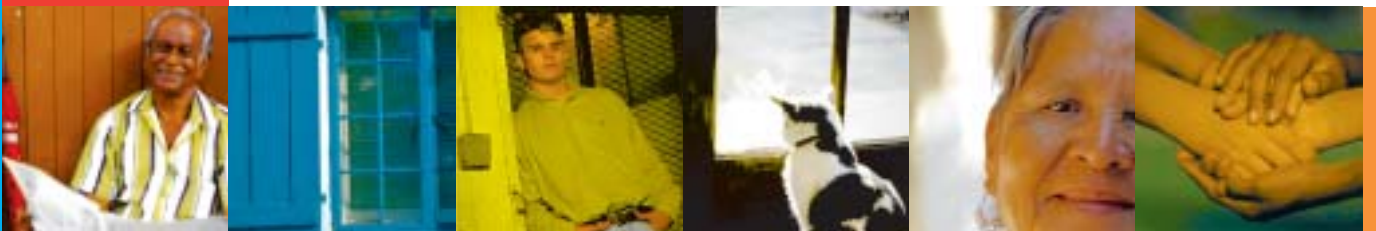




Joint Guarantee of Service for People with Mental Health Problems and Disorders

Living in Aboriginal,
Community and Public Housing



NSW DEPARTMENT OF HEALTH

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September 2003



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Acknowledgments

The review of the Joint Guarantee of Service has been coordinated by a multi agency Working Group with representation from the following organisations:

- NSW Department of Housing
- NSW Health
- NSW Department of Community Services
- Aboriginal Health and Medical Research Council of NSW
- NSW Aboriginal Housing Office
- NSW Consumer Advisory Group, Mental Health Inc.
- South Eastern Sydney Area Health Service
- Hunter Area Health Service

We wish to acknowledge with thanks the help and advice of the following:

- attendees at the NSW Health meeting for mental health representatives involved in the implementation of the JGOS
- attendees at the NSW Department of Housing meeting for housing representatives involved in the implementation of the JGOS
- attendees at the Office of Community Housing consultation with community housing providers
- respondents to the consumer survey conducted by the NSW Consumer Advisory Group
- respondents to the 2002 NSW Health review of the Joint Guarantee of Service.



Executive summary

The Joint Guarantee of Service (JGOS) outlines the roles and responsibilities of the participating NSW 'agencies':

- NSW Health (including the NSW Department of Health and the NSW Area Health Services)
- Aboriginal Health and Medical Research Council of NSW
- NSW Department of Community Services, on behalf of the Supported Accommodation Assistance Program (SAAP)
- NSW Department of Housing (including Public Housing and the Office of Community Housing)
- NSW Aboriginal Housing Office

In coordinating the delivery of services to people with mental health problems and disorders who have ongoing support needs living in social housing.

The focus of the Guarantee is to:

- better assist and enhance the well being of existing social housing tenants whose tenancy may otherwise be at risk
- assist housing applicants who may be homeless or at risk of homelessness to successfully establish a tenancy.

The JGOS has been developed as a broad inclusive strategy to guide the coordinated delivery of mental health, support and housing services between the participating agencies in NSW. The aim of coordinated service delivery is to enhance the well-being and improve housing outcomes of the individuals receiving assistance.

The JGOS also outlines the roles and responsibilities of the agencies in coordinating the delivery of services that promote the social and emotional well-being and mental health of Aboriginal and Torres Strait Islander communities. The concept of social and emotional well-being attempts to reflect Aboriginal people's holistic understanding of health and to provide a framework of understanding that considers the health problems experienced by Aboriginal people in terms of social, emotional, cultural, physical and spiritual parameters.¹

The JGOS provides a framework for non-government social housing providers from the Aboriginal and Community housing sectors, non-government mental health service providers and non-government SAAP service providers to participate in these arrangements at the local level. JGOS partners include the four Government agencies that have agreed to participate in the Joint Guarantee of Service by signing the *Memorandum of Understanding*.

Social housing providers covered by the JGOS framework include Public Housing, as a delivery arm of the Department of Housing, and individual organisations registered with the NSW Aboriginal Housing Office or the Office of Community Housing that have become signatories to the *JGOS Memorandum of Understanding* at the local level.

¹ This concept was initially used by the Aboriginal Health Strategy Working Party 1989. Further definition of the parameters of the social and emotional well-being and mental health of Aboriginal and Torres Strait Islander communities will be developed in the *Implementation Plan and Training Package* that supports this Partnership.

SAAP purchases a range of transitional supported accommodation and related support services to assist people who are homeless or at risk of homelessness. Where people with mental health problems and disorders are homeless or at risk of homelessness, assistance from SAAP services working collaboratively with social housing and mental health providers will improve coordinated service delivery.

The JGOS is a synthesis of best practice arising from work undertaken by the agencies across NSW since 1994.

The JGOS acts as a statement of intent to:

- clearly define the roles and responsibilities of the agencies
- outline processes and procedures for the agencies and non-government providers to enable them to work together cooperatively, in particular confidentiality protocols which respect the privacy and choice of individuals while permitting the exchange of necessary information
- formally recognise and endorse policy developments that impact on the provision of services to people with mental health problems and disorders as well as services that promote the social and emotional wellbeing and mental health of Aboriginal people including people who are homeless or at risk of homelessness
- support cooperative planning around joint programs and practice models.

