



**Tasmanian**  
Audit Office



**Report of the Auditor-General  
No. 8 of 2012-13**

**National Partnership Agreement  
on Homelessness**

March 2013



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2013

No. 3



2013

PARLIAMENT OF TASMANIA

**REPORT OF THE  
AUDITOR-GENERAL  
No. 8 of 2012-13**

**National Partnership Agreement on  
Homelessness**

**March 2013**

*Presented to both Houses of Parliament in accordance with the provisions of the Audit Act 2008*

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19 March 2013

President  
Legislative Council  
HOBART

Speaker  
House of Assembly  
HOBART

Dear Madam President  
Dear Mr Speaker

**REPORT OF THE AUDITOR-GENERAL**  
**No. 8 of 2012–13**  
**National Partnership Agreement on Homelessness**

This report has been prepared consequent to examinations conducted under section 23 of the *Audit Act 2008*. The objective of the audit was to assess whether Tasmania was effectively and efficiently meeting its obligations under the National Partnership Agreement on Homelessness and whether the agreement is making a difference for homeless people in Tasmania.

Yours sincerely

H M Blake  
**AUDITOR-GENERAL**

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## Foreword

Commonwealth and State governments have introduced a range of national initiatives aimed at ensuring consistent responses to identified areas of risk in our society. Homelessness is one such risk and in 2008 the Council of Australian Governments established the National Partnership Agreement on Homelessness (NPAH) under which the Commonwealth Government agreed to provide funding to states and territories that agreed to match its homelessness initiatives on a dollar-for-dollar basis.

In 2011, the Australasian Council of Auditors-General agreed to conduct a concurrent audit on homelessness. A collaborative effort by each participating audit office resulted in the development of a common audit objective and lines of inquiry.

I agreed to participate resulting in this Report which found that much has been achieved with many homeless persons better off as a result of NPAH. However, NPAH is due to end in 2013–14 and, because there is an ‘end date’ to it, there is a risk that initiatives currently underway are not continued.

It is essential that the Department of Health and Human Services, bearing in mind the findings in this Report, carry out its own evaluation of this program and conclude as to which elements must continue in the long-term interests of homelessness persons and their service providers.

H M Blake

Auditor-General

19 March 2013



## List of acronyms and abbreviations

ABS	Australian Bureau of Statistics
ACAG	Australasian Council of Auditor-Generals
COAG	Council of Australian Governments
DHHS	Department of Health and Human Services
IPT	Implementation Plan for Tasmania
KEYS	Keys to the Future, formerly, Same House Different Landlord
NGO	Non-Government organisation
NPAH	National Partnership Agreement on Homelessness
SAF	Supported Accommodation Facility
SCIP	Service Coordination and Improvement Program
SITS	Specialist Intervention Tenancy Service, now STAY
STAY	Previously called the Specialist Intervention Tenancy Service
THP	Tasmanian Homelessness Plan
WCAD	Workforce Capacity Audit and Development Plan

## **Executive summary**

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## Executive summary

### *Background*

Whilst Australia is commonly referred to as the 'Lucky Country', enjoying a high standard of living and a well-developed welfare system, there are still those who are 'doing it tough'.

In 2006, the Australian Bureau of Statistics (ABS) estimated that there were over 100 000 homeless people in Australia. In Tasmania the ABS estimate was 2500, with 385 categorised as 'primary homeless'<sup>1</sup>.

In 2008 the Council of Australian Governments (COAG) established the National Partnership Agreement on Homelessness (NPAH). Under NPAH, the Commonwealth Government agreed to provide funding to states and territories that agreed to match its homelessness initiatives on a dollar-for-dollar basis.

Some key points relating to NPAH:

- The agreement started on 1 July 2009 and was to conclude four years later on 30 June 2013. However, in 2012 the Commonwealth extended the program for another 12 months until 30 June 2014.
- Implementation plans were developed by each state and territory and approved by the Commonwealth.
- Tasmania's total NPAH funding was \$18.9m (\$9.3m Commonwealth and \$9.6m Tasmanian Government). Negotiations on funding for the additional year were in progress.

Housing Tasmania, a division within the Department of Health and Human Services (DHHS), developed an implementation plan for Tasmania (IPT) consisting of six initiatives including supported accommodation facilities (SAF), intensive support and tenancy programs (KEYS-STAY) and a service coordination and improvement program (SCIP).

### *A concurrent audit*

In 2011, the Australasian Council of Auditors-General (ACAG) agreed to conduct a concurrent audit on homelessness. A collaborative effort by each participating audit office resulted in

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<sup>1</sup>In 2012 the ABS revised its methodology for counting homeless people which led to significantly lower estimates for 2006 and 2011. The revised total figure for 2006 was 921.

the development of a common audit objective and lines of inquiry<sup>2</sup>. Each office could then progress the agreed broad lines of inquiry into more specific audit criteria to suit its own needs.

### *Detailed audit conclusions*

#### *Are NPAH programs/initiatives well planned, implemented and monitored?*

DHHS's implementation plan, while addressing the core NPAH outputs was deficient in performance measurement, risk management and did not address all additional outputs.

Monitoring of the SAF and KEYS-STAY initiatives was insufficient as we could not obtain reports for 2012. There was no evidence that NGO reports were being used to measure the success of planned initiatives.

#### *Is the implementation of NPAH making a difference to homeless people?*

The audited initiatives are now in place or substantial progress has been made, although some targets have not yet been met.

There is persuasive internal evidence that the SAFs and KEYS-STAY initiatives have made a significant difference to the homeless people involved with the programs. There is nonetheless a need to perform a longitudinal study after a few years to provide objective data on the long-term outcomes.

We also found that the SCIP initiative is likely to provide consistency of service and improved case management.

The costs associated with implementing the programs are reasonable when compared to the total costs of people experiencing homelessness over a long period.

### *List of recommendations*

The following Table reproduces the recommendations contained in the body of this report.

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<sup>2</sup> The only Australian jurisdiction not to participate in the concurrent audit was South Australia.

<b>Rec</b>	<b>Section</b>	<b>We recommend that ...</b>
1	1.3	... DHHS include risk management in planning documents.
2	1.4.1	... for Commonwealth–State agreements, where significant funding is provided by the Commonwealth, State implementation plans should explicitly address all intended outputs. Where agreement has been reached with the Commonwealth not to implement some outputs, that agreement should be noted in the plan.
3	1.4.2	... wherever possible significant new strategies should be supported by relevant quantitative information addressing the magnitude of the problem.
4	1.5	... DHHS ensures greater attention to performance measures by including them in high-level implementation plans rather than only including them at the project level.
5	1.5	... DHHS includes benchmarks or targets with its performance measures.
6	1.6.1	... DHHS ensures all reporting requirements are adhered to.
7	1.6.1	... where relevant, reports from NGOs are included in departmental evaluations of the overall success of initiatives.
8	2.2.2	... with future short-term funding agreements, DHHS gives priority to ensuring the timely implementation of initiatives.
9	2.2.5	... a longitudinal study be conducted two or more years after the end of the NPAH period to more objectively assess the long-term benefits of the SAF support provided.
10	2.2.5	... subject to positive longitudinal study results, DHHS works with NGOs to ensure that the SAF homelessness program continues.
11	2.3.3	... DHHS evaluates whether there are unmet homelessness needs, such as homeless youth and single fathers, for possible advocacy in Commonwealth-State negotiations.
12	2.3.5	... DHHS plan for the possible end of the NPAH period to ensure no KEYS-STAY clients are abandoned prior to receiving sufficient support to achieve independent living.
13	2.3.5	... DHHS conduct a longitudinal study to objectively determine whether there are any long-term benefits being provided by the KEYS-STAY initiatives.
14	2.3.5	... subject to positive longitudinal study results, DHHS works with NGOs to ensure that the KEYS-STAY homelessness program continues.

***Audit Act 2008 section 30 — Submissions and comments received***

## Audit Act 2008 section 30 — Submissions and comments received

### *Introduction*

In accordance with section 30(2) of the *Audit Act 2008*, a copy of this Report was provided to the Department of Health and Human Services. A summary of findings was also provided to the Treasurer and the Minister for Human Services with a request for comment or submissions.

The comments and submissions provided are not subject to the audit nor the evidentiary standards required in reaching an audit conclusion. Responsibility for the accuracy, fairness and balance of those comments rests solely with those who provided a response or comment.

