ANGLICARE
TASMANIA

Response to Tasmanian

Support and Accommodation Assistance Review

Information paper: proposed models for
the Support and Accommodation Service System

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1. Introduction

Anglicare welcomes the opportunity to respond to the information paper prepared by KPMG on proposed models for the Tasmanian Support and Accommodation Assistance Review. This submission is based on our own research, other published research and our considerable experience as a provider of support and accommodation services to people who are homeless or at risk of homelessness.

Anglicare is committed to supporting those most in need, with a particular concern for those who are excluded, due to poverty, mental illness, disability, drug or alcohol addiction, family breakdown, social isolation, discrimination or other issues, from participation in the mainstream community. In relation to housing, we focus especially on those people described by policy-makers as 'hard to house'. Many have housing histories that include failed tenancies, eviction from private and public housing, unstable housing and chronic homelessness — histories which arise from the complex issues they face. Such a history often excludes them from many independent, long-term accommodation options and forces them instead to rely upon the homelessness service and crisis accommodation system. Some people need intensive assistance and support to rebuild their lives, find stable housing and maintain that housing into the long-term. Anglicare believes the existing system does this well within the constraints in which it operates. Out of necessity, the Tasmanian homelessness sector operates efficiently and its services are valued by clients, but because of the lack of long-term, affordable housing for services to 'exit' people into, the system cannot meet current demand and some clients are unable to leave what should be transitional forms of accommodation for more permanent housing within accepted timeframes. Without adequate attention to this problem, the main issues facing the sector will remain unresolved. However, Anglicare looks forward to participating in this review in order to improve and strengthen the system and better cater to the needs of people experiencing homelessness in this state.

Anglicare had neither the time nor the resources to hold any specific consultations with our clients on the proposals in the information paper. We acknowledge this openly, because we are very aware that clients and service providers often have starkly differing views about what is desirable in housing service provision (Coleman 2007, pp. 41-43). However, this submission does draw upon Anglicare's body of published research, which includes many first-hand accounts of clients' experiences of service systems, both the homelessness service system and other systems that similarly face resource constraints, contain multiple providers and are funded from multiple sources. Importantly, this body of research is Tasmanian and so the information it provides is specific to the Tasmanian context.

The relevant research includes a report on the challenges faced by non-specialist services when working with clients with alcohol and other drug issues (Hinton 2008), a report on the

experiences of people on low incomes with serious mental illness in Tasmania (Cameron & Flanagan, J 2004) and two reports on the experience of people with disabilities, one focused on people of working age on the Disability Support Pension and one on families raising children with disabilities (Hinton 2006, 2007). There are two pieces of research related to the homelessness sector — one examines people's experiences of homelessness and mental illness (Pryor 2011) and the other looks at the experiences of people on the public housing waiting list, many of whom were living in crisis accommodation or had had contact with the crisis system (Flanagan, K 2007). Although not all of these reports relate specifically to the homelessness sector, many of the changes that participants in this wider body of research have said they want in those sectors are applicable to other contexts.

In these reports, a number of aspects of service delivery were repeatedly raised by participants in relation to the service systems with which they were in contact, either as issues needing improvement or recommendations for change. They are outlined in Table 1.

Table 1: Themes emerging from accounts of clients' experiences with the service system

Issue	*What it means from the client's perspective*
Information	You are able to access information about everything that you are entitled to from a single source. You receive information in a range of formats and in ways that take into account that if you are in a crisis, you may not be able to take everything in at first. You are given information about what is going to happen once you are in contact with a service (e.g. expected waiting times) so you have accurate expectations and some idea about the future and are kept in touch with ongoing developments.
A relationship with a support worker	You are able to build a positive and ongoing relationship with one dedicated worker rather than having to repeatedly start again with a new person Your worker keeps you informed about what's going on, including staying in touch with you when things are not moving very fast. Your worker has the time available in their workload to give you all the support you need (including time to follow you up if you miss appointments or to just check in with how you are going). There are enough workers available so that everyone can receive support.
Control	You are able to choose what happens to you, which services you will receive and how the resources that are available to support you are used.

Enough support	Services are viewed (by the service provider) as your entitlement, not as an added extra for the lucky few or something you should fight for. Services aren't stretched too thin, locked into a crisis response or rationed. There is collaboration and connection between specific (e.g. homelessness) services and other essential services and supports like Centrelink or the concessions system.
Respect	Services take you seriously and treat you with dignity. Workers (including reception staff) acknowledge that you have the right to be there. You are kept in touch with what is happening to and about you. Services acknowledge the difficulties that you face and take extra effort because of it (e.g. they are flexible about appointments if you have a mental illness that makes it difficult for you to be organised).
Access	Services make themselves accessible to everyone, including people with mobility problems or hearing impairments. Services are proactive and come to you if you are simply unable to come to them.

Contents of table drawn from: Hinton 2006, esp. pp 114-115, 2007, esp. pp. 132-133, 2008, esp. pp. 57-60; Cameron & Flanagan, J 2004, esp. pp. 96-92; Pryor 2011, esp. pp. 32-64, 84; Flanagan, K 2007, esp. pp. 3-11.

These themes — information, a relationship with a support worker, control, enough support, respect and access — are the principles on which Anglicare has based the recommendations in this submission. The submission itself is loosely structured around the summary questions included on pp. 7-8 of the information paper (KPMG 2011a). The paper seeks explicit feedback on respondents' preferred models, and whilst we have responded to this question, Anglicare is concerned that none of the models, as presented, represents the best possible direction for improving Tasmania's homelessness service system. In our submission, therefore, we propose amendments, based on the principles above, to Model 2, which in our view is the best alternative of the three on offer, in order to improve its capacity to provide a client-centred approach. This amended Model 2 represents our preferred option from the three presented. This submission outlines our rationale for such a choice, and the benefits that would arise from implementing the proposed amendments to Model 2.

2. Comments on the findings of the Review

The information paper has sought to accurately summarise the feedback from the consultations with stakeholders. Obviously in a review of this kind there will not be a consensus among stakeholders about which are the most important matters of concern.

However, there are a number of notable gaps in the paper where important issues have been overlooked and downplayed. The significant ramifications of these issues, for whatever model is adopted, are discussed below.

2.1. Volume

The paper notes the elevated risk factors facing the Tasmanian homelessness sector, when compared to the rest of Australia, including higher unemployment and higher rates of poverty. Anglicare would add higher rates of disability, serious illness and chronic health problems, poorer educational outcomes and lower household incomes (see TasCOSS 2007). These risk factors contribute to high and continuing demand on existing services, particularly from people with complex needs. As the information paper notes, many services are already unable to meet existing demand (KPMG 2011a, p. 15).

The issue of unmet need is a critical one. However, another factor that receives less attention in the information paper is the issue of the present number of clients who are assisted. Client volumes are particularly important when considering the implications of moving to a 'front door' model. A 'front door' needs to be structured in a way that ensures that people in crisis have timely access to actual assistance; it can't become a bottleneck or merely an 'extra door'.

As an example, the volume associated with Anglicare's ACCESS service, one of the key intake points for the present homelessness service system, is presented in Table 2. This table illustrates a number of issues: that these services are working at very high capacity, that without workers' preparedness to go 'above and beyond' in this way there would be considerably more unmet need, and that the new system will need to be based on the assumption that this level of demand is in fact the baseline, and will continue if not increase. The reason the service is working at this sustained high level is because of sustained high demand. Meeting this ongoing high demand means that ACCESS workers are focussed on the 'front' (or crisis) end; they are unable to provide adequate longer-term support once people have obtained housing to assist them to maintain it. Each region has a part-time specialist accommodation worker to provide intensive support to households with particularly high needs (see the notes to Table 1), but because of limited resources, this position is also unable to meet demand.

Providing services to this volume of clients carries a number of implications. In order to avoid bottlenecks, there is a need for adequate numbers of workers and resources at all levels of the system and multiple entry points for clients. It is also necessary to ensure that service sites are organised appropriately to cope with significant numbers of people. Issues such as the size of waiting rooms, the design of reception and security arrangements, along with the number and skills of the workers available at any given time will need to be considered.

Table 1: Caseloads and workers in Anglicare's ACCESS service

Region	Current service caseload (households)	Number of individuals supported	Number of new households per month[1]	Number of FTE case workers[2]	Average caseload (households) per worker
South[3]	112	162	44	3.6	31
North	203	310	83	4.5	45
North-west	98	150	30	3.1	32

Notes:
[1] For ACCESS South, this figure is a rolling average; for ACCESS North, this figure relates to the month of December 2011.
[2] These figures exclude a 0.5 FTE specialist accommodation worker position in each region (0.6 FTE in the South) which is dedicated to clients requiring specialist intensive support. The position has a limited caseload (ideally three to seven households) to allow these workers to undertake intensive, specialist, long-term support and case management with households who have high and complex needs or are 'hard to house'.
[3] ACCESS South does not cover the entire southern Tasmanian region. The region is 'shared' between ACCESS South (in Glenorchy) and Colony 47's Colony Outreach Support Service (in Hobart).

