

Multiple and Complex Needs Initiative

Accommodation Options Survey

March 2007

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Background

The lack of suitable long-term accommodation options has long been identified as an issue for individuals with multiple and complex needs.

The extent of this problem is highlighted in the cumulative Regional Gateway data to June 2006 which indicates that 32% of consultations relate to individuals who experience some form of homelessness.¹ A further 18% of consultations related to individuals in custody or prison. For matters proceeding to the referral stage, the percentage of matters relating to individuals experiencing primary or secondary homelessness increased to a very significant 41%² with a further 20% of referrals relating to individuals in custody or prison.

The Accommodation Options survey was undertaken in mid-2006 as a preliminary exercise to obtain a snapshot of:

- existing accommodation arrangements utilised by individuals with multiple and complex needs and,
- the range of accommodation and support models identified by Initiative components as being required to meet the diverse needs of the target population.

The findings of this survey will inform the establishment of a more comprehensive project to consider accommodation model options for individuals with multiple and complex needs.

Population Sample

The Accommodation Options Survey was distributed to Regional Co-ordinators, CPAV, Indigo and non-Indigo care plan co-ordinators for completion in May and June 2006. The survey was not distributed to the Multiple and Complex Needs Panel as it was agreed that data on matters proceeding to the Panel would be addressed through CPAV and Indigo/non-Indigo care plan co-ordinator responses.

Responses were received in relation to a total of 181 individuals, including 157 at the gateway (consultation/referral preparation) phase, 14 in the assessment and care planning phase and 10 in the care plan implementation phase.

Existing Accommodation Arrangements

Gateway Sub-Population

While 31% (N=48) of individuals in the gateway sub-population experienced some form of homelessness, there were a variety of accommodation arrangements/experiences identified at this level. These are detailed in the following graph. The identified accommodation arrangements/experiences included:

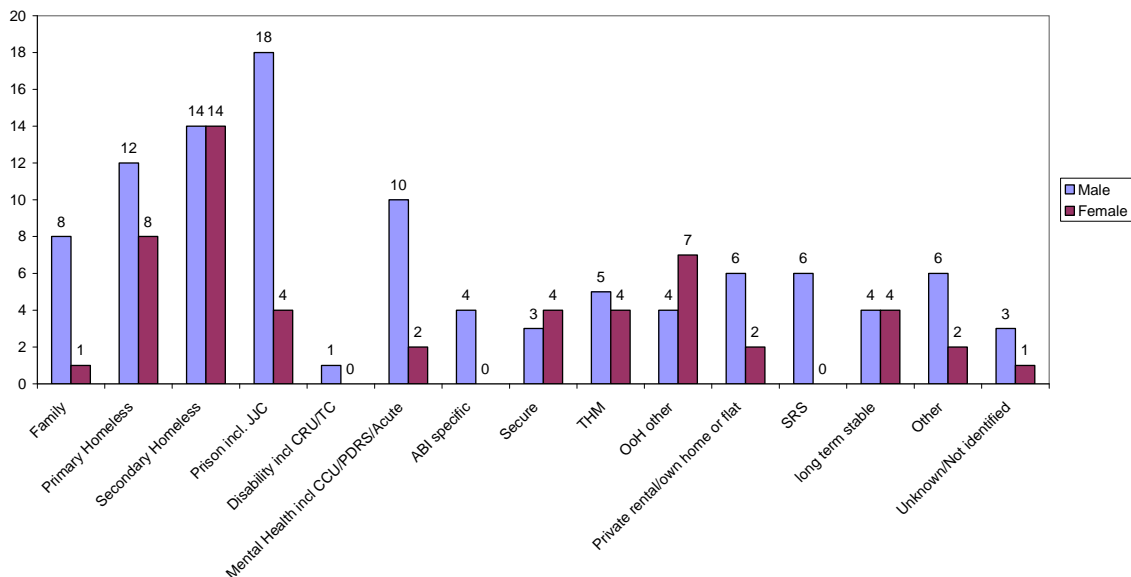
- 13% primary homeless
- 18% secondary homeless
- 14% incarcerated in adult prisons and Juvenile Justice centres
- 7% resided in mental health facilities – in contrast, 3% resided in ABI specific facilities - only 1% resided in disability facilities
- 6% resided in THM accommodation while 7% resided in other OoH accommodation
- 6% lived with family members
- 4% resided in secure accommodation
- 5% resided in their own home or private rental accommodation and a further 5% were identified as residing in long-term stable accommodation
- 4% resided in SRSs
- 8% not known or not identified.

