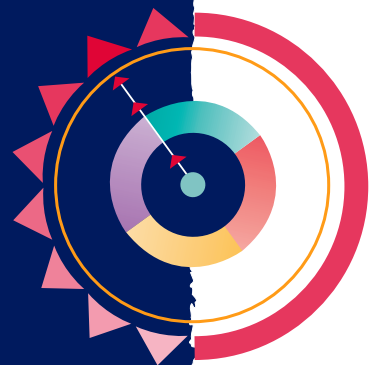


*Victoria's Mental Health Service
Resources for Case Managers
Meeting Consumer Needs for
Housing and Accommodation
A Guide for Case Managers*

Human
Services



Peoplefirst



Resources for Case Managers

*Meeting Consumer Needs for
Housing and Accommodation*

A Guide for Case Managers

July 1996

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Introduction

Stable and appropriate accommodation is vital in maximising a person's mental health and level of independence in the community. For people with serious mental illness the opportunity to find the right type of housing is often affected by the nature of their disabilities and the availability of flexible and accessible support.

The development of community-based mental health services, including services provided on an outreach basis in the consumer's own living environment, has permitted greater emphasis to be made on meeting the clinical needs of people with serious mental illness living in the community. In addition, the range of options has been extended to include stable, low-cost housing with outreach disability support and community care units with on-site clinical support.

The shift in focus of public mental health service delivery, in recent years, from inpatient care to community care has increasingly drawn attention to the role of stable, affordable housing of a reasonable standard in contributing to improved mental health. If a person's home environment is positive, it can provide a sense of security, safety, independence and privacy. People with serious mental illness have the same rights and responsibilities as the general population in regard to a reasonable living environment. This may include short-term accommodation as well as long-term housing.

These guidelines are intended to assist case managers in providing effective and well-informed support to consumers of public mental health services in accessing and maintaining appropriate accommodation.

In addition, information is provided about community resources which may assist consumers and case managers in locating and maintaining accommodation support and housing.

It is acknowledged that, for many community mental health workers, this information will already be part of their practice experience. It is also acknowledged that case managers cannot resolve the problems of limited housing options. However, it is the responsibility of the area mental health service, and hence of the case manager, to aim for an optimum matching of accommodation with the consumer's needs wherever possible.

At a Glance

- People with serious mental illness have the right to receive support in obtaining and maintaining accommodation of their choice, and to have their rights upheld under the relevant tenancy legislation.
- Case managers will adopt a collaborative approach in assisting consumers to meet their accommodation needs. Stable and affordable housing contributes to improved outcomes for consumers by enhancing their quality of life.
- Case managers should take into account a person's support needs and the level of support provided by each form of accommodation.
- Case managers should not place people in accommodation unless adequate arrangements have been made to ensure that their support needs can be met.



Service Delivery

Public mental health services which play significant roles in assisting consumers to locate and maintain stability in accommodation include continuing care, clinical and consultancy services, mobile support and treatment services, and inpatient services. Psychiatric disability support services are funded to provide residential rehabilitation services and residential support services to people with serious mental illness and associated disabilities.

Complementary to these and performing similar accommodation support functions are the community-based generic accommodation programs provided by the Supported Accommodation Assistance Program, various other state government departments, church agencies and community groups.

Case Management

The case manager is responsible for working with consumers, to identify and assess their needs and then to assist in planning and implementing strategies to address those needs. For consumers with housing needs, case managers may need to facilitate access to crisis accommodation prior to finding long-term housing. In these circumstances, it may not be possible for the initial assessment to be comprehensive.

The case manager is an important resource and link for consumers when they are moving residence. Often, people lose their support networks when they move, and the cumulative effect of many moves can be detrimental to a person's mental health.

In order to ensure effective support, case managers need to be aware of the range of housing and accommodation options, the amount of support and care delivered in each setting and the relevant legislation and grievance processes. This will contribute to effective matching of the consumer's skills, needs and preferences with an appropriate residential setting.

Key Responsibilities of Case Managers

- To adopt a collaborative approach with the consumer in resolving current accommodation difficulties or locating appropriate accommodation.
- To assess the consumer's accommodation needs.
- To develop and implement an Individual Service Plan (ISP) that identifies goals and strategies which will ensure the appropriate level of support to the consumer.
- To provide support to consumers when appropriate, whether they live in private or public housing or with their families or other carers.
- To negotiate appropriate support when a consumer moves from one mental health service catchment area to another.
- To ensure that a consumer is provided with accurate details of community housing services which assist people with their housing and tenancy rights and responsibilities.
- To provide information to the area mental health service regarding service gaps and the need for service development, for example in relation to housing and support.



Consumer Accommodation—Complexity of Needs

Many consumers of community mental health services find that they need help to find and keep accommodation. Close and collaborative work is often needed to determine the right type of accommodation and support.

Particular consumers will require assistance because they:

- Are often without shelter or make frequent use of overnight temporary accommodation.
- May be living in poor standard accommodation.
- May be at risk due to unsafe settings or settings that fail to provide adequate support and assistance.
- Have additional or special needs, such as drug and alcohol abuse and physical health problems.
- Have been hospitalised and are not able to return to their previous residence after discharge.
- May move among inappropriate placements, while never being considered homeless.

Of particular concern to community mental health services are people with serious mental illness who live in rooming houses, boarding houses and private hotels, where these settings are of poor quality and consumers may be vulnerable or at risk of disrupting others.

Mixed together with a group of residents, many of whom have drug and alcohol problems, disabilities or mental illness, consumers may find themselves in a volatile and stressful environment which can exacerbate their illness.

That some consumers may choose or have no other option but to live in low-standard, unsafe and stressful settings compromises their care. The tendency for some people to move regularly from one setting to the next further complicates the achievement of coordinated, comprehensive care.

Anecdotal information from case managers suggests that some consumers prefer the social milieu and diminished domestic responsibility of the rooming house or private hotel, rather than a flat which they may find socially isolating. Other residents provide a source of social contact, particularly where the consumer has limited social networks and no family contact.

However, preferences for housing are dictated by income and the availability of other options. Evidence suggests that, where a person has the capacity to choose from a range of options, the preference will be for single or shared housing in a flat or house.

Appropriate Accommodation

- Provides a safe and stable environment.
- Provides a residence of reasonable standard which is affordable.
- Meets the standards and obligations laid down in the respective pieces of legislation:
 - rooming houses and boarding houses, under the *Rooming House Act 1990*, the *Residential Tenancies Act 1980* and the *Health Act 1958*;
 - private rental managed by agents or community groups, under the *Residential Tenancies Act*;
 - supported residential services, under the *Health Services Act 1988*; and
 - caravans and mobile homes, under the *Caravan Parks and Movable Dwellings Act 1988*.
- Provides the desired degree of privacy, independence and social contact.
- Provides support where required.
- Is accessible to treatment services.