Note: The implications of the volume of clients assisted by the Private Rental Support Service are discussed in section 2.4.

2.2. Exit points

The information paper is clear that exit points — that is, housing options that allow people to move out of supported housing and into secure, independent, long-term accommodation — are considered to be out of scope for this review. However, while addressing this issue is not in the consultant's brief, it remains fundamental in any attempt to improve the homelessness service system. Exit points are the responsibility of the Tasmanian Government, which has commissioned the review and which will be implementing its outcomes. In carrying out a restructure of the homelessness service system, the Tasmanian Government cannot isolate the issue of exit points from the pressures within the existing system that have triggered the review. As stakeholders (e.g. Chugg 2011; KPMG 2011b, p. 34) and clients (e.g. Pryor 2011, esp. pp 33-63) have repeatedly stressed, this lack of exit points is by far the most significant problem within the existing system. Anglicare believes that any review and restructure will be ineffective without at least some consideration of planned exit points.

Anglicare acknowledges the efforts underway by the Tasmanian Government to increase the availability of affordable housing in Tasmania, with 500 NRAS properties, 530 stimulus-funded social housing properties and the new Supported Accommodation Facilities either already operational or close to completion. These properties are much needed and most welcome.

However, Anglicare considers it unlikely that the new supply will be sufficient to meet ongoing demand for affordable housing. It is funded primarily through one-off injections of Commonwealth funding, and modelling undertaken by KPMG for the Australian Government (FaHCSIA 2009) suggests that the capacity of the system to grow further is limited at best. It is highly unlikely that the exit points issue will be solved by the initiatives

currently planned or in place. (For further detail, please see the appendix to this submission).

If further Commonwealth funding is to be limited (and at this stage it appears that it will be), then the Tasmanian Government has no alternative but to act. As such, the current review of the homelessness sector must be undertaken alongside the development of a Tasmanian Government plan to address the ongoing shortage of appropriate, long-term housing for clients. Budget constraints limit the options for investment in new social housing, but Anglicare believes that the formulation of a plan is vital in addressing what will continue to be a critical shortage of affordable housing in Tasmania. An ongoing shortage of 'exit points' for clients seeking to leave homelessness and move into independent, stable housing will mean continued pressures on homelessness services, no matter how efficiently they operate.

2.3. Implementation

In its current form, the information paper presents only a conceptual overview of the proposed changes. It lacks the necessary details, including the costs associated with each of the proposed models, which are required before in-depth consideration of the proposed models can take place. Developing a detailed business case only after the choice of model is made and thus removing the opportunity to examine in detail the relative costs and benefits of all options is fraught with risk. In light of the lack of detail, it is difficult to provide concrete feedback, but Anglicare has identified some issues that will arise in any transition that will need to be considered.

Transition to a new system: The conceptual reforms outlined in the information paper will radically change the face of the Tasmanian homelessness service system. If these or similar changes are to be made, care needs to be given to the transition process, with particular attention to the needs of clients. Establishing a 'front door' for homelessness services will need to be supported by considerable efforts to promote to clients the existence of that front door, as well as the provision of assistance to access it if required. In addition, appropriate effort needs to be made to dispel any fears potential clients might have about approaching the new model. For example, many clients directly associate the current Gateway 'front door' with child protection services. Given the valid fears held by many homeless parents about the risk of losing custody of their children, they may well have reservations about a service approach that appears to be similar or connected.

Existing resources: Consideration will also need to be given to the resources embedded within the current system. For example, many services have invested considerable resources into the development of service databases to support efficient and effective service delivery. Anglicare's Private Rental Support Service has spent a significant amount of money over many years developing and refining a database and system tailored for the service; this database provides compatibility with Residential Deposit Authority requirements and generates the detailed data reports required by the Department of Health and Human

Services and the Commonwealth. The management of the intellectual property issues arising from this and like situations will need to be considered.

Less tangible but perhaps even more valuable are the resources represented by the networks and relationships built up over time by existing service providers. These networks are particularly valuable when they connect the community sector to private housing providers, such as the relationships developed with rural real estate agents or other private landlords which have broken down barriers for rural clients who want to find housing within their existing communities, or the relationships developed over many years with the hotels, motels and caravan parks with whom accommodation is brokered for people in crisis. The value and development cost of such relationships must not be underestimated in any cost-benefit analysis.

In addition, organisations that offer more than one service have used cross-subsidisation across their funded infrastructure to support additional service delivery. For example, in Anglicare's case, the provision of the ACCESS service, the supported accommodation facilities and the supported residential facilities has allowed considerable efficiencies to be found in relation to management and coordination. This has led to a greater level of service than would otherwise be possible under the funding provided, but it also means that a loss of ACCESS funding would create major problems for the future viability of the facilities. Similar examples of such arrangements would exist in other services.

Industrial issues: There are also industrial implications associated with any major restructure of services and service providers, including the potential cost of redundancies. These issues are further complicated by the recent decision on the national pay equity case, which is likely to lead to substantial changes in wages and conditions within the community sector.

While the information paper acknowledges some of these issues, it gives incomplete attention to their implications. A comprehensive transition plan, incorporating a risk assessment, staged implementation and attention to the issues raised above, will be necessary. At the same time, care will need to be taken that the cost of the implementation is not excessive and that available funding is directed where it is most needed. It is Anglicare's view that the allocation of any funds that are available in this area must be considered in light of the need for new social housing in Tasmania, and prioritised appropriately.

2.4. Private rental support services

From the information paper, it appears that private rental assistance (i.e. the Private Rental Support Service [PRSS] delivered in the north and north-west by Anglicare and the CA$H program delivered in the south by Colony 47) will be included in the suite of support offered by the proposed 'front door' (see KPMG 2011a, esp. pp. 31-33). Anglicare raises two significant issues with this approach:

1. Private rental support services deal with considerable numbers of clients. In 2010-11, for example, PRSS, which covers the north and north-west of the state, assisted 3763 households, of which 2014 received financial assistance (with bonds, rental arrears, rent in advance or moving expenses). Through this assistance, PRSS put roofs over the heads of 5220 individuals, of whom two thirds were homeless or at risk of becoming so due to having received a notice to vacate their current housing. Similarly high volumes were experienced in the south of the state by the CA$H program — in 2010-11 the service received 4297 applications for assistance and was able to provide financial assistance to 2997. A more immediate sense of the demand, however, is provided by the following anecdote: in the week of 30 January to 3 February, the two PRSS workers in Anglicare's Launceston office reported that they had seen 70 people so far that week — and it was only lunch time on the Friday. Seventy people averages out at about 14 people per day.

   Although many people apply for private rental assistance, a large proportion do not have complex needs. Their issue is that their low incomes and resulting cash-flow situations mean they are unable to save the funds necessary to pay a lump-sum bond or they have difficulty in meeting an occasional rent payment. The assistance provided by PRSS is absolutely essential to allow families and individuals to access and maintain independent housing and avoid housing crisis or even homelessness. There is a risk that if private rental assistance is rolled into the 'front door', the sheer volume of 'low-needs' cases may overwhelm the service and make it difficult for other clients, who have complex and urgent needs, to obtain prompt assistance.

2. For many people, approaching a crisis service for assistance is a difficult and embarrassing thing to do. Requiring crisis assistance, particularly in relation to things that 'normal' people are supposed to be able to manage for themselves, carries considerable stigma. There is a wealth of literature, particularly in relation to emergency relief, about the barrier that shame and embarrassment poses to people needing assistance (e.g. Frederick and Goddard 2008). Anglicare fears that a fully integrated model would mean that the stigma attached to homelessness would also be perceived, by clients and by others, to extend to private rental assistance clients as well, particularly given that even though private rental support services are currently delivered separately, receiving bond assistance is already partially stigmatised. For example, many rental property advertisements carry the words 'no Anglicare [or Colony 47] bonds' and many real estate agents require clients to declare whether they are receiving assistance with their bond on their application form (Anglicare Tasmania 2010a, pp. 20-21).

