

Exclusionary practices in Supported
Accommodation Assistance Program
(SAAP) funded services:
A background paper



Community Partners, Housing Tasmania
Department of Health and Human Services

Prepared by Community Partners, Housing Tasmania
Department of Health and Human Services
4th floor 99 Bathurst St, Hobart, Tasmania
(03) 6233 4823
Email: jan.forbes@dhhs.tas.gov.au
Website: <http://www.dhhs.tas.gov.au/agency/pro/saap/>
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Exclusionary practices in SAAP services: a background paper

Purpose

The purpose of the paper is to provide an overview of literature on homelessness and on exclusionary practices in services for homeless people in Australia and Tasmania.

Introduction

The Supported Accommodation Assistance Program (SAAP) is the Australian government's primary service delivery response to homelessness. Key issues for SAAP funded services in Australia are practices that result in denial of access or early exit of eligible clients from SAAP funded services (NSW Ombudsman, 2004) for reasons other than no vacancy or no capacity (Upham, 2001); and the identification of measures that might assist services to better respond to clients who are at risk of exclusion from SAAP services.

Under the SAAP V Agreement 2005-2010 with the Australian Government Housing Tasmania has agreed to undertake field research into exclusionary practices in SAAP services locally and make recommendations to improve practices in Tasmania. The research will involve interviews with service providers, clients and people who have experienced exclusion, if available. The purpose of the background paper is to summarise relevant background information in order to inform the field research on exclusionary practices in Supported Accommodation Assistance Program (SAAP) funded services in Tasmania.

Homelessness

Homelessness is an important social issue in Australia that means more than an absence of housing. In addition to 'absolute homelessness' or 'roofless-ness', relative homelessness resulting from inadequate housing affects people staying in shelters and refuges; people cycling through a range of temporary housing situations with family and friends; and some of those people who are renting in caravan parks and boarding houses. Highly transient people who move between temporary housing are referred to as 'the hidden homeless' (Chamberlain and Mackenzie, 2003), a term used to describe people experiencing repeated episodes of homelessness that are not picked up by one day censuses. The process of repeated episodes of homelessness is referred to as 'iterative homelessness' (Robinson, 2003).

Compared with the United States and European Union countries, Australia is at the forefront of advances in the definition, enumeration and response to homelessness (Griffin, 2005; Greenhalgh, Miller, Mead, Jerome and Minnery, 2004). While earlier human rights approaches to homelessness focussed on a person's right to housing (United Nations, 1948), human rights violations are also associated with a lack of adequate housing (Lynch and Cole, 2003; Sidoti, 1997); an awareness that is reflected in Australian definitions of homelessness.

Australian definitions of homelessness

Defining homelessness is pre-requisite to reporting on trends in its nature and extent. Two key definitions of homelessness used by the Australia Government are described below. The first is a three-tiered cultural definition formulated by Chamberlain (1999) that reflects an interpretation of cultural standards in Australia about what is deemed 'adequate housing' and is the definition used by the Australian Bureau of Statistics (ABS) to count the homeless population in the National Census.

Cultural definition of homelessness

Primary homelessness: people without conventional accommodation such as those who 'sleep out', or use derelict buildings, cars, railway stations for shelter.

Secondary homelessness: people who frequently move from temporary accommodation such as emergency accommodation, refuges, and temporary shelters. People may use boarding houses or family accommodation just on a temporary basis.

Tertiary homelessness: people who live in rooming houses, boarding houses on medium or long-term where they do not have their own bathroom and kitchen facilities and tenure is not secured by a lease. (Chamberlain, 1999)

The cultural definition raises issues about the status of people living in specialised accommodation designed to facilitate provision of care, where the accommodation is below cultural standards (Bleasdale, 2006). Issues have also been raised about the fact that there are many different cultural contexts in Australia and differing perceptions as to what constitutes adequate housing, as illustrated in the case of some indigenous people who meet the cultural definition of homelessness and yet do not consider themselves to be homeless (Memmott, 2002; Keys Young, 1998).

While uncertainty remains about indigenous definitions of homelessness there is considerable overlap between indigenous definitions and the ABS cultural definition and the latter is still considered to be the most useful national definition of homelessness in Australia (SAAP, 2006).