Finding Appropriate Accommodation— Beating the Barriers

Many barriers must be overcome when addressing the accommodation needs of a consumer. Finding accommodation frequently involves intensive advocacy, negotiation and liaison with the proprietor or landlord, the consumer, families and other carers, the case manager, and support services.

Balancing Limited Accommodation Options in the Preferred Locality

It may not be possible to find a suitable setting for the consumer in his or her preferred locality. Depending on support needs and accommodation history, the consumer may have to choose between a preferred locality and housing of a suitable type elsewhere. The case manager will need to explore these issues with the person.

Balancing Restricted Accommodation Choices and the Consumer's Income

As most consumers receive pensions or benefits, a large proportion of private rental housing will be too expensive. Shared or single accommodation in accommodation support services or rooming houses or some shared houses or flats in the private market are more likely to be affordable.

Dealing with the Reluctance of Landlords, Agents and Proprietors

People with serious mental illness frequently experience stigmatisation. Generalisations about behaviour and anticipated difficulties in paying rent and maintaining a property can compromise their search for accommodation. Case managers may need to dedicate time to create positive relationships with estate agents, and proprietors.

Ensuring Access to Treatment for Serious Mental Illness

Treatment and support services can have significant influence on the stability of accommodation options for consumers. Case managers will need to consider the availability of treatment in determining the appropriateness of various accommodation options with consumers.



Working with Consumers in Determining Their Accommodation and Housing Needs

The pattern of onset of serious mental illness, recovery and rehabilitation can vary for each consumer. So, assessment, planning and implementation must be individually tailored to meet the circumstances of each consumer.

Collaborative assessment is critical to positive outcomes for people with serious mental illness. Respect and consideration for a consumer's preference in accommodation will contribute to satisfactory outcomes.

If initial assessment has identified accommodation as a need, the first step is to establish whether it is crisis accommodation, short-term accommodation or long-term housing that is required. Where crisis accommodation is arranged, further assessment and planning will be necessary to ensure adequate and appropriate accommodation and long-term support.

Key Questions for Case Managers

- Where has the consumer lived before?
- Does the consumer wish to go back?
- Is the consumer welcome back?
- What is the consumer's income?
- What are the consumer's daily living and health care needs?
- Are there issues in relation to employment, social activities and education?
- Are there alerts or specific difficulties which should be considered?
- Does the consumer have personal relationships and existing networks which should be considered?
- Are there cultural and language considerations?
- Are there any legal issues?



Specialised Needs Assessment

A specialised needs assessment is necessary where there have been difficulties in maintaining accommodation and problems with continuity of income. The key questions should assist in identifying the qualities that the consumer prefers in accommodation support and housing.

Where Has the Consumer Lived Before?

It is essential that this is discussed early in the assessment, as it may give some indication of the stability of past accommodation. Many people lose their accommodation, possessions and support networks during periods of hospitalisation and find themselves having to re-establish these. The fragmentation and loss which occurs with these disruptions adds to the stress and difficulties experienced by the consumer and can contribute to further mental health difficulties.

Some consumers may have difficulty recalling details about previous accommodation. If a person has been previously involved with a psychiatric disability support service, it is likely that a housing needs assessment has been done. Alternatively, families and other carers may be able to provide critical information where the consumer consents to contact with them.

Issues To Consider

Homeless People

Consultation with generic agencies which work with homeless people, contact with night shelters, or with the Homeless Persons' Mental Health Service, where available, should be discussed with the consumer. Community service officers provide assistance to homeless people in some regional offices of Social Security.

Other Agency, Family or Carer Involvement

It is useful to enquire if the consumer is currently or has been receiving assistance from a disability support service, a generic agency, or family or other carer in their search for accommodation. Where key workers from disability support services are developing service plans for consumers, case managers need to negotiate to ensure there is no unnecessary duplication and that there is an integrated approach to treatment and support for the consumer. When contacting generic agencies and disability support services, it is critical to clarify the agency's mandate and not make assumptions regarding role.

Maintaining Accommodation during Admissions

Case managers may need to consider strategies to maximise security of tenure during periods of absence such as admissions to inpatient services. The person may be encouraged to negotiate ongoing rent with the landlord or proprietor in order to hold the accommodation. Alternatively, a person may consider membership of a cooperative credit union where rent can be paid directly to a proprietor or landlord.

Resolving Issues with Landlords

Where there are current difficulties, the case manager and consumer may need to discuss ways of negotiating with proprietors or landlords to minimise the difficulties. The consumer and case manager may need to seek advice from a tenancy advice service, the Tenants Union or the Public Tenants Union. Where a consumer has difficulty in coping with rental payments, an early warning system between the case manager and the estate agent, with the consumer's consent, may be an effective arrangement.

Storage of Belongings

Where a consumer is subject to eviction, negotiations need to occur wherever possible, with the consumer and a support agency, family, proprietor or commercial option for the removal and storage of belongings. It is important to remember that case managers are not able to make financial commitments on behalf of consumers. However, the case manager from the community mental health service or the inpatient service should check that the consumer's belongings are secure during an admission.

Disclosure of Information

The consumer and the case manager need to have an explicit understanding regarding disclosure. Section 120A of the *Mental Health Act 1986* sets out confidentiality requirements in respect to information about consumers and the exceptions to these requirements. A case manager cannot disclose information unless the consumer has given valid consent or, the disclosure meets the requirements under exceptions set out in Section 120A of the Mental Health Act.

Does the Consumer Wish To Go Back?

A critical factor in determining accommodation preferences is discussion of the consumer's views on returning to a previous residence or a similar type of residence. It is important that the case manager explores the consumer's experiences, perceptions of his or her capabilities, and understanding about the success or failure of the accommodation.

Issues To Consider

Outreach Support

Disability support outreach services provided by disability support services or local government services (such as home and community care services) could enhance the consumer's skills and might be explored as a mechanism for enabling a return to that residence. It is important to avoid conflicting service approaches where a consumer uses a variety of services, such as home and community care and disability support services.

Secondary Consultation

Consultation with accommodation managers and generic agencies can be extremely important in early intervention stages. Open and ongoing communication, with the consumer's consent, can assist in minimising difficulties and be beneficial in diffusing the risk of eviction after serious incidents.

Activity

Case managers may need to discuss with the consumer the benefits of locating day activities, such as psychosocial rehabilitation day programs and activities offered by local community health centres and community houses, as a way of enriching the person's daily life and expanding their social networks.

Advocacy

The case manager may have to assist in advocating, negotiating and liaising on behalf of the consumer with a landlord/proprietor or estate agent where accommodation has previously broken down.

Is the Consumer Welcome Back?

Queries about why the consumer is or is not welcome back can reveal relevant pieces of information that may help in identifying appropriate accommodation options. Another approach might be to enquire what changes to previous accommodation could lead to more positive outcomes next time.

Issues To Consider

Support Strategies

Strategies to improve access to treatment, support services and social networks may improve the stability of accommodation. If accommodation has been complicated by a consumer's drug or alcohol use, specialised assessment, treatment and support that addresses these issues should be considered. Ongoing cooperation with drug and alcohol services is critical. Further to this, the mix of residents must be carefully considered in relation to drug or alcohol issues, particularly withdrawal. Specialist support may be required in relation to difficult behaviours.

