comcare
TRUST

COMCARE TRUST 1985-2020

THE STORY SO FAR...

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BACKGROUND

International movement towards community care

From the late 1960s there had been a world-wide movement towards 'deinstitutionalisation' from psychiatric hospitals whereby patients who were deemed suitable were discharged from hospital and received care in the community or were not admitted in the first place.

Motives were mixed, but included both the desire to provide better, normalised, lives and greater autonomy for individuals and the preference for a less costly or at least a more flexible and efficient service. This was possible because of improved management tools, including advances in medication and better approaches to rehabilitation. Nevertheless, in many countries community care was not always accompanied by the resources necessary to ensure its success and made more difficult the persistence of stigma associated with mental illness in the community. The highly variable experiences of deinstitutionalisation through the 1970s and 1980s across countries depended upon local circumstances, policies and systems and provided opportunities for countries to learn from each other.

NEW ZEALAND CONTEXT

In New Zealand mental health services, until the 1970s, had been separated from other health services, and run by the Department of Health through psychiatric hospitals, as a 'closed system' that tended to resist innovation and change. From 1973 mental hospitals were incorporated into hospital boards and the nature of psychiatric care began to change, with units set up in general hospitals and no new beds added to the old institutions.

These changes, and international experience, provided opportunities to think beyond the old rigid frameworks. Mixed gender staffing and wards were introduced to 'normalise' life for

1985-86

Dr Les Ding, Medical Superintendent, Sunnyside Hospital, asked Senior Social Worker, Brian Mariner, to chair a group to prepare a proposal to the hospital board to seek approval to 'continue to investigate an independent trust'... 'at no cost to the hospital board'.

1986-87

The inaugural meeting of the Steering Committee for the 'proposed trust' was held in September 1986. The Hospital Board approved the proposal in principle. Claude Sisson, a local pharmacist and mental health advocate, was appointed 'independent chair.'

A report from Dr Ding to the Hospital Board: 'Development of Community Care for the Chronic Mentally Disabled' clearly articulated the service vision, risks and opportunities, and the interest of the community.

A committee structure for the 'Pegasus Trust' was set up. This was complex, with executive and finance committees and three sub-committees for support services, occupation (employment) and accommodation.

1987-88

First annual report July 1988

The trust deed was signed in May 1987 with the name 'Comcare Trust' adopted at the first formal meeting (June 1987). The Trust was based initially in the Sunnyside Hospital Nurses Home.

The Hospital Board granted approval to transfer the leases and management of group homes to the Trust. Discussions began with Sunnyside district nurses regarding service provision.

Good progress was made on securing property arrangements, but there was limited progress on occupation and social support initiatives. The Occupation Committee went into abeyance.

The Rev Maurice Gray joined the Board of Trustees, representing Māori interests.

Annual turnover for Trust $14,449

psychiatric patients, although in the initial stages there were significant problems for female patients. There was more openness to the community despite the high levels of stigma and mistrust of psychiatric illness. The Mental Health Foundation of New Zealand was set up in 1977, becoming active in communication and promotion of mental health matters.

Not all was well, however, and periodic scandals, particularly in Auckland hospitals, dogged mental health care nationally. At the request of the government, in 1988 Judge Ken Mason reviewed mental health services and reported significant system failure. His focus was on forensic care and the needs of Māori, but he also, in Section 4 of his report, undertook an analysis of the state of community mental health services and made strong recommendations on how these should be developed. It was in this context that the first moves towards community mental health services, based in the community and run independently of health institutions, began to take shape.

COMCARE 1985-1991: GETTING STARTED

In Canterbury, at this time, mental health services were focused on Sunnyside Hospital. Enlightened leadership, originally under Dr. Edwin Hall, saw the early growth of community care supported from the hospital from the early 1970s through the Group Homes Scheme. By the early 1980s there were 31 houses catering for 124 people. Residents were supported by a domiciliary psychiatric nursing team from Sunnyside, with regular visits for medication supervision and other support. An evaluation of the Group Home Scheme (Sheerin and Gale 1983) surveyed both residents and staff, indicating a successful model but pointing out some limitations. It was considered 'too traditional' and lacking a focus on creating independence. More varied multi-disciplinary approaches were required.

This report stimulated the actions that led to the formation of Comcare quite independently in the Canterbury area, even before Judge Ken Mason reported in 1988.

