



Ipsos-Eureka
Social Research Institute

**Research and Facilitation Services:
Consultations concerning a National Quality
Framework for the Provision of Services to People
who are Homeless or at Risk**

Full Report

Stream One:

Consumer Consultations
Hard-to-Reach Homelessness Stakeholders Consultations

Stream Two:

Stakeholder Workshops

Prepared for the
Department of Families, Housing, Community Services
and Indigenous Affairs

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TABLE OF CONTENTS

| | | |
|--|-----------|----|
| Executive summary | 1 | |
| 1.1 Policy context | | 1 |
| 1.2 Overview of the consultations | | 1 |
| 1.3 Key findings | | 3 |
| 1.4 Next steps | | 13 |
| Project context | 14 | |
| 2.1 Background | | 14 |
| 2.2 Project objectives | | 16 |
| 2.3 Key definitions | | 17 |
| Consultation process | 20 | |
| 3.1 Consultations with consumers | | 20 |
| 3.2 Consultations with hard-to-reach service providers | | 21 |
| 3.3 Stakeholder workshop consultations | | 22 |
| Findings | 24 | |
| 4.1 Consultations with consumers | | 24 |
| 4.1.1 Quality service provision | | 24 |
| 4.1.2 Proposed NQF components | | 27 |
| 4.2 Consultations with hard-to-reach service providers | | 30 |
| 4.2.1 Service demographics | | 31 |
| 4.2.2 Quality service provision | | 31 |
| 4.2.3 Proposed NQF components | | 41 |
| 4.2.4 Cross-sector collaboration | | 47 |
| 4.2.5 Additional issues | | 52 |
| 4.3 Stakeholder workshop consultations | | 57 |
| 4.3.1 Quality service provision | | 57 |
| 4.3.2 Proposed NQF components | | 61 |
| 4.3.3 Cross-sector collaboration | | 70 |
| 4.3.4 Additional issues | | 74 |
| 4.4 Next steps | | 78 |
| Appendix A: Consumer Consultation Guide | 80 | |
| Appendix B: Service Provider Consultation Guide | 87 | |
| Appendix C: Workshop Schedule | 93 | |
| Appendix D: Stakeholder Workshops | 94 | |
| D. 1. Generic Workshop Agenda | | 94 |
| D. 2. Victorian Workshop Agenda | | 96 |
| Appendix E: Workshop Specific Key Themes | 98 | |

| | |
|----------------------------------|-----|
| E.1 Australian Capital Territory | 98 |
| E.2 New South Wales | 99 |
| E.3 Northern Territory | 102 |
| E.4 Queensland | 104 |
| E.5 South Australia | 106 |
| E.6 Tasmania | 107 |
| E.7 Victoria | 108 |
| E.8 Western Australia | 111 |

EXECUTIVE SUMMARY

1.1 Policy context

According to the Australian Bureau of Statistics, approximately 105,000 Australians experience homelessness on any given day. The Australian Government is committed to tackling homelessness and, in January 2009, co-signed with state and territory governments the National Affordable Housing Agreement (NAHA), providing \$6.2 billion over five years for housing assistance to low and middle income earners. This agreement also clarified roles and responsibilities of jurisdictions in delivering housing and homelessness services across relevant sectors. In January 2009, state and territory governments and the Australian Government also agreed to a \$1.1 billion National Partnership Agreement (NPA) on Homelessness. This funding is provided over five years for services to prevent and reduce homelessness. In September 2009, Housing Ministers agreed to progress the development of a National Quality Framework (NQF) to improve the quality of homelessness services. As a key step in the development process of the NQF, Housing Ministers agreed to a national consultation process in partnership with people experiencing homelessness and the organisations providing services to these consumers.

1.2 Overview of the consultations

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), in partnership with states and territories, embarked in February 2010 on the implementation of this consultation process. The purpose of this process was to engage with people experiencing or at risk of homelessness and the organisations that deliver services to these clients and to seek feedback to inform the development of the NQF. The NQF is envisaged to provide a platform for service providers to deliver improved, more integrated and nationally consistent quality of services to homeless clients or those at risk of becoming homeless. Specifically, the consultations aimed to:

- Introduce the homelessness service sector and its consumers to the concept of a NQF;

- Elicit the views of the sector and consumers on the desirable components of a NQF; and,
- Engage the sector and consumers in processes to develop and implement a NQF.

FaHCSIA commissioned the Ipsos-Eureka Social Research Institute (Ipsos-Eureka) in February 2010 to conduct a series of consultations with homelessness service providers and consumers of these services in relation to the proposed NQF. In addition, FaHCSIA asked Ipsos-Eureka to record feedback from stakeholders at a series of workshops across Australia which were jointly held with state and territory government departments and representatives of peak bodies.

Consultations with consumers

Ipsos-Eureka conducted a series of consultations with consumers of homelessness services in Victoria and New South Wales. Consultations in Victoria were conducted in Melbourne (23 February 2010) and Bendigo (24 February 2010), while consultations in NSW were conducted in Tamworth (3 March 2010) and Sydney (4 March 2010). Consumers (n=47) who participated in these consultations were invited by organisations engaged locally in the homelessness sector. The consultations were facilitated by Ipsos-Eureka staff and took place in the form of group discussions or one-on-one interviews, depending on participants' preferences. Interviews and group discussions were recorded for reporting purposes where participants agreed. The recordings were used to compile the consumer consultation report and were destroyed upon completion of the project.

Consultations with hard to reach service providers

In the context of this project, hard to reach service providers are defined as those who were unable to attend a series of workshop consultations (see also below for a description of the workshop consultations). This may have been the result of geographic remoteness, a lack of financial resources to cover travel costs, or because of the size of the service, i.e. the service would have had to close down in order to send a representative to the consultation workshops.

Ipsos-Eureka consultants used contact details of hard to reach service providers supplied by FaHCSIA to invite participants for a 45-60 minute consultative interview. The majority of interviews were conducted over the phone with one interview conducted face-to-face. On confirmation of their intent to participate, participants were sent via email a copy of *A national quality framework to support quality services for people experiencing homelessness* Discussion Paper to read and refer to during the course of the interview. In total, n=20 interviews were conducted between 10 March 2010 and 19 April 2010. Nineteen of the interviews were conducted with specialist homelessness service providers and one with an allied service provider. The interviews were conducted with service providers working in a range of metropolitan, regional and remote locations across Australia. All interviews were recorded and

used to compile the hard to reach service provider report. Recordings were destroyed upon completion of the project.

Workshop consultations

FaHCSIA in collaboration with representatives from state and territory government agencies and relevant peak bodies convened workshops in all states and territories between 19 February 2010 and 25 March 2010 to enable consultations in relation to the proposed NQF. Participants comprised mainstream and allied as well as specialist homelessness service providers and other stakeholders with an interest in homelessness. The workshops were jointly facilitated by a FaHCSIA representative and representatives from state and territory agencies as well as relevant local peak bodies.

The workshops involved presentations by the facilitators followed by two breakout sessions. For the breakout sessions participants were grouped by tables in order to facilitate discussion. Stakeholders were provided with butchers' paper to record the themes of their discussions, and at the end of each break out session one participant per group reported back on the subjects of their discussion to the audience. At large workshops the number of groups reporting back was kept at a number that allowed meeting the overall 2-hour timeframe for the workshops. These reporting-back sessions were audio-recorded, and together with the butchers' papers notes were used to compile the stakeholder workshop report.

1.3 Key findings

The consultative process used to collect feedback from stakeholders was qualitative in nature. This means that the feedback reported here is representative only of those individuals who took part in this consultation process. It is inappropriate to make any quantitative assessments based on these findings as they are not representative of the entire homelessness stakeholder community. Moreover, this report was developed with objectivity in mind and is solely based on the discussions and interviews with consumers and hard to reach stakeholders as well as the recordings of feedback sessions at the workshops as augmented by participants' notes.

Consultations with consumers

Several key aspects of quality were identified as being *most important* in the provision of a service to the homeless or those at risk of becoming homeless.

- **Holistic and connected.** Participants identified a quality service as being one which offers a range of support services beyond a consumer's immediate accommodation needs, including access to health professionals, counselling, financial advice, employment and childcare support to address the ongoing challenges of being homeless. Participants also

indicated a desire for agency interconnectedness with the ability to provide appropriate referrals.

- **Respect for consumer rights and roles.** Participants agreed that respect for the consumer and their rights are central to the provision of any quality service. It is also important to involve consumers in any decision making processes where appropriate.
- **Engaged and qualified staff.** The level of passion and engagement, as demonstrated by homelessness workers, impacts on a consumer's perception of quality service provision. The personal qualities of positivity, compassion and empathy were considered to be the most important for workers to display, and workers should address consumers' needs without prejudice. Some participants suggested that existing educational and professional pathways are vague and may not equip staff with the skills required to deliver quality services. These participants considered that an ongoing process of training and assessment linked to national standards and accreditation might help to improve the quality of staff in the sector and also could provide support to retain workers in services that are perceived to have a high staff turnover.

While the NQF components outlined in the Discussion Paper were considered potentially useful for maintaining quality of services, several were identified by participants as being *most important*.

- **Complaints management.** Participants often recommended that complaints processes be transparent and accessible and that organisational responses are delivered in a timely manner. The consumer's right to use a service should not be impacted by them having made a complaint and the role of feedback in building stronger services should be emphasised.
- **Service and consumer charters.** Many participants agreed that service and consumer charters should use simple language and be clearly visible to consumers. It was considered valuable to consumers to understand what they can expect from a service and how the organisation and its staff will uphold the rights of the consumers.
- **Standards.** Participants commonly stated that to address consumer needs on a short and long term basis, any national system of standards should identify outcomes for consumers. It is important that these outcomes incorporate clear consequences for services failing to comply. In addition, many participants stressed the need for guidelines that include actions to address underlying causes and contributing factors to homelessness and incorporate preventative strategies. They should also establish clear education and training pathways that identify the skills and experience required by staff to build and maintain a strong, qualified workforce targeted to the needs of the homelessness sector.

- **Accreditation.** Some participants stressed the importance of accreditation and evaluation systems that incorporate consumer and staff feedback and track consumer outcomes to ensure short and long term needs are being met.

Consultations with hard to reach service providers

Quality service provision

Participants commonly agreed that each of the characteristics of quality service provision listed in the Discussion Paper were important and that the list was comprehensive. Components identified as being *most important* in the provision of a service to the homeless or those at risk of becoming homeless include:

- Rights based, ethical, fair and equitable;
- Inclusive of client participation;
- Supported and enhanced through collaborative partnerships and networks; and
- Guided by organisations that have strong governance, organisational and financial management processes and systems in place.

Additional characteristics raised as *important* in the provision of quality services were:

- Responsive and timely and relevant to the needs of the client;
- Enables the client to participate in the decision making process;
- Respectful to the client irrespective of age, gender, sexuality and gender identity, religion, race, language, country and culture of origin;
- Supported and enhanced through collaborative partnerships and networks with similar and allied service providers;
- Professional, objective and outcomes focused; and
- Delivered by a competent, trained and qualified workforce.

Common themes emerged in relation to what participants considered in discussion to be a quality service, both in relation to the characteristics listed in the Discussion Paper, and to how they provide quality service to their clients:

- **Client focus.** Participants were uniform in their belief that a quality service has a strong client focus and that this matters most for achieving positive client outcomes. Participants expressed the opinion that a client focused service is one that is respectful of the individual, offers choice and supports them to achieve self-determined goals without judgement. Participants also mentioned here the important role clients play in service evaluation; that clients' feedback should serve as the main driver of changes to service delivery. This approach to service delivery is also culturally appropriate and able to communicate effectively with the client group. It was also considered important for quality that services incorporate education as an early intervention approach to service delivery. This is a preventative mechanism designed to help clients move away from 'crisis' and towards more sustainable long-term life choices.

- **Professional approach.** Participants often felt that a quality service is driven by a professional approach to incorporating accountability, strong governance, and participation in national data collection. Consistent service delivery both within a service and cross-sector was also seen to be important, and accreditation was seen by many as a means of ensuring consistency. A professional approach to how services conduct themselves internally was evidenced by establishing policies and procedures for use across the organisation, as well as utilising supervision and staff support practices such as performance appraisals and staff development plans.

- **Competent, trained and qualified workforce.** Participants agreed this was an important aspect and raised several issues that they felt deserved further consideration.
 - The need to recognise relevant life experience as a valuable alternative to 'formal training' in workers in some parts of the homelessness sector, particularly those working in youth and Indigenous services.
 - The need for resourcing to match the requirement for a competent, trained and qualified workforce so that services can afford to provide employment conditions that attract highly qualified people to the sector.
 - The provision of training opportunities to existing staff without taking them away from service delivery.

- **Collaborative partnerships.** Taking into account their respective strengths as services for homeless people, participants also recognised service limitations and the benefits to be gained for clients from services collaborating to help clients achieve positive outcomes. This was thought to be especially important for services in regional areas where the need for services is often great but service availability and resources are limited.

- **Well resourced.** Participants strongly expressed the belief that quality service provision is well resourced in terms of facilities, staff, information and housing stock. It was thought that without adequate resourcing to provide for these things, the aims of a NQF may not be achievable.
- **Ease of access.** Participants expressed the belief that service accessibility is an important consideration in relation to quality service provision. This sentiment related to physical distance which sometimes can be a real and very limiting obstacle for consumers but also to less tangible access issues such as consumer awareness of the service. Others suggested in discussion that interlinking of services and the creation of multiple entry points to services from referrals were also important for ensuring service accessibility.

NQF components

The NQF components outlined in the Discussion Paper were often considered useful for maintaining quality of services and many participants agreed it was a comprehensive list. Participants frequently raised a number of questions within the discussion that expressed anticipation towards the proposed NQF but also some degree of unease. Issues concerning the latter included:

- How the NQF would look once 'on the ground';
- What support would be put in place to support services in complying with it; and
- Who would be responsible for overseeing its implementation.

Other issues that featured strongly in discussion included:

- **Alliance models.** The inclusion of alliance models in the NQF was welcomed by participants as a way to effect stronger cross-sector collaboration. Making the inclusion of alliance models a requirement was seen as one way to ensure services prioritise collaborative work by establishing standards for communication between services.
- **Complaints management systems.** Participants agreed that effective complaints management mechanisms are a necessary component of the proposed quality framework. These must have the ability to capture feedback from clients in appropriate and flexible ways, and must enable staff to learn from feedback and actively improve service delivery.
- **Standards.** This component was perceived by many participants as an important tool for determining areas in which a service needs to improve and providing guidelines on minimum requirements for each area of service delivery.

- **Accreditation.** The most significant benefit of introducing accreditation into the homelessness sector was seen as ensuring all services are operating to a minimum standard and being held accountable for the service they deliver to clients. Participants' foremost concern was how burdensome accreditation might be upon services' resources, and that adequate support should be provided to train staff in meeting accreditation requirements.
- **Continuous quality improvement (CQI).** Most important to many participants was that CQI processes should allow for sharing of learning across the sector, maximising access to models and processes which can be tailored to the needs of each service.

Participants did not identify additional components they believed should be included in the NQF, however several participants suggested certain aspects of the proposed components should be further emphasised and clarified. In particular, service providers questioned how risk management would be addressed, how requirements for consistent national reporting systems would be included, how effective shared case management would be outlined, and how a system for determining responsibility for a client between services would be incorporated.

Cross-sector collaboration

- **Collaboration with other services.** Participants were eager to point out the strengths of their respective services with the work they do to reduce homelessness. However, they believed it was important to realise service limitations when it comes to meeting the many and varied needs of homeless clients, and the benefits to be gained for clients from referrals to more appropriate services as part of a more comprehensive support plan.
- **Working in partnership.** Participants often acknowledged that services must work together effectively to maximise resources and offer comprehensive support to clients. Participants believed that working collaboratively across sectors has the potential to lighten the workload and ensure that clients are getting the specialised help they need.

Participants identified several approaches which may improve the responses of mainstream and allied services to the needs of people who are homeless or who are at risk of homelessness:

- **Education.** A lack of understanding amongst mainstream/allied services of homeless clients' needs was commonly identified by participants as a barrier to effective responses from these organisations. Participants suggested education or training for mainstream/allied services staff on the challenges faced by homeless or at risk clients and their needs when accessing services would better equip these organisations to respond effectively. 'Real life' experience with homeless clients was believed to offer services a more grounded understanding of the issues which affect homeless clients, directly and indirectly, which in turn may foster respect for specialist services for the work they do.

- **Embedded responses.** Participants frequently recommended embedding within organisations policy and processes which guide service responses. This may be especially useful in large organisations which serve a broad cross-section of client groups, and which may struggle to identify the need for targeted responses to homelessness.

Additional issues

Participants were asked about existing quality systems in their state or territory in terms of what works well within these systems, and what lessons can be learnt from these about quality frameworks. Based on their experiences, services identified several areas for consideration:

- The scope and diversity of the sector must be accounted for by any quality framework.
- Clear and concise processes are essential so that services understand exactly what is required to meet accreditation.
- Adequate review periods were considered an area that requires careful consideration.
- Quality systems need to be 'user friendly' and avoid too much 'bureaucratic lingo'.
- Consistency across quality frameworks - a national framework needs to take into account existing accreditation as a minimum standard.
- The quality framework should highlight connections between quality processes and the everyday work of service providers, so staff realise the benefits of the framework.
- The Victorian requirement for services to join a Local Area Service Network required dedicated resources but yields sector support which is valuable for:
 - sharing learnings;
 - advocating for homeless issues; and
 - understanding other services in the industry to effect referrals.

Stakeholder workshop consultations

Despite the diversity of participants and the breadth of the consultation process, there was a general consistency in the views expressed during the workshop sessions.

Quality Service Provision

Participants agreed that all aspects of quality service provision as outlined in the Discussion Paper were important, and identified additional core characteristics of quality.

- **Focus on client outcomes.** Participants agreed that outcomes should be developed in consultation with the client and focus on both immediate needs and long term goals. Participants suggested that developing a clear process for defining and tracking client outcomes is crucial to providing quality service.
- **Flexible and connected services.** It was agreed that quality services must be flexible in delivery in order to meet the needs of their differing client groups. Services must be able to offer equitable access appropriate to gender, race and cultural background and services should be appropriate to their region. Cultural competency skills were particularly emphasised by Queensland and Northern Territory workshop participants.
- **Competent, trained and qualified workforce.** Participants agreed that a quality service must have quality staff with relevant skills and experience. As existing pathways into the sector are diverse, it was considered to be important that both formal and informal training and development are recognised.
- **Transparent and accountable services.** Participants agreed that services should operate transparently, possess clear complaints and feedback processes and should include clear guidelines for feedback to be acknowledged and acted upon.

Proposed NQF components

Workshop participants commonly agreed that all of the proposed components outlined in the Discussion Paper were considered potentially useful for maintaining quality of services in the homelessness sector. Feedback on specific components of the proposed NQF included:

- **Consumer and service charters.** Consumer and service charters tended to be addressed as a combined entity, both informed by the same principle of a focus on client need. It was considered important that charters be flexible enough in their definitions to be inclusive, and accessible to clients, through language, format and availability within a service. Consultation with clients to develop appropriate and meaningful charters was suggested.
- **Alliance models.** Participants agreed that alliance models need to incorporate all service types, across NGOs, government, mainstream, and allied services. According to many participants, shared information processes are currently hindered by privacy and confidentiality requirements, and participants indicated that alliance models should be supported by government policy and legislation in this regard. Participants across most states identified that successful formal partnerships are already in place between some agencies, and that this has shown that policy and legislation already does work to support information sharing.

- **Complaints management.** Many stakeholders attending the workshops indicated that clients must be made comfortable with giving critical feedback without fear of negative consequences to them or the services. Participants stressed that complaints processes should be non-threatening and accessible to clients and services. Some participants suggested that an external agency may be best equipped to handle complaints, to ensure transparency, and encourage confidence in the process by clients.
- **Standards.** Participants saw a clear correlation between standards and accreditation, and often spoke to these components as a combined entity. Much of the discussion centred on the relationship between standards and their implementation through a system of accreditation. Of all the proposed components, participants felt that a system of standards (and accreditation against those standards) was the most challenging to effectively incorporate into the proposed NQF. Workshop participants also identified the difficulty of developing flexible standards meaningful to a broad range of service types, in metropolitan, regional and rural areas and which meet significantly different client needs.
- **Accreditation.** There were mixed views about accreditation. Some participants expressed apprehension in regards to the implementation of an accreditation system in the homelessness sector, stating their belief that it would bureaucratise services, increasing red tape and diverting resources from service provision. However, these views were balanced by participants expressing the benefits of accreditation for clients.
- **Continuous quality improvement (CQI).** Victorian stakeholders in particular expressed the need for the National Quality Framework to have a strong focus on CQI. Victorian workshop participants reported a major benefit of the implementation of the HASS accreditation system was promoting a focus on CQI within services, not simply compliance with quality measures. Some participants indicated that further support and guidance is required to ensure that an ongoing commitment to CQI is upheld within services.

Cross-sector collaboration

In all states and territories participants were asked 'what components can support stronger cross sector collaboration?' Some Victorian workshops placed a particular focus on the roles of mainstream and allied services, and how cross-sector responses to homelessness could be improved. Victorian participants were also asked to identify barriers to effective cross-sector collaboration and components which can enhance this collaboration.

- **Barriers to effective mainstream and allied services response:** Lack of understanding by mainstream and allied services of the complex nature and needs of homeless clients was cited as the major barrier to quality service provision.

