

Report on the Interagency Collaboration Improvement Project

Presented by:
Client Services
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Acknowledgments

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Executive Summary

Background

In June 2000 the strategic direction statement *“Improving People’s Lives Through Housing: An Integrated Approach to Housing for People and Communities”* was launched. This statement clearly outlines the Queensland Department of Housing’s expectations in relation to the future provision of housing assistance to the Department’s clients with a particular emphasis on vulnerable people in the community. In order to respond to the challenges within this direction statement, Client Services initiated the Interagency Collaboration Improvement Project to improve housing outcomes for people with a mental illness or psychiatric disability. The project was finalised at the end of June 2001.

Project Objectives

The Interagency Collaboration Improvement Project was established with the following objectives:

- To develop a number of service delivery models to improve services to people with a mental illness or psychiatric disability;
- To implement the service delivery models and evaluate the impact of the changes; and
- To gain a range of organisational learnings regarding the use of limited resources for maximum service improvement.

Evaluation Framework

The Project’s evaluation framework was comprised of both internal and external evaluation components. The framework was developed in conjunction with the Project’s working group and staff from the Department’s Housing Policy and Research.

The Queensland University of Technology (QUT) conducted the external evaluation and was required to investigate the perceptions of service delivery from people with a mental illness or psychiatric disability. The internal evaluation was conducted by Housing Policy and Research to gather information from staff regarding the progress of the service improvement projects.

The evaluation reports provided by QUT and Housing Policy and Research have been used throughout this report to provide information and feedback on each of the Service Improvement Projects and to assist in the compilation of the recommendations.

Area Office 1: “Developing Staff and Processes”

This Service Improvement Project was developed to investigate whether the investment of resources into staff and process refinement would result in improved service delivery and housing outcomes for people with a mental illness or psychiatric disability. Two strategies were employed for this project: a training strategy and a trial of a new housing application form.

In November 2000, 27 staff in the Area Office 1 received a two-day training course provided by Keating Consultancies entitled “A Place to Live – A Place to Belong”, with training conducted over four consecutive Wednesdays.

A redesigned Application Form for Housing Assistance was introduced in Area Office 1 at the end of March 2001. The redesigned form combined the existing application forms for Aboriginal and Torres Strait Islander Housing, Public Rental Housing, and Private Rental Assistance into one application form with the intention of providing applicants with the opportunity to apply for one or all of the housing products depending on their need and eligibility at the one time. The new form also included a small number of additional questions aimed at collecting better information on possible disabilities and accommodation needs.

Area Office 2: “Partnerships with Other Service Providers”

Area Office 2 implemented a Service Improvement Project entitled “Partnerships with Other Service Providers”. This Project was designed to improve and formalise relationships between service agencies in the local district utilising a formal partnership agreement, including an interagency training strategy.

At the end of May 2001, a Partnership Agreement between the Department of Housing and the local Integrated Mental Health Service was signed by local managers and therefore formalised. At this stage a service agreement between the Departments of Housing and Disability Services Queensland has yet to be formalised.

Area Office 3: “Enhancement of Local Knowledge and Support”

The implementation of case conferencing in Area Office 3 was designed to assist staff to find creative solutions to difficult client problems. Case conferencing is an internal process that enables staff to work together to understand the client issue and to collectively develop strategies to address the situation.

Ten case conferences have been held since training was delivered in February 2001 during which staff presented comprehensive file reviews, collectively problem solved for creative client solutions, developed action plans and undertook progress reviews of client issues raised at previous case conference meetings.

Key Learnings

Through the development of the Interagency Collaboration Improvement Project, Client Services has learnt a great deal about service delivery to vulnerable people in the community. These learnings, outlined below, encompass a range of issues at various organisational levels.

- **Stakeholder Involvement**

The evident interest and commitment given to the Project by people with a mental illness or psychiatric disability and the mental health services sector have enriched the Project's outcomes. By including people from the client target group and organisations representing this group's interests, the final outcomes for the Project have been significantly enhanced.

The active participation of people with a mental illness and workers involved in the mental health sector enriched the project in a way that the Department would not have achieved working alone. The willingness of working group participants to share personal and consumer experiences was invaluable and enabled the project to focus in on the critical issues impacting on the target group's ability to gain and maintain housing in their communities.

Being able to provide a small payment to people with a mental illness who participated on the working group was essential, as it demonstrated respect for their time and the value of their experience.

- **Impact of Change**

In undertaking change projects within area offices there is a significant impact on staff when they are asked to respond to clients in new ways. Consequently staff often feel challenged in performing their duties and are often unsure about the new practices. Therefore it is important that leadership and direction is continually provided within the area office environment in order to assist staff to understand the organisational context for the changes being implemented and to manage any anxiety or resistance to change that may occur. As such the roles of the Area Manager and the Client Service Manager are crucial positions to lead the organisation progressively forward in service delivery to vulnerable people in the community. When new practices are implemented within an area office, such as this project's case conferencing approach, the support of the Area Manager and Client Services Managers have been a critical part of the success of the process. Without this high level of interest and support for the process, staff would not have been able to continue the practice and realise the benefits for both themselves and their clients. It is especially important that when dealing with issues that have a level of community stigma attached to them, such as mental illness, that additional attention is given to the impact that this may have on staff and to ensure that adequate time is spent with staff preparing them for the changes that will be made.

Another important impact that occurs with change regards the provision of new knowledge. Often as staff become aware of new information their perspective on their work can change and they may simultaneously realise how little knowledge they have of that issue. While staff are not required to be experts in a whole range of areas, suddenly gaining an awareness of their lack of knowledge can result in

feelings of stress and being overwhelmed regarding the extent change that is occurring. As change is introduced to staff, it is necessary that this impact on staff perceptions is recognised and strategies considered to alleviate any negative impact.

5.1.3 Impact on Resources

The provision of a high quality housing service to vulnerable people is both time and staff intensive at key points in the process of accessing and maintaining housing. This project has provided excellent learning in this area. For vulnerable clients, more time is required to listen to their needs, explain procedures, and explain why information is being sought and what it will be used for and to work through problems. This requires a greater investment of time by appropriately skilled staff. In some instances spending more time in the initial stages of working with a client, or in undertaking a file review, will potentially save time after a tenancy is initiated. In addition, many new client service practices designed to result in ongoing benefits to staff and clients are likely to involve a significant investment of staff time across a number of levels, particularly at the early stages.

5.1.4 Additional Training Requirements

From this project, Client Services is aware that there are a range of skills required of staff in area offices that are necessary for providing housing assistance, including ongoing tenancy management, to vulnerable people in the community. It has become evident, through the project, that enhanced communication and interpersonal skills, interview and housing need assessment skills, negotiation skills and general disability knowledge are necessary when working with people with a mental illness or psychiatric disability. Therefore, it is important that core competencies are fully identified so that the Department can provide staff with training and development in specific skill areas necessary to delivery services to vulnerable people.

5.1.5 Working with Other Agencies

Throughout this project it has become evident that there are a range of difficulties associated with negotiating with other agencies to improve coordinated service delivery. Differences in geographical boundaries, client confidentiality issues, service delivery protocols and system linkages will need to be addressed in order to progress this important work in formalising interagency service delivery. Given that some Departmental clients require a range of support services to sustain a tenancy, it is crucial that these services are delivered, managed and coordinated in a client focused manner. It is important that people's housing needs should be considered in the context of their whole lives and that while housing is a key area, inevitably clients require a range of support services into order to sustain a tenancy. Continued persistence in formalising relationships with support agencies will clearly move area offices forward, although this may be difficult where services provision must negotiate conflicting geographic boundaries and local staff are required to deal with a range of support agencies with differing organisational structures.

Conclusion

Drawing together the components of training, partnership agreements and case conferencing into practice will lead to gains that are greater than the sum of the individual parts. This will occur as learning is reinforced and supplemented through the different components. Client Services will thereby have a suite of options available within area offices through which the complex issues relating to service delivery to people with a mental illness or psychiatric disability can be addressed.

To enable area offices to provide an enhanced service to people with a mental illness or psychiatric disability it is suggested that the key elements of the three service improvement projects are incorporated into the work currently being undertaken within Client Services on the development of a service delivery model for area offices.

Through the Interagency Collaboration Improvement Project it has become evident that components of all three Service Improvement Projects could to be incorporated into the existing arrangements within area offices and/or into any proposed service delivery model to assist staff to provide a balanced service to people with a mental illness or psychiatric disability. In isolation, each Service Improvement Project has provided for an improvement for both staff and clients and all have achieved excellent outcomes. However it is through the combination of all three projects that greater inroads will be made in improving service delivery.

Undertaking client service enhancement through a project approach has enabled Client Services to trial improved service delivery mechanisms to people with a mental illness or psychiatric disability. Each of the three Service Improvement Projects has progressed service enhancement and resulted in some improved client outcomes that now have the potential to be replicated throughout the Client Services Area Office Network.

The Interagency Collaboration Improvement Project has progressed the philosophy of the Department's policy direction "*Improving Peoples Lives Through Housing*" and has met its objectives.

Recommendations

It is recommended that:

1. The mental health training course, with some modification, to be included within the regular Client Services training schedule and additionally made available to Aboriginal and Torres Strait Islander Housing staff.
2. A review of the currency and suitability of the training courses available to client service staff in area offices should be undertaken to determine if these can be enhanced to better meet the needs of staff working with vulnerable clients.

3. The core competencies required of the Department's client service staff delivering services to vulnerable people to be identified and training programs developed to enable staff to attain core competencies, especially in regard to communication and interpersonal skills, interview and housing need assessment skills, cultural awareness and generic disability skills.
4. File note writing, file review and problem solving training to become part of the regular Client Services training program.
5. Client Services to investigate and develop suitable training to assist staff to gain improved skills in the management of neighbourhood disputes with a particular emphasis on working with people with a mental illness or psychiatric disability.
6. Client Services to develop an implementation plan to guide the progressive implementation of Case Conferencing into all area offices and where required in Client Services Central Office as a standard management tool for problem solving difficult applicant and tenancy issues as they arise within an area office.
7. A Departmental working group be convened to consider the project's findings regarding the combined application form and propose a suitable process to investigate the future use of a range of Departmental forms.
8. Public Housing to consider the additional disability questions that were trialed in the combined form for possible inclusion in the Public Rental Housing Application.
9. The disability questions that were trialed in the combined form be utilised in the Department's work developing a detailed housing need assessment process.
10. Client Services to develop a proforma of the proposed partnership agreement between agencies supporting clients with a mental illness or psychiatric disability for use as the basis for negotiating agreements with agencies within their local environment in the support of clients with a mental illness or psychiatric disability.
11. Client Services to propose an agenda item for discussion by Human Services Chief Executive Officers relating to potential opportunities and any barriers in the development of partnership agreements between departments.
12. The Department continue to promote client and interagency involvement in strategies aimed at improving outcomes for vulnerable clients.
13. Client Services to make interview by appointment systems available in all area offices and ensure appointments are offered to vulnerable people when their need becomes apparent.
14. Client service staff making an offer of accommodation are to ensure that prospective tenants are informed regarding the acceptability of reasons for rejecting an offer.

15. Client Services use the information gathered in the evaluations of the project to inform the work underway to develop a new service delivery model.
16. The project findings are used to inform work in the Department to improve allocations to people with a mental illness or psychiatric disability.
17. The project findings are used to inform the development of change management strategies in the Department.
18. The Department disseminate the project findings to other relevant agencies with a view to initiating discussions on how to continue to improve service delivery to people with a mental illness of psychiatric disability.
19. A further evaluation of the effectiveness of the Service Improvement Projects to be undertaken in 12 months time.

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Chapter 1: Introduction

1.1 Purpose of the Report

This report has been compiled to outline the development, implementation and evaluation findings of the Interagency Collaboration Improvement Project. In the course of this project three service delivery models were designed and implemented, each through a different Service Improvement Project, to improve service delivery to people with a mental illness or psychiatric disability. This report provides information on each of the three Service Improvement Projects and outlines the key organisational learnings that have been derived, along with the findings of the evaluations conducted by the Queensland University of Technology and the Department's Housing Policy and Research. These learnings and evaluation findings are brought together in a range of recommendations for the organisation.

1.2 Project Context

1.2.1 The Queensland Department of Housing

In the late 1990's the Queensland Department of Housing recognised the need to provide a new strategic direction to the provision of housing options. Diminishing resources, an aging housing stock, and changing housing needs have placed increased pressure on the Department to meet housing requirements. The new direction outlined in the policy document *'Improving People's Lives through Housing: An Integrated approach to Housing for People and Communities'* (Queensland Housing, 2000) has challenged the Department to work in new ways that will result in a stronger client focus that 'puts people and communities first'. This requires the Department to focus on individuals with a housing need, understand the nature of that need and to develop solutions. This direction statement recognises that building effective integration, collaboration and partnerships with tenants, other government agencies and community organisations will strengthen this approach.

