# Quality Management Services

# Submission

# to the

# Parliamentary Committee Inquiring into

# Homelessness Legislation

**August 2009**

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**and**

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**Introduction**

Quality Management Services (QMS) commends the Australian Government for its approach to reducing homelessness and wishes to provide a submission to the Standing Committee on what should be included in new homelessness legislation. QMS is also seeking to participate in the inquiry public hearings.

**Background to the Inquiry**

In January 2008 the Prime Minister, the Hon Kevin Rudd MP, and the Minister for Housing, the Hon Tanya Plibersek MP, announced the development of a comprehensive, long term plan to tackle homelessness.[1]

As part of this plan, a Parliamentary Committee has been established to inquire into and report on the current content of homelessness legislation. The Committee will examine the principles and service standards for new homelessness legislation. The Committee Chair, Annette Ellis, announced that:

> This is an excellent opportunity for people and interested organisations to comment on what should be included in new homelessness legislation. The *Supported Accommodation Assistance Act 1994* sets out principles that have guided government responses to homelessness since 1995. The 2008 white paper on homelessness by the current government, *The Road Home,* noted, however, that the legislation should be strengthened. The Committee will consult widely in order to advise government of the principles and service standards that should be included in such new legislation.[2]

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[1] Australian Government (2008) *The Road Home: A National Approach to Reducing Homelessness.* p.v.
[2] The House of Representatives Standing Committee on Family, Community, Housing and Youth, Media Alert, 18 June 2009. Available at:
http://www.aph.gov.au/house/committee/fchy/homelessness/media/media001.pdf (accessed 3 August 2009).

**Rationale for Submission**

*Quality Management Services*

Quality Management Services (QMS)[3] is a licensed provider of the Quality Improvement Council's (QIC) Standards and Accreditation Program in New South Wales, the Australian Capital Territory, Tasmania, South Australia and Western Australia.  The head office for QMS is located in Sydney with state based offices in Hobart and Adelaide.

QMS is an incorporated association that has been in operation since 1990 and has broad ranging experience working with State and Australian government departments, peak bodies, large welfare organisations, hospitals, community health services and a variety of other non-government, public and private-for-profit health and community organisations.

QMS works with organisations to improve outcomes for their clients, their staff and their communities through providing external assessments against a range of quality systems, the development of resources and the provision of training.  As a licensed provider of the Quality Improvement Council (QIC) Standards and Accreditation Program, QMS resources organisations to undertake a service development or accreditation review.

*Quality standards*

The QIC standards are strongly based on the idea of client/consumer-centred services and the community context for providing programs. Having been developed in consultation with those that use the program, the standards and associated review process reflect social justice principles which are highly valued by the sector.

The standards incorporate a core module and a range of service specific standards that includes mental health, alcohol and other drugs, home based care, community services, and the Supported Accommodation Assistance Program (SAAP). The core module focuses on governance and infrastructure elements common to all human

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[3] See QMS website for further information: http://www.qms.org.au/

services.  Combined, the core and service specific modules encourage organisations to develop a culture of continually reflecting, evaluating and improving their work.

*Quality improvement*

Most community organisations already incorporate a range of quality improvement initiatives into their every day activities.  These might include data collection linked to review and feedback systems, training and professional development, best practice or demonstration projects incorporating formal/informal evaluation mechanisms.  Some organisations' funding arrangements require incorporation of various service standards and/or guidelines, some of which are reported against but may or may not have a framework for external measurement or assessment.

*Quality review*

Complimenting the QIC standards is a cyclical review process undertaken every three years.  The cycle has four distinct phases as the diagram below demonstrates.  The process assists organisations through:

- providing a comprehensive report card of their quality performance (through the report of the external review)
- identifying quality improvement priorities (via the quality workplan)
- supporting organisations to build a continuous quality improvement and learning organisation culture over time (internal review/taking action).

The following diagram provides a pictorial view of the review cycle.

*Why the focus on CQI?*

Accreditation is a formal recognition that explicit standards have been achieved by a particular organisation. An accreditation system has a set of standards, a review program that assesses the extent to which the standards have been achieved and criteria which guide the awarding of accreditation. On its own, accreditation is not a guarantee that an organisation has a commitment to continually reflect, review and improve what it does.