   A 'front door' designed for people who are homeless or at risk may deter those who are merely seeking one-off financial assistance with a bond or rent, who do not consider themselves homeless or in need of homelessness support and who want to avoid being stigmatised by engagement with a service that assists this client group. In addition to this risk, to include private rental assistance in a service model that incorporates a comprehensive needs assessment process for each client would be costly, time-consuming, unnecessary and potentially insulting to many clients. Obviously this concern does not preclude co-locating services so that people have to go to one site, but it

is a strong argument for retaining private rental assistance as a separate, specialist service.

3. Rationale for change and supporting evidence

As Anglicare has argued throughout the review process, the need for change to the Tasmanian homelessness service system has been treated as a given, rather than being convincingly argued. Assumptions have been made about both the need and the type of change required without adequate evidence or justification. Many of the problems within the current system, such as isolated examples of poor practice or inefficient use of resources, would be better addressed through improved contract management by Housing Tasmania. Other problems, such as people remaining in transitional accommodation for inappropriately long periods or the lack of specialist case management, are related to a lack of exit points and to limited funding levels, and cannot be resolved by reconfiguring the service system. As Anglicare understands it, the hope is that reforms to the service system structure will generate efficiencies that can be invested in additional housing or support services. However, Anglicare remains concerned that the efficiencies gained will be minimal and will be more than outweighed by the considerable transition costs that will be involved in establishing the new system. Given funding shortages and high demand, the system is already, by necessity, cost-effective. (Anglicare notes that KPMG representatives conceded that the potential for efficiency gains was limited at the sector consultation meeting on 14 December 2011.)

The information paper provides details of the evidence base underpinning proposed areas for change and asks whether this evidence is relevant to the Tasmanian context. Anglicare's response is that it is not — many of the examples come from other jurisdictions, within Australia or internationally. These places have different socioeconomic characteristics, infrastructure, governance arrangements, systems of service delivery, funding levels, geography, population sizes and demographic profiles. These differences do not of course mean that outside examples cannot provide valuable lessons or that international and interstate evidence is always irrelevant. But in Anglicare's view, in the information paper the connection of the examples cited to the Tasmanian context is not convincingly argued. In addition, Anglicare's reading of the sources cited on some occasions has led to different conclusions from those presented in the information paper.

Finally, in spite of the emphasis on evidence, the proposed areas of change (KPMG 2011a, p. 30) have not actually been derived from a comprehensive review of the evidence. Instead, it appears that reform priorities were decided upon, and then a limited literature review was done of the evidence that existed in relation to those priorities (KPMG 2011a, pp. 30-31). In hindsight, a more useful approach would have been to review a more comprehensive body of the literature for what works, collect specific information from within Tasmania about what was required and build a reform agenda on that basis.

3.1. Tenancy management v. tenancy support

This section looks in more detail at the separation of tenancy management and tenancy support services (esp. KPMG 2011a, pp. 36-40). The information paper, the proposed models and current government policy all reflect the view that tenancy management (i.e. rent collection, maintenance and lease issues) should be clearly delineated from the provision of support services to tenants, including to the extent of contracting a separate provider for each of these functions.

Anglicare has a number of concerns about this approach, which are outlined below. These concerns are placed in context by a brief overview of past policies in this area. This overview is important because it illuminates 'why' this intervention is not necessarily married directly to a rational assessment of the policy problem in question. This in turn sheds valuable light on the likelihood of the intervention being effective.

The separation of some housing management functions from others is not a new trend in housing policy — a central recommendation in the substantial review by the Industry Commission (now the Productivity Commission) of public housing in the early 1990s was to completely separate property management from tenancy management (Industry Commission 1993) and a similar proposal was put forward by the influential Mant inquiry into the New South Wales Department of Housing (New South Wales Commission of Inquiry into the Department of Housing 1992).

The context for this recommendation (and for similar proposals and reforms in other countries) was the introduction of significant reforms to public administration in the 1980s. This reform agenda, labelled New Public Management (NPM), is commonly understood to be

> a focus on management, not policy, and on performance appraisal and efficiency; disaggregating public bureaucracies into agencies which deal with each other on a user pay basis; the use of quasi-markets and of contracting out to foster competition; cost-cutting; and a style of management that emphasizes [*sic*], among other things, output targets, limited term contracts, monetary incentives and freedom to manage

and was rolled out to varying degrees and with varying emphasis on individual components, in the UK, Europe, Australia and the US (Bevir, Rhodes & Weller 2003, pp. 1-2). In more general terms, it is usually taken to refer to the introduction of commercial practices into the management and delivery of public services (Walker 2000, p. 282).

NPM-affiliated reforms of the Australian public service emerged from the late 1980s alongside the growing influence of 'new right' think tanks promoting public choice theory and the adoption of economic rationalism as the primary driver of government policy (Orchard 1998, p. 21). While 'economic rationalism' is a contested label, it is associated with an economic policy agenda that aims to reduce the role of government and promote that of the market, with a particular focus on efficiency (King & Lloyd 1993, pp. viii-ix).

For adherents of NPM, the rationale for separating out property management from other housing services arose from a belief that the application of commercial frameworks and incentives would deliver the best outcomes. In the commercial world, property is an asset, and an asset should be managed in such a way as to generate the maximum return. The Industry Commission put it this way: 'The property management side of public housing should be a commercial activity. This is the best way to ensure that the community gets best value for its very large investment' (Industry Commission 1993, p. xxvi). The implication for tenants, such as compromised security of tenure arising from more proactive 'asset management', would be managed through policy reform (Industry Commission 1993, pp. 80-81).

There were extensive criticisms of the practical effect of NPM-inspired approaches from researchers who argued that commercialisation of aspects of housing management undermined the social welfare objective of social housing to the ultimate detriment of tenants (e.g. Walker 2000; Sprigings 2002). At first sight, the present proposals appear to respond to these concerns, because they actually re-combine tenancy management and property management. However, this is deceptive; separating the provision of support services from other aspects of housing management raises similar problems.

Separating support services from other housing management is about the removal of more commercial and administrative functions from the 'real business' of social housing, which is perceived to be the provision of a welfare response to those in greatest need.[1] In 1993, tenancy management was seen as the welfare side of housing services, offering responsive, holistic support to tenants and facilitating their access to other assistance (Industry Commission 1993, pp. 78-79). In 2012, however, 'support services' now occupy that position and tenancy management is interpreted as a more commercial function. Although tenancy management is generally still provided by 'welfare' services (which, it is argued, will be more 'sympathetic' to clients' needs) this is not always the case — for example, Tasmanian Affordable Housing Limited contracted out tenancy management services for its properties to a private provider.

More recently, the Housing First movement, which emerged in the US in the early 1990s as a response to homelessness among people with a mental illness and which prioritises the provision of housing linked to comprehensive support, has been cited in support of separating the provision of tenancy management from the provision of support (e.g. by Habibis et al. 2007, pp. 27-28). This 'split' approach, as noted in the information paper, is increasingly seen to represent best practice in homelessness and housing service delivery. For example, in Tasmania's new Housing First model, Common Ground, Anglicare will be providing support services to tenants, but tenancy and property management services are delivered by another organisation.

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[1] Under the Industry Commission proposal, tenancy support would have been delivered separately anyway as the tenancy manager's function would be confined to acting as 'a referral service for other support services to tenants' (Industry Commission 1993, p. 73).

However, a closer reading of the original arguments for a Housing First approach, particularly those of the generally-recognised founder of the movement, Sam Tsemberis, suggests that what are actually being separated are the provision of housing and the *acceptance* of support by the client (e.g. Tsemberis et al. 2003, pp. 309-310; Tsemberis & Asmussen 1999, pp. 122-127). In other words, under the Housing First approach, if a tenant with a drug problem relapses while in supported housing, they will not be evicted. If a mental health problem leads to behaviour deemed 'anti-social', they will not be evicted. If a tenant temporarily drops out of a treatment program, they will not be evicted. Under Housing First, housing is recognised as essential to recovery, and recovery is understood as an ongoing process that may well incorporate episodes of relapse. The *real* reason for the separation of management from support is not that there is an innate conflict of interest between the duties of tenancy manager and support worker — it is to ensure that the recovery process for the tenant is not jeopardised by the loss of their housing at a time when they are most vulnerable.[2]

With this in mind, in Anglicare's view, separating housing provision and support in the way proposed in the information paper poses risks. The most serious, from the client's perspective, is that problems such as repeated rental arrears, property damage or anti-social behaviour will not be seen in context as part of an ongoing recovery process, but rather, as personal pathologies that must be remedied through punitive action. While it might be possible to build incentives into the system to prevent tenancy managers from evicting tenants except as a last resort (perhaps through the use of appropriate performance indicators), it is not just eviction that might prove counter-productive for a tenant in recovery. A more integrated approach may help manage these risks.