¹ Primary homelessness eg. living rough -8%. Secondary homelessness including crisis/emergency accommodation or informal arrangements -24%.

² Primary homelessness 10%. Secondary homelessness 31%.

Two thirds (66%) of those in the gateway sub-population were male. In this group while males and females were evenly represented in the homelessness categories, males, not unexpectedly, were over represented in the prison/remand/JJC category. In fact this was the most frequently occurring accommodation category identified for males.

Regional Gateway- Accommodation at the Time of Consultation or Referral Prep N=157



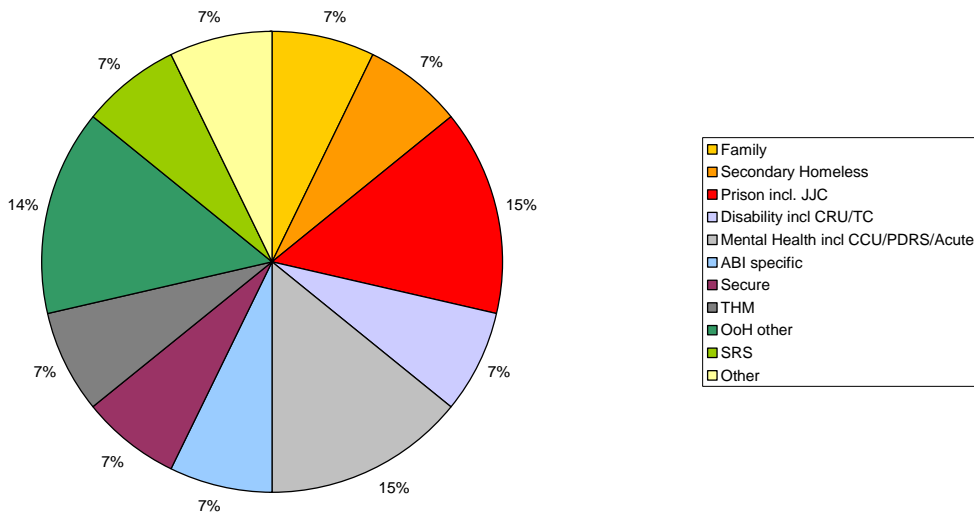
Assessment and Care Planning Sub-Population

Among a significantly smaller group at the assessment and care planning stage (N=14 – comprising 7 males and 7 females), accommodation arrangements were almost as varied as the number of individuals in the sub-population (see following graph):

- 15% of the group were in prison (including Juvenile Justice centres)
- 15% resided in mental health facilities and
- 14% were accommodated in Office of Housing facilities

The level of support provided to these individuals varied significantly from 24 hour X 7 day supervision for 36% (N= 5) of the group to 10-12 hours out-reach support for 29% (N=4) to 4-6 hours outreach support for 2 members of the group (29%).

