Submission Draft Boarding Houses Regulation 2013

CASA offers broad support for the Draft Boarding Houses Regulation 2013 for Assisted Boarding Houses. The passage of the Boarding Houses Bill 2012 was a great step forward. These Regulations ensure that the residents of Assisted Boarding Houses who require additional support are given it. Finally, these people will have the legal protection they have needed. They will have a much better chance to experience quality of life and be given the opportunity to belong to the wider community.

Detailed comment will only be made on a few items.

Schedule 1 part 2, Item 6: Maximum number of residents

CASA strongly supports the requirement for a maximum number of 30 residents. The days of warehousing large numbers of people, especially those with additional needs, are past. It is now accepted that smaller numbers provide a much better opportunity for individual care and support. They allow for more opportunities for living-skill development and movement towards greater independence. They make possible a better balance of privacy and communal living.

Item 7: Sleeping Arrangements

CASA strongly supports individual occupancy, except where a shared room is requested by those who are partners. To require a resident to share a room with a stranger is not acceptable in civilized society. There is no possibility of privacy or security of possessions. In most Assisted Boarding Houses today, 70-90% of residents have mental illness, often schizophrenia. One of the characteristics of people with schizophrenia is that they need personal space even more than those in the general population. In the old boarding house system, with room shared by 2-5 people, or even more, there was nowhere for them to have private space or time. This would have had to exacerbate their illness.

There has been some suggestion during discussion with boarding house operators, that, to cover the cost of single occupancy, higher fees would be charged. There could potentially be an incentive for residents to agree to share a room in order to be charged less.

In order to ensure that such a decision were fully-informed and freely made, it seems imperative that residents be provided with the services of an independent advocate. Extra funding may need to be made available so that this service can be provided.

Though existing boarding houses have 5 years to move towards a maximum of 30 residents and single occupancy, it would be hoped that many would make the transition earlier.
A Cap on Fees

This is an issue that has been raised by CASA many times since 1995. We have always been told that it is a matter covered by anti-competition policy: that is not possible for government to intervene in private business arrangements. However, listening to boarding house operators state they will have to raise fees and make many additional charges to cover the cost of new conditions makes one think that the issue must be investigated anew. People with additional needs should not be the ones who suffer from money-gouging operations.

Part 4. Division 3: Food and Nutrition

As a general statement, CASA has long been concerned at the poor quality of food provided in Assisted Boarding Houses. Since fresh vegetables and fruit are expensive, there is little evidence of them in many places. There is little variety in meals and helpings are small.

Requirements in sections 1 and 2 for menu planning with reference to published dietary guidelines or the advice of a dietitian or nutritionist are strongly supported. However, experience suggests that close monitoring and unscheduled inspections at food preparation and meal times by ADHC staff will be necessary.

2 (d) The requirement that residents have ready access at all times to drinking water and other beverages and refreshments is strongly supported. The days of locked kitchens in Assisted Boarding Houses should be over. A resident drinking out of a watering can because there was nothing else available should never happen again.

Part 2. Division 3, 19: Food Preparation Areas.

CASA strongly supports the requirement that residents have access to an area that includes a stove, microwave, sink, refrigerator, suitable disposal facilities and hot water supply and is both safe and hygienic for food preparation and storage.

I would add a toaster, bread, margarine and spreads and suggest that a jug may be the best way to ensure there is hot water. Tea and coffee, possibly decaffeinated, since this is less likely to affect regular psychotropic medications, sugar and biscuits should be provided.

In discussions with boarding house operators, I have been appalled at the opposition to providing this most basic amenity. Horror stories are told of the potential for residents to scald themselves if using an electric jug. How, if tea, coffee and biscuits were provided, residents would gorge themselves. If allowed in the kitchen, they would poke fingers in food being prepared.

To my mind, this kind of thinking is the result of running boarding houses like mini-institutions. Residents are kept in a state of dependency. They are not given opportunities to develop any independence or living-skills or to grow in responsibility.
I have lived at Gethsemane Community Inc since 1990. In that time, about 50 men and women have come through the community, more so in the early years. The aim of Gethsemane is to assist people with low-level needs, some of whom came from the streets or shelters, some from hospitals or boarding houses through Mental Health teams or case-workers, to develop skills and grow in independence so they can choose to live independently. They have the security of residential tenancy agreements. The majority of those people have left to live independently, have sustained tenancy, and some remain in contact. Some went to aged care and a few back to boarding houses or shelters.

In all that time, residents have had free access to fridge, freezer and cupboards. There is a jug, with tea, coffee, sugar and biscuits, and fruit, a toaster, microwave and the stove. Residents can cook whenever they wish, taking into account the needs of others. All learn to cook a range of meals and take part in a roster to cook the evening meal for the group of 5 that includes me.

In the past 22 years, no one has ever scalded him/herself or suffered burns from the stove. No one has compulsively eaten all the food or drunk incessant cups of coffee. They do forget to refill the jug, so spares are kept, and they put empty milk cartons back in the fridge, but so do many people in families.

The fears expressed by boarding house operators come from a different mind-set. If residents are trusted to act responsibly, they usually will.

Sr Pauline Fitz-Walter SCS ran a number of St Francis Houses in Sydney from the 1970s to the early 2000s. Pauline took anyone who needed somewhere to live, many from psychiatric hospitals. Pauline also had open kitchens and ready access to food and drink. The house was their home. They had a right to what they needed. I never heard of accident or injury there, either.

More recently, following the closure of Lyndhurst, in Leichhardt, some years back, residents were taken for respite and assessment to Mary St, Lilyfield, a Uniting Care facility. Within 48 hours, there was a dramatic change in demeanor and skill development. Former residents were happily making cups of tea and coffee and asking to help with cooking and wanting to learn to use the washing machine.

It is imperative that this change in requirements remains in place and that boarding house operators are assisted to change their mindsets.

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