In the Department's policy framework, *'Improving People's Lives Through Housing'* successful housing is described as follows:

- It is affordable;
- In the right place;
- Provides a chance to be part of community;
- Is the right housing at right time;

- Is secure;
- Fosters independence; and
- Provides a safety net.

This policy aims to provide a more responsive delivery of services to all clients. However vulnerable groups (eg. people with a disability) are specifically recognised as needing individual tailored approaches. A preventative focus on the planning and development of responses for those individuals 'at risk' of housing failure is described. This is in line with the recognition of the special needs of individuals with a psychiatric disability, where the illness is chronic in nature, and needs for support structures may fluctuate unpredictably (Whiteford et al., 1993, p. 189).

The policy statement also provides strategic context for the Department's '5 Year Strategic Plan for People with a Disability 2001-2006'. The plan outlines a vision and guiding principles, as follows:

Vision *'a society that values people with a disability, upholds their rights and supports their equitable participation in everyday life'.*

Principles

- (i) People with a disability have equal rights to the Department's assistance;
- (ii) The Department will meet the individual housing needs of people with a disability with particular consideration for cultural and geographical issues;
- (iii) The Department provides housing assistance in a way that encourages and increases the independence and fosters the inclusion of people with a disability within community life; and
- (iv) The Department and organisations funded by the Department do not exercise control over all or most aspects of the life of a person with disability.

1.2.2 Mental Health Perspective

From a mental health perspective, the National Mental Health Policy (1992) promoted the development of linkages between mental health services and other social services such as housing. There are three key components outlined in the Policy.

- Mainstreaming which promotes the provision of mental health services alongside general health care services;
- Service integration which calls for stronger links between the three components of the mental health service mix of community, acute inpatient, and tertiary psychiatric hospital care, to ensure that the full range of services is available within a single mental health program with a focus on individual needs and the provision of on-going, effective treatment regardless of the setting (Whiteford, Macleod & Leitch, 1993); and

- Intersectoral linkage where the range of services provided to people with a mental illness are integrated for individuals.

The third element has special relevance to the Department of Housing and the Service Improvement Projects. In the institutional era, hospital inpatients were provided with 'whole of life' care and were managed solely by the institutional system. This included health and non-health services such as accommodation, vocational training and disability support services. With the advent of de-institutionalisation and community based care, it is now recognised that it is neither desirable nor financially possible for the health sector to provide the full range of health, social and disability support services (Whiteford, 1994). Equity of access to non-health support services by people with psychiatric disability however, requires non-discriminatory criteria in government programs, and further education and attitude change to overcome historical prejudice (Whiteford, Macleod & Leitch, 1993). It is also recognised that the outcome of mental health reform may become in part, dependent on changes in other areas such as housing and community services (Whiteford, 1994). Thus effective and cooperative links between health and non-health support services are crucial at all levels of government and management: Commonwealth, State, Area, Regional and Local (Whiteford, 1994).

In Queensland, the development of effective intersectoral linkages between health and other existing social and disability services, such as housing, is well under way. National policy, and key principles outlined in the literature review, have formed the backdrop to many policies and initiatives instituted in recent times by the Queensland Government Departments of Health and Housing. Project 300 is an excellent illustration of how Housing and Mental Health policy can be implemented in practice to improve the outcomes for people with psychiatric disability (Meehan et al, 2000).

The theoretical links between the provision of specific information and education, changed attitudes, improved behaviour and better service outcomes are difficult to substantiate in practice, although many intervention programs are based on the implicit assumption that these links are casual and effective. Research generally supports the notion of attitudinal-behavioural consistency, and that positive attitudes will result in improved efforts in service delivery to persons with disabilities (Antonak & Livneh, 2000). Education and training of professionals, families, advocacy groups and the community as a whole are promoted as a means of overcoming stigma and discrimination towards people with mental illness and disability (Montenegro, 1999).

One of the aims of the current Service Improvement Projects initiated by the Department of Housing was to improve the attitudes and awareness of department staff towards people with mental health problems using a range of educational measures. The provision of information and education have been shown to positively influence a person's attitude to people with mental illness (Wolff et al, 1996; Chinnaya et al., 1990; Morrison & Becker, 1975). General nurses caring for psychiatric patients became more sensitive and showed a change of opinion when they were provided with information and assistance from mental health nurses. A significant decrease in negative attitudes was found which persisted over time (Priami, Plati & Mantas, 1998). Other studies of student nurses (McLauglin, 1997; Goddard & Jordan, 1998) and occupational therapists (Scott, 1998) report positive

attitudinal changes through classroom theory, simulation exercises and goal oriented educational programs, designed to counteract stereotyped views of the mentally ill and their treatment.

The importance of housing and its contribution to an individual's well being cannot be overstated (Carling, 1995). A living situation that feels like home is a primary source of stability and security in the lives of all people - those with or without a mental illness. Indeed, much time and physical effort are spent in establishing and maintaining one's preferred living space, a home in the community.

Recent research underscores the relationship between housing and client functioning. Baker & Douglas (1990) found that people with a mental illness who remained in adequate and appropriate housing improved while those in poor housing remained the same or deteriorated in their level of functioning. Similarly, patients who moved from poor quality housing to better housing improved in their global functioning. The authors concluded that the quality of housing had a clear impact on the outcomes for people with mental illness. Poor quality housing has also been found to be associated with depression (Earls & Nelson, 1988), and dissatisfaction with quality of life (Nelson, Wiltshire, Hall, Peirson & Walsh-Bowers, 1995).

In 1993 Federal Human Rights Commissioner Brian Burdekin noted that *“one of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness – or recovering from it- is difficult even in the best circumstances. Without a decent place to live it is virtually impossible...finding accommodation is a frustrating enterprise; keeping it is often more difficult.”*

Table 1.1 Changing Approaches in the Provision of Housing to People with a Mental Illness.

Old Paradigm	New Paradigm
Residential treatment setting	A home
Staff control	Client control
Grouping by disability	Social integration
Learning in transitory/preparatory settings	Learning in permanent settings
Standard service	Individualised service
Least restrictive environment (independence)	Most facilitative environment (supports)

Housing within the new paradigm should include a permanent home in the community that reflects the individual's own ideas of what constitutes a home. The housing option should also encourage the development of skills associated with normal social roles and exposure to and participation in the life of that community. (Ridgway & Zipple, 1990).

The current literature on housing suggests that three ‘key’ principles are now increasingly recognised:

- Consumer choice (Ridgway, 1988);
- Normal integrated housing (Hogan & Carling, 1992); and
- Flexible, integrated supports (Carling, 1990).

The first principle, *consumer choice*, assumes an underlying philosophy that asserts the value of the individual and requires that the consumer is treated as a unique individual with the opportunity to live their own life in the community with dignity, self-determination and responsibility (Forrester-Jones & Grant, 1997). Massey and Wu (1993) concluded that the most effective choices can be created when consumers and mental health staff work together.

The second principle is the use of *normal integrated housing*. ‘Normal’ housing is that which is available on the open housing market and is not necessarily affiliated with mental health programs or systems. Aubry, Tefft and Currie (1995) found that persons with psychiatric disabilities living in normal housing, as opposed to specialised housing, were more likely to be accepted by community residents in a way that is similar to that given to other neighbours. However, people with psychiatric disabilities face stigma and discrimination due to widespread public and professional misconceptions and continual misrepresentation by the media (Rabkin, 1980). This frequently results in a lack of acceptance by the community into which they have moved (Boydell, Gladstone, Crawford & Trainor, 1999). The psychiatric disability itself may also interfere with a person’s capacity to find and be successful in a suitable living situation (Bachrach, 1982, 1992; Budson, 1981). Both acute symptoms and chronic erosion of self-confidence can affect one’s ability to set realistic goals and to learn the skills necessary for the development of non-professional support networks.

The third principle, *flexible, integrated supports*, refers to the provision of services in a manner determined by the consumer and their perception of need, rather than that of the professional. Thus, flexible supports should be provided on an as-needs basis, corresponding to the episodic nature of psychiatric disabilities (Tanzman, 1993).

The preference for consumer-driven housing models has called some of the old assumptions about housing into question. The literature suggests that consumers prefer to live in independent, integrated housing either living with friends, partners or alone. Consumers also tend to prefer not to live with other people with a psychiatric illness and prefer support which is provided on a 24-hour basis, but available when *the consumer* requires it rather than when a health worker decides they should have it (Tanzman, 1993; O’Brien & Peady, 1988). In addition, while consumers want to feel part of their neighbourhood and to be integrated with the local community, privacy and freedom have emerged as important components according to consumer surveys (Everett & Steven, 1989).

The current Service Improvement Projects within Client Services are in keeping with the literature, housing and mental health policy and call for a greater focus on the needs of people with a psychiatric disability. The projects aimed to improve the skills, knowledge and awareness of Department of Housing staff to the issues

confronting people with mental illness living in the community. The approach to service improvement taken by the department is supported by the literature which suggests that training and skill development will lead to improvements in service delivery.

1.3 The Purpose and Objectives of the Interagency Collaboration Improvement Project

The Interagency Collaboration Improvement Project was established by the Queensland Department of Housing's Client Services to develop, implement and evaluate a number of service delivery changes attempting to result in improved housing outcomes for people with a mental illness or psychiatric disability.

The project plan approved in June 2000 outlined the following project objectives:

To develop a number of service delivery models to improve services to people with a mental illness or psychiatric disability;

- To implement the service delivery models and evaluate the impact of the changes; and
- To gain a range of organisational learnings regarding the use of limited resources for maximum service improvement.

The outcomes that the Department was aiming to realise for people with a mental illness or psychiatric disability included:

- Services provided by staff who are skilled in communicating with people with a mental illness or psychiatric disability;
- A more accurate assessment of an individual's housing need is undertaken;
- That people with a mental illness or psychiatric disability are informed of the range of housing options available and assisted to choose the best option to resolve their housing need;
- Offers of Public Housing more closely match the individual's assessed need;
- That Departmental staff use prearranged strategies to assist that person if tenancy management issues arise for people who identify as having a mental illness or psychiatric disability; and
- That provision of housing assistance is coordinated with other service providers where an individual requests this to occur.

The project design was developmental and experiential in nature and included a flexible approach to modification of the service improvement approaches on an as

needs basis in response to issues associated with implementation. The Department recognised that this approach would impact the evaluation methodology and this is reflected in the evaluation design.

1.4 Project Structure

The Interagency Collaboration Improvement Project had a number of management structures to support the development and implementation of the project and associated service delivery models. The Project Sponsor was Colin Black, General Manager of Client Services, the Project Manager was Penny Gillespie, Manager of Planning and Business Development, and Suzanne Sondergeld was the Project Leader. To assist and guide the development, implementation and evaluation of the project a steering committee and working group were convened.

1.4.1 Steering Committee

Membership of the steering committee consisted of representatives from:

- The Department of Health;
- Disability Services Queensland;
- Department of Housing's Client Services Planning and Business Development, and Disability Services Unit; and
- Department of Housing's Housing Policy and Research.

The role of the steering committee was to:

- Ensure that the project's strategic direction reflected the 'commitment to collaboration' by the Chief Executive Officers of the Departments of Housing, Health and Disability Service Queensland;
- Ensure the philosophical foundations of the projects were maintained and kept in alignment with the principles outlined in the Department of Housing's *A House to Come Home To: Housing Strategy for People with a Disability 1997-2000* and *Improving People's lives Through Housing: An Integrated Approach to Housing for People and Communities*;
- Ensure that the project's focus was on client service delivery needs rather than the organisation's needs;
- Monitor the progress of the project through briefings on the evaluation of the service delivery models; and
- Act as a reporting mechanism to the Chief Executive Officers of the Departments of Housing, Health and Disability Service Queensland to highlight any achievements and barriers that were evidenced through the project's evaluation.

The steering committee met four times throughout the duration of the project. The Committee structure provided useful discussion on the establishment of the three service delivery models and assisted the project to meet the objectives.

1.4.2 Working Group

Membership of the working group consisted of representatives from:

- People with a mental illness or psychiatric disability;
- Queensland Health;
- Disability Services Queensland;
- Queensland Mental Health Consumer Advisory Group;
- The Alliance of Mental Illness and Psychiatric Groups;
- The Mental Health Association of Queensland; and
- Department of Housing's Client Services central office and area offices, Public Housing and Community Renewal, Community Housing, and Aboriginal and Torres Strait Islander Housing.

The Role of the Working Group was to provide:

- Information pertaining to the broad range of Department of Housing programs, products and services;
- Support in progressing the project plans;
- Practical assistance with the operational details of the project; and
- Strategic advice to overcome any arising organisational blockages.