### *Submissions and comments received*

#### Department of Health and Human Services

I acknowledge the findings of the audit and the overall positive outcomes that are making a difference to the quality of life of vulnerable Tasmanians. I would like to provide the following comments in relation to the findings:

- I agree with the recommendations for improved risk management and monitoring of services. Improved reporting through the Australian Institute of Health and Welfare and the introduction of a new client management system across the Tasmanian homelessness service system will lead to improved monitoring and reporting in future years
- In relation to the finding that all outputs should have been addressed in the Implementation Plan, I note there was no requirement for states to address all outputs and through mutual agreement with the Australian Government Tasmania identified a select number of outputs to address identified priorities within the Tasmanian context
- In relation to the audit recommendation for a longitudinal study of services, I note that the Department has funded the University of Tasmania to evaluate the service elements of the four year NPAH. The evaluation is due to be completed in July 2013.

In summary, I note some improvements can be made to measuring and monitoring future agreements, but on the critical element of making a difference to homeless people, Tasmania's

implementation plan has been cost effective and delivered positive outcomes for clients.

Thank you once again for providing your report and the comprehensive analysis contained within it.

***Matthew Daly***  
**Secretary**





## **Introduction**

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## Introduction

### *Background*

Whilst Australia is commonly referred to as the 'Lucky Country', enjoying a high standard of living and a well-developed welfare system, there are still those who are 'doing it tough'.

In 2006, the Australian Bureau of Statistics (ABS) estimated that there were over 100 000 homeless people in Australia. In Tasmania, that estimate was 2500, with 385 categorised as 'primary homeless'<sup>3</sup>.

In 2008, the Council of Australian Governments (COAG), established the National Partnership Agreement on Homelessness (NPAH). Under NPAH, the Commonwealth Government agreed to provide funding to states and territories that agreed to match its homelessness initiatives on a near dollar-for-dollar basis.

Some key points relating to NPAH:

- The agreement started on 1 July 2009 and was to conclude four years later. However, in 2012 the Commonwealth extended the program for another 12 months until 30 June 2014.
- Each state and territory developed implementation plans that were approved by the Commonwealth.
- Tasmania's initial total NPAH funding was \$18.9m (\$9.3m Commonwealth and \$9.6m Tasmanian Government). Negotiations on funding for the additional year were in progress.

Housing Tasmania, a division within the Department of Health and Human Services (DHHS), developed an implementation plan for Tasmania (IPT) consisting of six initiatives including supported accommodation facilities (SAF), intensive support and tenancy programs (KEYS-STAY) and a service coordination and improvement program (SCIP).

### *A concurrent audit*

In 2011, the Australasian Council of Auditors-General (ACAG) agreed to conduct a concurrent audit on homelessness. A

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<sup>3</sup>In 2012 the ABS revised its methodology for counting homeless people which led to significantly lower estimates for 2006 and 2011. The revised total figure for 2006 was 921.

collaborative effort by each participating audit office resulted in the development of a common audit objective and lines of inquiry<sup>4</sup>. Each office could then progress the agreed broad lines of inquiry into more specific audit criteria to suit its own needs.

### *Why the audit was selected*

NPAH was chosen as an area of national importance because all the states and territories had entered into a funding arrangement with the Commonwealth.

### *Audit objective*

The audit's objective was to determine whether Tasmania was efficiently and effectively meeting its obligations under NPAH and if it was making a difference for homeless people in Tasmania.

### *Audit scope*

This audit examined NPAH's implementation by the Department of Health and Human Services (DHHS) and non-government organisations (NGOs) who received NPAH funding in the period starting from the NPAH commencement date (2009).

### *Audit criteria*

We applied two audit criteria, namely:

- Were the NPAH programs/initiatives well planned, implemented and monitored?
- Was the implementation of NPAH making a difference to homeless people?

### *Audit approach*

To conduct this audit, we:

- held discussions with DHHS staff
- reviewed DHHS internal documentation
- reviewed NGO status reports and other internal documents

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<sup>4</sup> The only Australian jurisdiction not to participate in the concurrent audit was South Australia.

- examined external reports together with measurement and benchmarking materials, including reports to the Commonwealth
- held discussions with NGO personnel
- visited NGO facilities.

### *Timing*

Planning for this audit began in March 2012. Fieldwork was completed in January 2013 and the report was finalised in March 2013.

### *Resources*

The audit plan recommended 1250 hours and a budget, excluding production costs, of \$179 128. Total hours were 1682 and actual costs, excluding production, were \$218 652 which was in excess of our budget.

## **1 Were NPAH initiatives well planned?**

# 1 Were NPAH initiatives well planned?

## 1.1 Background

In December 2008, COAG agreed to implement NPAH. The agreement required the Commonwealth and the states and territories to achieve certain performance objectives.

In this Chapter, we examined whether:

- DHHS had developed an implementation plan
- risk had been adequately addressed
- the implementation plan addressed the NPAH outputs
- meaningful performance measures had been developed
- there was a regime of effective monitoring.

## 1.2 Had DHHS developed an implementation plan?

DHHS developed the *Implementation Plan for Tasmania* (IPT), which was approved in June 2009 and became the overarching strategy document. Its development involved consultation with a reference group of representatives from key peak bodies and NGOs.

We found that the IPT lacked detail in areas such as risk management, resourcing and performance measures (see Section 1.3). However, we noted that the IPT was subsequently supported by detailed project plans for each of its stated initiatives.

## 1.3 Had risk been adequately addressed?

A key component of strategic planning is identifying what can go wrong and then developing strategies to reduce the identified risks.

We found that the IPT did not include a risk management section or discussion of such matters. Examples of risks that we would expect to have been identified and mitigated included:

- Funding might not be continued or replaced after the initial three-year life of the plan.
- The funding might be more or less than needed.
- Support provided might not reach its intended target.

- Services provided might not meet the needs of the homeless.
- The Department or NGOs might struggle to recruit the required number of support workers.

#### **Recommendation 1**

**We recommend that DHHS include risk management in planning documents.**

### 1.4 *Did the implementation plan address the NPAH outputs?*

We examined the IPT to determine whether it was capable of achieving the objectives of NPAH — these are outlined in Section 1.4.1 and 1.4.2. The IPT contained six initiatives which are summarised in Table 1.

**Table 1: Tasmanian Implementation Plan initiatives**

Title	Description	Amount initially budgeted <sup>5</sup>
Same House Different Landlord (KEYS)	Provides tenancy management for 100 existing properties <sup>6</sup> . Complemented by STAY, which provides high-level support.	\$0.4m
Specialist Intervention Tenancy Service (STAY)	Complements KEYS by supporting people with high-level needs. [In this report we refer to these two initiatives as a single program, i.e. KEYS-STAY] <sup>7</sup>	\$7.3m
Supported Accommodation Facilities (SAF)	Provides tenancy management and support for people with lower-level needs than those covered by KEYS-STAY.	\$4.1m
Service Coordination and Improvement Program (SCIP)	Improves access, coordination of services and the development of an information system.	\$5.8m

<sup>5</sup> Initial estimates included only to provide an approximate guide to the relative size of the programs

<sup>6</sup> Tenancy management includes rent collection, maintenance and monitoring of the tenancy (e.g. property not damaged).

<sup>7</sup> Support for rough sleepers is designed to make it possible that they will remain housed long-term, by meeting their particular needs (e.g. mental health issues, drug and alcohol dependency).



Title	Description	Amount initially budgeted <sup>5</sup>
Tasmanian Homelessness Plan (THP)	Provides additional homelessness planning.	\$0.2m
Workforce Capacity Audit and Development Plan (WCAD)	Trains and develops support workers.	\$0.2m
TOTAL		\$18.0m

The following subsections discuss the extent to which the six IPT initiatives were capable of meeting both core outputs and additional outputs of NPAH.

#### *1.4.1 Were NPAH's core outputs addressed?*

Essentially, NPAH's core outputs address the provision of:

- properties
- support and assistance.

##### *NPAH core outputs — properties*

We noted over the last three years that the Commonwealth under other non-NPAH agreements had funded (with a matched state contribution) the building or conversion of 1404 new properties at a cost of \$201m.

NPAH included implementation of a previous Commonwealth–State infrastructure program (*A Place to Call Home*), as a core output, but included no output relating to provision of any new infrastructure.

On that basis, we consider it appropriate that an overall aim of NPAH is to provide support to vulnerable homeless households so that they can find accommodation and manage their tenancy successfully. Whilst a lack of suitable affordable housing is the primary cause of homelessness, tenancy support can make a significant impact in preventing vulnerable households becoming homeless.

Consequently, achieving lasting benefits from NPAH requires a long-term reduction in the neediness of those assisted.

##### *NPAH core outputs — support and assistance*

NPAH's core outputs related to support and assistance for:

- street-to-home initiatives for chronically homeless people
- existing tenants
- specific groups at risk of becoming homeless, including people leaving child protection services or corrective services.

We were satisfied that the IPT — and specifically KEYS-STAY and SAF — initiatives were aimed at addressing the first two of the abovementioned NPAH support objectives, in providing accommodation and tenancy support to the homeless.