The second service delivery definition was developed by Chamberlain and Mackenzie (2003) for the Supported Accommodation Assistance Act (1994) to help determine who is eligible for Supported Accommodation Assistance Program (SAAP) funded services, as follows:

Service delivery definition of homelessness

A person is homeless if, and only if he/she has inadequate access to safe and secure housing. A person is taken to have inadequate access to safe and secure housing if the only housing to which a person has access:

(a) Damages or is likely to damage a person's health; or

(b) Threatens a person's safety; or

(c) Marginalises the person by failing to provide:

(i) adequate personal amenities; or

(ii) economic and social support that a home normally affords; or

(d) Places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

In this definition emphasis is placed on a person's subjective view of their housing situation. A person residing in a rooming/boarding house who considers this to be his/her home would not be deemed homeless. The definition also includes people who are living in conventional housing but for whatever reason their accommodation may be detrimental to their health, for instance they may be at risk of domestic violence or of eviction because rent is too high; these people are at risk of homelessness and are eligible to receive assistance from a SAAP service provider. (Chamberlain & Mackenzie 2003)

Estimates of homeless populations vary depending on the definition used and the influence of selection bias and missing information which commonly occurs in surveys of homeless people. There is no clear relationship between Census data and SAAP data as only a small proportion those counted in the Census access SAAP services, and the SAAP data collection counts only those people using the services provided.

Statutory definitions of homelessness affect the number of people who are considered to be homeless, the analysis of causes and the resources directed towards assistance (Edwards, 1995). While Australia has a legal definition of homelessness under the Supported Accommodation Assistance Act 1994 that reflects a human rights orientation, Australian citizens have no legally enforceable right to housing. Rather, in Australia services for people who are homeless are a safety net for the most vulnerable, based on an expectation that people in most instances will find their own way out of homelessness (Spinney, 2006).

Characteristics of homeless people

Although personal factors and events often precipitate homelessness (Warnes and Crane, 2006; Crane, Byrne, Fu, Lipmann, Mirabelli, Rota-Bartelink, Ryan, Shea, Watt, and Warnes, 2005), pathways to homelessness are complex and diverse and interact with a range of structural and social factors which make a primary contribution, more particularly poverty exacerbated by a lack of access to stable and affordable housing (Commonwealth Advisory Committee on Homelessness, 2003).

Broader structural changes including deregulation of labour markets and erosion of welfare safety nets have seen the profile of homeless populations change from the traditional single older male with substance abuse problems (Greenhalgh et al, 2004; Chamberlain and Mackenzie, 2003). New population groups affected by homelessness include families, youth and older people and are referred to as the 'new homeless' (Greenhalgh et al, 2004); and in Australia, indigenous people are over-represented in the homeless population (AIHW, 2006; Chamberlain and Mackenzie, 2003; Keys Young, 1998).

Homeless people have higher rates of trauma (Buhrich, Hodder and Teesson, 2000); physical illness (Gelberg, Andersen and Leake, 2000; Smereck and Hockman, 1998); disability (Herrman, Evert, Harvey, Gureje, Pinzone and Gordon, 2004) and death (Cheung and Hwang, 2004; Babidge, Buhrich and Butler, 2001; Hwang, 2000; Hibbs, Benner, Klugman, Spencer, Macchia, Mellinger and Fife, 1994) than the general population. Homeless youth have higher rates of criminal behaviour and are more likely to become victims of crime; with young homeless men at higher risk of physical abuse and young homeless women at higher risk of sexual assault (Gaetz, 2004; Strategic Partners, 2001).

Homeless people have higher levels of mental distress and higher rates of mental illness; however few require hospitalisation (Cohen and Thompson, 1992). They have higher rates of substance abuse (Herrman et al, 2004; Langle, Egerter, Albrecht, Petrasch and Buchkremer, 2004; Robinson, 2003; Teesson, Hodder and Buhrich 2000; Fischer and Breakey, 1991) and homeless men have higher rates of impaired

neuropsychological functioning which often goes undiagnosed (Solliday-McRoy, Campbell, Melchert, Young and Cisler, 2004).

Children are particularly vulnerable to the effects of homelessness which poses risks to their physical health (Miller and Lin, 1988; Effron, Sewell, Horn and Jewell, 1996), mental health (Holden, Norton and Danesco, 1995), adjustment (Masten, Miliotis, Graham-Bermann, Ramirez and Neemann, 1993), development (Fierman, Dreyer, Quinn, Shulman, Courtland and Guzzo, 1991) and educational achievement (Rubin, Erickson, San Agustin, Cleary, Allen and Cohen, 1996); contributing to inter-generational poverty (Pech and McCoull, 1998).

