

Housing and Accommodation Support Initiative, Evaluation Plan

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Publication details:

Report No. SPRC Report 8/06
1446-4179 (ISSN)

Publication Date:

2006

DOI:

<https://doi.org/10.26190/unsworks/316>

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HOUSING AND ACCOMMODATION SUPPORT INITIATIVE

EVALUATION PLAN



SPRC Report 8/06



Social Policy Research Centre
June 2006

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ISSN 1446 4179
ISBN 0 7334 2371 X

February 2005

The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors

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Abbreviations

AHS	Area Health Service
AMHS	Area Mental Health Service
CANSAS	Camberwell Assessment of Need Short Appraisal Schedule
CID	Client Information Database
CMH	Centre for Mental Health
DOH	NSW Department of Housing
GAF	Global Assessment of Functioning Scale
HASI	Housing and Accommodation Support Initiative
JGoS	Joint Guarantee of Services
OCH	Office of Community Housing
MHCC	Mental Health Coordinating Council
NGO	Non Government Organisation
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

1 Introduction

This plan outlines the methodology for the evaluation of the Mental Health Housing and Accommodation Support Initiative (HASI). It is a product of a document and literature review and discussions with key stakeholders. The evaluation will research the implementation, process and outcomes of the Initiative with a specific focus on:

- Detailing the key features of HASI and analysing the impact of HASI on the independence, participation, housing outcomes, quality of life and well being of clients;
- Identifying the services provided to HASI clients and the accessibility, appropriateness and stability of these services;
- Assessing the degree to which HASI clients are able to maintain tenancies;
- Assessing the effectiveness of the partnership framework for service delivery;
- Examining the cost-effectiveness of implementing, maintaining and expanding the Initiative.

The evaluation will also make recommendations to inform the NSW Departments of Health and Housing of possible directions for future development of HASI. This paper describes the proposed evaluation plan and consists of the following sections:

- Background, development and key features of HASI;
- Evaluation framework;
- Consultation and information framework;
- Methodology and instruments
- Management.

All aspects of the evaluation plan will be presented to NSW Health, the NSW Department of Housing (DOH), the HASI Advisory Committee and the Evaluation Reference Group.

2 Background, Development and Key Features of HASI

2.1 Background

Over the last fifteen years, mental health services within Australia have undergone a significant shift in focus from inpatient care to community based care (ADD 1999; DHS 1996). This change in service delivery has highlighted the importance of providing independence for people with mental illness and identified supported accommodation as a key priority for enabling community participation, independence and an improved quality of life (DHS 1996; Freeman et al. 2003; NSW Health 2002a; O'Brien et al.).

In NSW, the development of the Government Action Plan for Health (GAP) has played a critical role in facilitating the shift from inpatient care to community based care and has provided the necessary framework for improved mental health services for both clinicians and consumers. *The Framework for Rehabilitation for Mental Health* and *The Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders* are two complimentary State Frameworks developed in 2002 to further implement the government priorities.

The Framework for Rehabilitation for Mental Health provides a template to assist Mental Health Services and mental health NGOs with service planning, development and evaluation (NSW Health 2002a). It aims to promote reform in mental health services and facilitate change in the delivery and coordination of support services for people with mental illness. The framework “assists integration into community life” providing a detailed guide of appropriate health care for people with mental illness (NSW Health 2002a: 9).

The Framework for Rehabilitation for Mental Health articulates the difference between the clinical rehabilitation and disability support (accommodation support) and delineating which services should be provided by non-government organisations (NGOs) and which services should be provided by Area Health Services (NSW 2002a: 5).

The Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders provides a template to assist NSW Mental Health Services, social housing providers, mental health non-government organisations (NGOs) and the mainstream NGO sector with service planning, development and evaluation. (NSW 2002b: 2) provides a template to assist Mental Health Services and mental health NGOs with service planning, development and evaluation (NSW Health 2002a). It aims to promote reform in mental health services and facilitate change in the delivery and coordination of support services for people with mental illness. The framework also has an important role in reinforcing the Joint Guarantee of Services for People with Mental Health Problems and Disorders (JGOS) (NSW Health 2003; NSW Health 2002b).

The NSW Department of Housing aims to provide a range of housing opportunities and services to meet the needs of the community. The Department, 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 with low incomes and affected by mental health problems and disorders are an important priority group for assistance by public and community housing in NSW. About 40% of low-income renters in NSW that receive a Centrelink pension or benefit and have a 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 recipients with a psychiatric disability who receive income support live in public and community housing in NSW.

Service gaps for Department of Housing clients are apparent at both ends of the needs spectrum for people with ongoing mental health problems. This includes people with low-level support needs and people with high-level support needs. Without the necessary support, the high-level group of clients will not be eligible for social housing as they need to demonstrate that they can sustain a tenancy with and/or without support. 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 options that can compliment social housing. Others may enter social housing with clinical mental health support, however, without accommodation support will not be able to sustain a tenancy.

Due to the limited availability of disability support services for people with psychiatric disabilities mental health clinicians have had to take on the additional role of accommodation support provision.

As a result of the GAP and the needs identified in the provision of housing to people with mental health problems and disorders with high support needs, HASI was developed in 2003. This initiative recognises the value of community-based care and the centrality of secure housing and adequate support in developing and maintaining independence, tenancies, and improved quality of life for people with mental illness.

2.2 Objectives

HASI, a joint initiative of NSW Health and the NSW DOH, 'aims to improve community participation and housing stability for people with mental illness and high levels of psychiatric disability by providing high-level accommodation support that is linked to supported housing' (OCH 2002: 4). The program is designed to improve and maintain the functional status of people with mental illness through community-based accommodation and coordinated support services (CMH 2002; Deakin 2004; DHS 1996; Freeman et al. 2003; Maron and Maitland 2004; NSW Health 2004; NSW Health 2002a; NSW Health 2002b; OCH 2002).

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 (Deakin 2004: 7).

The target group for HASI includes people on low-incomes, living with mental illness that have high support needs and have experienced difficulty sustaining mainstream tenancies. In some cases they have minimal involvement with their family, limited or no social networks and minimal or no participation in the community. They have a

broad range of complex needs, a history of hospital admissions and require ongoing assistance to adhere to medical regimes and perform daily activities (Deakin 2004; NSW Health 2004; NSW Health 2002b; NSW Health and DOH 2003).

By the end of 2004, HASI will be providing over 100 housing tenancies and accommodation support placements to people with moderate to high psychiatric disabilities.. The selection of Areas to receive support services under HASI Stage One was based on a needs analysis process conducted by the Centre for Mental Health (CMH) with a focus on the importance of developing services where there are no or few housing and accommodation supports. As a result nine sites were chosen. These include the Far West, South Western Sydney, Western Sydney, Wentworth, South Eastern Sydney, New England, Greater Murray, Illawarra and the Central Coast (Deakin 2004; MHCC 2003; NSW Health and DOH 2003).

2.3 Framework for Service Delivery

One of the most significant features of HASI is the partnership framework for service delivery. This framework identifies Area Mental Health Services, housing providers and support providers as part of an interdependent network of community support services that are committed to facilitating stability, independence and improved quality of life for people with mental illness and psychiatric disability. The partnership demonstrates a commitment to 'quality service' (OCH 2002: 16) and coordinated service delivery whilst also maintaining the separate functions and responsibilities of the participating providers (Deakin 2004; MHCC 2003; NSW Health and DOH 2003; NSW Health 2002a; NSW Health 2002b).

The partnership framework also enables each partner to participate in the referral, assessment and placement stages of the program, in accordance with their roles and responsibilities. Rather than relying on informal cooperation between partners, these roles and responsibilities are negotiated within each site and detailed in a Service Level Agreement (NSW Health and DOH 2003; OCH 2002) This 'means that whilst all providers are committed to a partnership approach, and sign a Service Level Agreement, they nonetheless focus on providing quality services in their specific area of expertise' (Deakin 2004: 10).

This arrangement is an endeavour to ensure open communication between the partners with good working relationships and improved outcomes for both the clients and the partner organisations (OCH 2002). Placement and advisory committees have been established in all of the sites, leading to formalised processes of communication and accountability for all HASI partners. Overall, the partnership arrangement represents an innovative approach to the efficient and coordinated delivery of services to people with mental illness and psychiatric disability (Deakin 2004; NSW Health and DOH 2003).

2.4 Roles and Responsibilities of HASI Partners

Whilst HASI is a joint initiative between NSW Health and the Department of Housing, it is important to acknowledge the centrality of the NGOs in the HASI initiative. The roles and responsibilities of each HASI partner are listed below.

New South Wales Health

Through the Centre for Mental Health (CMH), NSW Health is responsible for funding Area Health Services in each of the nine sites and for ensuring that the Area Health Services comply with the HASI reporting requirements. The establishment of

monitoring and review mechanisms for the Initiative and the chairing and coordinating of the HASI advisory committee is also NSW Health's responsibility. NSW Health also allocates funding to non-government organisations to provide accommodation support services for HASI (NSW Health and DOH 2003; OCH 2002).

With funding from NSW Health, the Area Health Services provide clinical mental health services linked with other acute and non-acute inpatient initiatives. The Area Health Services are required to enter into a funding and performance agreement with the local accommodation support services. Arranging meetings with the accommodation support service, conducting an audit of its funding and coordinating an internal or external review where there are concerns about the performance of the support services are also essential roles of the Area Health Services (Deakin 2004).

New South Wales Department of Housing (DOH)

The NSW Department of Housing provides housing assistance and appropriate tenancies to all HASI clients. Through the Office of Community Housing (OCH) the DOH provides funding to non-government service providers in seven of the nine sites (NSW Health and DOH 2003). In two of the sites housing is provided through public housing.

The primary role of the housing providers is to find, lease and allocate rental housing for clients or manage capital purchased properties. 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 support services to ensure the effective and coordinated delivery of services to HASI clients (Deakin 2004; OCH 2002).

As mentioned seven of the nine sites are serviced by non-government, community housing providers. The sites dependent on community housing are South East Sydney and Western Sydney (St George Community Housing), South West Sydney (Hume Community Housing and Argyle Community Housing), Wentworth (Wentworth Community Housing), Central Coast (Pacific Link Community Housing), Illawarra (The Housing Trust) and Broken Hill (Broken Hill CTS). The two public housing sites are in Wagga Wagga and Tamworth and in these locations housing for HASI clients is provided by the Department of Housing local offices.

Non-Government Accommodation Support Providers

A key feature of the Initiative is the role of NGO support providers. With funding from NSW Health, the NGOs have been mandated to provide the daily accommodation / disability support requirements of the HASI clients. NGOs receive funding from NSW Health and have a critical role in providing appropriate support services and, in some instances, locating suitable clients. The role of the NGOs is fundamental to the success of HASI. There are three NGO support providers – Neami, The Richmond Fellowship of NSW, and New Horizons.

