



cutting through complexity™

Support and Accommodation Assistance Review

Proposed Service System Models

Information session

14 December 2011

Department of Health and Human Services

Disclaimer

This presentation provides a summary of KPMG's findings during the course of the work undertaken for the Department of Health and Human Services (DHHS) under the terms of the engagement contract dated 21 June 2011. The contents of this presentation do not represent our conclusive findings, which will only be contained in our final written report.

No reliance should be placed by DHHS on additional oral remarks provided during the presentation, unless these are confirmed in writing by KPMG.

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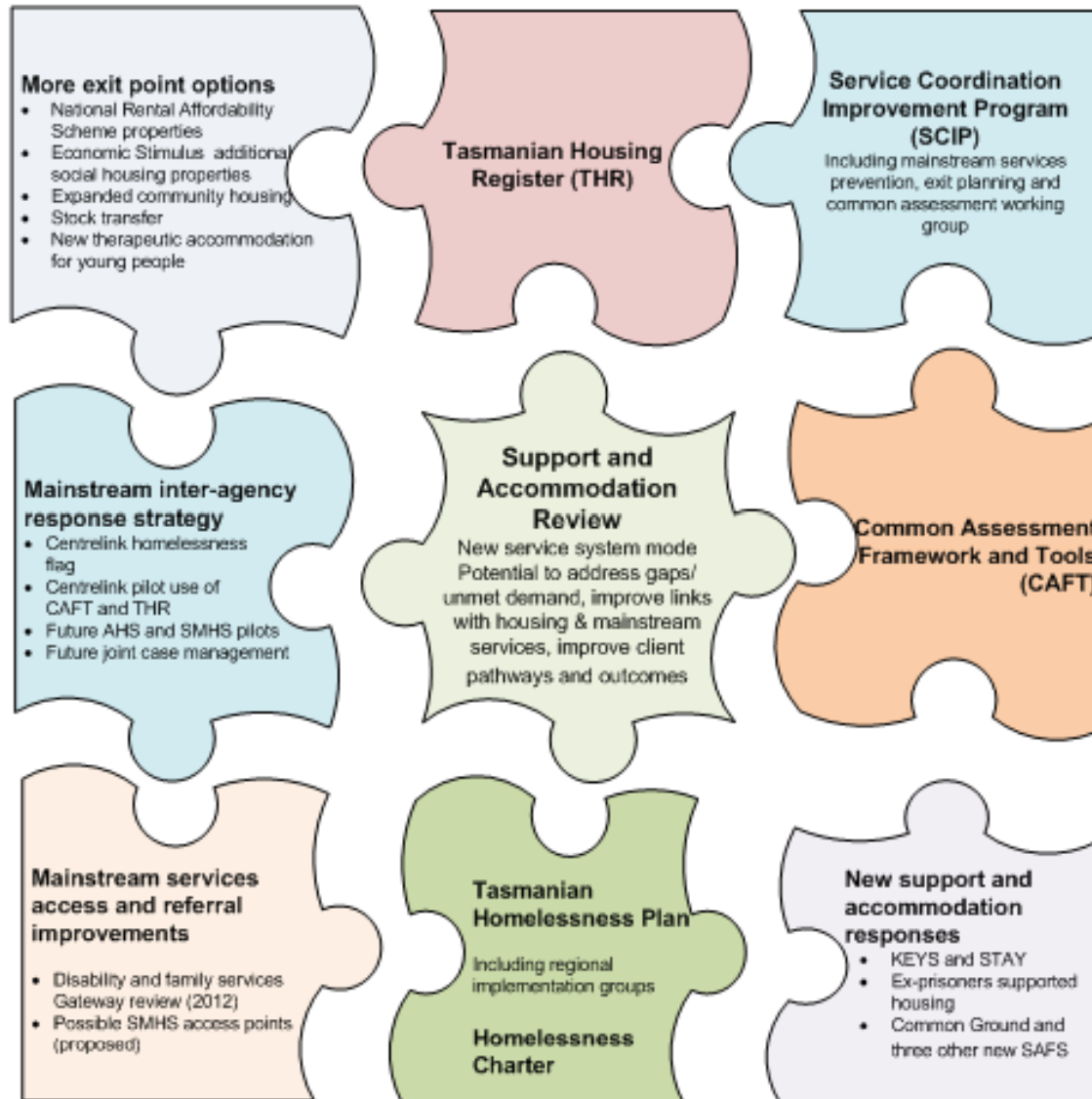
Agenda

