

# **Effective programme linkages: an examination of current knowledge with a particular emphasis on people with mental illness**

**prepared by the  
Australian Housing and Urban Research Institute  
Swinburne/Monash Research Centre**

**authored by  
Astrid Reynolds, Susan Inglis and Anne O'Brien**

**Ecumenical Housing Inc  
6/20 Queen St  
Melbourne 3000 Victoria**

Telephone: 03 9629 4888  
Facsimile: 03 9629 2361  
Email: [astridr@ehi.org.au](mailto:astridr@ehi.org.au)

## **Biography of presenter:**

Astrid Reynolds is the Manager, Research and Consultancy at Ecumenical Housing in Victoria. She has over 25 years experience in the human services field and has spent the past 14 years working on a wide diversity of research and consultancy projects. The research and consultancy unit that she leads has a particular interest in the issues of housing and support for people with more complex needs.

## **ABSTRACT**

This paper reports on key findings of an AHURI funded research project that aims to advance understanding of ways to achieve effective program linkages for people needing housing assistance as well as support services. It outlines the particular characteristics of mental illness that impact on a person's ability to achieve housing stability and the key approaches that effectively support maintenance of stable housing. The diverse approaches possible for effectively linking housing and support are outlined, with a particular emphasis on Victoria.

The paper argues that a diverse range of approaches is required to achieve co-ordination for individuals. It is not possible or appropriate to fully rely on specialist mental health services or specialist housing and support services to address the need for co-ordination between housing and support services.

People working at all levels of the service system have a responsibility and capacity to contribute to enhancing co-ordination between housing and support services. Five levels at which different approaches are possible are outlined. These range from agreements between Commonwealth and State governments to the way in which individual service providers operate.

## **INTRODUCTION**

This paper reports on the key findings of an AHURI research project, the aim of which has been to advance our understanding of how to achieve more effective linkages between housing and support. The key research questions this project set out to address were:

- ❑ In what ways can housing and other services be linked to achieve positive outcomes for people living with a mental illness?
- ❑ What are some of the broad models that exist in Victoria for linking social housing assistance with other needed support and assistance for people with a mental illness and how well are they reported to work?
- ❑ What are the possible approaches to program linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?

The project focus has been on examining these issues from the perspective of program linkages/coordination to assist people with a mental illness achieve stable housing through sustaining their tenancies. The project has focused on how linkages can occur for those in social housing in Victoria. The scale of the project has meant that it has been more a scoping and scanning approach rather than a comprehensive detailed investigation.

## **WHY EFFECTIVE CO-ORDINATION OF HOUSING AND SUPPORT IS IMPORTANT**

The importance of effective linkages/coordination between housing and support services is recognised as central for achieving positive outcomes for particular vulnerable groups in the community (Commonwealth Advisory Committee on Homelessness 1998; Bisset et al. 1999; Commonwealth Department of Health and Aged Care 1999; Commonwealth Department of Family and Community Services and Commonwealth Department of Health and Aged Care 2000; Commonwealth Advisory Committee on Homelessness 2001; Victorian Homelessness Strategy Ministerial Advisory Committee 2001; Reynolds et al. 2001 a, b & c). Some people experience considerable difficulties in accessing and/or maintaining stable housing without effective co-ordination between housing and support services. Equally for some the ability to benefit from support that will enhance their capacity to live independently is contingent on access to affordable, secure and appropriate housing.

Diagram 1 highlights the diverse types of services and supports people with psychiatric disabilities arising from their mental illness may need to access. It gives some indication of the diverse government programs that may need to be accessed and the importance of timely and coordinated responses that can be tailored to particular individual needs and circumstances.

