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Title of Paper: “A Partnership x Three: integrating housing and support for people with enduring mental health support needs”

Author/Presenter: Elena Katrakis
Director, Homelessness Unit, NSW Department of Housing
223-239 Liverpool Road, Ashfield NSW 2131
Phone: (02) 8753 8474
Email: elena.katrakis@housing.nsw.gov.au

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Abstract: The NSW Department of Housing, by working in partnership, aims to provide safe, decent and affordable housing opportunities for people on low incomes so that they can live with dignity, find support if needed and achieve sustainable futures. The Department’s main objectives are to:

- Assist those with priority need
- Build successful tenancies and communities
- Create viable and effective services
- Diversify local housing responses

It is estimated that mental health problems and mental illness will affect more than 20% of the adult population in their lifetime (National Mental Health Plan 2003-2008).

The NSW Department of Housing and NSW Health have jointly developed the Housing and Accommodation Support Initiative (HASI), a program providing support and housing for people with enduring mental health support needs.

HASI aims to improve community participation and housing stability for people with mental illness and varied levels of psychiatric disability by providing accommodation (disability) support that is linked to housing. The Initiative recognises the interdependence of stable housing, support services and clinical mental health services and aims to demonstrate the benefits of a partnership approach in facilitating improved outcomes and community participation for people with psychiatric disability.

A key feature of HASI is the three-way partnership between the social housing provider, clinical mental health services, and non-government accommodation (disability) support providers. Phase I of the Initiative has provided 100 places of housing and support to people with high level mental health support needs; Phase II is providing 460 packages of support to people with low level mental health support needs; and Phase III will see an expansion of Phase 1.

The paper will examine the partnership approach to the development of the service model and examine the areas of governance, the service system, and client outcomes as a result of this approach.

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Address and Contact Details: Elena Katrakis, Director Homelessness Unit
223-239 Liverpool Road, Ashfield NSW 2131
Phone: (02) 8753 8474
Email: elena.katrakis@housing.nsw.gov.au

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The Housing and Accommodation Support Initiative is an innovative model of housing linked to support which is supported by a vital three-way partnership between the NSW Department of Housing, NSW Health and the non-government sector. This paper will outline the model, its key features, the principles that underpin it, and the issues it raises.

1. Background

The NSW Department of Housing, by working in partnership, aims to provide safe, decent and affordable housing opportunities for people on low incomes so that they can live with dignity, find support if needed and achieve sustainable futures. The Department's main objectives are to:

- Assist those with priority need
- Build successful tenancies and communities
- Create viable and effective services
- Diversify local housing responses

People on low incomes with mental health problems and disorders are an important priority group for assistance by public and community housing in NSW. Around 40% of low income renters in NSW that receive a Centrelink¹ pension or benefit with some psychiatric disability live in public housing. This proportion rises to 45% in Metropolitan Sydney. In Western Sydney Area Health Service, public housing clients make up 55% of Centrelink pension and benefit recipients with a psychiatric disability. Over 11,000 pension and benefit recipients with a psychiatric disability live in public and community housing in NSW.

Service gaps for NSW Department of Housing clients are apparent at both ends of the needs spectrum for people with enduring mental health needs. This includes people with low level support needs and people with high level support needs.

Without the necessary support, these group of clients will not be eligible for social housing as they need to demonstrate that they have the necessary support in place to sustain a tenancy. Some individuals in this group with very high needs will as a result remain in long stay non-acute care in the health system due to the lack of ongoing community based care and support options that can compliment social housing.

Others may enter social housing with support commitments but not be able to sustain a tenancy, as the available clinical treatment will not be adequate on its own. Mental health services do not usually have the capacity to sustain an intensive case management outreach approach in the community nor can they commit to extensive individualised ongoing disability support for high need clients over extended periods of time.