The information paper does cite a number of examples of successful housing and support models that adopt a split provision approach. However, Anglicare's reading of these examples is that they are not cases where the split has been imposed on an already functioning integrated system or where the model has been purpose-built around the split. Rather, they are examples of cases in which a service has been introduced to bridge an

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[2] At least one Tsemberis Housing First program, the Pathways to Housing 'consumer preference supported housing' model in fact adopts a very integrated approach to tenancy management and support provision. It sources its housing from the private market on behalf of its clients, all of whom have severe mental illness and many of whom experience co-morbidity. These clients are generally considered 'not housing ready' by other services and programs. The model sources its housing in this way because a core component of the program is that tenants choose their housing for themselves. But because the housing is in the private market, with profit-driven landlords, payment of the rent becomes a critical issue. In order to prevent rental arrears that will lead to homelessness, the program takes on responsibility for the payment of rent (and sometimes other bills) by placing its clients under what is effectively 'income management'. That is, tenants sign over control of their income to the program, and the program pays their rent and perhaps other bills for them before the remainder of their income is dispersed to the client (Tsemberis & Asmussen 1999, pp. 125-126). Thus the program actually has far greater control over both the nuts and bolts of the tenancy and the provision of support than would presently be the case in any Tasmanian service. To be clear: Anglicare is *not* recommending an income management approach be applied in Tasmanian homelessness services. Anglicare opposes the imposition of involuntary income management (unless it is through the existing Guardianship process, where the system is designed to ensure that the interests and rights of the client are protected) (see Anglicare Tasmania 2010b, pp. 5-6).

existing split between management and support. The HASI program, for example, was developed in response to recognised inconsistencies between the mental health support needs of tenants and their treatment by Housing New South Wales (see New South Wales Health Department 2002). In many of the US examples cited, the services in question are described as working with tenants accommodated in the private rental market. These tenants' landlords would not be providing support services anyway and commercial imperatives would guide much of their decision-making. In these cases, then, rather than a deliberate split between management and support being implemented to improve services for clients, a pre-existing natural split (caused by the division between State Government 'silos' or between welfare services and for-profit landlords) has been causing problems for the clients and so a service has been developed to reconnect the two halves of the whole. It is in this context that the information paper's emphasis on the importance of 'communication' between the two parties in making the model work needs to be read. Models that provide the mechanism for such communication would not need to be adopted if an integrated approach were already in place.

The main argument used in favour of the split in current policy rhetoric is that there is an inherent conflict of interest between taking the rent and supporting the client. But this conflict only exists if the delivery of the housing is viewed as a business, in which the risk of rental default or property damage must be minimised through proactive management, rather than a service, in which such instances are seen as sometimes inevitable when the client is extremely vulnerable or disadvantaged, as many chronically homeless people are.

Some Tasmanian services have already been established on the split model and the service providers involved (including Anglicare) are committed to making things work where this is the case. However, Anglicare submits that reconfiguring the SHS system with a universal application of the management/support split would be contrary to the research evidence, and recommends that the split be adopted on a case by case basis if and only if it is deemed appropriate in that case.

In practice: Anglicare's supported residential facilities provide an example of some of the contextual issues that might arise when applying the split model in a given service. These facilities have integrated tenancy support and tenancy management delivered primarily through a 24-hour on-site manager. In a boarding house environment, with tenants who have support needs, having a manager available on-site after-hours is critical. Theoretically, the model could be modified so that the on-site manager becomes either the tenancy support worker or the tenancy management worker, and the corresponding 'half' of the service delivered off-site or via outreach. However, this would be problematic. In a long-term (i.e. not crisis) supported housing environment, administrative issues and support issues are intertwined. An on-site tenancy manager would inevitably face demands to provide support — the facility is the residents' home, not an organisation's office where the provision of 'support' is tidily confined to pre-arranged appointment times. In addition boarding houses are not like stand-alone accommodation: if a crisis, disturbance or dispute arises, in or out of business hours, it requires immediate attention because of the potential effects on other tenants. This means that whichever 'side' of the split was allocated to the

on-site worker, the other 'side' would have to be available 24 hours a day as well. Effectively, two round-the-clock positions would need to be funded instead of one. Not only would this be more expensive, but effectively quarantining access to support would not be in the best interests of residents.

4. Proposed models

As stated in the introduction, Anglicare has sought to frame its recommendations around principles drawn from a contemporary Tasmanian research evidence base about what clients want from services and service systems. These principles include:
- the need for information about entitlements and available services;
- the importance of building an ongoing relationship with a single support worker;
- the right for clients to have control over decisions and support plans;
- the importance of providing each client with enough support to meet their needs;
- the importance of treating clients with respect; and
- the need for services to be accessible to all clients.

4.1 Views on the models as presented
Of the three models outlined in the information paper, Model 2 (the 'integrated social housing and SAA front end and support model'), is closest to Anglicare's preferred position. Model 1 does not deliver the degree of integration between assessment and case management required; Anglicare's experience is that providing both these elements within the one service (as under the current Integrated Continuum of Support system) has proven to be effective and the continuity of contact it provides is appreciated by clients. Model 3 is both untested and unobtainable at present. Given the current funding and administrative arrangements within the sector, if Model 3 was implemented now, it would do little to provide genuine integration between human services because the networks and relationships needed to make it work are not yet present. Simply putting all services in the one 'front end' will not deliver integration on its own: much development work, up-skilling of staff, relationship building, integration of processes, systems and organisational cultures and promotional effort will be needed for such a system to be efficient, effective and workable.

Of the three alternatives presented, therefore, Anglicare considers that Model 2 offers the best alternative. But there are a number of problems with its conceptual framework as currently presented. These are summarised in Diagram 1.

Diagram 1: Summary of comments on proposed Model 2

The existing 1800 number service provides more than just information and referral. It facilitates direct access to available shelter beds and brokered private sector accommodation on behalf of clients. Incorporating the entirety of support offered by the existing service into the 'front-door' would allow for a smoother transition process and better outcomes for clients.

The 'front-door' will not be the exclusive service provider – many clients will need a range of services, including non-housing related services such as primary healthcare, education and training support or financial counselling. The system needs to support clients' access to the full range of available services in a way that maximises clients' participation in the decision-making process.

As Anglicare's submission points out, there are concerns about the appropriateness of a blanket split between the provision of tenancy support services and other aspects of housing management. It would be better to adopt this model where appropriate on a case-by-case basis.

As Anglicare's submission points out, including the private rental support services (particularly bond assistance) within the 'front-door' poses risks, including 'flooding' of the service with low-needs clients and imposing barriers to entry due to stigma.

As well as providing support to clients already within the system, mainstream services are also an important entry point into the system under a 'no wrong door' policy.

As many clients will be in crisis when they contact the service, referrals that rely on the client to follow through may not be appropriate. It would be better for the front-door to have the capacity, like the existing 1800 number EASe service, to directly facilitate clients' access to emergency accommodation, whether in shelters, IEA properties, other social housing or through brokerage.

Although it is a legitimate end-goal for the system for direct entry to be exceptional rather than the norm, it needs to be recognised that, initially at least, large numbers of clients will access the system using the means that is most familiar and intuitive – in person at services. The system needs to have sufficient flexibility to accommodate this without compromising on the principles of 'no wrong door' and ease of access for the client.

Exit points remain the most significant problem facing the system. The constraints on the State Budget are acknowledged, but this does not change the nature of the problem, particularly if cuts to front-line services lead to increased levels of homelessness among Tasmanians.

Housing and SAAA Front End and Support Services

Pathway 1: At risk clients access SHS and social housing services through common system 'front door'

Pathway 2: Clients requiring emergency accommodation access SHS and social housing through 'front door' or shelters

- Information and referral (including 1800 number)
- Intake, assessment and initial case planning (using CAFT and THR)
- Early intervention (brokerage and private rental tenancy support)
- Referrals (to shelters, social housing providers and mainstream services)

- Case management and support services, including:
  - Medium to high level support (including for clients in short- and medium-term accommodation and support component of supported tenancies)
  - Case planning and management
  - Brokerage
  - Generic and specialist workers

Tenancy and Property Management

Short-term accommodation: Provision of emergency accommodation and low level support (i.e. crisis support, information and referrals)

Medium-term accommodation: Transitional housing, supported tenancies (tenancy management component only)

Mainstream Services

Direct entry by exception

Long-term social and private housing exit points

Private rental housing
Public rental housing
Community housing

Long-term supportive housing
Long-term supported tenancies
Home ownership

Key   Entry Point

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Some of the apparent problems with Model 2 may reflect the lack of detail provided rather than structural flaws. However Anglicare's view is that, as highlighted in Diagram 1, the following issues require greater attention:

☐ There is inadequate recognition and incorporation of the strengths and resources inherent in the existing model, particularly the ICOS system. There is little indication as to how the new model would build on that already strong framework to improve pathways through the service system. It makes sense to build on what is already working well.

