

# Evaluation of Housing & Accommodation Support Initiative Plus (HASI Plus) – Report 1

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# Glossary

AH&MRC	Aboriginal Health and Medical Research Council
BoCSAR ROD	NSW Bureau of Crime Statistics and Research Re-Offending Database
CMO	Community Managed Organisations
CRP	UNSW Community Reference Panel
FACS	Family and Community Services
HASI	Housing & Accommodation Support Initiative
HREC	Human Research Ethics Committee
ISP	Integrated Services Program
LHD	Local Health District
MACNI	Multiple and Complex Needs Initiative
MDS	CLS, HASI and RRSP Minimum Data Set
NDIS	National Disability Insurance Scheme
NSW	New South Wales
OPG	Office of the Public Guardian
PCLI	Pathways to Community Living Initiative
P&HSREC	NSW Population and Health Services Research Ethics Committee
SLK	Statistical Linkage Key
SPRC	Social Policy Research Centre
UK	United Kingdom
UNSW	University of New South Wales
WSLHD	Western Sydney Local Health District

# 1 Introduction

The HASI Plus program is designed to provide recovery oriented, high intensity, community based support for people with severe mental illness and an associated significant functional impairment. The program was established in 2013, is funded by NSW Health and delivered in partnership with Community Managed Organisations (CMOs). The main consumer groups of HASI Plus are people exiting mental health institutions, forensic facilities and correctional services, who have a severe mental illness and who need intensive, holistic support to move from institutional care to live in the community. HASI Plus is a statewide program and currently offers 60 packages of 16 or 24 hours support per day, across three LHDs and eight locations in total.

NSW Health has commissioned the Social Policy Research Centre (SPRC) at UNSW Sydney to evaluate HASI Plus. The purpose of the evaluation is to assess whether the program achieves its intended outcomes and what can be improved in program governance and implementation. The evaluation commenced in August 2018 and runs until June 2020. It adopts a mixed-method design that includes literature and document reviews, onsite qualitative fieldwork, interviews with government and state-level stakeholders, qualitative and quantitative program data analysis and economic analysis and cost modelling. More detail about the program and the evaluation methodology is available in the evaluation plan (Purcal et al. 2019).

As of 31 March 2019, the first two evaluation phases have concluded: Phase 1 – Project set up, evaluation plan, stakeholder engagement strategy and ethics approvals (August – December 2018) and Phase 2 – Literature review and initial economic analysis (September 2018 – March 2019). This is the first evaluation report. It summarises evaluation progress and findings to date.

## 2 Evaluation plan

The HASI Plus evaluation plan (Purcal et al. 2019) details the evaluation approach and methodology as well as quality assurance processes such as governance, stakeholder engagement and ethics. It was developed in consultation with NSW Health and contains background information regarding the following sections of this report. The evaluation plan can be accessed via the [SPRC website](#). The evaluators are producing an Easy Read version of the plan, which is an abbreviated version with pictures.

The plan details the evaluation timeline, deliverables and activities as they were anticipated and intended at the time the plan was finished. Since then, methodology has been further developed and confirmed and slight adjustments have been made, as is expected in formative evaluations such as this. Any progress and changes are mentioned throughout this report, where applicable.

### 3 Literature review

SPRC produced a detailed literature review focused on programs similar to HASI Plus that offer intensive, integrated community-based services for people with severe mental illness leaving institutional contexts such as hospitals or correctional facilities (Blunden 2019). The aim of the review was to give an overview of the current evidence from evaluations of such programs, to help develop the conceptual basis for evaluating HASI Plus. The review was conducted in November 2018 and is published on the [SPRC website](#).

The review focused primarily on literature from Australia, the UK and Canada as English-speaking countries with similar health sectors to Australia. It found there is evidence that providing appropriate housing, clinical services and flexible support assists people with mental illness to maintain stable housing and that stable and secure housing contributes to people's mental health and general wellbeing. Programs similar to HASI Plus currently operate in most other Australian States and Territories as well as internationally. The review examined a range of such programs aimed at a similar consumer group (people with severe mental illness who had experienced homelessness), and all involved a housing element, clinical treatment and other supports.

The programs are: Neami Community Housing Program (Victoria), Integrated Services Program (NSW), Project 300 (Queensland), Mental Health Disorders and Cognitive Disabilities (MHDCD) research (NSW), Multiple and Complex Needs Initiative (Victoria) Community Justice Program (NSW), At Home – Chez Soi (Canada), Care Program Approach (UK), Housing and Accommodation Support Initiative (NSW, 2012 evaluation).

