



# SPRC

Social Policy Research Centre

## **INFORMATION COLLECTION SYSTEMS IN THE HOUSING AND ACCOMMODATION SUPPORT INITIATIVE**

### **ISSUES PAPER**

**SPRC Report 11/06**

**Social Policy Research Centre**  
University of New South Wales  
November 2006

For a full list of SPRC Publications see, [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au) or contact:  
Publications, SPRC, University of New South Wales, Sydney, NSW, 2052, Australia.  
Telephone: +61 (2) 9385 7800 Fax: +61 (2) 9385 7838 Email: [sprc@unsw.edu.au](mailto:sprc@unsw.edu.au)

ISSN 1446 4179

ISBN 0 7334 2374 4

December 2004

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

## **Social Policy Research Centre**

Alan Morris, Karen Fisher, David Abelló, Kate Norris, Kelly Sutherland and Sarah Yallop

## **Disability Studies and Research Institute**

Michael Bleasdale

## **Authors**

Alan Morris, Kelly Sutherland, Kate Norris and Sarah Yallop

## **Contact for follow up**

Dr Alan Morris, ph 02 9385 7808, email [a.morris@unsw.edu.au](mailto:a.morris@unsw.edu.au)

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
<b>2</b>	<b>Conceptual Framework .....</b>	<b>2</b>
<b>3</b>	<b>Methodology.....</b>	<b>3</b>
<b>4</b>	<b>Referral Information.....</b>	<b>4</b>
	4.1 Making a referral .....	4
	4.2 Application Form.....	5
<b>5</b>	<b>Assessment Information.....</b>	<b>7</b>
	5.1 Determining eligibility.....	7
	5.2 Filling a Vacancy .....	9
	5.3 Meeting with Applicant .....	9
<b>6</b>	<b>Admission Information .....</b>	<b>10</b>
	6.1 Allocating a Key Support Worker .....	10
	6.2 Securing Appropriate Housing .....	11
	6.3 Establishing Appropriate Support.....	12
<b>7</b>	<b>Ongoing Service Provision Information.....</b>	<b>15</b>
	7.1 Review and Monitoring of Client Progress.....	15
	7.2 Partnership communication and review .....	18
<b>8</b>	<b>Reporting of HASI Information.....</b>	<b>20</b>
	8.1 Accommodation Support Providers.....	21
	8.2 Housing Providers.....	22
	8.3 Area Mental Health Services .....	22
<b>9</b>	<b>Challenges with Information Collection in HASI.....</b>	<b>23</b>
	9.1 Uncertainty regarding the types of information that should be collected and reported .....	23
	9.2 Limited data measuring the progress and outcomes of HASI clients .....	24
	9.3 Inconsistent communication between the partner organisations.....	24
<b>10</b>	<b>Suggestions for HASI Information Collection Systems .....</b>	<b>26</b>

## List of Figures

Figure 2.1: Conceptual Framework .....	2
Figure 4.1: Referral Information Requirements.....	4
Figure 5.1: Assessment Information Collection Requirements .....	7
Figure 6.1: Admission Information Collection Requirements.....	10
Figure 7.1: Ongoing Service Provision Information Collection Requirements.....	15
Figure 8.1: Reporting Requirements.....	20
Figure 9.1: Challenges with Information Collection in HASI.....	23

## Abbreviations

AHS	Area Health Service
AMHS	Area Mental Health Service
BASIS	Behavioural and Symptom Identification Scale
CANSAS	Camberwell Assessment of Need Short Appraisal Scale
ISP	Individual Service Plan
HASI	Housing and Accommodation Support Initiative
HNOS	Health of the Nations Outcomes Scale
LSP	Life skills profile
MH-OAT	Mental health outcomes and assessment tools
NGO	Non government organisation
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

## **Executive Summary**

A requirement of HASI is that accommodation support providers, housing providers and Area Mental Health Services collect a range of information relating to referral, service delivery, client outcomes and overall performance. The objective of this paper is to describe the information collection systems operating in the various HASI sites and how the different partner organisations are collecting and managing HASI related information. The issues details the following:

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

## **Methodology**

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

Different questions were asked of the accommodation support providers, housing providers and Area Mental Health Service staff. This was because of their differing roles and responsibilities at various stages of the program. Telephone interviews were conducted with the three accommodation support providers (Neami, New Horizons and Richmond Fellowship), seven housing providers and six Area Mental Health Services.

