More details about...

The Challenges of Change and Choice

Grampians Disability Accommodation Network Attachment to the Project Report

Joanne Richie
May 2007
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The Challenges of Change & Choice

The attachment to the Grampians Disability Accommodation Network project report

The Attachment to the Grampians Disability Accommodation Network project report is a companion document to the actual report. The report has been written as a complete document; for readers familiar with the Disability Service Industry (service providers, managers or policy makers and academics), it alone will suffice. However, when considering that a major strength of the project was the engagement of many different people with a range of backgrounds and experiences, the need to cater for a diverse audience emerged.

The network itself includes parents of young people with a disability, Parent Support Co-ordinators, Rural Access Co-ordinators and service providers; several of the participants had dual roles (including parent). As the project evolved, the network expanded, attracting the interest of individuals with a disability, their siblings and carers, academics and policy makers as well as staff from regional History Centres and museums. Essentially, the potential readership of this report represents a diverse group of people with very different perspectives of the findings of this report. It was with this in mind that plans for a background document developed.

The other consideration was of the volume of information collated (and the challenges around its collection) during the project. A significant component of the project was the delivery of the information collected to network members at monthly meetings. These ‘chunks’ of information were presented both orally and in written form. Given that several of the recommendations made reflect the difficulties associated with accessing information about housing and support options; it seemed somewhat hypocritical not to make the information collected and collated during the project available to others facing the same difficulties.

This document contains a series of short commentaries on several of the topics addressed in the Grampians Disability Accommodation Network project including retrospective and reviews of current (and pertinent) issues. Also included are two ‘matrixes’ documenting a range of housing and support options for people with a disability. They provide a brief description outlining the type of housing or support, application and contact details. Envisioned as a resource, readers are encouraged use them to guide their own explorations.

Information needs to be shared and of use to as many people as possible. Readers are encouraged to share this information providing that the author, funding body and auspice agency are acknowledged.

Jo Richie (May 2007)

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Grampians Disability Accommodation Network Project
Recommendations

Access to Information

Recommendation 1: That a comprehensive ‘directory’ be developed mapping the range of accommodation and support options for people with a disability including regional contact details

Recommendation 2: That Disability services and Community Service Organisations need to ensure that consumer orientated information is available for individuals and families who wish to investigate disability services & supports

Recommendation 3: That a central register of projects and localised housing and support initiatives be established

Recommendation 4: That a state based resource centre be established in Victoria to provide information for individuals and families who want to investigate information about accommodation, service and support options along with other disability related issues

Government Legislation & Policy Developments

Recommendation 5: That consumer focused information be developed at times of legislative and policy development (change) and that notification of these changes be made public prior to and during any review processes

Conceptualising Supports & Services

Recommendation 6: That information about the current disability policy and its impact on the provision of services and supports be developed

Informing families

Recommendation 7: That families involved in the Grampians Disability Accommodation Network be given the opportunity to receive any further accommodation and support information developed in the Grampians and Barwon South West DHS regions

Recommendation 8: That the Grampians Disability Accommodation Network be resourced to maintain the network; enabling participants to review, discuss and explore issues of accommodation and support at their own discretion

Empowering families

Recommendation 9: That more resources (articles, books & short films) be developed portraying the lived experiences of individuals with high support needs and their families, who have successfully developed and sustained supportive accommodation options

Recommendation 11: The GDAN network be funded to support a facilitator and fund activities (host guest speakers, run workshops, attend conferences, visit other groups)

Empowering families to envision a future

Recommendation 12: That information provision needs to be followed by an opportunity for parents to understand it in the context of their circumstances, and of what’s possible

Recommendation 14: That an independent facilitator/planner is recruited to support this process, offering both group and one-to-one support
**The development of Services & Support for People with a Disability in Australia**

**Pre-Federation**

As with most other aspects of early Australia, the first settlers brought with them attitudes that had been prevailing in England at the time. Disability was believed to be a manifestation of 'divine disfavour' and it was 'supposed that moral and mental defects were synonymous'. Those people not totally neglected were confined to hospital, gaols or asylums (custodial institutions). ¹

In 1886 the colony of Victoria had five asylums, three lunacy wards (with one in Sale yet to be proclaimed) and a licensed house able to receive patients (psychiatric hospital).

Asylums housed large numbers of inmates and were notorious for overcrowding. In his report, the inspector of the Royal Commission on asylums for the insane Mr T Dick recommended that future asylums cater for no more that 500 inmates.²

Mr T Dick also recommended the placement of suitable persons in benevolent asylums throughout colony and the "boarding-out of quiet, harmless and inoffensive patients with friends, or with strangers."³

**Federation (1901)**

Disability was still considered a health issue at the beginning of the twentieth century and was the responsibility of the state governments, a responsibility states often delegated to the voluntary sector.⁴ In 1910 the Commonwealth Government assumed some responsibility introducing Invalids (‘permanently incapacitated for work’) and Aged Pensions. Until then, Aged and Invalid Pensions were only provided in the Victoria and New South Wales colonies

**Development of Disability Support & Services**

Aside from the housing of people with a disability in asylums and benevolent homes, services and organisations also became to emerge prior to the federation of Australia. These ‘societies’ (organisations) were generally established and financed by the families and supporters of people with a specific type of disability. Governments were able to provide some financial support but only in response to community pressure.⁵

In 1866 the *Victorian Asylum and School for the Blind* was formed, being the first organisation responding to the needs of people with a disability established in Australia.⁶ The organisation grew providing charity, support and advocacy for people who were blind. The Association for the Advancement of the Blind formed in response to the widespread discrimination that prevailed in the 1800’s. By 1902 the association had successfully lobbied for transport and postal concessions in Victoria.

The only other alternative to institutional care was for parents to care for their children at home. Home based support around the time of Federation was limited to community nursing services.⁷

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¹ Can good intentions ensure good outcomes? (1996)
² Report of the Royal Commission on asylums for the insane (1884)
³ Report of the Royal Commission on asylums for the insane (1884)
⁴ Can good intentions ensure good outcomes? (1996)
⁵ Can good intentions ensure good outcomes? (1996)
⁷ Aged & Community Care Services – Factsheet [www.agedcare.org.au](http://www.agedcare.org.au)
The struggle for parents to care for a child with a disability and provide for their family in the early 1900’s is illustrated by the discovery of Sister Faith when ’she found a crippled child penned under a chicken coup while her parents went to work.’\(^8\) With community help, Sister Faith formed a special place to cater for the needs of such children in 1918. Called Yooralla, this was the first organisation to provide care for children with disabilities.\(^9\)

Like Yooralla, the establishment of the Victorian Society of Crippled Children in 1935 and the Spastic Society of Victoria (now Scope) in 1948 were also formed in response to unmet need. Concerned parents, inspired by the developments in therapies and treatments for disabilities such as Polio and Cerebral Palsy united to raise money and provide the infrastructure required to enable children to benefit from these and other new developments.\(^10\) Once establishing core services, these types of organisations often developed hostel accommodation to cater for people who lived outside of the immediate area\(^11\) (often in cities and larger centres).

**The Impact of the World Wars**

The Commonwealth government established the Repatriation Commission in 1919 to reintegrate returning soldiers to the community. One of the main services was vocational training for returning ex-servicemen with disabilities. This service was extended to any person of work force age who had a disability in 1948 as the Commonwealth Rehabilitation Service (CRS).\(^12\) The work of the commission (and later the CRS) contributed to a change in community attitudes from fear, blame and neglect to growing acceptance of the need for community support.\(^13\)

**1950’s -1970’s (Intellectual disability)**

In the fifties, sixties and seventies, state governments continued to ‘care for’ people with moderate or severe disabilities, institutions staffed by medical personnel. Until 1962 individuals that had a chronic mental illness, an intellectual disability or simply fell too far beyond society’s notion of ‘normal,’ were housed in institutions that were operated by the Mental Health Hygiene Authority (later the Mental Health Department).

In 1962 a new Act reclassified hospitals and patients in Victoria. The new classifications separated the Intellectual Defective from the Mentally Ill.\(^14\) Additional divisions not only recognised the level of intellectual deficiency, but also the type of services available to those children (and adults). Individuals who were mildly retarded were considered educable. These children remained living at home and were the responsibility of the educational department. Children assessed as moderate or severely retarded were the responsibility of the Health Department. Parents were encouraged to place children in residential accommodation that was still very much influenced by hospital-models of care.\(^15\)

Until 1974, yearly reports described the growing numbers of individuals requiring residential care. The policy of the Victorian government at the time was to expand services, re-allocating beds from mental health institutions (community based mental health services and advances in pharmaceutical therapies were proving to be successful in reducing the need for long-term care)

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\(^8\) Yooralla - [www.yooralla.com.au](http://www.yooralla.com.au)


\(^10\) Scope - [www.scopevic.org.au](http://www.scopevic.org.au)

\(^11\) Can good intentions ensure good outcomes? (1996)

\(^12\) Can good intentions ensure good outcomes? (1996)

\(^13\) Can good intentions ensure good outcomes? (1996)

\(^14\) Mental Health Authority Report, Victoria (1962)

\(^15\) Report of the Victorian committee on mental retardation (1977)
and announcements to expedite the provision of additional accommodation. In 1975, the first stage (174 beds) of a new 504 bed Training Centre (residential accommodation) at Colac was completed.

**1950's -1970's (Voluntary organisations)**

The voluntary agencies that were established by parents, church groups and other community members continued to provide services and supports for children and adults with a disability that lived in the community, quite often providing accommodation for individuals wanting to access their services (education opportunities and workshops).

In 1954 subsidies were made available for voluntary and charitable organisations that built approved accommodation for aged or disabled people. The legislation of the time also funded agencies to accommodate individuals that required personal care. Between 1969 and 1970, State and Commonwealth government monies funded the introduction of domestic services (Home Help), meals (Meals on Wheels) and allied health services (physio, OT and podiatry) to be delivered in the homes of people receiving an invalid pension. The Handicapped Persons Assistance Act 1974 channelled Commonwealth funds into voluntary organisations for the provision of therapy and training that supported the personal development of people considered to have moderate levels of disability. These changes in policy and funding permitted individuals who were not previously considered to be educable (but had never entered residential accommodation) to receive much needed support services.

During the 1970's, in response to the changing service systems and recognising the need for individuals and families to be informed of new developments, many community based agencies extended their services including advocacy and promotion. Existing organisations such as (Yooralla, Spastic Society, Paraplegic Association of Victoria, VALID & STAR) continue to these activities today.

**1980’s**

In 1976 the United Nations declared 1981 to be the International Year of Disabled Persons.

