Integrated Responses to Homelessness in Australia: What works and why?

REPORT OF THE NATIONAL HOMELESSNESS RESEARCH PARTNERSHIP WITH THE DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS

ISSR RESEARCH REPORT
February 2013
ABN: 63 942 912 684

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Title: Integrated Responses to Homelessness in Australia: What Works and Why?

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ISBN (ISSN):

This project is supported by the Australian Government through the National Homelessness Research Agenda of the Department for Families, Housing, Community Services and Indigenous Affairs.

The opinions, comments and/or analysis expressed in this document are those of the author or authors and do not necessarily represent the views of the Minister for Housing and Homelessness and cannot be taken in any way as expressions of government policy.
Acknowledgements

This report was produced with funding from the Australian Government under the National Homelessness Research Partnership (NHRP). The ISSR gratefully acknowledges the financial and other support it has received from FaHCSIA in the conduct and publishing of this work.

Thanks are also extended to Dr Kristen Davis and Ms Julie Conway who assisted with fieldwork and to Professor Brian Head and Professor Andrew Jones who provided invaluable advice and guidance throughout the project. Importantly, the generosity of the research participants in Sydney, Brisbane and Hobart, who contributed their knowledge and experience, is greatly appreciated.
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<th>Description</th>
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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<tr>
<td>ASK</td>
<td>Accommodation and Support Knowledgebase</td>
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<td>CAF</td>
<td>Common Assessment Framework</td>
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<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>CH</td>
<td>Community Housing</td>
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<td>DoCS</td>
<td>Department of Community Services</td>
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<td>DCP</td>
<td>Department of Cabinet and Premiers</td>
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<td>FACS</td>
<td>Department of Family and Community Services</td>
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<td>FaHCSIA</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
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<tr>
<td>HCAP</td>
<td>Homelessness Community Action Planning</td>
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<td>HIP</td>
<td>Homelessness Intervention Program</td>
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<td>HIT</td>
<td>Homelessness Intervention Team</td>
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<td>ICIS</td>
<td>Inner City Integration service</td>
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<td>I-CHOSS</td>
<td>Inner City Homelessness Outreach and Support service</td>
</tr>
<tr>
<td>ICOS</td>
<td>Integrated Continuum of Support</td>
</tr>
<tr>
<td>ISSR</td>
<td>Institute for Social Science Research</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>NAHA</td>
<td>National Affordable Housing Agreement</td>
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<tr>
<td>NFP</td>
<td>Not For Profit</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NHRP</td>
<td>National Homelessness Research Partnership</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NBESP</td>
<td>Nation Building Economic Stimulus Plan</td>
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<td>NPAH</td>
<td>National Partnership Agreement on Homelessness</td>
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<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>QCOSS</td>
<td>Queensland Council of Social Services</td>
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<td>QDoC</td>
<td>Queensland Department of Communities</td>
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<td>QHIF</td>
<td>Queensland Homelessness Inter-sectoral Forum</td>
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<td>Qld</td>
<td>Queensland</td>
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<td>SA</td>
<td>South Australia</td>
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<td>SAAR</td>
<td>Support and Accommodation Assistance Review</td>
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<td>SCIP</td>
<td>Service Coordination and Improvement Program</td>
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<td>SEIFA</td>
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<td>SHS</td>
<td>Specialist Homelessness Services</td>
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<td>Tas</td>
<td>Tasmania</td>
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<tr>
<td>THR</td>
<td>Tasmania Housing Register</td>
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<tr>
<td>UQ</td>
<td>The University of Queensland</td>
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<td>Vic</td>
<td>Victoria</td>
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<td>WA</td>
<td>Western Australia</td>
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Executive Summary

Current Australian homelessness policy directions, as outlined in the White Paper, *The Road Home: A National Approach to Reducing Homelessness* (Australian Government 2008), feature a strong emphasis on service integration and collaboration amongst specialist homelessness services (SHS) and between mainstream and SHSs as critically important to achieving an effective response to homelessness. Further, the 2009 National Partnership Agreement on Homelessness (NPAH) and related bi-lateral state implementation plans include commitments to a range of initiatives aimed at ‘joining up’ homelessness service responses.

This study aims to contribute empirical evidence with the intent of informing the design and implementation of current and future homelessness integration initiatives. It also establishes a framework for reviewing the success of these measures. The analysis addresses four research questions:

1. What does the research and policy literature identify as the factors associated with effective collaboration and service integration?

2. What are the key areas where the National Approach to Reducing Homelessness is relying on effective collaboration and/or service integration to achieve positive outcomes?

3. What approaches to collaboration and service integration between specialist homelessness services and mainstream services are likely to be most effective?

4. What principles, policies and practices should underpin collaborative and service integration initiatives, and how can these be operationalised?

The first phase of the research, detailed in the first report (Phillips, Head and Jones 2011), responds to the first two research questions based on research and policy reviews. This report answers the latter two questions and through combined analysis of the literature review and empirical evidence, also addresses the overarching question for this research: ‘what works and why’.

The empirical research comprised three case studies that examined practice examples of collaborative processes in diverse contemporary Australian homelessness policy and service delivery contexts. The case studies are:

- Homelessness Community Acton Planning (HCAP) in Caboolture, Morayfield and Deception Bay, Queensland;
- Inner City Integration Service (ICIS), Sydney, New South Wales; and
- Service Coordination and Improvement Program (SCIP), Tasmania
The three integration case studies share an explicit alignment with the NPAH principles and policy objectives in that they all aim to achieve better and more integrated services and improved outcomes for people experiencing or at risk of homelessness. They were all initiated and funded by governments and utilise similar tools in efforts to achieve these aims. However, the case studies represent very different design and implementation approaches that reflect differences in their specific purpose, geographic scale, and the nature of their policy and service delivery contexts.

A diversity in the characteristics of the case study sites demonstrates the wide range of goals pursued through integrative endeavors and the different strategies employed. This underlines the need for careful deliberation when designing and implementing integrative initiatives. Each of the three initiatives had multiple and ambitious objectives which were only partially achieved during their initial 2-3 year phase. This points to one of the limitations of time-limited, project based funding to support complex and longer term reforms and a need to consider sustainability at the design phase. The very different designs of the initiatives and their adaptation over time also points to the difficulties in choosing appropriate approaches and the need for flexibility to adjust them in response to unanticipated circumstances.

All three projects had some success in bringing diverse stakeholders together in new ways to improve homelessness responses. The vehicles for stakeholders working together included local planning processes, service delivery reforms and the development of new tools to support collaboration. In the course of working together inter-agency and inter-sectorial relationships were strengthened, in some cases leading to new service delivery partnerships and collaborative service responses. Concrete outputs and outcomes were achieved including the development and significant progress in implementing an Action Plan in Caboolture; delivery of a new service delivery model and inter-agency coalition in Sydney; and development of a common IT system in Tasmania. In conjunction with these achievements, shared tools and work practices, common processes, improved service knowledge and strengthened inter-agency relationships were developed that have potential to facilitate more coherent and integrated responses for service users.

None of these initiatives, taken alone and within their short timeframes, are likely to achieve their ultimate aims of ‘preventing homelessness’, ‘delivering service system reforms’ or ‘involving mainstream services’. However, they have all built relationships, ways of working together, shared visions, service innovation and common infrastructure that mark progress towards these ultimate goals and laid the basis for further improvements.

There are many policy and practice implications arising from the findings of this study. Five themes are identified that have implications for those engaged in designing, governing, facilitating
or participating in collaborative and integrative endeavours aimed at preventing and addressing the scourge of homelessness.

**Policy coherence and leadership are central**

The important role of the Homelessness White Paper and the NPAH in setting the policy agenda and driving homelessness reforms in Australia over the past five years cannot be overemphasised. The priorities articulated through these national policy vehicles have informed strategies within all Australian states and territories and have influenced service delivery practice.

Such policy leadership is crucial to overcoming inertia and resistance to acceptance of the need for change in policies, programs and service delivery approaches. Given the impending end of the NPAH, there is a need to consider how best to sustain these efforts and to address continuing challenges, especially in better linking housing and homelessness policy and programs and engaging mainstream policy and service systems in the homelessness cause.

**Ongoing policy leadership is required if success to date in achieving better integrated responses to homelessness is to be sustained and further pursued.**

**Renewed efforts are needed to engage mainstream service systems, including social housing, in playing a greater role in preventing and addressing homelessness.**

**Integration is a means not an end**

The findings re-emphasise the evidence from previous research that integration is not a destination but an ongoing journey. The strategies, systems and resources required to implement integrative projects may need to be adapted for the purpose of sustaining and continuously improving them. Thus explicit strategies for longer term sustainability are essential when time limited initiatives are designed.

**Continuing and ongoing efforts are needed by policy makers, program managers and service providers in pursuit of practical and effective means of better integrating policies and services for people experiencing or at risk of homelessness.**

**Integration is difficult and can be costly**

Throughout this report the many challenges and barriers to implementing changes aimed at better integrating homelessness responses are elaborated, together with some of the more successful strategies for addressing these challenges. Some of the most relevant implications for those tasked with designing and implementing integration initiatives include:

**The need to set ambitious longer term objectives as well as realistic, achievable short term goals;**
The importance of building in flexibility to adapt to lessons along the way and to changing circumstances;

The need to carefully consider how available resources are most usefully allocated to ensure effective implementation;

Recognising the time and commitment needed for consultation and successful engagement that builds positive relationships and trust between key stakeholders;

Implementation planning should, wherever possible, build on existing strengths, recognise the implications of previous similar initiatives and avoid re-inventing the wheel;

It is essential to have appropriately skilled facilitators and to build the collaborative skills of all participants;

There is a need to understand the challenges and time necessary to reach agreement between stakeholders when significant changes are proposed such as the introduction of common service delivery practices and processes;

The potential for information technology to support service integration in the homelessness sector needs to be more actively explored; and

If integrated service delivery is an ongoing expectation of service providers, then funding agencies must recognise the staff time and costs involved as integral to service delivery and be prepared to allocate program resources to collaboration and integration initiatives.

Governance needs to be addressed
All collaborative endeavours require effective governance. Ideally, the governance structures and skills will ensure a mandate for driving the process; obtain buy-in from stakeholders; establish the parameters for the initiative; and ensure accountability for outcomes.

Inclusive governance structures that provide meaningful opportunities for NGOs to participate in decision making are appropriate and necessary for achieving integrated homelessness services.

Governance structures and participants should be regularly reviewed and renewed so that they remain relevant and purposeful.

A fit for purpose strategy is crucial
Designing an integrative initiative is a complex iterative process that needs to take account of purpose, policy and service delivery contexts. Appropriate design and strategy needs careful and intentional consideration and should address the following issues: Purpose and Goals; Governance and Authority; Target Population; Locality; Participants; Integration instruments and tools; Implementation: and Outcomes and accountability.
1 Introduction

This is the final report for the Homelessness Collaboration and Service Integration research project undertaken by the Institute for Social Science Research (ISSR) at The University of Queensland (UQ) and funded by FaHCSIA under the National Homelessness Research Partnership (NHRP).

As the second report for this project, it complements and provides only a summary of the findings from the first report and so interested readers are encouraged to read that report (Phillips, Head and Jones 2011) as it provides a greater depth of information on the research literature and policy context. This report provides an analysis of the three case studies that constituted the empirical research and then draws on all the research data collected during the two phases of the study to present the findings and policy and practice implications.

Background

Current Australian homelessness policy directions, as outlined in the White Paper, The Road Home: A National Approach to Reducing Homelessness (Australian Government 2008), feature a strong emphasis on service integration and collaboration amongst specialist homelessness services (SHS) and between mainstream and SHSs as critically important to achieving an effective response to homelessness. Further, the 2009 National Partnership Agreement on Homelessness (NPAH) and related bi-lateral state implementation plans include commitments to a range of initiatives aimed at ‘joining up’ homelessness service responses.

Over the past three decades, there have been many integrative initiatives in the homelessness area to improve policy coherence and promote integrated service planning and collaborative service delivery. However the success of these approaches has been variable and the development of knowledge concerning integration practice has not been cumulative. Given the heavy reliance on integration as an objective in current homelessness policy, fresh analysis of the issues involved is now warranted and it is timely to review the evidence.

This study responded to that need and contributes further empirical evidence in the context of Australian homelessness policies and programs with the intent of informing the design and implementation of current and future homelessness integration initiatives. It also establishes a framework for reviewing the success of these measures.

1.1 Research aim and questions

The aim of this study was to identify the factors that contribute to effective collaboration and service integration amongst mainstream, specialist homeless and housing services in order to
enhance integrated approaches to policy and service provision aimed at preventing and responding to homelessness.

The key research questions are:

1. What does the research and policy literature identify as the factors associated with effective collaboration and service integration?

2. What are the key areas where the National Approach to Reducing Homelessness is relying on effective collaboration and/or service integration to achieve positive outcomes?

3. What approaches to collaboration and service integration between specialist homelessness services and mainstream services are likely to be most effective?

4. What principles, policies and practices should underpin collaborative and service integration initiatives, and how can these be operationalised?

The first phase of the research, detailed in the first report (Phillips et al, 2011), responds to the first two research questions. This report answers the latter two questions and through analysis of the literature review and empirical evidence, also addresses the overarching question for this research: 'what works and why'.

1.2 Methodology

As mentioned previously, the study methodology comprised two phases. The first phase involved:

- A review of Australian and international academic and professional literature on service integration and inter-organisational collaboration with a particular focus on homelessness and related services.

- A review of the grey literature including previous evaluations of inter-sectoral and inter-organisational initiatives aimed at responding to homelessness.

- A mapping of integration and collaboration issues in specific areas of homelessness provision.

The second research phase comprised three case studies that empirically examined practice examples of collaborative processes in diverse contemporary Australian homelessness policy and service delivery contexts. The case studies are:

- Homelessness Community Acton Planning (HCAP) in Caboolture, Morayfield and Deception Bay, Queensland;

- Inner City Integration Service (ICIS), Sydney, New South Wales; and
• Service Coordination and Improvement Program (SCIP), Tasmania

Details of the case study methods are provided below in section 2.3.

1.3 The report

This report details the study findings and discusses their implications. These findings are drawn primarily from the case study data collection that involved two field visits, stakeholder interviews and analysis of documents related to each initiative and their policy and service delivery context. The study findings are also informed by an extensive literature review and examination of the homelessness policy context in Australia.

This chapter provides an introduction to the research. The second chapter sets the context for the study by summarising the findings from a policy and literature review as previously detailed in the first report. The third chapter provides details of the individual case studies and this is followed, in Chapter 4, by an analysis of the key themes and issues emerging from the case studies. Finally, in Chapter 5 the conclusions and implications are discussed.
2 Research and Policy Context

This chapter summarises the findings detailed in the first report (Phillips et al 2011) regarding the homelessness policy context and findings from the literature review. It also describes the empirical research approach including the research methods and the analytical framework.

2.1 Policy context

Contemporary public policy narratives in Australia and internationally promote integrated or ‘joined up’ approaches to tackling complex social issues such as homelessness. There is increasing recognition that complex problems such as homelessness extend beyond the boundaries of individual agencies and sectors with specific functional responsibilities and require the combined resources of a wide range of agencies encompassing health, housing, employment, education, child protection, corrections and community support services.

The importance of collaboration amongst homelessness services and linkages with other service systems has been well documented in Australia and overseas. Calls for stronger inter-agency collaboration and greater service integration have been recurring themes for over 30 years in Australian homelessness policy and service provision. Achieving effective collaboration has proved somewhat elusive despite the emphasis given to integration and collaboration in national and state homelessness programs and strategies, particularly during the past decade. Evaluations of some of these homelessness programs and strategies have reported mixed success in achieving integrated policy and service responses, and there has been limited research on the long term impacts and sustainability of integrative initiatives (Phillips, Milligan and Jones 2009; Seelig, Phillips and Thompson 2007).

Contemporary homelessness policy initiatives continue to give collaboration and service integration a key strategic role. The 2008 White Paper on Homelessness enunciates ten guiding principles for implementation, many of which involve a substantial emphasis on collaboration and service integration, including cooperation across sectors, joined up policies and services, client-centred design of programs and services, and additional support by various agencies at those transition points known to increase vulnerability to homelessness (Australian Government 2008).

The National Affordable Housing Agreement (NAHA) emphasises the importance of ‘improving integration between the homelessness service system and mainstream services’ and of ‘taking joint action and a nationally coordinated approach on homelessness’ (COAG, 2008:7) and the National Partnership Agreement on Homelessness (NPAH) expresses the belief that ‘A better connected service system is a key to achieving long-term sustainable reductions in the number of people who are homeless’ (COAG 2009: 6).
This national policy framework is reflected in the programs and initiatives documented in state and territory NPAH implementation plans, many of which involve service integration of one kind or another. Close examination of these implementation plans shows that service integration initiatives can be classified in terms of the three key national homelessness priorities:

1. ‘Turning off the tap’, i.e., systemic prevention and early intervention strategies
5. ‘Improving and expanding services’, i.e. service system reform
6. ‘Breaking the cycle’, i.e. client focussed interventions to end homelessness.

This classification of many of the initiatives that feature in state and territory homelessness implementation action plans and involve service integration is shown in Table 1. By classifying the initiatives in this way we can begin to understand the diversity of problems and situations requiring a service integration response.

The first group of service integration initiatives are those associated with the strategy of ‘turning off the tap’. These initiatives aim to prevent exits from a wide range of institutional settings into homelessness. They respond to the growing evidence that the homeless population comprises a high proportion of vulnerable people who have contact with or are exiting services and facilities such as corrective services, mental health, hospitals, child protection and public housing. The integration initiatives under this theme have a focus on identifying people at risk of homelessness, exit planning and building linkages between mainstream systems and specialist homelessness services.

The second group of service integration initiatives are those involved in ‘improving and expanding services’. The integration challenge for these initiatives is to improve the experience of clients as they access and navigate the specialist homelessness and related service systems, and to enhance the overall effectiveness of services. Initiatives in this space emphasise collaborative service planning, common access and referral systems and processes, inter-agency linkages and protocols and common information systems.