On the other hand, NPAH’s assistance to people leaving child support services or corrective services received little coverage in the IPT. This is not to suggest that these groups did not receive assistance; only that the plans did not explicitly refer to them. In our view, this core NPAH output, with its potential to prevent people becoming homeless in the first place, deserved explicit attention.

#### **Recommendation 2**

**We recommend that for Commonwealth–State agreements, where significant funding is provided by the Commonwealth, State implementation plans should explicitly address all intended outputs. Where agreement has been reached with the Commonwealth not to implement some outputs, that agreement should be noted in the plan.**

#### *1.4.2 Are the NPAH additional outputs addressed?*

NPAH also requires implementation plans to provide for priority and effort to be applied to twelve additional outputs. In the main, these additional outputs appear to add detail and clarity about the groups to be helped and the nature of that support rather than specifying new deliverables.

#### *NPAH additional outputs — discretionary?*

The IPT presents a mapping of DHHS’ six proposed initiatives to the NPAH outputs. However, only six of the additional outputs were included in the planned initiatives. A section of the IPT deals with ‘remaining discretionary outputs’ and notes that target groups identified in those additional outputs could potentially be supported by the IPT’s tenancy support initiatives. It was not clear to us from NPAH that the additional outputs were discretionary and, on that basis, this section of the

IPT seemed like an inadequate response to those required outputs.

We restate Recommendation 2:

We recommend that for Commonwealth–State agreements, where significant funding is provided by the Commonwealth, State implementation plans should explicitly address all intended outputs. Where agreement has been reached with the Commonwealth not to implement some outputs, that agreement should be noted in the plan.

*NPAH additional outputs — quantitative information*

With regard to categories of people to be assisted, NPAH’s additional outputs included older people, those with substance abuse issues, the mentally ill, young people, domestic and family violence victims and families with children. Our expectation was that the IPT would have included quantitative information about those groups and evidence that the information had been used.

We found that the IPT included brief references to some of the target groups, but no quantitative information. Overall, we considered the information provided about the relevant client groups to be insufficient for effective planning.

**Recommendation 3**

**We recommend that wherever possible significant new strategies should be supported by relevant quantitative information addressing the magnitude of the problem.**

*NPAH additional outputs — education and legal services*

The additional outputs also looked to provide support for homeless people to maintain contact with the education system and have access to legal services. We found no reference to this output in the IPT. This is not to say that the initiatives do not achieve this output, rather that it is not explicitly addressed in the IPT.

In noting the failure to explicitly address some additional outputs we should point out that the Commonwealth has endorsed the IPT. Nonetheless, our view is that the IPT should have explicitly addressed each of the outputs.

Overall, we considered the IPT does not explicitly address the NPAH additional outputs.

We again restate Recommendation 2:

We recommend that for Commonwealth–State agreements, where significant funding is provided by the Commonwealth, State implementation plans should explicitly address all intended outputs. Where agreement has been reached with the Commonwealth not to implement some outputs, that agreement should be noted in the plan.

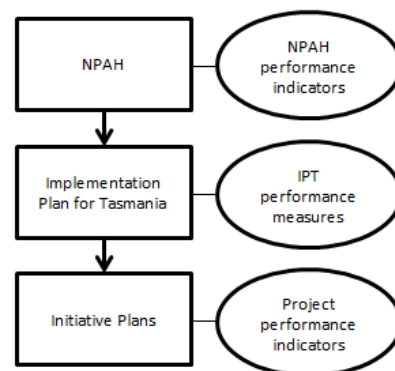
### 1.5 *Have meaningful performance measures been developed?*

NPAH included performance measures that related to the individual outputs such as:

- 7 per cent reduction in the number of homeless
- 25 per cent reduction in the number of rough sleepers.

Tasmania and the other states were dissatisfied with the validity and measurability of these measures, as being too high level and based on unreliable census data.

In any event, our view is that since the IPT has been accepted by the Commonwealth, the focus should be in measuring the success of the implementation



of the IPT. Accordingly, we have prioritised the IPT performance measures and those outlined in the initiative plans.

We found that the only substantial measure in the IPT was provision of 193 supported accommodation places. However, in our view measures that focus on getting people housed are to some extent ‘missing the point’. Homelessness results not just from lack of housing but also from the existence of complex problems requiring additional support, which we see as the focus of NPAH. Accordingly, we were looking for measures that focussed on solving those complex problems.

In that regard, we noted that some of the individual initiatives (KEYS-STAY and SAF) had separate performance measures that we considered more relevant. Examples of the measures included:

- KEYS-STAY: Proportion of STAY clients’ where assessed support needs were met

- KEYS-STAY: Families assisted following family violence
- SAF: Improved living skills
- SAF: Length of tenure in supported accommodation
- SAF: Participation in training, education, employment and health services.

We considered the KEYS-STAY and SAF performance measures to be potentially useful indicators of success. In our view, the focus on improved living skills and reduced support requirements is the essence of NPAH. On the other hand, the measures did not include benchmarks or targets, making it unclear to us how success or failure could be determined. We accept that setting targets would have been challenging. However, our view is that DHHS needed to set at least a minimum standard of success.

We found no performance measures for the SCIP, THP and WCAD projects, however, but accept that the primary measure of success for projects providing indirect benefits is project completion rather than measurable benefit.

**Recommendation 4**

**We recommend that DHHS ensures greater attention to performance measures by including them in high-level implementation plans rather than at the project level.**

**Recommendation 5**

**We recommend that DHHS includes benchmarks or targets with its performance measures.**

**1.6** *Was there a regime of effective monitoring?*

Monitoring is required to ensure a plan is implemented as intended. In this Section, we sought to determine whether planning had provided for monitoring of the implementation of the IPT initiatives, as well as the frequency and adequacy of monitoring reports.

We focused on monitoring of the three initiatives that we believed had the greatest importance, namely KEYS-STAY, SAF and SCIP. We found that regular monitoring had been scheduled for each.

### 1.6.1 Monitoring of the KEYS-STAY and SAF initiatives

Review of documentation, including status reports and minutes of DHHS's National Agreements Steering Committee showed that regular DHHS status reports for KEYS-STAY and SAF had been prepared up until July 2011, although the reports were less frequent than scheduled. Possible reasons for the lack of status reports after July 2011 included:

- the disbanding of National Agreements Steering Committee, possibly related to a restructure of Housing Tasmania
- a perceived reduced need to monitor projects after they had been set up
- reporting was instead redirected to Housing Tasmania's Executive Committee.

Matters covered in status reports included implementation progress, budget information, issues raised and risk management matters. However, the reports did not include reporting against the performance measures of either IPT or the individual project plans.

In addition to the DHHS project status reports, the NGOs involved with the SAF and KEYS-STAY initiatives were required by their reporting frameworks to provide six-monthly reports to DHHS.

We found 2011–12 reports for the three northern SAF sites, but not for the SAF sites in the South<sup>8</sup>. We also found a 2011–12 report for the KEYS-STAY initiative. KEYS-STAY and SAF status reports included assessments against outcomes and performance measures outlined in their respective business plans. We regarded these reports as an important complement to DHHS's status reports. However, we could see no evidence that NGO reports were being formally used to evaluate IPT success, although senior staff were clearly aware of the NGO reports.

#### **Recommendation 6**

**We recommend that DHHS ensures all reporting requirements are adhered to.**

<sup>8</sup> We were also advised that NGOs supplied regular or daily data to a statistical website: AIHW, but we did not regard this as contributing to departmental monitoring of the initiatives.

**Recommendation 7**

**We recommend that, where relevant, reports from NGOs are included in departmental evaluations of the overall success of initiatives.**

*1.6.2 Monitoring of the SCIP initiative*

We found regular DHHS status reports for SCIP covering the period from December 2010 to June 2011. However, no reports were sighted between July 2011 and July 2012. Status reports included an assessment of progress, issues, risks and expenditure against budget. At our request, DHHS provided a status update as at October 2012, which indicated that many of the sub-projects of SCIP had been completed. However, we put less focus on reporting of performance measures for SCIP, since the nature of the work did not allow for a measurement of success until the project was completed.

*1.6.3 Reporting to the Commonwealth*

DHHS developed and had its IPT approved, allowing it to then receive Commonwealth funding. NPAH annual reporting, as required by the agreement, was completed for 2009–10, 2010–11 and 2011–12.

*1.7 Conclusion*

DHHS's implementation plan, while addressing the core NPAH outputs, lacked performance measurement, risk management and did not address all additional outputs.

Monitoring of SAF and KEYS-STAY initiatives was insufficient as we could not obtain reports for 2012. There was no evidence that NGO reports were being used to measure the success of planned initiatives.

