Complex options or complex needs? Addressing the housing and support needs of people with impaired decision-making capacity who experience chronic homelessness

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Background

The Office of the Public Advocate, Queensland, in partnership with Micah Projects Inc., convened a roundtable in June 2007, to discuss the problems associated with human service delivery for people with impaired decision-making capacity (impaired capacity) who are chronically homeless, and to identify strategic directions forward in addressing these issues. Other participating agencies at the roundtable included: Queensland Public Interest Law Clearing House Incorporated; Queensland Health, Mental Health Outreach Team; Pindari Supported Accommodation and Assistance Program Service, Salvation Army; HART 4000; Kyabra Support Service; and the School of Human Services and Social Work, Griffith University. The roundtable developed into a working group to explore research and advocacy options relating to this issue. A full day forum was held by the group in April 2008, at Griffith University’s Logan Campus, to raise awareness of issues across the sector, and to facilitate collaboration across the service system in Queensland. Over 150 people attended the day, and feedback was overwhelmingly positive about the content of discussions. Subsequently, the working group applied for, and received, a Griffith University Industry Collaboration Scheme grant to conduct the following pilot research.

Methodology

This pilot research project had the following aims, with the intended outcome to inform appropriate service responses for people with impaired capacity who are chronically homeless:

1. To engage stakeholders across the sector to identify gaps in knowledge and practice, to develop a shared understanding of issues faced by the target group.
2. To provide the opportunity to review and reflect on the nature of the social exclusion embedded in policy and legislative frameworks, for the target group.
3. To identify barriers and enablers in the current service systems, that impede and facilitate connections to effective supports for the target group, and
4. To contribute to the development of service delivery that promotes understanding, planning, coordination and flexible and sustainable service options to the target group, and

These aims were operationalised into the following research questions:

1. What is the predominance of representation, chronicity and demographic characteristics of the target group in service profiles in urban, regional and rural sites in Queensland?
2. What factors impact positively and what factors impact negatively on the delivery of housing and support to people within the target group?
3. To what degree do agency workers feel educationally equipped or adequately resourced to work with people with impaired capacity who are chronically homeless?
4. What is the nature of the service and policy gaps that the target group seems to fall through?

Data was collected through distribution of a questionnaire with a mixture of close-ended and open-ended questions to a purposive sample of frontline workers in the homelessness sector in South-East Queensland, in order to gain an understanding of the factors involved in sustaining accommodation, from the perspective of front-line housing managers and workers who have direct contact with clients on an ongoing basis.

The questionnaire was structured to elicit information around the following areas:

a) Practitioners and their organisation
b) Providing a service to people with impaired capacity
c) Characteristics of the people with impaired capacity who access their service
d) Barriers and enablers to maintaining accommodation for people with impaired capacity
e) Accessing other services/organisations.
An explanation of what we mean when we are talking about impaired capacity was provided, and is attached at Appendix A. Five case studies were provided that illustrated homeless clients with impaired capacity, and are attached at Appendix B. For the purposes of this research, people experiencing chronic homelessness, is defined as meaning people who constantly experience difficulties in finding, accessing, and maintaining fixed and regular accommodation.

Results

A. Practitioners and organisations
31 questionnaires were received. The age distribution of respondents ranged from 19 years to 66 years. The majority (90.32%) were 25 and over. Just over half of the respondents were female (54.84%). One person replied that they were of Aboriginal or Torres Strait Islander origin. The majority of respondents were Australian (70.97%). Other nationalities included: New Zealander; Maori; British; Canadian; Indian; and Finnish. Nearly all (96.77%) worked for community sector agencies, providing support to people who are homeless or who are at risk of homelessness. The majority of respondents (87.09%) worked for two specialist agencies providing support and housing. Position titles varied across and within organisations, with most respondents (93.54%) being employed as (a) support and/or advocacy workers and (b) personal helpers/mentors. Just over half of respondents (51.61%) had a tertiary level education, and nearly a third (32.3%) of respondents had a vocational level education. The majority of respondents (87.09%) have worked 2 years or more in the community sector. Most respondents (80.65%) worked in the Brisbane area. Nearly a fifth (19.35%) of workers worked in the Ipswich/West Moreton District.