## **Referral Information**

In order for a person to be considered for HASI, a referral must be made to the local accommodation support provider. During this stage the support provider is responsible for collecting and recording information on the applicant's profile, housing status, mental health status and support status. The support providers are responsible for managing all referrals to HASI. Housing providers and Area Mental Health Services only participate at this stage to the extent that they can act as a referring person. Area Mental Health Services also keep hard copies of any referrals and application forms they have given to HASI.

### **Assessment Information**

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

### **Admission Information**

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

### **Ongoing Service Provision Information**

One of the main objectives of HASI is to provide ongoing and coordinated support for all clients. During this stage of the program, a broad range of information is collected to monitor the situation, goals and needs of the client in relation to their tenancy and independent functioning in the community. Information is also collected regarding the ongoing responsibilities of the partner organisations.

### **Reporting of HASI Information**

In addition to the information collection expectations, the accommodation support providers, housing providers and Area Mental Health Services are subject to a range of monthly, quarterly and annual reporting requirements mandated by the NSW Departments of Health and Housing.

### **Challenges with Information Collection in HASI**

The paper shows that there are a number of differences and commonalities regarding information collection systems in HASI. It details the types of challenges that the partner organisations have experienced with information collection, as well as those identified by the research team:

- Uncertainty regarding the types of information that should be collected and reported
- Limited data measuring the progress and outcomes of HASI clients
- Inconsistent communication between the partner organisations

## Suggestions for HASI Information Collection Systems

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

### 1. Clearly articulated information collection requirements

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

### 2. Introduction of a standardised referral form specific to HASI

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

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

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

### 4. Improved outcome measures for monitoring and reviewing client progress

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

### 5. Development of a standardised Individual Service Plan

A standardised ISP would ensure that HASI clients were receiving similar levels of support and structure, regardless of the site. Ideally this would include a transition plan, daily support plan and long-term goal planner. The client concerned would obviously dictate the type and level of support.

### 6. Client Care Plans to be developed for all HASI clients

The Area Mental Health Services would have a key role in developing and reviewing the clinical support needs of clients, through the development and redevelopment of Client Care Plans.

### 7. Implementation of formalised written reporting requirements (monthly, quarterly and annual)

The reporting requirements expected by the NSW Departments of Health and Housing should include a standardised format for presenting the Local HASI Status Report.