The third group of initiatives are directed to ‘breaking the cycle’ of homelessness by providing stable housing and ‘wrapping’ multiple services around individual clients with multiple or complex needs. Initiatives supporting this priority emphasise coordination of multiple agencies or multi-disciplinary teams using processes such as pooled resources and case management. They often involve linkages between housing and other support services in order to support tenancy sustainment and promote social inclusion.
<table>
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<tr>
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<th>Turning off the tap</th>
<th>Improving and expanding services</th>
<th>Breaking the cycle</th>
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<td>Policy focus Integration challenge</td>
<td>Prevention and early intervention</td>
<td>Service system reform</td>
<td>Ending homelessness for clients</td>
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<td>No exits into homelessness</td>
<td>No wrong door</td>
<td>Wrap around services</td>
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<td>Service initiatives</td>
<td>Exit planning from hospital emergency depts. (NSW)</td>
<td>Assessment and Referral Gateway (NSW) including</td>
<td>Street 2 Home (in many States)</td>
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<td></td>
<td>Prisons exits (NSW; Vic)</td>
<td>Homelessness Accommodation Database (NSW)</td>
<td>Rural interagency project for people with complex needs (NSW)</td>
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<td>Young people leaving Care (NSW)</td>
<td>Common Assessment Tool (NSW)</td>
<td>Disability Housing and Support Initiative (NSW)</td>
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<td>Building capacity and responsiveness of mainstream services (Vic)</td>
<td>Opening Doors (Vic) including: Local Area service networks; homelessness access points; real time registers of resources availability (housing, support and brokerage)</td>
<td>Regional Coordinators for high risk social housing tenants (Vic)</td>
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<td>Court Integrated Service Program (Vic)</td>
<td>Service Coordination and Improvement Program (Tas): common assessment; application; housing register; allocations; data collection, information management and joint training</td>
<td>Psychosocial support packages for chronically homeless exiting mental health residential care (Vic)</td>
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<td>Review mainstream services exit planning (Tas)</td>
<td>Collaboration and co-location with Centrelink and state agencies (Tas)</td>
<td>Dual diagnosis workers for young people (Vic)</td>
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<td>Develop risk assessment tools and other resources for mainstream services (Tas)</td>
<td>Protocol for inter-agency sharing information (Tas)</td>
<td>Whole of government lead case management model and Inter-Agency support teams (Tas)</td>
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<td>Protocols for hospital exit planning (Tas)</td>
<td>After hours assessment, referral and response service and streamlined access to emergency accommodation (SA)</td>
<td>Seconded workers from regional mainstream services to support SHS case management (SA)</td>
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<td></td>
<td>Information and referral protocols with Qld Ambulance Service (Qld)</td>
<td>Service coordination and integrated information technology (SA; Qld)</td>
<td>Regional trial for coordination of domestic and family violence responses (Qld)</td>
</tr>
<tr>
<td></td>
<td>Improved health data collection on homeless patients (Qld)</td>
<td>Regional service mapping and inter-agency planning (SA)</td>
<td>Partnership between homelessness, housing, mental health, primary health and other support services (ACT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local service planning and collaboration coordinators (Qld)</td>
<td>Intensive case management for vulnerable social housing tenants (ACT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Establish mental health housing and support initiative (NSW)</td>
</tr>
<tr>
<td>Governance</td>
<td>Social Housing and Homelessness Advisory Forum (Tas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional Homelessness Inter-Agency Round Tables (SA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Western Australian Council on Homelessness (WA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACT Homelessness Committee (ACT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation of NPAH initiatives (Qld)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This classification demonstrates that service integration is central to each of the three core homelessness strategies outlined in the White Paper and some of the initiatives may aim to address more than one policy goal.

The strong emphasis on collaboration and service integration within current Australian homelessness policy, as illustrated in Table 1, demonstrates strong policy aspirations for more coherent policy and governance approaches, commitment to investment in enhanced service linkages and collaborative relationships, and a belief that this will contribute to reducing homelessness.

### 2.2 What can we learn from previous research

The following provides a summarised version of the Australian and International research literature that is more fully examined in the previous report for this study (Phillips et al. 2011). It is intended to provide a context for the analytical framework and methodology applied for the empirical phase of the study.

#### 2.2.1 Definition and conceptualisation

It is important to reflect on what we mean by ‘service integration’, a concept that has many different meanings. Policy and academic discourse on integration has been described as ‘a confused array of descriptive, normative, and explanatory theory’ (Halley, 1997: 145) and the use of the term is often imprecise and is highly contested (e.g. Reitan, 1998; McDonald and Zetlin, 2004).

In this report we use the term ‘service integration’ as an over-arching term that encompasses the spectrum of approaches to working across organisational, sectoral and disciplinary boundaries. Following Jones et al (2007: 6), we define service integration as:

> Structures and processes that attempt to bring together participants 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.

Where required for clarity of meaning, we refer to specific types of integrative relationships such as collaboration, coordination etc. and recognise these as a continuum in terms of the intensity, depth and nature of relationships between participants.
2.2.2 Lessons from the literature

The literature review reported in the first report (Phillips et al, 2011) confirms that there is widespread faith in the potential for service integration to improve human services and improve the lives of clients in spite of the challenges inherent in pursuing this goal. The integration ‘problem’ is ubiquitous across the human services policy and services system and may include complex and contested relations between governments; between the state and community sector; specialist Indigenous service sector and mainstream human services; limited institutional capacity; and disagreements about principles that should underpin the development and delivery of human services (Phillips, Milligan and Jones, 2009).

To achieve their potential, integration efforts therefore require careful planning and implementation. The following summarises lessons from the literature that can inform efforts to better integrate homelessness responses.

Integration is a means not an end

Forms of integration need to be understood as more or less useful methods for achieving service goals, not as organisational goals in their own right. Integration is not an end in itself and is most likely to be successful and sustained over time when there is clarity of purpose, when the objectives being pursued are clearly understood, and where all those involved in the integration process appreciate the value of the integration initiative.

Integration is difficult and can be costly

Integration involves different organisations, sectors and programs and often encounters resistance and barriers in breaking down organisational ‘silos' and spanning professional and cultural boundaries. It is important for policy makers to acknowledge and address these barriers and to pay attention to the factors facilitating and impeding integration at the front-line or service delivery level. Effective and sustained integration requires the allocation of financial resources, the provision of sufficient time and expertise for implementation, and ongoing facilitation of collaboration and partnerships.

A fit for purpose strategy is crucial

There has been considerable evaluation of individual service integration initiatives and a healthy degree of experimentation has been evident over time. The evidence is strong that careful choice of integration strategy and tools is important and governance strategies must be deliberate and reflect the specific context and goals. Integration strategies involving both formal structures and agreements and harnessing informal relationships and networks are most likely to succeed.
Governance and capacity building need to be addressed

In areas of public policy concern such as homelessness, governments have ultimate responsibility to drive integration and it is important for government capacity to be developed “to grant public servants permission, opportunity and support to use innovative funding and accountability approaches and to devolve responsibility where appropriate” (ASIB 2011: 6).

Attention to inclusive, locality-based network governance structures may provide an opportunity to harness the knowledge, relationships and goal commitment needed for operating in increasingly complex and diverse institutional environments. Leadership, either organisational or personal, plays an important role in effective integration, and integration initiatives must address the leadership issue at all levels of implementation.

2.2.3 Integration Instruments and tools

In the previous report we describe and discuss some examples of the most common integrative initiatives that are relevant to homelessness. These instruments and tools include examples that are applied to integrating services for individual clients, improving the operations of the service system, and improving the way policies and programs are developed and administered. The tools are:

1. Case coordination
2. Common assessment tools
3. Co-location of services
4. Coordinated access
5. Inter-agency partnerships
6. Local service networks and collaborative service planning
7. Shared IT and data systems
8. Organisational mergers

While these can be implemented separately, the research literature indicates that it is common for several of these tools to be used together, with their individual success dependent on other elements being in place.
2.3 Empirical research approach

The empirical research phase of the study involved three case studies that represent diverse approaches to pursuing service integration within the Australian homeless service system. A case study approach was chosen as the preferred research method because case studies are recognised as providing an opportunity for a multi-layered examination of complex phenomena within a bounded context (Yin 2003).

The case studies included examples of integration initiatives identified in State Homelessness Implementation Plans directed to the three national priorities of turning off the tap, improving and expanding services, and breaking the cycle.

The criteria for selecting cases included:

- A mix of integration types, locations and target groups;
- Initiatives that had been established for long enough for the examination to be meaningful, preferably for at least 12 months since inception;
- Not duplicating other research efforts; and
- Support for the research by participants and avoidance of negative impacts on services or clients.

The case studies were:

- Homelessness Community Action Planning (HCAP) in Caboolture, Morayfield and Deception Bay, Queensland;
- Inner City Integration Service (ICIS), Sydney, New South Wales; and
- Service Coordination and Improvement Program (SCIP), Tasmania

They represent a mix of large and small Australian States and include initiatives with different objectives, types of partner agencies, target groups and different geographic scale (local, regional and state-wide).

The Tasmanian and Queensland studies responded to the ‘turning off the tap’ priority in that they had a prevention and early intervention focus directed to building linkages between specialist homelessness and mainstream services in order to avoid exits into homelessness, especially from health or corrective services facilities. All three case studies are directed to ‘improving services’ by achieving a more integrated service system, either through common access, including common assessment and shared information management or local or regional service planning and collaboration. The NSW case study specifically aimed to ‘break the cycle’ of
homelessness for single adults by introducing a new, integrated ‘housing first’ service model that delivered sustainable housing outcomes.

The case study approach was designed to address the following four questions:

1. What are the characteristics of the integration initiative?
2. How appropriate is the integration design to achieving its goals?
3. How well has the integration exercise been implemented? What have been the main implementation difficulties?
4. What have been the outcomes of the integration process?

An analytic framework to underpin this empirical phase of the research was detailed in the first report and this ‘diagnostic tool’ is summarised below. The case study data collection was informed by the diagnostic tool themes and questions and these relate directly to the four case study questions.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose and Goals</td>
<td>Is the purpose clearly articulated?</td>
</tr>
<tr>
<td></td>
<td>What are the goals of the integration initiative?</td>
</tr>
<tr>
<td></td>
<td>To what extent are there shared vision and goals amongst the partners?</td>
</tr>
<tr>
<td></td>
<td>If there are multiple goals, are they clearly linked?</td>
</tr>
<tr>
<td>Governance and authority</td>
<td>Who is responsible for driving the integration initiative and what is their mandate?</td>
</tr>
<tr>
<td></td>
<td>What are the decision making processes and structures?</td>
</tr>
<tr>
<td></td>
<td>How are roles allocated?</td>
</tr>
<tr>
<td></td>
<td>Who participates in decision making?</td>
</tr>
<tr>
<td>Target population</td>
<td>Who is the integration initiative intended to benefit?</td>
</tr>
<tr>
<td>Locality</td>
<td>What is the geographic scope of the initiative?</td>
</tr>
<tr>
<td></td>
<td>Are there connections to other locations or spatial dimensions?</td>
</tr>
<tr>
<td>Participants</td>
<td>Who are the participating agencies?</td>
</tr>
<tr>
<td></td>
<td>What spheres of government, sectors, and types of organisations are involved?</td>
</tr>
<tr>
<td></td>
<td>Are there differences in the ways that agencies participate?</td>
</tr>
<tr>
<td></td>
<td>Are there stakeholders who are not directly involved, what are their interests, and how are their views taken into account?</td>
</tr>
<tr>
<td></td>
<td>What are the funding and contracting relationships between the participants?</td>
</tr>
<tr>
<td></td>
<td>What was the nature of any prior relationships between participants before this integration initiative commenced?</td>
</tr>
<tr>
<td>Theme</td>
<td>Questions</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Integration Instruments and Tools | What integration instruments and tools are being used?  
How was the mix of instruments and tools determined and by whom?  
What policies, programs, service system or service delivery practices are the focus of this initiative? |
| Implementation                    | Is there an implementation plan and who is responsible for managing implementation?  
What resources have been allocated for implementation and by whom?  
What is the implementation timeframe and milestones?  
What training or capacity building has occurred for participants?  
What communication and information management processes are in place between participants?  
What information needs to be shared, and how is this to be done? |
| Outcomes and Accountability        | What scope, depth and intensity of integration has been achieved?  
How effective is the governance?  
How sustainable is the integration?  
What client benefits have been achieved?  
What system improvements have been achieved?  
What other public benefits have been achieved? |

Source: Phillips, Head & Jones 2011 (adapted from Konrad 1996 and Browne et al 2007)

By studying multiple cases with different characteristics it is also possible to test the versatility of the diagnostic tool and its relevance, applicability and usefulness in a variety of settings.

The case study data collection comprised mixed methods that include a review of policy, evaluation and other documentation such as partnership agreements, minutes and reports; interviews and survey with managers and front line workers from partner agencies and with other key stakeholders; observation of inter-actions between participants; and a small number of client interviews. Two fieldwork visits each were undertaken to Sydney and Hobart and a two phased approach to data collection occurred in Brisbane. At each site the initial data collection was undertaken to gain a first-hand understanding of the initiative through a small number of interviews with key stakeholders and collection of project documentation. The second stage data collection involved interviews with a broader range of stakeholders. In total 59 interviews were conducted involving 67 separate individuals, either alone or in small group interviews. This included 18 government policy makers or program managers; 45 managers and workers from government and non-government service providers and 4 clients. Interviews were digitally recorded and transcribed to enable themed analysis.
2.4 Summary

This chapter established the context and framework for the empirical research. It provided an overview of the policy context and research literature and presented the research approach adopted for the empirical, case study phase of the research. Details of those case studies are now examined in the following chapter.
3 Case Studies

This chapter draws on the range of data sources outlined in chapter 2 to present details of each of the case study integration initiatives and findings regarding their characteristics, implementation and outcomes. This examination is largely descriptive in order to set the scene for a thematic and comparative analysis in chapter 4. The case studies are the:

- Homelessness Community Action Planning (HCAP) in Caboolture, Morayfield and Deception Bay, Queensland;
- Inner City Integration Service (ICIS), Sydney, New South Wales; and
- Service Coordination and Improvement Program (SCIP), Tasmania

As reported in chapter 2, the case studies focus on three very different approaches to pursuing integrated homelessness service responses and these reflect their diverse goals and contexts.

3.1 Inner City Integration Service: New South Wales

The Sydney Inner City Integration Service (ICIS) is an initiative funded under the National Partnership Agreement on Homelessness (NPAH) and was a commitment under the NSW Homelessness Action Plan (NSW Government 2009). The ICIS involves collaboration between five large homelessness service providers operating predominantly crisis and transitional accommodation in the inner suburbs of Sydney. The organisations are: Salvation Army; Wesley Mission; St Vincent de Paul; Haymarket Foundation and Mission Australia. They refer to themselves as the ‘Coalition’ and that term is adopted in this report when referring collectively to the 5 member agencies.

Under ICIS, the Coalition was funded to jointly manage both a service delivery component and a service system planning and reform component. The ICIS service delivery component involved a service to coordinate delivery of housing and support services for single people experiencing chronic homelessness, applying a ‘housing first’ approach. The service system planning and development aspect of ICIS involved the five agencies working together to plan and implement reforms to their inner city Sydney homelessness services. The Coalition has also collaborated to deliver housing and support through a ‘Common Ground’ accommodation and support model but that activity is outside the scope of this study.

3.1.1 ICIS characteristics

Scope and goals

The purpose and specific goals of ICIS developed and were adapted over time as the collaborative process unfolded. While various stakeholders in the ICIS process articulated some
differences in how they perceive the intent, there was a broadly shared understanding that the purpose was to improve the effectiveness and efficiency of services for single people experiencing chronic homelessness in the inner suburbs of Sydney. The predominant goals were to improve service delivery integration, facilitate collaborative service system planning and to reform traditional homelessness service delivery models away from crisis responses and towards approaches that focus on permanently ending homelessness.

Government interviewees articulated these core goals as well as an additional goal of increasing the leverage that specialist homelessness services could apply to engaging other mainstream services.

One of the other aims with it was that if you have all five of those agencies in a coalition .... they've got more powers as a collective, than they do individually. Not just with mental health, with a whole range of those kind of mainstream service providers (government worker, funding agency).

**Policy and service context**

While ICIS was established and funded under national and state homelessness policy initiatives implemented since 2008, the idea of reforming inner Sydney homelessness service responses has a much longer history. A senior officer from the funding agency explained this long history:

… we’ve had many attempts of actually pulling the … largest providers together… if we can get those groups to work together more collaboratively, it has ripples out across the whole state, because they're in a sense the core of a whole lot of inter-agencies (government worker, funding agency).

Inner Sydney homelessness service provision comprises a complex array of services. In addition to the ‘big 5’ Coalition members, there are a number of smaller traditional homelessness services including specialist women’s and youth services as well as a new entrant, NEAMI delivering a Street to Home service. Some stakeholders credit the plethora of homelessness service in inner Sydney with attracting homeless people from outer suburbs. This phenomenon is commonly referred to as ‘Inner city drift’ and was identified by informants as one of the drivers for a perceived need to reform service responses.

An earlier, related attempt at introducing an integrated street to home service model, named I-CHOSS, was delivered by Mission Australia. The service provision under this model was not perceived as successful by the funders, City of Sydney and HousingNSW, resulting in the service being re-tendered and subsequently awarded to NEAMI, an organisation without a previous service presence in inner Sydney. NEAMI’s replacement service, Way2Home, commenced
operations in April 2010 and is supplemented by St Vincents hospital’s homelessness health outreach service (Phillips and Parsell 2012).

In parallel with the implementation of the street to home service model, an integrated housing first service model, known as the Homelessness Intervention Team (HIT) was also initiated through the Premiers’ Department and operated between late 2008 and late 2010. HIT was one component of a larger initiative known as the Homelessness Intervention Program (HIP), leading to the terms ‘HIT’ and ‘HIP’ being used interchangeably by some stakeholders. HIT featured government inter-agency coordination with formal participation in its governance by government departments responsible for community services (DoCS), health (NSWHealth) and housing (HousingNSW). Funding was provided under HIT for two support service providers, Mission Australia and the Haymarket Foundation to each deliver 10 support packages for a period of 12 months to assist people experiencing chronic homelessness to transition to independent housing. HIT provided dedicated housing (20 dwellings acquired through rent subsidies funded by HousingNSW and headleased and managed by Bridge Housing) and also expedited access to health services. A related Complex Needs Coordination Project funded by the City of Sydney, acted as the key referral pathway for HIT.