- **Support for effective responses:** Participants suggested education (including staff training) and recognition of specialised needs of homeless clients for mainstream and allied services. Participants felt services should invest in educating each other about the focus and capabilities of their organisations and in developing a shared focus on client needs.
- **Barriers to effective collaboration:** Participants identified a lack of understanding between services as the main barrier. Services often have a limited or flawed knowledge of what other services exist in the sector and the particulars of what they offer to clients.
- **Components to support collaboration:** Participants agreed that building understanding between organisations of what they do, how their systems operate and how they can assist each other is the key. Collaboration would also be further supported through more opportunities to network and share resources with other services, and define unifying goals. Opportunities to develop shared language, definitions and understandings would further aid more streamlined cross-sector responses, but participants recognised that commitment and patience should underlie collaborative efforts between services

Additional issues

During the introductory session at all workshops, participants had their attention drawn to the four 'Principles underpinning the development and implementation of a national quality framework' which are listed in the Discussion Paper. Throughout the workshop sessions, the importance of Principle 2: *Minimising red tape will be a key consideration in the development of the national quality framework* and Principle 4: *There will be a supportive and enabling approach to implementation* were strongly represented within the discussion, emerging as two key themes:

- **Avoid duplication.** Many participants reported that services have already worked to achieve compliance with a range of existing standards and accreditation frameworks. They argued that any new framework should have the capacity for recognising existing measures and to reduce 'double up' on resources spent in achieving compliance.
- **Funding and resources.** Implementation of any new quality framework would require time and resources for services to meet requirements. Participants expressed concern that small services in particular might struggle to resource compliance, and that diverting resources from service delivery would ultimately impact the quality of service for clients.

1.4 Next steps

It is anticipated that the outcomes of this consultation process will be made publicly available by 30 June 2010. The outcomes are expected to be published on the Department's website (www.fahcsia.gov.au).

The feedback provided through this national consultation process will be considered by all jurisdictions and will inform the development of a discussion paper detailing options for a NQF. This discussion paper is expected to be made available later in 2010. A second round of consultations based on this discussion paper is anticipated to lead to a preferred option for the NQF and its implementation.

PROJECT CONTEXT

2.1 Background

According to the Australian Bureau of Statistics (ABS) every night approximately 105,000 people are homeless, with about 16% of these individuals sleeping rough. The remaining 84% of homeless people are living in temporary or makeshift accommodation, with family or friends, in specialist homelessness services or in substandard boarding houses.¹ A widely accepted definition² of homelessness in Australia describes three kinds of homelessness:

- Primary homelessness, such as sleeping rough or living in an improvised dwelling;
- Secondary homelessness including staying with friends or relatives and with no other usual address, and people staying in specialist homelessness services; and
- Tertiary homelessness including people living in boarding houses or caravan parks with no secure lease and no private facilities, both short and long-term.

ABS data further suggest that homelessness occurs among people of all ages, with young people aged 12 to 18 being the largest group experiencing homelessness and the most prevalent users of specialist homelessness services.³ A disturbing trend emerging from these statistical data concerns the increase in the number of children who are homeless under the age of 12. This number has increased by 22% over the past five years. However, the vast majority of children who are homeless are with their parents.⁴

Statistical data provide some indication about the size of the problem but fall short of relaying the underlying complexities of the issue involved. Homelessness is not merely a housing problem, it has many causes, including long term unemployment, mental health issues,

¹ Counting the Homeless 2006 (ABS cat.no. 2050.0).

² Chamberlain and MacKenzie, 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', Australian Journal of Social Issues, 27 (4), 1992, pp. 274-97.

³ Department of Families, Housing, Community Services and Indigenous Affairs, unpublished table from ABS Census 2001 and 2006 data.

⁴ Australian Institute of Health and Welfare (AIHW), Homeless people in SAAP: SAAP National Data Collection annual report, SAAP NDCA, report series 12, cat. no. HOU 185. Canberra, 2008.

substance abuse, or family and relationship breakdown. Among women, domestic and family violence is the main reason for seeking help from specialist homelessness services.⁵

Correlated with the complexity of causes, individuals facing homelessness or who are at risk of becoming homeless tend to have complex needs. A wide variety of government and non-government organisations across a range of sectors provide services to these individuals. While there are mainstream and allied services that provide support to a range of people in different circumstances, including people experiencing homelessness, there are also a range of specialist providers who provide services exclusively to homeless people.

In January 2008, the Australian Government announced the development of a comprehensive, long-term plan to tackle homeless – the National Partnership Agreement on Homelessness. Under the Agreement, States and Territories and the Commonwealth have agreed to spend \$1.1 billion to deliver new and better integrated accommodation and support services for people who are homeless or at risk of homelessness. The agreement focuses on prevention and early intervention strategies to stop people becoming homeless, breaking the cycle of homelessness and improving and expanding the service response to homelessness consistent with the direction set through the national consultation process that culminated in the White Paper: The Road Home: a National Approach to Reducing homelessness. The White Paper was released in December 2009 and focuses on three core strategies including better prevention of homelessness, improving and expanding services to help homeless people, and breaking the cycle of homelessness by providing long term housing and support.

In November 2008, the Council of Australian Governments (COAG) agreed to the National Affordable Housing Agreement (NAHA), initiating a national approach to tackling the problem of housing affordability and homelessness. In the first five years of funding, the NAHA will provide \$6.2 billion worth of housing assistance to low and middle income Australians. As a result, all Australian governments are committed to pursuing reforms in public and community housing, providing additional support for homelessness and to tackling the current state of remote Indigenous housing. To support these broad overarching initiatives the Housing Ministers of the Commonwealth and all states and territories agreed in September 2009 to progress the development of a national quality framework (NQF). The NQF is envisaged to provide a platform for service providers to provide improved, more integrated and nationally consistent quality of services to homeless clients or those at risk of becoming homeless.

In February 2010, the Australian Government in cooperation with state and territory governments embarked on a two-stage consultation process with the purpose of gathering views on the proposed NQF.⁶ The process is aimed at people who experience or are at risk of experiencing homelessness and service providers delivering services to these individuals. The

⁵ The Road Home: A national approach to reducing homelessness, Commonwealth of Australia, 2008.

⁶ www.fahcsia.gov.au/sa/housing/progserv/homelessness/national_quality_framework/Pages/default.aspx as accessed on 1 March 2010.

purpose of the first stage of the consultation process is to collect stakeholder views on the concept and content of the proposed NQF. This aspect of the consultation process is guided by a Discussion Paper¹¹ outlining:

- Principles underpinning the development and implementation of a NQF;
- A vision for quality service provision: 'what is quality service provision?';
- Potential components of a NQF;
- Involvement of mainstream and allied services; and
- Issues to be considered in relation to existing quality frameworks in states and territories.

The first stage of the consultation process entailed two streams to seek feedback on the proposed NQF from two groups of stakeholders. Stream One involved consultations with hard-to-reach stakeholders, including people who are homeless and hard-to reach service providers. Stream Two comprised a series of workshops with other stakeholders, including mainstream and specialist service providers, peak bodies and others with a stake in homelessness issues.

2.2 Project objectives

In February 2010, the Department commissioned the Ipsos-Eureka Social Research Institute (Ipsos-Eureka) to assist it in the conduct of these consultations.

Specifically, Ipsos-Eureka was commissioned to conduct two streams of consultations as outlined below.

Stream One

- Consult with hard-to-reach stakeholders, including people who are homeless and service providers. Specific tasks included:
 - developing a discussion guide to frame discussions with people who are homeless, and hard to reach service providers;
 - obtaining the views of people who are homeless, including people who are sleeping rough, through depth interviews and group discussions in one urban and one regional location in both NSW and Victoria; and

- conducting telephone interviews with 20 hard-to-reach service providers, including small services, rural and remote services, Indigenous services and mainstream services.

Stream Two

- Collect views and record feedback at a series of stakeholder workshops in all states and territories, with stakeholders including specialist homelessness service providers, mainstream providers who deliver services to people who are homeless or at risk of becoming homeless, peak bodies and others with an interest in homelessness.

This document reports on the findings from Stream One and Stream Two of the consultation process.

2.3 Key definitions

In order to aid the reader's understanding of the findings from this report, key definitions outlined in *A national quality framework to support quality services for people experiencing homelessness* Discussion Paper (the Discussion Paper) that were utilised through the consultation process are reproduced here.

What is quality service provision?

Although quality service provision can look different depending on the local environment there are some key characteristics common amongst high quality services. For the purposes of this consultation, the following were presented to participants as a starting point for discussion.

Quality service provision is:

- Professional, objective and outcomes focussed;
- Responsive and timely and relevant to the need of the client;
- Rights based, ethical, fair and equitable;
- Enables the client to participate in the decision making process and supports them to make their own decisions and achieve goals;
- Respectful to the client irrespective of age, gender, sexuality and gender identity, religion, race, language, country and culture of origin and for the consumer's relationships and networks;
- Delivered by a competent, trained and qualified workforce;

- Supported and enhanced through collaborative partnerships and networks with similar and allied service providers; and
- Provided by organisations that have strong governance, organisational and financial management processes and systems in place.

Potential components of a national quality framework

The precise shape and structure of a NQF will depend on how the various concepts and components are brought together into a national level framework. For the purposes of this consultation, the following components were presented to participants as a starting point for discussion.

Consumer charters set out the rights and responsibilities of consumers and are an integral component of any NQF.

Service charters are public statements about the services that are provided and what consumers can expect from that service.

Alliance models involve a commitment between different organisations (including mainstream, allied and specialist services) to communicating regularly and working together for the benefit of vulnerable clients.

Complaints management systems assess, manage and respond to consumer concerns and contribute to improved quality service provision.

Standards describe the expected outcome, processes and performance and can clarify expectations around service delivery. Standards can cover different aspects of an organisation's business and generally cover service delivery as well as organisational management and governance practices.

Accreditation is a quality measurement framework. Accreditation is a standards based recognition system that can use a quality assurance and/or a continuous quality improvement approach. It involves assessment against a pre determined set of standards and formal acknowledgement of achievement of expected performance against those standards.

Quality assurance (or minimum quality) can be described as a process of determining whether services meet expectations. It is very much a process driven approach that defines expectations and requirements and verifies that those requirements have been met.

Continuous quality improvement (CQI) is an approach to quality that builds on traditional quality assurance methods by focussing on organisations and systems. CQI emphasises the

organisation and its systems and is an ongoing cyclical process of self assessment, performance improvement and review.

CONSULTATION PROCESS

3.1 Consultations with consumers

Ipsos-Eureka conducted consultations with 47 consumers of homelessness services in Victoria and New South Wales. Consultations in Victoria were conducted in Melbourne (23 February 2010) and Bendigo (24 February 2010). Consultations in NSW were conducted in Tamworth (3 March 2010) and Sydney (4 March 2010). Consultations were organised by non-government service providers and facilitated by Ipsos-Eureka staff. Consultations took place in the form of group discussions or one-on-one interviews, depending on participant preference. A summary of the consultations is provided in the table below.

Table 1: Summary of consumer consultations

| State | Location | Format | Number of groups/interviews | Approximate number of participants |
|-----------------|---------------------|------------------|-----------------------------|------------------------------------|
| Victoria | Melbourne | Group Discussion | 2 | 13 |
| | | Depth Interviews | 3 | 3 |
| | Bendigo | Group Discussion | 1 | 3 |
| | | Depth Interviews | 5 | 5 |
| New South Wales | Sydney ⁷ | Group Discussion | 1 | 10 |
| | | Depth Interviews | 0 | 0 |
| | Tamworth | Group Discussion | 1 | 3 |
| | | Depth Interviews | 10 | 10 |

⁷ While participants were invited for depth interviews as well as for a group discussion, all those who arrived at the venue preferred to participate in an informal group discussion. In order to accommodate this preference, the group discussion format was adjusted to allow more time and a flexible format. In total, the Sydney group discussion went for approximately three hours (in contrast to the 60-90 minutes in other locations). In total, 10 people attended including a small number of people who had to leave early or who arrived late.

Depth interviews lasted around 30 minutes and most group discussions lasted on average 60-90 minutes. All participants were assured that their opinions voiced during these discussions and interviews would not be reproduced in a way that could identify individuals. Participants received a \$50 incentive to thank them for their time. All of the consultations were audio-recorded for reporting purposes. The findings reported in the following section consolidate comments as provided through the audio recordings. All recordings were destroyed upon conclusion of the project.

3.2 Consultations with hard-to-reach service providers

In the context of this research, hard to reach service providers are defined as those who were unable to attend workshops for reasons including geographic remoteness, a lack of financial resources to cover the cost of travel to/from a workshop, and/or the fact they were such small services they would have had to close down service to clients in order to attend.

Ipsos-Eureka consultants used contact details of hard to reach service providers supplied by FaHCSIA to recruit participants for a 45-60 minute interview. The majority of interviews were conducted over the phone with one interview conducted face-to-face. On confirmation of their intent to participate, participants were sent via email a copy of *A national quality framework to support quality services for people experiencing homelessness* Discussion Paper (the Discussion Paper), a Housing Ministers' Conference paper dated February 2010⁸ to read and refer to during the course of the interview.

In total, n=20 interviews were conducted between 10 March 2010 and 19 April 2010. Nineteen of the interviews were conducted with specialist homelessness service providers and one with an allied service provider. The interviews were conducted with service providers working in a range of metropolitan, regional and remote locations across Australia. All of the interviews were audio-recorded for reporting purposes. The findings reported in the following section consolidate comments as provided through the audio recordings. All recordings were destroyed upon conclusion of the project.

It is important to note that, as Australian Market and Social Research Society (AMSRS) members, we are bound by the Society's codes pertaining to anonymity of research participants. Furthermore, as members of the Association of Market and Social Research Organisations (AMSRO) we are also bound to abide by the Market and Social Research Privacy Code, as approved under the Privacy Act (1988) Commonwealth. Accordingly, all interviews were conducted with the expectation that participants' identity would remain confidential. This, together with the small number of interviews conducted with hard to reach service providers,

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http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/national_quality_framework/Documents/NQF_Discussion_Paper.PDF

means we have not attributed the quotes used throughout this report to locations or individual services. Quotes have been included to add context to the points being made throughout the report. Where issues have been raised in relation to a location specific context, this is indicated in the report text.

Similarly, we have not provided specific detail regarding the service providers we spoke to. Rather we have painted a general picture including services' geographic context and client type in section 4.2.1 'Service Demographics'.

3.3 Stakeholder workshop consultations

A total of 16 workshops were conducted with stakeholders including specialist homelessness service providers, mainstream providers who deliver services to people who are homeless, peak bodies and others with an interest in homelessness. The workshops were conducted between 19 February and 25 March 2010 and generally lasted about two hours. A schedule detailing dates, locations, and approximate attendee numbers can be found at Attachment C. The workshops were conducted in all Australian states and territories.

At the time of the consultations, jurisdictions had a variety of quality systems and processes already in place that differed in their scope but which all could potentially contribute to the development of a NQF. The systems in place range from performance-based contracting to mandatory accreditation and client or service charters including complaints management systems. One such example of a jurisdiction with a quality system already in place is Victoria. The Victorian Government in collaboration with the specialist homelessness sector had implemented the mandatory Homelessness Assistance Service Standards (HASS). The HASS accreditation system is designed to ensure sustained quality service provision to clients and to promote best practice and continuous improvement. In addition, the ACT had developed a homelessness charter promoting a rights-based approach to homelessness service delivery. The charter is accompanied by a service guarantee, which comprises an organisational commitment to ensuring any client receives a service irrespective of which organisation they present to. In addition to this charter, which forms one part of the quality system of the ACT, are good practice standards for community service organisations and tools that apply to services dealing with homelessness.

The conduct of workshops followed a common process in all jurisdictions with a minor exception concerning Victoria. Both a generic and a Victorian specific workshop agenda can be found at Appendix D. In Victoria the consultation process was slightly altered to take into account the existence of the HASS accreditation system. The HASS system has several characteristics that are being considered for inclusion into the NQF. As a result, some of the findings from the Victorian consultations are reported on separately from other jurisdictions.

All of the workshops were facilitated on a shared basis by a FaHCSIA representative, a member of the state or territory government department with a stake in homelessness policy, and a representative of a state/territory homelessness peak body. Prior to commencing the workshop, attendees were furnished with a workshop agenda and a copy of the *A National Quality Framework to Support Quality Services for People Experiencing Homelessness Discussion Paper* (the Discussion Paper) a Housing Ministers' Conference paper dated February 2010⁹.

Each workshop was preceded by introductions by the respective facilitators followed by two discussion sessions to consider aspects of the proposed NQF. For these discussion sessions participants were divided into a number of small groups. In each session, participants were asked to consider and discuss the topic for approximately 20 minutes and record their ideas and feedback on butcher's paper. Following this, an additional about 20 minutes was allocated to enable groups to report back to the audience. These feedback sessions were audio-recorded for reporting purposes. The findings as reported below consolidate stakeholder comments as provided through the butcher's paper and the audio recordings. Furthermore, the findings as reported below consolidate stakeholder views across all 16 workshops.

9

http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/national_quality_framework/Documents/NQF_Discussion_Paper.PDF

FINDINGS

4.1 Consultations with consumers

Consultations with consumers accessing homelessness services sought to elicit feedback on what, in their view, makes a quality service and their thoughts on the proposed components of a National Quality Framework. Given that the experiences of these consumers, who are either homeless or at risk of becoming homeless, centre around a range of challenges they face in their personal lives, the discussions that took place also tended to focus on the personal lives of participants. Most participants did not feel confident in speaking directly to the concepts presented to them, as they are outlined in the Discussion Paper. Based on their experiences however, several key components of quality were identified by discussion group and interview participants as being most important in the provision of a service to the homeless or those at risk of becoming homeless. These are discussed below, along with participant recommendations for suggested components of a NQF.

4.1.1 Quality service provision

Holistic and connected

Participants identified a quality service as being one which offers a range of support services beyond a consumer's immediate accommodation needs. These are services which also provide access to health professionals and counselling, financial advice and employment and childcare support to address the ongoing challenges of being homeless.

"It's not just the issue of being homeless, it's the issues that brought you to being homeless."

"Having a roof over your head doesn't always solve the problem."

"The people up here...have been really good. I've been to the doctor's, and I've done the mental health plans...and started the counselling as I said."

The 'holistic' aspect of a service is further supported by its connectedness with other agencies and the ability to provide appropriate referrals. Participants considered it important that services work in co-operation with each other and enable the consumer to make contacts and connections within their communities.

"I wish more agencies would be open to talking with each other."

"If they can't [provide information], they can go back and find out where from."

Flexibility in addressing the unique needs of consumers in the broader context of homelessness was also considered an important aspect of quality service provision. Participants emphasised the importance of treating each consumer as an individual and offering solutions that best fit their financial, health and social needs.

"There isn't one set of rules for everyone at this table."

For consumers seeking both crisis and long term assistance, participants agreed that a component of quality is how well a service advertises and promotes itself. This was particularly important in regional areas where the number and diversity of services available may be low.

"Some of these services need to be advertised. To people like me, I had no idea where to look."

Respect for consumer rights and roles

Participants agreed that respect for the consumer and their rights are central to the provision of any quality service. Participants stated that they should be empowered by services, not further marginalised because of their circumstances.

"You're a human being and that should matter."

"The charter of human rights should always be involved in how they treat their clients."

Furthermore, it is important that consumers should be involved in decision making processes, especially in relation to setting and evaluating long term outcomes.

"Rights based, fair and equitable and outcomes focussed – what outcomes can be, should be, or are is often what's not known, and because it's not stated, I think that actually allows for some lack of delivery."

Some participants acknowledged that some consumers will be unable to be fully involved in any decision making process, due to problems which include mental health and substance abuse issues. In consideration of this, participants suggested that services should have clear guidelines on consumer involvement in order to maximise participation in decision making processes.

"You could get someone that's majorly drug affected that does not have the capability due to drug use and mental health, they don't have that capability of making the right decisions for themselves."

Participants also suggested that the ethical standards adopted by an organisation should be inclusive and support the consumer's right to define their own outcomes. Access to a service should not be dependent upon the consumer adopting the ideology of the organisation, a limitation which some participants noted particularly in relation to services with religious affiliations or women's services which adopt a strong feminist perspective. Some participants reported feeling pressured to make decisions that align with the values of these organisations when accessing their services, and support has been withdrawn when they have chosen to pursue outcomes that conflict with these values. For instance, female victims of domestic violence who have chosen to seek reconciliation with their partners rather than pursue separation have lost the support of domestic violence support services.

"You've got your own opinion, and they won't say, no that's not right, they'll go and they'll help you, whether they think you're right or not, they'll go and help you and assist you in that way."

Engaged and qualified staff

The level of passion and engagement demonstrated by homelessness workers impacts on a consumer's perception of quality service provision. The personal qualities of compassion, empathy and having a positive outlook were considered by participants to be the most important for workers to display, and they emphasised that workers should address a consumer's needs without being prejudiced by personal attitudes to problems associated with homelessness.

"It's the priority of each service to be professional and give everybody equal opportunity."

"I think their positive attitude has probably put more people into homes out of this place than the individual's positive attitude ever will."

The professional qualities of workers which impact positively on service provision include being well-informed and consistent, accountable and experienced within the sector. Participants acknowledged that quality staff adopted a balanced approach to support, being available to consumers but without being intrusive.

"They don't come in and annoy you but I know that they're here if I really do need them."

"Meet people on a personal level, that's the most important thing. If you can win a person over like that, then they'll want your help."