1988-89

The Trust was now managing 24 group or staffed homes (150 people). Nine houses were purchased with the assistance of the Housing Corporation of New Zealand. The City Council offered access to elderly flats for people with mental health needs.

The Public Service Association, representing psychiatric nurses, and the Canterbury Hospital Board were unable to reach an agreement that would allow more staffed homes.

The Trust Employed a property manager. A co-ordinator was appointed, funded jointly with the Hillary Commission.

The Occupation Committee restarted but was still desperately trying to raise funds for a work scheme.

1989-90

There was good progress on accommodation, with the Trust able to purchase more properties with support of Housing Corporation of New Zealand ($1.3 million for 11 homes).

Regarding other services, there was concern about negative community attitudes to mental health issues and inability to fundraise for other programmes (recreation, support and employment). There was competition among agencies for limited funds.

There were expectations that the newly formed area health board would be able to assist community agencies through a new Government 'Community Services Fund'. Despite this, the Comcare Trustees were not confident that funds would flow and encouraged sub-committees, other than the Accommodation sub-committee to 'limit their ambitions'.

COMMENTARY ORIGINS

Unlike many voluntary agency initiatives, Comcare did not arise from the volunteer community but was clearly driven by hospital professionals, building on the work of the previous decade.

THE SERVICE VISION, as introduced to the Hospital Board by Dr. Les Ding, and articulated in committee papers, included a number of key elements that are recognisable as part of the Comcare vision that persists today. These included a co-ordinated approach to quality accommodation, support and leisure activity, employment opportunities, and engagement with consumers. By the end of this period Comcare's interest in developing independent accommodation for clients was reinforced by the failure of Canterbury Hospital Board and the Public Service Association to reach agreement on relevant conditions of employment for staffed accommodation.

THE GOVERNANCE STRUCTURE was complex, largely reflecting the lack of support resources for planning and development, with committee members sharing this workload. Over forty people were involved in the committee structure from both health services and the community. While this participation brought benefits, it was nevertheless demanding of time and co-ordination.

THE FUNDING ENVIRONMENT for the new Trust was highly uncertain. There was commitment of support from Sunnyside Hospital and the government's Housing Corporation to form the accommodation project. Funds for other services, however, were difficult to acquire, short-term and reliant on grant applications. Only towards the end of the period was a specific government funding stream for community services available via the new Area Health Board.

1990-91

AGM reports 'The most successful year so far'.
Housing: 29 homes
Support services: Appointment of a co-ordinator
Employment programmes: $250k from Community Services Fund to allow the establishment of work schemes.

1991-92

Comcare itself employed two staff; other services were provided from Sunnyside Hospital.

Accommodation - 29 homes; 160 residents. A small cash surplus from running the properties.

Occupation - 2 businesses (jobs for 50 people): Serendipity (op. shop) and Comcare Contracts. The latter (a package and assembly plant) ran at a loss.

Support services – the service network was overseen by sub-committee and built on co-operation between agencies. Support services were reliant on funds from granting agencies e.g. NZ Lottery Board, Trustbank, Laugesen Trust, etc.

Given concerns about the impact of National's Health Reforms, Comcare prepared submissions on changes to the National Interim Provider Board, Minister of Health, Minister of Social Welfare, Canterbury Area Health Board.

1992-93

Relationships with funding agencies were established, particularly with the Mental Health Division of the Crown Health Enterprises (Healthlink South).

Dame Ann Hercus was appointed as both Patron and trustee. She prepared a brief history of Comcare and initiated a strategic plan. A business plan for 1994/95 included proposals to the Regional Health Authority.

A Public Relations Committee was formed; Friends of Comcare was formed to assist with public relations and fundraising. Dr. Ding became chair of the Board of Trustees.

OVERALL PROGRESS 1985-1991

The period demonstrated good progress in setting up a community mental health service that was based on evidence of community needs, supported by both local institutions and the community and was ambitious in its scope. Progress was variable across the various service areas, but the vision was clear. Two staff were appointed to the Trust.

COMCARE 1991-99: CONFRONTING CHANGE AND UNCERTAINTY

National's Health Reforms were announced April 1991. These proposals, implemented in 1993, provided for a 'market' for health services, including the corporatisation of hospitals and competition between agencies for contracts. The nascent area health boards were abolished, replaced by corporatised hospitals, or Crown Health Enterprises. These had commercial boards of directors and were expected to return a dividend to the Government.