Treatment

The individual's capacity to recognise symptoms and seek assistance needs to be reflected in the strategies. Support from the case manager and/or disability support agencies can assist in developing self management strategies. Depending on the individual, a regime of regular contact with clinical workers, GP, and psychiatrist can be mapped out in diaries, calendars, or reminders from other people.

What Is the Consumer's Income?

Whilst some people are employed and others have access to supplementary funds, people with serious mental illness are often receiving income from the Department of Social Security. This limits the options for accommodation. Additionally, some consumers lose their income and consequently their accommodation through lapses in meeting the requirements of the Department of Social Security to report and complete forms on a regular basis. This may be due to a deterioration in mental health or a highly mobile lifestyle.

The Guardianship and Administration Board can appoint an administrator to make decisions related to the financial and legal affairs of persons who meet the criteria under the *Guardianship and Administration Act 1986*.

Issues To Consider

Income Management

It may be valuable to explore the use of a cooperative, State Trustees or similar organisation, to have funds for rent and utilities paid directly. Financial counsellors can assist consumers who have incurred debts and overdue accounts. However, case managers must not handle or manage consumer's funds.

The case manager, in consultation, and with the written consent of the consumer, can act as an advocate with the Department of Social Security.

It is also worth checking whether the regional office of the Department of Social Security has an outreach service, as this may be appropriate for some consumers.

Guarantor

In some circumstances, family and carers or State Trustees (where they are managing the consumer's finances), may be prepared to act as guarantor. This can increase the consumer's ability to rent private stock.

Psychiatric Disability Support Services, Psychosocial Rehabilitation Programs

If rehabilitation or disability support are being considered, rental plans can be included in budgeting programs.

Capacity To Make Decisions and Manage Finances

Where relevant, the appropriateness of an application for the appointment of an Administrator and/or Guardian should be explored.

Direct Debiting of Rent

Negotiations with the Department of Social Security can be made, to have the consumer's income debited directly for rent, where the consumer lives in housing provided by the Department of Human Services, Office of Housing.

Financial Aid

Case managers may need to ensure that the consumer has access in an emergency to charitable organisations that provide meals, food parcels and/or financial aid. However, a case manager should not consider placing a person in rental accommodation that absorbs all his or her income and then leaves the person in the position of seeking aid on a regular and frequent basis.

Monitoring

Sometimes rent is paid directly to proprietors, and residents are expected to receive some money out of this amount each week. If discrepancies occur, case managers may need to assist consumers in resolving the issue.

Good Practice Example

Paul is a 55 year old man with a diagnosis of bipolar affective disorder, undiagnosed health care issues, and some difficulties in his everyday living skills. Paul cannot manage his self-care, take medication, shop or clean, particularly when he is unwell. In addition, he has some difficulty in travelling to unfamiliar places, but is able to make his way to known areas on a regular basis.

Paul has lived with various family members, in hostels and supported residential services. His sister has been a significant support throughout Paul's life and is prepared to provide continued support but does not feel able to have him living with her.

The case manager, Paul and his sister meet to discuss what is required. They agree that the case manager will seek a Supported Residential Service (SRS) as close as possible to his sister as a matter of urgency. SRSs are considered options by Paul because of his daily living skills and difficulty in taking medication. Paul and the case manager discuss the type of information that Paul is prepared to have the case manager disclose on his behalf.

In addition, the case manager agrees to arrange for Paul to have a complete medical examination by a local GP. Discussion centres around the sort of contact that Paul and his sister would like to have. Paul and his sister have differing views about the frequency of their contact. A compromise is reached that allows for frequent contact in the initial four weeks with weekly contact after that time.

The case manager locates an SRS within twenty kilometres of Paul's sister, which is affordable, has residents close to Paul's age, is close to his GP, and provides the level of care he wants.

The case manager accompanies Paul on a familiarisation visit. When a vacancy arises at the SRS, Paul and his sister go to visit the service to discuss his needs, negotiate his requirements for health care,

medication and monitoring, and familiarise him with the locality. Paul's concern about the large number of people and his need for privacy are raised. The SRS indicates that he can move to a single room when one becomes available.

The case manager suggests that Paul, his sister and the case manager meet with the manager of the SRS within six weeks to review progress. In the meantime, the case manager investigates access to day programs in the area for Paul and agrees to maintain contact with Paul and his sister on a regular basis.

What Are the Consumer's Daily Living and Health Care Needs?

The kind of accommodation which may be accessed will be influenced by the following:

- Does the consumer carry out daily personal care tasks?
- Can the person carry out essential domestic chores such as budgeting, shopping, cooking, cleaning, and understand repair and maintenance requirements in a household?
- Can the person administer his or her own medication?
- Does the consumer have the social skills to live with others or in close proximity to neighbours?
- Is the consumer able to identify his or her own mental health and general health care needs and seek assistance when necessary?
- Can the person use public or private transport without assistance?
- Can the consumer read and write?

Some consumers require support in these matters during periods of illness. People with long-term disabilities associated with mental illness may require consistent, long-term support.

Consumer relapse and recovery patterns are important in assessing the most appropriate form of support. The level of anxiety about performance of daily living skills or attendance at programs and the motivation to achieve personal goals can also influence the level of support at different times.

Issues To Consider

Support

If the consumer has high support needs and requires intensive rehabilitation, referral to a Community Care Unit (CCU) may be appropriate. CCUs provide treatment and rehabilitation within a residential environment, for consumers who formerly would have resided in open extended care wards in psychiatric hospitals.

Where the consumer does not require the intensive 24-hour on-site clinical support provided by a CCU but is receiving continuing treatment from a community mental health service, additional support from a disability support residential rehabilitation service may be appropriate.

Supported housing options through disability support services may need to be discussed with the consumer. Supported housing programs have been shown to reduce the likelihood of readmission and enhance quality of life. If previous attempts at supported housing have failed, strategies that address the difficulties should to be explored.

The Royal District Nursing Service may be an option where the consumer requires support with health issues. Alternatively, an SRS, along with a disability support service, may be appropriate or it may be necessary to explore specialist aged or youth services.

Literacy

The consumer may require specialised assistance for specific communication needs. Assistance might be needed to read and complete forms and understand written information, such as house rules and responsibilities.

Maintenance of Property

In most circumstances, property owners are legally obligated to maintain rental properties in good repair. Case managers and consumers should seek information and advice from tenancy advice services if there are concerns.

Health Care

Locations of GPs and psychiatrists and the need for liaison between the consumer, case manager and GP or psychiatrist may need to be considered.

Are There Issues in Relation to Employment, Social Activities and Education?

Meaningful activity is a highly valued goal for most people and should be supported wherever possible. The locality of the consumer's employment, training or education activities may be relevant. Availability and the consumer's capacity to use private and public transport need to be considered.