## **PROJECT METHODOLOGY**

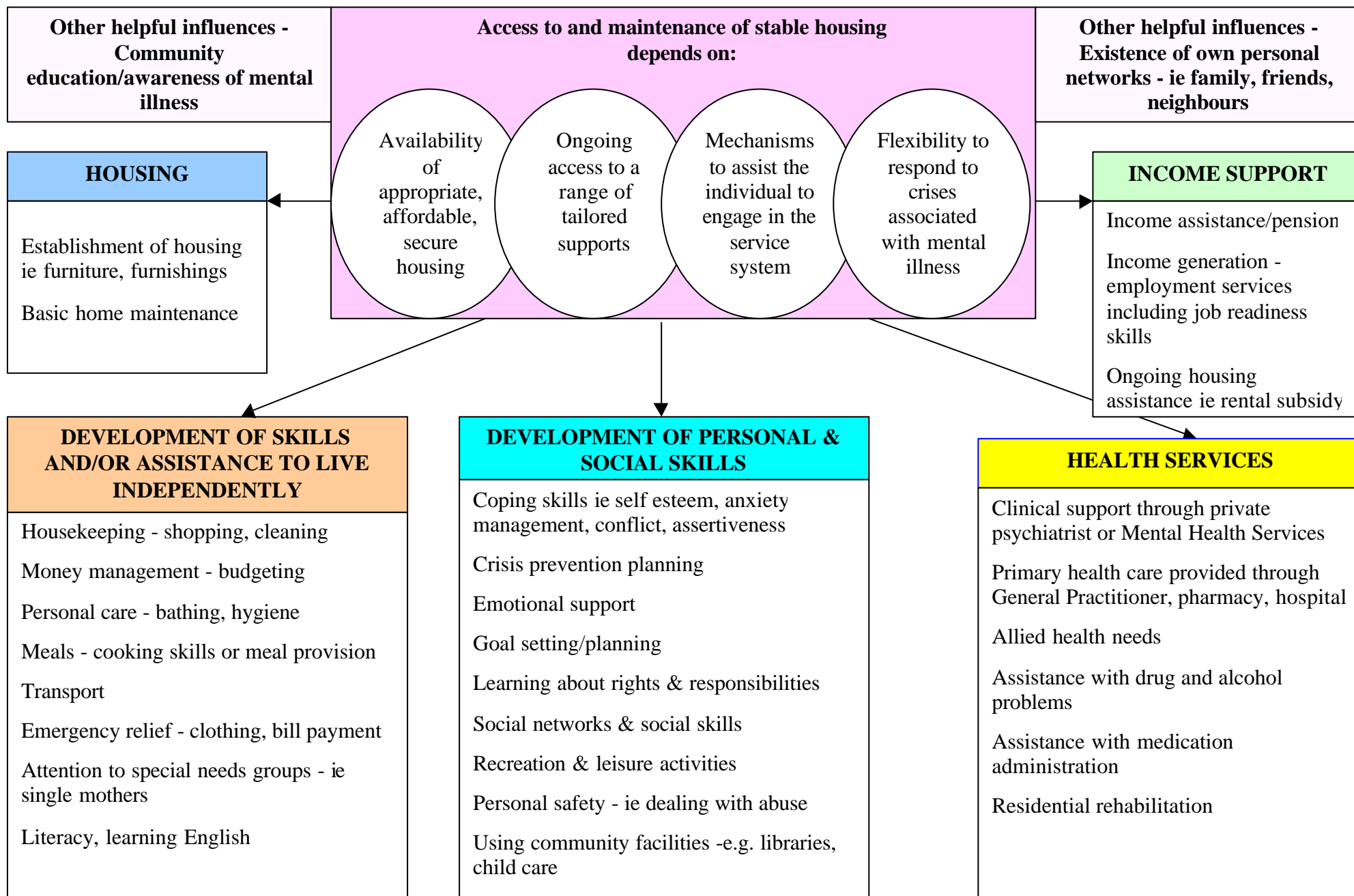
The study first examined existing literature, including reports on existing housing and support services for people with a mental illness. Key information for the project has been gathered through interviews and discussion with a cross section of people involved with providing housing and/or support services to people with a mental illness. Discussions with the project's reference group (made up of government officers and practitioners working with people with a mental illness) have been central to identifying and clarifying key issues. Unfortunately, the study scope did not allow for discussion with people with a mental illness. However, AHURI has just funded a follow-on study which will interview 50 people who experience psychiatric disabilities about what they see as the factors that support their ability to maintain stable housing.

## **SUMMARY OF KEY FINDINGS**

### **Foundations for Developing Effective Approaches to Program Linkages**

The research has identified that there are three essential foundations for developing effective approaches to support people with complex needs arising from their mental illness to sustain their housing. Each has implications for the development of approaches for linking housing and support.

