

Towards an Equitable and Inclusive Housing System for All

Housing—a platform for embedded Healthcare, Cultural, Community and Family Services



**BRISBANE ALLIANCE
TO END HOMELESSNESS**

Solving homelessness by taking the steps we need towards a future where homelessness being rare and brief is the norm, not the exception.

Local Collaborators



Partners and Mentors



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This paper brings together our journey and thinking about how we continue the progress made to end homelessness in Brisbane. It reflects conversations, practice wisdom, feedback from people with lived experience, policy makers, practitioner's experiences and ideas. And is informed by international, national, and local evidence—based practice, including emerging practices, to the ever changing economic and social circumstances of a city such as Brisbane. This is a place-based reflection and experience. We have worked with Community Solutions USA and a national community of practice through the Australian Alliance to End Homelessness in developing the Brisbane Zero Project.

During COVID the public health directive to stay at home resulted in temporarily ending rough sleeping on the streets of Brisbane. People in overcrowded housing were also given an option of a safe place to stay. Over the months we witnessed the demand for housing and unmet needs for services in a very different way to business as usual. We have reflected on the data analysis of people surveyed using a common triage tool VI-SPDAT and Brisbane Know by Name List.

There are many learnings and opportunities which we have attempted to document as we have adapted from the Built for Zero methodology in the USA, which has also been effective in Canada. The paper is calling for more investment to increase supply of affordable housing, the creation of a supportive housing system, and investment into community services to mitigate the rise of homelessness and end homelessness for many more people who are currently living without a home. We acknowledge the over representation of Aboriginal and Torres Strait Islander people experiencing homelessness in Brisbane.

We acknowledge and thank all our collaborators across Government and Non Government Organisations.

We acknowledge Queensland Government investment into housing and homelessness services in Brisbane and all partners and stakeholders who have contributed to these learnings in this paper.



BRISBANE ALLIANCE TO END HOMELESSNESS

Our proposed statement of purpose in moving beyond COVID

By 2025 homelessness in Brisbane will be widely understood as solvable, with favourable conditions in place that will improve outcomes for individuals, women and children, and families regardless of age, gender, cultural background, identity, diversity of need, capacity and any circumstances that impact on their lives. This will happen by creating opportunities to access housing, healthcare, cultural and community services.



As a collective we are committed to reducing the over representation of Aboriginal and Torres Strait Islander people experiencing homelessness, reducing overall homelessness, and ending rough sleeping in our city.

Government departments, elected officials, policy makers and community organisations responsible for housing, healthcare, corrections, child protection, domestic violence, mental health and drug and alcohol services, aged care and disability services will be able to demonstrate improved integration and collaboration through measurable progress in preventing, reducing and ending homelessness across all age groups and population groups with diverse and specific needs.

Government—national, state, and local—with responsibilities will be equipped to track and report on progress in Brisbane. Healthcare institutions will have a clear role in this work, as we all work together to ensure public policies across all sectors adapt and change to accelerate progress towards ending homelessness and promoting health equity in Brisbane.

We will work together towards creating an equitable, safe and inclusive housing system for all as a platform for embedded healthcare, culture, child and family and community services through the Brisbane Alliance to End Homelessness and all other collaborative efforts sharing the same goals.

This work will measure progress for individuals, families, women and children as well as policies and system change to make homelessness a rare, brief and non reoccurring experience in Brisbane.

We will track our collaborative effort through the number of organisations that are involved

We will count how many individuals and families are experiencing homelessness, how many are housed, how many sustain their tenancy and/or return to homelessness to ensure we learn what needs to improve and/or create.

We will identify and learn new skills and technologies to measure our progress and for continuous improvement of our services and systems, including advocacy to address the need for greater supply of affordable housing and community services.

We will identify and report on how we adapt and how we change processes, policies and practices to achieve the shared goal of solving homelessness.

We are all committed to the prevention, reduction and end of homelessness in Brisbane.



Towards an Equitable and Inclusive Housing System for All

Housing—a platform for embedded Healthcare, Cultural, Community, Child and Family Services.

Homelessness is a complex and life threatening problem that is far more costly to ignore than solve. It is a harmful manifestation of poverty, ongoing trauma, racial and gender inequality, and discrimination in our community. It was before COVID-19 and it is now. The safety nets and systems of care for people with mental illness, disability, substance use and behavioural issues were broken before COVID-19 and are now.

More than ever, we need to focus on investing in housing and community based services, partnerships with NGOs, and early intervention and support for individuals and families. Housing is the critical foundation for a better life, stability and opportunity. If we do otherwise, we will continue to see inequality grow, lives lost, families separated, and the expansion of prisons and justice facilities. This, in turn, will contribute to the ever-growing over-reliance on emergency responses to public health and community safety issues. This includes single women and women with children needing to leave their home due to domestic, family and sexual violence and many individuals with disability and mental illness living in unsafe housing.

COVID-19—a public health crisis—shone a spotlight on how many people could not follow public health directives to “Stay at Home” because they did not have a home. Over 1,500 people required assistance in South East Queensland. This includes single women, women with children needing to leave their home due to domestic family and sexual violence and individuals with disability and mental illness living in unsafe housing. Over the past year there have been many emergency measures to respond to the widespread personal, social and economic impact





including emergency housing, additional income for those on JobKeeper, no reporting requirements for job seekers and additional services. In Queensland there has been no recovery package that has focused on the needs of the poorest in our community and the most vulnerable. In fact the recovery package for the poorest Australians is loss of income and loss of housing options, with only some State Governments intervening in the absence of Commonwealth leadership and investment.