☐ The model as presented suggests that most clients' needs, especially non-mainstream service needs, will be met within the 'front door' component of the system. In reality, clients will need to access services from across the state-funded human services system, as well as services provided by other State Government agencies and those funded at a federal level. This includes services such as health care, legal assistance or education and training but also covers mental health and disability services or drug and alcohol rehabilitation. Previous research by Anglicare surveying clients of emergency relief services found that households in financial crisis commonly experience a range of other complex issues which may require them to access other service areas (Flanagan, K 2010, p. 147). There is considerable overlap between the client groups of emergency relief and crisis housing services, reflecting the prominence of financial crisis as a pathway into homelessness (MacKenzie & Chamberlain 2003). Anglicare's research suggests that the following non-housing services that would be required alongside housing-related support:
  ■ family and relationship counselling and mediation services to address family and relationship difficulties;
  ■ community-based mental health services and clinical psychiatric care;
  ■ financial counselling;
  ■ community-based and residential personal care, community equipment subsidies and accessible transport to assist people with a disability;
  ■ legal advice and assistance for people with legal problems or who are required to appear in court;
  ■ community-based and residential drug and alcohol rehabilitation and treatment;
  ■ primary health care to manage chronic and serious illness;
  ■ counselling and legal assistance for people affected by family violence and specialist support for affected children; and
  ■ a range of other services, including support for new parents, assistance for people recently released from prison, financial assistance to overcome unexpected and unavoidable expenses (e.g. funeral costs) and problem gambling counselling (Flanagan, K 2010, p. 147).

Delivering all of these services in an integrated way will be very challenging as they operate from within different departments, link to separate systems or are funded by different levels of government. The new model needs to detail how linkages will be

made between the more limited suite of services offered by the 'front door' and the wider range of services that will be needed by its clients.

☐ Imposing a universal split of tenancy and property management and tenancy support services across the entire system is not necessarily an evidence-based position, as discussed above in section 3.

☐ The model gives inadequate effect to the principle of 'no wrong door', especially in relation to mainstream services, a key requirement in the 2008 white paper on homelessness (Australian Government 2008, pp. 38-40), and strongly supported by Anglicare.

☐ The model is designed to assume the availability of exit points, whereas these are not necessarily present. Anglicare acknowledges that all models need to be built on the assumption that exit is both desirable and possible, and clients need to be assisted with this goal in mind, but the larger role played by crisis and transitional accommodation in a system with inadequate exit points must be acknowledged. This means that extended stays in crisis and transitional accommodation should not be viewed solely in terms of 'bed-blocking' or ineffective service delivery, but should be recognised as offering an essential and supportive safety net to homeless clients who are prevented from accessing long-term housing by a lack of appropriate options.

☐ The model assumes that most clients will access the system via the 'front door' rather than through services directly. This is certainly the end goal of any such system. A recent synthesis of the research evidence on improving access to homelessness services identified that:

> [w]hile the intention [of multiple points of entry] may be for clients to receive appropriate referrals from their initial point of engagement … the actual experience is generally one of confusion, feelings of exclusion and unwelcomeness when services approached are unable to provide assistance, and unnecessary complication when dealing with fragmented and inconsistent service models and practices' (Black & Gronda 2011, p. 2).

But the model needs to be built to take into account the fact that for some time after implementation, perhaps for some years, many clients will seek to enter the system via existing and familiar pathways — direct approach to services being the main one. The Tasmanian Government will need to maintain a commitment to the 'no wrong door' approach regardless of which model is adopted. Anglicare understands for example that Housing Tasmania is progressing work on a homelessness assessment tool for mainstream services. Mechanisms like this (although not necessarily limited to this) must be used to ensure so that all possible entry points are able to assist clients into the system, so that they can benefit from the services offered by the 'front door' without facing additional barriers to access and so that the issues raised above, such as confusion or feelings of exclusion, are avoided. To tell people to 'turn around and go in by the front door' is not appropriate. And it cannot be assumed that clients will

quickly learn to go 'through the front door' in the first place. Despite common assumptions about the speed of 'word-of-mouth' information flow, information about changes in services has been shown to be slow to permeate through the community. For example, the take-up rate of the Tasmanian Government's long-standing electricity concession has risen very slowly over time and recent evidence suggests that a large proportion of eligible customers are still unaware that the concession even exists, despite the fact that receiving it would be of considerable benefit to them (see Flanagan, K 2010, pp. 104-105).

☐ Referral to other services, including housing providers, needs to be proactive when clients are in crisis. Assertive outreach will be required for moderate numbers of clients into the future.

☐ The inclusion of private rental support services in the 'front door' component of the services, as discussed in section 2.4 above, may not be appropriate or workable.

4.2. Anglicare's preferred model: amendments to Model 2

Anglicare proposes the following amendments to Model 2 in order to address the issues identified above. The amended Model 2 is shown in Diagram 2 and explained and discussed in Table 3. Where appropriate, the discussion in Table 3 includes consideration of the principles of information, a relationship with a support worker, control, enough support, respect and access that were outlined in the introduction to this submission (see Table 1).

Diagram 2 (overleaf): A conceptual illustration of Model 2 with Anglicare's proposed amendments

prevention of homelessness:
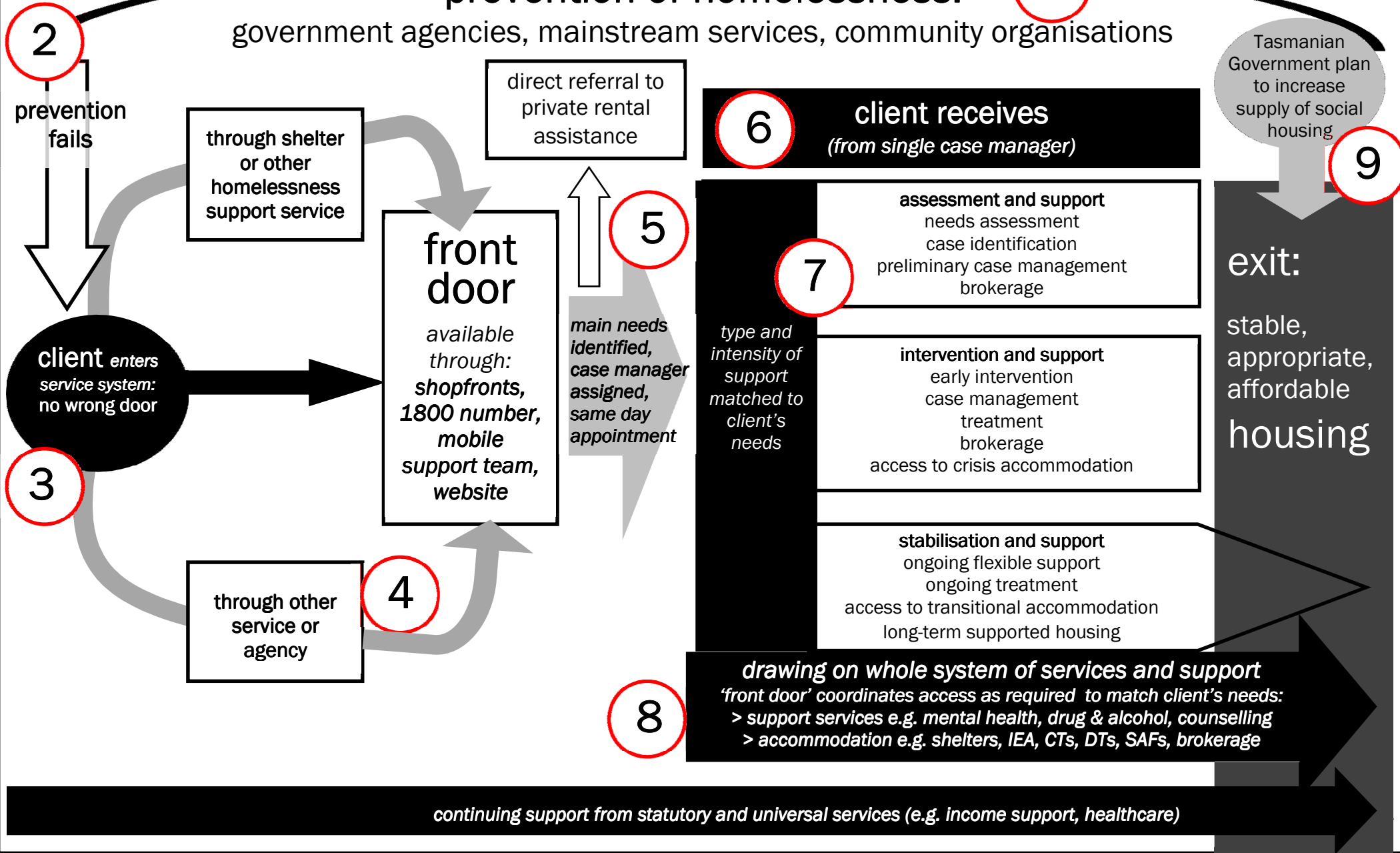## government agencies, mainstream services, community organisations