NSW Health has developed a range of key policy Frameworks which have guided the delivery of community based care for mental health clients. These recognise the significance of stable housing and partnership approaches. Two key documents are

¹ NSW Centrelink dataset 2001

*The Framework for Rehabilitation for Mental Health*² which was developed in 2002 and provides a template to assist Mental Health Services and mental health NGOs with service planning, development and evaluation; and *The Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders*³ also developed in 2002 which recognises housing and accommodation support as a 'prerequisite for achieving stability, security and improved mental health' and emphasises the need for coordination and collaboration between agencies that provide mental health, housing and support services. The framework also has an important role in reinforcing the *Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing*⁴, a joint initiative between a range of agencies which provides a co-ordinating framework for government and non-government agencies to guide the delivery of mental health, support and housing services to people with mental health problems and disorders who live in social housing and have ongoing support needs.

During 2002 an Inquiry was conducted by the NSW Legislative Council Select Committee on Mental Health into mental health services in NSW. The final report of the Committee was tabled in Parliament on 6 December 2002⁵. The Inquiry identified that reductions in inpatient beds in NSW have not been matched by sufficient increases in community-based services. The Inquiry found that more needed to be done to stop the 'revolving door syndrome', that is, the disabling admission/discharge/readmission cycle that many people with mental health problems experience because of the lack of appropriate services and supports following discharge.

The Inquiry made a number of recommendations regarding the need for whole-of-government services including the need to ensure housing and an appropriate standard of care for mental health consumers.

The National Mental Health Report 2002 also noted that the demand pressures on acute inpatient units highlighted the lack of bed-based treatment options that might be used by consumers with serious and persistent conditions who may not need the intensity of treatment provided in acute units, in other words, a community based approach with housing linked to the appropriate level of support.

As a result of the direction articulated in the policy frameworks, reports, and the Inquiry's findings, the Housing and Accommodation Support Initiative (HASI) was developed. This initiative recognises the value of community based mental health care and the importance of secure housing and adequate support in developing and maintaining independence, tenancies, and improved quality of life for people with enduring mental health support needs.

² New South Wales Health (NSW Health 2002a) *Framework for Rehabilitation for Mental Health: NSW Government Action Plan*. NSW Health: Sydney.

³ New South Wales Health (NSW Health 2002b) *Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders: NSW Government Action Plan*. NSW Health: Sydney

⁴ New South Wales Health (NSW Health 2003). *Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, community and Public Housing*. NSW Health: Sydney.

⁵ Parliamentary Paper Number 368 Select Committee on Mental Health *Mental Health Services in New South Wales* Final Report December 2002

HASI has been able to offer clients with high support needs an option to move back into the community that was previously unavailable. Clients without the assistance of the program would have a limited prospect of maintaining a tenancy. Initially these clients have great difficulty demonstrating a capacity to live independently and so satisfy the Department of Housing's eligibility criteria at the point of entry.

The Housing and Accommodation Support Initiative (HASI) has provided an opportunity for the NSW Department of Housing to test the housing outcomes for these groups of clients in partnership with NSW Health with funded and guaranteed support from the non-government sector. A vital three-way partnership model has been established which has provided the foundation for this integrated service delivery model. The impact of the three-way partnership is multi-level, with key results at the governance, service system, and individual client levels.

In HASI Stage One, NSW Health and the NSW Department of Housing jointly funded 100 housing and accommodation support places to people with complex mental health problems and disorders who require a high level of accommodation (disability) support. NSW Health provided funding through Area Health Services in a state wide tender process for NGO accommodation (disability) support providers. The Department of Housing contributed appropriate housing stock for the program, and participating NGO community housing associations were identified through a state wide tender process. Public housing client service teams were identified as the housing providers in two sites under HASI Stage One.

In HASI Stage Two NSW Health is providing funding for 460 packages of care for lower-level disability outreach support for people who have a mental illness and reside within existing social housing (primarily public housing). This stage of HASI is being implemented across all areas of NSW. Successful tenderers enter into contracts at local levels with the relevant Area Health Service to provide the accommodation (disability) support.

2. Features of HASI Stage One

HASI Stage One has been designed to assist people on low incomes with mental disorders and high levels of psychiatric disability who:

- are residing in a hospital bed because it has been difficult to access high levels of accommodation support elsewhere;
- are homeless, at risk of homelessness or inappropriately housed. (This can include clients whose current housing is at risk due to a lack of care or support services);
- have the ability and desire to live in the community; and
- have the capacity to maintain a mainstream tenancy agreement (with appropriate support).

