

**Department of Health and Human
Services**

**Tasmanian Support and
Accommodation Assistance Review**

Discussion Paper

September 2011
This report contains 71 pages
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This report has been prepared as outlined in the Introduction Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

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The findings in this report are based on a qualitative study and the reported results reflect a perception of the Tasmanian Support and Accommodation Assistance Sector but only to the extent of the sample surveyed, being the Department of Health and Human Services (DHHS) approved representative sample of stakeholders. Any projection to the wider stakeholders is not possible based on the sample consulted.

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1 Glossary of terms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CP and S	Case Planning and Support Services
CT	Community Tenancy Program
DHHS	Department of Health and Human Services
DT	Direct Tenancy Program
KEYS	Keys to the future (previously Same House Different Landlord)– an NPA initiative
ICOS	Integrated Continuum of Support
IEA	Immediate Emergency Accommodation
NAHA	National Affordable Housing Agreement
NDCA	National Data Collection Agency
NPA	National Partnership Agreement
PRSS	Private Rental Support Scheme
PRTSS	Private Rental Tenancy Support Service
SAA	Support and Accommodation Assistance
SAAP	Supported Accommodation and Assistance Program
SAAR	Support and Accommodation Assistance Review
SHIP	Specialist Homelessness Information Platform
SHIP	Specialist Homelessness Information Platform
SHS	Specialist Homelessness Services

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STAY	Previously the Specialist Intervention Tenancy Service – an NPA initiative
TSS	Transitional Support Services

2 Introduction

KPMG has been engaged by the Department of Health and Human Services to undertake a review of the Support and Accommodation Assistance (SAA) Sector in Tasmania. The objectives of the review are to:

- determine the extent to which the current support and accommodation assistance services and programs in Tasmania are meeting client needs
- consider improvements to the service system to ensure it is in line with current and projected future client needs, meets state and national reform directions and is based on good practice in the sector.

The review is being driven by the need to ensure that the Tasmanian approach is aligned to national and State priorities and meets the needs of people who are homeless, at risk of homelessness and who need accommodation assistance in Tasmania.

The review builds on considerable work already commenced in this area and has the opportunity to leverage reform activities already underway, including the Housing Tasmania Service Coordination and Improvement Program, actions agreed under the Tasmanian Homelessness Plan, and reforms being progressed across human services more broadly.

The review will result in the development and implementation of a new service system model for support and accommodation assistance in Tasmania.

2.1 Developing the case for change

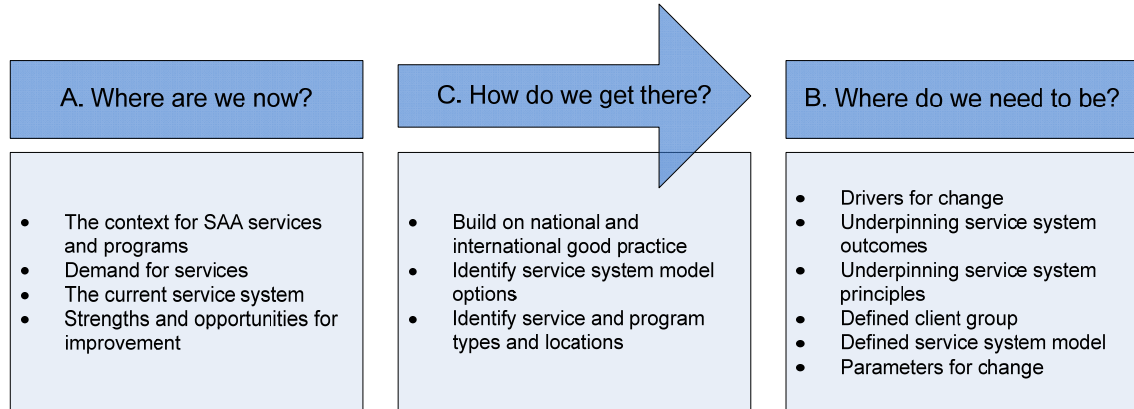
In July and August 2011 KPMG conducted significant consultation with the sector and key stakeholders¹ and undertook document and data analysis in order to:

- identify and map the current SAA services and programs and understand current and future demand
- understand and identify the strengths of existing services and programs and areas for possible improvement
- gain insight into best practice service responses internationally and nationally
- consider:
 - Tasmania's current response to people who are homeless or at risk of homelessness, including those who use support to maintain a private rental or who are tenants of community or direct tenancy services
 - how this response can be improved in the future.

Informed by the above work, this Discussion Paper presents the case for change in the Tasmania SAA sector, using the structure illustrated in the figure below.

¹ A list of stakeholders involved is provided in Appendix A.

Figure 1: Developing the case for change in the Tasmanian SAA sector



Source: KPMG

The Paper presents the case for change to the current Tasmanian SAA service system model and explores options to achieve improved outcomes for people who are homeless at risk of homelessness or who require support to maintain their accommodation.

2.2 Purpose and structure of the Discussion Paper

The Discussion paper will be provided to SAA service providers and other relevant government and non government stakeholders. **It will be discussed at regional SAA sector workshops**, to be held in September 2011, to validate the review findings to date and implications for a future service system model. The paper is structured as follows:

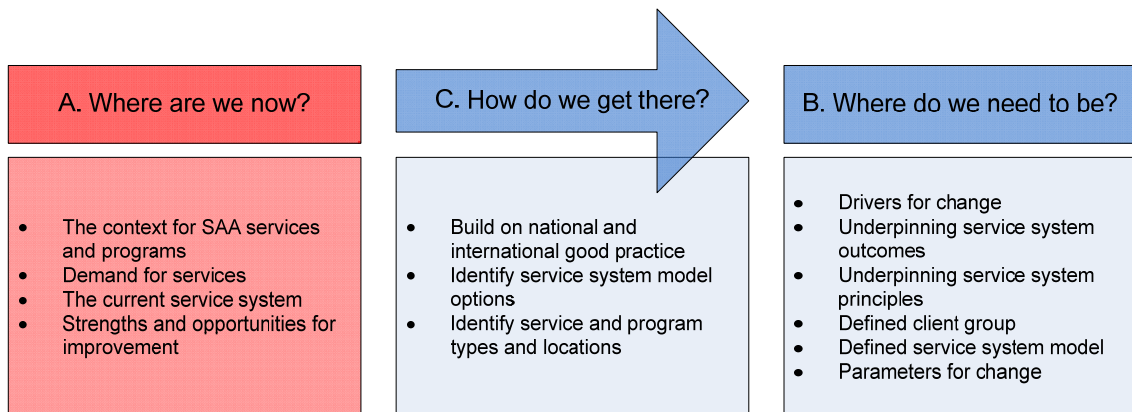
Table 1: Structure of the Discussion Paper

Section	Content
1. Introduction	This section provides an overview of the SAAR and describes the purpose and structure of the Discussion Paper
Part A: Where are we now?	
2. Context for the SAA services and programs	This section provides an overview of the national and Tasmanian context for the review and the future service system model and considers demand for services.
3. The current service system model	This section describes the current service model and approaches. It also describes the current client profile and regional differences in the service system and client profile.
4. Map of current services	This section describes where the current services are located in the State.
5. Strengths and challenges of the current service system	This section outlines the key strengths of the current service system model and services and identifies opportunities for improvement.

Section	Content
Part B: Where do we need to be?	
6. Defining the future service system	This section outlines suggested principles and outcomes for a future service system model, defines the client group and sets out parameters for change.
Part C: Moving forward	
7. Building on good practice	This section provides an over view of good practice and examples of practical approaches that support effective services. It provides a context within which to consider opportunities for change in Tasmania
8. Opportunities for improvement	This section outlines the opportunities for improvement to the SAA and presents a number of areas for discussion to inform options for the future service system.
9. Taking the discussion forward	This section describes the next steps in the review and the development of the future service system model.

Source: KPMG

Part A: Where are we now?



3 The context for SAA services and programs

There are significant personal and community costs of homelessness. Homelessness, or the risk of homelessness is not just a result of the lack of bricks and mortar: It has many causes and consequences, including economic factors, such as poverty, housing affordability and unemployment, and personal factors, such as health, relationship and financial issues^{2,3}.

Children are particularly vulnerable to the traumatic effects of homelessness: their education is disrupted, cognitive and emotional development can be impaired, and they are more likely to experience behavioural problems.

These individual costs, in addition to the cost of housing and service provision, translate into significant costs to governments and the community across all domains of health, welfare, education, training, employment and income support⁴.

Homelessness has many different definitions. It includes people sleeping rough, as well as those experiencing secondary homelessness, where people move between temporary accommodation, and those experiencing tertiary homelessness, where people live in boarding house type accommodation on a medium to long term basis⁵.

A snapshot of homelessness in Tasmania⁶

- On Census night 2006 there were a total of 2,500 people experiencing some form of homelessness in Tasmania. This figure equates to approximately one in every 200 Tasmanians.
- 385 of these were sleeping rough (primary homelessness).
- 75 per cent of homeless people in Tasmania were experiencing secondary homelessness, more than compared to national figures.
- Compared to the national average, there are more families in supported accommodation in Tasmania.

3.1 National and State policy context and directions

Housing and homelessness are key focus areas of the Australian Government, which is acutely aware of the changing nature of housing affordability, increases in the numbers of households experiencing or at risk of homelessness and the changing face of homelessness.

² Australian Institute of Health and Welfare (2011) *Homelessness in Australia* (online), accessed on 18 August 2011 at <http://www.aihw.gov.au/homelessness/>

³ Commonwealth of Australia, *Which way home? A new approach to homelessness* (Canberra, 2008).

⁴ Berry, M et al, *Counting the cost of homelessness: A systematic review of cost effectiveness and cost benefit studies of homelessness*, AHURI (Melbourne, 2003).

⁵ Department of Health and Human Services (2010) *Tasmanian Homelessness Plan 2010 – 2013 Coming in from the cold*. Hobart: DHHS.

⁶ DHHS (2010) *ibid.* pp13-17.

A suite of national and State initiatives aimed at improving services to and outcomes for people experiencing or at risk of homelessness have recently been implemented or are currently in the late planning or rollout phase. These are illustrated in the figure below.

Figure 2: National and State policy initiatives and directions

National policy and directions	Tasmanian policy and directions
<p>The Road Home: A National Approach to Reducing Homelessness outlines the Australian Government’s plan to reduce and prevent homelessness. It presents reducing homelessness as a responsibility for all Australians across all sectors of society and sets two primary goals to achieve by 2020: halving overall homelessness and offering supported accommodation to all rough sleepers who need it. The Road Home centres on three key themes for change: Preventing homelessness: (Turning off the Tap’); Improving and expanding services; and Breaking the homelessness cycle.</p> <p>The National Affordable Housing Agreement (NAHA) is a Council of Australian Governments (COAG) agreement to improve housing affordability and homelessness. The overall, aspirational, objective is that “all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation” .</p> <p>The Homelessness National Partnership Agreement (NPA) outlines a bi-lateral agreement between the Australian and jurisdictional governments to focus on the three key strategies to reduce homelessness outlined in the <i>Road Home</i>. The agreement is supported by jurisdictional implementation plans.</p> <p>The National Quality Framework for Specialist Homelessness Services, is currently being consulted on nationally. The intent of the Framework is to empower clients, provide assurance about the consistency and quality of services, support service integration and collaboration and encourage mainstream services to recognise and respond to the diverse needs of people experiencing homelessness.</p>	<p>The Homelessness National Partnership Implementation Plan for Tasmania 2009-2013 documents specific actions and new initiatives under the NPA. The plan outlines the implementation of six key initiatives including three support programs, a Service Coordination and Improvement Project, the development of a State Homelessness Plan and a workforce capacity audit and development plan.</p> <p>The Tasmanian Homelessness Plan 2010-2013: Coming in from the cold, which articulates a vision that ‘<i>all Tasmanians who are homeless or at risk of homelessness receive the whole-of-government and community support they need to achieve sustainable housing and social inclusion</i>’. Priorities are to increase the supply of social housing, expand existing services and focus on improving service integration, data collection and management, referral processes and case management.</p> <p>The Service Coordination and Improvement Program (SCIP), articulated in the Tasmanian NPA Implementation Plan, launches a number of key initiatives to support better entry and access to the social housing and homelessness service system for clients. Initiatives include the development of a Housing Register, common assessment and allocations framework and strategies to improve integration with mainstream services.</p> <p>The recent announcement of the transfer of up to 4000 Public Housing properties to community service organisations by 2014. Details are yet to be finalised, but the transfer will contribute to improved housing outcomes for Tasmania’s Public Housing tenants and will enable the growth of social and affordable housing.</p>

Source: KPMG

The SAA review is timely given the dynamic policy context for support and accommodation approaches. It is important that the future SAA service system aligns with and supports the implementation of national and State reform directions to better meet current and emerging demand and to deliver quality and timely outcomes for clients.

3.2 Demand for SAA services and programs in Tasmania

The Australian Institute of Health and Welfare (AIHW) identifies a range of factors that can increase the risk of homelessness⁷. These factors are included in the table below.

⁷ Australian Institute of Health and Welfare (2011) *Homelessness in Australia* (online), accessed on 18 August 2011 at <http://www.aihw.gov.au/homelessness/>

Table 2: Structural factors and personal circumstances contributing to the risk of homelessness

Structural factors	Personal circumstances	
<ul style="list-style-type: none"> • Poverty • Unemployment • Lack of affordable housing 	<ul style="list-style-type: none"> • Discrimination and stigma • Physical and mental health issues • Intellectual disability • Substance misuse • Gambling 	<ul style="list-style-type: none"> • Family and relationship breakdown • Family and domestic violence • Physical and sexual abuse

Source: AIHW

In addition to these factors, the Specialist Homelessness Services (SHS) Data Collection Manual for the new Specialist Homelessness Information Platform (SHIP) data system⁸ also highlights the following risk factors for homelessness:

- transitions from custody and care arrangements
- disengagement with school or other education and training
- involvement in or exposure to criminal activities.

The literature also shows that people from an Indigenous and Culturally and Linguistically Diverse (CALD) background are also more vulnerable to experiencing homelessness than others.

Understanding the prevalence of risk factors for homelessness is important when considering the demand for SAA services and programs in Tasmania and determining the extent to which the current service system model can meet current and future demand. These are summarised in the box below.

Key risk factors for risk of homelessness in Tasmania
<ul style="list-style-type: none"> • There are a range of key structural risk factors contributing to demand for SAA services in Tasmania: <ul style="list-style-type: none"> - Tasmania has a higher unemployment rate than most of Australia (5.6 per cent of the population compared to the national level of 4.9 per cent.)⁹ Unemployment is lowest in the South (4.9 per cent) and highest in the North West (7.5 per cent). Unemployment in the North is 5.4 per cent. - A substantially greater percentage of Tasmanians receive benefits (25.2 per cent) than Australians as a whole (18.9 per cent). The Age Pension accounts for a significant

⁸ Australian Institute of Health and Welfare (2011) *Specialist Homelessness Services Data Collection Manual*, AIHW: Canberra.

⁹ Australian Bureau of Statistics 2011. *1307.6 - Tasmanian State and Regional Indicators*, Dec 2010, ABS, Canberra.

Key risk factors for risk of homelessness in Tasmania

proportion of these benefits, representing as much as 13.0 per cent of the population in the North West¹⁰.

