therefore no evaluations of the outcomes of rehousing and providing personalised supports with vulnerable people with disability with complex support needs.

8. The State Government has not committed any recurrent funding in subsequent budgets to move out people with disability inappropriately placed in supported accommodation hostels and boarding houses.

- Has any recurrent funding for support of people with disability to move out of supported accommodation hostels and boarding houses been committed?

  ☐ Yes ☒ **NO**

- Has Disability Services Queensland committed ongoing funds to develop infrastructure and to support vulnerable people with disability with high or complex support needs to move out from supported accommodation hostels and boarding houses in the next 3 subsequent budgets?

  ☐ Yes ☒ **NO**

- Has Queensland Health committed ongoing funds to support vulnerable people with disability with high or complex support needs to have their health needs met when they move out from supported accommodation hostels and boarding houses in the next 3 subsequent budgets?

  ☐ Yes ☒ **NO**

- Has The Department of Housing committed ongoing funds to support vulnerable people with disability with high or complex support needs to have their housing needs met when they move out from supported accommodation hostels and boarding houses in the next 3 subsequent budgets?

  ☐ Yes ☒ **NO**

- Has crisis funding to enable access to temporary housing and supports and to planning for a desirable future been established as a permanent category of funding for people with disability with high or complex support needs?

  ☐ Yes ☒ **NO**

The State Government clearly has failed in its report card on vulnerable people with disability with complex support needs living in supported accommodation hostels and boarding houses.

3.6 Safer and More Supportive Communities?

The current Government prides itself on being the Smart State where people are *developing better products, better services and better ways of doing things*. With regard to how this is played out in social policy, the aim is *to promote innovation and excellence in social policy in Queensland and encourage collaboration between government, business and community sectors to ensure that all Queenslanders have equitable access to positive social, economic and environmental outcomes from government policies and programs.*

QAI concurs very strongly with the beliefs embodied in these statements, but we are left to wonder why they do not apply to vulnerable people with disability, inappropriately placed in supported accommodation hostels and boarding houses where they are subjected to abuse, neglect and wasted, institutionalised lives. The State Government has not acknowledged their plight, nor considered systemic change that will bring them dignity and respect, where they have appropriate housing, home life and supports, where they will be treated fairly and be protected from harm and live life as part of our diverse Queensland community.

The information contained in this report has strengthened our resolve to put forward recommendations again to the State Government to urge systemic change on behalf of people with disability who are inappropriately placed in hostels and boarding houses.

3.7 Recommendations

For the Queensland Government to mirror its own rhetoric about social justice and safer more supportive communities, the use of private congregated residential services to provide long-term housing and support for people with disability must be recognised for what it is – Creating New Institutional Care Facilities. This must be avoided at all costs. Systemic change must happen to ensure that no other vulnerable people with disability end up in this form of living and the people who are currently placed in supported accommodation hostels and boarding houses are enabled to have appropriate housing and supports elsewhere.

The Queensland Government states:

All Queenslanders want to live in communities where they are protected from harm, where the differences between people are respected, and where everyone is treated with fairness and dignity.

QAI therefore asks the Queensland Government to take forward these recommendations.

1. **Stop the placement and use of supported accommodation hostels and boarding houses for people with disability with complex support needs**

- Name private congregated residential services as institutional care and acknowledge the inherent dangers in this response with people with disability with complex support needs
- Develop immediate policy across government that stops the further placement of vulnerable people with disability in private institutional residential services.

2. **Identify existing residents with disability who are inappropriately placed in private residential services**

- Establish a task force that visits various communities to aid in the identification of vulnerable people with disability with high or complex support needs who are experiencing, or are at risk of, abuse, neglect or exploitation, who are currently living in supported accommodation hostels and boarding houses throughout Queensland
- Safeguard people from further harm by instituting regular monthly personal visits to those people with disability who are already known to have impaired capacity who are supported by the Adult Guardian and/or the Public Trustee
- Identify vulnerable people with disability who are affected by any closure process and ensure they have proper need assessments and are not placed in another supported accommodation hostel or boarding house.

3. **Provide for planning to identify decent and sustainable futures for each of these individuals**

- Provide for personalised planning for decent and sustainable futures for:
  - people with disability who are affected by closures
  - identified residents with disability with complex support needs who remain in supported accommodation hostels and boarding houses
- Provide for temporary housing and meeting of emergency needs of residents at high risk who need to be removed from their current situation immediately.

4. Commit resources, as an election promise, for alternative housing and support for at least 100 people with disability in each of the next three years

- Commit resources for 100 new public housing stock for people with disability, over and above the currently committed budget resources, in each of the next 3 years
- Commit $15 million recurrent over the next 3 years for:

  • personalised supports to enable decent and sustainable home and community life with at least 100 people with disability with complex support needs now living in supported accommodation hostels and boarding houses

  • development of new personalised services and responses based upon people's needs, which operate from a strong positive values base and are embedded in the local community.

5. Keep demographic data centrally and monitor changes and developments in the private residential services industry

- Establish a centralised contact point for data collection in Premiers Department, which holds the information on:

  • the numbers and locations of vulnerable people with disability living in supported accommodation hostels and boarding houses throughout the state

  • the changes and developments in the private residential services industry

• Review the commitment of resources in light of the evidence of known data.

6. Regulate the industry to avoid the segregation, congregation and abuse of vulnerable Queenslanders with disability

- Strengthen the *Disability Services Act 1992* by separating out the citizenship, protective and service functions and ensure that services providing support to people with disability are held accountable by their observance of mandatory principles, objectives and guidelines.

On behalf of people with disability with high or complex support needs who have been inappropriately placed in supported accommodation hostels and boarding houses, QAI asks that these recommendations be considered seriously, taken up and acted upon by the State Government so that restorative justice is done.

Queensland Advocacy Incorporated is an independent, community based systems and legal advocacy organisation for people with disability in Queensland.

QAI's mission is to promote, protect and defend, through advocacy, the fundamental needs, rights and lives of the most vulnerable people with disability in Queensland.

QAI does this by engaging in systems advocacy work, through campaigns directed to attitude, law and policy change, and by supporting the development of a range of advocacy initiatives in this state.

QAI also provides legal advocacy to people with disability, families and advocates about their legal rights.

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QAI would like to thank all the people who have shared their wisdom and stories with us to help to inform both this report and our advocacy efforts on behalf of people with disability who have been inappropriately placed in supported accommodation hostels and boarding houses in Queensland. Their openness and willingness to talk about the hard issues has given real insight into the lives of Queenslanders who are forgotten citizens of this State. QAI will continue to advocate on their behalf, addressing the issues that have been raised.
This report was written by Jan Dyke.

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