Participants suggested that the existing educational and professional pathways available to workers in the homelessness sector are vague and may not equip staff with the skills required to deliver quality services. Furthermore, an ongoing process of training and assessment linked to national standards and accreditation was considered likely to not only improve the quality of staff in the sector, but provide support to retain workers in services that are perceived to have a high staff turnover rate.

"Over a ten year period, we've had six managers. That was a real pain, they all lasted about eight months, or 12 months, or maybe two years at the best, and every time they changed, a new manager came on that was going to do everything a different way."

Some participants reported feeling more confident in services and making greater progress towards goals when able to work with the same staff and case managers throughout their journey with a service. It was mentioned that this was often not possible as staff did not remain with services for extended periods of time.

4.1.2 Proposed NQF components

Complaints management systems

Several participants had felt the desire to make a complaint about a service in the past, but few had attempted to do so. Participants' reasons for not making a complaint included being uncertain of the complaints process, or fearing that their access to a service would be compromised.

"I think there needs to be a form. When you're homeless you're so scared, when you get a place you're so grateful, but then they give you the list of rules, you're so scared you forget all your human rights."

In addition, participants were often dismayed by the lengthiness of complaints processes, and reported that they found it challenging to meet the procedural requirements of some services.

"They [advocacy service] actually rang to find out what the grievance procedure was, then we had to do letters, then I had to approve the letters, then they sent them off, then they had to have a look at them, and then they sent a letter...and it was like, this isn't a novel mate, we're talking about my life here."

To address these concerns, participants recommended complaint processes should be transparent and accessible, and organisational responses timely. Additionally, the consumer's right to use a service should not be impacted by their having made a complaint about the service.

Consumers often suggested an agency external to the service and perhaps also independent from the government should be involved in managing consumer feedback, to facilitate complaints management. Some participants reported accessing advocacy services for homeless persons in regards to complaints but felt these services were very limited in their scope and should be empowered with a greater ability to make organisations accountable for their quality of service.

"I think [advocacy service] should be given more powers...given that it's a grievance body... if something goes wrong or they're not being respected or their rights aren't being adhered to, that they can come here and...has that little bit more power to come on that little bit stronger and say, well come on, this isn't ok."

Some participants also emphasised that there should be greater recognition of the role of utilising feedback, both positive and negative, in building stronger services.

"People don't see it as strength and deficit, they see it as criticism."

Participants reported being involved in informal feedback processes within services, but many indicated that more formal feedback options would be welcome. These might include written feedback, such as exit surveys, or group discussions attended by consumers and staff, which would allow consumers to express their views on the service being provided to them, and suggest ways in which it could be improved.

Service and consumer charters

Participants tended to agree that service and consumer charters should use simple language and be clearly visible to consumers. It was considered valuable to consumers to understand what they can expect from a service and how the organisation and its staff uphold the rights of the consumer.

"A good organisation should tell the consumer what your rights are. Do they ever tell you what your rights are? A lot of them don't."

"When a consumer attends a service I think they should be told what they are obligated to do as well as what they are entitled to."

The development of service and consumer charters should also incorporate consumer views on the responsibilities of the service and expected outcomes for consumers.

"They should listen to the tenants as to what might be suitable, not just to write down their rules."

Standards

As previously identified by participants, the rights of consumers to participate in defining their own goals is a key characteristic of quality service, and so it was suggested that any national system of standards should identify service outcomes in consultation with consumers. Participants felt it important that such guidelines should incorporate clear consequences for services which fail to comply.

"I think a good service is one that serves the law and serves the community. I think there needs to be structure and rules, I think it also needs to provide the service it is boasting to provide."

Also mentioned by participants was a need for guidelines to include action to address the underlying causes and contributing factors to homelessness and incorporate preventative strategies. Some participants reported that they were only able to access help for problems once they had reached a crisis point, even though they had sought assistance prior to this.

[On entering transitional housing from the prison system] "It's a pity how you have to get in to a heap of shit to get the right help."

In particular, participants reported difficulty accessing help from some mainstream services such as Centrelink and hospitals, as their homeless or at risk status was not recognised by

these services. To address this, participants suggested standards should incorporate clear expectations that services recognise and support issues which contribute to homelessness, including mental and physical health, substance abuse and employment.

"I think it is important to have a national standard on health, on the living conditions, and in some way, on the physical and mental health of the people that come into the homeless sector."

Standards should also establish clear education and training pathways that identify the skills and experience required by staff to build and maintain a strong, targeted workforce. Many participants identified that formal qualifications alone may not equip staff with the necessary skills required to provide quality service in the homeless sector, and that recognition that some of the experience and skills as ascribed to 'Engaged and qualified staff' above should be recognised by such standards.

Accreditation

Some participants emphasised the importance of accreditation and evaluation systems which incorporate consumer and staff feedback and track consumer outcomes to ensure short and long term needs are being met.

"Reviews and accreditation. They are possibly the most important part. It's as simple as that. There has to be more time spent on doing it."

Some participants agreed that accreditation would be useful for ensuring all services in the sector were operating to the same minimum standards, whilst others did not think it necessary or likely to impact the quality of services provided. In Victoria, it was remarked that the introduction of accreditation of homeless services in that state had been positive, in making staff accountable for the quality of service delivered to consumers,

"The staff have actually been made aware of what is expected of them, and they cannot go willy-nilly, this is what I want, I don't care what you want."

4.2 Consultations with hard-to-reach service providers

The conduct of the depth interviews followed the same discussion guide in all jurisdictions. However, due to the recent implementation of the mandatory Homelessness Assistance Service Standards (HASS) accreditation system in Victoria, it was necessary to report separately some of the feedback from the interviews conducted with hard to reach service providers in Victoria. This will highlight their thoughts and ideas about quality and accreditation, based on recent

experience, as well as learnings from the Victorian HASS that might inform the development of a NQF.

4.2.1 Service demographics

The very nature of this stakeholder group – ‘hard to reach’ – meant that they tended to be based in regional or remote areas and/or operated by nature of their service in a very withdrawn mode, e.g. services providing support to women fleeing from domestic violence situations. Those based in geographically more isolated locations also often serviced a large area with some having to travel up to four hours one way by car or by charter plane to reach communities in their jurisdiction.

In terms of core business, participants were largely involved in providing short-term, or ‘crisis’ accommodation to homeless clients while they were supported to secure more permanent housing of their own. In some instances the clients were women and their children escaping domestic violence, particularly in regions that serviced Indigenous communities, who often visited the service out of a need for respite and support rather than an urgent need to secure long-term alternative housing. However, across most services the client base also included single men and women of all ages, as well as nuclear families.

There was a common theme running through service providers’ disclosure of their core business: many were working above and beyond current funding arrangements and, it appeared, at a greatly stretched capacity to provide crisis support to a greater range of clients. For example, one service for women and children escaping domestic violence was providing low-level health care to older people from remote communities. Overall, this was thought to be due to increasing demand coupled with a lack of available and accessible services in rural and remote areas.

4.2.2 Quality service provision

As mentioned previously, on agreeing to participate in a consultative interview, participants were emailed a copy of the Housing Ministers’ Conference February 2010 Discussion Paper *A national quality framework to support quality services for people experiencing homelessness* to read and refer to during the course of the discussion. For the part of the consultation to which the following findings relate, participants were asked first to consider what, from their point of view, are the characteristics of quality service provision, then to discuss how their respective services currently provide quality service. Lastly, with specific relation to quality service provision, participants were asked to refer to the characteristics listed under ‘What is quality service provision?’ on page 4 of the Discussion Paper (please also refer to section 2.3). There

were similarities found in participants' responses to each of these matters. Hence, responses have been reported together under the general heading 'Quality service provision'.

Participants uniformly agreed that the characteristics of quality service as contained in the Discussion Paper were important for the delivery of services in the homelessness sector and that the list was comprehensive. When asked to consider which, if any, of the listed characteristics were *most important*, participants tended to highlight 'rights based', 'inclusive of client participation', 'supported through collaborative partnerships', and 'guided by strong governance'. Participants discussed several of the characteristics in more detail, and this feedback, together with additional issues they deemed to be important and their response to other quality-related discussion questions is presented below under relevant subheadings.

Client focus

Participants were uniform in their belief that a quality service has, at its core, a strong client focus and that this matters most for achieving positive client outcomes. It was thought that this would be evidenced by work practices that are respectful of clients 'where they are at', are non-judgemental, and involve holistic assessment of client needs as well as client-centred care plans including achievable goals decided on by the client.

"Working with that client, having a look at their issues, as a holistic approach, really go in there and finding out their story, why are they homeless, or why are they transient?"

"Be respectful to the client's needs. Not being directive, I see our role as facilitators. We have some information which we can provide and assist them to work through to make their own decisions."

Prompted by the Discussion Paper, and in particular the quality characteristic 'Responsive and timely and relevant to the need of the client', participants also believed a quality approach to client focus provides early intervention for clients to become educated about self-management before they reach crisis point, which translates into 'before they become homeless'. It was agreed that this is a very challenging aspect of quality service. This was largely due to difficulty reaching people at risk of homelessness because they are often unlikely to seek help until they in fact become homeless and a lot of the long-term harm associated with substance abuse, mental health issues, and other behavioural problems, which can contribute to ongoing homelessness, has been done.

"Homelessness is the end result of lots of other things but it's perhaps the first time the person realises they are in trouble and need help."

"By the time someone gets to us we wonder if it happened more quickly could we have averted some of the negative experiences they had."

Early intervention by way of education for self-management was seen to be a proactive rather than a reactive approach that can achieve longer-term positive outcomes, i.e. maintaining independent living in a safe, stable housing situation. There was some feeling that the characteristics of quality service provision listed in the Discussion Paper were directed at front-line services dealing specifically with crisis and so did not include provisions for service to people who are at risk of homelessness that is educative and empowering, working to assist them to become self-managing at an early stage so as to avoid many of the long-term issues associated with homelessness. This was more of a health promotion/early intervention approach that falls in line with what was mentioned earlier as 'working upstream from homelessness' in order to be 'responsive and timely and relevant to the need of the client'. It is an approach that is also believed to be effective in dealing with resourcing issues both at the service and the government (funding) level by directing people away from crisis and towards positive self-management with the necessary supports within the community.

"...given there's not an endless bucket it seems to be the way to go."

"In terms of housing there needs to be a lot more upstream work done so that people know what they need to be able to get in to the housing market, what you need to be able to do to stay in housing and what are some of the services they can access...if you can give people the skills and the ability to manage their issues or give them the knowledge on how to access the system then you have less people that pop up in crisis, you're able to manage them at a much lower level and therefore the resources required to manage them are much less."

"It's all towards gearing people up to be able to manage their own affairs, when they have to go out in to the community on their own."

With further reference to the characteristics listed in the Discussion Paper, participants generally agreed that a quality service system 'enables clients to participate in the decision making process and supports them to make their own decisions and achieve goals'.

"To provide them with options and let them be involved in their situation and the decision making."

"Finding out what they want, it's about choices. I'm not a person saying you need to do this, this and this, it's what their goals are ... At the end of the day it's all about choices for the client."

"Quality is always assisting the client to do what's the right thing for them."

However, participants were also keen to add that client participation as presented in the characteristics listed in the Discussion Paper must extend further to include involvement in feedback mechanisms about the service they have received. It was thought that quality services need to take a proactive approach to gathering client feedback about how the service is meeting client needs, including through complaints procedures, exit surveys, interviews and discussion groups.

Furthermore, these mechanisms involving direct feedback in a client's own words were seen to serve as a strong reminder to services that they are providing a *human* service that should not be reduced to simple numbers on a page. While it was acknowledged that participation in national data collection was an important responsibility of a quality service, some participants were also concerned that service delivery might rely too much on this as evidence for its practice, rather than on the words, and needs, of the clients themselves.

"The only way we're truly gonna know who is the people we're supposed to be servicing is by letting them tell us. Don't make assumptions through statistical data ... It can't be that formulaic, I think it needs to have a voice, it needs to have a pulse."

"The opportunity for a client to have a voice is...to me, really important."

Some participants discussed this issue in relation to how it influences their current practice. In particular, some participants conducted regular service evaluation as part of what they saw as quality service. Evaluation in these instances was often driven by client feedback given through focus groups or evaluation forms provided to clients either during their time with the service or on exiting the service. Acting on client feedback and adapting over time to suit changing client needs and provide a better quality service was then an important part of the evaluation process.

"We do evaluations and we actually encourage any feedback, obviously we like good feedback but we certainly encourage people if there have been any issues to come and talk to us about it and we take it on board and see what we can do. We've held focus groups as well."

"Being able to listen to the client when they have issues, and being able to adjust and provide a better service."

Services in this situation were keen to avoid gathering feedback simply for the sake of ticking a box to satisfy service quality procedures.

"I'm very loathe to sit down with a client, he's in a crisis, and...just let them see the top of my head when I'm ticking off boxes to keep an auditor happy."

Cultural appropriateness and an ability to communicate with the client group were considered to be an important aspect of client focused service delivery. The approach is known to facilitate strong client trust and rapport with case workers, thereby increasing the likelihood of positive client outcomes. These characteristics superseded the need for a formally trained workforce in some instances, e.g. youth services and Indigenous services.

"Someone here in town who has a lot of cultural knowledge might not be recognised with any certificates or anything but they've grown up in an environment where they've got knowledge necessary to pass on very important knowledge and skills to [the client group]."

In relation to this, and in further support of a client focused approach as an important aspect of quality service delivery, participants also identified, in relation to the Discussion Paper, the importance of delivering a service that is *'respectful to the client irrespective of age, gender, sexuality and gender identity, religion, race, language, country and culture of origin'*.

"Everybody has a right to be treated with respect, irrespective of what's going on, who they are, what they've done, in any way, shape or form. And no one is undeserving."

"I think it's important to provide respect regardless of the situation."

Several participants stressed the need for this respect to translate into active processes which accommodate differing needs. While this was especially true among participants who provide services to Indigenous Australians, it was also mentioned with regards to service provision to people from non-English speaking backgrounds. It was thought that services must assist in identifying a range of outcomes for clients that are appropriate to their needs and support the client in achieving these goals, even if they may conflict with the ideologies of the service.

"You can be respectful of someone's culture, but you actually have to take it into account as well, which is different from just respecting it."

"It's no use us pretending it's otherwise and being a strong feminist and saying, that is your right, you need to exercise your right. We also need to understand a bit, because if we don't understand where she's coming from, we can't support her."

One participant provided an example of what this might mean for actual service delivery; an Indigenous woman who has left her abusive husband to seek shelter in a crisis accommodation service has, according to Indigenous cultural practice, had her children taken away from her as punishment for leaving. The service provider in this instance has a strong feminist viewpoint and knows that there are legal grounds on which the woman can reclaim her children and protect herself, and them, from repeated abuse. However, taking into account the woman's cultural heritage and the stigma associated with women who desert their families, the service provider talks with the woman about her options which include, but are not limited to, the legal pathway. The service provider then respects and supports the woman with the choices she makes rather than trying to steer her in a direction driven by an underlying personal belief, knowing that it is important that choice remains with the woman in order for her to be an active participant in achieving outcomes.

Professional approach

Participants routinely felt that a quality service is driven by a professional approach incorporating accountability, strong governance, and participation in national data collection. Consistent service delivery both within a service and cross-sector was also seen to be important. Accreditation was recognised here as a means of ensuring consistency.

"Making sure the organisation has a good understanding of what they're trying to deliver ... my understanding of quality is about making sure that if you've got people coming to your organisation they are serviced to the best of your knowledge and the resources available."

In terms of how this influenced their actual service delivery, some services mentioned ongoing efforts to establish and maintain policies and procedures to make service delivery explicit and increase uniformity across the organisation.

"I think it's our own organisational values. We have an organisational set of values which then filter down into our code of conduct, our strategic planning and our operational planning and our position description, down into policies and processes that we write. So we have our own standards. It also helps other organisations to see what kind of organisation we are...it's about like-minded services being able to quickly identify who does what."

Participants also mentioned professionalism in relation to the competencies and training of staff in services. However, this is a separate issue and has been expanded upon accordingly below.

Competent, trained and qualified workforce

In regards to quality service delivery requiring a 'competent, trained and qualified workforce', participants agreed this was an important aspect and raised several issues that they felt should

be considered in relation to it. Firstly, it was mentioned that the skills and experience required by quality workers may not always be recognised by traditional training and development pathways. Instead, life experience rather than formal education was considered to be of such great value to a workers' ability to relate to and support clients appropriately towards achieving positive outcomes that it superseded the need for formal education in some instances (e.g. the youth sector and Indigenous services). This was also mentioned previously with regards to ensuring service delivery is culturally appropriate.

Participants for whom this was a pertinent aspect of their service delivery were also quick to add that, while they may not require staff to be formally trained on applying for a role within the service, it is an important part of their ongoing work with the service that staff receive 'on the job' training as well as being given the opportunity to develop their knowledge and skills in a more formal setting than the workplace.

Providing opportunities for staff to receive formal training was common practice among most services represented in the consultations. This practice was often driven by service policies incorporating supervision and staff support practices such as performance appraisals and staff development plans. However, it was noted by most that limitations on funding and resources available to many services in the homelessness sector are a barrier to providing optimum training opportunities for existing staff, as well as to attracting and retaining highly trained and qualified staff within organisations. Participants emphasised here the need to match the level of expertise required in the sector with adequate resourcing to provide attractive employment conditions and professional development as well as staff numbers so that daily service delivery was not affected by staff attending training.

"The amount of funding that we get, I certainly don't get tertiary qualified people in the role."

"I agree there needs to be a qualified workforce so there's some equity across wherever you go you get a similar level of service. But there's costs associated with people that have greater qualifications and that increases the cost of providing the service... you actually end up providing less service because you have to pay more to get the qualifications on the ground."

"There's nothing there that talks about a properly resourced workforce."

"[A trained, qualified workforce]...how are we expected to do that? Competent and trained, yes because there's things you can do within your organisation to ensure that but 'qualified'? How are you going to prop up our funding to afford qualified social workers and welfare workers who can go and work at Centrelink and earn 20 grand a year more than what we're offering."

Collaborative partnerships

'Supported and enhanced through collaborative partnerships' was agreed among participants as a necessary element of quality service provision. All participants were eager to point out the strengths of their respective services with the work they do to reduce homelessness in their local area, and state/territory. However, they also strongly believed it was important to realise service limitations when it comes to meeting the many and varied needs of homeless clients, and the benefits to be gained for clients from referrals to more appropriate services as part of a more comprehensive support plan. Participants expanded on this by suggesting collaborative partnerships are especially important for services in regional areas (as different from urban or metro areas) where the need for services is often great but service availability and resources are limited.

"I believe you can't operate in isolation, you've gotta do the best thing for your client, you have to be able to work with other services in the area to a very high level."

"...country thinking versus city thinking, and I just think they do it by their nature. People that live in isolation, in little communities, they're better communicators than [city services] are anyway. They've been about making friends for a long time and getting into bartering with services way before [city services]."

"It is for us part of providing a quality service is having those connections out in the community, out with local services, about what we can do and how we can work together."

Participants talked at length about the role of service collaboration – both at the local and state level – in quality service provision. A more comprehensive report of their views on this issue is presented in section 4.2.4 below.

When asked to consider if there were any other important characteristics that should be listed together with the characteristics as they appear in the Discussion Paper, participants identified a couple of ways in which the existing list could be enhanced. Their views on these are presented in the paragraphs below.

Well resourced

When asked to consider if there were any other important characteristics that should be included in the NQF, participants identified a couple of ways in which the existing list could be enhanced. Echoing participants' earlier thoughts on what characterises quality service provision generally, it was mentioned here that 'quality service is *well resourced*' should be added into the NQF. This was perceived to be an issue relating to the National Quality Framework generally rather than limited to one aspect of it since, as mentioned below, without

adequate resourcing participants felt that very little of what the NQF may set out to achieve will be achievable.

"Well resourced ... you can have all the ethical values you like about providing all of those things but if you're not appropriately resourced it makes it very difficult to provide those things. It talks here about clients participating in the decision making, well they can't actually if there's no decision to be made because there's no property for them to go to. You know we're saying 'you and your six children can sleep in a caravan or in a tent, which would you prefer?' That's not a decision that should be made ... all of those things are only possible with adequate resourcing."

This was a multi-faceted response, taking into account resources in terms of appropriate service facilities and staff, as well as appropriate housing stock for clients once they leave the service to live more independently. Efforts to reduce homelessness by supporting clients to secure appropriate long-term housing were seen to be pointless without appropriate housing options in the community. In terms of these discussions, appropriate housing was seen to be that which is safe, suitable to the needs of the individual or family, and providing a sustainable living option. Similarly, some crisis accommodation services reported they had to turn homeless families away due to a lack of refuge space meaning they were then unable to provide a service, quality or not, to people in need. This was reported from service providers in metropolitan and non-metropolitan areas.

"There are not enough rental properties, that's number one, and everybody knows that. There are not enough affordable properties, so that's two."

"The main difficulty for us in terms of reducing homelessness is you only really reduce homelessness when there is accommodation for people to go into. We have no emergency or crisis accommodation in our region so it's very difficult for us to make an impact when we don't have those options available to us ... we use caravan parks and hotels and motels which are completely inappropriate [for people in crisis]. We do a very good job with what we do but we're limited by the resources available to us."

There was also a strong belief amongst participants that well resourced services are also well informed services. In other words, quality services are those that do not just provide a roof over a client's head but work to provide support, advocacy, and whatever is needed to assist someone to obtain and maintain long-term housing – this refers to resources in terms of staff knowledge and experience within the sector as well as the specialised work of the service. Staff may need training in some aspects of this, which takes time and financial resources away from direct service delivery, as mentioned above.