- Although Tasmania is considered a more affordable place to live compared to the rest of Australia, approximately 1 in 10 households in Tasmania **experience housing stress**¹¹. The proportion of low income earners in the private rental market experiencing housing stress has increase from 21.9 per cent (of low income earners) in June 2002 to 32.4per cent in June 2009¹².
- Rental prices vary from a median of \$230 per week in the South, to \$190 in the North and \$153 in the North West¹³.
- Risk factors appear to be **more prevalent in the North West**, compared to the other regions, with a higher unemployment rate, a greater proportion of the population on benefits and a higher Indigenous population.
- The overall proportion of people experiencing homelessness in Tasmania is in line with national trends, but there are a higher proportion of people in Tasmania experiencing **secondary homelessness**.
- There appears to be significant **unmet demand for emergency accommodation** in Tasmania¹⁴. During 2008-09, Tasmania had the highest rate of turnaways in Australia; 75.4 per cent of all people newly seeking accommodation were turned away, compared to a national average of 58.3 per cent. Figures show that 81.3 per cent of people with accompanying children who require new immediate accommodation are turned away in Tasmania, compared to a national average of 67.9 per cent. The majority of people (72.2 per cent) are turned away because of insufficient accommodation.
- In line with national trends, there is an **over representation of families** (including one parent families) requiring specialist homelessness accommodation in Tasmania. In 2009-10, 24 per cent of family groups seeking support from SAA services were one parent families¹⁵ (despite only comprising 16.7 per cent of the Tasmanian population¹⁶).
- Common with the rest of Australia, the **Indigenous rate of homelessness** is higher compared to the non- Indigenous rate of homelessness (118 per 10 000 compared to 50 per 10 000)¹⁷.
- Tasmania has the highest **prevalence rate for disability** in Australia, reflecting the age structure of the population. While 94 per cent of people with disabilities live in private dwellings, the

¹⁰ Data supplied by Housing Tasmania.

¹¹ *The Great Australian Dream- Just a Dream? Housing affordability trends for Australia and our largest 25 cities.* AMP and NATSEM Income and Wealth Report. 2011.

¹² Tasmanian Government (2009) *Tasmania together: revised 2009* Tasmanian Government: Hobart.

¹³ Data supplied by Housing Tasmania.

¹⁴ AIHW (2011) *People turned away from government-funded specialist homelessness accommodation 2009-10* Canberra: AIHW.

¹⁵ Australian Institute of Health and Welfare (2011), *Homeless people in SAAP: SAAP National Data Collection annual report 2009-10, Tasmanian Supplement.* AIHW, Canberra.

¹⁶ ABS 2011. 1307.6 - Tasmanian State and Regional Indicators, Dec 2010, ABS, Canberra.

¹⁷ Australian Institute of Health and Welfare (2010), *Indigenous housing needs 2009: a multi-measure needs model.* AIHW, Canberra.

Key risk factors for risk of homelessness in Tasmania

number of people using disability support services nationally increased by 50 per cent between 2003-04 and 2008-09¹⁸.

- It is recognised that a number of personal risk factors contribute to the likelihood of housing stress and risk of homelessness. The following prevalence of risk factors are identified in Tasmania, though it is not possible to make assumptions about direct correlations on demand for SAA services:
 - It was estimated there were more than 2 500 people with a **gambling problem** in Tasmania in 2010.¹⁹
 - The reported incidents of **family violence** in Tasmania increased from 1 300 in 2000-01 to 5 057 in 2008-09.²⁰
 - In 2006-2007, the average daily number of young people (aged 0-17) detained in **youth justice** facilities in Tasmania was 121. This is equal to 6.6 young people per 1 000 in juvenile justice supervision and 6.3 young people per 1 000 in juvenile justice community based supervision compared²¹. This is higher than the aggregated Australian rates.
 - The average daily number of **adults supervised by the correction system** in 2008-2009 was 1 800 of which 29 per cent were detained in prison services, 65 per cent in community corrections and 6 per cent in court mandated diversion.²² Sixty per cent of these live in the South.
 - As at June 2008, 5.8 out of every 1 000 Tasmanian children and young people were in **out-of-home care**. Fewer of these children and young people were living with relatives compared to Australia-wide (27 per cent of children and young people in home based out-of-home care compared to 45 per cent.)²³

The following population demographics and structural factors are also important to understand to consider the demand variations across different regions of the State:

¹⁸ ABS Survey of Disability, Ageing and Carers (2009) viewed at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0> on 23rd August 2011.

¹⁹ The figure is cited in a media release from TASCROSS, view at [http://www.tascross.org.au/Portals/0/News/TasCOSS%20-%20Parties%20must%20support%20\\$1%20bet%20limit.pdf](http://www.tascross.org.au/Portals/0/News/TasCOSS%20-%20Parties%20must%20support%20$1%20bet%20limit.pdf) [on 18 August 2011]

²⁰ Tasmania Together 2010. Progress Report 2010.

²¹ DHHS, 2009, *Kids Come First Outcomes for Children and Young people in Tasmania* p27 [online accessed 18 August 2011 at http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/48443/Kids_Come_First_Report_2009.pdf] note that calculations of rates of young people in the juvenile justice system may be overstated due to differences in calculation methods between Australian and Tasmanian data

²² Department of Justice, 2009 *Breaking the Cycle Tasmania Corrections Plan 2010-2020 Discussion Paper* p12 [online accessed 18 August 2011 at http://www.justice.tas.gov.au/correctiveservices/breaking_the_cycle/documents/Breaking_the_Cycle_Discussion_Paper.pdf]

²³ DHHS, 2009, *Kids Come First Outcomes for Children and Young people in Tasmania* p28 (online accessed 18 August 2011 at http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/48443/Kids_Come_First_Report_2009.pdf)

- Approximately half of all people live in the Southern region (249 000) of the State while the other half are roughly split between the Northern (141 000) and North West (112 400) regions of the State²⁴.
- The North West of the State has a much older population, which will directly impact on the nature and provision of services required in the North West.
- In 2007-08, the average weekly wage was highest in the South, at \$812, compared to \$693 in the North and \$677 in the North West²⁵.
- 5.3 per cent of the population in the North West identify as Indigenous²⁶, compared to 3.5 per cent in the South and 2.7 per cent in the North.
- The South has the greatest number of social housing properties in the State at 5 828, compared to 2 918 in the North West and 2 933 in the North.

Anecdotal information on demand

During consultations, stakeholders provided anecdotal information regarding observed changes in client groups and demand for services. While it is not possible to substantiate these observations, they are in line with general trends that are observed through the data that identifies risk factors. Groups that were noted to be increasingly presenting to SAA services and programs include:

- clients with complex and multiple needs (including mental health and substance misuse dual diagnosis)
- families requiring support to maintain their accommodation due to financial crisis, such as recent unemployment and significant debt (including gambling debts, utility debts and housing debts)
- single fathers with children
- single men
- clients, including young people, experiencing trauma and grief
- young people living independently but experiencing difficulty in securing or maintaining rental accommodation
- older people, including those with early onset dementia and/or those experiencing eviction from long-term, low-cost private rental for non-tenancy related matters (i.e. landlord decided to sell the property or change the use)
- perpetrators of family violence (related to the impact of the Safe at Home initiative, which aims to keep victims of domestic violence in their own homes but displaces perpetrators)
- new arrivals to Australia, including those who have experienced trauma.

²⁴ ABS 2011 1307.6 - *Tasmanian State and Regional Indicators*, Dec 2010, ABS, Canberra.

²⁵ ABS 2011 1307.6 - *Tasmanian State and Regional Indicators*, Dec 2010, ABS, Canberra.

²⁶ Ibid.

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Data and information illustrating demand for SAA services shows that Tasmanians experience a number of structural risk factors that may increase their risk of becoming homeless or at risk of homelessness. There are a higher proportion of people in Tasmania experiencing secondary homelessness compared to nationally and Tasmania has a high turn away rate from emergency accommodation, suggesting there are challenges with capacity in the current system.

In line with national trends the Tasmanian service system also has an overrepresentation of families and people from Indigenous backgrounds seeking support. There is also anecdotal evidence that the number of clients with complex and multiple needs is increasing, placing increased pressure on service capacity and requiring specific skills.

Area for discussion 1: Are there any other demographic, structural or personal risk factors impacting on demand that should be considered?

- *If so what are they?*

4 The current service system model

Current SAA services and programs are targeted at individuals and families who are:

- homeless, including rough sleepers as well as those who are experiencing secondary and tertiary homelessness
- at risk of homelessness
- requiring support and assistance to maintain their accommodation (and to prevent them becoming homeless or at risk of homelessness).

A register of services and programs that comprise the current Tasmanian SAA system is provided in Appendix B.

The current SAA service system in Tasmania comprises services and programs delivered under the Integrated Continuum of Support (ICOS), supplemented by a range of additional programs that provide complementary support and accommodation, as follows:

- the ICOS provides a continuum of support from pre crisis, through crisis and into transitional accommodation
- the Private Rental Support Scheme (PRSS), Private Rental Tenancy Support Service (PRTSS) and client brokerage provide support to people who are not necessarily in crisis to enable them to access and maintain tenancy in private rental at prevent them becoming 'at risk'
- transitional and longer term supported accommodation options are provided by the Community and Direct Tenancy (CTs and DTs) programs and by the Supported Residential Facilities (SRFs)²⁷.

4.1 The Integrated Continuum of Support

The ICOS model was introduced between 2000 - 05 to provide a systemic approach to address the needs of people experiencing or at risk of homelessness. The objectives are to tailor services to get the best outcomes for clients, improve integration and collaboration of services, increase a focus on early intervention, and integrate services into local communities^{28, 29}.

A key element of the model is the separation of support from accommodation provision, with the intention of enabling support to be more flexible and to follow clients as their accommodation and support needs change.

An overview of all SAA-specific and other services and programs is provided in Figure 3 and the conceptualisation of the ICOS is provided in Figure 4 **Error! Reference source not found.** Non-AA services and programs are included in Figure 4 as well; although these latter services and programs do not fall within the SAA service system or the scope of this review, they do contribute to the effectiveness of outcomes for SAA clients.

²⁷ The Supported Accommodation Facilities implemented under the Tasmanian Implementation Plan (NPA) also provide additional longer-term supported accommodation options.

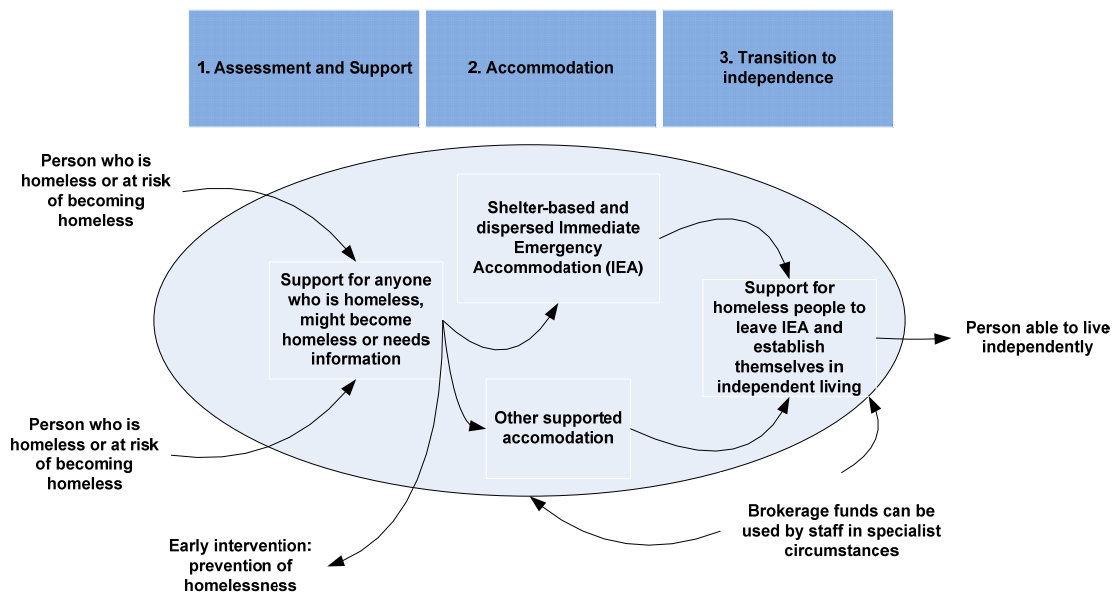
²⁸ Department of Health and Human Services (2000) *Integrated Continuum of Support Model for homeless people and those at risk of homelessness*, DHHS: Hobart.

²⁹ The ICOS services were delivered by SAAP services before the SAAP program ceased.

With the exception of IEAs³⁰ and the special accommodation programs for young people, SAA services do not have specific target groups. Most services report working with anyone who presents requesting advice, information or support. There are no services specifically targeted towards people from CALD and Indigenous backgrounds and the majority of services report working with clients from these backgrounds.

The ICOS provides the current framework for the delivery of Specialist Homelessness Services and programs. It supports a continuum of care that separates support from accommodation management, facilitated through integration and collaboration between services. Additional SAA services support the delivery of the ICOS but are not underpinned by this model.

Figure 3: Integrated Continuum of Support, the current service system model

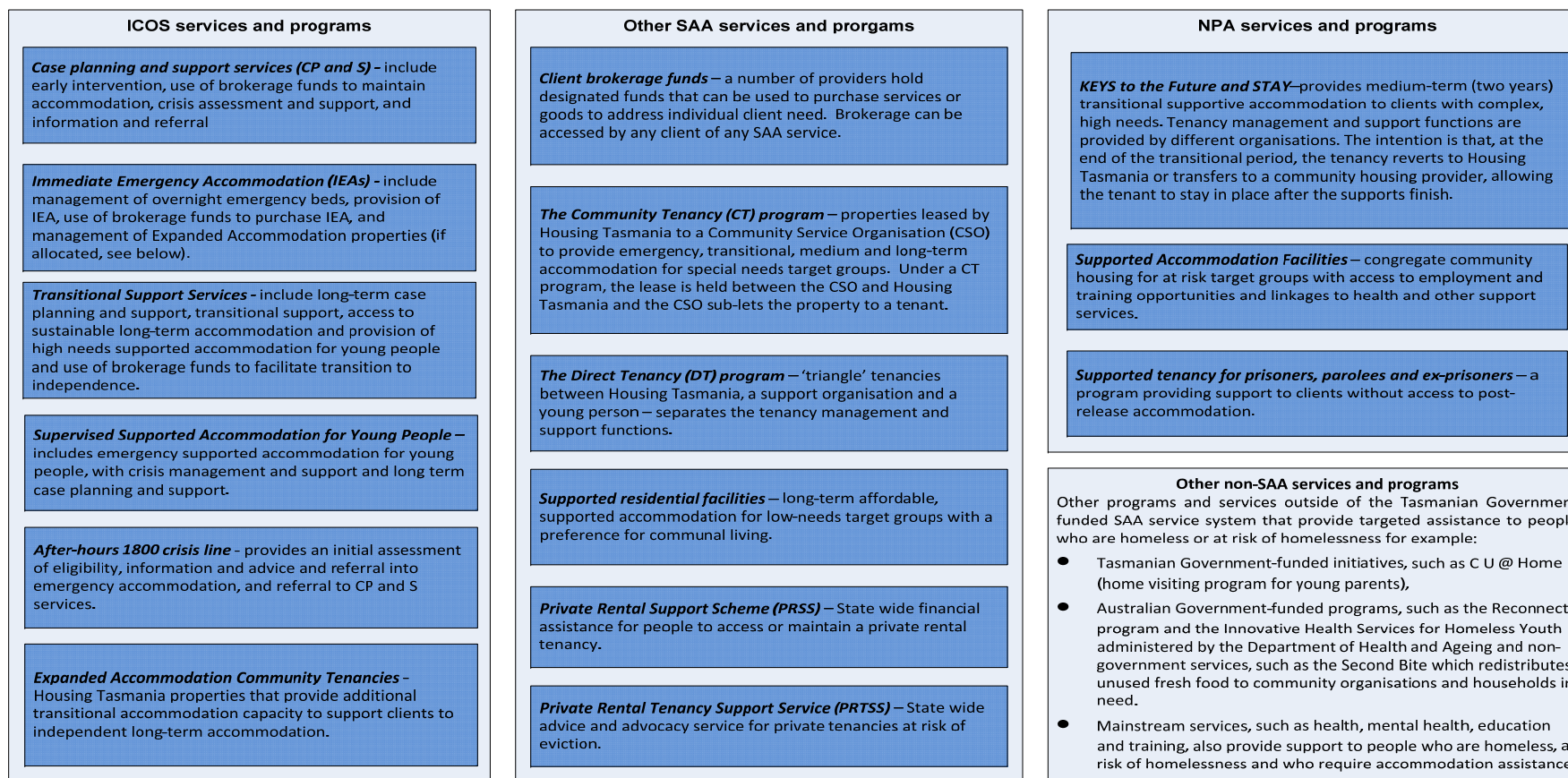


Source: Housing Tasmania

³⁰ IEAs have defined client groups, including men, women and children, young people and mixed groups.

