

# Facilitating partnerships in mental health housing support

**- findings from the HASI evaluation**

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- ◆ Evaluation purpose and methods
- ◆ Partnerships
  - Client support
  - Program management and transfer
  - Linking to other services
  - Government policy and funding
- ◆ Outcomes

### *Clients*

- ◆ Does HASI enable clients to maximise their participation in the community and sustain successful tenancies and access other services?

### *Governance*

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

### *Service systems*

- ◆ Does HASI enhance access to specialist and generalist support services including housing, mental health, disability and other human services through processes of partnership and planning?

## Evaluation methods

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- ◆ 2 yrs; 3 data collection stages; 9 HASI locations
- ◆ 633 interviews and surveys with:
  - ❖ Participants, family, advocates
  - ❖ AMHS, NGO and housing provider personnel
  - ❖ Governance
- ◆ Participant information database
- ◆ Tenancy data (DoH & OCH)
- ◆ NSW Health hospital admissions (pre- and post program)
- ◆ Clinical assessment records (pre- and post program)
- ◆ Cost-effectiveness analysis

- ◆ Intergovernmental and organisation partnerships integral to the model design
  - Client support
  - Program management and transfer
  - Links to other services
  - Government policy and funding
  
- ◆ Factors facilitating interagency working relationships

## Partnership practice with client

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- ◆ Local role in referral, assessment and housing selection eg. case workers, housing provider, family, carer
- ◆ Support worker and mental health case manager allocated to each client
- ◆ Focus on
  - recovery, service access, community participation
  - prevention and intervention role to avoid mental health crises and failed tenancies
- ◆ Care planning
  - participant-driven
  - collaborative between agencies
  - flexible for change in client need
  - incremental, achievable goals

## Program management

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- ◆ Formal and informal process to facilitate regular, open communication eg. information, problem solving, joint approaches, recovery focus
- ◆ Joint understanding of HASI model and each other's responsibilities, professional expertise and differences
- ◆ Transfer of HASI practice to other responsibilities
- ◆ Clear and explained contractual arrangements
- ◆ Management of support workers
  - staff development, promotion and training in core competencies and HASI approach, reflective practice
  - specialist resources eg. OH&S, psychologists

- ◆ Referring, linking, transporting, organising and assisting access to community services and resources
- ◆ Housing location balance access to resources and participation opportunities against isolation from family and social networks
- ◆ Links to services eg. drug and alcohol, community, welfare, disability, employment, education and social
- ◆ Resources and direction are needed to overcome barriers to service access

- ◆ Joint management structures
  - for communication, decision making, publicity
  - eg. policy change, program development and evaluation
  - consumer and NGO representation
  
- ◆ Regular partnership management, advisory and forum meetings to identify and respond to need for program change
  
- ◆ Regular briefings to Departmental management and Ministers on progress, change and needs

## Outcomes

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- ◆ HASI provided affordable, suitable housing, daily support, access to mental health professionals and other services
  
- ◆ Return on average recurrent cost \$57,530 per person p.a. –
  - Stabilised tenancies
  - Decreased hospital admissions and days per admission
  - Improved mental health
  - Improved life skills
  - Increased social, economic and educational participation
  - Decreased imprisonment rates
  
- ◆ Report at [www.sprc.unsw.edu.au/reports/hasi\\_evaluation.pdf](http://www.sprc.unsw.edu.au/reports/hasi_evaluation.pdf)