The JGOS is in three parts:

- 1** A *Memorandum of Understanding* is a set of overarching Principles by which the NSW Department of Housing (including Public Housing, the Office of Community Housing), the NSW Aboriginal Housing Office, the Aboriginal Health and Medical Research Council of NSW, the NSW Health and the NSW Department of Community Services on behalf of SAAP agree to work together for the benefit of individuals assisted by these agencies. These Principles have been formally endorsed by all Directors-General and the responsible Chief Executive Officers and are endorsed by all JGOS partners.
- 2** Sample *Guidelines* providing joint operational standards that are consistent with the Principles. The *Guidelines* may be adapted cooperatively to suit local requirements. Any amendments must, however, be consistent with the JGOS's Principles. The *Guidelines* include a sample local MOU and cover the following areas:
 - role and responsibilities
 - assessing housing need
 - establishing a tenancy
 - tenancy management
 - communication and referrals
 - confidentiality
 - developing and monitoring Individual Service Plans
 - planning for joint programs
 - evaluation of individual outcomes and joint programs.

- 3** A *Resource Kit* including a *Training Package* and a number of attachments will be developed in 2003 to support the further implementation of the Joint Guarantee of Service. As with the *Guidelines*, each attachment document² may be cooperatively adapted to suit local arrangements provided the changes are consistent with the JGOS's Principles.

² With the exception of the Residential Tenancy Agreement



Part 1

Memorandum of Understanding

This *Memorandum* is made by the NSW Department of Housing, the NSW Department of Health, the Aboriginal Health and Medical Research Council of NSW, the NSW Aboriginal Housing Office, and the NSW Department of Community Services on behalf of the SAAP in order to take account of the special needs of mutual consumers who may have mental health problems or disorders.

- A** The Parties are bound by ethical and statutory obligations of confidentiality, as set out in section 22 of the *Health Administration Act 1982* and section 289 of the *Mental Health Act 1990*, relevant Commonwealth and State legislation and relevant sections within the National Health and Medical Research Council (NH&MRC) Statement on Ethical Conduct, Section 71 of the *Housing Act 2001*, the *Privacy and Personal Information Protection Act 1998* and Section 12 of the *SAAP Act 1994* which prevents the disclosure of individual information except in limited, specified circumstances.
- B** Individual non-government Aboriginal health and Aboriginal and community housing providers, SAAP service providers and other non-government organisations will become Party to the Joint Guarantee of Service by signing a *Local Memorandum of Understanding*.
- C** The signatories to this *Memorandum* recognise that the aims and purposes of the Joint Guarantee of Service are to promote the interests of the individuals seen by them, and to this end recognise the importance of cooperative planning and action in relation to such individuals.
- D** The Parties have agreed to enter into this *Memorandum of Understanding* on the terms and conditions contained herein.



Principles of the Joint Guarantee of Service

We, the undersigned, hereby agree and commit our respective agencies to operating according to the Principles of this Joint Guarantee of Service as set out below:

- 1** That coordinated planning, evaluation and services shall be maintained so individuals with mental health problems and disorders receive social housing, mental health, support services and SAAP services where applicable, that are appropriate to their needs and inclusive of natural support systems of families, carers and community.
- 2** That confidentiality and privacy will be fully respected in accordance with applicable law and policy. Any exchange of information shall be provided in accordance with specified and agreed privacy protocols and, wherever appropriate, based on express consent made in writing.
- 3** That adequate resources shall be committed from those available for effective service delivery to individuals assisted by the agencies.
- 4** That regular formal contact and communication shall be maintained for the purposes of:
 - coordinating the provision of appropriate accommodation and support services to people with mental health problems and disorders
 - undertaking cooperative planning and development of new services and products
 - monitoring and reviewing service provision
 - providing and participating in education and training.
- 5** That there shall be ongoing consumer input into the development of policies, service models and training.
- 6** That collaboration shall be maintained in the development of innovative alternatives to social housing for individuals for whom social housing is not appropriate. Collaboration shall be maintained so that people with mental health problems and disorders are offered assistance to access appropriate mental health and other support services.
- 7** That service provision shall be monitored so that services reflect the changing needs of individuals and that services' performance can be improved over time.
- 8** That Aboriginal, community and public housing for people with mental health problems and disorders who require ongoing support be:
 - safe, secure, affordable and appropriate
 - respectful of the individual's right to quiet enjoyment.

- 9** That the care provided by NSW Area Mental Health Services for people with mental health problems and disorders requiring social housing needs to incorporate:

 - a holistic approach
 - the development and implementation of plans to address agreed priority needs that will assist the individual to sustain their tenancy
 - coordination of support to assist with successful residency within the community
 - coordination of the management of personal affairs if the individual is hospitalised or temporarily unable to manage
 - notification to the social housing provider if the premises cannot be secured or are to be relinquished.
- 10** That the Supported Accommodation Assistance Program (SAAP) will provide support to people with mental health problems and disorders who are identified as homeless or at risk of homelessness and require and are prepared to accept a support service from SAAP.
- 11** That individual member agencies of the non-government Aboriginal Community Controlled Health Sector and Aboriginal and Community Housing Providers will become partners under the Joint Guarantee of Service by entering into a *Memorandum of Understanding* at the local level with the corresponding Area Health Service.
- 12** That individual non-government mental health services will become partners under the Joint Guarantee of Service by entering into a *Memorandum of Understanding* at the local level with the corresponding Area Health Service.
- 13** That the social housing providers' expertise is in identifying appropriate housing solutions that complement but do not replace the NSW Area Mental Health Service's service planning responsibilities.
- 14** That the NSW Area Mental Health Service's expertise includes providing clinical services to the population of NSW and promoting the social and emotional wellbeing and mental health of Aboriginal people. Clinical Services should focus on prevention, early intervention, treatment and rehabilitation. Clinical Services should also facilitate linkages between accommodation support and other disability support services to allow maximum participation in the community for people with mental health problems and disorders.
- 15** That the SAAP service providers' expertise is in assisting people who are homeless or at risk of homelessness based on a range of support and supported accommodation services. Their transitional support complements but does not replace the NSW Area Mental Health Service's service planning responsibilities.
- 16** That not all people with mental health problems and disorders will require social housing or the support of public mental health services.
- 17** That all people with mental health problems and disorders receive services that are sensitive to their cultural and linguistic backgrounds and which recognise the importance of preserving significant networks and/or relationships.