Broadly, HASI Stage One was established with three interrelated aims – namely to assist those people in the target group to:

- increase their independence and capacity to live in the community;
- improve their housing stability; and
- enable people residing in hospital settings with the capacity to reside in the

community to do so, by providing appropriate housing linked to to interrelated support components.

HASI Stage One also aims to demonstrate the benefits of a partnership approach in providing housing, clinical care and disability (accommodation) support services to clients.

The specific objectives of HASI Stage One are to:

- enable people with mental health disorders who have high levels of psychiatric disability to maximise their participation in the community and sustain successful tenancies;
- develop mutually beneficial partnerships between housing providers, accommodation support providers and Area mental health service providers that lead to improved outcomes for people with mental health disorders and high levels of psychiatric disability;
- increase HASI clients' access to mainstream community services for which they are eligible;
- use the lessons from the Initiative to develop other options that link housing and support services for people with mental health problems and disorders;
- increase access to services providing high-level accommodation support that are linked to appropriate housing assistance across NSW; and
- establish services in areas where there are no or few housing and accommodation support services currently available.

3. Features of HASI Stage Two

HASI Stage Two, the lower support outreach HASI, is aimed at providing assistance to people with mental health problems and disorders in established social housing (primarily public housing and 10% to community housing) who may be at risk of being unable to maintain their housing without the appropriate assistance and support. A major focus of this component of HASI is to provide early intervention, prevention and maintenance to individuals through the three-way partnership approach.

HASI provides options and innovative community based responses.

4. How HASI operates

For each HASI client, three local providers are involved: a housing provider (a public housing provider or a community housing provider using accommodation funded by the NSW Department of Housing), a clinical mental health services provider (within the Area Health Service) and an accommodation (disability) support provider (funded by Centre for Mental Health (NSW Health) by contract/agreements through the relevant Area Health Service).

The HASI program is based on a separation of functions while ensuring each client receives a tailored set of services and appropriate housing that suits their particular needs. This means that whilst all providers are committed to a partnership approach, and sign a Service Level Agreement, they provide services in their specific area of expertise. Clear roles and functions are identified and add to and enhance the three-

way partnership approach. Each is dependent on the other to fully meet the objectives and aims of the model of housing linked to support.

HASI has a three-tier management and coordination structure involving:

- sponsor agencies;
- partner agencies; and
- local HASI providers.

The sponsor agencies are NSW Health and the NSW Department of Housing, who are responsible for allocating the staffing or funding necessary to provide the housing and support services to HASI clients; monitoring the initiative; and overseeing an independent evaluation of the program.

HASI is supported by a number of partner agencies - namely:

- the Office of Community Housing (part of the NSW Department of Housing);
- the Centre for Mental Health (part of NSW Health);
- relevant Area Health Services;
- relevant Housing Services;
- community housing providers, and
- non-government (disability) support service providers.

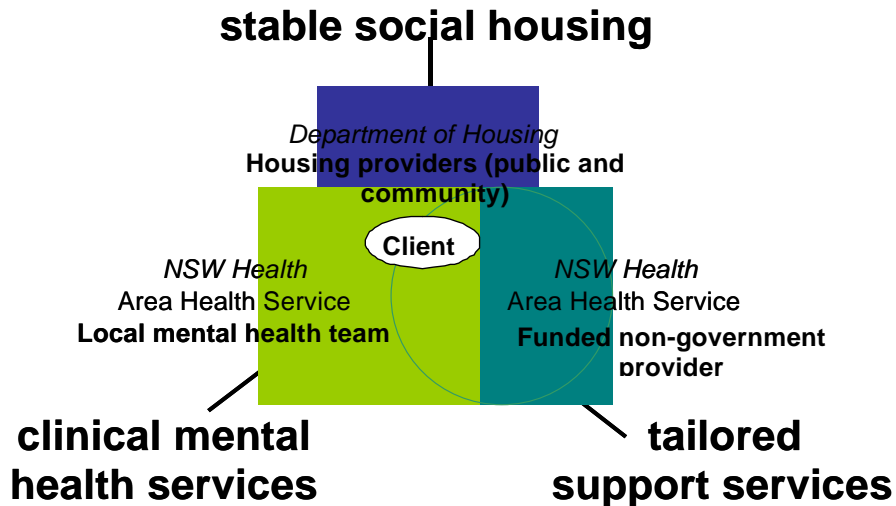
In each location, there are three local partners who are responsible for implementing the Initiative, and directly providing services to HASI clients. These local HASI providers consist of the:

- local Area Health Service, and specifically its mental health team;
- housing provider, either a local community housing provider or public housing client service team; and
- accommodation (disability) support provider.

HASI is also overseen by the HASI Advisory Committee, which contains representatives from sponsor and partner agencies, as well as key peak organisations. Its role is to oversee the implementation of the Initiative, provide direction, support and feedback to the Initiative and to support the independent evaluation.

5. The Three-way Partnership

The diagram below articulates (developed by NSW Health and adapted for this paper) the relationship between the three partners in HASI which is centred around the client.



Key Roles

The NSW Department of Housing provides housing assistance and appropriate tenancies to all HASI clients. The primary role of the housing providers under HASI is to find, lease and allocate rental housing for / to clients and manage capital purchased properties (HASI Stage One) and/or manage existing housing (HASI Stage Two). They are required to provide responsive housing services in accordance with good practice standards including the collection of rents, management of maintenance and payment of rates and insurances. Housing providers are also responsible for collaborating with accommodation (disability) support services to ensure the effective and coordinated delivery of services to HASI clients under all stages of HASI.

A key feature of HASI is the role of the accommodation (disability) support providers which have been appointed through a tender process for each Stage of HASI. These NGO support providers have been mandated to provide the daily accommodation / disability support requirements of the HASI clients within a psychosocial rehabilitation framework. They have a key role to play in providing daily support for clients and helping them integrate into the community and, in some instances, locating suitable clients for the program.

Under existing funding from NSW Health, the Area Health Services provide clinical mental health services linked with other local acute and non-acute inpatient and community based initiatives. The Area Health Services are required to enter into a funding and performance agreements with the local accommodation support providers. The Mental Health case manager, along with their colleagues in the Mental Health Service, are responsible for providing each HASI client with a full range of mental health services based on their clinical needs. These services could include treatment, rehabilitation, crisis intervention and referrals.

The elements of the Partnership model for the HASI program have been articulated in a Resource Manual⁶ which, is available to all partners under the Initiative and

⁶ NSW Health (Sept 2005), HASI Resource Manual: A Joint Housing, Health and NGO Partnership Program

provides a clear base for implementation locally. How this information is adapted locally has varied in practice, with agencies with different philosophies interpreting implementation in different ways – these elements are being considered as part of the evaluation process and will inform other stages of the HASI model over time.

The following areas provide an overview of the key elements and requirements of the model which guide the three partner agencies to deliver the HASI model. Having defined these areas, with inbuilt capacity for flexibility at the local level depending on the local landscape and needs, has been a key strength of the model's development and implementation to date.

Principles of the Partnership

The HASI program is based on a commitment by all agencies involved to work in partnership to improve client outcomes through coordinated service delivery. The principles underpin and direct the three-way approach in HASI. Shared principles underpinning the HASI model are:

- *Client Focused* - HASI is a client-focused program that provides services specifically tailored to the needs of individual clients. Wherever possible client choice is to be promoted and respected.
- *Community Oriented* - HASI is committed to maximising the opportunities for clients to participate in the community. It aims to provide clients with access to the same opportunities and experiences as other citizens. Wherever possible the emphasis will be on rehabilitation and recovery.
- *Sensitive and Quality Services* - HASI provides clients with accessible and quality services. This requires the development and maintenance of good working relationships between the client and each of the local providers. It also requires services to be sensitive to the specific cultural, linguistic and other needs of each of client.
- *A Partnership of Responsible Agencies* - HASI is built on a partnership of three local providers, fully utilising the skills and expertise of each. Each agency is responsible for their commitments to the joint program, and to individually and collectively undertaking continuous monitoring of client outcomes.
- *Respect and Communication between Partners* - HASI assumes that each agency is an equal partner in the initiative. Each partner will demonstrate understanding and respect for the perspective, roles and responsibilities of the others. They will also undertake regular communication with the other partners, and with the client, to continuously improve clients' outcomes and the success of the Initiative in general.
- *Flexible and Responsive to Feedback* - HASI recognises that each group of clients, local community and mix of providers present a different set of conditions and way of interacting. It is flexible in its approach to delivering the aims of the Initiative. HASI is also based on ongoing stakeholder