Assessment and Careplanning- Accommodation at the Time of Referral N=14

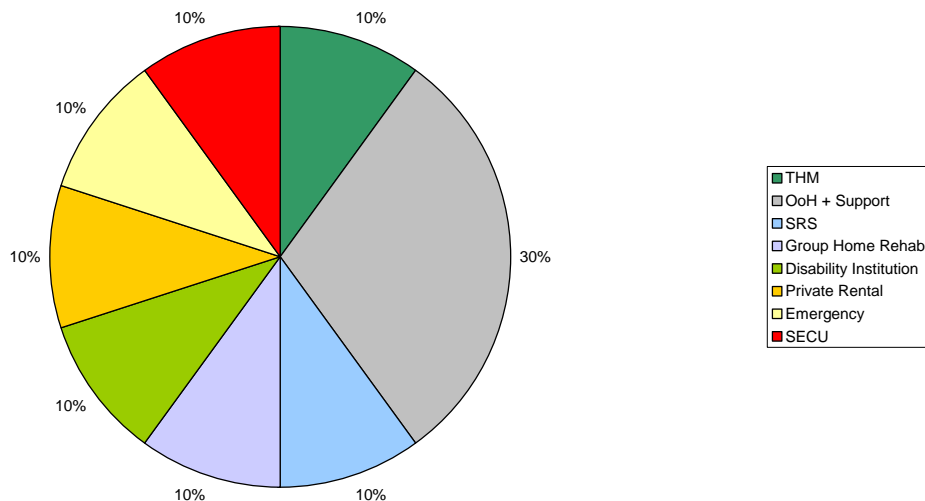


Care Plan Co-ordination Sub-Population

The following graph highlights the variation in accommodation arrangements in place for the care plan co-ordination sub-population. This group comprised 8 males and 2 females.

Respondents indicated that 24-hour X 7 day support was provided to 50% (N=5) of accommodation arrangements identified. With the exception of the one 50-54 year old male residing in secure accommodation (SECU), these high support arrangements were not identified as being ideal.

Care Plan Co-ordination - Current Accommodation N=10



Preferred Accommodation Options

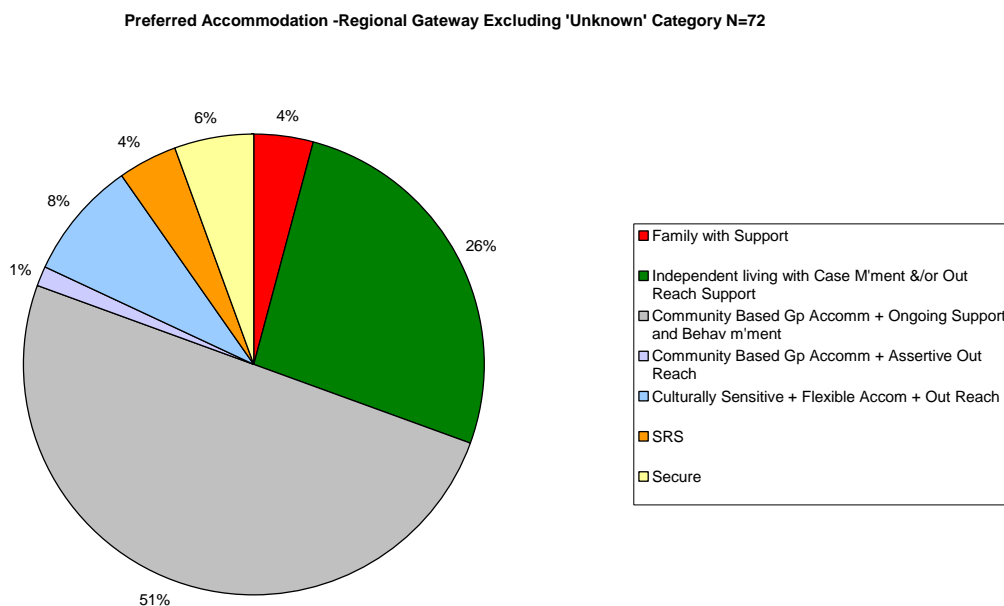
Among the 181 survey responses, preferred accommodation options were not known or not identified for almost half of the total population (49% N=89).

