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Assessment Information

The process of assessing applicants and determining eligibility varies across the sites and is dependent on the processes used by the accommodation support provider. During this stage information collection is minimal as the assessment relies primarily on the information provided in the application form and the sharing of information between the partner organisations.

Admission Information

Once an applicant has been determined as eligible and a vacancy has been filled, they become a HASI client. At this stage the accommodation support provider, housing provider and Area Mental Health Service collect a range of information on the client's support, housing and clinical needs. This stage of HASI acts as a 'transitional period' for the client, where various services and supports are established by the

Suggestions for HASI Information Collection Systems

We make a number of suggestions that may help resolve some of the concerns expressed and assist in the future development and progress of information collection systems in HASI. The underlying goal of these suggestions is the creation of a common system and procedures for information collection.

1. Clearly articulated information collection requirements

The NSW Departments of Health and Housing would have a key role in clearly specifying the information that is required to be collected at each stage of HASI.

2. Introduction of a standardised referral form specific to HASI

All the accommodation support providers should use a standardised referral form for application to HASI.

3. Development of consistent processes and criteria for assessing HASI applicants

Ideally, all the support providers should implement consistent processes and procedures for collecting and using information to assess HASI applicants.

4. Improved outcome measures for monitoring and reviewing client progress

The introduction of outcome measures that could be used by each of the different partner organisations could prove helpful for monitoring the progress of clients and overall effectiveness of HASI.

1 Introduction

A requirement of HASI is that accommodation support providers, housing providers and Area Mental Health Services collect a range of information relating to referral, service delivery, client outcomes and overall performance. The management and reporting of this information is required by the NSW Department of Health and the NSW Department of Housing.

Although there are some standard procedures, forms and legal requirements, there is also a fair amount of discretion in the collection, storage and reporting of information. The ability to decide what information to collect and how to collect, report and store it is perhaps most open-ended in the case of the accommodation support provider.

The primary objective of this paper is to describe the information collection systems operating in the various HASI sites and how the different partner organisations are collecting and managing HASI related information. The issues paper will detail the following:

- The type of information that the NSW Departments of Health and Housing expect to be collected at each stage of HASI;
- The type of information that is actually being collected, why this information is being collected, how this information is being used and how this information is stored;
- The differences, commonalities and challenges experienced in the collection and management of HASI related information;
- Suggestions on possible directions for the future development of HASI information collection systems.

In the next section the conceptual framework and methodology used by the SPRC for this study are explained. The paper then describes what is expected and what is actually happening regarding information collection, storage and reporting at each different stage of HASI (referral, assessment, admission and ongoing service provision). The paper concludes by outlining the challenges experienced with information collection in HASI and suggestions for future development.