- **Neami** is a community managed organisation that provides psychosocial rehabilitation, education and support for people living with psychiatric disability. Neami is premised on the importance of providing flexible services and facilitating individual choice and community living for clients with mental illness and psychiatric disability. Neami provides support services to three HASI sites - Illawarra, South East Sydney and South West Sydney.

- **The Richmond Fellowship of NSW** provides accommodation support services that aim to be responsive to individual needs, encouraging community participation for HASI clients. The Richmond Fellowship of NSW provides support services to five of the HASI sites - Western Sydney, Wentworth, Broken Hill, Tamworth and Wagga Wagga.
- **New Horizons** is a non-government organisation that encourages its clients to use a range of community based services that facilitate integration and participation in community life. New Horizons provides accommodation support services to the Central Coast site.

2.5 Resources and Funding

NSW Health has allocated \$5 million dollars annually for accommodation support services. Funding is recurrent with contracts to each of the NGO support providers offered for a three-year term. In addition to this, the DOH through the OCH, provides funding for leasing properties from the private rental market and the acquisition of properties for community housing providers. Additional resources come from HASI clients who are required to pay rent in accordance with the DOH rent policy for public housing or community housing. The DOH has allocated \$8 million for HASI accommodation (CMH 2002; OCH 2002).

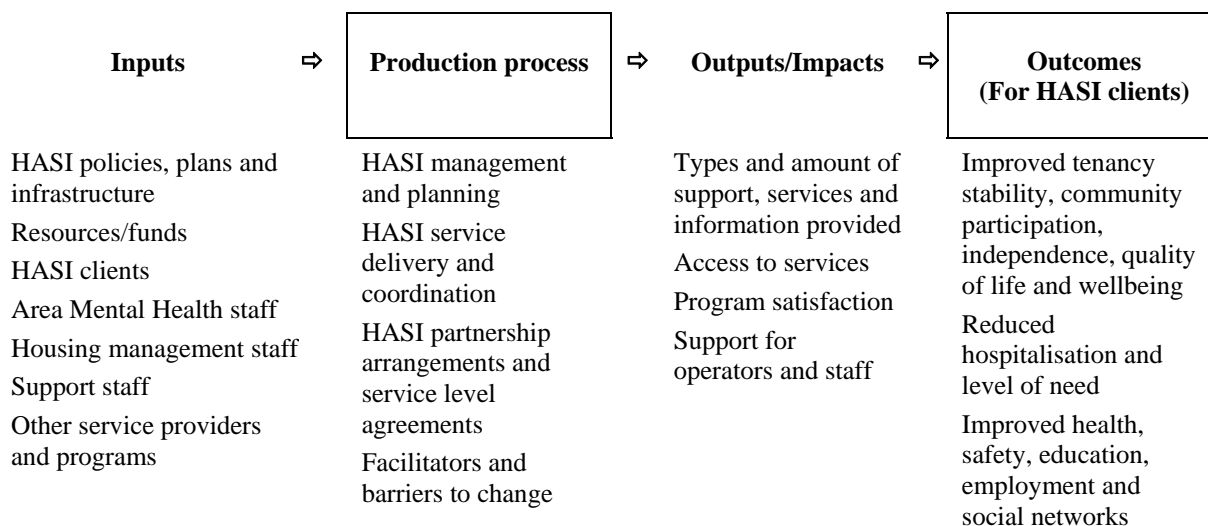
2.6 Evaluation of the HASI Program

The Initiative is in the initial stages of implementation across a number of sites. This evaluation is the first review of HASI and is intended to examine the achievements, limitations and future directions of the program. This longitudinal evaluation will be completed in September 2006.

3 Evaluation Framework

The evaluation will test the hypothesis that ‘with appropriate support, clients requiring coordinated support will be able to maintain housing and participate in the community’. The operational basis for the evaluation will be a program theory approach as illustrated in Figure 3.1 (Bickman 1996).

Figure 3.1: Evaluation Conceptual Approach



This approach distinguishes four distinct but closely linked stages in the process of human service delivery: inputs, process, outputs and outcomes. It is particularly valuable in attempting to understand the complex interaction of individuals, communities, NGO’s and government agencies over time. It helps draw attention to the ways in which the program is operationalised and implemented, how this impacts on the delivery of services, and how the consequences of these are eventually expressed in terms of outcomes.

Applying this approach to the evaluation of HASI draws attention not only to the outcomes of the strategy, but also to resourcing, participation, planning and implementation. It provides an approach for measuring and analysing the extent to which HASI clients are able to maintain appropriate housing and participate in the community.

Within this framework a participatory methodology will be adopted. This will involve stakeholders being consulted and engaged at each stage of the evaluation including design, collection and analysis. This method will, depending on NSW Departments of Health and Housing requirements, give some ownership of the evaluation to stakeholders, and provide early evaluation data ‘feedback’ to the ongoing implementation and improvement of the program.

We will use longitudinal and comparison measures for people in the program, combining both quantitative and qualitative data analysis techniques. These methods are described in Section 5.

3.1 Key Evaluation Questions

Individual 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?

Table 3.1: Logic Flow from HASI Objectives to Evaluation Tasks and Methods

HASI objective	Evaluation objective	Evaluation task	Evaluation method
Client focused objectives			
1. Enable people with mental illness and high levels of psychiatric disability to maximize their participation in the community and improve mental health.	Examine and assess whether the target group achieve increased community participation with this model of high level accommodation support.	Assess how clients are participating in the community since joining the HASI initiative.	Longitudinal research cohort, questionnaire survey, interviews with clients, family members and support workers. GAF, CANSAS, MH-OAT
2. Enable people with mental illness and high levels of psychiatric disability to sustain successful tenancies with appropriate support.	Examine and assess whether the target group sustain successful tenancies with appropriate support services.	How many tenancies continue or look like doing so. This will be assessed in February 2005, then again in September 2005, and then in March 2006.	Longitudinal research cohort, questionnaire survey, statistical analysis, stakeholder interviews.
	Critically analyse the profile of the target population.	Identifying the characteristics of clients accepted into HASI. This will include a breakdown of the population groups, for example people from culturally and linguistically diverse groups (CALD) and Aboriginal people and will identify whether the service system is able to meet their specific needs. Identifying the characteristics of those not assessed as eligible will also be important.	Longitudinal research cohort, statistical analysis (HASI clients, waiting list, ineligible, comparative standard statistics) stakeholder interviews, basic data collection instruments.
	Recommend an appropriate tool/s for the measurement of community participation for the future development of HASI.	Appropriateness and effectiveness of the assessment tools developed for HASI.	Stakeholder interviews, research cohort instrument, comparison programs.
3. Increase the access of HASI clients to the range of specialist and generalist community services for which they are eligible	Examine and assess whether access of HASI clients to the range of specialist and generalist community services for which they are eligible has changed.	Barriers and challenges for housing, accommodation support and mental health clinical care.	Longitudinal research cohort, statistical analysis, stakeholder interviews, questionnaire survey.

HASI objective	Evaluation objective	Evaluation task	Evaluation method
Client focused objectives			
	Critically analyse whether this partnership model of accommodation support leads to mental health outcomes for the target group.	Identifying if the initial objectives of HASI have been fulfilled, including the impact on non-acute inpatient services. Overview of baseline data e.g. indicators/predictors of tenancy success before and after support was provided. E.g. are there certain characteristics of the client/support providers/type of support that make success/failure more or less likely? What types of clients are most effectively supported by this model?	Longitudinal research cohort, statistical analysis, stakeholder interviews, questionnaire survey.
Model and partnership focused objectives			
4. Develop mutually beneficial partnerships between housing providers, accommodation support providers and mental health service providers that lead to improved outcomes for people with mental illness and high levels of psychiatric disability.	Examine and assess how local partnerships are developed and whether partnerships between housing providers, accommodation support providers and mental health service providers are interdependent and mutually beneficial.	How well the partners worked together – what worked well, what didn't and why it didn't (e.g. what impact, if any, did agency's program boundaries and definitions of support have on outcomes for clients?). Issues regarding linkages with mainstream health services and cross-Area referrals.	Site observations, stakeholder interviews, policy review, questionnaire.
5. Enable the partner agencies to develop, trial and refine client assessment tools, procedures and resources to improve access to, and the co-ordination of, support services; and cost-effective management and service delivery arrangements for HASI, which may be extended progressively.		Effectiveness of the accommodation support service, mental health services and housing services in delivering appropriate and coordinated support services to clients.	

HASI objective	Evaluation objective	Evaluation task	Evaluation method
Model and partnership focused objectives			
6. Increase access to support services providing high-level accommodation support that is linked to appropriate housing assistance across NSW.	<p>Costs and benefits of the approach taken and the viability of replicating the HASI model elsewhere in NSW.</p> <p>Identify and analyse key data and recommend future models and options for the provision of housing and accommodation support for people with mental health disorders and high levels of psychiatric disability</p>	<p>The qualitative and quantitative costs/benefits of the Initiative. This may include service utilization, tenancy and suitable support indicators such as reports of nuisance and annoyance, possible reduction in vacancy rates and rent arrears when social housing clients receive formal support management; reduction of crisis intervention as a result of early intervention in the form of organised support (e.g. reduction in emergency hospitalisation for clients with mental illness); estimated cost of support provided under the HASI model compared to cost of interventions to the same clients if they were not participating in the coordination of support services.</p> <p>Critical success factors including sustainability of the service delivery model.</p> <p>Areas for operational improvement and modification, with a view to broadening of the model</p>	<p>Longitudinal research cohort, statistical analysis, site observations, stakeholder interviews, questionnaire, policy review.</p>
7. Increase access to housing options with appropriate support.			
8. Establish services in Areas where there are no or few housing and accommodation support services currently available.			
9. Enable the partners to identify the changes to existing services and systems that may be necessary to expand and develop the program.			
10. Use the lessons from the Initiative to develop alternative options that link housing and support services for people with mental health disorders, and high levels of psychiatric disability.			

4 Methodology and Instruments

This section outlines the research methods to be used in the evaluation. Regular discussions with the HASI Advisory Committee and the Evaluation Reference Group will be fundamental parts of the evaluation process. The design phase for the research has involved discussions with the key stakeholders in three sites (Greater Murray, Central Coast and South East Sydney). We will establish a liaison person at each site to facilitate appropriate research activities and data collection.