The review found that, while programs similar to HASI Plus tend to produce positive outcomes for many consumers, positive outcomes are less assured for those with serious mental illness, lower cognitive function and substance abuse issues. None of the evaluations that were reviewed indicated an on-average *deterioration* among program participants. Findings related to service use indicate reductions in use, and therefore costs, of mental and general health services, as well as reductions in incarceration. Consistent with these findings, cost-benefit analyses have identified and quantified savings for government due to intensive support programs. Finally, consumers themselves typically report being satisfied with the housing and support received on the whole, and evaluations and studies found that very few returned to institutionalised forms of care. From the literature reviewed it can be concluded that intensive support programs do, in general, provide benefits for many consumers.

## 4 Program document review

SPRC carried out a short review of HASI Plus program documents provided by NSW Health. The review describes the intended set up of the program, in particular its service model, consumer characteristics, program support, family participation, funding model and monitoring. The purpose of the review is to outline the anticipated features and functioning of HASI Plus.

This outline can then be compared to the evaluation findings and will help the evaluators to assess to what extent and in which ways program implementation and outcomes on the ground match program intent. The content of the document review was guided by the evaluation questions.

The initial document review is an internal Ministry of Health working document for integration with ongoing components of the evaluation. The review will be updated if HASI Plus program details or guidelines are revised. Any change will be noted in the review and considered in the fieldwork and analysis. The final version of the document review will be included in the final evaluation report.

## 5 Initial economic analysis

SPRC developed an initial economic analysis, which included:

- an overview of the HASI Plus funding structure
- a summary of available costs of providing HASI Plus
- a preliminary assessment of similar government programs that offer intensive support to people with severe mental illness.

The initial economic analysis report provides the foundation for the following evaluation phases, when more data about the program costs will be examined in order to assess consumer pathways, consumer outcomes and cost effectiveness of the program.

The preliminary analysis gathered annual financial reports for each CMO from 2013-14 to 2017-18, which was the initial five-year contracting term for HASI Plus. This financial data helped establish the preliminary costs of main program elements including:

- support staff
- operations
- administration
- maintenance
- establishment costs.

A review of similar programs that offer high levels of community-based support is complex because support needs vary widely across consumer groups. Recent NDIS pricing reviews have pointed out that support cost is established in the NDIS through individual funding packages, rather than the fixed amount for each 16 or 24 hour package in HASI Plus. NDIS individual packages enable higher-cost support than the HASI Plus benchmark-type packages, which assume an average of support need across all consumers.

Other high support programs in NSW include the Integrated Services Program (ISP) and the Pathways to Community Living Initiative (PCLI).

The initial economic analysis is an internal Ministry of Health document. The findings will be integrated with the ongoing economic evaluation and presented in future evaluation reports.

## 6 Governance and stakeholder engagement

The SPRC evaluators report to the Supported Living, Mental Health Branch of NSW Health during fortnightly project meetings. These meetings are usually conducted by teleconference and include updates on evaluation progress and findings and discuss any potential variations to the project. The only notable variation to date has been an adjustment of timing of the first round of fieldwork due to delays in the ethics approval process.

SPRC has attended meetings and presented evaluation progress to the HASI Plus Steering Committee (23 October 2018 and 5 February 2019) and Evaluation Reference Group (5 September 2018).<sup>1</sup> Their advice and comments have been incorporated into evaluation design, methodology and the deliverables. For example, the Steering Committee devised an effective process for recruiting exited HASI Plus consumers to participate in the evaluation, and both groups provided comments on the evaluation plan. The next Steering Committee meeting is scheduled for 7 May, and the Evaluation Reference Group will convene again when needed.

The UNSW Community Reference Panel has provided advice on culturally appropriate and trauma-informed methodology, particularly for the fieldwork. For example, the Panel advised on how to ask interview questions respectfully and appropriately and recommended involving an Aboriginal researcher or advisor when interviewing Aboriginal consumers.

Government and other state-level stakeholders will be included in the evaluation through focus groups/interviews, all of which will be hosted at NSW Health with tele/video-conferencing options:

1. Focus group with Western NSW and St Vincent's Health Network (non-host LHD members of the Steering Committee)
2. Focus group with Corrective Services and Justice Health
3. Focus group for all other interested non-host LHDs
4. Interview with Chief Psychiatrist
5. Focus group with the MH Commission and peaks
6. Interview with the Mental Health Review Tribunal
7. Teleconference with Ombudsman, Trustee and Guardian and OPG.

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<sup>1</sup> The Steering Committee includes representatives from the CMOs, the LHDs in the HASI Plus locations, the Ministry of Health, Justice Health and Forensic Mental Health, Corrective Services and referring LHDs, while the Evaluation Reference Group has representation from the NSW Health Agency for Clinical Innovation and the Centre for Epidemiology as well as consumer representation through Being.