- 18** That mindful of the Aboriginal cultural values that maintain a continuing identity with one's country, services should, where practicable, be located close to the individual's family and community of origin.
- 19** That the *Guidelines* and any related documents of this Joint Guarantee of Service shall be consistent with the above Principles.
- 20** This *Memorandum of Understanding* does not negate an individual's normal right of appeal.

Definitions

'Advocate' is a person of the individual's choice, who provides information and/or support on issues of rights and responsibilities.

'Aboriginal Community Controlled Health Sector' means those Aboriginal Community Controlled Health organisations or health related organisations that are members of the Aboriginal Health and Medical Research Council of NSW (AH&MRC).

'Aboriginal Health and Medical Research Council (AH&MRC)' means the peak body for Aboriginal Community Controlled Health in NSW.

'Aboriginal health worker' means any person providing services for or on behalf of the Aboriginal Community Controlled Health Sector or any person in a designated Aboriginal mental health position providing services for or on behalf of Area Health Services.

'Confirmed SAAP service provider' is any person or body funded under SAAP who has provided written confirmation (to the Department of Community Services) to be part of the JGOS agreement.

'Health worker' means any person providing services for or on behalf of the Area Health Service, or for and on behalf of the Aboriginal Community Controlled Health sector, to individuals affected by this *Memorandum*.

'Joint Guarantee of Service' means the agreement to which this document is an annexure.

'NSW Health System' means the system of area and rural health services established under the *Public Hospitals Act 1929* and the *Area Health Services Act 1986*.

'Parties' means the five agencies that are signatories to this *Memorandum of Understanding*, the individual non-government services that become partners by entering into a *Joint Guarantee of Service Memorandum* at the local level and non-government disability support providers that provide services to people with mental health problems and disorders on behalf of an Area Health Service.

'SAAP service provider' means a person or a body funded under SAAP to provide transitional supported accommodation and related support services to people who are homeless or at risk of becoming homeless.

'Social housing provider' means any of the following:

- A** Public Housing that forms part of the NSW Department of Housing or the NSW Aboriginal Housing Office
- B** an organisation for the time being registered with the Office of Community Housing under the *Residential Tenancies Amendment (Social Housing) Act 1998*
- C** an organisation for the time being registered under Part 5 of the *Aboriginal Housing Act 1998*.

'Service coordinator' means any person including case managers coordinating individual service provision to people with mental health problems or disorders for or on behalf of the Area Health Service.

'Social housing worker' means any person acting for or on behalf of the NSW Department of Housing, NSW Aboriginal Housing Office or Aboriginal or Community Housing organisation who coordinates the provision of appropriate housing.

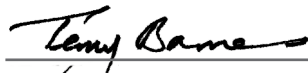
Operative date

This *Memorandum of Understanding* is effective from the 7 April 2003.

The *JGOS Agreement* shall continue indefinitely provided only that it may be terminated in writing by mutual agreement of each of the agencies. Any agency to the agreement may also choose to withdraw from the agreement by giving three months' written notice to each and every other agency to the agreement.

The *JGOS Agreement* shall be reviewed every three years from the date of its commencement. The review itself shall not terminate the agreement and the agreement shall continue throughout any review or review period.

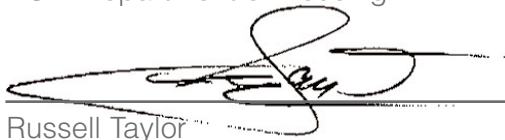
Unless the *JGOS Agreement* is terminated in accordance with any one of the above provisions, it shall continue unless superseded by the development and commencement of a replacement agreement at any time.



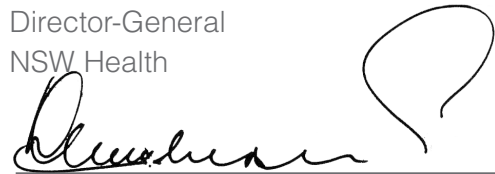
Terry Barnes
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Robyn Kruk
Director-General
NSW Health



Russell Taylor
Chief Executive Officer
NSW Aboriginal Housing Office



Neil Shepherd
Director-General
NSW Department of Community Services



Sandra Bailey
Chief Executive Officer
Aboriginal Health and Medical Research Council of NSW

Part 2

Guidelines for the Joint Guarantee of Service



The following *Guidelines* for the Joint Guarantee of Service are consistent with the Principles of the Guarantee, as endorsed by the Directors-General of the NSW Department of Housing, the NSW Department of Health and the NSW Department of Community Services and the Chief Executive Officers of the Aboriginal Health and Medical Research Council of NSW and the NSW Aboriginal Housing Office.