Each research period will include quantitative and qualitative data collection in each of the nine HASI sites. This will involve a minimum of three visits to each site (see Table 6.2) and will include the following research activities:

- Interviews with the following stakeholders: HASI clients, family and/or carers, NGO support providers, Area Mental Health case managers and/or staff, relevant housing and housing managers and/or staff, and, where relevant, advocates. In-depth interviews will also be conducted with AMHS planners, central policy managers and regional administrators;
- Survey questionnaires conducted with the clients, support providers, AMHS case managers and the housing providers;
- Observation of HASI processes, activities, planning and follow up;
- Ongoing collection and management of quantitative data as provided by HASI stakeholders. The Camberwell Needs Assessment Short Appraisal Schedule (CANSAS) and the Global Assessment of Functioning Scale (GAF) will be used to ascertain the type and level of outcomes for HASI clients. Where appropriate, these outcome measures will be supplemented by the Mental Health Outcomes and Assessment Tools (MH-OAT) data and the Client Information Database (CID). The latter will be developed and maintained by the SPRC (see Appendix A).

4.1 Observation, Process Data and Document Review

Process data collection will be ongoing through a range of mechanisms to facilitate open and active communication. Documents held by NSW Departments of Health and Housing, the case study sites and other stakeholders relating to the HASI will be collected or analysed on site as agreed (policies, finances, planning and implementation).

4.2 Qualitative Data from Stakeholders

Clients

We will conduct a longitudinal study of all consenting HASI clients in all nine sites. The study will be conducted over twenty months, with three contacts during that period. In-depth interviews will be used, and themes relating to program objectives (sustained tenancies, reduced inpatient admissions, continuity of mental health care, primary health care, community participation, independence, clients' well-being, met and unmet needs, satisfaction with lifestyle, satisfaction with program elements and providers, etc) will be explored (Appendix B).

The qualitative client data will be triangulated with the data from the client questionnaire (see Appendix B), mental health data (MH-OAT), the CANSAS and GAF. Quantitative and qualitative data from other stakeholders will also be used.

The same fieldworker will be used on each of the three visits so as to encourage trust between the field-worker and the clients in the site concerned. The field-worker will liaise with the support provider to obtain a sense of each client's specific needs prior to the interview. Clients will be given a \$30 voucher per interview for their participation in the evaluation.

The initial approach to the client will be by a trusted person through an agreed process. If the client gives initial consent to the trusted person, the contact details will be passed to the researchers to arrange the fieldwork and full consent. A similar recruitment process was successfully applied for the participation of people with disabilities in the Resident Support Program (QLD) project conducted by the SPRC.

Interviews will be offered individually, with or without trusted support persons or interpreters as needed and at a location comfortable to the client.

Clients' family members and carers

Clients' family members or, where appropriate, carers, will be invited to participate in the evaluation. Individual interviews will canvass the perceptions of a family member as to the impact of HASI and their sense of HASI service provision. The interviews with the family members / carers will be supplemented with a questionnaire (Appendix C).

Accommodation support providers

Interviews will be conducted in each site with management representatives and staff of Neami, The Richmond Fellowship of NSW, and New Horizons (see Appendix F). These will focus on aspects of care coordination with other parties, client support needs and service provision, tenancy management issues, impacts of HASI on related providers and facilities (e.g. employment support providers, mental health support, mainstream community and leisure activities), service funding and viability and partnership effectiveness. Accommodation support providers will also be asked to fill in the CID and to conduct the CANSAS and GAF assessments with each of their clients.

Area Mental Health Service (AMHS) - service delivery staff

Interviews will be conducted with case managers, rehabilitation providers and clinicians within the Far West, Greater Murray, New England, Western Sydney, Wentworth, South Eastern Sydney, South Western Sydney, Central Coast and Illawarra Area Mental Health Services. Staff chosen will be those who interact with and provide rehabilitation and clinical support to HASI clients. The interviews will focus on aspects of care coordination with other agencies; client support needs and service provision, integration of HASI within AMHS and partnership effectiveness. Another aspect for discussion will be the interaction between HASI and other AMHS/NGO services (e.g. buddy/mentor programs and volunteer helpers such as Compeer and Helping Hands in the Illawarra). The in-depth interviews will be supplemented by a questionnaire (Appendix D).

Housing providers

The representatives of the community housing organisations and public housing providing the tenancies to HASI clients will be interviewed. These interviews will focus on implementation and tenancy issues, management of individual tenancies, the immediate neighbourhood effects of HASI and partnerships with the accommodation support provider and the Area Mental Health Services. These in-depth interviews will be supplemented by a short questionnaire (Appendix E).

AMHS planners and partnerships managers

We will conduct interviews with Area Mental Health Service planners. These interviews will locate HASI within broader accommodation support and examining partnership arrangements (contracts and Memoranda of Understanding) with NGOs. Structured observation of partnership forums and processes may be an appropriate method depending on the arrangement of these mechanisms in each site.

Department of Health and Department of Housing staff

We will also conduct interviews with central policy managers, project coordinators and regional administrators relating to contract management (of NGOs), HASI implementation issues, state and regional coordination issues and partnership effectiveness.

Local operational coordination of HASI

The local operational and care coordination issues will be canvassed through in-depth interviews and by the fieldworker at coordination committee meetings at each site.

Area and peak consumer and provider organisations

The stakeholders in the Evaluation Reference Group (Area and State consumer and provider organisations such as NSW Consumer Advisory Group, the NSW Mental Health Coordinating Committee, the Tenants' Union of NSW and selected members of Area consumer and carer consultancy committees of the MHS) will also be invited to participate in formal interviews during the evaluation, relating to implementation issues and specific consumer, carer and provider issues.

4.3 Quantitative Data Analysis

As mentioned, the in-depth interviews with clients will be supplemented with a questionnaire that will cover the following areas: clients' perceptions of their accommodation and the housing provider; perceptions of the neighbourhood they are living in and community integration; perceptions of the NGO support and support worker/s; perceptions of their support from the area mental health team; perceptions of their health and life-skills; perceptions of met and unmet need, and perceptions of daily life. Some of the questions relating to community integration are drawn from the study of five communities in New South Wales by Bullen and Onyx (1998) and the life skills measures are drawn from a variety of sources (Heal and Chadsey-Rusch, 1986; Schwartz, 2003). The data collected on the client questionnaire will be coded into SPSS. Analysis of the resulting SPSS database will provide program-wide descriptive statistics that can be related back to the HASI program objectives.

This questionnaire will make it possible to summarise the experiences of clients in different locations. By retrieving the information three times and linking the responses of individuals, we will track changes in the client's perceptions of their involvement in HASI.

We have also prepared a Client Information Database that we hope will be filled in by the service providers in each of the nine sites. This will be filled in electronically and provide information on the following – client profile; accommodation and family situation prior to entry to HASI; HASI accommodation and tenancy history; hours of support (this will be filled in monthly allowing us to track changes in daily and weekly support); family contact; community and social participation; met and unmet need; life skills; work and study; utilisation of health services and hospitalisation. This will be augmented by data from the CANSAS, the GAF and MH-OAT.

Quantitative data relating to clients such as referral information, assessment, services, costs and outcomes, will be collected and transferred. Of particular importance will be input and output data (e.g. number of clients using the HASI, characteristics, mental health, family and carers, cost, resources, staff and support type).

Quantitative data relating to the program will be used to describe the scope of the program. This is defined in terms of the number of clients; characteristics, assessment and outcomes information relating to the clients; and patterns of services and support provided (including but not limited to type, frequency and duration of services and support). Liaison with the agencies collecting the data has begun as part of the design phase to ensure the data collection is manageable and to ensure any difficulties are communicated early during the research period. The timing and method of data transfer will also be negotiated.

Quantitative data will also be accumulated through the use of questionnaires with family members / carers, Area Mental Health and housing providers. The data collected will be coded into SPSS and should provide a wealth of data to facilitate the evaluation.

All the questionnaires will be piloted and adjusted where necessary.

4.4 Cost Effectiveness Analysis

The cost-effectiveness analysis will summarise some of the outcomes of HASI, presenting information about the client benefits conferred for the money spent. The cost effectiveness analysis will use a subset of the financial data – the ongoing administrative and service costs of HASI services. For the purposes of the cost effectiveness analysis, costs will only include the financial costs of managing HASI, the costs of tenancy, the costs of assessment and arranging services and the costs of the services themselves. It will exclude the following costs:

- One-off costs of establishment and evaluation because these are not comparable to the operational systems in other health and community service systems;
- Costs incurred by other agencies, such as AHS costs not allocated to the HASI budget; NGO (both support and housing) costs not reimbursed by the contract price, and additional cost incurred by the public housing providers;
- Indirect costs to clients or other stakeholders;
- Non-financial costs, such as time, stress and impact on other services.

Costs are likely to be taken at the dollar value at the time of measurement because the analysis is a relative comparison of simultaneous service provision over a short evaluation period. Outcome data for the cost effectiveness analysis will be derived from the standard data collection used in the management of the program for the total program population and from the Client Information Database. This will also be supplemented with data from the CANSAS, the GAF and data from the questionnaire surveys with the clients, family members, Area Mental Health, housing providers and support workers.

The following are client outcome measures that will be used to measure change as a result of receiving HASI. These include tenancy stability, community participation, met and unmet need, lifestyle satisfaction, health status, goal attainment, access to appropriate care, hospitalisation and the use of emergency services.

Table 4.1: Measures of Cost Effectiveness

Cost Effectiveness Measure	Source	All HASI clients	Clients who leave HASI
Cost/change in personal well-being	Personal Well-being Index (PWI)		
Cost/change in life skills	MH-OAT (Life Skills Profile LSP-16) Client Questionnaire CID *		
Cost/change in tenancy stability	Housing Questionnaire Tenancy Management System Client Questionnaire		
Cost/change in community participation			
Cost/change in health (Including mental health)	MH-OAT (HONOS) ABS Health Questions Client, Housing and Area Mental Health Service Questionnaires CANSAS ** GAF ***		
Cost/change in support needs met	CANSAS		
Cost/change in access to other appropriate services	Client Questionnaire CID		
Cost/satisfaction with HASI (Area Mental Health Services, Housing Providers, Support Providers)	Client Questionnaire Family Questionnaire		
Cost/ change in hospitalisation (acute)	CID		
Cost/ change in hospitalisation (non-acute)	CID		
Cost/ change in use of emergency services	CID		
*	Client Information Database		
**	Camberwell Assessment of Need Short Appraisal Schedule		
***	Global Assessment of Functioning Scale		

5 Management

5.1 Deliverables

Information collection systems issues paper

The paper will review current methods of data collection and reporting across HASI sites by NGO support providers, Area Mental Health Services and housing providers. This information will be compared and contrasted with protocols outlined in the Initiative objectives and guidelines. The paper will recommend standardised methods for collection and reporting for NSW NGO accommodation and psychiatric disability support services and suggest a set of relevant outcome indicators.

We will review the existing HASI data collection systems through telephone interviews with NGO support providers, Area Mental Health case managers and housing providers. We will specifically explore information collection at the points of referral, admission and exit of the Initiative. We will also explore current formal and informal reporting mechanisms and identify any perceived challenges with information collection.