"I think a good service is an informed service."

Participants believe that an informed service should not only rely on staff training but should also invest in collaboration in networks and forums with other services. This ensures that staff are informed about what other services can provide and can make appropriate referrals for their clients, thereby enhancing service accessibility through the provision of multiple pathways into services. It is important to note that involvement in collaborative efforts such as these, again, takes time and may result in staff being taken away from direct service delivery.

This kind of service recognises the need to be involved in both providing housing and maintaining housing. Obtaining housing for a client is heavily dependant on support and advocacy from the service provider side, particularly in crisis accommodation where clients' needs are often complex. Maintaining housing is also a heavy user of service resources, although the aim here is to empower and educate the client to live independently. While the original crisis service may continue to provide some outreach support, depending on time and financial resources, the aim is to link the client with the appropriate support services in the community to meet other needs, e.g. mental health workers, and family law support.

"It's having the proper programs in place to be able to assist people to live on their own, or under their own steam, out there in the community, now that their circumstances have changed."

Ease of access

Because of their geographic location, participants believed service accessibility to be an important consideration with regards to quality service. Some participants actively advertised their service to the community through local newspapers, through other services people might access, or 'word of mouth', which appeared to be common in Indigenous communities.

"It's been quite important for us to get out there and say, this is what we can do and this is what we're here for."

"The service needs to be known about, which can be a bit difficult sometimes because people don't need it 'til they need it."

Multiple entry points to a service from a referral perspective were also important in ensuring accessibility for clients. This rested on a larger issue involving cross-sector service collaboration and information sharing which will be expanded on later.

It was also thought that maintaining links within the community, rather than being distinct from the community, would make a service more accessible, and, in turn, make the community and relevant supports for clients accessible once they leave the service. This was thought to be

an aspect of quality service provision with a view to achieving long-term positive client outcomes, thereby reducing the need for return visits.

"Be part of a community, so wherever it's situated needs to be part of that community and not separate from because I think there need to be links back into the community for people as they exit."

4.2.3 Proposed NQF components

Participants agreed the proposed components provide a comprehensive set of building blocks and could all be considered in a national quality framework for homelessness services.

"I think it's a good list to base what your aims and principles are for the organisation."

The main concern of participants with regards to the components was how the NQF would look 'on the ground'. Participants voiced concern about whether there would be mechanisms in place to support services in complying with the NQF accreditation requirements, and who would be responsible for overseeing its implementation.

"All of these things are things that I believe are a given. And then we have to work out how we implement them. And we have to be very sure we do that fairly."

"Who is going to monitor it all to make sure everyone is following all this stuff?"

Where it was provided in discussion with participants, feedback on specific potential components as described on page 6 of the Discussion Paper is discussed in more detail below.

Alliance models

The inclusion of alliance models in the National Quality Framework was welcomed by participants as a means to effect stronger cross-sector collaboration, and thereby improving service quality.

"I think the alliance model's very important, I think we have to work with one another, we cannot work in isolation any more."

"These homeless sectors, okay there's the Indigenous component, there's the CALD component, there's the mental health component, there's the women's domestic violence component so we are starting to realise we've all got the

common thread of disadvantage and homelessness and it doesn't matter how you got there so there needs to be some uniformity and we get to share each others knowledge and become aware of different avenues of support that might complement what we're doing."

Participants suggested that including commitments to collaborative mechanisms, such as networks and MOUs, in alliance models would support services to undertake regular communication and develop shared processes and understandings. This work is currently considered important by all services, but many struggle to find the resources to develop and maintain alliances within the sector in a way that does not detract from service delivery.

"It's great, but the problem is that little providers just won't have the manpower to let someone go for a day to keep up with it."

"I'm pretty big on the networking even though it's a time sucker and you're not funded to do it and it does pull you away from what you're supposed to be doing."

Including alliance models as a requirement for accreditation was seen as one way to ensure services prioritise collaborative work by establishing standards for communication between services.

"I'd like the alliance model to involve a commitment between different organisations including mainstream and allied and specialised services, communicating regularly and working together to the benefit of vulnerable clients."

Service charters were also mentioned as a component that would be supportive of cross-sector service collaboration. In particular, service charters could make it clear to other services what is offered to clients by that service which would, ultimately, facilitate appropriate referral to the service, and positive outcomes for the client. One participant mentioned the need for service charters to include a commitment to cross-sector service collaboration and that this would increase the likelihood of effective collaborations for achieving positive client outcomes.

"It's clear what it is that organisations can offer, not only can people access that service but other organisations can be clear about where to make referrals and so therefore that makes it part of a good system."

Complaints management systems

As identified through discussion of the importance of client participation in decision-making and feedback processes within a service, participants agreed that effective complaints management mechanisms are a necessary component of the proposed quality framework.

"People who use the service will give you the best feedback on how it's going."

"Being able to listen to the client when they have issues, and being able to adjust and provide a better service."

Complaints management processes must have the ability to capture feedback from clients in appropriate and flexible ways.

"It's always a challenge getting feedback because some clients are still of that mindset, that if we say something nasty they're going to reduce our services."

Participants emphasised that such processes also need to include pathways not only for the collection of feedback, but to enable staff to learn from feedback and actively improve service delivery based upon client responses.

"Learn from what we've done to help that person...learning from what we've actually done and making sure other staff are educated."

Standards

Standards were perceived by participants as an important tool for determining areas in which a service needs to improve and providing guidelines on minimum requirements for each area of service delivery.

Many participants agreed that standards need to take into account the different locations and issues dealt with by different services, and be broad enough so as to be applicable to a vast range of service types which operate within the sector. Standards which are focussed on the operations of metropolitan services may struggle to be meaningful to smaller, more remote services.

"Whatever systems are going to be made available, I just hope that they can be tailor-made, to not just meet the sector."

Participants suggested standards could incorporate some of the characteristics listed under 'what is quality service provision' to enable a change of culture within organisations, so that quality service, in line with standards, becomes embedded within service delivery, and not just an abstract idea.

"Sometimes it's just words on paper."

Accreditation

The most significant benefit of introducing accreditation into the homelessness sector was seen by some as ensuring all services are operating to a minimum standard and being held accountable for the service they deliver to clients.

"The good thing about accreditation is it pulls everybody onto the same page."

"I think everybody needs to be held accountable in regards to the delivery of what they give out to clients."

A continuous quality improvement approach was considered by many participants to be key to ensuring accreditation contributes to the life of the service.

"It gives you a much better idea of where you need to head, what you need to improve, and what you need to bring up to scratch."

"I know a piece of paper doesn't make a good service or a good worker, but I really think it's important. It proves that those systems are working, because it's been through that to get to that stage."

Participants' foremost concern was how burdensome accreditation might be upon services' resources, and that adequate support should be provided to train staff in meeting accreditation, especially for small services that rely on a small number of staff.

"If we're going to impose something on any agency, it needs to be measured; how much is this going to require of an agency to be able to do and what are the impacts on what it currently does?"

Participants also questioned how a new accreditation system would fit with existing systems, and how it would add value to organisations which have already achieved some measure of compliance. These concerns are further addressed below in our discussion of how the NQF relates to existing state and territory quality systems.

Continuous quality improvement (CQI)

Participants agreed on the value of a CQI approach which incorporates a systems approach and which is able to utilise best practice learning. Most important to participants was that CQI processes should allow for sharing of learning across the sector, maximising access to models and processes which can be tailored to the needs of each service - to embed a culture of quality and quality improvement.

"Different organisations are going to approach things in a different manner and may actually come up with some very good alternatives which they can share across the sector."

"It's really good to identify, yes you are doing a good job, or maybe we could have done this differently next time."

According to some participants, CQI evaluation should also utilise a range of data-gathering processes within a service, to ensure improvement can be demonstrated in richer, more client-focused ways than existing reporting to funding bodies.

"Continuous quality improvement...what's key to it is an organisation's ability to demonstrate what they do in ways other than just the mandatory reporting."

"[Reporting] doesn't really tell the story about what we do very well at all. In fact, it disadvantages us because it makes us look like we're not doing a lot."

"The learnings of what we've been doing and what needs to be done in the future and we've got to try and find that, strike a balance, without excluding the voices of the clients."

Additional components

Participants did not identify additional components they believed should be included in the National Quality Framework; however, several service providers suggested certain aspects of the proposed components should be further emphasised and clarified. In particular, service providers questioned how risk management would be addressed by the components.

"I think [risk management] needs to be part of these systems...It might be a risk that we're going to be so busy and so tied up with this mess, that our clients are at risk of not receiving a service."

In addition, one participant mentioned the need for a standardised national reporting system to be included. This would incorporate data collection mechanisms as well as reporting against the service standards set out under the NQF 'Standards' component.

"I'm just trying to think where it fits. I guess being part of a national network that has consistent standards ... statistical data and consistent reporting systems."

Another concern of participants was that some requirement for effective shared case management be included in the framework. In a sector where clients often utilise the services of many agencies in meeting their homelessness needs, having some system for determining responsibility for a client between services was considered important for maximising the quality of service delivery.

"If it's seen as a team effort, that might be a different way of approaching it."

"If you have engaged with somebody, it'd be good to have some responsibility in helping that person navigate through."

It was suggested that identifying lead agencies for case management as a standard could address this issue within the sector.

Scope and diversity

Participants agreed that the scope and diversity of service responses to homelessness is important for a National Quality Framework to address. Some participants believed that many of the proposed components should already be active in the work being done by services, and so a national framework which is able to align and integrate with existing processes and systems will ensure that services of all types, sizes and locations are able to meet the requirements. Additionally, it was suggested that including descriptions of how each component can apply to different service types, with guidance on how to tailor each organisation's work within the homelessness sector, will ensure each component is implemented in a way relevant to that service.

"I think you probably have to have...arms on the tree, so that you have descriptions of various things that will include that diversity. So that it will fit in with part of that framework."

Any component that will include reporting mechanisms also requires consideration as to how it can be tailored to maintain the diversity and scope of services in the sector. Data collection

needs to capture the 'real story' of the work services do in meeting client needs, work which often falls outside funding arrangements and which may be in danger of not being recognised by some components, including accreditation.

"There's risks of the organisation's profile and reputation, if they're seen not to be complying, they're so client-focused that the government may think that they're not doing what we're paying them to do."

Risk management was another important consideration to ensure services of all types will be able to meet the requirements of a National Quality Framework without compromising service provision to clients. This can best be managed by careful allocation of resources and support to services based on an understanding of their organisational needs in implementing new systems and processes.

"If we're going to impose something on any agency, it needs to be measured, how much is this going to require of an agency and what are the impacts on what it currently does? And how do we fill that gap?"

In particular, it was widely recognised that the levels of training, education and experience of staff within the sector varies greatly, and so those staff should be supported and trained to understand and apply the framework as best fits their service.

"It has to make sense. We're not full of tertiary qualified people here."

4.2.4 Cross-sector collaboration

Working in partnership

It was widely acknowledged by participants that quality services must work effectively with other services across the sector to maximise resources and offer comprehensive support to clients. It was felt that many services – specialist, mainstream and allied - work at capacity in terms of their core business. Participants believed that working collaboratively across sectors has the potential to lighten this workload and ensure that clients are getting the specialised help they need from the people who know how.

As previously mentioned, participants identified several cross-sector initiatives which already support collaborative work between services, including MOUs, community forums, committees and networking opportunities. It was thought that mainstream and allied services should establish and maintain a presence in their local communities by engaging with other services through these initiatives.

"It comes down to obviously networking...establishing relationships...and also communication around information sharing. I think if you've got some of those key ingredients of having an established relationship, so having some really good communication between services...you're going to be making some informed, educated choices or decisions, you're not making assumptions."

Participants also believed that streamlining communication between services would improve collaborative efforts. It was thought that this could be achieved by developing shared language and reducing the use of service-specific jargon and 'red tape' which serve to alienate and therefore, polarise services. In relation to this, developing a shared client focus so that mainstream, allied and specialist services could bring their respective skills together to achieve positive outcomes for shared clients was identified as another way in which relations between these services could be improved. It was thought that maintaining a focus on the client and their needs would necessitate a more holistic approach to service delivery that recognises the need for integrated, collaborative service teams.

Specialist service providers had already mentioned a willingness to accept the limitations of the service they can provide to clients who are homeless or at risk of becoming homeless, and who therefore make use of appropriate referral points – mainstream, allied or specialist - in the sector.

Support for cross-sector service collaboration

Participants thought that strong cross-sector service collaboration was supported by open and honest communication driven by shared philosophies and visions – in terms of a client focus and working towards positive client outcomes - as decided by the client and supported by the service.

Knowledge sharing practices such as service networks, forums, reference groups, and partnership programs were frequently mentioned as supporting strong cross-sector service collaboration. Examples of these included a rural interagency network in NSW involving a bi-monthly meeting that works well for information sharing, good practice, and advocacy for the region. This network grew out of desperation experienced by services in this particular NSW region regarding a lack of resources to assist people who are in crisis including homelessness, coupled with a commitment to make what was available work better. The network was reported to have secretariat support from a local council. This was seen as essential to the success of the network for client outcomes since member services do not have adequate financial or administrative resources necessary for supporting the network.

Knowledge sharing practices, such as the NSW rural interagency network mentioned above, were seen to be an important part of quality service provision because they break down the 'silo mentality' that can be damaging to inter-agency relationships and, ultimately, to clients. Furthermore, in some areas, practices like this were thought to work better when they were

driven locally, responding to real client need, rather than being imposed on services from outside the community by, for example, government departments who may lack experience of client need 'at the coalface'.

Conversely, the Victorian experience where some cross-sector service collaboration practices had been established by state government, in consultation with service providers, had raised hopes in this state that the quality of service offered to people who are homeless, or at risk of becoming homeless, will improve and that their needs will be more appropriately met. Of particular concern was the need to provide clear and multiple entry points into housing services for people in need – it should be noted this was a concern across all states and not particular to Victoria.

Of particular mention among participants whose services were based in Victoria was the state-wide 'Opening Doors' project. This project was reported to be run by the Victorian Department of Human Services (DHS) for ensuring better client service, consistent practice across services, and clear entry pathways into housing services. An aim of the project has been to establish an online state-wide accommodation register, as well as a state-wide after hours response and referral service for phone calls from people experiencing homelessness or who are at risk of homelessness. Furthermore, the project aims to provide people in crisis with quicker, simpler access to homelessness services by developing a common assessment and referral process that relies on coordination among homelessness and allied services at the local level. While there was some concern that the project is not adequately resourced to make a real difference, participants agreed it was a good way to increase cross-sector service collaboration and strengthen links between services.

"I'm confident with the Opening Doors processes and policies and everything around trying to make it a much easier service system for the consumer and a much more consistent system...so that part of it can only get better."

"They've got the Opening Doors program here. It's just starting to roll-out around trying to provide a regional 24 hour service to homeless people. It's around case management and moving to very much a computer based system...it becomes a much less cumbersome process."

"One of the efforts around Opening Doors has been around clear entry pathways into the homelessness service system. It centres around ... multiple entry points, that's been the real stumbling block between [services]. I'm not precious about this; I just want the best outcomes for people who are homeless."

While it is not really a characteristic of quality service provision, one small rural service provider noted that co-locating with other organisations had, in their experience, made it easier to collaborate with these organisations, enabling them to provide a better service to their clients.

"...we are lucky. Being in a rural or regional area is that we are kind of forced to partner with other agencies. We do things like co-locate... and we do that to provide better services to our clients but it's also about the relationships we build with services in our area. There is that recognition that we are all in the same boat."

Barriers to cross-sector service collaboration

While some aspects of quality service provision enable and support service collaboration, some participants mentioned aspects of quality service provision that in their experience actually act as a barrier to collaboration.

Competitive tendering was mentioned as a feature of the non-government service sector that does not facilitate healthy collaboration. Services were often reportedly protective of their 'best-practice' making them reluctant to share knowledge and operational expertise with other services to help produce positive client outcomes.

"We got a lot of competitive tendering processes that float around our head which make us all look a little sideways at each other."

"Competition is not always a healthy thing ... I've been through it before when there was a review of women's services and we went to competitive tendering, and certainly for the sector I work in that wasn't useful."

This reluctance to share learning and knowledge, which relates specifically to collaboration within the sector, can also be considered as a contributing factor to the 'silo mentality' mentioned previously, that affects services' attitudes towards collaborative work in general.

The need for client confidentiality was also mentioned in a couple of instances as a barrier to collaboration since it can make information sharing between services difficult, if not impossible. It was reported that some clients had become frustrated with having to repeat their story several times over. The ability for services to share client-specific information was thought to enable them to act more quickly, and appropriately, on the special needs of clients.

"I think confidentiality is over-rated because, in a small town, my client might be at three different services in town and nobody can tell you anything or talk to each other [without special permission] and so the same thing is being done for the client by another service, and the client says 'I don't want to go there because they ask me the same questions you've done ... that becomes frustrating to clients that they're repeating themselves so many times around the district."

"I would like to see services be able to act quicker when there are special needs for some clients."

Improving the responses of mainstream and allied services

Participants identified several approaches which may improve the responses of mainstream and allied services to the needs of people who are homeless or who are at risk of homelessness.

Education

A lack of understanding amongst mainstream and allied services as to the needs of homeless clients was identified by participants as a barrier to effective responses from these organisations. Mainstream and allied services were often considered to have little understanding of the role their responses play in easing or preventing problems contributing to homelessness.

"Educating [people who work in these services], of what people actually experience when they're homeless, why they're homeless, it's not just because they didn't pay a bill, there's numerous reasons why."

Participants suggested that providing education and training to staff in mainstream and allied services on the challenges faced by homeless or at risk clients, and their special needs when accessing services would better equip these organisations to respond effectively. Staff could also be trained in more effective case management of clients, rather than simply acting as gate-keepers to the resources of the service.

"There's always some perception that homeless people choose to be homeless and sometimes there's not that recognition that yes, they are homeless, but they may actually be homeless because of another reason behind the homelessness."

Participants also emphasised the value of 'real world' experience with homeless clients which they believed would provide staff in mainstream and allied services with a more grounded understanding of the issues which affect homeless clients, directly and indirectly. Service visits were mentioned by several participants as a useful way to provide first-hand education to staff from these services, providing an opportunity to develop insight into the client context, while also enabling them to gain first-hand experience of how these specialist services operate and how staff respond to diverse client needs within their service.

Participants also remarked that for mainstream, allied and specialist services to work together more effectively for client outcomes, there needs to be attitudinal change amongst mainstream and allied services with regards to fostering respect for specialist services and the work they do as equals in the community service field. Hence, it was also thought that witnessing first hand, through service visits, the context within which specialist services operate, and the skills and

competencies of staff in these services, would help to build respect between specialist and mainstream services.

"Respect between the services for the particular work that they are able to do."

Embedded responses

To guide mainstream and allied services in their responses to the needs of homeless clients, participants recommended embedding within organisations policy and processes which guide service responses. This may be especially useful in large organisations which serve a broad cross-section of client groups, and which may struggle to identify the need for targeted responses to homelessness. The development and implementation of more sensitive and appropriate interview procedures and strategies to highlight clients who are a high priority in terms of current or impending housing crisis was suggested as a priority for mainstream and allied services.

"People working in these services need to be trained to facilitate transitions for clients, should serve as a pathway for clients ... A mechanism that identifies those people at risk. If you've got a young woman with a couple of kids and she's been living in a shelter and time is up we should be able to go from [mainstream service] to this [specialist service] to say 'hey, come on', because a lot of these people will not speak up."

Participants also thought that it might be necessary to go as far as introducing accreditation components that rely on service sensitivity to homelessness. This would then drive an organisational approach to working more effectively with clients who are experiencing, or at risk of homelessness – bonus payments for maintaining accreditation being mentioned as a big incentive.

"If you want the mainstream and allied services to take housing more seriously you've got to make it part of their accreditation process. I've seen something similar with [allied health services] so the evidence is on the table when it comes to getting services to do stuff. They get bonus payments for maintaining their accreditation. So if you make it part of their accreditation process the procedures will be put in place to deal with it."

4.2.5 Additional issues

Participants were asked to provide feedback on existing quality systems that they know of in their state or territory, what works well within these systems, and what lessons can be learnt from these that might be useful in developing and implementing a National Quality Framework. Given that services in Victoria have already undergone a state-wide accreditation process for

homelessness services, the feedback from services operating in that state is addressed in a separate section below.

All states and territories (except Victoria)

Participants identified some existing state and territory quality systems with regards to service provision to people who are homeless or at risk of homelessness. These included the Service Excellence framework in South Australia, and funding arrangements with New South Wales Department of Community Services that include performance monitoring and appraisal (including self appraisal). Participants from the ACT reflected on what was perceived as a close and responsive relationship with the territory government, facilitated by the fact that the ACT is a smaller jurisdiction.

Based on their experiences with current quality frameworks, participants identified several areas in which implementation and evaluation processes could be improved. In particular, participants suggested that the scope and diversity of the sector must be accounted for by any quality framework. Differences in how services operate in metropolitan, regional and remote areas must be accommodated, as well as the service size and needs of the clients that access the service. It was suggested that incorporating different levels of accreditation into the framework could allow for different service types to meet the same standards.

Participants also emphasised the importance of clear and concise processes so that services understand exactly what is required to meet accreditation. The process can also be more efficient by ensuring that auditors and assessors have an adequate understanding of the service and the environment in which it operates.