Figure 4: Current SAA services and programs

Source: KPMG, adapted from Housing Tasmania information^{31, 32}



³¹ Department of Health and Human Services (2006) SAAP-V Operational type descriptions, DHHS, Hobart.

³² Information sourced from various internal Housing Tasmania documents outlining the purpose and scope of SAA services, provided to KPMG by housing Tasmania in June 2011.

4.2 Delivering services

There are multiple entry points to the ICOS service system, with a large number of self-referrals and direct presentations to services. Initial presentations are often associated with a crisis, with clients either seeking emergency accommodation or other immediate assistance (such as brokerage funds to maintain existing accommodation). In addition to self-referrals, referrals into the ICOS system are also made by other professionals and organisations as represented in the table below.

Table 3: Referrals to SAA services and programs

Frequent referrals from	Less frequent referrals from
<ul style="list-style-type: none"> • Housing Tasmania • Other SAA providers (from the local region and across Tasmania) • Police • Juvenile Justice • Community Gateway Services 	<ul style="list-style-type: none"> • Child, Youth and Family Services • Schools • Area Health Services • GPs • Centrelink

Source: Feedback from stakeholder consultations

Referrals to the non-ICOS services varied according to the service type. For example, referrals to client brokerage, PRSS and PRTSS were reported to primarily include self referrals and referrals from ICOS services. Referrals to DTs and CTs managed by SHS providers came from within the SAA system, whether referrals to DTs and CTs managed by other Community Service Organisations (CSOs), were more likely to come from within their own service sector or from Housing Tasmania. For example, CTs managed by mental health services, received referrals from other mental health services.

An intake assessment is generally undertaken following referral. Most ICOS providers use the Common Assessment Tool (CAT) (or, more recently, the Specialist Homelessness Information Platform (SHIP) assessment tool) and a number have also modified or supplemented the CAT to collect other information considered necessary to determine needs for support services and referrals, and to acquire consents required to deal with mainstream services. The Common Assessment Framework and Tools are currently being reviewed as part of the SCIP.

Non-ICOS providers may draw on CAT assessments, particularly those undertaken by other services within the same organisation, but mainly use specific tools and assessments tailored to the target group and focus of the service.

Most services and programs reported making referrals to a wide range of mainstream and specialist services to support a client to address risks, achieve identified goals and to move to independent living. This might include referrals to Centrelink, health and mental health services, child youth and family services, substance misuse services, counselling and mediation services and education and training providers.

A range of formal and informal partnership arrangements exist to facilitate integrated working within the SAA sector and between the SAA and mainstream sectors. However, it was

reported that the effectiveness of these approaches generally relies on personal networks between services and agencies.

The main exit points from emergency accommodation are to social housing and private rentals. This includes exits to transitional accommodation options, often delivered through the Community Tenancies and Direct Tenancies programs.

All stakeholders consulted for the review reported challenges in working collaboratively with mainstream services and highlighted a lack of exit points from the SAA service system.

In terms of client pathways, these challenges can lead to overstays in IEA (most providers indicated that many clients required emergency support for longer than the six week limit) and repeat support periods, as risks related to homelessness are not addressed and suitable exit points are not available.

Client pathways into and out of the SAA system are similar and there are common, if slightly modified, assessment process in place for all services. Formal and informal partnerships exist between SAA services in all regions and there are commonly reported challenges in integrating with mainstream and other specialist services.

Current funding and workforce

The funding model for ICOS services was established in July 2001 during the development of the model. It was based on unit costs and a geographical distribution of funding. Funding has been indexed for these services each year. Funding for SAA services in 2008-09 is summarised below³³.

Table 4: SAA Funding by service type

Service type		\$ Funding 2009-10			
		South	North	North West	State
ICOS services	Case planning and support services	1 713 177	676 099	745 772	3 135 048
	IEA	3 267 811	2 136 494	2 509 237	7 913 542
	Transitional Support	914 300	541 997	-	1 456 297
	Supervised Supported Accommodation for Young People*	1 235 583	450 051	177 242	1 862 876
	Expanded Accommodation Program	164 766	108 146	89 379	362 291
Other SAA services	Client Brokerage Funding	200 000	120 000	80 000	400 000
	Supported residential facilities	234 772	117 386	117 386	352 158
	PRSS				3 647 198
	PRTSS				570 620
	Sexual assault/ domestic violence	588 348	354 895	157 852	1 101 095
Total funding		8 318 757	4 387 682	3 876 868	20 801 125

* This combines Community Adolescent Placements and Special Accommodation Support services for young people. Note that in 2010 the Community Adolescent Placements were ceased in favour of a new model, the Targeted Youth Support Service (TYSS), which is managed by DHHS Children, Youth and Families. In 2010-11 Housing Tasmania provided \$700 000 to support TYSS.

Note: the 1800 afterhours emergency hotline is funded within case planning and support.

³³ This year is provided as the NDCA data used in this report is from 2009-10.

Source: Housing Tasmania data

In addition to Housing Tasmania funding, many services also leverage funding from additional sources where appropriate to provide wider options and services for their SAA clients.

These sources include, for example, rent collected, funds received from successful grant applications and different DHHS and federal programs (including the Department of Families, Housing, Community Services and Indigenous Affairs and the Department of Health and Ageing), and bequests and donations for specific projects. Material and in-kind donations are also used to support services, for example by providing 'overnight packs' to clients or undertaking minor repair or redecorating work in properties.

Feedback from consultations provided the following snapshot of the current workforce profile in the SAA sector³⁴:

- The skills and capability of staff employed in the SAA sector appear to be strong with the majority of staff having extensive experience and / or qualifications (e.g. a diploma or Certificate IV) relevant to community services.
- Most service managers have degree qualifications in a related discipline with extensive sector experience.
- A large proportion of the workforce is part time and a considerable number of volunteers support the delivery of services and programs.
- The level of administrative support varies by organisation, with larger organisations able to allocate full or part time positions to administrative duties.

Funding is allocated in relation to the population distribution across the State, with the most funding allocated to the Southern Region. Many providers leverage additional funding and material donations to support service delivery. The skills and experience of the sector are perceived to be strong.

4.3 Current SAA clients

ICOS services

Data from the National Collection Agency (NDCA)³⁵ provides the following profile of clients receiving support from ICOS services during 2009-10³⁶.

³⁴ A complete workforce capacity audit will be undertaken as part of Tasmania's commitment under the NPA Implementation Plan.

³⁵ Australian Institute of Health and Welfare (AIHW) (2011) *NDCA 2009-10 Annual Report: Tasmanian Supplementary Report*, AIHW: Canberra

³⁶ The NDCA data includes data from the following service types: CP and S; IEAs; TS; Adolescent Community Placements and Supervised Supported Accommodation for Young People and SA and DV services.

Who are our clients?

During 2009-10, 47 per cent of clients seeking support from SAAP services were men and the largest group seeking support was men over 25 years (27.2 per cent of all support periods). Women with children were the second largest group accessing support (21 per cent of support periods) and 10.7 per cent of support periods were for Indigenous people.

The greatest number of support periods was provided to clients aged 20-24 years. However, there was considerable difference in the average age of men and women: the majority of support periods for men were for those aged 35-39 years, while the majority of support periods for women were for those aged 15-19 years. The largest group of young women accessing services was in the South.

Most accompanying children were under four years of age and the majority were female. Seventeen per cent of accompanied children were Indigenous.

There are relatively few non-Australian born clients: clients who are born outside of Australia generally came from North Africa and the Middle East, sub-Saharan Africa and South East Asia but these clients accounted for less than 2 per cent of all support periods.

Why were people seeking support and what was provided?

During 2009-10, a total of 4 500 clients received support from SHS services and there were a total of 6 200 support periods. The mean number of support periods per client was 1.39. During this period, a total of 2 300 accompanying children received 2 900 periods of support, with approximately 1.26 support periods per accompanying child.

In common with the national trends, the overall length of support has increased in Tasmania. At a national level, the AIHW attributes this increase to the increasing focus on early intervention and post-crisis support to prevent return to homelessness.

The majority of support periods were for one to three months; the mean period was 76 days for all types of support and 46 days for accommodation support. Men with children had the longest support periods (60 days without accommodation and 73 days with). The shortest support period was for single men accessing immediate emergency accommodation (22 days).

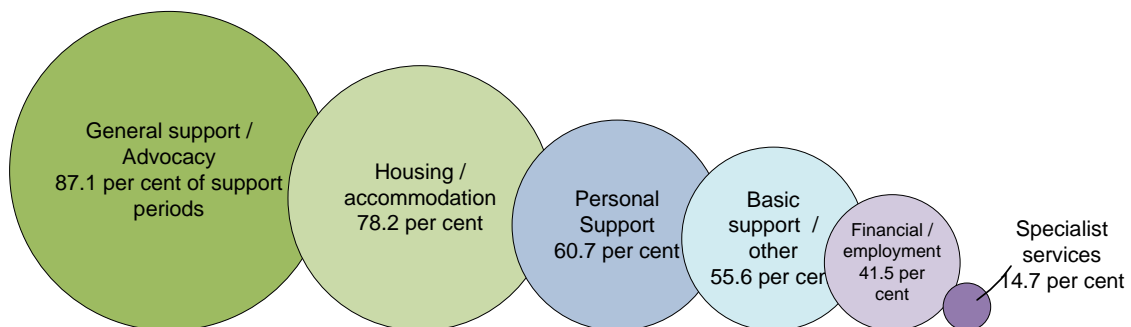
The mean number of support periods for all services was 1.39. The highest mean was for men accessing IEAs (1.6 support periods).

The main reason for seeking support during 2009-10 was interpersonal relationships (40.2 per cent of all support periods), and challenges with accommodation (29.6 per cent). The need for accommodation as part of support increased from 2008-09 to 2009-10, rising from 38.2 per cent of all support periods in which accommodation was required, to 44.2 per cent of all support periods.

Men and women sought support for different reasons. Sixty per cent of support periods for single women under the age of 25 were primarily for support as a result of interpersonal relationships. The most common reason for couples, with and without children, seeking support was related to accommodation issues.

Figure 5 shows that the most common support provided during 2009-10 was general support and advocacy, requiring support in 87.1 per cent of support periods³⁷. The data show that while the demand for specialist services support was relatively low compared to other required support, this type of support was least likely to be provided, and is not provided in 53.9 per cent of support periods in which it is required. Men accessing IEAs were more likely to cite substance misuse and mental health issues as reasons for seeking support than any other target group.

Figure 5: Comparison of support needs 2009-10



Source: KPMG from NDCA 2009-10 Annual Report

What were the client outcomes?

The limited data that is available on client outcomes indicates that following a support period, the number of clients experiencing primary homelessness reduced and the number of clients receiving an income as a result of support increased. The longer a client remained in contact with services, the more likely an outcome was achieved, with clients receiving support for more than six months demonstrating the best outcomes.

Non – ICOS services

Data Housing Tasmania shows the following profile of clients receiving support from non - ICOS services during 2009-10^{38, 39}.

- The afterhours 1800 number provided 1 129 occasions of service. Itinerancy was the main reason for seeking support in most cases (46 per cent). Accommodation was provided using brokerage funds in 41 per cent of all occasions of service and 99 per cent of calls resulted in a referral to a case planning and support service.

³⁷ Note that clients may receive more than one type of support during a support period (and therefore percentages total more than 100 per cent).

³⁸ Housing Tasmania provided data for the Supported Residential Facilities, CTs, DTs, the 1800 afterhours number, PRSS and PRTSS. It should be noted that there is no common data set for non-ICOS services and data is of varying completeness and quality.

³⁹ Data for PRSS and PRTSS is not available for 2009-10 and is provided for 2010-11.

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- There were a total of 854 CT properties and 105 DTs properties. The majority of these were in the South West and the fewest were in the North.
- During 2009-10, 1 759 households received a total of \$382 466 brokerage funding. Fifty seven per cent of this expenditure was on emergency accommodation, paying for a total of 9 074 bed nights.
- A total of 3 744 households accessed the PRSS. The majority of payments provided to PRSS clients were for bond payments (88 per cent of all expenditure) and rent in advance (70 per cent).
- A total of 1 215 households access 8 147 units of assistance from the Private Rental Tenancy Support Service.
- Together, PRSS and PRTSS provided 12 058 occasions of support were provided to 4 959 households through PRSS and PRTSS. This is a significant number of households who required support to prevent them becoming at risk of homelessness.
- The data show that non ICOS services, particularly the PRSS, CTs and DTs support a number of households that include a person with a disability and mental illness. Data from a 2007 evaluation of the SRFs⁴⁰ also shows that a large number of Lodge clients (62 per cent) had a disability and six of these had multiple disabilities or dual diagnoses.
- Data from the PRTSS shows variation in the main client groups across the regions: the most common client group in the South was people from CALD backgrounds and single parent families; in the North the most common groups were young people and Indigenous people and in the North West the most common groups were older, single people, Indigenous people and people with a disability.

Historically, the Supported Accommodation Assistance Program⁴¹ has funded four sexual assault (SA) and domestic violence (DV) services in Tasmania. It is acknowledged that family and relationship breakdown is one of the most significant factors contributing to homelessness. During 2009-10, 86 clients of SA and DV services were reported to have received support to address their risk of homelessness⁴².

The data indicates that a future service system model may need to consider the following:

- A high number of young women, accessing services, particularly in the South.
- An over representation of Indigenous people and accompanied children seeking support.
- Longer support periods, particularly accommodation support periods, for clients with accompanying children.
- Repeat periods of support for a considerable number of single men seeking emergency

⁴⁰ PDF Management Services (2007) *Evaluation of Housing Tasmania's Supported Residential Facilities* Unpublished, provided by Housing Tasmania. Note that the evaluation only included Burnie and Indigo Lodges, as these were open during the evaluation period.