We will also examine information sharing protocols between NGO support providers, Area Mental Health Services and housing providers and how this impacts on partnerships between these organisations. We will also compare current HASI information collection systems to systems in similar programs through literature reviews and contacts with other relevant organisations.

Centralised intake process feasibility study

A feasibility study that includes a review and analysis of relevant models of centralised intake and waiting list management systems will be done. This review and analysis will focus specifically on the Victorian Living Options service. The report will provide recommendations of at least one future service delivery model and appropriate service specifications.

We will review the existing HASI centralised intake and waiting list management systems, through consultation with NSW and liaison with NGO, Health and Housing support providers, managers and other stakeholders.

We will compare HASI to systems in similar programs through literature reviews and contacts with other States, Commonwealth and other NSW departments, particularly the Victorian Living Options service.

We will also analyse the advantages and disadvantages of a centralised system, including data management for program planning and review; equitability in access and distribution; waiting list management; client focus; cost; and local nature of the partnerships. This will be done through a literature review and comparison to successful and unsuccessful centralised examples. We will identify existing resources, mechanisms and systems that facilitate the establishment of a centralised system or alternative.

A tool for the measurement of community participation

In the evaluation we will be testing out the use of the client questionnaire as a possible tool for use in the future with HASI to measure community participation.

Final evaluation report and interim half-yearly evaluation reports for 2 years

The research output will include the reports as listed above, regular progress reports as required by the Advisory Committee and presentations of draft and final materials to the Advisory Committee, Evaluation Reference Group and stakeholders as required.

With NSW Departments of Health and Housing approval, the research findings will also be prepared for academic publications and conference presentations.

The half-yearly and Final Evaluation Reports will include progress on each of the following sections:

- Summary and recommendations;
- Method, objectives, context, research considerations, progress on the development of a community participation tool and recommendations;
- Client profile;
- Client outcome measures – successful tenancies, mental health outcomes, community participation, met and unmet need; independence; quality of life, life skills, access to specialist and generalist services, social relations and networks, health, decision making, independence, education and employment;
- Cost effectiveness analysis;
- Assessment of local partnerships and coordinated service delivery;
- Generalised lessons and recommendations – cost, resources, staff, model, communication, operations, policies, location, priorities, considerations, implications;
- Recommendations on the viability of the model and the potential to extend it in other areas of NSW.

These reports will be provided in printed and electronic versions.

5.2 Research Timetable

The timeframe for the project milestones and deliverables are listed in Table 5.1. The fieldwork timetable is listed in Table 5.2.

Table 5.1: Timeframe for the Evaluation

Deliverables	Tasks	Month	Year
Issues paper	Consult with NSW Health and DOH	September	2004
	Liaise with Health, Housing, NGOs and stakeholders	September	2004
	Review literature	September	2004
	Draft issues paper	October	2004
	Submit Issues Paper and present if required	November	2004
First Report	Recruitment and planning	November	2004
	Data collection	February	2005
	Analysis and write up	March/April/May	2005
	Report and presentation	May	2005
Feasibility report	Consult with NSW Health and DOH	Early	2005
	Liaise with Health, Housing, NGOs and stakeholders	Early	2005
	Review literature and visit Victoria	May	2005
	Draft report paper, present and amend	June	2005
	Submit Feasibility Report and present if required	July	2005
Second Report	Recruitment and planning	June	2005
	Data collection	Sept	2005
	Analysis and write up	Oct/Nov	2005
	Report and presentation	Dec	2005
	(Including progress on community participation tool)		
Third Report	Recruitment and planning	Jan/Feb	2006
	Data collection	March	2006
	Analysis and write up	April/May/June	2006
	Report and presentation	June	2006
	(Including preliminary cost effectiveness)		
Final Report	Analysis and write up	Jul	2006
	Report and presentation	Aug	2006

Table 5.2: Fieldwork Timetable

Stakeholder	2004				2005				2006															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
Clients interviews					X								X							X				
Clients' carers & family					X															X				
Local operational coordination					X								X							X				
Accommodation support providers					X								X							X				
Housing providers/tenancy managers					X								X							X				
Area MHS case managers					X								X							X				
Area planners & partnerships managers					X															X				
Peak consumer & provider organisations					X															X				
Health & Housing staff					X															X				

5.3 Ethical and Equity Considerations

From the perspective of research ethics, it will be essential that privacy and confidentiality provisions are sufficient to ensure that any information disclosed by participants to the evaluators during the course of the evaluation is not misused (used for purposes other than those expressly stated to the participants by the evaluators).

The UNSW has a Code of Research Practice by which the researchers abide. We are also concerned in all our research studies to maintain high standards of ethical practice and to respect confidentiality and privacy of research participants. All the research instruments and forms will be inspected by the University Research Ethics Committee to ensure that the research complies with the highest standards of practice.

Potential participants will also be supplied with clear information statements about the use to which information collected from them will be put and about the measures taken by the evaluators to ensure that their privacy and confidentiality are maintained. They will also be required to sign consent forms before they can become involved.

The researchers will ensure that all evaluation participants give informed consent to participating in the evaluation. All consent forms and other information about the evaluation are written in easy English and are culturally appropriate. The team includes researchers who have extensive experience in developing and conducting effective consultation processes with people who have cognitive impairments.

The literacy and linguistic needs of participants from a Non-English speaking or Aboriginal and Torres Strait Islander background will be accommodated through the provision of translators and interpreters as required. Where literacy is an issue, all forms can be delivered through sound recordings in English or in the appropriate community language. Field workers from support organisations will be engaged when necessary. Alternatively, trusted persons or peers may be of assistance in some circumstances. We expect that a small number of translators and interpreters will be required because most clients prefer a trusted person who speaks English to assist even if they are from a non-English speaking background.

In addition, the researchers will be sensitive to participants' needs and requirements relating to gender, cultural issues, disability and sexuality. We anticipate that family members and support and housing service staff will also flag any issues of concern. At each step of the research process confidentiality will be assured. All data collected will be de-identified and stored in a secure locality.

Appendix A: Client Information Database for HASI Evaluation

1. Section One (to be completed once for each HASI client)

Client Identification Number: ### Date Completed: dd/mm/yyyy

Basic client information	
Date of birth	dd/mm/yyyy
Sex	M/F/T
Date of referral to HASI	dd/mm/yyyy
Date of entry into HASI program (date of entry is when tenancy commences)	dd/mm/yyyy
Number of admissions to hospital over 12 month period prior to entry into HASI program (date of entry is when tenancy commences)	Number of days <input type="checkbox"/> Don't know <input type="checkbox"/>
Number of days in the acute section of hospital over 12 month period prior to entry into HASI program (date of entry is when tenancy commences)	Number of days <input type="checkbox"/> Don't know <input type="checkbox"/>
Number of days in the non-acute section of hospital over 12 month period prior to entry into HASI program (date of entry is when tenancy commences)	Number of days <input type="checkbox"/> Don't know <input type="checkbox"/>
Country of birth	Australia Other (please specify) _____
Is the client of Aboriginal/Torres Strait Islander descent?	Yes/No
Is the client from a culturally and linguistically diverse background (CALDB)?	Yes/No
Mental health diagnosis	Schizophrenia Schizoaffective Disorder Bipolar Disorder Depression Anxiety Co-morbidity Other (please specify) _____

Accommodation prior to HASI	
Type of accommodation/ housing assistance	Private rental accommodation Public Housing Owner Occupier Boarding house Family /Parents Home Refuge/Crisis Accommodation - SAAP Hospital Car/Tent/Street/Park/Squat Other (please specify) _____
Who did the client live with prior to entry into HASI?	Alone Friends Parents Other relatives Partner/Spouse Children Partner and children Other (please specify) _____
Duration/length of time in last form of accommodation prior to HASI?	

Family situation on entry to HASI	
Relationship status on entry to HASI	Married / de facto Single (never married) Divorced/Separated Widowed/Widower
Number of children on entry to HASI	Enter number
Frequency of contact with parent/s on entry to HASI	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Parents not alive
Frequency of contact with siblings or other relatives on entry to HASI	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Other relatives not alive
Frequency of contact with children on entry to HASI	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Does not have children/children not alive

Family situation on entry to HASI	
Frequency of contact with carer on entry to HASI	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Does not have a carer

HASI accommodation at start of tenancy	
Type of accommodation	Unit House Townhouse/Villa
Nature of property title	Rental Capital purchase
Number of bedrooms	Enter number
Is the property next door to other HASI clients?	Yes/No

2. Section Two

Hours of support provided during HASI program				
(Start completing table from month of entry into HASI, enter daily support hours OR weekly support hours as appropriate)				
Month	Year	Number of hours of support provided to the client per day	Number of hours of support provided to the client per week	Total number of hours per month (Auto calculation)
January	2004			
February	2004			
March	2004			
April	2004			
May	2004			
June	2004			
July	2004			
August	2004			
September	2004			
October	2004			
November	2004			
December	2004			
January	2005			
February	2005			
March	2005			
April	2005			
May	2005			
June	2005			
July	2005			
August	2005			
September	2005			
October	2005			
November	2005			
December	2005			
January	2006			
February	2006			
March	2006			
April	2006			
May	2006			
June	2006			
July	2006			
August	2006			
September	2006			
October	2006			
November	2006			
December	2006			

3. Section Three

(To be completed at 3 points during the evaluation period for each HASI client)

First questionnaire completion: dd/02/2005

Second questionnaire completion: dd/09/2005

Third questionnaire completion: dd/03/2006

First HASI Tenancy during period to Feb 05/Sept 05/March 06	
Date started	dd/mm/yyyy
Date ended (if applicable)	dd/mm/yyyy
Number of complaints made about tenant during this tenancy period (if applicable)	Enter number
Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy

Second HASI Tenancy during period to Feb 05/Sept 05/March 06 (if applicable)	
Date started	dd/mm/yyyy
Date ended (if applicable)	dd/mm/yyyy
Number of complaints made about tenant during this tenancy period (if applicable)	Enter number
Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy

Third HASI Tenancy during period to Feb 05/Sept 05/March 06 (if applicable)	
Date started	dd/mm/yyyy
Date ended (if applicable)	dd/mm/yyyy
Number of complaints made about tenant during this tenancy period (if applicable)	Enter number
Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy

Client need – Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) as at Feb 05/Sept 05/March 06

	User	Staff	Carer
1. Accommodation			
2. Food			
3. Looking after the home			
4. Self-care			
5. Daytime activities			
6. Physical health			
7. Psychotic symptoms			
8. Information on condition and treatment			
9. Psychological distress			
10. Safety to self			
11. Safety to others			
12. Alcohol			
13. Drugs			
14. Company			
15. Intimate relationships			
16. Sexual expression			
17. Child care			
18. Basic education			
19. Telephone			
20. Transport			
21. Money			
22. Benefits			
Total number of met needs			
Total number of unmet needs			
Total number of needs			
Date assessed	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

Global Assessment of Functioning Scale (GAF) as at Feb 05/Sept 05/March 06

Score	Number from 0-100
-------	-------------------

Family contact as at Feb 05/Sept 05/March 06	
Frequency of contact with parents as at Feb 05/Sept 05/ March 06	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Parents not alive
Frequency of contact with siblings or other relatives as at Feb 05/Sept 05/ March 06	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Other relatives not alive
Frequency of contact with children as at Feb 05/Sept 05/ March 06	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Does not have children/children not alive
Frequency of contact with carer as at Feb 05/Sept 05/ March 06	Daily More than once a week Weekly Every couple of weeks Monthly Every couple of months Once a year Once every couple of years Never N/A – Does not have carer

Support Workers as at Feb 05/Sept 05/March 06	
How many different key support workers has the client had since entry or last questionnaire completion date?	Enter number

Community / social participation as at Feb 05/Sept 05/March 06			
	No	Yes	Don't know
Does the client have any friends?			
Has the client made new friends since entry to HASI or the last questionnaire completion date?			
Has the client started an intimate relationship since entry to HASI or the last questionnaire completion date?			
Does the client participate in community activities (eg. sporting clubs, local events, bushcare, church activities etc.)?			
Does the client get on with the neighbours?			