Following allocation of ICIS funding under the NPAH, the HIT service model transitioned to the first iteration of ICIS, known as ICIS 1 (delivered by St Vincent de Paul, Salvation Army and Wesley Mission only) and then ICIS 2 involving all 5 ICIS agencies.

The HIT and street to home initiatives are influential precursors to ICIS. HIT was important because it provided the model that was adapted to become ICIS. Street to home was influential because the introduction of a new player, NEAMI as preferred street to home service provider provided impetus for the five ICIS agencies to agree to participate jointly in ICIS, partly as a way of banding together to ‘protect their patch’. One service provider provided the following perspective:

On the ground there was this realisation that there was this other player on the scene and that if we didn’t act, we might be left behind... we do need to shore up our SHS [Specialist Homelessness Service] funding (Manager, ICIS coalition member).

Thus participation in ICIS was driven by a desire by the five agencies to show they were open to, and proactive in, reforming their homelessness services in line with contemporary policy directions.
**Target group**

ICIS can be seen as having two target groups: service providers and clients. The five participating service providers were seen by the funding agency as their primary target, as a vehicle for reforming and better integrating the larger, institutional homelessness services in inner Sydney.

The target client population for the service delivery component of ICIS was homeless single adults in the inner suburbs of Sydney. However, the specifics of the target group shifted significantly over the life of the initiative from those with complex high needs initially to a client mix of low, moderate and high needs over successive phases. The target group had also shifted slightly from HIT to ICIS 1, with HIT targeting the chronically homeless who were eligible for priority housing, agreed to participate in case managed support and were assessed as ‘able to sustain a tenancy’ (ARTD 2010, p3). Under ICIS 1, the target group became homeless adults assessed as having complex and high needs and this changed again under ICIS 2 to homeless adults with low to moderate needs and again for ICIS 2b to a mix of moderate and high needs clients. The changes to the target group were negotiated between the services and the government funder in response to variations over time in funding levels and changes in the availability of housing as discussed below.

**Governance**

The complex governance structures and processes for ICIS were modified significantly over time, in line with shifts in decision makers and accountabilities. These changes exhibit elements of both continuity and disruption. The most stable and visible governance structure for ICIS was a joint committee of senior managers from the five Coalition members agencies.

At the time of initial fieldwork (May 2012) the hierarchy of governance structures were reported as comprising:

- **ICIS Steering Committee** (monthly meetings of DoCS, HousingNSW, HomelessnessNSW and service provider representatives)
- **Coalition Meeting** (fortnightly meetings of 5 coalition member senior managers and Homelessness NSW)
- **Common Ground Board of Management** (monthly in conjunction with Coalition meeting)
- **Service Managers** (monthly meetings of service managers from the 5 agencies and Homelessness NSW)

At that time, the governance processes were in the process of significant change. This included consideration, by the Coalition, to reverse its previous resistance, and agree to nominate a lead
agency for ICIS, re-structuring of some of their committees and meeting processes and review of the role played by Homelessness NSW as ICIS facilitator.

A significant governance issue for the Coalition throughout ICIS was whether to resist pressure from the funder for a single point of contact and one ICIS contract. Initially the Department argued for the five agencies to establish a new single entity that involved the five agencies and could take overall responsibility for ICIS under a single contract. When this proposal was rejected, there was pressure for the Coalition to appoint a lead agency. This was also resisted, meaning that each agency initially had an individual funding contract under ICIS 1 and 2a. Interestingly, the Coalition did, separately, agree to appoint Mission as lead agency for the management of the Common Ground service and subsequently, the Coalition agreed to the Salvation Army taking on the lead contractor role for ICIS 2b.

The role of government agencies involved in the governance of ICIS also saw changes as the overarching steering structures transitioned from HIT to ICIS 1 and then to ICIS 2. While governance for the original HIT included DoCS, Housing NSW and NSW Health, the involvement of NSW Health phased out over time and Housing NSW reduced the level of their participation in the governance of ICIS for a period but subsequently reactivated their engagement following a transfer, in mid-2012, to that agency of primary responsibility for homelessness programs and policy reforms.

### 3.1.2 ICIS tools and instruments

The broad scope and complexity of the integration goals for ICIS, involving collaboration and reform of both service delivery and service systems, necessitated the application of a similarly broad range of integrative strategies, instruments and tools. The nature of each of the key tools employed for ICIS is described below.

**Inter-agency partnerships**

Inter-agency partnerships are a core component of ICIS in both service delivery and service planning and reform. The nature of the partnership between the five agencies was initially restricted to joint delivery of the Common Ground service and agreement to collaborate for ICIS, albeit with individual funding contracts for each organisation. Over the course of the project, however, the agencies have strengthened and formalised their partnership as reflected in the appointment of a lead agency for ICIS, joint work in delivering ICIS services, negotiating jointly with housing providers to improve client access to social housing and some moves between coalition member organisations to share resources and expertise.
Initially ICIS was more about each agency doing their own thing within a loose collaborative framework but recognition grew over time of the benefits for clients and their organisations of pooling their differing capacities through more formal partnership arrangements.

**Collaborative planning**

Collaborative planning is another core component of ICIS and the area where significant gains have been made. Coalition partners have undertaken joint service planning that has involved sharing sensitive information about the strategic directions of their agencies and exploring a common view about the future of homelessness service delivery in inner Sydney. Although, initially taking a tentative and cautious approach, the relationships and trust between the agencies strengthened over time to a point that the participants had not envisaged at the beginning of the process. Participants point to a key push factor being a perceived need to be proactive and use their collective strength in creating the future for their services. They reported concern that otherwise they ran the risk of other players gaining a competitive advantage or having change imposed by government. Coalition member managers also acknowledge the pull factors as shared values and long standing relationships between senior staff in the agencies.

The participants recognise a key challenge in achieving the outcomes agreed through their collaborative planning is to ensure the buy-in of their respective organisations and government and to sustain commitment to their plans over time as changes occur in key decision makers and policy priorities within their organisations and within government.

**Co-ordinated client access**

Client access to ICIS services is managed through a central intake process. Government took a lead in managing the intake process for HIT, but for ICIS an intake committee was subsequently established to make client allocation decisions for all providers. This committee was primarily managed by the Coalition, although DoCS and Housing NSW continued to participate. Coalition members’ acceptance that client intake for all agencies is managed through a committee that does not have representation from all service providers indicates the existence of a high level of trust. Informants reported that the referral and assessment processes were fluid and developed over time. This was necessary as the availability of client information, the eligibility criteria and the process for prioritising clients and allocating them to participating agencies also changed over time.

The original HIT and ICIS 1 intake committee was heavily influenced by the government agencies, with some input from service providers, and was facilitated by DoCS staff. The assessment process has changed over time as the participating service providers have changed and the assessment criteria also changed at each stage of ICIS. There were also changes in
access processes between ICIS 1 and 2a where intake was staggered and for ICIS 2b where intake was fast tracked to meet the funding cycle.

Informants commented on the difficulty in accurately assessing client needs based on information from referral agencies and noted that it is often only after working with clients for a time that their real needs become apparent. Sharing client information amongst the participating services where the homeless person had previously accessed multiple services was seen as assisting with more accurate assessments on entry to ICIS.

**Case coordination**

Case coordination is a key aspect of ICIS service delivery. Because agencies are all providing similar services to a similar client group the focus of case manager meetings is information sharing, reflecting on practice lessons and for peer support. Workers identify systemic issues facing ICIS clients and service delivery and either escalate these to service managers or develop work around solutions. Both frontline workers and service managers identified benefits deriving from the case coordination process as exemplified in the following quotes:

> Yes and we all found that they were all facing the same issues ...We have them fortnightly, again, discussing the different issues that we all face. We discuss clients, as caseworkers do, you know, any issues that arise from that sort of stuff (case manager).

Case worker meetings entailed a significant commitment of time, but were seen as worthwhile and a valuable learning opportunity by some workers.

> That’s where I found the most value with it... you took the bad with the good with ... not that it was bad but it was often long and sometimes a bit tedious, but there were always gems in there. There were always things for the caseworkers to take away. Mainly it was their colleagues in the other services that they could bounce things off ...Some of them were very highly experienced and very insightful and were able to be very supportive of their colleagues (case manager).

The case manager meeting processes were relatively informal and unstructured. They developed over time to meet the needs of the participants and was based on existing knowledge and expertise within the Coalition. The approach does not appear to have been informed by explicit planning or reference to external expertise or external case management or case co-ordination theory or practice.

**Shared assessment tools**

A common intake and case coordination processes led to some sharing between the participating organisations of assessment tools and processes. Some conflating of practice occurred but service providers reported a need for more work was required to achieve common intake and
assessment documents and practice that would provide the same type of information no matter which coalition service was handling the intake. The embedded organisational practices and corporate systems of the larger agencies appear to have mitigated against development and against full take-up of common processes and practices.

### 3.1.3 ICIS implementation

The implementation of ICIS was staged as outlined in Table 2. Each stage of ICIS and its precursor, HIT involved significant change across a number of characteristics.

#### Table 3. ICIS Implementation Timeframes and Staging

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>HIP</th>
<th>ICIS 1</th>
<th>ICIS 2a</th>
<th>ICIS 2b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeframe</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Funding source and lead agency</strong></td>
<td>Premiers funding and oversight</td>
<td>DoCS NPAH</td>
<td>DoCS NPAH</td>
<td>DoCS NPAH</td>
</tr>
<tr>
<td><strong>Govt. partners</strong></td>
<td>DoCS, Housing NSW and NSW Health</td>
<td>DoCS</td>
<td>DoCS</td>
<td>DoCS</td>
</tr>
<tr>
<td><strong>Facilitator/s</strong></td>
<td>FACS facilitated</td>
<td>Homelessness NSW facilitated</td>
<td>Homelessness NSW facilitated</td>
<td>Coalition facilitated</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
<td>Chronic homeless, very high needs</td>
<td>Complex and high needs homeless</td>
<td>Low to moderate need homeless</td>
<td>Under negotiation – FACS want mix of complex and med</td>
</tr>
<tr>
<td><strong>Support provider participants</strong></td>
<td>Mission Aust Haymarket</td>
<td>Wesley Mission Salvation Army St Ví de Paul</td>
<td>All five Coalition partners</td>
<td>All five Coalition partners</td>
</tr>
<tr>
<td><strong>Housing provider participants</strong></td>
<td>Bridge Housing</td>
<td>Bridge Housing Housing NSW</td>
<td>Bridge Housing Housing NSW St George CH Cumberland CH Private rentals</td>
<td>Common Ground</td>
</tr>
<tr>
<td><strong>Housing provision</strong></td>
<td>Dedicated 20 properties, funded by Housing NSW and managed by Bridge housing</td>
<td>No dedicated housing but fast tracking of assessments for priority housing</td>
<td>No dedicated housing. Low/mod needs clients not eligible for priority allocations</td>
<td></td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>$35K per client pa</td>
<td>$155K pa for 8 clients</td>
<td>Funding reduced further</td>
<td>Slight increase in funding</td>
</tr>
<tr>
<td><strong>Number of clients</strong></td>
<td>20 clients – (10 each support provider)</td>
<td>24 clients (8x3 support providers)</td>
<td>30 clients (6-7 x 5 support providers)</td>
<td></td>
</tr>
</tbody>
</table>
In particular, considerable change occurred in who was responsibility for facilitation, the nature of the target group, participant service agencies, availability of housing and levels of funding per client. In some cases these changes represented progressive developments, while in other case they were discontinuous. As such, both continuity and disruption were features of implementing the initiative.

**Planning and driving implementation**

The ICIS project does not appear to have entailed explicit implementation planning. Rather it built on and adapted the processes and structures originally established under HIT and these were further developed through government decisions and negotiations with providers at each stage of ICIS. Some providers spoke positively about the staged transition from HIT to ICIS and the benefits of building processes incrementally.

Implementation responsibility was shared amongst the government and community sector participants. A key leadership role in driving ICIS was played by a regional office staff member of the funding agency. This role was acknowledged by a number of service providers.

... but I’ve got to say, the end result - when you think retrospectively - the end result has his fingerprints all over it ... We’ve pushed back against, I think, but we’ve still ended up where he wanted us to go (service provider).

Individually within their organisations and collectively through the Coalition, managers of each of the five service provider agencies have also taken on responsibility for implementation both within their agencies and collectively as part of the Coalition.

Certainly from my perspective I think one of the strengths of this working collaboratively is that .... everyone has been so willing to work together... I guess the message from the top does send a really clear message down (service provider).

The facilitation role played by the community services department under HIT was praised by some service providers. Both community sector and government stakeholders commented on the importance of robust facilitation and recognised the valuable role played by the government coordinator in implementing HIT and during the early ICIS processes

It needs to be managed as well as it was when DoCS were doing those meetings and that left us to do our work actually with the clients (service provider)

There was a subsequent transfer, during 2011, of responsibility to service providers for client intake and process facilitation and some funding provided to HomelessnessNSW to resource this
role. This arrangement came to an end in July 2012 and the Coalition was funded through the lead agency, Salvation Army, to employ a coordinator. There was broad agreement amongst coalition members that the collaborative process needs robust facilitation and support infrastructure:

All stakeholders, however, pointed to a lack of government policy and service delivery coordination that impacted negatively on implementation. Areas that were consistently identified as lacking planning are internal communication within government agencies and planning for the housing component of ICIS.

*...no flow of information from policy to the front line - they talk to us about having integrated processes and they’re supposed to be in the same department. So it was frustrating (Service provider)*

These issues of government coordination and collaboration, particularly in regard to housing provision, are discussed in more detail below.

**Resources for implementation**

Funding for the ICIS project was primarily allocated to service delivery costs, supplemented by a small allocation for facilitation. As pointed out by the service provider interviewees, this meant that most of the costs associated with governance and inter-agency collaboration under ICIS are met by the participating service providers.

*So really all the managerial work that we’re doing is for free... [ICIS funding] just pays for the workers on the ground (service provider manager)*

*...we’ve had the common ground board of management, ICIS steering committee, the Coalition meetings at a senior level and at a service manager level. Then there are the operational committees. So it’s been very time consuming and there again, the money has not paid anywhere near for that (service provider manager).*

Some providers pointed to the goal posts shifting over time in regard to funding and resourcing both for direct service delivery and the collaborative work. This was perceived by service providers to be a result of budget decisions negotiations between government agencies that they had no control over and could not influence.

*... when we signed the contracts at the start of ICIS One, the contracts was a ‘Housing First’ model ..., Then Housing couldn’t actually provide the housing ...So therefore we have to change to... ‘Housing First like’ model ... the bracket shifting was just increasing (service provider manager)*
Coalition members were conscious of the inevitability that they would need to transform their existing crisis accommodation service delivery models in line with new thinking that emphasises ending homelessness and ‘housing first’. They all saw involvement in ICIS as investing in the future of their services.

The rationale for staying involved is really about what the future might look like rather than what’s happening at the present (service provider service manager).

**Access to Housing**

The housing component of ICIS posed the most implementation difficulties for service providers. Timely access to housing for ICIS clients is integral to successful implementation of the intended ‘housing first’ model. This has, however been difficult to achieve in the absence of a dedicated supply of housing such as was provided under HIT. Other inhibiting factors include significant changes to the broader social housing access processes and the changing ICIS target group. This state of affairs appeared to be accepted as a given by an interviewee from the funding agency:

*It's certainly not housing first, but it's more of an approach similar to that where you're building the supports around the client ... so clients are engaged for six months before they get a property ...* (government worker)

Government informants identified the problem of accessing housing as the responsibility of service providers. In recognition of the severe shortage of both social housing and affordable private rentals, service providers are encouraged to explore housing options for clients in more affordable locations.

*... one of the things that we've always tried to raise with the agencies has been Housing NSW isn't the only response. ... there's limited public housing here [inner city]. We've been encouraging them to think beyond the borders here; if there are properties in Campbelltown, the clients move to Campbelltown - the supports are there.* (government worker)

The service providers reported frustration at the changing arrangements for housing in the different phases of ICIS, often with limited consultation and short notice.

*I think that we all had a preconceived idea that there would be housing available because it's housing first ...there doesn't seem to be a commitment from housing to prioritise this project in any particular way. So ... there was a lot of frustration. It was especially felt by the caseworkers who felt they were almost sold up the creek. Most importantly, the clients who were told there would be housing (service provider).*
In ICIS 1 the target client group was people who experienced chronic homelessness and so, in response to service provider complaints about the absence of dedicated housing, Housing NSW agreed to fast track priority allocations for ICIS clients. The housing access arrangements became more difficult and complex under ICIS 2. This was in part because the target group changed to homeless people with medium needs and they did not necessarily meet the criteria for priority access to public housing. In addition, social housing access arrangements had changed with the introduction *Housing Pathways*, involving a common housing register for public and community housing and new allocation processes.

so when we came into ICIS Two, the dedicated properties were slowly starting to drop off, Housing weren’t engaged and in some cases didn’t actually know they were supposed to be engaged ... There was either miscommunication or they changed the game plan somewhere along the line (service provider).

This period had also seen the expansion of community housing as a result of new housing supply under the NBESP directed primarily to community housing providers. The strategy then turned to a greater focus on accessing housing through community housing providers.

*That [housing] is certainly one of the biggest issues or concerns I think from right across the coalition down to the case workers. ... one of the key components in this integration process is the availability of housing. Availability just hasn’t really come through. We’re not putting our eggs in one basket thinking that Housing NSW will provide everything. So hence we’re developing partnerships with community housing associations, and hoping at some point we’ll be able to develop ... relationships with private real estate agents (service provider manager).*

The concern expressed by of ICIS coalition members about the importance of housing is represented in this explanation by a service manager:

*But certainly the lack of housing has been a concern. I certainly think the coalition see it as an issue that can really affect the credibility of the project, if people who are homeless are saying, well what’s going to be different if I get involved with you people. It sounds like I’m still going to have to wait a long time before - or what feels to me like a long time before I get housed (service provider manager).*

**Training and capacity building**

Very little attention seems to have been paid to formal training or other explicit capacity building strategies to support the service integration goals of ICIS.

*No there’s not been any training that I’m aware of - Yes, training certainly needs to be given much more prominence than it has (resourcing agency)*
However some interviewees saw the experiential nature of the project as building capacity in its own right and that the new way of working provides a positive example for their other crisis homelessness services.

... which is why ICIS is so fantastic for the outreach team to get a concept and then bringing our learnings back to the culture here. ... there’s some old work practices that we need to look at and address (service provider manager)

Others reported that experienced managers have played important mentoring roles and shared training opportunities.

