The Housing Preference and Assessment Survey: an instrument to describe the subjective housing and support needs of mental health service users.

John Cowman, Mental Health Social Worker, Dublin West/South West Mental Health Services.

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Without a decent place to live, living with mental illness, or recovering from it, is virtually impossible (Human Rights and Equal Opportunities Commission 1993). From the mid 1980s, the practice and importance of asking service users about their housing and support needs, and including the findings in service developments, gained more and more weight. The key finding of this consumer preference research was that;

“Consumers consistently reported that they would prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call; few respondents wanted to live with staff” (Tanzman 1993:450).

This evidence was central to the most successful and evidence based housing developments for people with mental health difficulties, for example the Supported Housing (Carling 1993) and Housing First (Pathways to Housing 2005) models. One of the fundamental principles underlying these developments is service user choice.

Current Irish mental health policy is for the mental health services to cease the practice of providing housing for all service users with the exception of those who have high support needs. The mental health services are expected to assess the housing needs of its service users (Vision for Change 2006, Recommendation 15.2.6) especially to prevent homelessness and to “participate in the housing assessment to the extent that this can facilitate finding the most appropriate housing service for the individual” (DECLG 2011:160).

Identifying the most appropriate housing option for the individual should include eliciting their housing choice /preference. Their personal, subjective views in regard
to housing preference and housing satisfaction are particularly important (Piat and Sabetti 2012). The Housing Preference and Assessment Survey is presented here. It was designed to help service users to express their housing need, housing supports, preferred housing and preferred supports. It can be used as both a survey and individual assessment questionnaire. Mental health services can change or adapt it to suit their own particular situations.

This work was completed as part of a larger project in the HSE Dublin West/South West Mental Health Service. Address for correspondence: john.cowman@hse.ie

References:


Pathways to Housing (2005) providing housing first and recovery services for homeless adults with severe mental illness Psychiatric Services 56(10)1303- 1035.


Information Sheet for people who attend the mental health services who have housing needs or housing support needs.

- Local Authorities are responsible for housing and homeless accommodation and they will carry out their own assessment of housing need.
- The residents of the greater Tallaght area are also very fortunate to have Focus Ireland - South Dublin Advice and Information Service, located in Tallaght. This free and confidential service can offer advice and assistance in relation to housing, renting and homeless issues.
- The Department of Social Protection is responsible for Rent Supplement and you can contact your local Citizens Information Centre and Focus Ireland South Dublin Advice and Information Service for advice and assistance about eligibility.

Stressful housing issues can have a detrimental effect on your mental health and also your mental health may affect your ability to seek and maintain your housing. With this in mind, the mental health service can offer to assist you, to assess and identify your housing needs. However it is very important that we do not create any unrealistic expectation about you actually meeting your housing need. As mentioned above the responsibility for housing is with the Local Authorities.

If you would like to discuss your housing related needs with us you can contact any member of the mental health team.

Useful contacts:

South Dublin County Council, Housing Section 01 4149000  
(Ask for housing or homeless sections)  
Focus Ireland South Dublin Advice and Information Service 01 4940224  
Local Authority Assessment and Placement Service (for Emergency / temporary accommodation) 1800 707 707  
Homeless Persons Unit Free Phone Service (HSE for payments 1800 724 724  
Only if you are homeless)  
Citizens Information Centre (Tallaght) 01 4515887  
Citizens Information Line (open until 9 pm) 1890 777 121
Information sheet, regarding the assessment of housing need and preferences, for people who attend the mental health services.

Dear Sir / Madam,

We are aware that living in a stressful housing situation can have a detrimental effect on your mental health and also that your mental health may affect your ability to seek and maintain your housing.

With this in mind, the mental health service can offer to assist you, to assess and identify your housing needs. However, it is very important that we do not create any unrealistic expectation about you actually meeting your housing need. The responsibility for housing is with the Local Authorities and they will carry out their own housing needs assessment with you.