Living Skills as at Feb 05/Sept 05/March 06

Life Skills – Self Care Tasks	Independent	Minimal support required	Moderate support required	Fully dependent	Don't Know
Bathing/Showering					
Dressing					
Diet					
Exercise					
Taking medication					

Life Skills – Domestic Tasks	Independent	Minimal support required	Moderate support required	Fully dependent	Don't Know
Cooking					
Cleaning					
Shopping					
Laundry					

Life Skills – Community Tasks	Independent	Minimal support required	Moderate support required	Fully dependent	Don't Know
Use of public transport/ getting to places					
Banking					
Budgeting					
Use of community services (eg. library, Centrelink)					
Making appointments					

Work (paid/ voluntary) as at Feb 05/Sept 05/March 06 (if applicable)	
What productive activities is the client involved in?	Casual paid employment Part-time paid employment Full time paid employment Casual supported employment Part-time supported employment Full time supported employment Volunteer work Other (please specify) _____ N/A
What date did the client start this activity?	Paid employment – mm/yyyy Supported employment – mm/yyyy Volunteer work – mm/yyyy Other – mm/yyyy
Hours work occupies per week	Paid employment Supported employment Volunteer work Other (please specify) _____ N/A

Education and training as at Feb 05/Sept 05/March 06 (if applicable)	
What education/ training activities is the client involved in?	TAFE course Community College University Other (please specify) _____ N/A
What date did the client start this activity?	mm/yyyy
Hours it occupies per week	

Utilisation of health services as at Feb 05/Sept 05/March 06	
Number of consultations with GP since entry to HASI or since last questionnaire completion date	
Number of consultations with psychiatrist since entry to HASI or since last questionnaire completion date	
Number of consultations with other specialists since entry to HASI or since last questionnaire completion date	
Number of consultations with community mental health services since entry to HASI or since last questionnaire completion date	
Number of visits to emergency services since entry to HASI or since last questionnaire completion date	
Number of consultations with other Allied Health services (physiotherapy, dental, occupational therapy, rehabilitation program) since entry to HASI or since last questionnaire completion date	

Hospitalisation as at Feb 05/Sept 05/March 06	
Number of admissions to hospital since joining the HASI program / or since last questionnaire completion date	
Number of days in acute section of the hospital since joining the HASI program / or since last questionnaire completion date	
Number of days in non-acute section of the hospital since joining the HASI program / or since last questionnaire completion date	

Appendix B: Interview Schedule and Questionnaire for HASI Clients

Client Name	
Date completed (dd/mm/yyyy)	

Q1: Client's Perceptions of their Accommodation and Housing Provider

How long have you been living in this current accommodation?

Where were you living before (type of accommodation and suburb)?

What do you enjoy about living in your current accommodation?

Did you choose this place? Did you choose this area? Did you choose the furniture?

What aspects of your current accommodation do you not like?

Have you ever moved since joining HASI? Is so, what were the reasons for moving?

How would do you get on with the people at (Community Housing Organisation, Department of Housing)?

Q1.1 Satisfaction with accommodation						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
a) General condition						
b) Cleanliness (when you first moved in)						
c) Space available						
d) Furniture						
e) Temperature of your home						
f) Overall, how satisfied are you with your accommodation?						

Q1.2 Satisfaction with housing provider						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
Are you satisfied with your housing provider?						

Q1.3 Stability of Tenancy			
	No	Yes	Don't know/ Unsure
a) Have you been asked to leave your home since joining HASI?			

b) If YES, how many times?

c) How long have you been living in this unit/ house?

(Number of months)

Q2. Client perceptions of the neighbourhood they live in and their level of community integration

How do you find this neighbourhood? What do you like/dislike about it? (Prompts: ease of access, proximity to family, proximity to services, friendliness, safety).

What sort of activities and services do you access in your local area? (Prompts: shops, cafes/restaurants, libraries, parks, movies, church, leisure facilities e.g. sporting or exercise, social groups or day programs, health services, educational settings).

Q2.2 How often do you use the following? (Specify time usage and support needed)						
	Never	Less than once a week	About once a week	More than once a week	Don't know/Unsure	Are these activities done with support?
a) Shopping facilities						Y/N
b) Eating facilities (e.g. cafes, restaurants)						Y/N
c) Library services						Y/N
d) Park/s						Y/N
e) Movies						Y/N
f) Church						Y/N
g) Leisure facilities (eg. sporting or exercise)						Y/N
h) Social groups or day programs						Y/N
i) Medical/health services						Y/N
j) Educational settings						Y/N
k) Public/private transport						Y/N
l) Other (please specify) _____						Y/N

Q2.3 What types of transportation do you use for getting around?

Bus Train Car Taxi Bicycle Walk

Other, please specify _____

Q2.4 Perceptions of the neighbourhood

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	Don't know/ Unsure
a) Do you enjoy living in this neighbourhood?						
b) Are you able to easily access services and facilities that you need?						
c) Do you like walking around the neighbourhood?						
d) Do you get on with the neighbours?						
e) Do you find the people in the neighbourhood friendly?						
f) Have you made friends in the neighbourhood?						
g) Do you take part in any neighbourhood activities?						
h) Are you a member of a local organisation or club?						
i) Have you visited somebody in the neighbourhood in the past week?						

Q2.5 Satisfaction with neighbourhood

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
How satisfied are you with this neighbourhood?						

Q2.6 Perceptions of safety in the neighbourhood						
	Never	Rarely	Sometimes	Mostly	Always	Don't know/ Unsure
a) Do you feel safe walking around the neighbourhood during the day?						
b) Do you feel safe walking around the neighbourhood at night?						
c) Have you ever been harassed in the neighbourhood?						
d) Are you scared to go out of your home by yourself?						
e) Do you feel safe in your home?						

- f) Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?
- Trusted
- Can't be too careful
- Don't know/Unsure

Q3. Client's Perceptions of the NGO Support and the Support Workers

How would you describe your interaction/relationship with your key support worker/s (Neami, The Richmond Fellowship of NSW, New Horizons)? (Prompts: satisfaction with level and quality of interaction)

Overall, do you feel the support from your key worker has helped you?

Q3.1 Perceptions of the accommodation support provider and the support workers			
	No	Yes	Don't know/ Unsure
a) Are you happy with support that you receive from Neami/ RF /NH?			
b) Do you get on with the support worker(s) you have at present?			
c) Do you think you have enough contact with your support worker(s)?			
d) Would you like to have more time with your support worker(s)?			
e) Have you had the same support worker(s) since you joined the HASI program?			

Q3.2 Satisfaction with NGO support workers						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
Overall, how satisfied are you with the support that you receive from Neami/ RF /NH?						

Q3.3 Satisfaction with key support worker				
	Not at all	A bit	A lot	Don't know
Overall, do you feel the support from your key support worker(s) has helped you?				

Q3.4 In the last week, how often do you see your support workers? (NB: If difficulty with this question use prompts –breakfast, lunch, dinner).

Day	Hours per day
a. Monday	
b. Tuesday	
c. Wednesday	
d. Thursday	
e. Friday	
f. Saturday	
g. Sunday	
h. TOTAL	

Q3.5 What does the support worker(s) do when they come to your home?

Q3.6 Where do you go when you go out with your support worker?

Q3.7 Did you set any short or long-term goals with your key worker? Have you achieved any of these goals?

Q3.8 Which of these activities does your support worker(s) help you with?			
	No	Yes	Don't know/Unsure
a) Personal hygiene/care (eg. showering, brushing teeth etc)			
b) Diet (food purchasing and preparation)			
c) Exercise			
d) Taking medication			
e) Cooking			
f) Cleaning			
g) Shopping			
h) Laundry			
i) Transportation (i.e. getting to places)			
j) Banking			
k) Budgeting			
l) Use of community services (e.g. library services, Centrelink)			
m) Making appointments			
n) Social / community activities			
o) Accessing training or education			
p) Finding work (paid or unpaid)			
q) Acts as a companion			

Q3.9 What part of the support provided by the support worker is most useful?

Q3.10 Is there anything else you would like them to do that they are not doing now?

Q3.11 Is there anything your support worker does that you would prefer them not to do?

4. Client's Perceptions of their Support from the Area Mental Health Team

How would you describe your interaction/relationship with staff/case manager from the local mental health team? (Prompts: satisfaction with level and quality of interaction)

Overall, do you feel that the support and treatment from the mental health team is helping you?

What is your experience of how your support worker, mental health case manager and housing organisation work together?

Q4.1 Support from Area Mental Health Service						
	No		Yes		Don't know	
a) Do you have a mental health case manager?						
	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	Don't know / Unsure
b) Are you satisfied with how your mental health case manager supports you?						
c) Are you satisfied with the support and treatment that you are receiving from the area mental health team?						
d) Are doctors, psychiatrists & mental health workers easy to contact and organise a time when you feel you need to see them?						

Q4.2 Overall, do you feel the support and treatment from the Area Mental Health team has helped you?				
Worse	Not at all	A bit	A lot	Don't know

Q5. Client perception of their family relationships

Do you feel that your relationships with your family have changed since being involved in HASI? If so, how have they changed?

Q5.1 Which member/s of your family do you see?