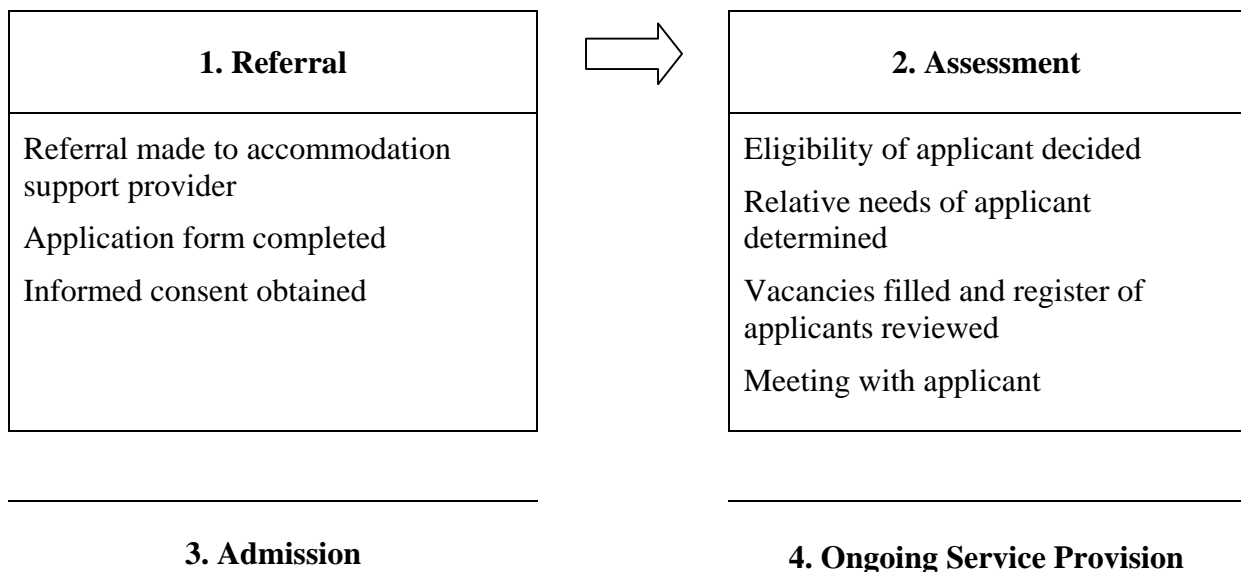
2 Conceptual Framework

The SPRC embarked on a ‘scoping’ exercise to help plan the evaluation. This activity involved meetings with key stakeholders in three HASI sites (South East Sydney, Greater Murray and Central Coast). The sites chosen represented each of the three accommodation support providers (Neami, Richmond Fellowship and New Horizons). The scoping process was designed to gain a preliminary understanding of HASI and also contributed to towards the development of the conceptual framework used for this paper.

HASI can be conceived of as having the following four stages: referral, assessment, admission and ongoing service provision. Using these stages as a conceptual framework is convenient because it neatly follows the ‘paper trail’ created from the moment a person applies to HASI, through to gaining a tenancy and receiving ongoing support. Furthermore, the four-stages provided a natural frame to develop the interview schedules used for this study.

Figure 2.1 describes the activities and processes that generate information collection at each stage of HASI.

Figure 2.1: Conceptual Framework



3 Methodology

The research methodology involved in-depth telephone interviews with key personnel in each of the partner organisations. Guided by the four-stage conceptual framework, we asked a broad range of questions related to the types of information collected during referral, assessment, admission and ongoing support provision. Questions were also asked about reporting requirements and any challenges experienced with information collection systems in HASI.

Different questions were asked of the accommodation support providers, housing providers and area mental health staff. This was because of their differing roles and responsibilities at various stages of the program. Copies of the interview schedules can be found in Appendices A, B and C.

All of our key informants were sent summary notes of the conversation to confirm that the information we recorded was complete and accurate. When interviewing was completed, it was apparent that some follow-up was necessary to clarify some details and discrepancies raised by the research team. This was done by phone and email.

All the interviews were conducted as informal conversations with open-ended questions. This allowed the research team to explore the different processes of information collection occurring at each stage of HASI, and how the partner organisations differed in their respective approaches. The information was then used to conduct a comparative analysis of the type of information that is expected to be collected and what is actually happening across the different partner organisations and sites. This approach enabled us to identify the differences and commonalities with information collection and make recommendations on possible directions for future information collection and reporting requirements.

The research team did not feel it was necessary to conduct a complete census of all partner organisations across all the sites because it became evident that information collection and reporting are similar within the different partner organisations, regardless of the site. This was particularly true for the accommodation support providers.

Telephone interviews were conducted with the three accommodation support providers - Neami, Richmond Fellowship and New Horizons. These included Illawarra (Neami), Broken Hill, Wagga Wagga and Tamworth (Richmond Fellowship Rural Office) and Central Coast (New Horizons). Seven housing providers in six of the HASI sites were interviewed. These included Hume Community Housing Association and Argyle Community Housing (South West Sydney), Wentworth Area Community Housing (Wentworth), Illawarra Housing Trust (Illawarra), Broken Hill Community Tenancy Scheme (Broken Hill), Pacific Link Community Housing (Central Coast) and the Department of Housing Wagga Wagga Office (Wagga Wagga). Telephone interviews were conducted with AMHS staff in six of the HASI sites. These included South West Sydney, Wentworth, Illawarra, Greater Murray, South East Sydney and the Central Coast.

In sites supported by Richmond Fellowship

In regards to differences, Neami also require

5 Assessment Information

The process of assessing applicants and determining eligibility varies across the sites and is dependent on the accommodation support provider. This section details the different processes of information collection occurring at this stage of HASI, highlighting differences and commonalities between the partner organisations. Figure 5.1 provides a summary of information that is expected to be collected at assessment. It is important to note that during this stage information collection is minimal as the assessment relies primarily on the information provided in the application form and the sharing of information between the partner organisations.

