



Needs of Residents in Unlicensed Boarding Houses

A joint project conducted by the Baptist Community Services and the University of Wollongong funded by NSW Health, supported by MHCC.

Research Summary

Aims & Method

The project aims to identify the unmet needs of boarding house residents and to find ways in which these needs could be more effectively addressed.

In-depth qualitative interviews were conducted with boarding house managers to investigate their perceptions of residents' needs, as well as the challenges managers faced in their role.

Eighty-seven residents of unlicensed boarding houses in the Sydney and Illawarra regions were interviewed regarding their unmet needs

over a range of life domains. The interview tool was based on the Camberwell Assessment of Needs and also included the Kessler 10 Psychological Distress Scale.

The majority of residents interviewed were male, who were aged between 21-69 years (mean=45) and had lived in their current boarding house up to 11 years (mean=16 months). The accumulated time that they had spent in boarding houses ranged from less than 1 year to more than 10 years.

Boarding House Managers

Unlicensed boarding house managers often struggle to effectively respond appropriately to the needs of residents with mental health / substance abuse issues. Consequently managers would benefit more structured and accessible assistance to better address these

needs. While some managers attempt to assist residents, a number adopt management styles/methods to enforce rules that are unpredictable and often inadvertently contribute to the difficulties which residents face.

Boarding House Environment

The impact of the boarding house environment on residents' health and wellbeing is a crucial part of this research. Residents described receiving no notice prior to being evicted and reported threats and tension in the boarding house. Many residents could not approach the

boarding house manager regarding problems encountered within the boarding house and instead chose to keep to themselves. Further they endure sub-standard living conditions with limited privacy, security or safety.

**“It’s not a very safe place, there is no security.”
- Boarding House Resident**



Key Areas of Unmet Need for Boarding House Residents

Psychological Distress

This data emphasises the mental health and alcohol issues of residents. Fifty-five percent (55%) of residents experienced high psychological distress. In addition, twenty six percent (26%) had received treatment or hospitalisation for alcohol related issues. More than a quarter of residents reported experiencing alcohol and mental health issues at the same time. Further, residents reported limited access to mental health assistance and/or considered the assistance provided to them was inadequate.

Residents' higher psychological distress was associated with greater needs in the areas of activities, social relationships and food. Qualitative comments made by residents support this with some residents linking their mental health issues to the poor living conditions of the boarding house, challenges when accessing food, other boarding house residents' behaviour, family separation, employment and physical health. A number of respondents spoke about feeling 'hopeless' and feeling that there was 'nothing you could do' to improve the current situation.

“I didn't try to talk to anyone. I was so depressed that I didn't want to get out of bed.”

- Boarding House Resident

Activities & Social Relationships

Boarding house residents are often isolated with minimal meaningful activities with which they could engage. For example, thirty-nine percent (39%) of residents did not spend time with anyone over the last week and sixty-one percent (61%) of residents wanted to engage in more relevant and meaningful activities. Residents who did not have enough to do during the day and those who did, were equally likely to have unmet needs for daily activities. This confirmed qualitative comments indicating a sense of repetition to their day with few meaningful activities.

The environment of the boarding house limits interaction. Forty-nine percent (49%) of residents reported tension and arguments at the boarding

house and provided strong qualitative comments indicating they kept to themselves as a strategy to survive in this environment. Forty-five percent (45%) of residents reported never interacting with other residents in the last month which emphasises the isolation within the boarding house. When residents elaborated on reasons for keeping to themselves they often spoke in language that highlighted a sense of low self worth, one resident felt that he had 'nothing to offer' and another explained that he would prefer if no-one found out about his current situation.

Residents with high psychological distress were more likely to experience unmet needs in the domains of activities and social relationships.

“There's only a few things you can do. Nothing to look forward to.”

- Boarding House Resident

Key Areas of Unmet Need for Boarding House Residents cont...

Food

Residents spoke of inappropriate facilities to prepare a meal and the dirty and unhygienic living conditions of the boarding house which restricted cooking and eating.