Continuous quality improvement (CQI) is a method of leadership and management used to assess and improve quality. The CQI literature has many contributors, with a variety of approaches, but with some common themes. CQI is generally agreed to be a method of leadership and management which:

- defines quality in terms of consumer perceptions of service
- analyses systems – not people or things
- promotes partnerships with internal and external suppliers and stakeholders
- uses accurate data to analyse processes and to measure improvement
- involves staff in systems analysis and improvement
- sets up effective, collaborative meetings
- trains supervisors and managers in leading the improvement process
- engages staff in the improvement process
- incorporates strategic planning at the highest levels of management
- achieves improvement through incremental steps
- links evaluation to planning

Adopting a CQI approach to achieve accreditation against a chosen set of standards will ensure that quality (in terms of the standards) is a living construct which evolves over time. The quality challenge for organisations is to find ways of incorporating ongoing reflection and review into existing structures, such as meetings, working groups, and internal/external communications. This is when CQI is achieved and quality becomes a regular part of what organisations do.

The quality literature argues that quality initiatives – regardless of scope or focus – are more likely to be effective when used in an organisation or service that functions according to particular quality principles and practices (such as the ones listed above). The key determinant of success of a quality initiative, therefore, is not the initiative itself but the nature of the organisations in which it is used.[4]

**Inquiry Terms of Reference**

QMS notes the following terms of reference in its submission:

> The House of Representatives Standing Committee on Family, Community, Housing and Youth shall inquire into and report on the content of homelessness legislation. The Committee will make inquiries into the principles and service standards that could be incorporated in such legislation, building on the strengths of existing legislation, particularly the *Supported Accommodation Assistance Act 1994*.[5]

The Standing Committee will consider five areas under the inquiry. These are:

1. The principles that should underpin the provision of services to Australians who are homeless or at risk of homelessness.

2. The scope of any legislation with respect to related government initiatives in the areas of social inclusion and rights.

3. The role of legislation in improving the quality of services for people who are homeless or at risk of homelessness.

4. The effectiveness of existing legislation and regulations governing homelessness services in Australia and overseas.

5. The applicability of existing legislative and regulatory models used in other community service systems, such as disability services, aged care and child care, to the homelessness sector.

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[4] Russell Renhard, Centre for Quality in Health and Community Services, Australian Institute for Primary Care, LaTrobe University, November 2001.

[5] The House of Representatives Standing Committee on Family, Community, Housing and Youth, Inquiry into homelessness legislation. Available at: http://www.aph.gov.au/house/committee/fchy/homelessness/tor.htm (accessed 3 August 2009).

**QMS Recommendations**

QMS is responding to and addressing items 1, 3 and 5 of the terms of reference and makes the following recommendations.

## 1. The principles that should underpin the provision of services to Australians who are homeless or at risk of homelessness.

*Context*

CQI is a management and leadership tool for assessing and improving overall organisation quality. Six principles can be identified as characterising a CQI approach:

1. Putting service clients/users first.

2. Inspiring vision and leadership at all levels within an organisation.

3. Developing informed plans and making evidence-based decisions.

4. Encouraging teamwork.

5. Maintaining a system-wide focus.

6. Engaging in continuous improvement.

Quality organisations integrate each of these principles within all aspects of their operations and services. The benefits of this can include improved service client/user outcomes, organisational efficiency and teamwork and staff satisfaction, and the development of tools to benchmark and control costs.

QMS is committed to the principle and practice of social justice and inclusion and working with government, non-government, business and community organisations to improve and strengthen services for people experiencing social problems such as homelessness. This implicates a whole-of-government, whole-of-community approach where all citizens take responsibility to prevent and reduce homelessness.

*Recommendations*

QMS recommends that the overarching set of principles in existing homelessness legislation, which recognise the need to redress social inequalities, address marginalisation, reduce poverty and provide programs that ameliorate the consequences of structural and individual problems such as homelessness, be preserved, maintained and where appropriate strengthened. Specifically:

a) That the new Australian whole-of-government approach to homelessness be underpinned by the principles of continuous quality improvement (CQI).

b) That the common/equitable set of principles as outlined in the Preamble of the *Supported Accommodation Assistance Act 1994* (hereinafter referred to as the Act)[6] be preserved and maintained in the new legislation under the National Affordable Housing Agreement (NAHA).[7]

c) That the common/equitable set of principles in the *Act* should be strengthened, underpinned by and include a regulatory and accreditation system based on a national set of agreed standards.[8]

d) That the accreditation system be based on a CQI[9] process that builds quality organisations and services to ensure that the provision of support services appropriately meet the needs of the clients of Australian homelessness programs.[10]

e) That the new legislation includes provision for an accountability, monitoring and performance framework based on CQI to appropriately govern, deliver and evaluate the national homelessness program in meeting the needs of homeless clients.[11]

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[6] That is: redress social inequalities; reduce homelessness; develop services that empower people who are homeless or at risk of homelessness and maximise their independence; and, protect the rights of people who are homeless or at risk of homelessness under the international standards prescribed in the *Act*.