feedback: from the client, local providers and through members of the HASI Advisory Committee. This approach ensures that the model can remain responsive and able to be continuously improved.

Partnership Commitments

To support each of the HASI principles, all agencies involved in HASI, and particularly the local HASI providers, are expected to implement all of the partnership commitments in their approach to, and activities for, the Initiative – in essence the three-way partnership is created based on the following platform which articulates the commitment of the three:

- Each HASI partner is committed to meeting all legal requirements and ethical standards in all aspects of the Initiative.
- Each HASI partner takes responsibility for fulfilling their agreed roles and responsibilities under the Initiative and implementing the policies and procedures contained in the Service Level Agreements and other funding documents.
- Each HASI partner commits to regularly communicating with other partner agencies and to opening discussing ways to improve client outcomes, as well as strengthening service coordination and the partnership approach.
- Each HASI partner respects the confidentiality and privacy of clients. As such they will only share client information that is necessary to provide a quality service and then, only with the knowledge and permission of the client.
- Each local provider is accountable for the supply of services in accordance with the HASI Resource Manual. They are also accountable for fulfilling its monitoring and reporting obligations, and for efficiently using Initiative resources.
- Each HASI partner shares a commitment to the provision of culturally and linguistically appropriate services.
- Each HASI partner will collect accurate information pertaining to the client and participate in the agreed monitoring process. In doing so, every effort will be made to minimize the workload created by the need for data.
- Each HASI partner will be proactive in monitoring each client's situation, including any changes that may require the attention of another partner agency. In most cases this will be by the client's Support Coordinator.
- Each HASI partner is part of a broader network of services. As such they are committed to building strong, collaborative working relationship with other providers. This commitment also recognises that HASI is only one part of each partner organisation's overall operations.

Service Level Agreements

The model requires that Service Level Agreements are signed between the three partner agencies and describe how the Initiative will operate locally. The Agreement defines the roles and responsibilities of each provider, together with other operating issues. They include such aspects as:

- communication and information exchanges between the local providers;
- client rights;

- the role of the accommodation support provider;
- the role of the mental health provider;
- the role of the housing provider;
- client access to information;
- reporting, evaluation and reviews;
- dispute resolution;
- vacancies and allocations;
- withdrawal from the Agreement; and
- safety and critical incidents.

Whilst each Agreement is negotiated and signed at the local level, it is a requirement of two sponsor agencies that an Agreement is in place. A template for the Agreement has been provided as part of the Resource Manual⁷ to guide all partners and enable a consistent approach statewide.

Service Coordination

To meet the objectives of the HASI model it is a core area of responsibility for the three local HASI providers to work in partnership at the local level. This includes:

- Signing the Service Level Agreement;
- Collaborating with the other local providers where necessary, for instance in the development of the Individual Statement of Service for each client
- Participating in the Local Coordination Group Meetings;
- Participating in the Client Selection Panels;
- Reporting changes in the client's circumstances or condition that are necessary to the partnership approach, and with the clients permission; and
- Collecting relevant data as required and defined by the Initiative's sponsor agencies.

Whilst the HASI model does require close and frequent communication between the providers, it is up to the local partners to develop good working relationships that will ensure the aims of the Initiative are being met on an ongoing basis.

The accommodation (disability) support provider is key to the model and has additional responsibilities relating to coordination between agencies and support for HASI locally. This includes:

- initiating and convening the Local HASI Coordination Group Meetings and providing other secretariat services as required;
- convening the Client Selection Panels;
- collecting detailed data on HASI applicants and clients;
- arranging exit interviews for clients exiting the Initiative; and
- preparing regular Local HASI Status Reports for the Area Health Service.