Tallaght Adult Mental Health Services uses a new assessment questionnaire called the Housing Preference and Assessment Survey (HPAS) which will help you to identify; 1. Your current housing needs; 2. Your current housing related support needs; 3. Your preferred housing, and 4. Your preferred supports.

Following this we can better understand how to help you to address your housing needs. If you wish, we will summarise your needs and preferences for your mental health file and care plan. In addition, the information gathered from all the questionnaires will also be able to help the Mental Health Service and the Local Authorities to plan housing and support services in the future.

The answers to the questionnaire will be kept confidential, that is, your name will not be used. Your voluntary consent is important; you are free to decide not to use this questionnaire or to stop it at any time. The questionnaire takes about 35 minutes to complete. We must stress that using this questionnaire does not mean that you will get the housing of your choice as housing is the responsibility of the Local Authorities and subject to their assessment of your housing needs.

Please feel free to discuss this assessment with your family. You are welcome to bring a family member or friend with you.

If you wish to use or discuss the Housing Preference and Assessment Survey (HPAS) please contact any member of your mental health team.

___________________________
John Cowman
Mental Health Social Worker
Informed Consent Form
Re: Housing Preference and Assessment Survey

Part 1. Declaration of Participant

I state that I have been given adequate opportunity to ask questions about the HPAS and I am satisfied with the answers. I understand that participation is voluntary and that I can withdraw at any time. I also understand that withdrawal will not affect my access to services or my legal rights.

I freely consent, without coercion, to take part in the study, to the processing and storage of collected data and possible publication of the results.

Name of participant: ____________________________
Signature of participant: ____________________________
Date: ______________
Witness: (Researcher/Worker) ____________________________

Part 2. Declaration of Researcher/Worker

I state that I have explained the study, given information letter and have answered questions. I feel the participant understands and is freely giving consent.

Signature of researcher: ____________________________
Date: ______________
Housing Preference and Assessment Survey

Adapted version from Consumer Housing Preference Survey.

Developed as project proposal:  
To Assist Mental Health Services to Address the Housing Needs of Service Users.  
Co-operative Learning Course: Service Improvement Leadership for Mental Health Service Users, Carers and Service Providers.  
Dublin City University.

Cowman J., Gough P. and Cunningham R.  
Dublin West South West Mental Health Services  
HSE Dublin Mid Leinster

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Original version developed by  
The Centre for Community Change through Housing and Support  
University of Vermont, Department of Psychology  
John Dewey Hall  
Burlington, Vermont 05404-0134

Presented and described by  
Beth Tanzman M.S.W.  
Director, Consumer Preference Studies  
Researching the Preferences of People with Psychiatric Disabilities for Housing and Support: A Practical Guide  
1990

Address for correspondence: john.cowman@hse.ie
Service User Housing Preference and Assessment Survey

1. **DID YOU SIGN THE CONSENT FORM?**
   (This question is only relevant if the HPAS is currently being used for survey purposes).
   a. _____ yes  (if yes, skip to # 2)
   b. _____ no    (if no, ask):

   **ARE YOU WILLING TO BE INTERVIEWED?**
   (If they are, have them sign the consent form and continue, if the participant does not wish to sign the consent form, invite them to use the HPAS as an opportunity to discuss their individual housing and support needs and preferences. Inform the person their replies will not be used as part of the survey).

2. Indicate whether the participant is:
   a. _____ male
   b. _____ female

**FIRST I WOULD LIKE TO KNOW ABOUT YOUR PRESENT LIVING SITUATION**

3. **WHERE ARE YOU LIVING RIGHT NOW?**
   (Check one answer. If the answer is not clear, ask the participant to choose one).
   a. _____ in a general hospital
   b. _____ on a psychiatric ward in a hospital
   c. _____ in a rehabilitation unit run by the mental health services
   d. _____ in a rehabilitation house run by the mental health services
   e. _____ in a high support hostel or house run by the mental health services
   f. _____ in a group home run by the mental health services
   g. _____ in other accommodation run by the mental health services
   h. _____ in a homeless hostel
   i. _____ in a homeless B+B
   j. _____ in other accommodation run by the homeless services
   k. _____ in transitional accommodation
   l. _____ in prison or other custodial institution
   m. _____ sleeping rough/on the street
   n. _____ temporarily with friend or relative
   o. _____ in the family home
   p. _____ supported / voluntary housing
   q. _____ private rented
   r. _____ housing association

