

Engaging with Providers

Housing providers include SDA providers and the owners of non-SDA properties - the landlords. Support providers, such as SIL providers, sometimes also act as a landlord or own a property. It is always preferable to have separate providers for housing and support, as this promotes a person's choice and control.

It is important to provide enough information when presenting housing options, to allow for an informed decision to be made.' Having information on hand such as functional reports, recommended <u>rosters of care</u> or <u>behaviour</u> <u>support plans</u> will help with these conversations.

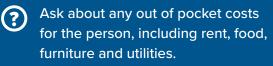
It is also important to discuss anything which could cause the arrangement to break down in future. This includes staff experience and qualifications, and policies relating to pets, smoking or substance use as they relate to a person's needs and preferences. Where relevant, always ask if the support provider is registered to deliver restrictive practices.

Questions for providers



Ask what minimum funding would be required to accept the person and meet their needs.

Ask about timeframes to move in. This may include the recruitment and training of support workers.



Case study

Rebekah was funded for a 3 resident, High Physical Support, SDA house. However, the hospital team recommended she live alone due to very specific support needs and significant behaviours of concern. Despite Rebekah's shared funding, housing providers of 1 resident SDA dwellings were contacted and asked if they would accept her current SDA funding. Where the housing provider was open to this, a conversation with the onsite support providers followed to ask about their experience and qualifications, and confirm if they were registered to provide restrictive practices. Providers were given basic de-identified information to assist in determining if they could accept Rebekah's funding and meet her support needs. Providers who could not meet her needs were ruled out.



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Prepared by:

Housing Hub Ltd. ABN 14 663 443 758 PO Box 108, Box Hill 3128 VIC Australia

Telephone: 1300 616 463 Email: housingoptions@housinghub.org.au Website: www.housinghub.org.au

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