The Australian Psychological Society Ltd

Response to the discussion paper:

A national quality framework to support quality services for people experiencing homelessness

Homelessness Working Group
Department of Families, Housing, Community Services and Indigenous Affairs

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Acknowledgments

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We are also grateful for the input received from **Colleen Turner**, Project Manager & Community Psychologist, Communities for Children Broadmeadows Uniting Care, and **Stephen Edwards**, Clinical Psychologist, Senior Research Fellow, International Public Health Unit, Department of Epidemiology and Preventive Medicine, Monash University (currently on leave from the Inner West Area Mental Health Service in Melbourne where his substantive position is senior psychologist in the Psychological Assessment and Treatment in the Homeless Setting [PATHS] service). Thanks also to others who volunteered their time and feedback through the APS Homelessness Roundtable in 2009.

Key Recommendations

Recommendation 1: The NQF should recognise the importance of *flexible, intensive and long-term supports for marginalised groups* who are homeless, and develop quality review mechanisms that account for a range of outcomes as part of the total homelessness service response, from engagement with services to achieving quality sustainable housing.

Recommendation 2: The NQF needs to enable and encourage the provision of *innovative models* (e.g., Assertive Community Treatment model and Housing First solutions) to support vulnerable people who are homeless. Key to this is case management and wrap-around services for marginalised groups.

Recommendation 3: Essential to the NQF is a framework that recognises and encourages close collaboration with service providers who are part of *transition points*, such as mental health, family violence, settlement and youth services, health centres and hospitals, and prisons.

Recommendation 4: The NQF needs to acknowledge the importance of *family and community connections* to the wellbeing of homeless people, especially children. An important part of 'quality service' provision is the effort made to recognise and where possible maintain these connections.

Recommendation 5: The NQF needs to recognise the importance of *consumer involvement* at all stages of homelessness service response, including supporting people who have experienced homelessness to participate in decision making processes, empowering clients to be involved in determining the types of services they receive, ensuring easily accessible complaints mechanisms, and involving clients in evaluation processes. Evidence of this participation should be required.

Recommendation 6: The NQF should ensure *socially inclusive* services, whereby the delivery of respectful and empowering services to clients is obligatory, and practices that exclude or further marginalise the homeless, are reformed. Consumer feedback should be the central form of evidence here.

Recommendation 7: That the NQF commit to *building capacity within and across the homelessness sector(s*) by providing the resources, training and support for service providers who work with those facing homelessness to develop and maintain the diversity of skills, knowledge and supports (including cultural competence, peer networks and self care arrangements) required to deliver high quality services.

Recommendation 8: That the important role of *collaborative care* be integrated with the role of specific professions/services who bring unique and essential skills and effective interventions to those facing

homelessness. These partnerships require mutual trust, adequate resourcing and support to be effective.

Recommendation 9: *Alliance models* between homelessness services and mental health/psychological services need to be developed and/or expanded to ensure collaborative care is provided to clients with mental health issues experiencing homelessness. The NQF needs to recognise that different collaboration responses are required for different client groups, and should be directed by client needs. Building on existing effective models in collaboration with service providers will maximise existing sector learnings.

Recommendation 10: The APS recommends that the NQF focus on developing a culture among service providers of internally owned, client-led *continuous quality improvement (CQI).* This should eliminate overlap between different quality systems, and build capacity within the homelessness sector as part of the implementation process.

Recommendation 11: The NQF should be developed as a *partnership between consumers, service providers and government.* This partnership should identify innovative approaches and develop mechanisms to learn from the accumulation of practice-based evidence developed by services and service users over many years.

1. Background

The release of the Australian Government's Green and White Papers on homelessness has signalled its commitment to addressing homelessness and creating a more socially inclusive society. The APS believes that this consultation process into the development of a national quality framework for the provision of homelessness services is another important step towards ensuring that structures and mechanisms to address homelessness are in place and that the rights of people experiencing homelessness are promoted and protected. This process will also ensure that their ability to be actively included members of our society is maintained whilst their housing status is insecure.