Adequate review periods were also considered an area that requires careful consideration. It was thought that review timeframes which are too frequent may place too heavy an administrative burden on services. Once every three years was suggested as an adequate timeframe for review.

Participants also felt that quality systems need to be 'user friendly' and avoid too much 'bureaucratic lingo'. This was particularly important for participants whose service employed staff with little to no tertiary qualifications. Here it was thought that accreditation processes to ensure quality service delivery were already alien to staff in these circumstances. The use of complicated 'bureaucratic lingo' would only serve to further alienate staff from the formal process of quality assurance, making them less likely to 'own' the process and its necessary impact on how they deliver a quality service.

"It has to be user-friendly but it also has to be relevant and it has to make sense."

Participants were also concerned about 'duplication of effort' with regards to implementing a national quality framework. Here they identified a need for consistency across quality frameworks, suggesting that a national framework needs to take into account existing accreditation as a minimum standard.

"We don't necessarily want to be doing two sets of quality assurance accreditations...if an organisation has already done a quality assurance process and have achieved that accreditation then I think that needs to count for a large proportion of any national accreditation."

Victorian homelessness sector

As homelessness services in Victoria are required to comply with the Homelessness Assistance Service Standards (HASS), services in this state offered additional insight into the benefits and areas of need in implementing a mandatory quality framework. Following consultation with homelessness service providers, consumers and other relevant stakeholders in Victoria, the Homelessness Assistance Service Standards (HASS) were developed and trialled in 2005. Based on feedback from this process, five sections of the standards were retained and homelessness services which receive funding from the Department of Human Services Office of Housing must undergo assessment to achieve accreditation against these standards.

- Section 1: Upholding and promoting rights
- Section 2: Access to support for people experiencing homelessness
- Section 3: Direct service delivery and case management
- Section 4: Direct service delivery to specific groups
- Section 5: Working with the community

Accreditation is based upon services demonstrating quality performance in these areas, as well as against organisational management standards covering business, governance and organisational management. To obtain accreditation, an external body conducts a formal on-site assessment, which is reviewed every three years to ensure services are maintaining performance against the standards and implementing quality service improvements.

The accreditation process is supported by external accreditation services provided by Quality Improvement and Community Services Accreditation (QICSA), Australian Institute for Primary Care, La Trobe University, and a recognition process for existing accreditation and registration with relevant systems.

Much of the feedback offered on current quality systems aligned with that reported by other states and territories above; suggestions which were specific to Victorian services are reported below.

Overall, participants from Victorian services found accreditation under the HASS a valuable process for aligning services in the homelessness sector with accreditation of health and community services. Services for whom 'housing and homelessness' is not their core business have been able to use the standards to guide their responses to homeless clients accessing their service.

The requirement for Victorian services to join a Local Area Service Network (LASN) was reported to demand dedicated resources within the service; this was particularly onerous for smaller services with fewer workers where attendance at LASN meetings takes workers away from service delivery. However, the support from the sector, which is valuable in sharing learning, advocating for homeless issues, and understanding other services in the industry to effect appropriate referrals was a significant benefit.

"There's an opportunity for a little tiny operation like me to have a voice as big as that of a big operator."

"For a regional provider, it can be a very isolative space. And if you're not part of a network, you may be limiting your ability to be innovative, because you won't get exposure to other ways of doing things."

As reported in other states and territories, participants emphasised the importance of new accreditation processes aligning with existing compliance requirements, to minimise duplication of effort and resources spent on compliance. It was suggested that accreditation bodies need to implement formal agreements to recognise relevant accreditation achieved by a service.

"Duplication of effort is just a huge waste of resources ... biggest bug bear when it comes to accreditation processes."

"Yes it's great to have a national framework but if you impose another level of accreditation onto organisations they're not going to be happy, you need to be able to align it with accreditation processes that are already occurring."

"...there needs to be some consideration about the resources that go into going through an accreditation process and if they can be aligned with something you already do ... that would be the way to go."

Some consideration should also be given by a National Quality Framework to how it relates to existing quality processes in order to utilise 'what works', and to make it understandable and accessible by services which have already come to grips with existing frameworks.

"The lesson to be learnt is that if you can make it as close as possible to... something that's already done then that will make all the difference."

"The HASS accreditation was less painful for us because it was very QICSA driven. We ticked probably 75% of the boxes already."

"Just having been through an extremely rigorous accreditation...a lot of this [NQF] stuff is already in place. But for a little, stand alone SAAP service that was a huge, monumental effort to become accredited."

Participants also reported that the relevance of quality processes can be hard for workers 'at the coalface' to appreciate. This was particularly mentioned by participants whose service is mostly staffed by workers with little to no tertiary qualifications, as in other states and territories mentioned above. It was thought that the quality framework should make clear the connections between quality processes and the everyday work of service providers, so that staff are able to realise the benefits of working within, and adhering to the framework.

"If we work to the service standards of what's expected, the rest will just flow."

"They've obviously been put in place for a reason and you need to adhere to why they're there."

There was some concern from participants who had just been through what was described as a 'rigorous' accreditation process under the HASS, that smaller services in other states and territories that work with minimal resources for service delivery would struggle to meet accreditation requirements under a NQF. The relative size, financial resources and lack of experience with quality assurance procedures among some smaller regional services were thought to severely disadvantage them in this situation. Some participants suggested these services may be forced to shut down following the implementation of the NQF, leaving an unmet need in the community they were set up to serve. It was thought by some to be the responsibility of governments to ensure services in this situation are provided with adequate resources to assist them during implementation of a NQF so that they can continue to assist people who are homeless or at risk of homelessness in their community.

"You don't want to say that you [don't] have to have strong governance and organisational and financial management processes in place, I think you do, but if you haven't, it doesn't mean you disappear off the landscape. I think if you

haven't, you need to be assisted heavily to make sure those things are picked up, either by an arm of government or another agency that can potentially be given additional funds to help out other agencies."

4.3 Stakeholder workshop consultations

The preceding section 4.2 outlined the views of hard to reach service providers. As mentioned previously, they included services that are small, operate with a low profile, e.g. women's shelters, are located in remote locations, or were, for other reasons, literally 'hard to reach' and were generally unable to attend the series of workshops that are the focus of this section.

While these hard to reach service providers were only one group among all homelessness service providers, they were included in this NQF consultation process as a separate group and through a separate consultation mechanism to recognise their unique status among providers and to gain their feedback without burdening or disrupting their business. In viewing the stakeholder feedback detailed in this section it is important to bear in mind that the workshops, while they included a large number of homelessness service providers also included other individuals with a stake in homelessness. Due to this distinct nature of the two groups consulted and the two separate consultation mechanisms, this report provides their respective views separately.

The series of workshops that took place between 19 February and 25 March 2010 in all states and territories provided a public forum for homelessness stakeholders to discuss aspects of the proposed NQF. The workshop proceedings are described in Section 3.3. All of the workshops were facilitated on a shared basis by a FaHCSIA representative, a member of the state or territory government with a stake in homelessness policy, and a representative of a state/territory homelessness peak body. Each workshop was preceded by introductions by the respective facilitators followed by two discussion sessions to consider aspects of the proposed NQF. These sessions allowed participants to discuss 'what is quality service provision?', proposed components of the NQF, and cross sector collaboration. Despite the complexity of issues surrounding homelessness and the proposed NQF, stakeholders' comments centred on a very limited number of themes. These views are outlined in the following subsections.

4.3.1 Quality service provision

Workshop participants were provided with characteristics of quality service provision as contained in the Housing Ministers' Conference February 2010 Discussion Paper *A national quality framework to support quality services for people experiencing homelessness*. These characteristics are detailed in Section 2.4. Furthermore, participants were provided with a number of questions to stimulate discussion. Please refer to the general workshop agenda at Appendix D for details.

Overall, participants generally agreed that the characteristics of quality service as contained in the Discussion Paper were important for the delivery of services in the homelessness sector. However, often participants expanded on these characteristics of quality in discussion and sometimes also discussed additional characteristics they deemed important. The paragraphs below present the views expressed during these discussions.

Focus on client outcomes

Workshop participants commonly emphasised that a client outcomes focus was a key characteristic of quality service provision. Many participants expressed that outcomes should be developed in consultation with the client rather than subject to some inflexible standard. In addition, participants extended the subject by indicating that a focus on outcomes for the client needs to include a focus on long term goals as well as immediate needs. Some participants stated that outcomes often extend beyond a basic need for housing and that they can be difficult to track and measure. Participants suggested that developing clear processes for defining and tracking client outcomes is key to providing quality service.

"The outcomes have to be the outcomes that make sense to them [clients] rather than some kind of standardised outcome." (Townsville)

"Client-driven within agreed frameworks to achieve outcomes." (Wagga Wagga)

In extending the discussion of client outcomes focus, some participants stated that there is a need to incorporate prevention and early intervention measures into the definition of quality service delivery. In their view it was important to add a proactive and holistic dimension to quality service delivery to address the underlying and ongoing problems which contribute to homelessness. This appeared to extend beyond the definition of quality service provision as contained in the Discussion Paper.

"Covering the continuum of service provision from prevention to early intervention to crisis was identified as important." (Sydney)

In discussing the issue of client outcomes focus, participants often appeared to have picked up the definition of quality service provision as rights based, ethical, fair and equitable as contained in the Discussion Paper. This definition seemed to have broadly resonated with participants who frequently discussed the rights aspect of quality service provision, in relation to the rights of the client but also concerning the rights and responsibilities of the service. The discussions among participants suggested that there needs to be an appropriate understanding of rights and responsibilities for all stakeholders in the process. In this context participants

sometimes stated that they regarded quality services as those that are rights-based, empowering their clients rather than those that further marginalise them.

"Rights need to be embedded in all components of quality." (Canberra)

"Empowerment of clients – via consultation and inclusion." (Adelaide)

Flexible and connected services

Participants often raised the issue that quality services need to be flexible in their service delivery in order to meet the needs of different client groups. In recognising the diversity of their clients and issues they faced, participants indicated that services must be able to offer equitable access that is appropriate to gender, race and cultural background. Further, participants expressed that services should be appropriate to the cultural backgrounds of clients. Participants in particular emphasised the importance of cultural competency skills to meet the needs of Indigenous clients and those from culturally and linguistically diverse backgrounds. While the latter theme tended to be often mentioned in the workshops held in Queensland, the Northern Territory and New South Wales, the issue of cultural competency was not confined to these jurisdictions.

"There isn't just a formula we can meet for everyone; some will be very ...complex clients." (Sydney)

"Respect to the client, providing a non-judgemental service that's culturally appropriate, [to] gender, sexuality, race." (Wagga Wagga)

While the issue of culturally appropriate service provision is covered by the definition of quality service delivery in the Discussion Paper, the issue of flexible service delivery seemed to be implied but not overtly expressed. According to many workshop participants, flexible service delivery should also allow a service to offer support beyond simply housing a client, including timely and relevant referrals, support for life skills, mental health and substance abuse issues, and tenancy rights and responsibilities. This issue appeared to link in with the client outcomes focus previously discussed.

"Quality service delivery must be about addressing long term issues not just dealing [with] crisis." (Brisbane)

In this context, participants also often acknowledged that quality services are those that have developed strong relationships with other services in the sector and are able to maximise referrals and client options through knowledge of other services.

"Services need to be aware of other services so linkage and referral can happen." (Alice Springs)

Competent, trained and qualified workforce

Participants agreed with the Discussion Paper definition that a quality service can only be delivered by a 'quality' workforce who possess the relevant skills and experience, including 'life-experience'. As existing pathways into the sector are diverse, participants stated that it was important that both formal and informal training and development are supported and recognised.

"I think it's important to recognise that the knowledge is out there and on the ground." (Perth)

"Successful and adequate training provision for staff." (Bunbury)

Participants also commonly agreed that clear professional pathways and development for staff contribute to the recruitment and retention of quality staff. Further, some participants indicated that equity of pay across the sector is also required to ensure that staff are adequately remunerated.

"Continuing professional development is very desirable but can make it difficult to afford or retain staff." (Sydney)

Transparent and accountable services

While appropriate professional service systems are implied in the Discussion Paper definition of quality service provision, the particular aspects of transparency and accountability of services appeared to need further strengthening in that definition. There was a common consensus among participants that quality services need to operate transparently. In this context participants expressed that, in particular, complaints and feedback processes require transparency. They further stated that these processes need clear guidelines for feedback to be acknowledged and acted upon.

Another issue that participants raised in the context of systemic issues that underpin quality service provision concerned awareness of what services can and cannot do. Participants often indicated that all stakeholders involved need to understand the extent of the services offered by a particular service. Moreover, participants suggested that staff need to understand the limitations of the service to be able to provide effective referral.

"Staff need to be aware of service limitations." (Wagga Wagga)

"There's a lot of walls up for people who are actually entering the front doors of services." (Darwin)

Another issue that participants discussed in the context of systemic service issues concerns the way that services are developed and refined. Participants often noted the importance of evidence-based approaches within services, to ensure best practice models are adopted and refined.

4.3.2 Proposed NQF components

Following the discussion of 'what is quality service provision?' workshop participants were presented with the proposed components of the NQF as contained in the Housing Ministers' Conference February 2010 Discussion Paper. These components are detailed in Section 2.3. Similar to the discussion about quality service provision, participants were also given a set of questions to stimulate discussion. The details can be found in the generic workshop agenda at Appendix D.

The discussions generally suggested that participants agreed that all of the proposed components as outlined in the Discussion Paper were potentially useful for maintaining quality of services in the homelessness sector. However, the discussions also revealed that participants' views varied in regard to the importance and nature of individual components of the NQF and how they need to be put into practice. Participants' feedback on these issues is detailed in the paragraphs below.

Components of the proposed NQF

Consumer and service charters

The Housing Ministers' Conference Discussion Paper defines the meaning of consumer charters and service charters separately as:

- 'Consumer charters set out the rights and responsibilities of consumers and are an integral component of any NQF.'
- 'Service charters are public statements about the services that are provided and what consumers can expect from that service.'

However, participants on the whole tended to address consumer and service charters as a combined component, both being informed by the same principle of a focus on client needs. Some participants explained that they considered these two charters as 'two sides of the same coin' in that they explained the roles and responsibilities of both parties, i.e. the client and the service. Some further stated that all levels of a service need to be held accountable to these

two aspects of this 'defining' document. It appeared that participants were driven in their views by trying to provide clarity about roles and responsibilities and to strengthen the client focus of services.

"Consumer charter and service charter should really be merged in terms of you have your clients' rights and responsibility, your service is really actually providing that, so you're making a statement about that together, so you're really clear about what your role is and what you can do to provide or address incidents of homelessness." (Alice Springs)

Moreover, irrespective of whether consumer and service charters need to be two separate documents, participants often considered it important that these charters be flexible enough in their definitions to be inclusive of and accessible to clients, through language, format and availability within a service. Consultation with clients to develop appropriate and meaningful charters was suggested.

"Language needs to be simple...universal...inclusive." (Hobart)

"Need to be communicated in a way that is meaningful to both the clients and the service providers." (Adelaide)

"Consumer charters need to be set with consultation with the groups." (Darwin)

Some participants expressed concerns that such documents should not be structured in such a way as to exclude clients for not meeting certain criteria. They should avoid being too prescriptive and so be able to capture the range of services provided by an organisation to assist those with housing needs.

"We [need] to have a fairly flexible range of definitions of whom are our clients, and what kind of services are we providing for those clients. As charters can be read in a very narrow focus and could actually miss all the various nuances of the services that we provide." (Sydney)

"Charters shouldn't be used as a business plan or some form of activity expectation." (Sydney)

Alliance models

The Discussion Paper defines alliance models as 'involving a commitment between different organisations (including mainstream, allied and specialist services) to communicating regularly and working together for the benefit of vulnerable clients.' Participants tended to agree that these models need to incorporate all service types, across non-government and government

organisations as well as mainstream, allied and specialist homelessness services. Further, at a more strategic level, participants indicated that the scope of alliance models needs to also include policy development.

"We recognise that alliance models also needed to be looking across the formal strategic alliances in terms of policy development and at the same time looking at the more informal day to day networking and that both would need to be included in any alliance..." (Sydney)

Discussion of the subject yielded a mixed response in that some participants indicated they considered alliance models a current gap and suggested this issue be a priority in the development of a NQF. In contrast, a number of participants identified that successful formal partnerships were already in place between agencies. A specific subject that was brought up in the context of this discussion concerned privacy and confidentiality requirements. Some workshop participants indicated that information sharing is currently often hindered by privacy and confidentiality requirements. However, this appeared to be offset by other participants expressing that formal arrangements were working to enable adequate information sharing, and that this has shown that policy and legislation already does work to support information sharing and working together

The question of how to measure the success of alliance models and the resulting collaboration between services was raised by some participants. In this context participants expressed that it was not only important to ensure that agencies were working together but that they were also maximising their ability to share case management, pool resources and make referrals. Some participants expressed the need for leadership in the form of lead agencies.

"We talked a lot about...wanting to measure levels of collaboration including levels of collaboration between government departments." (Sydney)

"When we come to collaborative case management of a client with external agencies, one agency needs to put up their hand to say they are the lead agency and they're pulling in all that information for the client, and that will make it a lot more seamless." (Perth)

The nomination of lead agencies in partnerships was also supported as a means to building accountability into the collaborative process, and that alliance models could make this a requirement. Alliance models should also support partnerships which are sustainable despite the movements of staff in the sector, and so be based upon processes which remain in place between agencies and are not dependent upon the work of an individual.

"In relation to working collaboratively, these processes need to be based on processes, not personalities within agencies." (Sydney)

"A lot of joint case management or joint work from various levels along the continuum that happens around the place. Most of it is part relationship based; 'you might know Pauline and collaborated on getting the best out of it for the client', but if one of them leaves the service or goes somewhere else the relationship is not there anymore." (Townsville)

Complaints management

While complaints management systems are addressed in the proposed NQF components as detailed in the Discussion Paper, many participants appeared to have felt strongly about this subject based on feedback on this subject. Sentiments voiced generally aligned with the definition of a complaints management system as contained in the Discussion Paper. Many stakeholders attending the workshops indicated that clients must be made comfortable with giving critical feedback without fear of negative consequences to them or the services. Participants considered that this needs to be enabled through formal complaints management systems either through internal or external mechanisms. Many expressed that these systems need to be designed to empower clients to provide feedback without fear of reprisals.

"Clients need to know it's ok to say service not good enough." (Canberra)

"People feel intimidated and confronted, not empowered to actually put through complaints and have appeals to see if they can get the right services that they require." (Darwin)

Participants explained that those experiencing or at risk of homelessness may feel that making a complaint or requesting change to service delivery will endanger their access to those services. Participants stressed that complaints processes need to be non-threatening and accessible to clients and services. Further, participants indicated that complaints management systems need to be transparent to encourage confidence in the process by clients.

"The process needs to be a little bit more approachable for people. So it's not this hidden mechanism, that if anything goes wrong then you get told about it, but it's part of the whole process, and that's about it." (Darwin)

It was further noted by participants that, within the homelessness sector, there are no established or clear appeals processes for clients who are blocked from service delivery. Were the complaints process to involve a body external to services, it was suggested that an appeals process could be incorporated into complaints management.

"There's no real appeals process for people in homelessness service sector...there's no real way for people to say, I've been banned for 20 years from this service, how do I actually get around, so it would be important to consider something like that." (Perth)

"We also thought...an appeals mechanism for people who are using the services, even if it's NGOs, the way they can appeal the processes that happen for them." (Darwin)

While somewhat beyond the scope of a complaints management system, participants also emphasised the need to focus on collecting feedback, both positive and negative, from clients and staff and acting to improve services based upon this. It was suggested that such feedback collection processes might be included in Quality Assurance arrangements to ensure services are incorporating feedback successfully.

"We need to give clients the opportunities to provide feedback about whether or not they think they've received a quality service and what was good about it, what could perhaps be improved because ultimately the client outcomes are how quality would be defined." (Canberra)

"Processes that are in place at the moment tend to over-emphasise complaints versus compliments. And the positive feedback needs to be apportioned into equal importance as the negatives." (Hobart)

"We thought there should be an emphasis on client feedback and not just client feedback but consultation. It's one thing to get information but the other is to ask what sort of house, what sort of support you require, really valuing...what they want and not what we want as services." (Alice Springs)

Standards

The Housing Ministers' Conference Discussion Paper regards standards in the context of the proposed NQF as something that describes the expected outcome, processes and performance and can clarify expectations around service delivery. According to the Discussion Paper standards can cover different aspects of an organisation's business and generally cover service delivery as well organisational management and governance practices.

In general, participants' feedback suggested that they correlated standards and accreditation and often spoke about these components as a combined entity. Much of the discussion centred on the relationship between standards and their implementation through a system of accreditation. Of all the proposed components, participants felt that a system of standards, in conjunction with accreditation against those standards, was challenging to effectively incorporate into the proposed NQF.

"Standards are a key component, but must be used in a constructive way, [the carrot] not the big stick." (Adelaide)

"Not too prescriptive." (Bunbury)

Workshop participants identified the difficulty of developing standards which are flexible enough to be meaningful to a broad range of service types, in metropolitan, regional and rural areas and which meet significantly different client needs.

"...need to take into account the size of the service, how many staff it has got, what its budget is, who its client group is - because I think we could all agree that what is a quality service for a community service based in between Weipa and the top of Cape York is going to be quite different to one in Kings Cross or in Canberra." (Canberra)

"We also thought it could possibly lose options for creativity and flexibility in responding if everything is very standardised." (Darwin)

In addressing this challenge, service providers suggested the usefulness of developing standards capable of measuring quality of service provision based on client outcomes.

