

# **Service integration in a regional homelessness service system**

**Northern Rivers Social Development Council**

**Regional Futures Institute, Southern Cross University**

**National Homelessness Research Agenda 2009-2013**

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## Executive summary

In 2009, the Commonwealth Government released its White Paper on homelessness; *The Road Home: A National Approach to Reducing Homelessness* (Australian Government 2009). At the same time it also announced the *National Homelessness Research Agenda* (Australian Government 2009a) which outlined the evidence sought by government to guide its homelessness policy. Research gaps identified in the Agenda included further evidence of service system capacity and responsiveness and the 'geography of homelessness', in particular, rural and regional homelessness.

The focus of this research project was to gain an understanding of the capacity of homelessness service systems and specifically, the identification and development of effective homelessness service integration strategies suited to a non-metropolitan region.

The project accepted the assumption that service integration is a vehicle for improved outcomes for homeless people and those at risk of homelessness. This is the accepted position of the Australian and State and Territory governments in Australia, however there are authors who call for stronger evidence, noting the scarcity of evaluative research.

It was expected that both service integration barriers and enablers would vary between metropolitan and non-metropolitan settings. Suspected barriers in non-metropolitan locations included the dispersed nature of services and service clients, the absolute absence of services in some locations and transport difficulties. The role of strong relationships between service personnel was also anticipated to play a more significant role in enabling integrated service delivery than in metropolitan locations where services were typically larger and in closer proximity to complimentary services.

The project was conducted using a participatory action research approach with each of the three distinct phases of the research informing the next and enabling opportunities to strengthen the potential quantity and quality of stakeholder input.

The research team worked with the service sector to identify, develop and implement two separate service integration strategies in two locations within the study region. Network analysis of survey data was used to provide a snapshot of the existing and potential level of service integration from which participants could then build other connections and integration strategies. The extensive use of workshops to facilitate learning, behaviour change and team building by for-profit and not-for-profit sectors alike informed the project's choice of research

tools. Workshops were used for the identification and development stage of the strategies as well as serving as service integration tools in their own right. Feedback from participants confirmed the usefulness of the workshops for information exchange and collaboration towards positive changes to current practices.

The implemented strategies drew entirely on existing sector resources and were facilitated by the research team.

Strategies were initially sought which were directed at specific target groups however, the profile of actual study participants, the predominance of multi-focused services (rather than specialist services) and the participant driven methodology employed in the project resulted in broader based initiatives.

Several limitations of the research are acknowledged. The project timeframe restricted the potential range of integration strategies that could be effectively implemented and their longer term impact to be evaluated. Furthermore, observations of cross sector integration and the capacity of the project to strengthen these linkages were significantly reduced by the inability to include health services in the study.

The type of integration strategies identified in the study area was dominated by informal, operational level connections rather than formalised, management-driven collaboration at the system level. Twenty nine service integration strategies, perceived as effective and suited to a regional setting, were identified by study participants including a number of resource intensive metropolitan examples.

There is considerable evidence that effective homeless service delivery requires not only collaboration between the various sectors that have contact with and/or provide support to people who are homeless or at risk of homelessness but also the provision of long term housing. The service providers expressed frustration during each stage of the project that the research focus was on sector capacity without the concurrent examination of the impact of a lack of housing on effective homelessness responses.

The five priority service integration strategies identified by participants as achievable within the current service system were: *Integrated Case Management*, *Service Hubs*, *Networks*, *Project-based Working Groups* and *Integrated Aboriginal and Mainstream Services*. In consultation with service providers, the two strategies selected for implementation (Stage 3) were the establishment of a project-driven Housing and Homelessness Network (including

its operational and governance framework) in one sub-region and the development and facilitation of an Integrated Case Management 'Do Tank' for experienced and early career case managers across the broader study region.

The extent of existing service connections and cooperation, the willingness of service personnel to build on these practices and the action focussed results of both initiatives are all acknowledged features of effective human service integration. It is the opinion of the researchers however that dependence on the already stretched financial and human resources of the region's service system may limit the ongoing success of these operational integrative strategies. It is also believed that without additional support from the broader service system, necessary system level integrative measures will be particularly difficult to implement and sustain. Sector development and cohesion is a legitimate and necessary pursuit for individual services and the service system as a whole but it requires time, resourcing, top-down and bottom-up commitment and, can only be viewed as part of the solution to effective service delivery.

This project provides real world information on ways to improve the level of service integration in a regional homelessness support system that is constrained by the lack of housing support infrastructure in an area experiencing rapid population growth. This knowledge will contribute to better outcomes for services and service users within the region and inform the development and implementation of initiatives seeking effective homelessness intervention in regional settings.

## Introduction

The *National Homelessness Research Agenda* (Australian Government 2009a) sets out the evidence sought by the Commonwealth Government to guide its homelessness policy. Specific research gaps identified in the Agenda included further evidence of service system capacity and responsiveness and the ‘geography of homelessness’, in particular, rural and regional homelessness.

The purpose of this research project was to provide evidence-based data on non-metropolitan homelessness service system capacity and to identify and develop effective service integration strategies suited to a non-metropolitan setting. The knowledge gained through this project will potentially contribute to better outcomes for services and service users within the study region, inform local development and implementation of integrated regional homelessness strategies and, contribute to the Commonwealth Government’s evidence base for effective homelessness intervention in regional settings.

The study sought the participation of both generalist and specialist service providers within the multi-sector service system that provides services to people who are homeless and at risk of homelessness.

Specific questions addressed by the research included:

1. What service system integration models work in regional areas?
2. What are the barriers and service system gaps to be addressed to maximise regional service integration?
3. What is the potential for increased cross sector collaboration in a regional setting?
4. What aspects of the findings can be generalised to other non-metropolitan settings?

The research team worked with the service sector in a three stage project to:

- examine existing levels of service integration and identify service integration barriers and facilitators
- identify and prioritise service integration strategies considered to be effective
- Identify, develop and implement two separate service integration strategies in two locations within the study region.

The report is organised in the following way. Initially some key terms and definitions are examined followed by an examination of the literature on the concept of service integration,

integrated homelessness service models (including those in non-metropolitan settings), barriers to integration and strategies used to strengthen service integration. The next section works through the successive phases of the study treating each separately. Firstly, the methods used in that component of the study are outlined and this is followed by a detailed examination of the results of that project stage. The report then discusses the study in terms of its contribution to homelessness research and concludes with the identification of policy implications and suggestions for action.

## Background

*Integrated service systems* are a key plank to current government homelessness strategies in Australia and overseas. The Australian Government through *The Road Home: A National Approach to Reducing Homelessness* (Australian Government 2009), its White Paper on homelessness, identifies improving service integration as one of three areas of intervention. In addition, all States and Territories are currently implementing *Homelessness Action Plans* with implicit service integration objectives through the *National Partnership Agreement on Homelessness* (Council of Australian Governments 2009). In 2009, at the same time as the release of *The Road Home*, the Commonwealth Government also announced the *National Homelessness Research Agenda* (Australian Government 2009a). The Agenda identified the evidence sought by government to guide its homelessness policy. Specific research gaps identified in the Agenda included further evidence of service system capacity and responsiveness and the 'geography of homelessness', in particular, rural and regional homelessness.

Homelessness is a significant issue in many non-metropolitan areas of Australia but there has been little focus on the specific nature of responses that may be required in rural and regional settings. Responses to homelessness are often based on coordinated housing and support services centred on *Housing First* models such as *Common Ground* and *Street to Home* which address the need for shelter then systematically address the other support needs of the client. These are large scale, 'one size fits all' models requiring significant resources and a concentration of services, housing and service users within small geographic areas. These conditions generally do not exist outside major metropolitan settings. In any case, the successful implementation of such models requires a knowledge of place-based opportunities, limitations and the capacity for service integration in regional locations and these factors can vary significantly.

It is expected that service integration and coordination is especially critical in non-urban locations where target populations are widely dispersed and their potential support systems are often severely limited. Location specific conditions may impact significantly on the scale and nature of supports, particularly the number and geographic spread of specialist homeless services, employment and training opportunities, transport options and local housing opportunities. A service system's ability to produce effective responses is also significantly influenced by service-level innovation and the local capacity to maximise outcomes with what resources are available.

The following sections explore previous research on homelessness service systems (including those in non-metropolitan settings), the concept of service integration, barriers to integration and strategies used to strengthen service integration. The project's focus is the homelessness service delivery system but research on human service delivery systems generally was considered relevant.

## **Key terms and definitions**

### **Homelessness**

The definition of homelessness for the purposes of this research will follow the general consensus that homelessness is broader than simply being without a home, and instead is associated with marginalisation, social exclusion and a lack of opportunity for meaningful activity as acknowledged by Flatau et al. (2010). As such this research will adopt the cultural definition for homelessness as developed by Chamberlain and McKenzie (2008) which recognises the concept of lack of access to adequate housing. This definition also acknowledges the different tiers or degrees of homelessness - primary, secondary and tertiary homelessness. For the purposes of this research, homelessness will include rough sleepers (primary homelessness), those living in temporary or transitional accommodation with uncertain tenancy (secondary homelessness) as well as marginal housing with poor amenities or over-crowding (tertiary homelessness). This research also included those who are at-risk-of-homelessness.

### **At-risk-of-homelessness**

Those at-risk-of-homelessness include those in various unsafe circumstances (for example, victims of domestic violence or abuse, living in substandard conditions) as well as those in unstable housing (such as living with family or friends or in short-term accommodation) and those that are unable to resolve their housing need in the private rental market.

### **Service providers**

For the purposes of this research, service providers included those who currently work with people who are homeless or at-risk-of-homelessness or those services considered relevant for the purposes of the research. It incorporate both generalist and specialist service

providers and included government agencies, non-profit organisation and private sector service providers.

**Generalist or mainstream services** are often viewed as critical ‘first to know’ agencies. For the purposes of this research, and in line with *The Road Home: A National Approach to Reducing Homelessness* (Australian Government 2009) definition, these included but were not limited to:

- state and territory housing authorities
- Centrelink (now Department of Human Services)
- employment services
- education and training services
- health services, including hospitals, mental health and drug and alcohol services
- legal, policing, correctional and juvenile justice systems
- family and children’s services, including child protection services and immigration programs
- aged care services
- community and neighbourhood centres

**Specialist service providers** for the purposes of this research included both specialist housing service providers as well as providers of other specialist support services. Specialist housing providers included those within the region who provide accommodation, support and housing to people who are homeless and those at-risk-of-homelessness. Other specialist service providers within the region included (but were not limited to) alcohol and other drug treatment services; mental health services; youth services; family support; domestic violence support services; counselling; legal and emergency relief services.

## **Region**

Region refers primarily to the study region which is the Northern Rivers region on the Far North Coast of New South Wales which adjoins the South East Queensland region. The region covers 20,732 square kilometres with a population of 292,000 people spread over seven local government areas (Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley and Tweed). The region is experiencing an annual population growth rate of 1.6 per cent.

## Integration

The literature pertaining to integration provides many definitions. These definitions often refer to the variety of ways in which services can link, network, collaborate, coordinate, cooperate and work together. Integration is often perceived according to a continuum of degrees of integration as opposed to an end point of full integration (Flatau et al. 2010).

Konrad (1996, p.6) simply suggests “integration is a process by which two or more entities establish linkages for the purpose of improving outcomes for needy people”.

Flatau et al. (2010) acknowledge that the vast majority of research and discussion on ‘service integration’ has centred on health services, both within Australia and overseas and the discussions on ‘collaborations’, ‘networks’ or ‘effective partnerships’ are primarily found in business and organisational literature. Interestingly (and an aside to the purpose of this paper) human services appear to be being advised to compliment informal relationship-based connections with more formal arrangements to increase the sustainability of the linkages (Paterson, 2000; Phillips et al. 2009) while the business world is looking to the role and value of working relationships and the human element in business arrangements to support formal partnership structures (Cross et al. 2002). This research considers both the social science and the business/organisational literature equally relevant in its examinations of working collectively.

The research interest in human service integration dates back to the 1950s (Bolland and Wilson, 1994) but a precise meaning remains elusive. Discussions on service integration have been described as “a confused array of descriptive, normative, and explanatory theory” (Halley, 1997, p.145 in Jones et al. 2007). Irrespective of the lack of a definitive definition, the continued quest does indicate that ‘joined up’ is productive and beneficial and in spite of a plethora of cautionary messages about integration contexts, forms, levels and motivations, most authors seem to be fully supportive. Lake (2005) refers to the shift from the piecemeal funding approach to address homelessness in the 1970s explaining that people had to identify support agencies and move from one to another to meet various needs rather than being supported on a pathway out of homelessness – a shift of responsibility for service provision from people who are homeless to the service system. This approach is also proposed by Wihlman et al. (2008, p.10) who state that “a way to overcome barriers [to integration] would be to take the needs of the client as the point of departure”.

Browne et al. (2007, p.2) define an integrated human service network as “a coalition or strategic alliance between appropriate agencies from multiple sectors (social, health, education) or funding sources (public, not for profit, private) that together collaborate and function to provide a continuum and spectrum of comprehensive services and opportunities for people of various ages with complex needs”. In earlier work, Browne et al. (2004, p.1) provide a broader description which incorporates less formal arrangements stating “[Service integration] is a term used to describe types of collaboration, partnerships or networks whereby different services that are usually autonomous organization, work together for specific community residents“. They go on to recognise the sometimes quite informal networks that exist between frontline service providers which may extend beyond inter-sectoral service coordination to cross sector links.

The goals of service integration or networks are to improve client services through improved access and responsiveness while reducing costs (Provan and Milward, 2001), more efficient transfer of clients among service agencies and greater client access to services (Isett and Ellis, 2007), continuity of care and reduced service duplication (Randolph et al. 1997), enhanced accountability and control as well as greater equity and consistency (Jones et al. 2007), reduced return rates to services (Paterson, 2000) and, greater opportunity for early intervention and prevention (Konrad, 1996). Networks are also a means to solve seemingly intractable social issues or ‘wicked problems’ (Isett and Ellis, 2007; O’Toole, 1997; Mandell et al. 2009) and, when involving multiple sectors, to create ‘public value’ that cannot be created by single sectors alone (Bryson et al. 2006).

The view that the broader the network the more effective it is, appears frequently in the literature. Bolland and Wilson (1994) maintain that when agencies serving similar needs interact only with each other, their perspectives and solutions are limited. Isett and Ellis (2007, p.3) explain that networks provide its members with the benefits of being small (flexibility, quick response time) as well as large (economies of ‘scope and scale’). Randolph et al. (1997) point out that people who are homeless often have complex needs and require a broad array of responses by different agencies across many systems.

While integration may be deliberately established or drawn upon to meet specific objectives there are potentially very valuable service integration by-products. Mandell et al. (2007) explain that learning is an outcome of networks (through social interaction) providing gains for individuals, their organisations and the networks themselves. This learning develops collective knowledge and leads to new ways of problem solving. Sueter et al. (2007)

identifies the potential for the blending of professional cultures into one shared culture. Bryson et al. (2006) observes that effective collaboration creates social, intellectual and political capital.

The strong relationship between level of social capital and level of integration is illustrated very clearly by Rosenheck et al. (2001). Using data from the 1993 five year *ACCESS* project which examined the impact of social capital and service integration on housing and clinical outcomes for homeless people, their findings strongly suggest that the higher the level of social capital, the higher the level of service integration and, the greater the likelihood of improved housing outcomes. Interestingly, the study did not reveal an improvement in clinical outcomes (concluding clinical outcomes result from clinical interventions).

The importance of relationships is stressed by researchers. Fine et al. (2002) refer to 'service networks' as a form of integrated servicing that is developed between organisations from the bottom-up rather than those which are imposed by rules or regulations from above. These informal groups are a sound basis for the gradual development of a much more integrated service delivery system. Relationships are critical to service system integration through each level of operations and are a "form of social capital that enables workers to band together to achieve outcomes not possible alone" (Keast et al. 2008, p.35). This social capital, or understanding and trust, may be of immediate use or 'banked' for future benefit (Provan and Milward, 2001).

Paterson (2000) also highlights the value of trusting relationships but cautions that linkages based entirely on personal connections are not sustainable suggesting more formalised protocols and procedures be introduced to address this. Phillips et al. (2009) strongly supports this need for both formal structures and agreements and informal relationships and networks, with a preference for strategies that combine both. Paterson (2000) prefers the term 'building bridges' to 'breaking down silos' when promoting service integration; a view expressed by Keast et al. (2008) with the use of the term 'bridging' to describe cross-sector connections.

While there is general agreement that service integration can benefit clients, network members, networks, funding bodies and the broader community there is no one integration model that is appropriate for all organisations and situations (Sueter et al. 2007). Integration takes considerable time and effort to establish and sustain (Fine et al.2000; Keast et al. 2008; Kenis and Provan 2009), costs before it saves (Keast et al. 2008) and is not a panacea or an end in itself (Bryson et al. 2006; Jones et al. 2007). It is also recognised that

single agency responses are often all that is required (Paterson, 2000) and that integration does not have to be equally developed across the entire service sector (Keast et al. 2008).

There is an astounding amount of language in the literature that supports the concept of service integration. The term ‘service integration’ itself is sometimes used interchangeably with others such as ‘connections’, ‘linkages’, ‘networks’, ‘coordination’ and ‘collaboration’ while at other times, very clear distinctions between these terms is drawn. Still more potential confusion occurs when the same word is used by one author to name a collective then by another to describe a level of operating within that collective.

Brown and Keast (2005), Keast et al. (2007) and Keast et al. (2008) point out that a lot of discussion about collaboration in the literature is actually referring to cooperation and coordination. They clearly distinguish between three different types of networks: cooperative, coordinative and collaborate (the ‘3C’s’) which span an ‘Integration Continuum’ and range from loosely to fully integrated. Cooperative and coordinative networks are focused on doing things in the usual way but working together to a sufficient level to achieve greater efficiencies. Collaborative networks are about systems change – changing the way that people work together and the structures and processes that are required to let this happen. They stress that the continuum is not progressive but rather describes a type of integrative mechanism. “Each of the ‘3C’s’ has merit and application...the key to implementing successful integration is to be clear on the purpose of the integration, and build the system ‘fit-for-purpose’” (Keast et al. 2008, p. 28).