Figure 5.1: Assessment Information Collection Requirements

<p>Relative Needs Assessment</p> <ul style="list-style-type: none"> • Life skills profile (may also accompany the application form) • Present accommodation • Inpatient care in the last 12 months (number of days) <p>Other Information</p> <ul style="list-style-type: none"> • Level of support needs • Level of ongoing disability • Any additional health problems <p>Meeting with applicant</p> <ul style="list-style-type: none"> • Informed consent (willingness to participate in HASI) <p>Source: Deakin 2004 Part B: 11-13; NSW Health and Housing 2003: 42-50:</p>
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5.1 Determining eligibility

According to the HASI resource manual, applicants considered eligible for HASI must be:

- Aged between 16 to 65 years
- Diagnosed with a severe mental illness such as Schizophrenia, Schizoaffective Disorder or Bipolar Disorder
- Experiencing moderate to severe levels of psychiatric disability
- Not in an acute phase of mental illness that requires inpatient treatment
- Capable of benefiting from the provision of accommodation support services
- Capable of providing informed consent to participate in the program.

Source: Deakin 2004 Part C: 3; NSW Health and Housing 2003: 43

Once the selection criteria have been applied and the relative needs assessment completed, the Neami site manager will consult with the applicant and the applicant's mental health case manager to decide eligibility. Once an applicant is confirmed eligible, the application is referred to the *local selection committee*. The committee has 4-6 members drawn from both Neami and the Area Mental Health Service.

5.2 Filling a Vacancy

Once an applicant has been determined e

6 Admission Information

Once an applicant has been determined as eligible and a vacancy has been filled, they become a HASI client. At this stage the accommodation support provider, housing provider and Area Mental Health Service collect a range of information on the client and their needs. This stage of HASI acts as a ‘transitory period’ for the client, where various services and supports are established by the different partner organisations. A summary of the type of information that is expected to be collected at admission is listed in Figure 6.1.

Figure 6.1: Admission Information Collection Requirements

Housing Provider

- Date client is ready to move
- Number of bedrooms needed
- Number of pets (if applicable)
- Need to access public transport and facilities (medical services, ethno-specific networks, community shows)
- Any specific internal requirements (wheelchair access, laundry and bathroom facilities, bedroom and bathroom proximity, space for medical equipment)
- Any client specific requirements such as sun, disabled access, ground floor accommodation and parking
- Any other client management issues that may influence the choice of property

Area Mental Health Service

- Needs and goals of client (MH-OAT Care Plan)

Support Provider

- Level and type of support

Source: Deakin 2004 Part C: 16-18; NSW Health and Housing: 50-58

6.1 Allocating a Key Support Worker

Once a client has been admitted to HASI, the first step in establishing appropriate support services is to allocate a key support worker. The key worker is employed by the accommodation support provider and acts as the client’s primary source of support. The site manager matches clients to key workers on the basis of employee skills and availability. Sometimes the client’s age, gender, first language, social and medical history and level of unmet need are also considered. Our knowledge of allocating the key worker is limited because none of the HASI sites have standardised methods of collecting and recording information about the process.

6.2 Securing Appropriate Housing

Once a key worker has been allocated, the client's details are forwarded to the local housing provider with a letter of acceptance from the local selection/placement committee. This is a generic letter sent to the local housing provider informing them of the client's name and contact details (Appendix G). It is at this stage of the program that the housing provider schedules their first meeting with the client and their key worker. Where appropriate, the client's family members, friends and mental health case manager may also attend. During this meeting, the client is required to fill out an *Application for Tenancy*.

The public housing providers call this a *Housing Register Application*. The type of information collected on this form rarely differs between the housing providers with common information collection items including:

- Personal details
- Residential status
- Income and assets
- Previous and/or current housing circumstances
- Health status (including mobility issues)
- Support needs (including any specific housing requirements)
- Desired living location
- Permission to contact support worker.

The Housing Register Application is a generic form used by all public housing providers throughout NSW (Appendix H). For HASI clients this form is normally accompanied by a Medical Assessment form and any other letters or reports that support the applicant's request for housing.