## 1 Introduction

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

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

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

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

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

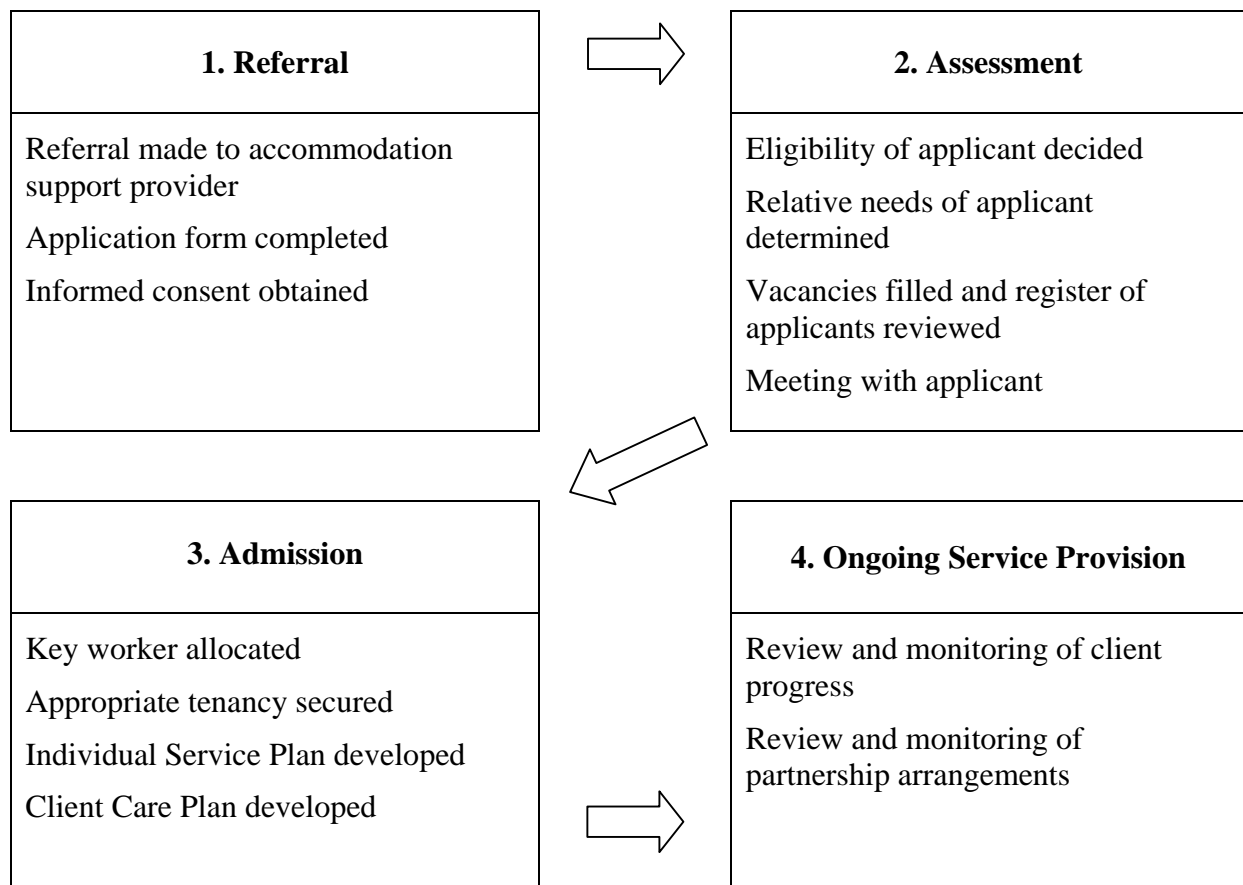
## 2 Conceptual Framework

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

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

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

**Figure 2.1: Conceptual Framework**



### 3 Methodology

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

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

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

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

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

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

## 4 Referral Information

In order for a person to be considered for HASI a referral must be made to the local accommodation support provider. During this stage the support provider is responsible for collecting and recording information on the applicant's profile, housing status, mental health status and support status. A summary of the type of information that is expected to be collected is listed in Figure 4.1.

**Figure 4.1: Referral Information Requirements**

### **Profile of applicant**

- Date of birth and gender
- Cultural background (Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse background, need for interpreter services)

### **Housing status of applicant**

- Housing history (including previous housing status)
- Previous difficulties in accessing and maintaining private and/or public housing

### **Mental health status of applicant**

- General health information (including primary and/or secondary diagnosis)
- Nature of mental disorders (e.g. schizophrenia, bipolar disorder, depression)
- Drug and alcohol history
- Existence of a physical impairment or disability
- Existence of a sensory impairment (including vision and hearing)
- Behaviour management issues

### **Support status of applicant**

- Reasons for applicant requiring accommodation support services
- Referring persons details and/or mental health case manager details

Source: Deakin 2004 Part D: 10; NSW Health and Housing 2003: 36

### 4.1 Making a referral

Anybody with a mental illness can be referred to HASI, provided they have high levels of psychiatric disability and a clear need for secure housing and accommodation support. The interviews indicated that in all the sites, the majority of referrals come from community mental health services and hospital inpatient units. Occasionally the support providers receive referrals from the clients themselves, family members, friends, carers, general practitioners, nurses, psychiatric institutions and corrective facilities.

In sites supported by Richmond Fellowship and New Horizons, the referring person fills out the application form, provides the appropriate documentation and obtains informed consent. Both these support providers have made their application forms available in hard copy, upon request. Richmond Fellowship has also made their application form available online. To date, they are the only support provider that has facilitated online access for persons wishing to make a referral to HASI.

In sites supported by Neami, the referring person is required to phone the local office and provide details of the applicant. Neami are responsible for contacting the applicant and scheduling a face-to-face meeting to complete the application form. This meeting takes place as an informal conversation, guided by the application form. In all cases, the applicant's mental health case manager will attend. The reason Neami complete the application form (as opposed to the referring person) is because this meeting has a dual purpose; it is also used to assess the applicant and determine their eligibility or ineligibility for HASI (refer to Section 5 details of the Neami assessment process).

## **4.2 Application Form**

As mentioned, the support providers are responsible for managing all referrals to HASI. Housing providers and Area Mental Health Services only participate at this stage to the extent that they can act as a referring person. To date however, there appear to have been no referrals received from the housing providers.

