

# *Review of the Regulation of Supported Residential Services in Victoria*

Preliminary themes from the public forums held in July – August 2008

## **REASONS FOR THE REVIEW**

Supported Residential Services (SRS) in Victoria provide accommodation and care to more than 6,000 people who require support with activities of daily living.

SRS vary in size, location and model of operation. Over recent years the industry has been affected by a wide range of changes. There has been substantial reform in the broader human services sector; an increased number of large corporate proprietors have entered the industry; the care needs of residents have tended to become more complex; and many business costs have risen.

It is important to have arrangements in place that support an ongoing SRS industry while protecting resident safety and wellbeing.

The Victorian Government has therefore decided to review the regulation of SRS to:

- Make sure regulatory arrangements suit the changing SRS sector;
- Look at concerns raised about current arrangements and decide if reform is needed; and
- Make sure that laws about SRS fit well with government policy and other legislation, including the *Victorian Charter of Human Rights and Responsibilities* and the Reducing the Regulatory Burden initiative.

## **THE REVIEW SO FAR**

A discussion paper, *Review of the Regulation of Supported Residential Services in Victoria*, was developed as a basis for consultation. The discussion paper included background information and asked 20 questions about issues such as: the scope of SRS regulation; protections for residents; staffing; and operation of the regulatory scheme. The paper was widely distributed during June 2008 and a high level of interest was shown by various groups and individuals.

The consultation process included:

- Written submissions (71 submissions were received)
- Feedback on the review by telephone on the 1800 number
- Consultation meetings in each DHS region (with almost 340 people attending)
- Ongoing consultation and discussion with key stakeholder groups

The information from all these consultations is being analysed and will be used in the development of potential SRS regulatory reforms. It will also assist in identifying other ways to promote improvements across the sector.

## THE PUBLIC FORUMS AND WHAT PEOPLE SAID

Consultations to date have included nine public forums held during July and August 2008, four in metropolitan and five in rural areas. A total of 338 people attended the forums with the following groups represented:

<b>Group</b>	<b>Number attending forums</b>
SRS residents	39
Resident family members	21
SRS proprietors	62
SRS staff members	28
Service providers (including community, government and private services)	123
Advocacy groups or organisations	16
Community visitors	20
General public	14
Other	15
<b>Total</b>	<b>338</b>

At each forum, independent facilitators worked with stakeholders in three separate groups: residents and families; SRS proprietors and staff; and others.

The attendees at the public forums provided responses to the following:

- What is working well in SRS?
- What could be changed or improved in SRS?
- The main discussion paper themes and 20 related questions.

A preliminary analysis of the public forum results shows that participants proposed the following things that are generally working well in SRS:

- Access to SRS is relatively quick and uncomplicated.
- Regulation means better safeguards than in some accommodation options.
- Staff usually have some training.

- SRS provide support, eg assistance with medications, that is not available in some other situations.
- Funding through the Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) has improved many (pension-level) facilities.
- There is often a strong commitment from proprietors where the SRS is a small family business.
- Inspection by Authorised Officers, visits by Community Visitors and the Principles in Section 10 of the *Health Services Act 1988* are all important safeguards.

The following key issues have emerged in the preliminary analysis of comment from the public forums:

- Information about SRS is not always available when and where it is needed, in particular:
  - some potential residents and their families and personal advocates do not know about SRS as an accommodation and care option;
  - many community and private service providers are not fully aware of what SRS offer, so they do not always refer people appropriately and may not provide ongoing support and links where needed; and
  - the wider community does not have a good level of awareness of the SRS industry and the role and importance of this sector.
- Some specific concerns were expressed about making complaints in SRS, in particular:
  - some residents are hesitant or afraid to make complaints because they do not fully understand the complaints process; and
  - some residents do not complain because they fear possible retribution from a proprietor and/or staff.
- Security of accommodation in SRS was another issue that was raised. This was linked to the previous issue about complaints and fear of retribution. The main concerns were:
  - there is limited protection for residents who are asked by the proprietor to leave an SRS; and
  - residents and their families do not always know and understand the arrangements for repayment of 'up-front' payments and some people feel that they have not been treated fairly or correctly in regard to these repayments.

- Resident safety is an area of concern in some SRS and for some individuals, for example:
  - effective security arrangements, such as locks on doors, are not always in place to protect individuals and their personal property; and
  - the mix of people in some SRS can lead to some residents feeling uncomfortable or unsafe. It is very important to consider potential risks to their safety.
- Building fabric issues were raised, specifically:
  - SRS proprietors sometimes have difficulty in getting landlords to repair and maintain leased SRS buildings; and
  - some SRS are provided in buildings that are below the standards that the community would expect.
- The importance of staffing was emphasised. It was suggested that:
  - the level of training and the number of staff required by regulation does not fit with the real support needs of current SRS residents; and
  - staff do not always have appropriate qualifications, skills and attributes for this type of work.
- Registration processes were seen as important. A key area identified for reform was:
  - at present, potential proprietors are assessed as 'fit and proper' persons to conduct this role, while people carrying out the day-to-day management role may not actually be assessed.
- Concerns were expressed about the relationships between SRS and the broader service sector, including:
  - referrals to SRS from service providers are not always comprehensive. Sometimes this results in inappropriate admission and/or difficulties in providing suitable care; and
  - services and programs in the broader community are not readily accessible to SRS residents, e.g. case management, HACC activity programs, ACAS assessments, mental health services.
- Views about standards of care were mixed. The following issues were mentioned:
  - some participants said current standards of care are adequate, if they are met; others thought minimum standards should be raised;
  - there is considerable variety in the standard of care provided between different SRS; and
  - resident support assessments and care plans are not always done as well as they could be and are not reviewed as often as necessary.

Some issues were raised that fall outside the scope of SRS regulation. These will be considered and appropriate action taken or the issues will be referred to the relevant area.

- It was noted that SAVVI has delivered very good results but more funding is required.
- Participants agreed that many SRS residents are vulnerable to social exclusion. Various factors, in particular having a very limited disposable income, restrict residents' access to services, facilities and activities.
- Maintaining financial viability is an ongoing challenge for some SRS, due to increasing costs and changes in the operating environment.

## **WHAT HAPPENS NEXT**

This report on preliminary themes from the public forums is being circulated to everyone who participated in forums. Information will also be included in the next SRS Bulletin for circulation to all SRS, and in regional newsletters and on the SRS webpage [www.health.vic.gov.au/srs/legreg/review.htm](http://www.health.vic.gov.au/srs/legreg/review.htm)

The next stage of the review involves more detailed analysis of all submissions, further research and other activities to inform the development of potential reforms. This will occur over the coming months.

As options are developed they will be discussed with the sector and other stakeholders, before they are finalised. The options may include regulatory, policy and program responses.

The Minister for Community Services will consider the options when finalised, and if any changes to laws are proposed, the process for putting a Bill to Parliament would happen in 2010.