As such, the data relating to preferred accommodation options is based on a population comprising 92 individuals (combined Initiative components).

The survey provided respondents with the capacity to use their own descriptors in the identification of preferred accommodation and support options. As a consequence, there was significant variation between regions and components in the way preferred options were described. To assist in data analysis and presentation, categories have been created to group similar options. For example, responses identifying 'independent living' and those identifying 'single occupancy' have been grouped together.

Regional Gateway Sub-Population

Among the regional gateway sub-population, a preferred accommodation option was identified for 72 of the 157 individuals (46%).



As the above graph highlights, the preferred accommodation option for half of this population (51%, N= 37) was community based group (small) accommodation with ongoing support and behaviour management. Within this broad category accommodation models with a specific focus on:

- mental disorders and behaviour management were proposed for 14 individuals (19% of the sub-population),
- mental illness and/or disability were proposed for 8 individuals (11%)
- drug and alcohol treatment was proposed for a further 8 individuals (11%). Respondents made particular note of the need for transition options for young adults with significant drug and alcohol issues
- ABI was proposed for 5 individuals (7%)

While some respondents specifically indicated a preference for 24 hour x 7 day supported accommodation (N=11), the level of support required was not specified in the majority of responses. As such, numbers of hours of support required is not presented here in graph form.

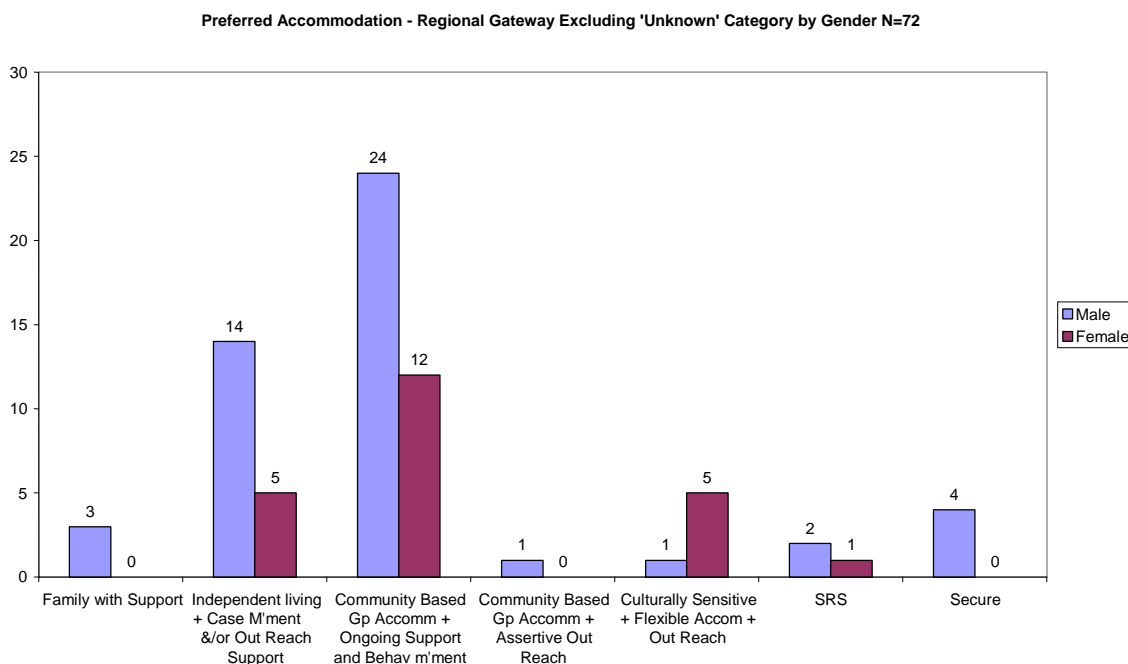
As would be expected, group living arrangements were identified as the preferred accommodation option across all age categories.