There are a number of authors who have described incremental levels of integration intensity (Glasby, 2005; Leutz, 2005; Randolph et al. 1997; Konrad, 1996). Konrad (1996) for example, describes five levels of integration – information sharing and communication; cooperation and coordination; collaboration; consolidation and integration. She also refers to the intensity or strength of connections as ‘dimensions’. Fine et al. (2000) identify four *stages* of interagency collaboration – the first stage involves establishing concepts and focus, the second stage results in an articulated goal and its related strategies, the third stage is strategy implementation and the fourth stage involves the maturing of the network structure.

Other references to integration levels occur in relation to the different layers of the service sector from agency or delivery level through management to system or policy level (Seuter et al. 2007; Isett and Ellis, 2007). Jones et al. (2007) refer to this dimension as a ‘mode of integration’. System-level integration can be defined as a top-down approach in which integration is implemented through policy and formal procedures. These may include formal

funding arrangements and joint use of resources, with protocols in place for integration. In contrast, service-level integration refers to the links between front line service providers. Of note, service delivery partnerships are considered the most easily achieved (Bolland and Wilson 1994), more cooperative and easier to sustain than system level partnerships (Bryson et al. 2006) and most innovation is reported to occur at the service delivery level (Keast et al. 2008). Jones et al. (2007) discuss this layered dimension of integration explaining that there are five ‘foci’ of integration mechanisms or instruments – client, provider, program, organisational or policy-centred – and that the complexity of human service systems requires multi-level, multi-instrument strategies. Further, this layered perspective has significant implication for subsequent strategy evaluation approaches and network governance considerations.

This most critical point regarding a whole of system integration response is made by a number of authors and most succinctly by Burnes (2004, p.995) in explaining Lewin’s three stage change theory whereby “... [behavioural change] could be initiated from the top, bottom or middle but that it could not be successful without the active, willing and equal participation of all”.

In addition to the discussion on which level or levels of the service system are integrated, Flatau et al. (2010) and Bryson et al. (2006) refer to the drivers of integration and draw the distinction between ‘vertical’ and ‘horizontal’ integration whereby the former is authority-driven and formalised by structure and the latter is integration driven by relationships. Jones et al. (2007) also draw this distinction between the different origins or ‘impetus’ for integration. Kenis and Provan (2009) also discuss mandated (top down) versus voluntarily formed (bottom up) networks and go on to explain that network members must be actively involved in network establishment and convinced of its value which then enables them to balance the interests of their own organisation and those of the network. This is referred to by Lewin (Burnes, 2004) in his work on the theory and practice of change management, as ‘felt need’ and described as the realisation that change is necessary. Keast et al. (2008, p. 83) reiterate the need for this base level commitment, reporting that the most important integration mechanism within their studied network was “a solid belief by all...that they must stay in touch with one another on a regular basis.”

Another integration dimension is the *form* of network structures themselves as explained by Kenis and Provan (2009) namely, shared governance, a lead agency form, and a dedicated network administrator form with the exclusive purpose of network governance. A

contemporary example of this last form is the Commonwealth Government's *Communities for Children* place-based and resourced *Facilitating Partners* (Australian Government 2009c). A similar role is supported by the Queensland Government's Department of Communities with locally appointed officers to facilitate and encourage service integration (Keast et al. 2008). Different forms of network are suited to different conditions (for example, size of the network) and objectives but more importantly, the form of the network is reported to have very definite consequences on what it can actually achieve; its 'activating capacity' (Kenis and Provan, 2009).

Throughout the literature, many authors stress the importance of *cross sector* integration, that is, connection with mainstream services outside of those that specifically service disadvantaged groups (Bryson et al. 2006). Interestingly, in its national homelessness strategy, the Irish Government places the responsibility of the actual prevention of homelessness (as opposed to the response to homelessness) with mainstream services such as health, education and training, corrections and general social services (Government of Ireland 2009).

Lake (2005) advises that the homelessness service system involves much more than housing and homeless support agencies and includes government and community managed agencies in health, justice, education and employment. A number of barriers to forming these broader linkages are identified however whereby organisations tend to be more attracted to organisations like themselves because of the ease in understanding mutual operations and philosophies (Isett and Ellis, 2007) and are only likely to collaborate when they cannot get what they want without doing so (Bryson et al. 2006).

Isett and Ellis (2007) found that the degree of agency specialisation is negatively correlated to the tendency to form inter-organisational relationships. Conversely, as organisations expand their breadth of operations they need more external relationships to manage the interdependencies of those broad functions. Slightly at odds with these findings, Bolland and Wilson (1994) report higher levels of integration in specialist human service delivery than in generalist service delivery agencies. The measures of integrated service delivery in that study however were limited to referrals between agencies and the results could be simply a function of limited referral options.

This summary includes many dimensions and perspectives observed in the integration literature; all of which were considered relevant to this research project. The definition of

'integration' put forward by Jones et al. (2007, p. 9) was considered to be the most encompassing summation of these dimensions and perspectives:

*...structures and processes that attempt to bring together the participants in human services systems with the aim of achieving goals that cannot be achieved by those participants acting autonomously and separately. These goals include greater coherence and cohesion, efficiency, effectiveness, and consumer accessibility. These structures and processes may occur at the policy or service delivery levels, or both, and can involve several different modes and instruments of integration.*

For the purposes of this research, integration has been considered primarily in the context of service-level integration but recognising actual, potential and necessary links to system and policy level integrative mechanisms.

## **Existing integrated homelessness service models**

The critical role of effective service integration in any human services intervention is highlighted by Gronda (2009). Using the example of case management, the author lists the multiple interests involved (the client, the case manager, the case management agency, the funding agency and various other social service providers) and then points out that clients with multiple and simultaneous problems not only have to deal with and negotiate the inter-relationships of each problem but also the inter-relationships of all of these stakeholders.

A report commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to build a detailed understanding of homelessness services quality frameworks, instructs that effective integrated programs and services need to 'wrap' services around individuals, to have a commitment to 'joined-up' service delivery at all levels and, a shared understanding of homelessness as a collective responsibility requiring diverse partnerships (Australian Government 2009b).

Fine et al. (2000) in their report to the NSW Government entitled *Coordinated and Integrated Human Service Delivery Models* identify 10 models of service integration. These are as follows:

Service Hubs	Multi-Purpose Service Centres
School linked Services and full service schools	One Stop Shops

Case Management

Social Partnership Approach

Service Networks

Community Level Integration

Interagency Collaboration

Merging of Government Departments

Fine et al. (2000) work through these models with examples and explain that often practices and initiatives do not fit neatly into one model type and may have elements of several.

Haggerty (2008), in a report to the Tasmanian Government, provides a very good summary of current integrative homeless service delivery initiatives. These are as follows:

- *Supportive Housing*, which links housing to support services to enable households to retain housing
- *Housing First*, as the name suggests, is the practice of first connecting a household with a home then providing the support needed to help them to succeed.
- *Street to Home* is a street outreach model which connects those living on the street with housing
- *Tenancy Support* which are prevention initiatives focussed on assisting households maintain their housing.
- *Assertive Community Treatment* that focuses on securing permanent housing for homeless people on the street with mental illness and substance abuse problems.
- *Foyers* are a supportive housing program for young people who are leaving authority care or already homeless.

*Common Ground*, a non-profit housing and community development organisation dedicated to ending homelessness, also provides several service models for the homeless. They have developed models including *Mixed Income Supportive Housing* and *Street to Home* (Haggerty, 2008). The organisation has expanded beyond its origins in New York City and is working with local partners around the world to replicate its work.

*Assertive Community Treatment* (ACT), another model, uses teams to reach out to homeless people on the street and in shelters to support them to enter more permanent housing (Locke et al. 2007). The *Queensland Health Homeless Initiative* is an example of this model but in this case, it is partnered with a *Transitional Housing Program*. In its

evaluation of the initiative, the University of Queensland highlighted enhanced access to services; particularly mainstream mental health services for Indigenous people (Australian Government 2009). *Assertive Outreach* was assessed as often preventing crisis housing situations developing and the combined initiatives are achieving improved longer term housing stability. Locke et al. (2007) point out that not all communities have the resources to implement this model and further, that the focus on high needs homeless populations reduces capacity to provide 'mainstream assisted housing', that is, housing for those on limited incomes, particularly families at-risk-of homelessness, many of whom do not qualify for assistance under increasingly targeted housing support strategies.

Another model, the *Transitional Housing Model*, typically provides short term housing until the person is 'ready' for public or private housing. Locke et al. (2007) explain that because many of these programs have objectives other than housing, for example, employment, children's access to education or, they restrict access with behavioural compliance requirements (Wong et al. 2006), they may screen out the highest need families and individuals. This 'treatment first' approach is in stark contrast to the *Housing First* model where housing is not conditional on the use of support services or other criteria (Johnsen and Teixeira, 2010).

Another model outlined in the literature, the *Continuum of Care* is based on homeless service delivery through a progression from emergency shelters to transitional housing and then on to permanent supported and unsupported housing. However, Wong et al. (2006) found that admission restrictions excluded many at each point on the continuum. The authors logically conclude that services with such entry criteria cannot function as entry points to the homeless service system. They suggest a solution through improved coordination between housing and support services combined with networking with sectors outside the immediate housing/homeless support system. Another long standing and widely acknowledged problem with this model is the lack of housing to enable progression along the continuum (or 'exit points') resulting in system bottlenecks.

*The Permanent Supportive Housing* model can take several forms including supporting clients to remain in current housing coupled with support services, scattered-site units or dedicated buildings housing a mix of low-income households with homeless people. This model accepts that some individuals and families need permanent support to maintain their tenancies.

It is commonly believed that *Housing First* models are best suited to chronically homeless single people but Locke et al. (2007) refer to findings demonstrating that immediate placement into permanent housing is also suited to high-needs families.

Critiques of other models are offered by Flatau et al. (2010, p.26) who describe the now common *Street-to-home programs* as “excellent examples of integrated service delivery”. Fine et al. (2000), while recognising their value for particular clients and situations, caution against reliance on *Case Management* models as they do not necessarily encourage systemic change, are typically time limited and very resource intensive. An alternative position on *Case Management* is provided by Gronda (2009) who, through a synthesis of fifty-three empirical studies, concludes that case management is a very effective intervention provided it is of at least six months duration and is supported by highly skilled staff with access to resources, particularly housing and specialist support. Gronda (2009) refers to these as ‘contextual conditions’ determined by the service system’s design and capacity and adds that these can vary significantly which explains why an intervention may work well in one trial and fail in another.

Locke et al. (2007) state that there is limited research into which of the multitude of homeless support approaches work best and for whom but agree with the conclusion that rapid placement into permanent housing is the optimum response.

## **Existing integrated homelessness service models in non-metropolitan locations**

A search of the literature reveals very limited focus on the geography of homelessness in Australia (and overseas) other than the acknowledgement that non-metropolitan homelessness is an area requiring targeted research (Beer et al. 2005; Cloke et al. 2000; Fine et al. 2000) and different program responses (Fitchen, 2010). There is a further contention that non-metropolitan homelessness is less visible and may even be denied (Cloke et al. 2000). While the service integration interest of Phillips et al. (2009) pertain to the provision of social housing, the nature of the integration ‘problem’ is seen to be influenced by a number of factors, including geography and the pattern of human settlement.

In Australia, despite over one third of the population and 75 per cent of rough sleepers living outside the capitals (Homelessness Australia 2010), policy and research does tend to neglect non-metropolitan Australia (Minnery and Greenhalg, 1999; Homelessness Australia 2010). Minnery and Greenhalg, (1999) believe it is often not so much that there is a deliberate focus on capital cities to the exclusion of other areas; rather the policy focus is on the issue and not on differential impacts. They explain that resources and populations are widely spread and service provision in non-metropolitan Australia is far more costly than in metropolitan locations. They point to the impact on the profit margins of Telstra, the banks and other privatised service providers in less populated areas to illustrate this.

A related area of research is *place-based management* which describes an approach to government policy and program development and implementation which is linked to the specific conditions, needs and capacity of actual locations (for example, Walsh, 2001). This is in contrast to the traditional program focussed approach. While not specifically referring to location-based differences, the variable contextual conditions referred to by Gronda (2009) also illustrate outcome dependency on situational capacity to support an intervention.

Beer et al. (2005), in their study into the needs of homeless young people in rural areas in Australia, found that the experience of homelessness differs according to geographic contexts. They also identified significant gaps in both available services and policies in rural areas.

Other non-metropolitan issues raised in the literature include the need for collaboration and building capacity. For example, Paterson (2000) notes the particular importance of collaboration required in rural and remote areas in order to make the best possible use of scarce resources. Roufeil and Battye (2008) emphasise local capacity building and the need for community champions (locals who will drive community engagement).

In their evaluation of the *Queensland Health Homeless Initiative*, a metropolitan and non-metropolitan based program, Seelig et al. (2008) suggest that each location presents different challenges and opportunities. These differences require 'place-driven' approaches and each relies on effective working relationships between partner agencies. Fine et al. (2000) describe ten integrated homelessness service models and suggest that the *Multi-Purpose Service* and the *Service Hub* models are often suited to regional locations as they are cost effective. They can provide the added benefits of improved regional access and equity as well as opportunities for service decentralization. *School-based services* are another approach considered appropriate but there is a risk of increased alienation and

tagging a whole school as 'at-risk' unless services for both vulnerable populations and the broader community are combined. Fine et al. (2000) add *One-Stop Shops* as an option for some settings (located in community centres, government offices, shopping centres or as mobile services). They also suggest *Community-level integration*, an example of bottom-up integrated service model development, is particularly appropriate for non-metropolitan settings. Fine et al. (2000) use service networks as an example of this model and explain that they usually result from a reaction to conditions in which the participating services operate as opposed to being part of a government plan. They go on to explain that these networks can function at a purely operational level or, depending on levels of support and circumstances, these local frameworks can evolve into sustainable integration mechanisms.

A final model that Fine et al. (2000) suggest could meet the needs of regional communities is the *Regional Coordination Program* which operates state wide in NSW. Its role is to coordinate service delivery to meet the needs of regional communities. The model's *Regional Coordination Managements Groups* provide strategic management for projects and strategies as well as a structure for the dissemination and exchange of information and consultation between regional level agencies and central metropolitan agencies. While this is not a service delivery vehicle or a sufficiently local level coordination mechanism it can support, inform and promote local integration initiatives.

## **Barriers to integration**

Throughout the literature, various authors identify operational and structural issues that impede the establishment and sustainability of effective service integration approaches, both formal and informal. The size of the challenge is considered obvious by Lake (2005, p.6) in view of the "intensive coordination and commitment required to bring together distinctly different service sectors, operating within at times divergent cultures, funding cycles and varied legislative and practice frameworks". Agranoff (1991) states that the continued elusiveness of effective service integration lies in the lack of approaches to manage 'trans-organisational' systems.

An important impediment identified by Browne et al. (2004) is that human services are typically funded on the basis of a particular client need and even government initiatives to integrate services tend to be single program based rather than system-wide. Securing the commitment and ongoing engagement of government agencies in service integration efforts

has been cited as a problem by Baulderstone (2008). Randolph et al. (1997) suggest that governments, while supporting the concepts of service integration, do not actively participate in the mechanisms developed to facilitate it. This observation is reiterated by Keast et al. (2008).

Brown and Keast (2005) conclude that the lack of clarity of roles between government and the broader human service system around social policy development and service delivery has created barriers to achieving coordination. They state that it has “blurred the accountability provided by the vertical and undermined the relationships fostered by the horizontal” (Brown and Keast, 2005, p. 507). There is a need for government to find the balance between the critical senior level support to service delivery networks without controlling the network processes or membership (the coordination level) (Fine et al. 2000) and, since integration and centralization are not compatible, a commitment to make service integration the priority is required (Isett and Ellis, 2007).

Leutz (2005) contends that not all services can or should be integrated, that integration costs before it pays, integration can fragment the work of front-line workers and, conflict is likely if integration involves the transfer of authority or funds. The loss of autonomy is identified as a deterrent to many agencies (Provan et al. 2005) particularly if this is perceived as an inevitable outcome of mandated integration measures (Jones et al. 2007).

In addition to the structural barriers outlined above, a number of specific operational barriers have also been identified in the literature. These barriers include difficulties in acquiring adequate knowledge of other services and the lack of opportunities for communication across the system (Lake, 2005); achieving an appropriate skills mix within teams (Seelig et al. 2008) the cost of collaboration and problems relating to differing jurisdictional boundaries (Provan and Milward, 2001); different philosophies, for example, strengths based vs. compliance (Baulderstone, 2008); and, different eligibility requirements and administrative policies (Randolph et al. 1997; Phillips et al. 2009).

Examples of opposing philosophies and resultant opposing operational practices amongst service providers are identified by Gronda (2009 p.69) who suggest both are being driven by the scarcity of resources. The pursuit of scarce resources results in strategies such as ‘creaming’ (or ‘cherry picking’), which relates to supporting clients considered to have the best chance of success and ‘silting’, which relates to support for those with the most challenging problems. The practice of creaming is suggested to most typically occur in *Broker-referral Models* while the *Housing First Model* is the cited example of silting.

Another potential operational barrier is compulsory competitive tendering, which is considered to be at extreme odds with service collaboration (Fine et al. 2000; Munn, 2003). This view is reiterated by Provan and Milward (2001) who add that the distribution of funds directly to multiple providers, introduces an incentive for these services to offer duplicate services and compete to outperform each other to secure future funding. Bryson et al. (2006) suggest that funding differences and power imbalances between government and non-government service providers can reduce and limit trust and lack of trust is noted as a key inhibitor of communication between agencies (Fine et al. 2000).

A further barrier referred to in the literature is the lack of perceived value or 'external legitimacy' whereby operational level network personnel may themselves be convinced of the need for a networked response but it can be very difficult to convince senior management (Kenis and Provan, 2009) and gain their trust in such a judgement (Keast et al. 2004). This tension has significant implications for management and or government when attempting to introduce change to service systems. Gronda (2009, p.21) explains that effective communication related to change "...requires an acknowledgement of the existing knowledge, experience and commitment to quality service delivery among practitioners".