4. **DO YOU LIVE ALONE OR WITH OTHER PEOPLE?**
   a. _____ alone
   b. _____ with other people

5. **HOW LONG HAVE YOU LIVED THERE?**
   _______ _________ (If less than a year, ask # 5a and # 5b, months years if more than a year, skip to # 6)
5a. IN THE PAST YEAR HOW MANY TIMES HAVE YOU MOVED?
# of times ___________

5b. IN THE PAST YEAR, HAVE YOU EVER BEEN HOMELESS?
     a. ______ yes
     b. ______ no

6. DURING THE PAST YEAR, WHERE DID YOU GET YOUR MONEY FROM?
   (Check all that apply)
     a. _____ employment
     b. _____ social welfare (name of payment _________________________)
     c. _____ support from family
     d. _____ other (specify) _______________________________________
     e. _____ I have no income  (skip to 6e)

6a. HOW MUCH A WEEK WAS THIS?
   (Record the answer here:) _________________________________

6b. ABOUT HOW MUCH A WEEK DO YOU PAY IN RENT?
   (if not paying rent skip to # 7).
   (record answer here:) _________________________________

6c. DOES THIS AMOUNT INCLUDE HOUSING RELATED UTILITIES?
   (ESB, rubbish, heating etc)
     a.____ yes
     b.____ no

6d. ABOUT HOW MUCH MONEY DO YOU SPEND A WEEK ON UTILITIES?
   (record answer here:) _________________________________

6e. DO YOU GET HELP WITH YOUR RENT? E.g. rent supplement?
   a. ______ yes
   b. ______ no (if no skip to # 7)
6f. WHO HELPS YOU WITH YOUR RENT?
   a. _____ mental health service
   b. _____ community welfare officer
   c. _____ family, spouse
   d. _____ Other (specify :) ________________________________

7. DO YOU HAVE ANY CHILDREN?
   a. _____ no (if no, skip to # 8)
   b. _____ yes (if yes, continue)

DO YOUR CHILDREN LIVE WITH YOU?
   a. _____ yes
   b. _____ no

8. I'D LIKE TO KNOW HOW SATISFIED YOU ARE WITH WHERE YOU ARE LIVING RIGHT NOW. WOULD YOU SAY THAT YOU ARE :
   (Read these out loud and check the one that applies).
   a. _____ VERY SATISFIED
   b. _____ SOMEWHAT SATISFIED
   c. _____ NEITHER SATISFIED OR DISSATISFIED
   d. _____ SOMEWHAT DISSATISFIED
   e. _____ VERY DISSATISFIED

9. WHAT IS THE ONE THING YOU LIKE BEST ABOUT YOUR PRESENT LIVING SITUATION?
   (Record the answer here:) ______________________________________
   _____________________________________________________________
   _____________________________________________________________

10. WHAT IS THE ONE THING YOU LIKE LEAST ABOUT YOUR PRESENT LIVING SITUATION?
    (Record the answer here:) ______________________________________
       ___________________________________________________________
       ___________________________________________________________
11. THE LIST BELOW (A TO K) CONTAINS 11 OF THE THINGS THAT PEOPLE SAY THEY LIKE OR DISLIKE ABOUT THEIR LIVING SITUATION. TELL ME HOW YOU FEEL ABOUT EACH OF THESE THINGS IN YOUR PRESENT LIVING SITUATION.

