AHURI Research & Policy Bulletin

How integrated are homelessness, mental health and drug and alcohol services in Australia?

INCREASING INTEGRATION OF HOMELESSNESS, MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES IN AUSTRALIA.

KEY POINTS

- Integration involves 'joint working' and can involve system-level or service-level integration, with the ultimate aim of providing a seamless service for clients. Policy stakeholders placed a greater emphasis on particular models of integration while practice stakeholders saw integration more as a means to an end, using whatever strategies enabled them to achieve connectedness with other services and to meet the needs of their clients.

- At a structural level, the homelessness, mental health, and drug and alcohol domains all operate as separate human service sectors. What integration existed was relatively low involving awareness of other services and communication between services. However, most services aspired to greater cooperation. Few services aspire to full collaboration in which policies and services are jointly planned and modified.

- Most clients or consumers of services were relatively happy with the quality of the networks established by services and were 'somewhat' to 'mostly satisfied' with how the organisations that serve them work together. While some practices such as client referral are common, many other practices necessary for collaboration are not present such as sharing of resources or staff, and inter-agency functioning.

- Clients from services with lower levels of integration were more likely to report greater difficulties accessing

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help due to services not being coordinated and a lack of understanding of how to access services. Clients placed a high degree of importance on services working closely together both in terms of case management and the sharing of information (while recognising the need for close attention to privacy considerations). Higher levels of service integration were also associated with clients reporting that the relevant service had been more helpful in meeting their needs.

- Governments might support higher levels of integration by supporting organisations to integrate internally across different service domains or selectively building partnerships with other organisations where there are clear synergies. They might also undertake system-level reform and help build relationships across service domains.

CONTEXT

The homelessness, drug and alcohol, and mental health service systems are separate service structures in Australia. They have their own unique funding and governance arrangements and work in separate domains. However, they share many of the same clients and address similar problems among clients.

Greater integration across homelessness and health service delivery and other mainstream human service systems is a major theme of Australian policy discussions on homelessness in recent years, and is particularly evident in the Australian Government's White Paper on homelessness 'The Road Home'.

RESEARCH METHOD

Drawing on a model of integration by Browne et al. (2007), this study considered the following dimensions of integration:

- *Structural inputs*: the extent, scope, depth of organisational integration between agencies.

- *The functioning of the network*: broken down into the quality of the network (e.g. synergies between stakeholder organisations, administrative efficiency etc.) and the ingredients that go

into it (e.g. facilitated referrals, relationships, communication etc.) as well as participant perceptions of the functioning of integrated services.

- *Network outputs (or effectiveness)*: measured by the network's capacity to achieve access to services (e.g. successful referrals, and reduced waiting periods) and outcomes (e.g. engagement, sustained long-term housing, and improved health and wellbeing).

The study involved three components: in-depth interviews with key stakeholders from within the homelessness and health sectors at both a federal and state level (WA, NSW and Vic); case studies of specialist homelessness and health services (WA, NSW and Vic); and a multi-level integration survey of specialist homelessness, drug and alcohol and mental health services in Perth and Melbourne.

KEY FINDINGS

What do we mean by the 'integration of services' in the homelessness context?

Integration involves 'joint working' in one form or another and this can range from loose collaborative arrangements around referral of clients and good communication between staff in different organisations, to coordinated delivery of services and full integration where the resources of different organisational units are pooled in order to create a new organisation.

Integration can be developed on a system-wide basis and be centrally funded and managed (system-level integration), or be generated at a service level involving the coordinated delivery of individual services within and/or across different sectors (service-level integration). Ultimately, system-level integration and service integration is a means to the intermediate objective of greater client integration (a seamless service system as perceived by clients of services) and the final end of improved client outcomes.

Policy stakeholders placed a greater emphasis on particular models of integration while practice stakeholders had a greater sensibility about

integration as a means to an end—that is, using whatever strategies enabled them to achieve connectedness with other services and to meet the needs of their clients.

Clients described an optimal service as one that delivered a 'holistic package' where staff had an awareness of client needs and were proactive in following up with clients, with services working together to deliver a seamless service. Clients also pointed to two key consequences of a lack of integration: continual re-telling of stories that clients found distressful and inhumane, and confusion, partly related to the sheer number of different professionals involved. However, privacy issues were still important—clients felt care, coordination and information sharing needed to be transparent, confidential and consensual.