The next most frequently identified preferred accommodation option was independent living with living skills support and case management and/or outreach support (26% N=19). Outreach support of less than 5 hours per day was identified for 10 individuals (14%) while support of more than 5 hours per day was identified for only one individual. These independent living options were proposed most frequently for individuals in the 16-19 and 25-29 age cohorts.

Access to accommodation that was culturally sensitive and sufficiently flexible to cater for absences for individuals known to move between several parts of a region/between regions was identified as the preferred option for 8% (N=6) of individuals at the gateway. This type of accommodation arrangement was identified for female indigenous clients in particular (N= 5).

Respondents identified secure accommodation (primarily SECU) as the preferred accommodation option for 6% (N=4) of individuals. Among the gateway population, secure accommodation options were only identified for males. The youngest person for whom secure care was proposed as the preferred accommodation option was in the 16-19 category.

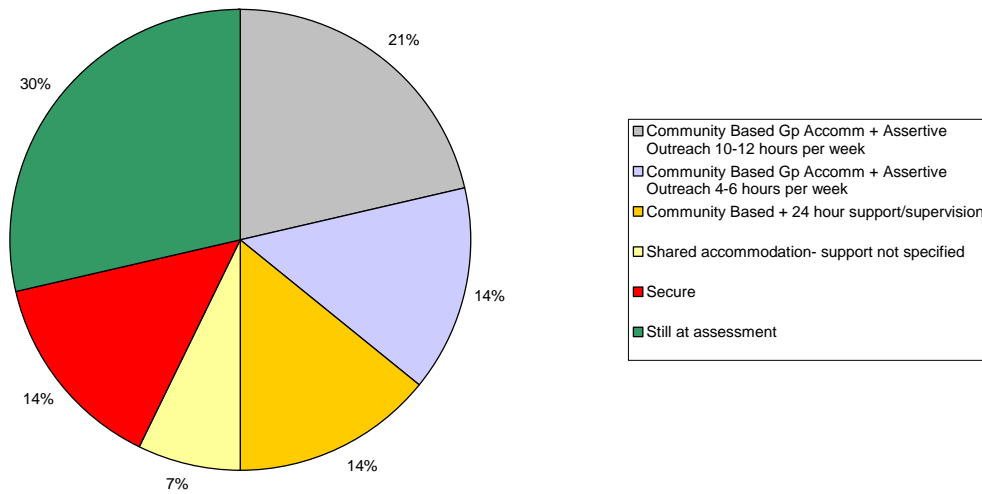
Preferred accommodation options are broken down by gender in the following graph.



Assessment and Care Planning Sub-Population

Almost one third of the assessment and care planning sub-population were identified as 'still being assessed'. As such, preferred accommodation options were identified for ten individuals (comprising six females and four males).

Assessment and Care Planning - Preferred Accommodation N=14



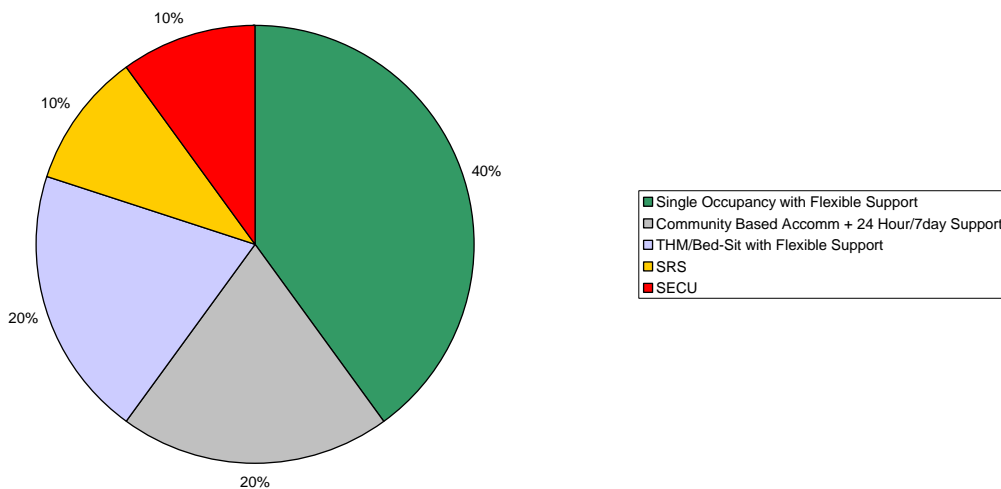
Community based group accommodation was identified for 56% (N=8) of this group [or 80% of those for whom a preferred option was identified]. Within this category, only two individuals were identified as requiring 24-hour/7day support and supervision. As with the Gateway sub-population, respondents specified the need for greater access to ABI specific accommodation.