B. About providing a service to people with impaired capacity
More than three-quarters of respondents (77.42%) provided estimates of greater than or equal to 70% for the number of people accessing their service who have impaired capacity with just over half of respondents (51.61%) answering that 100% of people accessing their service have impaired capacity.
Nearly 2/3 (64.52%) of respondents answered “daily” or “weekly”, in response to estimating the average frequency that people with impaired capacity access their service. Just over half of the respondents (58.07%) answered one hour or more was the average length of contact they have with people with impaired capacity that access their service.

Just over three-quarters of the respondents (77.42 %) answered fifty to one hundred percent of their time was spent on trying to address/ addressing the needs, of people with impaired capacity, as compared to other clients.

The type/s of characteristics of a service user which indicate that a person has impaired capacity that were listed were:
- Cognitive impairment, such as difficulty with understanding information; memory retention; making decisions; maintaining concentration, and
- Mental illness symptoms, such as poor impulse control, and anxiety.

“Unable to predict or see consequences from their choices. Impulsive decisions/emotional decisions. Misunderstanding due to their distorted perspectives. Consequences from trauma i.e. very low self esteem, confidence, therefore make different choices and have different standards (law).”

Assessment of capacity
41.94% of respondents thought that official assessments for diagnosing the cause and/or nature of a person’s impaired capacity are limited in their usefulness. 12.9% of respondents replied that official assessments are difficult to access. Only 16.3% of respondents thought that official assessments were useful/good.

“Perhaps a better indication of someone who may have impaired capacity could be through assessing their functioning abilities while doing tasks and in certain situations.”

“Clinical diagnoses are limited in their capacity to determine the impact of a person's impaired capacity to participate in community life in a meaningful way. Current assessment methods are more targeted at meeting eligibility criteria.”
“Very difficult to support people through this process. Too structured, lengthy, and confronting for individuals. Not supportive for women with children, lack of child care.”

**Responding to clients**

Individualised and flexible planning for this group was the most common strategy services/workers use in relation to providing a service to this group. A few respondents mentioned a relational-based ethic of supporting their clients that enabled positive client outcomes. A few respondents mentioned lack of resources in providing a service to these clients. Particular strategies that respondents use to provide a service to this target group include: the use of peer support workers; rostering of two staff instead of one staff member; assertive outreach; and strengths-based approaches.

“Relationships based on mutual respect and trust comes first, building rapport and using a nonjudgmental attitude”

“We do our best to meet their needs within budget, staffing, medical help, and access to services”

“We don’t have the resources to deal with the issues they face. We can only refer based on their need for accommodation, food, health. They can be "easy" clients to work with i.e. you see the need and fill the need as a worker BUT reality is they will be back as the "casual" never gets addressed.”

Approximately a quarter of respondents (25.8%) replied that there are no geographic influences that influence how they or their service responds to this group; however over half of respondents (54.83%) replied that certain geographic influences impact on how a worker or service responds to this group. Themes that emerged from responses were around access to public transport and that workers are limited to providing services within their program/agency catchment area/s.

Just over half (54.83%) of the respondents felt that there weren’t adequate resources within their service to address the needs of this group. Resource gaps that impact upon services being able to address the needs of this group included:

- Insufficient funding
• Inadequate staffing in general, as well as extra staffing for this cohort of clients
• Lack of vehicles
• Lack of available time
• Lack of training in working with people with IDMC

Those workers that felt they did have enough resources listed the following external factors as relevant:
• The complex needs of the individual and/or family
• The lack of affordable housing options in their area
• The sheer volume of need
• service use “burnout” felt by a client, making it difficult for workers to engage with clients
• the high cost of health care

“I think my organisation is very committed to providing a service to people with impaired capacity, but lack of staff resources, external support agencies, and a lack of suitable housing options, inhibit what kind of outcomes people can have.”