So now there is no doubt that unless mitigating investment is made, homelessness will significantly rise, and many women and children will have no choice but to remain in homes that are unsafe: living with domestic violence.

Despite major investment into creating jobs, there is still not enough for the number of people without work, and some people without work do not necessarily have the skills, ability or capacity for the jobs created. The housing market is excluding double-income earners from purchasing homes, and rental vacancy rates are at an all-time low across South East Queensland.

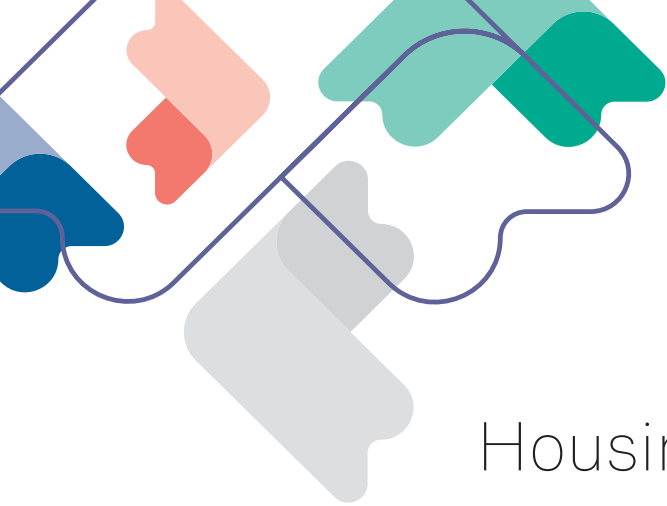
We cannot expect that the private market is a diversion from people seeking public and social housing. We need government investment to provide affordable housing to citizens who are employed, and public and social housing for people on low incomes. We need a supportive housing system to provide housing with secure tenure and with services enabling people with multiple needs, capacities and abilities to sustain tenancies and have a quality of life in the community.

What we cannot do:

- » Maintain one-size-fits-all housing system.
- » Rely on the private market to divert from social housing system.
- » Ignore significant personal, social and health realities of the poorest Queenslanders.
- » Continue to rely on emergency and acute health interventions or corrections, child protection, and law and order responses.
- » Continue to invest in siloed approaches across population groups experiencing homelessness.
- » Leave people without housing pathways in boarding houses, in cars and rough sleeping.

What we need to do:

- » Intentionally plan accessible social housing with services and invest over ten years.
- » Realign policy programs and services to improve integration and sustainability.
- » Double investment in construction of social and supportive housing.
- » Create a supportive housing system for the most vulnerable.
- » Invest in two-generational, early childhood and early intervention services to stop inflow into homelessness and mitigate impacts of poverty and domestic and family violence.
- » Advocate permanent increase to NewStart.



Housing First Approach

A Housing First approach intentionally connects housing supply with healthcare and community services to meet the needs of individuals, women and children, and families who become tenants of the housing.

Housing First involves creating pathways from homelessness directly to permanent affordable accessible housing or through short term crisis accommodation, AOD treatment facilities, mental health acute care or corrections so that **the end result is permanent housing**.

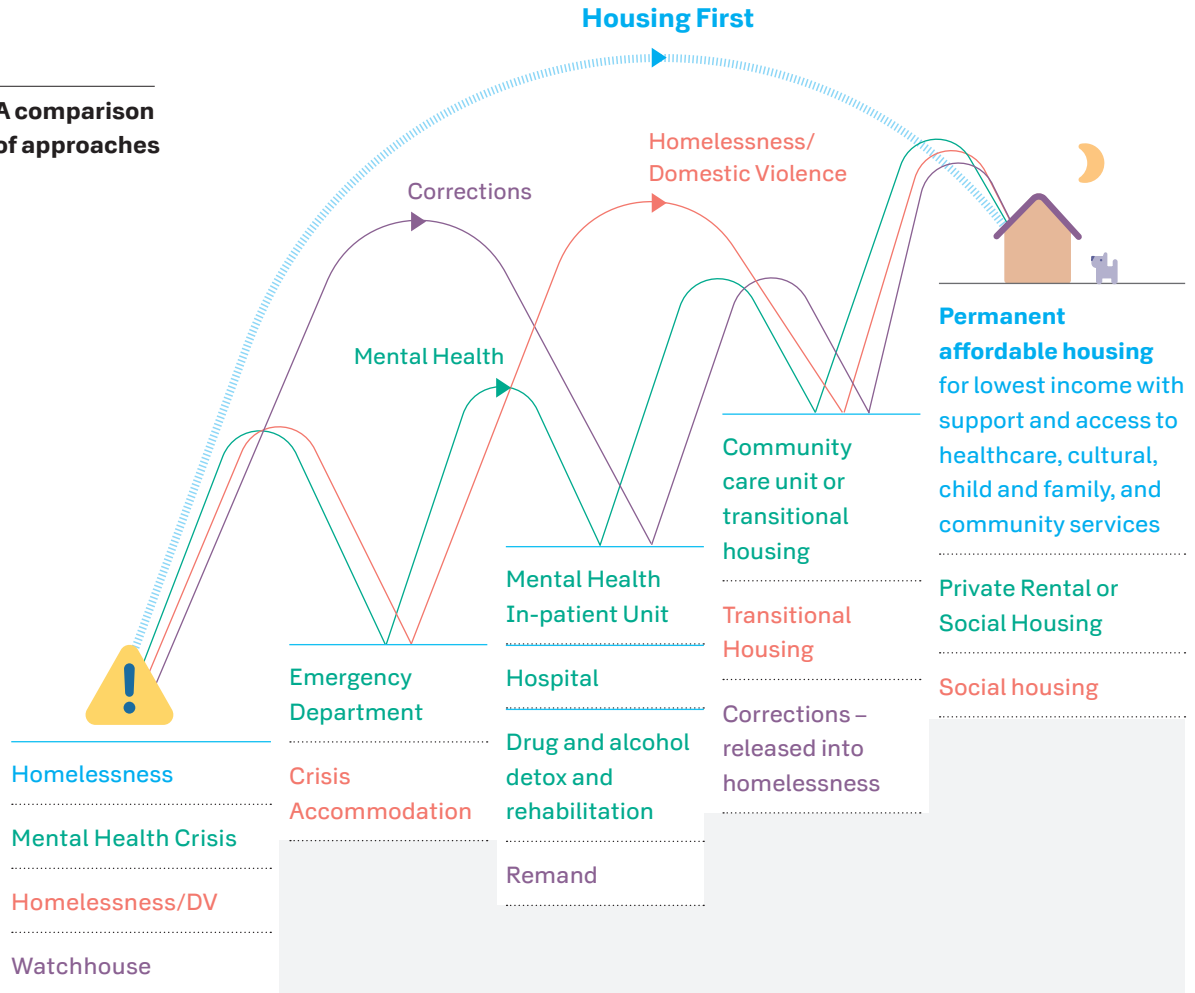
We need to build on our existing work in creating a Housing First system to prevent, reduce and end homelessness for all population groups so that homelessness does not become a way of life, but is resolved.