- **Introduction and purpose of this session**
- **The SAAR review in context**
- **Case for change**
- **Proposed models**
- **Questions and answers**
- **Wrap up**

Purpose of this session

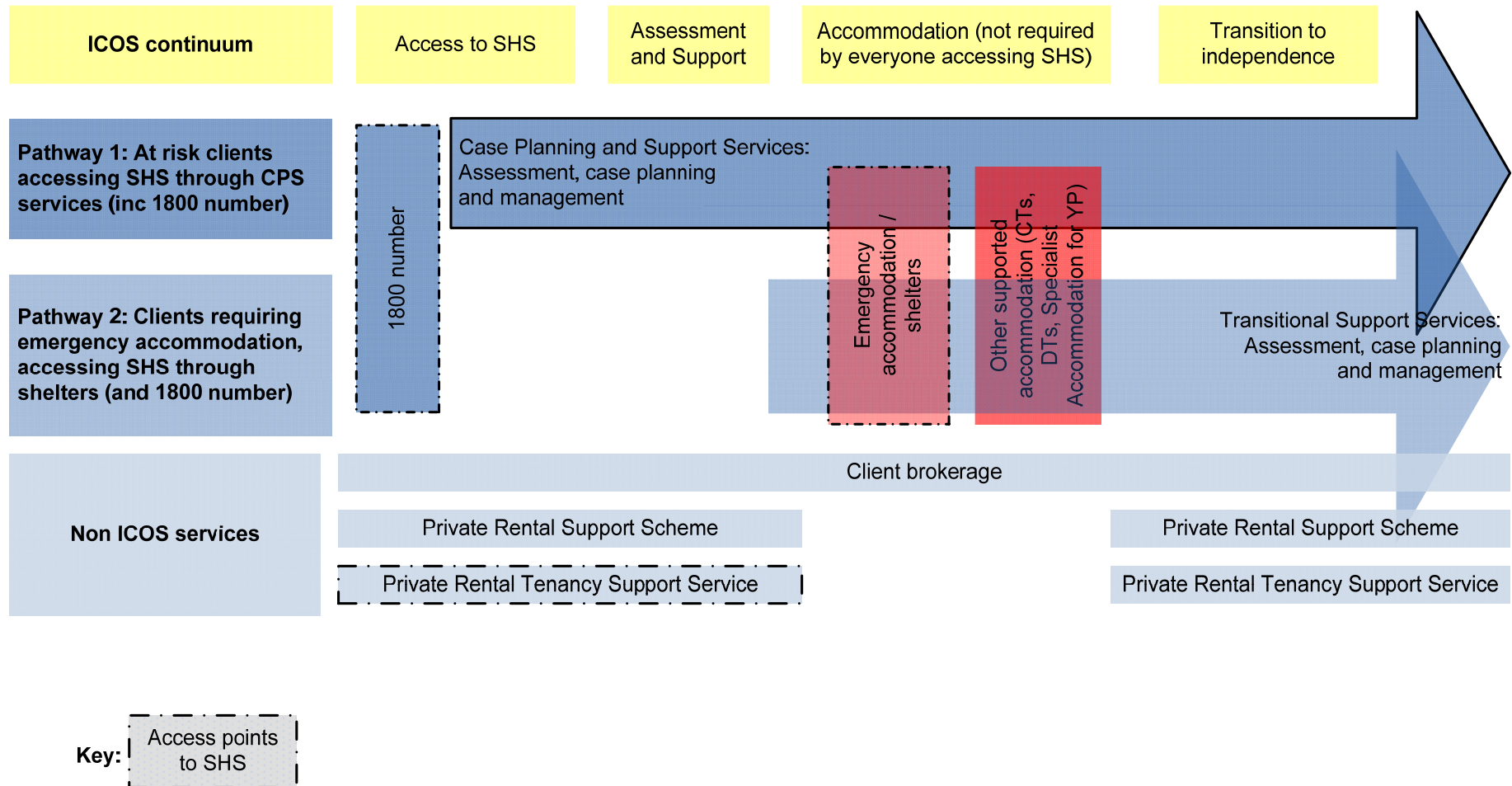
- Provide an overview of the models (*as detailed in the paper released 7 December 2011*)
- Opportunity for participants to ask any questions or clarify points
- Provide any extra information that participants need to prepare their written submissions (*due 30 January 2012*)