⁴¹ This program ended in 2009 to be replaced by the NPA and NAHA arrangements between the Australian and State and Territory governments

⁴² NDCA 2009-10 Annual report for Tasmania.

accommodation.

- The high incidence of people seeking support as a result of relationship breakdown.
- Challenges in providing specialist services support to clients.
- The volume of support provided by PRSS and PRTSS to clients who are facing housing stress and who may become homeless or be at risk of homelessness (approximately 5 000 households received support in 2010-11 from PRSS and PRTSS).
- Variations in need for private rental assistance across different regions, significantly, people from CALD backgrounds in the South, young people in the North, older people in the North West and Indigenous people in the North and North West.

4.4 Regional considerations

There are a number of differences in the population profiles and current usage of SAA services and programs across the regions in Tasmania that are important to consider in terms of a new service system model.

Southern region

The South has the highest proportion of the population of Tasmania and the largest number and proportion of SAA clients in the State. In the South there are:

- more rough sleepers
- more homeless young people, particularly women
- a larger proportion of clients seeking support due to domestic or family violence
- more clients accessing CT and DT properties
- more clients from CALD backgrounds, and a particular representation of this client group accessing PRTSS.

The length of support for ICOS services (for all support periods) was longer in the South compared to other regions, suggesting greater challenges in finding appropriate exit points for clients and/or a more complex client group who required longer periods of support in order to live unsupported.

To address these specific needs in the South, a future model may need to consider providing specifically targeted service responses, for example, providing a youth specific response or focusing specifically on early intervention for people experiencing family / relationship breakdown. There is also a pressing need to consider exits from the system to address blockages, reduce length of support periods if appropriate and free up capacity for new clients.

Northern region

Demand and service usage in the North is characterised by:

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- a larger proportion of clients seeking assistance due to previous accommodation ending and financial problems, which may suggest a somewhat greater degree of housing instability in this region
- a higher rate of unmet need for specialist services and emergency accommodation
- the longest supported accommodation periods in the State
- a higher proportion compared to the rest of the State of young people and Indigenous people accessing private rental assistance
- the lowest number of CT and DT properties available for supported (and transitional) accommodation.

To address these needs in the North, a future service system model should consider earlier intervention approaches that prevent accommodation breakdown due to the end of accommodation or financial problems. Other areas of focus could be on creating links with specialist services and considering exit points from emergency accommodation services.

North West region

Compared to other regions, in the North West there is/are:

- a higher proportion of clients seeking assistance due to interpersonal issues and eviction
- a marginally higher proportion of male clients
- marginally shorter support periods
- fewer clients who were born in countries other than Australia
- fewer clients exiting the service with some form of income
- a higher proportion compared to the rest of the State of older people and Indigenous people accessing private rental assistance.

Areas for focus in the North West for the future could include earlier intervention to prevent accommodation breakdown as a result of interpersonal issues and eviction and a consideration of whether the current system has the capacity to meet the demand by male clients.

Area for discussion 2: Does the variation in regional demand identified by the data reflect the experience of service providers in the different regions? If not, what is different?

- *Why does such regional variation occur – is it in response to the range of services on offer or some other factors?*
- *What **do you think** is the implication of these trends for future planning and service system design?*

5 Map of current services

Excluding the CTs and DTs, the SAA service sector comprises:

- 17 service types
- 30 ICOS services
- 16 non-ICOS services
- 3 NPA programs
- 21 service providers

CTs and DTs are managed by 87 Community Service Organisations (CSOs). The sector comprises organisations ranging in size, including some that are solely Tasmania based and some national providers. Some organisations operate State wide, and provide responses across more than one Tasmanian region and others operate in one region. The figure below shows the distribution of different service types across the State and the number of clients in each region⁴³.

The majority of SAA services are centred in the South region, though all services types are available in all regions. The exceptions are that there is no specifically funded transition support service in the North West, and no IEA targeted to men in the North West. Transitional support services functions in the North West are provided by organisations delivering other SAA service types.

Except in the North West, where there are a number of rurally located services, most SAA services and programs are located in metropolitan regions. This is illustrated in figures in Appendix C.

Many services provide interventions out of more than one location. For example, a number of IEAs manage transitional properties or shelter/ emergency accommodation out of more than one location. A number of case planning and support and transitional support services run satellite, out-reach and in-reach services to improve accessibility for clients.

It is important to consider how well the current distribution of services matches the distribution of the 'at risk' population across the state. The following figure shows the distribution of funding by region and compares the proportion of ICOS clients and number of support periods against the proportion of the population in each region.

⁴³ Taken from 2009-10 NDCA data.

Figure 6: proportion of population, ICOS service funding, client numbers and support periods by region

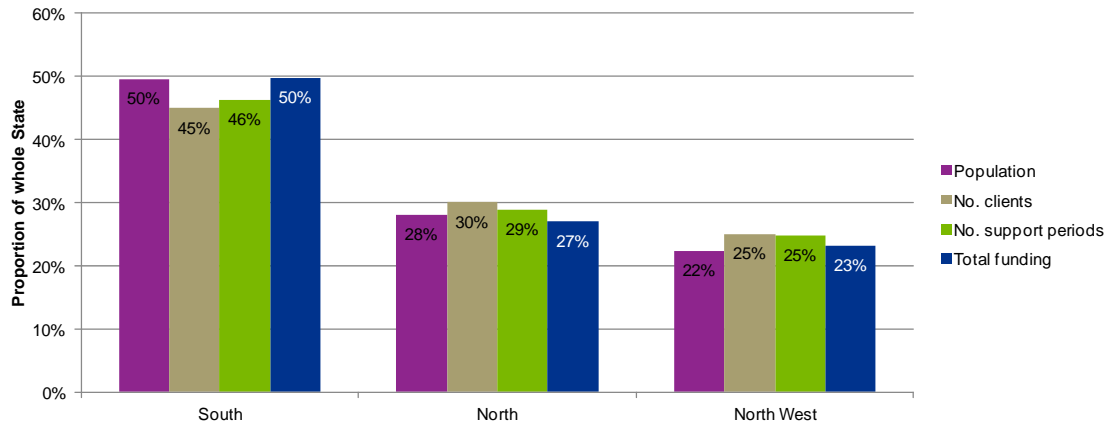


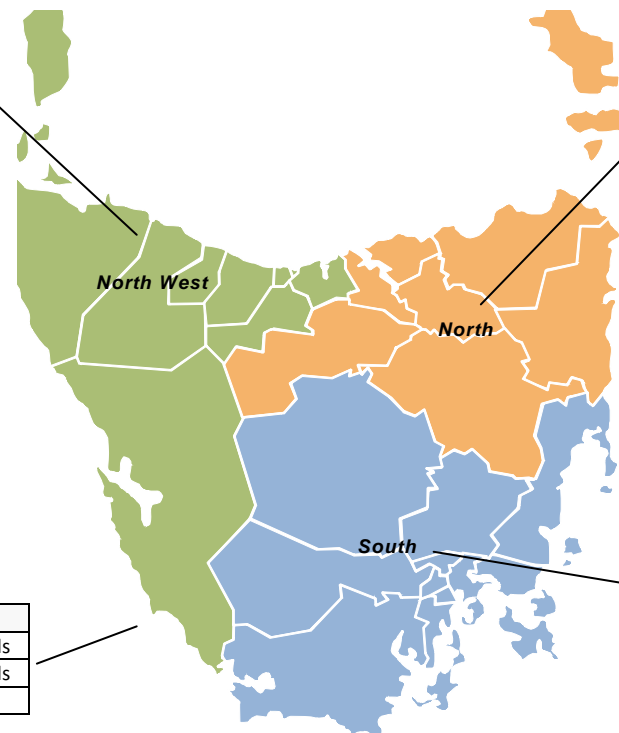
Figure 6 shows that the Southern region has the highest proportion of Tasmania’s population and highest proportion of funding, but delivers proportionately fewer support periods to fewer clients than SAA services in the North and North West.

A comparison of the regional distribution of SAA (ICOS and non ICOS) services and data on variations in risk factors in different regions highlights the following:

- More services are located in the South, reflecting the higher population in this region.
- The Southern region has the most young people specific services, reflecting the higher proportion of young people accessing youth services in the South.
- Risk factors appear to be more prevalent in the North West, compared to the other regions, with a higher unemployment rate, a greater proportion of the population on benefits and a higher Indigenous population. Given that this might indicate that a higher proportion of the population require support, there may need to be additional early intervention service capacity in the North West. (Although the region has three Case Planning and Support services (compare to one in the North) these are spread out geographically to provide place based responses in rural and remote areas.)
- The North West has a marginally higher proportion of male clients accessing SAA, but no specific emergency accommodation service for single men.

Figure 7: Location of services and clients (Source: KPMG based on Housing Tasmania data)

	Service type – North West	No. services	No. clients
ICOS	Case planning and support services	3	884
	Multi-target - IEA	1	89
	Women - IEA	1	93
	Young people - IEA	2	185
	Transitional support services	-	-
	Supervised supported accommodation - young people	-	-
	Adolescent community placement services*	1	19
	Community Tenancies	252	252
	Direct Tenancies	20	19
	Supported Residential Facility	1	29
	PRSS	Combined with North	
	SA/DV services	1	37



	Service type - North	No. services	No. clients
ICOS	Case planning and support service	1	1 064
	Men- IEA	1	124
	Women- IEA	1	84
	Young people- IEA	2	89
	Transitional support services	1	180
	Supervised supported accommodation - young people	-	-
	Adolescent community placement services*	1	27
	Community Tenancies	159	159
	Direct Tenancies	12	12
	Supported Residential Facility	1	30
	PRSS	1	2 014
	SA/ DV services	1	0

	Service type – South	No. services	No. clients
ICOS	Case planning and support service	3	S: 332 SE: 530 SW:412
	Men- IEA	1	43
	Women- IEA	3	183
	Young people- IEA	2	140
	Transitional support service	3	385
	Supervised supported accommodation for young people	2	64
	Adolescent community placement service*	1	18
	Community Tenancies	SE: 99 SW: 344	SE: 99 SW: 344
	Direct Tenancies	SE: 12 SW: 62	SE: 12 SW: 62
	Supported Residential Facilities (2010-11 figures)	2	61
	PRSS	1	N/A
	SA/ DV services	2	34

Service type – Whole of State	Client Nos.
Client Brokerage	1 759 households
PRTSS	1 215 households
1800 after hours service	1 129

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Generally, the level of funding and the allocation of services across the state reflect the proportional population level in each region.

With the exception of the North West, services are generally confined to metropolitan locations (Hobart and Launceston). This may be appropriate given transport links to these places and the proximity to mainstream and specialist services which may be required by SAA clients.

However, this may also create barriers to access for clients. Therefore, the implementation of the new model will need to consider geographical location of services and service delivery options, such as satellite services, that minimise barriers to access across the State.

There are a few potential gaps in the service distribution in the North West, which may need to be addressed in the future.

Area for discussion 3: Is the distribution of services and service types across the State appropriate? If not, why not?

- *How can access to services be improved in non-metropolitan areas?*

6 Strengths and challenges of the current service system

In order to consider any new service system model that should be implemented in Tasmania, it is necessary to understand the extent to which the existing system meets demands and needs. To inform this, strengths and challenges with the current service system model and the existing types and distribution of services and programs are identified below.

6.1 The service system model

Key strengths

Key strength 1: The ICOS model provides a solid basis for a continuum of care and support

At a broad level the ICOS model provides a clear framework for the provision of support and emergency accommodation and is reported to be “working well” to achieve a coordinated, pathway approach for the sector and clients. The current model is recognised to be enabling, because of:

- clear entry points to SAA services and programs
- early response to client need through providing a “safety net” for people at risk of homelessness
- prevention of future breakdown in accommodation through transitional support services
- targeted and tailored responses, through ‘wrap-around’ case planning and management.

Key strength 2: Non- ICOS services strengthen early intervention and transitional support response options for clients

Non-ICOS programs, client brokerage, PRSS, PRTSS, Direct Tenancies and Community Tenancies, were considered to be important in providing additional early intervention and transition support options for clients.

Key strength 3: There are considerable strengths in the current network of providers

The SAA sector is characterised by strong formal and informal professional relationships, a good understanding of the service system and an approach to collaborative problem solving and innovation to address local challenges. Most services have good local reputations and are well embedded in, and are key contributors to, the communities in which they are based. This facilitates referrals as well as in-kind and material donations to support program delivery.

The professionalism, commitment and knowledge within the SAA sector supports the delivery of quality services to clients and the mix of larger and smaller providers provide a good range of flexibility and diversity across the sector.

Key strength 4: The current sector philosophy focuses on empowering clients

There is a general philosophy to provide a needs based response to clients, in line with good practice. The general philosophy supports prevention through a “hand up, not hand out” approach, where services focus on empowering clients to help them build their skills and

capacity for independence. There is a culture in the sector of not “giving up on people” and “going the extra mile”, to provide the support clients need.

Key areas for improvement

Key area for improvement 1: There is a lack of suitable exit points

The SAA system is constrained in its ability to support new clients, because of the lack of suitable exit points for clients already in the system. All stakeholders highlighted significant challenges in securing suitable medium and long term accommodation for SAA clients exiting crisis accommodation. This is causing a bottle neck in the system, where people cannot be exited, or cannot be exited within the specified six week timeframe, leading to a reduced capacity for the system to accept new clients.

Securing appropriate exit options for clients with accompanying children was noted to be a particular challenge, reflecting the longer average stays of these family groups in emergency accommodation.

The capacity for case planning and support and transitional support services to work effectively with new clients was also noted to be restricted, due to longer support periods required to meet the needs of more complex clients already in the system. In addition, a lack of capacity for transitional support services was also noted, placing pressure on IEAs to undertake additional roles in relation to longer-term planning (see below).

Key area for improvement 2: There is a blurring of some roles and responsibilities

There is evidence of some blurring of designated (and funded) roles and responsibilities along the continuum of support, with many services reporting to offer more extensive services and support to their clients than specified in the model and in service agreements. This particularly applies to case planning and management roles, which are undertaken by all services.

This suggests that the separation of support and accommodation / tenancy management approach supported by the ICOS is not consistently practiced. Reasons for this include:

- a perception that providers delivering other services were at capacity and are unable to work with new clients effectively
- wanting to build on existing relationships with clients to provide a holistic, wrap around response to meet their needs
- the resource intensive and challenging nature of integrated and collaborative working
- a perception that it is confusing and disruptive for clients to “work with more than one service”.

While this expansion of role may be preferable to seeing clients “fall through the gaps” it duplicates some elements of service delivery, places considerable strain on services and significantly stretches resources. It may also impact on the capacity for the system to take on new clients if existing clients are receiving more intensive, longer periods of support.

Key area for improvement 3: There is limited focus on earlier intervention and prevention

It was reported that more focus (and resources) is needed on early intervention to prevent an individual or family reaching crisis and to intervene earlier to prevent further breakdown and repeat periods of support. To prevent further breakdown, it was argued that a model needs to allow a level of ongoing, stepped down support to ex-clients, to enable address emerging risks to be address in a timely way. A number of services already report providing this level of support to ex-clients, though this is outside of service (and funding) specifications.

Key area for improvement 4: There is room to improve case planning and management

Almost without exception, services considered strong case management to be a significant factor in achieving outcomes for clients and reported that better outcomes would be achieved if case management was more intensive and available for longer.