Housing First System Goals





A comparison of approaches



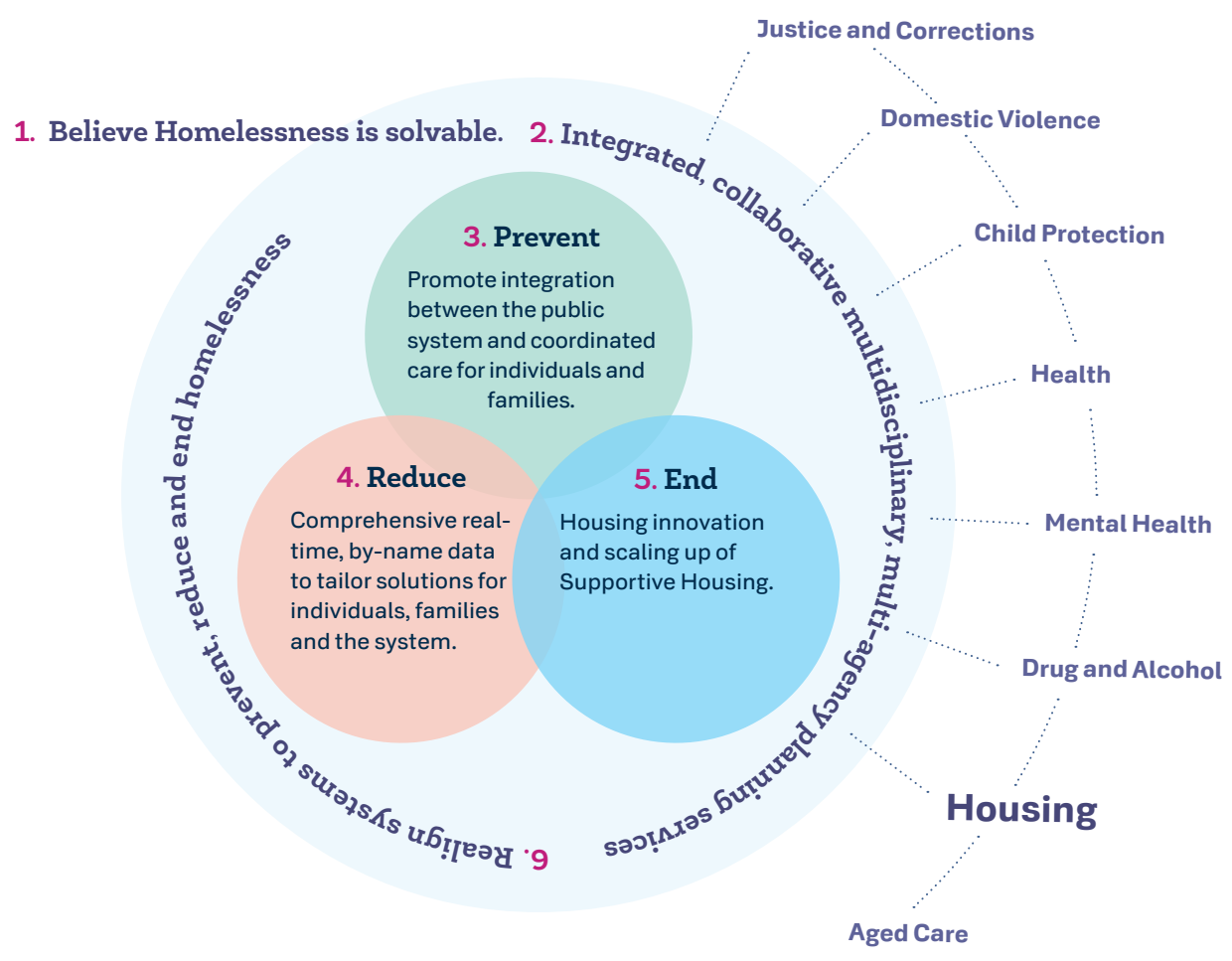
Principles for policy and programs in a Housing First system

- » Secure, affordable and accessible housing with tenure
- » Dignity
- » Cultural appropriateness
- » Inclusion
- » Diversity
- » Safety and security
- » Human Rights
- » Coordination of housing, healthcare and community services
- » Trauma-informed
- » Choice



Six Strategies

to create a more equitable, safe and inclusive housing system



Solving homelessness by taking the steps we need towards a future where homelessness being rare and brief is the norm, not the exception.