“Many clients have had to leave our service to seek housing in inner city, substandard hostels.”

“I also feel that when working with this group it is rather time consuming and that we need additional staff and time to support this group adequately”

“Main challenge is some service users are so used to not have their needs met by programs/services e.g. having to be at appointments at certain times, be looking for work, dealing with bureaucracy - that they are hard to engage.”

Generic resources used by workers when working with people with impaired capacity include access to computers; community centres, and home care. Specialist resources include the Queensland Health Homeless Outreach Team, and specialist services such as mental health services. Other themes from respondents included utilising workshops and
training for themselves, and professional advice from other more skilled/experienced workers.

**Education and training**

More respondents felt that their formal education and training had *not* adequately equipped them with the skills and knowledge necessary to meet the needs of this target group, than that their formal education and training had *adequately* equipped them (45.16% compared to 35.48%).

"My formal education has given me knowledge of why people have mental illness and what different illnesses look like, how they present. It has given an insight into different therapeutic approaches and their success rates. Very few practical skills were explored in depth - except for counselling"

Nearly all of the respondents who replied that their formal education and training *had* equipped them with the skills and knowledge necessary to meet the needs of this target group, had vocational-level training/qualifications, whereas nearly all of the respondents who replied that their formal education and training *had not* equipped them with the skills and knowledge necessary, had tertiary level qualifications.

**C. About people with impaired capacity who access the service**

Questionnaire respondents were asked to estimate percentages of their clients with impaired capacity who experience issues such as: mental health issues, acquired brain injury, gambling, relationship difficulties etc. High estimates by respondents were given for the following: mental health issue/s; the exhibition of “strange” or “odd” behaviour; limited interpersonal skills; limited social supports; relationship difficulties; low income; and unemployment.

Low estimates by respondents were provided for the presence of: acquired brain injury; dementia; risk of suicide; gambling; repeated incarceration. Other conditions that respondents listed as affecting this client group were: trauma from institutionalisation and/or foster care; Schizophrenia; and borderline personality disorder.
D. About maintaining accommodation for people with impaired capacity

Emergent themes from responses to a question about the ways in which a persons’ impaired capacity affects his or her ability to maintain accommodation included:

- vulnerability to being easily influenced/taken advantage of by others
- limits in cleanliness of self and accommodation
- difficulties in following rules or instructions easily or at all: difficulty with comprehension
- difficulties with budgeting and management of money
- difficulties with forward planning
- experience exclusion from services, real estate agencies, and public housing, and
- live in poverty.

“Inability to understand letters from real estate etc, therefore don’t follow through with instructions. Difficulty managing a budget, keeping track of what is paid and what is not.”

“Inability to effectively complete necessary documentation makes it difficult to apply for accommodation”

“Paying rent, bills leaves little or not money particularly after paying for cigarettes, tobacco. Living on the street is a much more attractive option.”

Barriers and enablers

All respondents thought that they and/or their service were meeting the accommodation and support needs of this group quite well, however the following constraints were identified: long waiting periods for access to a range of support services; not enough time and staff to dedicate more time to spend with these clients; and a lack of appropriate support services and accommodation in general.

“We do a lot of advocacy and routine development. When a client is homeless there is very little we can do as there is just NOTHING available in our area. We usually have to find them accommodation in the Inner City which makes them ineligible for our program.”
Emergent themes from respondents about factors which impact positively on the delivery of housing and support to people with impaired capacity included: the establishment of good relationships with clients; availability of affordable and suitable housing/accommodation (NOT hostels); the provision of case management; an accepting attitude of workers; flexible, ongoing and frequent support; and simpler and more flexible access to services, including flexible eligibility criteria. Respondents replied that most of these factors are available in the current system, but only in limited geographic areas, and/or for limited client groups.