The International Year of Disabled Persons (1981) generated a great deal of activity, increasing the awareness of the difficulties faced by people with a disability. There was also a growing push that people with a disability should be assisted to establish patterns of life that were close to, or the same as, those of society generally. These philosophies were already influencing policy makers at state government levels. In 1976 the Mental Health Authority (Victoria) adopted new guidelines for the review of existing services. These guidelines include:

- A recognition of the fact that for the vast majority of retarded persons residential placement in large institutions is no longer appropriate
- That retarded persons have a right to live, and be educated to the greatest possible extent to enable them to live as normal a life as possible, as defined by normal

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16 Mental Health Authority Report, Victoria (Yearly reports; 1962 - 1974)
17 Mental Health Authority Newsletter Vol 1, No 1 (1975)
18 Can good intentions ensure good outcomes? (1996)
19 Report of the Victorian committee on mental retardation (1977)
20 Can good intentions ensure good outcomes? (1996)
21 Report of the Victorian committee on mental retardation (1977)
22 Can good intentions ensure good outcomes? (1996)
23 Can good intentions ensure good outcomes? (1996)
24 Report of the Victorian committee on mental retardation (1977)
community standards and in normal community standards, wherever possible making use of normal community facilities.

- Also recognised was that, because of the existence of handicap, there are still special needs which have to be met necessitating the provision of a wide and comprehensive spectrum of support services in the community... and a viable range of options from which to choose.

Further developments in the provision of services and support for people with a disability occurred in the 1980’s when Victoria commenced the process of deinstitutionalisation; moving individuals from large congregate care settings (institutions) to community based accommodation (Community Residential Units or Group Homes) in which residents were encouraged to develop their own skill base with the support of residential staff.

Disability Services (with the exception of the Office of Intellectual Disability) moved from the Health Department to Community Services Victoria (now known as DHS) in 1984, separating disability from the traditional medical-based policies that until then influenced the delivery of services. The Office of Intellectual Disability followed four years later in 1988.

Home based services for people with a disability and older people were strengthened by the Home and Community Care Act 1985 and subsequent agreement between the commonwealth and the state/territory governments. This promoted of a range of services including case management, nursing, allied health and person assistance to support an individual to remain living at home, prolonging the need for residential care. The following year (1986) the Commonwealth Government introduced the Attendant Care Scheme funding in-home personal care for people with disabilities.

The new Intellectual Disabled Persons Act 1986 was introduced in Victoria in 1987. The changes required agencies delivering services to individuals with an intellectual disability to demonstrate their capacity to achieve outcomes for participants using their services. In 1988 the Office of Intellectual Disability commissioned the report; Ten year plan for the redevelopment of intellectual disability services. Drawing from the principles set out in the Intellectual Disabled Persons Act 1986 and the Governments Social Justice Strategy, the authors’ principle recommendations included the recommendation that institutions systems of care and training of disabled people should be dismantled and replaced by smaller facilities.

1990’s

The Disability Act 1991 provides for Victorian organisations that offer support and services to people with intellectual, physical, psychiatric and sensory impairments and bound state legislation and policy to the commonwealth’s Disability Services Act 1986.

The Disability Discrimination Act 1992 was introduced to eliminate discrimination on the grounds of disability. The Act protects people with a disability and those discriminated because of their association with people who have a disability (eg. friends, family & colleagues).

25 Future Directions for Housing and Support in Disability Services (2006)
26 The living History Project (2004)
28 The living History Project (2004)
30 The living History Project (2004)
31 Pleasant Creek Training Centre Stawell: Report to the Director General of Community Services Victoria (1991)
Deinstitutionalisation commenced in earnest with the closure of training centres (Caloola, Aradale and Mayday Hills) relocating over 800 people between 1992 and 1996. In September of 1996 there were 1,053 people living in congregate care; approximately a third of the total residential population in 1980. The last institution to close, Kew Cottages is nearing completion, relocating 360 people into 73 homes throughout Melbourne. The remaining 100 people will move into new homes currently being built within a private housing development on the former site completing the closure by the end of 2007.

2000’s Onwards

With the progressive closure of institutions and resulting shift in DHS Disability resources to community based services, the focus of policy development has shifted to the experiences of people with a disability in community settings. Until now disability services tended to focus on providing specific programs (personal care, day training and accommodation) and many resources are directed into responding to crisis situations.

A prime example is the structure of Community Residential Units. These houses represent a major shift from institutionalised settings, but still only offer limited opportunities of more flexible housing and support options for those people with a disability that do not need (and want) intensive 24 hour support.

The new approach aims to provide access to services that people with a disability want and need rather than having them fit into the available services. This represents a major shift in the way services for people with disabilities are provided for; anticipating the scope of the change, a ten year (2002 -2012) plan has been developed.


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33 The living History Project (2004)
34 Evaluation of the relocation of the Aradale and Mayday Hills client project (1997)
36 Evaluation of the relocation of the Aradale and Mayday Hills client project (1997)
37 Victorian State Disability Plan (2002)
38 Future Directions for Housing and Support in Disability Services (2006)
Government Legislation & Disability

Disability Services - Commonwealth Government

Until 1945, the Commonwealth government made no significant contribution to the funding or delivery of services for people with a disability. In section 51 of the constitution, states were allocated the responsibility for the provision of health services (including services for people with a disability).41

The commonwealth took responsibility for the repatriation of returning soldiers from World War One establishing the Repatriation Commission42. Among the returning soldiers were those whose injuries had resulted in significant disabilities.

World War Two brought another influx of returning soldiers with significant injuries and disabilities. The services of the former Repatriation Commission were expanded establishing the Commonwealth Rehabilitation Service (CRS). The CRS provided vocational retraining to people (the service was not restricted to ex-serviceman) of workforce age who had a disability.43 The commonwealth continues maintain responsibility for the finding and delivery of vocational training and employment services. The responsibility for the delivery of services for people with a disability (accommodation and support) is that of the state and territory governments.

Since 1954 when subsidies were made available to voluntary organisations that provided accommodation to people with a disability, the Commonwealth has contributed (and legislated for the provision of) funds for the provision of jointly funded disability services.

A list of commonwealth legislations passed in the 60’s and 70’s (Fig 1) show that commonwealth monies were initially directed towards the provision in home-based supports rather than residential services.

State Grants (Home Care) 1969
State Grant (Paramedical) 1969
Delivered Meals Subsidy Act – 1970
Handicapped Children’s Assistance Act 1970
Handicapped Persons Assistance Act 1974

<table>
<thead>
<tr>
<th>Home based support</th>
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</thead>
<tbody>
<tr>
<td>Day programs – therapy &amp; training</td>
</tr>
<tr>
<td>Accommodation for children</td>
</tr>
</tbody>
</table>

Figure 1: Commonwealth legislation 1960 - 1974

In 1970, the legislation passed provided funding for day programs (therapy and training) initially for children, and extended four years later to fund day programs (including pre-vocational) for adults.44 The Handicapped Children’s Assistance Act 1970 also relieved that states of the responsibilities for the funding of accommodation services for children with a disability.

In-home supports for people with a disability continued to be legislated with the passing of the Home & Community Care Act (HACC) 198545 and the introduction of Program of Aids for Disabled Persons (PADP) and the Attendant Care Scheme.46

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41 Can good intentions ensure good outcomes? (1996)
42 Can good intentions ensure good outcomes? (1996)
43 Can good intentions ensure good outcomes? (1996)
44 Can good intentions ensure good outcomes? (1996)
46 The living History Project (2004)
In response to the issues raised during the International Year of the Disabled Person and growing trend for people with a disability to be assisted to establish lifestyle patterns reflecting those of society in general, a framework was devised for the future development of disability services. The joint agreement, signed in 1992 between the Commonwealth, State and Territory Governments clarified the responsibilities of both levels of government (Fig. 2) and established a common framework for the funding of disability services with. The document is known as the Commonwealth State/Territory Disability Agreement (CSTDA). The Commonwealth and State/Territory governments are due to sign another Disability Agreement in July 2007.

| Commonwealth Government → employment services |
| State Government → accommodation & support services |

**Figure 2: Division of responsibilities**

The Commonwealth Government passed *Disability Discrimination Act 1992* to eliminate discrimination against people on the grounds of disability. This act makes it unlawful to discriminate on the grounds of disability in a wide range of areas, including accommodation. The Act also protects the associates of people with a disability (their partners, relatives, friends, carers and co-workers) against discrimination because of that association.

| Standards - are documents that make the rights and obligations under the Disability Discrimination Act easier to understand (and interpret), comply with and enforce. They are designed to address specific areas of life including public transport, education, employment and accommodation. Not all of the standards associated with the Disability Discrimination Act have been completed. Currently, there are no standards about accommodation. |

The Commonwealth Government’s most recent initiative in the area of disability is to develop information and support mechanisms for the families of individuals with a disability to make private financial provisions for the future care and accommodation needs of their son daughter. The funding package was announced in October 2005.

In 2006 commonwealth government made legislative changes that enabled parents and other immediate family members of a person with a severe disability to establish Special Disability Trusts for their family member. These trusts can only be established for the sole purpose of providing *care and accommodation* for a person who has a severe disability.

Family and mediation counselling services have also been established in each state and territory under the Family Relationship Services Program. The purpose of these services, are to help parents and other family members reach agreements over the private provision arrangements, and assist families to resolve family conflict and negotiate a settlement in the best interest of the whole family. The ultimate goal is to provide support and expert advice to parents, and help them develop a plan for the future care of the son or daughter, providing peace of mind to parents and continuity of care for the person with a disability.

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47 Funding and operation of the Commonwealth State/Territory Disability Agreement (2007)
50 Succession planning for carers (2006)
51 Special Disability Trusts: Getting things sorted
52 Planning for the future (2006)
Disability Services - Victorian Government

Constitutionally, the Victorian government has been responsible for the provision of services and support to individuals with a disability living in Victoria since federation in 1901. Until 1986 there was no legislation that pertained to individuals with a disability. Responsibility for the services for people with an intellectual disability sat within the Mental Health Authority and primary catered for this group of people. Services for people with physical, sensory and other disabilities were delegated to ‘charitable’ organisations and societies.53

The Mental Health Act 1959 was the first Victorian legislation to recognise the division between the mentally ill and the intellectually retarded and training centres for people who had an intellectual disability were first established.54 The Mental Health Act 1986 and the Intellectually Disabled Persons' Services Act 1986 were introduced in 1987 formally legislating two separate entities; mental illness and intellectual disability.55 The Intellectually Disabled Persons' Services Act made provision for the planning, development, management, provision and monitoring of services to people with intellectual disabilities.

It wasn’t until 1988 that the provision of services for people with a disability was severed from the state’s health portfolio. Disability Services moved from the Health Department to Community Services Victoria in 1984 and was followed by the Office of Intellectual Disability four years later.56

In an effort to bind Victoria to the principles and objectives for service delivery to those in the Commonwealth Disability Services Act 1986 and in readiness for the first Commonwealth State/Territory Disability Agreement Victoria introduced the Disability Services Act 1991. The Disability Services Act 1991 legislated for the provision of funds to organisations offering services and supports to people with intellectual, physical, psychiatric and sensory impairments.