**Diagram 1: Potential Support Needs for People with a Mental Illness to Access and Sustain Stable Housing**



### The need to understand the impact a mental illness can have on achieving housing stability

A review of the literature, interviews and workshops have highlighted that any discussion about how to achieve effective program linkages or service coordination for people with a mental illness needs to be based on a sound understanding of the characteristics of people with a mental illness and how the illness can manifest and affect their abilities to live independently (Keys Young 1994; Ogilvie 1997; Weir 1997). Key features of particular importance are:

- the mental illness or resultant psychiatric disability can affect basic abilities required to access and sustain tenancies, including abilities to complete applications forms, maintain regular rent payments, live compatibility with neighbours and initiate seeking of assistance when required
- a person's capacities for independent living and needs for support can fluctuate and be unpredictable
- people may need support with diverse areas of their life and assistance with coordination of many services may be required
- when a person is unwell they are usually heavily reliant on others to ensure required support is available and coordinated. There can be complex issues associated with the person's rights to confidentiality about their illness that, if not well managed, can hinder access to needed assistance.

### The importance of addressing housing needs and preferences

Stable and appropriate housing is an important foundation for enhancing the capacity of many people with a mental illness to live independently. Housing stability may well be undermined when housing is not appropriate to a person's needs and preferences. Many people with a mental illness want to live by themselves, with access to support with independent living skills. Others who seek greater security may prefer to live with others with support close at hand. Therefore a range of different types of housing and housing and support models is required to meet diversity in needs and preferences (Keys Young 1994; Carling 1995; Curtis 1997; Penumbra 1997; Ogilvie 1997; Weir 1997; Reynolds & O'Brien 2001).

### Key elements of effective service responses

The particular disabilities and resultant support needs associated with living with a mental illness require the development of service responses that incorporate the following:

- the capacity for assertive outreach due to the reluctance of many people to seek support and engage with services
- time to nurture and build a working relationship with the person
- the ability to accommodate unpredictable fluctuations in needs and capacities without jeopardising housing and critical support
- the consistency in service providers providing support
- undertaking cross service coordination/case management where the person has no one to assist with this
- the development of crisis management plans in consultation with the person which include clear and agreed ways that services will support them when they are unwell and not able to make informed judgements

- effective approaches to address and balance the issues associated with the release of client information to other services and client rights to confidentiality.

## **Different Approaches for Linking Housing and Support and Associated Issues**

### Diverse models for linking housing and support

This study has identified that there is a diversity of approaches for linking housing and support services. A number of approaches are specifically developed for people with a mental illness, while others are generic approaches where people with a mental illness will be among the people being assisted. The different approaches identified include:

- housing formally linked to off-site support services, such as seen in the Victorian Housing and Support Program for people with a mental illness where the Office of Housing specifically purchases housing for the program in consultation with designated support providers who nominate clients for the program and are funded to support the clients
- interdepartmental agreements/protocols which outline arrangements for a Housing Authority and Mental Health division to work together to assist clients (e.g NSW Health Department 1999)
- support packages or programs specifically targeted to tenants of particular low cost housing
- support providers having the right to nominate their clients as tenants for specified housing in return for giving guaranteed support to help sustain their tenancy (McInerney 1999; Ecumenical Community Housing 2000)
- coordination through general case management/care coordination programs
- provision of on-site support – this can be at various levels of intensity
- service coordination in local service networks where local services work together to develop approaches that increase the level of coordination of different services provided to individual clients (for example Victorian Cornerstone Project, see Leigh Naunton & Associates 1997 & 1998).
- less formal approaches where a tenancy manager and individual support provider have developed an approach to working together to support a particular tenant, but no formal framework for this exists.

Formal evaluations and judgments of practitioners indicate that these approaches can work to enhance service coordination for individuals (see, for example, Commonwealth Department of Health, Housing and Community Services 1992; Robson 1995; Commonwealth Department of Health and Family Services 1996; Abbeyfield Society 1997; McQueen 1998) The effectiveness of particular projects/approaches depends in part on how they are implemented, the level of commitment by the parties involved to achieving good outcomes for clients, the capacities of the staff involved and the level of resources available.