## **2 Did NPAH implementation make a difference to homeless people?**

---



## 2 Did NPAH implementation make a difference to homeless people?

### 2.1 Background

IPT included initiatives to collectively achieve the NPAH outputs (see Table 2). In this Chapter, we separately evaluate the success of the SAF, KEYS-STAY and SCIP initiatives. Again, in our view, the success of NPAH depends on achievement of long-term improvements in the independent living skills of the formerly homeless.

SAF and KEYS-STAY are the programs that deliver supported accommodation to the homeless. SCIP is a program intended to improve overall access and coordination.

We have not considered the THP and WCAD initiatives in this Chapter because the funding for those initiatives is relatively small and the benefits to the homeless are less direct than SAF, KEYS-STAY and SCIP.

At end of this Chapter, we also consider some factors relevant to the IPT as a whole.

### 2.2 SAF: Did it succeed?

SAF uses recently purpose-built or renovated accommodation funded under previous Commonwealth–State agreements. The SAF model involves live-in support provided by participating NGOs. The ratio of support workers to clients is lower than for the more intensive STAY initiative.

**Table 2: SAF characteristics**

	SAF
Sites	Northern sites (Grove Street, Ulverstone, Thistle Street and York Street, Launceston) Southern sites (Liverpool Street and Campbell Street, Hobart)
Support model	One live-in support worker per 20 clients
Duration of support	Permanent supported accommodation, subject to funding
Housing	Purpose-built or renovated stock, funded from previous Commonwealth-State agreements. Some construction delays occurred

Places available for NPAH clients <sup>9</sup>	York Street	(18 places)
	Thistle Street	(11 places)
	Grove Street	(11 places)
	Liverpool Street	(25 places)
	Campbell Street	(25 places)
	TOTAL	(90 places)

In the the following sub-sections we examine various aspects of the success of SAF, namely:

- Was there budget compliance?
- Were the places occupied?
- Were the right people supported?
- Was support provided?
- Were there long-term benefits?

### 2.2.1 SAF: complied with budget?

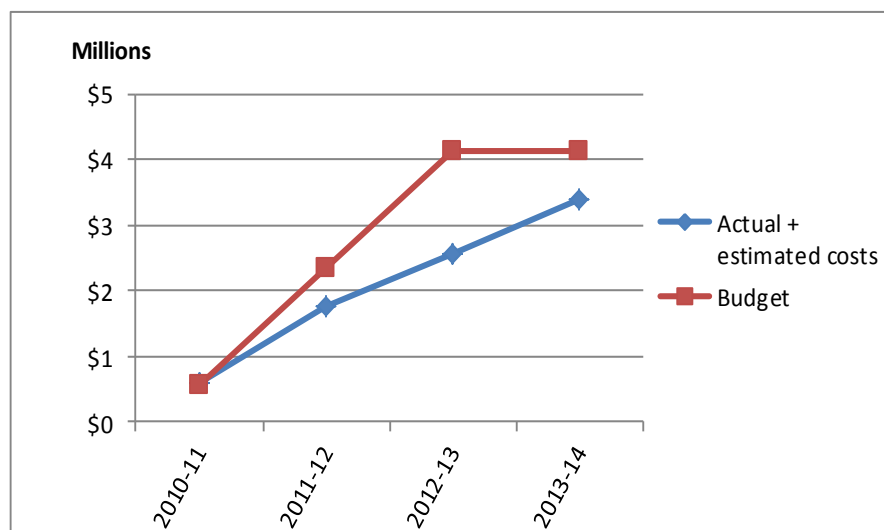
In this Section, we consider whether the total SAF expenditure against budget was indicative of an initiative being successfully implemented.

Figure 1 compares the total actual costs to date and estimated future costs for SAF to the combined budget outlined in the business plan.

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<sup>9</sup> The total accommodation for Grove Street, Thistle Street and York Street was 20, 20 and 30 respectively. However, the placement policy for these sites provided for only 60 per cent being NPAH clients, with the other 40 per cent to be low-income. Similarly, the Campbell and Liverpool Streets facilities had 50 places each, of which only half were NPAH clients. Only NPAH clients are included in the table.

**Figure 1: SAF Accumulated Cost against budget June 2011 to June 2014**



The budget showed that expenditure was considerably less than forecast for the first three years, but ultimately the underspend was only 17 per cent below budget. The explanation provided by DHHS for the slower than expected expenditure was unexpected delays experienced in opening the sites.

An underspend is less of a concern than an overspend, particularly in the light of the reasonable rate of occupancy and benefits provided; as outlined in future Sections, 2.2.2 and 2.2.5 respectively.

We conclude that the pattern of expenditure against budget was satisfactory.

### 2.2.2 SAF: places occupied?

A measure of the success of the initiative was whether the places made available were occupied as intended. Figure 2 shows how the available SAF places have been occupied over the life of the initiative.

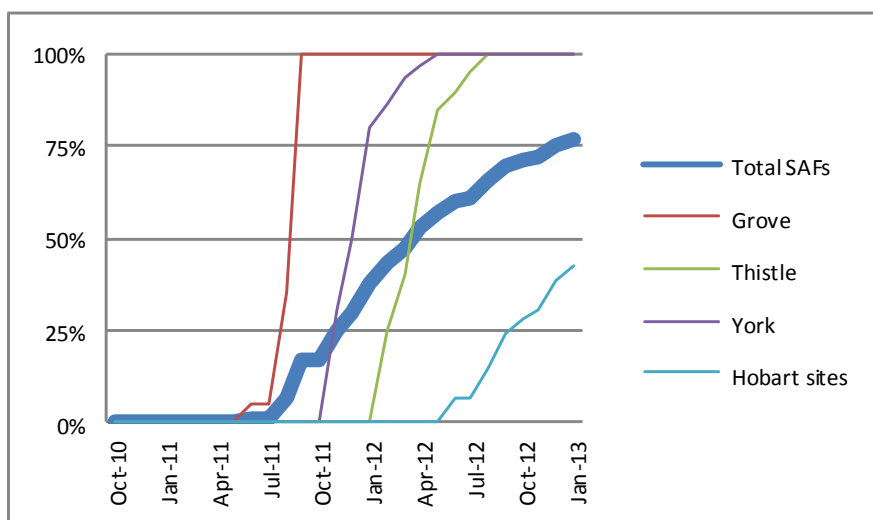
**Figure 2: Occupancy of SAF places over time**

Figure 2 shows that the three SAF sites in the North of the State were filled to capacity soon after opening. A reason for the rapid occupation was because clients at these sites were referred from other agencies and the clients selected prior to opening.

Longer delays were experienced by the Hobart sites, which were not opened until July 2012 (Liverpool St) and October 2012 (Campbell St). The Southern sites were also slower to accommodate clients with occupancy rates still at just 42 per cent in January 2013. In part, this reflects a different model for selecting clients, with the Hobart sites conducting their own assessments after the completion of the facilities.

In our view, the late opening and relatively slow take up was inefficient and reduced the capacity of the Commonwealth and Tasmania to assess the effectiveness of NPAH.

#### **Recommendation 8**

**We recommend that with future short-term funding agreements, DHHS gives priority to ensuring timely implementation of initiatives.**

#### *2.2.3 SAF: right people supported?*

An important element in ensuring NPAH was successful was providing support to the target groups, to ensure funding was used as intended. Also, it would counter perceptions of unfairness amongst the wider group of people experiencing housing stress.

NPAH describes its target groups as:

- rough sleepers

- those experiencing repeated periods of homelessness
- those escaping violence
- youth
- those exiting institutional care.

The common denominator is a need for additional support. In assessing this criterion, our concern was that support might have been provided to people experiencing housing stress, but who were fully capable of independent living provided their accommodation needs were met.

We were advised that SAF referrals had to be eligible for public housing and have undergone some form of treatment or assistance. Clients can self-refer but the reality was that the program was overwhelmed by applicants from a broad range of referees. Whilst it was of concern that places were not available for all referrals, over-subscription made it more likely that the people accepted were in the NPAH target groups; that is, those needing additional support.

We were satisfied that the SAF places made available were allocated to those intended under NPAH.

#### *2.2.4 SAF: support provided?*

We were satisfied that live-in support was provided as intended for all SAF sites. We visited all but Liverpool Street, observing and meeting support workers. We also examined case studies, status reports and expenditure records.

Each of the three SAF sites have live-in tenancy management and access to a support worker five days a week.