(1)

(2) prevention fails

Tasmanian Government plan to increase supply of social housing

(9)

through shelter or other homelessness support service

direct referral to private rental assistance

(6) client receives
(from single case manager)

front door

available through: shopfronts, 1800 number, mobile support team, website

client *enters service system: no wrong door*

(3)

(5) *main needs identified, case manager assigned, same day appointment*

type and intensity of support matched to client's needs

(7) assessment and support
needs assessment
case identification
preliminary case management
brokerage

exit:

intervention and support
early intervention
case management
treatment
brokerage
access to crisis accommodation

stable, appropriate, affordable
housing

through other service or agency

(4)

stabilisation and support
ongoing flexible support
ongoing treatment
access to transitional accommodation
long-term supported housing

drawing on whole system of services and support
'front door' coordinates access as required to match client's needs:
> support services e.g. mental health, drug & alcohol, counselling
> accommodation e.g. shelters, IEA, CTs, DTs, SAFs, brokerage

(8)

continuing support from statutory and universal services (e.g. income support, healthcare)

Table 2: Explanation and discussion of Anglicare's preferred model

Diagram reference number	Explanation/discussion
1	As noted in the information paper, prevention of homelessness ('turning off the tap' in white paper parlance) is a key policy priority of both state and federal governments. Although preventing homelessness is an obligation shared by everyone, including private sector interests, as part of our collective social responsibility to each other, those with the most power to address the causes of homelessness, particularly its structural causes and the risk factors that might make a person vulnerable to homelessness, are government agencies, mainstream services and community organisations. As outlined in the white paper (Australian Government 2008), these sectors should all be more focussed on homelessness prevention, particularly through reforms to legislation and regulation; effective, adequate, integrated service provision; discharge planning; strategic frameworks to address risk factors like family violence; and improved capacity in mainstream services to prevent or intervene early as appropriate. In addition, the need for easy access to information is raised again and again by clients — this means that when people do find themselves in need of support, they know where to go to find out what is available, and when they go there, they are able to obtain comprehensive information about all of their entitlements from a single source. The 'front door' is the obvious point at which to collate information about what is available, but there need to be ways in place to access that knowledge throughout the service system (a 'no wrong door' for information, effectively) and the 'front door' needs to make the information available in a variety of formats to take account of differing client needs.
2	Even with an enhanced safety net to prevent people falling into homelessness, there will continue to be occasions when the safety net fails. For some households, the safety net has already failed, and they are trapped in iterative homelessness and recurring crisis. A client may choose or be forced to enter the service system for a number of immediate reasons: they may be homeless or at risk of becoming homeless; their housing may be insecure; they may be unable to pay their rent or mortgage due to short or long term financial stress; or they may have other problems sustaining their tenancy (these are not confined to issues on the tenant's side, either — unreasonable, exploitative or even illegal behaviour by landlords can jeopardise housing security just as much as actions by the tenant).

3	A client who needs assistance, particularly for the first time, will not consult a map of the service system to identify the appropriate entry point. They may not even consider themselves to be seeking homelessness support — participants in Coleman's research with homeless people in Brisbane reported seeking only that assistance they deemed necessary; they would approach services to obtain food, but 'rarely saw housing as a necessity' (Coleman 2007, p. 39). From the client's perspective, she may simply want unspecified help from someone to resolve what feels like and is a crisis. In all likelihood, she will want to (and ideally would) obtain this help from the first person she tells about the problem. A 'front door' that has a number of visible and accessible shopfronts, a widely advertised telephone number and a user-friendly website will attract clients in increasing numbers over time. However, people may also seek assistance via other services or places or organisations that they already know or feel comfortable with. These include their local neighbourhood house or community health centre, an agency with a strong 'brand' that is well-known in the community as a source of help for people in need (such as 'the Salvos' or 'Vinnies'), their local MP's office, their local church or a community legal centre.
	Alternatively, a client may not enter the service system with the intent of seeking assistance with housing or homelessness specifically. A mainstream service may identify that the client also has issues with housing and refer them on to the homelessness service system. Services or agencies that may be particularly likely to be in a position to do this are Centrelink, parenting centres and programs, hospitals, community corrections services, prisons, the police, GPs, the Home and Community Care program and schools, although there are many others.
	Finally, people may seek assistance by directly approaching services with which they are already familiar or know about from others, including both accommodation providers and support services. However someone finds their way to the system, the system must be responsive and flexible. There should be no wrong door.
4	Connecting the client with the 'front door' sounds simple, but any system that relies on people to, for example, leave one place and travel to another, access the internet or make a phone call at their own expense or locate and get to another office without assistance, is a system that still contains 'wrong doors'.
	This is particularly the case if someone has a disability, a mental health problem, alcohol or other drug issues, limited English skills, is frail or sick, has caring responsibilities or children they cannot leave unattended or lives in a regional or rural area or any area with poor public transport. Rather than leaving it to the client, all the services outlined above should be able to provide the means to connect the client directly with the 'front end' assessment and case management services. The work being done by

4 (*cont.*)	Housing Tasmania on developing a homelessness assessment tool is relevant here. However, success will not be achieved simply by providing a form or a procedure and expecting it to work on its own — there will need to be mechanisms in place that support services to do this, including resources, staff training and appropriate governance. Given how important it is to the 'no wrong door' approach that these mechanisms are successful, it would also be appropriate to include provisions on this in funding agreements and performance requirements.

The 'front end' could also be made more accessible by the use of a mobile support team — support workers who can come *to* the client when this is appropriate and necessary. Assertive outreach may be appropriate with some groups of clients.

None of these recommended strategies are intended to disempower or infantilise clients — a person's right to choose should always be respected and there will always be those who want to do things themselves — but for clients who do need or want this level of support, it should be readily available.

Finally, at all times people should be treated with respect and dignity. It must be remembered that everyone has a right to housing and support, and this means that they have the right to seek assistance and to be made welcome in places where assistance is available. |
| **5** | Once someone has reached the 'front door', they should be able to get to the person who will be delivering the support and assistance that they are seeking as quickly as possible. However, it also important to recognise that while some clients can be assisted by a worker with general skills, some will need more specialised assistance (for example, a worker experienced in assisting people from culturally and linguistically diverse backgrounds, young people or those with mental health or alcohol and other drug issues). Anglicare proposes that this problem be resolved by staffing reception services with support workers. These support workers will immediately conduct a brief and respectful 'needs identification' with the client to identify what specialist experience, if any, they require from their worker (a private space will need to be provided in shop-fronts for this to occur). This needs identification must be short and purpose-designed (equivalent to a 'triage' process) rather than comprehensive — a comprehensive assessment will occur later for the majority of clients. It would be possible to construct a 'duty roster' that allowed support workers to rotate across both the front-desk and case management roles, yielding efficiencies and also allowing for a more integrated approach.