These *Guidelines* may be used as they are or may be adapted to better suit local requirements, as far as possible. Any application of the *Guidelines* must be consistent with the *SAAP Service Framework (2001)*, the *NSW Health Housing and Accommodation Support Framework (2002)*, the NSW Aboriginal Mental Health Policy, and policies of the NSW Aboriginal Housing Office and the Department of Housing. Any amendments must remain consistent with the Principles of the Guarantee.

This Guarantee has been prepared in recognition that some people with mental health problems and disorders have specific support needs that should be provided together with their accommodation so that their tenancies are established and or maintained. People with those support needs are covered by this Agreement. Some people may choose alternative support services and the social housing providers will work with those services.

Where an individual is no longer able to sustain a tenancy, and with their informed and considered consent, the agencies will try to arrange for alternative accommodation. The individual may, in appropriate circumstances, continue their tenancy in social housing while alternative accommodation is found for them. Temporary assistance and care will be sought as necessary to support the individual until more suitable accommodation can be found.

Standard NSW Department of Housing and NSW Aboriginal Housing Office policies and procedures and Community Housing Standards will cover services for those people who choose not to access any mental health support and are not meeting the criteria of being a mentally ill or mentally disordered person as defined by the *NSW Mental Health Act 1990*.

Roles and responsibilities

The social housing providers will be responsible for the provision of housing services, including:

- ensuring the terms and conditions of the *Residential Tenancy Agreement* are explained to the tenant
- ensuring that rights and obligations under the *Residential Tenancy Agreement* are explained to tenants
- providing housing options which are appropriate to the needs of those who are applying and eligible for assistance

- where social housing is provided, this will be secure, appropriate (to the needs of the individual but within the parameters of what is reasonably available) affordable accommodation
- facilitating neighbourhood harmony acknowledging the civil rights, responsibilities and dignity of all members of the community
- taking into account the special needs of individuals when allocating or managing social housing
- being sensitive to individuals' special needs
- being sensitive to the individual and societal, cultural needs of the Aboriginal community
- client service teams and/or other social housing workers working closely with support agencies where necessary
- ensuring property and tenancy management is in accordance with the *Residential Tenancies Act*
- managing social housing dwellings in accordance with asset management principles
- ensuring all reasonable measures are taken to maintain tenancies in accordance with the *Residential Tenancies Act*
- respecting the right to quiet enjoyment of premises.

Jointly, NSW Department of Health, NSW Area Health Services and individual organisations within the Aboriginal Community Controlled Health Sector will be responsible for the provision of mental health services, which include:

- assisting the individual to maintain a successful tenancy through the timely provision of appropriate mental health prevention, early intervention, treatment and rehabilitation services
- providing assessment and follow through of referrals for persons who are thought to possibly have mental health problems or disorders
- promoting the development of linkages between accommodation support and other disability support services
- endeavouring to develop and action, in consultation with the individual and the relevant social housing agency and other service providers as appropriate, an achievable service plan
- developing individualised goal-focused service plans, which include referrals to other agencies (eg Home Care, Home and Community Care) as appropriate. The plan should include a date for review and guidelines for coming together should the tenancy begin to break down before the review date
- if the individual is hospitalised, negotiating with appropriate agencies so that all affairs are looked after, eg bills paid, premises secured/relinquished and the social housing provider notified
- providing services which are consistent with the *NSW Mental Health Act 1990* and relevant Commonwealth, State and local policies and the *NSW Aboriginal Mental Health Policy 1997*
- developing services for individuals that take into consideration new policy recommendations which impact upon mental health

- the provision of support services and counselling of Aboriginal people with mental health problems and disorders through the Aboriginal community controlled health sector
- provide a network for ongoing support for families and carers of Aboriginal people with mental health problems and disorders.

The Supported Accommodation Assistance Program (SAAP) will be responsible for the provision of assistance to people who are homeless or at risk of homelessness through a range of support and supported accommodation services. These include provision of:

- casual one-off services that will support an individual gaining access to an appropriate service to address crisis issues such as accommodation, health, education, employment and training, financial support, legal and emotional support. This may include services for the families and carers of the individual
- day programs that are provided each day and may include group work, meal services, transport services, emergency accommodation, education, training and counselling
- outreach services that are provided by support workers utilising a case management approach. This includes services to individuals living on their own in either their own premises or in premises provided by the agency
- residential services that are intensive services provided over extended hours for an individual or a group of individuals at the place where they reside. This would normally be a refuge or a hostel and support may be 24 hours, 7 days per week or extended hours of support.

The Advocate will be responsible for the provision of systemic and individual advocacy, which includes:

- systemic advocacy during the relevant phase of local and Area JGOS meetings
- individual advocacy, as requested, where individual issues are being discussed. Signed release of information forms are to be tabled to identify the individual's direction in this regard:
 - provision of information on rights and responsibilities
 - support through explanation and discussion of options and strategies
 - attendance with or on behalf of at a JGOS meeting (with signed release of information form).

Jointly the Agencies will be responsible for:

- coordinating service provision so that individuals receive appropriate housing and appropriate mental health services
- collaborating in the development of innovative approaches to social housing and support
- ensuring that all personal information is dealt with confidentially and professionally and in accordance with applicable confidentiality and privacy laws and policies
- monitoring service provision so that services reflect the changing needs of individuals.