Issues To Consider

Employment, Social Activities and Education

Referral to a psychosocial program (catering for rehabilitation, support, outreach support, and recreation activities), educational program (relevant providers include community houses, TAFE—for short courses or completing secondary education, and community health services) or employment training or support program (such as Skillshare or an employment access program) may be appropriate.

The Disability Support Officer at the local Department of Social Security office can provide information on the Disability Reform Package which can give people with disabilities income support and better access to jobs, rehabilitation and training. The Commonwealth Rehabilitation Service may also be an option for some consumers.

Good Practice Example

Maria is a 48 year old Macedonian woman with a diagnosis of schizophrenia. She has moved accommodation many times as a result of deteriorations in her mental health. Recently, Maria discovered on return from hospital that her belongings had disappeared from the rooming house where she had lived for the past year.

The case manager discussed a number of accommodation options with Maria, using a mental health interpreter, and identified a list of preferences. Maria was encouraged to consider a referral to the residential rehabilitation program of a psychiatric disability support service. A vacancy existed in a service close by. After being interviewed, Maria was offered a place and accepted. The fact that the placement was not permanent was emphasised. The case manager and the service developed a joint plan with Maria, in which aims, roles and responsibilities were outlined. Arrangements were made for intensive support to improve Maria's daily living skills during a transition period, renewed regular contact with the psychiatrist for medication review and treatment and continued support from the case manager. Maria is considering English classes. Everyone agreed to review the service plan in six weeks.

Are There Alerts or Specific Difficulties Which Should Be Considered?

The following areas may need to be considered:

- Has the consumer been vulnerable in group or single residential settings? Is this still the case? Are there gender issues or age-related issues? Is it particular people, pervasive difficulties or situational?
- Have other people been at risk? Is this still the case? Are there gender, age-related, sexual, or aggression issues? Is it particular people, pervasive difficulties or situational?
- Is the consumer susceptible to exploitation?
- Does the consumer have disabilities other than those associated with serious mental illness, such as acquired brain injury, intellectual disability, physical disabilities and disabilities associated with long-term substance and alcohol use? How does the presence of the disability affect the consumer's need for care and support?

Issues To Consider

Support

Does the consumer require specialised care and support? If so, discussion regarding the nature, availability and location of this specialised support is necessary. The consumer may require specialised support in counselling, drug and alcohol treatment and support, enhanced hygiene skills, behaviour, day activities or time out elsewhere.

Transition

The case manager needs to explore the level of support required during transition from one residence to another, and the person may prefer to have the case manager attend introductions and map out a gradual orientation to an accommodation setting.

Different levels of support may also be required at different times in the residency.

Information

It is critical that case managers provide clear information to consumers and residential managers, with the consumer's consent, regarding access to emergency services and community mental health services.

Good Practice Example

Tom is a 25 year old man with a diagnosis of schizophrenia and an intellectual disability. He has very poor social and everyday living skills. Tom has spent the last twelve months as an inpatient at a large psychiatric hospital and prior to this time lived in a variety of foster homes, transitional rehabilitation programs and supported residential services. Tom wants to live in his own home. The case manager explores Tom's accommodation history, and finds that his behaviour has been too disruptive to live in a group living arrangement.

The case manager assists Tom to get his own private-rental one-bedroom flat, with the following supports:

- Administration Order, with State Trustees acting as guarantor on the lease, and paying his telephone, gas and electricity bills.
- Access to Home and Community Care services, such as Meals on Wheels and Home Help.
- An account at the local credit cooperative where Tom can withdraw small amounts of cash on a daily basis.
- Outreach living skills training from regional Intellectual Disability Services.
- A credit account (managed by the State Trustees) at the local supermarket, so that Tom can purchase milk, bread, cigarettes and other groceries on a daily basis.
- Funds obtained from Psychiatric Illnesses and Intellectual Disabilities Donation Trust Fund to purchase a television, radio and a doona.
- Furniture obtained from a charity organisation.
- Ongoing case management by the Mobile Support and Treatment Service (MSTS).

Tom is very pleased with his new flat and describes it as his first real home. Tom and his case manager from the MSTS will work on issues as they arise to ensure that the accommodation is retained. A review will be carried out in six months prior to the signing of another lease.

Does the Consumer Have Personal Relationships and Existing Networks Which Should Be Considered?

The consumer may reside with dependent children or a partner and require family or couple accommodation. There may also be commitments to contact with children, parents, siblings, extended family, friends, and local small business people that influence the locality of accommodation.

The history of relationships, the pattern of contact and support can give an indication of current relationships if direct enquiry regarding relationships is intrusive. As there may be unresolved issues that flow from disruptions to living with family and friends, it may be necessary to address these issues with the consumer.

Issues To Consider

Maintenance of Relationships

It is exceedingly important to maintain any positive relationships that exist for the consumer.

Family

Where appropriate, the case manager may need to work in partnership with the family, to encourage regular family meetings and discussion about the future of the consumer and any provision of support by the family.

Renewal of Family Relationships

Intervention that addresses unresolved issues for the consumer may need to occur prior to renewing some relationships. Alternatively, interventions that involve both the consumer and family may be necessary.

Social Contact

It is difficult for residents in some types of accommodation to engage in activities considered everyday by other people, such as entertaining friends, or preparing a meal for family. It is not advisable to assume that a consumer's social contact needs will be met by the mix of residents in a congregate facility. This may be the case for some people, but most will prefer external social networks.

Pets

Many consumers have pets and this issue needs to be considered in seeking accommodation.

Are There Cultural and Language Considerations?

As people from non-English speaking backgrounds (NESB) may make less use of community mental health services, particular attention needs to be given to identifying the support needs of a person from a NESB. The details of the treatment and support outlined in the ISP should reflect the identified needs, for example, integration into a specific community, and access to interpreters and specialist mental health services that will complement and support the consumer in his or her preferred environment.

Issues To Consider

Important Links

Where access to religious venues, social groups (formal and informal), shops or locations of significance are an important part of the consumer's life, assistance in planning for continued access is desirable.

Interpreters

It is important for case managers to negotiate for the use of interpreters when appropriate. Many consumers and carers from NESBs are fluent in English and do not need an interpreter. Other consumers and carers with limited English sometimes believe that they do not need an interpreter and may express concern regarding confidentiality when using interpreters. The case manager will need to identify with the consumer the sort of language service which will ensure effective support.

Specific Agencies

Some ethnic welfare organisations and specialist support services provide a wide range of services. It may be possible to consult these organisations, with the consumer's consent, or carry out joint work with the consumer.

Are There Any Legal Issues?

