

THE UNIVERSITY OF
NEW SOUTH WALES



**REVIEW OF DISABILITY
SERVICES QUEENSLAND
REFERRAL PROCESSES TO
PRIVATE RESIDENTIAL
FACILITIES**

FOR DISABILITY SERVICES
QUEENSLAND

SPRC Report 3/05

University of New South Wales Consortium
April 2005

Review of Disability Services Queensland Referral Processes to Private Residential Facilities

Final Report

December 2004

ISSN: 1446-4179
ISBN: 0 7334 2246 2

A report prepared for Disability Services Queensland

UNSW Consortium

Social Policy Research Centre

Karen Fisher and Adeline Lee

Disability Studies and Research Institute

Sally Robinson

University of Queensland

Lesley Chenoweth

Authors

Sally Robinson, Karen Fisher, Adeline Lee and Lesley Chenoweth

Contact details

Karen Fisher ph 02 9385 7800, fax 02 9385 7838, email karen.fisher@unsw.edu.au

Acknowledgements

The UNSW Consortium would like to thank DSQ staff, service providers, advocacy and interest groups, carers, families and people with a disability who participated in the review.

We would also like to acknowledge the valuable contributions of members of the Steering Committee, as well as the assistance of the staff of DSQ Central Office, in particular Heather Crighton, Principal Policy Officer and Prabhjot Singh, Assistant Principal Policy Officer of the National/State Disability Policy Branch.

Contents

Executive Summary	vi
1 Introduction and Background	1
2 Definitions of Relevant Terms	3
2.1 Information and referral	3
2.2 Private residential facility.....	3
2.3 High and complex support needs and challenging behaviour	3
2.4 Short-term and long-term accommodation placement	4
3 Methodology	5
3.1 Literature review	5
3.2 Collection of primary data.....	5
3.3 Methods of analysis.....	6
4 Service Context	7
5 Legislation, Current Policies and Practices	9
5.1 Legislation	9
<i>Disability Services Act 1992 (Queensland)</i>	9
Residential services legislation	9
5.2 Current referral policies.....	10
5.3 Current referral practices.....	10
Scope of referring.....	10
Description of practice	11
5.4 Regional factors impacting referral practices.....	13
5.5 Definition of ‘complex support needs’ and ‘challenging behaviour’	14
6 Linkages with Related Agencies	15
6.1 Context of referrals.....	15
6.2 Links in the regions	15
7 Discussion	16
7.1 Impact of Ministerial directive on the number of people entering private residential facilities.....	16
7.2 Actions of DSQ Staff	16
7.3 Scope of the review	16
7.4 Distinction between information provision and referral.....	17
7.5 Indirect referral.....	17
7.6 Communication between Agencies	17
7.7 Level of knowledge of regional practice at central level.....	17
7.8 Protocols and practice guidelines	17
7.9 Case management and follow up.....	18
7.10 Provision of information about people referred	18
7.11 Quality and control of information about facilities	18
8 Implications, Constraints and Options	19
Appendix A : Questionnaire to DSQ Staff	20
Appendix B : Interview Guide DSQ Staff	22
Appendix C : Interview Guide Other Agencies and Individuals	23
Appendix D : Written Questionnaire to DSQ Staff	24
Appendix E : Written Questionnaire Other Agencies and Individuals	28
Appendix F : NSW Health Screening Tool for Entry to Licensed Residential Centres	32
References	33

List of Tables

Table 5.1: Referral Policy and Reported Current Practice	10
Table 5.2: DSQ Referrals to Private Residential Facilities, October 2004.....	11

Abbreviations

DIAL	Disability Information and Awareness Line
DSA	<i>Disability Services Act 1992 (Queensland)</i>
DSaRI	Disability Studies and Research Institute
DSQ	Disability Services Queensland
HACC	Home and Community Care
IMHS	Ipswich Mental Health Service
OFT	Office of Fair Trading
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

Terminology

In this report, a distinction is made between the terms 'impairment' and 'disability'. Impairment refers to the physical, sensory, psychiatric, intellectual or behavioural conditions people experience (Shakespeare & Watson 2001). These may be present from birth or acquired at any time; they may be sustained or intermittent; and may or may not equate with medically diagnosed conditions. Disability refers to the social experience imposed on people as a result of their impairments. In this understanding, disability is a social experience based on difference in the same way sexism and racism are understood. The experience results from the way social organisation fails to take account of support and access needs. This results in people with impairments facing physical, social, organisational, attitudinal and economic barriers to their participation in social, economic, political and cultural life. The experience of disability is also likely to be intensified when experienced in combination with other social disadvantages based on gender, Indigenous background, culturally and linguistically diverse backgrounds, age, sexuality and other economic disadvantages.

Acknowledging current usage in Queensland, people with these experiences are described as 'people with a disability'. The term more consistent with the impairment and disability distinction and more widely used in other countries is 'disabled people'.

Executive Summary

This report details the outcomes of a review of Disability Services Queensland's processes of referring people with a disability to private residential facilities. The review was conducted by the UNSW Consortium and took place between July and December 2004.

Through a combination of quantitative and qualitative research methods, the review delivers several key findings and observations relating to DSQ's current referral policies and practices, their adequacy and constraints, definitional perspectives of 'complex support needs' and 'challenging behaviour', and linkages with other departments and agencies involved in the care of people with a disability and the provision of disability-related services. The key findings are as follows.

- The Ministerial directive requiring DSQ not to refer people with complex support needs or challenging behaviour into the private residential sector is having little impact on the number of people with a disability entering private residential facilities.
- The lack of available alternative accommodation placement options to refer people with disability frustrates the preferred judgements of many DSQ staff. This reflects broader failures of the service structure to provide adequate options for this cohort of people to live in safe and supported environments.
- Information provision as an activity of referral is poorly understood, and DSQ staff make an artificial distinction between the two terms.
- Support needs are assessed using different tools and processes across regions and DSQ staff have difficulty understanding and assessing complex support needs.
- DSQ staff make indirect referral activities through other agencies, replacing formal referral in some areas.
- Communication between departments requires improvement.
- Protocols and practice guidelines are different in each region of the State.
- Case management and follow up of people referred into facilities is sporadic.
- There are problems with the quality of information about people referred provided to owners and operators of facilities.
- It is difficult for DSQ staff to determine quality and maintain control of information about facilities.

Options to respond to the implications of the findings include the following.

- Plan systematic responses to the shortages of appropriate, good quality accommodation options for people with a disability, with or without complex support needs or challenging behaviour and the shortage of disability support services to specifically address the disability related needs of these people.
- Continue the restriction on the placement of people with high and complex support needs or challenging behaviour into private residential facilities.
- Develop and implement consistent statewide policy-guided practice.
- Build referral policy from underpinning principles.

- Use coherent and consistent definitions of support need across the State.
- Make the relationship of information provision as a referral activity explicit.
- Consider making greater use of a centralised information provision and referral, such as the Disability Information and Awareness Line, where all alternative accommodation options were exhausted.
- Make DSQ case management and active follow up of referral mandatory.
- Research and make explicit issues concerning the provision of information, duty of care and privacy of clients in referral activities.
- Cease indirect referral practices, except where DSQ agrees with the referral agency that they at a minimum follow the DSQ referral principles.
- Promote the referral policy and practice within and beyond DSQ.
- Strengthen interdepartmental communication and cooperation.
- Review prioritisation practice for alternative accommodation and support.
- Include other private and partially funded facilities that are not included within the scope of this review within the ambit of any new referral policy.
- Establish and maintain data collection about information provision and referral for planning purposes relating to unmet accommodation need, unmet disability support need and DSQ staff time, training and support.

1 Introduction and Background

Disability Services Queensland (DSQ) is responsible for formulating and implementing policies and procedures that provide assistance and support to people with a disability who use funded specialist disability services in Queensland. In addition to assessment and individualised funding and support for people with a disability to live in DSQ funded accommodation, DSQ on occasion also refers people with a disability to private residential facilities.