[7] As outlined in *The Road Home: A National Approach to Reducing Homelessness,* p.38, a strong legislative base must remain in place to underpin the national homelessness response, set standards and deliver the best quality services possible for homeless people.

[8] *The Road Home*, p.43-44.

[9] Service improvement is critical component of the national response to homelessness. See *The Road Home*, p.ix.

[10] It is noted that the *The Road Home* (p.xii and 43) specifies that responses to homelessness will be underpinned by legislation that guarantees that people will receive quality services.

[11] See *The Road Home,* p.16, which specifies that COAG's approach will feature a focus on improving delivery of services across government to prevent and respond to homelessness.

f) Preserve and maintain the mechanisms prescribed under the *Act* by which the community can be involved in the development of policies relating to, or impacting on, people who are homeless or at risk of homelessness.

g) That the existing advisory committee on homelessness drawn from members of the community, as outlined in the Preamble of the *Act* and established under the Minister, include an expert on CQI.

h) That other existing and future advisory committees on homelessness, established by the Parliament or the Minister (such as the Council on Homelessness[12]), include an expert on CQI.

## 3. The role of legislation in improving the quality of services for people who are homeless or at risk of homelessness.

*Context*

QMS has worked directly with the SAAP sector in all five of the States/Territories in which it operates. This has included the development of service specific standards in Tasmania and New South Wales that have been endorsed by QIC for use in the program. In 2006, QMS was contracted by the Department of Health and Human Services (DHHS) to develop a model for accreditation of SAAP services in Tasmania. Using the minimum service standards developed by DHHS, QMS mapped these to the QIC standards to develop a service delivery module for SAAP Tasmania. This included a range of additional evidence questions under QIC core module standards, and the development of two additional standards specifically relevant to SAAP regarding case planning and accommodation needs. These standards were endorsed for use with the QIC Standards and Accreditation Program and 35 services were engaged in a service development review process to benchmark their achievement against the standards and provide a path to accreditation through the development of a quality improvement workplan.

At the same time, QMS and DHHS engaged the University of Tasmania's Department of Rural Health to undertake an evaluation of the impact of accreditation and review

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[12] As proposed in *The Road Home,* p.xii and 66.

on SAAP services and to capture some of the learnings at an individual, organisational and sector level.[13]

The evaluation had the following objectives:

1. To assess the changes that occur at an individual level in relation to (for example) level of awareness, collaboration, knowledge and information, job satisfaction.
2. To determine the changes that result at an organisational level in relation to (for example) level of cohesiveness, information management, policy and practice development and interface, capacity.
3. To identify changes that result across the SAAP sector in relation to (for example) consistency, accountability, client satisfaction, effectiveness.
4. To examine the data collected within the Tasmanian performance framework for possible indicators of change (for example) equity, cost effectiveness, service efficiency.
5. To examine the SAAP NDCA data for possible indicators of change (for example) independent living, employment, less need to return.

The evaluation concluded that there were significant developments within the SAAP sector, many of which could be directly attributed to the Quality Development Project. The evaluation findings supported the ongoing engagement of the participating organisations with continuous quality improvement activities, including the use of the QIC Standards and Review process. The overall results were very positive and indicated that considerable progress has occurred, particularly in relation to the development of policy and procedures, cohesiveness within the sector, and accountability. Importantly, this process also brought about a renewed focus on clients in relation to feedback mechanisms and participation in the services.

The evaluation also included a meta-analysis of all 35 service review reports. The recommendations from all review reports were aggregated within each standard and analysed for common themes. This analysis identified the key strengths of the existing service system. Key areas for improvement for each standard were also identified with a particular focus on those recommendations that identified the ongoing learning

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[13] See Elmer, S. and Kilpatrick, S. (2009) *SAAP Quality Development Project, Final Report, Evaluation Results*, UTAS.

and development needs that were relevant to the whole of the Tasmanian SAAP sector.

*Recommendations*

QMS recommends that the strengthened/new legislation recognises and builds on the accreditation and quality improvement work already achieved in the homelessness services' sector. Specifically:

a) Preserve and maintain the principles of **Division 2—Matters dealt with by form of SAAP agreement** under the *Act*.

b) That **Division 2**, section **8 Key matters to be dealt with in form of agreement,** includes a clause that extends reporting and accountability arrangements (section (i)) to introduce a provision for the establishment and introduction of a phased-in service accreditation framework based on CQI.

c) That **Division 2**, section **12 National data collection system and national research program,** includes a clause that extends the national research program (clause (1)) to introduce a provision for research that informs the policies, development, implementation, management and outcome of the service accreditation framework.[14]

d) That **Division 2**, section **14 Evaluation,** includes provision to determine the efficacy of the service accreditation framework.

e) That research be conducted into service system and practice issues to ensure that organisations and the services they provide are of a high quality and maximise opportunities to reduce homelessness.[15] This would serve the aim of strengthening the current best/good practice initiatives and outcomes achieved in the homelessness services' sector to further inform policies, procedures and practices, as well as informing and improving organisational performance within government and non-government agencies.