"It's about following outcomes that we're fairly clear about what is an outcome and that everyone understands the difference between those things." (Hobart)

"The work we do now mightn't necessarily make a huge impact on their life in the next two weeks but maybe in two years time they'll be in a much much better place because of the work we do now. That has to be picked up in a measure of quality." (Canberra)

In particular, participants in Perth suggested a model that has been used in the United States of America, where a system of personal outcome measures is used to determine a client's level of satisfaction with different dimensions of their lives.

"People are interviewed by independent auditors on things like do I feel safe, am I healthy, do I have relationships...a whole range of about 25 personal outcome measures, and then they look at the agency to see what supports you have in place to support those outcomes, so if the person says 'no, I don't feel healthy, I'm not healthy' then what supports do you have in place to assist that person to access health services? We thought it should include something along that line." (Perth)

The benefit of such measures was seen as being able to guide service provision on the basis of client outcomes in a sector where a percentage of clients will never be able to live independently of some support from services.

"A quality outcome for us is we recognise that some of our clients will always need help and support, be it through mental health services or the range of services out there. They're never actually going to be totally independent from the Government...so a quality outcome for that type of client is that they are readily accessing and effectively accessing those services without so much of our help and support to actually get there." (Perth)

"Returning to the service isn't necessarily a bad thing. The client may have had another crisis and they've come back to your service because they received a good service. It's not just about moving them on from the service and judging that you never see them again is necessarily a good thing." (Canberra)

For these reasons, participants felt it important that sector standards should incorporate an understanding of the needs of those experiencing homelessness beyond immediate accommodation, so that services are measured against outcomes which are meaningful and realistic in terms of the service they are able to deliver.

Accreditation

As already stated in the previous section, participants often spoke about standards and accreditation as a closely correlated issue, despite the Discussion Paper clearly delineating these two issues. The Discussion Paper speaks of Accreditation as a quality measurement framework. It continues to state that accreditation is a standards-based recognition system that can use a quality assurance and/or a continuous quality improvement approach, and that it involves assessment against a pre determined set of standards and formal acknowledgement of achievement of expected performance against those standards.

Overall, the feedback on this subject suggests mixed feelings among participants about the prospect of accreditation, suggesting a balanced approach to accreditation is needed in developing the NQF. Often the burden of such a system was juxtaposed with the benefits that accreditation can deliver. Participants tended to agree that accreditation can contribute to quality service delivery but the main point of apprehension was the sentiment that it would draw resources away from the service delivery.

"There was some nervousness about accreditation and what that might mean." (Darwin)

"Concerned about accreditation and what is [required] to get accreditation." (Townsville)

"Concern that adding on extra paperwork." (Launceston)

Some participants expressed the belief that it would bureaucratise services, increasing red tape burdens and diverting resources from service provision.

"We recognise that accreditation was a very powerful tool in terms of guaranteeing quality but, some of the concerns that came up was it is often very labour and time intensive." (Sydney)

"One of the things that we didn't want...is lack of service provision. The more time someone sits at a desk writing a document or benchmarking themselves against what they've achieved, the less time they have to actually get in there and help people who need the assistance." (Townsville)

In regards to this, participants agreed that any system of accreditation must be balanced in its application to services, contributing to continuous quality improvement (CQI) but without being a burden on resources. The sentiment that a 'tick the box' form of compliance would be meaningless was often expressed in this context. Similarly, participants mentioned that the work undertaken by organisations to gain accreditation with existing standards should be considered in any new framework.

"Recognising there's a fair bit of change in the sector already." (Sydney)

"So much emphasis can be put on tick-a-box when a lot more of it could go into your service outcomes." (Perth)

To this end, a modular approach to achieving accreditation was suggested, to provide flexibility and avoid duplication with existing models. This was also suggested to allow an incremental approach, so services can work towards improvement goals in line with the resources they have available.

"Accreditation needs to be tiered, so that you can make up steps toward improvement over time." (Adelaide)

"...under the standards now that we all complain about...you can either be satisfactory or unsatisfactory, met or not met. We just didn't think that lead to recognition of good practice particularly well so we would recommend that if there's going to be accreditation and evaluation of meeting standards, it might be good to have some more subtle levels." (Townsville)

Participants also identified that as the homeless sector is broad and includes both mainstream and allied services which not only service homeless clients as part of their service delivery, that

a modular approach would also enable these services to more easily be accredited and therefore held accountable for the service they deliver to this specific client group.

"Would it be that there'd be some key outcomes that relate to homelessness that could be injected or embedded into all our partners' either existing accreditation systems or quality assurance systems. We felt that was probably a good starting point because that whole mind-boggling thing of trying to get every partner in the one accreditation system was just too much." (Wagga Wagga)

Additionally, allowing for streamlining of reporting across the sector, to government, and to funding bodies would greatly reduce 'red tape' burdens on services.

"An opportunity to simplify the reporting and compliance, so that we're not wasting our time reporting performance or outcomes in six different ways to six different funding bodies." (Darwin)

Continuous Quality Improvement

The Discussion Paper describes Continuous Quality Improvement (CQI) as an approach to quality that builds on traditional quality assurance methods by focussing on organisations and systems. It further states that CQI emphasises the organisation and its systems and is an ongoing cyclical process of self assessment, performance improvement and review.

Victorian stakeholders in particular expressed the need for the National Quality Framework to have a strong focus on CQI. Victorian workshop participants reported a major benefit of the implementation of the HASS accreditation system was promoting a focus on CQI within services, not simply compliance with quality measures. Some participants indicated that further support and guidance is required to ensure that an ongoing commitment to CQI is upheld within services.

"It's about embedding the whole idea within the organisation of continuously reflecting on your practice, reflecting on your systems and your standards and your processes, and continuously trying to improve those." (Melbourne)

"We've got better at doing the accreditation, the challenge is to then roll out the recommendations of the accreditation and how we make that much more real within local service sectors." (Melbourne)

Victorian participants emphasised the importance of including CQI which is evidence-based and which encourages ongoing collection of information and reflection on performance.

"CQI goes through for the life of the organisation, that's what needs to be there. That's the key thing." (Melbourne)

"CQI...enhances accountability...ensures reflection...always tracking." (Bendigo)

Participants in other states agreed the proposed NQF would benefit from a strong focus on CQI, but in particular emphasised that a well-developed, qualified and resourced workforce is necessary to enable services to undertake work towards CQI.

"...having a really strong, well-developed workforce to move everything forward was extremely important, and so linked in with the continuous quality improvement." (Alice Springs)

As with other proposed components of the framework, participants also discussed the need for CQI processes to retain a client focus, utilising feedback mechanisms and measuring outcomes based on client goals.

"Looking at continuous quality improvement should include continuous outcome improvement, so you should be able to measure small steps on the journey of someone from rough sleeping to being housed – we should be able to measure those outcomes however small they are and that should be included as part of the quality service." (Brisbane)

4.3.3 Cross-sector collaboration

While workshops in all states and territories generally considered what components can support stronger cross sector collaboration, the Victorian workshops in particular focused on the roles of mainstream and allied services, and how cross-sector responses to homelessness could be improved. Victorian participants were also asked to identify barriers to effective cross-sector collaboration and components which can enhance this collaboration.

Barriers to effective responses from mainstream and allied services

Many participants cited a lack of understanding by mainstream and allied services of the complex nature and needs of homeless clients as a major barrier to quality service provision.

"Mainstream organisations are not going to see themselves as having a role to play around homelessness if they don't understand what homelessness is." (Melbourne)

"A lack of understanding of the complexity of homelessness." (Bendigo)

Furthermore, mainstream and allied services are perceived to have a low or inaccurate understanding of the type and level of service provided by other organisations in the sector, which leads to inefficient referrals and co-operation. Participants reported that mainstream and allied services were operating on assumptions or 'myths' about the capabilities of other services.

"Unrealistic expectations of staff, knowledge and experience." (Melbourne)

"Lack of understanding of other services or what services are available within the region." (Geelong)

Specialist services, including those focused on helping children and youth, and asylum seekers, suggested that their service provision is particularly misunderstood. According to participants, clients are often pushed back into specialist services when attempting to access mainstream and allied services as it is perceived that specialist services exist to meet all the needs of these clients rather than part of their needs in a particular niche.

Support for effective responses

To improve responses to homelessness, participants suggested education and recognition of specialist needs for homeless clients for mainstream and allied services. Participants felt that services should invest in educating each other about the focus and capabilities of their organisations and in developing a shared focus on client needs.

"Management across the board need to ensure that responsible investment in learning is applied." (Melbourne)

"More education to reduce false perception of other services." (Geelong)

Training for staff in mainstream and allied services in appropriate responses to diverse client needs and effective referral practices was also suggested by participants.

"Educating and information to consider homelessness as an issue and how best to respond." (Bendigo)

Participants also expressed that standards for responses to homelessness within mainstream and allied services would also support staff in providing quality service, with participants further suggesting policy and service agreements would support the sector's response.

"Have included in allied and mainstream services some standards around homelessness." (Geelong)

Barriers to effective collaboration

Participants agreed that effective collaboration between services is the key to strengthening the sector. According to stakeholders this collaboration requires commitment from all services, of all sizes, across NGO and government services, to better understand homelessness and to address the issues of homelessness.

"There really needs to be a shared definition of homelessness across a whole range of sections with government departments..." (Darwin)

"... a commitment to partnerships that's not one-way, shared KPIs with our partners so that we're sharing responsibility. Access to services to deliver a collaborative approach, which in rural-remote if you can't access them you can't deliver ..." (Wagga Wagga)

Participants indicated that effective collaboration would most improve service quality by allowing for shared case management and efficient referrals across agencies.

"Knowledge of available services was really important... to have referral processes and referral pathways in place." (Wagga Wagga)

"Reduce the degree to which clients repeat their story to different service providers." (Adelaide)

Participants identified a lack of understanding between services as a main barrier to collaboration. Services often have a limited or flawed knowledge of what other services are present in the sector and the particulars of what they offer to clients.

"There are a lot of assumptions around what we think we all do, and that's certainly a barrier that's perhaps impacting us progressing and working together." (Melbourne)

Different services also have varying referral processes and client eligibility criteria, and use differing language and terminology, which also confuses collaborative and co-operative efforts. Collaboration is also recognised as a time and resource intensive activity which is often given low priority after client service, funding requirements and other commitments. Collaborative efforts are further hindered by the competitive nature of funding arrangements in the sector.

*"People know how to do it but it takes energy and it takes willingness."
(Melbourne)*

*"Competitive funding regime undermines potential for services working in
complementary, collaborative ways." (Adelaide)*

Components to support collaboration

In order to streamline cross-service co-operation, participants agreed that building understanding between organisations of what they do, how their systems operate and how they can assist each other is key. Participants acknowledged the value of Memorandums of Understanding and other formalised agreements between services in establishing and developing collaborative relationships across the homelessness sector. Collaboration would also be further supported through more opportunities to network and share resources with other services, and define unifying goals. Opportunities to develop shared language, definitions and understandings would further aid more streamlined cross-sector responses, but participants recognised that commitment and patience should underlie collaborative efforts between services.

*"Making that commitment to work collaboratively but recognising that it does
take time." (Melbourne)*

"[The] Homeless sector can't work in isolation." (Bendigo)

Participants suggested that availability of funding to both enable collaborative efforts and reduce competition for resources would improve collaborative practice.

*"Any mechanism that comes out of supporting quality will need to be resourced
so that not only the organisational cultures shift in terms of how they view
quality but also the sector more broadly." (Melbourne)*

Funding and opportunities for more cross-sector training and development in collaborative skills would allow services to work together more effectively.

Participants suggested that a web-based resource, such as a central database accessible by all services, would further support collaboration. This resource would ideally collate information on homelessness and the availability of services and resources, including gaps and trends, as collected by individual agencies and would allow each service to access and use this data.

*"With this website, the availability of beds so everybody knows and it more of a
'live count'...with all the agencies participating." (Bunbury)*

"Some sort of a hub kind of thing...something similar to what Red Cross is currently doing where someone is collating that information and putting it all together and making it readily available for everybody...it would probably have to be a funded hub, so someone would actually handle all the information and collate it so that every service provider could have access to that." (Bunbury)

4.3.4 Additional issues

During the introductory session at all workshops, participants had their attention drawn to the 'Principles underpinning the development and implementation of a national quality framework' as outlined in the Discussion Paper:

- *Principle 1: Services and government will work together to develop a national quality framework and accept joint responsibility for quality service provision.*

Reducing and preventing homelessness is a huge challenge and requires the commitment of everybody including government, the specialist homelessness and allied and mainstream service sectors and the broader community.

- *Principle 2: Minimising red tape will be a key consideration in the development of the national quality framework.*

It is important that a national quality framework does not place an unreasonable administrative burden on services. Also many services already participate in other quality systems and consideration will need to be given as to how participation in other systems can be recognised in a homelessness NQF.

- *Principle 3: A NQF will build on and add value to existing quality systems.*

Many mainstream and specialist homelessness services already participate in some form of quality assurance system. It will be important to understand what works well in current systems and build on this in the development of a NQF.

- *Principle 4: There will be a supportive and enabling approach to implementation.*

It will be important to adopt a supportive and enabling approach to implementing a national quality framework. Timelines for implementation will need to take account of the starting position of the sector and differences across states and territories. Some jurisdictions may require longer transition times than others. Services may also require training to assist them in understanding their requirements under the NQF. Resources that explain the NQF will also need to be developed. Approaches to implementation will be discussed in more detail in the second round of consultations which will focus on NQF options.

Throughout the workshop sessions, the importance of Principle 2 and Principle 4 were strongly represented within the discussion, emerging as two key themes – ‘avoiding duplication’ and ‘funding and resources’. Participants’ thoughts on these themes are given further consideration below, along with a third theme which emerged, the importance of a ‘client focus’ as an underlying principle, and which was also shared across all workshops.

Avoid duplication

If there was one credo that clearly stood out among the workshops it was that a NQF must avoid duplication of already existing efforts and systems.

"Our key thing that we put last was avoid duplication." (Sydney)

"Ensuring that the standards are not duplicated or conflicting." (Bunbury)

Many participants feared any additional red tape and efforts needed on their side and expressed strongly that services have worked to achieve compliance with a range of existing standards and accreditation frameworks.

"All agencies present have indicated we have quality assurance programs in place – let's not reinvent the wheel." (Adelaide)

"Concern that adding on extra paperwork." (Launceston)

They emphasised that any new framework should have some capacity for recognising existing compliance measures and to reduce ‘double up’ on resources spent in achieving compliance. The proposed NQF should also utilise learnings from existing quality standards and accreditation systems.

"Many quality frameworks impact on services for homeless people already, let's not duplicate existing efforts." (Canberra)

Victorian workshops participants strongly mirrored these sentiments. In this context Victorian stakeholders reported that prior to the implementation of the HASS accreditation system many services had already achieved compliance and accreditation under existing frameworks and standards. Stakeholders felt that it was important that the new framework recognised these measures in order to avoid duplication of effort and unnecessary expenditure of resources.

"National system should recognise previous systems." (Bendigo)

Participants suggested a focus on integration, with existing frameworks, standards, processes and systems, rather than the wholesale creation of new structures.

Funding and resources

Participants often stressed that the implementation of any new quality framework would require adequate time and resources for services to meet requirements. Participants specifically expressed concerns that small services might struggle to resource compliance activities and also that diverting resources from service delivery in those instances would ultimately impact on the quality of services for clients.

"Quality service provision is properly resourced and standardised." (Wagga Wagga)

"There will be serious cost implication involved in upskilling a workforce and improving quality of services." (Townsville)

"Services need extra resources in order to achieve quality improvements." (Hobart)

According to many stakeholders attending the workshops a new quality framework should also allow realistic timeframes for development and implementation. This provision would allow services to respond adequately without infringing on service delivery. The development of the framework should have a focus on minimising 'red tape' for services, an area in which services already report feeling burdened.

"This is not rocket science – we know what makes a quality service but we need more resources to implement." (Brisbane)

Many Victorian workshop participants also agreed that the implementation of any national quality framework would be a time and resource intensive activity. Reflecting on the HASS experience some Victorian stakeholders expressed that, to effectively achieve quality improvement, services would require adequate funding and support, both during implementation and to allow for continuous quality improvement following the implementation.

"The challenge is the investment in energy and resources to follow up on the recommendations." (Melbourne)

"Building quality takes resources." (Bendigo)

Participants stressed that a lack of adequate funding to meet new standards diverts resources from service delivery, ultimately resulting in a negative impact on the quality of service provided to clients.

"We're all funded to deliver services to clients, but we're not funded to be accredited specifically, and so we take money out of that to fund positions or put resources towards that." (Melbourne)

"Services must be properly resourced if they are to be mandated." (Bendigo)

Additionally, Victorian stakeholders felt that it is important to ensure staff are trained and supported to meet the implementation of a quality framework. Participants suggested a workforce development action plan to accompany the framework would aid quality improvement, by ensuring a commitment is made to adequately train staff, provide for equity of pay across the sector and encourage retention of staff within services to improve service delivery. The latter sentiments were very similar to views expressed by stakeholders in the other jurisdictions.

Client focus

Workshop participants across all jurisdictions emphasised the importance of a client-centred framework and the need for the implementation process to retain a client focus, so as not to impact negatively on time and resources available for delivering services to clients.

"Focus on client outcomes and any framework should be client driven and focused. Defining the end goal and working backwards which is very much about identifying the outcome for the client first, and then making sure it's all about the delivery of the outcome and not just about creating new processes and things that don't amount to much." (Sydney)

According to some stakeholders consumer input should also be incorporated into the development of the framework and its implementation and review through flexible and meaningful feedback processes.

"We want really innovative ways of capturing what it is clients are really thinking and feeling and saying, and then being able to feed that back into the systems, so it actually brings about a change in service design and resources." (Melbourne)

"We're not talking about every poor bugger who comes through the door being given a form and expected to fill it out." (Melbourne)

Participants further expressed that accessibility and usability of services must also be ensured by the framework, so that services are able to cater to a variety of client needs, including cultural and linguistic background, literacy levels, and disabilities.

"When we're providing information or doing the work actually having it in really plain English, easily accessible, user friendly language and written information as well as verbal information." (Perth)

Participants acknowledged that there is a challenge in designing this framework in particular as to how client outcomes are defined and measured. Positive client outcomes are agreed to be the most important measure of quality for a service and incorporating meaningful yet flexible measures of these into the framework was viewed as a rewarding challenge.

"Outcome focus, to be client focused – measuring improvements as opposed to activity." (Bendigo)

"We first of all felt we really had to define what a positive outcome for a client actually is, who measures this and does it go beyond economic outcomes, because at the moment in our current social inclusion agenda everything is seen from an economic outcome, so we think there needs to be really some clear definitions about what is a quality outcome." (Perth)

This challenge was particularly discussed in relation to standards which could be applied across the homeless sector, and participants' thoughts on this challenge have been outlined further in relation to this above.

4.4 Next steps

This report is part of the important process towards the development of a NQF to support services delivered to those who are homeless or at risk of homelessness in Australia. It provided a summary of consultations with consumers and hard to reach service providers. It further summarised the feedback from participants at public workshop consultations.

As stated previously, in interpreting the material provided it is important to note that the overarching principles adhered to in summarising the feedback were objectivity and independence. The report is solely based on the feedback collected during interviews and group discussions with consumers, and on the recordings of feedback sessions at the workshops, augmented by the comments participants wrote down on the available butcher's paper. The collection of feedback was a qualitative undertaking and care has been taken to represent the issues in this report without quantitative valuations or 'weightings'. Furthermore, particular attention has been given to keeping interpretations of stakeholder

comments to a minimum in order to avoid introducing a bias in reporting of issues. While the feedback can be considered representative of the people who participated in this consultation process, it would be inappropriate to consider it representative of all homelessness stakeholders.

The feedback provided through this national consultation process will be considered by all jurisdictions. It is expected that this report will be made public and it will inform the development of a Discussion Paper detailing options for a NQF. This Discussion Paper is expected to be made available by FaHCSIA later in 2010. A second round of consultations based on this Discussion Paper is anticipated to lead to a preferred option for the NQF and its implementation.

A

APPENDIX A: CONSUMER CONSULTATION GUIDE

Introduction

- Thank people for their willingness to participate in the discussion.
- Explain that this discussion is part of a project to collect views from people on services for homeless people or those at risk of becoming homeless.
- Ensure participant(s) understand that **discussion will be recorded** anonymously:
 - this is for reporting and analysis only;
 - no details will be given to anybody which could identify an individual;
 - recordings will be destroyed once the project has finished.

[TERMINATE DISCUSSION IF INDIVIDUAL DOES NOT WANT TO BE RECORDED; IN CASE OF GROUPS ASK INDIVIDUALS WHO DO NOT WANT TO BE RECORDED TO LEAVE]

- Role of facilitator / moderator:
 - to raise topics and to guide the discussion;
 - keen to hear what you think;
 - “There are no right or wrong answers; it is your opinion that counts. Please be honest.”
- [IF GROUP] Group rules: Feel free to disagree; one person speaks at a time [AUDIO RECORDINGS WILL BE TRANSCRIBED, IF TWO OR MORE PEOPLE SPEAK AT ANY GIVEN TIME THE TRANSCRIBER WILL HAVE EXTREME DIFFICULTIES IN DISCERNING WHAT WAS SAID].
- Reassure confidentiality, anonymity.