The SAAR review in context



Case for change

Conceptual overview of the current service system model



SAAR findings: Strengths of the current service system

Key strengths

- **There are considerable strengths in the current network of providers**
- **The current sector philosophy focuses on empowering clients**
- **Good practice approaches evident in the delivery of services**
- **Overall, there is currently a good range of services and programs**

Case for change

Meeting client needs	Making best use of resources	Integration with mainstream services
<ul style="list-style-type: none"> • Policy commitments to reduce/prevent homelessness, improve service integration, streamline and simplify client pathways. • Wide agreement that early intervention approaches are important and can be strengthened. <ul style="list-style-type: none"> – The challenge: How can the SAA service system best be structured to promote an early intervention approach? • Increasing client demand: high turn-away rates and significant unmet need • Changing client profile: more families, more young people, more complex needs. The system needs to be responsive/adaptive <ul style="list-style-type: none"> – The challenge: How can services be expanded in a fiscal environment where new investment is not possible? • Clients dealing with a range of specialist and mainstream agencies: case management can be complicated/duplicated • Limited existing exit points – 1200 more affordable housing properties coming online <ul style="list-style-type: none"> – The challenge: How to provide fair access to exit points that are available? 	<ul style="list-style-type: none"> • Environment of budget restraint – impacts SAA as well as mainstream services • Lack of new funds to expand SAA services to meet increasing demand / changing client complexity • There is a need to do more with less, and make the best use of those limited resources that are available. <ul style="list-style-type: none"> – The challenge: SAA providers juggle this every day, but are there ways of achieving even more efficiencies by making changes to the overall SAA service model? • There is limited scope for the SAA system to directly influence/increase exit points. <ul style="list-style-type: none"> – The challenge: How can the SAA service system use the new tools like the THR and CAFT to enhance access to exit points? • Implementation of THR and CAFT present opportunities for front end efficiencies over time in the SAA sector and mainstream services. <ul style="list-style-type: none"> – The challenge: How can the SAA service system model make full use of the potential efficiencies arising from THR and CAFT? 	<ul style="list-style-type: none"> • Wide agreement that improving integration with health, SMHS, child protection, justice, education, and Federally-funded services improves client pathways and outcomes. • Informal networks are strong, the effectiveness of integrated responses can be improved (shared responsibility of mainstream and SAA agencies.) <ul style="list-style-type: none"> – The challenge: How can the SAA service system make it easier for mainstream agencies to integrate with specialist services? • The SAA system model needs to support the move to common assessment and eventual joint case management with mainstream agencies • The SAA system model needs to build on the good collaborative work that is happening with the SCIP initiatives and regional planning for the Homelessness Action Plan

Proposed system models

Service system *outcomes*

Individual outcomes	<p>I have the opportunity to live and remain in a home that is affordable, safe, stable and appropriate for me (and my family) and that helps me achieve my life goals and aspirations</p> <p>I am assured that when I approach a service I will receive assistance that meets my needs and my basic human rights will be respected</p> <p>I will be assisted towards achieving social participation and an independent livelihood</p>
Community outcomes	<p>All Tasmanians have access to affordable, safe, stable and appropriate homes with support that is commensurate with their needs</p> <p>Communities are inclusive, encourage the social and economic participation of all community members and have strong social capital</p>
Service system outcomes	<p>The sector will deliver quality, client centred and efficient services that support service users and their families to address risk factors relating to homelessness and to move to independence</p> <p>The sector is innovative and flexible and able to achieve sustainable outcomes for service users</p>
Government outcomes	<p>The Government funds and guides the support and accommodation service sector to deliver quality, effective and efficient services</p>

Service system *principles*

Social inclusion

- To prevent homelessness it is critical that services build connections to family and community, and to build the capacity of individuals to participate in society and to live independently.