20 years of collaboration and learning

Over the past 20 years there have been many local experiences of collective effort where we have worked together to resolve or limit peoples experience of homelessness. Social and economic shifts that have led to gentrification, regulation of boarding housing leading to many closures, floods, fires, and the current pandemic response have each contributed to our learning and to homelessness in Brisbane.

Each time we have learnt that collaborative effort, real-time data, knowing everyone by name and making use of available resources have all contributed to ending homelessness for some people, but not all. Our resources are too limited.



50 Lives, 50 Homes | 2010-2013

By focusing on the most vulnerable people experiencing chronic homeless, our 50 lives 50 Homes campaign was successful in housing **222** of the **676** rough sleepers we surveyed over 3 years.



500 Lives, 500 Homes | 2014-2017

After the close of 50 Lives, 50 Homes, the 500 Lives 500 Homes campaign extended to families including women and children leaving domestic violence, boarding houses and rough sleepers.

Over a three year period, **2,638** individuals and families were surveyed. **580** households permanently housed, including **373** individuals and **207** families including **430** children (almost half under five)



Brisbane Zero including COVID-19 response | 2020 – present

Over the past two years we have been working on learning the *Built for Zero* approach which counts towards our ultimate goal: **ZERO**. In other words, that any episode of homelessness is a rare, brief and non reoccurring event.

Through effective collaboration and leadership, this approach has shown results during COVID-19, with:

1,832 people accessing the Queensland Government's Emergency Housing Assistance Response (EHAR), easing the number of people couch surfing or rough sleeping.

541 people assisted to access permanent housing: with others resolving and accessing housing with their own resources

271 people still in temporary accom.

170 people sleeping rough.



These three campaigns have each exceeded their targets, but we have not shifted enough in our systems to stop homelessness from growing. Census data shows the flow of the increases and decreases are not sustained.

We know we have to stop the inflow and we have to support people to sustain tenancy when housed. How?

Six Clear Strategies

What we have learnt—along with adapting the learnings and approaches from other cities nationally and internationally—contributes to the identification of six clear strategies to support the most vulnerable and contribute to our work together in creating a more equitable and inclusive housing system for all.

- 1. Believe homelessness is solvable by shifting systems**
to achieve the shared goal of ending homelessness.
- 2. Scale up**
multi-sector leadership and investment to prevent, reduce and end homelessness by, in turn, scaling up supply of housing and services.
- 3. Prevent homelessness and sustain tenancies**
through improving coordination between public systems and specialist homelessness and domestic violence services to stop inflow of people into homelessness.
- 4. Reduce homelessness with a data-driven approach**
by maintaining a by name list of every person and family in the community who is homeless. This informs matching individuals and families needs with housing and services and tracking state of homelessness in our community.
- 5. End Homelessness**
by creating a supportive housing system through data-informed housing innovation, partnerships and systems change. This requires overall supply of social and affordable housing to be increased.
- 6. Realign systems**
through collaboration across government and with the NGO sector to plan and align housing services with need and resources.



1. BELIEVE HOMELESSNESS IS SOLVABLE

TOWARD A SHARED GOAL OF ENDING HOMELESSNESS

Homelessness is solvable, and many communities across the world and now in Australia are focused on how we work towards this goal and dispel the myth that homelessness is too overwhelming to solve or the issues facing people experiencing homelessness are too complex.

We know that solving homelessness requires a different approach. It requires **different leadership, investment and innovation** so that we remain focused on scaling up housing supply as the answer to homelessness. This must be supported by innovation and changing how we provide healthcare and services to meet the many needs of the diversity of people presenting to specialist homelessness services and mainstream services, and who have been housed.

Housing First is simple. It is **housing plus adaptive and supportive services** to support people to have a quality of life and connection with community. All of which have economic benefit to many government services. If the true cost of homelessness was more visible, our approach to solving homelessness would be different.

We know that we can no longer rely on a one-size-fits-all approach to housing access and allocation. We know that placing people in housing and leaving them in isolation does not work. We also know that we need a regular focus on integration across systems which respond to experiences in peoples lives.

For many people, affordability of housing alone will solve their homelessness, but between 30–40% of the population who are homeless at any one time require improved access to healthcare, cultural and community services to meet their individual needs, including those of children.

Homelessness, health inequality, poverty, intergenerational trauma and interpersonal violence and abuse are partners in disconnecting people from services, family and community. This results in despair, discrimination, and isolation, and disproportionately impacts on Aboriginal and Torres Strait Islanders, and women and children. This is often evidenced through the rates of addiction, mental illness, poor physical health and behavioural patterns of people living without a home for long periods of time.