What are the structural dimensions of integration across the service domains of homelessness, mental health, and drugs and alcohol?

In the Australian environment, the homelessness, mental health, and drug and alcohol domains all operate as separate human service sectors and the *extent* of integration is limited. In Perth, there exists, at the system-level, a well-developed set of connections and partnerships between the mental health and drug and alcohol sectors, but these connections are less apparent with the homelessness sector. A network across the three sectors exists in Eastern Melbourne.

Integration is also complicated by divisions within these domains. Within the health domain, there exists a clear division between clinical or hospital-based services and community-based services, particularly in the mental health area, posing significant challenges for service and client integration. There are also divisions between housing and homelessness in NSW and WA. Only Victoria situated the homelessness and housing sectors within a single agency.

Integration sometimes occurs by providers widening the scope of services offered. For example, 15 per cent of specialist homelessness services in the sample also provide long-term housing, 40 per cent provide mental health services and 35 per cent also provide drug and alcohol support.

In terms of depth of interaction (the degree to which services interact, jointly plan and communicate with other services), most services had an awareness of other services and or had an active program of communication about it. For the most part, there was a desire for higher levels of integration within a network than the actual extent of integration experienced.

What is the current level and nature of functional integration across these three domains?

Network functioning is reflected in the quality of the network, participant perceptions and ingredients of the network.

Services in Melbourne and Perth both generally experienced reasonable or good leadership, synergy (able to achieve various goals by working together), partnership efficiency (make good use of time and resources) administration and management, and financial and non-financial resourcing.

Service managers across all of the domains are somewhat to mostly satisfied with how the organisations work together and decision making. Interviews revealed the two important factors that contribute to effective decision-making in partnerships were respect among partners for each other's areas of expertise and feeling comfortable to raise concerns outside of one's own area of expertise.

Client referrals were common with almost 80 per cent saying this at least sometimes occurs and discharging to another service was relatively common (92% at least sometimes did this). Even so, services in this sample are lacking many of the necessary ingredients of full integration because they lack a number of the key ingredients of network integration, including sharing of resources and staff and inter-agency functioning (e.g. interagency case review meetings).

Does system and service integration lead to better access to services, improved client integration and improved client outcomes over and above what would otherwise occur?

Clients identified long waiting lists, lack of knowledge of how to access a service, difficulty in negotiating the service system, limited access to transport, and lack of coordination of services as key problems in accessing help for housing, mental health and/or drug and alcohol problems.

Clients from more integrated services were generally more likely to report positive outcomes across a range of client integration measures than were clients of less integrated services. A lack of understanding of how to access services was particularly problematic for clients from less integrated services.

The majority of client participants indicated that both information sharing and care coordination between services was very important. This was particularly the case for clients of specialist mental health services.

POLICY IMPLICATIONS

There are a number of implications for policy-makers and services from this study.

A successful and apparently effective avenue for integration has come through agencies themselves expanding the range of services they provide, so that integrated responses may come from within, rather than from other agencies. Furthermore, a majority of services have developed close collaborative relationships with at least one other service and so bottom-up approaches are flourishing. Services, therefore, should be supported in the method that suits their particular situation best, and not supplanted by rigid, externally-imposed programs of integration.

Services also wish to increase the levels of integration across a broad set of services in a region while retaining their independence and not to the point of joint planning and delivery of support functions. There are limits to desired integration and these limits should be recognised in government initiatives.

Because service integration is highest between services in the same domain rather than between services in different domains, governments and peak bodies may play a role in increasing connections between different service domains which share many of the same clients.

Although services perceive a net benefit from service integration, they identified a number of issues around governance and resource support. There is potential for government to play a catalytic role in assisting organisations share information or build relationships between staff in different services.

FURTHER INFORMATION

This bulletin is based on AHURI project 82013, *Homelessness and services and system integration*.

Reports from this project can be found on the AHURI website: www.ahuri.edu.au or by contacting AHURI Limited on +61 3 9660 2300.

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