“Pleasant environments to live in. Boarding houses often the only option. They are usually unpleasant environments and very expensive. Dept of Housing opportunities are hard to come by.”

“Services are starting to become a little less rigid - impaired capacity is now known although funding needs to change the barriers on who can and can't receive services”

“Assessment of need rather than assessment of meeting eligibility criteria”

Factors which impact negatively on the delivery of housing and support to people with impaired capacity were to do with: a lack of awareness and education for workers on the issues faced by this group of clients; a lack of service capacity (limited funding and resources, leading to long waiting lists for services and/or programs); a negative attitude of staff; the lack of liaison and collaboration between services dealing with the one client; inflexibility in the current human services system to access services; being housed in inappropriate accommodation, hostels and boarding houses, which are inappropriate due to high cost, poor conditions, and lack of support.

“Proving eligibility such as ID requirements etc; inflexible service response; bureaucratic processes; facility based interventions as opposed to outreach and alternative options; wait listing and long waiting periods”
“Too many attitudinal problems in the service sector and too much of non-humanitarian/judgemental factors existing.”

“When persons with impaired capacity break the rules of accommodation such as hostels, they are asked to move on. After staying at a number of hostels and being asked to leave, these persons can run out of options. They will often moved into a new area and be further distanced from family support. Not enough resources are provided by the hostels or other support services to avoid these situations”

**Gaps in service delivery**

The gaps in human service delivery that people with impaired capacity fall through which impacts upon them maintaining accommodation were highlighted as:

- not meeting eligibility requirements for programs e.g. could be that a program is for a particular illness only, or they may not have enough identification to prove who they are
- the black listing of people with impaired capacity by the private, public and community housing sectors
- the lack of practical support offered by services e.g. with tasks such as grocery shopping, filling in forms, personal care.
- the poverty of the client, e.g. not being able to afford bus or train fare to get to an appointment with a service
- the lack of time to work with client/lack of support hours allocated by a government department
- a key worker designated for each client, such as a case manager.

“Hostels are EXPENSIVE - leaving little or no money for attending meaningful activities. Residents who smoke don’t even have sufficient funds to purchase personal hygiene products, such as soap, shampoo, deodorant”

“Generally are undiagnosed so not considered a priority.”
“Not all programs run in regional areas - no hostels in Caboolture - twi in Redcliffe - Brisbane for accommodation”

“If they are staying somewhere (very temp/emergency) to get them off the streets, they are then not classed as homeless and are not eligible for certain programs”

**Maintaining accommodation**

The main response to the question on the best approach to maintaining accommodation for people with impaired capacity was “support”. Other approaches that were favoured by respondents included: flexibility in service provision; worker and agency awareness of the issues this group of service users face; intensive, long-term support provided with housing; and assertive outreach models of service delivery.

**Suggestions for improvements to service delivery and social policy**

Themes for improved policy and service responses from State Government stakeholders, to assist the target group to maintain accommodation related to:

- removing the need for government-funded services to use eligibility criteria for service users to access services, access should be based on self-identified need
- open and frequent communication with the community sector around issues for this group
- rethinking the use of boarding houses, hostels and rooming houses as suitable accommodation for vulnerable people
- the provision of more supportive housing, and
- ending the practice of vulnerable people being exited from the care of the state into homelessness e.g. upon prison release, and upon turning 18 when children are in out-of-home care.

“Develop a combination of individual support packages and block recurrent grants to enable agencies to provide a suite of flexible service options”

“Response to need NOT diagnosis. Stop exiting people with impaired capacity to unsuitable accommodation such as boarding houses”
Suggestions for improvements to accommodation options

Suggestions for improvements to accommodation options to address the needs of this group included:

- supportive and affordable housing/supportive accommodation models, with wraparound support e.g. Common Ground
- removing the need for eligibility criteria for housing and support
- providing practical support with life skills, such as assistance with computers, forms, transport
- increasing housing stock, particularly singles accommodation
- increasing funding by the government for housing and support.