So many adults who experience chronic homelessness had their first experience of homelessness as a child. Too many children are presenting with their parents and we need to intervene early.



We know what homelessness looks like...

Homelessness can affect anyone across a lifespan. It affects all ages, identities, cultural backgrounds and disabilities, alongside poor health and wellbeing.

The First Nations population continues to be disproportionately represented across both individuals, and families and children. The data shows that Aboriginal and Torres Strait Islander people represent 24% of Brisbane’s homeless population.

People experiencing chronic homelessness have a shorter life expectancy than the general population. The median age of death is 66 years, which is substantially lower than the general population’s 78 years (Seastres et al, 2020).

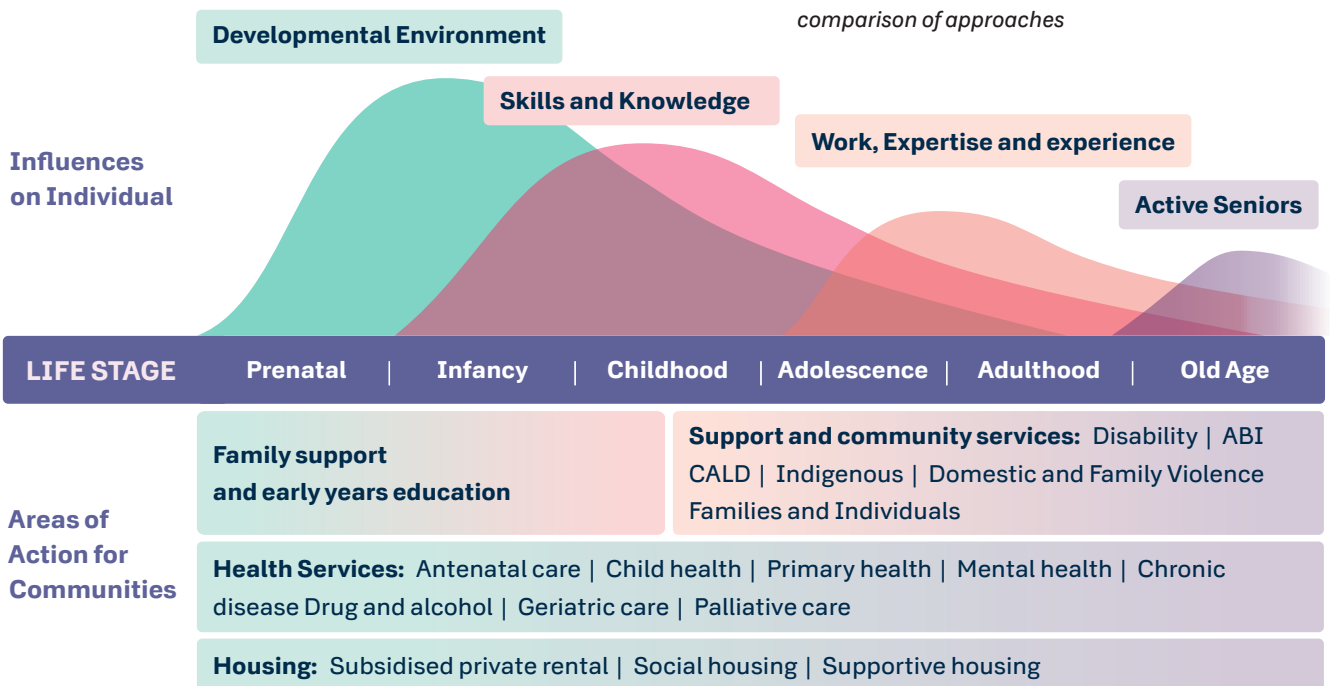
Women and children affected by Domestic and Family Violence continue to be overrepresented in the homeless population and require a more integrated response

People experiencing homelessness intermittently cycle through living situations, including crisis accommodation, motels, cars and rough sleeping. They are also often reported to be living in temporary and unsafe accommodation.

The lives of people experiencing homelessness is often entwined in multiple systems such as criminal justice and legal systems, child protection, and emergency health. This includes increased over-reliance on, and use of:

- » emergency departments and preventable hospitalisation
- » police and corrections, youth justice
- » child protection and domestic violence interventions.

“Influences and actions along the life course”
model inspired by Fair Society, Healthy Lives comparison of approaches





The Brisbane Context*

This data has been collected through the VI-SPDAT—a common triage tool—over 12 months (2020-21). It provides insight into the multiple needs and systems that impact on people who experience homelessness. It provides a starting point for the planning and leadership required for the journey towards making homelessness rare, brief and non-recurring in the lives of individuals, children and families.



Aboriginal + Torres Strait Islander Housing and Response

- 25%** identified as Aboriginal, Torres Strait Islander or both.
- 28%** of Heads of Household identified as Aboriginal or Torres Strait Islander.



Mental Health + Substance Use

- 276** people reported being taken to hospital against their will.
- 84%** had at least one mental health condition.
- 69%** had experienced trauma.
- 67%** used substances.



Families + Children

- Average **2.8 years** homeless.
- In the 6 months prior to the survey...
 - 8%** had a child removed by child protection services.
 - 26%** had a child living separately with another family member.
 - 21%** had a tri-morbid family member.



Women's health, safety + security

- 33%** individuals and **30%** families disclosed having experienced Domestic Violence.



Social + Supportive Housing

- 67%** of individuals and **79%** of families identified multiple needs with high acuity scores.