- Mother
- Father
- Spouse/partner
- Children
- Siblings
- Grandparents
- Aunts/Uncles
- Cousins
- Other Please specify _____
- No contact / N/A

Q5.2 How often are you in contact with your family? _____

Q5.3 Frequency and quality of contact						
	A lot less / worse	A bit less / worse	Same	A bit more / better	A lot more / better	Don't know/ Unsure
a) Since joining HASI, how has the frequency of family contact changed?						
b) Since joining HASI, how has the quality of family contact changed?						

Q5.4 Satisfaction with family contact						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
Are you satisfied with your family relationships?						

Q6. Client perception of their relationships with friends

How often do you have contact with friends?

Do friends ever come to your home? If yes, how often?

Since you started HASI, has the amount of time to spend with or talk to your friends changed?

Since you started HASI, do you think your relationship with your friends has changed?

Q6.1 Frequency and quality of contact						
	A lot worse	A bit worse	Same	A bit	A lot	Don't know/ Unsure
a) Has your contact with your friends increased since you joined HASI?						
b) Are you getting on better with your friends since you joined HASI?						

Q6.2 Satisfaction with friend contact						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/ Unsure
Are you satisfied with the relationship you have with your friends?						

Q7. Client’s Perceptions of their Health and Life-Skills

Do you feel your life has changed since being involved in HASI? If so, how has it changed? (Prompts: health changes, life skills, social interaction, and community participation)

Q7.1 Health status since joining HASI (if difficulty conceptualising beginning of HASI, use ‘since living in this place’ or ‘in the last three months’).						
	Much worse	A bit worse	Same	A bit better	Much better	Don’t know/Unsure
a) Has your physical health changed since you started HASI?						
b) Has your mental health changed since becoming part of the HASI program?						
c) Do feel different about yourself since becoming part of the HASI program?						
d) Do you feel your diet has changed since becoming part of the HASI program?						
e) Are you sleeping better since becoming part of the HASI program?						

Q7.2 In general, would you say that your health is very poor, weak, average, good, excellent?

- Very poor
- Weak
- Average
- Good
- Excellent
- Don’t know/Unsure

Q7.3 How TRUE or FALSE is each of the following statements for you?					
	Untrue	Mostly Untrue	Neither True nor False	Mostly True	True
a) I seem to get sick a little easier than other people					
b) I am as healthy as anybody I know					
c) I expect my health to get worse					
d) My health is excellent					

Q7.4 Life skills – Has your ability to do the following activities changed since joining HASI?					
	Declined	Stayed the same	Improved a bit	Improved a lot	Don't know/ Unsure
a) Bathing/ showering					
b) Dressing					
c) Diet					
d) Exercise					
e) Taking medication					
f) Cooking					
g) Cleaning					
h) Shopping					
i) Laundry					
j) Use of transportation services (public or private)					
k) Banking					
l) Budgeting					
m) Use of community services (library, Centrelink, etc.)					
n) Making appointments					
o) Social /community activities					
p) Finding work (paid or voluntary)					
q) Accessing education/ training					

Q7.5 Substance use

- a) How much alcohol do you drink?
- b) How many packets of cigarettes do you smoke a week?
- c) Do you use your prescription medication in ways that you were not told to?
- d) Do you use any recreational drugs? (prompt: frequency of use)
- e) Since joining HASI, has your use of alcohol, cigarettes and/or drugs changed?

Q7.6 Clients' Perceptions of their Daily Life

What do you do with your time?

Q7.8 Perceptions of daily life			
	No	Yes	Don't know/Unsure
a) Do you keep yourself busy during the day?			
b) Do you enjoying daily life?			
c) Has your daily life improved since you joined the HASI program?			
d) Do you enjoy living by yourself?			
e) Do you get lonely?			
f) Would you like more company?			
g) Are you in a significant/special relationship?			

Q7.9 Studying and work				
	No	Yes	Don't know/Unsure	Not applicable
a) Are you studying at the moment (TAFE, Community College, University)?				
b) If not, do you intend to study in the next 12 months?				
c) Are you working at the moment?		i) voluntary ii) paid		
d) If not, do you wish you had a job?				
e) Are you looking for a job?				

Q7.10 If you are studying what course/s are you doing?

Q7.11 If you are working, give details (hours per week, kind of job, supported or open employment)?

Q7.12 When did you last work (voluntary and/or paid)?

Q8. Client's Perceptions of their Personal Well-being (ask questions as written; do not prompt the interviewer)

Q8.1 Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.2 How satisfied are you with your standard of living?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.3 How satisfied are you with your health?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.4 How satisfied are you with what you achieve in life?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.5 How satisfied are you with your personal relationships?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.6 How satisfied are you with how safe you feel?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.7 How satisfied are you with feeling part of the community?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.8 How satisfied are you with your future security?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.9 How satisfied are you with your mental health?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.10 How satisfied are you with your physical health?

0	1	2	3	4	5	6	7	8	9	10
Completely Dissatisfied					Mixed					Completely Satisfied

Q8.11 What goals would you like to achieve in the next 6 months (review goals from previous questionnaire if applicable)?

Q8.12 Are there any other comments you would like to make about your involvement with the HASI program?

Appendix C: Interview Schedule and Questionnaire for Family Members and Carers

Client Identification Number	
Date completed (dd/mm/yyyy)	

Interview Schedule:

What is your relationship to the HASI client? If friend/carer/guardian, how long have you known x?

How regularly are you in contact with x?

How did your family member/friend come to be involved in HASI (prompt: how did you hear about it)?

What did you think about this initially?

What are your perceptions about the accommodation that your family member/friend has been provided with as part of the HASI program? (Prompts: location, condition of property, neighbourhood)?

Q1. Satisfaction with Accommodation

How satisfied are you with the accommodation provided to x? Why?

Q1.1 What is your level of satisfaction with the following aspects of your family member's/friend's accommodation?						
	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	Don't know/Unsure
a) General condition						
b) Cleanliness (when they first moved in)						
c) Space available						
d) Furniture						
e) Temperature of accommodation						
f) Overall, how satisfied are you with your family member's/friend's accommodation?						
g) Other, please specify _____						

What is your perception of the housing provider?

Q2. Perceptions of the support provided by the NGO

As you understand it, what is the role of the key workers (New Horizons, The Richmond Fellowship of NSW, Neami)?

Are you aware of any plans developed for your family member/friend (were you consulted)?

What is your perception of the quality and amount of support provided to your family member/friend by their key support worker/s (Neami, The Richmond Fellowship of NSW, New Horizons)? (Prompts: satisfaction with level and quality of interaction)

Have your perceptions changed over time?

What kind of support do you provide for x?

Q2.1 Perceptions of the support provided by NGO						
	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the quality of support that your family member/friend is receiving from their support worker(s) (e.g. Richmond Fellowship of NSW, Neami, New Horizons?)						
b) Overall, how satisfied are you with the quantity (hours per day/week) of support that he/she is receiving?						
c) Overall, how satisfied are you with the communication between you and the support worker(s)?						

Q3. Perceptions of the support provided by the Area Mental Health team

Q3.1 Do you have any contact with [.....]'s Area Mental Health Service?		
None	A bit	A lot

As you understand it, what is the role of the case managers (Area Mental Health Service)?

What is your perception of the quality and amount of support provided to your family member/friend by the staff/case manager from the local mental health team? (Prompts: satisfaction with level and quality of interaction)

Have your perceptions changed over time?

What is your experience of how your family member/friend's support worker, mental health case manager and housing organisation work together?

Q3.2 Perceptions of the support provided by Area Mental Health team						
	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the quality of support that your family member/friend is receiving from the Area Mental Health team?						
b) Overall, how satisfied are you with the quantity (hours per day/week) of support that he/she is receiving?						
c) Overall, how satisfied are you with the communication between you and the case manager(s)?						

Q4. Perceptions of HASI

Do you feel your family member/friend's life has changed since being involved in HASI? If so, how has it changed? (Prompts: health changes, life skills, relationships with family, social interaction, community participation)

Q4.1 Do you feel that the support being given to [.....] has improved their skills of [.....]						
	Declined	Stayed the same	Improved a bit	Improved a lot	Very Uneven	Don't know/Unsure
a) Bathing/Showering						
b) Dressing						
c) Diet						
d) Exercise						
e) Taking Medication						
f) Cooking						
g) Cleaning						
h) Shopping						
i) Laundry						
j) Use of transportation services (e.g. public transport etc.)						
k) Banking						
l) Budgeting						
m) Use of community services (e.g. Centrelink, library etc.)						
n) Making Appointments						
o) Social/community activities						
p) Finding work (paid or unpaid)						
q) Accessing education and training						
r) Other, please specify _____						

Q4.2 Since joining the HASI program do you feel that the following areas have improved for your family member/friend?

	Declined	Stayed the same	Improved a bit	Improved a lot	Very Uneven	Don't know/Unsure
a) Physical health						
b) Mental health						
c) Relationships with his/ her family						
d) Other relationships						
e) General happiness						
f) Optimism about the future						
g) Other, please specify _____						

Q4.3 Since HASI, has your relationship with x changed in any way?

Q4.4 Has the contact you have with x changed in any way since HASI started (prompt: type of contact – face to face, phone, email – and nature of contact – carer or social)?

Q4.5 Do you feel your life has changed since your family member/friend has been involved with the HASI program? If so, how has it changed?

Q4.6 Do you feel your own life has improved since [.....] joined the HASI program?

Declined	Stayed the same	Improved a bit	Improved a lot	Don't know/Unsure

Q4.7 What do you see as the positives of HASI?

Q4.8 What do you see as the negatives of HASI?

Q4.9 If you think of [.....] how would you rate the effectiveness of the HASI program?

Unsuccessful		Moderately Successful						Very Successful	
1	2	3	4	5	6	7	8	9	10

Q4.10 How would you compare HASI to some of the other programs x has been a part of?

Q4.11 Do you have any other comments you would like to make about HASI?

Appendix D: Interview Schedule for Area Mental Health - Part I: Managers

- How long have you been working with the Area Mental Health service?
- How long have you been a managing case managers working with the HASI clients?
- How many HASI case managers do you manage? How many clients do you work with?

Operation/management of support provided

- What processes do you go through in planning and providing support to residents? Have there been any issues for you in this process?
- Do you have any comments about the administration of HASI? eg funding or service design; adequate resources to support clients; referral and assessment processes and support from the DOH and the Department of Health; other service viability issues?
- Have you been involved in the development of any protocols on the operation of HASI (eg. referral process, range of agreements, resource manual)? What are they? What issues have you needed to take into consideration in developing these protocols? Have they been shared across areas?
- What types of internal policies and procedures do you have in relation to HASI that you have found to be beneficial (eg. safety et al.)?
- What internal policies and procedures do you have in relation to HASI that you have found to be less successful?
- Are there any workforce issues (quality of staff, supervision of staff, training needs, OHS issues, recruitment, selection and retention issues)?