#### *2.2.5 SAF: long-term benefits?*

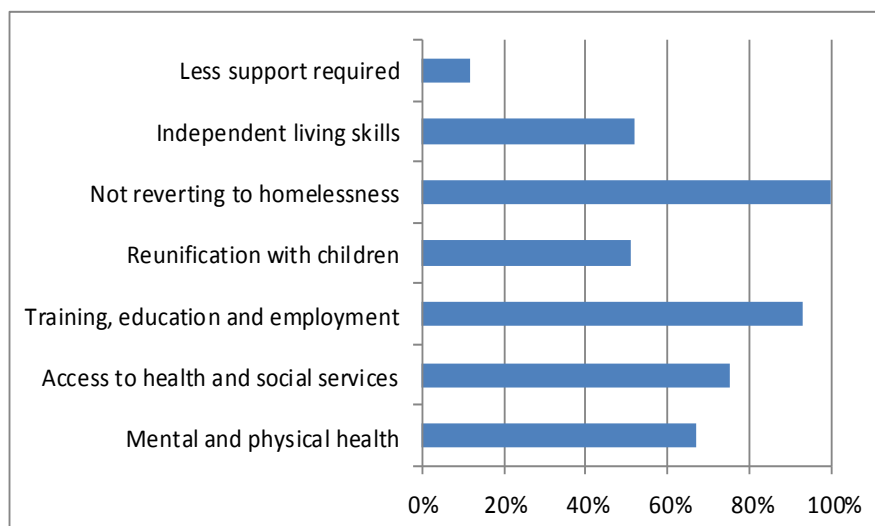
As discussed in Section 1.4, NPAH is not about providing new housing; rather, it is about implementing services to enable homeless people to make use of existing housing.

Our view is that, in the absence of any new infrastructure funding, the success of NPAH depends on the long-term reduction in the neediness of those assisted, so that in the future they no longer need support.

That view was consistent with the performance measures identified in NPAH business plans. We have largely relied on status reports based on these performance measures. Figure 3 is derived from SAF status reports and shows the percentage of

clients who have shown improvement against the performance criteria.

**Figure 3: Improvements identified in SAF status reports**



Improvements have occurred in all measured criteria. We considered that the strong result for accessing training, education and employment was particularly encouraging.

However, there were a number of difficulties in fully relying on that information:

- No data was available for the Southern SAF sites, because those sites had only been operating for a short period.
- The Northern SAF sites had only been open for 18 months or less.
- Much of the performance data was subjective in nature and based on the assessment of clients or support workers.
- Improvements were being measured against a low base; that is, the clients were selected on the basis of having poor life skills.
- The lack of targets made it difficult to assess whether the observed improvements represent a reasonable return on investment.
- Some NGOs expressed concern at the temporary nature of NPAH, arguing that without ongoing funding at the current level of support, the homeless tenancies would become unmanageable and many clients would relapse.

On the other hand, the evidence in status reports of long-term improvement was supported by persuasive case studies.

**Case Study 1:**

T, a 29-year old man, walked in off the street after hearing that the facility offered accommodation. T had a past history of drug and alcohol abuse as well as aggression and violence, mostly due to not taking his medication to treat his psychosis. He had just been discharged from a mental health clinic and was under a court order requiring him to take medication.

During his time with SAF, T has undertaken volunteer work and has become involved in group activities such as gardening. With support, T enrolled in and regularly attends a Certificate 1 course at the Polytechnic that he hopes will lead to employment.

**Case Study 2:**

B had been homeless for 9 months and during this time she either 'couch surfed' at friends' houses or stayed in a shelter. She was not engaged in any form of education or employment and had little connection with her family.

Since moving into a SAF facility, support workers identified that B had an interest in cooking and hospitality. She has now enrolled in a Polytechnic hospitality course. B was about to undergo a work placement, which she hoped would lead to paid employment. Her relationship with her family has improved to the point that regular visits now occur

The results indicated in Figure 3, together with Case Studies 1 and 2, and discussions with SAF support staff and management were reasonably persuasive in convincing us that the SAF programs were effective. However, in the absence of objective, longitudinal studies we are unable to provide a more definite conclusion.

**Recommendation 9**

**We recommend that a longitudinal study be conducted two or more years after the end of the NPAH period to more objectively assess the long-term benefits of the SAF support provided.**

**Recommendation 10**

**We recommend that subject to positive longitudinal study results, DHHS works with NGOs to ensure that the SAF homelessness program continues.**

### 2.3 KEYS-STAY: Did it succeed?

Clients referred to the STAY program, and housed within KEYS properties, are those assessed as having high and complex needs but with the capacity to achieve independent living aided by appropriate support. Clients are normally case managed with a high degree of support for up to two years in appropriate Housing Tasmania properties under KEYS tenancy management. The initiative targets young people leaving care and protection or youth justice; adults leaving correctional and health facilities; or people experiencing multiple episodes or extended periods of homelessness (i.e. the chronic homeless) with high and complex needs.

**Table 3: KEYS-STAY characteristics**

	KEYS-STAY
Sites	Regional centres (North, Northwest, South and Southeast)
Support model	Three visiting support workers per 25 clients
Duration of support	Two- year program of support but expected that clients will continue in allocated accommodation without support
Housing	Used existing housing stock. Earlier start because stock already existed.
Places available	25 places per region Total of 100 places

In the following sub-sections we will examine various aspects of the success of the KEYS-STAY initiative:

- Were KEYS-STAY costs in accordance with the budget?
- Were available KEYS-STAY places occupied?
- Were the NPAH target groups supported?
- Was intended support provided?
- Did the homeless obtain long-term benefits?

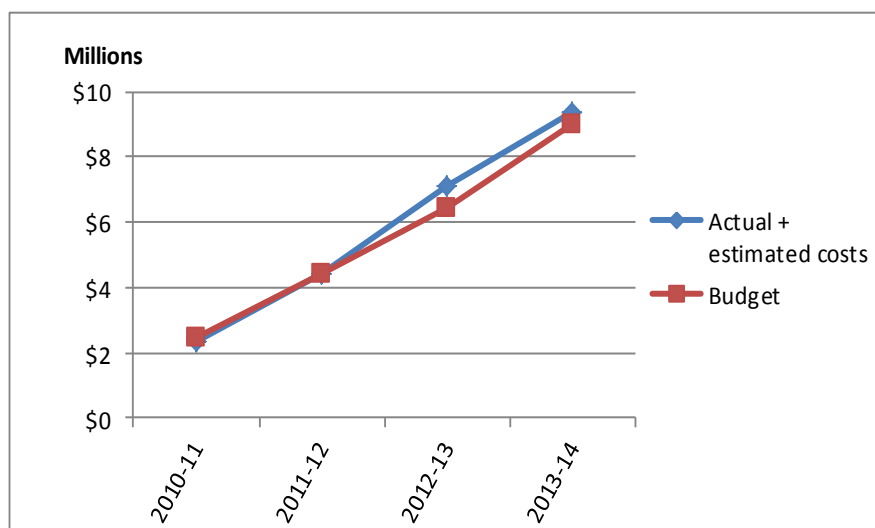


### 2.3.1 KEYS-STAY: complied with budget?

In this Section, we consider whether the KEYS-STAY had stayed within its budget.

As previously discussed, we have treated KEYS and STAY as a combined initiative. Figure 4 compares the total of actual costs to date and estimated future costs for KEYS-STAY against the combined budget outlined in the business plans.

**Figure 4: Accumulated KEYS-STAY Cost against budget June 2011 to June 2014**

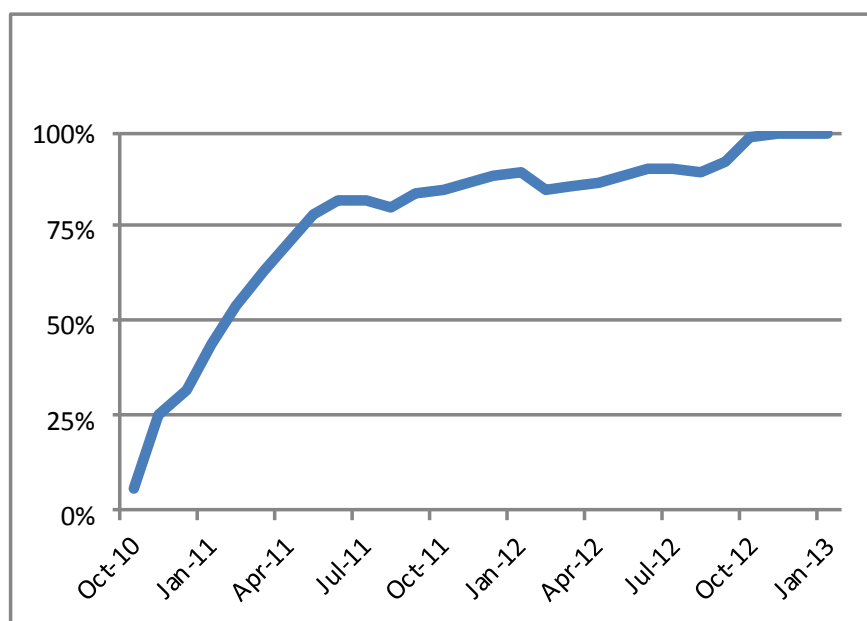


KEYS-STAY programs slightly overran the ‘indicative’ budget as stated in the funding agreement by \$0.370m (4.1 per cent). We were advised that the overrun was due to variations made to allow for maintenance of properties and setup costs including indexation. We concluded the KEYS-STAY initiative ran close to budget.