The following factors may influence the type and location of accommodation:

- Is the person on a Restricted Community Treatment Order which includes residential conditions?
- Are there any Community Based Corrections Orders or parole conditions, which require reporting arrangements?
- Has a Guardian or Administrator been appointed by the Guardianship and Administration Board? A *Plenary* Guardian or a *Limited* Guardian (Accommodation) is appointed to make accommodation decisions on behalf of the consumer. It is worth noting that whilst a Guardian can make decisions on behalf of the consumer, a Guardian cannot compel the consumer to move to the chosen accommodation.
- Are there any outstanding justice issues, such as pending charges or pending court action, that require the consumer's presence?
- Is the consumer subject to any Intervention Orders that affect the location of accommodation?
- Has the person recently left prison? If so, is he or she receiving support from a post-release support service.

Some consumers who have been in prison receive services from Community Forensic Psychiatry Services. In particular situations, joint treatment for the consumer by the community mental health service and the Community Forensic Psychiatry Service has been negotiated. However, the majority of people with serious mental illness leaving prison are referred to a community mental health service for assistance.

Discussion of the above issues is a sensitive matter, particularly for a person with a forensic history who may feel that community mental health services wish to monitor their movements. Particular care needs to be taken in explaining why the enquiry is relevant to accommodation.

Issues To Consider

The frequency, longevity and locality of reporting requirements may be relevant.



Discharge Planning

When a consumer is admitted to an inpatient service and has an allocated case manager, it is expected that the case manager will remain involved throughout the admission and assist in the development of treatment plans and the discharge plan.

In the event that the consumer does not have an existing case manager, the inpatient service should contact the community mental health service in the consumer's preferred residential location to have a case manager participate in the discharge plan.

Issues To Consider

Clinical staff from hospital-based services need to give consideration to a number of critical issues in relation to the consumer's accommodation on discharge.

These include:

- Advance planning and consultation with consumers, families and carers, community case managers, relevant psychiatric disability support services and housing options, to avoid consumers being discharged without appropriate accommodation and support.
- Gender, age, disability, vulnerability, health and mental health care, personal relationships and associations and any other specific requirements of consumers.
- Provision of contact numbers of community mental health services and case managers to consumers, families and carers, and managers of accommodation facilities (with the consumer's consent).

Good Practice Example

Sarah is a 25 year old woman with a diagnosis of severe borderline personality disorder. She has been an intravenous drug user and transient for some time. Years ago she sought assistance from community health and mental health services. The services found that she was extremely difficult to work with, and lacked insight into her behaviour and its consequences.

After being convicted for stealing to support her drug use, Sarah was required to serve a prison term. Her parole conditions required her to seek treatment from a community mental health service as well as report to community-based corrections on a weekly basis.

It was clear at the initial appointment with her case manager that Sarah required short-term accommodation immediately, as she had nowhere to go.

The case manager discussed with Sarah the parole conditions and openly raised issues of achieving a balance between her parole obligations and an independent lifestyle.

An ISP was developed which covered goals and strategies in relation to Sarah's short-term accommodation, income security, health care, drug use, emotional support, and reporting to community-based corrections. Sarah made it clear that she was not interested in living in public housing or structured residential settings.

They located a furnished bungalow within Sarah's income range. The estate agent commented on the presence of the worker, and Sarah became angry. In response, the case manager negotiated time out with Sarah to discuss their approach. Sarah, whilst still angry, agreed to inform the estate agent that the case manager would provide ongoing support for Sarah. This minimised concerns that he had. However, Sarah was insistent that he make contact with her prior to contacting the case manager, if there were concerns.

The bungalow gave her privacy and independence, was accessible to health care, mental health care, community-based corrections and shops. The case manager undertook to see Sarah regularly and review the service plan in eight weeks, when they would discuss progress and the possibility of voluntary work, employment training or attendance at community activities.



Other Strategies for Optimising Accommodation Outcomes

Community Mental Health Services

It may be useful to develop and maintain resource libraries which contain current details of specialised services, such as tenancy advice services, accommodation services, psychiatric disability support services, community legal services, local government services, the Tenants Union of Victoria, the Public Tenants Union of Victoria, Department of Human Services, Office of Housing, emergency housing services, Supported Accommodation Assistance Program (SAAP), Office of Fair Trading and the Residential Tenancies Tribunal. VICSERV can provide advice regarding local psychiatric disability support services and supported housing options.

Orientation of Case Managers

Case managers should become familiar with local housing options, disability support services and protocols during their orientation period. A resource library and scheduled visits can assist in this familiarisation.

Secondary Consultation to Accommodation Providers

Some community mental health services and community health services have provided information and education about serious mental illness to proprietors of supported residential services, proprietors of rooming houses and private hotels, SAAP agencies and emergency housing services. Strategies to deal with specific situations when provided to key people can contribute to early intervention and prevent the onset of more serious difficulties.

Formal Links with Generic Agencies

Many generic accommodation and support agencies have contact with people with serious mental illness. These agencies value formal links and information exchange with community mental health services. In many regions, this exchange has been occurring for some time. The manager or a senior practitioner with portfolio responsibility can act as the contact from local mental health services.

Distribution of Information

The regular distribution of information regarding mental health services and newsletters from local and regional services should be considered. It is difficult to target information for rooming house and private hotel proprietors in that they are not required to provide special or personal care to residents. However, accurate information regarding access to services is essential to managers of congregate accommodation facilities.

Forums

Forums can be held for families, accommodation providers, residents, and community workers. This can provide the opportunity to encourage a sense of community, while providing information regarding community activities and services to residents.

Allocation of Portfolio Responsibility

The allocation of responsibility to particular workers, for liaison with managers of certain large congregate accommodation facilities, can be considered. A worker with this responsibility may be able to work with a group of consumers, rather than providing services to one consumer in a facility. This approach makes secondary consultation easier. It is important to remember that:

- The client is the primary consumer, not the accommodation manager.
- The accommodation manager is not part of the clinical team.

Debriefing

Consumers and residential staff can benefit from debriefing after serious incidents, such as attempted suicide in residential settings. Public mental health service managers need to coordinate debriefing services when necessary.



Additional Resources

The range of generic, church and specialised support services varies enormously from region to region, often due to local demographic variables. Access to statewide services also varies according to their proximity and the needs of consumers. However, it is imperative that case managers consider any community resources that exist and identify appropriate options which provide support.

A broad range of supports can be drawn upon to support a person with serious mental illness in getting and keeping a residence of his or her choice in the community. The following outline is intended for use as a prompt list.

Accommodation

- Night shelters.
- Church agencies.
- Emergency housing referral services.
- Women's refuges.
- Koori housing.
- Supported Accommodation Assistance Program agencies.
- Department of Human Services, Office of Housing—priority listing, housing allocation, bond assistance.
- Psychiatric disability support services, residential, rehabilitation and home-based outreach support.
- Public rooming houses.
- Private rooming houses, private hotels.
- Youth refuges.

Accommodation Resource Information

- *Accommodation Directory for People with an Acquired Brain Injury*, available from Headway.
- Aged care nursing advisors in Department of Human Services regional offices.
- Citizen's Advice Bureau.
- *Community Referral Directory*, Lifeline, Melbourne.