Client centred and outcome focused approaches

- Services should work with service users to meet their needs and achieve their goals and aspirations. This requires a flexible, culturally appropriate, individualised and holistic approach.

Choice and self-determination

- Services should provide clients with information and assist them to make informed choices about their own situation.

Accessibility

- The service system should be simple for clients to access and navigate. It should have clear access points, service pathways and exits, when appropriate.

Prevention and early intervention focus

- The system and its services should focus on addressing the causes of homelessness before the crisis and breaking the cycle of factors that lead to repeat homelessness.

Service system *principles*

Targeted and flexible responses

- Responses should be targeted, needs based and flexible: there is no “one size fits all” approach.

Integrated working

- Strong partnerships and integration with mainstream services, at both delivery and policy levels, are essential to address the causes and consequences of homelessness.

Equity and parity of services

- 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.

Quality services

- Services will ensure safety and wellbeing of clients, enabling client participation in decision making, have a competent, trained and qualified workforce and strong governance and management systems in place.

Evidence based services and responses

- Services will be based on evidence of good practice.

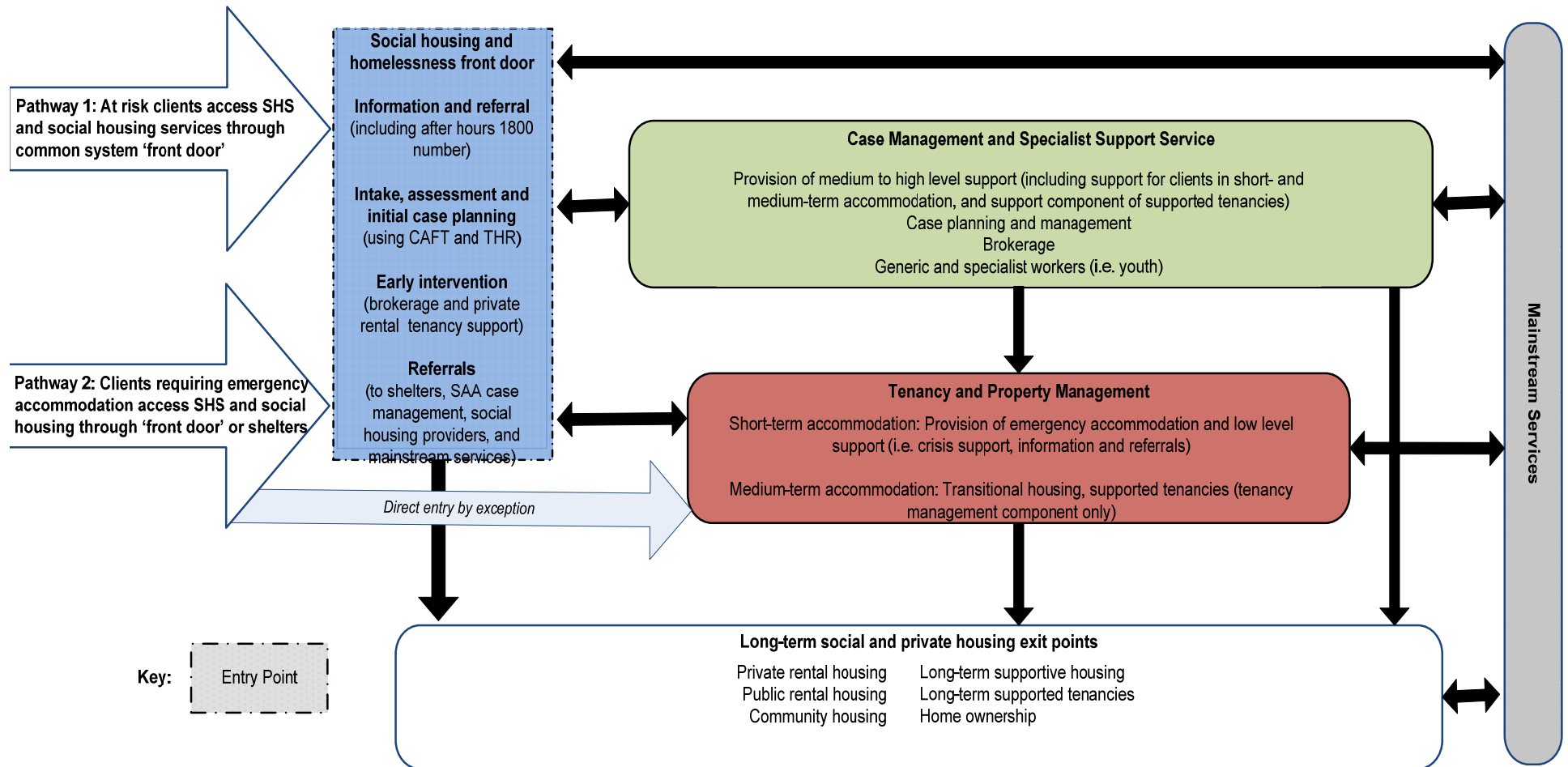
Efficient, innovative and cost effective services