It is important to have a diversity of approaches so that people have choices and there is an ability to respond to people's varied needs and circumstances. However, the diversity currently evident in many instances is not planned but the result of decisions made in many

different program areas or services without necessarily any reference to what is happening in other areas. Thus there is a need to develop more co-ordinated planning across government programs so that an appropriate balance of models is available within local areas.

#### Issues evident from an examination of approaches in Victoria

The **Victorian Housing and Support Program model** is an example of an effective approach for supporting people with a psychiatric disability to achieve a sustainable tenancy in public housing (Robson 1995; McQueen 1998). The Program was first established in 1992 between two different Victorian Government Departments. These were the Department of Planning and Development, which was responsible for the acquisition of public housing and tenancy management and the Department of Health and Community Services, which provided recurrent funding to non-government psychiatric disability support services (PDSS).

In all, there are some 650 properties across Victoria, housing some 700 individuals, usually in single-occupancy housing, supported by 30 different psychiatric disability support services (PDSS) Each PDSS is allocated a number of properties and can nominate clients accessing their services to the housing. The PDSS is usually funded for one full time staff position for every 10 clients. To be eligible people must have a psychiatric disability, be eligible for public housing and be unable to live in the community without support. They must be willing and ready to accept support and remain engaged with a specific PDSS.

Key features of the model that appear to be important to its success include co-operative cross department/division planning, sufficient and reliable support, protocols outlining working relationships between the housing and support services and effective approaches for obtaining client permission for release of information.

In the **general public housing program**, effective linkages and coordination between housing and support is achieved for some individuals but there are many constraints and challenges to supporting many tenants to sustain their tenancies. Factors identified as enhancing outcomes for clients include the knowledge and skills of housing officers, having processes to address issues associated with the release of client information, diversity in housing stock and timely availability of housing and support. The achievement of positive client/tenant outcomes is affected by differences in the orientation of the two sectors and the lack of a framework for how those in these sectors might work together.

The smaller scale, scope and often more specialised knowledge of the likely needs of tenants in **community housing**, as well as the capacity to develop locally tailored processes, enhances the ability of community housing to achieve effective coordination between housing and support. In contrast, there are considerable difficulties in achieving effective linkages to support housing stability in unaffordable and inappropriate **private rental** housing.

### **Directions for Enhancing Linkages/Coordination Between Housing and Support**

Reducing the complexity of the current array of programs and services is an unlikely possibility in the shorter term as a strategy for addressing the challenges of achieving effective coordination of services for individuals. Thus, directions for enhancing co-ordination will need to work within the complexity of the current service system.

The conclusion reached through this research project is that working to support more effective linkages between housing and support for individuals is a responsibility across the service system, as people with a mental illness are found amongst the client groups of many services. A diverse range of approaches is required to ensure choice, flexibility and options for people who cannot or choose not to access specialist mental health/psychiatric disability support services. Specialist services and formally integrated housing and support services are very important but can usually only ever partially address the level of need in the community.

In examining approaches for strengthening the coordination of housing and support to individuals, we need to consider two broadly complementary approaches.

- At the broad system level we need to strengthen the commitment to the development of more coordinated approaches for individuals, continue to reduce the barriers, and enhance the capacity of generic services to assist people with particular needs, such as those with a mental illness, through increased knowledge and competency.
- We also need to continue to evaluate existing models and develop and expand more integrated models for linking housing and support that are known to be effective. For some people, effective coordination can only be achieved through more highly integrated approaches, which often include individual case management/care coordination.