The Project's working group was convened ten times throughout the duration of the project. These meetings were extremely valuable for the development, implementation and evaluation of the three service delivery models. The membership of the working group contributed many ideas and considered feedback about the project's development. Additionally, sub-committees were formed for the development of the training in mental health and the evaluation framework. Each working group meeting had a time frame of one and a half hours and represents a significant contribution from each member.

Having working group membership that included people with a mental illness or psychiatric disability has enriched the project through the open sharing of personal experience of mental illness and living in public housing. Inclusion of these people helped to ensure that the project maintained a focus on addressing the service delivery needs of people in the target group.

1.5 Development History

The development of the Interagency Collaboration Improvement Project utilised a workshop structure to explore the issues relating to service provision as a lead in to the focus and approach of the overall project. The key stakeholders involved in a series of workshops included:

- People with a mental illness or psychiatric disability;
- Staff from non-government mental health service providers and peak bodies; and
- Staff from the Departments of Health, Disability Services Queensland and Housing at both the area office and service area levels.

The workshops identified the key areas of service delivery that needed to be addressed in the project, including:

- Staff knowledge and skills in interacting with people with a mental illness or psychiatric disability;
- Relationships with other service providers;
- Assessment procedures and subsequent housing allocation; and
- Staff support mechanisms.

The information generated from the workshops was collated and became the basis for the development of three models of service delivery to enhance housing assistance to people with a mental illness or psychiatric disability. Each of these models was designed to be implemented within an area office through a Service Improvement Project.

The first Service Improvement Project “Developing Staff and Processes” was aimed at addressing issues relating to the development of staff and the processes that staff utilise in providing housing assistance. Training was identified as a key component of this approach and it was agreed there was to be a strong focus during the training on the difficulties people with a mental illness or a psychiatric disability encounter in locating and sustaining appropriate housing, including interactions with staff. Understanding how processes in place within the Department for application, housing need assessment and allocation processes used to assist people with a mental illness could be improved was also to be a major focus in this part of the project.

The second Service Improvement Project, “Partnerships with Other Service Providers” was conceived to consider issues that relate to coordinated service delivery at the local area level. Particular emphasis was to be placed on the relationships between the Department of Housing area office and the local offices of the Department of Health, Disability Services Queensland and other relevant community service providers. By strengthening these relationships it was hoped to improve the coordination of service provision which would benefit people with a mental illness or psychiatric disability.

The third Service Improvement Project was identified as “Enhancement of Local Knowledge and Support”. This project was based on maximising the existing experience and knowledge of staff in area offices with respect to dealing with people with a mental illness or psychiatric disability. It was hoped that by enhancing local knowledge and support through a case conferencing approach, that staff would be able to develop more effective housing responses and feel more confident in working with people with a mental illness or psychiatric disability.

The working group provided information and advice on each of the models, and assisted in the developmental process. Further details on each of the three models and the subsequent Service Improvement Projects are provided in Chapters Two, Three and Four of this report.

1.5.1 Site Selection

Each Service Improvement Project was implemented within a different area office. The Project’s working group nominated a range of area offices that they believed would be most suitable, based on their knowledge of the numbers of people with a mental illness or psychiatric disability in the community and regional differences that impact strongly on the lives of these clients. This range of sites was discussed within Client Services and the following area offices agreed to implement a project.

- Area Office 1 agreed to implement the Service Improvement Project: “Developing staff and the processes”;
- Area Office 2 agreed to implement the second Service Improvement Project: “Partnerships with Other Service Providers”; and
- Area Office 3 agreed to implement the third project: “Enhancement of Local Knowledge and Support”.

1.5.2 Evaluation Framework

The Project’s evaluation framework was comprised of both internal and external evaluation components. The framework was developed in conjunction with the Project’s working group and staff from the Department’s Housing Policy and Research and was designed to assist in the developmental nature of the project. A series of midpoint evaluations were to be conducted to allow for modifications to be made to the service improvement projects if required and to enable the successful components of the project to be implemented in other area offices prior to the conclusion of the project. However, due to the experiences of implementation it became evident that this evaluation structure could not be sustained and consequently the number of evaluation points were reduced.

The Queensland University of Technology (QUT) conducted the external evaluation and was required to investigate the perceptions of service delivery from people with a mental illness or psychiatric disability. The internal evaluation was conducted by Housing Policy and Research to gather information from staff regarding the progress of the service improvement projects. It is important to note that the evaluations were planned to have an exploratory nature and were designed to provide qualitative information to enhance organisational learning. Given this

design, the evaluations have limitations in experimental design that would be eliminated in a more formal study. The evaluation reports provided by QUT and Housing Policy and Research have been used throughout this report to provide information and feedback on each of the Service Improvement Projects and to assist in the compilation of the recommendations.

1.5.2.1 The External Evaluation

The Queensland University of Technology was successful in securing the external evaluation of the Service Improvement Projects. While the evaluation team worked closely with Client Services and the area offices involved, it maintained its independence and did not become unduly involved in the planning and decision-making processes. The focus of the team, therefore, remained on the systematic evaluation of the service improvement projects. During the course of the evaluation, feedback was provided primarily through the dissemination of findings to the working group and through ongoing meetings with staff from Client Services.

1.5.2.1.1 Aims of the External Evaluation

The aim of the current evaluation was to identify whether the changes made to service provision through the Interagency Collaboration Improvement Projects have improved outcomes for clients with a mental illness or psychiatric disability. The evaluation had two objectives:

- (i) To assist the Department of Housing in determining the impact of the three service delivery models in improving housing assistance to people with a mental illness or a psychiatric disability; and
- (ii) To provide direction for the future application of resources in service delivery to vulnerable clients requesting housing assistance through the Department of Housing and the most appropriate service delivery mechanism for this to occur.

The evaluation brief emphasised that the evaluation should focus on the following key points:

- (i) Understanding of the impact of the three pilot initiatives on the process and outcome of securing housing by people with a mental illness.
- (ii) Identification of key lessons that have been learnt from the three initiatives, in particular, innovative practices that may inform the process of providing housing options to people with a mental illness.
- (iii) Assessment of the impact of the three initiatives from the perspective of the consumer (that is, people with a mental illness or psychiatric disability).

1.5.2.1.2 External Evaluation Design

The evaluation was a prospective, observational study employing both quantitative and qualitative methods. The longitudinal collection of data over the nine months of the evaluation enabled Queensland University of Technology to map the process of obtaining accommodation (application, assessment, provision of housing, etc) and to identify the areas requiring attention in this process. Attempts were also made to interview people who have been granted accommodation, and to identify issues related to ongoing tenancy management.

1.5.2.1.3 External Evaluation Data Collection Techniques

(i) Perceptions of Clients

Focus group discussions were used to collect data from both clients and staff. Focus group discussions are now recognised as a useful technique for obtaining in-depth information on a specific topic through an atmosphere of open forum (Crow, 1998). Although not often utilised, they are promoted as a valuable tool in mental health research (Happell, 1996). A focus group forum encourages participants to raise topics that might not necessarily be included in a more formal design (Crow, 1998). This method of data collection was chosen to provide a less threatening alternative to other forms of data collection such as the individual interview. However, data collection from senior staff did involve individual interviews.

The focus group discussions addressed client satisfaction around issues such as attitudes of Department of Housing staff towards people with a mental illness, the quality of the information provided by staff, the attention staff gave to the concerns of the client and satisfaction with the redesigned Application Form. There was also an opportunity for participants to outline how the service provided by the Department could be improved. Arrangements were made for consumers to participate in an individual interview with a member of the Evaluation Team should they so wish.

Narrative reports which detailed the experience of two people with a psychiatric disability in accessing housing assistance through the Department were also compiled. While these case studies document the experience of two people in securing housing, all information provided is de-identified to protect the identity of those concerned.

(ii) Perceptions of Staff

Focus group discussions were also conducted with staff from the three study sites involved. Since each study implemented a different strategy, the questions posed were somewhat different in order to accommodate this difference. For example, staff at Area Office 1 were asked to outline their satisfaction with the training provided, how the training helped them in providing a service to people with a

mental illness and suggestions for the ongoing training of staff. Staff at Area Office 2 were asked about the advantages and/or disadvantages of:

- the interagency network, and
- the interagency information/training sessions and suggestions on how the current system of building partnerships could be improved.

A brief evaluation questionnaire was also distributed to staff in Area Office 2 following interagency training sessions. At Area Office 3, staff were asked about the case management and ‘problem solving’ approach employed in that office.

1.5.2.1.4 External Evaluation Data Analysis

All focus group discussions and interviews conducted with clients were audio-taped (following written consent and assurance of confidentiality), and transcribed for data analysis. Transcripts of each interview were checked for errors against the taped version to ensure accurate and authentic reproduction of the information. Generalisations were made with caution, taking into account that the sample was self-selecting and that possibly more articulate ‘thought leaders’ (Henderson, 1995) agree to participate than do other individuals. Content analysis (Morse & Field, 1996) was employed to summarise the data.

1.5.2.2 The Internal Evaluation

The internal evaluation conducted by the Department’s Housing Policy and Research, was intended to assess the extent to which each project met its objectives from the point of view of area office staff. Three different approaches were taken to evaluate the three service improvement projects. The development of each approach took into account the inherent differences in the projects studies, the requirements of the organisation, as well as the characteristics and requirements of each area office involved.

The study involved the use of focus groups involving managers and staff as well as undertaking interviews with staff before and after both the delivery of training and the introduction of the redesigned application form. The consultant delivering the training also independently assessed participant responses to the training on the day it was conducted. The evaluation of the third Service Improvement Project involved interviews with a number of staff who had participated in the case conferences, a focus group involving some of the area office’s staff and an examination of the case conference documentation.

Chapter 2: Area Office 1: Developing Staff and Processes

2.1 Background Description of the Service Improvement Project

This Service Improvement Project was developed to investigate whether the investment of resources into staff and process refinement would result in improved service delivery and housing outcomes for people with a mental illness or psychiatric disability. The objectives of this particular Service Improvement Project were as follows:

- To train staff to an appropriate level so that people with a mental illness receive a service that includes:
 - Respectful and meaningful interactions with area office staff;
 - Providing information to clients on the full range of products and services available through the Department for which they may be eligible; and
 - Proving some capacity to staff to use discretionary powers when faced with difficult decisions.
- To develop and test the suitability of new housing application forms to gather useful information about housing need for people with a mental illness; and
- To develop housing assessment procedures that result in the identification of a range of possible options and housing allocations to people with a mental illness or psychiatric disability. The housing assessment procedures should also be able to detect housing needs that may have changed since an initial application was made.

2.2 Training in Mental Health Issues

An invitation to tender was sent to nine external training providers to develop and deliver a package of training to assist staff in understanding the impact of mental illness or psychiatric disability on people obtaining and sustaining housing. Four proposals were received and were assessed in a stringent selection process conducted by a six-person panel of Client Service staff together with a person with a mental illness from the Project's working group. The panel chose to interview two of the organisations to discuss their training proposal and from this process, Keating Consultancies were engaged to develop and provide the training to staff of Area Office 1.

To develop the training course, Keating Consultancies conducted a brief workshop with a small group of Area Office 1 staff to explore their training needs and to

develop a package to match the requirements of staff. A training needs analysis was also conducted in order to gather information from staff who did not attend the workshop. The training course was adjusted to include the training needs identified by staff. The package was developed to provide advanced skills in working with people with a mental illness or psychiatric disability and was not designed to cover generic disability, interview or communication skills.

In November 2000, 27 staff in Area Office 1 received a two-day training course provided by Keating Consultancies entitled “A Place to Live – A Place to Belong”, with training conducted over four consecutive Wednesdays.

2.2.1 Training Objectives

The objectives of the training were to:

- Ensure participants gained a general understanding of mental illness or psychiatric disability;
- Explore the negative community perceptions and myths of mental illness or psychiatric disability;
- Ensure participants gained a general understanding of the needs of clients with a mental illness or psychiatric disability and its relationship to housing outcomes, including maintenance of support networks;
- Provide participants with problem solving skills in providing good housing outcomes based on information relating to the impact of a person’s mental illness or psychiatric disability; and
- Provide participants with a range of skills, tools and experiences in communicating with people with a mental illness or psychiatric disability.

2.3 Evaluation Findings

2.3.1 Feedback from People with a Mental Illness or Psychiatric Disability.

Two groups of people with a mental illness or psychiatric disability were invited to participate in focus group discussions to share their experiences in dealing with the Department of Housing. One group comprised clients (n=8) who had contact with the Department prior to staff training, while the second group (n=9) involved those clients who had had contact with the Department since the staff training program had been conducted. The questions used to direct the discussions are reproduced in Appendix 1. A number of themes emerged from the discussions. These are identified below with supporting verbatim text from the interview transcripts.