DO YOU: LIKE IT A LOT (5)
LIKE IT SOMEWHAT (4)
NOT CARE ABOUT IT (3)
DISLIKE IT (2)
DISLIKE IT A LOT (1)
IT DOES NOT APPLY (0)
(Read the list out loud and circle the number which applies).

a. AMOUNT OF ROOM / SPACE (0) (1) (2) (3) (4) (5)
b. THE REPAIR AND CONDITION (0) (1) (2) (3) (4) (5)
c. IT’S LOCATION (0) (1) (2) (3) (4) (5)
d. THE PEOPLE YOU LIVE WITH (0) (1) (2) (3) (4) (5)
e. THE NEIGHBOURS (0) (1) (2) (3) (4) (5)
f. LIVING ALONE (0) (1) (2) (3) (4) (5)
g. THE LANDLORD (0) (1) (2) (3) (4) (5)
h. MENTAL HEALTH STAFF VISITING (0) (1) (2) (3) (4) (5)
i. THE AMOUNT OF PRIVACY (0) (1) (2) (3) (4) (5)
j. THE PRICE OR COST (0) (1) (2) (3) (4) (5)
k. ANY OTHER THING (0) (1) (2) (3) (4) (5)
(Specify) ______________________________________________________________

12. ARE PETS ALLOWED WHERE YOU CURRENTLY LIVE?
   a. _____ yes
   b. _____ no
13. DO COMMUNITY MENTAL HEALTH STAFF COME INTO YOUR HOME TO PROVIDE SERVICES ON A REGULAR BASIS?
   a. _____ no (if no, skip to # 15)
   b. _____ yes (continue)

14. IF YOU RECEIVE MENTAL HEALTH SERVICES WHERE YOU LIVE ON A REGULAR BASIS COULD YOU DESCRIBE WHAT THEY ARE AND HOW OFTEN YOU GET THEM?
(Record the answer here:) __________________________________________
_______________________________________________________________
_______________________________________________________________

15. HOW SATISFIED ARE YOU WITH THIS SITUATION?
(Read out loud and check the one that applies).
   a. _____ VERY SATISFIED
   b. _____ SOMEWHAT SATISFIED
   c. _____ NEITHER SATISFIED OR DISSATISFIED
   d. _____ SOMEWHAT DISSATISFIED
   e. _____ VERY DISSATISFIED

16. CAN YOU CONTINUE LIVING WHERE YOU ARE AS LONG AS YOU WANT TO OR WILL YOU HAVE TO MOVE?
   a. _____ yes, I can stay as long as I want to (if yes, skip to # 17)
   b. _____ no, I will have to move (continue)

16a. WHY WILL YOU HAVE TO MOVE?
(Record the answer here:) __________________________________________
_______________________________________________________________
_______________________________________________________________

17. WOULD YOU LIKE TO CONTINUE TO LIVE WHERE YOU ARE RIGHT NOW OR WOULD YOU LIKE TO MOVE SOMEWHERE ELSE?
   a. _____ stay (skip to # 18)
   b. _____ move elsewhere (continue)
17a. WHY WOULD YOU LIKE TO MOVE?

(Record the answer here:)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

18 IS THERE ANY OTHER SIGNIFICANT ISSUE YOU WOULD LIKE TO MENTION ABOUT YOUR CURRENT LIVING SITUATION THAT WOULD HELP YOU TO EXPLAIN YOUR HOUSING NEED?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

GO TO SUMMARY 1 TO SUMMARISE THE HOUSING NEEDS

NOW I’D LIKE TO ASK ABOUT THE SUPPORTS AND HELP YOU GET WHEN YOU NEED IT.

19. IN GENERAL, WHERE IS THE FIRST PLACE, (OR THE FIRST PERSON) YOU WOULD CALL WHEN YOU REALLY NEED HELP OR WHEN YOU ARE HAVING A CRISIS?

(Record the answer here:)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________
20. SOME OF THE PEOPLE AND PLACES PEOPLE SAY THEY CALL WHEN THEY NEED HELP OR ARE HAVING A CRISIS ARE LISTED BELOW. I AM GOING TO READ THESE 22 OUT ALOUD TO YOU.