It is evident that raising consciousness of the need to continue to work to improve coordination for individual clients must continue to be a high priority. Different approaches are possible at each level of the service system and consideration of the options available at each level provides a systematic approach for thinking. The five levels at which different types of approaches are possible are as follows:

- **Arrangements between Commonwealth and State Governments.** There is considerable potential in the framing and negotiation of Commonwealth/State agreements for different program areas to acknowledge the interconnection for individuals of different programs and to formally set out expectations about how coordination with other program areas should occur. Such agreements include those for Housing, Supported Accommodation Assistance Program (SAAP), Home and Community Care (HACC) and Disability.
- **Government handling its own business.** Governments have considerable capacity to contribute to better coordination for individuals in the way they undertake their governmental responsibilities. They can for example develop broad policies supporting enhanced coordination in government activities, co-locate linked programs or services in particular departments and establish inter-departmental tasks groups.
- **Government as a funder of services provided by others.** Government departments and program areas have a significant capacity to either enhance coordinated service delivery for individuals or to create barriers when designing programs, developing guidelines for the delivery of programs, establishing performance measures and accountability requirements.
- **Local service networks.** How services in a local service network work together can have a major impact on the achievement of coordinated support approaches for common clients. Regular service network meetings, co-location of services and the development of formal interagency protocols are just some of the examples of approaches that can influence the degree of coordination of services provided to individuals.

- **Individual services.** Each individual service provider has the potential to contribute to enhancing the level of coordination for clients. Examples include seeking funding to provide a range of related services, the development of operating policies and practices that require co-operative approaches with other agencies, and a housing provider developing support protocols for tenants with local agencies.

## **Applicability of findings for other housing needs groups**

People experiencing significant psychiatric disabilities because of their mental illness present particular challenges for the service system. The particular difficulties that can result from the way in which a mental illness can affect a person's functioning need to be taken into account in service design and service practice. Any analysis and service development which achieves improvements for people with a mental illness should have positive flow on effects for other vulnerable individuals for whom effective coordination between housing and support is important. The identification of different options for improving linkages between housing and support at each level of the service system will apply equally to other groups.

## **POLICY DEVELOPMENT IMPLICATIONS**

Reflections on the insights developed through this project highlight a number of key issues that need to be taken into account in future policy development. These follow. As can be seen, not all policy development implications focus directly on program linkages, as a number of more fundamental issues that undermine the capacity to achieve effective linkages have also been identified as part of this study.

## **Enhancing Coordination Between Housing and Support**

### A more coordinated government response

Strong leadership and the development of more collaborative and coordinated approaches is required from both Commonwealth and State governments if we are to tackle the factors that currently inhibit the ability to achieve effective coordination for people living with a mental illness who require linkages between housing and support. There are many different approaches open to government as a whole and to individual departments to influence the design of policy and programs and the degree to which they enhance or inhibit coordinated service provision to individuals living with a mental illness.

### Everyone has a role to play – strengthening awareness and consciousness

Actions at all levels of the service system can enhance or inhibit coordination between different services and service sectors. While government has a major role to play, people at all levels of the service system that work with people with a mental illness have important contributions to make to ensure that they take whatever opportunities are available to contribute to more coordinated individual responses. To support this, there is a need for the development of greater cross-sectoral understanding about how each sector works to support people living with a mental illness and the strategies possible to enhance current approaches.

### Government taking into account the service practices required to provide effective support to people with a mental illness

The particular disabilities and resultant support needs associated with having a mental illness require service responses that incorporate particular features. In designing and funding housing and support services for people with a mental illness, attention needs to be given to the incorporation of the particular features that are outlined earlier in this Paper.

### Ensuring generic housing and support services understand the ways that mental illness can affect people's capacities and behaviours

A number of the approaches developed that contribute to supporting people to access stable housing and sustain tenancies are generic models that cater to multiple needs groups. Developing strategies to enhance the ability of these generic services to effectively support people with a mental illness is important. This requires attention to ensuring that service staff have information and training on mental illness and its impacts, that program and service development support exists, as well as opportunities for agencies or individuals with specialist knowledge of mental illness to consult to generic services.

### Deciding on the balance needed between different models to meet local area needs

The current range of approaches in local areas for linking housing and support for people with a mental illness, and the balance between the different types of approaches, tends to be the result of ad hoc and uncoordinated decision making by various levels of government and different government programs. There appears to be considerable variation between geographic areas in the range of options available. More coordinated approaches to planning across spheres of government and different program areas is required to ensure each local area has a balanced range of service models/approaches available for linking housing and support.