2.3.1.1 Staff Attitudes

When asked to relate their recent experiences within the past six months, in dealing with the Department of Housing, consumers expressed frustration in communicating their concerns and problems effectively. They felt that they were not being listened to:

“They talk over you. You try to talk and they don’t listen.”

“I get agitated and raise my voice and they say ‘don’t speak to me like that’”

2.3.1.2 Waiting to be Served

Concerns over lengthy waiting times at the office elicited a suggestion that appointment times would be preferred. Some of the clients outlined that they have difficulties having to wait in a public place:

“I get a bit agitated...taking a number and having to wait. Would it be possible to have an appointment time?”

“I’ve found them quite friendly, it’s just with the waiting it would be good with certain groups not to have to wait and to have an appointment time.”

There was also recognition that the symptoms of the illness can make it difficult for people with mental illness to conduct business:

“A couple of times I just left because people were looking at me - at least I thought they were.”

2.3.1.3 Contacting Department of Housing

Other issues identified by consumers who had had contact with the Department of Housing concerned communication about their place on waiting lists and other procedures.

“I let them know when I moved and they said I had a years wait and I haven’t heard from them yet – that’s 18 months ago.”

“Once you have filled out these forms, I don’t know if you have an interview now or later, and when does 5 years start?”

Information concerning a person’s place on the waiting list was identified as being important for those who were currently renting in the private market:

“I like the yearly reminders...I have to take that into account when I sign my 12 month lease now...need to know ahead and plan so that you may sign six month lease rather than 12 months...because I can lose my bond otherwise”

2.3.1.4 Disclosure of Mental Illness

Consumers who had had recent contact with Department of Housing staff were asked if they felt it was important enough, or if they felt comfortable enough to inform the department that they had a mental illness. Some of these clients felt that disclosure may lead to special consideration or extra help being offered to them:

“Yeah, because you’re on a top priority list if you’ve got an emotional problem.”

“A person who does have an emotional disability or mental illness or whatever, people are only given a certain number of warnings. I think someone with mental illness needs consideration. You may be crook ... and then you may end up on the street – so it’s better that they know”.

However, the majority felt that it should not be necessary to disclose a mental illness when making application:

“I think they should be content to know that you’re getting disability support pension. That should be enough unless it’s troublesome to your neighbours”.

“There’s always a chance you’ll get well. You need to get on with it, get your pride back, get a job if you can, even if it’s for nothing, ...so they don’t need to know you’ve got a mental illness.”

“It’s a bit of a touchy subject. Everyone’s personal.”

A view was expressed that disclosure was inevitable in any case, and that this was a negative experience for them. Privacy is a natural concern and right of any individual, although fear of negative consequences following disclosure was implicit in the discussion.

“They (neighbours) might get to know that you’re mentally ill.”

“I’ve found that they’ll find out even if you don’t tell them. Neighbours talk, people talk...even if you mention it or not, people find out. If they want to know they’ll find out.”

2.3.1.5 Fear of Rejecting a Housing Offer

Those that were currently on the waiting list for public housing, but had had no contact in the most recent six month period were also asked whether consumers have special requirements that should be considered when applying for public housing. This group of consumers identified choice as an important factor and were fearful that the rejection of an offer would result in negative consequences for them:

“Yes, they should have the choice where they want to live. I didn’t have a choice I was just put into one”

“There was no facility to explain why I wanted a particular place but I’m a bit frightened if “I say no, because if I say no 3 times I’m off the list.

There was also lack of information among the group concerning acceptance of housing:

“From what I know if I don’t take the first one you won’t get offered another.”

2.3.1.6 Summary

The general impression drawn from the client interviews is that there was no difference in the perceptions of the two groups (ie. those with recent contact and those with more distant contact). Approximately half the clients in both groups were equally frustrated by the services offered and felt that the whole process was rather daunting. Research generally supports the notion that positive attitudes will result in improved efforts in service delivery to persons with disabilities (Antonak & Livneh, 2000). Education and training of professionals, families, advocacy groups and the community as a whole are promoted as a means of overcoming stigma and discrimination towards people with mental illness and disability (Montenegro, 1999). However, it is also likely that such things as policies and procedures, agency culture, workloads and the availability of housing options will offset the benefits of the training program described.

2.3.2 Staff Perceptions of the Training Course

Although focus groups were conducted with Area Office 1 staff four months after the training had been conducted, most participants found little difficulty in recalling and discussing it. This was indicative of both the significant impact that the training had upon them, and the ongoing importance of, and need to address, mental health issues in their work.

Staff views about the impacts of the training in key areas are discussed below. These areas are:

- Additional knowledge and skills gained;
- Impacts on attitudes and empathy;
- Impacts on confidence; and
- Impacts on communication and morale.

2.3.2.1 Additional Knowledge and Skills Gained

In general, focus group participants attested that the training had provided them with additional information about mental illness and psychiatric disability. Participants, generally found it *“interesting and informative”*. The training highlighted the nature, diversity and complexity of these conditions as well as to their impacts on clients. One participant also said that the training had given him a better perspective on the social welfare issues involved when dealing with clients with a mental illness.

Certain segments of the training made a particular impact. The incorporation within the training of a session in which clients with a mental illness spoke of their own experiences made a considerable impression. Another session, which involved *“talking to the back of people’s heads was excellent”*, and enabled staff to experience how difficult it is for a person with auditory hallucinations to respond during an assessment interview.

While participants acknowledged that the *“training was good”* and that it provided *“a lot of insight into mental health issues”*, many questioned whether the training had provided them with additional skills. Various participants expressed reservations about the extent to which they were able to integrate their learnings into their work. One staff member said that area offices didn’t *“have the tools to do what is required”*, such as staff trained in need assessment, interview and communication skills. Another said: *“We were given a lot of information, but we are not experts in how to deliver it”*.

2.3.2.2 Impacts on Attitudes and Empathy

The training generally impacted positively upon people’s attitudes to clients with a mental illness or psychiatric disability. By helping participants understand different types of mental illness, the training prompted some participants to perceive clients with a mental illness in a new way – as unique individuals, *“rather than putting people in the same category.”* One participant said that having attended the training, he understood mental illness better, and appreciated that people were on medication, *“rather than thinking people are just on drugs.”*

Participants generally said that the training had made them *“more understanding”*. One suggested that since the training she was more *“mindful of the client”* and better appreciated that some clients found difficulty in managing some things. When asked what the most important lesson learnt from the training was, participants at one focus group agreed it was: *“Tolerance. Patience. Empathy.”*

2.3.2.3 Impacts on Confidence

By giving participants a greater understanding and awareness of mental illness and psychiatric disability, and of the symptoms associated with various types of illness, the training helped to boost the confidence of some participants in dealing with clients with these conditions. Some participants acknowledged that the training had enabled them to approach clients with a mental illness with greater confidence. One participant said that she was now less afraid of clients with a mental illness or psychiatric disability and was more able to acknowledge that a client had an illness. Another said that learning more and changing one’s attitude *“has to impact on your confidence.”* Another responded that *“because you have more knowledge it has helped [me] in feeling more confident.”*

For others, there were obvious limitations to the training, resulting in a lowering of confidence in routine tasks. One focus group participant expressed considerable doubts that in communicating with a client with a mental illness she might *“set someone off”*. Another said *“it’s OK if you deal with it everyday”*, but told how she

had received a disarming telephone call: “[I] had a phone call yesterday. I haven’t spoken to any one with mental illness for a long time – it gave me a bit of a jolt.”

Through the training staff developed an awareness of the issues impacting on people with a mental illness or psychiatric disability and empathy generally increased. These changes resulted in an unexpected consequence for staff as they wanted to provide services differently to people with a mental illness or psychiatric disability. However, when responding to reports of neighbourhood disputes staff reported encountering difficulty in following their normal practices and did not feel confident about knowing how to respond differently. This appeared to occur as a result of staff having a greater understanding of the effects of mental illness on a person’s ability to sustain a tenancy and the origins of some of their challenging behaviours. The training in mental health issues highlighted a training need for Client Services staff in responding to neighbourhood disputes in a way that meets the need of tenants with a mental illness or psychiatric disability as well as their neighbours.

2.3.2.4 Impacts on Communication and Morale

The training also had a positive impact on some participants’ ability to communicate with clients. One participant, for example, told how she was now more willing to give these clients “*more time to let them open [up] to you*”. Staff appreciated that while it was important that they work quickly and efficiently, it just took more time to assist some clients.

When seeking to assist clients with a mental illness or psychiatric disability, participants said that the lack of complete and accurate information about clients could be a stumbling block. Participants explained that they did not always have all relevant information about a client available to them. Sometimes, clients did not disclose that they had a mental illness or psychiatric disability when they applied for housing assistance. Admittedly, while some clients were reluctant to discuss health concerns with the receptionist or at the counter, at interview they might be “*more relaxed*” and open and more prepared to discuss medical issues. Yet, a number of participants stressed that there were many cases in which a client’s mental illness or psychiatric disability only came to notice when a neighbour complained, for example, about noise from a client’s dwelling or about some inappropriate behaviour. Having information about a client’s mental illness from the beginning was seen as a help. This was supportive of the decision to redesign the form as additional questions to capture information regarding any disability or health concern of the applicant have been included.

Participants also explained that the majority of applicants for housing assistance did not understand the Department of Housing’s application forms, suggesting that the Department needs to examine ways in which it might improve the forms. Clients with an illness or disability could face additional challenges trying to comprehend them. “[The] majority don’t understand [the] forms; you have to help them fill them in. A lot of the time you have to send people away to get more information ... and they get angry. We can’t fill the forms out for them.” Another said: “[We] need more time to explain applications, we are confident with applications but the client isn’t.... People get flustered if they don’t know what to do. We need to let them read it and then come back and fill it out. Some don’t quite understand.”

In some ways, the training seems to have added to the perceived “*pressures*” on area office staff and fuelled feelings of anxiety and stress among them. Most participants agreed that the training had not made their jobs any easier. Indeed, for some, the need to spend more time with clients with a mental illness added another burden in their already busy schedules. For many area office staff, uncertain and unrealistic expectations about what the training could achieve, perceptions of additional responsibilities, work pressures, insufficient resources and concerns for the future proved to be a debilitating combination.

Area office staff also spoke of the need to balance competing priorities and viewpoints in their work. They were conscious of the need to consider the interests of clients with a mental illness or psychiatric disability, yet also to remain mindful of the views and rights of others in the community, including those clients who were neighbours of those with a mental illness.

Some suggested that there was considerable potential to enhance the support area office staff received from other agencies. During the training, participants were encouraged to work cooperatively with other agencies to achieve the best possible solutions for people with a mental illness or psychiatric disability. An entire session was devoted to developing a comprehensive list of health professionals, clinical services, consumer support groups and advocacy and other services in the local or regional area that could be contacted. While the exercise itself was valued, it proved to be disappointing as participants found that many of the agencies identified, were unable or unwilling to assist them. One staff member said: *“If a tenant is a current client of Mental Health, I believe they should lend us some assistance. If the file is closed - they won’t assist us as the file is closed.”* Another participant attributed the problem to a lack of resources: *“Mental Health workers don’t have the time to let us know the person’s needs.”* This contributed to frustration among office staff. It is this type of assistance from other agencies that the service improvement project in the Area Office 2 region aimed to address.

2.4 The Redesigned Application Form for Housing Assistance

In the workshops to plan the project, people with a mental illness indicated how difficult it was to negotiate the application processes and how unlikely it would be for a person with a mental illness to go back to the area office and request the “Special Needs” form. The special needs form collects information regarding any disability issues that may have an impact on an applicant’s housing. The special needs form is not automatically provided and applicants only become aware that the additional form is needed when the application form has been partially completed. During these workshops, people with a mental illness and representatives of support agencies and peak bodies also provided information regarding the frustration of providing the same information to the Department on multiple forms. They suggested that combining the forms and including additional questions would increase the ability of people with a mental illness or psychiatric disability to access the Department and to provide necessary information regarding their housing needs related to an illness or disability.

The redesigned Application Form for Housing Assistance was introduced in Area Office 1 at the end of March 2001. The Procedures Implementation Team of Public Housing assisted Client Services by undertaking the task of word processing and reviewing the Public Rental Housing components of the form. Consultation also occurred with Home Purchase Assistance and Aboriginal and Torres Strait Islander Housing. As a result, the redesigned form combined the application forms for Aboriginal and Torres Strait Islander Housing, Public Rental Housing, and Private Rental Assistance into one application form. By incorporating a layered approach, with the application form, applicants were given the opportunity to apply for one or all of the housing products depending on their need and eligibility.

A number of additional questions were included in the redesigned form pertaining to disability and health problems. Developed with the Disability Services Unit and the Project's Working Group, these new questions built upon the questions contained in the "Special Needs" form. These questions were included to encourage people with a disability or a health problem to disclose this information to staff, so that any special housing requirements could be noted and explored further through necessary assessment processes.