Key area for improvement 5: there are challenges in working with mainstream and other specialist services

Despite some examples of good practice in coordinated working with mainstream services, in general significant challenges exist in linking clients with mainstream services. In particular, stakeholders reported poor integration with mental health and drug and alcohol services. This challenge is particularly concerning given the increasing number of clients who are accessing SAA services with complex and multiple needs. The impact of this is that SAA providers 'step in' to undertake specialist roles, placing greater strain on resources. It also means that, as complex needs are not addressed, these clients will either remain longer in the system before exiting appropriately, or will continually cycle back through the system, thus effectively blocking entry points for other clients.

Poor integration and coordination was also reported for child protection (for young people accessing SHS services) and education, training and employment organisations.

Key area for improvement 6: Not all services are underpinned by a model

SAA services that sit outside of the ICOS, such as client brokerage, PRSS and PRTSS and CTs and DTs provide necessary additional interventions to provide a greater range of early intervention and transitional support options to clients. However, the current SAA system has grown organically, with additional programs and services being "bolted on" to the provision of ICOS. To provide clarity of purpose and to ensure an effective, streamlined, integrated response, All SAA services and programs should be underpinned by a model, or more than one clearly linked models, in the future.

Other areas for improvement include:

- the identification and monitoring of outcomes to consider the benefits of services and programs for clients
- access to relevant, sector-wide training
- recruitment of staff, made challenging by remuneration levels and increasingly demand roles
- reducing the burden of reporting and compliance activities

- ensuring that policies which impact on SAA clients are consistent and aligned, for example policies related to the priority waiting list that discriminate against someone in an IEA.

6.2 Types of services and programs

Key strengths

Key strength 5: There is currently a good range of existing services and programs

The range of existing services are recognised to be appropriate to prevent people experiencing homelessness and to minimise the chances that they will experience repeat homelessness or repeat periods of risk:

- The case planning and support services were noted to be a safety net to prevent people accessing emergency services.
- Transitional support services were also recognised to be strong at empowering people and providing them with the skills necessary to live independently in appropriate accommodation.
- PRSS and PRTSS services were valued for enabling people to access and maintain private rental. Figures show that in 2009-10 the two services supported nearly 5 000 households to access or maintain private rental
- CT and DT programs were seen as essential in providing suitable transitional accommodation options for people exiting emergency accommodation and for those who required supported accommodation over the long term.
- The SRFs and (newly implemented SAFs) were recognised as important for providing longer-term supported accommodation options for higher needs, low income clients who prefer communal living arrangements.
- The new STAY and KEYS programs were considered an excellent approach to provide intensive support to complex clients. However, it was noted that capacity of this program was limited and that new referrals were no longer being accepted.

Key areas for improvement

Key area for improvement 7: There are challenges with the existing IEA model

The following challenges were noted with the existing IEA models which were considered to impact on client outcomes and service capacity:

- The one worker model potentially places staff and clients at risk and reduces the ability for services to provide effective support and case management to clients. This was highlighted as a particular risk in young people's emergency accommodation services, as episodes of crisis were perceived to be more frequent and young people were recognised as requiring a greater intensity of support even during non-crisis periods.

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- Many IEA service providers have taken on extended case planning and management roles to provide a better response to clients, placing significant strain on the service in terms of capacity and resources.
- There are challenges in successfully moving clients on within the specified six weeks. This was noted to be due to longer support periods to address more complex, underlying issues with clients and a lack of suitable exit points creating a bottle neck in the system.

Key area for improvement 8: There are gaps in the currently available crisis accommodation

There are currently limited options for immediate emergency accommodation for:

- couples with children: families often need to separate to move into crisis accommodation (i.e. mother and young children separated from father and older male children).
- single fathers with children: existing shelter accommodation is reported to be unsuitable as children may be placed at risk.

Key area for improvement 9: There are challenges and gaps in supporting young people

A number of challenges and gaps were specifically identified in relation to the response for young people, including the need for increased transitional and long-term accommodation options and the need for a youth specific early intervention approach, particularly in the South.

Key area for improvement 10: An opportunity exists to improve the transitional supported accommodation response

Although CTs and DTs play an important role in providing transitional support options it was reported during the review that there was a lack of transition accommodation available and limited suitable options available for some client groups, e.g. families. An opportunity exists to review the current transitional accommodation options and consider future improvements, for example the clarification and expansion of CT and DT programs.

Key area for improvement 11: There is a need to improve targeted responses to specific needs groups

The data shows that 2 per cent of the ICOS support periods are provided to clients from CALD backgrounds and that 86 per cent of clients accessing PRTSS in the South are from CALD backgrounds. A considerable proportion of clients accessing PRTSS in the North and North West are clients Indigenous backgrounds (approximately 28 per cent of PRTSS support periods in each region).

Services need to be able to provide appropriate responses to client groups with particular needs, such as those from Indigenous and CALD background and those exiting institutions. This might include establishing (or reinforcing existing) specialist caseworker posts and providing targeted training and development related to specific risk factors and support needs.

6.3 Regional distribution of services

Key strengths

Key strength 6: Place based responses enable flexible, targeted support that is relevant to the local needs and service system context

SAA providers in each region are generally effective at working together to address local need, within the local service context. This includes being able to work in an integrated way to identify solutions to local challenges.

Key areas for improvement

Key area for improvement 12: There is an opportunity to consider ways to improve accessibility to services

In all regions, concerns were noted about accessibility for clients not living in metropolitan areas or near a regional service provider (such as in the North West). This was particularly the case for clients without access to transport and those who did not want to move out of their community to receive support. A number of services provide transport to clients, placing significant pressure on resources.

Key area for improvement 13: Opportunities exist to strengthen services in the South

Specific opportunities for improvements in the South include:

- providing a youth-specific program, or service approaches and staff that are targeted towards addressing the unique risk factors of young people
- providing culturally appropriate responses for CALD groups, with culturally competent staff and strong links to and partnerships with CALD networks in the region. This may require staff to have skills in working with clients experiencing trauma and grief
- considering the introduction of an additional men's emergency accommodation service to provide another option to Bethlehem house for clients who are not suitable for this IEA
- considering the introduction of an afterhours outreach service to provide support to rough sleepers in Hobart and reduce pressure on emergency departments and police, who currently provide the only available after hours interventions to this group of people
- to continue to have an access point for people seeking support from the East of Hobart.

Key area for improvement 14: Opportunities exist to strengthen services in the North

Specific opportunities for improvements in the North include:

- further strengthening links with mainstream and specialist service providers to facilitate coordinated working to better meet clients needs
- strengthening the provision of earlier intervention to address needs of people who are seeking support due to their previous accommodation ending and financial difficulty. This

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may also require greater awareness raising in the community to promote how SAA services can support people before they get to crisis

- addressing the poor exit options from crisis and emergency accommodation and reviewing the availability of transitional accommodation, including CT and DT properties
- identifying the opportunity for satellite or outreach access services outside of Launceston to balance the concentration of SAA services in Launceston and provide wider access to people living in rural areas.

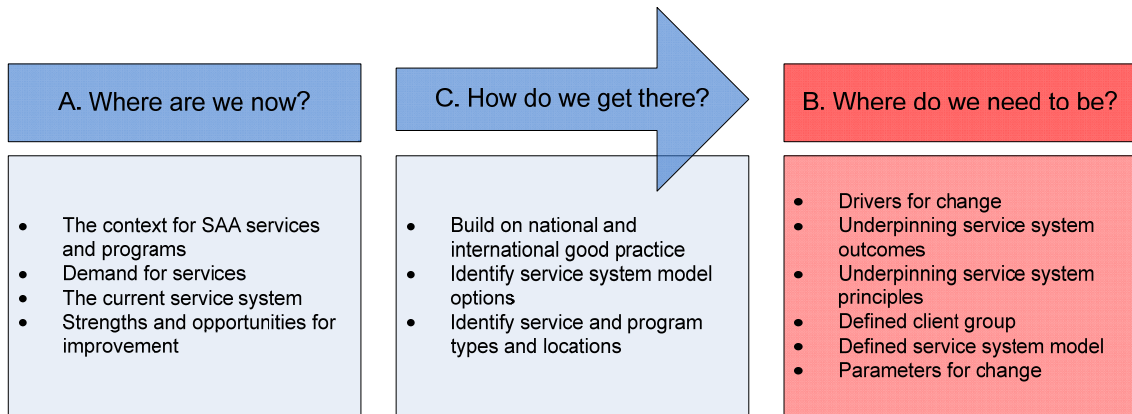
Key area for improvement 15: Opportunities exist to strengthen services in the North West

Specific opportunities for improvements in the North West include:

- improving promotion of and access to early intervention services to encourage people to seek support prior to crisis
- considering the introduction of a specifically targeted men's emergency accommodation service (to supplement the mixed target group service already in place).

Area for discussion 4: Do the identified strengths and areas for improvement with the current system and services reflect providers' experiences? Are there any others to note?

Part B: Where do we need to be?



7 Defining the future service system

The SAA service system in Tasmania needs to be able to meet current and future needs and demands by building on existing strengths and addressing existing challenges and barriers.

Key drivers indicating the need for revision to the existing SAA service system include:

- increasing pressure on providers to deliver quality services to clients that support them to address risk factors contributing to and resulting from homelessness so that they can live in stable, secure and appropriate accommodation
- changes in the profile and needs of families and individuals who are homeless, at risk of homelessness and in need of accommodation assistance
- an increased recognition of the benefits of earlier intervention in terms of cost saving to government, communities and individuals and life outcomes for individuals
- a general move towards service integration within and between service systems to provide more holistic support for clients
- the need to be more effective, efficient and innovative to “do more with the same” in recognition of increasing demand for SAA services in a tighter fiscal environment.

Findings presented in Part A of this report highlight a number of key opportunities for Tasmania to revise the current service system model to better meet the needs of clients and to respond to key drivers of reform.

7.1 Outcomes for the SAA service system

Like the Australian Government, Tasmania has committed to viewing homelessness through a lens of ‘social inclusion’.

Social inclusion means a fair go at having a decent education, skills, meaningful work, access to services, good relationships and a say on what matters. In terms of preventing and responding to homelessness, social inclusion means more than putting a roof over a person’s head. It means seeing people in families and communities in their supportive local networks not just their houses.

Department of Health and Human Services, Tasmania Coming in from the cold. (op cit) p26

Within this context, and based on feedback from stakeholder consultations, best practice research and the policy and reform directions of the Australian and Tasmanian Governments a number of outcomes for the future SAA service system are suggested at individual, community, service system and government level. These will guide the development and delivery of the future service system.

For the individual *I have the opportunity to live and remain in accommodation that is safe, stable and appropriate for me (and my family) and that helps me achieve my life goals and aspirations*

For the community	<i>Communities will support people to access and remain in safe, stable and appropriate accommodation</i>
For the service system	<i>The sector will deliver quality, client centred services that support our clients and their families to succeed in safe, stable and suitable accommodation</i> <i>The sector will be supported to be innovative and flexible to achieve sustainable outcomes for clients</i>
For Government	<i>All Tasmanians have access to safe, stable and appropriate accommodation with support that is commensurate with their needs</i> <i>The support and accommodation service sector delivers quality, effective and efficient services</i>

Area for discussion 5: Are the suggested outcomes appropriate? What changes could be made to strengthen them?

7.2 Principles for the SAA service system

The future service system model needs to be guided and underpinned by principles and objectives that:

- reflect national and State directions, priorities, principles and objectives
- reflect national and international good practice in relation to support and accommodation assistance
- apply to the full range of services and programs and the intended client groups for SAA
- are transparent and easy to understand
- enable a common sense of purpose for the sector that can be shared between services, government and key stakeholders
- motivate and drive system change.

Suggested principles to underpin the future SAA system in Tasmania are as follows.

Principle 1	Social inclusion and empowerment are fundamental: to prevent people experiencing homelessness it is critical to build connections to family and community, to enable economic and social participation and to support people to live as independently as possible.
Principle 2	Client centred and outcome focused approaches: services will work with clients to meet their needs and achieve their goals and aspirations. This requires a solid understanding of outcomes and a flexible, culturally appropriate, individualised and

	<i>holistic approach.</i>
Principle 3	An easy to understand system with clear pathways: <i>the service system will be simple to access and navigate for clients. It will have clear access points, service pathways and exits, if appropriate. This will enable people to easily access support when they need it, to understand the options and range of accommodation and other supports that are available to them and to prevent exits into homelessness.</i>
Principle 4	A focus on prevention and addressing the causes before crisis: <i>this is essential to reduce the likelihood that a person will be without stable, safe and appropriate housing and to break the cycle of factors that lead to repeat homelessness. Prevention and early intervention require a whole of government and whole of community commitment, as well as a flexible approach to providing support as it is needed.</i>
Principle 5	Responses will be targeted, needs based and flexible: <i>there is no “one size fits all” approach. Programs will be tailored to the needs of client groups and services will deliver personalised, needs based interventions for individual clients and their families.</i>
Principle 6	Strong partnerships and integration with mainstream services: <i>homelessness does not occur in isolation of other risk factors. Strong partnerships and integration with mainstream services, at both delivery and policy levels, are essential to enable earlier identification and a timely response to risk factors and to enable holistic support that addresses the causes and consequences of homelessness.</i>
Principle 7	Equity and parity of services: <i>all Tasmanians should have access to quality advice, information and support to address the risk of homelessness. This recognises the need for consistent standards and appropriate distribution of services across Tasmania.</i>
Principle 8	Quality, evidence based services and responses: <i>services will be based on evidence of good practice and will characterise quality service delivery. This includes ensuring safety and wellbeing of clients, enabling client participation in decision making, having a competent, trained and qualified workforce and strong governance and management systems in place. A quality service system is also one in which there is continuous learning and improvement to better achieve client outcomes.</i>
Principle 9	Value for money and cost effective services <i>that maximise the use of available resources: with increasing demand on services and growing pressures on resources, achieving good client outcomes involves adopting innovative approaches, streamlining administrative requirements and focusing on a ‘whole of system’ approach to meeting clients’ needs.</i>

Area for discussion 6: Are the suggested principles appropriate? What changes could be made to strengthen them?

7.3 Defining the client group

In order to develop the future model, there needs to be a clear and common understanding of who SAA services and supports are provided for. This is essential so that the service system model and underpinning services and programs can be properly tailored to meet client needs both collectively (i.e. at a whole of system level) and individually (i.e. at a service level).

Based on feedback from stakeholders, an analysis of current and future demand data and an understanding of the national and State priorities, it is suggested that the future SAA service system targets families and individuals who:

- are experiencing primary, secondary and tertiary homelessness
- are at risk of becoming homeless (or returning to homelessness) in the short - medium term
- are at risk of losing their safe, secure and appropriate accommodation in the short to medium term
- need support to enable them to develop necessary skills and/or to change or manage their personal circumstances so that they can live in and maintain appropriate, secure and stable accommodation over the long term. In effect, this client group comprises those who are likely to be at risk of homelessness if they are not supported.

To meet the range of needs that these client groups might present with, the future service system will need to provide a continuum of support, that includes outreach support to rough sleepers, early intervention, emergency accommodation and on-going stepped down support to prevent repeat periods of need.

Services will need to work with clients in a range of different accommodation situations and with a range of different tenures.

It should be noted that this does not vary greatly from the current delivery environment, but there are a number of opportunities to provide greater clarity and focus to improve the continuum of support.