The information collected on the application form is particularly important because this is used to determine the eligibility of the applicant. There is no standardised referral form specific to HASI, instead each of the support providers have constructed their own generic application form (Appendix D). There are however several common information collection items. These include:

- Name, date of birth and contact details
- Gender and cultural background
- Type of income
- Current living situation and life skills profile
- Social and medical history (including primary and/or secondary diagnosis)
- Current and expected support needs (disability and/or current functioning)
- Referring person and/or case manager details
- Emergency contact details and/or next of kin
- Written consent from the applicant

In regards to differences, Neami also require applicants to provide information about the value of their assets and their labour force status – information that is not collected by Richmond Fellowship or New Horizons. This type of information is not outlined in the HASI resource manual but Neami has included this as part of their application form because it is used to determine the level of need and priority for different applicants. Given the fact that HASI is targeted specifically at low-income individuals, an indication of their assets and labour force status assists Neami in determining their level of wealth and overall need for HASI. For example, someone who is unemployed with minimal assets would be considered a higher priority than someone who is employed with moderate assets.

Richmond Fellowship and New Horizons collect additional information on the applicant's level of risk in terms of drug and alcohol issues, and self-harming or suicidal behaviours. This information relates specifically to behaviour management issues and is an expected area of information collection outlined in the HASI resource manual (Deakin 2004 Part D: 10 and NSW Health and Housing 2003: 36). Neami do not collect this type of information until the assessment process where a *Risk Assessment Form* is completed (refer to Section 5 for details of Neami's assessment process).

Because each organisation uses their own generic referral forms for application to all their programs, HASI clients are selected in a variety of different ways (Appendix D). Therefore to be considered for HASI, applicants applying to Richmond Fellowship must indicate 'high support needs' (8-16 hour per day, 5-7 days per week) in the areas of the Far West (Broken Hill), Greater Murray (Wagga Wagga) and New England (Tamworth). This information is requested at the end of the application form

New Horizons applicants must indicate a need for 'partial supervision' (more than 6 hours per week with a need for weekend support). This information is also requested at the end of the application form. In some cases, referrals have been received with HASI specified on the application form. This usually happens when referrals are made by the Area Mental Health Services, because the mental health case manager is familiar with HASI. If this occurs, New Horizons will automatically consider these applicants for HASI. HASI is the only program supported by Neami therefore all applicants are considered for HASI.

All the accommodation support providers keep the referral information and application forms in hard copy. Neami and Richmond Fellowship also record this information on a central electronic database. This database is used to produce internal referral statistics and the quarterly statistics required by the NSW Departments of Health and Housing (see Section 8). Neami's database is called the *Disability Data Set* and Richmond Fellowship's is called the *Referral Database*. New Horizons do not keep an electronic database.

Area Mental Health Services also keep hard copies of any referrals and application forms they have made to HASI. These are kept with the applicant's progress notes in community mental health or with the applicant's inpatient medical record (whichever is applicable).

## 5 Assessment Information

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

### Figure 5.1: Assessment Information Collection Requirements

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

### 5.1 Determining eligibility

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

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

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

All the sites are currently using these selection criteria to determine whether an applicant is eligible for HASI. In addition to these, Neami and Richmond Fellowship also stipulate that applicants with drug and alcohol issues, or those who may cause harm to themselves or others, must be able to be managed safely within the available support level.

As mentioned, Neami require applicants to complete a Risk Assessment Form. Information from this is used to decide eligibility and also during the admission stage when the Individual Service Plan is developed (refer to Section 6 for more information on the Individual Service Plan).

In sites supported by Richmond Fellowship, the application form is referred to the *local selection committee*. This committee meets once a month to discuss HASI and is constituted by 4-6 members drawn from both the support provider and Area Mental Health Service. In sites supported by New Horizons the application form is referred to the *local placement committee*. This committee also meets once a month and has 6-8 members drawn from the support provider, housing provider and Area Mental Health Service. The reason for including the housing provider on the committee is to strengthen the partnership arrangements and enable the local housing provider to gain an understanding of the housing and support needs of the applicant, in the early stages of the application.