A client of DSQ died on 3 May 1999 in a private supported residential facility. At the time of her death, she had been residing at the facility for approximately three weeks following her discharge from a Mental Health Service (MHS). The client's referral to the facility was proposed by MHS and agreed to by DSQ.

Subsequent to the client's death, DSQ and Queensland Health undertook a review of the policy and procedures for the management of joint clients of Queensland Health and DSQ. Both Departments are now implementing recommendations from this review.

In January 2002, the Ipswich Coroner released a coronial inquest report into the death of the client. In the report, the Coroner expressed a view that DSQ should be requested to review its system whereby a person with a disability of whatever nature, and for whom the Department is primarily responsible, is placed in a residential facility suitable to their needs. The Coroner stated that regard should be given to the adequacy of staff and service within those residential facilities. In referring to the Coroner's view, it is noted that DSQ has no statutory authority to place or remove a person from a setting.

Following the release of the Coroner's Report, the then Minister for Disability Services made a public commitment to an independent review of the processes used by DSQ when referring people with a disability to private sector residential facilities. The Minister has also instructed DSQ to cease referring individuals with complex support needs and challenging behaviour to private residential facilities for long-term placements.

DSQ commissioned the UNSW Consortium to conduct the review. The purpose of the review was to conduct an independent external review of DSQ's processes of referring people with a disability to private residential facilities. The review will inform DSQ processes of referring people with a disability to private residential facilities. The objectives of the review were:

- to identify the current policies and practices utilised by DSQ when referring people with a disability to private residential facilities. This includes the identification of linkages with other departments and initiatives;
- to analyse the adequacy of DSQ's current policies and practices applicable to referring people with a disability to private residential facilities; and
- to identify DSQ's current policies and practices of referring people with a disability to private residential facilities that require enhancement or amendment, and provide detailed options and recommendations for consideration. Options relating to operational practices and procedures will be cognisant of DSQ resources and the contextual issues identified by the review; and will be practical and achievable through a time-limited implementation phase.

The report is organised as follows: The definitions of terms relevant to issues of referral, support needs and accommodation support are provided in Section 2. Section 3 describes the methodology. Section 4 details the service context of the review. The findings of the review, in relation to legislation, current policies and practices, linkages with related agencies and emerging issues, are reported in Sections 5, 6 and 7 respectively. The final section presents the implications of the findings for DSQ and constraints, and offers options for consideration by DSQ to improve its referral processes to private residential facilities.

The Steering Committee for the review requested that the information in this report be made public.

2 Definitions of Relevant Terms

2.1 Information and referral

The nature of enquiry from members of the public about accommodation support and services covers a range of activities. One main set of activities includes the provision of information or advice about private residential facilities to a person with a disability (or family, friend, carer or service provider on their behalf), the provision of information about other accommodation options available in the region and the provision of advice regarding a person's eligibility for DSQ funded services. Another main set of activities includes assistance to contact or meet with the private residential facility provider and assistance to people with a disability to move into a private residential facility. This set of activities is generally considered as 'referral' activities by DSQ staff.

In this review, we make no distinction between information provision and referral. The provision of information is a referral activity. The reason for this position is that from the perspective of the person with a disability or someone on their behalf, the intention of the person providing the information and referral is irrelevant to how the information is received. From their perspective, they are all activities that are part of a spectrum related to referral. This issue is discussed further in Sections 7 and 8.

2.2 Private residential facility

A private residential facility, as defined in Section 4 of the *Residential Services (Accreditation) Act 2002 (Queensland)*, is a facility with a main purpose of providing accommodation in return for the payment of rent in one or more rooms, occupied or available to be occupied by more than four people.

It does not include DSQ accommodation providers or accommodation providers fully or partly funded by DSQ (or where residents receive individual funding packages), authorised mental health facilities, or services provided under the Supported Accommodation Assistance Program. This is a technical omission rather than one based on the experiences of people with a disability. We would argue that the principles in this review should extend to these similar facilities.

For the purpose of clarity, in this review we do not use the term 'services', but rather 'facilities' or 'premises', in recognition that private residential facilities are primarily accommodation, a place to live. They are not primarily a service to provide support to people who reside in them. We appreciate this is not the terminology used by the government or residential services sector.

2.3 High and complex support needs and challenging behaviour

The definition of high and complex support needs and challenging behaviour used by DSQ is based on the following criteria:

1. The person has a disability as defined in the *Queensland Disability Services Act (1992)*.
2. The person has a profound core activity restriction under the areas of communication, self-care or mobility or a combination of these, caused by disability. A profound core activity restriction is where the person is unable to do, or always needs help or supervision with a core activity task (1998 Australian Bureau of Statistics, Survey of Disability Ageing and Carers).

And

3. The person is an adult.

And

4. The person has challenging behaviour which is defined as:
'Culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.' (Serious Behaviour Support Model)

And

5. The person has complex support needs related to behaviour which is of such nature that it is difficult to identify why it occurs, it is difficult to meet the support needs, or it is resistant to change even with the use of comprehensive behaviour intervention strategies.

Or

6. The person has complex support needs in general that relate to issues that are difficult to identify, difficult to meet, and they change over time often for the worse. (This would take account of high level medical needs in addition to disability that are difficult to identify, meet and change due to deterioration.)

A working definition is discussed further in Sections 5 and 8.

2.4 Short-term and long-term accommodation placement

DSQ currently has no policy or practice definitions that specifically define 'short-term' and 'long-term' placement. The following definition is developed from the shared understanding of DSQ staff, as represented in their participation in the review.

Short-term placement is considered to be a placement lasting up to 12 weeks; long-term placement as an ongoing arrangement or for the foreseeable future.

3 Methodology

The review used a combination of quantitative and qualitative research methods. The details of the methods of data collection, their objectives and the target groups are described in this section.

3.1 Literature review

Literature, document and information reviews were conducted, with particular emphasis on Australian and Queensland literature and information, including historical information that provides context or informs the review. This material was gathered from DSQ, Steering Committee members, other stakeholders and national and international electronic searches. Any links to other Australian or similar jurisdictions were also investigated.

The current policies and practices utilised when referring people with a disability to private residential facilities were identified and scoped through document review and interviews as described in this document. Scoping included description and review in terms of appropriateness, effectiveness and efficiency from triangulated perspectives of DSQ, people referred and other stakeholders. Pragmatic issues such as alternative accommodation, short-term placement support and long-term planning were also included.

DSQ's linkages with other departments and related initiatives in regards to referral processes were identified and examined through the use of document review and interviews. Scoping included description and review in terms of appropriateness, effectiveness and efficiency.

3.2 Collection of primary data

The aim of the data collection was to capture information on the characteristics of people with a disability referred to private residential facilities, places of referral, referral outcomes, comparative efficacy, process and implementation and impact measures and linkages with other services. Through the use of quantitative and qualitative research methods, three main data collection methods were employed to meet the above objective – a written structured questionnaire, face-to-face and telephone interviews and a written open-ended questionnaire.

A one-page written structured questionnaire was designed to gain an understanding of the circumstances in which Disability Services Queensland staff may provide information about private residential facilities or assist people with a disability to access these facilities (Appendix A). Copies of the questionnaire, together with a cover letter explaining the objective of the questionnaire, were sent to all DSQ staff. They were asked to fill in a copy of the questionnaire when they made a referral to or provided information about private residential facilities during a four-week period, between 11 October and 8 November 2004. A total of 26 completed questionnaires were received. The results are discussed in Section 5.

In addition to the structured questionnaire, two open-ended interview guides were developed. The first interview guide was for regional DSQ staff and the second guide was for non-DSQ participants, including other government bodies, advocacy and interest groups, carers, families, related agencies and other people, including people with a disability (Appendices B and C).