## **Addressing broader underpinning issues**

### Strengthening the focus of social housing on achieving sustainable tenancies

The priority given by housing managers to understanding and developing strategies to cater for the particular needs and characteristics of different tenant groups is influenced by the degree to which social housing programs explicitly aim to support people who are likely to have difficulty in sustaining tenancies. Housing managers are likely to give a far greater priority to considering how housing and support services might work together if maintaining tenancies is an objective of the housing service. In planning for the future of social housing consideration needs to be given to this issue.

### Tackling the inadequate levels of housing and support

A key issue raised by many who contributed to this project is that the capacity to achieve effective coordination requires sufficient supply of the services that need to be coordinated. The severe shortage of secure, affordable and appropriate housing in many areas creates major problems in working to support people with a psychiatric disability to better manage their illness and develop and maintain the skills and confidence needed to successfully sustain a tenancy. Equally, if people do manage to obtain secure housing, such as public or community housing, their ability to maintain that housing is often weakened if they do not receive needed support in a timely manner and at a level required to ensure their particular needs and vulnerabilities are addressed. As the inadequate supply of affordable and secure

housing has major consequences for people with mental illness, the particular needs of this group warrants priority consideration.

#### Cost benefit analysis of greater investment in more adequate supply of effectively coordinated housing and support

Those who contributed to this project identified that many people with a mental illness are revolving through the justice system, health system and/or SAAP system, presumably at a very high cost to government and at a major cost to the person's own wellbeing and future life options. For some individuals, they identify that this is the result of the limited availability of well coordinated and adequately resourced housing and support options. Examination of the economic and social costs and consequences associated with people revolving through multiple parts of the service system, compared to the economic and social costs and consequences of expanding the availability of coordinated housing and support options, would assist in informing government deliberations on how to most effectively allocate scarce and finite resources.

#### Addressing the discrimination that affects the options available to people with a mental illness

Community prejudice and discrimination can have major impacts on the ability of some people with a mental illness to access and sustain stable housing. Thus broad community development and information strategies about mental illness are an important adjunct needed to support initiatives to achieve better integration between housing and support and stable tenancies.

## **CONCLUSIONS**

Living with a psychiatric disability can pose particular challenges for accessing housing and receiving the appropriate levels of support to maintain housing. There is a diverse range of ways in which housing and support can be linked to achieve more coordinated assistance to help people to achieve housing stability. These range from programs which formally link housing with support within the one service model to generic service providers working in ways that transcend program boundaries to achieve better outcomes for individuals.

A wide range of strategies is required to continue to enhance the capacity of the service system to ensure co-ordination between housing and support for people who require this. Actions at many levels can contribute to improved outcomes for people living with a mental illness. The challenge for the government and service providers is to continue to identify and refine ways to assist the most vulnerable individuals, such as those living with a psychiatric disability, to achieve stable housing, in what is a highly complex and often fragmented service system which cannot be quickly changed.

## REFERENCES

Abbeyfield Society (Australia) Ltd, 1997. *Abbeyfield Housing for Older People – Infrastructure Report 1997*, The Abbeyfield Society (Aust.) Ltd.

Bisset, H., Campbell, S. and Goodall, J. 1999, *Appropriate Responses for Homeless People Whose Needs Require a High Level and Complexity of Service Provision*, Prepared for Supported Accommodation Assistance Program, Department of Family and Community Services, ACT, by Ecumenical Housing Inc and Thomson Goodall Associates Pty Ltd.

Carling. P. 1995, *Return to Community: Building Support Systems for People with Psychiatric Disabilities*, New York: The Guilford Press.

Commonwealth Advisory Committee on Homelessness. 1998, 'Issue Paper No. 4: Preventing Homelessness among People with Mental Health Care Problems', *CACH Issues Papers*.

Commonwealth Advisory Committee on Homelessness. 2001, *Working Towards a National Homelessness Strategy*. Consultation Paper, Commonwealth Department of Family and Community Services, Canberra.

Commonwealth Department of Family and Community Services and the Commonwealth Department of Health and Aged Care. 2000, *SAAP Linkages with Mental Health: Improving Outcomes for Homeless People with a Mental Illness - Discussion Paper*.

Commonwealth Department of Health and Aged Care (CDH&AC). 1999, *Mental Health Promotion and Prevention National Action Plan, Under the Second National Mental Plan: 1998-2003*.