Area for discussion 7: Are the suggested client groups appropriate? What changes could be made to more clearly define the client group?

7.4 Defining the service system model and service types

The future service system model will provide a framework that underpins and guides the planning, management and delivery of all services and programs that support the defined client group.

A service system model aims to describe the type of services and programs that will provide support and how these will work (collectively and individually) to deliver outcomes for clients.

Essentially, the SAA service system model will:

- take a whole of State view of the demand for services, recognising the different contexts of each region. This moves away from a silo approach to service planning and delivery and enables a cost effective response, where resources are not duplicated
- ensure that all services are working towards shared outcomes for individuals, communities and society
- describe how all services contribute to a whole of State response to people who are homeless, at risk or homelessness or who need accommodation assistance
- clearly describe the client pathway from access to exit and ensure that services and initiatives are in place to support clients along this pathway
- describe how services work together and with other sectors to deliver outcomes for clients
- describe delivery and governance arrangements for all services and for the sector as a whole
- be based on good practice in the sector so that it supports the delivery of services that “work” with the client groups.

The model will guide future decisions about new and revised service types in Tasmania, to ensure that all future initiatives are aligned across the sector and continue to contribute to meeting demand and achieving client outcomes.

To reflect current demand and good practice the model will need to be updated periodically through processes similar to the current SAA review.

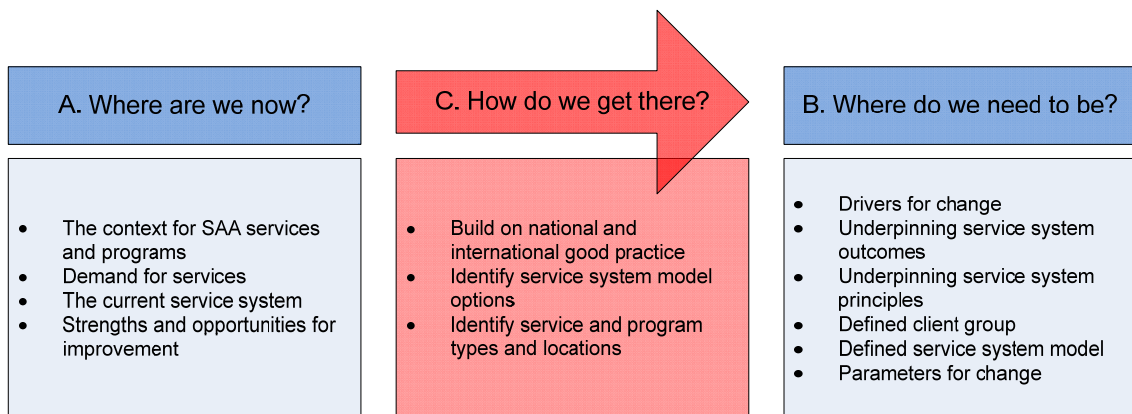
7.5 Parameters for change

There are a number of constraints and ‘givens’ that need to be applied to the development of a future SAA service system. These are that the new model and implementation of the model:

- ***should build on existing strengths*** to recognise the good practice that currently exists in Tasmania and to facilitate implementation of the new (revised) system
- ***should align to other related Tasmanian initiatives and reforms*** such as reforms to social housing that have recently been announced, for example the transfer of up to 4 000 Public Housing properties to Community Service Organisations by 2014⁴⁴
- ***minimise the burden of reporting and compliance*** on the sector, while continuing to ensure accountability
- ***align to existing quality frameworks***, including the national quality framework and standards that are currently out for consultation. This should also include commencing the move towards a focus on outcomes in the sector
- ***must be cost neutral***: there is no additional funding for the new model. This requires that the model considers innovative ways to improve the effectiveness and efficiency of service delivery to better meet demands and needs in the future.

⁴⁴ Media Release: Cassy O’Connor, MP Tuesday 12th July 2011: Housing Reform on the Agenda.
13008783_1 - 21 October 2011

Part C: Moving forward



8 Building on good practice

Examples of national and international good practice regarding some key elements of a service model are presented here to inform the discussion about the most appropriate ways forward for the SAA sector in Tasmania.

8.1 Common access to homelessness services

Approaches that seek to simplify and streamline entry points to services are widely recognised as best practice in the homelessness and other human service systems such as community health, disability, child and family services, mental health and aged care. Common access points have been an area of increasing focus and stem from the recognition that 'service systems' can be difficult to navigate for people in need, particularly those in crisis and that demand management and resource allocation is difficult across a sector that has multiple access points.

Examples of common access approaches include:

- 'No wrong door' approaches that enable a client to access the services they require without navigating the service system, or telling their story multiple times. Through this approach, a client is considered to be 'in the system' from their first contact with a service. After initial contact, referrals are made within the system to the most appropriate provider or service, based on the client's need.

A 'no wrong door' approach is recognised as critical under the directions of *The Road Home*.⁴⁵ These approaches generally are based around common assessment and referral tools and agreed protocols between services. Some no wrong door approaches also share common information technology systems.

No wrong door – LASNs in Victorian homelessness service system.

In Victoria under the Opening Doors model, Local Area Service Networks (LASNs) provide a number of visible service system entry points and maintain a local service delivery model. LASNs coordinate access to all support and accommodation services. Underpinning this model are common initial assessment and referral tools that support referrals to a range of local supports including health, mental health and substance use treatment.

- Designated access and intake services that act as a central and recognisable point to access the full range of homelessness support services. This is the approach underpinning access points in the current ICOS model. Often designated access and intake services provide access to a range of different but related services, with the aim of reducing silos of service responses to clients with multiple needs. The Tasmanian Community Gateway Service is an example of a this type of access point.

Designated access and intake services – ACT CIS model

The Centralised Intake Service (CIS) is part of a 'one stop shop' approach which includes CIS, common waiting lists for public and community housing, and a combined/co-located housing

⁴⁵ Commonwealth of Australia, *The Road Home*. (Canberra, 2008) p38
 13008783_1 - 21 October 2011

and homelessness services gateway shopfront for social housing and community-based service providers. The CIS aims to streamline entry, reduce duplication of assessment processes and removes the need for clients to negotiate multiple agencies to secure emergency, transitional and longer-term stable housing. The CIS is intended to be the main, but not the only referral pathway. The CIS is supported by a 1800 number and website linking people to appropriate services.

8.2 Separation of tenancy management from support

In recent years there has been a growing practice of separating the roles of tenancy and case manager in the homelessness service system and service providers now delineate between the provision of case management of support to clients and the functions of tenancy management for the following reasons:

- delineation avoids potential tensions between the two roles. For example, a case manager may have to provide (or make referrals for) support in relation to financial management, gambling issues or domestic violence, while also collecting rent and addressing property damage.
- delineation is considered to be important for the client in the establishing ‘land lord – tenant’ relationships, consistent with mainstream housing options
- the different roles require different skills, qualifications and experience and making this delineation can enable a service to more efficiently allocate staff resources.
- enabling staff to clearly focus on support or tenancy management aspects of their role.

Separation of tenancy management from support can be implemented in a range of different ways. For example:

- Within the same organisation, whereby different parts (and therefore staff) of the organisation are responsible for either support provision or tenancy management functions.
- Through the service specifications whereby services are funded specifically to provide case managed support or housing responses. These models commonly link in with community housing services. This approach currently underpins Tasmania’s KEYS and STAY programs.
- Priority allocation models with public or community housing, for example some ‘street to home’ approaches prioritise access to long term social housing for people experiencing chronic homelessness, with support provided separate to the housing response.

Victoria: Transitional Housing Managers (THMs)

The Victorian Homelessness service system has established THMs as the primary providers of transitional (homelessness specific) accommodation to clients in the homelessness sector. THMs are registered housing providers and are required to comply with standards established under Victoria’s housing provider registration system.

8.3 Earlier intervention and prevention

Early intervention is a priority across the homelessness service system, a focus of many Tasmanian homelessness services and initiatives and a key objective under *The Road Home*. Best practice approaches world-wide recognise that interventions that intervene before people become homeless are the most proactive and cost effective response to resolving homelessness, however there are challenges associated with identifying and reaching at risk groups or individuals before a crisis occurs because people often only access formal services when they are at or near crisis.⁴⁶

Given this, earlier intervention requires:

- services outside of the homelessness service system to identify households and individuals at risk of homeless
- improved capacity for mainstream services to respond to individuals' needs to help prevent them becoming homeless
- integrated service responses that incorporate the responses to homelessness to enable appropriate referrals and responses to be made before a crisis

Early intervention applies to people who are at risk of entering becoming homeless for the first time, as well as people who have been homeless and who become at risk of being homeless again. Thus, early intervention responses have two target groups; new clients as well as exited clients.

Best practice early intervention responses include:

- identifying at risk groups through pre-tenancy assessment (potentially for people in either social or private housing)
- provision of supports (financial, social, health etc) before a tenancy is placed 'at risk' i.e. before rental arrears or other tenancy braches escalate.^{47 48}
- provision of 'floating support' for people with a history mental health or substance
- joint protocols between housing providers (potentially for people in either social or private housing) and hospitals/health services for discharge planning, justice and corrections agencies and child protection/family services agencies to support at risk tenancies, before there are problems, or prevent exit into homelessness

Supported Tenancies Program - SA

The SA Supported Tenancies Program partners with non government agencies to provide case managed support to public housing tenants at risk of eviction.

Integrated Housing Exits Program – SA

Integrated Housing Exits Program aims to prevent people exiting prison into homelessness and also prevent people re-entering custodial institutions as a result of their homelessness. Up to

⁴⁶ Chamberlain, C et al, *Homelessness in Melbourne: Confronting the challenge*, RMIT University (Melbourne, 2007)

⁴⁷ Shelter, *Good practice guide: Homelessness early identification and prevention*, (London, 2007).

⁴⁸ SA Housing Trust, 2010 2009-2010 Annual Report [online accessed 25 August 2011 at http://www.dfc.sa.gov.au/pub/tabId/256/itemId/1256/moduleId/1063/Housing-SA-publications.aspx#Annual_reports]

60 housing opportunities are available at any one time for people assessed as 'high need' prior to their exit from custody. Under the program, Housing SA delivers the Housing Outreach Program, which provides housing information, advice and referral services to people in advance of their exit from custody.⁴⁹

Prevention practices seek to stop people who have experienced homelessness from re-entering homelessness by:

- providing support for duration of need, i.e. whereby services continue to support clients beyond the resolution of their immediate housing crisis to support them to address issues and build skills to be able to live independently, without support
- providing outreach services to clients (where required) once their housing issues have been resolved
- establishing joint protocols between housing/homelessness services and mainstream services regarding the provision of support to people who have experienced homelessness and exited the homelessness service system.

8.4 Youth specific responses

Young people experiencing homelessness require different service responses to adults and families and there is recognition that effective interventions for young people experiencing homelessness are particularly important in preventing homelessness for adults later in life.⁵⁰ Young people often experience different issues contributing to their homelessness than adults in the service system and the range of housing options available to young people are considerably different. For these reasons young people require a different service response to their homelessness than other population groups.

In particular, in addition to the broader best practice approaches outlined in this chapter, homelessness responses for young people incorporate:

- a focus on mediation and family reunification (where this is appropriate), particularly for younger people to maintain connection with family and community
- supports and feasible options for young people to access independent accommodation (again where appropriate), recognising that young people are often unable to access accommodation in the private rental market or 'mainstream' public housing

Step Ahead – Melbourne City Mission

The Step Ahead Program provides young people (16-25 years) with long-term supported housing coupled with case managed support and education and training opportunities.

The program seeks to prevent young people from becoming chronically homeless or disadvantaged by supporting young people to secure satisfying employment and enhancing young people's life opportunities.

[online accessed 25 August 2011 at <http://www.frontyard.org/stepahead.htm>]

⁴⁹ *ibid*

⁵⁰ Chamberlain, C. McKenzie, D 2004 *Youth Homelessness Four Policy Proposals*, AHURI Melbourne 13008783_1 - 21 October 2011

- opportunities for young people to maintain or re-establish their connection with education⁵¹
- coordinated response with children and family services to prevent young people exiting institutional settings (such as out-of-home care or the justice system) into homelessness
- age appropriate accommodation that does not expose young people to behaviours, individuals and environments that could place them at further risk
- workers with specific skills and experience in dealing with young people and their families.

8.5 Integrated service responses

Recognising that homelessness services cannot ‘do it all’ when it comes to meeting the wide range of support needs of people experiencing or at risk of homelessness, integrated service responses are critical. Better integration with mainstream and other specialist services is identified as a core priority in *The Road Home*.

Integrated service responses:

- are based on a common understanding across service systems about clients and their needs and agreement about the appropriate response mechanisms and ways of working together to achieve shared goals (for clients and services)
- address service gaps or needs across multiple service systems (i.e. they are not only focused on achieving outcomes for one part of the system)
- are effective in mobilising resources to provide clients with access to the ‘right services at the right time’
- strengthen clients’ connection to their local community through the provision of ‘wrap around’ services.

Across the homelessness service sector, nationally, many individuals and services have established proactive and productive integrated service responses for their clients incorporating such things as:

- joint case conferencing and planning for clients with complex needs who are engaged with multiple services
- agreed referral and prioritisation processes for clients with particular needs
- common assessment processes
- co-located services.

Multi Agency Assessment Panels - UK

Multi agency assessment panels have been established in the UK to undertake a comprehensive needs assessment to inform a housing and support response for complex clients. The panels incorporate statutory services (those mandated to participate) which

⁵¹ Karabanow, J, ‘Getting off the street: Exploring processes of young people’s street exits’, *American Behavioural Scientist*, 51 (6), 772-788 (2008).

include: housing departments, social services, mental health teams, probation services, drug action teams, police; and voluntary agencies which may include: supported housing providers, Night shelters, day centres, drug and alcohol projects and outreach teams.⁵²

At a system wide level, best practice seeks to embed integrated approaches at all levels from State Government through to local working relationships. At a system level, integrated responses can be achieved through:

- joint planning processes at the system and local level
- joint assessment processes for common clients, using established protocols that bring all relevant services together to assess and respond to the needs of complex clients
- shared governance and funding arrangements, such as partnerships and governing councils
- shared policies and procedures, particularly with respect to assessment, intake and referral protocols
- regulatory structure that supports integration
- joint targets and reporting.

Creating Connections Partnerships - Victoria

To provide an integrated and youth - specific response to homelessness, Creating Connections Partnerships were established every region in Victoria. These partnerships include specialist homelessness and other services and are responsible for planning, developing and monitoring a regional youth homelessness response that is based on a shared understanding of local and regional need. This enables services and resources to be tailored appropriately to each region and encourages inter and intra sector partnerships to improve responses for young people.

8.6 Transitional accommodation

Research on effective transitional support and supported accommodation options is limited and reviews or evaluations into these types of services tend for focus on specific transitional support programs for specified client groups, such as young people or people with complex needs, and ex-prisoners. This diversity makes drawing out key features and outcomes challenging.

The precise definition of ‘transitional accommodation’ varies in different jurisdictions but predominantly refers to time limited accommodation that is provided as a step between emergency or crisis and accommodation and permanent (long term) housing. This distinguishes transitional accommodation from other housing and support models (such as Housing First), which are not time limited⁵³.