### 2.3.2 KEYS-STAY: places occupied?

The STAY initiative provides a high level of support to clients that in conjunction with the KEYS program accommodates clients in suitable Housing Tasmania stock. A total of 100 places were available for the KEYS-STAY program.

A measure of the success of the initiative was whether the places made available were occupied as intended. Figure 5 shows how the places were occupied over the life of the initiative.

**Figure 5: Occupancy of STAY places over time**

We note that 75 per cent of places were occupied within six months of the start of the initiative. At the time of the audit, 100 properties were filled and over 130 clients were being assisted by STAY. The time taken to fill the places was due to:

- delays in completing building work under the Commonwealth's stimulus package and other housing agreements
- the need for the properties to be in locations that were appropriate to the needs of the targeted clients.

We also noted that around 30 per cent of property turnover was due to clients not successfully maintaining their tenancies. This rate of turnover was expected for a high-needs target group that also included problems with neighbours and property damage.

In our opinion, the initiative has housed the desired number of people with the implementation time considered reasonable.

### 2.3.3 KEYS-STAY: right people supported?

As discussed in Section 2.2.3, an important element of success was whether support was provided to the intended groups under NPAH. The common denominator is a need for additional support.

We were advised that homeless services in Tasmania annually receive thousands of requests for help. STAY focussed on clients with high and complex needs; particularly those who rotate through service providers and experience repeated bouts of homelessness.

At the time of its July 2012 report, STAY had received 363 referrals. These were screened for clients with high and complex needs, but who also had the capacity to achieve independent living after two years of support.

NGOs also commented that there are too many eligible high-needs people for the limited places on the STAY program. We were further advised that there was an unmet need for:

- youth accommodation, with much of the accommodation being only temporary shelters or crisis accommodation
- single fathers with children.

**Recommendation 11**

**We recommend that DHHS evaluates whether there are unmet homelessness needs, such as homeless youth and single fathers, for possible advocacy in Commonwealth–State negotiations.**

*2.3.4 KEYS-STAY: support provided?*

Three support workers in each of the four areas of the State are funded under the STAY services funding agreement. The provided support is intensive and may include assistance with:

- shopping and life skills to maintain tenancy
- problems of domestic violence, parenting, court matters and relationship support
- behavioural difficulties such as anger, grief and trauma
- maintaining medication regimes and medical appointments
- liaison and advocacy in regard to education and potential employment.

From our enquiries, on-site visits and review of status reports we were satisfied that the intended support was being delivered.

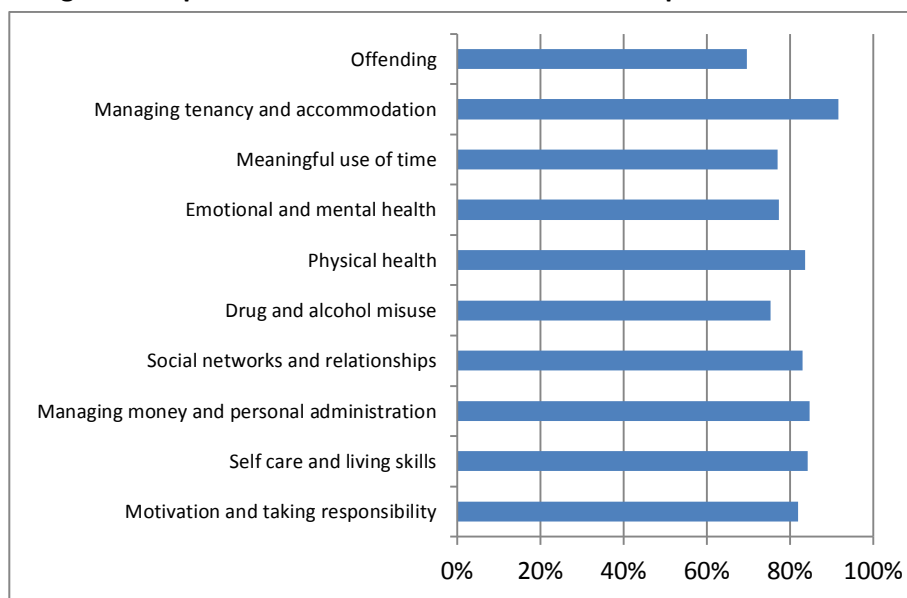
*2.3.5 KEYS-STAY: long-term benefits?*

NPAH's 2012 annual report stated that over 70 per cent of housed STAY clients had maintained their tenancies for at least 18 months. However, we again point out that with no guarantee of continued future funding, the real measure of success will be whether clients can improve their life skills and capacity to live independently. The business plan reflected that aim with a

range of performance indicators and outcomes that measured whether STAY clients have achieved a range of significant life changes.

We found that STAY staff used a set of life skill measures to separately track progress of clients for the four separate regions. Figure 6 shows identified improvements as displayed by STAY clients.

**Figure 6: Improvements identified in STAY status reports<sup>10</sup>**



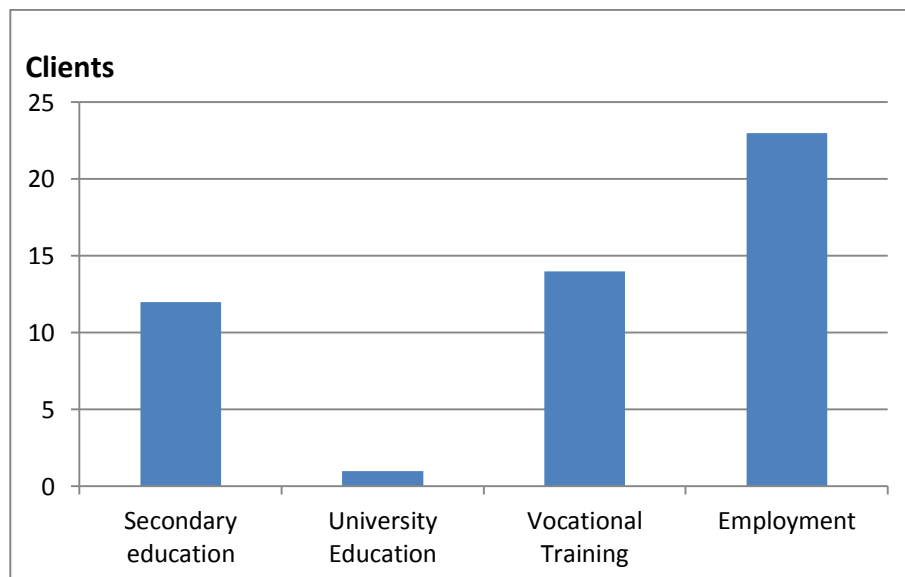
Across all measured life skills, attributes, most clients have improved. As with SAF performance data, the measured improvements are from a low base and the measurement is subjective.

Objective information regarding STAY clients entering into education and employment was also provided, as shown in Figure 7.

<sup>10</sup> The improvements for each of the categories are derived from supported self-assessments from clients using a set of descriptive levels for each measure. For example, the ‘offending’ measure includes 10 levels, of which examples are:

- Not willing to talk about problems with law, in denial.
- Wanting help to sort out issues with police and or probation.
- Making life changes to keep within the law.
- Figure 6 looks at the percentage of people who have improved at least one level.

**Figure 7: STAY Clients entering education and employment**



In summary, of 130 STAY clients, 50 had entered into education or employment.

In addition to the measurement data, there was substantial anecdotal data of client improvement. Examples included the following case studies.

**Case study 3:**

D entered the STAY program in late 2011 with a considerable history of homelessness and numerous hospitalisations due to periods of unstable mental health, financial difficulties and limited family and social connections. D's mental health further deteriorated when acquaintances took over his house and refused to leave.

With D's agreement, he was given an eviction notice with the understanding that he would be re-housed by KEYS. He received STAY's support during this transition period until an appropriate house was offered following a two-month wait.

D has begun to pay his debts and regularly reviews his budget. His mental health has increasingly stabilised to the point where he has effectively dealt with his family problems and other traumas. D is now actively pursuing employment and other services in preparation for his exit from STAY.

Case study 4:

F is a man in his mid-30's who lived on the streets with a backpack, due to a range of complex emotional and personality problems. F had accepted his exclusion from mainstream society and had been sleeping 'rough' on local beaches and parks for at least seven years prior to his admission to the STAY program.