Healthcare + Community Services

- 44%** of individuals, and **55%** of families, disclosed having a chronic health condition.



Disability + Accessibility

- 11%** of individuals, and **5%** of families, have a physical disability that limits mobility.
- 19%** of individuals have an intellectual disability.



Justice

- 59%** of individuals and **56%** of families disclosed having interacted with police within the 6 months prior to service engagement.
- 28%** of individuals and **13%** of families disclosed having been held in custody within the 6 months prior to service engagement.

* Data based on analysis of VI-SPDAT data for Individuals (n=725) Families (n=264)



We know homelessness is solvable



Leadership during COVID-19

Solutions require multi-layered leadership, and the interdependency between social, health and economic policy has never been made so clear as during the past 12 months of COVID-19's impacts on the community.

A public health directive to Stay at Home and to limit numbers of visitors per household was a directive for the health and wellbeing of everyone. This is not only true during a pandemic. Having a safe home is a basic human right and is good for the community and the economy.

People need affordable housing and a liveable income and both require leadership from Commonwealth and State Government. Local governments, businesses, corporates, religious institutions, citizens also contribute to solving—and not simply managing—homelessness in local communities.

As a response to the economic impacts of COVID -19 Pandemic the Commonwealth Government increased JobSeeker payment with the COVID supplement. This doubled people's income because it was what our economy needed.

JobSeeker benefit is not simply financial burden on the tax payer as often portrayed. JobSeeker and JobKeeper payments circulate in the economy and contribute to local economies and services as well as providing people a more durable income.

Importantly, an adequate payment enables individuals and families to live with a greater sense of dignity and autonomy including participation and workforce readiness.



Keeping momentum with Investment and Innovation

During the pandemic, leaders across business, finance, community, journalism, academia and service provision gathered evidence to advocate for change and are calling on Commonwealth and State governments to **invest in social housing as critical infrastructure** for a quality of life for many Australians. By doing so, they would address the escalation of unaffordable housing, housing stress and rates of homelessness and unemployment.

We know what needs to be done. We must create a sustainable system and scale up the housing supply and services needed. We have learnt that for people engaging across health, human services, protective and correctional systems the experience is complex and often traumatic. This highlights the fragmented nature of services that were once considered a safety net.

These systems now require strengthening and adaptation to address over-reliance on approaches using hospitals, healthcare, child protection and DV interventions, crisis services, corrections, and law and order.



2. SCALE UP MULTI-SECTOR LEADERSHIP

WITH SHARED LEADERSHIP AND PLANNED INVESTMENT

- » **Integrated, multidisciplinary, multi-agency, and across sector approach** to planning, evaluating investment and implementation of services to prevent, reduce and end homelessness with all relevant government and non-government stakeholders.
- » **Explore within government a mechanism for shared leadership and coordination** to enable greater integration across departments, non-government sector to better meet the needs and diversity of all population groups experiencing homelessness. E.g. a dedicated unit within the Department of Communities, Housing and Digital Economy.
- » **Create a roadmap for systems change** to create a more equitable and inclusive housing system through partnerships, innovation and investment to respond to real-time need through data monitoring and listening to lived experience.
- » **Create a supportive housing system**, with coordinated entry to housing, healthcare and services.
- » **Aboriginal and Torres Strait Islander leaderships and management** to address the over representation of First Nations individuals, families and children experiencing homelessness.
- » **Better alignment of effort and investment** to stop inflow into homelessness and exits to homelessness for individuals and families and children engaged with health, child protection, juvenile justice, correction, specialist homelessness services, domestic and family violence.
- » **Foster more flexible efficient and responsive programs** that support the prevention, reduction and ending of homelessness. We need to be responsive to the diversity of needs and risks across all stages of life span. We need to promote integration with multiple service responses through priority actions.
- » **Improve engagement and outcome** with individuals, families, women and children impacted by policy and programs, including participation of people with lived experience in co-design, feedback and evaluation.

What we have learned about leadership during COVID-19

When the pandemic required the community to follow public health directives to stay at home and limit numbers of people in each household, the Queensland Government was quick to provide non-government agencies with directives to divert all efforts to supporting our participants in whatever way we needed to in response to the changing needs and circumstances arising from the threat of COVID-19.

Immediate response funding was provided with maximum flexibility to meet the

presenting needs of people and the increase in demand for services. This approach was just what responding to people experiencing homelessness required. This has led to new conversations, discussion and collaboration about how we plan, invest and integrate our responses more effectively. Collaborative effort, real time data and increased capacity led to maximising existing resources and having clarity about what is needed to meet unmet needs, lack of supply of housing and gaps in service systems.



Priority action to scale up leadership and partnership:



Health, Housing and Homelessness

Integrating healthcare in homelessness services and social housing.

requires collaboration between...

- » Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- » Queensland Health
- » Department of Communities, Housing and Digital Economy
- » Mental Health Commission
- » NGO Stakeholders
- » Aboriginal and Torres Strait Islander Community Health Services
- » Office of Women, Department of Justice and Attorney General
- » Brisbane North and South PHNs
- » Queensland Police Service
- » NGO Services across population groups and specialist children, families, young people, individuals, cultural leads.

in order to...