These were the most significant health changes in 50 years and fitted into the new Government's neoliberal model. The changes were resisted by many health professionals and community agencies who valued collaboration over competition as a means of providing care for people with mental illness. Nevertheless, there were opportunities in the new structure for innovative and competent agencies.

1993-94

Full-time Executive Officer appointed (Tony Paine); six staff

Service development: 'Befriender' programme, linking volunteers with residents; supported establishment of Community Mental Health Resource Centre; partnership with Te Rūnaka ki Otautahi o Kai Tahu, along with Healthlink South to plan for housing specifically for Māori clients.

Funding relationships: the new health funding agencies were the Southern Regional Health Authority, the Community Funding Authority and Healthlink South Crown Health Enterprises. A proposal to the Southern Regional Health Authority for funding was rejected.

1994-95

Stated priorities:
Community: advocacy for individuals and to ensure that needs in the mental health field were well understood in the community.
Internal: policy to involve clients in decisions (e.g. on appointments committee); strengthen bicultural dimension.

Services development:
Accommodation: Replacement of three homes and purchase of two houses previously rented. Full-time property manager and rental support worker. Six single supported flats. Contributing to development of home for Māori.

Occupation: Expanded Comcare Contracts (bigger factory) and new Mobile Work Crew. Serendipity shop doing well.

Support services: Southern Regional Health Authority purchased four new services; a Support Services Manager was appointed.

Fifteen staff represented significant expansion.

COMMENTARY

Governance and Management development

The complex structure of sub-committees from the establishment period was streamlined during this time, with sub-committees moving from being part of the Board's structure to becoming advisory committees to services. 'Comcare moved from reliance on paternalistic generosity to provide clear business plans and meet contractual expectations.' (Annual Report 1999). Staffing rose during this period from two to twenty-four.

Contracting environment

The 1992 Comcare Annual Report commented on the risks of competitive contracting, but many saw opportunities for an established and competent agency such as Comcare. There were some early difficulties, but the decision of the Regional Health Authority to expect the Crown Health Enterprises to have the primary contracting relationship with Comcare and other Non-Government Organisations led to positive sets of local relationships and opportunities to collaborate. This was not necessarily the case with other Regional Health Authorities.

Service and housing developments

By the end of the decade services had expanded, with more and a wider range of housing, specialised housing support, employment opportunities and support and recreation services to people in the community, not just those in Comcare housing. There were moves away from staffed accommodation. Services had expanded to Mid-Canterbury. The philosophical underpinnings of Comcare were being translated into action with specific engagement of clients and Māori.

1995-96

Governance streamlined; sub-committees of the Board became 'advisory committees' to the services.

Expansion of services:

250 people were supported in housing over the year.

90 people received training, experience, supported work.

Purchase of 251 Lichfield St as a base (funding from Trustbank and Laugesen Trust).

Annual Report commented that the Southern Regional Health Authority was 'wise to contract with Healthlink South in a manner that encouraged the partnership with Comcare.'

1996-97

Service expanded to Mid-Canterbury with a base in Ashburton.

Continued to support Te Kakakura Trust as it established accommodation services for Māori.

Comprehensive agreement with Healthlink South; framework for joint provision of services.

With increased staff numbers, an expectation of up-skilling, e.g. through certificates in Social Work and Community Psychiatric Care.

1997-98

New Director – Ruth Teasdale

Accommodation– Comcare relinquished two Level 3 houses to HealthLink South in order to focus on independent living and single-bedroom homes.

Support services: supported leisure and recreation: independently evaluated and subsequently received additional funding.

Kaiāwhina appointment to Te Kakakura Trust.

Overall provided services to about 500 people during the year, with Annual Report highlighting needs of younger people.

Policy environment

In the late 1990s there were efforts to address the vacuum in mental health policy, including the lack of direction and accountability for mental health services. The government asked Judge Ken Mason, once again, to investigate. He and his colleagues made recommendations in 1996: to set up a Mental Health Commission to advise on policy and monitor performance in mental health; to invite the Commission to provide a 'Blueprint' for services and funding for mental health; to address the problem of stigma in mental health; to address the needs of Māori and Pasifika; and to give more prominence to the voices of consumers. These initiatives began late in the decade, the full effect was felt only in the 2000s.