There is no standard Application for Tenancy that is used by the community housing providers and each organisation uses its own form (Appendix H). Clients receiving support from the Illawarra Housing Trust must also complete a *Joint Guarantee of Service Referral Form* before they are housed. This form provides an indication of the client's housing and support needs in relation to the type of coordinated support required. A copy of this form can also be found in Appendix H.

All the community housing providers require applicants who have applied for public housing to provide their Tenant number (T number). The reason for supplying this information is because applicants with a T number have already gone through the processes of being approved for public housing and are therefore considered appropriate tenants by the community housing providers. Noteworthy is that Broken Hill Tenancy Scheme will not accept any clients, HASI or otherwise, that are not eligible for public housing. If this situation occurs with a HASI client, a referral is made to public housing so that the client can obtain a T number.

Using information collected from the Application for Tenancy, both housing providers (public housing and community housing) create a client file where information and correspondence is kept in hard copy. In some cases, this information is also transferred to a centralised electronic database. For the public housing providers this is known as the *Integrated Housing System (IHS)*. Both Wentworth Area Community Housing and Pacific Link Community Housing keep an electronic database called the *Tenancy Management System (TMS)*. Hume Housing keeps an electronic database called the *Rent Management System (RMS)*.

Once the client file has been created, the housing provider endeavours to secure an appropriate tenancy for the client. In most sites, HASI clients are housed immediately. In situations where there is no housing available, HASI clients receive priority treatment. Generally speaking, the allocation of housing is dependent upon the availability of capital purchased properties (properties owned by the housing provider) and appropriate rental properties (properties leased by the housing provider).

Both public and community housing providers try to match clients to a suitable property. This matching process is based primarily on information from the Application for Tenancy. Other considerations may include house size, availability of public transport, accessibility to public facilities and proximity to family and friends.

New Horizons, Neami and Richmond Fellowship all play a key role in assisting the housing provider to locate a suitable property

- Support contract (including hours of support to be provided)
- Assessment of support needs and current functioning
- Identification of short-term and long-term goals

In all the sites a meeting with the client and their mental health case manager is scheduled to develop the ISP.

For Neami, the first step of this process is to determine the client's level of functioning and need. To do this, Neami

All the support providers regularly review the ISP. Neami reviews the ISP every 8 weeks, Richmond Fellowship every 12 weeks and New Horizons once after the first 3 months and every 6 months after that. For Neami and Richmond Fellowship, information from the ISP is kept in hard copy with the client's file and on their electronic databases. New Horizons keeps this information on the client's hard copy file. Copies of the ISP for each of the support providers are in Appendix I. Copies of the ISP review forms are in Appendix J.

Development of the Client Care Plan

In addition to the ISP, some Area Mental Health Services develop a Client Care Plan. This plan outlines the roles responsibilities of the mental health case manager and the type of clinical support and medical regimes that will be provided to the client. The type of information included in the Client Care Plan depends on the clinical needs of the client and their individual circumstances. This plan can take any shape or form and there are no standardised methods for collecting and recording this information. Copies of the Client Care Plan are kept with the mental health case manager and the Area Mental Health Service client record.

Some Area Mental Health Services and accommodation support providers have also developed joint care plans with the accommodation support provider (e.g. Richmond Fellowship: Greater Murray). Other Area Mental Health Services indicated they were moving towards the development of joint care plans with the accommodation support providers (e.g. New Horizons: Central Coast). The purpose of developing a joint care plan is to strengthen the partnership arrangements, improve coordinated service delivery and facilitate open communication between the different organisations. The Area Mental Health Service and accommodation support provider keep copies of the joint care plan.

Housing management

As mentioned previously, both public housing and community housing providers have different methods and systems for recording information on HASI clients. In all cases, the housing provider keeps a client file where information and correspondence is kept in hard copy. In some cases, this information is transferred to a centralised electronic database. For the public housing providers this is called the Integrated Housing System (IHS) and for the community housing providers that keep an electronic database this is called either the Tenancy Management System (TMS) or the Rent Management System (RMS).

Regardless of the system being used, all the housing providers (public and community housing) are required to collect information on the client's ongoing tenancy. The items collected differ marginally across the housing providers and includes:

- Bond payments
- Rental payments
- Maintenance and repairs
- Water usage
- Property inspections
- Client complaints.