In consultation with DSQ, three regions (Brisbane, Ipswich and Northern Queensland) were chosen for in-depth interviews. The rationale for choosing the three regions was:

- Brisbane: large number of private residential facilities;
- Ipswich: large number of private residential facilities and location of the critical incident triggering this independent review; and
- Northern Queensland: regional, more providers, fewer alternative accommodation options.

The objective of the interview guide for regional DSQ staff in the three regions was to determine their perspectives of the different level of support needs and current policies, as well to ascertain their current referral procedures and practices. We worked with the DSQ Central Office policy officers to develop a list of key regional officers to contact for in-depth interviews.

The aim of the second interview guide was to understand the experiences of DSQ's referral processes from the perspectives of advocacy and interest groups, carers, families, related agencies and other people, including people with a disability.

A combination of group interviews and one-to-one interviews were employed. Where people were unavailable or information about new participants became available after the fieldwork dates, telephone interviews were conducted. All face-to-face and telephone interviews took place in October and November 2004. Interviews were conducted with 46 participants who represented a cross section of the stakeholder group.

These two interview guides were also re-structured into two written open-ended questionnaires consisting of the same questions for people in the other regions of Queensland (South Coast, North Coast, Central Queensland and Wide regions) not covered by the face-to-face interview method (Appendices D & E). A total of ten questionnaires were received from DSQ staff in the North Coast, South Coast and Central Queensland and Wide Bay regions. No advocacy and interest groups, carers, families, related agencies and other people, including people with a disability in those three regions responded to the questionnaire. This may be because key stakeholders in these groups participated in individual interviews.

3.3 Methods of analysis

Qualitative data obtained through interviews and written open-ended questionnaires was manually themed and analysed to determine the emerging themes and critical issues. Quantitative data from written structured questionnaires was collated for descriptive analysis.

4 Service Context

This section describes findings about the service context derived from information gathered from DSQ, Steering Committee members, other stakeholders and national and international literature.

From the 1990s, accommodation services for people with a disability in Queensland have operated based on a principle of community inclusion and ‘deinstitutionalisation’ (Young 2003). This principle is drawn from a community model. Young’s historical review (2003) of the Queensland government’s principles relating to the provision of accommodation services for people with a disability serves as critical background to understanding the legislation, policies and practices employed in handling issues on accommodation and support.

The process of deinstitutionalisation that occurred in Queensland since the mid 1970s is highly pertinent to the current service context. Large numbers of people with a disability were referred from government-run institutions, both psychiatric facilities and those specifically for people with an intellectual disability, to private residential facilities. Anecdotal information indicates that a significant proportion of those people are still residents in private residential facilities today. While this practice is not current policy or practice, the historical practices have left a legacy. There is a considerable population of long term residents who have support needs that are inadequately met in the private residential environment.

The Queensland Office of the Public Advocate has consistently highlighted the link between deinstitutionalisation and private residential facilities. ‘Deinstitutionalisation was meant to achieve the inclusive participation of vulnerable citizens in the life of the broader community. It is questionable whether this has been achieved for many people who now live in hostels and boarding houses.’ (OPA 2001: 41) ‘Access to secure, affordable and appropriate housing continues as the leading systemic issue for many people with a decisionmaking disability.’ (OPA 2002: 28) ‘The current structure of the residential services industry is due largely to the neglect of former governments over many years. This neglect allowed boarding houses and hostels to become the destination for a range of vulnerable citizens as they exited hospitals, the mental health system and large institutions...’ (OPA 2002: 27).

A number of private accommodation types are not included in the scope of this review. Facilities that receive partial funding from a government department or do not come under Section 4 *Residential Services (Accreditation) Act 2002* are not within the ambit of the current review.

This review is located in the midst of large scale reform of the private residential sector. The sector is undergoing significant changes in response to the introduction of legislation requiring the registration and accreditation of residential facilities and monitoring their ongoing operation. In several instances, the additional requirements imposed by the new legislation have prompted operators to close their business. It is anticipated that further closures will occur in the near future. The reduction of available places in these facilities compounds the existing shortage of accommodation for people with a disability.

Unmet demand for accommodation and support arrangements to meet the needs of people with a disability is high across the State. The shortage of social housing across Queensland has been described as a critical issue at several points in the review. DSQ can only manage their response to broad social issues, and the availability of appropriate and effective accommodation and support options for people with a disability substantially impacts upon the referral processes of the Department. The implication of this context is that whatever the

preferred policy position, DSQ staff are likely to continue to be in a position where they are providing information and making referrals to private residential facilities.

While the scope of this review is limited to the policy and practice of DSQ in referring people with a disability into the private residential sector, the outcomes of this review identifies key systems issues with relevance to the broader service reform processes, and should be considered across a range of areas. The review of the *Disability Services Act 1992 (Queensland)*, the evaluation of the protocol for Collaboration in the Provision of Services to People with a Dual Diagnosis of Intellectual Disability and Mental Illness, the Psychiatric Disability Strategy and the DSQ quality framework are all significant areas in which the policies and practices of DSQ around referral impact. It would appear that the Queensland Disability Framework Implementation Committee would be well placed to give consideration to the outcomes of this review and their intersection with other elements of the reform and service provision processes.

5 Legislation, Current Policies and Practices

5.1 Legislation

The *Disability Services Act 1992 (Queensland)* and the residential services legislation form the legislative framework of the review.

Disability Services Act 1992 (Queensland)

The specialist disability service system in Queensland has three segments – services provided by the State (DSQ); services provided by organisations funded by the State; and unfunded services which are either not-for-profit or for-profit. The aims of the current *Disability Services Act 1992 (Queensland)* are:

- to establish the principle that people with a disability have the same basic human rights as other members of society and should be empowered to exercise their rights;
- to establish the objectives to be promoted in the development and implementation of programs and services for people with a disability; and
- to establish funding mechanisms for State grants of financial assistance for specialist disability services.

The first of these aims applies to all people with a disability and the principle is accompanied by a series of eight supporting ‘rights’. The second and third aims are relevant only to people with a disability who use specialist disability services (Disability Services Queensland 2003).

The government is currently reviewing the Act.

Residential services legislation

Part of the context of this review is the residential services legislation, which includes a number of Acts including the *Residential Services (Accommodation) Act 2002*, *Residential Services (Accommodation) Regulation 2002* and *Residential Services (Accreditation) Act 2002*. The former is administered by the Residential Tenancies Authority and establishes the accommodation rights and responsibilities of residents and services providers. It does not include reference to the rights under the above disability services legislation because residential facilities are not service providers in the meaning of the current DSA.

The *Residential Services (Accreditation) Act 2002* relates to private boarding houses, supported accommodation hostels and aged rental accommodation. The Office of Fair Trading is responsible for administering the Act.

The objectives of the *Residential Services (Accreditation) Act 2002* are:

- to protect the health, safety and basic freedoms of residents;
- to encourage service providers to continually improve the conduct of their residential services, and
- to support fair trading in the residential services industry.

The *Residential Services (Accreditation) Act 2002* is just one component of a Queensland Government reform package developed in response to poor conditions and standards in the residential services industry. This Act does not make a provision for the accommodation rights and responsibilities of residents (Office of Fair Trading 2004).

5.2 Current referral policies

Disability Services Queensland does not have statutory or policy authority to compel the placement of a person with a disability to either a publicly-funded or private residential facility. In addition, the Department does not have any authority to remove a person with a disability from either a publicly-funded or private residential facility.

DSQ currently follows the Ministerial directive (2002) directing the Department not to refer people with ‘complex support needs’ or ‘challenging behaviour’ to private residential facilities.

No formal policy or protocols on referral are in place. Rather, DSQ staff use the Ministerial directive as a policy directive, and structure their response to requests for accommodation accordingly (see below). Regional protocols and policies around the assessment of people with a disability for case management and the provision of information to people about accommodation options are in operation. There is significant variation in the way in which assessment is conducted between regions, although all regions describe intake processes that include the same fundamental steps to make determinations on the eligibility of an individual for DSQ services.