Partners

- How is your relationship with the housing provider?
- How is your relationship with the accommodation support provider?
- How do you find working with the Regional Co-ordination Groups (monthly meetings)? Do you have any issues with the regional co-ordination?
- Are local medical, psychiatric and other community health and wellbeing providers responding to the needs of residents?

Outcomes

- What are the benefits of HASI for residents? Can you give examples of these?
- What are the downsides of HASI for residents (prompt: loneliness, isolation, vulnerability, hospitalisations)? Can you give examples of these?
- Are HASI tenants* integrating into the community? Can you give examples of their interaction with the community and the community interacting with them?

- What complaint mechanisms are available to the tenants? How do you feel residents would express their satisfaction or dissatisfaction with the service? Would people complain if they were unhappy? Have any residents used the complaints process? How has your agency responded? Can you give an example please?
- Do you think HASI has sufficient scope / resources to address the support needs of residents?
- Do you feel that the HASI initiative is having a significant impact? Can you give examples of this?
- How do you see the future for the clients?
- How do you see the future of the program?
- Are there any other experiences or issues with the implementation and conduct of HASI that you'd like to be reflected in the evaluation?
- Do you have any ideas about how HASI could be improved?
- Do you have any further comments you would like to make about the HASI program?

Questionnaire for Area Mental Health Managers

Q1 Referral and Assessment Process						
	Very poor	Weak	Average	Good	Excellent	Don't Know/Unsure
a) Overall, how would you rate the effectiveness of the referral process?						
b) Overall, how would you rate the effectiveness of the admission process?						

Q2 Accommodation and Housing Providers						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the accommodation that the HASI clients have received?						
b) Overall, how satisfied are you with the way the housing providers have dealt with the HASI clients?						

Q3 How would you describe your relationship with the housing provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q4 How would you describe your relationship with the Accommodation Support Provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q5 Coordination of HASI						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the communication between yourselves and the Accommodation Support Providers?						
b) Overall, how satisfied are you with the communication between yourselves and the housing provider?						
c) Overall, how satisfied are you with the overall coordination of the HASI program?						

Q6 Please rank the level of difficulty you have with the following staffing matters											
	No difficulty				Moderately difficult				Extreme difficulty		
	0	1	2	3	4	5	6	7	8	9	10
Recruitment & selection											
Training											
Supervision											
Retention											
OH&S issues											
Other, please specify											

Q7. The HASI Clients

Q7.1 Have HASI clients overall shown improvement in the following areas?						
	Declined	Stayed the same	Improved a bit	Improved a lot	Very Uneven	Don't know/Unsure
a) Physical health						
b) Mental health						
c) Relationships with her/ his family						
d) Other relationships						
e) General happiness						
f) Optimism about the future						
g) Community integration						
h) Ability to sustain a tenancy						

Q8 If you think of your HASI clients how would you rate the *overall* effectiveness of the HASI program?

Unsuccessful		Moderately Successful					Very Successful		
1	2	3	4	5	6	7	8	9	10

Q9 If you think of your HASI clients how would you rate the effectiveness of the HASI program for each *individual*?

a) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

b) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

c) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

d) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

e) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

f) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

g) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

h) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

i) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

j) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

Q10 Please add any additional comments you may have about HASI:

Appendix E: Interview Schedule for Area Mental Health - Part II: Case Managers

- How long have you been working with the Area Mental Health service?
- How long have you been a case manager for HASI client(s)?
- How many clients do you work with?
- Can you explain how you work with the clients? What support do you provide?
- What do you think of the accommodation provided to the HASI clients? (Prompt: location and nature of housing eg. is it separate from other HASI clients)

Process/management of support provided

- Do you have any comments about the referral and assessment processes?
- What process do you go through when you meet a resident for the first time?
- What processes do you go through in planning and providing support to residents (prompt: individual service agreements & goals set with clients)? Have there been any issues for you in this process?
- How do you account to your manager in the use of your time with residents, the kinds of support, which are planned, and the quality of that work?
- How do you encourage residents to ask for the service to change or express their satisfaction or dissatisfaction with the service? Can you give an example please?

Partners

- How is your relationship with the housing provider?
- How is your relationship with the accommodation support provider?

Outcomes

- What are the benefits of HASI for residents (prompt: progress)? Can you give examples of these?
- Are there downsides of HASI for residents (prompt: loneliness, isolation, vulnerability, hospitalisations, exits)? Can you give examples of these?
- Do you feel that the residents are increasing their community participation? Can you give examples of this?
- How do you see the immediate neighbourhood and community interacting with residents? What impact is the HASI initiative having on this?
- Did you set short and long term goals with your client? Have they achieved any of these goals?
- How do you see the future of the residents?
- How do you see the future of the program?
- Do you have any further comments you would like to make about the HASI program?

Questionnaire for Area Mental Health Case Managers

Q1 Referral and Assessment Process						
	Very poor	Weak	Average	Good	Excellent	Don't Know/Unsure
a) Overall, how would you rate the effectiveness of the referral process?						
b) Overall, how would you rate the effectiveness of the admission process?						

Q2 Accommodation and Housing Providers						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the accommodation that the HASI clients have received?						
b) Overall, how satisfied are you with the way the housing providers have dealt with the HASI clients?						

Q3 How would you describe your relationship with the housing provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q4 How would you describe your relationship with the Accommodation Support Provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q5 Coordination of HASI						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the communication between yourselves and the accommodation support providers?						
b) Overall, how satisfied are you with the communication between yourselves and the housing provider?						
c) Overall, how satisfied are you with the overall coordination of the HASI program?						

Q6 Thinking about the various forms of violence and abuse, how *at-risk* do you currently think the HASI client is?

	Nil risk					Moderate risk					High risk
	0	1	2	3	4	5	6	7	8	9	10
a) Physical abuse											
b) Emotional abuse											
c) Sexual abuse											
d) Financial exploitation											

Q7 If you think of your HASI clients how would you rate the effectiveness of the HASI program *overall*?

Unsuccessful			Moderately Successful					Very Successful		
1	2	3	4	5	6	7	8	9	10	

Q8. The HASI Clients

Q8.1 Have HASI clients overall shown improvement in the following areas?						
	Declined	Stayed the same	Improved a bit	Improved a lot	Very Uneven	Don't know/Unsure
a) Physical health						
b) Mental health						
c) Relationships with her/ his family						
d) Other relationships						
e) General happiness						
f) Optimism about the future						
g) Community integration						
h) Ability to sustain a tenancy						

Q9 If you think of your HASI clients *individually* how would you rate the effectiveness of the HASI program?

a) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

b) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

c) Name:

Unsuccessful			Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10

Q10 Please add any additional comments you may have about HASI:

Appendix F: Interview Schedule and Questionnaire for Housing Provider

Client Identification Number	
Date completed (dd/mm/yyyy)	

1. Perceptions of HASI and the coordination thereof

- How long have you been working with the housing provider?
- How many HASI clients are you providing housing for?
- What type of housing are you providing? Are they located in separate areas/blocks?
- Do you have any comments about the administration of HASI? e.g. funding or service design; adequate resources to support consumers; contract management and support from DSQ/Health; other service viability issues?
- Did you have a role in the selection of HASI clients? Do you feel this should be a role you play?
- Have you been involved in the development of any protocols on the operation of HASI? What are they?
- Do you have any internal policies/procedures that specifically relate to HASI clients? What are they?
- How is your relationship with the support provider / workers?
- Do you have any contact with Area Mental Health? How is your relationship with them?
- Are you satisfied with the overall coordination of the HASI program?
- Do you have any suggestions about improving coordination?
- How do you feel about the role you play in the regional co-ordination meetings? (Prompt: more or less involvement)

Q1 What is your level of satisfaction with the following aspects of the HASI program?					
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Communication with Area Mental Health Service					
b) Communication with the support provider					
c) General coordination of the program					

2. Perceptions of the HASI tenants

- Do you have much knowledge about each of the HASI clients you provide housing for?
- Are you happy with the housing you have provided to the HASI clients?
- Are the HASI clients looking after their properties adequately?
- How do they compare to your other tenants?
- Do you receive many complaints about the HASI tenants? How do you resolve these complaints?
- Are they able to sustain their tenancy?
- What complaints mechanisms are available to the tenants? How do you resolve these complaints?
- Would tenants complain if they were unhappy? Have any tenants used the complaints process? How has your agency responded? Can you give an example please, if appropriate?
- Do you think HASI has sufficient scope to address the housing needs of the residents?
- Do you feel that the HASI initiative is having a significant impact?
- How do you see the future of the program?
- Are there any other experiences or issues with the implementation and conduct of HASI that you'd like to be included in the evaluation?

Q2 Perceptions of the HASI tenants?			
	No	Yes	Don't know/Unsure
a) Are they more difficult on average than your usual tenants?			
b) Do they keep their accommodation in good order?			
c) Are the numbers of complaints levelled against HASI tenants greater than the general average?			
d) Are the HASI tenants more likely to lose their tenancy than your usual tenants?			

Q3. Tenancy History (this section to be completed for each HASI client)

Client Name	
--------------------	--

Q3.1 Rent history since joining HASI (Circle Response)	
a) Has the tenant ever been in rent arrears?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know/Unsure
b) If yes, number of weeks in rent arrears?	_____ <input type="radio"/> Not applicable <input type="radio"/> Don't know/Unsure
c) Approximate cost to the housing provider	_____ <input type="radio"/> Not applicable <input type="radio"/> Don't know/Unsure

Q3.2 First HASI Tenancy (Circle Response)	
a) Date started	_____ (dd/mm/yyyy) Don't know/Unsure
b) Date ended (if applicable)	_____ (dd/mm/yyyy) Not applicable Don't know/Unsure
c) Type of accommodation	Unit/Apartment Townhouse/Villa/Duplex House Other (please specify) _____
d) Length of time taken to find a home for the client after he / she was accepted into HASI?	_____ (Number of weeks) Not applicable Don't know/Unsure
e) Number of complaints made about tenant during this tenancy period (if applicable)	_____ Not applicable Don't know/Unsure
f) Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
g) Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy Other (please specify) _____
h) Length of time the vacated property remained empty?	_____ (Number of weeks) Not applicable Don't know/Unsure
i) Approximate cost to the housing provider of the property remaining vacant?	_____ (Dollar value) Not applicable Don't know/Unsure
j) Length of time it took to find a new home for the client?	_____ (Number of weeks) Not applicable Don't know/Unsure

l) What was the cost of this approximately?	_____ (Dollar value) Not applicable Don't know/Unsure
m) Was there an appeal to the Consumer Tenancy Tribunal?	No Yes Don't know/Unsure
n) What was the cost of this approximately?	_____ (Dollar value) Not applicable Don't know/Unsure