- *Directory of Emergency Accommodation in Greater Melbourne, Diamond Valley/Eltham.*
- *Housing Information Kit for Women, Women in Supportive Housing.*
- *Housing Service Guide, Geelong Consumer Information Services.*
- Local papers.
- *Meeting The Need—A Care Handbook for Supported Residential Services*, available from nursing advisors in the Department of Human Services regional offices.
- Regional housing councils.
- *Salvation Army Accommodation Resource Manual.*
- *The Tenants Union Workers Manual*, Tenants Union of Victoria.
- Victorian Housing and Youth Information Exchange, Info Xchange, database of accommodation services and youth services (requires connection fee).

Counselling

- Community health centres.
- Drug and alcohol services.
- Financial counsellors.
- Generic counselling agencies.
- Specialist and family support counselling services.
- Sexual assault counselling services.
- Telephone counselling—Lifeline.

Education, Employment, Training, Day Programs and Neighbourhood Activities

- Action on Disability in Ethnic Communities.
- Community health centres.
- Community centres.

- Commonwealth Employment Service, Department of Employment Education and Training, Commonwealth Rehabilitation Service.
- Disability Employment Action Centre.
- Education—TAFE, university, adult VCE programs.
- Neighbourhood houses.
- Psychosocial rehabilitation day programs.
- Psychosocial day programs.
- Skillshare.
- Supported Employment and Training Programs.

Income

- Department of Social Security.
- Emergency assistance services.
- State Trustees.

Information and Advocacy

- Citizen Advice Bureaus.
- Council to Homeless Persons.
- Disabled Persons Information Bureau.
- Interpreter services.
- Support and Accommodation Rights Service (SAAP advocacy service), based at Council to Homeless Persons. Freecall.
- The Guardianship and Administration Board.
- The Office of the Public Advocate.
- The Office of Fair Trading and Business Affairs, Department of Justice.
- The Rooming House Tenants Association.

- The Tenants Union of Victoria (for tenants in private housing).
- The Public Tenants Union of Victoria (for tenants in public housing, information available in community languages).
- The Residential Tenancies Tribunal.
- Victorian Mental Illness Awareness Council.
- VICSERV.

Legal

- Aboriginal Legal Service.
- Community policing squads.
- Legal Aid Commission.
- Legal Help—legal advice by phone (costs \$2.00 per minute).
- Mental Health Legal Centre.
- Regional and community legal services.

Material Aid

- Charitable agencies and churches.
- Citizens advice bureaux.
- Psychiatric Illness and Intellectual Disabilities Donations Trust Fund.

Mental Health and Health

- Aboriginal Health Service.
- Community health centres.
- Centre Against Sexual Assault services.
- Drug and alcohol counselling agencies.

- Eye and Ear Hospital, Dental Hospital.
- Royal District Nursing Service.

Support

- Carers services.
- Disability support services.
- Dispute Settlement Centre of Victoria.
- Domestic violence services.
- Home and community care services, through local government (services such as Home Maintenance and Meals on Wheels).
- Koori support services.
- Ethnic services.
- Gambling support agencies.
- Self-help groups.
- Respite services—emergency and planned.
- Literacy and numeracy programs.
- Transport—community buses.
- Victorian Foundation for the Survivors of Torture.



Appendices

Appendix 1

Boarding Houses and Rooming Houses, Known as Rooming Houses under the *Rooming House Act 1990*

Private boarding houses, rooming houses and private hotels are scattered throughout Victoria, with the greatest concentration in the Melbourne metropolitan area. These forms of accommodation are business enterprises and receive no government funding or subsidy.

Private boarding houses provide low-cost housing for single adults. However, not all private boarding houses and rooming houses offer low-cost housing; some cost above the amount of pensions and benefits. In some situations, family groups are given access to this form of accommodation; but this is extremely uncommon. Single and shared bedrooms are provided; whilst bathroom, kitchen and laundry facilities are usually shared. Consumers who reside in private boarding houses, rooming houses and hotels pay, on average, at least 50 per cent of their income in exchange for accommodation, which tends to be of a lower standard than other forms of accommodation.

Public boarding houses or rooming houses are managed by community groups and non-government sector organisations and provide a similar form of low-cost housing, mostly for single adults. There are not as many of the public boarding and rooming houses as there are privately run houses, and they tend to be located in the inner urban localities of Melbourne and the regional centres. Generally, the buildings are owned by the Office of Housing and the community group or organisation manages the rental collection, the placement of residents and the development of house rules. The managing agencies are not-for-profit agencies and often have the benefit of being subsidised to perform the management of the boarding houses and rooming houses.

The population of boarding houses, rooming houses and private hotels tends to be highly mobile. This is due in part to the nature of the population and the preferences that they have, the compromised safety experienced by many consumers and the relative ease of access to boarding houses, rooming houses and private

hotels. Another significant factor is the dearth of options available to this group of people, given their income, their previous accommodation experiences and the state of their mental health.

Legislation

The resident–proprietor relationship in boarding houses, rooming houses and private hotels is regulated by the Rooming House Act. The legislation is complex and prescribes a number of rights and responsibilities, both for residents and proprietors. The Office of Fair Trading, a division of the Department of Justice, is responsible for the monitoring of the Act.

At times, residents of boarding houses, rooming houses and private hotels choose to sign a written agreement with the proprietor of the house for a specifically stated period of time. This agreement and the roles and responsibilities are regulated by the Residential Tenancies Act and not the Rooming House Act. The Office of Fair Trading is responsible for the monitoring of this legislation.

The physical standards of boarding houses, rooming houses and private hotels are subject to the *Building Code of Australia 1990*, which is administered by local government. These standards include the building and amenity requirements. The quality of food preparation and sanitation are subject to the Health Act.

Under the regulations it is required that residents of boarding houses, rooming houses and private hotels are provided with information upon entry into the residence, regarding the rights and responsibilities of tenants and landlords and the process for appeals and grievances.

Support and Services

A class of boarding houses and rooming houses, that were providing special and personal care in the past, have been registered now as supported residential services and, as such, are subject to supervision by the state. The proprietors of boarding houses, rooming houses and private hotels do not have any responsibility to provide special and personal care services to residents.

The fee paid by the resident to the proprietor is in exchange for the provision of the accommodation, facilities and, in some situations, meals. These facilities are not permitted to provide special or personal care for fee or reward and to do so is an offence.

The owners are able to levy charges for electricity and gas used in the room, provided that a number of conditions are met. These include that the owner is responsible for the payment of the cost of these facilities, that the usage of the energy is measured by an approved meter in the room and that the resident is not asked to pay more than the metered amount.

In some circumstances, the resident may request additional services, such as laundering of linen and room cleaning. An agreement needs to be reached, between the resident and the owner as to the cost of these specified services. In instances where the service is ceased for some reason, then, the agreed cost of the service must be deducted from the rent paid by the resident.

Many boarding houses, rooming houses and private hotels include some meals in the cost of the accommodation. However, this varies from place to place. Some houses and hotels provide breakfast and dinner for seven days of the week; some provide the evening meal for five days of the week and no meals on the weekends; and others provide no meals at all.