In-Home Support

Since the late 1960’s the State and Territories Governments (including Victoria) have agreed to jointly fund the delivery of domestic and allied health services in the homes of older people and people with a disability. The State Grants (Home Care & Paramedical) 1969 were superseded by the Home and Community Care Act 1985.

Together with the commonwealth government and local governments, the Department of Human Services (Victoria) funds the Health & Community Care (HACC) Program. The HACC program is designed to provide services for people (and their carers) whose ability to live independently in the community would otherwise be compromised. The services can include personal care assistance (such as shower and dressing), food services (Meals on Wheels), transport programs, day care (recreation activities) and home maintenance.57 From 1987, the Personal Aids for the Disabled Program (now known as the Aids and Equipment Program or A&EP) has been administered by the states and territories.

In response to a review of community care, the Commonwealth Government released A New Strategy for Community Care: The Way Forward in 2004 to reshape and improve the community care system.58

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53 Can good intentions ensure good outcomes? (1996)
54 Mental Health Authority yearly report (1962)
55 DHS Disability website; Disability Legislation in Victoria http://nps718.dhs.gov.au
56 The living history project
57 Community Care for Older People and People with Disabilities: Explaining the Home & Community Care Program (Consumer Publication) http://www.health.gov.au/
Current Legislation in Victoria

The Victorian Intellectually Disabled Persons’ Services Act 1986 and Disability Services Act 1991 have been reviewed by the state government and a new Disability Act 2006 was passed in May 2006. It will become fully operational (superseding the Acts of 1991 and 1986) on the 1st July 2007.  

The Disability Act 2006 provides the framework for a whole-of-government and whole-of-community approach to enabling people with a disability to actively participate in the life of the community. It also provides for a fairer and more coherent approach to the provision of services for people with a disability in Victoria.

This represents a major shift in the way services for people with disabilities are provided; anticipating the scope of the change for funding bodies, service providers and individuals/their families, a ten year (2002-2012) State Disability Plan has been developed.

Housing

The funding and provision of housing has been determined by joint Commonwealth and State Housing Agreements (CSHA) since 1945. In response to critical shortage of housing in Australia (estimated at the time to be equivalent to 120,000 dwellings) the first CSHA agreement was signed in 1945. Under that agreement the Commonwealth would provide cheap loans to the States for the purpose of building public housing.

Commonwealth State Housing Agreement’s continue to direct housing policy throughout Australia, and like the Commonwealth State/Territories Disability Agreements (CSTDA) are signed regularly. The last CSHA was signed in 2003 and is effective until 30 June 2008. The two agreements exist largely in isolation of compromising the ability of housing and disability agencies to develop joint initiatives.

Recent CSHA (1996 & 2003) highlighted the importance of providing assistance to those whose need for housing cannot be met by the private market and included the development of the Crisis Assistance Program (CAP) and the Supported Accommodation Assistance Program (SAAP). However, neither program is directly related to the needs of individuals with a disability.

In Victoria, the DHS Office of Housing has included provisions for individuals with a disability who make an application for public housing:

- If a person has high support needs lives in unsuitable housing or at the time of their application or require need major modifications to their home to accommodate their disability they given priority status on the waiting list
- The Office of Public Housing will modify the premises allocated to the individual at the recommendation of an Occupational Therapist

59 DHS Disability website; Disability Legislation in Victoria http://nps718.dhs.gov.au
61 Victorian State Disability Plan (2002)
64 FaCSIA – Commonwealth State Housing Agreement – http://www.facsi.gov.au
## Housing

<table>
<thead>
<tr>
<th>Type of Housing</th>
<th>Process of Application</th>
<th>Disability Specific Information</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-term Community Housing</strong></td>
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<tr>
<td>Also known as Group Housing, Community Residential Units and Shared Supported Accommodation</td>
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<tr>
<td>'The programs in Long Term Community Housing focus on providing assistance to those in the community at risk of housing crisis that require tenancy management that promotes their capacity to sustain their housing. Tenants in this group include people with disabilities (physical, psychiatric, intellectual disabilities and acquired brain injury)(^\text{67})</td>
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<tr>
<td><strong>Eligibility</strong> - Potential residents need to be:</td>
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<tr>
<td>- registered with DHS Disability Services on the Disability Service Register,</td>
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<tr>
<td>- Placement is depended upon the availability and type of places that become available</td>
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<tr>
<td>- Consideration of the compatibility between residents is also taken into consideration when a vacancy become available</td>
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<tr>
<td><strong>Support Needs</strong></td>
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<tr>
<td>- Provided by DHS or a non-government organisation</td>
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<tr>
<td>- There are variations of support provided including Out-reach, Staffed and Active nights</td>
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<td>- The support available reflects the needs of the residents</td>
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<td><strong>DHS Disability Services</strong></td>
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<td>Wimmera Uniting Care</td>
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<td>Murdoch Community Services (St Arnaud)</td>
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<td>STAY Residential Services (Hamilton)</td>
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<td>Tippings (Horsham)</td>
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<tr>
<th>Type of Housing</th>
<th>Process of Application</th>
<th>Disability Specific Information</th>
<th>Provider/Contact details</th>
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<tbody>
<tr>
<td><strong>Supported Residential Services (SRS’s)</strong></td>
<td>There are no eligibility criteria for entry to a SRS’s (unlike a hostel)</td>
<td>- With the exception of HACC services, people living in SRS’s generally need to meet the same criteria as people living in their own home for government funded (Disability) services</td>
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</tbody>
</table>
| ...provide accommodation and care for people who need support in everyday life. SRS’s are usually private businesses. \(^{68}\)  
- No funding received from the government  
- SRS’s must be registered and monitored by the Victorian Government to ensure they provide certain standards of care & accommodation | - On entry, a **Residential Statement** needs to be prepared within a 30 day period  
A Residential Statement identifies the type of care to be provided and cost of that care |                                                                                                 | **Golden Gate Lodge**  
Stawell Rd  
Ararat 3377  
Tel 5352 2474 |
| **Chesterfield** – a SRS with a specific focus \(^{69}\)  
‘Living Well’ is an Individual Residential Alternative, based on this concept of “ageing in place” for people with an intellectual disability who want to stay in the community, continue to live with their ageing carers, but are no longer able to live independently  
- Aging parents and their son/daughter are accommodated in adjacent rooms  
- Chesterfield provides opportunities for social interaction and friendship with other residents, carers, staff and community members, while maintaining familiar networks and supports |                                                                                                 | **Chesterfield SRS**  
345 Shannon Ave  
Newtown (Geelong) 3220 |
| **Disability Housing Trust (DHT), Independent Property Holder** | The DHT is in the process of developing a stock of housing specifically for people who have a disability  
Expression of interest have been called for donations, proposals to bring forward funds, land or other resources to enhance trust resources or proposals to provide property at nominal costs to be managed by the trust  
**Group A proposals** are currently being deliberated & reviewed  
- once the reviews are completed a Strategic Plan will be developed  
The selected projects have a completion date of June 2008  
- information about the outcome of the initial tenancy application process is not yet available (May 2007) |                                                                                                 | **Disability Housing Trust**  
PO Box 121  
Carlton South 3053  
Tel 9620 3999  
Email dht@dht.org.au  
Web www.dht.org.au |

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\(^{69}\) Chesterfield – Brochure  
\(^{70}\) Disability Housing Trust - Brochure
**Type of Housing**  |  **Process of Application**  |  **Disability Specific Information**  |  **Provider/Contact details**
---|---|---|---
**Public Housing**, Office of Housing  |  To be considered for Public Housing, an applicant must:
- Not exceed current general income & asset eligibility limits
- Live in Victoria
- Not own, or part own a house, unit or flat
- Have Australian Citizenship
- Repay any moneys owed from a previous public housing tenancy or Bond loan

**Complete** the General Public Housing Application Form **OR** apply for priority housing via the segmented waiting list system
- Wait-turn Income Eligibility
  - $420 per week, for a single adult **OR**
  - Centrelink income (Disability Support Pension)
- $30,000 Asset Limit ($60,000 where MAJOR or FULL home modifications are required

**Early Housing – Supported Housing**
People with specific issues can be prioritised when waiting for housing
- People who have **high support needs or need major disability modifications** to their home are given second priority status on application

**Home modifications**
Considered on recommendation(s) by an Occupational Therapist
- Recommendation need to be documented in Special Accommodation Requirements form

Note: Tenants in OoH Public Housing properties are not eligible to receive Commonwealth Rent Assistance

| **Ararat**  
Worker available Wed  
66-70 High St, Ararat 3377  
Tel 5352 0100 |
---|---|
**Ballarat**  
Cnr Mair and Doveton St  
Ballarat 3350  
Tel  5333 6660 |
**Hamilton**  
50 Thompson Street,  
Hamilton 3300  
Tel 5571 9114 |
**Horsham**  
21 McLachlan Street,  
Horsham 3400  
Tel 5381 9777 |

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<tbody>
<tr>
<td><strong>Movable Units, Office of Housing</strong></td>
<td>Application is made by the <strong>owner</strong> or <strong>tenant</strong> of the property on which the removable unit will be sited&lt;br&gt;- The owner or tenant of the property must be able to provide access to the unit for a minimum of 12 months&lt;br&gt;- The intended occupant must undertake to pay a weekly/fortnightly hire charge for a minimum of 12 months&lt;br&gt;- Both parties must sign a Hire Agreement prior to the installation of the unit&lt;br&gt;- The site for the unit must be suitable to accommodate the building&lt;br&gt;Eligibility is determined by:&lt;br&gt;Permanent Residency of Australia &amp; have assets of less than $30,000 <strong>AND</strong>&lt;br&gt;In receipt of at least $1.00 of an Australian Disability Support Pension and whose weekly income is less than the current income limit for public housing in Victoria (as above)</td>
<td><strong>Accessibility</strong> – Movable Units do have ramp access&lt;br&gt;<strong>Note:</strong> Tenants in OoH Public Housing properties are not eligible to receive Commonwealth Rent Assistance</td>
<td><strong>Office of Housing</strong>&lt;br&gt;Movable Units&lt;br&gt;Level 26, 50 Lonsdale St&lt;br&gt;Melbourne 3000&lt;br&gt;Tel 9096 1269 or Free Call 1300 655 049&lt;br&gt;&lt;br&gt;<strong>OR</strong>&lt;br&gt;<strong>Regional Office (listed above)</strong>&lt;br&gt;- for applications &amp; information</td>
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<tr>
<td>Type of Housing</td>
<td>Process of Application</td>
<td>Provider/Contact Details</td>
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</table>
| **Joint Venture Projects**, Registered Housing Associations & Registered Housing Providers | It is recommended that contact be made with one or more of these agencies to canvas their interest in any joint venture proposals | **Registered Housing Associations**  
Community Housing Limited  
9 Prospect St  
Box Hill 3128  
Tel 9856 0050  
Loddon Mallee Housing Ltd  
24-30 View St  
Bendigo 3550  
Tel 5442 4228  
Melbourne Affordable Housing Ltd  
L1/91 William St  
Melbourne 3000  
Tel 9629 3922 | **Port Phillip Housing Association**  
Suite 6, 22-28 Fitzroy St  
St Kilda 3182  
Tel 9534 5837  
**Supported Housing Limited (SHL)**  
3/1401 Burke Rd  
Kew 3101  
Tel 9859 8933  
**Registered Housing Provider**  
Yarra Community Housing  
297 Napier St  
Fitzroy 3065  
Tel9419 0009 |
| **Local Government Community Housing Programs**, Office of Housing & Local Government Authorities | Long term housing provision under a residential tenancies agreement offered to client groups identified by the local government authority | Contact your local Government and ask to speak to someone in regards to their Community Housing Program | **Northern Grampians Shire** - Stawell  
**West Wimmera Health** - Nhill  
**Yarriambiack** - Warracknabeal |