FOR EACH OF THESE PEOPLE / PLACES, PLEASE TELL ME HOW FREQUENTLY YOU CALL OR USE EACH OF THEM WHEN YOU NEED HELP: NEVER, SOMETIMES, OR OFTEN. (Read list out loud and circle the response).

a. CRISIS PHONE LINE  (never) (sometimes) (often)
b. SELF HELP GROUP    (never) (sometimes) (often)
c. CITIZENS INFORMATION CENTRE (never) (sometimes) (often)
d. MABS               (never) (sometimes) (often)
e. CHURCH / CLERGY     (never) (sometimes) (often)
f. MENTAL HEALTH SERVICE (never) (sometimes) (often)
g. DAY / TRAINING PROGRAMME (never) (sometimes) (often)
h. KEY WORKER          (never) (sometimes) (often)
i. COUNSELLOR          (never) (sometimes) (often)
j. G.P.                (never) (sometimes) (often)
k. CASUALTY/HOSPITAL   (never) (sometimes) (often)
l. HOMELESS SERVICES   (never) (sometimes) (often)
m. HOUSING ADVICE SERVICES (never) (sometimes) (often)

(If 'other' specify ______________________________________)
21. IN GENERAL, HOW SATISFIED ARE YOU WITH THE HELP YOU RECEIVE WHEN YOU ARE REALLY HAVING PROBLEMS OR ARE IN A CRISIS? WOULD YOU SAY THAT YOU ARE? (Read these out loud and tick the one that applies).

a. _____ VERY SATISFIED
b. _____ SOMewhat SATISfIed
c. _____ NEITHER SATISfIed OR DISSIATISfIed
d. _____ SOMEWHAT DISSATISfIed
e. _____ VERY DISSATISfIed

22. IS YOUR MONEY ENOUGH TO LIVE ON?

a. _____ yes
b. _____ no

23. DO YOU HAVE ANY PARTICULAR DIFFICULTY OR NEED WHICH INFLUENCES YOUR CURRENT CHOICE OF HOUSING? (Circle)

A. MEDICAL (heart, breathing, etc) yes / no
B. PHYSICAL (difficulty with stairs etc) yes / no
C. LEARNING (mild learning difficulty etc) yes / no
D. SENSORY (hearing, sight difficulties) yes / no
E. FINANCIAL (cannot pay rent, bills etc) yes / no
F. LEGAL (separation, barring order, will etc) yes / no
G. Other yes / no
   If ‘other’ specify _________________________

23a. IF ‘YES’ TO ANY PARTICULAR DIFFICULTY, DO YOU WANT TO TELL ME?
(Record answer here) ____________________________________________
   ____________________________________________
   ____________________________________________

24. IN GENERAL, HOW URGENT DO YOU THINK YOUR HOUSING AND SUPPORT NEEDS ARE? (Tick)

High _____
Medium _____
Low _____
25. DO YOU CONSIDER YOURSELF TO BE AT RISK OF ANY OF THE FOLLOWING; (circle - no, high, med, or low risk)

a. Homelessness  no  High  Medium  Low
b. Abuse  no  High  Medium  Low
   (If yes circle whether: emotional, physical, sexual, neglect or financial)

c. Deteriorating Mental Health  no  High  Medium  Low
d. Deteriorating Physical Health  no  High  Medium  Low
e. A Risk to Self  no  High  Medium  Low
f. A Risk to Others  no  High  Medium  Low
g. Any other risk  no  High  Medium  Low

If ‘other’ specify _____________________________________________

26. ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO MENTION IN RELATION TO YOUR HOUSING AND SUPPORT NEEDS?
_____________________________________________________________
_____________________________________________________________

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GO TO SUMMARY 2 TO SUMMARISE SUPPORT NEEDS
============================================================

27. IDEALLY, WHAT KIND OF PLACE WOULD YOU LIKE TO LIVE IN?
(You must answer one place. If the answer is not clear, ask the participant to choose one).