“Consistent support over decent period of time.”

Emergent themes about interventions used by workers or services that have helped people with impaired capacity to maintain accommodation are:

- flexibility in service provision e.g. flexible with time limits for accessing support, more frequent contact than normally allocated
- training in life skills for clients e.g. budgeting; bill paying; how to clean, cook and shop
- communication about the nature of the difficulties the client is experiencing, with people such as neighbours and real estate agents, and
- addressing underlying issues relating to impaired capacity e.g. counselling for trauma

E. About accessing other services and exploring the gaps in service delivery

Utilisation and outcomes of referrals

Just over half (51.6%) of respondents answered that four or less referrals to other services (on average) are usually made for people with clients with impaired capacity. The remainder of respondents either did not answer, did not know, or provided general comments.
The major types of referrals made by services for this target group, as reported by respondents were:

- Mental health service/Counselling
- Public Trustee
- Medical care (e.g. include home care nursing agencies; podiatry; skin checks; prescriptions; physiotherapist)
- Financial counselling
- Cleaning
- Food provision
- Home and community care
- Aged care
- Social/community activities
- Child protection services/parenting support
- Housing assistance/support
- Education support
- Employment support

41.94% of respondents answered that ‘sometimes’ clients with impaired capacity do access those services they are referred to. Approximately a quarter of respondents (25.81%) answered that their clients always access referral services. Reasons for accessing services included: follow-up support provided by initial agency, including accompanying clients to referral appointments; and the influence of a particular worker. Reasons for clients not always accessing services included: anxiety disorders, such as social phobia and agoraphobia; having a dual or multiple diagnosis when program is for one condition only; poor time-management skills; delusions; and lack of transport or money for transport

In response to whether services that clients are referred to, accept clients with impaired capacity, just under half of respondents (48.38%) replied ‘yes’. 9.67% of respondents replied that some services do, some don’t. Only 3.23% replied ‘no’. Some of those who answered in the affirmative, replied that this acceptance was conditional upon whether
there are resources available in the agency, such as sufficient staff and funding for program places. Reasons listed for services not accepting clients include:

- for some services, people don’t necessarily meet the strict eligibility criteria, e.g. a diagnosable mental illness, even though they have IDMC; or they are not old enough to receive an aged care service, and
- long waiting lists/availability of a position in a program.

“Where services are available, the amount of time and support available to a client is mostly insufficient.”

All practitioners that answered (64.52%), however, replied that there are barriers to accessing referral services for the target group, including:

- the availability of positions in programs/waiting lists
- sufficient supply of workers in other agencies and sufficient resources in agencies
- complex referral processes
- practical issues such as money for transport and the availability of transport to a service; availability of child care for those who are parents; computer and phone access
- inflexible eligibility criteria
- perceived high needs/complex needs of the client
- banned from a service they have accessed before.

“Often think services do not take these clients because they are very complex and have had it said to me that the service would not have a good outcome i.e. client too impaired to enter workforce, etc.”

**Access to Advocacy**

Just over three quarter of respondents (77.42%) answered that there is a need for advocacy and/or case management for people with impaired capacity, to help negotiate the service system. Respondents also stated that carers need help to navigate the system
“Only highly functioning people with impaired capacity are able to resource and make connections with appropriate services. Many people aren’t capable or lack the skills and knowledge to ensure they receive their entitlement through the health system or any other bureaucratic system”

**Involvement of statutory decision-maker**

41.94% of respondents have involved the Office of the Adult Guardian to help with decision-making for clients, 19.35% of respondents had not. Reasons for not including the Office of the Adult Guardian included:

- not part of their employment respondent
- not aware of their existence
- not enough time to go through the process
- a belief by the worker that it is not in the best interests of the service users to involve the Office of the Adult Guardian.