- Develop an Access and Equity Housing, Homelessness and Healthcare Plan with multidisciplinary responses to individuals, families, women and children that will:
 - » Improve access to health, housing and support to people through multi-disciplinary teams
 - » Develop mental health and housing plan.
 - » Reduce utilisation of emergency services.
 - » Create models for Drug and Alcohol Supportive Housing
 - » Provide a continuum of care.
 - » Place-based initiatives: Brisbane, Logan, Caboolture, Sunshine Coast, Gold Coast with a SE QLD plan.
 - » Increase appropriate use of primary healthcare.



Women's Health, Housing Safety and Security and Housing

Enhancing integration of safety and housing pathways for single adult women and women with children seeking safety in crisis, and pathways to safe secure and affordable housing.

requires collaboration between...

- » Department of Justice and Attorney General, Women's Policy and Prevention of Domestic and Family Violence
- » Department of Communities Housing and Digital Economy
- » Specialist Domestic Violence Services
- » Women's Health—Queensland Health and NGOs
- » Mental Health Commission
- » Queensland Police
- » Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- » NGO Stakeholders, specialist DV, families, refugees, DV Connect, womens health.

in order to...

- » Improve housing pathways from crisis to safe emergency housing, health and community services for female victims of violence and abuse.
- » Enhance safety options for single women seeking safety, mental health and substance use support, victims of crime.
- » Enhance support and pathways for women exiting prison, and young women exiting foster care.
- » Reduce the number of women and children living in cars and motels when leaving a domestic violence relationship.
- » Pathways for Housing for men with Domestic Violence Orders and need to leave the family home.



Families, Young People, Women and Children Housing

Enhancing integration of services to create pathways to safe and affordable housing and support for women, children, young people and families.

requires collaboration between...

- » Department of Children, Youth Justice and Multicultural Affairs
- » Child Health
- » Education and Early Childhood
- » Department of Justice and Attorney General, Women and Prevention Domestic and Family Violence
- » Department of Seniors, Disability, Aboriginal and Torres Strait Islander Partnership
- » NGO Stakeholders, youth, families, early childhood, out of home care providers.

in order to...

- » Prevent children and young people exiting the care of Child Safety to homelessness.
- » Prevent the removal of children into care due to homelessness.
- » Support women to reunify with children post release from prison.
- » Enhance support options for parents and children to remain together as a family in supportive housing.
- » Enhance opportunities for reunification.



Individual Adults and Couples

Enhancing integration of services to create pathways to safe and affordable housing and support for individual adults and couples.

requires collaboration between...

- » Department of Communities Housing and Digital Economy
- » Corrections
- » Queensland Health
 - Mental health
 - Drug and alcohol
 - Chronic disease
 - Palliative care
 - Women's health
- » Department of Seniors, Disability, Aboriginal and Torres Strait Islander Partnership
- » Office of Women, Department of Justice and Attorney General
- » Queensland Police Service
- » NGO partners across population groups, age, disability, sexual identity, disability, health status.

in order to...

- » Rebuild crisis accommodation system with pathways to appropriate affordable and/or supportive housing across SE Queensland.
- » Increase capability of services to provide services within harm minimisation framework.
- » Integrate healthcare into crisis and permanent housing.
- » Design workshops for the planning of the type of housing options required.
- » Improve pathways from corrections to specialist homelessness services.
- » Create coordinated entry system to housing healthcare and services in existing Brisbane hubs and create new hubs, for example Logan and Caboolture.
- » Create pathways for safe accommodation and housing for single women seeking safety not eligible for domestic violence services.



3. PREVENT HOMELESSNESS

| <u>What do we want to prevent?</u> | <u>Solutions</u> | <u>Investment</u> |
|---|--|---|
| Eviction of people who are housed. | Coordination between property tenancy managers and community-based sustaining tenancy/early intervention teams. | Increase funding for Homestay early intervention program to enhance sustaining tenancy for individuals and families over next five years. |
| Women and children living in cars, motels in other peoples homes and unsafe accommodation when leaving domestic violence | Housing First Approach to domestic and family violence for women to stay at home and or be rapidly re housed in their community to divert from refuge and leaving community. | Increase funding for outreach teams in Regional Domestic Violence Services to ensure integration and safety with housing options and continuity. |
| Loss of housing and avoidable utilisation of public health, corrections, law and order, justice and child protection systems. | Community-based multidisciplinary healthcare, cultural, community and family services to respond to people in housing to prevent disconnection from services, isolation and eviction (7 days, 7am–10pm) | \$4M new investment into multidisciplinary assertive outreach clinical treatment and psychosocial support to people with dual diagnosis and high healthcare needs. Based on the Canadian Mental Health Commission evaluation. |
| Eviction due to inability to maintain daily living skills and community connections and domestic violence | Enhance services that provide in home and community connection support to people not eligible for NDIS within homelessness and housing services. Invest in NDIS Connector within Homelessness and Housing sector. | Reinvest in Community Care to re-establish services lost to NDIS, integrated into homelessness programs. Connecting eligible participants to NDIS. \$300,000 4 x NDIS Community Connectors @ \$130,000 = \$520,000. |
| Unplanned exits from prisons, hospitals and child protection. | Protocols and processes between government departments and community organisations. | Invest in departmental officers and inter departmental leadership with coordination responsibility and connections with NGOs. |