## **Strategies to strengthen homelessness service integration**

The causes of homelessness are diverse. It can be due directly to poverty and a lack of affordable housing. Other individuals and families lose their housing due to a crisis, for example, mental or physical health issues or domestic violence, whilst others are homeless for reasons to do with a range of complex needs which may have little to do with housing. Services responding to homelessness attempt to deal with this diversity of needs using a range of strategies. Most people working in any human service system but especially where service users present with multiple needs acknowledge that working in coordination with other services results in better client outcomes. The literature provides considerable information on the means to achieve this coordination including system level principles, necessary pre conditions and organisational strategies and, mechanisms and practical measures at the strategic and operational level.

Fine et al. (2000, p. 29) cite the following recommendations to overcome impediments to collaborative efforts:

- clarified roles, responsibilities and boundaries of each service provider
- broader promotion of the need for housing and supports
- integrated funding framework
- funding flexibility to allow for change and adaptability
- longer term funding security for non government organisations
- local level agreements defining roles and boundaries
- staffing initiatives, for example, joint and professional training, dedicated networking roles

**Table 1: Examples of operational and structural integration mechanisms**

<i>Client focussed (service delivery level)</i>	<i>Structural (program/organisation/policy level)</i>
<ul style="list-style-type: none"> <li>• Shared information system</li> <li>• Co-location</li> <li>• Joint staff training</li> <li>• Interagency meetings</li> <li>• Common application/referral processes</li> <li>• Joint delivery processes</li> <li>• Staff secondments</li> <li>• Staff recruitment and volunteer programs</li> <li>• Case conferencing/review</li> <li>• Local resource registers</li> <li>• Provider produced good practice guidelines</li> <li>• Monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Shared guidelines</li> <li>• Common targeting strategies</li> <li>• Joint/pool funding arrangements</li> <li>• Protocols</li> <li>• Memorandums of understanding</li> <li>• Joint strategic/policy documents</li> <li>• Agency /program amalgamations</li> <li>• Shared resources (inc. transport)</li> <li>• Joint administrative processes</li> <li>• Joint planning</li> <li>• Cross and peer training</li> <li>• Local forums/seminars/conferences</li> <li>• Integration pilots or demonstration projects</li> <li>• Monitoring and evaluation</li> <li>• Regular promotions and publications</li> </ul>

Table 1 identifies additional operational and structural integration mechanisms cited in the literature (see Baulderstone,2008; Jones et al. 2007; Fine et al. 2000; Flatau et al. 2010; Patterson, 2000; Randolph et al. 1997).

As well as these practical tools and strategies, various researchers highlight the impact of a firm belief in the value of service integration - for example, the genuine belief that a collective local effort has greater potential than the cumulative effect of individual agencies (Keast et al. 2008; Paterson, 2000) and, acknowledged interdependence (Bryson et al. 2006).

Another common observation in a number of studies is that the mere process of coming together strengthens service integration. The improved integration occurs through an increased knowledge and appreciation of other services and the work they do. Joint problem solving is also facilitated (Paterson, 2000; Lake, 2005) as are regular coordination/integration opportunities which can be a springboard for new collaborations (Lake, 2005). Finally the potential for developing innovative solutions and the development of trust is also enhanced (Mandall et al. 2009; Paterson, 2000). Furthermore, the use of existing networks is very beneficial when seeking greater integration because trust, knowledge and acknowledged legitimacy are already established between the key stakeholders (Bryson et al. 2006). It is important however to continue to actively build trust.

Increased knowledge of other agencies through informal networking opportunities is important, particularly in relation to the inter-agency practice of referrals. Sound knowledge and understanding of the role and functions of other agencies is critical to appropriate referrals (Paterson, 2000).

In order to maximise the benefits from networks it is important to have good management of networks through quality leadership (Jones et al. 2007; Provan et al. 2005) as well as the support of all parties at senior level (Paterson, 2000; Burnes, 2004; Phillips et al. 2009). Networks are also improved through the inclusion of the service delivery sector from the establishment and development phase (Provan et al. 2005). Wihlman et al. (2008) expand on the need for leadership, explaining that such changes to service systems require change management that promotes client focus, interaction and communication as well as transparency of decisions and actions. This need for a particular skills set and level of authority is also discussed by Phillips et al. (2009), Mandall et al. (2009) and Randolph et al. (1997).

In view of the size of the task, the significant barriers and difficulties identified and the continued push for service system integration, a number of researchers promote the appointment of dedicated network coordination agents (Provan and Milward, 2001; Wong et al. 2006; Isett and Ellis, 2007; Fine et al. 2000; Paterson, 2000) or facilitated integration and dedicated resourcing (Flatau, 2010, Phillips et al. 2009).

## Measuring integration

There has been a shift by a number of researchers from describing integration to quantifying it (Flatau et al. 2010). For example, Browne et al. (2004, 2007) developed a measurement framework known as the *Human Service Integration Measure*. Browne et al. (2004) based their model on the work of Weiss et al. (2002).

Weiss et al. (2002) developed a questionnaire to measure partnership dimensions and assess the degree to which collaborations are making the most of the opportunities the collaboration offers in terms of the collective perspectives, knowledge and skills or 'partnership synergy'.

The Browne et al. (2004) *Human Service Integration Measure* is a three dimensional tool examining the influence of sector, funding source and service type and the extent of partnership development and its scope and depth. It is also able to identify which network members are working collaboratively and which elements are weak. The model was tested on Canadian services targeting families and young children from the perspective of network members (as opposed to clients, funders or the broader community). Evidence from this study indicates that sectors need to be merged to achieve integration and that funding arrangements created the potential for 'funding turf and autonomy' barriers.

Another widely used method of quantifying agency integration is through network analysis (Cross et al. 2002; Weis et al. 2002; Browne et al. 2004; Isett and Elis, 2007; Keast et al. 2008; Kia et al. 2009).

A search of the network literature highlights sociology and organisation theory as the predominant areas of study but it is also recognised as being suited to human service delivery. Provan et al. (2005) expand on the usefulness of network analysis explaining that it can actually serve as a mechanism to strengthen the capacity of community networks (as well as individual member organisations) by demonstrating to network members what their connections actually look like and how they can be developed into a stronger and more effective and sustainable network of connected organisations.

Network analysis, through linkage information collected by questionnaires or interviews, allows an examination of relationships and interactions between organisations. The focus of analysis is on the relationships and not the organisations. The important data relates to the

number, type and level of relationships as well as their strength and directions (Provan et al. 2005).

In addition, Provan et al. (2005) stress that this information needs to be complemented with knowledge of the community, the organisations involved and the people who work in these organisations. They also note that if goals are not clearly established and leadership is poor, relationship building will not be successful. Organisations may also believe they already have all the relationships they need and will not be attracted to network analysis until they recognise the potential access to organisations outside their immediate sphere or they learn that other agencies are not aware of their services.

Isett and Elis (2007) used social network analysis to explore relationship building in networks and the influence of agency and system level variables at both a system level and a network level. Analysis revealed that government agencies had fewer network connections and that these relationships were not strong. This was also identified by Keast et al. (2008). Provan et al. (2005) explain that government agencies often may only need one type of connection and that the intensity of the connection is a function of the level of specialisation.

According to Cross et al. (2002), even in the most bureaucratic organisations and in spite of formal programs to assist organisational learning, people primarily use relationships to acquire information and knowledge. In the current flatter, team-oriented organizational models, the need to understand these informal structures and how to use and manage them becomes pressing. Cross et al. (2002) explain the benefits of visual maps of these relationships to improve collaboration, knowledge creation and knowledge transfer in organisational settings. Network analysis can identify information bottlenecks, the number and strength of links across the organisation, the distance information travels (and that it distorts with distance), core and peripheral connections and organisational subgroups or cliques. Cross et al. (2002, p.7) identify four relationship dimensions for the creation and use of knowledge. These are:

- How well group members know each others' knowledge, skills and abilities
- The extent to which people have access to each other's thinking
- The extent to which people will engage with others to solve problems
- The level of trust across relationships

Both Keast et al. (2008) and Provan et al. (2005) maintain that efficient use of network analysis can yield very useful information and opportunity. Keast et al. (2008, p.11), state,

“once identified, the web of connections and interactions can be adjusted through informed dialogue and negotiation to achieve strategic objectives”. Provan et al. (2005) maintain that network analysis can provide stakeholders at each level with answers to the follows questions:

1. Which community agencies are most central in the network, and are these agencies essential for addressing community needs?
2. Which core network members have links to important resources through their involvement with organisations outside the network?
3. Are critical network ties based solely on personal relationships, or have they become formalized so that they are sustainable over time?
4. Are some network relationships strong while others are weak? Should those relationships that are weak be maintained as is, or should they be strengthened?
5. Which subgroups of network organisations have strong working relationships? How can these groups be mobilised to meet the broader objectives of the network?
6. Based on comparative network data over time, has reasonable progress been made in building community capacity through developing stronger network ties?
7. What is the level of trust among agencies working together, and has it increased or decreased over time? If it has declined, how can it be strengthened?
8. What have been the benefits and drawbacks of collaboration, have these changed over time, and how can benefits be enhanced and drawbacks minimised?

## Evaluating integration

O'Toole (1997) insists that networks work. He also notes that there is increasing reliance on interagency collaborations by government due to the range of complex policy problems ('wicked problems') and the need to extend the reach of government interventions.

A number of complexities have been identified in relation to the evaluation of service integration. For example, Fine et al. (2000) and Kenis and Provan (2009) point out that evaluation of collaborations can occur at any stage from the initial development stage to assessments of mature integrated service systems and that evaluation results are likely to change with the evolution of the network. A network may also be effective on one level, such as service delivery, administration or planning and yet be ineffective on another (Bolland and Wilson, 1994). Provan and Milward (2001) also encourage the evaluation of a network's contribution to social capital. Kenis and Provan (2009) stress that any network evaluation must be based on the understanding that the governance structure of a network determines what it can actually achieve.

Flatau et al. (2010), in their examination of homelessness, mental health and drug and alcohol services in Australia, found no empirical research on the effectiveness of integrated servicing in Australia but identified positive outcomes in overseas examples. These examples included variations of housing provision with linked support, housing only and, support only programs. They strongly favoured the supported housing model (described in an earlier section). Generally however, evaluative studies indicate that it is a range of services that is required to address homelessness with clients matched to a level of integration according to their needs; that is, the higher the level and mix of support needed the higher the level of integration required. This relates to Keast et al's (2008, p. 28) explanation of the integration continuum and the fact that systems are built 'fit-for-purpose'.

The perceived effectiveness of integrated servicing is of course influenced by what stakeholders actually want from a human service system and the explicit role of service integration may not be considered. For example, in an evaluation of Homeless Services in Dublin, both clients and services were asked what enabled clients to progress through and out of the experience of homelessness (Government of Ireland 2009, p. 11). The predominant response from clients was 'the quality, competence and commitment of homeless services staff' while service delivery personnel reported the key enablers were

regular inter-agency communication and cooperation and clear referral mechanisms leading to appropriate housing.

There are numerous indicators of integration effectiveness identified in the literature around integration strengths or particular dimensions, components and perspectives. In an examination of 146 integration tools and measures, Granner and Sharpe (2004) conclude that evaluative approaches have been fragmented and point to the need for improved clarity about the exact focus of individual evaluation efforts.

The lack of clarity in the evaluative literature on service integration is explained by O'Toole (1997) as a result of the complexity of the networks themselves in terms of the variety of stakeholders, the private and non for profit service delivery structures involved and the dual funding and evaluative role of government. O'Toole (1997) adds that as well as knowing whether it works, it is important to know who it works for and, who says it works - network clients, the workers, the participating organisations or the network itself (Leutz, 2005). Browne et al. (2007) also refer to the different perspectives involved, stating that each group of stakeholders (clients, service providers, policy makers) are likely to value different criteria, that is, value is subjective. Kenis and Provan (2009) explain that the performance of a network is a function of the external criteria used to assess it. Different network stakeholders have different expectations and the criteria used by external assessors may not be consistent with those considered important by network members.

A significant issue relating to the differing expectations of stakeholders is the mismatch between the new collaborative arrangements that are increasingly being implemented and the traditional evaluative criteria being applied to their outcomes. This is explored in detail by Keast et al. (2004) who point out that working collaboratively involves very significant changes to perceptions and ways of working and both require as a first and lengthy stage, deliberate focus on relationship building and the actual *process* of service integration rather than a 'business as usual' service delivery outcome approach to evaluation. This important distinction between client outcomes and system functioning outcomes is also made by Jones et al. (2007) however they do also puzzle at the 'strong symbolic appeal' of service integration in the absence of clear evidence of client benefits.

## **Project foundations**

Integrated service systems are the basis of current government homelessness strategies in Australia and overseas. Past research supporting this broad strategy is focussed primarily overseas and in the area of health services. There has been little consideration of differential effects or approaches to service integration – particular as it relates to non-metropolitan areas. While trials of integrated homeless service models have now been established in a number of metropolitan settings, they generally require a level of resourcing and scale not available in rural and regional locations; for example, Housing First, Foyer and Assertive Outreach Models.

The service integration literature works through a myriad of dimensions and perspectives that need to be considered to develop an understanding of how and why greater service integration works, what benefits are to be gained and for whom. There is considerable agreement that trust and strong relationships at the service delivery level are critical and reportedly these linkages are the easiest to establish and sustain. There is also agreement that connections are required at both inter-sector and cross sector levels involving both specialist and mainstream government and non government services. And further, there is strong evidence that sustainable service integration requires leadership and the continued support from senior levels, that it is resource intensive and, that it requires considerable time.

One line of research concentrates on the measurement of connections between agencies and individuals in a service system, again with cautionary advice to be clear about what element is actually being measured. Of particular interest to this project is that a ‘snapshot’ of existing connections can serve as a baseline from which to examine and build upon service system strengths and opportunities in collaboration with the members of the service system under study.

## Methods overview

The research was undertaken in a Participatory Action Research (PAR) framework incorporating qualitative and quantitative methods to identify the level of integration of service providers within the region. PAR is commonly defined as “a systematic investigation, in collaboration with those being affected by the issue being studied, for the purposes of education and taking action or effecting social change” (Green et al. 1995). PAR involves the active involvement of those being studied and acknowledgement of the wealth of assets the participants of the study can bring to building knowledge and affecting change. PAR makes way for a balance between research and action, built on equal contributions and co-learning. It fosters an empowering process for those being studied providing the opportunity for capacity building and system development (Minkler, 2000). Working within this framework enabled the project to respond and adapt to feedback and early findings over the term of the project and utilise the role the researcher’s organisation plays within the local homelessness service system.

The project was conducted in a number of phases. The results from each phase informed the next. The methodology employed within each research phase was designed to identify increasingly detailed information about the levels of integration between generalist and specialist homelessness service providers as well as opportunities for increasing integration. Analysis of the data from these phases provided an overall picture of the level of integration for homelessness services in the Northern Rivers region. Further to this, it provided integrated response models which were grounded in the demand and feedback from the sector itself, increasing participation in subsequent phases and likelihood of uptake and success of integration strategies.

Each phase of the research project received Ethics Clearance from the Human Ethics Committee at Southern Cross University. In compliance with this clearance, participants were given details regarding their rights and responsibilities along with the contact details of the Project Advisory Group should they be concerned about any aspect of the research. Consent was inferred through their participation in the project, whilst maintaining their anonymity throughout.

## Phase One of the research process: the service integration survey

### Method

A survey was devised in order to gain an understanding of the current level of integration within the homelessness and housing sector across the Northern Rivers region as well as within each of the three river sub-regions (Clarence, Tweed and Richmond) of which it is comprised.



**Figure 1: Northern Rivers Region Map (Source: SGS Economics and Planning using data from the Australian Bureau of Statistics)**

The survey also aimed to gain an understanding of the characteristic of the clients within the Northern Rivers region and the extent to which service providers need to make referrals to other service providers. In addition, the survey was used to gain an understanding of current barriers and the critical ingredients to integration as identified by the sector.

Survey questions were informed through a thorough literature review of previous studies into service integration, both within the homelessness and housing sector, as well as broader service integration and network analysis literature. According to Provan and Milward (2001), staff working within different levels in the organisation have different perspectives regarding the importance of, and existing levels of integration with other organisations. As such, the present study identifies participants' positions within their organisation in order to capture any differences between managers and frontline service delivery staff.

A variety of service providers from a number of backgrounds including those outside the homeless or housing sector were invited to participate in the research project since all these organisations assist either people who are homeless or those at-risk of homelessness (Homelessness Australia 2008).

This survey investigated the barriers to service integration despite these being well documented in existing service integration literature, both in general and with respect to service integration within the homelessness and housing literature (for example, see Lake, 2005; Provan and Milward, 2001; Baulderstone, 2008). Participants were given the opportunity to identify barriers in order to determine those barriers which may be unique to the region or not previously identified in the literature.

Another aspect of the survey was the measurement of the extent to which the participants felt service integration was important in delivering quality services to homeless clients as well as identifying the critical ingredients that enable good integrated care.

In order to understand the level of integration between services within the region, participants were asked to indicate along a scale, the level of integration between their organisation and others listed within the region. The format of these questions was loosely based on previous studies by Keast et al. (2008). Service providers from each region were presented with the opportunity to indicate their level of integration across the regions in which they work. Although every attempt was made to provide an exhaustive list of service providers to be measured, participants were able to name additional organisations. In order to standardise the results, definitions of the levels of integration commonly cited in the literature (for example, Browne, 2004, Flatau, 2010; Konrad, 1996) were provided to participants. They were also asked to indicate whether referrals were made or received; similar to a previous study by Milward and Provan (1998).

The survey was distributed and completed online over a six week period. Participants who were unable to access the internet survey, or who indicated a preference to complete the survey in writing were able to request a hard copy survey with a reply paid envelope. Participants were recruited through the researchers' existing networks and databases as well as via both project partners existing networks across the government and non-government sectors. In total 181 service providers across the Northern Rivers region were contacted directly. While purposive sampling was used to select participants, 'snowballing' (referrals from other participants) was encouraged in order to capture as many organisations within the sector as possible.

Self-administered, Internet surveys were used as they provide a convenient means for data collection. Advantages of Internet surveys include reduced response time, lowered costs, ease of data entry and flexibility in format (Granello and Wheaton, 2004). When clicking onto the Internet link to the survey, the participant was first presented with an informed consent information sheet which outlines the purpose of the research, identified the researchers and their affiliations and contact details.

## **Results**

The survey collected both quantitative and qualitative data. The quantitative data were analysed using SPSS (Statistical Package for Social Sciences), while open-ended questions were analysed using NVivo and the service integration mapping was analysed in UCINET.