Systemic issues resulting from poverty and not having a fixed address affect homeless people disproportionately and may include issues such as: breaching of social security payments due to failure to reply to official correspondence (Eardley, Brown, Rawsthorne, Norris and Emrys, 2005); criminalisation of activities carried out in public spaces such as drinking, vagrancy or begging that can lead to unaddressed fines and gaol sentences (The Law Report, 2002); and a lack opportunities for improving their situation, as encapsulated by John (The Law Report, 2002):

once you're down and you've got no contact, you can't do anything because you're not part of society any more, for the simple fact people can't contact you to say there's an opportunity available, and then you start losing any sense of hope that it's going to get better and you just get into a rut...

The concept of social exclusion

In short, homeless people are amongst the most vulnerable and marginalised groups in society without access to the same civil, political and social activities as other citizens. The concept of social exclusion was adopted by the British Government in 1997 as a conceptual framework to describe the cycle of disadvantage and inequality arising from linked processes of marginalisation from education, employment, income support, social networks (such as family, neighbourhood and community), decision-making and an adequate quality of life commonly experienced by people living in poverty and who are homeless or at risk of homelessness (Arthurson and Jacobs, 2005; Social Exclusion Unit, 2004).

Homeless people represent the group of people who have reached the 'end stage' of social exclusion. They are generally the people who suffer the most discrimination, have access to the least resources and are the most cut off from opportunities for a better life.

(Talbot, 2003)

The use of social exclusion as an explanatory concept in social research has served to emphasise the dynamic, multi-dimensional and inter-related nature of poverty, disadvantage and homelessness. Its main value has been at the level of implementation of government policy due to the stress it places on the interconnected nature of deprivation that has resulted in endorsement of 'joined up' or multi-agency policy responses (Saunders, 2005; Arthurson and Jacobs, 2003).

While the concept of social exclusion has emerged as a theme in Australian housing policy its use differs from the academic context. Interpretations by governments tend to vary depending on ideological underpinnings, in particular whether governments lean towards social democratic or neo-liberal policies (Arthurson and Jacobs, 2003).

For example, use of social exclusion by Australian governments has generally been in the context of social policies that focus on addressing issues in isolation such as homelessness and school retention (Australian Labour Party, 2002); area based deprivation, (Arthurson and Jacobs, 2003); and participation in employment (Saunders, 2005), despite evidence that the concept of social exclusion is inadequate when used to describe pockets of poverty and disadvantage and that isolated policy responses are insufficient for reducing social exclusion (Arthurson and Jacobs, 2003).

Homelessness in Australia

On Census night in 2001 it was estimated that there were around 100,000 people in Australia who met the cultural definition of homelessness. Just under half (46%) were aged under twenty-five years; nine percent identified as indigenous (compared to 2% in the general population identifying as indigenous). 6,750 homeless families were identified, comprising 9,543 parents and 22,944 children. Primary homelessness accounted for fourteen percent of this number. (Chamberlain and Mackenzie, 2003)

As with other developed countries, in Australia there is a growing awareness that people presenting to emergency accommodation services have increasingly complex and unmet needs (TGA, 2003; Bisset, Campbell and Goodall, 1999), creating a dilemma for service providers and resulting in a call for comprehensive and diverse responses from complex service systems (NSW Ombudsman, 2004; Roche, 2004; TGA, 2003; Craig and Timms, 2000; Bisset et al, 1999; Sidoti, 1997) although exactly what service may be needed in a given situation is not well understood (Australia's Welfare, 2003)

Stable housing is critical to the social re-integration of homeless people and results in positive outcomes such as a reduction in recidivism amongst offenders (Baldry, McDonnell, Maplestone and Peeters, 2002) and drug users moving into successful treatment (Szirom and Desmond, 2001). Support is crucial to maintaining stable housing (LenMac Consulting Pty Ltd, June 2005; Tsemberis and Eisenberg, 2000), however the way that support services are delivered can make it difficult for people to take up or benefit from services. A client-centred approach and user involvement in the design and delivery of services can help to make services more relevant and accessible for clients (Social Exclusion Unit, 2004).

There is a need for research on which to base models of good or best practice (Greenhalgh et al, 2004; Bisset et al, 1999), including on pathways into homelessness (Mackenzie and Chamberlain, 2003); on factors that contribute to successful exits from homelessness (LenMac Consulting Pty Ltd, June 2005); on assessment of need (Thomson Goodall Associates Pty Ltd, 2003); and on tailoring of services to meet the changing needs of homeless people (Reeve, Casey and Goudie, 2006; Greenhalgh et al, 2004).

The Supported Accommodation Assistance Program

The Supported Accommodation Assistance Program (SAAP) which commenced in 1985 under five-year agreements between the Australian and State Governments. SAAP provides a range of support services and transitional accommodation services for people who are homeless or are at risk of homelessness. Australian Government

legislation governing SAAP, the Supported Accommodation Assistance Act 1994, cites the aim of the program as to:

provide transitional supported accommodation and related support services in order to help people who are homeless achieve the maximum possible degree of self-reliance and independence.