As part of its commitment to making a psychological contribution to issues of social and community concern, the APS recently hosted a roundtable on homelessness (July 2009) where around 30 psychologists and other key stakeholders in the field (including Professor Mary Beth Shinn from Vanderbilt University and Associate Professor Darrin Hodgetts from the University of Waikato) discussed homelessness policy, prevention and service delivery. The outcomes of this roundtable have informed this submission. Our submission focuses on homelessness from a psychological perspective. We identify specific groups with complex needs who are particularly impacted upon by homelessness and who therefore have a key stake in ensuring the quality of homelessness services.

2. About the Australian Psychological Society

The APS is the premier professional association for psychologists in Australia, representing approximately 18,500 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychologists are experts in human behaviour. Psychology covers many highly specialised areas, including the fields of clinical, counselling, forensic, organisational, health and community psychology, all of which may provide input into the understanding of homelessness in our society.

Psychologists have been substantially involved in collaborative, multi-disciplinary work on social issues internationally and nationally for decades. They bring their psychological skills and knowledge to bear on trying to understand the systemic behavioural issues that contribute to homelessness, and thus contribute to finding better ways of supporting those who are homeless and in understanding how to reduce homelessness over the longer term.

3. Homelessness: a psychological perspective

As well as being a fundamental human right, adequate, safe and secure housing provides a foundation for individuals and families to develop a sense of identity and belonging, and is broadly recognised as essential to individual and community wellbeing.

By contrast, homelessness involves not having a stable 'base' from which to anchor one's life, one's sense of self of identity, and sense of community. Homelessness denies people the right to shelter and safety, disrupts the connections they have with their family and communities, and is also associated with a sense of not 'belonging', not being valued and being excluded from social and community life (Chamberlain, 1999).

The sense of marginalisation and alienation from mainstream society that arises from homelessness also has profound effects upon the physical and mental health of those experiencing such homelessness (Frankish et al., 2005). The psychological effects of homelessness over prolonged periods of time are extremely detrimental to a person's mental health, sense of worth, ability to form and maintain healthy relationships, and ability to deal effectively with stress and utilise helpful coping strategies that might otherwise help them to break the cycle of homelessness.

Being homeless or without a solid base can be a cause as well as a consequence of distress and potentially of mental illness. It heightens anxiety and can lead to a sense of helplessness. When untreated and unsupported, these problems are often exacerbated, and people become further entrenched in the cycle of homelessness (Mackenzie & Chamberlain, 2003).

There are particularly detrimental outcomes for individuals and groups who become marginalised experience homelessness and who have complex support and housing needs, including living with a mental illness, single-parent families facing homelessness, indigenous communities and young people. In addition, individuals facing important transitions are at specific risk of homelessness, and therefore require support if secure housing is to be achieved.

4. Responding to key questions in the discussion paper

4.1 Quality service provision

A broad range of service responses should be recognised and encouraged by the NQF to ensure that all those experiencing homelessness, particularly the most vulnerable, are supported. Psychological research and practice has identified a range of important considerations in relation to quality service provision, as discussed below.

Research has shown that there is a need for flexible, ongoing, intensive support to enable highly disadvantaged groups to access and maintain appropriate housing. This support may include increasing access to entitlements and treatment services, helping with the development of social support networks, as well as establishing and maintaining high quality housing, and avoiding returns to literal homelessness (Bebout, 1999).

'Wrap around' services have been shown to be particularly effective in engaging and supporting vulnerable people experiencing homelessness (such as those with mental health issues). This involves a multidisciplinary approach of case management which enables the support to 'follow the client'. The development of a trusting relationship with consumers is key to this model's effectiveness. Caseworkers need good psychological skills as well as the ability to work collaboratively in a multidisciplinary team for the benefit of the consumer.