I think from where I sit there’s been mentoring amongst the managers and ... I mean one of the managers actually said to me how he feels that he’s been mentored by [managers name]. So I think that’s - that has occurred (service provider manager).

### 3.1.4 ICIS Outcomes

One key outcomes sought through ICIS was reform service delivery practices, service delivery models and service system design in inner Sydney. The other was to permanently end homelessness for a specific population of homeless single people. The initiative has achieved a degree of success in both. In the area of service reform, significant progress has occurred in formalising relatively stable and robust collaborative relationships between five large agencies, an outcome that had not been achieved previously, despite reported attempts over time. This appears to be accompanied by a genuine commitment to reform service delivery to focus more on permanently ending homelessness rather than providing traditional crisis and short term ameliorative responses. Successfully implementing such systemic reforms, however, is likely to be challenging as they entail transforming entrenched practice and institutionalised service delivery models, a differently skilled workforce, asset reconfiguration, sustaining collaboration and inter-agency partnerships and major overhaul in funding arrangements. While a significant first step has been accomplished through the ICIS process, the Coalition and government have a long way to go to agree on and implement the necessary structural reforms.

Success in ending homelessness for ICIS clients is even more equivocal. While most ICIS clients obtained housing during their 12 months under the program, many experienced extended delays accessing long term, stable housing. This means that much valuable support worker time was taken up arranging temporary and then longer term housing, leaving less time than expected for supporting clients to deal with their complexity of needs and to establish their tenancies on a sustainable basis.
3.2 Homelessness Community Action Planning: Queensland

Homelessness Community Action Planning (HCAP) in Queensland was a commitment under the Queensland Homelessness Implementation Plan and the Queensland Strategy for Reducing Homelessness (QDoC 2011). It was a three-year (2010-13) initiative delivered in partnership by the Queensland Department of Communities (QDoC) and Queensland Council of Social Service (QCOSS) and funded under the National Partnership Agreement on Homelessness (NPAH).

The initiative centres on involving stakeholders from a defined community in developing and implementing local or regional Homelessness Community Action Plans that outline how they will work together to reduce homelessness and pursue a better integrated homelessness service system. HCAP operated in seven locations around Queensland including the case study site for this research: Caboolture/Deception Bay/Morayfield (QDoC 2011).

3.2.1 HCAP characteristics

The planning and implementation process in each HCAP location is facilitated by two coordinators, one employed by the QDoC and one employed by QCOSS, who work collaboratively to engage the broadest range possible of government, not-for-profit (NFP), community and business stakeholders in the development and implementation of the plan. This joint facilitation is an unusual aspect of HCAP and was intentionally aimed at modelling government/non-government collaboration.

In Caboolture, the government coordinator is based in a Caboolture regional government office and came to the role with extensive knowledge of the local community and human service provision. She had experience working in both the community and government sectors and previous experience facilitating a government driven, community planning processes for community renewal in Caboolture. The initial QCOSS employed coordinator had a background in the community sector, including in homelessness and human services workforce planning and was replaced in mid-2012 by a coordinator with extensive local, non-government service delivery and community development experience.

While the geographic scale of most of the seven HCAPs is regional, the Caboolture HCAP are is relatively local, comprising only the three suburbs/communities. The Caboolture Action Plan, entitled From here to home, was launched in April 2012 and included eleven local priorities and eighteen actions with targets and timelines for key milestones. Each action was allocated a work group comprising one or two lead agencies and additional partner agencies who accepted responsibility for implementation. Most work groups were supported by one of the HCAP coordinators and reported regularly on progress through the coordinators, initially to the Local Steering Group and then its replacement, the Local Implementation Group.
Goals and scope
The scope of HCAP is very broad and includes a number of goals directed to creating opportunities for stakeholders to come together to improve homelessness responses. Specific goals include:

- Engage people and organisations not usually involved in homelessness responses
- Promote local solutions through locally owned action plans
- Contribute to a more responsive streamlined, coordinated and integrated service system
- Better meet multiple and complex needs
- Involve both specialist homelessness and mainstream/allied service providers (QDOC n.d.:27-28)

Consistent with these state-wide goals, HCAP within the Caboolture region, aims to “transform the way we respond to homelessness… and to think differently about how we work” (QDoC and QCOSS 2011:3). This is reported to include:

...preventing people from becoming homeless by responding quickly and effectively to risk factors, reduce overall numbers of people currently experiencing homelessness, and provide effective and ongoing support for people to maintain their housing (QDoC and QCOSS 2011:3).

Stakeholders spoke of the reasons for selecting the Caboolture area for an HCAP. These included recognition that this fast growing area is not well serviced, with a particular lack of specialist homelessness services and therefore needing to actively involve other services that work with people experiencing or at risk of homelessness.

The Caboolture HCAP identified 18 actions under the 11 local priorities. More than half the actions were directed to prevention with the remainder equally split between responding to those experiencing homelessness and improving the service system (QDoC 2011:18).

Service delivery context
The communities of Caboolture, Deception Bay and Morayfield are located within the Moreton Bay Regional Council Local Government Area on the outer northern rim of Greater Brisbane. This is a high growth, low socio-economic area with pockets of high disadvantage and public housing concentration. The Caboolture Central and Deception Bay SLAs are in the second most disadvantaged decile and Morayfield in the fourth most disadvantaged decile as measured by the SEIFA (ABS 2008). The area has underdeveloped public transport services and high levels of casual employment and unemployment.
As illustrated in the attached map the Caboolture and Morayfield areas are adjoining but Deception Bay is not. Caboolture was established as a country town and has grown into a major outer urban service centre. Morayfield is the site of significant green field residential development over 20 years and has grown to become an extension of the Caboolture urban settlement. Deception Bay saw significant development by the state housing authority in the 1980s and continues to comprise a significant proportion of public housing.

![Map of Caboolture/Deception Bay/Morayfield](image)

**Figure 1. Map of Caboolture/Deception Bay/Morayfield**

The homelessness rate in Caboolture (50 per 10,000 of population) is comparable to the Australian average of 53 per 10,000 and lower than the Queensland average of 69 per 10,000. Compared to Queensland and Australia, people experiencing homeless in Caboolture are more likely to be accommodated in homelessness services or with friend and family. They are far less likely to be living in boarding houses or improvised dwellings (QDoC and QC OSS 2012: 9-10)

In common with other outer metropolitan growth centres, the area is not well serviced with social services, including specialist homelessness services (SHS), with funding available for only one
generalist SHS service. This service, operated for many years by a local community-based service provider, was re-tendered by the QDoC during the course of the HCAP process resulting in the absence of that service for most of the HCAP project. The area is however, reported by a government worker informant to have ‘strong social capital’ as a result of strong networks and collaboration involving community and government human service agencies.

**Participants**
The intent of HCAP was to bring together a wide range of stakeholders including

- all tiers of government
- specialist homelessness services
- community sector human service providers
- philanthropic organisations
- local businesses and business groups, and
- community members (QDoC and QCOSS 2011:3)

The key participants in the Caboolture /Deception Bay/Morayfield are government and non-government homelessness, housing and community service agencies. Government participants include local government, various state and federal government agencies. In total at least 51 agencies and organisations participated in the development of the plan (QDoC 2011:19). The most regular and intense government participation has involved housing and human service agencies, with less regular engagement to date by mainstream agencies such as health and corrective services.

The strongest participation in both the planning and implementation stages has been NGO service providers with at least 34 organisations involved in developing the Plan. The strongest representation was from housing, youth, employment, mental health and neighbourhood services.

As in other HCAP locations, efforts to engage the private sector and broader community have had mixed results. Most success, outside of government and NFP human service agencies, has been achieved in engaging with real estate agents who have a direct interest in rental property management.

**Governance**
As discussed above, a notable aspect of HCAP is the partnership between QCOSS and the Qld Department of Communities (QDoC) who work together in governing and implementing HCAP. This partnership gives effect to, and is unpinned by, a compact entered into in 2008 by the
Queensland Government and QCOSS (on behalf of the NFP sector). The compact guides relationships and commits all parties to a set of principles for working together.

HCAP Governance operates at two levels: state-wide and local. At the state-wide level, HCAP was overseen by the Queensland Homelessness Inter-sectoral Forum (QHIF) that is made up of government and non-government members. The partners (QCOSS and QDoC) each employ a state-wide coordinator and local coordinators in the seven locations where HCAP operates. Details are provided as Appendix 2.

The local Caboolture HCAP workers were jointly responsible for coordination, with oversight initially by an Interim Steering Group and from April 2011 by a local Implementation Group. These committees met fortnightly or monthly as deemed necessary. Each comprised local representatives from government and community agencies. The initial members of the Interim Steering Group included representatives drawn from local, state and federal government as well as local community based service providers. This included:

- Queensland Department of Communities (Community Services, Sport and Recreation, Housing, Aboriginal and Torres Strait Islander Services)
- Other Queensland government agencies (QLD Health – Mental Health Service Integration, Queensland Police Service)
- Australian Government (Centrelink)
- Local Government (Moreton Bay Regional Council)
- NGO Service Providers (Integrated Family and Youth Service; Murriajabree Aboriginal and Torres Strait Islander organisation; BRIC Housing; Breakthrough Housing; Lions Keys to Early Intervention in Homelessness Service)

Following an expression of interest process, the Interim Steering group was replaced in April 2011 by an Implementation Group with representation from a broader range of stakeholders. Most government agencies except Queensland Health maintained membership and Child Safety joined. Participation by NGOs expanded considerably and included the Brisbane North Medicare Local.

Analysis of ISG minutes indicates that, overall, fourteen NGOs, five program areas within QDoC, two other state agencies and the local government as well as the local facilitators and central office staff from QDoC and QCOSS participated in at least one Implementation Group meeting.

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1 Machinery of Government changes meant that in early 2012, housing and Indigenous Affairs functions were moved to other government agencies.
Governance committee meetings were most regularly attended by a small core group made up of staff from Department of Communities and NGO service providers, while other participants attended intermittently or rarely. Responsibility for detailed implementation of individual actions sat with the working groups.

### 3.2.2 HCAP instruments and tools

The HCAP process utilised collaborative planning and inter-agency partnerships as its main integration tools. However, the specific actions comprising the Caboolture Action Plan included a number that involved collaborative action by two or more agencies and several that had explicit integration goals and the application of integrative tools.

#### Collaborative service planning

In essence, HCAP was a multi-stakeholder collaborative planning exercise. It involved local community and government stakeholders actively working together to pool information about needs and opportunities, agree on priority actions and share resources for implementation.

The collaboration operated at a range of levels and had diverse features. The partnerships included:

- QDoC and QCOSS at the state-wide and local levels working together to drive and resource the HCAP process
- Key community and government agencies working in partnership on the Interim Steering and Implementation Groups to oversee and support the local HCAP process and to develop the Community Action Plan and monitor its implementation.
- Community and government agencies working together on working groups to progress agreed priorities and individual actions arising from the Plan.
- Specific actions aimed at building new collaborative relationships, for example with local Indigenous elders and Indigenous services to better prevent and address Indigenous homelessness and with local real estate agents to improve access to the rental market for people who had experienced homelessness or at risk of homelessness and to enable early intervention to sustain at risk private rental tenancies.

Almost all the individual actions under the Action Plan reflect collaborative service planning. Some, such as Action 2, focus on joint needs analysis while most actions involve planning for new services, service enhancements to existing services or joint activities to better meet agreed priority needs and gaps in services.
Inter-agency partnerships

The individual HCAP actions included a number that involved various types of inter-agency partnerships. Actions included developing partnerships between mainstream service systems, such as mental health or corrections, and community support, in order to support people who are ‘at risk’ to avoid homelessness when exiting residential settings such as mental health facilities and prison. Another example is a partnership between the Department of Communities, police and local government to develop a protocol to share information about, and coordinate interventions directed to people sleeping in public places. Further, partnerships with real estate agents was the goal of Action 7 that sought to ‘engage with real estate agencies to work with community support agencies to sustain tenancies’ (QDoC and QCOSS 2012; 19)

Case management

The development of improved case management for people who are homeless or at risk of homelessness was proposed in Action 13. The goal was specifically to better coordinate access to training and employment programs for homeless people. The working group responsible for progress of this Action included six agencies that specialised in either or both homelessness and employment and training services.

Coordinated intake

Coordinated intake was the focus of Action 15 and involved the development of “protocols and procedures that support coordinated intake and responses” (QDoC and QCOSS 2012:24). This Action committed participating homelessness, specialist support and social housing providers to working together to coordinate intake to ensure homeless people with complex needs accessing social housing also have access to the support required to enable them to sustain their tenancies.

Joint training and professional development

The Action Plan included three Actions involving the provision of cross agency training to human services workers who work with homeless clients in the areas of; identifying levels of risk of homelessness and effective early intervention (Action 1); integrated service delivery and case coordination (Action 16); and ongoing, locally relevant cultural capability (Action 17).

3.2.3 HCAP implementation

Implementation of the Action Plans comprised a number of overlapping phases. These were:

- state-wide establishment of governance structures, policy frameworks, monitoring and reporting processes and model processes and templates for Action Plans;
- local establishment of governance structures and monitoring and reporting processes,
- consultation to develop the Action Plan; and
• implementation of individual actions.

Implementation timeframes
State-wide implementation of HCAP commenced in early 2010 and was underpinned by timeframes and processes agreed by QDoC and QCOSS. Implementation in Caboolture commenced in late-2010 with the appointment of the local coordinators. The initial timeframes for establishing the Interim Steering Group and developing the Action Plan was reasonably tight with draft plans required to be submitted by 30 March 2011. This deadline was extended several times and the Caboolture Action Plan was endorsed locally and submitted in October 2011. Following consideration by QDoC and QCOSS senior management and the QHIF, the Plans were submitted to the QDoC Minister for noting in late 2011. After negotiations about launch protocols, the Caboolture Action Plan was publicly launched in April 2012.

Local coordinators were employed until June 2013 and implementation timeframes for the Action Plans included some that extended to December 2014, although the timeframes for individual Actions varied from 2012 to 2014.

Resources for implementation
The Queensland Government allocated funding, comprising Australian and Queensland contributions under the NPAH, to resource HCAP. Funding was allocated for state-wide positions in QDoC and QCOSS and locally for seven QDoC and seven QCOSS facilitators until June 2013. The government-based positions were largely sourced from existing staff, many who had previously worked in community renewal. No additional funding was provided to support implementation of actions arising from the local Action Plans. The implications of the time limited coordination positions and the absence of funding to support implementation of Actions will be further examined in chapter 4.

The costs and staff time for participation in governance structures, engagement in the planning workshops and involvement in working groups was contributed by the participating agencies and service provider organisations from within existing resources. Similarly, resourcing for new service initiatives agreed under the Action Plan was accessed from their existing resource-base or by obtaining funding from alternative sources. As an example, funding and volunteers were accessed by working party members, for an Action to establish a program to support young people to achieve their 100 hours driving experience accompanied by a licenced driver that is required prior to being eligible to attain a drivers’ licence.

The pre-existing skills and relationships of the local facilitators was a critical resource to the planning process. The local QDoC Caboolture coordinator, had previously been employed in a similar position under past Community Renewal project in the same area and therefore brought
both local knowledge and collaborative community planning expertise to the HCAP role. The initial QCOSS worker had relevant and complementary expertise including extensive experience in human services workforce issues, training and homelessness. The second QCOSS worker is also highly experienced in human services delivery and community development.

3.2.4 HCAP outcomes

HCAP set out to bring together a range of stakeholder interests to establish local plans that would “become the foundations over the next ten years to guiding our response to reducing, and perhaps ending, homelessness in these areas” (QDoc and QCOSS 2012: 6). Set against this ambitious goal, the achievements of the Caboolture HCAP in its first two years can only be described as modest.

The Caboolture HCAP did engage a number of players, including NGOs, state government agencies and local government who are not usually involved specifically in addressing homelessness. However, it was unable to harness any substantive involvement from the business sector or broader community and the engagement by some key state agencies was absent or intermittent.

Similarly, some small successes were achieved that could contribute to preventing or addressing homelessness for a small number of people. However, in comparison to the scale of homelessness in the area and the structural factors contributing to that homelessness, these achievements are not of the type or on the scale necessary to make a substantial impact.

The area that the HCAP was most successful was in promoting improved service responses by building positive relationships and improving the way service providers work together and deliver services. A major limit in this area was the absence from the process of the only generalist homelessness provider as a result of a breakdown in their relationship with the funding agency and the re-tendering of the service during the HCAP process. Nevertheless most of the specific actions were implemented and most achieved their targets.

A number of actions were directed at improving responses to Indigenous homelessness, including addressing the needs of the large number of Indigenous people transitioning from the nearby Woodford correctional facility. One project was to bring together service providers with members of the local Aboriginal and Torres Strait islander community. It sought to ensure that extended family and community members and front line Indigenous services were aware of post release options to increase the chance of people accessing services. This was complemented with a project that developed post release information kits designed specifically to engage Indigenous people and another to assist with access to identity documentation. While these initiatives were praised by study respondents and important and practical, their longer term
impact will depend on them being taken up and sustained by a local service provider. The actions directed at Indigenous homelessness were reported, by study informants, to have improved the availability of information on services to the Indigenous community; raised cultural awareness for mainstream services and their understanding of Indigenous needs and built relationships between Indigenous and mainstream service sectors.

Another initiative that was considered successful by study informants was the work of the coordinated housing and support working group. This project brought together support and community housing agencies to coordinate responses for homeless people with very high and urgent needs who were falling through the service net. Participants in this working group pointed to the successful housing and wellbeing outcomes achieved through this process. They also noted that the process was resource intensive and difficult to expand or systematise within available resource constraints.

The actions also included less ambitious but innovative projects that were successfully implemented. One example was a project to involve volunteers in assisting ‘at risk’ young people to achieve the 100 driving hours needed to obtain a licence thus increasing their access to employment and training and reducing the likelihood of convictions for driving unlicensed. Another involved producing ‘key worker’ cards for clients to carry that included contact details for the client’s key worker and enabled the client and the agencies they came into contact with to readily make contact with the worker who could then assist the client to avoid or address issues as they arose. In some cases, such as the licence project and Indigenous community information forums, alternative funding was accessed to progress the projects.