This brief 'needs identification' will also assist in quickly diverting clients whose need is only for bond or rent assistance away from the more intensive support offered by the 'front door' and to a separate private rental assistance program. For clients who do need more intensive support, once the appropriate support worker is identified, an appointment will be |

5 *(cont.)*	made with that worker *on the same day*. There may still be a waiting period for the client, but its duration should be measured in hours, not days. A same-day appointment is critical. Other models exist (such as the Maximising Recovery Panel in mental health services or the existing Gateway services) where clients' cases are referred to a weekly allocation meeting. Not only is this disempowering, but it means a person in crisis may have to wait up to a week to have their case even considered, let alone receive support. There is also research suggesting that some clients, particularly people who are chronically homeless, may be quite ambivalent about change, but that there are moments when change seems possible and these moments need to be seized. Coleman (2007, p. 37) notes, '[c]apitalising on these "windows of opportunity" requires that housing assistance be available and offered at the time people [are] ready and wanting to be housed'. Coleman's comments relate to working with people experiencing long-term primary homelessness, but the need to respond as immediately as possible to client need lest the opportunity be lost applies in many other contexts. Some people may have made considerable practical and/or psychological efforts to get to the service on that day and be unable to easily return at another time. People who are homeless or vulnerable should not be made to wait even overnight before they receive assistance.
6	The support worker, whether generalist or specialist, who is assigned to the client on that first day will remain assigned to the client throughout the support period. They will conduct a comprehensive needs assessment, arrange any initial case management or brokerage that might be necessary, and then continue with case management as required, coordinating access to brokerage funds, accommodation and support services. The reason for assigning a single support worker is to minimise (although obviously not eliminate) the need for the client to 'tell their story' more than once but particularly because clients have repeatedly indicated that what they want from services is to be able to build an ongoing and positive relationship with one person to establish continuity and trust. It is also important to note that the role of the support worker (and of the 'front door' in general) is not to take control away from the client. Clients should be able to refuse particular services without penalty, to express their preferences and have these respected, to be present when important decisions are made, to set their own goals for the future, to have a direct say in what happens to them in the short and longer term, to make choices about priorities when resources (such as brokerage funding) are limited, to change their worker if they wish and to take whatever control they feel is appropriate over their journey through the system. This might include following up their own referrals or choosing their own alternative (e.g. supporting a client to identify and use their own resources rather than using a formal service).

| 7 | The type, intensity and duration of support should vary according to the needs of each client; the capacity to be flexible also allows for resources to be appropriately targeted. The outline above of the kind of assistance that might be provided (listed under 'client receives') builds on the recognised strengths of the existing ICOS model and particularly the three 'modules' of service delivery incorporated within that model (see DHHS c. 2000, esp. pp. 15-23).

Although Tasmania is currently facing severe budget cuts and resources are limited, it is important that clients still receive 'enough' support as feeling unsupported or inadequately supported is a problem clients repeatedly identify with current service systems. Obviously there will always be limitations on what can be made available to an individual, but the service system needs to be appropriately resourced, not so stretched that they are unable to respond to any but the most extreme crisis or rationed to the point where the support available to each person is so minimal as to be useless. While efficiencies should be found, this should not be at the expense of clients. |
|---|---|
| 8 | Clients may need to draw on assistance from a range of services and providers. Effective mechanisms need to exist to ensure that the full capacity of the service and support system available in Tasmania is harnessed. This is particularly important where there have traditionally not been strong relationships and networks in the past. For example, although networking and relationship-building is improving, there has traditionally been a gap between services working in rural communities addressing the challenges facing farming businesses (such as rural financial counselling services) and services who work with households and individuals to address personal issues.

The Department's Service Coordination and Improvement Program (SCIP) has also been doing important work in this area to build relationships and common approaches between different services. For example, there has been effort put into supporting mainstream services to identify and streamline pathways for people who are homeless or at risk, including the development of protocols and procedures around hospital entry and discharge; this latter process has been particularly effective in the north of the state. However, the lack of resources allocated to implementation (such as providing training for staff) and the lack of formal accountability mechanisms to ensure the new protocols are followed is a source of concern and means that the long-term impact is uncertain.

Tapping into this broader system includes facilitating access to the support available from statutory and universal services — for example, a client facing difficulties affording food may benefit from an 'income maximisation' process (i.e. a systematic check to ensure that they are receiving all the income support, special payments and concessions from state and federal sources to which they are entitled). |

8 *(cont.)*	Finally, the gaps between different service sectors, including between mainstream and specialist homelessness services, will only be bridged if the many issues that contribute to those gaps, such as limitations in staff skills and knowledge, inadequate procedures and lack of capacity to meet demand that locks services into a crisis response are substantially addressed on both sides.
9	Addressing the lack of exit points from the system remains the most significant priority for government action. For many people with complex needs, long-term experience of homelessness or very low incomes, public housing or specialist community housing is the only appropriate option. A long-term, detailed plan to resolve the shortage of social housing is urgently needed.

5. Other issues

5.1. Crisis accommodation for young people aged under 16

A significant recommendation in the information paper is that young people under 16 should not be accommodated in shelters with young people aged 16-20 as is currently the case; rather, they should be in kinship care or accommodated through the child protection system.

Anglicare agrees wholeheartedly with this recommendation. However, we are concerned that the information paper seems to imply that the system should be modified to prevent services from accommodating under 16s with older clients *before* an appropriate alternative is available, stating that

> [i]t is acknowledged that the existing capacity of child protection services to respond urgently and effectively to young people presenting to homeless shelters can be a challenge in some locations and circumstances. *However, this is an issue that must be addressed outside of the SAA system, and is the subject of present deliberations by the Tasmanian Government* (KPMG 2011a, p. 48, emphasis added).

It is Anglicare's experience that finding non-shelter accommodation for homeless youth aged under 16 is not just 'a challenge in some locations and circumstances' (KPMG 2011a, p. 48) but can be virtually impossible in most locations and circumstances. To exclude young people from shelters in the short to medium-term, before an appropriate response by the Tasmanian Government to the problem has been determined, let alone funded and implemented, would be grossly irresponsible and would seriously compromise the safety and wellbeing of homeless young people. Current policy regarding accommodation for homeless young people aged under 16 years should be changed – but only after an alternative is made available and is working effectively, not before.

In the interim, recognising the real issues that arise in shelters when under-16s and over-16s are accommodated together, Anglicare proposes a temporary service delivery measure that may assist in addressing some, although not all, of the concerns. We recommend that the Tasmanian Government allocate a pool of 'floating' or 'flexible' funding, which all applicable services can draw upon as needed, to provide a dedicated worker for under-16s accommodated in shelters. All shelter-based services have (or should have) a roster of 'on-call' staff with appropriate skills and experience. Under Anglicare's proposal, if a young person aged under 16 is allocated a bed in a youth shelter, the service can access the funding pool (a protocol would need to be established to allow this to happen in a timely manner) and call in an additional worker from the 'on-call' roster to provide dedicated support to that young person (or persons). This model would provide an appropriate level of supervision and support to vulnerable young people, but ensure that the support was mobilised only as needed in order to manage limited resources. Centacare's Annie Kenny young women's refuge has already negotiated an arrangement like this with the Department and Anglicare understands that it works well.

Obviously, however, successful support for younger homeless youth also requires the provision of good case management and, critically, follow-up from mainstream services (such as Child, Youth and Family Services). The provision of adequate levels of support from all service areas with responsibility for assisting young people is dependent on appropriate levels of resourcing.

5.2. Family violence services

In Anglicare's view, it makes sense to link those family violence services currently managed through the homelessness service system with other family support services as this recognises the specialist role these services play and the particular needs of their client group. However, in order to avoid having client needs not met by any service (i.e. to avoid clients falling through the gaps), consideration needs to be given to how these services will continue to work in an integrated way with the rest of the homelessness service system. Women's crisis shelters should remain within the homelessness service system.

5.3. Outreach services in rural areas

The provision of outreach services for clients living in rural and regional areas is a particularly problematic issue in Tasmania owing to our dispersed population and limited transport networks. For many clients in regional areas, the only access to the 'front door' will be through other services within their communities, particularly services such as neighbourhood houses, community health centres and Service Tasmania. For example, in the north and north-west of the state, access to the PRSS program is available through a number of different regional services, meaning clients do not need to travel to Launceston, Devonport or Burnie to receive assistance. Workers and volunteers in these services need to be adequately trained to ensure that they are knowledgeable about the range of support offered by the 'front door' and able to facilitate prompt access by clients. The use of mobile support teams in some areas, along the lines proposed by Anglicare's amendments

to Model 2, is one means by which a small number of 'front door' workers may support a wider geographical area within limited resources.

6. Conclusion: the 'client's perspective'

In this submission, Anglicare has sought to present recommendations that take the client's perspective and promote reform that best supports the needs of the client. As stated in the introduction to this submission, Anglicare has drawn underpinning principles for any new model from our body of published research. This research is substantive and consistent, but inevitably the process of synthesising the common threads has required generalisation based on thematic analysis. For this reason, this submission concludes with a number of examples of the 'client perspective' that illustrate the specificities and complexities involved in incorporating that perspective into service design and delivery. There will be dilemmas and diverse perspectives when consumers are engaged, but this should not lead us to shy away from ensuring that there is strong consumer engagement in whatever model is adopted.