Secure accommodation (SECU) was identified as the preferred option again for one 16-19 year old male and one 40-44 year old male in prison.

Independent living options were not proposed for any of the 10 individuals for whom a preferred accommodation option was identified.

Care Plan Co-ordination Sub-Population

Care Plan Implementation - Preferred Accommodation N=10



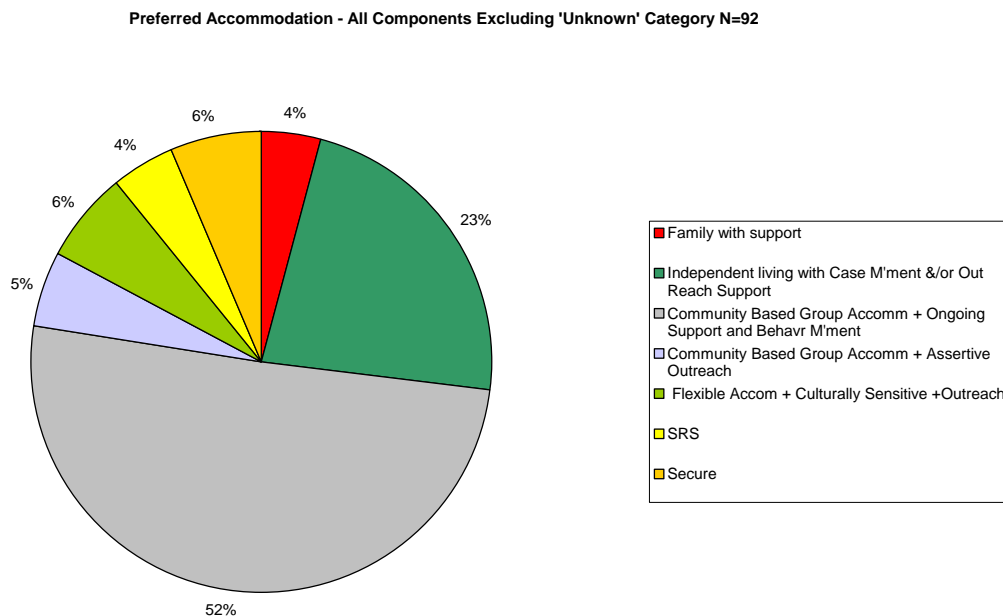
In contrast to the Regional Gateway and Assessment and Care Planning data, the need for single occupancy arrangements (either Office of Housing or private rental) with ‘flexible’ support that is able to be increased or decreased according individual need] was the most frequently identified option for those in the care plan co-ordination sub-population (40% N=4). Respondents described support as comprising a range of sub-elements such as personal care, MST or CAT intervention, recreation and so forth.

Respondents also emphasised the need for support to be sufficiently flexible to tolerate short-term (and often predictable) absences of the individual, especially for those with long-term histories of homelessness/transience.