Assessing housing needs

People with mental health problems and disorders will receive the same quality of service as all other applicants when accessing the services of a social housing provider. Some people with mental health problems and disorders will access the Department of Housing without the need to involve the Mental Health Service. For people with mental health problems and disorders who are homeless or at risk of homelessness, SAAP agencies will provide the individual with access to a range of services (as outlined in the *SAAP Service Framework*).

When an individual applies for social housing assistance and/or SAAP assistance and the NSW Area Mental Health Service supports that application, it is essential that the social housing and/or SAAP worker be given sufficient information to effectively assess the individual's housing needs and/or other support needs. To enable this, the NSW Area Mental Health Service with the consent of the individual will write a support letter that includes the following information:

- appropriate contact person and contact information
- where available, family history information of individual
- identification of mental health problems or disorder
- assessment of independent living skills
- what effect this has on the individual's housing options
- any special requirements and the most suitable housing option and
- of support required and to be provided, and by whom, to enable the individual to maintain a stable tenancy.

If the applicant is interviewed for housing assistance, the Service Coordinator in Health, if appropriate, will endeavour to attend the interview with the consent of the applicant.

The following issues will be identified during the interview:

- available housing options
- the applicant's preferred housing options
- the level of support the applicant requires to maintain a tenancy
- a written agreement on provision of mental health services and
- if necessary, the identification of a contact person to whom offers of accommodation can be made.

The outcomes of this process will be that:

- the applicant is aware of housing options and an agreement is reached on the most appropriate housing solution/s
- the relevant social housing provider will have sufficient information to make an appropriate allocation
- the individual's ongoing support needs will be identified and addressed.

If an individual is approved for social housing and has specific housing needs they should be invited to attend the interview for housing assistance with their carer or advocate (if appropriate), or their situation should be referred to a joint service meeting to facilitate a coordinated approach.

Tenancy management

Most people with mental health problems and disorders will maintain a successful tenancy with their social housing provider. However where tenancy difficulties do arise, the Client Service Officer or other social housing worker will endeavour to resolve tenancy issues such as arrears, property damage or nuisance and annoyance directly with the individual. The social housing provider and the individual will discuss:

- the nature of the issue to be investigated
- action required to resolve the issue
- possible consequences and alternative action should the issue not be resolved.

If the issues are not resolved, and the individual is known to have, or is thought to possibly have mental health problems or disorders and the difficulties appear to be related to the individual's state of mental health, a referral should be made to the individual's health worker, Aboriginal health worker, or the Area Mental Health Service if the health worker is not known.

As appropriate, the social housing workers, the health worker and/or Aboriginal health worker will jointly problem-solve the issues in a cooperative manner. This process will include the individual concerned if possible.

Any crisis situation should immediately be referred to the Area Mental Health Team or Aboriginal Mental Health Worker, which will jointly undertake the required intake/triage procedures. Situations involving violent or potentially violent behaviour should always be referred to the police.

When an individual's tenancy is at risk because of complex issues and the appropriate social housing worker has taken steps to resolve the matter without success, the individual's situation will be referred to a joint service meeting to resolve issues relating to support and develop a coordinated service plan if one is not already in place. When it is identified that an individual may be at risk of homelessness, the joint service meeting may include the relevant SAAP service provider(s).

The processes described above will not limit the social housing provider's right to possession in appropriate circumstances, taking into account both the tenant's and the landlord's rights and obligations under the *Residential Tenancies Act*.

Communication and referrals

Representatives from the appropriate social housing services, DoCS' Area Partnerships and Planning Team, SAAP service providers, individual organisations within the Aboriginal community controlled health sector and the Mental Health Service should meet on an 'as needed' basis and at a minimum of once every three months to:

- address common issues
- maintain an effective working relationship
- exchange information
- plan joint action on issues requiring a coordinated service approach.

Liaison officers must be identified from all agencies to facilitate improved communication between agencies and participating providers at Regional/Area and local levels. These officers/staff are points of contact to:

- provide information or clarification on issues or services
- Follow the Guidelines of this agreement in the management of complaints.

Team Leaders or other senior workers as appropriate from all agencies will undertake to:

- apply quality principles
- maintain consistency in the application of this protocol
- follow up on complaints about service provision.

The names, position titles and contact telephone numbers of the nominated liaison officers must be circulated to all relevant local officers/staff of all Guarantee partners. The liaison officers/staff will be the contact points for all formal meetings of the Guarantee partners. For other informal contact, especially when there is a crisis or emergency, more flexible contact arrangements may be maintained. All contact between the Parties regarding individuals must adhere to confidentiality and privacy laws and policies.

Responsibility for coordination of meetings should be shared between relevant agencies and signatories to *Local Area Memoranda of Understanding*. Consideration should be given to separate service planning functions and individual care planning in recognition that the separation of these tasks is better practice.

Referrals to and communication with the Mental Health Service

If an individual is thought to possibly have mental health problems or disorders or is displaying signs of being mentally unwell to a degree that causes concern, a referral can be made to the local Area Mental Health Intake Service to request an assessment or to discuss the issues of concern.

Referrals should only be made to a local mental health service coordinator if the referrer is aware that the individual has an allocated Service Coordinator.

If the situation is one of where the individual is a danger to him/herself or others because of their mental health problem, the local **Mental Health Intake Service** should be contacted.

If the individual is **violent or threatening violence** the appropriate course of action is to contact the **Police and the local Mental Health Intake Service**.

