

RESEARCH IN BRIEF

EVALUATION OF THE HOUSING SUPPORT ASSESSMENT TOOL (HSAT)

Centre for Urban Health Solutions, St. Michael's Hospital, for the City of Toronto

NOVEMBER 2018

RESEARCH SUMMARY

BACKGROUND

Housing First is a promising approach that focuses on providing housing and supportive services to people who are experiencing homelessness. Assessment tools can play an important role in Housing First programs. These tools are used to match people to supportive services, to help understand how people are doing over time, and to help programs learn how they can support their clients.

The City of Toronto Shelter, Support and Housing Administration (SSHA) developed a tool to use with Housing First programs in Toronto. The Housing Support Assessment Tool (HSAT) is a new standardized assessment tool designed with the goal of helping people find and maintain housing. It is designed to be completed by case managers, and looks at 12 areas of support needs that may affect a client's housing stability. These include questions regarding a client's housing status, social, financial, legal, physical, and mental wellbeing. There is also a self-assessment where clients can score their own needs on the same topics.

SSHA partnered with the Centre for Urban Health Solutions (C-UHS) at St. Michael's Hospital to learn more about how the HSAT was being used and how it could be improved. This evaluation was funded by the Province's Local Poverty Reduction Fund.

MAIN MESSAGES

- The HSAT was seen as useful for case planning by staff and clients.
- The HSAT was considered most helpful when conducted in a conversational manner.
- Staff scored the HSAT in a consistent way.
- Overall HSAT scores were not associated with clients finding housing or the level of supports they were assigned.
- Many clients did not experience changes in their HSAT scores over time.
- Further refinement of the HSAT can help better support clients as they transition into housing.

METHODOLOGY

The evaluation examines the HSAT as part of Toronto’s Hostels to Homes Pilot (H2H), a Housing First program for single adults who have stayed in the emergency shelter system for 18 months or more. Staff members supported clients to find and maintain housing. Clients were assigned to either a moderate or a high support follow-up team based primarily on HSAT scores and staff recommendation and review.

The evaluation team analyzed administrative data on HSAT scores, attempts to link clients to supportive services, and housing outcomes. Of 220 H2H clients, a total of 127 clients gave consent to use their data for evaluation purposes. 17 staff members and 42 clients were also asked about their experiences with the HSAT in qualitative focus groups and interviews.

FINDINGS

INTER-RATER RELIABILITY

Inter-rater reliability refers to the degree of agreement in scoring when different staff members use the tool with the same client. The HSAT has good inter-rater reliability overall. Consistency between assessors was highest for the questions on substance use, emergency service use and homelessness history. The questions on a person’s mental health and social behaviors and networks had the lowest consistency between assessors.

HSAT USE IN CASE PLANNING

Staff described the HSAT as straightforward to administer and score. Most HSATs were completed in a single meeting over 10 minutes to 1.5 hours, but sometimes multiple meetings were required. Many clients did not recall the HSAT assessment as a distinct process from their other interactions with their workers. Clients who did remember the HSAT were generally comfortable with the questions, and most staff and clients thought the tool was helpful for case planning and future program evaluation.

“It was really thorough, and I think each segment was appropriate because they asked about...things that really pertain to looking for housing.” - Client

The client self-assessment was described as helpful for some workers, but was overall not considered very useful and sometimes felt redundant.

Staff would have liked to be able to better note and view changes in HSAT scores for clients over time. Both staff and clients felt that the HSAT questions could better capture how personal difficulties relate to broader challenges with securing housing and financial assistance. Clients wished that some questions focused more on the reasons behind their hopes and struggles around housing.

“That could be added on there: “if you've been going around on your own trying to find your own dwelling, did you come across any negative response?” - Client

Staff and clients also felt that the HSAT could be a more positive experience if it was completed conversationally, and that ease and accuracy of assessment depended on having some degree of trust and rapport with the client.

“It really predicated on the engagement... If it's there, then it's an amazing tool.” - Staff member

SCORES, SERVICES AND OUTCOMES

HSAT Scores and Moderate/High Follow-up

Supports: Total mean HSAT score was not associated with assignment of clients to moderate versus high support follow-up teams. However, the sections on substance use, organization and comprehension, and safety were associated with assigned support level. These areas warrant attention when assigning appropriate levels of support to clients.

HSAT Scores and Housing Outcomes: Clients who were housed were assessed as having lower proportions of financial concerns and mental health needs and a higher proportion of emergency service use on their initial HSAT compared to those who were not housed. The total mean HSAT score was not associated with housing status of clients in the H2H pilot.

HSAT Score Changes Over Time: 34 clients completed 2 or more HSATs over the

evaluation period. 48-82% of the scores in each section did not change between HSATs, aside from those directly related to housing status. The greatest number of clients experienced a change in scores in the sections on social behaviours and networks (11 improved, 6 worsened), communication (8 worsened, 1 improved), and finances (9 changed in either direction).

LIMITATIONS

The evaluation sample was limited to single adults experiencing long-term homelessness in shelters, and may not be generalizable to other populations or settings. Analysis is also limited by the accuracy and consistency of the administrative data.

RECOMMENDATIONS

- Refine the HSAT questions that were not rated as consistently.
- Add questions to learn more about client housing experiences and preferences.
- Complete the HSAT in a conversational way, and at times when staff and clients have built rapport.
- Continue to look at each section of the HSAT to help determine client support levels, rather than the overall HSAT score.
- Develop a method to easily enter, store, summarize and access data.
- Use the HSAT data to inform programs and policy.

FOR FURTHER INFORMATION

CONTACT

For full report or further information, please contact: SSHA@toronto.ca.

REPORT CITATION

Centre for Urban Health Solutions (2018). *An Evaluation of the Housing Support Assessment Tool (HSAT) to Understand the Needs of People Experiencing Homelessness in Toronto*. Toronto: St. Michael's Hospital.

RELATED RESEARCH

Aubry, T., Bell, M., Ecker, J., Goering, P. (2015). [Screening for Housing First](#). Canadian Observatory on Homelessness and the Mental Health Commission of Canada.