Both committees use the information provided in the original application form to decide the applicant's eligibility for HASI. Once the selection criteria have been applied, a relative needs assessment of the applicant is completed. This assessment is used to score the applicant's level of met and unmet need using measures such as:

- Present accommodation
- Inpatient care in the past 12 months (measured in days)
- Primary and secondary diagnosis
- Links to the local area
- Other factors (cultural background, first language)

Richmond Fellowship and New Horizons keep information from the relative needs assessment in hard copy, with the original application form. Richmond Fellowship also keeps this information electronically, on their Referral Database. Copies of the relative needs assessment and scoring systems for both these providers are in Appendix E.

In sites supported by Neami, the process of determining eligibility differs from both New Horizons and Richmond Fellowship. The application form is completed by a Neami employee and forwarded to the site manager who is responsible for determining eligibility. In addition to the selection criteria listed above, the Neami site manager conducts a relative needs assessment of the applicant using the same measures and scoring systems as Richmond Fellowship and New Horizons. A copy of Neami's relative needs assessment is in Appendix E. Information from the assessment is kept in hard copy with the client's file and electronically on the Disability Data Set (Neami's electronic database).



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

## 5.2 Filling a Vacancy

Once an applicant has been determined eligible, the support provider notifies them and the referring agent. In sites supported by Richmond Fellowship and New Horizons applicants are notified in writing (Appendix F). Neami applicants are notified in person, during the assessment.

In all the sites, the selection/placement committee is responsible for filling vacancies. With the exception of New Horizons (who were not running at full capacity at the time this paper was written), eligible applicants are automatically placed on a register that lists applicants according to their relative needs score – people with a greater score are placed at the top of the register. Richmond Fellowship calls this the *Register of Applicants* and Neami calls this the *Contact Register*. These registers do not act as a waiting list. Instead, as each vacancy becomes available, applicants on the register are reassessed and reprioritised and the applicant with the greatest need at that time is given highest priority and will proceed to the final interview (Appendix F).

If the selection/placement committee assesses an applicant as ineligible, Richmond Fellowship and New Horizons notify the referring person in writing who is then responsible for notifying the applicant. This letter details the reasons the client was not considered eligible and advises the applicant on the appeal process (Appendix F). Neami notifies the applicant in person, at the time of assessment.

Common reasons for ineligibility include situations where the applicant has support needs that are too low, support needs that are too high, no significant ties to the local community or age-related problems rather than mental health issues. Richmond Fellowship and New Horizons keep copies of this letter with the original application form. Neami keep a copy of the ineligible applicant's application form.

## 5.3 Meeting with Applicant

Once a vacancy is available and the applicant has been accepted, they proceed to a meeting with their local support provider. This meeting takes the same form for all the accommodation support providers. The meeting provides an opportunity to present the client with information about the Initiative, confirm their willingness to be involved, determine their support needs and develop a rapport with the client. Where appropriate, family members, carers and area mental health staff attend.

All the information from this meeting is documented and kept by the support providers, in hard copy with the applicant's file and application form. However, there are no standardised processes or forms for collecting this information and in all the sites this final meeting is informal, taking place as a conversation. The Centre for Mental Health also requires applicants to have a mental health case manager before they are admitted to the HASI because they have high clinical support needs. If they do not have one, a referral is made to community mental health and a case manager is allocated.

## 6 Admission Information

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

**Figure 6.1: Admission Information Collection Requirements**

### **Housing Provider**

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

### **Area Mental Health Service**

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

### **Support Provider**

- Level and type of support

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

### 6.1 Allocating a Key Support Worker

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

## 6.2 Securing Appropriate Housing

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

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

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

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

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

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

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

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

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

New Horizons, Neami and Richmond Fellowship all play a key role in assisting the housing provider to locate a suitable property for the HASI client. In all the sites, the housing provider locates an appropriate property and notifies the client's key worker. The key worker then does a 'drive by' assessment of the potential property with the client. If it is considered suitable the key worker and client organises an internal inspection of the property. If this process is successful, the housing provider endeavours to secure the property for the client. If the property is not considered suitable, or cannot be secured by the housing provider, another property must be identified and inspected using the same process. There is no standardised way of recording information on the process involved in allocating housing to HASI clients.

When appropriate housing has been located and secured, both the client and the housing provider sign a Residential Tenancy Agreement. This is a standard agreement for NSW rentals that outlines the rights and responsibilities of both parties. Both the client and housing provider keep copies of the residential tenancy agreement. A copy of the agreement is usually given to the support provider who keeps this in hard copy with the client's file.