All the housing providers produce a rent statement that is sent to the HASI client either monthly or quarterly. In situations where complaints are made either by the client or about the client, they are recorded in hard copy and kept with the client's file. There are no standardised methods for recording this information and it depends on the type and nature of the complaint. An example of the complaint forms used by Wentworth Community Housing is in Appendix J. In sites supported by Richmond Fellowship, the housing provider contacts the accommodation support provider who is expected to intervene and provide some resolution to the problem. In some cases, clients are sent a letter in the mail to notify them of complaints about them.

Support management

In all the sites, progress notes are recorded by the key worker after each visit and kept in hard copy on the client's file and selected items are also kept electronically on the central databases (Appendix J). The items held on the databases are in flux. For example, Neami is developing new fields in their electronic database to record the number of days clients spend in hospital and whether stays were planned or unplanned.

Information from the progress notes is used to review the ISP and includes the type of contact with client, hours of support provided, hours of transport provided and any other observations made by the key worker. The support provider keeps the progress notes in hard copy with the client's file. The form New Horizons use to record progress notes is in Appendix J.

7.2 Partnership communication and review

Ongoing communication with client

As part of the provision of ongoing support services, each of the partner organisations engages in regular meetings with HASI clients. This enables them to monitor the client's progress and identify their changing needs. The accommodation support provider and the Area Mental Health Services interact with and meet clients frequently to discuss their progress and any arising issues. Overall, there is no standardised process of meeting with the client, except when renewing the ISP.

In most sites, an allocated housing officer meets with the HASI client once in the first six weeks, every 6 months after that, and 2-3 months prior to the expiry of their lease. HASI clients normally have a renewable tenancy where they are initially given a 12 month lease, then offered a 3 year lease if the first 12 months were successful. Overall, the housing providers will have limited contact with the client unless there is a problem. Problems experienced will normally include rent in arrears, complaints about adequacy of housing and disputes with neighbours. Information for discussion with their provider less there

Information from these meetings is used to monitor and evaluate HASI. In most cases this is also used when reporting HASI related information (Section 8). In addition to the staff on the ground, representatives of the partner organisations see each other at monthly committee meetings. Information is not recorded in any formalised way at these meetings.

- The status of each Initiative client across the year (including sustainability of the tenancy, number of tenancies terminated or in the process of termination and whether tenants have met their duties and responsibilities with payment of rent and property upkeep)
- The location and head leasing of properties for the Initiative within timeframes negotiated with the accommodation support provider
- Assessment on how the housing provider is meeting its duties and responsibilities in the initiative in general
- Assessment of how the local partnership arrangements are working, including the degree to which the service level agreement has been implemented, and complied with across all HASI sites

Source: Deakin 2004 Part D; NSW Health and Housing 2003: 36

8.1 Accommodation Support Providers

All the support providers produce internal statistics that are presented each month to the *local HASI advisory committee*

8.2 Housing Providers

The housing providers present a general report to the Office of Community Housing (OCH) every quarter. This report is not specific to the HASI program but is mandatory for the housing provider to continue receiving funding from the OCH. Information provided to the OCH will normally include:

- Number of vacancies
- Rental income
- Rental in arrears
- Any additional financial information.

Some housing providers will also present an informal verbal report to their local advisory/placement committee. Again, there are no standardised methods for reporting and recording this information. Broken Hill Community Tenancy Scheme is the only housing provider to present a written monthly report to their local advisory committee. This report details whether HASI is to quota, any arrears and any other issues that have arisen. The research team has not yet located an example of this report to include in our Appendices.

8.3 Area Mental Health Services

Area Mental Health Services regularly report (usually monthly) on HASI clients through the Area Mental Health Service lines of management. This information is then given to the Centre for Mental Health

9 Challenges with Information Collection in HASI

This paper has shown that there are a number of differences and commonalities regarding information collection systems in HASI. This section details the types of challenges that the partner organisations have experienced with information collection, as well as those identified by the research team. These have been summarised in Figure 9.1.