Links with Service Systems—Private Boarding Houses, Rooming Houses and Private Hotels

There is no legislated requirement for the owner or manager of the private boarding houses, rooming houses and private hotels to take responsibility for making information available for residents on service systems such as community mental health services or local health services. Additionally, proprietors are often not aware of the range and relevance of community services and activities in relation to the wellbeing of their residents. Nor do they necessarily see these links as integral to a well-managed boarding house, rooming house or private hotel.

In one region, a community group has developed a program of community education for proprietors and residents of private hotels. The program covers education on issues of residential tenancy legislation requirements, primary health care and local health and mental health services. This program is unique, but many other community mental health services have developed informal links with private boarding houses, rooming houses and private hotels. In some instances, secondary consultation has been provided by some community mental health services to proprietors as a way of meeting the needs of residents.

Overall, the links between private boarding houses, rooming houses and hotels and community mental health services tend to be under developed and informal. Despite this situation, case managers have contact and develop functional relationships with proprietors in many cases as a way of supporting consumers as residents.

Links with Service Systems—Public Boarding Houses and Rooming Houses

The community workers or organisations that manage these houses do not provide support but rely on external supports as part of an overall management strategy. As a consequence, these organisations have developed strong connections with the community services sector and tend to draw on this association when necessary to address support needs of the residents. In some situations, protocols and referral procedures have been developed to ensure effective support avenues remain open. In addition, the agencies that manage these places frequently meet with community groups and community services regarding the needs of residents for community services and activities.

Whilst these boarding houses and rooming houses tend to have stronger links with community services and access those services, the generalisation can not be made that they display greater flexibility in coping with residents with complex needs. Consumers who require support will do so whether the accommodation is privately or publicly managed. However, it should be noted that the publicly managed boarding houses and rooming houses also have well-developed house rules and rigorous scrutiny of the imposition of these house rules.

Grievances

The Office of Fair Trading suggests that it is desirable to try to settle a problem or disagreement over some aspect of the boarding house, rooming house or private hotel with the proprietor of that place. If the problem continues, then the Office of Fair Trading can be contacted for advice. In addition, the local Rooming House Tenants Association or tenant's advice service will provide advice regarding avenues for resolution of the difficulties.

Unresolved disputes can be taken to the Residential Tenancies Tribunal. Notice must be given prior to the application for a Tribunal hearing. This is a formal process and there are certain requirements with respect to the documentation that all parties need to be aware of.

The case manager can play a pivotal role in helping the resident to develop strategies to minimise the difficulties that the resident and the proprietor are experiencing (presuming that it is in the resident's best interest to remain in that form of accommodation). The consumer may require assistance with consultation from the Office of Fair Trading or a consumer tenancies advice service. A referral, for and completion of an application to, the Residential Tenancies Tribunal may be necessary if the difficulties remain unresolved and the consumer does not wish to relocate to an alternative form of accommodation.

Appendix 2

Supported Residential Services (SRSs), Formerly Known as Special Accommodation Houses

SRSs were created under the Health Services Act which required certain boarding houses and 'rest homes' to be registered and regulated by the then Health Department, when they provided special and personal care. This followed an investigation after concerns were raised about the standards of care and support many residents were receiving in these forms of accommodation. SRSs are scattered throughout Victoria, with a predominance in metropolitan Melbourne.

SRSs are small businesses operated on a profit basis, where the owner may perform the proprietor's role or engage a person to carry out this role. The SRS industry caters for two groups in particular: the frail aged and non-aged people with disabilities. The key difference between the provision of accommodation in SRSs and privately and publicly managed boarding houses, rooming houses and private hotels, is the provision of special and personal care as defined in this appendix.

SRSs generally provide the accommodation and personal support to residents for a fee that is considerably more than that required to purchase accommodation through boarding houses, rooming houses and private hotels.

Disposable income of residents is an issue. Some SRSs charge residents 100 per cent of the pension plus rental assistance as a fee. However, it is not within the direct power of the department to regulate fees or to subsidise residents. Some proprietors are struggling to keep their businesses operational, and if fees were capped at, say, 85 per cent of the pension, a number of SRSs may be forced to close. Nevertheless, a substantial number of residents of SRSs are consumers of community mental health services, and case managers may be able to negotiate a fee of less than 100 per cent, so that the resident has a small amount of the pension left. There may be situations where the deciding factor is the amount of pension which the resident is able to retain after paying for the SRS.

There are some concerns about an inappropriate mix of residents at some SRSs where there are both aged frail residents and some young people with serious mental illness. When arranging placements at SRSs, case managers may need to assess whether the placement is in the best interests of their consumer and frail elderly residents.

‘Special or personal care’ is defined in the Health Services Act as:

- a. assistance with one or more of the following:
 - (i) Bathing, showering or personal hygiene;
 - (ii) Toileting;
 - (iii) Dressing or undressing;
 - (iv) meals; or
- b. Physical assistance for persons with mobility problems; or
- c. assistance for persons who are mobile but require some form of supervision or assistance;
or
- d. assistance or supervision in dispensing medicine; or
- e. the provision of substantial emotional support.

Legislation

SRSs are subject to the Health Services Act for the regulation and monitoring of the provision of services. They are not subject to any tenancy legislation as are boarding houses, rooming houses and hotels, and rental houses and flats. The registration, monitoring and review of SRSs is performed by nursing advisors located in the aged care section of regional offices, Department of Human Services.

The Health Services Act and Regulations require that the proprietor must provide each person who intends to become resident with information in writing on:

- a. the type of facility being conducted; and
- b. the objectives and philosophies of the management of the facility; and
- c. the number of residents cared for at the facility; and
- d. the services offered directly to residents at the facility and all fees and charges applying to those services at the date the information is given; and
- e. the health and community services available to the resident from outside the facility; and
- f. the rights and responsibilities of residents and the proprietor of the facility; and
- g. the times of routines affecting the residents of the facility; and
- h. the procedures for receiving and handling complaints; and
- i. the options for ongoing management of the resident's financial and legal affairs.

The proprietor must develop a *residential statement* in consultation with the resident and, where appropriate, his or her relatives or guardian. The statement, written in appropriate language, will outline the nature of the health services to be provided to that resident, including nursing care, personal care, rehabilitation and other programs. The proprietor is also responsible for the development of a *service plan* setting out the health, social and physical needs of the resident. The plan is regularly reviewed.

The physical standards of SRSs are subject to the Building Code of Australia, and local government has responsibility for enforcing this legislation. These standards include building and amenity requirements. The quality of food preparation and sanitation is subject to the Health Act.

Links with Service Systems

Increasingly, residents of SRSs are accessing community service programs external to their residence. Proprietors of SRSs generally have a reasonable understanding of the health and community service networks and have established links with these services. However, assumptions should not be made that all proprietors of SRSs have an understanding of service systems, particularly the mental health service system and in particular rehabilitation and psychosocial services.