Currently across Australia a budget of around \$300 million provides SAAP funded services to around 30,000 people daily (Griffin, 2005). The main target groups for SAAP are women and women with accompanying children who are homeless and/or in crisis as a result of family violence; independent young people; indigenous people; people from non-English speaking backgrounds; and families, including single parent families; single men; and single women (Commonwealth of Australia, 1994).

SAAP funded services are often a last resort for homeless people and are used by a relatively small proportion of people who meet the cultural definition of homelessness. The 2001 Census found that around fifteen percent of homeless people were using SAAP accommodation services in New South Wales, South Australia and Tasmania and around twenty five percent were using SAAP services in Victoria and the ACT (Chamberlain and Mackenzie, 2003).

SAAP services provide a starting point for re-engagement with the community however few people leaving SAAP services receive support after they exit despite evidence that those who receive support are less likely to return to SAAP services (LenMac Consulting Pty Ltd, June 2005).

Significant issues for the SAAP sector include the high rate of clients who exit to another SAAP service, the high proportion of people entering SAAP from social housing and then returning; and the general drop in rooflessness following exit, echoing findings of international research that support is crucial to sustaining stable housing (LenMac Consulting Pty Ltd, June 2005).

During the SAAP National Data Collection's "Demand for Accommodation Collection" period over half of all requests for accommodation were turned away, with variations in the turn away rate between target groups and service types (Casey, 2002). However turn away rates do not identify individuals and may represent several refusals per individual from different services. It is therefore unclear to what extent turn away rates reflect sector capacity.

The SAAP reform agenda which followed on from the SAAP II (1990-1995) evaluation was designed to enhance the SAAP sector's capacity to assist all clients, particularly those with high and complex needs. However high and complex needs clients continue to place considerable pressure on the SAAP service system resulting in the identification of internal barriers to service delivery and a need for new strategic directions to overcome barriers to access (Bisset et al, 1999).

Exclusion from SAAP funded services

Exclusion from SAAP funded services as a result of practices that result in denial of access to or early exit from services for eligible clients may represent an aspect of social exclusion that in part reflects discriminatory practices towards certain client groups; however exclusion from SAAP is a narrower concept than the term "social exclusion". The latter refers to broad inter-related social and structural processes

whereby by disadvantaged people are denied access to the same rights, benefits and activities shared by most Australians, while the use of the term exclusion or exclusionary in the current context refers specifically to exclusion from or denial of access to SAAP funded services and not to broader issues of social exclusion per se.

In 2002 and 2003 the NSW Ombudsman (2004) investigated concerns that a significant proportion of clients with high and complex needs presenting to SAAP services in NSW were having difficulty gaining access or were highly represented amongst those exiting early from the program. The investigation found that the nature and extent of exclusions from SAAP were extensive.

The NSW Ombudsman found that groups with high and complex needs excluded from SAAP services in NSW included those affected by or dependent on drugs and/or alcohol; people who exhibited violent or challenging behaviour; people with mental illness and people with disabilities, including physical disabilities, intellectual disabilities and acquired brain injury (NSW Ombudsman, 2004).

The NSW Ombudsman found that not all groups excluded from SAAP services had high and complex needs. Other groups excluded included people not willing to enter a case management plan; people unwilling to pay for their accommodation; pregnant women; people who have been blacklisted; and people who were unable to meet other eligibility restrictions imposed by agencies. (NSW Ombudsman, 2004)

The NSW Ombudsman found that a significant proportion of exclusions were based on 'global' policies of turning away all individuals belonging to a particular group or sharing similar characteristics with a group; a practice acknowledged by sixteen and a half percent of the agencies surveyed (NSW Ombudsman, 2004).

Amongst the approximately seventy five percent of agencies that exercised some flexibility in applying eligibility criteria, the NSW Ombudsman found that grounds for exclusion were often based on subjective assumptions about the impact of particular conditions or characteristics, rather than on an objective and considered assessment of an individual's needs and capacities (NSW Ombudsman, 2004).

Structural and service systems constraints also contribute to exclusionary practices, in particular staffing numbers/caseload levels; flexibility and range of accommodation models; access to services and collaboration with the broader social services sector, in particular mental health services (Keys et al 2005).

Barriers to access

Some of the identified barriers to access to SAAP services, including issues for particular target groups, are described in detail below.