COMCARE 2000-2010: INNOVATION AND GROWTH

First decade of the new century saw the impact of the second Mason Report (1996). The influence of the Mental Health Commission, the 'Blueprint for Mental Health' and the anti-stigma programmes such as 'Like Minds Like Mine' provided, for the first time, strong national leadership for mental health. This was evident in the receptivity to innovation and change and provided opportunities for agencies such as Comcare to extend their services in a competitive environment. The Blueprint also promoted a focus on 'Recovery, resources and 'ring-fencing'', hearing the voices of service users and on solutions for Māori and Pasifika.

Following the election of a Labour Government in 1999, the newly created District Health Boards were given specific responsibilities for implementing the service development aspects of the Blueprint. The Boards became the primary funder of mental health Non-Government Organisations such as Comcare.

1998-99

Introduction of innovative 'strengths'-based approach.

New Flatmate Finders service.

Annual Report highlights the needs of the young and addiction services.

24 staff employed.

1999-2000

Organisational change: Establishment of Service Advisers; establishment of Senior Staff Team; extension of Lichfield St office.

Services: Jobconnect moves towards more mainstream employment rather than work schemes. Support services extended to Rangiora and North Canterbury.

Housing: Flat Finders; Housing Facilitation supported by Health Funding Authority; rental of two blocks of flats. Support for Te Kakakura Trust.

Approx. 35 staff

2000-2001

The change in government brought a change in all funding agencies, with the primary funder now the Canterbury District Health Board.

Despite the stated preference for single-person accommodation, Comcare maintained and expanded staffed homes.

Approx. 42 staff

COMMENTARY

Developing the organisation

This period saw Comcare transition to look much as it does today, with streamlined governance and management arrangements, and a focus on change and professionalism. The Trustees committed to building a housing asset base; this was seen as important for both financial sustainability and to provide appropriate social housing for clients. Expansion of workforce continued, from 35-60 staff, and there was a move away from volunteers (except in the specialist peer support and Warmline areas).

Policy decisions became focused on the 'Recovery' model which aims to help people with mental illness and distress to look beyond mere survival and existence. It encourages them to set new goals and supports the view that clients should be part of the wider community. Both service and housing developments during this period were dedicated to this principle.

Service developments

This period saw a consolidation of the direction towards recovery and independence.

- Close and formalised relationships with the Specialist Mental Health Services of the District Health Board.
- Consumer voice, including through advisor roles, more integrated into decision-making.
- Peer services established in Comcare as a partnership between Comcare and consumers working in peer support roles, including the Warmline telephone support service.
- Expansion of services to rural areas in mid- and north-Canterbury.
- Community Integration Service to assist those clients finding it most difficult to transition from hospital to community living.

The new Recovery model was particularly evident in the major changes to Comcare's original 'Leisure and Recreation, and 'Employment' services.

2001-2002

Executive Director involved in district and national advisory committees.

Greater 'community integration' throughout services. Approx. 47 staff.

2002-2003

Jobconnect consolidated in new role, final closure of work programmes.

Decision to move housing provision towards independent living (Pathways was now providing residential rehabilitation in Christchurch).

Comcare set up own building programme to expand social housing.

Executive Director prominent in leadership roles locally; skills development for staff

Consumer advisers heavily involved in planning.

Approx. 49 staff

2003-2004

In housing, single accommodation now a stated priority. Comcare building programme supported by Housing New Zealand Innovation Fund.

Comcare exited residential care; this could not be sustained financially and was not a priority for development.

Kay Fletcher appointed Executive Director.

- Leisure and Recreation became 'Activelinks' and highlighted the importance of connecting clients with community resources. It recognized the importance of physical health to the total well-being of people with mental illness. Its Activelife programme won the Canterbury District Health Board Supreme Quality and Innovation Award 2009.
- The new Jobconnect programme ensured that clients were guided through the open employment market, moving away from sheltered work which risked building dependence and limiting recovery.

Both services took an inclusive approach, ensuring that clients benefitted from being part of the wider community with their experiences normalised.

Housing

Despite effort in the early part of the decade to shore up staffed accommodation this came to be seen as better addressed by other agencies and not within Comcare's scope. To maximize independent living even for the seriously mentally ill, services were enhanced both to support people in Group homes and individuals in single person accommodation. Comcare won both the New Zealand Centre for Research Evaluation & Social Assessment Award for Social Housing and The Mental Health Service award in Australia for Community Housing.

Engagement with wider sector

Reflecting both Comcare's reputation and wish to contribute to policy and service development more widely, Executive Director and senior staff were involved in local and national committees and discussions for policy advice.