⁷ NSW Health (Sept 2005), HASI Resource Manual: A Joint Housing, Health and NGO Partnership Program

Local HASI Coordination Group

This group consists of representatives from each of the three local provider agencies. The primary aim of the Coordination Group is to foster the partnership approach that underpins the HASI model.

The core roles of each Local Coordination Group are to:

- review local progress of HASI in general and the Service Level Agreement in particular;
- identify any barriers to achieving the partnership approach of HASI locally and individual or collective HASI client outcomes;
- reach agreement on what will be done to overcome barriers or improve the Initiative in general.
- identify opportunities to forge links with other agencies in the area that could assist HASI clients.
- identify any operational or other issues to be referred to the HASI Advisory Committee.
- (where appropriate) review individual client progress in the Initiative.

The Coordination Group in some areas has also taken on the role of client selection/consideration, rather than setting up a separate committee structure. In other areas this function has also been linked to the Joint Guarantee of Service (JGOS) local committees, to avoid duplication and enhance practice at the local level. This approach facilitates joined up service delivery and enhances and builds co-ordinated partnership across the service system for this client group.

Local HASI Coordination Groups meet at least quarterly, with most areas electing to hold bi-monthly meetings. In the early stages of the initiative, Local Coordination Groups generally meet on a monthly basis.

Relationships with other local services

A number of Local HASI Coordination Groups have elected to have other local service providers or client advocacy organisations participate in their meetings. This recognises that many HASI clients are regular users of other mainstream services in the area, and improved coordination with those services will also improve client outcomes overall particularly in respect of links to the local community.

In addition to having an expanded membership of the Local HASI Coordination Group, other options for improving relationships with other local agencies have included:

- inviting local organisations to regularly attend all or part of the Group meetings;
- where the client consents, some key local providers have become involved in case conferences, case closure and case handover meetings as appropriate;
- local organisations are informed of HASI developments in the area and are provided with written information about the aims and operations of the Initiative; and/or

- members of the Local Coordination Group often regularly participate in other local service networks and interagency meetings and use these forums to keep other stakeholders informed of the Initiative and its local operations.

These processes assist in integrating HASI with the local service system network and creates sustainable processes with a positive impact on client outcomes and responses.

Disputes between HASI partners

In circumstances where a difference of opinion or dispute arises between local HASI providers, a clear staged approach to resolving the dispute amicably and professionally has been developed and detailed in the Resource Manual. The approach undertaken is documented in the Service Level Agreement, which all local providers have signed.

6. The HASI Partnership at all levels....does it work?

HASI Stage One is the subject of a rigorous evaluation which has been jointly funded by the NSW Departments of Housing and Health and is currently underway. This evaluation is the first review of HASI and its aim is to examine the achievements, limitations and future directions for the program. It is a longitudinal evaluation which is testing the hypothesis that with the appropriate support, clients requiring coordinated support will be able to maintain housing and participate in the community and is being undertaken by the Social Policy Research Centre (SPRC) at the University of NSW. A summary report⁸ of the first phase of the evaluation is available on both the NSW Health and NSW Department of Housing websites.

HASI Stage Two has also had an evaluation framework developed to measure its success in delivering outreach, low support, in the three-way partnership model to clients in existing social housing.

Each evaluation is examining the model and its outcomes on three levels:

Governance - the overarching responsibilities and decision-making processes to drive the achievement of the HASI objectives

Service system - linkages between the service delivery arrangements, procedures and workers, support agencies partners and other specialist support providers to deliver housing and support services that meet the needs of HASI clients

Individual clients - the perspectives, experiences and outcomes for HASI clients

Broadly the following key evaluation questions will inform the HASI model, with some specific variation depending on the Stage under evaluation.

⁸ Social Policy Research Centre, Housing and Accommodation Support Initiative, REPORT I: Summary (August 2005)

Governance

Are appropriate and effective governance arrangements in place to support the establishment and ongoing development of HASI?