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[14] See *The Road Home*, p.58 which recommends that strategies to reduce homelessness should be informed by research critical evaluation and measurement.
[15] See *The Road Home*, p.61.

f) That the national accreditation system include a set of performance indicators that are reported on by the COAG Reform Council (under the National Partnership on Homelessness) in its annual report.[16]

g) That provision be incorporated in the new legislation for services to be adequately resourced to prepare for and participate in an external review of their policies, procedures and practices under an accreditation process.[17]

h) That the accreditation process, including review of policies, procedures and services, be introduced and achieved incrementally in consultation with the homelessness services' sector.[18]

i) That provision be incorporated in the new legislation for mainstream services (e.g., health, employment) that work with specialist homelessness services to review their policies, procedures and practices to strengthen, improve and expand responses to homeless people.[19]

**5. The applicability of existing legislative and regulatory models used in other community service systems, such as disability services, aged care and child care, to the homelessness sector.**

*Context*

There is a plethora of standards and accreditation frameworks that have emerged in the last two decades which apply to service provision in the health and community services' sector.

Most States and Territories have separately developed SAAP service delivery standards, with Tasmania and Victoria having moved to a model for accreditation, which apply to the SAAP sector.

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[16] See *The Road Home*, p.63.

[17] It is noted that the *The Road Home*, p.x, stresses that services must undertake such a review.

[18] Like successful system reform (*The Road Home*, p.39), CQI is best introduced and driven by people on the ground working in collaboration with and supported by an external review agency.

[19] See *The Road Home*, p.15 and 38-40.

Other standards and/or accreditation frameworks common to the non-government community sector include:

- The Service Excellence Program (South Australia)
- The Family Relationships Service Program Approval Requirements (Australian Government)
- Disability Employment Service Standards (Australian Government)
- Aged Care Standards (Australian Government)
- Standards for Community Services (Queensland)
- quality*Futures* (Tasmania)
- Quality Framework for Disability Services (Victoria)
- National Mental Health Standards (Australian Government)
- Alcohol and other Drug Sector Quality Framework (Western Australia).

For organisations with more than one source of funding they are increasingly burdened with multiple accreditation and compliance requirements that are onerous and duplicitous. Other jurisdictions are looking at ways of reducing these burdens for organisations. For example, the Australian Commission on Quality and Safety in Health Care has undertaken extensive consultation within that sector with a view to reform. Its report, *The Alternative Model for Safety and Quality Accreditation* (February 2008), has recently received in principle approval from Health Ministers. The key elements of *The Alternative Model* include the development of standards that apply to all health services, a quality improvement framework that can be applied to all health services, national data collection and reporting, mutual recognition of accreditation processes and outcomes to reduce duplication and minimise the burden to services, and national coordination through the establishment of a body to lead, support and coordinate reform.

In a consultancy recently completed for the Commonwealth Department of Health and Ageing, the Quality Improvement Council (QIC) set out a framework for two accreditation bodies to use when they are accrediting the same Aboriginal community controlled health service (ACCHS). These services undergo two accreditations: for their general medical practice (Royal Australian College of General Practitioners standards) and their other services and infrastructure (QIC standards). The framework

was recently trialled at the Goondir Aboriginal Health Service in South East Queensland. The trial showed that with only a little change in scheduling and some open communication between the review/survey teams, the experience of multiple accreditation can be much less disruptive and more rewarding for the assessed organisation.

*Recommendations*

QMS recommends that an overarching set of national standards and an accreditation system for the community services' sector, based on a continuous quality improvement process, be developed and implemented in consultation with key stakeholders. This system should ensure mutual recognition of other standards and accreditation frameworks to avoid unnecessary duplication. Specifically:

a) That the Australian Government works with State and Territory Governments, national peak bodies (e.g., the Australian Council of Social Services and Homelessness Australia), experts on continuous quality improvement, and representatives of homeless people to develop, adopt, implement and evaluate a generic accreditation system based on a national set of standards for government and non-government agencies that govern, administer and/or provide mainstream and/or specialist community services.[20]

b) That the homelessness services' sector regulatory and accreditation system be compatible with other services' accreditation systems (e.g., under the *Disability Services Act 1986*).

c) That the set of national homelessness standards are compatible with other services' standards (e.g., under the *Disability Services Act 1986*).

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[20] This extends the current proposal of developing an agreed national accreditation and service standards and service charters for people who are homeless as outlined in *The Road Home*, p.43-44.