### **Sample characteristics**

In total 71 participants who identified themselves as service providers who currently work with the homeless and people at-risk-of-homelessness or those services within the Northern Rivers region considered relevant for the purposes of the research completed the survey. Participants represented frontline service workers (56.7%), administration (8.3%) and managers (35%) within government agencies (19.7%) and non-government organisations (80.3%).

Many participants (32.8%) (see Figure 2) identified the primary focus of their organisation as multi-focused highlighting the need for agencies in non-metropolitan regions to be multi-focussed in order to cater for the range of needs of their clients and lack of available specialist services. The results also indicated the breadth of services not directly linked to homelessness that still identify themselves as dealing with homeless or at-risk-of-

homelessness clients (such as education and health services). The complexity of client needs was also reinforced by all services indicating a need to make multiple referrals on behalf of their clients. This also reinforces the need for services to work together to meet the diverse needs of people who are homeless or at risk of homelessness.

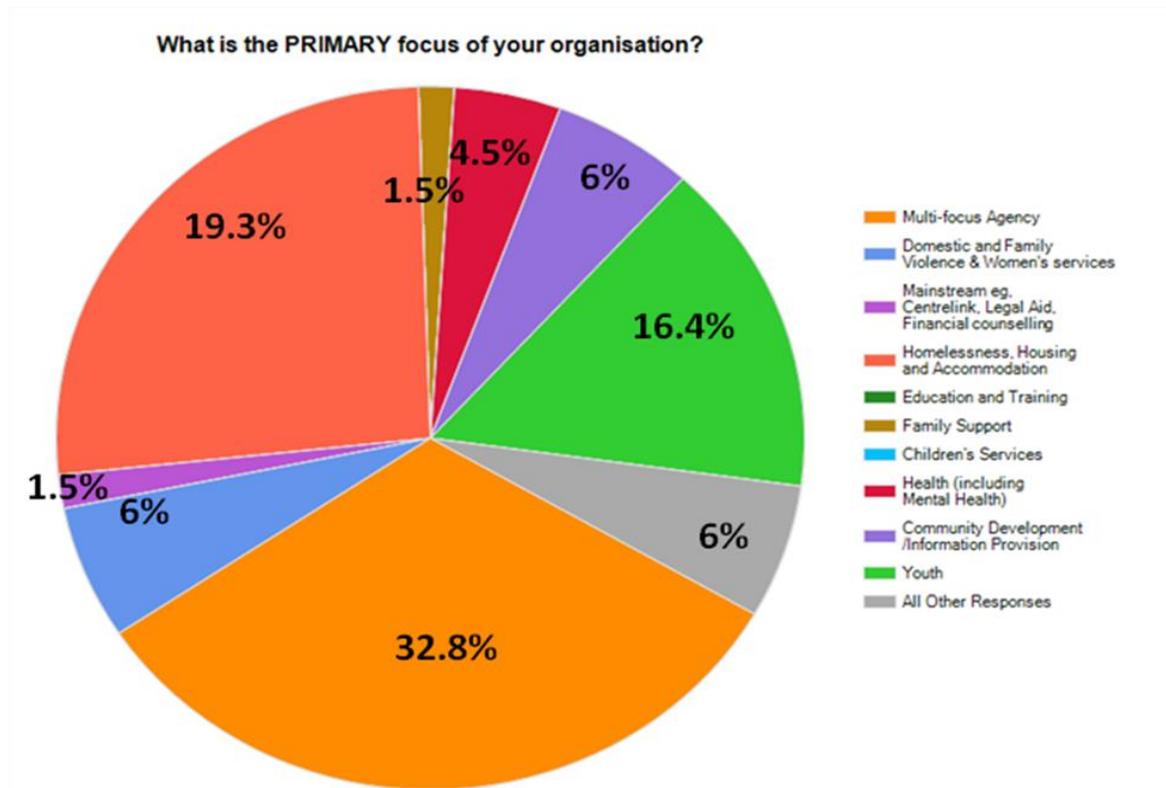
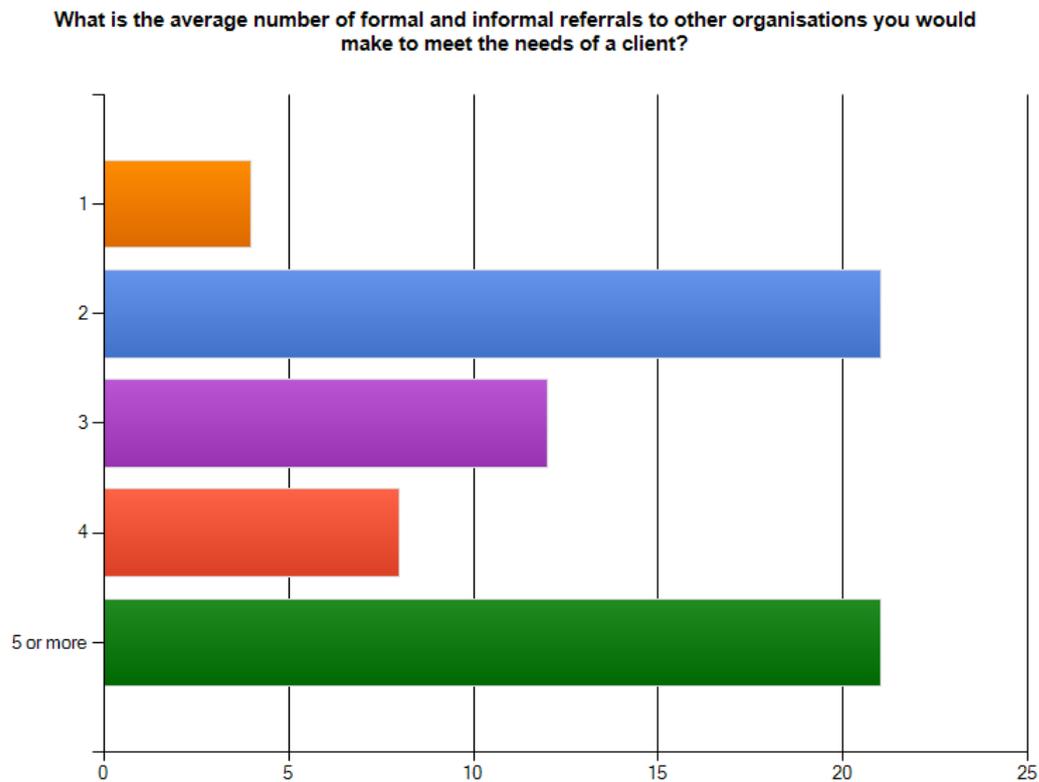


Figure 2: Survey results for primary focus of respondent's organisation

### Client referrals

Indications of the relevance of increasing integration and access to other services become apparent when considering the results of the question regarding the percentage of a respondent's client load requiring further referrals (See Figure 3 below). Approximately 16% of respondents indicated all of their clients would require additional referrals, whilst a further 14.6% indicated between 90-95% of their clients required further referrals. A further 22.6% estimated between 75-80% of their clients required further referrals and 21.4% indicated between 50-60% of their clients required further referral. Only 12.6% of respondents indicated 30% or less of their clients would require additional referrals to other organisations. When asked about the number of formal and informal referrals required in order to meet the

needs of a client, most respondents (95%) indicated a need to make referrals. The results indicated that 31.3% needed to make two referrals and 32.8% made five or more referrals for a client. (See Figure 3, below).

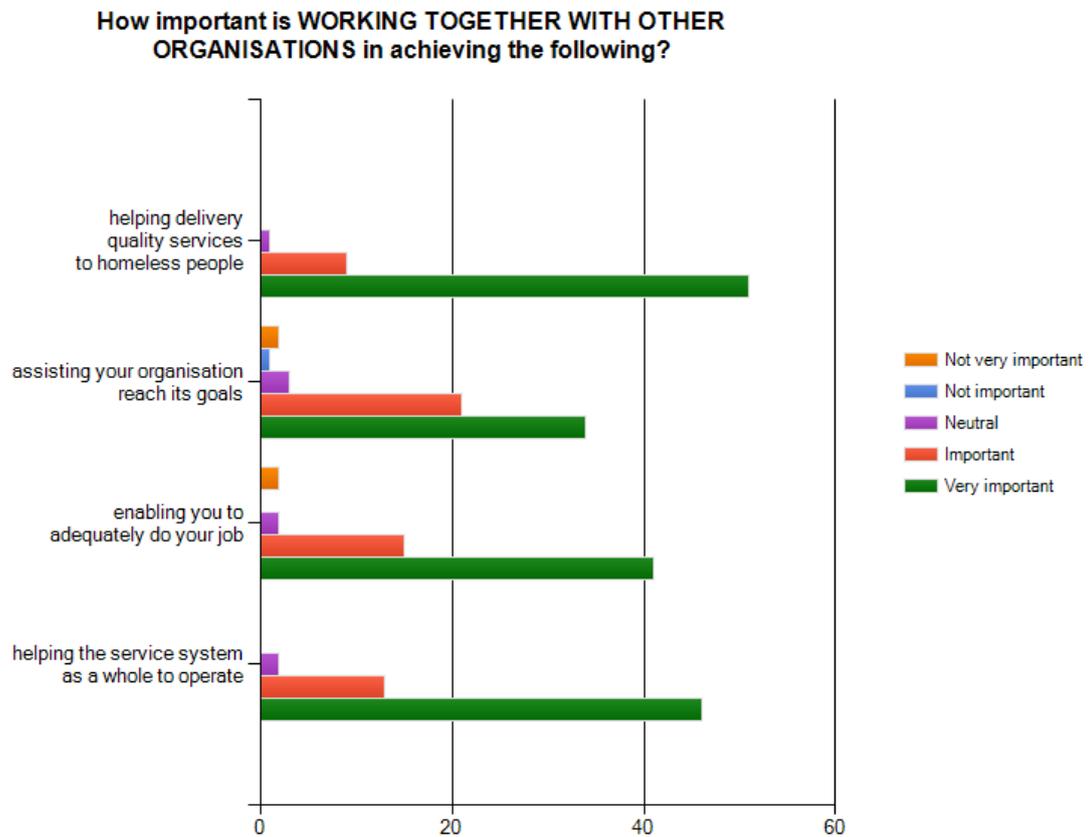


**Figure 3: Survey results for average number of referrals for each client**

### **Integration as a means of achieving goals**

Participants were then asked how important integration was to achieving a number of outcomes or goals. As Figure 4 below highlights, most respondents felt it was either ‘important’ or ‘very important’ to achieving all of the proposed outcomes. Interestingly though, 7.1% of respondents did not feel it was important in enabling them to either do their job adequately or reach their organisation’s goals. These responses were reasonably evenly spread amongst senior management and direct service personnel. In total, 12.9% of respondents gave “neutral” responses evenly spread amongst senior management and direct service deliverers to the proposed outcomes or goals. Of the responses collected, all

participants from governmental organisations answered either “important” or “very important” to the goals posed in the question.



**Figure 4: Survey results for importance of working together to achieve specified outcomes**

### Barriers to integration

As shown in Table 2, barriers to service integration in the Northern Rivers region were consistent with those found in previous studies. A lack of housing stock was overwhelming found to be an inhibitor of integration with 92.7% of respondents classifying it as either somewhat or extremely significant as a barrier. As the table highlights below, access to information, costs/resourcing problems, geographical spread of services and time constraints or high workload also featured heavily. Respondents also listed a number of additional barriers which they felt were significant to inhibiting integration. These included: an inflated cost of housing; a lack of specialist clinical services and a lack of willingness to compromise for collaboration. There was a fear from agencies of the flood gates

phenomenon in that integration may increase the demand for their service or that the volume of clients will be too immense for them to effectively manage and help.

**Table 2: Survey results for barriers**

Barriers	Not At All Significant	Slightly Significant	Neutral	Somewhat Significant	Extremely Significant
Access to information on other services	4.4% (3)	25.0% (17)	11.8% (8)	41.2% (28)	17.6% (12)
Costs/ resourcing problems	1.4% (1)	15.9% (11)	4.3% (3)	49.3% (34)	29.0% (20)
Geographic spread of services	4.3% (3)	4.3% (3)	13.0% (9)	44.9% (31)	33.3% (23)
Lack of housing	0.0% (0)	0.0% (0)	7.2% (5)	13.0% (9)	79.7% (55)
Tight eligibility criteria	2.9% (2)	13.0% (9)	20.3% (14)	42.0% (29)	21.7% (15)
Time constraints	4.3% (3)	11.6% (8)	18.8% (13)	40.6% (28)	24.6% (17)
Philosophical differences	7.4% (5)	26.5% (18)	45.6% (31)	13.2% (9)	7.4% (5)
Maintaining links	1.5% (1)	20.6% (14)	26.5% (18)	41.2% (28)	10.3% (7)
Lack of support services	2.9% (2)	11.6% (8)	15.9% (11)	39.1% (27)	30.4% (21)
Securing commitment from senior levels	11.6% (8)	21.7% (15)	24.6% (17)	27.5% (19)	14.5% (10)
No barriers/ problems	16.9% (10)	13.6% (8)	59.3% (35)	5.1% (3)	5.1% (3)
Competition for resources	4.3% (3)	18.8% (13)	15.9% (11)	34.8% (24)	26.1% (18)
Competition for clients	28.4% (19)	25.4% (17)	22.4% (15)	13.4% (9)	10.4% (7)
High workload	1.5% (1)	13.2% (9)	10.3% (7)	32.4% (22)	42.6% (29)
Lack of confidence/ trust	16.2% (11)	14.7% (10)	25.0% (17)	30.9% (21)	13.2% (9)
Potential loss of autonomy	21.7% (15)	18.8% (13)	29.0% (20)	20.3% (14)	10.1% (7)

Specific to regional areas was the concern that transport and a lack of services in outlying areas inhibited integration. Services also indicated a lack of relationships, trust and support with real estate agents which was further complicated when attempting to maintain a secure rental property for marginalised persons with multiple issues. Once again, there were no

substantial differences between responses received from management and those in a direct service delivery role.

### **Critical factors fostering integration**

Participants were asked to answer an open-ended question regarding what they considered were the critical factors to foster integration. Findings did not deviate largely from previous studies (see Table 3). Overwhelmingly, trust and personal relationships were considered critical in building collaborative ties and fostering integration. There was however a call for more formalised joint planning and procedures involving commitment from more senior level staff. Although many agencies and individuals knew a lot about others in the sector, there was still a strong call for a more uniform and systematic way to share information about services and referral processes. The use of a centralised database or website was one such suggestion. Integrated case management and sharing of client information was also suggested as a way of increasing service integration. As competition for funding was commonly cited as a barrier for integration, suggestions were made that co-funding or co-resourcing programs could strengthen both levels of integration and also the likelihood of additional funding for the region.

Respondents who indicated that they held a senior management role appeared more likely to indicate formal joint planning and top down integration strategies as important in fostering integration. Only one senior management respondent indicated a more bottom up approach. Specifically they responded:

*“Informal meetings; Taking the time to build relationships; Senior management building on the ground work that our community services workers do everyday in working together; Dissemination of information by representatives on peak and regional bodies so that everyone understands what's happening in the region; Trusting each other, being transparent, ethical and supporting each other.”*

Similar sentiments were more commonly expressed by direct service delivery respondents, with an overwhelming emphasis on good personal relationships, access to information and informal opportunities to network cited as necessary ingredients for fostering integration. There were however, a number of respondents at this level who also saw benefit in more structured joint planning, MOUs and joint funding submissions.

**Table 3- Survey results for critical factors to achieving service integration**

<b>Rank according to frequency of responses</b>	<b>Critical factor cited</b>
1	Regular communication, networking; relationship building
2	Partnership agreements and MOUs
3	Access to current service information
4	Access to housing
	Willingness to work collaboratively
	Joint planning
	Access to and involvement of government services and personnel
	Coordinated case management and referral
5	Dedicated facilitators
6	Support from senior management
	Additional resources
7	Joint projects
8	Client involvement
	Strong client focus
9	Joint training
	Shared systems, applications and databases
10	Co-located services

## Integration mapping

The final section of the survey asked respondents to indicate using the continuum of integration scale, the level of interaction they had with other service providers in the region (both within their geographical region, and across the three regions as a whole).

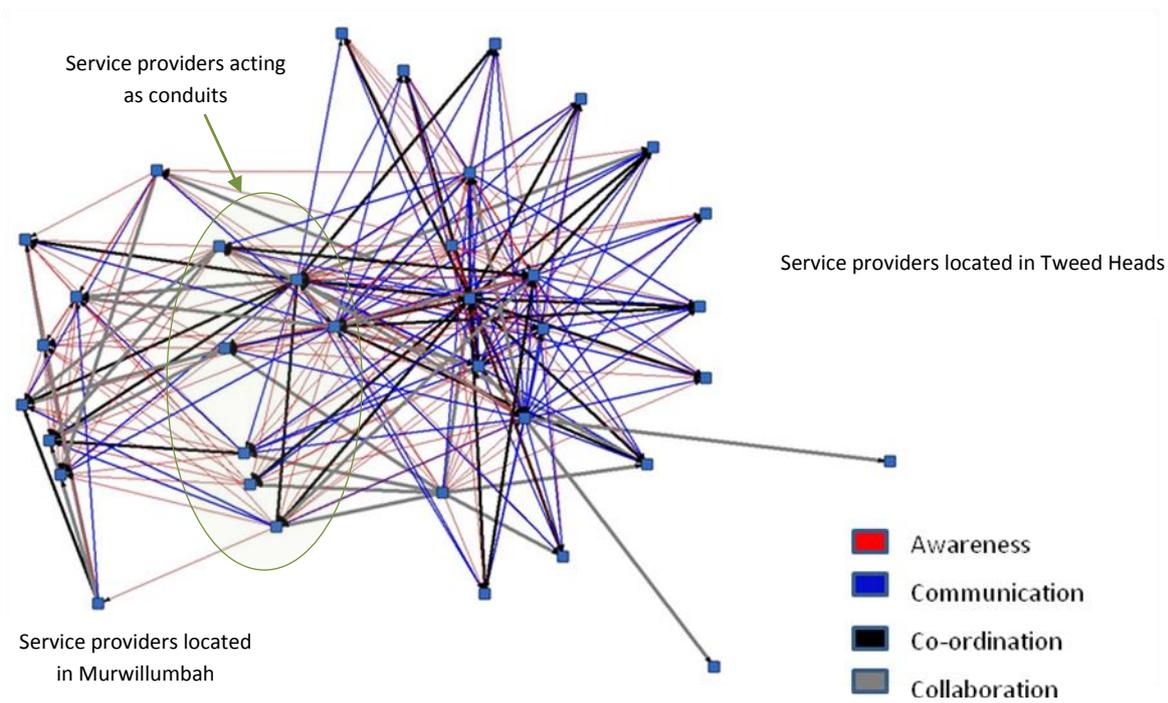
It should be noted from the outset that not all listed service providers in the network analysis question filled out the survey. This creates an imbalance in the relationships presented and also means that some relationships within the organisations in the sector are not represented at all. This question was designed to be used as a snapshot of existing integration in each of the three regions (and across the Northern Rivers region as a whole) to be shown to research participants as a starting point for the workshops (in Phase Two of

the research project). Aside from this however, the network analysis does provide some interesting and relevant findings. The level of interaction identified by the survey between service providers within and between the three sub-regions was extensive but was dominated by informal, frontline information sharing connections rather than formalised, management-driven collaboration. The results indicate a number of individual agencies act as conduits both connecting organisations within a region as well as unifying all three regions as a whole. As would be expected, the role of an agency within the sector did affect the level of integration they had within the sector. There was also evidence of further scope for increased integration within the sector.