Gate-keeping

The NSW Ombudsman's investigation found a widely held belief amongst service providers that it is not the role of SAAP services to cater for people whose predominant needs are best met by other service areas (NSW Ombudsman, 2004).

The rigid application of rules also results in exclusions or early evictions (NSW Ombudsman, 2004); including by services following abstinence or zero tolerance

policies and that refuse entry or evict clients for using, an approach which creates major barriers for pregnant drug using women, for example (Bessant, 2004).

Gate-keeping practices have been attributed to presumptions of risk due to occupational health and safety and/or duty of care responsibilities that result in exclusion of persons exhibiting violent behaviour, mental health and or alcohol or other drug issue in the absence of considered assessment and risk management (NSW Ombudsman, 2004; Cameron et al, 2004; Upham, 2001).

Other factors contributing to barriers to access for certain target groups include a lack of appropriate services for people from culturally different backgrounds in general, and more specifically a lack of capacity to respond to the needs of indigenous clients (Keys et al, 2005; Bisset, Campbell and Goodall, 1999).

Young people

Young people with high support needs have difficulty gaining access to SAAP services, including young people with drug and alcohol and/or mental health issues; and young people in need of care. Other groups affected include young people from culturally and linguistically diverse backgrounds; young people with a range of disabilities; young people who are suicidal or exhibiting violent behaviour; single parents; young couples; young people who are unable to live independently and those with an inability to share accommodation (Talbot, 2003; Keys et al, 2005; Keys, Mallett and Marvin, 2005; NSW Ombudsman, 2004).

The exclusion of young people in part results from lack of clarity about responsibility for young people (Keys et al, 2005; Coffey, 2004); and a higher level of discrimination against homeless youth in particular (Beer, Delfabbro, Oakley, Verity, Natalier, Packer and Bass, 2005) further compounded by the fact that there are fewer homelessness services in rural areas and a lack of allied services in rural areas (Beer, Delfabbro, Oakley, Verity, Natalier, Packer and Bass, 2005; Bisset et al, 1999).

Children

Barriers to access for children result from SAAP services that are not designed to meet the needs of children and from the fact that children accompanying parents in SAAP services are not recognised as clients in their own right (Wright-Howie, 2006; Norris; Thompson, Eardley and Hoffman, 2005; McNamara, 2001). Unaccompanied children have a higher level of unmet need compared to accompanied children and SAAP clients generally (AIHW, 2006: PADV, 2004). There is a lack of clarity about whether unaccompanied minors are the responsibility of SAAP services or children's services (Coffey, 2004); and parents of accompanying children are often fearful that providers may involve child protection services (Bisset, 1999; Bartholomew, 1998).

Staffing

Staffing levels affect the capacity of services to address client needs particularly where alcohol and drug issues are involved; including staff-client ratio and whether or not staff are rostered on for 24 hours (NSW Ombudsman, 2004; Jill Cameron and Associates and Payton, 2004); and staff skill levels which may limit services' capacity to meet client needs (NSW Ombudsman, 2004; Cameron et al, 2004).

Support services

Another factor influencing exclusionary practices that affect client groups with complex needs include that SAAP services are unable to access support from other agencies, including mental health, drug and alcohol, disability, correctional services and housing; with a particular reluctance by mental health services to engage with SAAP services or their clients (NSW Ombudsman, 2004; Cameron et al, 2004).

Fragmentation of SAAP services and lack of co-ordination between SAAP and the broader social housing sector (Walsh et al, 2003) also contribute to exclusions; in particular when combined with a lack of availability or access to information about services that are available (Ransley and Drummond, 2001; Walsh et al, 2003).

There is a lack of clarity about the role of SAAP services in providing ongoing support to chronically homeless people (Bisset et al, 1999); and to clients in private rental accommodation assessed as in need of low level support to sustain their housing lack access to outreach support (Field-Pimm and Mackenzie, 2005);

Other factors

Other factors include the mix of clients and group dynamics within communal living models resulting in agencies identifying compatibility with other clients as a reason for denying access (NSW Ombudsman, 2004; Cameron et al, 2004; Upham, 2001). Funding models reliant upon client ability to pay also result in refusal of entry or premature exit of clients in financial crisis who have no income (Keys et al, 2005), prior debt or a reduced ability to pay rent to SAAP services (Norris et al, 2005; Talbot, 2003).

Buildings and physical environments result in exclusion of people with physical disabilities (Cameron et al, 2004); as does an emphasis on doing more with the same money (Bisset et al, 1999); with agencies citing a lack of resources as a primary reason for excluding clients (NSW Ombudsman, 2004; Bisset et al 1999).