A number of other Actions that were more ambitious or less well defined in the Action Plan were either adapted over time by the working groups as they struggled with implementation realities or discarded as unrealistic. Adaptations included reducing the scope, changing the intended participants or merging with related Action working groups. The need for these adaptations is not surprising given the relatively short timeframe for developing the Action Plan and engaging a large and diverse range of stakeholders in the planning process. These factors contributed to some Actions being aspirational and unrealistic within the available resources. Nevertheless, by late 2012 the majority of Actions had progressed to various stages of implementation or finalisation.

In summary, HCAP has strengthened local inter-agency and inter-sectoral relationships, fostered some new collaborative initiatives and contributed directly to improved outcomes for a small number of clients. With sustained effort, these achievements could be built on over time to effect more measurable improvements in outcomes. Conversely, the initial gains achieved could be at risk with the withdrawal of the local coordinators in mid-2013, especially if that is accompanied by
diminished institutional support. The process to date has, however, failed to meet aspirations for more systemic changes. This is not surprising given the modest scope, limited resources and short timeframe available through HCAP. Additional constraints include: the limited availability of preventative and responsive homelessness services, shortages in the supply of affordable housing and barriers to changing the way services are funded and delivered.

3.3 Service Coordination and Improvement Program: Tasmania

The Service Coordination and Improvement Program (SCIP) was an ambitious state-wide program of service integration initiatives undertaken by Housing Tasmania to support national and state homelessness policy priorities of reducing homelessness and improving service responses. SCIP is a specific commitment under the Tasmanian Homelessness Implementation Plan (NPAH) and Tasmanian Homelessness Plan.

3.3.1 SCIP characteristics

Scope and goals

SCIP was explicitly promoted as a service integration project with a very broad scope. Service integration is defined in an early newsletter for the project as:

“… improved connections, coordination and collaboration between housing, homelessness and mainstream services to achieve the best possible outcomes for clients” (Housing Tasmania 2011a)

The Tasmanian homelessness plan identifies three priorities: new supply; new services and new ways of working. Under the latter priority, the Plan commits to SCIP as a means to “… focus on improving service coordination and engagement of mainstream services to ensure a seamless pathway through social housing.” (Housing Tasmania 2012:31)

The more specific goals and scope of SCIP are detailed in an early newsletter to stakeholders as follows:

“This Program aims to create an evidence based best practice integrative models through the development of:

- linkages with mainstream services to reduce exits from institutional settings to homelessness through early identification by mainstream services of those at risk of homelessness, establishment of improved relationships, common assessment tools and referral pathways.
• integration of homelessness and social housing access pathways through common assessment tools, shared information systems and a common housing register” (Housing Tasmania 2011a)

These two strands (linkages with mainstream services and integration within the housing and homelessness service system) are reflected in the various projects implemented under SCIP.

Policy and service context

SCIP was conceived and implemented in a dynamic Tasmanian policy and service delivery context characterised by significant change and ambitious reform agendas across housing, homelessness and the broader Tasmanian public policy environment.

SCIP operated in the context of whole-of-government policy in Tasmania that was driven by central agencies and promoted inter-agency collaboration and integrated service delivery. Both the Social Inclusion Strategy for Tasmania (Adams 2009) and Collaboration: A Tasmanian Approach (DPC 2010) are examples of whole-of-government strategies that explicitly identify homelessness as a priority and one of the ‘wicked problems’ that require collaborative action. These policy frameworks, along with significant budget and public sector cuts, form the state-wide context for SCIP.

Another important aspect of the context for SCIP was previous reform work undertaken within the specialist homelessness sector that introduced an Integrated Continuum of Support (ICOS) service delivery model. The ICOS model aims to ensure that homelessness services in each region collaborate to deliver a complementary set of flexible services that address the range of client needs and can follow the client as their housing circumstances and needs change over time. This previous set of reforms was viewed by NGO informants as a relatively successful change management process and thus established fertile ground for the proposed SCIP reforms.

As an integral component of the Tasmanian Homelessness Plan (Housing Tasmania 2010) and the Tasmanian NPAH Implementation Plan (Australian and Tasmanian Governments 2009), SCIP was formulated and implemented alongside two other significant and complementary housing and homelessness initiatives and reforms processes. These are:

• The Support and Accommodation Assistance Review
• Better Housing Futures

The Support and Accommodation Assistance Review (SAAR) involved a comprehensive examination of homelessness services in Tasmania with the aim of recommending new service models that would better meet contemporary needs, reflect leading practice and be aligned to
Tasmanian and national policy reform directions (KPMG 2011). Initially SAAR was identified in policy documents as a component of SCIP and was subsequently separated as a stand-alone project managed through a different team in Housing Tasmania with the research, consultation and development of a recommended model contracted out to private sector consultants, KPMG. Study informants noted that for a period of time there was disconnect between the SCIP and SAAR projects. A major recommendation of SAAR was the establishment of a coordinated access model, *Housing Connect*, to be delivered through non-government housing and homelessness services (KPMG 2012). The recommendations to establish the *Housing Connect* model were accepted by Housing Tasmania and implementation was progressed through a collaborative process involving existing major homelessness service providers for commencement in July 2013. A core design feature of the *Housing Connect* model is integrated access through a ‘front door’ service that provides immediate assistance, assessment and referral to homelessness support and accommodation options.

*Building Better Futures* (BBF) was an initiative that involved transfer management of a significant proportion of Tasmania’s public housing to community housing providers. Approximately a third of public housing tenancies (4000 dwellings) were proposed for transfer through an initial tender process. This represents a major expansion of what has been a very small community housing sector in Tasmania and the tender attracted significant interest from large, interstate community housing providers. The first stage of BBF involved transfer of housing management, in two public housing estates, to MAHousing commencing in March 2013.

Tasmania has a relatively large number of community housing and homelessness services given the relatively small size of the sectors, although in recent years there has been significant consolidation of both housing and homelessness services through mergers and consortia as well as expansion of larger interstate agencies to Tasmania. At the same time Housing Tasmania has been contracting its client service arrangements with the closure of some public housing client service centres and scaling back of its access role. Unlike most other jurisdictions, non-public housing services such as private rental assistance are delivered through non-government providers and their role in facilitating client access to housing assistance, including public and community housing, is set to expand under the *Housing Connect* model.

The coordinated access components of SCIP are critical to supporting implementation of these broader housing and homelessness reforms. The information technology system, ASK, and its component functionality is intended to provide the infrastructure to support common assessment, application and data sharing for *Housing Connect* service providers and to host the common housing register required to underpin the diversification of social housing management under *Better Housing Futures*. 
Participants
The core participants of SCIP have been the project team members and the representatives of SHS and social housing providers who have participated in SCIP working groups. More broadly, a wide variety of participants and stakeholders were involved in early SCIP consultation and communication initiatives. These include:

- Homelessness and social housing service providers – community and public providers
- Mainstream service – child safety; mental health; corrections; hospitals; and Centrelink
- Other community services, such as neighbourhood centres, that work with or have contact with homelessness people and may assist them through information, referral and housing application processes.

Over time, however, the broader consultation and communication activities lessened and participation mainly occurred though specific projects and involved a smaller number of agencies that were directly affected by projects. The most enduring and engaging of these were the Common Assessment Framework (CAF), Tasmanian Housing Register (THR) and Consent Protocols. As the underlying IT system (ASK) developed, the most regular engagement was by a small group of key services who signed up as the initial system users.

Governance
The governance arrangements for SCIP were complex and multi-layered and are illustrated in Appendix 1. They included internal Housing Tasmania, government inter-agency and cross-sectorial governance structures. This complexity reflects the broad scope of the initiative as well as the way SCIP was integral to the Tasmanian Homelessness Plan, broader Tasmanian government policy reform agendas, Commonwealth-State homelessness agreements.

The primary governance structure with responsibility for SCIP was the internal Housing Tasmania Housing Executive Committee which also had responsibility for overseeing implementation of commitments under national housing and homelessness agreements.

The early stages of SCIP saw strong involvement of Department of Premier and Cabinet with participation of the Social Inclusion Unit in the Tasmanian Homelessness Plan steering committee and reference group as well as SCIP collaboration working group. This reflected the strong association of the service integration goals of the homelessness plan and SCIP with whole of government collaboration and social inclusion policy priorities. As SCIP became more focused on specific detailed project implementation and key DPC staff changed roles, the engagement of central agencies reduced considerably.

Other reporting, accountability and engagement structures include the:
Service Integration Monitoring Committee and SCIP/FaHCSIA Joint Working Group involving FaHCSIA

Sector Working Group as a consultative mechanism for individual SCIP projects

Homelessness Reference Group provided advice on Tasmanian Homelessness Plan and includes Government and community sector representatives. It acts as the External Reference Group for the SCIP.

These governance structures were reasonably active in the early stages of SCIP, but the regularity of meetings and their engagement with SCIP reduced over time.

### 3.3.2 SCIP instruments and tools

Under SCIP a number of integration tools were developed that reflected the diversity of outcomes being sought. This included: to streamline client access to services; coordinate service responses; and engage mainstream services in identifying those at risk of homelessness and preventing homelessness. The core components of SCIP were a set of inter-related projects to enable collaboration and service integration by providing a web based system that provides functionality to support a diverse range of government and non-government housing, homelessness related service providers to facilitate client access to an integrated range of housing and support products and services.

**Shared IT and data systems**

The underpinning architecture for SCIP was an ambitious IT project, the Accommodation and Support Knowledgebase (ASK). ASK is a web based portal for providing access to a range of functionality that enables multiple users to share client information and coordinate application, assessment, allocation and referral processes between housing, specialist homelessness and other community and human services. The emphasis is on improving and coordinating access to assistance and integrating service responses for people who are homeless, at risk of homelessness or in housing need.

The ASK system is designed to allow an increase the number and type of participating social housing, homelessness and other human service providers over time. It is also designed to be adaptable for direct online access by clients to some functions in the future. At the end of 2012, ASK was being trialled by a small number of users who had access to limited functionality. The system development phase involved a number of design modifications and experienced delays resulting from changes in the broader policy and service delivery environment. In particular, the project was affected by the progressive design and roll-out of Building Better Futures and
Housing Connect and the need to ensure that ASK would support the integration aspects accompanying these major service delivery reforms as their detailed requirement emerged.

**Common assessment tools**
The common assessment framework (CAF) is an attempt to systematise client access through a multiple channels to the broadest range possible of housing and support services. It provides a set of ‘principles, processes and tools’ to be used as consistent practice by housing homelessness and other human service providers in order to streamline access for clients by enabling client information to be collected once and shared between service providers. The CAF includes tools to support:

- Initial assessment of client needs and social housing application;
- Comprehensive assessment;
- Case planning; and
- Obtaining information sharing consent.

The intention was that the tools developed under CAF would be available electronically on ASK and would therefore allow any participating service provider to complete the relevant information online, including social housing applications and to share information and make referrals to other agencies with the client’s consent. One aim of ASK was that the information collected be sufficient to enable assessment of eligibility to a wide range of social and affordable housing and support assistance programs.

**Coordinated access**
Coordination of access to homelessness services and social housing was a major goal of SCIP. As discussed above, the ASK system and the tools it hosts such as the common assessment tools and the Tasmanian housing register (THR) are designed to provide the fundamental infrastructure to support coordinated client access and underpin the package of service delivery reforms associated with Building Better Futures and HousingConnect.

The THR is a social housing waiting list to be shared by public and community housing providers. The establishment of social housing registers is a requirement of the NAHA and a key priority in Tasmania as it supports Building Better Futures plan to transfer a substantial amount of public housing to NGO housing providers. The THR was a core component of the SCIP aimed at providing the information systems architecture to collect, assess, prioritise and store social housing client information, in an agreed way – it is intended that this will translate into a single housing wait list and shared application platform (Housing Tasmania 2012c). The housing register is to be hosted by ASK and interface with the pre-existing Housing Tasmania public
housing waiting list. The intention is that housing agencies using ASK be able to see details of social housing applicant, assess their priority and allocate from the shared waiting list.

**Inter-agency collaboration**
A key goal of SCIP was to strengthen linkages between mainstream services and housing/homelessness services with the aim of avoiding exits from mainstream residential services into homelessness. This collaboration occurred at the governance level with health, corrective services and child protection agencies participating on the Homelessness Plan Reference Group. Linkages also occurred by engaging mainstream services in the early stages of the development of the CAF. At a service delivery level, public housing and community housing providers and homelessness NGOs engaged in a number of initiatives, facilitated by SCIP team members, to establish exit planning protocols and other collaborations with hospitals and corrective services facilities.

**Co-location of services**
Another component of SCIP was to explore opportunities for co-location of services with a particular focus on co-location of housing and Centrelink services streamline services for clients and for ease of information transfer for common clients. With the closure of a number of Housing Tasmania client service centres, arrangements were made with Centrelink for housing staff to use office facilities and make appointments with clients by appointment. Although Housing Tasmania remained committed to pursuing co-location for their services and for housing and homelessness NGOs, several NGO informants reported that they did not favour such co-locating arrangements. They reported negative feedback from client surveys, concerns about client confidentiality feedback from Centrelink that co-location was not feasible due to limited facilities and re-location plans.

### 3.3.3 SCIP implementation
The implementation of SCIP entailed highly formalised planning and governance and was well resourced with funding and an experienced implementation team. As discussed below, the implementation nevertheless faced unexpected barriers and the need to adapt over time to changes in the external environment.

**Implementation planning and responsibility**
Implementation planning for SCIP was comprehensive and documented in detail. Significant research was undertaken during the planning process that included a review of the academic and practice literature. This informed an implementation plan that was incorporated into a detailed business plan for SCIP (Housing Tasmania 2012). The plan was an internal Housing Tasmania document but was made available to the researcher to inform this study. Implementation of SCIP
was the responsibility of a team of that comprised between four and six members with collective expertise in policy, project management and information technology. Initially located in the Service Improvement and Change Unit within Housing Tasmania, from mid-2012, SCIP was incorporated into the Housing Innovations Unit that also had responsibility for housing and homelessness reforms including Building Better Futures and Housing Connect. This re-location coincided with the resignation of the original SCIP project manager and reflected recognition that the ASK, THR and CAF components of SCIP were integral to implementation of these other reforms.

**Implementation resources and timeframe**

SCIP was supported by a significant four year budget for 2009-2013, with the Tasmanian and Australian governments contributing approximately half each under the NPAH. The funding supported the cost of the SCIP team and specific project funding including outsourcing the development of the information system, ASK.

Planning commenced in 2010 with most SCIP activity occurring in 2011 and 2012. The initial implementation plan scheduled all activities to be implemented by early 2013 and this was largely achieved apart from continuing work to adapt ASK to meet changing service delivery user needs.

The early stages of SCIP entailed significant consultation and communication with stakeholders. Several newsletters were published, numerous briefings provided to stakeholder groups as well as consultation undertaken with service providers and potential partners both individually and in group meetings.

**3.3.4 SCIP outcomes**

The SCIP broad and system-wide focus on “…connections, coordination and collaboration…” makes it particularly difficult to assess outcomes and even more difficult to assess whether “…best possible outcomes for clients…” (Housing Tasmania 2011a: 3) have been achieved.

However, directing attention to the more specific goals articulated for SCIP, the evidence strongly suggests that the first goal of

- linkages with mainstream services to reduce exits from institutional settings to homelessness through early identification by mainstream services of those at risk of homelessness, establishment of improved relationships, common assessment tools and referral pathways

has achieved less success than the second goal of:
...integration of homelessness and social housing access pathways through common assessment tools, shared information systems and a common housing register. (Housing Tasmania 2011a)

In spite of some early engagement by government mainstream service delivery agencies such as Tasmanian Health and Corrective Services, and some active engagement of Centrelink, there is little evidence that the SCIP project has resulted in any substantive or sustainable change in the practices of mainstream services in their work with people experiencing or at risk of homelessness. The lessons from this experience were under considered by both government and NGO homelessness stakeholders. Some informants pointed to the inclusion in the Housing Connect model of functions to support ‘regional coordination of local homelessness and prevention with mainstream services” (KPMG 2012) as recognition of a continuing need to address this issue, albeit through an alternative regionally based focus.

It is difficult to confidently assess the success of the coordinated access components of SCIP because they were not fully operational at the conclusion of the study. Both government and NGO stakeholders expressed high expectations that ASK, the common assessment framework and the THR will effectively underpinning the major reforms being implemented to common access for housing and homelessness services. They point to the high level of engagement of users in the development of these tools and the positive experience to date of the small number of users involved in testing the systems. Those close to the development of the systems also point to the flexibility of the IT platform and system design as well as the user friendly and interactive nature of the system as boding well for its success and ability to adapt to any need for early ‘fixes’ and ongoing adaptation to changes in policy and service delivery requirements. The unusual approach taken to developing these tools in the dynamic environment of such extensive reforms and uncertainty about the final decisions on service delivery models warrants further study once it goes live. Given the increasing reliance on information technology to support collaboration and integration, further research in the area would be beneficial.

3.3.5 Summary

These three integration initiatives represent huge diversity in terms of their scope, goals, geographic scale, participants, implementation strategies and outcomes. They share in common overarching objectives of more integrated services, preventing homelessness and improved outcomes for people experiencing homelessness. They also operate within common national and similar state policy and funding frameworks that promote collaboration and service integration. All are state driven and funded under the NPAH and as such share timeframe constraints and accountability regimes. In implementation, they have applied an overlapping set of tools and strategies.
All have achieved some success, although in all cases, due to a vast range of factors, the outcomes have not been optimised. In the next chapter the factors contributing to success and the challenges identified across the case studies are examined in more detail. In all cases, this study occurred towards the end of the funded project. However in each case the initiative had facilitated only the commencement of processes that if sustained have potential to achieve, under the right conditions, more substantial outcomes in the future.
4  Key Themes and Issues

This chapter discusses the key themes and issues emerging from the case study findings. It seeks to answer the case study research questions:

1. What are the characteristics of the integration initiatives?
2. How appropriate is the integration design?
3. How well has the integration exercise been implemented? What have been the main implementation difficulties?
4. What have been the outcomes of the integration process?

4.1  What are the characteristics of the integration initiatives?

The three integration case studies share an explicit alignment with the NPAH principles and policy objectives in that they all aim to achieve better and more integrated services and improved outcomes for people experiencing or at risk of homelessness. They were all initiated and funded by governments and utilize similar tools in efforts to achieve these aims. However, they represent very different design and implementation approaches that reflect differences in their specific purpose, geographic scale and the nature of their policy and service delivery contexts. Table 3 summarises the characteristics of each initiative drawing on the case study descriptions outlined in chapter 3.