“They [the Office of the Adult Guardian] are a complex bunch of people who work inflexibly with little or no regard of the individuals daily circumstances. Their role with vulnerable people is based on clinical and legal constructs and has less to do with daily and crisis realities”

“Others I would not involve Adult Guardian as they feel their independence will be taken away, so workers help monitor their decision-making ability.”

**Discussion and Conclusion**

The results of this pilot study indicate that people with impaired capacity who are chronically homeless experience personal difficulties in self-regulation and decision-making in regard to finances, hygiene, health, employment, and tenancy. The personal socio-economic impact is that overwhelmingly the target group live in poverty, may lack insight;, have poor relationship skills, be impulsive and/or anxious, and suffer memory loss.
These issues cannot only be attributed to perceived negative characteristics of individuals, as respondents also confirmed deeper societal issues such as: frustrations with systems restrictions and failures; and acknowledgment that respondents’ practice skills and educational background are often inadequate to respond to the range of ethical challenges presented to them, suggest that critically reflective practice and moral literacy require more attention in research and workforce planning.

The Federal Government has highlighted the importance of a skilled and well-resourced workforce for the homeless sector in delivering sustainable successful outcomes for clients, particularly those with high and complex needs (Department of Families, Housing, Community Services and Indigenous Affairs, 2008). In this research, Practitioners reported that they may not refer a person to substitute decision-making authorities if they felt they could respond better due to their relationship with the client. This may suggest an inadequate knowledge of the Guardianship system, and of substitute and assisted decision-making protocols. However it could also be considered that alternative, relationship based ethical frameworks are more suitable for practice in this context. The degree to which practitioners feel that they have adequate moral literacy to work with such people is a key consideration for future workforce planning, and requires further analysis and the development of an adequate ethical decision-making framework for practice.

The majority of clients in these homeless services may have impaired capacity, and are accessing services either daily or weekly. The majority of practitioner’s time is spent on trying to address/ addressing the needs, of people with impaired capacity as compared to other clients.

Emergent themes from respondents about factors which impact positively on the delivery of housing and support to people with impaired capacity include: good relationships and effective communication; availability of affordable housing/accommodation that is not a hostel or boarding house; case management; an accepting attitude of workers; flexible,
ongoing and frequent support; simpler and more flexible access to services, including flexible eligibility criteria. Respondents replied that most of these factors are available in the current system, but only in limited geographic areas, and/or for limited client groups.

Emergent themes from respondents about factors which impact negatively on the delivery of housing and support to people with impaired capacity included: lack of awareness and education for workers on the issues faced by this group of clients; a lack of service capacity due to limited funding and resources, leading to long waiting lists for services and/or programs; the negative attitude of some staff in providing a service to homeless people with impaired capacity; a lack of liaison and collaboration between services dealing with the one client; inflexibility in access to services, particularly around difficulties a person with impaired capacity may face, such as anxiety in attending structured meetings, or a lack of money for public transport to attend a meeting; and the inappropriateness of hostels and boarding houses as suitable accommodation, due to high cost, poor conditions, and lack of support. Additionally, the common practice within both the public and private housing sector of black listing people perceived to be difficult tenants can create situations where people are excluded from all available housing options.

Findings from this study with workers in the homelessness sector indicate that the human service system in Queensland has many structural barriers, including a lack of flexibility, for people with impaired capacity accessing support and housing. It seems that program and/or service eligibility criteria are a key barrier for people with impaired capacity to exit chronic homelessness. For example, if a person has temporary accommodation, they are not considered to be homeless and cannot access certain homelessness programs; if a person does not have the ‘correct’ mix or number of disorders, they cannot access dual diagnosis services; if their brain injury is not a result of a car or sporting accident, they cannot access certain support services.

The unsuitability of boarding houses and hostels and rooming houses as a form of accommodation, particularly for this target group, was a strong finding from this
research. The researchers did not ask about this form of accommodation, respondents raised issues and concerns unprompted.