a. ____ in a mental health inpatient unit
b. ____ in a group home run by the mental health services
c. ____ in a rehabilitation unit or house run by the mental health services
d. ____ in a nursing home
e. ____ in a homeless hostel
f. ____ in a homeless B+B
g. ____ in other accommodation run by the homeless services
h. ____ in transitional accommodation
i. ____ on the streets/sleeping rough
j. ____ in an apartment
k. ____ in a house
l. ____ in my family’s home
m. ____ temporarily with a friend or relative,
n. ____ other (specify) _____________________________________________
28. WHAT IS IT ABOUT THAT PLACE THAT WOULD BE MOST IMPORTANT TO YOU?
(Record the answer here:)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

29. WOULD YOU LIKE TO LIVE ........
(Read out loud and tick the one that applies).

a. _____ WITHIN THE AREA
b. _____ OUT OF THIS AREA BUT STILL IN DUBLIN
c. _____ OUT OF DUBLIN
d. _____ IT DOESN’T MATTER

30. WHAT IS IT ABOUT THAT LOCATION THAT WOULD BE MOST IMPORTANT TO YOU?
(Record the answer here:)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

31. IF YOU HAD TO LIVE WITH SOMEONE, WOULD YOU PREFER TO LIVE WITH OTHER MENTAL HEALTH SERVICE USERS OR NOT?
(Read the 3 choices out aloud and ask person to choose the one that suits most)

a. _____ yes, I would prefer to live with other mental health service users
b. _____ no, I would rather not
c. _____ it doesn’t matter

31a. WHY DO YOU FEEL THIS WAY?
(Record the answer here:)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

32. IF YOU HAD THE CHOICE, WOULD YOU RATHER LIVE ALONE OR WITH OTHER PEOPLE?

a. _____ I would rather live alone (skip to # 34)
b. _____ I would rather live with others (continue)
33. **WHO WOULD YOU MOST LIKE TO LIVE WITH?**
   (Check one answer. If the answer is not clear, ask the participant to choose one).
   
   a. _____ my relatives
   b. _____ my friends
   c. _____ my spouse
   d. _____ mental health staff
   e. _____ homeless staff
   f. _____ any other person?  (Specify)

34. **WOULD YOU LIKE TO OWN YOUR PLACE?**
   
   a. _____ yes
   b. _____ no
   c. _____ maybe

34a. **WHY DO YOU FEEL THIS WAY?**
   (Record the answer here:)

   __________________________________________
   __________________________________________
   __________________________________________

35. **IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD ABOUT YOUR CHOICE OF HOUSING AND WHO YOU WOUL D LIKE TO LIVE WITH?**

   __________________________________________
   __________________________________________
   __________________________________________

============================================================================
**GO TO SUMMARY 3 TO SUMMARISE PREFERRED HOUSING**
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NOW THAT WE'VE TALKED ABOUT WHERE YOU WOULD LIKE TO LIVE, I'D LIKE TO ASK ABOUT WHAT KINDS OF SUPPORTS OR SERVICES YOU FEEL YOU WOULD NEED IN ORDER TO LIVE THERE.

36. WHAT KINDS OF SUPPORTS OR SERVICES DO YOU THINK YOU MIGHT NEED IN ORDER TO BE ABLE TO LIVE WHERE YOU WANT TO?
(Record the answer here:) __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

37. I’M GOING TO READ YOU A LIST OF SUPPORTS THAT PEOPLE OFTEN MENTION. PLEASE SAY WHICH OF THESE ADDITIONAL SUPPORTS YOU THINK YOU MIGHT NEED IN ORDER TO LIVE WHERE YOU WANT TO LIVE.
(Read the list aloud and check yes or no for each item).

   Yes  No
a. ___ ___ Would you like to be able to reach staff by telephone any time of the day or night?
b. ___ ___ Would you like to be able to ask staff to come to your home any time of day or night?
c. ___ ___ Would you like to have staff come to your home regularly during the day?
d. ___ ___ Would you like to have staff live with you?
e. ___ ___ Would you need more income/ benefits/ rent allowance?
f. ___ ___ Would you need money for the deposit?
g. ___ ___ Furniture? (like chairs, bed etc)
h. ___ ___ Would you need household supplies? (like pots / pans)
i. ___ ___ Would you need roommates or housemates?
k. ___ ___ Would you need help in finding a place to live?
l. ___ ___ Would you need help in finding roommates or housemates?

n. ___ ___ Would you need help getting benefits?
o. ___ ___ Would you need anything else?