- Session will take approximately 1.5 hours [GROUP], about one hour [depth interviews].
 - [IF APPROPRIATE IN CASE OF DEPTH INTERVIEW: “if you feel uncomfortable for any reason we can have a break from our discussion for a few minutes at any time or stop the discussion”]
 - [IF APPROPRIATE: PROVIDE LIFELINE NUMBER: 13 11 14, REFER TO LOCAL CONTACT IF APPLICABLE]
- [GROUPS AND INDIVIDUALS AS APPLICABLE] Refreshments, toilet facilities, please turn off mobile phones if you can.
- [GROUPS] Introductions to each other.

[NOTE TO MODERATOR: THE ITEMS LISTED BELOW ARE TO GUIDE THE DISCUSSION ONLY; WHILE THEY SHOULD BE EXPLORED TO THE EXTENT POSSIBLE, THEY ARE NOT INTENDED TO EXCLUDE RELEVANT ISSUES ARISING DURING THE CONSULTATION PROCESS; IF ISSUES ARISE THAT ARE NOT EXPLICITLY COVERED BY THIS GUIDE BUT RELEVANT TO THE CONSULTATION PROCESS THEN THESE ISSUES SHOULD BE EXPLORED; FURTHER NOT ALL TOPICS LISTED WILL BE RELEVANT TO ALL INDIVIDUALS CONSULTED - USE JUDGEMENT IN THE UTILISATION OF QUESTIONS CONTAINED IN THIS GUIDE. QUESTIONS SHOULD BE ASKED IN A MANNER THAT MAKES PARTICIPANTS FEEL COMFORTABLE. ALTHOUGH THE DISCUSSION GUIDE HAS BEEN WORDED WITH THIS TARGET GROUP IN MIND, SOME QUESTIONS MAY NEED TO BE REPHRASED TO ENSURE THE PARTICIPANTS ARE COMFORTABLE WITH THE LANGUAGE USED AND UNDERSTANDS WHAT HAS BEEN ASKED.]

Discussion Introduction

- [INTRODUCE YOURSELF AND EXPLAIN BRIEFLY TOPIC OF DISCUSSION:]
 - Topic of discussion: services that help people who are homeless and how the quality of these services can be improved and maintained.

[NOTE TO MODERATOR:]

- [SERVICES INCLUDE MAINSTREAM OR ALLIED SERVICES: THESE SERVICES ALSO PROVIDE SERVICES TO PEOPLE WHO ARE NOT HOMELESS, E.G. CENTRELINK, COMMUNITY HEALTH CENTRES; SPECIALIST SERVICES ARE ORGANISATIONS PROVIDING SERVICES SOLELY FOR THE HOMELESS]
- [HOMELESSNESS: PEOPLE WHO SLEEP ROUGH – PRIMARY HOMELESS; PEOPLE WITH NO USUAL ADDRESS SLEEPING IN TEMPORARY ARRANGEMENTS –

SECONDARY HOMELESS; PEOPLE LIVING IN BOARDING HOUSES OR CARAVAN PARKS WITH NO SECURE LEASE – TERTIARY HOMELESS]

- [SENSITIVELY ASCERTAIN HOMELESSNESS STATUS:] What are your current living arrangements? Please describe your circumstances [IF NEEDED, PROBE:]
 - Are you living in a boarding house or caravan park?
 - Are you living with family or friends or in other similarly temporary accommodation?
 - Are you sleeping rough?
 - [IF NEITHER, PROBE:
 - WHETHER AT RISK OF HOMELESSNESS;
 - WHETHER PERSON HAS EXPERIENCED HOMELESSNESS BEFORE]
- [IF APPROPRIATE:] What were the circumstances that led to you becoming homeless? [MANAGE CONVERSATION, MOVE ON IF SENSITIVE FOR INDIVIDUAL OR GROUP]
- [IF APPROPRIATE] Were there any services that could have helped to prevent you becoming homeless?
- How have people or organisations been helping you in dealing with your living circumstances?
 - What services have you used? [PROBE AND EXPLORE ALL SERVICES USED: MAINSTREAM/ALLIED AND SPECIALIST SERVICE]
 - How did these services help you?
 - [IF MORE THAN ONE SERVICE USED] How are they different from each other?

Consultations

[NOTE TO MODERATOR: IT IS ASSUMED THAT CONSUMER(S) HAVE USED SPECIALIST AND/OR NON-SPECIALIST HOMELESSNESS SERVICES SINCE THEY WERE PUT FORWARD TO PARTICIPATE IN THIS PROJECT BY A PROVIDER; IF THE INDIVIDUALS NONETHELESS DO NOT FEEL THEY HAVE BEEN ASSISTED BY A SERVICE PROVIDER, FORMULATE QUESTIONS IN HYPOTHETICAL CONTEXT]

[EXPLAIN AIM OF DISCUSSION:]

- The Australian Government together with the state and territory governments are trying to find ways to ensure that people who are homeless or are at risk of becoming homeless are getting the help they need.
- The aim of this discussion is to collect views on what kind of things make a quality service. Your ideas will assist governments in developing a national quality framework for homelessness services.
- [IF QUERIED FOR MORE DETAIL: Australian Governments are trying to develop systems and processes to improve and maintain the quality of homelessness services, this will take the shape of a national quality framework]

Quality Service Provision

- Can you describe what you think makes a 'good service'?
- Thinking of the services you described earlier and how they helped you, did you see this kind of 'good service delivery' when you needed help?
 - [IF SERVICE DELIVERY OR ASPECTS THEREOF "NOT GOOD"] What would have made the experience better and more effective for you?
 - [IF SERVICE DELIVERY OR ASPECTS THEREOF "GOOD"] Can you think of any ways to make sure that services continue to meet your needs and those of others in similar situations?
- [IF MORE THAN 1 SERVICE USED] Can you think of any ways to make sure services work together? [PROBE FOR:
 - INTERCONNECTEDNESS OF MAINSTREAM/ALLIED AND SPECIALIST PROVIDERS;
 - "WRONG DOORS";
 - REFERRALS WHERE SERVICE COULD NOT PROVIDE HELP;
 - PERCEIVED ABILITY OF APPROACHED SERVICES]
- What is the most difficult or frustrating thing about getting the help you need?

Views on proposed 'Quality Service Provision'

[NOTE TO MODERATOR; THE FOLLOWING WILL BE DEMANDING FOR PEOPLE UNFAMILIAR WITH ADMINISTRATIVE CONCEPTS; DISCUSS THESE TO THE EXTENT POSSIBLE, EXPLAIN IF NECESSARY; USE HANDOUT]

[NOTE: HANDOUT WILL BE THE FOLLOWING SHADED AREAS]

Quality service provision is:

- Professional, objective and outcomes focussed;
 - Responsive and timely and relevant to the need of the client;
 - Rights based, ethical, fair and equitable;
 - Enables the client to participate in the decision making process and supports them to make their own decisions and achieve goals;
 - Respectful to the client irrespective of age, gender, sexuality and gender identity, religion, race, language, country and culture of origin and for the consumer's important relationships and networks;
 - Delivered by a competent, trained and qualified workforce;
 - Supported and enhanced through collaborative partnerships and networks with similar and allied service providers; and
 - Provided by organisations that have strong governance, organisational and financial management processes and systems in place.
- What are your views on these characteristics?
 - [PROBE: WHICH CHARACTERISTICS DO PARTICIPANTS SEE AS THE MOST IMPORTANT]
 - Can you think of any other important characteristics that are not included [PROBE WHY THEY FEEL THIS IS IMPORTANT]

Views on proposed 'Quality Framework Components'

[NOTE TO MODERATOR; THE FOLLOWING WILL BE DEMANDING FOR PEOPLE UNFAMILIAR WITH ADMINISTRATIVE CONCEPTS; DISCUSS THESE TO THE EXTENT POSSIBLE, EXPLAIN IF NECESSARY; USE HANDOUTS – TBD IN CONSULTATION WITH FAHCSIA]

Complaints Management Systems assess, manage and respond to consumer concerns and contribute to improved quality service provision.

[GUIDE DISCUSSION AROUND:]

- Have you ever made a complaint about a service? If so, can you describe your experiences?
- Have you ever felt you wanted to make a complaint and did not proceed? Why?
- Were there things that made it difficult or easy for you to make a complaint?
- What do think would work well and support you to make a complaint?
- Have you ever provided feedback to services? Please describe your experience
- What do think would work well and support you to provide feedback about service delivery (both positive and negative)?

Consumer Charters set out the rights and responsibilities of consumers and are an integral component of any NQF.

[DISCUSS IN CONJUNCTION WITH HANDOUT OF AN EXAMPLE]

- Have you seen a consumer charter before? If so, what do you think works or does not work?
- Do you think having a consumer charter would be useful to you when accessing a service? Why?
- What do you think would be useful in a consumer charter?

Service Charters are public statements about the services that are provided and what consumers can expect from that service.

[DISCUSS IN CONJUNCTION WITH HANDOUT OF AN EXAMPLE]

- Have you seen a service charter before?
- If so what do you think works or doesn't work?
- Do you think a service charter would improve the quality of service delivery?
- What do you think would be useful in a service charter?

Standards and Accreditation Many other sectors have accreditation systems in place to ensure the quality of services, e.g. child care, aged care, disability employment services. In Victoria there is accreditation for specialist homelessness services.

[GUIDE DISCUSSION AROUND:]

- Do you think homelessness services should be quality accredited? Why/why not?
- What sorts of things would you want to see in quality standards?
- How do you think clients could be involved in an accreditation process?

Closing

- Is there anything else you would like to say about services for homeless people or those at risk of homelessness?
- [PROVIDE ANY RELEVANT CONTACT DETAILS: FAHCSIA FLYER]

[CLOSE AND THANK FOR TIME AND INPUT]

B

APPENDIX B: SERVICE PROVIDER CONSULTATION GUIDE

Prior to consultation

- [PROVIDER WILL BE EMAILED THE NQF DISCUSSION PAPER 2-3 DAYS PRIOR TO THE CONSULTATION AT THE TIME OF MAKING THE APPOINTMENT].

Introduction

- Thank provider for their willingness to participate in the discussion.
- Explain that this discussion is part of a broad project to collect views from people on services for homeless people or those at risk of becoming homeless.
- Ensure participant understands that **discussion will be recorded:**
 - this is for reporting and analysis only;
 - no details will be given to anybody which could identify an individual or their organisation;
 - recordings will be destroyed once the project has finished.
- Ask participant to have NQF Discussion Paper handy for the interview. Re-send through email if necessary.
- Interview will take approximately one hour.

Discussion

- [INTRODUCE YOURSELF AND EXPLAIN BRIEFLY TOPIC OF DISCUSSION:]
 - Topic of discussion: A national quality framework for services provided to people experiencing or at risk of homelessness.

[NOTE TO INTERVIEWER:]

- [SERVICES INCLUDE MAINSTREAM OR ALLIED SERVICES: THESE SERVICES ALSO PROVIDE SERVICES TO PEOPLE WHO ARE NOT HOMELESS, E.G. CENTRELINK, COMMUNITY HEALTH CENTRES; SPECIALIST SERVICES ARE ORGANISATIONS PROVIDING SERVICES SOLELY FOR THE HOMELESS]
- [HOMELESSNESS: PEOPLE WHO SLEEP ROUGH – PRIMARY HOMELESS; PEOPLE WITH NO USUAL ADDRESS SLEEPING IN TEMPORARY ARRANGEMENTS – SECONDARY HOMELESS; PEOPLE LIVING IN BOARDING HOUSES OR CARAVAN PARKS WITH NO SECURE LEASE – TERTIARY HOMELESS]
- Could you tell me bit about [SERVICE PROVIDER NAME]?
 - What kind of services do you provide?
 - How many people do you provide your services to?
 - What is your role within the organisation?
 - How do you feel your organisation fits into the broader effort to prevent and reduce homelessness within your local area/state/Australia?

Consultations with providers

[EXPLAIN AIM OF DISCUSSION:]

- The Australian Government together with the state and territory governments and service providers are trying to find ways to ensure that people who are homeless or are at risk of becoming homeless are getting the help they need.
- The aim of this discussion is to collect views on what kinds of things make a quality service, and what this means to you as a service provider. Your ideas will assist in the developing of a national quality framework for homelessness services.

General views on Quality Service Provision

- From your point of view, what are the characteristics of quality service provision? [PROBE FOR SPECIFIC CHARACTERISTICS OF GOOD SERVICE, INCLUDING SPECIFIC SERVICE DELIVERY FACTORS]
 - What aspects of quality matter most for achieving positive client outcomes?
 - How do you provide good quality service? Is there anything that you do which might work for other organisations?
 - What key characteristics or elements of quality service provision support stronger cross sector service collaboration?
 - How reliant on other providers are you in terms of providing 'good service'?

The proposed NQF: mainstream/allied and specialist services?

- How can mainstream and allied services be encouraged and supported to identify and respond to people who are homeless or at risk of homelessness?
 - Is there anything which would specifically work with your organisation?
- What quality approaches support stronger cross sector service integration and improved service delivery?

Views on proposed 'Quality Service Provision'

[NOTE: THE NQF DISCUSSION PAPER SHOULD BE EMAILED TO THE SERVICE PROVIDER IN ADVANCE OF THE INTERVIEW. ASK THE PROVIDER TO LOOK AT THE BOTTOM OF PAGE 4 OF THE NQF DISCUSSION PAPER]

Quality service provision is:

- Professional, objective and outcomes focussed;
 - Responsive and timely and relevant to the need of the client;
 - Rights based, ethical, fair and equitable;
 - Enables the client to participate in the decision making process and supports them to make their own decisions and achieve goals;
 - Respectful to the client irrespective of age, gender, sexuality and gender identity, religion, race, language, country and culture of origin and for the consumer's important relationships and networks;
 - Delivered by a competent, trained and qualified workforce;
 - Supported and enhanced through collaborative partnerships and networks with similar and allied service providers; and
 - Provided by organisations that have strong governance, organisational and financial management processes and systems in place.
- What are your views on these characteristics?
 - [PROBE: WHICH CHARACTERISTICS DO PROVIDERS SEE AS THE MOST IMPORTANT]
 - Can you think of any other important characteristics that are not included [PROBE WHY THEY FEEL THIS IS IMPORTANT]
 - What other key characteristics or elements should be included to describe quality service provision?

Potential components of a NQF [PAGE 6 OF NQF DISCUSSION PAPER]

- Which of the components listed in the Discussion Paper could be considered in a national framework?
 - Are there other key components that should be included in a NQF?
- What components can support stronger cross sector service collaboration? [PROBE FOR OTHER COMPONENTS NOT IN DISCUSSION PAPER IF APPROPRIATE]
- How would those components support cross sector collaboration?
- What components work well in ensuring service quality in your sector? [PROBE FOR EXAMPLES OF WHERE THEY HAVE WORKED WELL.]
- What components do not work well and how would you change them to make them more effective? [PROBE FOR EXAMPLES OF WHERE THEY HAVE NOT WORKED WELL]
- How well do the proposed components provide a comprehensive set of building blocks for a NQF?
- What other components should be considered?
- Bearing in mind the scope and diversity of service responses to homelessness – in terms of the type, size and location of the service provider and the needs of the client group - what kinds of components can ensure a NQF will take into account this scope and diversity and ensure it is maintained?
- Conversely, do you believe that some components might actively threaten or undermine such diversity? If so, which ones and why?

Relation of a NQF to existing state and territory quality systems [PAGE 7 OF NQF DISCUSSION PAPER]

- Can you describe the steps that [STATE] has taken to ensure quality service delivery, if you are aware of any?
 - What works well in ensuring service quality in your state or territory?
 - What lessons can be learnt from existing quality frameworks?

Closing

- Is there anything else you would like to say about [ORGANISATION NAME], other organisations or the National Quality Framework?

[CLOSE AND THANK FOR TIME AND INPUT]

C

APPENDIX C: WORKSHOP SCHEDULE

| State | Date | Location | Approximate number of Attendees |
|---|-------------------------------------|---------------|---------------------------------|
| ACT | Friday 19 th February | Woden | 30 |
| WA | Wednesday 24 th February | West Perth | 60 |
| | Thursday 25 th February | Bunbury | 20 |
| TAS | Monday 1 st March | Hobart | 45 |
| | Tuesday 2 nd March | Riverside | 25 |
| SA | Wednesday 3 rd March | Adelaide | 140 |
| NSW | Tuesday 9 th March | Sydney | 120 |
| | Thursday 18 th March | Tamworth | 6 |
| | Thursday 25 th March | Wagga Wagga | 17 |
| QLD | Thursday 11 th March | Townsville | 40 |
| | Friday 12 th March | Brisbane | 110 |
| NT | Monday 15 th March | Alice Springs | 20 |
| | Tuesday 16 th March | Darwin | 60 |
| VIC | Tuesday 23 rd March | Bendigo | 30 |
| | Wednesday 24 th March | Geelong | 25 |
| | Wednesday 24 th March | Melbourne | 100 |
| Approximate total number of workshop participants | | | 848 |

D

APPENDIX D: STAKEHOLDER WORKSHOPS

D. 1. Generic Workshop Agenda

**A NATIONAL QUALITY FRAMEWORK FOR SERVICES PROVIDED TO
PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS**

[State/Territory] Workshop Agenda – [date] [month] 2010

| Agenda item | Duration (minutes) | Description |
|---|--------------------|---|
| 1 | 20 | <p>Welcome and Overview</p> <p>Acknowledgement of traditional owners.</p> <p>Introduction and overview:</p> <p>Representative from Homelessness Branch, Department of Families, Housing, Community Services and Indigenous Affairs.</p> <p>Representative from [state/territory government].</p> <p>Peak Body Representative</p> |
| <p>Workshop Session One - This session will focus on the characteristics of quality service provision. Participants will be asked to consider what aspects matter most for achieving positive client outcomes and how mainstream and specialist services can work better together to deliver quality services.</p> <p>Please note that in Victoria Session One was substituted by Session Two below.</p> | | |
| 2 | 5 | Outline purpose of session. |
| 3 | 20 | Group discussion on quality service provision. |
| 4 | 20 | Report back on discussion outcomes facilitated by Peak Body Rep. |
| <p>Workshop Session Two - This session will focus on the components of quality frameworks. Participants will be asked to focus on particular components and discuss them, relating back to their own experiences and reflect on what has worked and what could work better in systems they have been involved in.</p> <p>Please note that Session Two of the Victorian workshops focused on the roles of mainstream and allied services, and how cross-sector responses to homelessness could be improved.</p> | | |
| 5 | 5 | Outline purpose of session. |
| 6 | 20 | Group discussion on components of quality frameworks. |
| 7 | 20 | Report back on discussion outcomes facilitated by Peak Body Representative. |

**A NATIONAL QUALITY FRAMEWORK FOR SERVICES PROVIDED TO
PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS**

Workshop Session One – What is quality?

This session will focus on the characteristics of quality service provision (see pages 4 and 5 of the Discussion Paper). Quality service provision doesn't always look the same; often the needs of the client group, the location of the service and the type of service delivered determines the way in which quality service is delivered. Participants will be asked to consider what aspects matter most for achieving positive client outcomes. Participants will also be asked to identify elements of quality service provision that support mainstream and specialist services to work better together.

What are the characteristics of quality service provision?

What aspects of quality matter most for achieving positive client outcomes?

What key characteristics or elements of quality service provision support stronger cross sector service collaboration?

Workshop Session Two – What mechanisms support quality?

This session will focus on the components of quality frameworks (see pages 6 and 7 of the Discussion Paper). Participants will be asked to focus on particular components and discuss them, relating back to their own experiences and reflect on what has worked and what could work better in systems they have been involved in.

Which of the components listed in the Discussion Paper could be considered in a national framework?

Are there other key components that should be included in a NQF?

What components can support stronger cross sector service collaboration?

What components work well in ensuring service quality in your sector?

What components do not work well and how would you change them to make them more effective?

D. 2. Victorian Workshop Agenda

A NATIONAL QUALITY FRAMEWORK FOR SERVICES PROVIDED TO PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS

Victorian Workshop Agenda – [date] [month] 2010

| Agenda item | Duration (minutes) | Description |
|---|--------------------|--|
| 1 | 20 | <p>Welcome and Overview</p> <p>Acknowledgement of traditional owners.</p> <p>Introduction and overview:</p> <p>Representative from Homelessness Branch, Department of Families, Housing, Community Services and Indigenous Affairs.</p> <p>Representative from Victorian Department of Human Services.</p> <p>Peak Body Representative.</p> |
| <p>Workshop Session One - This session will focus on the components of quality frameworks. Participants will be asked to focus on particular components and discuss them, relating back to their own experiences and reflect on what has worked and what could work better in systems they have been involved in.</p> | | |
| 2 | 5 | Outline purpose of session. |
| 3 | 20 | Group discussion on components of quality frameworks. |
| 4 | 20 | Report back on discussion outcomes facilitated by peak body representative. |
| <p>Workshop Session Two - Allied and mainstream services have a major role to play in the reduction and prevention of homelessness. This session will explore how a NQF might support these services to work effectively with each other and with specialist homelessness services to achieve long term and sustainable outcomes for people experiencing or at risk of homelessness.</p> | | |
| 5 | 5 | Outline purpose of session. |
| 6 | 20 | Group discussion on how a quality framework can support allied and mainstream services. |
| 7 | 20 | Report back on discussion outcomes facilitated by peak body representative. |
| 8 | 5 | Close Session - thank you for attending. |

**A NATIONAL QUALITY FRAMEWORK FOR SERVICES PROVIDED TO
PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS**

Workshop Session One – What mechanisms support quality?