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73 Contributor – J. Dobell, DHS Community Housing DHS
<table>
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<tr>
<th>Type of Housing</th>
<th>Process of Application</th>
<th>Provider/Contact Details</th>
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<tbody>
<tr>
<td><strong>Community Equity Housing Ltd (CEHL)</strong></td>
<td>Each CEHL is responsible for choosing its own members. CEHL maintains a central register of interested eligible people which CEHL members can access whenever there is a vacancy in their cooperative.</td>
<td><strong>Community Equity Housing Ltd (CEHL)</strong></td>
</tr>
</tbody>
</table>
| ‘A not-for-profit community Housing Organisation that owns over 1500 properties throughout Victoria. CEHL acts as a program manager for the Common Equity Rental Housing Cooperative Program providing resources to support more than 110 tenant managed housing cooperatives that CEHL owns’

**Common Equity Rental Housing Cooperative (CERC)** | Eligibility - income & asset criteria set by the OoH. Once registered, interested people will be offered training for CERC membership - Attendance will be noted on the central register CERC housing is offered on a long-term basis - It is not possible to predict when a vacancy might occur When a vacancy occurs the CERC will make contact with applicants who have expressed interest in joining a CERC in their region - Interview is arranged Selection is based on: - Need of the applicants household, & - Needs of the CERC at the time the vacancy arises - If unsuccessful applicants name will remain on the central register | **Central Office**
Suite 17, 79-83 High St
Kew 3101
Tel 9851 8100
Free call 1800 353 669
**Bendigo Office**
8 Rowan St
Bendigo 3550
Tel 5441 2131
**Geelong Office**
Suite 5, 232 La Trobe Terrace
Geelong West 3218
Tel 5222 1306 |
| ‘A not-for-profit community housing program. It offers housing to low-income households via small, self managed housing cooperatives (CERC’s) A CERC is an independent voluntary organisation - Comprising between 7-20 households - Provides a supportive environment for tenant members - Members take responsibility for carrying out all the tasks associated with running a housing cooperative. - Tasks include - Financial administration - Collecting rent - Arranging House Maintenance - Selecting new tenant members - Keeping records Members must work together to maintain the properties Continued tenancy may depend on tenant member’s continued participation in activities |

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74 Contributor – J. Dobell, DHS Community Housing
<table>
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<tr>
<th>Type of Housing</th>
<th>Process of Application</th>
<th>Disability Specific Information</th>
<th>Provider/Contact details</th>
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</thead>
</table>
| **Singletons, Mixed Equity Housing**     | “Singletons is essentially an intermediary providing expertise in the two key areas of financial and property management. It buys and manages suitable properties which are to be occupied by residents who in turn own the company”  
Eligibility - Potential residents need to be:  
- registered with DHS Disability Services on the Disability Service Register,  
- Be accepted by an approved & funded support agency,  
- Have the capacity to make a financial commitment by self or through others  
Funding Commitment - Once approved for entry, the applicant is required to purchase a share of the property.  
- This can between $4000 - $38 000+, a common figure is about $15 000  
Other costs - Residents pay a weekly service charge to cover the costs of household ownership.  
- Residents also pay for food, bills & activities | Occupancy rights (without financial commitment)  
- It is possible that a person with a disability could have occupancy rights as a nominee of an ethical investor  
**Support Needs**  
Singleton’s do not provide support to residents  
- Partnership like arrangement exist between Singletons & support providers who are responsible for the needs of the residents  
- DHS Disability services funds the support | Singleton Equity Housing Ltd  
3/1401 Burke Rd  
Kew 3101  
Tel 9859 0600  
Email seh@selhorg.au  
Web www.shl.org.au                                                                 |
| **Supported Housing Limited, Mixed Equity Housing** | “People who have moderate assets but limited income are excluded from Government subsidised housing due to their assets, but are unable to enter or maintain home ownership due to their income.  
The tenant does not hold title over the property, they retain an investment share in the property at the same percentage as originally contributed”  
Target Group - People with a recognized disability and have access to sufficient assets to be able to contribute to the project  
- They must also be in receipt of Centrelink payments  
Advantages - The applicant is released from responsibilities of maintenance undertaken by SHL  
- Rent is set at an affordable rate (equivalent to OOH rents plus rent assistance received). | Support  
- Not included, must be addressed separately  
- Individual is required to have appropriate care and support services in place, are able to live independently | Supported Housing Limited (SHL)  
3/1401 Burke Rd  
Kew 3101  
Tel 9859 8933  
Email vihu@shl.org.au  
Web www.shl.org.au                                                                 |

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76 Supported Housing Limited Mixed Equity Information Sheet
<table>
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<tr>
<th>Type of Housing</th>
<th>Disability Specific Information</th>
<th>Provider/Contact Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Private Rental</strong></td>
<td><strong>Bond Assistance</strong>&lt;br&gt;- Interest free loans from the <strong>Office of Housing</strong> that can be used to cover the cost of a bond</td>
<td><strong>Office of Housing</strong> - Regional Offices (as above)</td>
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<td></td>
<td><strong>Aids &amp; Equipment Program (A&amp;EP)</strong>&lt;br&gt;- Disability Services program that funds the provision of equipment &amp; some home modifications for people with a disability&lt;br&gt;- Eligibility requires that the applicant has a long-term or permanent disability, hold a Medicare Card &amp; is a permanent resident of Victoria</td>
<td><strong>Occupational Therapist</strong>&lt;br&gt;Contact your local Hospital or Community Health Service <strong>DHS Disability services Intake &amp; Response</strong>&lt;br&gt;Free call 1800 783 783</td>
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<td></td>
<td><strong>Commonwealth Rent Assistance (CRA)</strong>&lt;br&gt;Rent Assistance is a non-taxable income supplement payment added on to the pension, allowance or benefit of eligible income support customers who rent in the private rental market.</td>
<td><strong>Centrelink</strong> – Ararat, Hamilton, Horsham&lt;br&gt;Tel 131 021&lt;br&gt;Free call 1800 555 677</td>
</tr>
<tr>
<td><strong>Home Ownership</strong></td>
<td><strong>Aids &amp; Equipment Program (A&amp;EP)</strong>&lt;br&gt;- As above</td>
<td><strong>Home Renovation Service</strong>&lt;br&gt;Tel 9815 1900 or&lt;br&gt;Free Call 1300 136 513</td>
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<td><strong>Home Renovation Service</strong> is a DHS program that is concerned with home improvements/modifications related to health &amp; safety&lt;br&gt;- Independent advisers from Archicentre will provide a free inspection that includes a Condition Report and Cost estimates</td>
<td><strong>Home Renovation Loans</strong> for those who require financial assistance to complete home improvements/ modifications related to health &amp; safety</td>
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<tr>
<td>Type of Housing</td>
<td>Process of Application</td>
<td>Provider/Contact Details</td>
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<td><strong>Co-ownership, Pod Property</strong></td>
<td></td>
<td>Jeremy Levitt</td>
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</tbody>
</table>
| 'Co-ownership refers to a situation where two or more people share the ownership of a property, It involves:  • Pooling your money with others to put a deposit down on a home  • Combining your borrowing power to borrow the rest from a loan provider  • Paying off the mortgage on your home instead of paying rent (for owner occupiers) or  • Earning a stream of rental income (for investors) AND  • Having the flexibility to move out or sell out if you need or want to.' | **Pod Property**  
Is a private company that offers the following support for 2 or more parties to purchase property together:  
1. Arranging group finance.  
2. Arranging a legally binding Co-Ownership Agreement ($250 per person including GST + an hourly charge for amendments and advice).  
3. Arranging your conveyance ($1500-$1800 plus disbursements, statutory searches, building report and GST).  
Further information can be found at [www.podproperty.com.au](http://www.podproperty.com.au) | Tel 0412 361 632  
Email [info@podproperty.com.au](mailto:info@podproperty.com.au)  

**Note:** This is *not* a disability specific service

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### Housing/Accommodation Support

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<tr>
<th>Type of Housing Support</th>
<th>Process of Application</th>
<th>Disability Specific Information</th>
<th>Contact details</th>
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</table>
| **Supported Accommodation Assistance Program (SAAP)** | Eligibility determined by:  
- Homelessness, or  
- At risk of homelessness  
- Target group are youth from 15-25 years  
Three categories of homelessness:  
Primary – People without conventional accommodation  
Secondary – People who move frequently from one temporary shelter to another  
Tertiary – People who live in boarding houses long term (Not self-contained & without security of tenure provided by lease) | No disability specific components:  
- Short term case management directed at finding appropriate housing  
- SAAP case manager would work in conjunction with disability support(s) case manager | **Salvation Army Social Housing Service (SASHS)**  
42 Brown St  
Hamilton 3300  
**Housing Management Wimmera Uniting Care**  
185 Ballie St  
Horsham 3400  
Tel 5362 4029  
**Supported Accommodation Assistance Grampians Centre of Community Health**  
60 High St  
Ararat 3377  
Tel 5352 6200 |

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<tr>
<th>Type of Housing Support</th>
<th>Process of Application</th>
<th>Contact details</th>
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</table>
| **Social Housing Advocacy & Support Program (SHASP)**, Office of Housing funding for Non-Government Organisations | **Eligibility** – Office of Housing clients  
Emphasis on sustaining & supporting OoH tenancies with the aim of preventing homelessness & improving the outcomes for tenants. SHASP services also have responsibilities for the development of new & emerging tenant groups, a range of tenant participation initiatives and community facilities management | **Community Connections Vic**  
135-137 Kelpar St  
Warrnambool 3280  
Tel 1300 361 680  
**Tenants Union of Victoria**  
55 Johnston St  
Fitzroy 3065  
Tel 9411 1444  
**PACT Community Support**  
Level 4, 17 Lydiard St Nth  
Ballarat 3353  
Tel 5333 1351 | **PACT Community Support**  
22 McLachlan St  
Horsham 3400  
Tel 5382 6300  
Free call 1800 660 446  
**SASHS Hamilton**  
42 Brown St  
Hamilton 3300  
Tel 5572 5822 |