Table 4. Characteristics of case study homelessness integration initiatives

<table>
<thead>
<tr>
<th>HCAP: Caboolture / Deception Bay / Morayfield (Qld)</th>
<th>ICIS: Sydney (NSW)</th>
<th>SCIP: Tasmania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative development and implementation of a local action plan that engages diverse stakeholders in preventing and responding to homelessness</td>
<td>Trial new integrated service delivery responses for single homeless people and drive service system reforms</td>
<td>Establish new policies, tools and relationships that support integrated homelessness service responses involving housing, homeless and mainstream services</td>
</tr>
<tr>
<td>Geographic scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-regional – outer metropolitan</td>
<td>Local –inner city</td>
<td>Statewide</td>
</tr>
<tr>
<td>Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broad range of government and non-government service providers – almost exclusively non-specialist homelessness services</td>
<td>Five large national and local homelessness service providers in association with social housing providers</td>
<td>Primarily government and non-government housing and specialist homelessness service providers</td>
</tr>
<tr>
<td>HCAP</td>
<td>ICIS</td>
<td>SCIP</td>
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<td>---------------</td>
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<td>---------------</td>
</tr>
<tr>
<td>Caboolture /Deception Bay /Morayfield (Qld)</td>
<td>Sydney (NSW)</td>
<td>Tasmania</td>
</tr>
</tbody>
</table>

**Governance**

- Local government/NGO Implementation Group overseen by State-wide joint State Government and QCOSS Committee
- Coalition of five service agencies with oversight by state government/NGO Steering group
- State Government with input from cross-sectorial homelessness reference committee and working groups

**Instruments and Tools**

- **Collaborative service planning**
  - Inter-agency partnerships
  - Case coordination
  - Coordinated access
  - Local service networks

- **Case Coordination**
  - Co-ordinated access
  - Inter-agency partnerships
  - Collaborative service planning

- Shared IT and data systems
  - Coordinated access
  - Inter-agency partnerships
  - Co-location of services

**Implementation Focus**

- Government initiated and funded
  - Government and NGO joint facilitation
  - New resourcing limited to dedicated facilitators- no additional service delivery funding
  - Development of plan and then implementation
  - No planned regional evaluation. State-wide action research for planning process
  - Strong emphasis on communication and stakeholder engagement throughout

- Government initiated and funded
  - NGO facilitation
  - New funding primarily for additional service delivery with limited resources for facilitation
  - Phased roll out of new services
  - Action research commenced in late stages of implementation
  - High reliance on formalized structures for communication. Strong engagement of core players but engagement of housing providers variable

- Government initiated and funded
  - Government facilitation
  - Funding for facilitation and specific projects
  - Overarching program plan with discrete projects
  - No planned evaluation
  - Strong emphasis on communication and stakeholder engagement in early stages. Later stages focus on engagement with core participants.

**Outcomes and Accountability**

- Established and strengthened relationships between local service providers
- Successful implementation of a majority of actions
- Strengthened linkages with local Indigenous community

- Sustainable housing achieved for majority of identified clients
- Strong working relationships between coalition partners
- Significant progress in collaborative planning for integrated service reform

- Shared government and NGO commitment to reforming client access
- Development of relationships, infrastructure and tools to underpin major housing and homelessness service delivery reforms

The integration initiatives were characterised by the application of many of the integration instruments discussed in the first report. The following provides an analysis of the ways these
instruments were utilised and findings from the empirical research about issues associated with their implementation.

1. Case coordination

Case coordination is a commonly used device and term that has many meanings and manifestations and is often conflated with related terms such as case management (Jones, Davis and James 2012). In this study a form of case coordination was utilised in Sydney to enable workers in common roles across the partner agencies to address common client related issues and to reflect on their practice within the ICIS delivery model. In Caboolture it referred to a working group of housing and support workers who collaborated to establish coordinated housing and support options for clients with very urgent and complex needs. This study confirms previous research that points to the lack of a common understanding of the nature and methods of case coordination. This lack of common understanding is associated with differences in the practice frameworks, values and language applied across professional groups and disciplines such as nursing and social work. The case study examples also highlight that case coordination activities are based on the existing and often different knowledge and practice of participants. As such they may not be informed by leading edge practice, research knowledge, training or existing case coordination tools and there may be confusion about the purpose and different expectations amongst participants. Rather, many attempts at case coordination are re-inventing the wheel or not operating as effectively as they might. This finding points to a need for participants and facilitators of case coordination processes to promote a shared understanding of the relevant purpose, scope, processes and protocols for that particular context, identify pre-existing tools and good practice that can be adopted and adapted as necessary.

5. Common assessment tools

Common assessment tools were a feature of all three case studies. In Tasmania, the development of formalised common assessment tools was central to the project and built into the common IT processes. In contrast, the common assessment tools were not a strong focus in Sydney and Caboolture where they were given some lip service but were largely informal. In these sites, the adoption of common assessment tools developed by other groups was resisted and development of more robust tools not actively progressed. Resistance to their take up in these locations points to well documented evidence of the reluctance of service providers to adopt common tools that are departures from their established practice (Hulse, Phillips and Burke 2007). The evidence suggests that overcoming such resistance requires extensive negotiation between providers and accommodation of the needs of all parties and/or the exercise of authority to compel compliance where warranted.
The widespread acceptance of a set of the common assessment framework in Tasmania was attributed by participants to three factors, namely the authority of Housing Tasmania to require use of the framework by funded housing and homelessness services, the project building on pre-existing common assessment tools developed by homelessness NGOs through a previous service reform process and the use of a highly consultative process that engaged key users in development of the principles and tools. Thus the exercise of authority was used to promote active participation in the design process and a consultative approach was used that took account of the legitimate requirements of all parties.

6. Co-location of services

Co-location was a feature only in Tasmania and even there, the intended extent of co-location between Centrelink and housing providers was not achieved. Despite extensive co-location negotiations between Centrelink and Housing Tasmania, other factors such as changes in service delivery arrangements, space limitations and changes in key personnel meant that co-location sites were fewer and their longevity shorter than anticipated. Research participants pointed to practical barriers to re-location including changing space and infrastructure requirements of the parties, issues of negative client perceptions and confidentiality concerns where systems and space are shared by different service provider agencies. This is particularly an issue for homeless people who may have ambivalent relationships with housing providers and Centrelink.

Participants also argued that modern communications and service delivery modes that are more reliant on phone and internet communications are diminishing the advantages of co-location and pointed to the prevalence of various forms of outreach in homelessness service delivery. For some homelessness service providers, mobile or visiting services to places where homeless people frequent may have more relevance than co-location.

7. Coordinated access

Coordinated access to housing and homelessness services was a theme in all three sites reflecting the broader context of constrained resources, imperatives to ration services by prioritising clients with highest needs and attempts to match clients with an appropriate mix of services to meet their needs. Coordinated access was most dominant as a strategy in the Tasmania and Sydney sites. In Tasmania the development of information technology to support coordinated access was a central feature of SCIP and in Sydney coordinated access was integral to ICIS service provision. The scale and approach were, however very different across these sites with Tasmania establishing a state-wide, web-based system to support coordinated access to social housing and homelessness services and with capacity to be utilised also by mainstream services. In Sydney access was coordinated to a limited number of ICIS support packages.
through a relatively informal process involving referrals and assessment by a face to face committee meeting.

This diversity in approaches points to the need to design coordinated access arrangements carefully and taking full account of the characteristics of the clients, the type and number of services to be accessed and the purpose of coordinating access. The latter factor is important in an environment, such as homelessness service delivery, where potentially competing objectives may be at play that include responding to complex client needs, rationing services, ensuring fairness, transparency and efficient service delivery.

8. Inter-agency partnerships

Inter-agency partnerships are essential for achieving policy aspirations for ‘joined up’ services that address the complexity of homelessness needs in the contemporary service context of multiple and diverse service providers. The case studies underline the multitude of forms such partnerships can take and how they develop over time. Inter-agency partnerships are most appropriate and effective where the agencies have common interests, where trust is evident and where the partnerships are mutually beneficial. Such partnerships may be between two or more agencies, often between agencies with complementary resources and capacities. In the context of homelessness, partnerships are often forged between specialist homelessness support providers, housing providers and/or those delivering specialist human services such as general health or mental health services. The developing partnership between housing and mental health services in Caboolture is an example of such relationships.

The partnership between the five homelessness services in Sydney is unusual in that the agencies provide similar rather than complementary services and capacities and under other circumstances would be in competition to attract resources. In this situation it is the common interests of the agencies in satisfying government funders, influencing service system reforms and leveraging reforms within their own agencies that underpin their partnership. This partnership is an example of the players coming somewhat reluctantly to the table initially but strengthening over time as trust and recognition of their shared interests developed.

9. Local service networks and collaborative service planning

The use of this tool is best demonstrated in the Caboolture HCAP case study. That study demonstrates the potential of local networks and collaborative local planning to harness new players and to develop innovative and collaborative joint actions as exemplified by the novel and locally relevant Actions emerging from the planning process. It also demonstrates the limits inherent in this ‘bottom up’ approach due to a lack of control over resources and the limited
discretion available to local services, constrained as they are by limited finances and by specific obligations in funding contracts.

10. Shared IT and data systems

It is somewhat surprising that a shared information system was only evident in the Tasmania case study, although a common data set for reporting on ICIS clients was being developed in Sydney. This may be explained by the local nature of the Sydney and Caboolture case studies. The development of inter-agency or sector wide information technology systems requires a mandate and the expertise and resources to drive their development and ongoing administration. These are generally only available within government or where there may be future possibilities of commercialisation. Barriers to development of smaller systems for inter-agency use include the prevalence of corporate systems in larger NGOs and government agencies and lack of capacity within smaller services. The literature also points to resistance to change that involves change in work practices, concerns about compromising client confidentiality or where the change is time consuming and resource intensive (Hulse et al 2007). Further lessons could be gleamed from reviewing the implementation of other common IT and data systems including the new Specialist Homelessness Services national data collection and state based introduction of homelessness vacancy databases and common social housing registers.

11. Organisational mergers

The use of organisational mergers as an integration strategy was not evident amongst homelessness NGOs operating in the case study sites, although less formal joint governance structures were occasionally established - for example, the Coalition partnership with a lead agency model in Sydney, and forming a consortium of NGO homelessness services to establish the Housing Connect model in Tasmania.

Organisational mergers have, however, been more prevalent in the public sector in recent years as exemplified by the creation of consolidated human service agencies in all three jurisdictions that encompassed both social housing and homelessness responsibilities. These mergers saw shifts in responsibility for homelessness policies and programs from community services to housing units, a trend that accelerated in the wake of the NAHA which brought federal funding for housing and homelessness under one national agreement. A reversal of this trend occurred in Queensland after the election in March 2012 when the housing function was moved back to the same agency as public works. The evidence from the case studies indicated mixed results from co-locating housing and homelessness in one agency, with examples (such as in ICIS) of an ongoing disjunction between housing and homelessness policy and program implementation even when both functions were within the same department.
12. Whole of government strategies

The NPAH represents an example of a whole of government strategy that has been extremely successful in providing a unifying vision, organising structure and accountability framework that has brought together national and state governments and NGO homelessness stakeholders, initiating significant new thinking and service delivery reform.

Partial success has been achieved in engaging housing and other government and NGO stakeholders under the broad national policy framework. However, in spite of homelessness and housing policy and funding arrangements being integrated into NAHA at a high level, housing and homelessness strategies are generally not well coordinated at a local level. Further, in spite of national and state homelessness policies and strategies emphasising their importance, success in engaging other mainstream service systems has been even less successful.

This indicates both the positive possibilities and the limitations of ‘top down’ policy approaches as embodied in whole of government strategies. The possibilities include the ability to drive reform and engender a shared commitment to change amongst stakeholders. The limitations include the difficulty, without a strong mandate and dedicated resources, of gaining buy in from government agencies where homelessness is not their core responsibility.

Summary

The diversity in the characteristics of the case study sites, demonstrates the wide range of goals pursued through integrative endeavours and the different strategies employed. This underlines the need for careful deliberation when designing and implementing strategies and initiatives.

4.2 How appropriate is the design to achieving the intended goals?

The previous section highlights that the three initiatives represent very different design approaches as would be expected given their different goals, participants and contexts. They also differ in the extent to which their design was purposeful and documented and how the relationship between the goals and design was clearly articulated by policy makers and understood by facilitators and participants.

1. ICIS

The design of ICIS involved joint funding, for a limited time period, to multiple service providers for their collaboration in a new model of client service with the dual aims of driving reform in the way services are delivered and promoting inter-agency collaboration. It is surmised that an underlying, but not clearly articulated, assumption of the design logic was that service providers
need a ‘carrot’ to pursue collaboration, to reform their service delivery models and to integrate their services. The logic of ICIS, as articulated by government stakeholders, was that if service providers are offered additional funding on conditions that they work together to trial a new service model, they would accept the conditions and adjust the way they operate accordingly: furthermore this would act to promote service reforms and strengthen inter-agency collaboration. These assumptions were not explicitly documented but were inferred to some extent in public plans and funding contracts. NGO stakeholders reported that the intentions of funders were explicitly articulated through verbal discussions between the parties and they understood the implicit underlying assumptions.

While consortiums of service providers are an increasingly prevalent feature of the human services landscape, the approach applied to the ICIS is somewhat unusual in that the five service agencies are all large in their own right (four are national multi-activity organisations) and operate similar types of homelessness services for single adults in the same geographic area, inner Sydney. The intent of the ICIS design is therefore primarily about facilitating reform to service models and building inter-agency relationships and new collaborative structures within a specific locale.

The ICIS model has succeeded in bringing the five agencies together in a strong Coalition with robust governance and has facilitated collaborative approaches to service delivery and service system reform. Given the collective resources of these agencies and their extensive presence in inner Sydney homelessness service delivery, the Coalition, if the current trajectory is sustained, could potentially have a significant impact on the nature of homelessness services into the future. The phasing of the initiative had the advantages of enabling ongoing refinement and negotiation of the project parameters based on experience. The disadvantages included uncertainty associated with changing goal posts for service providers and the time and resources consumed in negotiations.

The design of the ICIS service model, however, has had mixed success. The model has struggled to achieve its ‘housing first’ aspirations because the policy settings and engagement of social housing providers were not adequately addressed in the program design. This was exacerbated by false initial expectations on the part of providers that dedicated social housing would become available as had occurred in the predecessor program, HIT. Over time the providers, in conjunction with housing providers, developed alternative housing strategies with partial success in accessing housing for ICIS clients. However, there tended to be significant delays in obtaining housing for clients, meaning that clients remained for lengthy periods rough sleeping or in crisis or transitional accommodation, and significant amounts of support workers
time was directed to finding housing rather than dealing with other client needs that might impact on their ability to sustain the housing.

The ICIS design did encourage collaborative practice across the participating agencies and appears to have built support within the agencies for new service approaches based on the 'housing first' model. However, a lack of integration between support and housing provision was a limiting factor and undermined confidence amongst service providers that 'housing first' is a realistic goal for their clients.

13. HCAP

The key elements of the Caboolture HCAP design included its state imposed framework, locality focus, joint government/NGO governance and facilitation, utilisation of a community planning and action focus and resourcing of only the process rather than specific projects or services. The logic of this approach is presented in project documentation in terms of bringing government and community stakeholders together to develop a local homelessness Action Plan that would lead to improved homelessness responses which prevent and address homelessness. The approach appears to be also underpinned by a belief that once the collaborative planning process was established, it would be sustained by the participants beyond the point at which funding and central oversight were withdrawn.

The local focus and inclusive approach were demonstrably effective in engaging and bringing service providers together with a common focus on homelessness. A notable and unusual feature is that the overwhelming majority of these services did not have a specific mandate to deliver homelessness services, rather their participation was driven by concerns for their client population that includes a high proportion of people experiencing or at risk of homelessness. Some NGO informants did note that they felt obliged to participate due to their heavy reliance on the State for funding and saw this as an unwelcome imposition. Participation from some government agencies was spasmodic in spite of active attempts by facilitators to engage them, indicating a lack of full commitment. Other informants from government and NGO services, especially those active in project working groups, welcomed the opportunity to contribute to improving services and outcomes for their clients and constituents and valued the inter-agency relationships and networking that were fostered through the HCAP process.

The project design was underpinned by joint government and NGO involvement in the governance, planning and project implementation elements of HCAP and this did foster stronger relationships and trust between sectors. However, this outcome should not be over-emphasised as tensions were evident throughout the process. Examples include: one NGO refusing to participate in a working group because of the participation of a state government agency;
number of working groups with solely government or solely NGO active participation; and reported tensions in the working relationships of key workers.

The local planning approach provided some capacity to build new linkages such as with the Indigenous community and with real estate agents. However, given its status as a predominantly government driven process, the main participants were government or government funded service provider agencies. As such it was, perhaps over-ambitious to expect to involve the broader community and business sector, especially within the relatively formalised structures and limited timeframe for developing the plan.

The bottom-up approach to developing the Action Plan, albeit within a state imposed framework, meant that specific actions tended to be locally relevant, but the absence of funding for the identified actions meant that most were modest in scale and time limited, nevertheless some actions were innovative and utilised local opportunities and resources.

One unanswered question regarding HCAP is whether the Action Planning process, the incomplete and ongoing actions and relationships and collaborations between service providers can be sustained once the funding for local coordinators is withdrawn in June 2013. This will test whether the design model of time-limited resourcing for collaborative and integrative efforts can achieve ongoing benefits. The second question is the extent to which the Actions emanating from this planning process - in the absence of resourcing for additional housing, support services and interventions to prevent exits into homelessness, and to improve employment, make a demonstrable difference to the prevalence of homelessness in the area and the effectiveness of services in ending homelessness. Given the socio-economic context of the area, the proximity to a substantial prison and the lack of social services infrastructure, this seems unlikely.

14. SCIP

The SCIP design involves a state initiative to establish a multi-skilled team to drive a number of linked projects to implement information technology infrastructure, tools and processes that support improved linkages between homelessness, housing and mainstream services including coordinated access to services. The underlying logic appears to have been that shared information technology, effective relationships and collaborative practice will facilitate improved access to services and more integrated service provision for people who experience or are at risk of homelessness.