The requirement to produce the form quickly once agreement was achieved meant that the Department was unable to use the normal processes for purchasing design work and the form was subsequently printed in a draft format. While this was not optimal, it was important to trial the form for the longest period possible to enable the gathering of information. Prior to and throughout the mental health training, staff were kept informed of the development of the form and the decision to use a layered format that would combine the three application forms and include additional disability questions.

It was expected that by improving the application process, staff would then use this information as a basis for undertaking a more thorough examination of an applicant's housing requirements. This examination would then be reflected in the type of housing product that was offered to the applicant and that any allocation of Public Rental Housing would take into account these individualised needs.

As the trial commenced at Area Office 1 it became evident that very few applications were being made for Public Rental Housing during the initial stages of implementation, in part a consequence of the long wait times for Public Housing at the Gold Coast. A decision was made to extend the trial to the another Area Office to undertake trial of the form for a one month period. This Area Office agreed to undertake this component of the project and to participate in the evaluation processes through Housing Policy and Research, however, this aspect of the process has not been able to be assessed.

2.4.2 Objectives of the Redesigned Form

The objectives of the redesigned Application for Housing Assistance Form were to:

- Enable applicants to choose from all products and services administered by the Area Office on one form without duplication of information; and
- Assess the usefulness of adding disability questions into the application form.

2.5 Evaluation Findings

2.5.1 Feedback from People with a Mental Illness or Psychiatric Disability

The clients who participated in the focus group discussions were provided with copies of the old application forms and a copy of the new form approximately one week prior to the focus group discussions. They were asked to review all the forms and document issues to be raised in the focus group discussions.

Approximately one-half of the consumers in the discussion groups were positive about the changes, and found the forms easier to understand:

“Explains everything in detail.”

“Yes [and] no question make it easier to understand”

“Straight to the point - easy for people to understand more clearly.”

As indicated above, not all participants were happy with the new form:

“The new form is more confusing – too much info required”

“I’d have to go to my support worker for help to fill it out“

“There’s a little bit of terminology... Signing interpreter...what’s that?”

“If I walked into the housing place and they gave me this I’d be shattered”

Others indicated that information considered important was missing from the form:

“Waiting lists – there is no mention of that on the form.”

“Should have [a telephone] number on the form...that’s the free call number.”

“It should say it [housing] will take (cost) a quarter of your income every week.”

There was some uncertainty as to why the Department wanted information about disability and in particular mental illness. Some felt that people with a mental illness got priority:

“I’d need to know why they were asking the question...could it cause your application to move faster”

“Would rather it was a more general category – I wouldn’t mind if I had some kind of ... let’s say ... physical problem but why do they want to know about mental illness”

Spending extra time with the clients and providing some assistance was perceived as being useful and appreciated by clients:

“I had a good experience where someone did take me aside and help me fill in the form.”

In relation to the new application form there tended to be a mixed reaction from both clients and staff. While approximately half of the clients present felt that the new form was better, the remainder felt that it required some additional modifications. For example, it was suggested that more information should be provided to clarify the sections to be completed for the different products. Others felt that information such as the cost of the accommodation and the likely waiting time for such accommodation should appear on the application. Finally, some clients wanted more detail on how the information about mental illness was going to be used.

2.5.2 Staff Perceptions of the Redesigned Form

In focus groups and interviews with staff from both Area Offices, the following issues pertaining to the combined Application for Housing Assistance Form were identified.

2.5.2.1 Processing Difficulties

As the combined form was planned to be implemented in only one area office, the SAP computer system could not be altered to enable information collected from applicants via the form to be entered sequentially into the system. Data entry with the pilot form was problematic and time consuming as the data entry screens did not match the data fields on the combined form. To process applications for assistance, staff needed to flick back and forward through the pilot form undertaking data entry bit by bit. The format for processing the form, particularly bond loan section, also proved unwieldy for checkers, and added time delays.

2.5.2.2 Filing and Storage

Staff pointed out that the new form was approximately three times the size of the previous form. However, given that the new form replaces three old forms, this is understandable. However, it was felt that:

“On completion it [new form] becomes a very thick document and very hard to collate into a hard file. As the new form is thrice the size of the old form it is going to create enormous problems in terms of storage and archiving”

2.6 Discussion

2.6.1 Training

Training according to Montenegro (1999) is an appropriate method for overcoming stigma and discrimination towards people with a mental illness and that this is likely to result in improvements in service delivery (Antonak & Livneh, 2000). From the internal evaluation conducted with staff who participated in the “A Place to Live – A Place to Belong” training, it is evident that there has been an improvement in the expressed attitudes and feelings of empathy towards people with a mental illness or psychiatric disability. While this improvement was less noticeably apparent in the perceptions of people with a mental illness or psychiatric disability, the Department

is introducing a “Statement of Client Service” which will assist staff to interpret organisational values into client service behaviours. Taking into account the impact of change on area office staff, the impact on resources when working with vulnerable people, and the need to further understand the core competences and training needs, it is evident that the training was able to promote a greater understanding of the needs of people with a mental illness or psychiatric disability and provided skills in communicating with this client group.

2.6.2 The Redesigned Form

The redesigned “Application for Housing Assistance Form” resulted in a mixed reaction from clients and staff. While half of the clients who participated in the focus groups indicated that the new form with additional disability questions was an improvement, the remainder reported that further work to modify the form was still required. Many of the difficulties encountered by staff using the form such as processing and imputing information, could be overcome in a professionally designed form that was developed along with changes to the computer software. Through this project however, it has become apparent that a Departmental approach is required to the development of application forms to clearly identify the types of information required to be collected and the most appropriate way to request personal information from applicants. The information gathered through the evaluation of the redesigned form will also be useful to Client Services as work is being progressed on a client intake and assessment process.

2.6.3 Other Key Issues

- (i) The need to provide information that is meaningful to clients is a key issue highlighted through this project. It is important that all the methods used by the Department to communicate consider the needs of the client in respect of accessing, absorbing and understanding the information provided. Attention needs to be given to the types of information required by clients and the forms that are used to communicate that information. Clearly it is necessary to provide clients with information regarding their interactions with the Department, so that clients understand the context of their inquiry or application and the actions that the Department will take on their behalf.
- (ii) The unexpected impact of the training in relation to how staff felt about undertaking duties such as neighbourhood dispute resolution point to a need for the Department to give attention to how to better support staff engaged in these processes, particularly in situations where vulnerable clients are involved.

Chapter 3: Area Office 2: Partnerships with Other Service Providers

3.1 Background Description of the Service Improvement Project

Area Office 2 implemented a Service Improvement Project entitled “Partnerships with Other Service Providers”. This Project was designed to improve and formalise relationships between service agencies in the local district. The objectives for the project were to:

- Establish partnerships with other service providers to ensure that people with a mental illness can access and maintain suitable housing through a coordinated service delivery approach. This included people with a mental illness who access housing assistance through the Department and who may or may not simultaneously access other mental health service providers; and
- Develop a reciprocal interagency training strategy for the exchange of information between agencies on the roles and responsibilities of the agencies providing a service to people with a mental illness and any impacts of this service delivery.

It was anticipated that partnership agreements would:

- Detail the roles and responsibilities for each agency, identify areas of joint responsibility, document the processes required for sharing information between the agencies and outline any strategies for dealing with times of crisis for the client;
- Detail any possible strategies to be used when the person with a mental illness receives housing assistance but is not a client of the other service provider; and
- Outline a schedule of review meetings to ensure that the agreement remains current to the needs of the Department and other service providers.

It was envisaged that as part of the agreement, interagency training would:

- Be provided by the Department of Housing to the other service providers on a range of issues including:
 - The role of the Department in providing housing assistance and a broad overview of the Department’s structure;
 - The roles and responsibilities of the positions within an area office;

- The range of available products and the criteria for eligibility for these products;
 - Specific information regarding the area office such as typical wait times and types of housing stock, relevant policies and procedures, legislation; and
 - The most effective methods for communicating with the Department.
- Be reciprocal in nature and would be provided to area office staff from the relevant service provider, detailing similar information; and,
 - Include a strategy for ongoing training sessions to ensure that training is provided in a manner that accounts for staff turnover and the updating of any changes in processes, eligibility or procedures by either the Department of Housing or the other service provider(s).

A project officer in Area Office 2 liaised with local representatives of the Departments of Health and Disability Services Queensland to progress the development of local area Partnership Agreements to enhance coordinated service provision to people with a mental illness or psychiatric disability. Staff from the three departments began work to develop the Partnership Agreements, which detailed:

- Principles of service delivery;
- Respective roles and responsibilities;
- Communication strategies;
- Processes for interagency information sharing and training; and
- A grievance process.

In early discussions, representatives of key community support agencies indicated that instead of having their own individual partnership agreements that a community network meeting would be preferred. Consequently, a community network meeting was initiated to support the work of the three Departments and has had wide membership of the local community mental health service providers and included a reference group of people with a mental illness or psychiatric disability.

A number of draft partnership agreements were circulated between the central, regional and local offices of the three Departments which resulted in frequent amendments. This was a lengthy process, however as it was the first time partnership agreements at a local level had been initiated, it was important that the final document was satisfactory at all organisational levels. At the time planning for the local agreements were initialised, the three Departments of Health, Housing and Disability Services Queensland were also developing an “Agreement to Work Together” at a corporate level. It was expected that the two levels of partnership agreements would be complementary in providing coordinated service delivery. At the time of writing this report Disability Services Queensland and the Department of Housing have signed the “Agreement to Work Together”.

At the end of May 2001 a Partnership Agreement between the Department of Housing and the local Adult Community Mental Health Service was signed by managers and therefore formalised. At this stage an agreement between the Departments of Housing and Disability Services Queensland has yet to be agreed to.

3.2 Evaluation Findings

3.2.1 The Perceptions of Other Agencies Regarding the Partnership Agreement

Senior staff employed in the service agencies were identified and contacted. Each person was invited to participate in a brief semi-structured interview to gain an understanding of their perceptions of the initiative being undertaken by the Department of Housing. The interviews focused on both the formal service agreements and the inter-agency training components.

A total of ten key stakeholders were interviewed. These included:

- Case Manager from the Department of Housing (Area Office 2);
- Case Manager from the local Adult Community Mental Health Service;
- Manager from the local Adult Community Mental Health Service;
- Manager from the local Disability Services Queensland;
- Two Senior staff members from the local Disability Services Queensland;
- Manager from local Shelter Housing Action (non-Government);
- A local Project 300 Key Worker; and
- Two consumers from the local Consumer Advisory Group.

Interviews with these stakeholders have identified a number of issues which are summarised and discussed below with some verbatim text.

When asked to describe their working relationship with other agencies prior to the initiation of the Service Improvement Project, all of those interviewed felt that the relationship that their particular agency, both Government and Non-Government, had with the Department of Housing was a very strong and positive one. This was reflected in comments such as:

“Fairly healthy, but in particular, our relationship with housing has always been good and seems to be getting better.”

“Housing has been just brilliant.”

Issues with the symptoms of the illness were also identified. These related to the need for greater security of tenure for people with a mental illness:

“I think some of the problems are the cyclic nature of the illness, and if they do become sick and unwell they can fall behind with their rent, and they can fall behind in their standard of living and I think if they are in and out of hospital and they do become ill and they have to go into hospital there seems to be no provision to hang onto their accommodation.”

The lack of housing options was also identified:

“There is a lack of stock (accommodation) across agencies and there are not enough choices of different types of accommodation for people with a mental illness at different stages of their illness. There are not enough resources to provide more support within the community.”

When asked what strategies could be implemented to address these identified issues, the majority of the responses received were reflective of the initiatives being undertaken by the Service Improvement Project in this area. These initiatives include regular network meetings, formal service agreements, interagency training, and information sharing.

“Ongoing meetings and regular contact.”

“What needs to be arranged, and often this is up to the clients anyway, is to let Housing know that they have a mental illness, so maybe there needs to be some training or information to clients coming into housing saying that we need to know if you have a mental illness because of these reasons.”

“I see this agreement [formal service agreement between agencies] as a consolidation and enhancement of existing relationships. Although we’ve done some ad hoc training in the past, this agreement will commit us to that. It’s furthering our opportunities on a more organised basis, and similarly with the network meetings.”

How formal service agreements will help agencies in relation to housing issues was the next question asked of those interviewed, with the formal nature of a contractual agreement identified to be the major benefit.

“It will remove the personality issues at a basic level, and keep people focussed.”

“I see formal service agreements as a means for agencies to be able to talk to each other, it gives people permission to work together. It also provides guidelines so that the people have a reference so that they are not breaking confidentiality and they are respecting the clients.”