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## Specific Accommodation Supports

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<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Process of Application</th>
<th>Contact/Providers details</th>
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</table>
| **Shared Supported Accommodation** (Group Homes, Community Residential Units – CRU’s) | Group homes support individuals with a disability in most states and territories of Australia including Victoria. There is a high demand for shared support accommodation; in June 2006 a total of 2,364 Victorian's had registered a need for placement in shared support accommodation, 924 of these request had been deemed 'urgent'. There are concerns about the suitability of group homes, issues include:  
  - incompatibility between residents  
  - limitation on the expression of individuality, and  
  - the need for fixed & rigid routine | **Eligibility** - Potential residents need to be:  
  - registered with DHS Disability Services on the Disability Service Register,  
  - Placement is depended upon the availability and type of places that become available  
  - Consideration of the compatibility between residents is also taken into consideration when a vacancy become available | **DHS Disability services Intake & Response**  
Free call 1800 783 783 | **Local Providers**  
DHS  
Wimmera Uniting Care  
Murdoch Community Services  
STAY (formally Mulleraterong Residential Services)  
Tippings |

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83 DADHC Report: Models of Supported Accommodation for People with a Disability (2005)
**Type of Support** | **Examples** | **Process of Application** | **Contact/Providers details**  
--- | --- | --- |  
**Home & Community Care (HACC)**[84]**  
“ The HACC program is a joint Commonwealth and State/Territory (60:40 funding ratio) initiative that funds maintenance and support services to frail aged and younger people with a disability and their carers. The main aims of the HACC program is to support people in the community, maximising their quality of life and preventing admission to long-term residential care.”[4]  
Some of the programs are well known such as Meals on Wheels and Home Help, other types of services include:[95]  
- nursing care;  
- allied health care (eg. physio, podiatry)  
- meals & other food services  
- domestic assistance  
- personal care  
- home modification & maintenance  
- transport  
- respite  
- counselling, support, information and advocacy; and  
- assessment  
In Victoria some services do attract a small fee  
**Eligibility**  
- The program is designed to support people whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care  
- Eligibility does not depend on age or income  
- However, not all those eligible are able to receive an immediate service due to local demand  
**Local Government Community Services**  
- Home based help  
**Community Health Centres**  
- Podiatry & other allied health services  
**DHS Regional Office**  
- Ballarat  
- Geelong  

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**Case Management**  
“a terrible term! We're families, not 'cases'!”[86]  
“A case manager is employed to help plan and manage services. Case management services are often attached to Funding Packages, a case manager may also be allocated to your family when you first approach an agency for assistance.”  
**Disability Intake & Response (DHS)[87]** - Is the initial point of contact for anyone making contact with DHS Disability Services  
- If your request is complex you may be referred for case management  
- The case manager will ensure that individuals have the right help to get the support they need  
- The case manager will first do an assessment of Needs Report to identify an needs in a whole range of life areas, they will then develop a General Service Plan that identifies what needs to be done  
**See Funding Packages (DHS)**  
Or **HACC contact details**  
**DHS Disability services Intake & Response**  
Free call 1800 783 783  

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[87] Disability Services, Grampians Region (Booklet)
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<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Process of Application</th>
<th>Contact/Providers details</th>
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<tbody>
<tr>
<td><strong>Attendant Care</strong></td>
<td>State funded services that like HACC services, were developed to enable people with severer disabilities to live in their own homes in the community rather than restrictive institutional settings</td>
<td>Outreach (DHS Victoria) Outreach support provides home and community based support for up to 15 hours a week so people with a disability can live outside of staffed residential accommodation, remain in their on home or move to more independent living arrangements. The type of outreach support provided is negotiated between the individual, their case worker and DHS approved service provider. <strong>Variations:</strong> Attendant Care Program (NSW) Provides up to 35 hours per week to provide personal care to individuals at home or in the Community Individuals using the services can pool their hours with others to maximise the attended care assistance, they are also able to accrue unused hours for use at a later date (individuals can carry a maximum of 50 hours from one financial year to the next). Nightlife DHS, Southern Metropolitan Region is in the initial phase of developing an after hours, responsive attendant care service that will be available to provide attendant care between the hours of 10pm - 6am</td>
<td>DHS Disability services Intake &amp; Response Attendant Care is often accessed through Funding Packages (discussed further on) Or can be obtained as a HACC Service (see previous entry Privately funded attendant care may also be a short-term option – contact service provider for cost &amp; availability</td>
</tr>
</tbody>
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89 Person communication - G Blinman (Woodbine)
90 DADHC Factsheet: Attendant Care Program (2006)
91 NSW Attendant Care Program Manual (2003)
92 Personal Commination – P Evans (DHS, Southern Metropolitan Region)
<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Process of Application</th>
<th>Contact/Providers details</th>
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<tbody>
<tr>
<td><strong>Funding Packages</strong></td>
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<tr>
<td>- An arrangement in which a range of assistance (often provided by several different services) are purchased and managed (brokered) by one organisation</td>
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<tr>
<td>- These packages are allocated to individuals with a disability and their families</td>
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<tr>
<td><strong>Homefirst Notes</strong></td>
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<tr>
<td><em>In June 2006 there were 1,527 individuals registered for HomeFirst funding on the Disability Service Register.</em>  Of those:  - 1,197 were urgent  - 247 were high, and  - 83 were low priority[^3]  The Homefirst Program is online currently under review by DHS Disability Services_ The report of the review[^4] (including an easy English version) &amp;information about the development of an action plan is available</td>
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<tr>
<td><strong>Linkages</strong></td>
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<tr>
<td>- Are HACC funded, they are available to people of all ages who are frail aged or a young person with a disability;  - Providers receive ‘brokerage’ funds that cover the costs of case management and are used to purchase a flexible package of services designed to meet the specific needs of each individual client within available resources[^5]  <strong>Making a Difference (DHS)</strong>[^6]  - Provides support for families caring for a family member with a severe disability aged 6 years or older who have a moderate, severe and profound support needs  - The package includes case management and/or discretionary funding to a non-government organisation that works in partnership with the individual and their families/care to develop strategies, facilitate access to services and build informal support networks in the community  - The aim of the program is to support people living in the family home  <strong>Homefirst</strong> (DHS)  - Is a package that that tailors support to suit individuals to continue to live in their home or move to independent living  - The hours of support are limited to 38 hours a week and unlike other flexible support package does not include a case manager; rather a case coordinator will work closely with you and your supports (eg. family &amp; case manager) to ensure the program best fits your need[^7]</td>
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<tr>
<td><strong>Eligibility</strong></td>
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<tr>
<td>- The target group for Funding Packages a generally individuals with high support needs; not everyone is eligible and often there are waiting lists  - Within DHS, Funding Packages are known as Flexible Support Packages  <strong>Homefirst Eligibility</strong>  - Aged between 6 and 64 years AND  - Have an acquired brain injury, physical, sensory or intellectual disability and feel you need support to maintain or increase you independence AND  - If you are living in your own home, or with your family OR  - You are moving from staffed or supported housing into your own home[^8]  <strong>Linkages</strong></td>
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<td>Lyndoch Warmambool Community Services  - Hamilton Grampians Community Heath Centre  - Ararat, Northern Grampians  <strong>Making a Difference</strong>  Pinarc – Ararat &amp; Stawell  <strong>Homefirst</strong>  Wimmera Uniting Care  STAY (formerly Mulleraterong Residential Services)</td>
</tr>
</tbody>
</table>

[^4]: DHS Disability Services Division Homefirst Review (2006)
<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Process of Application</th>
<th>Contact/Providers details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individualised Planning &amp; Support (IP&amp;S)</strong>[99]</td>
<td>- IP&amp;S models can allocate funds for a fixed menu of services or funds can be used in a diverse and flexible way to purchase supports&lt;br&gt;- It is also possible to ‘tie’ funds to an individual; if and when the person transfers the funds will also be transferred&lt;br&gt;- Resources are allocated directly to the individual or as payments to the services on behalf of the individual</td>
<td>Individualised Support Package (DHS)&lt;br&gt;Previously known as Support &amp; Choice&lt;br&gt;&lt;br&gt;The program was launched in 2003 to provide a mechanism that provides individually tailored support, giving people with a disability more choices, control over their lives and opportunities; the emphasis on choices and plans individuals and their families&lt;br&gt;&lt;br&gt;Individualised Support Package is not accommodation support specific, it can be accessed for a range of services &amp; supports for everyday activities</td>
<td>Prior to submitting an application to the Disability Support Register the person with a disability &amp; their family need to identify and articulate their need – particularly if requesting an Individualised Support Package&lt;br&gt;&lt;br&gt;See Disability Support Register information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individualised Planning &amp; Support (IP&amp;S) – Interstate &amp; Overseas examples</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Accommodation Support Funding (WA)</strong>[102]</td>
<td>- Individualised funding for people with disabilities in WA is separated into three streams: Intensive Family Support, Alternative to Employment Support &amp; Accommodation Support Funding (ASF)&lt;br&gt;- The states Disability Commission has pre-qualified service providers who have been approved to manage the funding with individuals or individuals can choose to self-manage their funding&lt;br&gt;- Accommodation funding is capped to ensure equality between flexible support and congregate care; ASF awarded is based on the cost of one bed in a four bed shared accommodation unit[103]&lt;br&gt;- The ASF panel meets three times a year; approximately 12% of application are successful</td>
<td><strong>Direct Payments (UK &amp; Melbourne)</strong>&lt;br&gt;- In the UK, Direct Payments are funds paid by local authorities to people with a disability and other community care service users to purchase their own support&lt;br&gt;- They were introduced in the 1980’s and are now part of mainstream of welfare policy[100]&lt;br&gt;- Disability Services, Southern Metropolitan Region (Melbourne) has commenced a Direct Payments Project as an alternative to the existing system where funding is provided to the support agency which then delivers the support[101]&lt;br&gt;- This project will trial the process with 10 individuals and their families/carers; a main aims of the project is too determine how direct payments can be as effective and simple to implement as possible</td>
</tr>
</tbody>
</table>

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[99] Service needs and Strategies to support families (2002)
[101] Direct Payments Project
[103] Policy on a fair level of funding for individual accommodation support funding (2002)
Supported Living

Supported living has evolved in the last 10-15 years, rather than a prescribed program it is a service model that operates on the belief that “all people can be supported to live in the community regardless of the level of disability of behavioural considerations”\textsuperscript{104}

Principles of supported living include:\textsuperscript{105}

1. **Separation of housing and support** – the agency coordinating/managing support has no organisational connection with the landowner
2. **Focusing on one person at a time** – identification and responding to what the individual wants
3. **Full user choice & control** - Individuals choose where they live, who they live with (if anyone), who supports them and how
4. **Rejecting no one** – no criteria’s or barriers exist for accessing services, the implicit assumption of supported living is that everyone can live in the community
5. **Focusing on relationships** - making use of informal supports and community resources. The starting point is to build on a person’s existing relationships and connections; people who are in the individual's support network should promote networking with others who can provide advice or assistance