Each point in the integration maps represents a single agency within the service system. Levels of integration are differentiated by the colour of the line joining the agencies as per the key provided. The lengths of the lines between each of the services do not represent any findings. Where different levels of interaction were reported between agencies, the stronger level was recorded. Single connections generally reflect those agencies that did not participate in the survey but were identified by respondents.

### **Tweed River region integration**

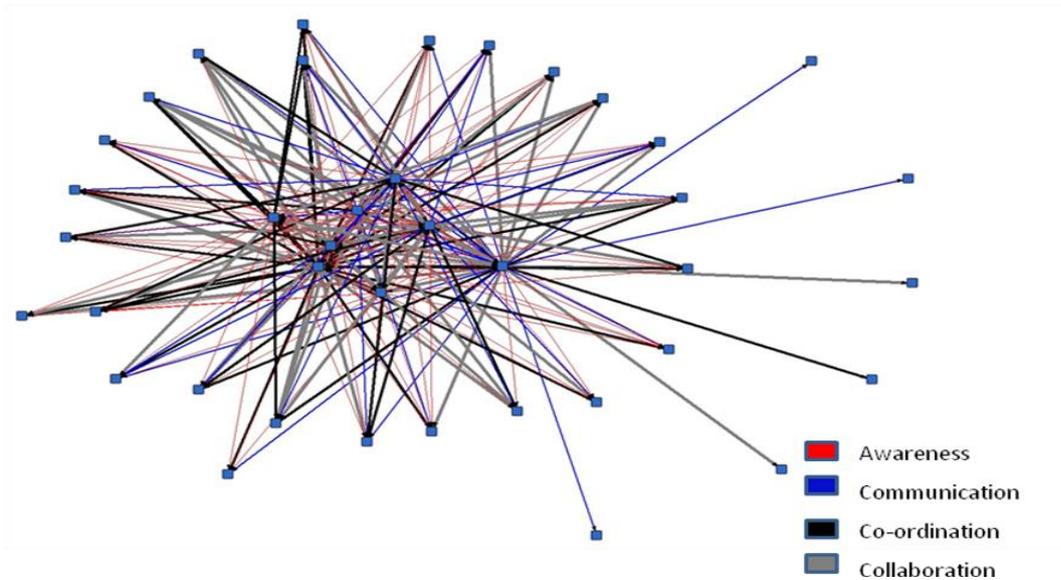
When looking specifically at the Tweed region's integration map (see Figure 5), it is evident that service providers within the region work out of two distinct geographical locations, that of Tweed Heads and nearby Murwillumbah. The service integration map also indicates (as marked out below) that these locations are joined by several key agencies working across both Murwillumbah and Tweed Heads, acting as conduits across these two locations. It should be added though, that there are signs of awareness between organisations across the entire region as marked by the red lines.



**Figure 5: Service integration map of Tweed River region**

### Clarence River region integration

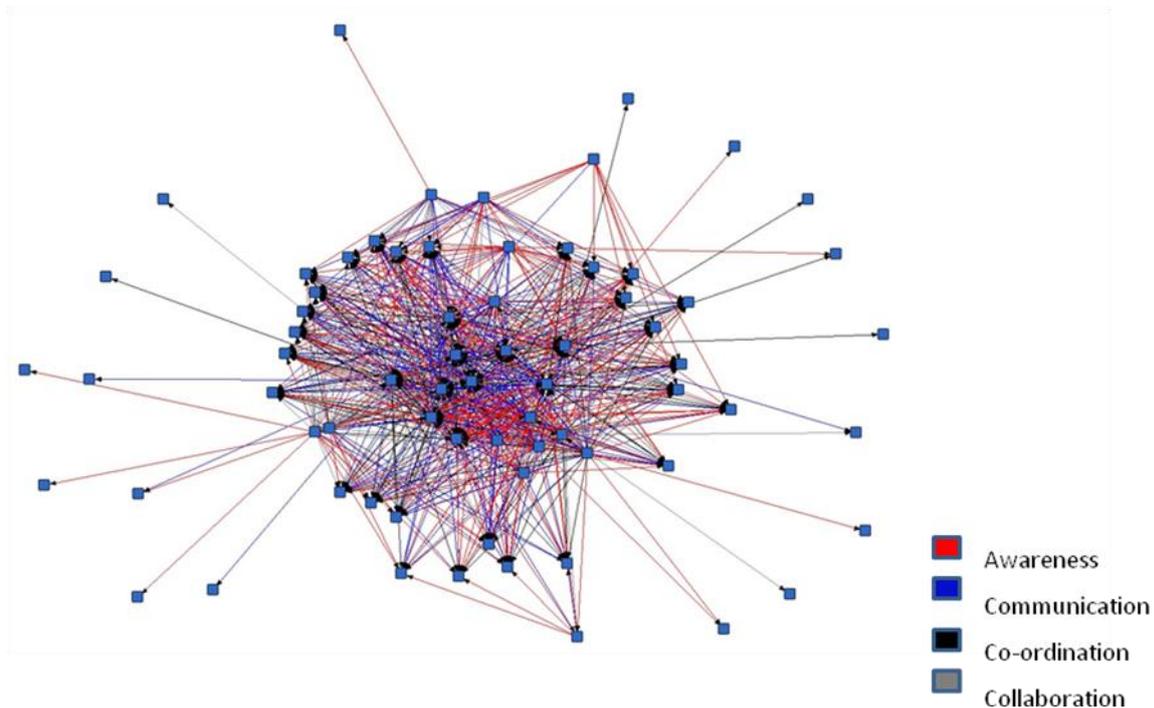
Integration within the Clarence River region featured a number of key agencies within the region that are central to connections amongst the sector. This is apparent by the concentration of eight service providers in the centre of the map whose relationship with others acts as a conduits for the rest of the sector (see Figure 6 below). Two reasons for this include the existence of an interagency within the Clarence River region which helps foster integration in the sector. The second reason may be the smaller size of the sector in the region necessitating a need to work together more and also facilitating the ability to do so.



**Figure 6: Service integration map of Clarence River region**

### **Richmond River region integration**

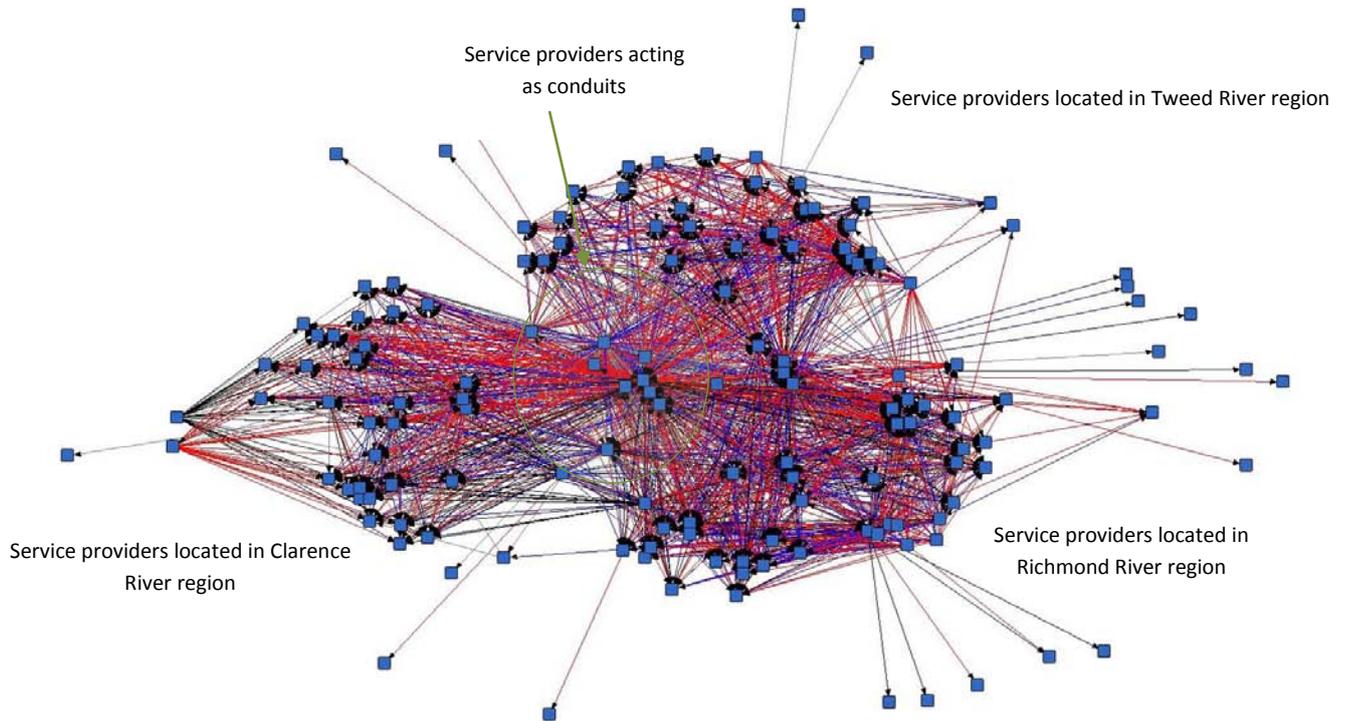
The profile of services in the Richmond River region is characterised by a number of factors. First of all, many larger multi-focused and government agencies are based in the Richmond region. By default, their roles include the facilitation of integration within the sector. The sheer number of services within the region and opportunities to network are also more than in the other two regions. The map below (see Figure 7) however shows a large proportion of awareness of other services (as indicated by the red lines) and less formal collaborative agreements (as shown by fewer grey and black lines in the map below).



**Figure 7: Service integration map of Richmond River region**

### **Integration across the three regions**

The predominant observation that can be made from the integration map for the region shown in Figure 8 is the obvious role the central organisations play in acting as a conduit between the regions. Connections between the Richmond and Tweed and Richmond and Clarence regions are more obvious than between the Clarence and Tweed regions. This can be expected given the geographic proximity of the regions as well as the location of larger organisations in the Richmond region (and their necessity to work across the regions). Once again the map is dominated by signs of awareness-only connections with lesser signs of collaborative ties (as shown by the predominance of red lines in the map below).



**Figure 8: Service integration map of three regions**

## Phase Two of research process: workshops

### Method

The second phase of the project included three sub-regional (Tweed, Richmond and Clarence) workshops. Workshops were organised at a sub-regional level, however there were no restrictions for participants to only attend a workshop within their region (or only attend one regional workshop). Multiple participants from a single organisation were also welcome in recognition of the known sub-regional clustering of connections and also an opportunity for region-wide service providers to work with sub-regional partners, both existing and potential.

Participants of the workshop were solicited through an expression of interest at the end of the survey (Phase One) where individuals could register interest in attending workshops. The Northern Rivers Social Development Council database and Project Advisory Group's network was also utilised to further promote the workshops and invite individuals from within the sector to participate (even if they did not participate in the survey).

The objective of qualitative research methods such as workshops is to identify and explore key themes and ideas, including those that emerged from the survey findings. Although each workshop was not designed to be an absolute representation of each region, the research team took a number of steps to secure the participation of as many agencies as possible to the project and to target those agencies who did not respond to the survey. In total 223 potential participants were invited to the workshops although the snow-balling technique was again employed to ensure any relevant stakeholder was able to attend, in which case the final number may have been larger, but difficult to ascertain. The final number of participants across all three workshops was 41, with 11 attending in the Tweed region, 17 in the Richmond region and 13 attending the Clarence region workshop. These participants essentially reflected the same agencies that participated in the survey.

The aim of the workshop was two-fold. Firstly, the workshops were hoped to act as a strategy for increasing local service integration and service system knowledge for all participants. Secondly, the purpose of the workshop was to communicate the results of the Service Integration Survey (Phase One of the project) and to identify and progress service integration initiatives and practices perceived as suited to the homelessness service systems in each of the Clarence, Richmond and Tweed River regions.

### **Structure of workshops**

The general format for each of the three sub-regional workshops was similar. All participants were asked to sign informed consent forms acknowledging their consent in participating in the workshop and recording and use of their comments (in accordance with Southern Cross University Ethics Committee Approval guidelines).

Each workshop began with a summary of the project's aims and phases as well as an overview of the current focus on integrated service delivery and an overview of existing and potential service integration practices. This was followed by an explanation of the project methodology, survey development, and presentation of the results of the service integration survey which was conducted during the previous Phase. Survey findings were presented according to an overall Northern Rivers regional snapshot and according to the sub-region where the particular workshop was being held.

Examples of existing current service integration models and practises were provided to the group to give participants an idea of possible strategies found within the literature they could then use to improve service integration within their own regions. These included service delivery level strategies such as shared information systems, staff secondments and local resource registers (amongst other examples) as well as organisation and system level strategies including joint/pooled funding, MOUs, integration pilots and common targeting strategies.

Participants were asked to identify and explain practices or strategies that work well either in their region or elsewhere, as well as practices that they were currently using (or were used elsewhere) that could be enhanced or improved.

Participants were first given time to consider these individually, before working in small groups to identify and elaborate on strategies. The smaller groups then reported back to the entire group on their findings.

## **Workshop results**

Across the three workshops, twenty nine strategies for service integration were identified. A summary of these are provided in Appendix 1. Sixteen of the twenty nine models identified as appropriate for a regional area by the participants were not already operating within the study region. Furthermore, of the thirteen local examples given, eight were the result of voluntary *Community level integration* initiatives reflecting the reliance on local capacity rather than deliberate policy or system level integration interventions. Participants who did put forward system-based integrated models were identified as holding senior management positions or people who had worked in metropolitan service systems.

The local examples of integration put forward by participants included specific homelessness prevention and intervention responses by government, for example, *Reconnect*, the *Tenancy Support Program (TSP)* and the *North Coast Accommodation Program (NCAP)*. NCAP and TSP are brokered case management programs targeting households at risk of losing their tenancies in the social and private rental housing sectors. The majority of examples given however were local initiatives such as partnership agreements between housing providers and support agencies, privately funded short term accommodation initiatives, outreach servicing, and service level communication and networking mechanisms. A 'service hub' in

one sub-region and a facilitated interagency network in another were identified frequently throughout the study as effective and replicable service integration models.

There was a firm belief that the strength of existing relationships within sub-regions was a primary facilitator of cooperation between agencies. It was also proposed that these relationships and the level of regional service system knowledge were preserved as a result of personnel remaining within the sector even if their actual positions or employer changed. It was suggested that this was a particular feature and potential strength of regional systems whereby employment choices are limited and people are reluctant to relocate outside the region to pursue alternative work opportunities. It was also noted however, that without sector development opportunities, a more static workforce may fail to take up new opportunities or approaches.

Participants were then provided with the opportunity to vote; selecting the top three strategies that they felt could be further developed or supported within their sub-region to further facilitate service integration. Strategies identified by participants for further researcher support included Service Hubs; IT supported communication and information tools; and sector-driven networking activities. Suggested strategies were further reduced because a number of agencies identified as key stakeholders by participants were not present at the time.

The results of the voting resulted in five priority service integration strategies which were identified by workshop participants and considered achievable within the current service system. These were *Integrated Case Management*, *Service Hubs*, *Networks*, *Project-based Working Groups* and *Integrated Aboriginal and Mainstream Services*.

In smaller (self assigned) groups (except for the Tweed Valley where an entire group discussion was undertaken), each of the top strategies (three in Richmond and two in the Clarence valley) were then further refined to establish: 'who needs to be involved?'; 'barriers to be addressed'; 'steps to implement the strategy'; 'existing resources and capacity; or necessary enhancements and opportunities to existing strategies'.

Strategies and methods of implementation identified within this process provided the basis of service support that was planned for development in Phase Three of the research project. Although it was made clear at this stage that not all of the identified strategies could be supported, summaries of all strategies were distributed back within the sector.

The research project team identified two strategies for implementation during Phase Three. They were identified after considering the findings from the workshops, the time and budget limitations in supporting the identified strategies, the absence of some members of the service system in the study as well as the objectives and deliverables of the project. The final selection was also influenced by consultations with service providers in the applicable regions. The two strategies selected were the establishment of a project-based Housing and Homelessness Network in the Tweed sub-region (incorporating a newly formed Service Hub working group) and the facilitation of an Integrated Case Management 'Do Tank' for experienced and early career case managers across the broader study region.

The need for a project-based Housing and Homelessness Network in the Tweed sub-region was identified at the Tweed workshop. Participants identified the need for a sustainable, project-focussed network that would include the full range of stakeholders involved in homelessness and housing to pursue a number of goals identified by Network members. The Tweed Housing and Homelessness Network development phase of the research drew on existing social capital in the region that had been generated through previous occasions where local service providers had banded together to achieve specific outcomes and also to establish a drop-in centre for people who were homeless. Efforts to secure the drop in centre had not been successful but a small group had recommenced work together to pursue this goal.

The facilitation of an Integrated Case Management 'Do Tank' came from the Richmond workshop where participants identified the desire to improve integrated case management across the sector in a manner which involved a care team and client-inclusive approach.