The Nursing Advisory Service supports proprietors of services by distributing information and providing nominal training on the care of residents. In addition, booklets are distributed to proprietors that outline minimum standards of care, accommodation, and premise requirements. The above provisions support the care provided to residents.

Grievances

As with other sections on grievances, it is suggested that residents and families or interested people try to resolve disputes and concerns prior to an escalation in the conflict.

The Residential Tenancies Act does not play any role in the resolution of grievances regarding SRSs. The Nursing Advisory Service located in the aged care section of regional offices is responsible for the investigation of concerns raised in relation to SRSs.

When a complaint is lodged, the nursing advisor will conduct interviews with the complainant, the proprietor, staff members, residents, health care professionals involved and any relatives and/or friends of residents and provide written responses on the outcomes of the investigation. Major concerns can lead to full performance evaluations by the Nursing Advisory Service. The Nursing Advisory Service has the mandate to initiate education sessions, counselling sessions and follow up inspections of the SRSs.

In addition, the Community Visitor Program (auspiced and coordinated by the Office of the Public Advocate), and the Health Services Commissioner can respond to complaints about SRSs under the Health Services Act.

Appendix 3

Psychiatric Disability Support Services—Accommodation Support

Many psychiatric disability support services provide *housing* and *support* under the Group Housing Program, Housing and Support Program, and the Community Housing Program. These programs are collaborative approaches to meeting the needs of people requiring public housing and/or support between the Department of Human Services, Office of Housing and the disability support services. Psychiatric Services funds a large number of services to provide support to people who access these joint housing programs.

Psychiatric disability support services provide a variety of residential rehabilitation and supported housing options for people with serious psychiatric disabilities. In general, two major forms of residential services are offered. These are *residential rehabilitation* and *home-based outreach support*.

Psychiatric disability support services do not provide 'housing' alone but rather provide the support required for people to live in regular housing in the community. The most common service involves linked housing and support delivered on an outreach basis. This form of support involves both in-home social and living skills facilitation and community access to mainstream programs, community resources and social and recreational activities. The focus on psychosocial approaches distinguishes these specific outreach support services from attendant care, personal care and Home and Community Care funded services.

Residential Rehabilitation

A small number of psychiatric disability support services, including Richmond Fellowship, Schizophrenia Fellowship and Norwood Association, provide programmatic residential psychosocial rehabilitation of medium to long-term duration. In general, these programs are seen to be predominantly *transitional* and *rehabilitative* rather than providing permanent *accommodation*. Referrals may be made to the respective agencies by case managers where more intensive rehabilitation is required prior to the consumer living independently in his or her own accommodation. It is not expected that a referral would be made where *housing* alone is the primary requirement.

Home-Based Outreach Support

Various programs provide housing support which focus on the provision of *support*. Tenants have a key worker and the psychiatric disability support service retains tenant selection rights.

Home-Based Outreach (Own Home)

A number of services provide outreach disability support and community access programs to people living in their own homes. Consumers may be returning to their family home after an inpatient admission or may be consumers of a community mental health service, a GP or private psychiatrist. Consumers may also refer themselves. This category also includes people who reside in a regular Department of Human Services, Office of Housing house, unit or flat, a rooming house or a SRS where the consumer defines the accommodation as *home*.

The service provides a key worker for the person and is involved in facilitating access to community services and assisting with activities of daily living and social relationships. It is generally expected that the person will have a clinical case manager who will liaise with the key worker. Organisations such as Richmond Fellowship and Wimmera Community Care manage outreach programs.

Home-Based Outreach (Agency-Related Housing)

A number of programs of the Department of Human Services, Office of Housing provide housing stock specifically for people with disabilities. Although there are differences in the administrative arrangements and levels of support provided, the actual services on the ground are very similar:

Group Housing Program

This Department of Human Services, Office of Housing program provides housing stock and property management to services specifically for people with disabilities. Organisations such as Eastern Region Mental Health Services Association and Barwon Psychiatric Resources Council manage Group Housing Programs. Some

services have received funding from Psychiatric Services to provide disability support to people living in these Group Homes. Other services utilise psychosocial rehabilitation day program staff to provide the support as part of their community access duties. Although it is a Group Home Program, the trend has been for Department of Human Services, Office of Housing to provide one or two-bedroom units in preference to more congregate living arrangements.

In general, group homes may become a person's permanent accommodation, but tenants may move when more suitable single-person accommodation becomes available. It is expected that tenants will also have clinical support and case management support.

Housing and Support Program

This program involves a partnership between Psychiatric Services and Department of Human Services, Office of Housing whereby services receive housing stock and property management from Department of Human Services, Office of Housing and funds for support workers from Psychiatric Services. It emphasises stable, affordable and permanent housing with consumer choice of housing type and decor coupled with disability support which varies with consumer needs.

This form of supported housing has become the dominant one for psychiatric disability support services in recent times. It has the advantage of linking housing, disability support and clinical support. Organisations such as Inner East Mental Health Services Association and Wodonga Group Housing Inc. manage Housing and Support Programs.

Community Housing Program

This is a relatively recent program and differs from the others in that community organisations, rather than Department of Human Services, Office of Housing, perform property and tenancy management. The service providing the support is usually different from the property manager but retains tenant selection rights. There is usually no funding for support attached to these houses (the exception being NEAMI which received support

resources as part of the NEMPS redevelopment). Support is usually provided by services from within existing resources. This program is, therefore, more suitable for tenants with lower support needs. Organisations such as North East Association for the Mentally Ill and the Francis Foundation, Warrnambool, manage Community Housing Programs.

Legislation

The relationship between the resident and the proprietor or landlord in publicly managed housing programs is regulated by the Residential Tenancies Act. Public rooming houses are exceptions to this, in that they are regulated by the Rooming House Act and the Residential Tenancies Act, where residents choose to sign a written agreement with the proprietor of the house for a specifically stated period of time.

Links with Service Systems

The links among organisations managing the above housing and service systems tend to be better developed and more formalised than in the private housing system. In many regions protocols and formal procedures have been developed to manage the access between clinical services and community-managed housing programs.

A substantial number of participants in psychosocial rehabilitation day programs live in rooming houses, boarding houses, private hotels and SRSs. A number of participants are actually homeless for part or all of the time of their involvement in day programs. Mosaic, a day program in Hawthorn, managed by the Inner East Mental Health Services Association, was specifically funded by Psychiatric Services to cater for the rehabilitation and support needs of people with serious psychiatric disabilities living in SRSs and rooming houses in the local area. Bedford Street Outreach Program provides outreach support and Doing Things (a program of Outdoors Inc.) provides day activities, support and recreation projects to people in such accommodation or who are homeless, in the Yarra City area.

Grievances

The organisations that manage these residential support programs have well developed grievance procedures intended to settle resident difficulties at the house, flat or agency level. Where the problem can not be resolved at this level, disputes can be taken to the Residential Tenancies Tribunal. Case managers can assist and facilitate access to a consumer and tenancy support service for a consumer if appropriate.



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