Following from this, comments were invited relating to how useful the network meeting forum was in terms of addressing identified issues. Overwhelmingly these meetings were perceived to be a positive step in terms of building and improving relationships between agencies and for clarification purposes.

“They make us familiar with the wants and requirements of other agencies, especially Housing.”

“Yes, it also has spin offs like those consultative processes, and in establishing relationships with individual agencies and building up credibility and respect with them. I see it as having a positive impact in the working relationships between all those groups, and a focus and priority of the issues which concern us as individuals representing our organisation.”

The Network Forum was seen as a way of ensuring that new staff were aware of the services on offer:

“We meet new people, new agencies, new people who come to Cairns. It is very easy for them to get to know where all the resources are in the community because if they attend a network meeting they are meeting fact to face with people from a number of different agencies who are all there about the same issues, so it expands our network continually”

The issue of interagency training was raised and interviewees were asked to comment on what they perceived to be the primary benefit(s) of this undertaking.

Improvements in understanding of the functions and limitations of other agencies was quickly highlighted as the primary benefit:

“Staff at either end have a better understanding of what the issues are, and so they can respond more appropriately.”

“Even though we have these network meetings and we do talk about the different things we do, we don’t actually formally tell people about all the services we provide, how we can help people, and what our limitations are. Mostly it is to provide people with more information about the services.”

After the interagency training was completed, participants were requested to provide feedback on the session through a brief satisfaction questionnaire. Participants provided their opinions on the features of the session, including its content, value, relevance and presentation format. Overall, participants viewed the session as stimulating with a high degree of relevance. They were highly satisfied with presentation of the training and reportedly valued the training very highly. The use of handouts in the training session was also perceived to be highly valuable to participants.

Service providers were asked to comment on whether they perceived that the Service Improvement Project had had any identifiable impact on the delivery of housing or other services to clients with a mental illness or psychiatric disability. Again, although no specific impact was highlighted in relation to the delivery of housing or other services to clients with psychiatric disability, the feedback received again highlighted the healthy state of the existing organisational relationships.

“Commencement of the project resulted in increased interaction between Housing and Mental Health when issues such as training and information sharing were discussed. [This has resulted in an] improved relationship and better understanding of each others structures and roles.”

The perceived usefulness of holding future network meetings was then addressed, and the responses provided by the relevant stakeholders indicated that this was viewed to be a valuable exercise for all parties involved:

“Personally, I think the network meeting was very productive. I believe it would be very useful to hold a further network meeting in the near future. There’s nothing quite like an interactive discussion.”

“Yes [it would be useful], in order to keep up to date with how the initiative is progressing.”

3.2.2 Staff Perceptions of the Partnership Agreements

Overall, the information collected from the stakeholders involved in this initiative indicated that the Service Improvement Project is a positive step towards further strengthening and formalising existing relationships between relevant agencies in this sector. This Service Improvement Project resulted in a partnership agreement between the Department of Housing and the local Integrated Mental Health. This agreement included the development of a reciprocal interagency training strategy for the exchange of information between the Department of Housing and the local Integrated Mental Health. While delays and frustration were experienced in the project, the partnership agreement that was developed will provide a sound framework for the development of similar agreements involving other area offices of the department.

The feedback received from staff also indicates that they perceive interagency training to be a valued adjunct to the conducting of network meetings and support this process continuing. While local personnel from the Department of Housing and the local Integrated Mental Health Project met frequently, they did not have a detailed understanding of each other’s organisation and services. The project enabled them to inform each other of the services in their respective organisations and to facilitate communication between agencies to discuss matters that may not have been discussed before. Additional information exchanges are intended to be conducted in the future during the network meetings.

The development of the partnership agreement involved obtaining comments from head office of the Department of Housing about successive drafts. From the outset, those involved in the document’s development in the region envisaged that such a review process would need to occur. Indeed, this process enabled important provisions to be included regarding confidentiality of client information and matters that had not been adequately covered in early drafts of the document. The document went through numerous drafts as the various views of staff at central, regional and local offices of the Departments of Housing, Disability Services Queensland, and Health were sought. While local staff were satisfied with the quality of the document after two or three drafts, additional work on the draft agreement was necessary at the central office level. While this was frustrating at times locally in the region, it was necessary that these revisions were completed to enable formal signing of the agreement to occur.

It should be noted however, that since a strong and positive relationship existed between the area office and local Integrated Mental Health prior to the pilot, it is difficult to discern if the agreement brought any significant or measurable change in

the short term. In the longer term, when staff have changed, the Department will be better placed to examine whether the agreement has provided the foundation for, or facilitated an enduring working relationship.

3.3 Discussion

The Partnership Agreement that was developed between the Area Office and the Department of Health's local Integrated Mental Health Service was consistent with a key component of the National Mental Health Policy (1992) which outlined a need for greater intersectoral linkages in service provision. By formalising the relationship, that has already been reported to be strong and beneficial, the local area and district offices of the two Departments have reciprocally provided knowledge about the methods of service delivery, products and eligibility to staff in the other organisation. This training was seen as beneficial and useful, while increasing the familiarity of staff of both Departments. Additionally, this Service Improvement Project has brought together government and non-government service providers through the Community Network Meeting to collectively discuss and work through issues relating to service provision to people with a mental illness or psychiatric disability. This project has demonstrated how difficult it can be to develop formal agreements between agencies. However it is likely that in the activities of negotiating an agreement with another service provider that greater knowledge and understanding of the services involved will increase and be beneficial. As the agreement has been signed only recently, it is difficult at this time to outline the outcomes for clients, however the effective and cooperative links between health support services at all levels of government and community (Whiteford, 1994) are expected to result in improved client outcomes.

3.3.1 Other Key Issues

In initiating the negotiations for the Partnership Agreements with the Departments of Health and Disability Services Queensland, local community agencies were consulted regarding their interest in entering into a formal agreement with the Area Office. Each community agency that was contacted was strongly in favour of the Department of Housing formalising relationships with both the Department of Housing and Disability Services Queensland to improve coordinated service delivery to people with a mental illness or psychiatric disability. None of the community agencies wanted to negotiate an agreement directly with the Department of Housing. Rather they indicated that by having the three Departments host a regular network meeting that includes participation from all interested community agencies that the likelihood of achieving collective improvement in resolving community mental health issues was greatly increased. The community agencies responded that this was a more effective way of working with the Department of Housing on the range of issues impacting on people with a mental illness or psychiatric disability within the local community.

Chapter 4: Area Office 3: Enhancement of Local Knowledge and Support

4.1 Background Description of the Service Improvement Project

This Service Improvement Project was developed as a strategy to support staff as they provided assistance to people with a mental illness or psychiatric disability. The objectives for this Service Improvement Project were to:

- Develop a “help desk” type strategy to provide support to staff experiencing difficulties in providing management of tenancies to people with a mental illness;
- Achieve a transfer of skills in the management of tenancies from highly skilled staff to less experienced staff to support enhanced service delivery to people with a mental illness; and
- Document the contact and interactions and subsequent outcomes of the “help desk” staff and area office staff.

Initially a “help desk” approach was proposed whereby the appointed area office would have a number of staff trained to provide advice and assistance to staff within that office and other adjoining area offices when encountering problems in resolving complex client issues. However, consultation with area offices indicated a number of difficulties with this approach and consequently it was revised to become a case conferencing approach.

The implementation of case conferencing in Area Office 3 was designed to assist staff to find creative solutions to difficult client problems. Case conferencing is an internal process that enables staff to work together to understand the client issue and to collectively develop strategies to address the situation. A temporary project officer was recruited for a part-time position for a period of five months to do this work.

The Service Improvement Project began with a number of preliminary meetings with area office staff to investigate their current work practices in problem solving complex tenancy issues. The following issues were observed:

- No formal procedure or format for writing file notes existed within the office;
- Current problem solving processes occurred informally between different levels of staff;

- No formal problem solving processes were used to review complex applicant and tenancy management issues on a regular basis. Informal meetings between a few staff regarding applicant and tenancy management issues that required urgent attention were regularly held, but rarely documented in the client's file;
- The occupational therapist was generally relied upon to solve complex problems for all tenants with a disability; and
- No formal processes existed to review and document implemented actions taken to solve applicant or tenancy management issues.

The lack of formal processes for file note writing, file review and problem solving was not surprising as area office staff have not been provided with formal training in these areas. Area Office 3 had previously developed some informal processes for these practices in lieu of formal guidelines or standards to follow. These processes however were ad hoc and inconsistently applied throughout the office.

As file note writing, file review and problem solving skills are the foundation for case conferencing, it was necessary to develop a training package for staff covering these skills to enhance area office practices. The development of the training package was not included in the original project plan but became a crucial component for the Service Improvement Project, as the staff required development in these skills to underpin the practice of case conferences. A training package was therefore provided to staff prior to the implementation of the case conferencing approach.

4.2 Training Package Development and Content

Based on the assessment of area office practice in working with clients with complex issues, a training package was developed to enhance skills in file note writing, file review, problem solving and case conferencing. A draft of the training package was developed and distributed for comment to the Disability Services Unit, Statewide Operations and the Client Services Training Unit. Feedback from these units was received and incorporated into the training package.

Although mental health issues were used as a focus for the project, the techniques included in the training package were designed to be utilised when working with other vulnerable clients including people with a physical disability, acquired brain injury, intellectual disability and other clients with complex issues in their lives. The practices described in the training package aimed to expand and develop the skills of staff in providing flexible intensive applicant and tenancy management to a wide variety of people with complex needs, including people with a mental illness or psychiatric disability. The training package was designed to:

- Develop good practice in writing file notes, reviewing files, problem solving applicant and tenancy management issues and conducting case conferences;
- Provide staff with the opportunity to learn from each other's experience and knowledge in order to achieve sustainable housing outcomes for vulnerable clients including those with a mental illness or psychiatric disability; and

- Improve the ability and confidence of staff to manage complex applicant and tenancy management issues.

The training was attended by 16 staff members including the Client Service Manager, Senior Housing Officers, the Occupational Therapist, Housing Officers and one housing trainee.

4.3 Implementation of Case Conferencing

After the training to Area Office 3 staff in file note writing, file review, problem solving and case conferencing was completed, the practice of case conferencing was instigated on a fortnightly basis. Staff were individually assisted by the project officer to prepare for the case conferences with time devoted to preparing a file review and completing an applicant and tenancy problem solving form. Staff were also provided with advice and support for presenting an applicant or tenancy management issues at a case conference. This support proved to be crucial in embedding file reviews and case conferencing into the area office practice. Participants in these initial case conferences were asked to present their file reviews, then as a team the main issues were identified and then solutions to these problems were identified through brainstorming. The utilisation of the problem solving approach assisted staff to produce a wider range of solutions to applicant and tenancy problems, than would previously have been identified.

A record of the cases presented at each case conference was established and kept for future reference. For each case conference a list of the new presentations and updates of previous cases presented were filed along with a copy of the action list for each client and their file review. Throughout the early case conferences, the forms used to support the process were reviewed and a number of changes instigated. A case conference folder containing case conference minutes, record of client issues presented, planned review dates, initial review form and progress review form was compiled to keep a record of the information presented at each area office case conference. A case coordinator role was seen as essential to facilitate the continuation of the case conference structure within the Area Office. Staff involved in the case conferences outlined the responsibilities of this coordination role to include managing the administrative details of the case conferences and to coordinate the presentation of new file reviews and progress updates.

4.3.1 The Role of Staff in Case Conferencing

Case conferences were attended by a core number of staff from the tenancy management team. These included the Area Manager, Client Service Managers, Senior Housing Officers, Occupational Therapist and Housing Officers involved in the applicant or tenancy management issues being presented. The Area Manager and Client Service Manager were shown to be vital to a successful case conference as they provide leadership, facilitate decision-making and provide advice on how to apply policy in a flexible manner. Providing immediate ratification of the decisions, implementation strategies and action plans were also crucial roles of both the Area

Manager and the Client Services Manager. The Occupational Therapist provided valuable knowledge about disabilities and community services. All staff attending the case conferences shared their knowledge and experience of working with clients and this appeared to facilitate the transfer of skills to other staff.

4.4 Evaluation

4.4.1 Case Studies of Case Conferencing Involving Issues Relating to People with a Mental Illness or Psychiatric Disability

The process of Case Conferencing at Area Office 3 comes into play when individual staff members are unable to find solutions and or resolve client issues. The staff member conducts a file review, which is a succinct summary of a client application and or tenancy history. Once completed the file review is presented during a case conference. Client issues are brought to case conference when all other typical and routine solutions or approaches have been tried without success.

Case conferences are held every fortnight at the Brisbane Central Area with an average of three clients being discussed at each conference. A total of ten case conferences have been held. In the section that follows two case studies have been detailed to illustrate the complex and difficult nature of some tenancies and the degree to which case conferencing has been an effective problem solving mechanism for these complex situations.

