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03 July 2020

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane Qld 4000

**SUBMISSION – INQUIRY INTO THE QUEENSLAND GOVERNMENT'S HEALTH RESPONSE TO
COVID-19**

Dear Committee Secretary,

This is a submission to the Inquiry into the Queensland Government's health response to COVID-19 on behalf of the executive committee of the Supported Accommodation Providers' Association ("SAPA").

Relevant contact details:

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1. ABOUT SUPPORTED ACCOMMODATION & SAPA

SAPA is the peak industry body representing private-sector providers of Level 3 residential services in Queensland.

SAPA was formed in 1995 to:

- represent the interests of members;
 - improve industry viability;
 - promote professionalism within the industry;
 - lobby for resident services; and
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- raise the supported accommodation industry's profile in the wider community.

SAPA has extensive experience in the supported accommodation sector and the needs, aspirations and rights of the residents it serves. It also has extensive experience in how government policy, legislation and programs impact on the sector, its residents and their families.

Collectively our industry is often referred to as a 'Residential Service' or 'Supported Accommodation'.

2. SUPPORTED ACCOMMODATION

There are currently 51 registered Level 3 operators with a capacity of 1,699 beds across the state.

We are regulated by Residential Services within the Department of Housing and Public Works.

Our members strive to provide high quality, affordable supported accommodation to those who require additional support in their lives. Typically, those residing within a Level 3 facility are on limited income, most often the disability support pension ("**DSP**" - currently for single adults at \$944.30 per fortnight including supplements).

Many of those who reside in Supported Accommodation have varying disabilities and illnesses. Often, they include individuals living with various challenges in life, usually across the spectrum of lived experience of mental illness and other forms of disability. Additionally, many residents are immunosuppressed due to their anti-psychotic medication, conditions of ill health and age.

Across the industry there is a mixed take up of NDIS, with many residents deemed ineligible or not yet approved because of a lack of documented history of their illnesses.

Supported Accommodation providers do not receive funding under the NDIS or other forms of government funding and instead often work closely or partner with other organisations to provide care services directly to those residing within their facilities.

Broadly speaking, our residents are of a similar vulnerability to the clients of aged care and childcare services and like operators in those industry's we are privately opened. However; we do not receive government funding. Our facilities are funded by the rents charged to clients which is typically linked to the Disability Support Pension.

Over time with the increasing burden of legislation more and more responsibility is being passed onto the operators; however their funding is not keeping pace with the rising costs.

Our members strive to provide the highest quality supported accommodation, including the provision of cleaning services, meals, medication assistance, supervision and other supports at a price affordable to our residents.

It is an open and competitive market with residents free to move to alternative providers by providing

notice under the terms of their R18 rental agreement.

3. PROBLEM STATEMENT

There is a significant risk of COVID-19 outbreaks in a Residential Service facility for several reasons:

3.1. High risk setting and cohort

- Close living quarters, shared facilities and various complex support needs of residents (intellectual disability/mental health issues);
- Significant proportions of residents who are in the high-risk category for COVID-19 due to age, disability, ethnicity, complex physical and mental health issues, and/or having a history of homelessness; and
- Limitations on effectiveness of self-isolation of residents within facilities due to mental and physical health issues (limited decision-making skills).

3.2. Limited response capacity

- Our members do not have the requisite training to provide clinical responses;
- Physical constraints of facilities limits ability to control access and/or create isolation areas;
- A service providers capacity to act, in what they may deem to be their residents best interests, may be contradictory to obligations under restrictive practices guidelines; and
- Limited or non-compliance by residents in following any rules or behavioral guidelines.

3.3. Outside assistance needed in the event of suspected/confirmed cases

- Additional supports are likely to be required (e.g. in the event of an outbreak); or
- Relocation of residents, who are symptomatic or close contact of confirmed cases to suitable alternate accommodation (with specialised staffing - clinical/disability/mental health skills) will may be required.

