Homelessness and Health Service Integration in Australia

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The prevalence of mental health disorders, particularly substance use disorders, is significantly higher for those who are homeless than it is for the general population. At the same time, those who are clients of mental health and drug and alcohol services are often homeless in one form or another and/or have a history of homelessness.

Despite common needs and histories of clients across these three sectors (homelessness, drug and alcohol support and mental health support), the three service systems operate separately with their own unique funding and governance arrangement and clinical and community service approaches. Nevertheless, across the three sectors, there has been increased interest on greater integration of individual services and systems clearly driven by the view that service integration represents an important means of achieving better outcomes for clients of services with multiple needs.

Given this interest, it is important to reflect on the extent to which system, service and client integration is occurring in Australia at present; the effectiveness of various integrated delivery responses; and very importantly, but often neglected, client perceptions of the integration of services and the effectiveness of the services they are receiving. However, despite the focus on systems and service integration in the present policy environment and among practitioners, there has been no empirical study, as far as we are aware, of the perception of the integration of services across these three sectors.

Our study is a cross-sectional, mixed methods study. It comprises three components: in-depth interviews with key stakeholders; case studies of specialist homelessness and health services; and, a multi-level Survey of specialist homelessness, drug and alcohol and mental health services, the agencies they operate from and the clients they assist.

The study was conducted across three capital cities: Perth, Western Australia (WA); Melbourne, Victoria (VIC); and Sydney, New South Wales (NSW). These cities were chosen because of differences in the structure of the health systems across the three states. The Integration Survey comprises an organisational or agency instrument, a service instrument and a client instrument. The Integration Survey covers all topic areas in the study with a particular emphasis on mapping the degree of integration that currently exists between agencies that provide homelessness, mental health and drug and alcohol services within specified localities in Perth and Melbourne as well as gathering client-based data of relevance to the study. All of the measures in the Integration Survey were developed specifically for the present study with the exception of the Partnership Self-Assessment Tool (Weiss et al. 2002) and the Integration of Human Services Measure (Browne et al. 2007).

This study includes a rich array of quantitative and qualitative evidence on the question of integration of homelessness and mental health and drug and alcohol services. It covers conceptual issues as to the meaning of integration as well as measures of the extent, scope and depth of integration and empirical investigations as to the workings of integration and its impact on services and clients.

The concept of integration remains an area for continued development but it is clear from the responses of stakeholders and from the case studies we undertook that integration is first and foremost conceptualised by practitioners and policy makers as a network of coordinated services with an ultimate focus on individual client need and individual client outcomes. This focus on the individual formed the central core of many different strategies and models employed by the different services investigated in this study. In some respects, the particular strategy or model adopted by an agency was not critical to achieving integration as long as it enabled front-line workers to focus on individual needs and to define outcomes according to the specific goals of the individual.

Central to the idea of a client-centred approach to integration, as defined by the key stakeholder and case study participants, are notions of ‘no wrong door’ and comprehensive needs assessment with professionals considering the multiple needs of clients rather than working only with those that sit within their area of expertise. Notions of self-directed care, facilitated referral and wrap-around care were also critical to achieving client integration.

The findings from the Integration Survey we conducted as part of our AHURI study clearly indicate the importance of integration to clients themselves. Clients expressed the view that it was important for services to work together to deliver a streamlined service and spoke of the consequences of services not integrating in terms of the...
Continual re-telling of stories and confusion around which services were responsible for different parts of their care. The majority of client participants in the Integration Survey indicated that both information sharing and care coordination was important as long as they were undertaken in a transparent and consensual manner. Privacy was an important issue for many of the clients.

The model we have adapted from Browne et al. (2007) posits that network integration is a function of structural inputs, which facilitate the functioning of the network, and which in turn produce net outputs. We investigated the structure of integration using both interviews with key stakeholders and case studies as well as the Integration Survey, drawing on two samples in Perth and Melbourne. The chosen Perth area is typical through Australia of an area of high concentration of needs and services while the latter is an outer suburban area with lower but emerging needs and a developed integrated network in place. Unsurprisingly, in terms of structural inputs, there was some difference in the current level of exchange between services recruited from the Perth versus the Melbourne regions. In Melbourne, service managers reported a good level of interaction, joint planning and communication between services in their local network. This is entirely unsurprising since the Melbourne location was chosen because it had an advanced integrated network in place. In Perth, service managers reported only a moderate level of interaction, joint planning and communication between services in their network.

Assessment of congruence, which is a measure of the difference between the current depth of integration and how integrated services expect they should be, revealed that expectations for integration were consistently higher than the actual extent of integration. This suggests that service managers in both regions are striving for a greater degree of integration within their network, but may be limited by other factors such as the quality and/or the ingredients of integration that make up the functioning of the network. In both regions, services reported collaboration with specific services and independently, and undertaking assistance in domains beyond their area of specialisation providing evidence of vertical integration.

The functioning of a network can be understood as the quality and the critical ingredients of integration. The quality of the partnerships in the sample networks was reasonably good without being especially strong in terms of identified components. No dimensions of partnership quality stand out in either a very positive or a very negative light. However, services in the Integration Survey sample identified that they potentially lacked some of the necessary ingredients of integration; in particular, in terms of sharing of protocols, policies, client care plans. However, agreements in place for client referrals is high, with the majority of service managers noting that their services commonly refer clients on to other services and receive referred clients from other services. In line with the previous evidence, which pointed to service managers believing that desired levels of integration are above actual levels, there is clearly likely to continued growth in integration practices in the period ahead.

Both key stakeholders and case study participants were overwhelming in their endorsement of the key ingredients to effective networks, namely, streamlined assessment, facilitated referrals, case review and supervision, flexible and supportive governance, relationships and communication and staffing. And, in terms of the benefits of integration, key benefits cited by service managers include having a greater impact than possible with individual autonomous service delivery, enhanced ability to meet the needs of clients/consumers, development of valuable relationships, and acquisition of useful knowledge about services, programs, or people. On the other hand, integration is resource intensive and time consuming, and can result in less organisational flexibility and loss of organisational identity.

There are clearly possible tipping points in terms of individual services and their participation in integrated networks of support, taking into account the potential benefits and costs of integration. The resource implications and potential issues surrounding the leadership of the network and the autonomy of individual services and agencies needs to be considered when more structured relationships are being pursued. The form that these relationships take is also critical. This includes the extent to which the government provides oversight of the network and the degree of authority they exert over the network participants and the amount of funding provided, including funding of the additional resource costs of integration and the mechanisms through which this funding is distributed.

This study has only touched on the question of the impact of integration on client outcomes and there remains a significant research agenda ahead before a more definitive assessment of client impact is possible. Our research suggests that some clients continue to experience difficulties with access to services they need. There is, however, evidence that greater depth of integration is associated with stronger case management and of access to service benefits but wider client impacts were difficult to discern.

Both service providers and clients alike believe that a collaborative and integrated model of service delivery is an important model to strive for. However, organisational mechanisms need to be in place to support service providers in their pursuit of service integration, particularly in the area of providing direction around how to engage in client information sharing with other service providers.

References