5.3 Current referral practices

Scope of referring

According to respondents, the current referral policies and reported practices can be summarised as follows (Table 5.1).

Table 5.1: Referral Policy and Reported Current Practice

	Private residential facility		Other accommodation and support	
	Policy	Practice	Policy	Practice
Complex or challenging needs				
DSQ client	never	sometimes	always	sometimes
Other	never	sometimes	always	sometimes
Not complex or challenging				
DSQ client	sometimes	sometimes	sometimes	sometimes
Other	sometimes	sometimes	sometimes	sometimes

Regional officers describe adherence to the policy framework outlined in the table above. However, the practices described in the regions show that, while the preference may be not to refer people with high or complex needs into private residential facilities, in practice these people are at times placed there. A primary determinant of this action is the understanding individual staff have of the distinction between information provision and referral. This is addressed in detail in Section 6.

According to the responses from the DSQ staff questionnaire, 26 referrals were made in a 4-week period in October and November 2004 (Table 5.2). This is likely to be an underestimation of the total number of referrals in that month for the following reasons: not all staff are likely to have completed a questionnaire each time they made a referral and some staff were likely to have decided not to complete a questionnaire if they provided information only or indirectly referred a person, by first referring them on to another agency. These last two reasons are discussed in Section 6.

Table 5.2: DSQ Referrals to Private Residential Facilities, October 2004

Region or department	Number
Brisbane region	9
Ipswich and North West Region	5
South Coast	2
North Coast	1
North Queensland and Remote region	1
Central Queensland and Wide Bay	0
DIAL	8
Total	26

Description of practice

According to DSQ staff, requests for referral are made by or on behalf of two groups of people with a disability. The first group of people are not DSQ clients. The second group are DSQ clients. This second group of people may receive a funding support package from DSQ (e.g. personal care, community access or accommodation), but the person's accommodation has failed. Some of these individuals do not receive a funding package, but use DSQ case management services. People from both groups might or might not have complex or challenging support needs.

In both groups, the request may be from a person with a disability, a concerned person (e.g. family, friend, carer or advocate), or a service provider (e.g. accommodation, police, health, mental health services or corrective services) on their behalf. The request might be a telephone call to DSQ or they might present at a DSQ office or facility. It can be a request for accommodation advice, information or placement. It can be at a critical time when current accommodation has failed or when planning for a future change in accommodation.

Where a request is made, it can come to any DSQ office or facility. Regions vary in the way in which they manage intake and enquiries. Some offices have a designated intake position, and others roster staff onto intake duties, although all regional offices have a system for managing intake and enquiries.

Requests for assistance with accommodation and support are most frequently directed to intake staff, but can come to a range of DSQ staff, including Local Area Coordinators, Senior Resource Officers, Community Resource Officers, Supports Facilitators, Social Workers, Professional and Specialist staff, Family Support Officers, and Program Support Officers. If the person is a DSQ client, they might have a case manager who might deal with the request. Where the initial point of contact is made to a staff member not responsible for intake, they may refer the enquiry on to another person in DSQ, either to deal with the request or provide assistance to the first point of contact.

In responding to a request, DSQ staff ask the person making the request about the circumstances leading to it. This includes the urgency of accommodation need (e.g. emergency, crisis, accommodation breakdown or planning a change). The needs of the person requiring accommodation and support (disability and complexity of needs) are also solicited. Some regions use a form to record information, and others ask questions and take general notes.

A formal needs assessment is not usually conducted at this point. If the person presents at a DSQ office and seems to have complex or challenging support needs, DSQ professional staff

might be asked to informally assess their needs. In most cases, DSQ has some information about these people from previous contact with DSQ or other agencies. If it is obvious that the person's needs are primarily related to a mental health condition, the person might be referred to a mental health service. The Dual Diagnosis Policy Protocol applies.

The information gathered through the intake process is taken to an intake meeting in all regions, where a decision is made about the likely eligibility of the person for DSQ services, including case management and funding. If found eligible, the person and their family or supporters are contacted and a process of formal needs assessment commences, usually through a home visit and the completion of either the registration of need form, an accommodation profile, a functional profile and/or functional assessment. There does not appear to be a uniform document or set of documents used by staff across the State to assess need.

Where specific requests for information about accommodation and support services are made, information about accommodation options is provided at the time of the request. Information given by the staff handling the enquiry is usually drawn from personal knowledge or information from other DSQ staff or DIAL. Their knowledge is acquired through networks, relationships, key contacts and interagency contact. There is no centrally maintained list of funded and unfunded accommodation and support options. No assessment of the quality of the facilities is conducted.

The Disability Information and Awareness Line (DIAL) also receive enquiries and requests for assistance in locating accommodation and support for people with a disability. Some of these requests specifically include private residential facilities. DIAL has access to the most comprehensive information available on accommodation and support options, although it has limited capacity to determine which facilities are privately run due to the structure of the database and information collection and updating procedures.

The responses provided in the review indicate that DIAL maintains a more consistent response to requests for accommodation and support than do staff in the regions. This may be due to DIAL staff working in a smaller team environment, in which consistency is easier to maintain. DIAL staff provide information about private residential facilities, and also tell enquirers that none of the facilities provided are recommended by the Department and it is the responsibility of the individual to assess the quality and appropriateness of the facility. Some staff in the regions also provide similar provisos when supplying people with information, although this appears to be sporadic and dependent on the individual staff member.

The range of responses to requests for accommodation and support include the following:

- providing information about private residential facilities available in the region;
- providing information about other accommodation options available in the region;
- providing advice regarding a person's eligibility for DSQ funded services;
- providing support or assistance for the person to access alternative long-term accommodation (e.g. Department of Housing) and/or other mainstream services, e.g. mental health services;
- identifying suitable options;

- contacting a private residential facility provider to ascertain suitability or if there is a vacancy, arranging for the person to move to that residential facility;
- assisting the person to go to the private residential facility; and
- contacting the person once established in a private residential facility, for example, to assist with linking the person with further supports.

According to DSQ Central Office and Regional staff, they respond to requests for accommodation and support for people with complex or high support needs in the following priority order.

1. Support or re-engage informal options (family, friends, community), through reinforcing relationships and financial support if necessary;
2. Identify and link to long term mainstream options (financial support such as rental assistance, Department of Housing and HACC support);
3. Identify and link to short term mainstream options (refuge, aged care);
4. Identify and link to NGO accommodation and support; and
5. Identify and link to DSQ accommodation and support.

Far from being rigid, in practice the order depends on the person's eligibility, their assessed needs and priority ranking, the circumstances and reason for the request, the availability of accommodation and support, the DSQ staff's knowledge of the accommodation options and the principles of the DSA and community inclusion.

Depending on the person's needs and circumstances, where referrals are made to private residential facilities, this was most frequently described as a last resort, when other alternatives have been exhausted and the person would otherwise be homeless. The following comment, made by a DSQ staff, illustrates a typical situation staff faced:

Our staff made 62 phone calls to try to find an appropriate emergency placement for a person who was in crisis. In the end, we had to refer them to a private facility, as there were no other options available. (DSQ staff)

5.4 Regional factors impacting referral practices

One of the issues addressed in the review was the impact of regional factors on referral practices. While there is variation in the way regions undertake assessment and referral activities, there is evidence of a shared understanding of definitions of support need, intake and assessment. There are variations in the tools that area offices within regional areas use to determine need, assess individuals and record their interaction with people enquiring about accommodation and support. DSQ staff have different viewpoints, both within and between regions, regarding the distinction between information provision and referral.