4.4.1.1 Case Study One

Mr S has a chronic mental illness. He was previously case-managed by the Fortitude Valley Integrated Mental Health Service, although presently Mr S believes he no longer requires service from this agency. This view was supported by the mental health service.

Since December 1990, Mr S has lived alone in a one-bedroom apartment, in a complex of 16 other apartments. Since 1997, Mr S's apartment has been in a poor condition and attempts to rectify this situation have been unsuccessful, as the following history provided in broad detail attests:

- In October 1997 it was proposed that the Department of Housing would clean the property and debt Mr S for the cost of cleaning, however this was rejected by Mr S. In October, Mr S was served a Notice to Remedy Breach in regards to the condition of the property.
- In June 1998, the electricity to the property was disconnected by the Electricity Board. Staff at the Department of Housing attempted to have Mental Health Services assist Mr S with the cleaning of the property and reconnection of the electricity supply. Mr S refused. He claimed that he could not afford to have the electricity connected and preferred to use kerosene lamps and stove instead, thus creating a fire hazard.

- In 1999, Mr S's property was found to be in an unsatisfactory condition and attempts to involve the Fortitude Valley Integrated Mental Health Service to address the situation were unsuccessful.
- In October 2000, the Department of Housing received complaints from a neighbour about the condition of the property, and noise emanating from within.
- In December 2000, Mr S was served with another Notice to Remedy Breach regarding the unsatisfactory condition of the property.

In early 2001, it was suggested that Mr S's case be discussed at a case conference. The discussion has generally been positive and a number of strategies have been suggested:

- With assistance from the Department of Housing, electricity to the apartment has been reconnected.
- Support agencies had been unwilling to assist with the cleaning of Mr S's apartment due to the health and safety risks associated. As a result, the Department of Housing agreed to pay for the cleaning of Mr S's apartment.
- The area office agreed to offer Mr S alternative accommodation and a community support agencies agreed to provide him with support to keep the new apartment in a satisfactory condition. This would enable the Department to refurbish the old apartment.
- When the adjacent apartment became vacant, Mr S relocated to it.
- A support agency agreed to provide home help and cleaning on a weekly basis and to monitor the condition of the new apartment.
- The Department of Housing discussed with Mr S the expectations the Department has in relation to the new property.
- The transfer to the new apartment was successful and the new apartment is being maintained in a satisfactory condition with assistance from the support agency.

4.4.1.2 Case Study Two

Mr B is a person with chronic mental illness. He receives mental health services from the Fortitude Valley Integrated Mental Health and support services from a disability support agency.

Mr B resides alone in a one-bedroom apartment in a complex of 18 other apartments. Since his tenancy commenced in August 1997, there have been a number of complaints from other tenants and visitors in the complex, although the majority of complaints are from one neighbour. The nature of complaints against Mr B range from his loud babbling, stomping through the apartment, slamming of doors throughout the night, verbal and sexual harassment and stalking of tenants and visitors. Mr B has been hospitalised on a couple of occasions in the past few months

and his disability support workers believe this may be caused in part by these neighbourhood disputes.

Staff at the Department of Housing have tried unsuccessfully in the past to resolve these issues under the guidelines of the *Residential Tenancies Act*. Following discussions with a number of Mr B's service providers it was decided to present Mr B's situation at a case conference. Following discussion at the initial case conference it was evident that further liaison with the mental health service and the disability support agency was required. The follow-up actions were to schedule a case conference with Mr B and these stakeholders, to explore the tenancy issues and to problem solve for future actions. Although Mr B declined to attend, the following strategies were suggested at the case conference:

- As an interim measure, rubber/foam stripping was installed on all passage and cupboard doors in Mr B's apartment. This was an attempt to reduce noise levels associated with his behaviour, and thus minimise discomfort to neighbours.
- Mr B's support workers agreed to continue to endeavour to assist Mr B with managing his daily life and behaviour.
- Finally, it was decided that Mr B would be more appropriately housed in a detached house. Mr B had spent his youth in the country and it was thought that this housing option would give him the opportunity to tend to the yard as a social/recreational outlet while giving him some privacy and space which was lacking in his current residence. Mr B was in agreement with this proposal and has been listed for a priority transfer to a two-bedroom detached house. It was decided that all future two-bedroom detached houses which became vacant Area Office 3 catchment would be considered. The first that became available was inspected but rejected by Mr B. Area Office 3 will continue to look for more suitable residences, in accord with Mr B's wishes to be closer to the area where his girlfriend lives.

These case studies highlight a number of issues relevant to the effective management of housing for people with mental illness and disability.

- The client is treated as an individual. Specific problems that may arise which are associated with the client's particular illness or personal circumstances may need individual attention by staff. The mere application of policy guidelines and notices to remedy breach will not normally be sufficient to rectify problem situations. For example, this may involve recognition that the client may need extra support to fulfil their responsibility in keeping their property in an acceptable condition.
- The involvement of all agencies associated with the client including housing, mental health and disability support services will be necessary to achieve a satisfactory resolution to the problem. This will enable the sharing of relevant factual information and expert opinion by all parties concerned, within the context of informed client consent to this occurring. This interagency collaboration may be in terms of a formal agreement or at a more informal level. Either way, the prospect of finding an effective resolution is more likely if all stakeholders share the responsibility.

- A balance is required between the client's right to privacy and the need to share confidential client information with other agencies. Consent processes are crucial to enable the empowerment of the client in making decisions about their personal information.
- The Case Conference forum has benefits for staff also, as a learning exercise in which less experienced staff may benefit from discussion and problem solving sessions with highly skilled staff.

4.4.2 Staff Perceptions Regarding Case Conferencing

The evaluation sought to determine staff perceptions about the effects of introducing the case conferencing arrangements and specifically about the extent to which they enabled the knowledge and ideas of others in the office to be used to facilitate the resolution of issues relating to the provision of services to people with a mental illness or psychiatric disability.

The evaluation involved interviews with a number of Area Office 3 staff who have participated in case conferences, the conduct of a focus group involving some of the office's staff and an examination of case conference documentation. Training was provided by Client Services and consisted of a three-hour workshop focusing on issues such as file review, documenting client histories from file review, preparation of paperwork for case conference and documenting the outcomes of case conferencing.

The evaluation highlights a positive response to the training provided. Indeed, it was the way that the training was carried out rather than the content of the training that seemed to be important:

"The training we had was good in that it was not like training at all. They [the trainers] sat with staff and worked through problems as they presented and staff were learning from that process".

Providing training in this way was perceived as being useful in that it had a practical application. Staff were able to apply the techniques learnt to solve problems as they emerged.

Area office staff spoke favourably of the new case conference arrangements that had been introduced. Staff presented a unanimous view that case conferences were "a good thing" in the area office, reflecting the positive aspects of their experience with this approach. However, these views were expressed after a limited number of case conferences had been conducted and perhaps without experience of alternative arrangements.

During the study, a range of consequences of case conferences were identified. These are summarised in the following four main areas:

4.4.2.1 Enhanced Knowledge and Skills

For some area office staff, case conferences provided a learning experience. One participant said, *“I think generally every case you take on, you’ll learn a little bit from and ... more so because you’re getting to see more cases and more alternatives....I think it’s a learning process.”* One participant said that he had acquired presentation skills, and that his confidence had improved.

Case conferences also provided an opportunity for less experienced staff to learn from their superiors who were more experienced in public sector management, in the administration of legislation and policy and in problem solving in the housing field. By articulating values and talking about the factors that impact on decision making, senior staff provided a model for less senior staff to emulate. The involvement of the Area Manager also had a positive impact on the confidence of some staff. One respondent said that he felt more confident of finding the best solution for a client through case conferencing. *“The fact that you’re able to sit down – the Area Manager is usually at the case conference and the Occupational Therapist and sit down with those sort of staff so that you get a wide range of options.”*

4.4.2.2 Management of Work

The introduction of case conferences at Area Office 3 provided an additional tool for the management and monitoring of work. During case conferences, each client’s circumstances were outlined formally in turn. Following the presentation of a case, issues were then identified and discussed. The roles of participants in case conferences were clearly defined. Participants said that it was clear at the end of discussion what steps would need to be taken to assist a client and an officer was assigned responsibility for any relevant actions.

At the area office case conferences were held at the same time each fortnight. The regular schedule of case conferences therefore introduced a set timetable and a deadline. A staff member claimed that the regular nature of meetings meant there could be no excuses for poor preparation. As one participant explained, *“where as in the past you ...[could] say ‘I’ll get on to that’ and it’s quite easy to get waylaid with other duties around the office and if you haven’t got it there in front of you, you can actually forget about that. But with this particular exercise it does work well.”*

With case conferencing staff said that they felt the need to be more thorough in the work they undertook, particularly prior to a case conference. The preparation of *“a list of things to follow-up”* after a case conference provided staff with guidance in their work. One participant reflected that *“you do a complete file review and ... when you come out of case conferences, you’ve got a list of things to follow up so inevitably it helps...”* Another said that after discussion of the issues at a case conference, the staff member introducing a case *“can go back to their job with some structure, I’ve got to do A, B, C, D and the next fortnight we’re going to review it and see how we’re progressing.”*

The application of a case conferencing approach required better documentation. During training, staff were trained to take file notes and undertake file reviews for the first time. By having better file notes and conducting file reviews, one

participant commented that, “[it] makes it easier for the next person coming along who hasn’t even been involved in case conferencing who picks up this file for another reason and they know exactly what’s going on. Where the case is at, what background the client has, the difficulties, anything they need to know.” It was claimed during the focus group that the systematic conduct of file reviews prior to a case conference meant that sometimes solutions to issues involving clients could be found prior to the case conference was held. One participant said that this had happened “a few times.”

4.4.2.3 Affirmation

It is important to note that participation in case conferences provided a means by which staff obtained affirmation and reassurance from their colleagues. Through case conferences staff were encouraged when they found that their proposals to assist clients with a mental illness were seen to be appropriate. The participation of the Area Manager in case conferences was also perceived in a positive light. A participant outlined that: “I think it’s good for the Area Manager to [attend] because you’ve got a bit of a handle on the problems in the office. It’s what – only an hour, two hours, once a fortnight.... I think by coming in here for a couple of hours once a fortnight, he’s getting a feel for some of the difficult issues, putting his thoughts in and I think the staff have felt the Area Manager has shown confidence in them, and I think it’s been positive in that regard.”

Participants mentioned the recognition they had received from outside the Department of Housing as well. It was claimed that the introduction of case conferencing led to improved relationships between Area Office 3 and some community service providers. It was felt that the conducting of case conferences sent a message to the community sector that the Department of Housing was taking issues relating to some of its most vulnerable clients seriously. It was pointed out that staff of a community agency had attended a case conference and spoke highly of it. One participant explained: “this is also giving those people a chance to see we really do try and because they now have confidence in what we’re doing and they seem to be going the extra mile to help us, well not to help us but to help our clients out ... We have had on occasion the chance to let them know we can assist them. We’re offering our assistance to them in returnThey were quite impressed with the fact that we did offer our assistance to them.”

Improved relations with stakeholders in the community sector has also assisted in arranging support for clients. One participant told “because of the association with the support workers, I was able to ring them and say ‘you’ve helped us with this particular client, can you help us with this other client’ ... but you also know how to utilise the support workers for other clients and knowing who to contact [and then the] problem is rectified.”

4.4.2.4 Stress Management

When staff participated in case conferences they generally felt less stressed as the introduction of the case conferences shared responsibility for decision making. One staff member remarked “[that it]took the monkey off a person’s back.” Previously,

it was explained, one person might try to solve a problem, put up recommendations, try to find solutions, and carry the load on their shoulders. But in a case conference, *"the person raising the recommendation, he'll generate discussion and that will set the path, the way we're going."* Another explained that: *"All the weight's on your shoulders when you pick up the phone and you're talking with someone who's facing homelessness, no money, no food, those sort of things, where as here [in a case conference] you get to relieve that stress by sharing it amongst peers and they're helping you with solutions rather than stressing on your own."*

When participants were asked during the focus group to try and put themselves in the client's shoes and to consider what a client would think about case conferencing if they were sitting in the room, a participant replied: *"We'd have to modify our behaviour sometimes, but I think this is some stress relief to have a bit of a chuckle about some of these situations."*

Not surprisingly, case conferencing was described positively. One participant told how he had commented *"one day about a minute before we were due to come in to this [I thought] 'I haven't got time for this today' and an hour later, I've walked out thinking that 'Gee, that was good.'"*

4.5 Discussion

The external and internal evaluations of the case conferencing approach undertaken in Area Office 3 indicate that the methodology is useful as a problem solving strategy with strong benefits for clients and staff. While case conferencing is both time and resource intensive the benefits of the process indicated that this is a worthwhile organisational investment. The experience of Area Office 3 is reflective of the suggestion by Foster and Foster (1999) that case conferencing is increasingly becoming a strategy of choice in the management of care of clients with special and complex needs. The case studies provided by the Queensland University of Technology highlight the need for the involvement of all stakeholders in relation to a client's housing need. Once staff have case conferenced the problem and possible solutions from a departmental perspective, it is likely that where required a case conference with external stakeholders will be convened. Staff will be able to transfer these skills from one type of case conferencing to another.