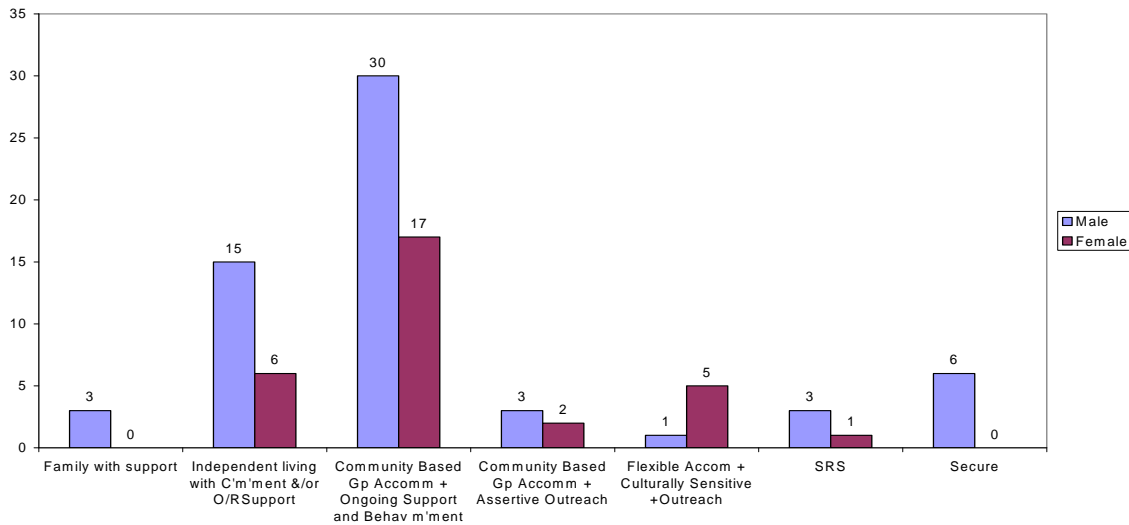
The need for secure accommodation options was also noted with the group (for one male in the 50-54 year age range).

Overview - Combined Initiative Components

The following charts combine the three broad sets of sub-population data discussed above.



Preferred Accommodation - All Components Excluding 'Unknown' Category by Gender N=92



Emerging Themes

Analysis of the accommodation snapshot surveys indicate that:

Accommodation Type

- **Small group supported accommodation** and **independent/single occupancy** are the two dominant categories of long-term accommodation most frequently required by the multiple and complex needs population.
- There is a small but consistent sub-group who will require long-term secure supported accommodation, most frequently through the mental health system. This group is predominantly male.

Flexible Accommodation Support

- Appropriately targeted and **flexible support is critical** to this population.
- Accommodation support requirements for the multiple and complex needs population will range from:
 - less than 10 hours per week assertive outreach to
 - day support/sleepover and,
 - 24 hour/7 day active support/supervision and behaviour management.
- Capacity to flexibly increase or decrease support of components according to individual need is fundamental to responding to the needs of this group. Some respondents identified the need for models that start with 24 hour support and move, over time, to less intensive models. Others stressed the importance of having sufficient flexibility to be able to increase supports in response to crises.
- Accommodation and flexible support needs to be able to tolerate short-term (often unplanned) absences on the part of the individual.
- In the context of the types of behavioural issues common in the multiple and complex needs population, accommodation models must also be flexible about participation requirements for programs etc and have the capacity to work with very difficult/high risk behaviours.

- The range of accommodation specific supports required, in various combinations, to support the placements of individuals with multiple and complex needs include:
 - accommodation support and supervision/personal care/assistance with ADLs
 - behaviour intervention
 - transition support
 - recreation support
 - social support.

Program Focus

- There is a need for greater access to/availability of:
 - longer term accommodation and support options for individuals experiencing:
 - Mental disorders
 - ABI (with particular focus on young people with ABI and challenging behaviours)
 - Drug and alcohol issues
 - high support options in youth/adult transition and adult services eg. drug and alcohol services.
 - high support options for older persons with behaviours not able to be managed in a nursing home setting.