F has now been supported for 20 months. During that period, he was supported by STAY to recondition an old mower, which allowed F to regularly mow the lawns of neighbours. The income received supplemented his Centrelink payments. F is now completing studies in horticulture, which will assist him gaining employment.

In the future, F may no longer be dependent on Centrelink support with planning underway for his exit from STAY.

In summary, we considered that there was persuasive evidence that KEYS-STAY was providing lasting benefits to the previously homeless people. However, as with the SAF program, NGOs expressed concern at the temporary nature of the agreement. They saw the potential impact on clients who may have received support but had yet to achieve independent living prior to when the funding ends. One estimate was that two years was normally required to achieve independent living. However, around 40 clients may have support periods substantially less than the nominal two years when NPAH ends in 2013–14.

**Recommendation 12**

**We recommend that DHHS plans for the possible end of the NPAH period to ensure no KEYS-STAY clients are abandoned prior to receiving sufficient support to achieve independent living.**

**Recommendation 13**

**We recommend that DHHS conduct a longitudinal study to objectively determine whether there are any long-term benefits being provided by the KEYS-STAY initiatives.**

**Recommendation 14**

**Subject to positive longitudinal study results, we recommend DHHS works with NGOs to ensure that the KEYS-STAY homelessness program continues.**

## 2.4 Was the SCIP initiative successful?

SCIP is a service integration initiative that was intended to produce significant improvements in access and coordination. In particular, SCIP was aimed at providing:

- improved assessment tools and resources to identify people who are homeless or at risk of homelessness
- improved case planning and exit planning to ensure people are not 'exited into homelessness'
- improved access to social housing services
- more effective matching of support and assistance across the NGOs
- consistent and improved practices
- information about the homeless to all service providers.

The project, which consisted of a number of sub-projects, was approved in 2010.

In the following sub-sections we examine various aspects of the success of the project, namely:

- its performance against budget
- whether it achieved its objective.

### 2.4.1 SCIP's budgetary performance

The initial SCIP budget at its planning stage was just over \$4.1m across the NPAH period. The latest financial information, including 2013–14 estimates, indicates the total projected expenditure will be approximately \$2.5m.

We noted that a key part of the SCIP program was obtaining an extensive review on access and coordination by a consultant. It appeared to us that the consultant's report had led to significant changes to SCIP tasks; in particular a new model for delivery of homelessness services across participating NGOs and extensive consultation with stakeholders.

NGOs supported the new approach and on that basis we accept that the underspend was justifiable.

### 2.4.2 Objective achieved?

In the absence of recent status reports, we requested an update from the Department in November 2012. We were advised that the various sub-projects which provided the various tools,

resources and consultant advisory report had been largely completed.

We also sighted evidence regarding the developed tools and resources as well as confirming that stakeholders had been properly consulted.

The final stage of SCIP involves the participating NGOs developing a collaborative proposal to implement the resources and tools, including provision of access points, temporary accommodation and long-term support. Discussions with NGOs indicated that they have a sense of ownership and believe SCIP will generate access and coordination benefits. SCIP is due for completion in June 2013 with the launch of Housing Connect.

## 2.5 IPT: overall measures achieved?

In addition to the assessment of individual initiatives (SAF, KEYS-STAY and SCIP) we also examined some common aspects of IPT, including:

- Were NPAH performance targets met?
- Were IPT performance targets met?
- Were costs reasonable?
- Were administration costs excessive?

### 2.5.1 NPAH: performance targets met?

NPAH included performance measures that related to the individual outputs such as:

- seven per cent reduction in the number of homeless
- 25 per cent reduction in the number of rough sleepers.

As we suggested in Section 1.5, the focus on support is appropriate, as it is often the most vulnerable households who experience the most difficulty in finding suitable accommodation commensurate with their needs. Whilst the shortage of affordable housing is the major cause of homelessness, assistance and tenancy support programs are effective in boosting the capacity of vulnerable households to secure and maintain a tenancy.

Another problem was defining and counting the homeless. Because of identified inaccuracies the ABS has revised its own estimates of homelessness. In our view, that revision reflects the difficulty of counting people without a residential address. We also note that numerical comparisons over time suffer from the



impact of extraneous factors, such as downturns in the economy.

In any event, the revised ABS information indicated that there had been a 19 per cent increase in the primary homeless between 2006 and 2011 (which includes part of the NPAH period). However, in our view, it is not reasonable to conclude that this represents a failure to achieve the goals of NPAH, given the weakness of the measures, difficulties in counting and existence of extraneous factors.

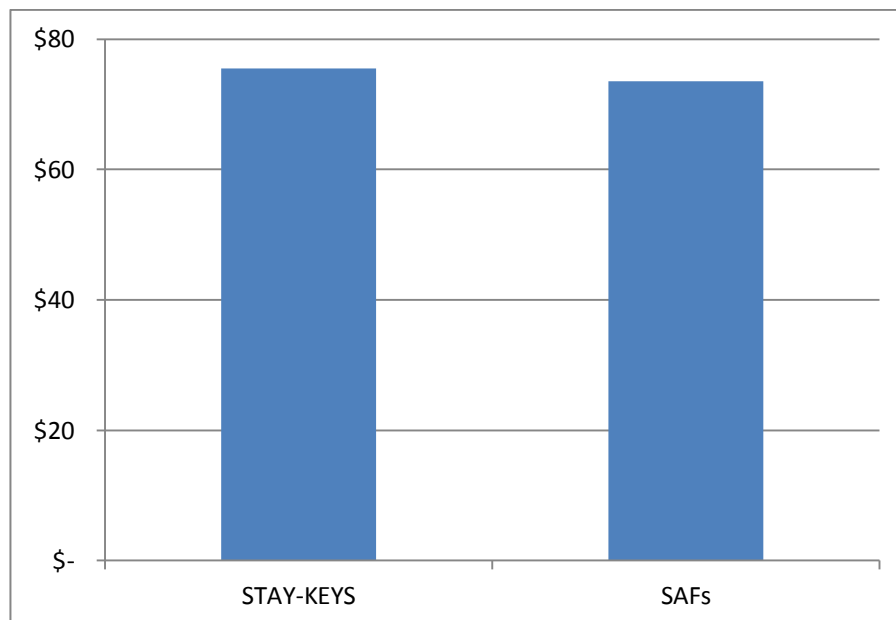
### *2.5.2 IPT: performance targets met?*

The only substantial measure in IPT was provision of 193 new places. That target was based on 50 per cent of the then ABS baseline of 385 rough sleepers in Tasmania (see the Introduction). Again, we note that measures that focus on getting people housed are ‘missing the point’ and that we prefer measures focused on achievement of independent living skills. Nonetheless, for completeness, in this Section we evaluate the extent to which the IPT target has been achieved.

As per Tables 2 and 3, the number of places available for clients requiring support in SAF and KEYS-STAY facilities was 90 and 100, respectively; a total of 190. As at January 2013, 161 of those places had been filled. Accordingly, at the time of audit, the target had not been met.

### *2.5.3 IPT: were costs reasonable?*

Based on NPAH funds applied to the KEYS-STAY and SAF initiatives and clients supported, we estimated an average cost per client per day, as shown in Figure 8.

**Figure 8: Average cost per day per NPAH client**

The difference in average costs reflects the different models of support (refer Tables 2 and 3), slower take-up of the southern SAF initiative and the inclusion of non-NPAH clients tenants in SAF sites.

The average daily cost per client was around \$75 per day. It has been estimated by participating NGOs that two years is a reasonable period to effect life-changing improvements in a supported environment; a cost of approximately \$55 000.

To put that in context, a study in NSW<sup>11</sup>, using 11 case studies of homeless people estimated the institutional lifetime cost per homeless person ranged from \$900 000 to \$5.5m. Examples of costs included policing, court actions, hospital treatment and accommodation.

SAF or KEYS-STAY support is only six per cent of the low estimate of \$900 000. It follows that only six per cent of SAF and KEYS-STAY clients need to achieve independent living skills within the NGO recommended two years for the programs to be cost-effective. As noted in Sections 2.2.5 and 2.3.5, there is encouraging evidence of success for the SAF and KEYS-STAY programs, but longitudinal studies are needed to verify that success.