Chapter 5: Project Learnings, Discussion and Conclusion

5.1 Key Learnings

Through the development of the Interagency Collaboration Improvement Project, Client Services has learnt a great deal about service delivery to vulnerable people in the community. These learnings, outlined below, encompass a range of issues at various organisational levels.

5.1.1 Stakeholder Involvement

The Project's outcomes have been enriched by the evident interest and commitment given to the Project by people with a mental illness or psychiatric disability and the disability and mental health services sector. By including people from the client target group and organisations representing this group's interests, the final outcomes for the Project have been significantly enhanced.

The active participation of people with a mental illness and workers involved in the mental health sector enriched the project in a way that the Department would not have achieved working alone. The willingness of working group participants to share personal and consumer experiences was invaluable and enabled the project to focus in on the critical issues impacting the target group ability to gain and maintain housing in their communities.

Being able to provide a small payment to people with a mental illness who participated on the working group was essential, as it demonstrated respect for their time and the value of their experience.

5.1.2 Impact of Change

In undertaking change projects within area offices there is a significant impact on staff when they are asked to respond to clients in new ways. Consequently staff can often feel challenged in performing their duties and are often unsure about the new practices. Therefore it is important that leadership and direction is continually provided within the area office environment in order to assist staff to understand the organisational context for the changes being implemented and to manage any anxiety or resistance to change that may occur. As such the roles of the Area Manager and the Client Service Manager are crucial positions to lead the organisation progressively forward in service delivery to vulnerable people in the community. When new practices are implemented within an area office, such as the project's case conferencing approach, the support of the Area Manager and Client Services Managers have been a critical part of the success of the process. Without this high level of interest and support for the process, staff would not have been able to continue the practice and realise the benefits for both themselves and

their clients. It is especially important that when dealing with issues that have a level of community stigma attached to them, such as mental illness, additional attention is given to the impact that this may have on staff and to ensure that adequate time is spent with staff preparing them for the changes that will be made.

Another important impact that occurs with change regards the provision of new knowledge. Often as staff become aware of new information their perspective on their work can change and they may simultaneously realise how little knowledge they have of that issue. While staff are not required to be experts in a whole range of areas, suddenly gaining an awareness of their lack of knowledge can result in feelings of stress and being overwhelmed regarding the extent change that is occurring. As change is introduced to staff, it is necessary that this impact on staff perceptions is recognised and strategies considered to alleviate any negative impact.

5.1.3 Impact on Resources

The provision of a high quality housing service to vulnerable people is both time and staff intensive at key points in the process of accessing and maintaining housing. This project has provided excellent learning in this area. For vulnerable clients, more time is required to listen to their needs, explain procedures, explain why information is being sought and what it will be used for and to work through problems. This requires a greater investment of time by appropriately skilled staff. In some instances spending more time in the initial stages of working with a client, or in undertaking a file review, will potentially save time after a tenancy is initiated. In addition, many new client service practices designed to result in ongoing benefits to staff and clients are likely to involve a significant investment of staff time across a number of levels, particularly at the early stages.

5.1.4 Additional Training Requirements

From this project, Client Services is aware that there are a range of skills required of staff in area offices that are necessary for providing housing assistance, including ongoing tenancy management, to vulnerable people in the community. It has become evident, through the project, that enhanced communication and interpersonal skills, interview and housing need assessment skills, negotiation skills and general disability knowledge are necessary when working with people with a mental illness or psychiatric disability. Therefore, it is important that core competencies are fully identified so that the Department can provide staff with training and development in specific skill areas necessary to delivery services to vulnerable people.

5.1.5 Working with Other Agencies

Throughout this project it has become evident that there are a range of difficulties associated with negotiating with other agencies to improve coordinated service delivery. Differences in geographical boundaries, client confidentiality issues, service delivery protocols and system linkages will need to be addressed in order to progress this important work in formalising interagency service delivery. Given that some Departmental clients require a range of support services to sustain a tenancy, it is crucial that these services are delivered, managed and coordinated in a client focused manner. It is important that people's housing needs should be considered in the context of their whole lives and that while housing is a key area, inevitably

clients require a range of support services into order to sustain a tenancy. Continued persistence in formalising relationships with support agencies will clearly move area offices forward, although this may be difficult where services provision must negotiate conflicting geographic boundaries and local staff are required to deal with a range of support agencies with differing organisational structures.

5.2 Discussion

“Improving People’s Lives through Housing” (Department of Housing 2000) has challenged the Department to work in new ways that will result in a stronger client focus that ‘puts people and communities first’. This requires the Department to focus on individuals with a housing need, understand the nature of that need and to develop solutions. This direction statement recognises that building effective integration, collaboration and partnerships with tenants, other government agencies and community organisations will strengthen this approach.

The three Service Improvement Projects have attempted to generate improvements in service delivery to people with a mental illness or psychiatric disability. The literature suggests that the approaches taken in the three projects were likely to succeed in furthering the Departments interests in improving service delivery. Each of the projects has focused on a different aspect of service delivery: training, collection of client information as part of a needs assessment process, development of partnership agreements, and case conferencing.

Training according to Montenegro (1999) is an appropriate method for overcoming stigma and discrimination towards people with a mental illness and that this is likely to result in improvements in service delivery (Antonak & Livneh, 2000). From the internal evaluation conducted with staff who participated in the “A Place to Live – A Place to Belong” training, it is evident that there has been an improvement in the expressed attitudes and feelings of empathy towards people with a mental illness or psychiatric disability. While this improvement was less noticeably apparent in the perceptions of people with a mental illness or psychiatric disability, the Department is introducing a “Statement of Client Service” which will assist staff to interpret organisational values into client service behaviours. Taking into account the impact of change on area office staff, the impact on resources when working with vulnerable people, and the need to further understand the core competences and training needs, it is evident that the training was able to promote a greater understanding of the needs of people with a mental illness or psychiatric disability and provided skills in communicating with this client group.

The redesigned “Application for Housing Assistance Form” resulted in a mixed reaction from clients and staff. While half of the clients who participated in the focus groups indicated that the new form with additional disability questions was an improvement, the remainder reported that further work to modify the form was still required. Many of the difficulties encountered by staff using the form such as processing and imputing information, could be overcome in a professionally designed form that was developed along with changes to the computer software. Through this project however, it has become apparent that a Departmental approach is required to the development of application forms to clearly identify the types of information required to be collected and the most appropriate way to request

personal information from applicants. The information gathered through the evaluation of the redesigned form will also be useful to Client Services as work is being progressed on a client intake and assessment process.

The Partnership Agreement that was developed between the Department of Housing's Area Office 3 and the Department of Health's local Integrated Mental Health Service was consistent with a key component of the National Mental Health Policy (1992) which outlined a need for greater intersectoral linkages in service provision. By formalising the relationship, that has already been reported to be strong and beneficial, the local area and district offices of the two Departments have reciprocally provided knowledge about the methods of service delivery, products and eligibility to staff in the other organisation. This training was seen as beneficial and useful, while increasing the familiarity of staff of both Departments. Additionally, this Service Improvement Project has brought together government and non-government service providers through the Community Network Meeting to collectively discuss and work through issues relating to service provision to people with a mental illness or psychiatric disability. This project has demonstrated how difficult it can be to develop formal agreements between agencies. However it is likely that in the activities of negotiating an agreement with another service provider that greater knowledge and understanding of the services involved will increase and be beneficial. As the agreement has been signed only recently, it is difficult at this time to outline the outcomes for clients, however the effective and cooperative links between health support services at all levels of government and community (Whiteford, 1994) are expected to result in improved client outcomes.

The external and internal evaluations of the case conferencing approach undertaken in Area Office 3 indicate that the methodology is useful as a problem solving strategy with strong benefits for clients and staff. While case conferencing is both time and resource intensive the benefits of the process indicated that this is a worthwhile organisational investment. The experience of Area Office 3 is reflective of the suggestion by Foster and Foster (1999) that case conferencing is increasingly becoming a strategy of choice in the management of care of clients with special and complex needs. The case studies provided by the Queensland University of Technology highlight the need for the involvement of all stakeholders in relation to a client's housing need. Once staff have case conferenced the problem and possible solutions from a departmental perspective, it is likely that where required a case conference with external stakeholders will be convened. Staff will be able to transfer these skills from one type of case conferencing to another.

Drawing together the components of training, partnership agreements and case conferencing into practice will lead to gains that are greater than the sum of the individual parts. This will occur as learning is reinforced and supplemented through the different components. Client Services will thereby have a suite of options available within area offices through which the complex issues relating to service delivery to people with a mental illness or psychiatric disability can be addressed.

To enable area offices to provide an enhanced service to people with a mental illness or psychiatric disability it is suggested that the key elements of the three service improvement projects are incorporated into the work currently being undertaken within Client Services on the development of a service delivery model for area offices.

Through the Interagency Collaboration Improvement Project it has become evident that components of all three Service Improvement Projects could to be incorporated into the existing arrangements within area offices and/or into any proposed service delivery model to assist staff to provide a balanced service to people with a mental illness or psychiatric disability. In isolation, each Service Improvement Project has provided for an improvement for both staff and clients and all have achieved excellent outcomes. However it is through the combination of all three projects that greater inroads will be made in improving service delivery.

5.3 Conclusion

Undertaking client service enhancement through a project approach has enabled Client Services to trial improved service delivery mechanisms to people with a mental illness or psychiatric disability. Each of the three Service Improvement Projects has progressed service enhancement and resulted in some improved client outcomes that now have the potential to be replicated throughout the Client Services Area Office Network.

The Interagency Collaboration Improvement Project has progressed the philosophy of the Department's policy direction *"Improving Peoples Lives Through Housing"* and has met its objectives.

Chapter 6: Recommendations

It is recommended that:

1. The mental health training course, with some modification, to be included within the regular Client Services training schedule and additionally made available to Aboriginal and Torres Strait Islander Housing staff.
2. A review of the currency and suitability of the training courses available to client service staff in area offices should be undertaken to determine if these can be enhanced to better meet the needs of staff working with vulnerable clients.
3. The core competencies required of the Department's client service staff delivering services to vulnerable people to be identified and training programs developed to enable staff to attain core competencies, especially in regard to communication and interpersonal skills, interview and housing need assessment skills, cultural awareness and generic disability skills.
4. File note writing, file review and problem solving training to become part of the regular Client Services training program.
5. Client Services to investigate and develop suitable training to assist staff to gain improved skills in the management of neighbourhood disputes with a particular emphasis on working with people with a mental illness or psychiatric disability.
6. Client Services to develop an implementation plan to guide the progressive implementation of Case Conferencing into all area offices and where required in Client Services Central Office as a standard management tool for problem solving difficult applicant and tenancy issues as they arise within an area office.
7. A Departmental working group be convened to consider the project's findings regarding the combined application form and propose a suitable process to investigate the future use of a range of Departmental forms.
8. Public Housing to consider the additional disability questions that were trialed in the combined form for possible inclusion in the Public Rental Housing Application.
9. The disability questions that were trialed in the combined form be utilised in the Department's work developing a detailed housing need assessment process.
10. Client Services to develop a proforma of the proposed partnership agreement between agencies supporting clients with a mental illness or psychiatric disability for use as the basis for negotiating agreements with agencies within their local environment in the support of clients with a mental illness or psychiatric disability.

11. Client Services to propose an agenda item for discussion by Human Services Chief Executive Officers relating to potential opportunities and any barriers in the development of partnership agreements between departments.
12. The Department continue to promote client and interagency involvement in strategies aimed at improving outcomes for vulnerable clients.
13. Client Services to make interview by appointment systems available in all area offices and ensure appointments are offered to vulnerable people when their need becomes apparent.
14. Client service staff making an offer of accommodation are to ensure that prospective tenants are informed regarding the acceptability of reasons for rejecting an offer.
15. Client Services use the information gathered in the evaluations of the project to inform the work underway to develop a new service delivery model.
16. The project findings be used to inform work in the Department to improve allocations to people with a mental illness or psychiatric disability.
17. The project findings be used to inform the development of change management strategies in the Department.
18. The Department disseminate the project findings to other relevant agencies with a view to initiating discussions on how to continue to improve service delivery to people with a mental illness of psychiatric disability.
19. A further evaluation of the effectiveness of the Service Improvement Projects to be undertaken in 12 months time.

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