**Models of Supported Living**

<table>
<thead>
<tr>
<th>Innovative Accommodation Projects\textsuperscript{106}</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Grants were made to 15 organisations around Victoria to provide long-term and sustained accommodation options for people with a disability</td>
</tr>
<tr>
<td>- The Grants has been assisted more than170 people (in both Rural &amp; Metro locations) to find and make a success of living in their choice of accommodation.</td>
</tr>
<tr>
<td>- There is no current accommodation innovation grant funding in the Grampians region; Barwon South West region hosts two projects in Geelong</td>
</tr>
<tr>
<td>- Most projects that are funded by accommodation innovation grants are small projects supporting a limited number of individuals in a limited geographical area</td>
</tr>
<tr>
<td>- The general aim of each project is to connect individuals with accommodation and support options in their own area. The key component is that individuals (and their families) are fully involved in this process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovative Accommodation Projects include:</th>
<th>Example: <strong>Creative Housing Project (Uniting Care Goulburn North East)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Independent Accommodation Network (Harrison Community Services)</td>
<td>- The Creative Housing Program assists adults with a disability (intellectual, physical, sensory and/or acquired brain injury) to live independently (either alone or with flatmates) in their community by developing their independent living skills and their connections to the community</td>
</tr>
<tr>
<td>• Living Distinctive Lives (Uniting Care Community Options)</td>
<td>- The program is very much about the hopes and plans of the individual; identifying their needs and from there, creating a program of assistance\textsuperscript{107}</td>
</tr>
<tr>
<td>• Creative Housing Program (Uniting Care Goulburn North East)</td>
<td>- The program is limited to 12 places and operates in Benalla, Wangaratta &amp; Wodonga\textsuperscript{108}</td>
</tr>
<tr>
<td>• Disability Accommodation Working Network (DAWN)</td>
<td></td>
</tr>
<tr>
<td>• Directlife</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{104} Action for more independence & dignity in accommodation report (2000)  
\textsuperscript{105} A life more ordinary (2002)  
\textsuperscript{107} Personal Communication – B Wiedemann (Creative Housing Program)  
<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Process of Application</th>
</tr>
</thead>
</table>
| Live in personal carer  | Informal arrangement between two individuals; not a common arrangement, only 11% of primary carers in Australia are not an immediate family members (parent, child or partner), 109  
There is very little information about live-in care arrangements on the web; search found a posting on a community noticeboard advertising for a person to cook and provide personal care assistance in exchange for free board | There is one example of a successful partnership in the Grampians region; ongoing arrangement for 18 ½ years; both parties have established a compatible relationship; maintaining ‘normal’ family lifestyle  
- Financially viable - individuals receive DSP & Carers Payment respectively  
- Support services accessed to reduce the carers load; respite program, carer support programs  
- They live in an Office of Housing home that was purchased specifically for person with a disability in 1980’s, she is lead tenant (the carer is ‘registered’ as boarder) | Private arrangements – initial web search indicated that an agency exists in the UK to support this kind of arrangement |

| Family Options 110      | The family Options program is designed to provide long-term (or short term) alternative family accommodation for children with disabilities who are unable to live full-time with their own families  
Family Options can include ‘shared care’ arrangements (where, on a permanent basis, the child spends part of the time with their birth family and the rest with an alternative carer) and other creative models of care involving support to birth families | Family Options was initially developed for children between the ages of 5-18, however in the interim manual the programs boundaries were reported to include adults 112 | DHS Disability services Intake & Response  
Free call 1800 783 783 |

| Floating Care 110       | Is model developed in 1994 for people living with HIV/AIDS who have complex needs  
- Accommodation and support are sourced separately;  
Clients rent independent accommodation head leased by housing associations while support is coordinated and tailored specifically to the needs of each individual by a non-government case manager  
Support and care is provided in the clients home and is funded by NSW Health & Department of Ageing, Disability and Home Care (DADHC)  
It has a client base of 20 individuals | Complex needs include:  
- needs may be due to neurological impairments,  
- mental illness,  
- addictions and/or  
- to be at risk of homelessness | Bobby Goldsmith Foundation  
PO Box 97  
Darlinghurst NSW 1300  
Australia  
Tel (02) 9283 8666 |

109 Carers in Australia (2004)  
110 Bobby Goldsmith Foundation– Floating Care www.bgf.org.au
### Shared Accommodation

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Contact/Providers details</th>
</tr>
</thead>
</table>
| - Different to a live-in carer arrangement: informal agreement around shared accommodation rather than provision of care | Independent Accommodation Network (IAN) | Independent Accommodation Network (IAN)  
Harrison Community Services  
1012 Little Burwood Hwy  
Wantirna South 3152  
Tel 9887 1005  
Email: ian@harrison.org.au | |
| - Type of accommodation that is not disability specific; eg. common arrangement for uni student and young adults  
- Financially, costs of accommodation & utilities are shared | Wesley HomeShare[^1] | Other useful resources:  
(Harrison Community Services)  
www.flatmates.com.au  
www.realestate.com.au | |
| | Independent Accommodation Network (IAN) | | |
| | - A Victoria wide network that aims to provide information & resources regarding suitable housing options in your community  
- It is designed for people with a disability or people wishing to share with a person with a disability  
- The have developed an accommodation information kit ‘Here’s House to Do It’ written for people with a disability who a considering planning to move into a private rental | | |
| | Wesley HomeShare[^1] | | |
| | - Formalises a supportive house-share arrangement matching older householders and householders who have a disability who are looking for help & companionship around the home with people who are able to provide assistance in return for affordable accommodation  
- The householder provides a bedroom and shared facilities. In exchange, the for approximately 10 hours of practical assistance per week | | |

### Co-operative Support funding (pooling resources)

<table>
<thead>
<tr>
<th>St Arnaud accommodation proposal[^1][^2]</th>
<th>New Neighbourhood support option[^3][^4]</th>
</tr>
</thead>
</table>
| - A group of parents having been actively developing a proposal for accommodation and support in St Arnaud  
- The families have worked together to design a model of accommodation that includes supported accommodation (2 beds) with provision for overnight support, a detached unit on the property for someone who is able to live independently but close enough to receive assistance as required (‘outreach on demand’) and separate units for people requiring outreach support  
- The proposal is that the combination of people with low/high/complex needs and the funding each person attracts would sufficient to provide the support required for everyone  
- The proposal has been submitted to the Disability Housing Trust; the outcome of the expression of interest is unknown at this stage | - In an endeavour for find a more efficient and flexible way of working with attendant carers people with a disability and service providers in the eastern suburbs are looking at a model of shared coordination between two service providers  
- Individuals would use existing their existing care package while the funds allocated for attendant care hours would be pooled to create a more flexible service  
- The program includes a monthly meeting when individuals meet together to share ideas and a chat |

[^1]: Through the Maze (2003)  
[^3]: Wesley Homeshare [www.wesley.org.au](http://www.wesley.org.au)  
[^4]: Personal Communication – D Pendry (DHS, Grampians)  
[^5]: Project - Eastern Region Neighbourhood Support Project [www.advocacyhouse.org](http://www.advocacyhouse.org)  
[^6]: One of the important learning’s in this project has been that the willingness of individuals (and there families) to pool funds tend s to be greater before they have received a funding package.
<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Examples</th>
<th>Issues Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster or Congregate Care models</strong> 117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Originally developed as an option to nursing home care: a restricted number of self-contained units on the same property, and includes one unit that accommodates an on-site manager who is responsible for administration and some direct-care support.</td>
<td>St Martins Court - Is a cluster facility that has been designed for people with acquired brain injury. It includes 13 self-contained units and a community room configured around a communal garden. Accommodation and support and managed by separate agencies who share a formal protocol. The accommodation is managed and maintained by Supported Housing Ltd; Australian Home Care (AHL) provides the support including the 24 hour on-site live in manager.</td>
<td>There is some concern that the congregation of people with a disability will reinforce stigmatisation and marginalisation from the wider community. Feedback in NSW suggested that this alternative would suit individuals who have significant medical and health care needs.</td>
</tr>
</tbody>
</table>

| **Circle of support** 118                           |                                                                          |                                                                                                                                                                                                              |
| The idea of a circle of support was developed in Canada, spread fairly quickly through North America and our early circles here in the UK began in the mid 1980s. It is a group of people (friends, family and community members) who meet on a regular basis to help somebody accomplish their goals in life. | Directlife (Eastern & Southern Melb) - Participants in the program to have a support council that meets on a regularly. The support council's job is to make sure program participants have more say in how they are supported and are treated like anyone else in the community. Each support council includes: the participant & their housemate(s), family, friends, advocates or volunteers, and the DirectLife Facilitator 119. **Members** are involved because they care enough about the focus person to give their time & energy to helping that person to overcome obstacles; the relationship is not only one way, all members of a circle of support have diverse gifts & interests. | Directlife - EJ Tipping Foundation 110 Drummond St Oakleigh 3166 Tel 9564 1000 |

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116 Personal Communication – Cath McNamara (Action for Community Living)
117 DADHC Report: Models of Supported Accommodation for People with a Disability (2005)
118 Circles of Support - [www.circlesnetwork.org.uk](http://www.circlesnetwork.org.uk)
119 DirectLife - Support Councils [www.tipping.org.au](http://www.tipping.org.au)
<table>
<thead>
<tr>
<th>Key-ring</th>
<th>Examples</th>
<th>Process of Application</th>
<th>Contact/Providers details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key-ring</strong></td>
<td>Developed in the UK in 1990, structured around networks of 6-12 people living in flats or units which are in close proximity to one another (approx 10 min walk) The close proximity allows network members to act as an informal network of support for each other A community living worker is attached to each network living in the same area as the network working on a part-time flexible basis. They do not provide nursing or personal care; rather they work to build layers of support for network members developing their confidence and self-reliance</td>
<td><strong>My Place, Keyring Program</strong>&lt;sup&gt;122&lt;/sup&gt; - Northern Support Services is in the initial phase of establishing supported living networks of up to nine people in the northern area of Melbourne - A network volunteer provides up to 15 hours of support to the network each week in exchange for free accommodation - The role of the volunteer is to assist network members to maintain their tenancy, facilitate network meeting and link individual members into local groups and activities - An accommodation Officer works to establish accommodation and extra support for individual members - The program does not provide any funding for direct support; so applicants will need to already be in receipt of, or obtain funding through a Support and Choice or Home First package to meet these needs</td>
<td><strong>Eligibility</strong> - Persons with an intellectual disability aged 18 and over and are deemed eligible for services under the Disability Act 2006. - You maybe be currently living with your family, residing in a community residential unit (group home), homeless or in some type of housing that doesn't suit you.</td>
</tr>
</tbody>
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120 Developments in services for people with intellectual disabilities with particular focus on community inclusion and issues related to ageing and disability (2000).
121 What is keyring? www.keyring.org
122 My Place Keyring (2006)
Disability Support Register: Applying for Ongoing Support

Individualised Planning & Support (IP&S) approach focuses on enabling people with a disability to live in the community and receive the supports they require within the ordinary structures of education, health, employment, and community services, and other informal networks. It involves people directing the planning process to the greatest extent possible, and exploring supports that are flexible and wide ranging, including consideration of those outside the existing disability service system.\(^\text{123}\)

Types of Services

There is a range of services for individuals with a disability; some of these are short-term services that might be accessed to address a specific issue, such as obtaining specialised equipment. Other service/supports are required on a more ongoing basis. Existing services such as Day Programs (ATSS) or shared supported accommodation (CRU) are generally a more permanent option.