## 7 Ethics

The evaluation requires approvals from five ethics committees as detailed in the evaluation plan. To date, three approvals have been obtained:

1. Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethics Committee (HREC). AH&MRC reviewed the project as a whole, including all its qualitative and quantitative components, to ensure the evaluation is respectfully engaging and supporting Aboriginal people and all other participants. The approval from AH&MRC covers:
  - all interviews with HASI Plus current, new and exited consumers, their families/carers, and CMOs and other service providers in the fieldwork locations
  - the de-identified qualitative analysis of exit reports, case notes and reports about people who have been referred to HASI Plus but were assessed as 'unsuitable' for the program
  - and exit reports and case notes
  - analysing HASI Plus MDS data and conducting data linkage.
2. NSW Health and NSW Population and Health Services Research Ethics Committee (P&HSREC) for:
  - seeking consent from current consumers for analysis of HASI Plus MDS and to generate an SLK in view of the data linkage to be approved by NSW P&HSREC in June 2019 (see below)
  - analysing HASI Plus MDS and other program data of exited consumers (waiver of consent).
3. Western Sydney Local Health District (WSLHD) Human Research Ethics Committee (HREC) – for interviews with NSW Health staff.
  - As part of the clearance needed to interview NSW Health staff members, the following Site Specific Applications were submitted with the Governance Offices at three LHD case study sites: WSLHD, Hunter New England LHD, and Northern Sydney LHD.

The remaining ethics applications are in progress:

- P&HSREC Phase 2 – for data linkage of MDS program data and linked outcomes data from other NSW government agencies, for current and exited consumers.
- Corrective Services Ethics Committee – for BoCSAR ROD and non-custodial data.
- Family & Community Services (FACS). A research agreement is being signed between UNSW Sydney and FACS to:
  - include FACS data in the data linkage;
  - include FACS data in the economic component of the evaluation.

All ethics approvals are forwarded to the UNSW Sydney Human Research Ethics Committee (HREC) for endorsement.

## 8 Recruitment of peer researchers

The evaluation methodology includes peer research strategies, with people with a lived experience of mental illness contributing to evaluation design, data collection and analysis. Peer researchers are increasingly involved in research and evaluation, so that their service user experience informs and guides data collection and analysis. They can help the research team to clarify questions and identify priorities, as well as give a unique perspective on content, methodology and processes of the project. The peer research in this evaluation is organised by the research team's mental health peer researcher and the UNSW Community Reference Panel (CRP) Aboriginal staff.

SPRC sent an Expression of Interest to all HASI Plus sites in November 2018 to identify local people with a lived experience of mental health challenges and community knowledge to be employed on the evaluation team as peer researchers. The process identified peer researchers in urban, regional and rural sites, who will provide expert advice to the evaluation, starting in the first round of fieldwork commencing in late March.

Their first task is to advise on interview questions for service users. Depending on their interests and availability, peer researchers may also assist in the first round of fieldwork, by being involved in an informal visit and in interviewing consumers.

Future work that peer researchers will be engaged in includes expert advice on data analysis (using pre-coded and de-identified data only) and the review of evaluation reports from a consumer perspective.

The evaluation includes self-determination research strategies for people who identify as Aboriginal or Torres Strait Islanders. Involvement is through the CRP, who have already provided advice on interview wording and approaches for engaging with Aboriginal consumers and their families.

## 9 Fieldwork preparation

SPRC has scheduled the first round of fieldwork in all HASI Plus sites for late March to early May 2019. As decided in consultation with the CMOs, this first round of fieldwork will involve two visits to each HASI Plus site.

The first visit will be an informal get-together where consumers will have an opportunity to meet the researchers, learn more about the evaluation, ask questions and decide whether they want to participate. Researchers will also meet the local peer researchers, interview CMO staff and explain processes about data consent for current consumers and about recruitment of exited consumers for interviews.

The second visit to each HASI Plus site will occur within two weeks of the first. It will be chiefly to interview consumers who have consented to be interviewed as well as any family members who may have attended the initial get-together. Consumers will be asked whether they have a family member who might be interested in being interviewed. These family members will be contacted after the visit and interviewed by phone (with consent).

The CMOs, LHDs and Justice Health will recruit exited consumers for evaluation interviews. The SPRC will provide instructions about the recruitment process, based on consultation with the agencies at the HASI Plus Steering Committee in November 2018.

## 10 Next evaluation phases

Between the time of this first progress and findings report and the second one, due at the end of June, the evaluators will:

- finish the first round of fieldwork
- analyse the interview data
- obtain the remaining ethics approvals
- start focus groups with state-wide stakeholders
- start interviews with exited consumers and their families (depending on recruitment through CMOs, LHDs, JH)
- analyse MDS consumer profile data as at March 2019
- report at the next HASI Plus Steering Committee meeting in May and the Evaluation Reference Group if scheduled.

## References

Blunden, H. (2019), Evaluation of Housing & Accommodation Support Initiative Plus (HASI Plus) – Literature Review, SPRC Report 5/19. Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5c6ca4b794e7d>

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