Commonwealth Department of Health and Family Services. 1996, *Connecting Aged Care and Housing: An Evaluation of the Assistance with Care and Housing for the Aged Program (ACHA)*, Aged and Community Care Service Development and Evaluation Reports, No. 23, Canberra: AGPS.

Commonwealth Department of Health, Housing and Community Services. 1992, *It's Your Choice: National Evaluation of Community Options Projects*, No.2, Canberra: AGPS.

Curtis, L. 1997, *New Directions: International Overview of Best Practices in Recovery and Rehabilitation Services for People with Serious Mental Illness*, A Discussion Paper prepared for New Zealand Mental Health Commission, Trinity College of Vermont, Burlington, VT.

Ecumenical Community Housing. 2000, *Overton Community Housing Project, Peel Street, Kew: Management and Tenant Support Approaches*, Melbourne: ECH.

Keys Young. 1994, *The Needs of People with Psychiatric Disabilities Living in Public Housing: Issues and Options*. Prepared for Australian Housing Research Council.

Leigh Naunton & Associates Pty Ltd. 1997, *Cornerstone Project Report: Stage One*, Psychiatric Disability Services of Victoria (VICSERV).

Leigh Naunton & Associates Pty Ltd. 1998, *Cornerstone Project Report: Stage Two*, Psychiatric Disability Services of Victoria (VICSERV).

McInerney, J. 1999, 'Supported Housing Development Foundation', *Living Independently: Access to Choice*, Report of the 1<sup>st</sup> National Forum of the Disability, Support and Housing Alliance.

McQueen, S. 1998, *Report on the Establishment of the Housing and Support Service* May - November 1997. Melbourne: Inner South Community Health Service Inc.

McNelis, S. and Nicholls, R. 1997, *Towards a Holistic Response to People with Housing and Support Needs*, A report to the Office of Housing on integrating housing assistance and support services for people with disabilities, Melbourne: Victorian Council of Social Service.

NSW Health Department. 1999, *Joint Guarantee of Service for People with a Mental Illness*, State Health Publication No: (CMH) 990053.

Ogilvie, R.J. 1997, 'The State of Supported Housing for Mental Health Consumers: A Literature Review', *Psychiatric Rehabilitation Journal*, Vol. 21, No. 2, pp. 122-131.

Reynolds, A. 1995, *People with Complex Needs: Effective Support at Home*, McVicar and Reynolds, contracted by Aged and Community Care Division, Department of Human Services and Health, Canberra: AGPS.

Reynolds, A. and Inglis, S. (2001a). *Effective programme linkages: an examination of current knowledge with a particular emphasis on people with mental illness: Positioning paper*, prepared by the Australian Housing and Urban Research Institute, Swinburne/Monash Research Centre, Melbourne.

Reynolds, A. and Inglis, S. (2001b). *Effective programme linkages: an examination of current knowledge with a particular emphasis on people with mental illness: Work-in-Progress Report*, prepared by the Australian Housing and Urban Research Institute, Swinburne/Monash Research Centre, Melbourne.

Reynolds, A., Inglis, S. and O'Brien, A. (2001c draft). *Effective programme linkages: an examination of current knowledge with a particular emphasis on people with mental illness: Final Report*, prepared by the Australian Housing and Urban Research Institute, Swinburne/Monash Research Centre, Melbourne.

Reynolds, A. and O'Brien, A. (2001 - in press). *Older People Living with a Psychiatric Disability – Improving Service Responses*, report compiled for Prahran Mission, Melbourne: Ecumenical Housing Inc.

Robson, B.1995, *Can I Call This Home? An evaluation of the Victorian Housing and Support Program for people with psychiatric disabilities*, VICSERV.

Victorian Homelessness Strategy Ministerial Advisory Committee. 2001, *Building Solutions for Individuals and Families Who Experience Homelessness*, Working Report of the Victorian Homelessness Strategy Ministerial Advisory Committee, Melbourne: Department of Human Services.

Weir, W. 1997, *Housing and Supported Accommodation Strategies: For People Seriously Affected by Mental Illness*, report on project commissioned by the Centre for Mental Health, NSW Health Department.