There is a third area of ongoing support known as Individual Support, which provides the resources for supports and services determined by the needs and aspirations of the individual.

<table>
<thead>
<tr>
<th>Specific Services (Intervention Based)</th>
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</thead>
<tbody>
<tr>
<td>Case Management</td>
</tr>
<tr>
<td>Behavior Intervention Services</td>
</tr>
<tr>
<td>Respite</td>
</tr>
<tr>
<td>Aids &amp; Equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supports within a Service Structure (Ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Programs</td>
</tr>
<tr>
<td>Shared Supported Accommodation</td>
</tr>
<tr>
<td>Flexible Support Packages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Support (Ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Options</td>
</tr>
<tr>
<td>Individualised Support Packages</td>
</tr>
</tbody>
</table>

Figure 3: Types of DHS Disability Service supports & services

When introduced by DHS in 2003 Individualised Support Packages were branded as Support & Choice. Since then, DHS has further developed this type of support. These developments have also included the introduction and review of the way in which individuals can access these and other types of ongoing support.

The Disability Support Register (DSR)

The revised guidelines of the Disability Support Register (DSR) are not exclusive to Individualised Funding applications. The DSR registers requests ongoing support, that is, supports which are long-term in nature. This might include accommodation support, community support, community access, employment support, personal care and respite.

This discussion identifies the process of registering a need on the Disability Support Register (DSR) that cannot be provided within pre-existing support structures in the individual’s community.

\(^{123}\) Access to ongoing disability support: DSR registration guidelines (2007)
Identifying & Articulating Need

Like the Facilitation Phase described previously, the dreams and aspirations of an individual (what they want to achieve) need to be articulated, together with the ways in which these might be explored and achieved.

Prior to the revision there was uncertainty about how and when this process took place. A facilitator was appointed to the individual (& family) once funding became available. However, logic suggests that some level of need was identified prior to the individual being placed on the DSR. The planning (and articulation) process now occurs before the need of an individual is placed on the DSR.

This process can begin at anytime, and in many respects draws from the prior experiences of the individual (and their family’s). There are two essential criteria that are considered by DHS Disability Services when a request for ongoing disability support is considered by DHS Disability Services is made, that:

1. there is a current need for support, and
2. the assistance required is beyond what may be available in the wider community\textsuperscript{124}

<table>
<thead>
<tr>
<th>A request needs to capture:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The person’s present situation and why support has been requested.</td>
</tr>
<tr>
<td>- An overview of the person’s goals and support needs.</td>
</tr>
<tr>
<td>- Services, supports or resources that are currently accessed (if any). Include any disability-specific services or supports, general community resources or information on informal networks.</td>
</tr>
<tr>
<td>- An overview of the person’s unmet support needs.</td>
</tr>
<tr>
<td>- Other options that have been explored to assist with these unmet support needs</td>
</tr>
</tbody>
</table>

\textbf{Figure 4: Issues that need to be addressed in a DSR application}

There is provision here for individuals and families to tell their story, providing information about the types of support they’ve sought in the past, what works best, what hasn’t and how a nominated support will enhance the individual’s lifestyle.

Individuals (and their family) can complete their request independently. However, ‘knowing’ what to request can be a difficult proposition. Anecdotal evidence; particularly from individuals (and their families) who have devised their own support structures, indicate that planning for the future can be a lengthy process which often requires guidance and support. Individuals can seek support from a Community Support Organisation (CSO) that they are familiar with or they can request planning assistance from DHS Disability Services. If they have not had prior contact with DHS or a CSO they can contact the regional \textit{DHS Intake and Response Team} to facilitate planning or be referred to a provider that offers support to plan.

There is no time-line for this process, as already indicated, an individuals need is not registered until a formal request has been made.

\textbf{Making a Request for Ongoing Disability Support}

The \textit{Disability Support Request} is an electronic or paper-based form. In addition to demographic data (eg. name, contact details, address) and a question about the individual’s eligibility for compensation, there are four questions designed to obtain the information required.

\textsuperscript{124} Access to ongoing disability support: DSR registration guidelines (2007)
1. Tell us about your current situation and the reason for making this request. Include information about any circumstances that increase or decrease the need for the support you are requesting.
2. Describe what services, supports or resources you currently access (if any and for how long). Include any formal (disability-specific services, general community resources) or informal networks (ie. family, friends, volunteers) that you may be involved in.
3. Briefly outline what other options have been explored to assist with your unmet support needs and the outcome.
4. What are the things you would like to do or achieve with the support you are requesting?

Figure 3: DSR Questions around circumstances and support needs

The next section requires individuals to select one type of support that best describes the needs identified in their request. There are 15 support types\(^\text{125}\) to select from.

| Support to move from Disability Services accommodation | Full-time group activities |
| Support to move to non-disability housing | Disability Services supported accommodation |
| Support to continue to live in non-disability housing | Disability Services supported accommodation and part-time group activities |
| Support to achieve personal goals (non-housing) | Disability Services supported accommodation and full-time group activities |
| Family support options | Disability Services supported accommodation with flexible support \((\text{Group} \& \text{Individual support})\) |
| Part-time activities with flexible support | Disability Services supported accommodation or interim individual support \((\text{Group} \& \text{Individual support})\) |
| Full-time activities with flexible support | |
| Part-time group activities | |

Figure 4: Types of support

The highlighted types of support are \textit{individualised}, (the remainder are group based structures). Requests for individualised support are required to provide specific details about the type(s) of support sought, and how often the support is required. This information is recorded on the \textit{Disability Support Request} in a table format. It requires the goal(s) to be identified (what the nominated support is to achieve), the nature of the support and how often this support is required.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Supports required</th>
<th>Frequency and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: To maintain my current independent living arrangements</td>
<td>Assistance with meal preparation</td>
<td>Two x two hour sessions per week x 52 weeks</td>
</tr>
</tbody>
</table>

Table 1: Breakdown of individual support(s) for the Disability Support Request

There is no requirement for individuals (\& families) to calculate the cost of the supports proposed. These figures are calculated by DHS Disability Services staff after the request is submitted. Once the \textit{Disability Support Request} is completed the form needs to be signed and forwarded to the relevant DHS Disability Services Regional Office.

\(^{125}\) Access to ongoing disability support: DSR registration guidelines (2007)
Registration

Individuals can expect to be advised of the outcome of their request within four weeks of it being received. Once DHS receives the request, it is processed to confirm the information in the request, determine resource requirements and make recommendations about the individual’s priority status before final endorsement of the request by an authorised regional delegate.

Confirmation follows; this involves checking the request to ensure that the information is complete and through enough to indicate:

- that the individual is eligible for DHS Disability Services,
- the type of support requested & why it has been requested,
- that the request is the outcome of person-directed planning, and
- that the supports requested align with the principles of Individualised Planning & Support

**Individualised Planning & Support** is about self-determination, community membership and citizenship.\(^{126}\)

- Individuals directing the planning process to the greatest extent possible and making their own choices about how they wish to live their life
- Assisting the person to identify their goals, aspirations and needs, ways that these can be achieved and the supports required
- Exploration of supports that are flexible, wide-ranging, and may include, but are not limited to, those that may be available from the existing disability service system
- Planning which is respectful of the needs of family members and carers and their role in the life of the person
- Family focused planning and support for children and young people with a disability
- The inclusion and participation of people with disabilities in community life

**Figure 5: Principles of Individual Planning & Support.**

If there are any concerns, DHS Disability Services staff may contact the individual or their representative to clarify the nature of the request.

**Resources/Funding** – Once confirmed, the information from the *Disability Support Request* is used to determine the notional amount of funding required.

The range of guidelines and unit prices for specific services and supports can be found in the *Disability Services Policy & Funding Plan*. Again, by its nature, Individualised Support can encompass a range of possibilities; the list of Disability Services unit prices is not endless, and may not include specific type of support identified in a Disability Support Request. In circumstances where supports are not included in the unit price schedule, DHS staff will source pricing (quotes) that reflect value for money, cost effectiveness and efficiency.

Once a notional amount has been determined for the request, the individual’s request is categorised according to the level of funding required. The four funding bands or *DSR Levels*\(^{127}\) are:

- Level 1 – up to $10,000
- Level 2 - $10,001 to $25,000
- Level 3 - $25,001 to $55,000
- Level 4 - $55,001 and above.

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\(^{126}\) Access to ongoing disability support: DSR registration guidelines (2007)

\(^{127}\) Access to ongoing disability support: DSR registration guidelines (2007)
Priority Status – recognises that a range of circumstances in an individual’s current situation can and do warrant attention.

The circumstances considered for priority status reflects both current policy directives (eg. enabling individuals who wish to move from shared supported accommodation) and any issues that directly impact upon the individual’s request for support. It is determined by the information included in the Disability Support Request. 128

- The person is a child in facility-based care.
- The person’s current living situation puts them at serious risk of harm.
- The person’s current living situation puts them at serious risk of harming others.
- The support will maintain the person in their home (or family with a child or young person) where the only and immediate alternative is a facility based setting; for example, in the situation of the serious illness or death of primary carer.
- The person is in a custodial placement or residential treatment facilities following the completion of their order.
- The person wishes to move out of Shared Supported Accommodation.
- The person has a degenerative condition and is experiencing rapid deterioration.
- DCS Manager discretion (this is used to include ’extreme’ situations or circumstances)

**Figure 5: Priority Status - circumstances considered**

**Endorsement**

Once the information in the request has been reviewed, the regional delegate considers the information and recommendations contained in the registration form. It is their responsibility to endorse or deny the registration of the request.

The individual or their guardian will be sent a letter about the decision. Should the request for registration be denied, the letter will include a brief explanation about why the decision was made.

**Resource Coordination & Allocation**

When a request for support is endorsed, the individual’s details, the type of support and the level of support (funding level) is formally registered on the Disability Support Register. When resources become available, individuals requesting the same and level support are identified. If the number or individuals exceeds the number of resources available, the list is forwarded to a Regional Priority Access Panel for consideration.