### **6.3 Establishing Appropriate Support**

#### **Individual Service Plan**

After appropriate housing has been located and secured, the key worker and mental health case manager establish a range of different supports and services for the client. The first step of this process is to develop an Individual Service Plan (ISP) for the client. The content and format of the ISP varies considerably between the support providers but generally includes:

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

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

For Neami, the first step of this process is to determine the client's level of functioning and need. To do this, Neami collects a range of information on the applicant's life skills profile, level of support needs, level of ongoing disability and any health problems that may require special support. Specifically, Neami use the Camberwell Assessment of Need Short Appraisal Scale (CANSAS U) and the Behavioural and Symptom Identification Scale (BASIS-32). Both these instruments are later used by Neami to monitor the ongoing support needs of the client (Section 7). Once the client's level of support needs have been examined, the types of services required, the actions required and the date to review these are established. For Neami, this constitutes the ISP.

In the site supported by New Horizons, information from the original application form is used to develop the ISP. In particular, information regarding current functioning and support needs is used. The ISP is then developed and describes the clients identified support needs, staff identified support needs, the client's objectives, who is responsible and a target date to reach these goals.

In sites supported by Richmond Fellowship, the transition plan is the first stage of developing the ISP. It is developed with advice from the client and mental health case manager and is used to identify the short-term issues that the key worker needs to immediately address with the client. Items appearing on the transition plan include the acquisition of furniture, contacting a local GP, organisation of rental payments and the repayment and/or resolution of any outstanding debts. After 12 weeks, Richmond Fellowship engage in a lengthy consultation process with the client, case manager and key worker to ascertain whether the client's short-term issues have been resolved. Information recorded for the transition plan is kept on the client's hard file as part of the ISP. Information from this is also stored electronically on the Richmond Fellowship Referral Database.

In addition, the client, support provider and mental health case manager develop a daily service plan that details the day-to-day support needs and activities of the client. Where appropriate, family members and carers may also contribute. A weekly timetable is constructed and includes entries such as medical appointments, housework requirements, shopping needs, medical regimes, personal budget, individual meal planner, daily transport arrangements and any extra-curricular/community activities. Information from the daily support plan is stored in hard copy with the clients file. Both the client and key worker keep copies of the daily support plan.

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

### **Development of the Client Care Plan**

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

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

## 7 Ongoing Service Provision Information

One of the main objectives of HASI is to provide ongoing and coordinated support for all clients. During this stage of the program a broad range of information is collected to monitor the situation, goals and needs of the client in relation to their tenancy and independent functioning in the community. Information is also collected regarding the ongoing responsibilities of the partner organisations. A summary of the type of information expected to be collected during ongoing service provision is listed in Figure 7.1.

**Figure 7.1: Ongoing Service Provision Information Collection Requirements**

### **Support Provider**

- Client satisfaction with support and housing
- Degree to which clients feel they have progressed
- Issues with the client achieving goals
- Any client behavioural problems

### **Housing Providers**

- Issues arising with leases (including clients leaving before their lease expires)

### **Area Mental Health Services**

- Planned and unplanned re-assessments of clients (including MH-OAT Data)

### **Other Information Collected**

- Satisfaction with partnership arrangements
- Issues arising from agencies providing support services, particularly any difficulties with accessing and using community health and HACC services

Source: NSW Health and Housing 2003: 35

### 7.1 Review and Monitoring of Client Progress

There are several important sources of data kept about the progress of HASI clients and the ongoing provision of support services. These sources of data are used to monitor, review and evaluate the impact of HASI and relate to the client's tenancy, accommodation support services, and mental health progress.

## **Housing management**

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

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

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

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

## **Support management**

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

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



## **Clinical management**

### *Outcomes Data (Mental Health Outcomes and Assessment Tools MH-OAT Data)*

MH-OAT data utilises three outcome measures: the Health of the Nations Outcome Scale (HNOS), the Life Skills Profile (LSP-16) and Kessler (K10). Information collected using HNOS measures the client's behavioural problems, level of impairment, symptomatic problems and social problems. The LSP-16 provides a measure of withdrawal, self-care, compliance with medical regimes and level of anti-social behaviour. Information collected using K10 measures psychological distress, including anxiety and depression.