Recommendation 1: *The NQF should recognise the importance of flexible, intensive and long-term supports for marginalised groups who are homeless. Mechanisms that measure quality need to also take account of both short and longer term outcomes, and review a range of outcomes as part of the homelessness service response (e.g., engagement with services), along with, importantly, achieving quality housing.*

People are more vulnerable to experiencing homelessness at times of change and transition such as becoming a parent, adolescence, school-to-work, job loss, retirement, family breakdown, migration, and leaving hospital, statutory care or prison. These changes can be more difficult if compounded by poor health, mental health issues, caring responsibilities, bereavement, limited education and geographic or social isolation. In mental health contexts specifically, there is a link between properly executed discharge planning and reducing homelessness among already marginalised individuals. However effective discharge planning is dependent on sufficient housing places, therefore an appropriate housing stock is an essential component of any discharge planning strategy (Mental Health Council of Australia, 2009).

In addition, specific groups are over represented in almost all risk areas, including insecure housing. These groups include indigenous people, young people, migrant and refugee communities, single parents/families and those with mental health issues. Whilst there are Indigenous-specific housing services for example, it is important that Indigenous clients are also able to access mainstream housing services. This is also the case for other marginalised groups.

The strong link between family violence and homelessness also means that specific services that work with women and children and provide support to those fleeing violent situations need to be available. Equally important however, is that mainstream homelessness services be skilled at identifying and working with victims of family violence who require safe housing along with crisis supports.

A range of innovative responses have been proposed to support the groups identified above. Access to permanent independent housing for people who are homeless and have a mental illness is linked to increased residential stability and participation in treatment services (for example, the Assertive Community Treatment ACT model, as outlined by Tsemberis et al., 2003). The provision of housing subsidies has been found to increase permanent housing outcomes among previously homeless families in the United States (Shinn et al, 1998). Furthermore, 'Housing First' solutions have also been found to be effective in addressing family homelessness. These programs emphasise rapid rehousing of homeless families in independent living and provide services before and after the family is housed, enabling them to work though problems which could jeopardise their housing stability (Shinn, 1998).

Recommendation 2*: The NQF needs to enable and encourage the provision of innovative models (eg; Assertive Community Treatment model and Housing First solutions) to support vulnerable people who are homeless.*

Recommendation 3: *Transition points and services working with particularly marginal groups are an essential part of the homelessness service response. The NQF should foster and recognise partnerships between homelessness services and service providers who are part of transition points.*

Those experiencing homelessness are often marginalised and isolated. Psychological research points to the importance of maintaining family and community connections (where possible) to the wellbeing of homeless people. In addition, the effect of being homeless on children's sense of security and on their long term emotional, developmental and behavioural health is only beginning to be understood (eg; Coker, Elliott, Kanouse, Grunbaum, Gillard, Tortolero, Cuccaro, & Schuster, 2009), with evidence suggesting that maintaining a connection to school and community reduces the impact of homelessness.

Recommendation 4: *The NQF needs to acknowledge the importance of family and community connections to the wellbeing of homeless people, especially children. An important part of 'quality service' provision is the effort made to recognise and where possible maintain these connections.*

There is relatively little data on homeless people's perceptions of services for mental health problems, however that which has been undertaken shows that homeless people have strong views about the adequacy of services to meet their needs. They are particularly concerned about stigma, prejudice and the inadequacy and complexity of services they have to use (Bhui, Shanahan & Harding, 2006). Other research has also linked the experience of homelessness to feelings of marginalisation and isolation, which can be exacerbated by the provision of poor or inappropriate homelessness services.

Recommendation 5: *That the NQF recognise the importance of* ***consumer involvement*** *at all stages of homelessness service response including service development, delivery and evaluation. This includes*

supporting people who have experienced homelessness to participate in decision making processes, empowering clients to be involved in determining the types of services they receive, ensuring an easily accessible complaints mechanism, and involving clients in evaluation processes. Evidence of this participation should be required.