It is clear that a wide range of factors determine regional responses. Differing geographic and population size and density of regions affect the availability of accommodation and support options and the knowledge of those options by DSQ staff. For example, stakeholders in one region with a fairly small geographic coverage demonstrated strong local knowledge of facilities and available options. By contrast, stakeholders in another region, which is widely spread over a large proportion of the State, had limited knowledge of practices in smaller centres in that region, and demonstrated few personal or structural links to other stakeholders. Regions outside of major regional or capital centres have fewer services available to which

DSQ can refer people with a disability. This increases the pressure to make referrals to private residential facilities. However, even in large metropolitan regions, unmet demand for services means there are few vacancies in accommodation and support services.

Relevant current literature has provided an insight into the relationship between regional factors and referral practices. The study by Gething (1997) is an important example. Gething hypothesised that people with a disability living in remote and rural areas would experience ‘double disadvantages’. ‘Double disadvantage’ was conceptualised as ‘the disadvantage they [people with a disability] experience which is associated with having a disability is compounded by disadvantage associated with living outside major urbanised population centres’ (1997: 515) (*parentheses added*). Through interviews and consultations, the author assessed the needs of people with a disability residing in the remote and rural regions of New South Wales. Relevant disability service providers, people with a disability, carers and families took part in the study. Consultations were also made with staff of key disability and government agencies. Gething argued that access to disability services and facilities would be negatively affected by ‘geographical, historical, cultural, social, psychological, attitudinal and physical factors’ (1997: 527-528).

5.5 Definition of ‘complex support needs’ and ‘challenging behaviour’

Regional DSQ offices use a range of definitions of ‘complex support need’ and ‘challenging behaviour’. At a minimum, the definitions provided in the registration of need document appear to be being used by staff. Some staff provided fuller definitions of low, medium and high support needs.

It is not clear that the existing definitions and checklists adequately direct staff to consider the interaction between sets of support needs, and whether these interactions may result in complex or high support needs. This is particularly the case where a person may have support needs in several domains, such as an intellectual disability, mental illness, physical or medical and behavioural. They may have medium support needs while well, but high needs when their mental illness is active – this episodic need for higher levels of support may not be effectively recognised in the assessment process.

6 Linkages with Related Agencies

The review highlighted a number of issues in relation to linkages between DSQ and other agencies. These can be understood within two areas. First, the broader policy and programmatic context in which DSQ operates as an agency of the Queensland government and second, the links that are established and maintained through referral activities of departmental officers at the regional level.

6.1 Context of referrals

The practice of DSQ referral to private residential facilities occurs within a broader framework of relationships between DSQ and other government agencies and structures. Referral processes inevitably involve other departments such as Housing, Health (especially mental health services), Corrective Services, Police and Fair Trading). Several formal links and projects are already established, with purposes and activities that overlap with and are pertinent to referral issues.

The overarching mechanism for coordination of government activities around disability issues is the Queensland Government Strategic Framework for Disability operationalised through the Framework Implementation Committee (FIC). As the major strategy to better coordinate disability across government, it would appear that referral should be a concern for the FIC. Other projects also address issues and concerns that sit across departments. For example, the Dual Diagnosis Protocol and the Psychiatric Disability Strategy are projects which involve DSQ and Mental Health within Queensland Health in collaborative efforts to improve outcomes for individuals. There is considerable overlap in the target populations of these projects and the people needing referral to accommodation facilities at DSQ offices.

The Mental Health Unit of Queensland Health is investing energy and resources into the issue of referral to the private residential sector, through the strategic Partnerships Development unit and in the development of guidelines for caseworkers in dealing with referral, management and associated issues for people with mental illness living in private residential facilities.

Other links between DSQ and other departments include those with Housing, Corrective Services, Police and Health through the Resident Support Program. There is an opportunity to bring issues around referral to these existing formal projects and committees.

6.2 Links in the regions

Referral practices in the regions highlight the links and relationships between DSQ and local agencies and government departmental officers at a regional level. These are more likely to be characterised by relationships between individual staff members than through formalised, systemic relationships between agencies. Differences in referral protocols and practices to some extent reflect the availability of other services and specific relationships between individuals.

At a regional level, DSQ and other departments may be involved in other cross-departmental committees or working groups. The relationships thus formed are also called upon for referral purposes. For example, staff from DSQ, mental health and an NGO may all meet regularly around dual diagnosis but then work more collaboratively around coordinating support for individuals.

7 Discussion

A number of themes emerged during the course of the review. Some of these interconnect, and all have relevance for the development of policy and practice that identifies and minimises risk and provides practical supports to ensure the best possible outcome for the person being referred.

7.1 Impact of Ministerial directive on the number of people entering private residential facilities

All regions are aware of the Ministerial directive not to refer people with ‘complex support needs’ or ‘challenging behaviour’ into private residential facilities. This awareness translates to restriction on referral by DSQ, particularly with regard to referral that involves activity such as contacting premises, taking individuals to facilities, and arranging for the placement of individuals in facilities.

Several stakeholders expressed the clear view that this restriction is not having a significant impact on the number of people with a disability entering private residential facilities. The review found stakeholders shared a common belief that if DSQ does not provide information or make referrals for people with a disability into private residential facilities, other agencies will do so. These agencies include the Queensland Health (including its public mental health services), Queensland Housing, Corrective Services, Police, non-government organisations, mainstream accommodation assistance bodies and at times guardianship clients of the Office of the Adult Guardian.

Participants in the review process consistently expressed the view that, while referral is an important issue, it is of greater concern that there are a large number of people with complex needs and challenging behaviour who currently reside in private residential facilities. These people may have been living in these environments for several years and are inappropriately housed and may be at significant risk.

7.2 Actions of DSQ Staff

Many DSQ staff expressed their frustration with the lack of available alternative accommodation placement options for them to refer people with disability. Several participants described situations in which they had expended substantial time attempting to find more appropriate accommodation for people, but had been unable to locate any vacancies. These staff felt they had referred people with significant support needs into the private residential sector against their own preferred judgement.

Overall, most DSQ staff in the regions and at Central level are operating with the best interests of people with disability foremost in their minds. The critical issues that have emerged in this review are more strongly reflective of broader failures of the service structure to provide adequate options for this cohort of people to live in safe and supported environments than of the action or inaction of individual DSQ staff.

7.3 Scope of the review

This review does not address referral to services outside the definition contained in Section 4 of the *Residential Services (Accreditation) Act*. It does not include DSQ accommodation providers or accommodation providers fully or partly funded by DSQ, authorised mental health facilities or services provided under the Supported Accommodation Assistance

Program. Referral to facilities and services in these categories also require scrutiny and consideration of their appropriateness for people with significant support needs.

7.4 Distinction between information provision and referral

DSQ staff make an artificial distinction between information provision and referral in all regions. Staff and managers across all regions expressed the view that providing information about private residential facilities is a different activity to referral, as they perceive the decision about accommodation then rests with the individual or someone on their behalf.

There is no consistent definition of referral activities within and between regions and offices, resulting in individual staff acting in the way they think best. Several different definitions of referral were provided to the reviewers in each region.

Information provision is an activity of referral. Where it can reasonably be expected that people who receive information about services will act on the information, the responsibility for implications of providing that information lies with the Department. Where a significant proportion of people who receive information have decision making disabilities, it is even more important that any information provision is actively supported by case management.

7.5 Indirect referral

In several regions, DSQ staff described practices where they direct people enquiring about private residential facilities on to non-government agencies, the Office of the Adult Guardian, and community health and integrated mental health, with the knowledge that they will be entering facilities through these secondary agencies.

This also constitutes a referral activity, and does not remove the responsibility for appropriate referral from the Department.

7.6 Communication between Agencies

A lack of effective communication between relevant departments and agencies was consistently described by DSQ staff, with particular regard to Queensland Health, mental health services, Queensland Housing, Police and Corrective Services.

As detailed in Section 6, there are several areas in which interdepartmental linkages and protocols have been developed and a framework in which referral activities and their broader implications can be raised and addressed.

7.7 Level of knowledge of regional practice at central level

It is apparent that DSQ Central Office staff do not have an adequate level of knowledge about regional practices. Regional staff consistently identified a need for clearer and more frequent communication on policy and protocol to the regions from DSQ Central Office.