Unsuccessful applications are retained on the DSR until that type and level of support becomes available again. The availability of resources is not possible to predict; there is no indication of how long an individual will be on the register before supports reflecting their request become available.

It is important to note that the Disability Support Register does not operate as a traditional waiting list. Resources are not directed to the person who has been waiting the longest or who registered immediately after the last individual who received funding. When resources become available, individuals requesting the same type of support and the same level of support are flagged and considered regardless of the period of time since their request was endorsed.

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128 Access to ongoing disability support: DSR registration guidelines (2007)
Changes in Circumstances

It is not unrealistic to assume that some individuals who are registered on the Disability Support Register may and can experience significant changes in their circumstances. Provisions for this possibility have been included in the guidelines allowing such individuals to review their situation (independently for with support from a Community Service Organisation of DHS). If a review results in significant changes to their original request for support the regional Intake and Response team needs to be notified so that the updated information can be considered.
Family Governance

Unlike terms such as ‘service provider’ or ‘case manager’; family governance is not easily identifiable entity or service that an individual can ‘access’ or ‘use’ in order to obtain services they might need.

The Core Focus of Family Governance

At the core of family governance is the individual with a disability and their family. Although stories and articles predominately identify the parents, it’s important to recognise the presence of siblings and members of the individual’s extended family who play an important role in any (an many) aspects of that persons everyday life.

Choice

Members of this core group have made a fundamental decision; that is to assume the responsibility for the creation and support of a meaningful lifestyle for the individual with a disability.

The decision to assume this responsibility is not one that is made lightly. The process does involve self-managing what might be a variety of supports, a role traditionally held by service providers. Anecdotal evidence indicates that families who chose to assume responsibility for their son or daughters lifestyle and living arrangement do so by rejecting existing service and support structures.

In a discussion with a founding member of an established (and now permanently funded) Queensland based family governance organisation, my observation that decisions to assume responsibility were often made in frustration and despair with traditional services and support was confirmed.129

The sources of these frustrations are many and varied; inflexible programs, segregated and congregate settings, failure to recognise the potential of the individual, failure to provide services and supports that enabled the individual to have a lifestyle like others (such as their siblings) and roles in society that so many others (without a significant disability) take for granted.

Structure

Family governance includes several different types of arrangements (structures) that support the family’s original decision to assume responsibility to create and maintain a meaningful lifestyle.

Naturally, at the centre of any family governance arrangement is the individual and their family.

In some circumstances this is essentially the governance unit. The family may access support intermittently for assistance and have an administrator to manage the actual monies, and

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129 Personal Communication – M. Ward
ensuring that the arrangement satisfies any legislative, departmental and moral responsibilities. A role best described by one organisation\textsuperscript{130} as 'acting somewhat as a bureaucratic shield'.

Family governance can also be a self-governed group of like-minded families who have chosen to assume responsibility and self-manage the resources and supports available to them.

There are no specific formulas or criteria for the make up of these groups. They are generally small in number and share a vision that they can create and manage a fulfilling lifestyle for their son or daughter.

Like other groups of people that come together, there is a commonality between members, in family governance the most apparent commonality is to address the needs of individuals with a disability. That might be a need for accommodation with adequate supports (Homeswest, Queensland); or it could a need to develop a meaningful lifestyle once a person has completed their formal education (One by One, Victoria). Other variables include geography (particularly for families in rural and small communities), the age of families (older parents), families with specific priorities (the individual may have high medical support needs) and ethnicity.\textsuperscript{131}

Principles of Family Governance

In the establishment of a Family Governance Group and drawing on the commonalities among member families, a set of principles are identified that act as a blueprint for the groups future activities and developments. Drawing on the principles of Family Governance groups established in Queensland, South Australia and Victoria there are six themes that are common to each group:

1. Every individual is a unique being with an integral role in the fabric of their family & community; the establishment of meaningful relationship & a network of support are essential to every person’s wellbeing.
2. Individuals have the right to an ‘ordinary life’ through their activities of work, rest & play.
3. Individuals need to be immersed in community life, allowing them to be truly part of their community.
4. Supports need to reflect the individual, their needs and their desires – they need to be responsive, flexible, creative & informal.
5. The individual has every right to influence their own lifestyle; be heard & listened to, partake in decision making and have the opportunity for choice
6. Individuals & families are able to influence the design & implementation of supports provided by organisations; organisations need to value the importance of developing a relationship with the individual, value that relationship and recognise the importance & role of the individual’s family.

The Role of Families

Once established, the families work together to shape the development of the family governance group determining issues such as:

- Developing a shared understanding of family governance
- Establishing the functions of the group

\textsuperscript{130} Individual Support Arrangements (Melba Support Services 2003)
\textsuperscript{131} Family governed flexible family support: The Massachusetts small project example (2004)
• The appointment of a co-ordinator
• Delegation of tasks for the co-ordinator
• Appointing administrator/financial intermediary

Family governance groups need time to evolve and develop an understanding of their capacities and strengths. An evaluation of the Individualised Lifestyles Project (Victoria)\textsuperscript{132} reported that the time required to develop goals, policy and procedures was unanticipated by many of the families involved, and concerns were raised about participation becoming an unmanageable burden. Most families had anticipated that self-management would place similar or less demands on them than their use of traditional services providers.

The evaluators found that these perceptions and experiences reflect previous findings that the establishment phase of self-managing groups were more time consuming in their establishment phases but this reduced over time, becoming less burdensome than traditional case-managed packages.

**The Role of the Co-ordinator**

The co-ordinator of a family governance group is not a case manager. During the initial 12 months of the Individuals Lifestyles Project (Victoria) it became evident that clear boundaries about the role of the co-ordinator needed to be established, distinguishing the co-ordinator from the role of a case manager. This was an important issue, because each of the families involved in this project had received case management services prior to joining the family governance group.\textsuperscript{133}

The role of the co-ordinator in family governance groups include:

• Support the development of protocols & procedures
• Supporting families, respecting who they are & the decisions they make
• Work with the administrator/financial intermediary as a representative of the members of the governance group
• Act as a point of contact

The key aspect of the co-ordinators role is one of support, assisting families when required, with a longer-term goal of handing over ‘ownership’ to the families. Families fulfil the primary roles of self-management and do so; taking on more roles, tasks and challenges as they gain confidence.\textsuperscript{134}

Recognising the scope and potential roles of families is essential for most family governance groups where the co-ordinators hours are limited to 2-3 days a week by the resources available to support them. In Victoria some family governance groups have received funding to support the co-ordinators role, often as a seeding grant, and rarely on a recurrent basis. Other, more established groups are required to resource the coordinators position from the individual’s (often limited) funding.

There is also a need for the co-ordinator to recognise that to be genuinely focused on and responsive to the needs and desires of the individual, time and energy must be committed to the development of a partnership\textsuperscript{135}. The expectation of a long-term commitment to the

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\textsuperscript{132} Individualised funding/family governance project: Evaluation of a pilot project conducted by Uniting Care Community Options (2004)
\textsuperscript{133} Individual Lifestyles Project - paper (2005)
\textsuperscript{134} Individual Lifestyles Project - paper (2005)
\textsuperscript{135} Host agency arrangements (2007)
position\textsuperscript{136} and the restriction on the number of families involved in the family governance group (10-12 families) encourage the development of strong and genuine partnerships.

**The Role of the Administrator**

As previously discussed, the administrator has a distinct role ‘acting somewhat as a bureaucratic shield’, managing actual monies and ensuring that the arrangement satisfies any legislative, departmental and moral responsibilities\textsuperscript{137}.

Families involved in the Individuals Lifestyles Project (Victoria) considered that the opportunity to have ‘greater control over planning decisions and the ability to choose the services they want in a more flexible manner’ to be the major advantage of family governance and were willing to pay 10\% of their funds for the auspice organisation to handle administrative tasks.\textsuperscript{138}

*We would want UCCO to pay salaries and deal with the administration in relation to that. Parent*

*I like to be able to do the planning, but with someone who can help me, like a trained case manager or maybe other families, and with the kids. I would like to be able to control the way that the money is spent; I wouldn’t necessarily want to employ people. Parent*

The nature of family governance represents a major shift in how service providers have operated in the past. Rather than thinking about what they provide (as a service provider), they need to think about what the individual wants or needs.\textsuperscript{139} A concept some refer to as ‘whatever it takes’.\textsuperscript{140}

Family governance groups operate outside of the normal organisational structure of agencies; as semi-autonomous bodies, their alliance with an agency is sealed with an agreement or Memorandum of Understanding. This autonomy allows them to negotiate agreements and should the family governance group be dissatisfied with the hosting agency, the group is entitled to move to another organisation.\textsuperscript{141}

**Strengths of Family Governance**

A major strength of family governance groups is the opportunity for the development of mutual support. Families bring with them their own strengths, creativity and resilience and in sharing their skills and experiences, and create a ‘whole, that is greater than the part.’\textsuperscript{142} \textsuperscript{143}

*I feel I now have other families I can talk to who are like minded and share similar values of wanting a person-centred quality of life for their child, not people competing against one another. This is different from a support group. Here I feel connected. When we came into this project we were not really connected. Now we know a lot more about each other and can help and encourage each other. Parent\textsuperscript{144}*

A second major strength of family governance became apparent during the establishment of the Individuals Lifestyles Project (Victoria). Drawing from the experience of other family governance groups in Australia and overseas, potential participants were offered a wide range

\textsuperscript{136} Homeswest Policy document (2005)

\textsuperscript{137} Individual Support Arrangements (Melba Support Services, 2003)

\textsuperscript{138} Individualised funding/family governance project: Evaluation of a pilot project conducted by Uniting Care Community Options (2004)

\textsuperscript{139} Individual Support Arrangements (Melba Support Services 2003)

\textsuperscript{140} Family governed flexible family support: The Massachusetts small project example (2004)

\textsuperscript{141} Family governed flexible family support: The Massachusetts small project example (2004)

\textsuperscript{142} Family governed flexible family support: The Massachusetts small project example (2004)

\textsuperscript{143} Homeswest Policy document (2005)

\textsuperscript{144} Individual Lifestyles Project - paper (2005)
of information about governance as well as issues around resources they were eligible for (Making a Difference support packages). Until then, families were not familiar with the capacity of the support package they were in receipt of because the previous policy had been not to tell them.145

Families who chose to remain in an existing case management arrangement after learning about their funding and service options reported benefits from the education process alone. The information and skills they acquired enabled them to take a more proactive role, ‘enabling them to have greater input into the way their funds were being used and were seeking new and innovative solutions to their service needs’.146

*It’s been a great learning experience, which is really the main benefit I’ve received.* Parent

145 Individualised funding/family governance project: Evaluation of a pilot project conducted by Uniting Care Community Options (2004)
146 Individualised funding/family governance project: Evaluation of a pilot project conducted by Uniting Care Community Options (2004)