- Have partnerships been established between the two key agencies to fund and deliver HASI?
- What are the critical factors and barriers to actively engaging the services to deliver HASI?
- Are the Service Level Agreements an effective tool for defining roles and responsibilities?
- Are Service Level Agreements actively monitored and reviewed?
- Do the current governance arrangements support appropriate leadership, accountability and decision-making in relation to providing HASI?

Service systems

Are current service systems ensuring good practice and appropriate results?

- Is there a shared understanding between HASI services providers of supported housing 'good practice' (tenancy / property management; support services)?
- What protocols and processes exist to ensure good practice standards are met by all HASI service providers?
- What processes are in place to check ongoing compliance with good practice and to identify improvement opportunities?
- What are the critical factors and barriers to adopting 'good practice'?
- How is the HASI model similar / different to other supported housing models?
- To what extent has HASI increased access for its clients to housing, clinical /mental health care and accommodation (disability) support services?

Individual clients

To what extent has HASI assisted people with enduring mental health support needs to live independently in social housing?

- What are the characteristics of people assisted by HASI?
- What housing and support services did these people receive?
- To what extent did these services help them achieve sustainable tenancies?
- Which client groups benefited most / least; what service gaps were most / least addressed?
- In what circumstances has HASI been most / least effective?
- What are the critical factors and barriers to helping people with high support needs?

HASI has provided many opportunities for NSW and has brought together the three partners with the common focus of the client – the central figure in this initiative. It has enabled the partners across the three levels of service delivery to innovatively meet shared and agreed processes and aims and to work together to respond to an identified gap in service delivery to this group of mutual clients in NSW.

At the governance level the NSW Departments of Health and Housing have committed a range of resources to meet the need of this client group and have committed time and resources to evaluation and continuous quality improvement of

the model and its processes for implementation. The early findings of the evaluation⁹ notes that “*effective governance was instrumental in successful program outcomes*” and over time, the three partners “*have demonstrated the benefits of a partnership approach and services are increasingly co-ordinated*”.

The initial findings¹⁰ of the HASI Stage One Evaluation has found that 93.1% of clients under the program were satisfied with their housing, with 85% of clients under the program having successfully sustained their tenancy.

Some of the key success factors of HASI Stage One as noted by the Evaluation Summary Report¹¹ include:

- Effective partnerships at the service system, local level;
- Sound communication between partners at both management and direct client support levels;
- Local stakeholders having a primary role in the referral and assessment process;
- Stable case managers;
- Ongoing training for key workers;
- The provision of relevant client information to housing providers to assist in locating the most appropriate housing;
- Client choice and active involvement in the selection of housing;
- Active involvement of family or carers.

7. Conclusion

The initial summary report of the evaluation of HASI Stage One (SPRC August 2005 p.ii) notes that *effective governance was instrumental in successful program outcomes*.

Stage One of the Initiative has achieved some very positive outcomes for its clients both in terms of their capacity to sustain a tenancy, increased links with the community, and decreased episodes of hospitalisation. A key outcome reported by SPRC (August 2005) has also been the positive impact on clients’ relationship and links to family.

The three-way partnership has been integral to the outcomes of HASI to date and has provided the foundation for the Initiative overall. Relationships between the partners has developed over time, with agencies working closely together for a common client-centred goal.

For NSW Health, specifically the Centre for Mental Health, these clients are their main business, their “bread and butter” - for the NSW Department of Housing and its housing providers, both public and community, they are a segment of a number of priority groups in need of social housing. While the NSW Department of Housing is

⁹ Social Policy Research Centre (NSW Department of Housing, NSW Health) Housing and Accommodation Support Initiative *Report I Summary* August 2005

¹⁰ *ibid*

¹¹ *ibid*

strongly committed to HASI at the highest level, it raises key challenges for future commitments and priority setting within a partnership framework- challenges which the Department will meet with innovation and collaboration.

The early outcomes of the model indicate that it is working within the three-way partnership at all levels to meet its aims and objectives. Stages Two and Three of HASI will further test the model and its key attributes – both in terms of its client responses and successes over time.