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## **‘Open Sesame!’ ALI teams and the 20 Boarding Houses**

The Boarding House Team, a service of the Central Sydney Area Mental Health, and the three Active Linking Initiative (ALI) Projects in the Inner West are working in partnership, to develop specific recreation and leisure strategies to meet the identified unmet needs of people with disabilities who live in licensed residential centres or boarding houses. Licensed boarding houses differ from unlicensed or rooming houses/lodging houses in that under the NSW 1973 Youth & Community Services Act, if two or more people with a disability who require supervision or habitual support reside in a premise then it must be licensed. Licenses are regulated and monitored by the Boarding House Standards Unit of the Department of Ageing, Disability and Home Care.

The development of partnerships between mental health services and non-government organisations is in line with National and State Mental Health policies, in particular the Second National Mental Health Plan, the Mental Health Promotion & Prevention National Action Plan and the Caring for Mental Health Framework for NSW. Additionally the NGOs and Mental Health a Framework Partnerships policy document<sup>1</sup> clearly identifies the need for increased partnerships between mental health services and NGOs.

In the past six years much has been written about the identified unmet needs of people with a disability who live in licensed boarding houses in the Inner West and throughout NSW. Historically there have been very few specific services available to meet the needs of this population group. Though the majority of residents have a diagnosis, whether that be mental illness, intellectual disability or alcohol related brain damage, the diagnosis is not the primary problem. For most individuals it is - isolation and poverty encompassing all areas of poverty - social, environmental, financial and poverty of thought and action.

The Boarding House reform process was commenced in late 1998 with a \$66 million program. Initiatives included the relocation of people with high needs from boarding houses to supported accommodation, provision of Home Care services to individuals, statewide database, standards and a boarding house screening tool developed to prevent people with high needs from entering boarding houses. The ALI model is one of the most successful outcomes to date. It is planned that an evaluation of the ALI program is to occur by June 2002, with the recommendations from the recent review of the Boarding House Reform to be taken into consideration<sup>2</sup>.

In January 2000 the then Ageing & Disability Department (ADD) sought ALI Expressions of Interest from government and NGOs to arrange, purchase or provide a variety of community-based recreation/leisure, educational and training activities. The ALI program developed as a model of service enhancement for supporting people with low to moderate needs.

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<sup>1</sup> Document to be released by end of the year

<sup>2</sup> Independent consultants conducted the review of the Boarding House Reform. The report of the review is with the DADHC Minister’s Office and will be forwarded to Cabinet.

At the time there were 1650 people residing in boarding houses in NSW with the greatest number (34%) residing in the Central Sydney area. The Ageing & Disability Department allocated funding in July 2000 to all the successful NGOs with nominal funding of \$2000 per individual based on bed capacity. Services commenced shortly thereafter. At the time there were 510 residents in Central Sydney with funding of \$1,016,000 allocated for the first year. In the second year of the program funding was maintained with a decrease in funding occurring, if a boarding house had closed.

The three major components of the ALI model are:

1. Pre-skilling, including engagement, participation skills development and the identification of opportunities for community involvement;
2. Active linking to community-based recreation/leisure activities, assisting residents to access community groups eg local clubs and groups and the establishment of community integration opportunities; and
3. Educational and vocational training opportunities, including for example, travel training, life skills, money management, access to TAFE and Skillshare programs and evening colleges.

The three ALI organisations operating in the Central Sydney area are:

1. Aftercare - a supported accommodation service;
2. Newtown Neighbourhood Centre - a neighbourhood centre with a HACC funded residents program, and
3. Supported Living – a disability support service of Uniting Care.

The framework for the ALI model is based on meeting individual identified goals. The model has a multi-faceted focus in that Local Government Agencies and statewide services are involved in community development approaches, health promotion, skills training and support, education and community integration. A major component of the model is choice and the capacity to be flexible with programs to meet changing individual need. The Central Sydney ALI model incorporates the establishment and maintenance of links with General Practitioners, Psychiatrists, Boarding House Managers and staff and Council staff from 8 Local Government Agencies.

Some of the outcomes of the model are, an increased presence by NGO staff in boarding houses. This has assisted with increased access to services. The resultant collection of data has resulted in the recognition of the need for greater government support and intervention to improve residents' quality of life.

Brokerage of individually targeted and group services occurs, with the development of contracts with private and other NGOs for the provision of services. The ALI model is progressive and could be used as a prototype for psychiatric rehabilitation in NSW. This brokerage model differs from, and is a challenge to traditional mental health rehabilitation models and some disability specific services.

Historically rehabilitation services were based on the medical model; still working with consumers as individuals however programs often occurred in group settings. Activities were, and are, based on leisure skills with large group bus trips considered a weekly activity. Programs were often custodial with individuals attending the same venue. Consumers speak about attending similar group activities on many occasions over the years.

The ALI model builds on an individual's skills, providing flexibility with programs and activities and is individually goal oriented. There is a belief in the individual's capacity to change, with the ALI services encouraging individuals to eventually engage in independent activities. An example of this is the establishment of a voucher system

at the local RSL Club where residents of boarding houses, now club members, attend on a Sunday afternoon to listen to a jazz band. The vouchers, held at the Neighbourhood Centre, entitle the individual to a free meal and soft drink. This has proved very popular with a number of residents establishing friendships with local RSL club members.

An example of ALI flexibility and innovation that occurred recently in an attempt to meet an individual's identified goal of attending a ballet. The program included an ALI worker borrowing a CD of the music for the ballet from a local library. The CD was played every day for 3 weeks generating increased interest by a number of individuals in attending the ballet. Public transport was used, with participants also getting a 'behind the scenes' tour after a query from an individual about the movement of sets.

