



# Australasian College for Emergency Medicine

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Department of Families, Fairness and Housing  
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To Whom This May Concern,

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide feedback on the Department's Specialist Disability Accommodation (SDA) policies, and specifically, the Offering Residency manual. Access to SDA has become an increasingly pressing issue for the hospital system, with flow on effects to emergency care, and we commend you for taking initiative on this topic.

The College recognises the importance of this policy in improving access to SDA services and would like to draw particular attention to people with disability who remain in hospital for long periods, not due to their health care needs, but due to the lack of appropriate accommodation into which they can be safely discharged. Additionally, there are concerns about people with disability attending the ED with their primary concern being a lack of suitable housing.

The College is responding to this consultation in light of the unprecedented pressure faced by Victorian EDs, due in part to the increased demand on the system brought about by the pandemic, but largely due to the long-standing issue of access block. Access block is the single most serious issue facing our hospital system and is the direct result of lack of inpatient bed capacity in Victorian hospitals. The by-product is increased patient mortality, longer waiting times in the ED and increased offload times for paramedics transporting patients to hospitals in Victoria in what is known as 'ambulance ramping'.

Stable accommodation is a social determinant of health and wellbeing, as providing security, and an environment suitable to discharge, aids the overall wellbeing of the patient. Evidence has found that facilitating housing as a public health intervention, has significant positive impacts on vulnerable individuals, including those with disabilities.<sup>1</sup> Stable accommodation must ensure that adequate in-home care is available to those where it is clinically indicated upon discharge to ensure a stable discharge, and to reduce the chances of remission.

ACEM members have reported that there is an increasing proportion of people with a disability with severe behavioural disturbances attending EDs, with the key issue being the lack of appropriate accommodation and/or community support. This increasing proportion of patients do not require medical assistance, they simply do not have a home that is able to support their needs. Therefore, patients with disability will often remain in hospital post the conclusion of their treatment.

The lack of appropriate supports and services available for people with disabilities can cause some individuals to experience severe distress and behavioural problems with ED admissions often the only intervention available. Due to the high volume of ED patient presentations, coupled with years of underinvestment and resourcing in EDs, they are often very challenging places to manage people experiencing severe distress and/or behavioural disturbances, as the medical personnel are managing high numbers of patients and may lack appropriate space to provide appropriate care. This is often coupled with a lack of available resourcing for the management of people with severe behavioural disturbance is also a substantial risk to the safety of the patient, and the safety of ED staff. The absence of specialist disability support workers for patients who are deemed ineligible, or who have limited funding for more intensive supports will often attend the ED alone. Subsequently, leading to instances of communication issues between the patient and the ED staff.

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<sup>1</sup> Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. *BMC Public Health*. 2020;20(1).

The policy outlines that selection of the preferred candidate is a collaborative process that involves SDA residents, Supported Independent Living (SIL) providers and department staff. This process, which can be complicated, assumes that the person has a carer, family member or support person such as a case worker, who can help them through this. The ability for persons with disability to navigate these complex systems is heavily reliant on the individual having the support of a carer, family or friend, or being eligible for NDIS-funded support to manage matters such as accommodation.

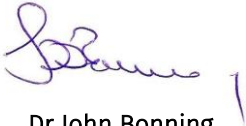
### **Recommendations**

The College recommends that the Department prioritise patients living with disability who are currently in hospital and are ready to be discharged for access to SDAs. This is imperative as a hospital's ED is not a suitable place for long-term accommodation, especially for vulnerable persons like those with disability. Furthermore, access to sustainable, stable, supported accommodation is an imperative part of improving the health and wellbeing of persons living with disability. While this will primarily have the impact of improving the health and wellbeing of people with disability, it will also aid the reduction of access block through reducing unnecessarily long stays in hospital, and hence increase the availability of inpatient beds.

We also strongly advocate that the Department provides support personnel such as case workers for all persons who apply for SDAs. In addition to helping the resident, it will reduce avoidable presentations to the hospital, with specialised community support through the SDA services being provided to the individual.

Thank you again for the opportunity to provide feedback. If you require any further information about any of the above issues, please do not hesitate to contact James Gray, Manager, Policy and Advocacy, [james.gray@acem.org.au](mailto:james.gray@acem.org.au); +61 0427 054 508.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'John Bonning', with a vertical line extending downwards from the end of the signature.

**Dr John Bonning**  
ACEM President