The establishment of a multi-skilled team to simultaneously progress a number of inter-linked projects was effective in engaging positively with external stakeholders, especially NGO homelessness service providers, and harnessing their participation in designing the common service delivery tools and information system. Key attributes of the team included knowledge of
the homelessness and social housing sectors and skills and experience in project management, consultation, policy analysis, information systems analysis. The following quote is representative of the views of NGO Stakeholders who were interviewed:

“...level of consultation that the team had with the sector I think was unprecedented... absolutely fabulous ... individual team members had a range of different skills which meant that they were all able to contribute different things .... Sometimes you get in government departments a lot of people with similar views and they get quite narrow in focus whereas this team was really very broad focused, very creative, very innovative, very consultative, energetic... “ (NGO service provider and working group participant).

The focus of SCIP on learning and establishing shared frameworks has resulted in the program influencing the outcomes of related reform processes and has potential to support further longer term change. In particular the lessons from SCIP were reported as a key factor in Housing Tasmania’s decision to overturn their usual competitive tendering process when implementing Housing Connect and instead, opting for a collaborative process of inviting existing service providers to work together in proposing a new service delivery model.

The design of SCIP was less appropriate for engaging and changing practice within mainstream services that might avoid exits from these services into homelessness. In spite of significant effort early in the project, limited success was achieved in this area.

Summary

Each of the three initiatives had multiple and ambitious objectives which were only partially achieved during their initial 2-3 year phase. This points to one of the limitations of time-limited, project based funding to support complex and longer term reforms and a need to consider sustainability at the design phase. The very different designs of the initiatives and their adaptation over time also points to the difficulties in choosing appropriate approaches and the need for flexibility to adjust them in response to unanticipated circumstances.

4.3 How well have the integration exercises been implemented? What have been the main implementation difficulties?

The implementation of all three case studies was characterised by successes, partial successes and challenges. As the study did not set out to evaluate individual initiatives but rather to draw lessons from their experiences, the response to the question of implementation is addressed by highlighting the collective success factors and challenges faced.

1. Success factors
National and state policy leadership and coherence

One of the key success factors across all three case studies was the existence of clearly articulated national and state policy frameworks and strong policy leadership. Together, the homelessness white paper (Australian Government 2008), NPAH and State Homelessness plans clearly articulate a comprehensive and consistent framework for addressing homelessness. In all three case studies, there is clear and explicit alignment with the policy aspirations and principles embodied in these policy documents. The overarching policy intent for each project was aligned with national policy, clearly articulated in project documentation and this was clearly understood by study informants. For HCAP the emphasis is on ‘homeless as everyone’s business’; homelessness prevention and inter-agency and inter-sectoral collaboration. For ICIS it is ‘joined up services’ and ‘permanently ending homelessness’, while for SCIP the focus is on better and more integrated services. Each of these themes can be directly traced to the key national and state homelessness policy directions. All the case studies demonstrate that this clarity and consistency in national homelessness policy has engendered a shared vision and broad based commitment to a reform agenda amongst stakeholders that underpins efforts to encourage collaboration and better integrate service responses.

It is not surprising that the intent of these service integration initiatives is consistent with the NPAH, given that they are funded under that agreement and are all featured in state Homelessness Implementation Plans. Even more noteworthy is the extent to which stakeholder interviews and documentation demonstrated familiarity with the national policy directions and commitment to their achievement is noteworthy as this alignment has not clearly been the case for previous homelessness strategies (Seelig, Phillips & Thompson 2007: 24-26). This indicates that the national policy process culminating in the NPAH and the subsequent implementation by the states has been effective in driving new thinking and widespread commitment to service delivery reforms.

Skilled facilitation

A second success factor emerging from the case study findings is the critical role that skilled facilitation plays in implementing integration initiatives. Overwhelmingly informants stressed that dedicated resources for facilitation are essential and that the skills of the facilitators are critical to success. Specific attributes identified by informants as needed in such roles include:

- A good knowledge of the homelessness policy and service delivery environment;
- Expertise in social planning, human services management, group facilitation;
- Expertise in program and project management;
• An understanding of public administration and public and community sector decision making processes;
• Ability to work collaboratively with a diverse range of stakeholders across public, community and business sectors; and
• Effective communication and information dissemination skills.

HCAP participants emphasised that the facilitators were invaluable for project management, organising and minuting governance and working group meetings, reporting and documentation as well as generally driving the process and participant engagement. Many raised concerns about the sustainability of the processes and projects when funding for the facilitators was withdrawn. They also pointed to the benefits of having joint facilitators with one located within each of the government and community sectors, including an increased ability to leverage the opportunities and compensate for the constraints of working in each sector. For example, the government-based facilitator would have a capacity to engage government stakeholders in ways that would not be possible for a NGO worker, while the NGO-based worker was not constrained by the more rigid government protocols and hierarchical decision making applying to the government based worker.

The importance of the location of the facilitator was also evident in ICIS where over time that role was located in different organisational sites - within government, within the peak homelessness body and within the lead agency for the Coalition. Informants pointed to the benefits and limitations in each location. This included the value of having the authority of a government located position when the project was dependent on active engagement by government agencies and the resources that could be drawn on. The perceived benefits of facilitation by the peak body, HomelessnessNSW, were their independence and ability to bring a broader perspective and knowledge to the process. However, some stakeholders perceived a lack of role clarity and that the agenda of the peak body, as representative of all SHS providers in NSW, was not totally aligned with that of the Coalition. This added complexity for the Coalition and in their relationship with government. The transfer of responsibility for facilitation to the Salvation Army as lead agency for the Coalition has seen a shift in that role to a focus on practical issues such as common reporting on service activity and client outcomes and supporting implementation of Coalition decisions.

The project team approach to facilitating SCIP reflected the diversity of sub-projects that were pursued concurrently and the need for a mix of skills. While overall management rested with the project team leader, each team member had responsibility for one or more specific projects. These projects involved engagement at senior levels with other government agencies, consultation with government and NGO service providers, policy development and IT project
management and design. Capacities to engage effectively and build trusting relationships with NGOs were widely reported as critical for SCIP achievements.

The case studies demonstrate that skilled facilitation and the credibility and mandate of facilitators were critical success factors in each site. They point to the variety of roles that integration may play and the need to carefully consider the best arrangement in different contexts and at different stages of the initiative. Factors to consider in determining the location and role of a facilitator include the goals, participants and mandate of the initiative, the required functions and skills, the governance structures and availability of resources and supporting infrastructure.

**Recognition and building on pre-existing work and relationships.**

All case studies point to the importance of understanding and taking account of pre-existing relationships amongst stakeholders and participants and awareness of previous related initiatives that may impact on integrative projects. Positive pre-existing relationships, past positive experiences of similar types of initiatives and explicit efforts to build on existing strengths and good practice were strongly associated with ability to engage stakeholders and early success in implementation.

In Caboolture, previous Community Renewal community planning processes involved many of the same stakeholders. This included the local HCAP coordinator, with participants expressing the view that the HCAP engagement approach was informed by lessons learned through Community Renewal and that relationships forged through that process were critical to gaining broad stakeholder engagement in HCAP.

Because I'm telling you there's no way that we would have produced - a copy of our plan that you've got there - without the fact that [coordinator] already had established relationships, knew the service system, knew the players (HCAP participant).

In Sydney, where the HIT preceded the implementation of ICIS, NGO service providers appreciated the ability to take advantage of governance and operational systems and processes established under HAP but were disappointed that, compared to HIT, ICIS experienced reductions in the levels of resourcing and the dis-engagement of government health and housing agencies.

The converse also holds as exemplified by some NGO stakeholders in Tasmania complaining about SCIP failing initially to recognise previous integration efforts within the homelessness sector. While government informants perceived SCIP as building on previous homelessness sector reforms, some NGO stakeholders who had longevity in the homelessness field felt that the achievements and lessons of past work were not adequately acknowledged at the commencement of the project leading to concerns about 're-inventing the wheel'. As a result of
the consultative nature of the project, these initial concerns were overcome as NGOs were actively engaged in designing the specific SCIP project outputs.

In all case studies, stakeholder experiences of previous service integration and reform processes impacted on their expectations of and the way they engaged with the current wave of reforms. These examples highlight the need to understand the context and history and consider how previous positive or negative experiences of stakeholders may impact on the design, marketing and implementation of integrative endeavors.

15. Challenges

Changes in the external environment

The implementation of each of the three case study projects was impacted to varying degrees by changes in the political, policy or organisation environment. These types of changes in the environment are common in public policy implementation, although they may not be anticipated in the planning process. The changes with most impact included:

- Change of government (Qld, NSW)
- Department re-structures and machinery of government changes (Qld; NSW)
- Changes in Government budget conditions and funding cuts (Qld; Tas)
- Changes in the broader policy or service delivery environment (Qld; Tas)

ICIS was the least impacted by the changes in the external environment. The effects of changes relating to transfer of responsibility in NSW were for homelessness programs from DoCS to Housing NSW minimised because key staff with knowledge and commitment to the project also transferred with similar responsibilities and relevant Housing NSW managers had prior knowledge of, and supported the project. The change also occurred well into the implementation stage and had the positive effect of opening the possibility of improved coordination between the housing and support components of the project.

In the early stages of SCIP, changes in senior management within Housing Tasmania resulted in some uncertainty for the project but did not have any long term impact, in large part because the project had secured formal sign offs for its business plan and had tied funding under the NPAH. SCIP was more affected in late 2012 by the departure of the project leader and transfer of responsibility for the project to another service area within Housing Tasmania. This prompted a review of SCIP and its relationship to other high profile initiatives to reform housing and homelessness service delivery, leading to a re-scoping and re-conceptualising of the project and a significant reduction in staffing. The review directed effort towards delivering the information technology platform and common assessment tools required to implement major reforms of client
access to homelessness services and delivery of social housing. Most informants viewed this change as inevitable and positive, arguing that the various reform processes should have been more closely linked at an earlier stage of SCIP.

The Caboolture HCAP also experienced minor impacts associated with the different priorities and processes following changes in regional senior management during the early stages of the project. However, more significant impacts resulted from budget cuts and machinery of government changes following a change of state government in March 2012. The budget cuts included a significant loss of public servant positions and funding cuts to NGOs reducing the capacity for agencies in both sectors to participate as actively as they had previously. Some NGOs experienced significant funding cuts and were forced to withdraw completely from participation. In accompanying changes, the Department of Communities saw a number of functions including housing and Indigenous affairs transferred to other agencies. The staff reductions, inevitable diversion of attention during the re-structure, and new policy priorities resulted in some loss of capacity and impetus for these agencies to participate in HCAP as a QDoC driven initiative.

The sorts of changes experienced by these projects are common for the public sector and highlight the vulnerability of government driven collaborative initiatives to external factors. The changing priorities and approaches not only create delays and loss of momentum but also risk relationships and trust between participants. In each of our three cases, the most significant changes occurred late in the implementation of the projects thus having less impact than they may have had at an earlier stage. In all cases, the integrity of the projects was largely protected because of their status as commitments under the NPAH and the tied nature of their funding. The retention of key facilitators and actors in NSW and Qld was also a protective factor. In some cases, such as the transfer of responsibility in NSW and the management changes in Tasmania, the impacts may even prove to be positive for enhancing coordination and promoting integration in the longer term.

**Timeframes and resource constraint**

The appropriateness of the timeframes and adequacy of available resources were the subject of debate amongst participants of all projects. Under HCAP, the explicit resourcing of the coordinators was viewed by participants as critical to the success achieved. In particular it was crucial for engaging a diverse group of stakeholders in a new process and developing the Action Plan within the time constraints set by government.

“[It probably would have fallen over if not for the HCAP coordinators. ...If there’s not some-one who is able to step into that role and is resourced to put that time in... it is crucial]” (NGO service provider, Qld)
The lack of resourcing for Actions and the time limits for both the planning and implementation stages were, however, impediments to implementing more ambitious projects that required external expertise or more worker time than project participants could contribute. A lack of flexibility in funding conditions was also reported by most NGO participants interviewed as inhibiting project implementation. In particular, participants pointed to the lack of recognition of interagency collaboration as a legitimate activity in ‘output’ funding models and pointed to the prescriptive nature of program specifications as limiting their participation and as barriers to collaborative efforts and service innovation.

By contrast, the service delivery component of ICIS was characterised by time limited stages with overlapping timeframes for each cohort of clients and different target groups, funding levels and housing opportunities for each stage. The staging created considerable confusion for service providers and the changing funding arrangements resulted in significant management time and effort consumed in contract negotiation for each stage. The staged funding structures, did however, enable the Coalition to adapt the governance and facilitation arrangements over the course of the project and marked the transition in the facilitation role from HomelessnessNSW to the Salvation Army and the shift from individual funding agreements to a lead agency model. Coalition members also argued that their participation in the governance and planning processes of the Coalition was extensive and not funded. However, as large, multi-function agencies, they were prepared to resource this activity in the hope of longer term benefits.

SCIP, had a reasonably generous timeframe and, as a largely government internally implemented project, was fully funded for staff and project costs. This timeframe enabled a highly consultative process which resulted in a strong sense of ownership by NGO participants in the resulting tools. It also enabled the ASK system to be adapted over time as associated reforms directions were clarified and functional and user requirements better understood.

**Integrative capacity**

This study points to a growing sophistication and capacity within government and the NGO sector for collaboration. Each of the case studies found that many of the individual facilitators and participants in these integrative endeavours came to the projects with important skills and attributes that contributed to success and further developed their expertise along the way.

The case studies illustrate the limited institutional capacity of governments for collaboration and integration. The almost universal view of government and NGO informants was that, in spite of the commitment and efforts to support the integrative goals of the projects by many individuals working for government and NGOs, government institutional arrangements presented obstacles to operating across administrative and functional silos and to sharing responsibility and accountability across agencies or with the NGO sector.
“they talk a lot to us about collaborating, integrating, working better together yet they are so siloed in their approach” (NGO service provider, Tasmania)

“it’s all about integration at our level but government housing and DoCS still haven’t got it together” (NGO service provider, NSW)

While NGOs generally demonstrated greater capacity for collaboration and ability to commit to integrative projects, they also faced many structural barriers. This was particularly an issue where NGOs were in direct competition for resources or highly dependent on conditional government funding. Interestingly this study provides numerous examples of NGOs collaborating with potential competitors to pursue shared objectives. Examples include the ICIS Coalition, the consortium of homelessness providers developing the HousingConnect reforms in Tasmania and housing providers working jointly on the common intake project in Caboolture. These examples indicate that service providers can overcome competitive pressures to collaborate for the benefit of clients and especially when such collaboration is seen as having long term benefits for the agencies individually and collectively.

One factor that should not be underestimated is the power and authority exerted by government in their funding role. In all case studies, managers of participating NGOs clearly articulated their reasons for participating as being driven both by the intrinsic value they saw in the integrative initiative and also as a response to funder expectations of their participation. A key challenge for government in initiating such collaborative reforms is to strike a balance between leveraging the commitment of service providers to quality services and client outcomes and avoiding over-reliance on their own coercive powers.

4.4 What have been the outcomes of the integration process?

As highlighted in chapter 3, all of the studied integration initiatives began with ambitious aims to prevent and end homelessness and to reform the way services are organised and delivered in specific contexts. This research examined the progress as the initiatives were entering the third of their three year timeframes and found some positive progress across all three initiatives but the outcomes achieved were far more modest than those originally intended.

All three projects had some success in bringing diverse stakeholders together in new ways to improve homelessness responses. The vehicles for stakeholders working together included local planning processes, service delivery reforms and the development of new tools to support collaboration. In the course of working together inter-agency and inter-sectorial relationships were strengthened, in some cases leading to new service delivery partnerships and collaborative service responses. Concrete outputs and outcomes were achieved including the development and significant progress in implementing an Action Plan in Caboolture; delivery of a new service delivery model and inter-agency coalition in Sydney and development of a common IT system in
Tasmania. In conjunction with these achievements, shared tools and work practices, common processes, improved service knowledge and strengthened inter-agency relationships were developed that have potential to facilitate more coherent and integrated responses for service users.

None of these initiatives, taken alone and within the short timeframe, are likely to achieve their ultimate aims of ‘preventing homelessness’, ‘delivering service system reforms’ or ‘involving mainstream services’. However, they have all built relationships, ways of working together, shared visions, service innovation and common infrastructure that mark progress towards these ultimate goals.

The lessons to be learnt from these case studies are elaborated in more detail in chapter 5. At this point it suffices to say that the modest outcomes achieved in the first two years should not be dismissed or seen as failures. On the contrary, each case study illustrates that dedicated efforts can elicit important reforms. However, they also illuminate how complex and difficult such change processes are, the opportunities to improve implementation strategies and the need for sustained effort, targeted resourcing and realistic timeframes.

4.5 Summary

This chapter has analysed the findings from the case studies in order to better understand their characteristics, the effectiveness of their design, success in implementation and outcomes to date. The collective findings from the three diverse cases provide an opportunity to better understand the factors that contribute to their successes and failures. This, in turn, provides evidence on which to base future enhancements and improved approaches to the ubiquitous challenges of better and more integrated responses to homelessness. The next chapter draws together the lessons from this empirical research and the broader research literature to present a framework to inform policy makers and practitioners in promoting collaboration and integrated service delivery.
5 Conclusions and Implications

In this chapter, the conclusions and implications from the research findings are examined, drawing on both the research literature and empirical evidence. In particular, this chapter addresses the overarching research questions 3 and 4:

- What approaches to collaboration and service integration between specialist homelessness services and mainstream services are likely to be most effective?

- What principles, policies and practices should underpin collaborative and service integration initiatives, and how can these be operationalised?

5.1 What works and why?

The study aimed to provide an evidence base for better understanding the most effective means for promoting collaboration and integrated service responses that contribute to achieving national homelessness policy goals. A recurring theme throughout this study is that there are a multitude of possible approaches to integration and collaboration and therefore a need to carefully choose the approaches that are best suited to a given context and most appropriate to achieve the intended purpose. The following discussion aims to apply the research findings to identify the challenges and potentially effective integration strategies that support the three key national homelessness policy priorities: turning off the tap; improving and expanding services and permanently ending homelessness.

5.1.1 Turning off the tap

This priority is to prevent homelessness with a particular focus on preventing exits from institutional settings into homelessness. Other important issues under this priority such as preventing forced exits from social and private rental housing are acknowledged but are not addressed here because they did not feature strongly in the case studies.