4. RESIDENTIAL SERVICES OVERLOOKED BY QLD HEALTH

4.1. Institutional Level

There was no initial communication from QLD Health with our sector in the weeks that followed the outbreak.

Our members needed to know in a timely manner:

1. Where and how additional supports would come in the event of a confirmed case
2. What assistance would be made available to help relocate offsite
 - a. confirmed / suspected cases; and
 - b. close contacts of confirmed cases who needed to be placed into isolation.

There was no communication and our members were left in the dark on how to respond in the event of a suspected or confirmed case within their facilities.

The managers of Supported Accommodation facilities have frequent working level interactions with Health and many of the resident cohort are known to the system. They often present directly at emergency rooms and are ongoing outpatients of mental health units and community mental health facilities such as Woolloongabba Community Health Centre and Fortitude Valley Mental Health Services (in the metro areas).

Despite the vulnerability of our residents being known to QLD Health; in their time of need, Residential Services was overlooked and ignored in the response plans and communications.

Eventually after persistent lobbying by SAPA to the Residential Services Unit (Department of Housing and Public Works, Queensland), QLD Health was made aware of our situation. However, as of the date of writing (3 July 2020), there remains no coherent plan in place to respond to an outbreak in a Residential Service. Our facilities fall outside of the scope of the rapid response plans put in place

4.2. On the Ground

At a worker level, fear and panic appears to set into some of Health's workforces. There are reports by our members of essential mental health services being reduced or withdrawn as Health workers refused to come to facilities.

In one known circumstance, a Health widely distributed false reports of a confirmed case of COVID-19 throughout the Health and allied services network. This led to a serious disruption of support and health services to this facility which directly endangered the health and safety of workers and residents on site.

There appeared to be cases of a breakdown in expectations of services. On one hand Health workers were acting in their own self-interests, but in doing so were leaving their vulnerable clients without support and vital medications.

These types of behavior undermine the trust in the institution and the good work being done by many Health workers.

The lack of PPE was a major concern - the lack of availability and limited capacity by smaller facilities to meet the costs of obtaining them in the numbers that would be required. I believe Government had stockpiles for the public sector but didn't consider arranging the distribution of equipment either at no or low cost to providers to protect their vulnerable residents.

Some of the smaller facilities experienced difficulty in sourcing the essential food they needed at a reasonable price or at all. Our members are not currently able to access services such as Foodbank due to their private ownership. This would have been a valuable support at this time.

4.3. Coordination

There was a significant delay in inter departmental coordination, which meant that the Residential Services Unit within the Department of Housing and Public Works was unable to provide timely and relevant guidance to our members.

See 4.1 above for the timely information that our members needed

To the best of our knowledge there had not been prior inter departmental dialogue on Residential Services Level 3 between the Department of Housing and Public Works and QLD Health.

4.4. Member's Responses

In the absence of clear instructions and faced with diminishing services, our members had to act in best interests of their residents and staff.

Members developed outbreak management plans adapted from the federal guidelines issued to residential care facilities¹ and typically implemented varying degrees of access restrictions, enforced social distancing and increased sanitisation etc.

As a result of these measures members have reported receiving unjust criticism and being stigmatized by Health workers. A member's facility was chastised by regulators for implementing visitor restrictions during the pinnacle of the COVID 19 outbreak. Noting that appropriate services were provided onsite to meet resident's needs.

In light of clear and definitive information for our sector, implementation of protective strategies was varied and there was a lot of anxiety as to how facilities would cope with an infection onsite. As noted, our residents typically have characteristics that make caring for them in infection control environment challenging.

Thank you for the opportunity to provide our input as we hope that it will prompt changes to how SAPA and its residents are viewed and supported and also that our people are included in Government support and planning.

¹ Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities, 13/03.20

Faithfully,

A handwritten signature in black ink, consisting of a large, stylized letter 'N' followed by a horizontal line extending to the right.

Nathan Johnson

Vice Chair - SAPA