Bathrooms and kitchens: Robert Solomon (2000, p. 475), a US lawyer specialising in advocacy on behalf of the homeless, describes a discussion with colleagues at a conference, in which a number of advocates on behalf of the homeless argued that America's 'single room occupancy units' (SROs) should include the provision of private bathrooms and cooking facilities for each occupant. Their reasons were understandable: they argued that clients' human dignity required that they receive housing of an appropriate community standard.[3] However, Solomon had previously conducted a survey with SRO residents regarding this issue, and had found that an overwhelming majority wanted to preserve these facilities as communal. (His finding was supported by those of another conference attendee). Solomon hazards a few reasons for the finding: that the occupants wanted to preserve the social interaction that communal facilities provided or that the occupants did not want the added hassle of cleaning the extra facilities. Crucially, however, he notes:

> Not being a resident … I am not competent to answer the question. Any answer I give is based on my own life and my own preferences. Because most of us have always lived in residences with bathrooms and kitchens, we assume that everyone wants the same, and yet not everyone does (Solomon 2000, p. 475).

Grass _v._ concrete: Solomon (2000, pp. 475-476) provides a second example. A 1063-unit housing project was the subject of legal action on behalf of the tenants to improve conditions. Solomon suggested that as one of their listed demands, the tenants ask for the

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[3] In Australia, non-communal bathroom and cooking facilities have tended to be viewed in a similar light; according to the widely-used 'cultural' definition of homelessness people living in boarding houses are considered to be in 'tertiary homelessness' because residents do not have self-contained accommodation and therefore are not living in housing that meets a minimum community standard (Chamberlain & MacKenzie 2008).

'vista of cracked and broken concrete' between the buildings to be replaced by grass. He reports that '[t]he result was immediate and dramatic. People literally left their seats, slapped their heads and made comments to the effect of "Oh, no, anything but that. Anything but more grass."' Solomon discovered that for the tenants, 'grass' meant 'an abandoned lot, filled with weeds, broken glass, tires and other junk'. When Solomon suggested that a well-maintained grassed area would look quite different, the tenants replied that they did not believe, based on long and bitter experience, that it would be well-maintained. As Solomon noted, '[a]n assumption that grass will be mowed is useful only if we are willing to do the mowing or are somehow confident that someone else will'. And in any case, he concluded, if the tenants didn't want grass, then they shouldn't be made to have it (Solomon 2000, p. 476).

'Just' talking: An Australian example can be found in a 2005 report on the effectiveness of youth-specific SAAP services in supporting young people to reengage or maintain engagement in education and training (Hillier & Cornell 2005). The researchers separately surveyed workers and clients about the types and effectiveness of interventions practised within the services. They found that the most frequent type of support offered by workers was to talk to and encourage their clients and that the workers considered this form of support to be valuable and helpful. The clients, however, did not agree — they said that rather than the worker just talking to them, they would prefer practical assistance with things like enrolments and finding housing. For many clients, 'just talking' was not considered a form of support at all (Hillier & Cornell 2005, pp. 25, 28).

These examples — and there are many more scattered throughout the research literature — are presented to stress how varied and sometimes contradictory 'the client perspective' can be and how the assumptions of policy-makers and service providers can be ill-informed, inaccurate or just plain wrong. This diversity confirms the need to consult widely with consumers to ensure that common and recurring themes can be identified.

In relation to the current reform process, for example, 10 of the 15 clients interviewed as part of the consultation process said that they would prefer a 'single service response' or 'one-stop shop' (KPMG 2011a, p. 67). But what do *they* mean when they say 'one-stop shop'? If the issue is that they only want to tell their story once, then none of the models proposed are likely to deliver this; the involvement of multiple services and multiple workers means multiple iterations of the story — it would represent a considerable failing of empathy for a worker to provide support to a client solely on the basis of the content of a written referral, however detailed. If 'one-stop shop' means 'all services delivered by the one source', which appears to be what is implied (see KPMG 2011a, p. 67), then how will tenants experience the management/support split? Or indeed, reading through the responses in Appendix B of the information paper (KPMG 2011a pp. 61-70), the split between state-funded housing services and federally-funded non-housing services like Centrelink and Legal Aid? And if 'one-stop shop' simply means a central point from which to obtain information about the full range of support, housing and non-housing related, that is available to them and which a person can then use to seek what assistance

they wish, would not an integrated assessment and case management process for every client be experienced as disempowering and overwhelming?

Whilst Anglicare would strongly support the allocation of further time and effort to obtain the 'client perspective' on homelessness sector reform, the considerable resource constraints within the Department of Health and Human Services mean that further consultation or engagement with clients about this review is unlikely to occur. As such, existing research is the only viable alternative for obtaining the 'client perspective'; in the information paper even this existing evidence is conspicuously lacking. The examples above illustrate that clients' views are likely to be varied and even contradictory and to be insufficiently captured in research reports (such as where questions are asked that reflect service provider priorities, not client priorities). Most importantly, in really listening to the client voice, service providers and policy-makers may find that clients, service providers and governments do not want the same thing.

In Anglicare's view, homelessness is a fundamentally harmful experience for the individuals and families affected, as well as for the wider community. Whatever model is adopted by the Tasmanian Government, it needs to be the one that will deliver what is best for homeless people. In particular, Anglicare urges the Tasmanian Government to retain their commitment to developing policies and practices that ensure that people experiencing homelessness face 'no wrong door'.

Appendix

In the body of this submission, Anglicare expressed concern that the new social housing developments being delivered in Tasmania at present, while needed and welcome, are not occurring at a large enough scale to address ongoing high demand. This appendix outlines these concerns in more detail. It is included because we consider the lack of exit points to be the most pressing concern facing the homelessness service sector, and consequently, there is a strong case for the Tasmanian Government to initiate action now to develop a comprehensive plan to address this issue.

The new social housing supply is funded primarily through one-off injections of Commonwealth funding (in particular the Economic Stimulus Package) and these are unlikely to be repeated. The Australian Government has made it clear in a number of forums that this will be the last major provision of capital funding to the sector for some time. The development of the new regulatory framework to support the development of 'growth providers' has been accompanied by a clear message that the responsibility for generating new social housing supply has been passed to the community housing sector.

But there are serious concerns about the sector's capacity to generate the level of growth required to alleviate the affordable housing crisis. Modelling by KPMG (FaHCSIA 2009)

of projected growth in community housing across Australia indicates that in a 'best case' scenario, the community housing sector's supply of 'affordable' housing will grow by around 56,200 properties nationally over the next five years (FaHCSIA 2009, sec. 5.4.3). However, of these, about 52,500 are National Rental Affordability Scheme (NRAS) properties. As the information paper notes, NRAS properties are likely to be unsuitable for many SAA clients, although they may take pressure off the social housing sector (KPMG 2011a, p. 10). More critically, the NRAS incentive for each property is provided for only ten years — after that, most NRAS properties will roll into the mainstream private market; KPMG's modelling assumed an 80% sell-down rate (FaHCSIA 2009, sec. 5.4.1). This means that supply is projected to drop off over time. In Anglicare's experience, it is social housing that the 'hard to house' want and need, but according to KPMG's modelling, nationally just 3660 of the projected new properties are social housing (FaHCSIA 2009, sec. 5.4.3).

Alarmingly, this 'best case' scenario (overall growth of 56,200 properties) depends upon the application of a number of policy levers: specifically, that rents be increased to 30% of income (from the present 25%); that title be transferred to growth providers; that the cost of debt for providers borrowing to increase supply is lowered through the provision of government guarantees or through an intermediary supported by government; and that the NRAS program is substantially expanded. Without these policy levers, growth is projected to be just 1760 properties nationally over five years (FaHCSIA 2009, sec. 5.4).

The availability of these policy levers is not necessarily assured — the increase in rents would impose hardship on tenants, particularly those on very low incomes, and Anglicare understands that the transfer of title in Tasmania at least has been ruled out by the Tasmanian Government at this stage. Some of the measures would require additional government investment; for example, the recommended NRAS program would cost the Australian Government between $105 million and $315 million per annum (FaHCSIA 2009, sec. 5.4.1). In addition, KPMG's analysis of the present viability and sustainability of the growth providers found that providers would be unable to generate the return necessary to pursue debt-funded growth while maintaining 'affordable' rents for tenants (defined as 30% of income). To deliver viability, KPMG recommended the provision of a recurrent operating subsidy across the sector of $199 million per annum nationally (FaHCSIA 2009, sec. 4.7). A subsidy of this scale is highly unlikely to be forthcoming.

While the Tasmanian Government is currently facing significant budget constraints, failing to act will only place more stress on the Budget through driving up demand for other frontline services. In Anglicare's view, there is a strong case for a comprehensive Tasmanian plan to deliver new social housing supply.

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