MĀORI AND PASIFIKA – Comcare had only limited involvement with specific services, but a supportive relationship with other agencies and renewed Māori representation on the Board of Trustees in 2004.

2004-2005

Housing Service offers comprehensive service to tenants and wins the inaugural national Centre for Research Evaluation & Social Assessment award for social housing.

Friends of Comcare no longer active.

2005-2006

Recovery and Strengths model adopted. Innovations to assist this:

Community integration – working with people finding it difficult to move from hospital or staffed settings.

Home rescue – designed to help people retain their homes even when requiring re-hospitalisation.

2006-2007

Housing: Housing service won award at The Mental Health Service conference in Australia.

Housing NZ withdrew rent subsidy but supported building projects. Canterbury District Health Board supported emergency housing.

Services: Establishment of Peer Services Division; initiation of Warmline Service (telephone support) contracted by Canterbury District Health Board. Consumer advisers under auspices of Peer Support and involved in planning and management.

Developing the organisation: Comcare now in a better financial position, with building assets, new contracts and better prices.

Focus on training and standards for 'Recovery'.

COMCARE 2011-2020: EARTHQUAKES! RESILIENCE, RECOVERY AND RE-POSITIONING

For several years after the Christchurch 2010-2011 earthquakes, the life of the city was dominated by the need to recover and rebuild. Comcare Patron, Andrew Hornblow, wrote in the 2011 annual report: 'One of the heartening and humbling experiences for many working in quake torn Christchurch was the resolute determination to maintain services demonstrated by colleagues whose own homes, work facilities and lives had been badly affected.'

One of the outcomes of the earthquakes was a recognition of the mental health vulnerability for many people created by this situation and a willingness among agencies to collaborate and to widen both the understanding of mental health needs and ways of working to meet these.

COMMENTARY

The work of Comcare during this period is characterised by its immediate response to the Christchurch earthquakes, and then the translation of these experiences into developing an organisation and services appropriate to the growing complexities of the service environment and the needs of clients.

THE ORGANISATION

The initial period saw Comcare fix facilities and ensure staff could be accommodated, albeit still on six separate sites. This led to the recognition that greater efficiencies, better staff support

2007-2008

Leisure and Recreation Service transformed to Activelinks, recognising that good physical and mental health go together. e.g whole person approach.

2008-2009

New flats under construction.

Expansion of Peer Support – Intentional Peer Support training.

Executive Director involved in national organisations (e.g. Acting Regionally and Collaborating).

2009-2010

Founding member and long-standing chair Dr Les Ding dies.

Activelife service of ActiveLinks division becomes Supreme Winner, Canterbury District Health Board Innovation Award.

Housing support for people with Alcohol and Other Drugs.

Extension of services to rural Mid-Canterbury.

and an improved response to clients could be enabled by a single base, or campus. Property was purchased in 2019 with the move to Lincoln Road premises in 2020.

Better support for service decisions and management and Board decision-making was ensured by setting up a Central Administration division in 2014. This allowed greater capability in finance, quality and risk management, and personnel. An IT Plan and improvements that ensured that service staff were securely networked when away from the office and able to move to 'paperless' files proved highly prescient as Comcare teams worked from home during the Covid 19 lockdowns.

Annual revenue in 2020 was over $10m. Assets: $25.9 million

PERSONAL SERVICES

Leading the Community Services Access Pathway project for the Canterbury District Health Board demonstrated the value of an integrated approach to managing services to clients. This provided insights and support for key developments in this period, including bringing together Comcare's personal support services under a general manager to enhance integration across the organisation (2012).

Later in the period Peer Support and Jobconnect were brought under a single manager, subsequent linkages providing new opportunities for both services. In the absence of adequate support from the usual funders, throughout the period Comcare trustees explicitly allocated funding from surpluses to Peer Services to ensure that this valuable service could continue.

Service developments included a strong focus on physical health and wellness, as well as mental health, with Comcare teams engaging with primary health care and other services.

2010-2011

Comcare clarified its service structure into four divisions: Community Support Services, Housing, Employment and Peer Services.

Earthquakes – Comcare responds not only with continued delivery of services and repair of its facilities, but also with participation in the city-wide service response. Its Community Support Services took the lead in the post-earthquake Community Services Access Pathway for the city.

2011-2012

By 2012 all Comcare's community support services had been brought under one manager to assist integration of services to clients.