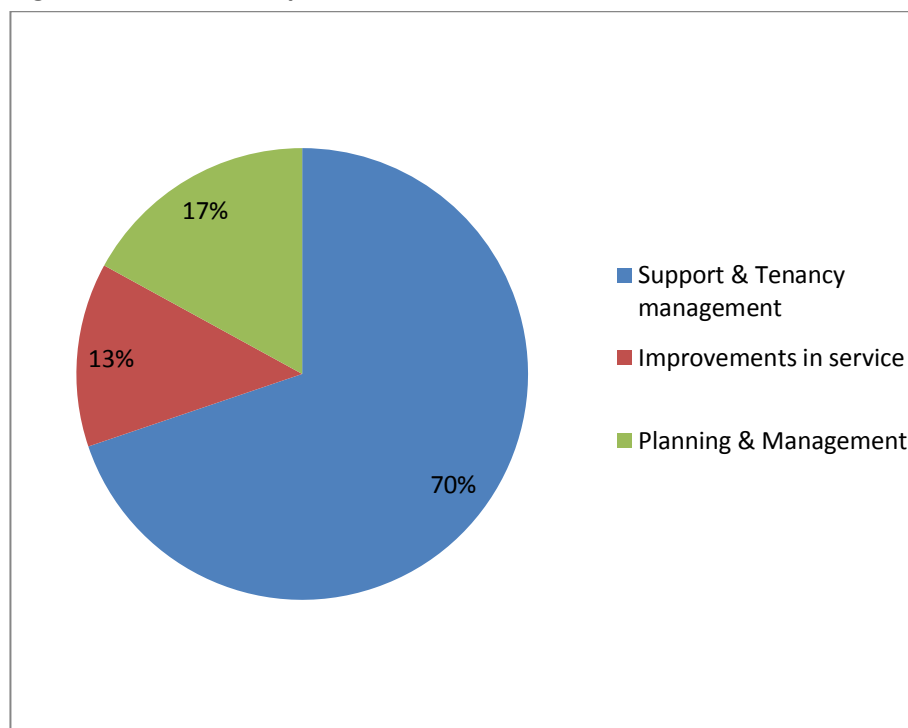
<sup>11</sup> E. Baldry et al., *Lifecourse institutional costs of homelessness for vulnerable groups*, University of New South Wales, Sydney, 2012.

### 2.5.4 IPT: administration costs excessive?

With any major program there is a risk that an inordinate proportion of the funds will be consumed by administration and bureaucracy.

We reviewed the use of the State and Commonwealth NPAH funding and categorised it in Figure 9.

**Figure 9: NPAH funds spent**



Of the NPAH funding 83 per cent (\$15.7m) was used on support, tenancy management (SAF and KEYS-STAY) and improvements in access and coordination (SCIP). The remaining 17 per cent (\$3.2m) was used to plan and manage the IPT initiatives, including development of project plans, negotiations with NGOs, contract management and monitoring. In addition, broader whole-of-government planning was performed under the THP initiative.

In our view, the administrative costs were not excessive.

## 2.6 Conclusion

The audited initiatives are now in place or substantial progress has been made, although some targets have not yet been met.

There is persuasive internal evidence that SAFs and KEYS-STAY have made a significant difference to the homeless people involved with the programs. Nonetheless, there is a need to

perform a longitudinal study after a few years to provide objective data on the long-term outcomes.

We also found that SCIP is likely to provide consistency of service and improved case management.

The costs associated with implementing the programs were reasonable when compared to the total costs of people experiencing homelessness over a long period.



## **Independent auditor's conclusion**

## Independent auditor's conclusion

This independent conclusion is addressed to the President of the Legislative Council and to the Speaker of the House of Assembly.

### *Audit objective*

The audit's objective was to determine whether Tasmania was efficiently and effectively meeting its obligations under the National Partnership Agreement on Homelessness (NPAH) and if it was making a difference for homeless people in Tasmania.

### *Audit Scope*

This audit examined:

- NPAH's implementation by the Department of Health and Human Services (DHHS)
- NGOs that have received NPAH funding through DHHS
- period since establishment of NPAH in Tasmania — 2009 onwards.

### *Responsibility of the Secretary of Department of Health and Human Services*

The Secretary is responsible for ensuring that Tasmania meets its obligations under NPAH efficiently and effectively and makes a real difference for homeless people in Tasmania.

### *Auditor-General's responsibility*

In the context of this performance audit, my responsibility was to express an opinion on whether the obligations under NPAH have been met and a difference has been made for the homeless people of Tasmania.

I conducted my audit in accordance with Australian Auditing Standard ASAE 3500 *Performance engagements*, which required me to comply with relevant ethical requirements relating to audit engagements. I planned and performed the audit to obtain reasonable assurance whether DHHS had met its obligations under NPAH and is it making a difference for homeless people in Tasmania.

The audit criteria that I applied targeted the following efficiency and effectiveness aspects of the above stated audit objective:

- Were the NPAH programs/initiatives well planned, implemented and monitored?
- Was the implementation of NPAH making a difference to homeless people?

My work involved obtaining evidence based on examining documentation covering the period prior to NPAH until 2013.

I believe that the evidence I have obtained was sufficient and appropriate to provide a basis for my conclusion.

#### *Auditor-General's conclusion*

Based on the audit objective, scope and criteria and for the reasons outlined in this Report, it is my overall conclusion that:

- DHHS's implementation plan was deficient in performance measurement, risk management, did not address all additional outputs and monitoring of the SAF and KEYS-STAY initiatives was insufficient. Also, there was no evidence that NGO reports were being used to measure the success of planned initiatives.

It is, therefore, difficult for either me or DHHS to conclude as to whether or not NPAH programs had been efficiently or effectively planned, implemented or monitored.

- Despite this, I found that audited initiatives are now in place or substantial progress has been made, there is persuasive internal evidence that the SAFs and KEYS-STAY initiatives have made a significant difference to the homeless people involved with the programs and the SCIP initiative is likely to provide consistency of service and improved case management. Also, costs associated with implementing the NPAH programs are reasonable when compared to the total costs of people experiencing homelessness over a long period.

However, there is a need to perform a longitudinal study to provide objective data on the long-term outcomes.



My report contains fourteen recommendations which deal with the weaknesses identified in my conclusion, including the need for a longitudinal study to be conducted, and that DHHS work with NGOs and others to ensure that achievements to date are built on and relevant programs continue to operate.

H M Blake  
Auditor-General  
19 March 2013

## **Recent reports**

## Recent reports

<b>Tabled</b>	<b>No.</b>	<b>Title</b>
Nov	No. 4 of 2011–12	Financial Statements of State Entities: Volume 2 — Executive and Legislature, Government Departments and other General Government Sector entities 2010–11
Nov	No. 5 of 2011–12	Financial Statements of State Entities: Volume 3 — Government Business Enterprises, State Owned Companies, Water Corporations and Superannuation Funds 2010–11
Nov	No. 6 of 2011–12	Financial Statements of State Entities: Volume 4 Part I — Local Government Authorities 2010–11
Dec	No. 7 of 2011–12	Financial Statements of State entities: Volume 5 — Other State Entities 30 June 2011 and 31 December 2010
Mar	No. 8 of 2011–12	The assessment of land-use planning applications
Jun	No. 9 of 2011–12	Financial Statements of State Entities: Volume 6 — Other State Entities 30 June 2011 and 31 December 2011
Jun	No. 10 of 2011–12	Public Trustee: Management of minor trusts
Jun	No. 11 of 2011–12	Updating the Motor Registry System
Jun	No.12 of 2011–12	Follow up of special Reports 75–81
Jul	No. 1 of 2012–13	Sale of TOTE Tasmania
Oct	No. 2 of 2012–13	TasPorts: benefits of amalgamation - October 2012
Nov	No. 3 of 2012–13	Financial Statements of State entities: Volume 3 — Government Business Enterprises, State Owned Companies and Water Corporations 2011–12
Nov	No. 4 of 2012–13	Financial Statements of State entities: Volume 4 Parts I & 2 — Local Government Authorities 2011–12
Nov	No. 5 of 2012–13	Financial Statements of State entities: Volume 1 — Analysis of the Treasurer’s Annual Financial Report 2011–12
Nov	No. 6 of 2012–13	Financial Statements of State entities: Volume 2 — Executive and Legislature, Government Departments, other General Government Sector State entities, other State entities and Superannuation Funds 2011–12
Dec	No 7 of 2012–13	Compliance with the <i>Tasmanian Adult Literacy Plan 2010-15</i>

## **Current projects**

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## Current projects

Performance and compliance audits that the Auditor-General is currently conducting:

<b>Title</b>	<b>Subject</b>
<b>Managing hospital bed demand</b>	Assesses the effectiveness of the Department of Health and Human Services' efforts to manage the demand for hospital beds through alternatives to hospital treatment.
<b>Fraud control in local government</b>	Assesses whether local government Councils' fraud management strategies are effective to prevent, detect and respond to fraud.
<b>Royal Hobart Hospital redevelopment</b>	A performance audit to assess the effectiveness of the governance, project management and initial implementation of the RHH redevelopment project.