Referrals to and communication with the individual organisations within the Aboriginal community controlled health sector

In conjunction with the above referral procedure, where the tenant is an Aboriginal person liaison with the relevant Aboriginal Mental Health Worker, the Aboriginal Health Worker or, where appropriate, the Aboriginal Community Controlled Health Service should occur as soon as practicable.

Referrals to and communication with the social housing provider

Any tenancy issues can be referred directly to the Client Service Officer or other social housing worker who manages the portfolio. The tenant should be asked who their housing provider is and this information with the individual's residential address can identify the responsible housing worker.

The Department of Housing has contact numbers for emergency after hours maintenance. Individual Aboriginal and community housing providers are responsible for arranging maintenance of their properties and should be contacted directly.

Referrals to and communication with the SAAP service provider

Referrals can be made to the appropriate SAAP service provider if the individual is found to be homeless or at risk of becoming homeless for crisis and transitional support. With the consent of the individual and where appropriate, a joint services meeting is to be convened to facilitate a coordinated approach to developing an individual support plan.

Client confidentiality

All Parties will act in accordance with applicable confidentiality and privacy laws and policies.

The social housing providers' Liaison Officer or delegate will provide the Area Health Service Liaison Officer with the names of individuals whose circumstances need to be discussed at joint service meetings.

The Community Mental Health Service or the organisation within the Aboriginal Community Controlled Health Sector will obtain the individual's written permission to discuss the relevant issues. Permission will be obtained using a consent form. A signed consent to release information must be provided. The individual will also be invited to be present and to have an advocate present for the discussion of their situation. In cases where the individual does not have the capacity to provide written consent, written consent should be sought from the individual's legal guardian.

If the individual refuses to give permission for the issues relating to their tenancy to be discussed in the joint service meeting, the social housing workers will deal with the matter within the provisions of the *Residential Tenancy Act* and other relevant legislation.

Developing and monitoring individual service plans

All Guarantee partners recognise that there are a number of important components of any service plan negotiated for individuals seen by the agencies. Service Plans should be achievable, individualised, and jointly developed by the individual, the individual's social housing worker and the individual's health worker, Aboriginal health worker, Aboriginal mental health worker or service coordinator, and if applicable, the SAAP service provider, and fully understood and agreed upon by all Parties.

In entering a *Residential Tenancy Agreement* an individual agrees to fulfil a number of obligations. An effective service plan needs to empower individuals to meet those obligations, and thereby facilitate a successful tenancy. Not all individuals with support needs will require a service plan, and this should be determined jointly by the individual, the social housing worker and the mental health worker, and if applicable, the SAAP service provider on an individual basis.

Individual self-determination and rights to confidentiality need to be recognised in the development of a service plan. To this end, social housing providers require only those details that are relevant to the individual's housing need and ability to maintain a successful tenancy.

Copies of agreed service plans will be held by the individual, by the social housing provider, by the housing worker managing the individual's tenancy, and if applicable, the SAAP service provider and in the individual's health file. Where the individual agrees, the service plan may also be shared with family, friends, other agencies not covered by the Guarantee.

Planning for joint programs

All Guarantee partners will undertake joint service planning, developing housing and support options that meet the needs of mutual consumers. Joint planning should also include other relevant stakeholders, such as non-government organisations, consumer representatives, and carers, to identify:

- demographic issues
- demand for services
- resourcing issues
- supply of social housing, accommodation and support services
- strategies to address unmet needs.

Evaluation of individual outcomes and joint programs

- Indicators for individual, service and strategic community planning outcomes will be developed as part of the local action plan.
- The evaluation strategy and any related actions of this Joint Guarantee of Service shall be consistent with the above principles.

Local Memorandum of Understanding template



This **MEMORANDUM** is made on this day of **200**____ by The _____
[insert area name]

(‘the Area Health Service’) _____
[insert address]

being an Area Health Service established under section 5 of the *Area Health Services Act 1986* and **THE DEPARTMENT OF HOUSING** (‘the Department of Housing’), an agent of the Crown in right of NSW, in relation to _____
[insert Department of Housing Areas/Housing Services Division]

_____, and

the non-government service organisations party to this **MEMORANDUM** being:

- the Aboriginal Community Controlled Health Sector organisations
- the non-government mental health services
- the SAAP service providers who have provided written confirmation to be part of the agreement to the Department of Community Services
- the community housing organisations registered with the Office of Community Housing
- the Aboriginal housing organisations registered with the Aboriginal Housing Office listed in Schedule 1.

Background

- A** The Joint Guarantee of Service has been agreed by the NSW Department of Housing, the NSW Department of Health, the Aboriginal Health and Medical Research Council of NSW and the NSW Aboriginal Housing Office, in order to take account of the special needs of mutual consumers who may have mental health problems or disorders.
- B** The Area Health Service provides care in relation to individuals who are consumers of the NSW Health System, according to the individual needs of those consumers, and in this context will cooperate with the purposes and objects of the Joint Guarantee of Service.
- C** Persons working in the NSW Health system are bound by ethical and statutory obligations of confidentiality, as set out in section 22 of the *Health Administration Act 1982* and section 289 of the *Mental Health Act 1990* and of privacy, as set out in the *Privacy and Personal Information Protection Act 1998*, which prevent the disclosure of individual information except in limited, specified circumstances.

