



# From Problems to Best Practice – Insights into Community Residential Units

## Background

On 1 July 2010, the Office of the Public Advocate (OPA) invited staff and Community Visitors to attend a meeting about community residential units (CRUs). The purpose of this meeting was to gather information that could be used by Reinforce's working group on 'Best Practice in CRUs'.<sup>1</sup> This document is a summary of the discussions that took place in this meeting.

## 1. CRUs – Systemic Problems

### Few Opportunities to Exercise Autonomy / Self-Determination

- Some residents are non-verbal. They are not given a choice in basic matters affecting their life.
- It is important to make sure that any best practice model for CRUs does not only cater for the higher functioning people with disabilities. The most vulnerable people need to be taken into account, and enabled to exercise a greater degree of self-determination.
- A significant number of residents in CRUs are not given the chance to explore whether they like or want their circumstances.

### Gap between Policy and Practice

- It was suggested that the Department of Human Services (DHS) policies on communication facilities tend not to be followed. There appears to be a significant cohort of people who cannot access communication devices.
- Someone said that CRU staff do not seem to know DHS policies. Staff are often unaware of changes to policies. For example, in OPA's experience, many CRU staff are unaware of the DHS policy on access to sex workers.
- Policies can be difficult to access. Currently, little effort is being made to communicate DHS policies to residents.
- Some service providers are enthusiastic about facilitating personal relationships for residents in CRUs, but this has yet to translate into practice. For example, very few person centred plans have any concrete steps towards building friendships into the plan.

---

<sup>1</sup> Reinforce is a self advocacy organisation run for and by people with an intellectual disability. For further information, refer to Reinforce's website: <http://reinforce.org.au/>.

## **Poor Access to Information**

- The CRU system is very confusing for people with disabilities, families and even professionals. It is very difficult to access information within this system. The system needs to be simplified and made more transparent.
- Access to information and support is the key to empowering people. For example, most people do not know that they can review their support plan. It is important to educate people in relation to what their rights are.

## **Staff Issues**

- Staff training is an issue. Within DHS, staff need to self-identify the need for training. This isn't working – staff don't know what they don't know about. There need to be more opportunities for reflection, peer supervision and other supervision.
- When CRUs look messy, staff get into trouble. The impetus to always keep CRUs looking clean detracts from the need to provide support to residents.
- Another problem is subjective staff attitudes in relation to disability. There is the assumption that 'we know what residents like because we spend so much time with them'. Staff should not make assumptions – they should ask residents what they want.

## **Lack of Flexibility**

- The CRU system is too inflexible. Therefore, relationships are not actively encouraged.

## **Combination of Residents**

- The combination of residents in a house can be problematic. There is no matching of residents; staff decide on the mix of residents. People in CRUs who are sharing a home with people they do not get along with tend to be very unhappy.

## **Lack of Accommodation**

- The lack of accommodation is a huge issue. There needs to be a 'best practice' model at a system level.

## **2. CRUs – Good Practice**

### **Inclusiveness**

- Some community based accommodation services publish a quarterly newsletter. All the residents and staff are encouraged to participate. Every resident becomes part of the project and contributes something – whether this be a joke, a painting, or an article.
- In one CRU, all the residents are involved in meal preparation time. One resident is not able to prepare food, however he stays in the kitchen during meal preparation time – he enjoys the smells and being part of this shared activity.
- There are examples of house meetings working well. In these cases, residents are all encouraged to participate in the meetings and to make suggestions. For example, residents choose a menu, so they decide what they want to eat.

### **Intimacy, Sex, Relationships and Socialising**

- There was a CRU in which a house supervisor employed an external agency to set up a sex worker in the house.
- There was a resident in shared supported accommodation who habitually used public urinals for the purposes of sexual relief. Using a urinal was the only way for him to get sexual relief. When he moved into a CRU, he was provided with his own ensuite bathroom, fitted with a urinal so that he could achieve sexual relief. This is an example of positive planning, and keeping the person out of the criminal justice system.
- A couple in a CRU were given two of the end rooms so they could have their own unit. This gives them privacy and space to enjoy personal intimacy.
- There were two men in a CRU who were keen on fishing. The CRU hooked them up with a local fishing club, and staff accompanied the residents on the fishing trips. Eventually, the fishing club asked staff “Do you really need to come?”. The staff said no. Now the residents go on their own to the fishing club and really enjoy it.
- A CRU resident was very keen on bike riding. His CRU staff gave him the opportunity to compete in bike competitions. He has won lots of prizes.

### **Physical Environment**

- One person gave an example of a CRU that was set up really well in the first place. The residents reportedly live in beautiful houses and have good access to transport. People are dealt with on an individual basis, rather than a group basis.

### **Self-Determination**

- There was a CRU in which one of the residents was causing a lot of disruption by constantly raiding the kitchen. DHS installed a fridge in this person’s room. The fridge is filled with healthy and not-so-healthy snacks. The resident can access food whenever he wants, and he no longer raids the communal fridge.

- Being able to do simple things – like your own grocery shopping – is an important aspect of autonomy and self-determination.

## **Support**

- Active support is important. Some CRU staff have received training on how to put together a person-centred plan. 'Active support boards' can be used to implement these plans, and to ensure that these plans are dynamic and change in accordance with the person's needs and preferences.
- The key to positive culture in CRUs is the house supervisor. You need good leadership within a CRU.
- There was a group of Kew residents who were aged over 50 years, who came out of congregate care. They all lived in CRUs and had work placements. After one person retired from his work placement, CRU staff set him up with his own lawn-mowing business. He has one-on-one staff support to enable him to run his own business. He now earns money and has networks in the community.
- There was a woman with Huntington's Disease who spent years living in hospital. She did not go shopping, as the staff thought this would be too hard for her. Her carer did everything for her. She expressed a wish to take her father out. Her father also has Huntington's Disease. The staff facilitated this by shadowing them when they go shopping and to the cinema. With support, the woman's life has changed. She has given a talk to disability workers about Huntington's Disease. The response to this talk was very positive, and she is going to educate other disability workers.

## **Access to Information**

- DHS produces some good policy documents that use clear words and pictures. These types of documents can be used to educate residents about their rights.