Specific strategies for the implementation of the ALI model involve ongoing support, regular liaison and provision of training, and management of the program by Support Managers of the Boarding House Reform. In Central Sydney this is the Manager of the Boarding House Team. Other strategies include the development of referral forms between services, joint community development activities and working parties who are documenting the current service provision in the Inner West. Consumer forums, training for all ALI staff on disability and allocation of one-off funds for primary and secondary health needs, for example, new walking frames, speech pathology or orthopaedic shoes for individuals.

Boarding house staff report that residents are less dependent on staff, appear happier, are out a lot, not sitting around all day and are more assertive. They attribute this to increased activities and social interaction and the resultant enhanced confidence and self-awareness of individuals. One boarding house manager has commented on the differences he has observed in residents over the past two years.

Client Profile: Ms K is a 70-year-old woman who has lived in and out of institutional care since the age of 19. She was born in rural NSW, the youngest and only daughter of 5 children. She reports her mother to have been very strict and as a result did not have any boyfriends. She had her first psychotic episode at 15 and her first seizure at 20 years of age.

During the 60s and 70s Ms K had many psychiatric admissions to both private and public hospitals, and convalescent and nursing homes in Sydney and the Blue Mountain regions. She was admitted to a long stay ward in 1979 after her mother could no longer care for her and remained in a succession of wards and hospital rehabilitation programs till 1997, when she was moved into a licensed boarding house.

Staff of the ALI organisation first introduced themselves to Ms K in November 2000. At the time she was discouraged by boarding house staff from leaving the boarding house as "she gets manic, and could get too excited". ALI staff made gradual contact with her during in-house activities and over a period of 3 months discussed interests and future goals. The first outing together was to a local coffee shop. This led to longer and longer supported trips into the community to a variety of shopping centres with ALI staff assisting her to use public transport. Subsequently Ms K is building her own rapport and friendships in an ALI supported women's group in a local community centre.

She reports "my muscles have been tense for years and now I feel sooo relaxed...life is beautiful". She is a very sociable woman, has an excellent capacity for

remembering bus routes and loves nothing better than to visit shopping centres to sit awhile, have a coffee and “love people”. The boarding house manager reports that since being involved with the ALI service Ms K is “a changed woman”.

The identified goal is to support Ms K to feel greater confidence in exploring what the community has to offer and to develop meaningful friendships through contact with others. Additionally Ms K will be introduced to a local Friendship group that she may be able to access independently.

For many of us here today this may seem a small achievement but for someone who has spent many years being constrained by others these small steps of independent thought and action are major milestones.

The uniqueness of the client group has been a challenge for disability specific non-government organisations. As we are all aware funding in NSW is based on the provision of services related to a specific disability. This arrangement would not have been suitable for people from boarding houses as a number of individuals have more than one disability. An example of this, are a couple who were relocated to supported accommodation as a result of a boarding house closure. Mr F is a 59-year-old male who has been identified as having high needs. He has lived with schizophrenia and alcohol related brain damage. His partner Ms T has an intellectual disability, epilepsy and a hearing impairment. As they wished to remain living together the service needed to adapt, not the clients. To meet the individual needs of consumers, services require flexibility in their programs and more importantly staff education and support.

There are, however, a number of identified problems with the implementation of the ALI model. The cost to individuals may be prohibitive as not all activities are funded by the program. This particularly impacts on people with little disposable income especially people who smoke cigarettes. All services have to be well coordinated and communication is essential, as often one service will visit to escort a resident to a dental appointment, for example, to find they have gone out for the day.

A lack of regular clinical discussions with ALI and health care services to discuss client's physical and mental health needs can occur, resulting in decreased service provision and friction between services.

Some ALI staff have encountered problems with the delivery of service in boarding houses. Managers and staff may be initially suspicious of the involvement of ALI staff, or may feel that they are being spied upon. The provision of activities tends to occur during the day, which may conflict with the main meal being served at noon. Often residents have to be back in the boarding house by 4pm to receive their night medication before boarding house staff can go home.

Boarding house managers will often apply pressure to ALI staff to take more people out at a time, and in busloads preferably. This is more evident in rural areas where public transport is at a minimum. In a number of boarding houses in the Inner West the majority of residents have taken part in travel training and are proficient at public transport due, partially, to the ALI service not having a bus or even staff with driver's licenses.

The maintenance of equity is difficult as some people refuse to participate whilst others are keen to be involved in all activities. The initial concentration of services to people who are higher functioning has resulted in those individuals moving onto more independent activities. This allows for different programs and activities to be planned

for the remaining client group. The need to involve brokerage to private services is difficult as it requires development of the resources and collaboration between services.

One year later there is still no consistent quantitative data. However the software developed for the ALI agencies is now in place. This will clearly identify the number of brokerage hours per individual, the type of organisation providing the activity, the level of support required and the type of activities attended. This data will assist in the future planning for the individual and for the ALI service provider.

The ALI model in Central Sydney is an excellent example of partnerships that can be developed between government and NGOs, to best meet the needs of people with disabilities in our communities. Clearly identifying needs, planning and implementing a service accordingly, highlights that for residents in boarding houses it has assisted with gaining an increased quality of life. Future development of partnerships with other organisations can, and will only, improve access and equity for this population group. Whilst highlighting the positives and negatives of this model it has provided a focus for future directions.

## **References**

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