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NSW HEALTH

ACCOMMODATION

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## Background

This is the summary of the third report on the fieldwork for the evaluation of the Housing and Accommodation Support Initiative Stage One (HASI). HASI is a partnership between NSW Health, NSW Department of Housing (DoH) and non-government organisations (NGOs). The program's objectives are to assist people with mental health problems to acquire and maintain stable housing, to improve community participation and quality of life and to provide a system of supportive stakeholders to work with people with mental illness towards recovery or maintenance (NSW Health & NSW Department of Housing 2005).

This summary presents the findings from the final phase of fieldwork (February and March 2006) and the longitudinal outcomes from Phases 1, 2 and 3. It should be read in conjunction with the full third report (Muir et al, 2007a). The longitudinal findings are based on over 600 interviews with HASI stakeholders, including 219 client interviews (Table 1). The third report complements the other evaluation reports and plan (Morris et al, 2006; Morris et al, 2005; Muir et al, 2005, 2007b). These three reports form the background for the final evaluation report forthcoming in 2006.

**Table 1: Evaluation Cohorts at Phase 1, 2 and 3**

Stakeholder group	Interviewed Feb/March 2005	Interviewed Sept/Oct 2005*	Interviewed Feb/March 2006	Interviewed all phases
Clients	71	79	69	55
ASP key workers	61	61	52	21
ASP managers	10	11	10	5
AMHS case managers	30	35	36	8
AMHS team leaders and managers	9	10	6	3
Housing provider personnel	11	9	10	6
Family/carers	27	-	13	-
Consumer advocates	2	-	5	-
DOH/CMH personnel	2	-	4	-

Note: \* Not all stakeholders were interviewed in Phase 2 of the evaluation as in the evaluation plan.

## Evaluation Findings

The evaluation found HASI is mediating some of the effects of mental illness for many people in the program. The program provides an inter-woven system of support from housing providers, Area Mental Health Services (AMHS) and accommodation support providers (ASP). This enabled people to maintain their tenancies, increase their participation in the community and develop and strengthen social and family networks, among other outcomes. The main findings are as follows.

### Roles, responsibilities and support plans

HASI has allowed AMHS case managers to focus on their core activity – the provision of clinical support, which includes the maintenance and monitoring of mental health.

ASPs provide a range of domestic, emotional, health, employment, educational, advocacy, social and life-based support for clients.

Client need, interests and willingness, along with the process and approach of the organisations, determine the nature and intensity of support provided.

Community and public housing providers locate and manage HASI tenancies, working closely with ASP personnel.

All clients interviewed had a documented support plan with their ASP. A good-practice support plan process is client-driven and formulated and implemented in collaboration with AMHS personnel and other stakeholders.

### **Referral, assessment and client selection**

The majority of ASP and AMHS personnel believe the HASI referral and assessment process is good or excellent.

When stakeholders question selection decisions, it is usually because they believe a selected client is not making the most of an opportunity in which someone else within the system could be taking advantage.

Australian born men under 34 years of age with a diagnosis of schizophrenia remained the most prevalent group of people in HASI.

The proportion of Indigenous Australians decreased between evaluation Phase 2 and 3 and culturally and linguistically diverse (CALD) people remained under-representative of the population, as did females.

### **Tenancies**

Half of the HASI clients accommodated by housing providers live in a unit or an apartment.