This pilot research supports the view that people with impaired capacity who are chronically homeless will continue to experience marginalised lives and gross social exclusion until significant changes are made. New approaches are needed in developing and implementing social policy and delivering human services to people with impaired capacity that redress chronic homelessness, and enhance the prosperity of social inclusion for this vulnerable group of people.

With a current national interest in homelessness, there is a strong risk that this vulnerable group may be further pushed lower in priorities if current service frameworks and responses are maintained. People with impaired capacity often receive short-term, crisis intervention, rather than holistic, sustainable, flexible support. To have appropriate and sustainable practice frameworks for this group not only contributes to the well being of individuals, but also impacts the national economy in terms of increasing social capital and decreasing repetitive, costly, crisis intervention strategies.
Appendix A

**Impaired Capacity explained**

For the purposes of this research, the term *impaired capacity* refers to an adult’s inability to make a particular decision for themself.

Schedule 4 of the Queensland *Guardianship and Administration Act 2000* states that *capacity*, for a person for a matter, means the person is capable of—

(a) understanding the nature and effect of decisions about the matter; and
(b) freely and voluntarily making decisions about the matter; and
(c) communicating the decisions in some way.

For example, a person with *impaired capacity* might be able to decide where they want to live (personal decision), but not be able to decide whether to sell their house (financial decision). They can do their grocery shopping (make a simple decision about money), but not be able to buy and sell shares (make a more complex decision about money)\(^2\). Further case studies are provided on the next page.

Each person’s capacity can fluctuate, depending on things such as their mental and physical health, person strengths, the quality of services they are receiving and the type and amount of any other support\(^3\).

*Impaired capacity* is usually the result of one or more of the following conditions:

- an intellectual or learning disability
- an acquired brain injury (ABI) from a traumatic head injury, stroke, etc
- early onset of dementia
- emotional and/or physical trauma (past or present)
- a history of drug and alcohol abuse which has impaired neurological functionality
- a psychiatric illness that impairs decision-making ability, and/or
- autism or a ‘mild’ developmental disorder, such as Asperger’s Syndrome.

You may see a range of behaviours that are indicators of impaired capacity\(^4\). The person can be:

- more forgetful of recent events
- more likely to repeat themselves
- less able to grasp new ideas
- more anxious about having to make decisions
- more irritable or upset if they cannot manage a task
- easily influenced by others about their decision making
- less concerned with activities of other people

- less able to adapt to change
- often losing things or getting lost
- undergoing change in behaviour, and/or
- experiencing change in personality.
Appendix B

Case studies

1. Sheila comes into the centre seeking some assistance. Her presentation, clothes and hygiene are all okay. She retells of her accommodation history over the past year but the chronological sequence of her story is out of order. Her inability to remember where she has recently stayed may be evidence that Sheila has short term memory loss. Her emotions and behaviour can be unstable, she reacts impulsively and aggressively to a phone exchange between the worker advocating for her at the accommodation service.

2. A person comes into the service, with an unsteady walk and slowed or slurred speech. The person may appear to be intoxicated. He becomes angry quickly and appears to be demanding. This person may have a mild acquired brain injury, and can get frustrated as his attempts to express himself are not understood by people who are listening.

3. A repeated service user presents, who has a long history of drug and alcohol abuse, and he may have a mental illness. The service user has no friends and finds it difficult to maintain healthy relationships. He has a history of tenancy failures and he spends his payment almost as soon as he receives it.

4. A service user has a diagnosis of mental illness. He has a history of tenancy failures. Although he seems to be able to maintain his tenancy for a period of time, eventually it will fail without ongoing support, especially if his medication is not monitored. His ability to manage finances and keep appointments without assistance is poor.

5. The service user at times has problems processing information. When people suggest things, he readily agrees and can be easily led into decisions. You may or may not see signs of an intellectual disability. His hygiene, body odour, and cleanliness are poor.