Comcare responds to the post-earthquake housing crisis by urgently partnering with the government's Social Housing Unit to plan for 20 1xbedroom flats on four sites.

Community support services recognise the importance linking clients with primary care so that they can receive a comprehensive service, including the support of Activelinks. Comcare continues its Community Services Access Pathway role.

2012-2013

Comcare continues national leadership role in mental health sector (Platform, Acting Regionally and Collaborating) and housing groups (Community Housing Aotearoa). Local leadership with Canterbury Earthquake Recovery Authority and District Health Board committees.

New Strategic Direction for 2013-2020 developed; included expanding the scope of housing role to meet needs of 'disadvantaged' and 'vulnerable' people.

SOCIAL HOUSING

Significant expansion in Comcare's housing stock, comprising mainly one-bedroom flats took place in this period. By 2020 Comcare owned 95 properties, this large asset requiring a separate Social Housing Division to manage both property maintenance and tenancies.

HOUSING SERVICES

Emergency housing, sustaining tenancies, supporting the homeless and people with addictions into homes relied on the complex sets of skills developed by Comcare's housing services team over several decades. Working closely with other Comcare services and external agencies the housing team aims towards secure and sustained tenancies for all clients.

REFLECTIONS

So, what do we conclude from nearly four decades of Comcare's story?

First, the ambitious goals of 1985 are still the core of Comcare aspirations. They have been refined and re-worded to reflect later environments and opportunities, but the aspirations of the founders are still embedded in Comcare's strategic mission and values. These recognise the need for a comprehensive approach to mental health services that engages consumers, providers, funders and the wider community in a joint enterprise.

2013-2014

An additional 20 homes were built with support of government's Social Housing Unit, Canterbury Community Trust and Supporting Families NZ.

The Central Administration team was further developed with emphasis on technological support for finances and social housing management and on Quality and Risk Management across the organisation.

Creation of Māori Health Plan for Comcare.

2014-2015

Received the 2015 The Mental Health Services award in Australia in recognition of work in post-earthquake Christchurch.

Strengthening of service links with primary care.

2015-2016

Comcare became a registered Community Housing Provider with a separate Social Housing Division.

Continued to be the access 'portal' Community Services Access Pathway for a consortium of providers.

Endorsement of the national 'Equally Well' programme with physical health and well-being part of all service plans and for staff.

Second, Comcare has not only responded positively to changing policy environments to take advantage of opportunities to develop services but has sought to influence that policy to reflect its own expansive view of mental health and the potential to improve the situation for people with mental health problems. The national and international recognition Comcare received for its service innovation and performance ensured it a 'place at the table' in policy development and, particularly, to work collaboratively with other providers.

Third, the organisation has changed to keep pace with its growth and changing times. In fact, some observers talk about the 'New' and 'Old' Comcare and point out that, perhaps since the early 2000s, increases in staff, property, service type, geographical spread, external demands and accountability have seen a more complex and 'corporatised' organisation. Undoubtedly any organisation that wishes to participate in 21st century services must take account of 21st century requirements for financial management, health and safety, personnel competence, information technology and quality and risk management. This has been achieved with support and sensitivity, and without losing the culture of service innovation and commitment that has characterised Comcare since the 1980s.

Finally, it is clear that there are still shortfalls in services and housing, there are gaps for Māori and Pacific people, and the mental health needs of younger people are still not well addressed. Community acceptance of mental health problems, while improving, is not where it should be, and the link between mental well-being and health overall is not well understood. For Comcare, then, despite its remarkable achievements, there is work yet to be done.

2016-2017

Completion of three-year project to build 60 one-bedroom flats across 12 sites.

Responses to homelessness: expanded role in government Emergency Housing programme and partnership with others to initiate a Housing First project for Christchurch.

Integrated community team based in Rangiora to serve North Canterbury.

2017-2018

The Central Administration was strengthened to ensure a high standard of financial, human resources and IT capability.

Extension of role in housing to non-mental health patients, recognising the vulnerability created by insecure housing.

Martin Cole appointed Chief Executive Officer (CEO).

2019-2020

Purchase of property on Lincoln Road to bring all staff together on a single campus.

Development of IT capability to support client services, recognising the need for privacy, security and flexibility.

Completion of 8 new homes.

Review of Vision, Mission and Strategic Goals; affirmed wider role in relation to 'vulnerable' people and the inclusion of 'addictions' within the service scope.

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