- D** Persons working in organisations within the Aboriginal community controlled health sector are also bound by ethical and statutory obligations and confidentiality and privacy laws and policies and relevant sections within the National Health and Medical Research Council Statement on Ethical Conduct.
- E** Officers of the Department of Housing are bound by obligations of confidentiality as set out in section 71 of the *Housing Act 2001* and of privacy, as set out in the *Privacy and Personal Information Protection Act 1998*.
- F** Officers of the NSW Aboriginal Housing Office are bound by obligations of confidentiality and privacy as set out in the *Privacy and Personal Protection Act 1998*.
- G** Persons working in SAAP services are bound by ethical and statutory obligations and confidentiality and privacy provisions within relevant Commonwealth and State legislation and section 12 of the *SAAP Act 1994*.
- H** Individual non-government Aboriginal and Community Housing providers and Aboriginal Community Controlled Health Sector organisations, non-government mental health services and SAAP service providers will become party to the Joint Guarantee of Service by signing Schedule 1 of this *Local Memorandum of Understanding*.
- I** The Parties subsequently signing onto an existing *Local Memorandum of Understanding (JGOS 2003)* will need to be with the prior written agreement of the current signatories, or their delegates.
- J** The Parties to this *Memorandum* recognise that the aims and purposes of the Joint Guarantee of Service are to promote the interests of the individuals seen by them, and to this end recognise the importance of cooperative planning and action in relation to such individuals. Each of the Parties commit to operating according to the Principles of the Joint Guarantee of Service agreed at the state level.
- K** The Parties have agreed to enter into this *Local Memorandum of Understanding* operating within the localities served by the Area Health Service on the terms and conditions contained herein.

Definitions

‘Advocate’ is a person of the individual’s choice, who provides information and/or support on issues of rights and responsibilities.

‘Aboriginal Community Controlled Health Sector’ means those Aboriginal Community Controlled Health organisations or health related organisations that are members of the Aboriginal Health and Medical Research Council of NSW (AH&MRC).

‘Aboriginal Health and Medical Research Council (AH&MRC)’ means the peak body for Aboriginal Community Controlled Health in NSW.

‘Aboriginal health worker’ means any person providing services for or on behalf of the Aboriginal Community Controlled Health Sector, or any person in a designated Aboriginal mental health position providing services for or on behalf of Area Health Services.

‘Confirmed SAAP service provider’ is any person or body funded under SAAP who has provided written confirmation (to the Department of Community Services) to be part of the JGOS agreement.

‘Health worker’ means any person providing services for or on behalf of the Area Health Service, or for and on behalf of the Aboriginal Community Controlled Health sector, to individuals affected by this *Memorandum*.

‘Joint Guarantee of Service’ means the agreement to which this document is an annexure.

‘NSW Health system’ means the system of area and rural health services established under the *Public Hospitals Act 1929* and the *Area Health Services Act 1986*.

‘Parties’ means the five agencies that are signatories to this *Memorandum of Understanding*, the individual non-government services that become partners by entering into a *Joint Guarantee of Service Memorandum* at the local level.

‘SAAP service provider’ means a person or a body funded under SAAP to provide transitional supported accommodation and related support services to people who are homeless or at risk of becoming homeless.

‘Social housing provider’ means any of the following:

- A** Public Housing that forms part of the NSW Department of Housing or the NSW Aboriginal Housing Office
- B** an organisation for the time being registered with the Office of Community Housing under the *Residential Tenancies Amendment (Social Housing) Act 1998*
- C** an organisation for the time being registered under Part 5 of the *Aboriginal Housing Act 1998*.

‘Service coordinator’ means any person including case managers coordinating individual service provision to people with mental health problems or disorders for or on behalf of the Area Health Service.

‘Social housing worker’ means any person acting for or on behalf of the NSW Department of Housing, NSW Aboriginal Housing Office or Aboriginal or Community Housing organisation who coordinates the provision of appropriate housing.

Local Memorandum of Understanding

1. Liaison

- 1.1 The Parties agree to confer and maintain local liaison with each other on the needs of individuals with mental health problems and disorders who occupy or are applying for social housing are at imminent risk of homelessness or are homeless in accordance with the requirements of the Joint Guarantee of Service.
- 1.2 Ongoing liaison shall also be maintained between the Parties at a managerial level with a view to maintaining and developing such liaison and the implementation of policies and procedures at a local level in relation to this *Memorandum*.
- 1.3 In order to promote and maintain liaison, the Parties agree to designate a particular officer responsible for liaison.

2. Provision of information

- 2.1 The Parties recognise the statutory and ethical duties of confidentiality and therefore agree that no information will be provided without written consent of the individual or their legal guardian except:
 - 2.1.1 where the social housing provider has referred the issue of a particular individual to health workers for action under clause 3 of this *Memorandum*, health staff are able to indicate whether the individual is a consumer of the Area Health Service or an organisation within the Aboriginal community controlled health sector and that action will be taken, but any additional information will only be provided with the consent of the individual or
 - 2.1.2 in an emergency situation, where the health worker has reasonable grounds to believe that the physical or mental health of an individual or members of the public is at serious risk, duty of care will be prioritised over confidentiality.
 - 2.1.3 There is otherwise a lawful excuse to provide confidential information in that it is for the welfare of the tenant or the public to divulge any such confidential information.