7.8 Protocols and practice guidelines

As detailed above, regions are using different protocols and practices to each other about referral, including definitions of complex needs and challenging behaviour. These protocols have different levels of formality.

7.9 Case management and follow up

A lack of case management and follow up to ensure placement is short-term has been detailed in responses to the review. Comments from two participants illustrated this deficiency:

DSQ can't diagnose, dump and run. (non-government service provider)

DSQ said they would be back the next day to see [him]. We didn't see them again for five weeks. (hostel operator)

Therefore to ensure the immediate safety of individuals who are placed in private residential facilities and to facilitate their access to more responsive and individualised accommodation and support options, it is critical that DSQ staff are able to follow up and actively support these individuals.

7.10 Provision of information about people referred

Several examples were provided of situations where a lack of correct information about people's support needs resulted in risk to them and in risk to others who lived in the facility to which they were referred. In one case, a person was referred into a facility with no information about the medication he needed to take given to the facility owner. In another, a person with a history of arson was referred into a facility without any information being provided to the facility owner of his background. The person's personal history remained unknown until he lit a fire in the premises.

In light of the potential risk to individuals with a disability due to their vulnerability and to others who co-reside with them, DSQ must balance its duty of care obligations and the individual's right to privacy.

This is made more difficult in view that private residential facilities are not bound by the same legislation or policy to meet standards around information management and privacy of residents as disability support providers. However, in relation to referral activities, the obligations remain with DSQ as the information provider.

7.11 Quality and control of information about facilities

DSQ currently does not have capacity to maintain up-to-date information about private residential facilities. Regions maintain their own information in varying ways and with varying updating procedures, generally informal. No centralised information is available to Regional staff that could assist them in identifying private residential facilities or in noting the facilities' progress in the registration and accreditation process conducted through the Office of Fair Trading. The Office of Fair Trading is developing an accredited private residential facilities list and access to this list should be investigated.

8 Implications, Constraints and Options

Each of the themes identified in Section 7 has significance for the development of policy and procedure around referral.

It must be stressed, however, that without a substantial injection of resources, DSQ staff are severely limited in the action they can take to ensure safer and more appropriate forms of accommodation and support are accessed for people with a disability with significant support needs, as alternatives are simply not available in many instances.

The following options were discussed about possible changes to policy.

- Plan systematic responses to the shortages of appropriate, good quality accommodation options for people with a disability, with or without complex support needs or challenging behaviour and the shortage of disability support services to specifically address the disability related needs of these people.
- Continue the restriction on the placement of people with high and complex support needs or challenging behaviour into private residential facilities.
- Develop and implement consistent statewide policy-guided practice.
- Build referral policy from underpinning principles.
- Use coherent and consistent definitions of support need across the State.
- Make the relationship of information provision as a referral activity explicit.
- Consider making greater use of a centralised information provision and referral, such as the Disability Information and Awareness Line, where all alternative accommodation options were exhausted.
- Make DSQ case management and active follow up of referral mandatory.
- Research and make explicit issues concerning the provision of information, duty of care and privacy of clients in referral activities.
- Cease indirect referral practices, except where DSQ agrees with the referral agency that they at a minimum follow the DSQ referral principles.
- Promote the referral policy and practice within and beyond DSQ.
- Strengthen interdepartmental communication and cooperation.
- Review prioritisation practice for alternative accommodation and support.
- Include other private and partially funded facilities that are not included within the scope of this review within the ambit of any new referral policy.
- Establish and maintain data collection about information provision and referral for planning purposes relating to unmet accommodation need, unmet disability support need and DSQ staff time, training and support.

Appendix A: Questionnaire to DSQ Staff

THE UNIVERSITY OF
NEW SOUTH WALES



Review of Disability Services Queensland's Referral Processes to Private Residential Facilities Questionnaire for DSQ Staff

The UNSW Consortium (Social Policy Research Centre, Disability Studies and Research Institute and University of Queensland) has been commissioned by the Disability Services Queensland to review its referral policies and practices to private residential facilities.

This data collection is one component of the review. Other components include interviews or focus groups with staff in Brisbane, Ipswich and Townsville, a phone interview or written questionnaire in South Coast, North Coast and Central Queensland and Wide Region regions and a literature review. The aim of this data collection is to gain a greater understanding of the circumstances in which Disability Services Queensland staff may provide information about private residential facilities or assist people with a disability to access those facilities. We are *not* assessing your performance.

Referral for the purpose of this research includes:

- provision of information or advice about private residential facility;
- assistance to contact and/or meet with the private residential facility provider; and
- assistance to people with a disability to move into a private residential facility.

A private residential facility, as defined in Section 4 of the *Residential Services (Accreditation) Act 2002 (Qld)*, is a facility which main purpose is to provide accommodation in return for the payment of rent in one or more rooms, occupied or available to be occupied by more than four people. It does not include accommodation providers funded or provided by Disability Services Queensland, authorised mental health facilities or services provided under the Supported Accommodation Assistance Program.

Disability Services Queensland staff are asked to complete this questionnaire each time you provide information about private residential facilities during the period **11 October to 5 November 2004**.

If you have any queries about this questionnaire or need help answering any of the questions, please call Adeline Lee on 1800 065 576.

All the information you give will be treated as **confidential**.

If you have any other comments about information or referral to private residential facilities, please write on this form or attach another page.

Please return all forms to your regional coordinator on *Monday 8 November 2004*.
Thank you for your help.

Record of Referral Made or Information Provided to Private Residential Facilities (e.g. Hostels and Boarding Houses) Please use a copy of this questionnaire for each referral you make or information you provided.

Your position

Your region

1. Who made the enquiry?

- | | |
|---|---|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Other service provider (<i>describe</i>) |
| <input type="checkbox"/> Family, friend, carer | <input type="checkbox"/> Other (<i>describe</i>) |
| <input type="checkbox"/> Service provider funded by DSQ | |

2. What was the nature of the enquiry?

- | | |
|--|---|
| <input type="checkbox"/> Emergency or crisis | <input type="checkbox"/> Planning for future accommodation change |
| <input type="checkbox"/> General enquiry | <input type="checkbox"/> Other (<i>describe</i>) |

3. In your view, what was the client's level of support needs?

- Low support needs
- Medium support needs
- High / complex support needs or complex challenging behaviour
- Other (*describe*)

4. What action(s) did you take upon the client's request? (please tick multiple boxes if required)

- Provided information about private residential facilities available in the region
- Provided information about other accommodation options available in the region
- Provided advice regarding a person's eligibility for DSQ funded services
- Provided support or assistance for the person to access alternative long-term accommodation and/or other mainstream services, e.g. Mental Health
- Contacted a private residential facility provider to ascertain suitability or if there is a vacancy and arranged for the person to go there
- Assisted the person to go to the private residential facility
- Contacted the person once established in a private residential facility, for example, to assist with linking the person with further supports
- Other (*describe*)

5. In your view, did you make a suitable referral in the circumstances and why?

- Yes (*describe*)
- No (*describe*)

6. Any other comments about information or referral to private residential facilities?

**Please return all forms to your regional coordinator on *Monday 8 November 2004*.
Thank you for your help.**

Appendix B: Interview Guide DSQ Staff

Review of Disability Services Queensland's Referral Processes to Private Residential Facilities Interview Guide – Interview with DSQ staff

Definitions of different levels of support needs

1. What is your understanding of a) 'low support needs', b) 'medium support needs', c) 'complex support needs', and d) 'complex challenging behaviour'?
2. How do you assess that a person with a disability has a low level of support needs or has a medium level of support needs or has complex support needs or has complex challenging behaviour?