Q3.3 Rent history since last field visit (Circle response)

a) Has the tenant been in rent arrears since last interview?	No Yes Don't know/Unsure
b) If yes, number of weeks in rent arrears?	_____ Not applicable Don't know/Unsure
c) Approximate cost to the housing provider? (Approximate dollar value)	_____ Not applicable Don't know/Unsure

Q3.4 Second HASI Tenancy (if applicable)	
a) Date started	_____ (dd/mm/yyyy) Don't know/Unsure
b) Date ended (if applicable)	_____ (dd/mm/yyyy) Not applicable Don't know/Unsure
c) Type of accommodation	Unit/Apartment Townhouse/Villa/Duplex House Other (please specify) _____
d) Length of time taken to find a home for the client after he / she was forced to leave dwelling?	_____ (Number of weeks) Not applicable Don't know/Unsure
e) Number of complaints made about tenant during this tenancy period (if applicable)	_____ Not applicable Don't know/Unsure
f) Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
g) Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy Other (please specify) _____
h) Length of time the vacated property remained empty?	_____ (Number of weeks) Not applicable Don't know/Unsure
i) Approximate cost to the housing provider of the property remaining vacant?	_____ (Dollar value) Not applicable Don't know/Unsure
j) Length of time it took to find a new home for the client?	_____ (Number of weeks) Not applicable Don't know/Unsure

Q3.5 Rent history since last field visit (Circle Response)	
a) Has the tenant been in rent arrears since last interview?	_____ (Number of weeks) Not applicable Don't know/Unsure
b) If yes, number of weeks in rent arrears?	_____ (Dollar value) Not applicable Don't know/Unsure
c) Approximate cost to the housing provider?	_____ (Number of weeks) Not applicable Don't know/Unsure

Q3.6 Third HASI Tenancy (if applicable)	
a) Date started	_____ (dd/mm/yyyy) Don't know/Unsure
b) Date ended (if applicable)	_____ (dd/mm/yyyy) Not applicable Don't know/Unsure
c) Type of accommodation	Unit/Apartment Townhouse/Villa/Duplex House Other (please specify) _____
d) Length of time taken to find a home for the client after he / she was forced to leave dwelling?	_____ (Number of weeks) Not applicable Don't know/Unsure
e) Number of complaints made about tenant during this tenancy period (if applicable)	_____ Not applicable Don't know/Unsure
f) Nature of complaints	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Other (please specify) _____
g) Reasons for ending tenancy (if applicable)	Inability to pay rent Property damage Created nuisance or annoyance to neighbours Client elected to end tenancy Other (please specify) _____

h) Length of time the vacated property remained empty?	_____ (Number of weeks) Not applicable Don't know/Unsure
i) Approximate cost to the housing provider of the property remaining vacant?	_____ (Dollar value) Not applicable Don't know/Unsure
j) Length of time it took to find a new home for the client?	_____ (Number of weeks) Not applicable Don't know/Unsure

Q4 Do you have any general suggestions for the HASI program?

Appendix G: Interview Schedule for Accommodation Support Providers - Part I: Managers

- How long have you been working with Neami/ New Horizons/ The Richmond Fellowship of NSW?
- How long have you been an area manager?
- How many support workers do you manage? How many clients do you work with?

Operation/management of support provided

- What processes do you go through in planning and providing support to residents? Have there been any issues for you in this process? Who provides support if it is required outside of the 16hr day?
- Do you have any comments about the administration of HASI? eg funding or service design; adequate resources to support clients; referral and assessment processes and support from the DOH and the Department of Health; other service viability issues?
- Have you been involved in the development of any protocols on the operation of HASI (eg. referral process, range of agreements, resource manual)? What are they? What issues have you needed to take into consideration in developing these protocols? Have they been shared across areas?
- What types of internal policies and procedures do you have in relation to HASI that you have found to be beneficial (eg. safety et al.)?
- What internal policies and procedures do you have in relation to HASI that you have found to be less successful?
- Are there any workforce issues (quality of staff, supervision of staff, training needs, OHS issues, recruitment, selection and retention issues)?

Partners

- How is your relationship with the housing provider?
- How is your relationship with Area Mental Health?
- How do you find working with the Regional Co-ordination Groups (monthly meetings)? Do you have any issues with the regional co-ordination?
- Are local medical, psychiatric and other community health and wellbeing providers responding to the needs of residents?

Outcomes

- What are the benefits of HASI for residents? Can you give examples of these?
- What are the downsides of HASI for residents (prompt: loneliness, isolation, vulnerability, hospitalisations)? Can you give examples of these?
- Have you had any tenants leave the HASI program? Why? What happened to the resources – housing, furniture & funding?
- Are HASI tenants* integrating into the community? Can you give examples of their interaction with the community and the community interacting with them?

- What complaint mechanisms are available to the tenants? How do you feel residents would express their satisfaction or dissatisfaction with the service? Would people complain if they were unhappy? Have any residents used the complaints process? How has your agency responded? Can you give an example please?
- Do you think HASI has sufficient scope / resources to address the support needs of residents?
- Do you feel that the HASI initiative is having a significant impact? Can you give examples of this?
- How do you see the future for the clients?
- How do you see the future of the program?
- Are there any other experiences or issues with the implementation and conduct of HASI that you'd like to be reflected in the evaluation?
- Do you have any ideas about how HASI could be improved?
- Do you have any further comments you would like to make about the HASI program?

Questionnaire for Accommodation Support Provider Managers

Q1 Referral and Assessment Process						
	Very poor	Weak	Average	Good	Excellent	Don't Know/Unsure
a) Overall, how would you rate the effectiveness of the referral process?						
b) Overall, how would you rate the effectiveness of the admission process?						

Q2 Accommodation and Housing Providers						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the accommodation that the HASI clients have received?						
b) Overall, how satisfied are you with the way the housing providers have dealt with the HASI clients?						

Q3 How would you describe your relationship with the housing provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q4 How would you describe your relationship with the Area Mental Health Service?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q5 Coordination of HASI						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the communication between yourselves and Area Mental Health?						
b) Overall, how satisfied are you with the communication between yourselves and the housing provider?						
c) Overall, how satisfied are you with the overall coordination of the HASI program?						

Q6 Please rank the level of difficulty you have with the following staffing matters											
	No difficulty					Moderately difficult					Extreme difficulty
	0	1	2	3	4	5	6	7	8	9	10
a) Recruitment & selection											
b) Training											
c) Supervision											
d) Retention											
e) OH&S issues											
f) Other, please specify											

Q7 If you think of your HASI clients how would you rate the *overall* effectiveness of the HASI program?

Unsuccessful		Moderately Successful					Very Successful		
1	2	3	4	5	6	7	8	9	10

Q8 If you think of your HASI clients how would you rate the effectiveness of the HASI program for each *individual*?

a) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

b) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

c) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

d) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

e) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

f) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

g) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

h) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

i) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

j) Name:

Unsuccessful			Moderately Successful					Very Successful	
1	2	3	4	5	6	7	8	9	10

Q8 Please add any additional comments you may have about HASI:

Appendix H: Interview Schedule for Accommodation Support Providers - Part II: Key workers

- How long have you been working with Neami/ New Horizons/ The Richmond Fellowship of NSW?
- How long have you been a key/support worker?
- How many clients do you work with (prompt: administratively responsible for and visit in a supportive role)?
- Can you explain how you work with the clients? What support do you provide in the home and outside of the home (domestic, social, recreational, educational/training)?
- What do you think of the accommodation provided to the HASI clients?

Process/management of support provided

- Do you have any comments about the referral and assessment processes?
- What process do you go through when you meet a resident for the first time?
- What processes do you go through in planning and providing support to residents (prompt: individual service agreements & goals set with clients)? Have there been any issues for you in this process?
- How do you account to your manager in the use of your time with residents, the kinds of support which are planned and the quality of that work?
- How do you encourage residents to ask for the service to change or express their satisfaction or dissatisfaction with the service? Can you give an example please?

Partners

- How is your relationship with the housing provider?
- How is your relationship with Area Mental Health?

Outcomes

- What are the benefits of HASI for residents (prompt: progress)? Can you give examples of these?
- Are there downsides of HASI for residents (prompt: loneliness, isolation, vulnerability, hospitalisations, exits)? Can you give examples of these?
- Do you feel that the residents are increasing their community participation? Can you give examples of this?
- How do you see the immediate neighbourhood and community interacting with residents? What impact is the HASI initiative having on this?
- Did you set short and long term goals with your client? Have they achieved any of these goals?
- How do you see the future of the residents?
- How do you see the future of the program?

- Do you have any further comments you would like to make about the HASI program?

Questionnaire for Service Provider Key Workers

Q1 Referral and Assessment Process						
	Very poor	Weak	Average	Good	Excellent	Don't Know/Unsure
a) Overall, how would you rate the effectiveness of the referral process?						
b) Overall, how would you rate the effectiveness of the admission process?						

Q2 Accommodation and Housing Providers						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the accommodation that the HASI clients have received?						
b) Overall, how satisfied are you with the way the housing providers have dealt with the HASI clients?						

Q3 How would you describe your relationship with the housing provider?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q4 How would you describe your relationship with the Area Mental Health Service?					
Very poor	Weak	Average	Good	Excellent	Don't know/Unsure

Q5 Coordination of HASI						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Don't know/Unsure
a) Overall, how satisfied are you with the communication between yourselves and Area Mental Health?						
b) Overall, how satisfied are you with the communication between yourselves and the housing provider?						
c) Overall, how satisfied are you with the overall coordination of the HASI program?						

Q6 Thinking about the various forms of violence and abuse, how *at-risk* do you currently think the HASI client is?

	Nil risk					Moderate risk					High risk
	0	1	2	3	4	5	6	7	8	9	10
a) Physical abuse											
b) Emotional abuse											
c) Sexual abuse											
d) Financial exploitation											

Q7 If you think of your HASI clients how would you rate the effectiveness of the HASI program *overall*?

Unsuccessful		Moderately Successful						Very Successful	
1	2	3	4	5	6	7	8	9	10

Q8 If you think of your HASI clients *individually* how would you rate the effectiveness of the HASI program?

a) Name:

Unsuccessful				Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10	

b) Name:

Unsuccessful				Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10	

c) Name:

Unsuccessful				Moderately Successful				Very Successful		
1	2	3	4	5	6	7	8	9	10	

Q9 Please add any additional comments you may have about HASI:

Appendix I: Interview Schedule for Head Office (DOH / Centre for Mental Health) and the advisory committee

Q1. In terms of the partnership arrangements do you feel that HASI is working effectively?

Q2. What are the major successes?

Q3. Do you have any concerns/ issues with the partnership arrangements?

Q4. Do you think the partnership arrangements can be improved? If so, how?

Q5. In terms of the actual clients do you think HASI is working effectively?

Q6. What do you think are the major successes?

Q7. What are your concerns?

Q8. How do you think the program can be improved?

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