Figure 9.1: Challenges with Information Collection in HASI

Challenges
<ul style="list-style-type: none">• A lack of clarity regarding the types of information that should be collected and reported at each stage of HASI (referral, assessment, admission and ongoing service provision)• Unevenness of data collection measuring the outcomes and progress of HASI clients (including MH-OAT data)• Lack of communication at times between the partner organisations

9.1 Uncertainty regarding the types of information that should be collected and reported

One of the most significant challenges has been the lack of clarity regarding the different processes of information collection that are expected at each stage of HASI. This uncertainty has resulted in variations in information being collected, reported and stored by the accommodation support providers, housing providers and Area Mental Health Services. In regard to the referral process, because each of the support providers uses their own application form for referral to HASI, there is a difference in the type of information collected (Appendix D). Although many of these items do not vary significantly, the variation may lead to differences in the type of applicants that are determined as eligible or ineligible for HASI. The fact that Neami complete the application form (as opposed to the referring person) may also influence the type of information being collected, used and stored during the referral process.

There are also differences regarding the process of assessment and the way different information is used during this stage. As mentioned, the local selection/placement committee is responsible for determining eligibility in sites supported by Richmond Fellowship and New Horizons. In sites supported by Neami, it is the site manager (with advice from the applicant's mental health case manager) that is responsible for determining an applicant's eligibility. These differences mean there is an absence of consistency during the assessment stage of HASI. However, in this case the type of information collected by Neami, Richmond Fellowship and New Horizons does not differ significantly. Rather it is the process of collecting and using this information that differs.

Building on this, the interviews suggested the possibility that some HASI clients are being assessed as eligible and accepted into the program with needs that are either too great or too little. This could be attributed to the different processes of determining eligibility and ineligibility, and different understandings and methods of using the selection criteria during the assessment stage of HASI.

The relative needs assessment that is used during assessment was raised a challenge by all the support providers. This assessment scores the level of met and unmet needs of the applicant and is a requirement of the Centre for Mental Health, NSW Department of Health. The support providers felt that this type of assessment was not always useful and did not adequately consider the history and individual circumstances of the applicant.

During the admission stage there are also important differences between the support providers when developing the ISP for HASI clients (Appendix I). The challenge here is that the content and format of the ISP varies and this could lead to differences in service delivery and variable outcomes for HASI clients.

The fact that the Area Mental Health Services are not required to develop a Client Care Plan for all HASI clients could further prove problematic when collecting and reviewing information on the clinical support needs of HASI clients.

Finally, the formal reporting requirements mandated by the Departments of Health and Housing are a challenge for all the partner organisations. There is a sentiment that the information required could be more clearly articulated in the HASI Resource Manual. It is, however, expected that the new HASI Resource Manual being drafted will systematically detail the type of information required for monthly, quarterly and annual reports.

9.2 Limited data measuring the progress and outcomes of HASI clients

Another challenge with information collection in HASI has been the over-reliance on anecdotal evidence about the progress and outcomes of HASI clients. Some partner organisations are not systematically recording and reporting the information that is outlined in the HASI resource manual and

A partial explanation for this phenomenon is that the partner organisations are not clear on what types of information they should be collecting themselves, let alone disclosing to the other partners. In some sites the support providers stated that the Area Mental Health Services were not providing the MH-OAT data. This information is potentially valuable to the support providers for monitoring the ongoing support needs of clients and for developing and reviewing the client's Individual Service Plan.

Some of the housing providers felt they had been excluded from the referral and assessment stages and were therefore not privy to the information collected during these stages. They felt it would be beneficial to have had information about the client's diagnosis, health profile and clinical support needs in the early stages of HASI. Other housing providers felt that their roles and responsibilities with HASI did not extend to the referral and assessment process and that their primary objective was to provide and manage an appropriate tenancy for the client. Knowledge of this information was seen as unnecessary, unless it affected the type of housing required, or the client had risk management issues that may affect themselves, the housing provider or other people in the community.

10 Suggestions for HASI Information Collection Systems

The following lists a number of suggestions that may help resolve some of the concerns expressed and assist in the future development and progress of information collection systems in HASI. The underlying goal of these suggestions is the creation of a common system and procedures for information collection.

1. Clearly articulated information collection requirements

The NSW Departments of Health and Housing would have a key role in clearly specifying the information that is required to be collected at each stage of HASI.

2. Introduction of a standardised referral form specific to HASI

All the accommodation support providers should