- The service system should maximise the use of available resources.
- Achieving good client outcomes involves adopting innovative approaches, streamlining administration and focusing on a ‘whole of system’ approach to meeting clients’ needs.
- Efficiencies should be reinvested in services to improve client outcomes.

Policy and program shifts – for any model

- Encourage better integration of the SAA system with the social housing system
- Support better integration of the SAA system with mainstream services
- Separation of tenancy and support functions across SAA product range
- No young people under 16 years in SAA shelters
- Administrative transfer of domestic violence and sexual assault services
- Administrative transfer of non-SAA CTs (i.e neighbourhood houses)

Model 1: Combined housing and homelessness front door



Model 1: Combined housing and homelessness front door

Opportunities addressed

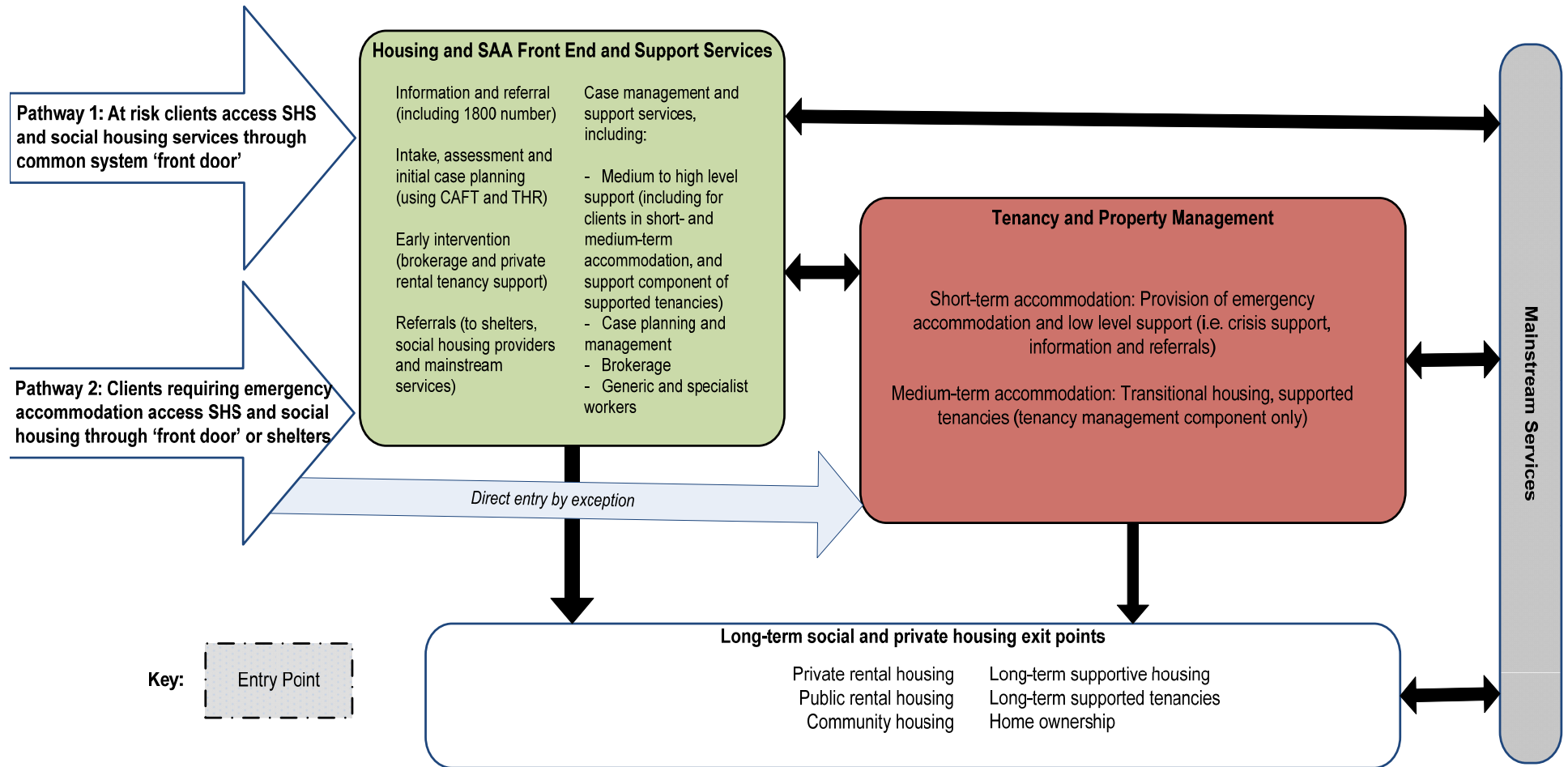
- **Simplified, visible ‘one stop shop’ front door for clients.**
- **Alignment with SCIP, CAFT and THR initiatives – builds on and supports implementation of those approaches to enhance mainstream referrals, and reduce overlaps in assessment.**
- **Enables consistent allocation decisions for emergency accommodation and social housing, based on client need and priority**
- **Consolidates case management and support services – reduced overlap of effort, embeds the concept of ‘floating’ support.**
- **Positions SAA sector well for future joint case management with mainstream agencies.**
- **Medium to longer-term housing through CTs will be managed across the sector based on client need, not attached to a single SAA service.**
- **Administrative and compliance efficiencies (for DHSS, as well as providers) in collapsed and streamlined service types.**

Model 1: Combined housing and homelessness front door

Changes required

- **Separation of entry, assessment and referral functions from existing CP&S, TSS and IEA services into the new front door; transfer of social housing assessment functions into the front door.**
- **Separation of tenancy management and support functions for existing IEAs, CTs and DTs.**
- **Development and promotion of referral pathways with mainstream services.**
- **Clarification of assessment and case management roles.**
- **Improved integration between case management, accommodation providers and mainstream services.**
- **Stronger CT and DT program guidelines**