This workshop session will focus on the components of quality frameworks (see pages 6 and 7 of the Discussion Paper). Participants will be asked to focus on particular components and discuss them, relating back to their own experiences and reflect on what has worked and what could work better in systems they have been involved in.

Which of the components listed in the Discussion Paper could be considered in a national framework?

Are there other key components that should be included in a NQF?

What components work well in ensuring service quality in your sector?

What components do not work well and how would you change them to make them more effective?

**Workshop Session Two – How can the mainstream and allied service
sector be involved in the response to homelessness?**

Allied and mainstream services have a major role to play in the reduction and prevention of homelessness. This session will explore how a NQF might support these services to work effectively with each other and with specialist homelessness services to achieve long term and sustainable outcomes for people experiencing or at risk of homelessness.

What barriers exist to allied/mainstream services effectively undertaking their role in the response to homelessness?

What components can support mainstream and allied services to identify and respond effectively to people experiencing or at risk of homelessness?

What barriers exist to effective collaboration between the allied/mainstream service sectors and the specialist homelessness sector?

What components can support stronger cross sector service collaboration?

E

APPENDIX E: WORKSHOP SPECIFIC KEY THEMES

E.1 Australian Capital Territory

Session 1 – What is Quality Service Provision?

- Important to measure effectiveness of interventions in terms of short term versus long term outcomes.
- Build agendas from the bottom up to retain client-based outcomes.
- Use learnings from existing frameworks/accreditations - core qualities may be applicable across all human services.
- Incorporate transparency and a definition of 'quality' which is flexible enough to be supported in all contexts.
- Adequate documentation of expectations, and training to meet these expectations.
- Staff skills and expertise: expert staff to enable continuity of care, after-hours service access; core skills set and with clearer qualifications-based progression.

Session 2 – Potential components of a NQF

- Buy-in from other agencies to be encouraged by using rights-based components shared across services.
- Realistic and timely development and implementation to allow time for agencies to respond adequately but without infringing on services delivered to clients in demanding environments.
- Clients must be made comfortable with giving critical feedback without fear of negative consequences to them or the services.
- There must be an ability to track and measure long term outcomes for clients.
- Flexibility to ensure agencies operating in differing contexts can meet expectations for their different client groups.

- Government should collate and use information on gaps and trends as collected by individual agencies.
- Accompanying action plan and training required which incorporates regular reviews of implementation.
- Commitment and support at all levels across agencies and government to ensure consistency and regular review.
- Maintain quality in the face of funding issues, including competition for funding and limited resources.

E.2 New South Wales

Sydney

Session 1 – What is Quality Service Provision?

- Mapping similar systems and frameworks important, to take into account overlap, utilise existing knowledge and avoid duplication.
- Incorporate feedback for CQI.
- Focus on client outcomes, and client involvement at all stages.
- Standards and collaborative models need to apply across the board, to services of differing size, speciality, NGOs and government.
- Collaborate with other agencies, streamline communications across services, departments and sectors to maximise referrals.
- Flexible enough to meet differing client needs, but which recognises the limitations of services and systems.
- Adequately funded and resourced.
- Transparent and accountable, results-based and driven by proven best practice.
- Minimise red tape.

Session 2 – Potential components of a NQF

- Suggest a modular approach to standards and accreditation, to provide flexibility and avoid duplication with existing models or standards, and to allow services to incorporate existing accreditations.
- Complaints management is important – processes need to be confidential and well known and understood by all, clients and staff.

- Charters should keep client needs in focus yet be flexible enough in their definitions to be inclusive.
- Need support to resource meeting accreditation, for staff training and development, for data collection and relationship management.
- Collaboration, through alliance models, must be improved and measured. This requires commitment across the board.
- Components of accreditation must be embedded in performance, and not just paper evidenced. Want to foster CQI, not just compliance.

Tamworth

Session 1 – What is Quality Service Provision?

- Early intervention practices have proven valuable in dealing with the homelessness problem and so they should be included in a quality framework.
- Services should be client-focused and see the individual as a human being, not just a problem.
- Services should be geared towards long term outcomes – supporting the client to rejoin the community.
- Housing support is important – for living skills, clinical support for mental health and drug and alcohol issues, tenancy rights and responsibilities. This requires support from the community as well as funding.
- Need networks between services involved in homeless people’s lives, to maximise referrals, enable communication across the sector and allow sharing of quality processes and learning.
- What are “trained” staff? Will a training system accompany NQF or will it only specify appropriate qualifications? This will need to be able to recognise informal qualifications and experience.
- Clients need after hours services – can there be some coverage in NQF for catching those with need? Quality can require service to have some on-call or back up plan.

Session 2 – Potential components of a NQF

- Work for QA, accreditation, standards, CQI requires a lot of time which is taken away from clients. Such processes should not be so burdensome as to impact on service delivery.
- Quality Improvement should be built into any standards or accreditation - pure compliance is not valuable.

- Compliance regimes already exist with different funders – these should be recognised so as not to duplicate efforts.
- Having accurate national data on homelessness collected and made available to services would allow for better allocation of resources and improve quality. Homogenising reporting across all government agencies would reduce reporting burden.
- Having an accreditation assessor visit a service is more helpful than completing paperwork, and enables problem solving.

Wagga Wagga

Session 1 – What is Quality Service Provision?

- Service is responsive and timely to the needs of the client.
- Ongoing professional development of workforce is needed, including specialist training, which in turn can strengthen partnerships between services.
- Set achievable goals that are determined by the client, and which respect the client’s culture.
- Effective complaints systems that are accessible and understandable by clients.
- Services are transparent and accountable, and respect the confidentiality rights of clients.
- Services share responsibility for delivery to clients through formalised agreements, networks and partnerships, communicate regularly and have clear referral pathways between services.
- Collaboration is supported by mutual respect, shared goals, clear roles and responsibility, shared policy and tools.

Session 2 – Potential components of a NQF

- Workers need professional development and ongoing training. There is a need for a national qualification system for working with homelessness.
- Collecting client feedback, both positive and negative, works well. Quality framework should include ongoing feedback collection and evaluation options.
- Important for accountability to have follow up on and report of outcomes, especially with one-off clients.
- Keep it client-focused, maintaining the rights and responsibilities of clients.
- There’s a challenge in engaging all services that link to homelessness. Nominating lead agencies and adopting alliance models, which are signed and promoted at the top level, will encourage services to take responsibility for service delivery.

- How do you get everyone into an accreditation system when they have their own core business? Perhaps key outcomes or standards should be included in quality systems of partner services.
- Accreditation will need to be well resourced at all levels, with support provided in varied and flexible ways, including online, by phone, in hard copy, and through information sessions.

E.3 Northern Territory

Alice Springs

Session 1 – What is Quality Service Provision?

- Evidence-based service approaches including action research are important. Clients deserve professional approaches based on evidence.
- Being client-centred – what do they really need? How do we find this out? Need to emphasise consultation and feedback.
- Flexibility of service provision to meet differing client needs.
- Collaborative models, which allow for case co-ordination, timely responses and sharing of relevant info.
- Utilise cross sector tools to share info, and allow continuity of care and case management – forums, web-based databases, MOUs.

Session 2 – Potential components of a NQF

- Standards are more important to have than accreditation – accreditation may be problematic for smaller organisations and emphasis should be on setting goals to improve services rather than requiring pure compliance.
- Continuous quality improvement needs to be clear on requirements and based on research.
- Workforce development strategies are required to have a strong workforce to move everything forward.
- It is important to convey how you operationalise these components, include support mechanisms and the orientation of service objectives, so that roles within the service are clear to staff and clients.
- Promotion of clear principles and service objectives, and specific roles of services in clients' lives support collaboration. Must be able to confidently refer on when unable to address client needs.

- A web based directory to share info would support the sector, to affect client transfers, keep track of case details, and so clients don't have to start anew with every service.

Darwin

Session 1 – What is Quality Service Provision?

- Focus on client outcomes and involvement, being rights-based, perhaps with consideration of human rights charters and the rights of particular groups, such as children. Services should empower clients.
- Flexibility to meet differing client needs in local context, with culturally and regionally relevant service.
- Committed to workforce development and skilled and qualified staff, but also able to recognise skills and qualities gained through life experience.
- Clear guidelines and protocols for communication across the sector are needed, including shared case management, opportunities to network, and strong referral processes.
- Frameworks need a strong legislative base, supported by policy and procedures which govern all services in the sector.
- Utilise existing frameworks and knowledge, focusing on strengths-based approaches and building on the existing evidence base.
- Privacy and confidentiality should be maintained without inhibiting service delivery, especially across services.

Session 2 – Potential components of a NQF

- There are reservations around accreditation – it is time consuming and resource-intensive, and does not necessarily equate to real improvement of services.
- Standards which are too prescriptive risk a loss of flexibility within services, but could be useful for benchmarking services across all states.
- Appeals and complaints processes are important, and need to be accessible and approachable for clients.
- Framework needs to be applicable across all of sector, including NGOs and government agencies, fitting in with existing legislation but developing common understandings and benchmarks.
- Quality framework needs to capture what is currently working well within the sector, but co-ordinate more effectively across organisations and departments which greatly differ.

E.4 Queensland

Brisbane

Session 1 – What is Quality Service Provision?

- Alliance models, including MOUs, are positive ways for services to work together, but better partnerships are needed to develop joint case management, referral pathways and greater awareness of other services that are available and how they can be accessed. Services in allied sectors should be engaged to develop common visions and processes.
- Services need adequate funding, including for the training and recruitment of staff to support quality improvement.
- Complaints and feedback systems must be positive processes of shared practices. The client must always be involved.
- Standards must allow for review to remain relevant to services, and may benefit from external auditing. If they are too universal they must also be flexible.
- Accreditation should be about continuous quality improvement, to support service provision, not just accreditation for accreditation's sake.
- Consumer and service charters are important to maintain a balance of power between services and clients. They must be communicable to all levels of service provision.

Session 2 – Potential components of a NQF

- Service models need to reflect a client outcomes focus but services need an effective outcomes-based measure of performance.
- Quality service delivery needs to address long term outcomes to manage homelessness.
- Support is needed for workforce development across the sector, to train and retain staff. The quality framework could be supported by a national accredited training framework for staff.
- NGOs and government need to be supported to collaborate through streamlined processes and shared standards.
- Feedback processes must be transparent for all stakeholders; a separate body or ombudsman to handle complaints will maintain transparency.
- Collaborative service development should be supported by data, to be able to adjust service to meet local needs and client needs. This will encourage networks that will help address the gaps within the system.

Townsville

Session 1 – What is Quality Service Provision?

- A human rights, social justice oriented framework must underlie all components and needs to be ethical, equitable and fair for all and based on respect for the client.
- Must retain a client-outcomes focus, especially in a sector that has such a diverse client group.
- Cross-service collaboration can be supported by systems and joint case management processes, to build ongoing relationships between services.
- Service delivery must be prioritised and red tape associated with a national quality framework must be minimised. We must be able to ensure small services will not be crippled by requirements.
- The framework could include evidence based action planning, to recognise and utilise the good work already being done in the sector. Ensure services share this information to reduce duplication of effort and allow for effective referrals.
- Adequate resourcing is required to meet quality requirements – where will the money come from to improve services?
- Cultural competency is important, not just for Indigenous clients, but a greater sensitivity towards all cultural backgrounds.
- Services need to be able to have the flexibility to act outside their funding agreements to secure client outcomes and have this work recognised.

Session 2 – Potential components of a NQF

- Accreditation should be more meaningful than a pass/fail system, requires adequate funding support, and must not cause a lack of service provision.
- Alliance models need to incorporate partnerships and engage stakeholders at all levels.
- Complaints management processes need to consider client accessibility, possibly incorporate an external body and be outcome focussed to improve services.
- Services should be able to share common review and evaluation tools and have access to peer evaluation of their performance.
- Continuous quality improvement is a shared value across the sector, but is challenged by funding limitations.

E.5 South Australia

Adelaide

Session 1 – What is Quality Service Provision?

- A client centred approach, which is needs-based, focused on long term goals and respectful of their rights and responsibilities.
- Co-ordinate and collaborate with other services well, NGO and government, including case management. Communicate effectively, including through forums, roundtables and formalised agreements between organisations.
- Have the flexibility to deliver outcomes, based on developing an understanding of complex client needs. This includes cultural competency.
- Collect and utilise consumer feedback effectively to improve quality – evaluation, consumer participation, worker feedback.
- Evidence based planning and development, with quality improvement based on best practice standards and benchmarks.
- Supportive of staff and offers professional pathways and development.
- Service is accessible – outreach is important.
- Effects referrals based on shared understanding of service capabilities.
- Streamlines the client experience, through shared case management, smooth referrals, support to exit homelessness and reduce risk of return.

Session 2 – Potential components of a NQF

- Collaboration should be supported by alliance models and by legislation, especially in regards to information exchange. NQF needs to use common language so that meanings are understood by all across the sector; nominating lead agencies may make services more responsible for relationship building.
- Client involvement in processes is key – feedback collection and evaluation should be incorporated.
- Education and training of staff needs to recognise both diversity of client needs and professional pathways, on the ground skills.
- Focus of any accreditation processes should be continuous quality improvement, not pure auditing or compliance.
- Identify and evaluate existing quality frameworks and recognise services that have achieved compliance.

E.6 Tasmania

Hobart

Session 1 – What is Quality Service Provision?

- Client-focused, outcome-centred, with client actively involved in process.
- Services share common goals and work in partnership, with common protocols streamlining collaborative work.
- Evidence based – and able to effectively incorporate feedback.
- Resourced – to meet needs, to meet CQI goals, to be sustainable.
- Engaging consumers, building rapport and focussing on their needs rather than red tape requirements.
- Focus on integration between services, which allows services to retain their flexibility when working in partnership.

Session 2 – Potential components of a NQF

- Resources are required to meet the need for quality improvements, which could be difficult in particular for small organisations.
- Focus on quality improvement with client at the centre.
- Complaints management may give too negative an impression – need to capture and utilise good and bad feedback.
- What is working well should be acknowledged and incorporated into standards and accreditation.
- Consumer charters need to be accessible and understandable by clients.
- Quality improvement processes need to enable information about service performance to travel both way between services and government.
- There needs to be a capacity to recognise compliance achieved by services with existing accreditations.

Launceston

Session 1 – What is Quality Service Provision?

- Cohesion and consistency – within services and across the sector, supported by the culture within a service.
- Accessibility to both clients and other services, making others aware of what you do.

- Skilled and trained workforce – with professional development, equitable wages, and recognition of experience.
- Client focused, and focused on outcomes, with the flexibility to meet differing client needs.
- Strong partnerships between services, across Government and NGO, with clear protocols/guidelines to govern interactions.
- Timeliness – able to respond to crisis but also support client throughout journey.
- Accreditation systems should recognise what has been achieved, and not make anyone start from zero. Needs to be supported and funded.
- Monitor performance through feedback mechanisms.

Session 2 – Potential components of a NQF

- Alliance models, MOUs and networking are important to enhance collaboration between agencies, through formalised partnerships.
- Core components should be adopted by all agencies, however there needs to be room for flexibility and specialisation by services.
- Accreditation and standards should be a meaningful improvement process, not just pure compliance.
- QA is resource intensive to establish, and staff need to be supported with resources and training.
- Commitment is required by services within the sector and with allied sectors such as mental health and disability.
- Need to map existing systems to avoid duplication.
- Feedback processes need to capture more than just complaints, and assure client of neutrality, perhaps by the use of an ombudsman.

E.7 Victoria

Bendigo

Session 1 – Potential components of a NQF

- Alliance models and collaboration works well, including existing networks and peak bodies; practice forums.
- CQI enhances accountability; ensures reflection; tracking outcomes; supports best practice.

- Multiplicity of standards does not work well; require a single set that apply to all services.
- Streamlining – both reporting to multiple bodies and cross-services (using same forms, etc.)
- Implementation of quality frameworks requires adequate resourcing.
- Need an outcome focus to be client focused – measuring “improvements” as opposed to activity, valuing change in client’s lives, not just meeting numbers.
- Accreditation body needs to understand the sector and conduct regular review.

Session 2 – Mainstream and allied services

- Mainstream and allied services have a lack of understanding about homelessness issues; this could be resolved by educating services and community to understand issues of homelessness and appropriate responses.
- Need to develop strong relationships between services, with common charters and goals.
- Sharing referral practices and having a common language.
- A lack of shared understanding of homelessness and the issues accompanying homelessness across mainstream and allied services is a barrier to collaboration. Each agency has a differing approach to homelessness.
- Resourcing issues, including lack of staff time/funding to develop collaborative skills and develop relationships.
- Collaboration would be supported by having resources available for staff training and supporting collaborative skills, relationship building.
- Also need common standards or frameworks which outline common aims.

Geelong

Session 1 – Potential components of a NQF

- Workforce development – commitment to training and remunerating staff, to retain and improve service delivery. Ensuring equity of pay across sector.
- Financial support to meet requirements, especially for smaller services.
- Supporting culture change within the service to ensure a philosophy of quality improvement underlies the work.
- Cross-sector work is challenged by competition for resources, a lack of case co-ordination, and differing approaches.

Session 2 – Mainstream and allied services

- A lack of understanding exists between services – they operate on ‘myths’ about what each other does.
- Standards for responses to homelessness could be included in mainstream and allied services.
- Educate services about each other.
- Effective collaboration is hindered by varying referral processes and eligibility criteria, language and terminology between services; a lack of understanding of what services are available and what they offer.
- Collaboration can be supported by MOUs and other formalised agreements between services, and funding to support collaboration and cross sector training.

Melbourne

Session 1 – Potential components of a NQF

- Agencies need support to implement – funding, staff training, and professional development of workforce.
- Make it a client-centred process – implementation must not impact negatively on client time - incorporate consumer input into framework and implementation, through flexible and meaningful feedback processes.
- Accessibility and usability of services must be ensured – service must be able to cater to a variety of client needs, including language, literacy, culture.
- Must avoid duplication of frameworks and standards, and allow for recognition of existing compliance.
- A focus on integration – with existing frameworks, standards, processes and systems.
- Framework should be focused on CQI, not just compliance, and needs to be evidence based and encourage further research/info collection.
- Commitments are required from all levels of services to collaborate and network more effectively.

Session 2 – Mainstream and allied services

- Build understanding between organisations of what other organisations do, how they can help, how their systems operate.
- Create more opportunities to network and share resources, goals; dedicated staff, and programs, to share information and resources across sector.

- Organisations need to share language, definitions, understandings.
- Build a more “collegial” way of operating that allows organisations to break down “silo operating”, through a focus on client needs.
- Make more resources available/reduce competition to encourage organisations to work together; collaborating and building networks takes time, money, and other resources that services can’t spare.
- Train and develop staff to respond to diverse client needs and make effective referrals.
- Train staff in more general services in the skills/knowledge needed to help homeless and at risk clients.
- Implement agreements and policy at the top and the effect will flow down.

E.8 Western Australia

Bunbury

Session 1 – What is Quality Service Provision?

- Resourcing services to meet requirements, both for clients and to be able to train staff, without impacting on service delivery.
- Clear and transparent referral services and communication standards across agencies; working well in collaboration.
- Centralised resource/database to facilitate collaboration of agencies – with government involvement.
- Follow-up processes for referrals and in general to track clients and their outcomes.
- Valuing the work of small services and appreciating the diverse work done within the sector.
- Services are flexible in being able to meet client needs and appropriate to their region and client group.

Session 2 – Potential components of a NQF

- Complaints management system is important, but is this best managed in-house or externally? Internal management can colour the service received by a client.
- Collaboration may be enhanced by using a ‘hub’ approach, with a common body to collect and collate info, with funding, to make available to every service provider.
- Ensure standards are not duplicated or conflicting, or too prescriptive, while allowing for the flexibility to meet differing client needs.

- The need for clear review processes, which take into account the unique operating system of the service, with some allowance for qualitative data incorporation.
- How will alliance models ensure effective collaboration – does this belong in NQF, or are MOUs more appropriate? NQF would require all bodies working collaboratively to sign off on it to ensure understanding between agencies.
- Appropriate understanding of rights and responsibilities for all stakeholders – this can be enabled by charters.
- Appropriate funding to meet NQF requirements.

Perth

Session 1 – What is Quality Service Provision?

- Develop trust, between service and client, between organisations. Clients require respect, non-judgemental treatment and access, and to feel safe.
- Maximise agency collaboration strategies to ensure timely response.
- Monitor outcomes, and develop outcomes in consultation with clients. Not necessarily measure outcomes via compliance with stringent standards, or based on clients' economic status.
- Organisations are resourced to meet requirements.
- Flexibility around service models to meet different needs, and to be responsive to real needs.
- Ensure appropriate access for clients, including effective referral processes, appropriate language and user friendly materials.
- Well equipped workforce, with right competency, training and skills base. Professional development opportunities, organisational support for staff (health and wellbeing, counselling). Competencies must be able to recognise different pathways into the sector.
- Transparency of policy and procedures – internally and externally. Feedback mechanisms which include clients.
- Inter-agency collaboration should not mean more footwork for clients – have one primary management agency so they are not continuously telling their story.
- Collaborative case management requires a co-ordinator to be allocated. Who has primary responsibility for client?

Session 2 – Potential components of a NQF

- Framework must not be as onerous as to impact service delivery negatively but must be meaningful – not just a box-ticking exercise.
- Evaluation of compliance – is it undertaken by those who understand the unique operating context of the organisation?
- Consideration of an external complaints process, to ensure clients feel comfortable giving feedback.
- How will compliance with the NQF be resourced?



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