Area Mental Health Services, through their clinical mental health staff, are expected to collect and record MH-OAT data for HASI clients every 13 weeks. The findings from our discussions with a limited number of representatives from the Area Health Services is that the MH-OAT data is not being collected as frequently as NSW Health requires because of time and resource constraints. In sites where the MH-OAT data is being collected, the results are not always made available to the support providers.

In sites supported by Richmond Fellowship, MH-OAT information is received every 13 weeks. In contrast to this, New Horizons do not access any MH-OAT data from the Area Mental Health Services. In sites supported by Neami, MH-OAT data is only transferred from the Area Mental Health Services when it is collected. Transfer of this information is usually dependent upon the time available for the Area Mental Health Services, case manager and client to meet together, to complete the MH-OAT assessments. Neami felt that this data was very useful in giving an indication of the changing needs of clients and they would like to have more frequent data about client outcomes.

When collected, MH-OAT data is kept by the Area Mental Health Services in hard copy with the client file. In most cases, this information is also recorded electronically on SCH-MH-OAT system as required by NSW Health. This data is also given to the support provider who stores it in hard copy with the client's file.

Neami have started using the Behavioural and Symptom Identification Scale (BASIS-32). This scale collects self-reported information on symptoms, problems and difficulties over time. BASIS-32 is completed on entry, 8 weeks after entry to HASI, at 12 months and on exit from the Initiative. In addition, Neami are also using the Camberwell Assessment of Need Short Appraisal Scale (CANSAS) to collect information on the met and unmet needs of HASI clients. This is completed on entry, and every 6 months after that. In the absence of regular and consistent MH-OAT data, this has enabled Neami to monitor the changing needs of clients over time.

## **7.2 Partnership communication and review**

### **Ongoing communication with client**

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

In most sites, an allocated housing officer meets with the HASI client once in the first six weeks, every 6 months after that, and 2-3 months prior to the expiry of their lease. HASI clients normally have a renewable tenancy where they are initially given a 12 month lease, then offered a 3 year lease if the first 12 months were successful. Overall, the housing providers will have limited contact with the client unless there is a problem. Problems experienced will normally include rent in arrears, complaints about adequacy of housing and disputes with neighbours. Information from these meetings is not recorded in any formalised way.

### **Central office diary**

All the support providers keep a central office diary at each of their local offices. In most cases, this is used to allocate staff to clients on a daily basis and also to record hours of support provided to each client per day. Information from this central diary is also used to update the ISP and monitor the ongoing support needs of the client.

### **Communication book**

A communication book is also kept at the local support offices for Neami, New Horizons and Richmond Fellowship. This book is used by staff members to record non-client related information and messages to each other. For Richmond Fellowship, all entries in the communication book are signed off so that this information could be used if a legal matter arises. This information is not used to monitor change in the clients but is used to facilitate open communication and coordinated service delivery between the support staff.

### **Meetings between partner organisations**

The accommodation support provider key worker, the housing officer and the mental health case manager liaise frequently about the progress of clients. Contact occurs through phone conversations and informal meetings, and could range from being in touch every few days (Area Mental Health Service and support provider) to a couple of times a month (more likely for the housing provider and support provider). These meetings occur if, for instance, the client is not contactable or not locatable, if data such as the MH-OAT is sought, if the Area Mental Health Service needs to alert the accommodation support provider to a crisis (e.g. when the client comes to their attention as an inpatient), or when there are complaints relating to the tenancy of the client (e.g. trouble paying rent, or unsatisfactory aspects of housing).

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

## 8 Reporting of HASI Information

In addition to the information collection expectations, the accommodation support providers, housing providers and Area Mental Health Services are subject to a range of monthly, quarterly and annual reporting requirements mandated by the NSW Departments of Health and Housing. A summary of the type of information that is required to be reported is listed in Figure 8.1.

**Figure 8.1: Reporting Requirements**

### **Monthly Reports (Local HASI Status Reports)**

*Accommodation support provider, housing provider and Area Mental Health Service  
(To NSW Departments of Health and Housing)*

- Number and nature of clients and referrals
- Number of clients being housing
- Number of deceased clients
- Overview of each HASI client's housing status (including previous and current difficulties in accessing and maintaining private and public housing, length of tenancy, size of housing and location of housing)
- Overview of each HASI client's support services and status (including reasons for requiring accommodation support, average cost of support provision per client and hours of support provided)
- Number of accepted clients who reject an offer of a supported tenancy
- Any additional commentary on issues or challenges currently facing the implementation of HASI in the local area