(If yes specify) _________________________________
I’M GOING TO READ YOU ANOTHER LIST. PLEASE TELL ME IF THERE IS ANYTHING ON THIS LIST THAT YOU HAVE DIFFICULTY DOING AND WOULD LIKE HELP WITH. ALSO TELL ME HOW MUCH HELP YOU FEEL YOU NEED WITH EACH OF THESE THINGS: NO HELP, SOME HELP OR A LOT OF HELP.

(Read the list out loud and circle the amount of help).

WOULD YOU LIKE HELP WITH;

a. Budgeting money (no help) (some help) (a lot of help)
b. Shopping (no help) (some help) (a lot of help)
c. Keeping the house clean (no help) (some help) (a lot of help)
d. Cooking (no help) (some help) (a lot of help)
e. Laundry (no help) (some help) (a lot of help)
f. Making friends (no help) (some help) (a lot of help)
g. Getting along with people (no help) (some help) (a lot of help)
h. Managing medications (no help) (some help) (a lot of help)
i. Avoiding emotional upsets and crisis (no help) (some help) (a lot of help)
j. Dealing with emotional upsets and crisis (no help) (some help) (a lot of help)
k. Anything else (no help) (some help) (a lot of help)

(specify) ______________________________________________________

WE ARE ALMOST FINISHED WITH THE INTERVIEW. BEFORE WE FINISH I WOULD LIKE TO ASK YOU JUST A FEW MORE QUESTIONS
39. IN YOUR OPINION, HAVE YOU BEEN DENIED HOUSING BECAUSE OF INVOLVEMENT IN THE MENTAL HEALTH SYSTEM, OR BECAUSE OF A PSYCHIATRIC DIAGNOSIS?

a. _____ no (skip to # 40)
b. _____ yes
c. _____ does not apply (skip to # 40)

39a IF YOU FEEL THAT YOU HAVE BEEN DENIED HOUSING FOR THESE REASONS WOULD YOU TELL ME ABOUT IT?

(Record the answer here:) __________________________________________
_______________________________________________________________
_______________________________________________________________

40. ARE YOU ON THE LOCAL AUTHORITY HOUSING LIST? (tick)

Yes _______
No _______

40a IF YES, HOW LONG?

Record answer here __________________________

40b IF NO, WOULD YOU LIKE TO BE ON IT? (tick)

Yes _______
No _______

41 WHAT IS YOUR DATE OF BIRTH? _____ / _____ / _______

(day month year)

(If person uncomfortable giving DOB then ask for age ___________)

WE’RE DONE. DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE TO ASK ME, OR ANY COMMENTS YOU WOULD LIKE TO MAKE THAT WOULD PLAN HOUSING AND SUPPORT OPTIONS IN THIS AREA?

(If so record below)

Participant’s comments _____________________________________________

_______________________________________________________________

Researcher’s comments ___________________________________________

_______________________________________________________________

GO TO SUMMARY 4 TO SUMMARISE PREFERRED SUPPORTS
Summary Sheets for HPAS

Notes to assist use of these summary sheets

These four summary sheets are intended as an aid in summarising the person’s housing and housing related support needs. They should be used in conjunction with the Housing Preference and Assessment Survey (HPAS). They can then be easily discussed with the consultant and multidisciplinary team. They can put in written form (letter or report) and addressed to the consultant, for the person’s file. Letter to consultant / file should also include;

- Advice or assistance offered in relation to housing needs and preferences, and also in relation to other needs expressed eg domestic violence, social welfare etc
- Also indicate if person can access his / her preferred housing and supports themselves and if not, what you advised.