There is a lack of information on which to base models of good practice (Bisset et al, 1999); and insufficient service models that respond to the developmental needs of young people (Keys et al, 2005); insufficient service models for women escaping domestic violence who may be a threat to other clients (Bisset et al, 1999); and insufficient service models for clients with mental illness (Bisset et al, 1999; Cameron et al, 2004).

There is a lack of secure, affordable and appropriate long term housing options for people exiting from SAAP services, resulting in clients staying longer or returning early to SAAP services and tying up resources (Norris, et al, 2005; Talbot, 2003).

While the majority of exclusions arise from structural and service system constraints that are beyond the control of individual services, research to date has highlighted a need for consistent standards of practice to guide assessment processes and access to services for clients, and for protocols to assist clients to gain access to services from other sectors.

Overcoming barriers to access

SAAP service specifications and standards

Strategies recommended for overcoming barriers to access include service specifications and standards that require agencies to ensure that access to services is inclusive of all persons within an agreed target group, with no global exclusions (NSW Ombudsman, 2004); and SAAP agencies that ensure that their eligibility policies, procedures and practices are inclusive of all persons within the agreed target group, with no global exclusions (NSW Ombudsman, 2004);

Service standards and specifications need to address specific expectations about non-discriminatory and fair policies and practices regarding eligibility, access and exiting from SAAP services (NSW Ombudsman, 2004); including service standards and specifications that ensure that services do not:

- Operate time bans or black lists (NSW Ombudsman, 2004);
- Use early termination as a punitive measure (NSW Ombudsman, 2004);
- Exclude people unwilling to commit to a case management plan provided the goal of transition towards independence is being progressed (NSW Ombudsman, 2004).
- Exclude people with prior debt and/or an inability to pay for accommodation (NSW Ombudsman, 2004);
- Exclude people whose predominant support needs are better met by services outside the SAAP sector (NSW Ombudsman, 2004)

In short, service standards and specifications need to ensure that exclusions are based only on a considered assessment of the presenting circumstances of individual clients accompanied by fair and transparent exiting procedures (NSW Ombudsman, 2004).

The NSW Ombudsman also identified a need for a review of accommodation services' policies and procedures in relation to eligibility, access and early exiting to assist in reducing exclusions; along with provision of clear guidance and tools in relation to risk assessment and risk management, eligibility, access and exiting (NSW Ombudsman, 2004).

Interagency relationships

There is a need for clarification of the roles and responsibilities of SAAP and mental health services (Cameron et al, 2004); and a greater level of support from the mental health system in dealing with clients with mental health problems (Cameron et al 2004) to assist in overcoming barriers to access.

Support needs to be integrated into a continuum of services where there is no wrong door (LenMac Consulting Pty Ltd, June 2005); and the scope and status of protocols that support effective interagency communication and co-operation need to be reviewed (NSW Ombudsman, 2004; Jill Cameron et al, 2004);

Collaborative relationships need to be established with specialist and generalist services, participating in local and regional planning for co-ordinated services, along with further research on sector wide practices in relation to access, exclusion and early exit (Keys et al 2005)

Staffing

Staff training and education is needed, including on key areas of anti-discrimination legislation and access and equity; on needs of specific client groups; on risk assessment and risk management in the context of duty of care and occupational health and safety regulations (NSW Ombudsman, 2004); and specialist workers or teams are needed that provide an interface between SAAP and other programs (Bisset et al 1999);

Accommodation models

Modifications to existing services; purpose building; acquisition or leasing of suitable premises; and use of alternative appropriate accommodation through brokerage would all improve access for people with disabilities (NSW Ombudsman, 2004); as would expansion of accommodation types to include low/no barrier housing (without rules about drugs and alcohol) and more social/affordable housing (LenMac Consulting Pty Ltd, June 2005);

There is a need for research and development on a wide range of supported accommodation models that better suit specific target groups with ongoing high support needs such as people with mental health and alcohol/drug issues; women who may be a threat to other clients; and/or young people (Keys et al, 2005; Cameron et al, 2005; Talbot, 2003; Metropolitan Mental Health Services, 2001.). There is a need for additional emergency and medium term emergency accommodation options for families (Walsh et al, 2003; Gibbons, 2002).

There is a need for increased availability of affordable and appropriate long term housing options for people on low incomes that would enable people to make a successful exit from SAAP services into stable housing in order to free up places.

The Tasmanian context

In 2001 there were an estimated 2,415 homeless people in Tasmania on census night; representing an increase of 400 since the previous census, of whom thirteen percent was staying in SAAP services (Chamberlain and Mackenzie, 2003).