Attempts to prevent exits from mainstream institutions into homelessness seek to build linkages and engage institutional service systems such as hospitals, corrective services and child protection in identifying those under their care who are at risk of homelessness and establishing ‘joined up’ transitional arrangements to support their exit into the community. This is an important and ambitious undertaking that responds to the growing body of research evidence of the causal links between homelessness and involvement with these institutions.

The evidence from this study demonstrates the strong support for, and increased effort in, this area from policy makers and service providers. The examples from the Tasmanian and Caboolture case studies also, unfortunately, illustrate how difficult it is to make sustainable
improvements and how little progress has been made to date. This is not a reason to abandon commitment to this priority but rather to better understand the challenges and barriers to working in this space as well as what has been demonstrated to work or shows encouraging potential.

Some of the challenges and barriers to avoiding exits into homelessness from mainstream service systems were highlighted in the course of the study. These include:

- **Variable predictability in the timing of exit.** While in some cases prison sentences, hospital stays and child protection orders may be predictable and amenable to orderly exit planning, in other cases the timing of parole decisions and hospital discharge decisions are unpredictable and difficult to plan for.

- **Variable capacity to identify those at risk of homelessness on exit.** There are wide variations in the types of data collected, the capacity to analyse the data, and the clear identification of responsibility for identifying and flagging those at risk and liaising with appropriate agencies.

- **Variable availability of programs and personnel with appropriate expertise** within mainstream services to support transition planning and develop external linkages with housing and support providers in the community. Hospital social workers, prison pre-release programs and child safety transition from care programs are key initiatives with a mandate and some capacity to support exit planning. However, their capacity to focus on homelessness prevention, their understanding of the characteristics of homelessness and their knowledge of and relationships with the housing and homelessness support systems are variable.

- **Lack of continuity in programs and personnel.** Where exit planning programs are available, their linkages with housing and homelessness services may be disrupted by periods when programs cease to operate or when key personnel change their roles or leave the program.

- **Capacity within the homelessness and housing service system.** Homelessness and housing services may not have the mandate, resource capacity, skills or networks necessary to establish the relationships and effectively work across organisational, sectorial and professional boundaries. Additional linkages and responsibilities need to be explicitly recognised and financed.

- **Governance and accountability issues.** Each of these service systems has multiple priorities and competing calls on their limited resources. In the absence of a strong policy
imperative and robust accountability for homelessness outcomes, it is difficult to sustain
attention to homelessness as a priority amidst the general competition for attention and
resources.

- *Disparities in power.* Most of the service systems that are best placed to contribute to
preventing homelessness are delivered by governmental agencies, and in some case
statutory, institutions with high levels of authority and professional status. This makes it
particularly difficult for NGO housing and homelessness services providers to influence
practice and build relationships, especially where they face resistance from the within
these agencies and institutions.

The strategies that have achieved some success and have potential for further development
include a mix of policy and service delivery responses. Responses that operate solely at one of
these levels appear to be less successful and sustainable than where both central policy and
local service delivery strategies are employed and reinforce each other. Examples of approaches
that warrant further development and expansion, subject to evaluation of their outcomes, include:

1. Strong whole of government policies accompanied by robust governance structures that
have authority to mandate action to prevent homelessness, hold government agencies and
institutions accountable for outcomes, and are sustained over time.

2. Funding for specific initiatives that drive systemic change within mainstream service systems.
Two current examples are: (a) modifying client information systems to add data fields which
record housing status and flag homelessness risk factors such as implemented in Launceston
under SCIP and in use by Centrelink; and (b) locating social workers in some large hospitals
in Queensland whose roles are to identify at-risk patients and support their discharge
planning as well as build relationships with housing and support services in the community to
ensure patients do not exit into homelessness.

16. Funding of innovative services in targeted locations and for population groups most at risk of
homelessness in order to manage transitions from institutional care through partnerships
between mainstream, housing and homelessness agencies.

17. Creation of local or regional positions with specific responsibility for building linkages between
mainstream, housing and homelessness services, including information sharing and
collaborative projects aimed at improving referral protocols and pre-exit contact for discussion
of homelessness or housing services with those at risk of homelessness . Such positions are
proposed in each region as part of the new Housing Connect model in Tasmania.

18. Encouraging the participation of mainstream services in local and regional homelessness
service networks and service planning processes. Such encouragement may require high-
level endorsement from senior staff in the mainstream services so that staff participation is not seen as optional or low priority work.

19. Evaluation and dissemination of information about successful approaches. Given the significant number of NPAH funded projects that have aimed to involve mainstream service systems in preventing homelessness, consideration could be given to a meta-evaluation of those initiatives to identify successful approaches and the factors that contributed to their success.

In summary, preventing exits into homelessness from institutional settings is an important objective that is difficult to achieve and requires new ways of working for mainstream, housing and homelessness services systems. Effective collaboration and service integration are integral to this task and studies such as the present report, provide some insights into what works and why. However, this issue warrants further policy and research attention if demonstrable and sustainable results are to be achieved in the long term.

5.1.2 Improving and expanding services

The integration concerns under this priority focus primarily in two areas. These are firstly, improving the ways for clients to access and navigate the homelessness and housing service systems and secondly, implementing new service delivery models that emphasise integrated housing and support services. We focus here on the former as it is the area that featured most prominently in the case studies and therefore is the subject of the clearest findings. The new service models such as Street to Home and Common Ground are also the subject of separate in-depth evaluation and research projects.

Efforts to improve access to and pathways through human service systems have a long history and are driven by multiple and potentially conflicting policy objectives (Phillips 2006). For housing and homelessness, the policy objectives include: transparent and fair allocation of resources; rationing on the basis of need; simplifying client access; achieving the best fit between client needs and services provided; and maximising efficiency. Scarcity of resources, high client demand and complex multi-provider service systems are significant drivers of imperatives to reform and improve the way services are delivered.

The case studies demonstrate the wide variety of approaches to improving services for people experiencing homelessness and thus provide diverse lessons. However, it is possible to draw some common themes and identify some success factors that are evidenced in all case studies.

As context for this discussion it is useful to reiterate the key characteristics of each approach. In Tasmania, SCIP was primarily concerned with comprehensively coordinating access to housing
and homelessness support services. It was a state-wide, top down but consultative approach that developed formalised and structured systems and tools and was implemented in tandem with a review of the homelessness service system and major reforms to homelessness and housing service delivery systems. By contrast the service system reform component of ICIS in Sydney aimed to encourage new, integrated service delivery models. It was predominantly a localised, bottom up process that was not highly formalised or structured, involved only selected services and relied heavily on relationships between the service providers. The Caboolture HCAP sought to improve homelessness responses and access to services by building linkages between a wide variety of agencies across service sectors and was largely a bottom-up, localised process. Although the process involved some centrally imposed structure, local actions were relatively unstructured and relied on voluntary participation by service providers.

Given major differences in the purpose, resources and contexts for these three initiatives, it is not meaningful to directly compare their outcomes. Nevertheless, some common success factors are evident in efforts to improve and coordinate client access and service responses. These include:

- **Resources.** The importance of dedicated resources, including funds, staff and expertise, for facilitating collaboration and for implementing change cannot be underestimated. Clearly the level of resourcing needed will depend on the goals sought, the local context and the capacity of stakeholders to contribute through re-allocation of existing resources.

- **Time.** Building effective relationships and planning and implementing change is time consuming, especially where participants are concurrently delivering high demand services. Determining adequate timeframes for each stage would need to take account of the specific requirements of the initiative and the capacities and competing priorities of the various participants.

- **Leadership.** Leadership in various forms is critical for establishing a shared vision and purpose, for engendering a sense of direction and achievement as well as for sustaining participation of diverse stakeholders. While overall or formal leadership may rest with an individual or group, it is critical to encourage diverse forms of leadership, including roles in leading specific activities or within participant groupings.

- **Governance.** Governance is about both good processes for decision making and appropriate modes of accountability. Each of the case studies demonstrated the value of inclusive governance models that enable government and NGO stakeholders, funders and service providers to share responsibility for decision making and mutual accountability.
Key role of government as funder. Funding agencies have a crucial role in leading and facilitating service delivery improvements and reforms. This is because of the power and authority they hold over funded agencies and because funding modes and conditions can either facilitate or constrain collaboration and efforts to improve and reform service delivery. The design of program objectives and outputs, often linked to conditional funding, can have unanticipated impacts on intangibles such as collaborative effort. Program success may be dependent in part on the flexibility and responsiveness of government agencies in relation to changing needs and service delivery innovations.

5.1.3 Permanently Ending homelessness
This priority aims to permanently end homelessness and has a particular focus on the most vulnerable of the people experiencing homelessness, including those with multiple and complex needs who are chronically homeless and/or sleep rough. As illustrated in Table 1, many of the integration initiatives funded under HPAH to address this priority involve collaborations and partnerships between specialist homeless, housing and other services including mental health, primary health and disability. In addition, newly established service models, including street to home, common ground and ICIS, aim to permanently end homelessness by applying concepts such as ‘assertive outreach’, ‘housing first’ and ‘wrap around support’ that involve integrated approaches to intake, housing and support.

The ‘breaking the cycle’ priority was evident in the case studies, most notably in ICIS and also reflected in actions under the Caboolture HCAP. The findings in these cases support previous research that reports the successes of these new approaches in ending homelessness for many people who have experienced long term and recurring homelessness, including rough sleeping. Similarly, the findings of this study follow previous research in identifying key challenges they face in the areas of access to stable housing and ongoing support where needed to sustain tenancies (Phillips and Parsell 2012).

In particular the ICIS case study highlights the challenges for ‘housing first’ approaches in achieving timely access to stable housing. This lack of housing has a number of negative implications for effectiveness and value-for-money in programs such as ICIS where intensive, time-limited support is available to assist in transitioning homeless people to sustainable housing. The negative impacts include:

- Lack of housing acts as a disincentive for potential clients to engage or remain engaged with support services if they are not confident that housing is achievable;
- An inordinate amount of support workers time is allocated to the search for housing rather than other support needs of the client; and
Delay in being housed means less support time available to assist tenants to establish their tenancies and gain access to ongoing services they may need, thus increasing the risk that tenancies will not be sustained.

Factors that contribute to success in promoting integrated responses and ending homelessness for the most vulnerable can be identified from the literature and the case study findings. Once again mutually reinforcing strategies that operate within both the policy and service delivery domains are critical. Key success factors include:

(a) Effective and persistent government policy and program coordination, especially in the areas of coordinating and timely access to both housing and support; integrating health services within homelessness responses; and strengthening linkages with mainstream and specialist support programs needed to assist vulnerable tenants to sustain tenancies. The most significant of these are dedicated allocations of housing and/or clear pathways to access housing.

(b) Robust and inclusive local and regional networks and partnerships that intentionally work to breakdown organisational and functional silos; that encourage purposeful collaboration; and that ameliorate differences in ideological stances and practice-frameworks between service providers and across professional disciplines.

(c) Staff with knowledge and skills in inter-agency, cross-sectoral, inter-disciplinary work, including skills in case management and case coordination practice.

5.1.1 Summary
The findings of this research highlight that the pursuit of integrated responses to homelessness is complex, multi-faceted and challenging. It is, however, a pursuit that policy makers and service providers across Australia have committed to and have invested in with significant amounts of money, hard work and intellectual effort. As a result many improvements have been achieved in the types of available services, and in the way services are delivered through improved relationships between service providers and service systems. Some evidence is emerging about the way client outcomes are enhanced by these reforms. However, as this study demonstrates there is much still to learn and to improve if the aspirations articulated through national homelessness policy are to be achieved. The scope of this study, with only three case studies, represents particular perspectives concerning the integration efforts, challenges and outcomes that were initiated under the NPAH. However this analysis provides insight into the potential positive contributions that collaboration and service integration can make, as well as the ongoing constraints to preventing, responding to and ending homelessness.
The findings confirm our initial proposition that there is no simple or easy answer to the question what works and why? The answer is that what works depends on a range of factors that are context specific. The diagnostic tool detailed in Table 2 provides a framework and a series of questions that have been tested through this study and provide a useful guide to the issues that should be considered in designing, implementing and evaluating homelessness integration initiatives. This section has highlighted some of the key findings on challenges and success factors that relate specifically to the achievement of national homelessness policy priorities. It does not, however, completely reflect the richness of the data or the potential lessons that emerged from the case studies, some of which have been detailed in chapters 3 and 4.

5.2 Policy and Practice Implications
There are many policy and practice implications arising from the findings of this study, and this final section summarises those that are most notable and relevant to the contemporary Australian homelessness context. Based on the evidence elicited from the research literature, the first report for this study articulated four themes that summarised the evidence on integration success factors. Based on the empirical research findings, these have been adapted to five themes that have implications for those engaged in designing, governing, facilitating or participating in collaborative and integrative endeavours aimed at preventing and addressing the scourge of homelessness. These themes are:

- Policy coherence and leadership are central
- Integration is a means not an end
- Integration is difficult and can be costly
- Governance and capacity building need to be addressed
- A fit for purpose strategy is crucial

5.2.1 Policy coherence and leadership are central
The important role of the Homelessness White Paper and the NPAH in setting the policy agenda and driving homelessness reforms in Australia over the past five years cannot be overemphasised. The priorities articulated through these national policy vehicles have informed strategies within all Australian states and territories and have influenced service delivery practice. Such policy leadership is crucial to overcoming inertia and resistance to acceptance of the need for change in policies, programs and service delivery approaches. In particular this study demonstrates the success of national homelessness policy leadership since 2008 in highlighting the importance of collaboration and service integration. This policy clarity contributed to shared vision and increased efforts by policy makers and service providers to explore better ways to ‘join
up homelessness responses. Given the impending end of the NPAH, there is a need to consider how best to sustain these efforts and to address continuing challenges, especially in better linking housing and homelessness policy and programs and in engaging mainstream policy and service systems in the homelessness cause.

Ongoing policy leadership is required if success to date in achieving better integrated responses to homelessness is to be sustained and further pursued.

Renewed efforts are needed to engage mainstream service systems, including social housing, in playing a greater role in preventing and addressing homelessness.

5.2.2 Integration is a means not an end

The findings re-emphasise the evidence from previous research that integration is not a destination but an ongoing journey – a verb rather than a noun. The strategies, systems and resources required to implement integrative projects may need to be adapted for the purpose of sustaining and continuously improving them. Thus, explicit strategies for ensuring longer term sustainability are essential when time-limited initiatives are designed. In this context, the success factors of careful design, strong leadership, robust governance, adequate resourcing, and ongoing review and evaluation remain important for maintaining momentum in improving homelessness services. Ongoing efforts are required to overcome inherent barriers and resistance to integration reforms and to respond to changes in the homelessness environment, such as in client needs, policy imperatives, service delivery modes, key personnel and participating agencies.

Continuing and ongoing efforts are needed by policy makers, program managers and service providers in pursuit of practical and effective means of better integrating policies and services for people experiencing or at risk of homelessness.

5.2.3 Integration is difficult and can be costly

Throughout this report the many challenges and barriers to implementing changes aimed at better integrating homelessness responses have been elaborated, together with some of the more successful strategies for addressing these challenges. Some of the most relevant implications for those tasked with designing and implementing integration initiatives include:

The need to set ambitious longer term objectives as well as realistic, achievable short term goals;

The importance of building in flexibility to adapt to lessons along the way and to changing circumstances;
The need to carefully consider how available resources are most usefully allocated to ensure effective implementation;

Recognising the time and commitment needed for consultation and successful engagement that builds positive relationships and trust between key stakeholders;

Implementation planning should, wherever possible, build on existing strengths, recognise the implications of previous similar initiatives and avoid re-inventing the wheel;

It is essential to have appropriately skilled facilitators and to build the collaborative skills of all participants;

There is a need to understand the challenges and time necessary to reach agreement between stakeholders when significant changes are proposed such as the introduction of common service delivery practices and processes;

The potential for information technology to support service integration in the homelessness sector needs to be more actively explored; and

If integrated service delivery is an ongoing expectation of service providers, then funding agencies must recognise the staff time and costs involved as integral to service delivery and be prepared to allocate program resources to collaboration and integration initiatives.

5.2.4 Governance needs to be addressed

All collaborative endeavours require effective governance. Ideally, the governance structures and skills will ensure a mandate for driving the process; obtain buy-in from stakeholders; establish the parameters for the initiative; and ensure accountability for outcomes.

This study demonstrates the benefits of collaborative governance, but also some of the limitations, for homelessness initiatives, of governance roles solely located within the governmental or the community arenas. In particular, sustaining a commitment by government agencies to integrative governance structures is problematic in a context of competing public policy priorities. The implications of this research for governance are that:

Inclusive governance structures that provide meaningful opportunities for NGOs to influence decisions are appropriate and necessary for achieving integrated homelessness services.

Governance structures and participants should be regularly reviewed and renewed so that they remain relevant and purposeful.

5.2.5 A fit for purpose strategy is crucial

Designing an integrative initiative is a complex iterative process that needs to take account of purpose, policy and service delivery contexts. Appropriate design and strategy needs careful and
intentional consideration. Table 2 (in section 2.3 above) provides details of some key issues and questions that should be asked at the design stage. These issues include: *Purpose and Goals; Governance and Authority; Target Population; Locality; Participants; Integration instruments and tools; Implementation; and Outcomes and accountability.*
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**Homelessness action plans and strategic plans**

**New South Wales**


**Queensland**


**Tasmania**


Appendices

Appendix 1: Governance Structure for SCIP

Figure 2: Governance Structure for the SCIP

Program Sponsor: Director Housing Tasmania

Housing Executive Committee:
- National Agreements
- Steering Committee (NASC)
  - Project Business Plan

Steering Committee:
- Service Integration Monitoring Committee
  - SIAP Plan

Program Management:
- Manager Housing Reform - Principal Consultant, Service Improvement and Change
  - Project Business Plans

SCIP Team
- CAP Manager
- SIAP Manager
- THR Project Manager
- Learning and Development Coordinator

Working Groups:
- Sector working group
- DIAC/SCIP TSN Accommodation Focus Group
- SCIP/DPAC Collaboration Working Group
- MHAP Implementation joint project team

Reference Groups:
- SCIP
- THR
- Homelessness RG

Source: Housing Tasmania (2012c) business plan p53
Appendix 2: Governance Structure for HCAP

Government, NGO and private sector organisations, communities and leaders, philanthropic organisations, people who are homeless or at risk of homelessness