### **Additional outcomes from the workshops**

In addition to identifying strategies that would improve service integration, participants in all workshops also identified a range of systemic factors they believed would not be addressed through improved service integration. While members of the research service system were supportive of cooperation and collaboration within the system, they expressed reluctance to invest in service integration for its own sake. Obvious client benefits and individual service advantages were necessary prerequisites for most services to put in the additional time and effort required to increase connections with others given already strained resources. The researchers were also met with some cynicism and significant frustration about their focus

on the capacity of the service system without a parallel focus on housing supply. It was felt there was urgent need for systemic changes to increase housing supply and that working together more effectively will not address this intractable issue. Participants suggested there was a need for more public housing stock and incentives for private investment in affordable housing. It was also argued that the demand for Housing NSW assistance was increasingly driven by complexity of need which increased the numbers of low income working applicants simply unable to meet housing costs. The participants also recognised the need for more supported accommodation and access to short-term managed housing for young people. These issues were considered to be further compounded by the feeling of isolation experienced in regional areas where people need to move in order to access affordable housing.

The workshops also enabled participants to further elaborate on other service system barriers which inhibit integration. Many echoed the findings of the survey on a practical and localised level including a severe lack of transport options for clients between services and to accommodation opportunities; increasing client loads and increasing complexity of client needs; and centralised services with no local telephone contacts. Other barriers reflected more procedural or systemic issues such as service delivery personnel not involved in program development; lack of integration with Indigenous services; competition for funding and perceived gate keeping by some services; as well as a greater need for trust and goodwill and strong client focus within and across sectors. On a broader level it was felt that there was limited data on local homelessness and outcomes (with particular reference to those turned away by services). One mentioned barrier also reflected directly on the reliance of tourism in the region as a key economic stimulant and industry of high employment. The downside of this profile is the use of private accommodation for holiday accommodation, at substantially higher rental rates than would be attracted on a permanent basis. This factor both affects the amount of available stock in the market as well as the market value of that stock, further affecting housing supply and affordable housing issues in the region.

Other issues raised by participants in each of the workshops were the weak linkages between Indigenous and mainstream service providers as well as the relative absence of Indigenous services from the activities of the research project. The researchers found quite separate Indigenous service networks operating in the region but in spite of a number of attempts, were not able to secure their participation in the study. At the time of writing this report however, an Indigenous service provider had commenced a separate service

integration initiative within the region, and a number of mainstream service providers were involved in that project.

As stated earlier it was expected that the workshops would act as a mechanism for improved service integration in the region. In order to ascertain if this had occurred participant evaluations were conducted at the end of each of the workshops. Participants from all the workshops were asked to rate specific questions relating to the usefulness of the workshop as a means for increasing service integration. Ratings took place on a scale of one to four, with four being 'very much' and one being 'not at all'. The results were as follows:

- The workshops effectiveness in increasing participants' awareness of service integration: Rating 3.4.
- The workshops offered ways to overcome barriers to service integration: Rating 3.3.
- The workshops offered opportunities for networking and building relationships: Rating 3.8.
- The workshops offered opportunities for sharing information and developing ideas: Rating 3.9.
- The workshops encouraged participants to try new integration strategies: Rating 3.6.

These results show strong support for the researchers' prediction that the participatory focus of the workshops would stand alone as an effective tool for facilitating integration, increasing local service integration and service system knowledge.

### **Phase Three of research process: implementation of selected strategies**

The aim of Phase Three was to develop tools or models arising from the feedback of workshop participants to increase integration based on the needs of the sector and local opportunities.

## **Strategy One -Tweed Shire Housing and Homelessness Network**

A meeting was called with interested organisations within the Tweed region to discuss the establishment of a project based network. Nineteen participants representing fifteen different organisations within the Tweed and the neighbouring Gold Coast region attended. The participants were provided with background information of the events leading to the meeting and given a brief overview of the literature surrounding the use of networks. This included information on network development stages and governance options (see appendix two).

A representative from a neighbouring region's network also provided an overview of critical characteristics of a successful network. These included the need for a constitution of agreed values and goals that members would uphold and abide by; co-ordination of responses; a commitment to quality service provision and the belief that all initiatives and practices should be done with the wellbeing of the community and client in mind. A unified voice in communications with external parties, the sharing of data and research findings and agreement to work together in funding and lobbying were also cited as important to the role of the network.

A general discussion was facilitated amongst participants examining their expectations from a network. It was agreed to emulate the values and constitution of the neighbouring region's network as provided by their representative. It was also agreed there was a need for active links with neighbouring regions' service providers, as well as a desire to have broad representation across the sector including government, non-government, funded, unfunded, private and charitable organisations, as well as community members. The researchers agreed to devise a Terms of Reference for the Network based on existing examples and literature that reflected the desired values and intentions of the participants.

There was a strong desire expressed for the network to be action or project focussed which could be facilitated by the formation of smaller working groups consisting of interested network members to work on particular issues. At the time of undertaking the study, there was an existing drive within the region for a community services hub or drop-in service centre for clients. It was agreed that interested parties would continue to work on this initiative as a working group within the network, reporting updates back to the network as a whole.

The network reconvened 10 weeks later to discuss the draft Terms of Reference (See appendix three – shown as revised) with the view of passing them and solidifying the

network. The Terms of Reference was accepted with minor changes. The researchers distributed a network profiling tool (adapted from the depiction of a human services integration measure by Browne et al. 2004). Additional possible members were identified with individual participants committing to extend an invitation to those identified. An update of the specific working group of a drop-in centre was also given. Key roles such as secretarial and chairing roles as well as convening future meetings were taken by members of the network allowing the researchers to reduce their administrative role, allowing for an increase in the Network's autonomy away from the study.

The next meeting will convene in October 2011 (after the present study concludes). Agenda items include finalising and passing changes to the Terms of Reference, official launching of the network to a broader audience, a network work plan for priority issues and opportunities to broaden the membership base.

### **Strategy Two- increasing integrated case management**

As previously stated, workshop participants discussed the desire to facilitate increased integrated case management as a strategy for contributing to increased service level integration within the sector and regions.

The literature surrounding case management suggests it is needed to facilitate access, coordinate, and negotiate the best opportunities and outcomes for clients (Levine and Fleming' 1986; Oakley and Dennis, 1996; Rog et al. 1987). Morse (1999) suggests case management needs to focus on prioritising clients self-determined needs, client respect and autonomy and conducting assertive, community-based outreach. Further to this, effective integrated case management is characterised by a best-practise framework with a set of principles to guide case management across the service system; a team to support the client that includes professionals as well as people the client trusts and holds an existing positive relationship with; an evaluation process to measure the effectiveness of the case management and the development of one overarching case plan for each client (AJC, 2006). The guiding principles which allow this to occur include: a client-centred approach where the client is an active participant in the process; based on existing strengths within the team; and where there exists a genuine desire to advocate for the wellbeing of the client, respect for the roles of each of the team members and organisations represented and ability to recognise the diversity and complex needs of the clients.

These values, processes and principles were consistent to the interpretation of integrated case management provided by workshop participants.

Initially, the researchers met with key participants from the workshop who supported the idea of facilitating increased integrated case management as well as those identified as critical in developing increased integrated case management strategies within the region. From these informal interviews it was confirmed there was a need for a local sector driven strategy for increasing integrated case management.

In planning the strategy, the researchers looked within both the action research literature and the current expertise within the region and sector for avenues by which to facilitate increased integrated case management. Participatory action research places the researchers in a position of co-learners and puts an emphasis on participation at the community level to enable education and change (Minkler, 2000). For this methodology to be effective, it must take place at the group level, and must be a participative and collaborative process (Burnes, 2004). Working in this interactive way facilitates a 'realist' perspective (Gronda, 2009) and enables a focus on why, when and how an intervention works rather than attempting to identify 'what' works. The researchers concluded that a highly participatory process was especially relevant in the study region where services and staff are geographically spread. It was believed that an action focussed opportunity to work together, learn about each other and each other's services and the collective's potential would be especially valuable in building service system cohesion.

It was determined that a one day "DO TANK" (named in recognition of the fact it had to involve action as opposed to just thinking, as the alternative name "THINK TANK" suggests) would bring case managers across the three regions together to enable practical, on-the-ground and sector owned strategies for enacting increased integrated case management. Interviews with experienced facilitators who also work within the sector as case managers were conducted to refine the process by which the strategy could be facilitated. One interviewee suggested a strength-based process derived from McCashen's (2005) work with St Luke Anglicare would be an appropriate method for facilitating the day and devising opportunities and strategies for increasing integrated case management across the sector and regions.

The strength-based approach as described by McCashen (2005) suggests that the participant is the expert within the process and their knowledge should foster the development of strategies for change. The approach calls for participants to acknowledge

what is working well, and what needs to change in order to reach a desired ‘future picture’. The process encourages an action plan for what needs to be done to achieve the desired outcome which the participants having owned the process will commit to implementing. The strengths-based approach, in keeping with the principles of the Participatory Action Research framework of the entire project was deemed a suitable manner in which to proceed.

The DO TANK was attended by 21 participants representing 17 different organisations. Participants were first asked to define, based on their own understanding, integrated case management. The participant’s suggestions are summarised in Table 4.

**Table 4: Integrated Case Management definitions provided by DO TANK participants**

- |  |
|--|
| <ul style="list-style-type: none"> <li>- Involving and working alongside clients</li> <li>- Breaking down silos</li> <li>- Streamlining referrals; referral pathways</li> <li>- A ‘no wrong door’ approach</li> <li>- Common goals and outcomes for client</li> <li>- Preventing duplication</li> <li>- Understanding each other and mutual capacities</li> <li>- A strength based framework</li> <li>- Trust and respect in naming issues &amp; barriers</li> <li>- Working jointly as a single sector - coalface &amp; management, programs and funding</li> <li>- Advocacy and lobbying as a region</li> <li>- Sharing Knowledge, practices and resources</li> <li>- Relationships across the region matching client/worker needs to services</li> <li>- Awareness of barriers to cooperation -client behaviour / conflict/ lack of information/ competition for funding</li> </ul> |
|--|

In accordance with McCashen’s (2005) strength-based approach, participants were asked (in smaller groups) to identify the current state of play in case management. These groups then reported back to the whole group highlighting the areas that were working well. These included: a commitment to working together; having a good relationship with funding bodies; organisational support and culture to improve service integration and integrated case management; service level agreements and a knowledge and understanding of services and programs in the area. On the other hand, there was recognition of things that the sector felt needed to be changed. Some of these suggestions were client focussed, such as: clients getting stuck in ‘service land’ and having to repeat their story to each new agency; clients suffering from discrimination and being ‘dumped’ with agencies; misconceptions by clients of services’ capacity to help (and acknowledgement some of this comes from misinformation

from other services) and in some circumstances, clients being more willing to take responsibility for their role in the process. Other suggestions were capacity driven including a lack of resources (including housing stock); the limiting capacity a high part-time workforce has on available time and waiting periods; and balancing capacity and resources to include involvement in collaborative and networking opportunities. The need for more participation by certain peripheral services was also mentioned along with being more innovative in approaches (including the use of technology).

Moving on from the current situation, participants were then asked to consider actions or goals that could provide more opportunity for integrated case management. Participants echoed once again the findings from the workshop and survey phases (and it should be noted at this stage that although some participants participated in the previous phases, there were new participants joining along the way). Of prominence was the desire for an interactive asset/resources website that would include a snapshot of service/ program capacity. Other features of this website would include: an intranet component for service/worker communication; a regionally defined database of services, staff, and access criteria; links to agency newsletter, events, and minutes from relevant inter-agencies, networks and committees as well as information pertaining to funding opportunities, news stories and lobbying and advocacy opportunities.

Another suggestion included the development of a common understanding of best practice in referrals through a feasibility study, assessment and evaluation of current practices as well as identifying needs or gaps in communities with the view of offering collaborative services and support across issues. For example, women, people with disabilities, accommodation, and youth. Better integration with selected key services was again raised.

Some suggested actions were, however, already established within the region and therefore attention turned to the possibility of improving or better promoting these initiatives within the region and sector. These included better local media promoting service availability and community awareness as well as a forum for bringing together homelessness and housing activities and initiatives.

By the end of the DO TANK, participants had clearly identified a desired future picture (Appendix Four) for integrated case management established through a clear understanding of the strengths-based process identifying current situations, future goals and necessary actions. It should be noted though that there was a strong reliance on the researchers to take leadership of the suggested initiatives. This does not solely reflect a reliance of the

research project to continue momentum in driving the initiatives. In some cases, the researchers' organisations were identified as the most appropriate driver of initiatives. It is however disappointing from the perspective of needing "champions" and "leaders" within the sector who are willing to self-nominate responsibility in driving goals to fruition.

## **Discussion and homelessness research contribution**

Consistent with the objectives of the Commonwealth and State and Territory Governments, this project assumed the benefits of a more integrated service system in meeting the needs of people who are homeless or at risk of homelessness. It attempted to increase knowledge of non-metropolitan service system capacity to improve levels of integration. This knowledge is drawn from a study of one regional area and includes an account of particular regional service integration facilitators and barriers as well as integrative strategies considered to be suited to that region.

The information gathered through this project and the processes it employed will be useful to other regions seeking a similar understanding of their homelessness service system. It will also assist the processes of policy development and program administration to extend the reach of government homelessness intervention into regional locations.

The contribution of this research to the homelessness evidence base pertaining to regional service system capacity and potential is outlined below and linked to the research questions posed.

### **1. What service system integration models work in regional areas?**

The range of homelessness service integration models currently employed in Australia includes a mix of system and operational level interventions which may involve one or multiple sectors of the human service system at either or both system and operational levels. They may also be driven by senior personnel from one or multiple points in the service system – government or non-government ('top down') or be community based, relationship driven initiatives ('bottom up'). And further, they may include the provision of housing or be support-only mechanisms. The models identified in this regional study are primarily operational level support-only strategies instigated and managed through existing relationships and networks within the local service system.

These community level linkages are identified by Fine et al. (2000) as being particularly suited to non metropolitan locations. They tend to result from locally identified needs and opportunities and can provide local level networks from which to achieve varying levels of integration depending on the level of commitment and support they receive from the broader service system. The nature of existing networks in the study region suggests a very limited recognition of the potential of these structures to achieve greater service integration (by the

broader service system and to an extent, the networks themselves). This potential is illustrated however by the success of one established network within the region which was cited at each stage of the research. This example of facilitated coordination is resourced by local government and the role specified in that Council's related position description and built into relevant planning documents. Without broader support and commitment, the ability of local networks to provide higher levels of service integration, particularly resource intensive strategies, is significantly restricted.

The implementation of single site integrated initiatives is potentially less resource efficient in regional areas due to the dispersed nature of service users and services and lower levels of support infrastructure, including system level personnel. This does not mean however that this type of intervention would not be appropriate in some regional locations. One Stop Shops and Service Hubs for example were identified by research participants as suited to the larger centres within the study regions – 'regional' models also identified by Fine et al. (2000). Research participants stated however that the lack of affordable housing seriously weakened these models.

The participants' view that integrated responses to homelessness require the provision of housing is repeated in the literature (for example, Locke et al. 2007; Gronda, 2009; Flatau et al. 2010, Phillips et al. 2009). The homeless service integration literature in fact focuses heavily on support plus housing models such as Common Ground, Supportive Housing and Foyers.

A number of references were made by research participants to the absence of housing in the State government's regional response to homelessness – the North Coast Homelessness Action Plan. One workshop participant called for "no more homelessness initiatives without homes"; referred to similarly by Gronda (2009) as 'houseless initiatives'. The study region is a high growth area with very high absolute housing costs and low income levels relative to those of the State overall. The region also has a significantly lower level of social housing as a proportion of total rental housing than the State level and a resultant dependence on the private housing market. Furthermore, it has failed to attract its share of investment through the Commonwealth Government's affordable housing supply initiatives (the National Rental Affordability Scheme and the Housing Affordability Fund).

This study supports the view that locational variations in service system capabilities result in locational variations in service system outcomes (Gronda, 2009) and suggests that integrative mechanisms that can compliment and build on local capacity are likely to result in

more predictable and more evenly dispersed outcomes regardless of geographic location. Research participants' advice also indicates that a mix of system and operational level interventions is required and that these should include multiple sectors which are supported by the necessary level of authority and skill set to manage and implement integrated service responses. This does not appear to vary from how the literature generally instructs the formation of integrated service systems (for example, Randolph et al, 1997; Jones et al, 2007; Wihlman et al. 2008 and Phillips et al, 2009). Currently however, there is little evidence of this approach spreading or 'trickling down' into non metropolitan locations. What appears to occur in regional settings is operational level integration which is centred on information sharing and communication mechanisms with some additional service level agreements.

The need to compliment informal connections with formal agreements and partnerships, the importance of senior level involvement and dedicated facilitation were all identified by research participants. Senior level involvement was referred to both in the context of providing the necessary level of decision making authority as well as providing evidence of the legitimacy of and commitment to service integration. This reflected the participant's understanding of the correlation between the levels of authority involved in integrative strategies and the types of integrative mechanisms that can be achieved (Phillips et al. 2009) and a recognition of the lack of connections through the levels of the system from program administration to service providers. This is also referred to by Phillips et al. (2009) whereby MOUs at the system level do not necessarily flow through to the operational level.

This study indicates a limited range of models available to regional service systems due to their reliance on operational options and restricted opportunities to participate in or generate system level mechanisms. The study therefore suggests that a more useful approach to identifying service integration models suited to regional locations is to shift the focus from models *per se* to the differential impacts of homelessness from a place based, contextual perspective (Gronda, 2009) including local response capacity. Contextual influences include for example, access to specialist services, level of government presence, geographic spread of services and service users, access to transport, housing supply and level of regional disadvantage. An understanding of these local contextual elements can provide the framework to design and implement any integrative mechanism – top down or bottom up; system or operational level. This approach also enables better targeting of particular service integration barriers and presents opportunities to utilise local strengths.

The key strengths identified in the study region included a strong shared belief that working collectively is necessary (for effective client outcomes and for service system efficiency); the level of existing strong and trusting relationships and, the local knowledge and experience within the service system. The importance of each to achieving service integration is supported in the literature. Of interest were views expressed about the relatively static nature of the region's human service workforce, due to limited alternative employment. On the one hand, this was viewed as a regional strength due to the longevity of workforce relationships and linkages, and the extensive collective knowledge and experience of service integration. On the other hand, this could be seen to limit employer choice and opportunities for new workers.