### **Quarterly Reports**

*Housing Provider (To Office of Community Housing)*

- Number of new Initiative clients housed in the three month period
- Number of clients housed in the three month period
- Number of clients exiting the initiative (including reasons for exit and the places of exit)
- Number of vacancies
- Income and expenditure details
- Any comments regarding providing housing for Initiative clients or regarding HASI in general

### **Annual Reports**

*Housing (To Office of Community Housing)*

- Number of tenants entering, housed under, and exiting the Initiative in the 12 month period

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

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

## 8.1 Accommodation Support Providers

All the support providers produce internal statistics that are presented each month to the *local HASI advisory committee*. This committee includes all the members of the local selection committee and a representative from the local housing provider. In some cases, representatives from peak mental health and disability organisations may also be included. In sites supported by New Horizons, monthly statistics are presented to the local placement committee which already includes a representative from the local housing provider. All the support providers produce the same type of statistics that includes information about:

- Number of referrals received
- Number of vacancies
- Number of persons on the register of applicants
- Number of clients currently in the program.

This information is used to discuss any potential vacancies and to monitor and evaluate the overall progress of HASI. There are no standardised methods for reporting this monthly data and the support provider normally presents this information as a verbal report, rather than a written report.

These same statistics are also used to produce a *Local HASI Status Report* that is presented quarterly to the Departments of Health and Housing, at the HASI Advisory Committee. There are no standardised methods for reporting this information but all the support provider's produce either a written or verbal status report. The feedback we received is that most of these reports are not presented with the same rigor and detail that is expected, however our knowledge of this process is limited because many support providers present this information verbally to the HASI Advisory Committee. Appendix K gives an example of what is expected for a written HASI status report and what is actually being received.

## 8.2 Housing Providers

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

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

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

## 8.3 Area Mental Health Services

Area Mental Health Services regularly report (usually monthly) on HASI clients through the Area Mental Health Service lines of management. This information is then given to the Centre for Mental Health which reports this quarterly at the HASI Advisory committee to the Departments of Health and Housing. The information reported includes a combination of quantitative and qualitative data relating to:

- Changes in client accommodation
- HASI vacancies
- Any other major issues.

Again, there are no standardised methods for collecting and reporting this information and in most cases this is presented as a verbal report. Some of these reports specifically identify HASI clients, whilst others include HASI clients amongst the general caseload.

## 9 Challenges with Information Collection in HASI

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

**Figure 9.1: Challenges with Information Collection in HASI**

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

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

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

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

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

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

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

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

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

## **9.2 Limited data measuring the progress and outcomes of HASI clients**

Another challenge with information collection in HASI has been the over-reliance on anecdotal evidence about the progress and outcomes of HASI clients. Some partner organisations are not systematically recording and reporting the information that is outlined in the HASI resource manual and expected by the NSW Departments of Health and Housing. It was stated that this was due to a lack of clarity as to what exactly was expected. Second, the collection of this data is governed by time and resource constraints. This is especially true for MH-OAT data which the Area Mental Health Services highlighted as being very time consuming to collect.

## **9.3 Inconsistent communication between the partner organisations**

Finally, inconsistent communication between the partner organisations has created a situation where optimal information sharing is not occurring between the support providers, housing providers and Area Mental Health Services in some sites. In turn this has affected the ability of the different partner organisations to deliver coordinated support services to HASI clients. This fact that some partner organisations do not keep electronic databases could also affect the communication and sharing of information.



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

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

## 10 Suggestions for HASI Information Collection Systems

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

### 1. Clearly articulated information collection requirements

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

### 2. Introduction of a standardised referral form specific to HASI

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

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

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

### 4. Improved outcome measures for monitoring and reviewing client progress

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

### 5. Development of a standardised Individual Service Plan

A standardised ISP would ensure that HASI clients were receiving similar levels of support and structure, regardless of the site. Ideally this would include a transition plan, daily support plan and long-term goal planner. The client concerned would obviously dictate the type and level of support.

### 6. Client Care Plans to be developed for all HASI clients

The Area Mental Health Services would have a key role in developing and reviewing the clinical support needs of clients, through the development and redevelopment of Client Care Plans.

### 7. Implementation of formalised written reporting requirements (monthly, quarterly and annual)

The reporting requirements expected by the NSW Departments of Health and Housing should include a standardised format for presenting the Local HASI Status Report.