Current referral procedures and practices

Normal procedures and practices

3. When a person with a disability (or a family/friend/carer/service provider) contacts you over the telephone to seek advice on accommodation support, what do you normally do?
 - a) Do you follow any protocol?
 - b) If yes, what is the protocol? **OR** If no, is there any protocol to follow?
4. When a person with a disability (or a family/friend/carer/service provider) presents him/herself at a DSQ office and seeks advice on accommodation support, what do you normally do?
 - a) Do you follow any protocol?
 - b) If yes, what is the protocol? **OR** If no, is there any protocol to follow?
5. What kinds of enquiry do people with disability (or a family/friend/carer/ service provider) make?
6. What is the most common type of enquiry made about accommodation support?
7. On an average per week/month, how many enquiries on accommodation support about private residential facilities do you receive?
8. How do you assess the accommodation need of a person with a disability who approached DSQ?
9. What factors do you consider in your assessment (e.g. ethnicity, sex, disability characteristics, accommodation facility availability, location of the person)?
10. Why have you referred the person to a private residential facility?

Last referral made

11. Can you describe the details of the last referral you made to a private residential facility?

Current referral policies

12. Are you aware of any policy/policies about referral to private residential facilities?
 - a) If yes, do you think the policies support referral processes to private residential facilities adequately?
OR
 - b) If no, do you seek informal (verbal or written) advice to process the request about referral to private residential facilities, and what kinds of advice do you receive?
13. Are there any policies, procedures and protocols that you think will be practical, realistic and can be implemented within existing resources to improve the referral processes to private residential facilities?

Recommendations

14. In your views, how can referral processes be improved so as to facilitate more appropriate placements of people with disability with accommodation needs to private residential facilities?

Appendix C: Interview Guide Other Agencies and Individuals

Review of Disability Services Queensland's Referral Processes to Private Residential Facilities Interview Guide – Interview with advocacy and interest groups, carers, families, related agencies, etc. (including people with disability)

Definition of 'complex support needs'

1. What is your understanding of a) 'low support needs', b) medium support needs', c) 'complex support needs', and d) 'complex challenging behaviour'?
2. How do you assess that a person with a disability has a low level of support needs or has a medium level of support needs or has complex support needs or has complex challenging behaviour?

Experiences of DSQ's referral processes

General experiences

3. In your experiences, when you make enquiries or submit requests for accommodation support to DSQ on behalf of people with disability (or a family/friend/carer/service provider), what are the nature(s) of your enquiries/requests?
4. What do DSQ staff normally do to handle your enquiry/request?
5. Do DSQ staff usually make an assessment of the support needs of people for whom you are making enquiries/requests?
 - a) If yes, how do the DSQ staff make assessments? **OR** If no, what do you think are the reasons they do not make assessments?
6. Are you generally satisfied with the ways DSQ staff handle your enquiries/request(s)?
 - a) If yes, please explain in what ways you are satisfied? **OR** If no, why were you not satisfied?
7. Do DSQ staff generally make follow-ups to your enquiries/request(s)?
 - a) If yes, what do they normally do? **OR**
 - b) If no, do you think it would be useful for this to happen and in what ways would the follow-ups assist in referral processes?

Recent last experience

8. The last time you made an enquiry or submitted a request for accommodation support to DSQ on behalf of a person with a disability, what circumstance(s) led you to approach the Department?
9. What did the DSQ staff who handled your enquiry/request do?
10. Were there specific actions that the staff took?
 - a) If yes, what were those actions?
11. Did the DSQ staff make an assessment of the support needs of the person for whom you made an enquiry/request?
 - a) If yes, how did the DSQ staff make the assessment? **OR** If no, what did you think were the reasons they did not make an assessment?
12. Were you satisfied with those actions taken by DSQ staff?
 - a) If yes, please explain in what ways you were satisfied? **OR** If no, why were you not satisfied?
13. Did the DSQ staff make a follow-up to your enquiry/request?
 - a) If yes, what did the staff do? **OR**
 - b) If no, do you think it would be useful to have a follow-up process in place and what type of follow up would be useful?

Recommendations

14. In your views, how can referral processes be improved so as to facilitate more appropriate placements of people with disability with accommodation needs to private residential facilities?

Appendix D: Written Questionnaire to DSQ Staff

THE UNIVERSITY OF
NEW SOUTH WALES



Review of Disability Services Queensland's Referral Processes to Private Residential Facilities Written Questionnaire – for DSQ staff

The UNSW Consortium (Social Policy Research Centre, Disability Studies and Research Institute and University of Queensland) has been commissioned by the Disability Services Queensland (DSQ) to review its referral policies and practices to private residential facilities.

This questionnaire is one component of the review, and has been sent to staff in South Coast, North Coast and Central Queensland and Wide Bay regions. Other components include interviews or focus groups with staff in Brisbane, Ipswich and Townsville and data collection on referral activity by all DSQ regions. The aim of this questionnaire is to gain a greater understanding of the circumstances in which DSQ staff may provide information about private residential facilities or assist people with a disability to access those facilities. We are *not* assessing your performance.

Referral for the purpose of this research includes:

- provision of information or advice about private residential facilities;
- assistance to contact and/or meet with private residential facility providers; and
- assistance to people with a disability to move into private residential facilities.

A private residential facility, as defined in Section 4 of the *Residential Services (Accreditation) Act 2002 (Qld)*, is a facility with a main purpose to provide accommodation in return for the payment of rent in one or more rooms, occupied or available to be occupied by more than four people. It does not include DSQ accommodation providers or accommodation providers funded by DSQ, authorised mental health facilities or services provided under the Supported Accommodation Assistance Program.

DSQ staff in **South Coast, North Coast and Central Queensland and Wide Bay regions** are asked to complete this written questionnaire during the period **25 October to 5 November 2004**.

If you have any queries about this written questionnaire or need help answering any of the questions, please call Adeline Lee on 1800 065 576.

Alternatively, you could participate in this data collection via the telephone. Please call Adeline Lee on the above-mentioned *toll-free number* by no later than 5 November 2004 to indicate this preference.

All the information you give will be treated as **confidential**.

If you have any other comments about information or referral to private residential facilities, please write on this form or attach another page.

Please return all forms to your regional coordinator by *Monday 8 November 2004*.

Thank you for your help.

Review of Disability Services Queensland's Referral Processes to Private Residential Services

Section I: Definitions of different levels of support needs

1. What is your understanding of a) 'low support needs', b) medium support needs', c) 'complex support needs', and d) 'complex challenging behaviour'?

a) low support needs

b) medium support needs

c) complex support needs

d) challenging behaviour

2. How do you assess that a person with a disability has a low level of support needs or has a medium level of support needs or has complex support needs or has complex challenging behaviour?

Section II: Current referral procedures and practices

Normal procedures and practices

3. When a person with a disability (or a family/friend/carer/service provider) contacts you over the telephone to seek advice on accommodation support, what do you normally do?

a) Do you follow any protocol? Please circle – Yes / No

b) If yes, what is the protocol? **OR** If no, is there any protocol to follow?

4. When a person with a disability (or a family/friend/carer/service provider) presents himself/herself at a DSQ office and seeks advice on accommodation support, what do you normally do?

a) Do you follow any protocol? Please circle – Yes / No

b) If yes, what is the protocol? **OR** If no, is there any protocol to follow?

5. What kinds of enquiry do people with disability (or a family/friend/carer/ service provider) make?

6. What is the most common type of enquiry made about accommodation support?

7. On an average per week/month, how many enquiries on accommodation support about private residential services do you receive?

8. How do you assess the accommodation need of a person with a disability who approached DSQ?

9. What factors do you consider in your assessment (e.g ethnicity, sex, disability characteristics, accommodation facility availability, location of the person)?

10. Why have you referred a person to a private residential service?

Last referral made

11. Can you describe the details of the last referral you made to a private residential service?

Section III: Current referral policies

12. Are you aware of any policy/policies about referral to private residential facilities?

Please circle – Yes / No

a) If yes, do you think the policies support referral processes to private residential facilities adequately?

b) If no, do you seek informal (verbal or written) advice to process the request about referral to private residential facilities, and what kinds of advice do you receive?