Model 2: Integrated housing & homelessness front door/support service



Model 2: Integrated housing & homelessness front door/support service

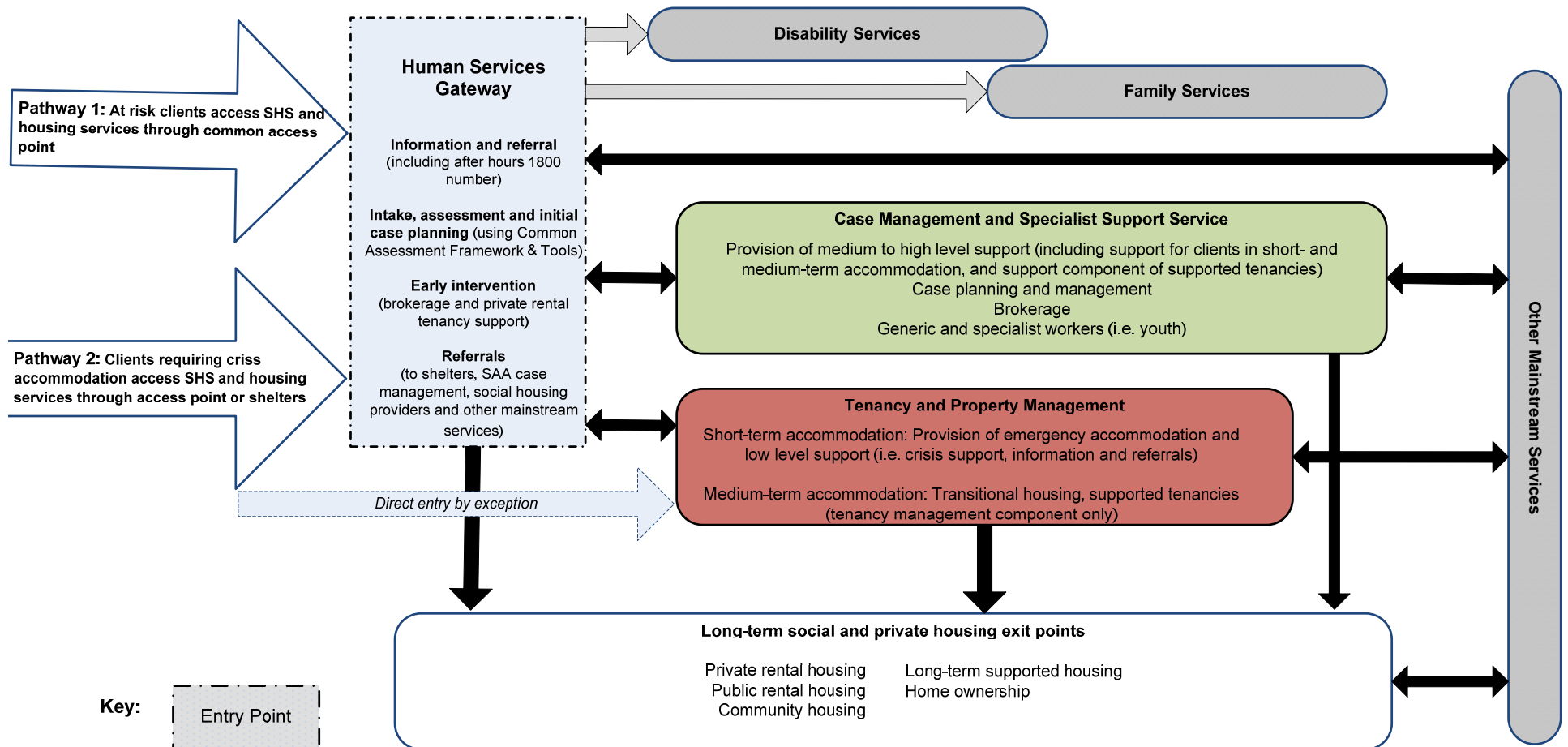
Opportunities addressed

- As per model 1, but further simplifies the model.
- Provides a potentially more streamlined client experience - 'one stop shop' for information, assessment, and case planning and management

Changes required

- As per model 1, with additional transfer of case management services to the 'front door' service.

Model 3: Human Services Gateway



Model 3: Human Services Gateway

Opportunities addressed

- **Simplified, visible ‘one stop shop’ access to the human services sector for clients.**
- **Successful implementation of this conceptual model would require sufficient capacity in the Gateway services to respond to the additional demand. May be a longer term option.**
- **Enables consistent, integrated assessment and referral processes across human services – a more ‘holistic’ client response.**
- **Potential for increased efficiencies.**

Changes required

- **As per models 1 and 2, plus amalgamation of front door services into Gateway.**

Questions and answers

Next steps

- **Information paper will be on DHHS website by this Friday, 16 December 2011**
- **Written submissions on the information paper due by 13 February 2012**
- **Analysis of submissions and model refinement, February 2012**
- **Preferred model identified by Housing Tasmania, February 2012**
- **Development of service type specifications and distribution of services, March 2012**
- **Procurement of services under the new model, late 2012**

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