While the majority of residents received some food assistance by attending meal kitchens, reports of high unmet needs in this area suggested that this assistance was not

adequately meeting their needs. Residents who elaborated on their needs for food, spoke of often skipping meals and eating meals with limited nutritional value. Experiencing food insecurity adds another layer of dependency for boarding house residents and erodes their capacity to make choices and decisions in everyday life.

“There are cockroaches and rubbish everywhere.”

- Boarding House Resident

Health

Fifty-three percent (53%) of boarding house residents reported taking prescribed medication over the past month. Further, a number did not have a Medicare card nor had enough

information to manage their medication. In addition, residents with high distress were significantly more likely to experience unmet needs in the domain of health.

Unmet needs across multiple domains

Thirty eight percent (38%) of residents experienced unmet needs in three or more domains. The complex nature of needs experienced by boarding house residents, calls

for a suite of programs to target needs in multiple domains to assist residents to manage day to day.

Summary Recommendations

The following recommendations are based on the research findings, literature review and sector consultation.

1. Summary of recommendations for mental health

Psychological distress is a major issue for boarding house residents with many residents facing concurrent issues with alcohol. A combination of structured programs and mental health services and assessment could assist to improve their capacity to manage mental health issues.

Recommendations:

- 1.1 Tailored, individual case management with a strong interpersonal relationship between worker and client, as perceived by the client (Chinman, Rosenheck & Lam, 2000; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005; Ploeg, Hayward, Woodward, & Johnston, 2008; Shern et al., 2000).
- 1.2 Inclusion of comprehensive mental health assessments, treatment and monitoring as part of case management or a similar program.

- 1.3 Provide structured, group programs led by qualified group leaders which are tailored to individual needs and include ongoing assessment and program evaluation (Helfrich and Fogg, 2007; Munoz, Dix and Reichenbach, 2006).
- 1.4 Provide security of tenure, agreements and appropriate notice prior to eviction.
- 1.5 Provide resources to and establish partnerships with boarding house managers to assist residents to manage mental health needs.
- 1.6 Legislate changes are needed to improve conditions of boarding houses but likewise any legislation that is introduced must not reduce the amount of accommodation that is available to this vulnerable group.

Recommendations cont...

2. Summary of recommendations for meaningful activities:

Boarding house residents have indicated that they often have 'nothing constructive to do' with little to look forward to. They need more meaningful activities to assist them to expand their skills, engage with others and develop some hope for the future.

Recommendation:

- 2.1 Residents need to be given the opportunity to participate in meaningful activities. For activity projects to take on meaning they need to be step by step, culminate in a purposeful goal over a period of time and offer a sense of achievement to participants.

3. Summary of recommendations to improve daily decision making, choice and wellbeing:

The boarding house environment provides little opportunity for residents to exercise choice and/or make decisions about their day to day life.

Over time this can lead to increasing disengagement and powerlessness. Programs are needed which work to increase engagement and lessen their feelings of powerlessness little by little.

Recommendation:

- 3.1 Provide programs which offer residents the opportunity to make decisions and exercise choice over a number of life domains including food, social relationships and activities.

4. Summary of recommendations for integrated programs which lead to employment:

If there are going to be pathways out of the boarding house cycle for residents it is crucial that programs be developed that lead to employment possibilities.

Recommendations:

- 4.1 Provide an integrated suite of programs which include an industry focus on enhancing skills and knowledge to increase their workforce capacity and access to other services (e.g. accommodation, mental health treatment) as part of the program change (Bridgman, 2001; Goetz and Schmiede, 1996; Munoz, Dix and Reichenbach, 2006)
- 4.1 Assist residents to retain jobs by ensuring they have developed social networks including ongoing relationships with staff at the training program (Schutt and Hursh, 2009).

5. Summary of recommendations for food:

When designing programs to assist boarding house residents it is necessary for the nutritional value and quality of their food to be assessed and monitored and to offer residents the opportunity to exercise choice when accessing food (Doljanin and Olaris, 2004).

Recommendations:

- 5.1 Residents need to be provided with an opportunity to engage in a program and offered resources to assist in preparing meals and to exercise choice in when, where and what they eat.
- 5.2 More kitchen facilities need to be provided to boarding house residents and the state of equipment provided at the boarding house needs to be improved.

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