⁵² [online accessed 25 August 2005 http://england.shelter.org.uk/_data/assets/pdf_file/0004/57784/Multi-Agency_Assessment_Panels_Toolkit.pdf]

⁵³ Thomson Goodall Associates (2009) *Homeground Transitional Housing Summary Report* Home Ground Services: Melbourne. Viewed at <http://www.homeground.org.au/assets/homeground-transitional-housing-management-program-summary-web2.pdf> on 20th August 2011.

A key rationale behind transitional accommodation is that some households (particularly young people) need more than just accommodation and also require support to acquire living and life skills to enable them to achieve stability in suitable accommodation. Critics of the approach argue that a time limited accommodation option creates an extra, disruptive layer through which clients have to 'graduate' before reaching long term accommodation⁵⁴.

A number of studies into different transitional housing models have suggested that the model is most effective for families and couples who do not have a history of homelessness, for example those who require support due to an accommodation crisis. Findings also suggest that the model is less effective with people who have experienced chronic homelessness and who become homeless as a result of mental health and substance misuse⁵⁵. These findings have implications for targeting of transitional accommodation services and also highlight the need for more intensive, longer term support for people with complex needs.

Key aspects in the effectiveness of supported accommodation are⁵⁶:

- matching the physical model of the accommodation to the client needs. For example, a cluster style accommodation model is appropriate for younger clients, but a dispersed model may be more effective for other client groups
- provision of effective support, using a case management approach, underpinned by a persistent, reliable, respectful relationship between the client and the case worker⁵⁷
- access to specialist services⁵⁸.

Transitional Housing Management (THM) program - Victoria

The THM program in Victoria was established in 1997. The program incorporates 3500 properties, managed by 19 agencies across the State. Initially these providers undertook property and tenancy management roles, with support provided by the (then) SAAP services, underpinned by clearly articulated partnership protocols. The program has expanded through cross government initiatives to provide more targeted transitional accommodation options to specific target groups, such as young people and those leaving psychiatric facilities. This has involved a joined up approach to be implemented between THM providers, specialist homelessness services and other government and non-government agencies supporting specific client groups, such as Youth Justice.

8.7 Support in the private rental market

As a result of increasing costs of home ownership, and growing pressure on community housing, it is recognised that there is an increasing reliance on the private rental market in Australia. However, limited affordable housing options, greater financial pressures and substantial initial private rental costs (such as bonds) have also led to increased challenges for lower income households to access and remain in the private rental market. In Australia,

⁵⁴ Ibid p 40

⁵⁵ Ibid p 41

⁵⁶ Ibid p 42

⁵⁷ AHURI (2009) *What makes case management work for people experiencing homelessness?* Issue 127

⁵⁸ Ibid, cited in Thomson Goodall Associates (2009) opcit

various types of private rental assistance programs have been established to address these challenges, to support households to access and maintain private rental and to ease the pressure on community housing services.

Most private rental support services “aim to help low income households enter the private rental market with a secondary focus on assisting people to maintain those tenancies⁵⁹”. However, there are a variety of different types of services, including financial and non-financial support that may provide (for example):

- bond assistance, including loans, and rent advance
- other set up costs, such as removalists, or connection to utilities
- advocacy with real estate agents and landlords
- information and advice about rights and responsibilities, linked to the jurisdictions residential tenancies acts (or similar)
- “case planning and management” to provide more intensive support.

Services across Australia are delivered using a range of different governance and delivery arrangements. For example, some are provided through Public Housing, others through specialist homelessness services or other community service organisations. Services also have a range of different target groups and eligibility criteria, for example different services (and jurisdictions) set different income thresholds for clients. In most jurisdictions there appear to be more than one service delivering private rental support, each with a slightly different focus and target group, as shown in the adjacent text box.

Examples of the range of private rental support services in Queensland

- Rentconnect- support to establish a tenancy
- Tenant Advice and Advocacy Service Queensland (TAASQ) – support to maintain a tenancy
- Rental Grant Scheme – once only grant for rent advance and set up costs

Research undertaken by AHURI in 2006 concluded that “private rental support programs effectively help low income private renters access a home, but are not sufficient for those facing affordability and personal problems to maintain their tenancy”⁶⁰. This research highlighted that the private rental support services were valued by clients although it was noted that most programs were unable to meet all costs of moving into private rental and fell short of building necessary life skills to enable sustained tenancies. It also highlighted the importance of public awareness and service profile to enable the service to provide early intervention for tenants at risk of losing private rental tenancies.

The AHURI finding mirrors findings in a review undertaken by KPMG of the brokerage support component for youth homelessness services in Victoria. The review found that financial support was not effective at achieving sustainable tenancy outcomes for clients, unless it was

⁵⁹ AHURI (2006) *How effective are private rental support programs?* Issue 80, August 2006. P2.

⁶⁰ AHURI (2006) *How effective are private rental support programs?* Issue 80, August 2006.

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provided within the context of wider support to improve living and life skills to maintain tenancies⁶¹.

In addition, an evaluation conducted by KPMG of the TAASQ service in Queensland⁶² found that key elements of an effective private rental support service included; clear links to the broader strategic approach for housing in the State; clear articulation of service intent and outcomes and monitoring of outcomes; and a focus on support in rural and remote areas, with particular targeting towards high risk, local groups.

These and other examples of emerging good practice and practical examples of service delivery should be considered to guide possible service system options in Tasmania.

⁶¹ KPMG on behalf of the Victorian Department of Human Services (2010) Evaluation of the Victorian Youth Homelessness Action Plan, unpublished.

⁶² KPMG on behalf of the Queensland Department of Housing (2009) Evaluation of the Tenant Advice and Advocacy Service Queensland, unpublished.

9 Opportunities for improvement

The review has found that the current ICOS model provides a solid basis for the provision of support and accommodation assistance along a continuum of need and that existing service and program types broadly meet the range of support needs in Tasmania.

However, the review has identified a number of opportunities for improvement that should be considered, which are included in the table below.

Table 5: Opportunities for improvements to the SAA sector

Opportunities in relation to:	To address:
The service model	<ul style="list-style-type: none"> • The blurring of case management roles and responsibilities and the resulting impact on service resources and capacity • A greater focus on earlier intervention and relapse prevention (or post transitional support) • Challenges identified with access to services, including the need to encourage people at risk to seek support earlier • The fragmentation of the current services (ICOS and non-ICOS services)
The range and type of current services and programs	<ul style="list-style-type: none"> • Challenges with the existing IEA service model • The limited emergency and transitional accommodation options for single fathers and families with children • The gaps in transitional support for young people and the lack of a youth specific support early intervention response • Current gaps in the system that might lead to people exiting institutions into homelessness • The need for culturally appropriate responses to meet needs of specific client groups • Specific demands and gaps identified in each region
Alignment to other sectors and reforms	<ul style="list-style-type: none"> • The lack of suitable exit points and a resulting impact on SAA service capacity to take on new clients • Challenges in linking with mainstream and other specialist services and the resulting impact on the SAA sector to work effectively with clients with complex and multiple needs to achieve long term goals.

Source: KPMG

9.1 Considering solutions

Ultimately, the revised SAA service system should provide a range of support and assistance options along a continuum or pathway that recognises different client needs and stages of risk. The following areas for discussion aim to achieve this through considering solutions to key challenges that have been identified.

Area for discussion 8: How can the service system model be improved in the future?

- Could case planning and management be separated from accommodation and tenancy management functions? Why or why not?
 - What are the benefits for clients, for service providers and for Government of this approach?
 - If it should be separated, how can duplication in case planning and management activities be avoided?
- How could a future model support earlier intervention to prevent individuals and families reaching crisis and losing their accommodation?
- How could a future model minimise or prevent the need for repeat support periods?
- Could there be a common access into SAA services to streamline intake and assessment and enable demand to be better managed? Why or why not?
 - If not, how can demand and capacity in the system be better managed to ensure that services do not become “blocked”?
 - If so, what should this look like in practice, e.g. virtual access points, physical access, collocated access with other initiatives, such as the Community Gateway Services?
 - What are the benefits for clients, for service providers and for Government of this approach?
- Could all SAA services and programs be underpinned by a single model? Why or why not?

Area for discussion 9: How could the range and type of current services and programs be improved in the future?

- Is there a need for specific services or programs to be implemented that respond to the following groups? If responses could be provided through existing services, what specific capacity and resources are needed to achieve this (e.g. designated case workers, training and development, partnerships and networks):
 - Young people requiring early intervention support to prevent crisis and accommodation breakdown?
 - Individuals and families from Indigenous backgrounds?
 - Individuals and families from CALD backgrounds?
 - Individuals (and families) exiting institutions or state care?

- How could the CT and DT programs be improved to provide additional transitional accommodation capacity?
- There is no additional funding available for the SAA system and it is unlikely that new emergency accommodation services will be implemented. Given this context, what solutions are there to:
 - better meet the needs of fathers with children and families with children who require emergency accommodation
 - address issues of safety and limitations in case management that are a result of the one worker IEA model?
- Considering the areas for improvement in the region(s) where you provide services (see page 38), what are the priorities to be addressed and what approaches could be taken to achieve this?

Area for discussion 10: How could the SAA sector be better aligned to and integrated with other sectors?

- What are the key barriers to clients exiting emergency accommodation into the following and what solutions or examples of good practice are there to address this:
 - Social housing, including public housing
 - Private rental
- The review highlighted the need for better integration and coordination with mainstream and other specialist services. How should this be facilitated by:
 - SAA clients
 - SAA service providers
 - Housing Tasmania
 - other Government departments
 - other non-government providers?

10 Taking the discussion forward

This Discussion Paper provides a summary of the SAA Review findings to date and describes the case for a revised SAA service system model which will be able to better meet the needs of Tasmanians in the future.

The paper identifies a number of areas for discussion, including options for the future model, which are summarised in Appendix E.

A number of steps are now required to validate the findings to date and to consider what these mean for a future service system model. These are described below.

Regional validation and discussion workshops

Three regional workshops will be held in September with SAA service providers and Housing Tasmanian to:

- present the review findings to date, summarised in this Discussion Paper (Part A)
- receive validation and feedback, and provide clarification on the findings
- present an overview of good practice to frame discussions about ways forward
- seek feedback on areas of discussion highlighted in this Paper
- consider the implications of the review findings to date on a future service system model in Tasmania.

Workshop details are:

North West Region	Tuesday 20 th September, 1:00pm to 4:00pm Braddon Hall, Burnie Arts and Function Centre, Wilmot Street Burnie
North Region	Wednesday 21 st September, 9.30am - 12.30am Chancellor Room 1, Launceston Grand Chancellor Hotel, Cameron Street, Launceston
South Region	Thursday 22 nd September, 9.30am - 12.30am Amenities Room, Level 2/99 Bathurst Street Hobart

Next steps

Following feedback and discussion from the sector the following steps will be taken:

- Development of a number of options that describe the future service system model and service and program types.

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- Presentation of the options to the SAA sector and to relevant stakeholders from mainstream and other specialist services to seek feedback and further refine the options.
- Development of a service system model to guide future SAA sector development, delivery and management.
- Development of an implementation plan to support the roll out of the new model.

The model is due to be finalised in early 2012.

A Stakeholders consulted during the review

Stakeholders from the following organisations were consulted to inform the review.

Table 6: Stakeholders consulted

Specialist Homelessness Services (SAA providers)	Government and non-Government stakeholders
1 COSS	1 Shelter Tas
2 Access – S	2 TasCOSS
3 McCombe House	3 Aged and Community Services Tasmania
4 Hobart Women’s Shelter	4 Real Estate Institute of Tasmania
5 Jireh House	5 Common Ground Tas
6 Bethlehem House	6 Local Government Authority Tasmania
7 Annie Kenney	7 Quality Management Services
8 Youthcare	8 Tenant’s Union of Tasmania
9 SASH	9 Housing Tasmania
10 Centacare Transitional Support Service - South	10 DHHS Disability and Community Services
11 Hobart City Mission	11 Dept Justice, Community Corrections and Prison
12 Mara House	12 DHHS Child and Families
13 LAUNCH (Youth Accommodation Services Tasmania)	13 North West Area Health Services Social Worker
14 ACCESS-N	14 Dept of Statewide and Mental Health Services
15 Launceston Women’s Shelter (Magnolia House)	15 Department of Premier and Cabinet Social Inclusion Unit and Community Development Division
16 Launceston City Mission	16 Northern Area Health Service
17 Karinya Young Womens Service	17 FaHCSIA Tas
18 Youth Futures	
19 Centacare Transitional Support Service - North	
20 ACCESS-NW	
21 Wyndarra (Smithton)	

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Specialist Homelessness Services (SAA providers)	Government and non-Government stakeholders
22 West Coast Crisis Accommodation & Referral Service (Zeehan)	
23 Warrawee Womens Shelter	
24 Oakleigh House	
25 Youth and Family Focus (Devonport)	
26 Burnie Youth Accommodation Service	
27 Huon Domestic Violence Service (Huonville)	
28 Laurel House (Launceston)	
29 North West Centre Against Sexual Assault (Burnie)	
30 Sexual Assault Support Service (Hobart)	
31 Specialist residential facilities (Anglicare)	
32 PRSS (N/NW)	
33 PRSS (S)	
34 PRTSS (Tas)	
35 Specialist Intervention Tenancy Service (STAY)	
36 Same House Different Landlord (KEYS to the Future)	
37 Supported Accommodation Facilities x3	
38 Supported Tenancy Service for Prisoners, Parolees and ex-Prisoners	
39 Anglicare	
40 Centacare	
41 Colony 47	
42 RAIN	

Forums were also held with CT and DT providers in the South, North and North West.

B SAA services and programs

The following services and programs currently comprise the SAA service system.