The SAAP national data collection estimated that during 2004-05 approximately 4,400 clients used SAAP services in Tasmania (AIHW, 2006) and received 6,650 occasions of support. In addition, assistance was provided to 2,350 accompanying children.

SAAP restructure

SAAP IV, which operated between 2000 and 2005, made considerable changes to the service system in Tasmania in order to increase the emphasis on early intervention and provision of post-crisis transitional support. This was achieved both by reconfiguring existing services and by establishing new services within an Integrated Continuum of Support (ICOS) that clearly articulated the role of all services. The aim was to ensure a range of services designed to be responsive to “the diverse needs of homeless families at a regional and local level, and (ensure) that clients have access to a similar range of services throughout Tasmania”.

The restructure of the system involved the creation of new operational service types. All Tasmanian SAAP services now provide a defined range of functions within a framework of three support modules: Assessment and Support; Accommodation; and Transition to Independence. Transitional Support services in particular are designed to provide support for clients in making the transition to independence, although they also provide functions from all support modules. Additional service types are Supervised Supported Accommodation and Adolescent Community Placement designed specifically for young people. Service System Development is also undertaken with the involvement of service providers and local communities.

In response to a need for a consistent reporting system, during SAAP IV a common assessment framework, tool and guidelines were introduced which enhanced the capacity of agencies to assist clients to identify their specific issues and support needs; and which formed the basis of individual case plans, contributing to client focused service delivery. The Common Assessment Tool consists of a series of modules as follows: immediate assessment; accommodation; health; personal, emotional and social support; financial; education and employment; legal; and child assessment, for accompanying children.

Brokerage funding from the Crisis Accommodation Program (CAP) was made available by Housing Tasmania from early 2002, providing discretionary funding for the purchase of one-off services and resources considered essential to achieving agreed client outcomes and not otherwise available. A nominal breakdown of funds was agreed at sixty percent for the purchase of accommodation from the private sector and forty percent for purchase of services and other one-off purchases. An evaluation of the first year's operation of the model resulted in the development of a Client Brokerage Fund Model and Guidelines which were released in October 2002 (Evolving Ways, 2001).

The adoption of revised CAP Guidelines in late 2005 required revisions to the Client Brokerage Fund Model, including revised targets for the spending of brokerage funding whereby ninety percent of funding is to be directed towards infrastructure (i.e. accommodation related) responses to homelessness involving the construction, acquisition and upgrading of accommodation and related expenses; and the remaining ten percent is to be used for the funding development of infrastructure responses for indigenous people. The Guidelines identify the development of linkages between CAP and SAAP, health, disability and other related services as a key area of priority for States and Territories.

The SAAP IV Tasmanian Evaluation

The *SAAP IV Tasmanian Evaluation* (Evolving Ways, 2005) is a key reference document that would inform further research undertaken locally. The Evaluation highlighted achievements as a result of the restructured service system; reporting that thirty percent of the SAAP service system had aligned

with the strategic directions of SAAP V and was directed towards early intervention and transitional support. The restructure has significantly increased the capacity of the service system which was found to be working at close to capacity, with ninety six percent of people who were accepted as SAAP clients having had their requested need met, a figure commensurate with national figures.

The SAAP IV Evaluation found that the Common Assessment Tool was being used by all agencies although there were some issues in relation to transfer of information between agencies, use of the child assessment tool and awareness and use of the guidelines; indicating over all that the tool requires further review, development and modification. It was also found that brokerage funding has increased the flexibility and overall capacity of the SAAP sector. (Evolving Ways, 2005)

The *SAAP IV Evaluation* also explored issues of exclusion which resulted in identification of a need for integrated services involving SAAP, mental health and alcohol and drug services at least. The Evaluation also explored issues in relation to indigenous people, migrants, children, young people and people exiting correctional facilities. Recommendations in relation to specific target groups include: undertaking research in conjunction with migrant communities and key organisations on responses to address risks of homelessness among migrant groups; exploration and strengthening of linkages to supports for parents, children and young people, including young mothers and unaccompanied minors; and further development of strategies to support people exiting prison.

Consistent with the NSW Ombudsman's Report, the *SAAP IV Evaluation* report recommended that services not operate time bans or black lists; early termination not be applied as a punitive measure; reasons for termination be transparent; and all repeat requests for assistance be assessed in accordance with agency policy (Evolving Ways, 2005).

The outcomes of the SAAP IV Evaluation have informed the development of planned activities under the SAAP V Bilateral Agreement, which has a focus on three key areas:

1. Working collaboratively across sectors;
2. Enhanced early intervention; and
3. Research.

SAAP V Bilateral Agreement 2005-2010

At the time that the Tasmanian SAAP V Bilateral Agreement was signed twenty-two organisations were providing thirty-five SAAP funded services in Tasmania.