The study participants who identified as working at the service delivery level considered access to information and opportunities for communication to be the primary facilitators of effective service integration. The responses from those in management roles however, generally favoured more formal mechanisms such as joint planning, protocols and agreements. This highlights the potential influence of varying perceptions within the service system. The relevance and usefulness of any coordinating mechanisms tends to depend upon which perspective is being used to make that judgement. For example, a worker at the service delivery level is unlikely to appreciate the value of common processing and evaluation mechanisms or cross sector training when working directly with distressed clients, primarily in a crisis response situation. Similarly at the program development and administration level, personnel are unlikely to fully appreciate the practical importance of access to accurate service information and the availability of other support personnel. Opportunities for multi level and multi sector personnel to work together, like those provided by the research workshops can help to break down these role-tied views through increased knowledge and understanding of mutual roles, capacity and imperatives. This is supported by comments of research participants relating to the usefulness of the research workshop.

The importance of acquiring current knowledge of other agencies through networking opportunities was also the primary focus of this study's case management workshop, particularly in relation to the inter-agency practice of referrals. Sound knowledge and understanding of the role and functions of other agencies was considered critical to appropriate referrals. This was also reported by Paterson (2000) in relation to a facilitated coordination project in regional and outer metropolitan sites.

To develop and sustain integrated service responses, sector capacity building needs to be recognised as a legitimate and necessary role within service delivery. The effectiveness and efficiency of any integrative intervention is also likely to be enhanced if it builds upon local expertise and facilitates practices viewed by service delivery personnel as useful. This achieves buy-in due to existing local investment and capitalises on existing connections. This is considered especially important in locations with significant gaps or deficiencies in service system ‘membership’ and infrastructure which often require local level compromise or innovation to overcome these constraints. This study also supports the view that greater local involvement of the system level is also necessary for improved integrated responses to homelessness in regional locations.

It is increasingly noted that there is limited evidence of model efficiency generally (for example, Phillips et al. 2009) and in regional application in particular. However, this research supports the reasoning that there is sufficient information about specific non-metropolitan strengths and problems to warrant greater resourcing and trialling of a variety of service integration models outside metropolitan settings (Roufeil and Battye 2008); particularly critical are models which include the provision of both supported and unsupported housing.

## **2. What are the barriers and service system gaps that need to be addressed to maximise service integration in a regional setting?**

The previous discussion suggests that the capacity of a regional service system is determined by the enabling or limiting effect of multiple factors. A number of the barriers to homelessness service system integration identified in this research are likely to be considered common to most regional settings (see Table 5). The impacts of these barriers vary however due to additional location specific or contextual conditions which have a considerable bearing on the outcome potential of any initiative.

Specific barriers identified repeatedly by research participants neatly mirror a number of the integration facilitators they considered essential; that is, acquiring adequate knowledge of other services, opportunities for communication across the system, integration ‘drivers’ and facilitated coordination mechanisms, the commitment from senior personnel and government; and, access to housing opportunities.

**Table 5: Examples of common and contextual barriers to regional service integration**

<p><b>Examples of common barriers:</b></p> <ul style="list-style-type: none"> <li>- Geographic spread of services and service users</li> <li>- Gaps in the service system due to lack of economies of scale</li> <li>- Limited transport services</li> <li>- A limited range and choice of support services within the service system</li> <li>- Limited access to policy and program personnel and information</li> <li>- A predominantly part-time workforce</li> <li>- Reduced levels of human resource support and development opportunities (due to organisational size and location)</li> <li>- Resource constraints</li> <li>- Strong reliance on private housing market</li> </ul> <p><b>Examples of contextual barriers:</b></p> <ul style="list-style-type: none"> <li>- Poor relationships between critical services or providers within the service system</li> <li>- Limited communication and networking between services</li> <li>- Inadequate staffing levels and/or skill set</li> <li>- Absence of specialist support services</li> <li>- Limited affordable housing opportunities</li> </ul>
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The role of access to information and networking opportunities has been discussed in the previous section. The importance of local ‘drivers’ and facilitated coordination (Randolph et al. 1997; Roufeil and Battye, 2008; Phillips et al. 2009) and leadership and decision making authority (Provan et al. 2004; Phillips et al. 2009) is also well supported.

Regional service systems require dedicated support to establish and maintain effective local communication and networking structures and to meet the additional resourcing involved in achieving this. Throughout the project, the tension between workload and resource pressures and the value of coming together was expressed. This added pressure is due to the distance between services and related travel time, low staff levels which don’t permit staff absences without staff replacement capacity and, the relatively small resource base of regional systems. The importance of access to reliable information and means to connect with other elements of the service system is especially important for frontline workers in regional areas with very limited access to peers and worker supports. Dedicated coordination facilitation in regional locations can not only carry the burden of service integration but also assist in building the reputation of the service system and address strained relationships which can seriously weaken cooperation. This additional support is also required to link with absent and/or more difficult to access service system components – for example, senior program administration personnel and mainstream sectors of the service system.

The identified difficulty in securing commitment from senior levels represents a two way impediment to improving service system knowledge (Cross et al. 2002). The lack of government policy and system level involvement and government involvement generally was noted in all research workshops and subsequent model development activities. This was explained by the low levels of staffing of government agencies but it does support the reported need for greater commitment and education of the system wide roles and responsibilities for addressing homelessness. This lack of clarity and the separation of roles is considered to limit the potential for achieving coordination (Brown and Keast, 2005).

Policy and system level integration like operational level integration is not mutually exclusive. Policy level integration frameworks need to be informed by the service delivery level of the issues that aid and constrain integration at that level. Similarly, and as previously explained; operational level integration is significantly limited without the involvement and support of system level personnel and concurrent system level change.

Not all identified service integration barriers were seen to also have the opposite facilitating potential of those discussed above. The geographic spread of services for example was reported by participants as a significant service integration barrier. This related to the impact on service resources and workload levels of workers travelling to attend networking and training activities as well as the often long distances and costs involved for clients to access services within a region with severe transport limitations. This last issue of absolute gaps in the service system is raised by Beer et al. (2005) and also highlighted in the profile and listing of funded homelessness services in the region (NSW Government 2011).

A number of these absolute gaps in the 'suite' of available services have been filled in several locations in the study region by the private sector which introduces another dimension to the nature of system membership and system connections required.

The identified lack of connections or access to some services and agencies was seen by research participants as a significant weakness in the service system; for example, the difficulty in linking with health services (also noted by Phillips et al. 2009). This is also a noted weakness in this research whereby the researchers were unable to include health personnel in the study. Initial discussions between the researchers and the health department confirmed the mutually perceived benefits of the health sector's involvement in the study. However, in spite of research approval from the Ethics Committee of Southern Cross University, the researchers' approach to the relevant health professionals led to

further independent and staged ethics clearance requirement. These additional requirements could not be met within the project timeframe.

Access to State-wide programs such as Housing NSW's rental support and emergency accommodation support programs were also identified by participants as impacting differently in regional locations as they do not currently allow the same access to regional clients due to limited physical presence or limited opening hours of this agency's partners.

The role of housing in integrated homelessness responses has been discussed in terms of housing supply. A further complication for service integration efforts in the study region and elsewhere is that while housing providers increasingly want to connect with support services to support *existing tenants* to maintain those tenancies, support services are seeking agreements with housing providers to access housing for eligible social housing *applicants* – two different client groups. These local agreements represent service integration at the agency level but with such limited housing opportunities, they don't integrate services at the consumer level. Project participants also pointed to the people at risk of losing their housing due to high cost and low incomes yet who don't qualify for housing or for support (Phillips et al 2009) because as demand increases, criteria tightens. This situation creates tensions and impacts on the perceived value or performance of particular agencies as well as the level of trust and cooperation between social housing providers and support agencies.

The need to increase cooperation between the service system (including social housing providers) and private housing providers was also identified in each workshop and these relationships were reported as strained in some locations. In regional locations where support services and housing providers are few in number, building the support system's reputation in the broader community is especially important. Addressing practices that damage that reputation (for example, delayed payments to private emergency accommodation providers) and generally increasing mutual understanding are considered very important in locations so reliant on the private housing sector. It is suggested that a government supported communication strategy be developed and implemented, designed to increase community understanding of issues relating to homelessness and strengthen links with the real estate industry. While this initiative is considered necessary, it is also clear that the private housing sector cannot meet the increasing housing demand, particularly for affordable housing.

In locations experiencing a severe affordable housing shortage, accurate profiles of housing supply and demand are needed. The National Housing Supply Council reports provide

'capital city' and 'rest of state' information only which has very limited use at a regional level. The support of State and Local Government is required to access this information and to develop informed regional housing strategies. As opportunities become available, this baseline information and agreed plans can inform State and Commonwealth Government decisions relating to resource targeting and the need for specific measures. A current example would be the quarantining of a proportion of government investment in housing supply initiatives specifically for regional application.

Policy and program development processes often consider generically occurring integration constraints but they generally overlook location specific or contextual barriers (or opportunities) and are considered less likely therefore to mitigate negative influences or achieve potential intervention outcomes in some locations. It is considered more effective to approach program development jointly between the system level and the operational level of the service system and further, to utilise the expertise and knowledge of both regional program administration and program delivery arms of the service system at the point of intervention. This is a critical service system integration mechanism which also enhances understanding at both system and operational levels. Logically, the ongoing administration and review of this integrative information mechanism involves the same partnership. This process requires streamlining to enable it to occur easily and become common practice.

Existing structures to facilitate this process in the form of sub regional networks and regional managers groups and planning committees already exist in the study region (and likely most regions) but the former require further support and legitimacy and the latter are not currently used in this way.

Of note in the research region, there are also growing cross-border connections at the operational level and these relationships are relevant to program administration in the region and again, to broader policy level intelligence.

### **3. What is the potential for increased cross sector collaboration in a regional setting?**

The range of participants successfully recruited to participate in this research did not fully reflect the membership of the homelessness service system in spite of the researchers' attempts to achieve this. It is believed that the difficulty in attracting broader participation was

due in some cases to limited ability of personnel to be away from the workplace to participate in research activities. A further and more influential factor is believed to be the perceived specialist nature of service provision to people who are homeless or at risk of homelessness. The project was likely to be considered irrelevant to many of those invited to participate.

Full cross sector collaboration in a homelessness service system refers to linkages between the elements of the system that are involved in meeting the broad range of needs that a person may have including housing, financial assistance, health services, educational support, legal assistance and so on. The experience of this study's efforts in this regard indicates that any sustainable linkages between these sectors would require integrated system level change. This difficulty has been attributed previously (Phillips et al. 2009) to cultural and philosophical differences which impact heavily on developing mutually agreed goals. Attempts to build linkages at the operational level can develop good working relationships with a number of sectors but are invariably less successful with others. This is made more difficult in regions with significant absolute gaps in local service system membership.

A necessary prerequisite to bridging these cross sector limitations is a clear understanding of the full membership of the homelessness service system; the various roles, responsibilities, the contributions of each member and, the development of specific and shared system integration goals. As well as this significant shift in perspective, the legitimacy and importance of both system functioning objectives and client focussed objectives needs to be supported and both built into policy and program development processes. Developing this understanding and acceptance requires time and persistence and genuine networking and sector building capacity within each level and sector of the system. Initially however, like a number of integrative measures discussed previously, it is likely that working with and supporting existing relationships and linkages may provide a workable framework.

There are existing regional networking structures and regional manager's mechanisms which comprise cross sector membership to some degree. These structures are well placed to build on their existing cross sector connections. (They would also be aware of local contextual issues which may aid or impede this linkage building). This would require a deliberate focus and dedicated support to strengthen these links at this operational level and a shift in focus by the program level to one of regional service coordination. It is suggested

that the way to improve cross sector collaboration at the policy level is through the support of this 'bottom-up' approach.

A further consideration in the discussion of strengthening cross sector connections is the increasing role of the private sector – both for profit and benevolent components – in the homelessness service system. Support for this involvement through the acknowledgement of their contribution and an invitation to participate in network structures would strengthen these connections and potentially lead to increased partnerships.

#### **4. What aspects of the findings can be generalised to other non-metropolitan settings?**

A 'service hub' in one sub region of the study area and a facilitated interagency network in another were identified frequently as effective and replicable service integration models within the region. Most regions are likely to have examples of these integrated structures. While judged valuable and effective, these mechanisms have limited geographic reach and are effective at the sub-regional level. There is significant scope to make better use of both models and the resourcing required is very small, particularly relative to models requiring dedicated buildings and on-going housing provision for example. In reference to these resource intensive models however, it is believed that regions encompassing medium to large urban settlements would efficiently utilise small scale Housing First models, and supportive housing initiatives.

The use of cross sector regional managers groups is also considered a suitable and achievable service integration mechanism in other regions but this may require the necessary refocussing of purpose to prioritise regional service integration.

The practicality or wisdom of replicating service integration strategies is not discussed explicitly in the literature except in more recent studies which acknowledge that intervention replication is difficult and draw attention to the influence of contextual factors. The more prominent contemporary advice is to approach development and implementation of service integration strategies or even single program initiatives from a place based perspective.

As previously discussed, locational factors such as service size, existing service system linkages, geographic spread of current and potential service clients, housing availability, staffing levels, government presence and, overall resource levels all impact on local service

system capacity. The impact of these factors is considered to be more acute in locations with service system deficits such as the absence of some agencies considered to be critical service system elements. This is further exacerbated in many locations by issues such as lack of transport services and a heavy reliance on the private rental market.

There are likely to be local 'champions' found in many non-metropolitan service systems but this cannot be assumed and should not be relied upon. Outreach servicing is also a common strategy used in areas where services and service users are dispersed. This is dependent on good relationships between the visiting and the host agency, worker self reliance and it can be very human resource intensive, particularly where agencies travel to multiple locations across a region to provide their services.

It is likely that the factors which facilitate service integration identified in this study will be found in other regions. In particular, strong and enduring relationships between operational level individuals and agencies and, the value placed on good communication mechanisms and opportunities to network effectively across the service system would be expected. It is also believed that any service system, but especially those in non metropolitan locations, would utilise web-assisted information and communication tools and 'communities of practice' activities and networks like those used in this study. These are essentially service delivery level mechanisms but they require additional system level support to improve utility and sustainability. This level of support would bring the necessary decision making authority to affect change at the system level including the more formalised policy driven cross sector linkages necessary.

On the basis of this study, the belief that service integration is important is also likely to be common in regional settings, again, due to the generally reduced capacity of these service systems in terms of resource levels, size and membership. While this belief is likely held, it is suggested that there is probably a lack of a system wide understanding of the breadth of the system in terms of the sectors involved and their roles and responsibilities. Further, there is likely to be general frustration about limited service integration action and leadership from those with the authority to achieve this.

## Policy implications

This study raises a number of issues relating to the development and sustainable implementation of service integration strategies generally but in particular, those suited to non metropolitan settings. This is not considered to be a process of selecting ‘what’ models work but developing an understanding of place based capacity and how this can vary and be influenced. This study also highlights the limited potential for service integration at the operation level in the absence of supporting system level integrative practices. The following considerations may enable better prediction of intervention outcomes and increased service integration in non-metropolitan locations:

- Program design from a ‘place based’ perspective to service delivery incorporating specific sector capacity building and cross sector service integration objectives. This approach would include:
  - supporting and resourcing the role of service coordination and related information and communication processes
  - revising program specifications and reporting instruments to include both sector functioning as well as client focussed outcomes
  - revising program specifications to provide greater flexibility at the local level to adapt to local service delivery conditions
  - vertical communication links that streamline information and communication flow between the system and operation levels of the homelessness service system
  - building linkages based where possible on existing operational and program level networks
  - the development of regional agreements through the support and use of existing regional level networks which draw from active local connections with service delivery agencies
  - deliberate use of local and regional cross sector linkages to build ‘bottom up’ cross sector collaboration
  - specific strategies to engage mainstream services within the homelessness service system, in particular, health, education and training, correctional services
  - the provision and use of regional level data (growth and demographic change predictions, housing supply and demand)

- System level participation (government and non government) in operational level integration and networking mechanisms to increase mutual knowledge and respect and increase decision making capacity
- System wide communication on the diverse nature of homelessness, the necessary cross sector connections and the importance of improved system functioning in achieving outcomes for clients
- Broad service system participation in service system research, planning and evaluation activity.
- Strengthened links with the private sector involved in the service system through greater inclusion in communications and networking activities and addressing practices identified as weakening relationships with private sector housing providers.

## Conclusion

There are service integration strategies considered specifically suited to non metropolitan homelessness service systems and these are generally community level support initiatives. More resource intensive support with housing models are also likely to work well however, particular in areas with medium to large urban centres. In determining appropriate service integration mechanisms in a regional setting it is considered more instructive to consider the influence of contextual variations that occur from location to location; to assess local capacity (both strengths and limitations) and, to tailor interventions jointly with that particular service system, drawing from local knowledge and existing linkages. It is also important to understand the level of integration required – system wide requiring policy driven change or local service delivery level linkages. This regional approach requires established and reliable linkages between the level of intervention delivery, the relevant regional level program administrators and the State level policy and program development processes.

As is the case in metropolitan settings, regional homelessness is diverse and requires a mix of responses, integrated and otherwise. Also in common with Australia's cities, high growth regional areas are experiencing severe affordable housing shortages. Service integration alone cannot achieve this critical housing supply response to homelessness.

Finally, individual, organisational and program level responses to homelessness sit within a broader homelessness service system and the effectiveness of that system in any location is influenced by the breadth of its membership and the nature of linkages between these system members.