Table 7: ICOS services

ICOS operational type and sub-type	Key functions
Case Planning and Support	
Generic (South and North only)	<ul style="list-style-type: none"> • Flexible support following client regardless of accommodation type and location • Crisis assessment and support • Support clients of Immediate Emergency Accommodation services • Early intervention and brokerage funds • 24-hour on call advice and referral service
North West Type 1 (Burnie and Devonport)	<ul style="list-style-type: none"> • As above but with adjustments in the focus of modules
North West Type 2 (remote areas)	<ul style="list-style-type: none"> • As above but with adjustments in the focus of modules
Immediate Emergency Accommodation	
Women and accompanying children aged up to 16 years	<ul style="list-style-type: none"> • Crisis assessment and support • Management of emergency beds • Management of expanded accommodation properties (community tenancies funded by HT as transitional housing), if allocated • Long term case planning and support
Single men ('sleepover' staffing model) – North	<ul style="list-style-type: none"> • Crisis assessment and support • Management of emergency beds • Long term case planning and support
Single men ('stand up' staffing model) – South	<ul style="list-style-type: none"> • As above and also support 'sleepover' model IEAs and act as after-hours referral point
Multi-target (including families) – North West	<ul style="list-style-type: none"> • Crisis assessment and support • Management of emergency beds • Long term case planning and support
Young women aged 13-20 – South and North	<ul style="list-style-type: none"> • As above
Young men aged 13-20 – South and North	<ul style="list-style-type: none"> • As above
Young people aged 13-20 – North West	<ul style="list-style-type: none"> • Crisis assessment and support

ICOS operational type and sub-type	Key functions
	<ul style="list-style-type: none"> • Management of emergency beds • Long term case planning and support • Transitional support • High need supported accommodation for young people
<i>Supervised Supported Accommodation for Young People</i>	
Longer-term accommodation for young people (South)	<ul style="list-style-type: none"> • Crisis assessment and support • Management of emergency beds • Long term case planning and support • High need supported accommodation for young people
<i>Adolescent Community Placements</i> (Note: This service type ceased in 2010 and was replaced by the Targeted Youth Support Service, managed by DHHS Child, Youth and Families and part funded by Housing Tasmania)	
Longer-term accommodation for high needs young people (South)	<ul style="list-style-type: none"> • Crisis assessment and support • Management of emergency beds • Long term case planning and support • High need supported accommodation for young people
Longer-term accommodation for high needs young people (North and North West)	<ul style="list-style-type: none"> • As above but with adjustments in the focus of modules
<i>Transitional Support</i>	
Support for clients transitioning to independent living (South and North)	<ul style="list-style-type: none"> • Use of brokerage funds to maintain accommodation or facilitate transition to independence • Crisis assessment and support • Management of expanded accommodation properties (community tenancies funded by HT as transitional housing), if allocated • Long term case planning and support • Provision of transitional support • Access to sustainable long-term accommodation
Support for female clients transitioning to independent living (South)	<ul style="list-style-type: none"> • As above but with adjustments in the focus of modules

Source: KPMG based on information from Housing Tasmania

Table 8: Other SAA services

SAA program	Key functions
Client Brokerage	
Flexible brokerage funds to assist people who are homeless (including those in shelters)	<ul style="list-style-type: none"> • Funds can be used to purchase immediate accommodation, specialist support, one-off material aid (including purchase of white goods, removal expenses etc.) • Must contribute towards enhancing the client’s capacity to live independently • Administered by larger providers across the State, and by other nominated providers in remote areas
Community Tenancies	
Properties leased to community organisations by Housing Tasmania, for sub-leasing to clients from special needs target groups requiring support to live in the community	<ul style="list-style-type: none"> • 74 organisations provide more than 800 community tenancies across the State • Tenancies are used for a range of crisis, medium and longer-term accommodation • A small number of tenancies are used for non-residential purposes (i.e. premises for the Launceston sexual assault services)
Direct Tenancies	
Properties with a ‘triangle’ or three –way lease between Housing Tasmania, a support organisation and a client from a special needs target group requiring initial support in maintaining a tenancy. Most direct tenancies are with young people	<ul style="list-style-type: none"> • Separates the landlord (Housing Tasmania) and support (support organisation) functions
Supported Residential Facilities	
Long-term affordable supported accommodation to people with low support needs and a preference for communal living	<ul style="list-style-type: none"> • Similar to a boarding house – accommodation with private facilities and board are provided within a larger complex • Board includes meals, heating, electricity, water and laundry
Private Rental Support Scheme	
Financial support to assist low-income households access and maintain private tenancies	<ul style="list-style-type: none"> • Financial assistance with bonds, rent in advance and rent arrears

Private Rental Tenancy Support Service	
Support to assist low-income households maintain private tenancies	<ul style="list-style-type: none"> Support includes information and advice, support with budgeting and life skills, and advocacy for clients with landlords and agents
Sexual assault services	
Historically funded by SAAP funds through Housing Tasmania	<ul style="list-style-type: none"> Counselling, support and assistance for victims of sexual assault
KEYS to the Future and STAY	
<p>Previously 'Same House, Different Landlord' (KEYS) and the Specialist Intervention Tenancy Service (STAY). This is a Housing First approach that provides separate tenancy management and support for clients with high and complex needs.</p>	<ul style="list-style-type: none"> 100 places across the State Provides holistic and long term response to support clients sustain tenancies Target groups include young people leaving care and protection or youth justice, adults leaving correctional or health facilities, and people experiencing multiple episodes/ extended periods of homelessness with high and complex needs Properties provided through Housing Tasmania Property and tenancy management is provided by Colony 47 (KEYS component) Support and intensive specialist interventions provided for up to 2 years by Centacare, in partnership with Red Cross
Supported Accommodation Facilities	
Congregate living facilities with onsite access to a range of support services, and links to mainstream services	<ul style="list-style-type: none"> Five facilities planned: two in Hobart targeted at low income, chronically homeless clients; two in Launceston targeted at young people at risk of homelessness; and one in Ulverstone
Supported Tenancy for Prisoners, Parolees and Ex-prisoners	
Pilot program aimed at supporting clients without adequate housing on release from prison	<ul style="list-style-type: none"> Include pre- and post-release assessment and support
Staying Put	
Tenancy advice and support service for young people living independently	<ul style="list-style-type: none"> Operates in Southern region

Source: KPMG based on information from Housing Tasmania

C Maps of ICOS services by region

The following maps show the geographical location of the SAA services in each region.

Figure 8: ICOS services and programs in the South

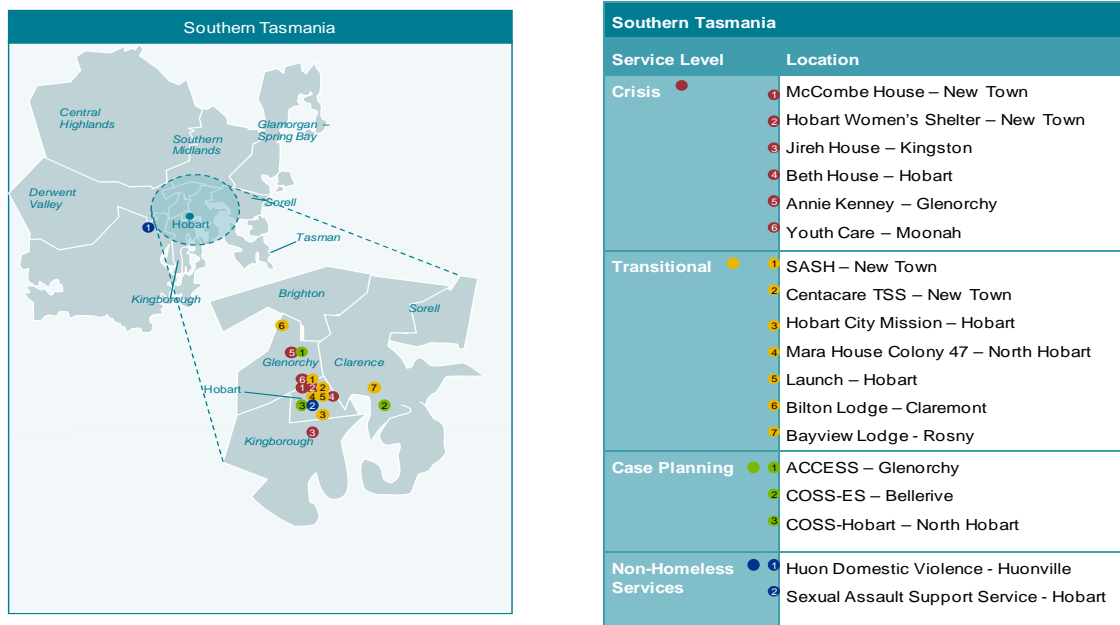
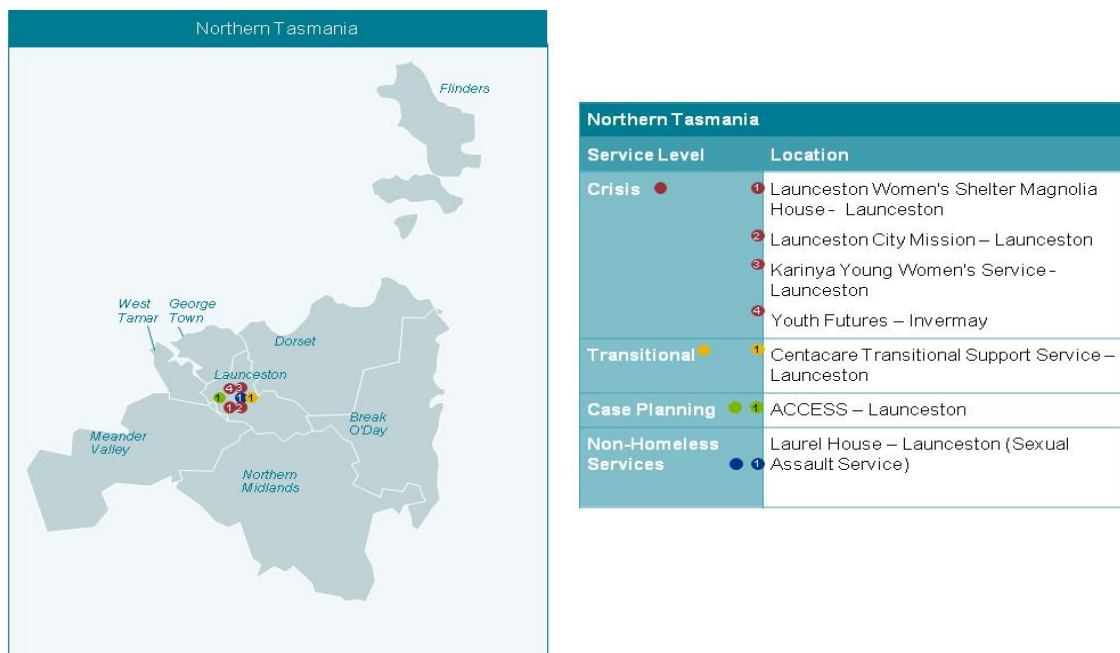


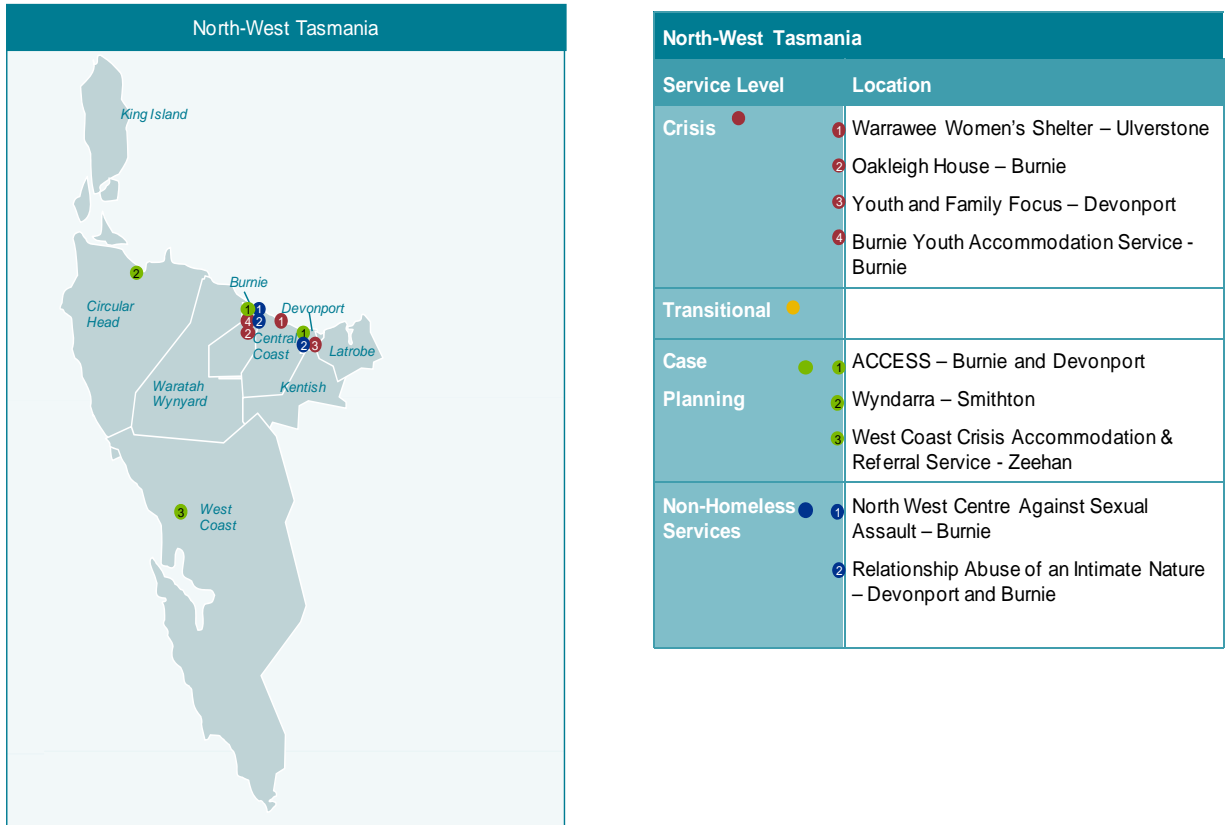
Figure 9: ICOS services and programs in the North

Source: KPMG



Source: KPMG

Figure 10: ICOS services and programs in the North West



Source: KPMG

D Summary of key strengths and areas for improvement

The following key strengths and areas for improvement have been identified in the Discussion Paper.

D.1 Key strengths

Key strength 1: The ICOS model provides a solid basis for a continuum of care and support ...	33
Key strength 2: Non- ICOS services strengthen early intervention and transitional support response options for clients.....	33
Key strength 3: There are considerable strengths in the current network of providers.....	33
Key strength 4: The current sector philosophy focuses on empowering clients.....	33
Key strength 5: There is currently a good range of existing services and programs	36
Key strength 6: Place based responses enable flexible, targeted support that is relevant to the local needs and service system context.....	38

D.2 Key areas for improvement

Key area for improvement 1: There is a lack of suitable exit points.....	34
Key area for improvement 2: There is a blurring of some roles and responsibilities	34
Key area for improvement 3: There is limited focus on earlier intervention and prevention....	35
Key area for improvement 4: There is room to improve case planning and management.....	35
Key area for improvement 5: there are challenges in working with mainstream and other specialist services	35
Key area for improvement 6: Not all services are underpinned by a model	35
Key area for improvement 7: There are challenges with the existing IEA model.....	36
Key area for improvement 8: There are gaps in the currently available crisis accommodation	37
Key area for improvement 9: There are challenges and gaps in supporting young people	37

Key area for improvement 10: An opportunity exists to improve the transitional supported accommodation response..... 37

Key area for improvement 11: There is a need to improve targeted responses to specific needs groups 37

Key area for improvement 12: There is an opportunity to consider ways to improve accessibility to services 38

Key area for improvement 13: Opportunities exist to strengthen services in the South 38

Key area for improvement 14: Opportunities exist to strengthen services in the North..... 38

Key area for improvement 15: Opportunities exist to strengthen services in the North West.. 39

E Summary of discussion points

The following discussion points have been presented in this Paper.

Area for discussion 1: Are there any other demographic, structural or personal risk factors impacting on demand that should be considered?	17
Area for discussion 2: Does the variation in regional demand identified by the data reflect the experience of service providers in the different regions? If not, what is different?	28
Area for discussion 3: Is the distribution of services and service types across the State appropriate? If not, why not?	32
Area for discussion 4: Do the identified strengths and areas for improvement with the current system and services reflect providers' experiences? Are there any others to note?	39
Area for discussion 5: Are the suggested outcomes appropriate? What changes could be made to strengthen them?	42
Area for discussion 6: Are the suggested principles appropriate? What changes could be made to strengthen them?	43
Area for discussion 7: Are the suggested client groups appropriate? What changes could be made to more clearly define the client group?	44
Area for discussion 8: How can the service system model be improved in the future?	57
Area for discussion 9: How could the range and type of current services and programs be improved in the future?	57
Area for discussion 10: How could the SAA sector be better aligned to and integrated with other sectors?	58