

Licensing and Regulation of Psychiatric Hostels

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Background

In 2013, private psychiatric hostels were home to around 860 Western Australians needing support with daily living because of a mental illness. The hostels provided both accommodation and services. Accommodation ranged from short-term transition care to long-term permanent homes. Services ranged from practical support with meals and medication to training in the skills needed for increased independence.

At the end of 2013 there were 42 private psychiatric hostels managed by commercial operators and not-for-profit organisations. Most hostels were in Perth. Hostels financed their operations through funding from the Mental Health Commission's Supported Accommodation Program and rent from residents. Program funding totalled \$24.34 million in 2012-13.

Three agencies monitor and act on behalf of residents to make sure the quality of accommodation and services is maintained. The Department of Health (Health) licenses hostels and monitors compliance with licensing standards. The Mental Health Commission (Commission) monitors services provided through the supported accommodation funding. The Council of Official Visitors (Council) provides advocacy services and monitors residents' living conditions.

We examined how well these agencies protected residents' rights and monitored the quality of the facilities and services provided by hostel operators.

Conclusion

Agencies performed well in their protection of the rights of private psychiatric hostel residents and generally were able to provide assurance that the hostels provided acceptable standards of accommodation and support to their residents.



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Key Findings

- The Council provided independent advocacy services that were readily accessible to residents. All agencies included the protection of residents' rights in their inspection and monitoring activities and made sure that residents were given information about their rights and responsibilities, and how they could make complaints.
- Health followed appropriate procedures in issuing four new licenses and closing a hostel that failed to comply with fire safety standards. It assessed hostels' compliance with licensing standards before renewing their licences. However it did not routinely seek information to identify unlicensed hostel operators and did not verify information provided by those it identified. We found a facility that did not have a current licence but was funded by the Commission to provide services.
- Health and the Council monitored the accommodation and support services provided to residents, although Health's monitoring could be strengthened in high risk areas such as hostels' management of residents' finances. Health conducted annual compliance inspections and the Council visited each hostel every two months.
- The Commission took appropriate action to help hostel operators improve their provision of support services, however it did not carry out all the contract monitoring activities required in its procedures even though it was relying on them to ensure that hostel operators were providing services to the level and quality for which they were funded.
- Hostel residents benefit from having different agencies looking out for their well-being. There were some instances where the three agencies worked together but other areas where coordination and cooperation could have been improved. Agencies need to work together to improve efficiency and reduce the compliance burden on hostels while making sure that risks to residents are covered by the standards and their monitoring activities.



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