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## APPENDIX ONE: IDENTIFIED SERVICE INTEGRATION STRATEGIES – Strengths, Weaknesses and Opportunities/Examples

IDENTIFIED SERVICE INTEGRATION STRATEGY	STRENGTHS	WEAKNESSES	OPPORTUNITIES/EXAMPLES
<b>1. Community/Service Hub</b> Specialist or add on to existing service providing service collocation and outreach opportunities	Minimises repetition of client information Uses existing service with existing client trust leading to trusting others services that become involved Increases trust between services and encourages working together Ease of referral Extends reach of local services	Single location limits access for people from outside town without transport Brokerage service not always included (but necessary) Excludes provision of housing -shortage of housing - needs linkages to private rental market No recurrent funding	Local Community Centre cited eg. Replicable in other Community Centres or multi focussed agencies in other locations Eg. Micah, Brisbane - services include Housing, homelessness, financial, Centrelink, medical, legal, employment, drug and alcohol
<b>2. Co-location of services</b>	Physical proximity Improved access for client and service Greater opportunities for evaluation and change. Enables consultation and knowledge exchange between services	Physical proximity alone is not sufficient– requires overarching organisational culture of client-focussed, respectful and cooperative service delivery	Local examples cited
<b>3. Electronic website – register/matrix of services</b>	Accessible and current service information including elig. criteria, geographic boundaries Improved quality of referrals and service system knowledge	Not a replacement for meeting with other services Require one recognised regional directory	Egs HSNET, Service Finder [Centrelink], Service Seeker, local government community directories. Lifeline national directory, other agency developed data bases.
<b>4. Networks/Interagencies</b>	Opportunities for formal and informal partnerships and information sharing Increases trust and goodwill Improves understanding of and respect for other service/sector capacity Assists identifying gaps/duplication	Perceived as talkfest/no action Time constraints Competition between members for funding impacts on trust and goodwill Potential lack of momentum, direction and continuity. Lack of senior level support	Local examples cited Requires dedicated resources, identified 'driver', strategic focus and planning & evaluation framework. Project driven approach favoured. New funding opportunities Undertake local research
<b>5. In-house case management</b> Short term housing with case management	Provides living skills in preparation for private rental tenancy	Lack of 'exit' opportunities due to housing shortage	Womens refuges
<b>6. Case management</b> Care team approach; client may be present and involved in process.	Addresses crisis plus follow up support post crisis Roles and responsibilities established Timeframes and goals set Ideally includes brokerage to obtain other support/s	Often connections based on worker relationships, not organisation level leading to potential weakness as staff change Needs process to identify which services have been involved with client Part-time workforce - difficulties establishing meeting around staff availability	
<b>7. HASI (Housing and Accommodation Support Initiative)</b>	Formalised through Service Level Agreements and MOUs with services	Tightly targeted; limited access	Program success verified by clients

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IDENTIFIED SERVICE INTEGRATION STRATEGY	STRENGTHS	WEAKNESSES	OPPORTUNITIES/EXAMPLES
Top down partnership between NSW Health, Housing NSW and ngo sector targeting people with a mental illness.	Includes housing provision Includes resources for case worker and case planning; flexibility at local level		
<b>8. Tenancy Support Programs</b> Case managed support coordination to assist households to retain and maintain tenancies	Prevention strategy Whole of family approach Informed communication - client needs Program driver Brokerage funds to obtain services Advocacy on behalf of tenant Proof of support to maintain tenancy Potential to involve wide range of services dependent on client needs	Primarily available for families only Difficult to secure case managers Pilot projects – future of strategy	Regional examples cited
<b>9. MOUs</b>	Flexibility – suited to particular client groups e.g. Indigenous Services	Not always applied at service delivery level	
<b>10. Service level agreements</b>	Specified roles and responsibilities Capacity to troubleshoot Good client support Trust, respect and goodwill Increased equality between govt and non govt services Sharing of ideas to address barriers Acknowledged service limitations Joint planning and review processes Agreed client outcomes Continuity of service	Requires clarity of roles and boundaries and understanding of client group needs Gridlock – no exit options due to lack of housing. Requires specified communication processes	Regional good practice examples cited -assigned housing under support agreements.
<b>11. Reconnect</b> Supporting young people 12-18 who are homeless or at risk of homelessness.	Early intervention service Service Level Agreements incl. Centrelink Social Workers Wide referral network	Difficulties accessing housing for young people	
<b>12. Senior Indigenous staff appointments</b>	Linking services with indigenous services and promoting connections with other services Improved service system integration	High demand for Indigenous workers generally	Regional example given
<b>13. Regional Housing Forum</b>	Events Information provision/collection Networking opportunities		Northern Rivers Housing Forum
<b>14. Centrelink Emergency Payment and referrals</b>	Strengthens links between Centrelink and local service providers	Requires further follow up of outcomes after initial referral to service	
<b>15. Housing Pathways</b> Integration of State& Community Housing application and allocation	Single application to all social housing providers Same priority assessments used	Lack of housing Not all participating housing providers offering full range of services	

IDENTIFIED SERVICE INTEGRATION STRATEGY	STRENGTHS	WEAKNESSES	OPPORTUNITIES/EXAMPLES
processes and other Housing NSW services – available from any participating provider		System difficulties Lengthy and complex forms	
<b>16. Love Bites Program</b> Relationship violence prevention program targeting 14-18 year olds (developed by National Association for Prevention of Child Abuse and Neglect).	Violence prevention through education Increased level of engagement with schools after running the course	Requires additional resources therefore strains regular service provision	Potential for further/ongoing contact with schools
<b>17. Peer service reviews and evaluations</b>	Increased knowledge of service operations and capacity Knowledge/expertise transfer		
<b>18. Housing NSW RentStart</b>		Real Estate agents reluctant to participate due to late payments from Housing NSW. Application form and process needs to be improved.	
<b>19. Housing NSW Emergency Accommodation Support</b>		Not working in regional areas (many locations without local Housing offices, reduced opening hours of community housing providers, not accessible for clients due to poor transport, clients must source, negotiate then access, own housing, very limited housing available, some locations have no crisis accommodation providers	Information program for crisis accommodation providers – motels, caravan parks Directory of crisis accommodation options
<b>20. Indigenous Service integration with housing service system</b>	Increased capacity of sector to respond to indigenous population Increased understanding of indigenous issues/specific needs Improved access to mainstream and non indigenous services	Non-indigenous services need better access to advice on indigenous issues, services and resources to better support indigenous clients Need whole of sector, client outcome focus	Increased indigenous service membership on interagencies  Service collocation Targeted staff recruitment
<b>21. Regional and sub-regional data and information bank</b>	Regional information on barriers and service delivery issues from the sector to feed into and inform State-level planning and decision making processes. Services drawing from same data and information in submissions strengthen local claims and positions.	Scarcity of small area data Lack of information on clients turned away by services (masks need)	Resourced local research Expansion of existing data collections to provide data at local government area level
<b>22. Consortium</b> Joint initiatives and joint funding	Scale Shared knowledge/expertise	Trust and goodwill is critical	Local and out of region eggs cited
<b>23. Lead tenant model</b> Rent free volunteers acting as role	Provides independent living skills, support and supervision	Requires on-going subsidy due to low youth income levels (may not be viable in high costs areas)	Victorian eg. Local services looking at suitability

SERVICE INTEGRATION IN A REGIONAL HOMELESSNESS SERVICE SYSTEM – FINAL REPORT NOVEMBER 2011

IDENTIFIED SERVICE INTEGRATION STRATEGY	STRENGTHS	WEAKNESSES	OPPORTUNITIES/EXAMPLES
models and mentors for 16-25 yo.) in private rental housing	Rent history		Youth Connections may be able to take up this model
<b>24. Dept Premier and Cabinet – Anti-social Pilot Program</b> Assessment and intervention of cases that aren't moving forward	Targeted and intense intervention with additional resources for case planning and expedited processes Involves senior management from Health, Community Services and NGOs.	Resource intensive Pilot program outside the region	
<b>25. Haven Housing (Vic)</b> Clients with complex needs	Housing with support	Victorian initiative	
<b>26. Community Partnership against Domestic &amp; Family Violence</b> An example of top-down integrated service delivery	Emphasis on streamlined referral process Dedicated coordinators and steering committees in each location Co-location with Police Station (through MOUs)	Resource intensive Outside Northern Rivers Region	
<b>27. NRAS</b> (housing supply initiative) Partnerships between private developers and community housing providers	Increases affordable housing supply		Queensland examples cited
<b>28. HHOT and HOST</b> teams (Homeless Health Outreach Team and Homeless Outreach Support Team) Qld Homeless Action Plan initiative	Services work collaboratively Service goes to client (reduces transport issues) Health service focussed Strengthened service system knowledge/expertise	No local equivalent	Queensland initiative
<b>29. Child First Policy – Victoria</b> Central point of contact and case management			

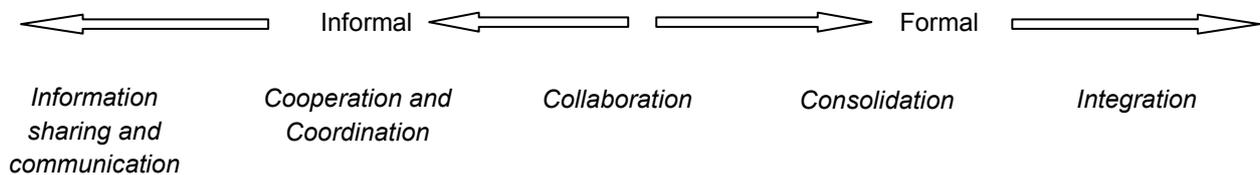
## APPENDIX TWO – Tweed Shire Housing and Homelessness Network theoretical background

### What is a network?

A network is a group of organisations that work together to achieve not only their own goals but also a collective goal. (Provan and Kenis, 2007), “The goal of most networks is to enhance client services through improved access, utilization, responsiveness and integration while maintaining or reducing costs” (Provan & Milward, 2001 p414).

Networks comprise a collection of working relationships or connections between member agencies. The depth of the connection (or the level of integration) typically varies between member agencies and over time. Some members remain loosely affiliated with the network while others utilise opportunities to formalise connections with other members e.g. shared referral processes, co-case management arrangements, joint training. The level of connection tends to fit the needs of individual members.

*Levels of service Integration (Konrad, 1996):*



### Who does a network serve?

Networks can serve the interests of program funders, policy makers, member organisations and network customers and clients. It is possible to achieve benefits for all stakeholders but it is important at the outset to specify the network’s primary objective/s and beneficiaries and to regularly assess network priorities.

### What makes a network effective?

The reported effectiveness of a network depends on who is making the assessment. Ideally a network benefits clients, individual member agencies and, the broader community. The broader community benefit includes addressing a community level issue but it also develops *social capital* whereby the community can draw on this established resource (the network) for future community level responses.

Common in the literature on successful networks and integrated services is the importance of developing and maintaining trust between collaborating agencies.

### **How are networks structured and managed?**

A common assumption is that since networks are collaborative and voluntary arrangements, governance, which implies hierarchy and control, is inappropriate (Kenis and Provan 2007). Clearly however, while members retain their autonomy and organisational independence, some form of governance is necessary to ensure that participants engage in collective and mutually supportive action, that conflict is addressed, and that network is able to operate efficiently, effectively and sustainably.

Provan and Kenis (2007) identify four forms of network governance:

1. Networks governed completely by the organisations that comprise the network – shared governance.
2. Networks governed by a lead agency (also a member of the network) which acts as a centralised network broker – there is also a variation on this form whereby a single agency takes on key governance activities while leaving others to network members.
3. Networks which divide governance responsibilities among various subsets of network members
4. Networks externally administered by a Network Administrative Organisation (NAO) with a Board comprising a subset of network members. (There is considerable mention of the NAO arrangement in the network literature).

This research also explains which circumstances best suit each of these forms of network governance specifying four contingencies – namely, level of trust, network size, goal consensus and the level of competencies required. In summary the authors state that as trust varies throughout the network (mainly due to increased network membership), as consensus declines and the need for network competencies increases, the brokered forms of network governance – lead agency and NAO - are likely to be more effective than shared governance networks. They also point out however that networks tend to evolve in a predictable pattern from shared governance arrangements to a more brokered form of governance if sufficiently resourced to do so. It is important to build and maintain the capacity of the network in terms of breadth of sector representation, skills base, senior

officer and government agency membership so that it can maximise network opportunities and activities.

### **Network development stages**

There are generally four phases of network development identified in the literature – described below by Fine et al 2000.

1. An assembly of key stakeholders agreeing that the formation of a network will be advantageous; then agreeing upon definitions of concepts and outlining their issues of concern.
2. Stakeholders articulate their values and intentions and in the process formulate a common goal/s to be achieved. They also develop consensus about other stakeholders including government officials, relevant service providers (management and service level staff), and consumers.
3. Thirdly, the agreed upon initiatives are implemented including the creation of working groups to progress or work up specific projects or proposals.
4. The fourth phase involves the institution of a long term structure that nurtures and sustains the relationships, whilst simultaneously encouraging monitoring and evaluation.

An approach commonly used to initially ‘drive’ this process is the creation of a Planning or Steering Group/Committee. Apart from considering the administrative arrangements, the Committee should aim to establish a mechanism/s for consulting stakeholders. Involving service providers (both management and service staff), consumers and others likely to be immediately involved in any integration initiatives is a widespread practice in successful networks. This is because the ultimate success of any venture of this kind depends heavily on the commitment and good will of those directly affected. A timeframe for implementing any processes of integration also needs to be established.

By promoting a serious, business-like approach at the local level with clear objectives and achievable goals and with operational, planning and evaluation processes in place, the network is likely to be readily understood and to have considerable credibility both with government and the broader community.

## Network Profiling Tool

Effective service networks include representation from a wide range of service fields, interest groups and sectors involved in the service system as well as policy, management and direct service delivery personnel. This tool can provide a visual representation of existing membership which highlights network strengths and weaknesses and enables more effective membership targeting. *For each member, identify which human service field and sector they represent as well as their role within their agency and their agency's role within the service system.*

Human Service field/target group	Sector		Individual's Role in agency			Agency's Role in Service System			
	Government	Non Government	Policy/Program Development	Program Management	Service delivery	Prevention/ Early intervention	Crisis response/ Housing provision	Community/ Sector development	Education/ Advocacy
Homelessness									
Housing									
Education									
Health									
Employment									
Police									
Correctional Services.									
Income Support									
Families									
Children									
Youth									
Indigenous									
Men									
Women									
Disability									
Generalist services									
Politicians/Government									
Media/communication									

Adapted from: Browne, G, Roberts, J., Gafni, A., Bhyrne, C., Kertyzia, J., and Loney, P. (2004) 'Conceptualizing and validating the human services integration measure', International Journal of Integrated Care – Vol.4.

## **APPENDIX THREE - Tweed Shire Housing & Homelessness Network - Terms of Reference**

### **Purpose**

The Tweed Shire Housing & Homelessness Network provides a forum for the human services sector to work collaboratively and proactively to address and resolve issues of homelessness and housing stress and its prevention in the Tweed Shire.

The aims of the network are:

- To build an innovative and integrated housing and homeless service system in the Tweed Shire to maximise opportunities to address homelessness and housing needs
- To develop broad community understanding and support for action to address disadvantage due to homelessness and housing stress.
- To advise and respond to government and community on all matters relating to homelessness and housing need in the Tweed Shire
- To secure commitment to best practice in integrated service provision and cross sector collaboration in the Tweed Shire
- To contribute to housing and homelessness research, policy development and program implementation at the local, regional, state and national levels.
- To advocate for people in the Tweed Shire who are homeless or in housing need.
- To work together to provide pathways for clients out of homelessness.

### **Membership**

Addressing homelessness and housing need involves a broad range of human services and community member extending beyond the housing and homelessness service sector and beyond direct service delivery. Membership of the Tweed Shire Housing and Homelessness Network is therefore sought from community members and agencies across the human services sector – government and community - and from both management and service delivery personnel(Refer to Network Profiling Tool). A membership fee per organisation may be introduced once Network is further established.

## **Operational Guidelines**

*Network Workplan and Working Groups:* Much of the work of the Network will be undertaken by sub-committees/working groups. An annual Network Workplan will be developed in consultation with the membership setting out priorities and proposed actions. Working groups will be established to progress identified projects and actions. Working group meetings will be set, chaired and minuted as organised by its members. They will then report to the full Network at Network meetings.

*Meeting times and venue:* The network will meet bi-monthly and the venue will alternate between Murwillumbah and Tweed Heads. Meetings dates for the year will be circulated to members.

*Point of Contact:* A network member will be appointed for a period of 12 months as the point of contact and will hold and maintain the Network mailing list, call for agenda items, forward meeting agendas, minutes and other information as necessary to Network members.

*Chairing and minute taking:* A roster of chairpersons and minute takers will be established at the first meeting for meetings to the end of the calendar year. The first meeting of the calendar year will establish subsequent rosters. Members are responsible for arranging replacements as necessary. Minute takers will forward minutes to Point of Contact for distribution within 2 weeks of meeting (This also applies to Working groups).

*Decision making:* Decisions will be by a consensus of the majority in attendance at Network meetings. The Network MAY delegate decision making to sub-committees/working groups.

*Representation of the Network and communication on the Network's behalf:* Network members may make public comment on any issue in their capacity as individual members of the community or representing their own organisation. However, when making public comment (including via electronic means), members of the network should take reasonable steps to ensure that the opinions expressed are not represented as an official view of the Network unless that member has been given approval by majority consensus within the Network.

**Rationale of chosen name**

**Table One: Working group discussion in arriving at the proposed title**

<b>Tweed Shire</b>	<b>Housing &amp; Homelessness</b>	<b>Network</b>
<p>The network includes all interested parties across the Shire as opposed to Tweed Heads which the name 'Tweed' suggests.</p>	<p>A combined focus on both housing and homelessness provides greater scope in terms of membership and opportunities to contribute to and work within the full range of areas that impact on people seeking access to housing and housing related services.</p>	<p>Advice to date indicates a need for action and a stronger service system through improved connections with each other and the opportunity to attract ideas and commitment to working for change. The word 'network' conveys this whereas the word 'Interagency' often describes a regular gathering of service workers for the purpose of service updates and information sharing.</p>

## APPENDIX FOUR – Future picture of integrated case management



### INTEGRATED CASE MANAGEMENT – PICTURE OF THE FUTURE

#### Community

- We are aware of and linked to all community resources
- Everyone with clients gets regular supervision and support

#### Communication

- We can connect with someone when we phone/contact them
- WE are accountable and meet our COMMITMENTS

#### Case Management

- We are all effective in coordinating case management services
- We focus on client needs and are able to let go when its time

#### Referral Process

- All accommodation services have a referral coordination point + integrated case management coordinator

#### Transport

- We have accessible public transport

#### Sharing Resources

We have an up to date asset register and share resources - Including human resources

#### Housing

- We create it ourselves
- We have enough

#### Use Social Media

- To connect, find resources, and meet client needs
- NR region housing availability website
- Booking system for accommodation
- Community sector ball-NGO + Private sector.
- Client's voices