13. Are there any policies, procedures and protocols that you think will be practical, realistic and can be implemented within existing resources to improve the referral processes to private residential facilities?

Section IV: Recommendations

14. In your view, how can referral processes be improved so as to facilitate more appropriate placements of people with disability with accommodation needs in private residential facilities?

Appendix E: Written Questionnaire Other Agencies and Individuals

THE UNIVERSITY OF
NEW SOUTH WALES



Review of Disability Services Queensland's Referral Processes to Private Residential Facilities Written Questionnaire - for advocacy and interest groups, carers, families, and people with a disability

The UNSW Consortium (Social Policy Research Centre, Disability Studies and Research Institute and University of Queensland) has been commissioned by the Disability Services Queensland (DSQ) to review its referral policies and practices to private residential services.

This questionnaire is one component of the review. It has been sent to advocacy and interest groups, carers, families, related agencies, etc. in the South Coast, North Coast and Central Queensland and Wide Bay regions. Other components include interviews or focus groups with advocacy and interest groups, carers, families, related agencies, etc. in Brisbane, Ipswich and Townsville and consultation with DSQ staff. The aim of this questionnaire is to gain a greater understanding of the circumstances in which you come into contact with DSQ relating to private residential services and your experiences in assisting people with a disability to access those services.

Referral for the purpose of this research includes:

- provision of information or advice about private residential services;
- assistance to contact and/or meet with private residential service providers; and
- assistance to people with a disability to move into private residential services.

A private residential service, as defined in Section 4 of the *Residential Services (Accreditation) Act 2002 (Qld)*, is a service with a main purpose to provide accommodation in return for the payment of rent in one or more rooms, occupied or available to be occupied by more than four people. It does not include DSQ accommodation providers or accommodation providers funded by DSQ, authorised mental health facilities or services provided under the Supported Accommodation Assistance Program.

We invite you to complete this written questionnaire during the period **25 October to 5 November 2004**. If you have any queries about this written questionnaire or need help answering any of the questions, please call Adeline Lee on **1800 065 576**.

Alternatively, you could participate in this data collection via the telephone. Please call Adeline Lee on the above-mentioned *toll-free number* by no later than 5 November 2004 to indicate this preference.

All the information you give will be treated as **confidential**.

If you have any other comments about information or referral to private residential services, please write on this form or attach another page.

Please return all forms by Monday 8 November 2004 to: Adeline Lee, Social Policy Research Centre, University of New South Wales, Level 3, South Wing, Rupert Myers Building, Sydney NSW 2052. **Thank you for your help.**

**Review of Disability Services Queensland's Referral Processes to
Private Residential Services**

Section I: Definitions of different levels of support needs

1. What is your understanding of a) 'low support needs', b) 'medium support needs', c) 'complex support needs', and d) 'challenging behaviour'?

a) low support needs

b) medium support needs

c) complex support needs

d) challenging behaviour

2. How do you assess that a person with a disability has a low level of support needs or has a medium level of support needs or has complex support needs or has complex challenging behaviour?

Section II: Experiences of Disability Services Queensland's referral processes

General experiences

3. In your experiences, when you make enquiries or submit requests for accommodation support to DSQ on behalf of people with a disability (or a family/friend/carer/service provider), what are the nature(s) of your enquiries/requests?

4. What do DSQ staff normally do to handle your enquiry/request?

5. Do DSQ staff usually make an assessment of the support needs of people for whom you are making enquiries/requests?

Please circle – Yes / No

a) If yes, how do the DSQ staff make assessments? OR If no, what do you think are the reasons they do not make assessments?

6. Are you generally satisfied with the ways DSQ staff handle your enquiries/request(s)?

Please circle – Yes / No

a) If yes, please explain in what ways you are satisfied? OR If no, why were you not satisfied?

7. Do DSQ staff generally make follow-ups to your enquiries/request(s)?

Please circle – Yes / No

a) If yes, what do they normally do?

b) If no, do you think it would be useful for this to happen and in what ways would the follow-ups assist in referral processes?

Recent last experience

8. The last time you made an enquiry or submitted a request for accommodation support to DSQ on behalf of a person with a disability, what circumstance(s) led you to approach the Department?

9. What did the DSQ staff who handled your enquiry/request do?

10. Were there specific actions that the staff took?

Please circle – Yes / No

a) If yes, what were those actions?

11. Did the DSQ staff make an assessment of the support needs of the person for whom you made an enquiry/request?

Please circle – Yes / No

a) If yes, how did the DSQ staff make the assessment? OR If no, what did you think were the reasons they did not make an assessment?

12. Were you satisfied with those actions taken by DSQ staff?

Please circle – Yes / No

a) If yes, please explain in what ways you were satisfied? OR If no, why were you not satisfied?

13. Did the DSQ staff make a follow-up to your enquiry/request?

Please circle – Yes / No

a) If yes, what did the staff do?

b) If no, do you think it would be useful to have a follow-up process in place and what type of follow up would be useful?

Section III: Recommendations

14. In your view, how can referral processes be improved so as to facilitate more appropriate placements of people with disability with accommodation needs in private residential facilities?

Appendix F: NSW Health Screening Tool for Entry to Licensed Residential Centres

Under the *Youth and Community Services Act (1973) (NSW)*, the NSW Department of Ageing, Disability and Home Care stipulates that only people with a disability with *low to medium needs* can be referred to private residential facilities (referred to as ‘Licensed Boarding Houses’) (DADHC, 2001). NSW Health puts in place a ‘gate-keeping’ process to prevent ‘inappropriate placement of high need residents’ in licensed residential facilities. A key part of the ‘gate-keeping’ process is a Screening Tool employed to screen potential entrants to private residential facilities. This Tool was introduced in 2002.

All potential entrants are required to be assessed for their level of dependency vis-à-vis their accommodation and support needs. There are a total of 6 levels and only persons who are assessed with a level of 4, 5 or 6 can be admitted to a licensed residential centre. The screening process is conducted by the Aged Care Assessment Teams (ACATs), a single ‘gate-keeping’ agency. DSQ could potentially adapt the DADHC Screening Tool and gate-keeping process.

A more in-depth assessment is needed to ascertain its suitability for Queensland and effectiveness in application in NSW.

References

- Commonwealth State/Territory Disability Agreement (2003).
- Disability Services Queensland (2003), *Review of the Disability Services Act Issues Paper* http://www.disability.qld.gov.au/reform/IssuesPapers/Paper1_aintroduction.cfm accessed November 2004.
- (no date), *Privacy Plan*, DSQ.
- Department of Ageing, Disability & Home Care (DADHC), NSW and NSW Health (2001), *A user's guide to the Screening Tool for entry to Licensed Residential Centres*, DADHC, Sydney.
- Gething, L. (1997), 'Sources of double disadvantage for people with disabilities living in remote and rural areas of New South Wales, Australia', *Disability & Society*, 12(4), 513-531.
- Office of Fair Trading (no date), *Residential Services Accreditation Information Sheet* <http://www.fairtrading.qld.gov.au/oft/oftweb.nsf/web+pages/8BDA18384FA0FF104A256C3A0025E770?OpenDocument&L1=Business> accessed November 2004.
- Office of the Public Advocate (OPA), *Annual Report 2002 – 2003*.
- Office of the Public Advocate, *Annual Report 2001 – 2002*.
- Shakespeare, T., & Watson, N. (2001), The social model of disability: An outdated ideology? In B. Mandell Altman (Ed.), *Research in Social Science and Disability, Volume 2, Exploring Theories and Expanding Methodologies* (pp. 9-28). Greenwich, Conn: JAI Press.
- Young, L. (2003), Residential and lifestyle changes for adults with an intellectual disability in Queensland 1960-2001', *International Journal of Disability, Development and Education*, 50(1), 93-106.