Recommendation 6: *The NQF should ensure socially inclusive services, whereby the delivery of respectful and empowering services to clients is expected, and practices that exclude or further marginalise the homeless, are reformed. Consumer feedback should be the central form of evidence here.*

Training and support of workers within homelessness service system is also important in achieving quality service provision. Research on homelessness and mental illness has shown that homelessness workers and service systems can lack the knowledge, capacity and responsiveness required to deliver the cohesive, resilient and flexible services that are required by those facing homelessness (Bhui, et al, 2006). The APS acknowledges that working with people who are homeless is demanding and stressful, and requires not only extensive training and support, but also the provision of de-briefing, support and self-care.

In addition, while it is important to increase the knowledge and skills of the sector and to develop mechanisms to recognise qualifications (workforce development), competence in identifying and responding to specific client needs is also key to effective service provision. Specifically, cultural competence (including cultural awareness, use of interpreters/translators and language specific supports), expertise in mental health, family violence and/or in working with young people are particularly key when working with those experiencing homelessness. Of equal importance is developing mechanisms for sharing of experiences, knowledge, resources and skills within and across the sector(s) (e.g., peer networks).

Recommendation 7: *That the NQF commit to building capacity within and across the homelessness sector(s) by providing the resources, training and support for service providers who work with those facing homelessness to develop and maintain the diversity of skills, knowledge and supports (including cultural competence, peer networks and self-care arrangements) required to deliver high quality services.*

4.2 Mainstream and allied services

The APS acknowledges the important role that mainstream (non homelessness-specific services) play in supporting those experiencing homelessness. In particular, we believe it is important to engage and collaborate with mental health, psychological, community health, family violence, indigenous and culturally specific/settlement, youth and child protection services, to ensure a full response to homelessness is achieved.

In order to achieve the governments objective of providing 'wrap around' services to those with complex needs, and providing a 'no wrong doors' approach, a strong **collaborative model** is imperative to the NQF. Homelessness services and mainstream agencies need to work together at all levels of the process: risk assessment, interventions, and follow-up and review stages, to ensure that the needs of those experiencing homelessness are met.

It is also vital the NQF considers the **processes necessary for effective multidisciplinary care** (service collaboration). The APS believes that multidisciplinary care requires a high level of trust between professionals. System-wide issues here concern the extent to which current structures, such as policy frameworks or organisational settings, facilitate good working relationships between medical, health, financial, housing, psychological, community and welfare practitioners and services. Mutual understanding, and respect, for the potential contribution each profession/service are essential for strong collaboration, as is a system that enables flexibility to meet the complex needs of clients. Mandating partnerships is unlikely to have the desired effect, however provision of resources for networking and collaboration is important.

Recommendation 8: *That the important role of collaborative care be integrated with the role of specific professions/services who bring unique and essential skills and effective interventions to those facing homelessness. These partnerships require mutual trust and adequate resourcing and support to be effective.*

In particular, strong partnerships and collaboration between **psychological and mental health services and homelessness specific services** is required to ensure those facing mental health issues and homelessness are provided with coordinated care. For example, there should be clear referral pathways and support mechanisms for clients of psychological services to access homelessness services, and for homelessness service providers to be able to access and work in partnership with psychologists and other mental health professionals.

One approach here is the development of **alliance models** to build collaboration between mental health services (private and public) and the specialist homeless services. Key to the effectiveness of alliance models in this context would be building a mutual understanding of interagency models of service, as well as addressing the needs of particular clients.

For clients with the **high prevalence mental disorders** it might mean alliances with primary mental health services. For the private clinical sector it might be cultivating relationships with particular local G.P.s and psychology practices that work with homeless people or through the Mental Health Professionals Network (MHPN). The MHPN is a good example of a collaboration in which mental health professionals are supported to work together in local interdisciplinary networks, to foster sustainable

partnerships. The MHPN could be expanded to involve practitioners from homelessness services, to provide a more integrated response to those at risk or experiencing homelessness.
Co-location of mental health and homelessness services, as well as 'wrap around' services are other options for achieving this care. In Victoria, for example, the public Area Mental Health Services have Primary Mental Health Teams that could provide a cohesive contact point for homelessness services to work with clinical mental health services.