3. Referrals

3.1 Referrals by the social housing provider

- 3.1.1 The Parties recognise that circumstances will arise where the social housing provider considers that a mental health intervention may be necessary.
- 3.1.2 The Area Health Service and the organisation within the Aboriginal community controlled health sector agree that where a referral is made under clause 3.1.1, health workers will respond promptly to assess the situation with a view to determining if a health intervention is necessary, and what if any action should be taken. Information regarding the outcome of the intervention will be given to the social housing provider.
- 3.1.3 The Parties agree that in these cases they will work cooperatively and promptly to resolve the situation in the best interests of the individual, and to this end will only share such information as is necessary, subject to the confidentiality provisions in clause 2.

3.2 Referrals from the Area Health Service or from an organisation within the Aboriginal Community Controlled Health Sector

3.2.1 The Parties recognise that circumstances will arise where the mental health service provider considers that social housing or another housing assistance option may be necessary.

3.2.2 The Parties agree that where referrals are made for housing assistance they will work cooperatively in the best interests of the individual, and to this end will only share such information as is necessary, subject to the confidentiality provisions in clause 2.

3.3 Referrals from a SAAP service provider

3.3.1 The Parties recognise that in order to provide individuals with the most holistic range of services, it is critical for SAAP service providers to develop referrals and joint case management processes with the Area Mental Health Service. This may include referral to disability support, aged care and other services as indicated.

3.3.2 The Parties agree that where referrals are made for housing assistance, they will work cooperatively in the best interest of the individual in the provision of a continuum of support approach to promote a seamless transition based on the individual's changing support needs.

4. Emergencies

In the event of a psychiatric emergency the Area Health Service and the organisation within the Aboriginal Community Controlled Health Sector if appropriate agree that health workers will take all action deemed clinically appropriate to deal with the situation, up to and including providing information to the social housing provider as set out in clause 2.1.2. The social housing provider shall take such action deemed appropriate concerning the tenant, the premises, and any members of the public or other social housing tenants.

5. Mutual support and assistance

5.1 The Parties to this *Memorandum* agree to work cooperatively so that tenants are supported and housed in appropriate accommodation, and that where rehousing occurs, it is done with minimum disruption to the individual.

5.2 The social housing provider, in housing and rehousing tenants, recognises that people with mental health problems and disorders may have special needs, and undertakes to try and meet these needs.

5.3 The social housing provider will assist the Area Health Service or the organisation within the Aboriginal Community Controlled Health Sector after an incident in the tenant's premises by securing the tenant's premises and/or property and cleaning the premises.

- 5.4** Where a tenant is admitted to a hospital for an extended period of time the Area Health Service or the organisation within the Aboriginal Community Controlled Health Sector agrees to liaise with the tenant, and, where necessary, notify the tenant's social housing provider so that his or her rental rebate or other housing-related benefits are not unwittingly cancelled or the premises assumed to have been abandoned.
- 5.5** Information under clause 5.4 will only be provided with the consent of the individual or their legal guardian, unless the disclosure is authorised by clause 2 or 4.
- 5.6** The social housing provider will cooperate with the Area Health Service or the organisation within the Aboriginal Community Controlled Health Sector in any assessment of an incident that has occurred on the housing provider's premises where such an incident involves a consumer of the Area Health Service.

6. The social housing provider's and Area Health Service's rights and obligations

Nothing in this *Memorandum* shall limit any right, obligation or duty of any party to the agreement imposed or granted under the *Residential Tenancies Act 1987* or the *Mental Health Act 1990* or any other legislation.

7. Media reporting

All Parties recognise the media reporting of incidents on or in the premises of the social housing provider is a sensitive issue. All Parties agree to use their best endeavours so that consultation occurs before any media release is issued which impacts on the Parties and the consumers of the service.

8. Operative date

This *Memorandum of Understanding* will be effective from _____.
[the date to be supplied]

The *Memorandum of Understanding* shall continue indefinitely provided only that it may be terminated in writing by mutual agreement of each of the Parties. Any Party to the agreement may also choose to withdraw from the agreement by giving one month's written notice to the other Parties to the agreement or their nominated delegate.

The *Memorandum of Understanding* shall be reviewed every three years from the date of its commencement. Any review itself shall not terminate the agreement and the agreement shall continue throughout any review or review period.

Unless the *Memorandum of Understanding* is terminated in accordance with any one of the above provisions, it shall continue unless superseded by the development and commencement of a replacement agreement at any time.

Schedule 1 of the Local Memorandum of Understanding

A Aboriginal housing providers registered under Part 5 of the *Aboriginal Housing Act 1998*

[organisation]

[address of registered office]

[operative date]

- [Insert list of the non-government organisations within this category that have agreed to operate under the JGOS framework and sought in writing to become a local JGOS partner]
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B Community housing providers registered with the Office of Community Housing

[organisation]

[address of registered office]

[operative date]

- [Insert list of the non-government organisations within this category that have agreed to operate under the JGOS framework and sought in writing to become a local JGOS partner]
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C Organisations that are part of the Aboriginal Community Controlled Health Sector

[organisation]

[address of registered office]

[operative date]

- [Insert list of the non-government organisations within this category that have agreed to operate under the JGOS framework and sought in writing to become a local JGOS partner]
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D Non-government mental health services

[organisation]

[address of registered office]

[operative date]

- [Insert list of the non-government organisations within this category that have agreed to operate under the JGOS framework and sought in writing to become a local JGOS partner]
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E SAAP Service Providers

[organisation]

[address of registered office]

[operative date]

- [Insert list of the non-government organisations within this category that have agreed to operate under the JGOS framework and sought in writing to become a local JGOS partner]
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Notes