Strategies identified under SAAP V include a redevelopment of the Case Planning and Support Model and its implementation within major services statewide; and a review of the Common Assessment Tool and its usage within

the system. In addition funds will be rolled over from SAAP IV for a pilot program to implement Quality Improvement Council core standards and the Tasmanian SAAP Service Standards by Quality Management Systems, with the standards to be implemented within all funded services over three years.

Recent revisions to the Tasmanian SAAP Service Standards 2006 are designed to improve equity and access to services, including through standards relating to physical access, cultural access, access to assistance, access to brokerage assistance and access to accommodation. Tasmania is exploring the provision of training to the sector, with a focus on the implementation of equitable service access.

Early intervention and prevention activities are being strengthened through the completion of two Innovation and Investment Fund projects as follows:

1. Development and piloting of a transitional support model for children accompanying parents within SAAP accommodation; and
2. Development and piloting of a transitional support model for ex-prisoners at risk of homelessness.

In addition research will be undertaken into exclusionary practices in SAAP funded services in Tasmania in order to identify and describe the circumstances of clients seeking services, and practices within the organisations which have resulted in eligible clients being denied access to available services. The longer term aim is to make recommendations on the appropriateness of current practices and potential enhancements to policy and practice that will inform provision of services in the future

In relation to mental health, drug and alcohol and child protection, the protocols and practitioner positions are to be reviewed in the context of strategic directions for SAAP V. There will be a refocus on developing responses for clients with complex needs; specified outcomes will be developed together with key performance indicators. In addition, the Department of Health and Human Services will explore ways to support collaborative approaches between SAAP, Alcohol and Drug Services, Mental Health Services and Child Protection with a view to developing more integrated approaches to complex clients.

Issues for SAAP services in Tasmania

SAAP services in Tasmania face similar challenges to services in other Australian states and overseas: an increasing demand for services from a client group that has increasingly complex needs.

A reduction in exit points (Evolving Ways, 2005) including a reduction in boarding house accommodation and the closure of the Royal Derwent Hospital and Willow Court has had a significant impact on demand for SAAP services in Tasmania (Donohoe, 2005). Pressure on SAAP services also comes from clients of Forensic Mental Health Services (Donohoe, 2005) and other ex-prisoners, who have significant issues with gaining access to stable housing (Hinton, 2004).

A further issue facing people in SAAP funded accommodation in Tasmania seeking to access long term housing options, is that they are not regarded as homeless by Housing Tasmania which generally means that they are not assessed as Category 1 applicants for public housing and are unlikely to gain to access public housing.

Exclusions of certain client groups in part represent internal structural barriers to access, such as eligibility, assessment, referral and eviction policies and procedures that will be addressed by the Department of Health and Human Services, following research and recommendations on the situation locally.

External structural barriers include the availability of support from the mental health services, alcohol and drug services, child protection services and other service areas which are beyond the direct control of the SAAP sector.

Conclusions

Under the SAAP restructure and SAAP IV Bilateral Agreement, the SAAP sector in Tasmania has introduced considerable changes that are well placed to address identified barriers to access to SAAP services.

The planned implementation of Quality Improvement Council Standards and SAAP Service Standards and other measures to be implemented under SAAP V will further support equitable access to SAAP services.

Responding to client needs requires decisions about how to meet service obligations in a way that supports good practice and positive outcomes for clients; including for clients with high support needs who may be disruptive and may pose risks to the safety of staff and clients of the program.

Consultations with clients and services locally will assist to accurately identify exclusionary practices within SAAP funded services in Tasmania and will inform the development of service types and practices required to overcome barriers to access.

It is anticipated that the findings of local research will contribute to the further refinement of interagency protocols; and to assessment and referral policies that support decision making within an integrated service system that facilitates access to specialised services as appropriate and available.

Research and consultation within the SAAP sector in Tasmania will also provide insights into how service models that work well elsewhere might be adapted to the Tasmanian situation.

SAAP services provide a safety net for vulnerable homeless people and it would be unrealistic for the SAAP sector to assume sole responsibility for finding solutions to the complex and inter-related problems of homelessness and social exclusion.

Addressing broader issues of homelessness and social exclusion is a task beyond the resources of the SAAP sector and is unlikely to be effective, in particular because services provided to SAAP clients fall within the domain of other agencies and sectors.

The SAAP sector is however positioned to play a lead role in advocating for collaborative approaches with other agencies and sectors in meeting client needs.

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