For clients with **low prevalence disorders** (psychotic and severe mood conditions) which include long term chronic treatment and support needs, hospital services and assertive community treatment is usually required. The inner urban Melbourne AMHS homeless person's clinical teams (see Holmes et. al), have well developed 'alliance' arrangements with the homeless agencies sometimes involving sharing of clinical information for treatment purposes. This model could be expanded nationally to a range of homeless services and public mental health services.

For a third group of clients with **personality and developmental disorders**, it is much harder to provide or proscribe effective treatment models. Interagency co-operation is just as critical, however, and secondary consultation is the most useful approach.

Recommendation 9: *That alliance models between homelessness services and mental health/psychological services be developed to ensure collaborative care is provided to clients with mental health issues experiencing homelessness. Different collaboration responses are required for different client groups, and should be directed by client needs. Building on existing effective models in collaboration with service providers will maximise existing sector learnings.*

4.3 Potential components of a national quality framework

Strong organisations are key to the delivery of effective homelessness services. The best approach for the NQF is to develop a culture among service providers of internally owned, client led **continuous quality improvement (CQI).** This would involve embedding quality within an organisation's processes and structures (avoiding one-off activities that can become an end in themselves and undermine good practice). In this model, quality is seen as an ongoing process of practice reflection, improvement and review where frameworks that support innovation and the exceeding of 'benchmarks' are encouraged. It is imperative that the NQF recognises that quality in the provision of homelessness services is inherently linked to the availability of housing (crisis, public, community and private) and that poverty is an important contributor to housing instability.

Recommendation 10: *The APS recommends that the NQF focus on developing a culture among service providers of internally owned, client-led continuous quality improvement (CQI). This should eliminate overlap between different quality systems, and build capacity within the homelessness sector as part of the implementation process.*

While **standards** can assist in clarifying expectations around service delivery, it is important to strike the right balance between minimising regulatory compliance through generic standards and ensuring that the standards are not so broad that they lose meaning.[1] Any standards developed would also need to reflect important priorities of service delivery in key non-homelessness services such as family violence and child protection sectors, Indigenous services, youth specific services people and among settlement services[2].

Any component proposed should be undertaken in **collaboration with consumers**, and a mechanism that sets out consumer rights should be made accessible to consumers, both in terms of format and content. This is best developed alongside service users.

A robust **evaluation framework**, driven by research collaboration between homelessness services and psychologists/academics will enable the collection of evidence around what works to reduce homelessness and ensure research is led by current practice. This should include highlighting innovative models of homelessness service provision, and facilitate the sharing of what works across sectors.

Recommendation 11: *The NQF should be developed as a partnership between consumers, service providers and government. This partnership should identify innovative approaches and develop mechanisms to learn from the accumulation of practice based-evidence developed by services and service users over many years.*

4.4 Other quality frameworks

While the APS is not in a position to identify or recommend a model quality system, we believe that the NQF should:

- eliminate overlap between different quality framework systems by enabling choice between accreditation processes and/or enabling mutual recognition for like standards (eg; meeting the Victorian HAS standards equals meeting National standards)
- focus on self-assessment, peer support models and mentoring in service quality, including the development of mechanisms to share good practice models
- ensure evidence of consumer participation so that consumers are placed at the centre of homelessness services, and they have an important stake in the NQF
- recognise that strengthening organisational processes takes time and requires resources, and that resourcing the sector to implement the NQF will be essential to its success
- recognise that services also begin at different levels of capacity and therefore a phase in approach is important in recognising the diversity among service providers.

[1] Council to Homeless Persons, Homeless Sector Briefing on the National Quality Framework, 2010.
[2] Ibid

- resource and support small and diverse services and avoid marginalizing these services due to large scale and unrealistic accreditation processes and requirements
- ensure that mainstream services, which work within other government legislative and service frameworks, are also aligned with any NQF to ensure consistency and encourage collaboration (e.g., Child Protection, Family Violence, Emergency Relief, Health, and Education).

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