The relevant needs and actions can be recorded onto the person’s care plan (ICTP) in accordance with local procedures.
WE ARE NOW FINISHED SECTION 1, WHICH IS THE LONGEST OF THE 4 SECTIONS.
NOW WE CAN SUMMARISE YOUR CURRENT HOUSING SITUATION.
THIS SUMMARY CAN BE INCLUDED IN THE LETTER TO YOUR CONSULTANT IF YOU WISH.

(Example of summary),
You are living in _________________________ for the past ________________ months/years.
You live with
____________________________________________________________________

You are (very / somewhat dis / satisfied) living there because
____________________________________________________________________
____________________________________________________________________

However / consequently you (want to / have to) move because
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Other things you like about where you are living are __________________________
____________________________________________________________________
____________________________________________________________________

And things you dislike about where you are living are
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

You recieve your money from (name of employment/benefit etc). Your weekly income is ___________, and you currently spend _________________ per week on rent and _________________ per week on utilities.

IF YOU WISH, WHEN WE ARE FINISHED THE SURVEY WE CAN DISCUSS YOUR PARTICULAR HOUSING NEEDS. (go to Current Supports, question 19).
NOW WE ARE FINISHED THE 2ND OF THE 4 SECTIONS. WE CAN NOW SUMMARISE YOUR CURRENT SUPPORTS AND NEEDS.

(Example of Summary)

The first person/place you contact for help is

______________________________________________________________________.

When you need to, you also make contact with

______________________________________________________________________

______________________________________________________________________.

In general you are (very / somewhat dissatisfied) with the help you receive.

You receive _____________________________________________ support(s) from the mental health services in your home and you are (very / somewhat dissatisfied) with this.

You (do / do not) think that the money you receive is enough to live on.

Your particular difficulties are; medical, physical etc.

______________________________________________________________________

______________________________________________________________________.

You have (High / Medium / Low) urgency in relation to your housing and support needs. You consider yourself to be particularly at risk of homelessness/poverty/abuse/deteriorating mental and/or physical health/harm to self/others.

IF YOU WISH WE CAN DISCUSS YOUR PARTICULAR SUPPORT NEEDS WHEN WE HAVE FINISHED THE SURVEY. (Go to Preferred Housing, question 27)
WE ARE NOW FINISHED THE 3RD SECTION. ONLY ONE MORE TO GO.
FIRSTLY WE WILL SUMMARISE YOUR CHOICE OF PREFERRED HOUSING.

(Example of Summary)

You would prefer to live in (type of housing)_________________________________
as that place would offer you

____________________________________________________________________.

Your preferred location is

_____________________________________________________.
as

____________________________________________________________________.

You would prefer to live (alone or with others) because

____________________________________________________________________

____________________________________________________________________. If you had to live
with others your preference is / is not to live with other service users because

____________________________________________________________________

____________________________________________________________________.

The person / people you would most like to live with is / are

____________________________________________________________________, because

____________________________________________________________________.

NOW WE ARE NEARLY FINISHED. THE FINAL SECTION IS ABOUT YOUR PREFERRED SUPPORTS. (go to Preferred Supports, question 36)
WELL DONE, THE SURVEY IS FINISHED. THE FINAL TASK NOW IS TO SUMMARISE YOUR PREFERRED SUPPORTS.

You think the most important support(s) and service(s) that you would need to help you to live in your preferred housing is / are

_____________________________________________________________________
_____________________________________________________________________

In addition, you think you would also need help with

_____________________________________________________________________
_____________________________________________________________________

Or … You can manage fine without supports.

Your preferred supports from the mental health service are

_____________________________________________________________________
_____________________________________________________________________

WE’RE DONE.
Clarify again for the person that:
- the survey will be used for research purposes and possibly to influence future service developments

- the information on the summary sheets will be sent to the person’s file in the form of a letter to the consultant.

If the person wishes, discuss their housing and support needs with them and offer advice / agree plan to meet these needs.
Clarify the content of the letter with the person.
Clarify what will be added to their care plan (ICTP)