4. REDUCE HOMELESSNESS

BY USING STRUCTURED, SUPPORTIVE DATA DRIVEN THINKING AND PROBLEM SOLVING WITH INDIVIDUALS WITHIN SYSTEMS

How do we monitor reduction



Solutions



Investment

| | | |
|--|--|---|
| <p>Maintain Know by Name list</p> <ul style="list-style-type: none"> » Individuals rough sleeping » Families in cars, motels » Tents » Individuals and families in temporary accommodation » Youth | <p>Back bone support for collaboration, service coordination and data analytics and mentoring with national and international evidence and approaches.</p> | <p>Maintain investment in Integrated Service Response, and Know by Name service coordination.</p> |
| <p>Use the common triage tool across participating agencies.</p> | <p>Train and support agencies in use of VI-SPDAT triage tool and share analysis.</p> | <p>As Above.</p> |
| <p>Coordinate Services based on the needs of people using Know by Name list to assist matching available resources to house and support people</p> | <p>Dashboard on collaborative outcomes to make reductions or increases in people who are homeless visible to the community. Also to aid in planning to address the gaps in services and opportunities for integration.</p> | <p>As Above.</p> |



How do we monitor reduction



Solutions



Investment

Develop a Housing First system with pathways from crisis accommodation to permanent housing outcomes across population groups.

- Redesign crisis accommodation system** with population groups' needs incorporated.
- » Single Adults, Young People and Aged Care
 - » Women and Complex trauma
 - » Family members experiencing Domestic and Family Violence
 - » Women and children leaving domestic violence and family homelessness.

Enhanced investment required

Maintain the \$24.9M recurrently from COVID into homelessness system improvement. (DOH)

Maintain Queensland Health Investment for immediate response \$7.6M.

Maintain assertive street outreach and transition, and sustaining tenancy teams.

- » **Maintain levels of funding** from COVID for assertive outreach and domestic violence.
- » **Enhance** to 24/7 coverage to respond to homelessness and DV.

Maintain the \$24.9M recurrently from COVID into homelessness system improvement.

Implement Coordinated Entry to housing pathways from crisis to stable affordable housing and access to services. (evidence-based practices)

- » **Establish clear protocols** from hospitals, prisons, crisis lines, child protection, family support and community agencies, especially with Homeless Hubs (HART4000; Home for Good, Micah Projects) and Housing Service Centres.
- » **Establish process for entry** to crisis accommodation as it is being redesigned using a co-ordinated entry framework.
- » **Continue assessment and pathways** with Housing Service Centres and NGOs.

Sustain investment in homelessness hubs across population groups and enhance in Logan and Caboolture to support hubs.

Rebuild and establish a more equitable crisis accommodation system.



How do we monitor reduction



Solutions



Investment

| | | |
|--|---|--|
| <p>Integrate healthcare</p> | <p>Specialist primary health clinics and/or teams to improve access and leverage. MBS funding for integrated care. Integrated homelessness and housing (youth, adult, women).</p> <p>Outreach Mental Health and Drug and Alcohol Services to improve access, break down silos and reduce over-utilisation of hospital ED and avoidable hospitalisation. Support people during pre-contemplative stages, treatment and recovery.</p> | <p>\$3M investment from Queensland Health into community managed health clinics and services integrated with housing and homelessness service sector and hospitals.</p> <p>\$7M new investment is required as part of the Drug and Alcohol strategy for community-based care and integration in homelessness, housing and DV Services.</p> |
| <p>Strengthen local community and agencies' engagement in solving homelessness</p> | <p>Brisbane Zero Campaign Report status of rough sleeping and homelessness to promote progress in ending homelessness.</p> <p>Know by Name List</p> <ul style="list-style-type: none"> » Single Adults » Families » Domestic Violence » Temporary Housing | <p>Ongoing investment.</p> <p>Partnerships with Business and Corporates to respond to the need and contribution to housing and supporting people.</p> |
| <p>Continue quality services and improvement</p> | <p>Maintain linkages with National Cities. Implement Built for Zero and International leaders through Community Solutions.</p> <p>Reflective learning, planning and change management.</p> | <p>Ongoing investment.</p> |



5. END HOMELESSNESS

What do we need to change?



Solutions



Investment.

Individuals, families and children being trapped in homelessness, unaffordable unsafe housing and relationships

Increase supply and diversity of housing available where people do not pay more than 25%–30% of income.

Ensure that a percentage of all housing investment is assigned to create more diversity and scale of supportive housing.

Refurbish existing stock or rebuild on land.

Purchase or subsidise existing housing available in the real estate market.

Provide diversity in housing to provide choice in relation to density, location, household size etc.

Build or refurbish more family housing, stop selling family homes.

Five year plan to increase supply and diversity of stock for individuals, women and children impacted on domestic violence and families, long term stable housing developed in partnership with NGO and future tenants.

Scale up supportive housing for the individual, families with children, and youth with highest needs, mix of density and dispersed sites across Queensland.

Invest in the process for local place-based planning of housing to meet demand.

Silo investments and planning

Housing and land supply partnerships to:

- » explore options for **partnerships with private, philanthropic and government agencies** to address planning e.g. inclusion and use of government land for housing projects, options for investment, and housing design and construction
- » identify potential tenants and plan matched to needs
- » plan funding of embedded health, cultural, community and family services in supportive housing.

Clear policy framework for investment, construction, ownership, tenancy and property management and operational subsidy for supportive housing.

Invest in 500 households of supportive housing South East Queensland as a start to a five-year supportive housing plan for individuals and families.

Double investment into supply and construction of social and supportive housing.



What do we need to change?



Solutions



Investment.

| | | |
|---|---|---|
| <p>Disconnection from community services and specialist homelessness, domestic violence services.</p> | <p>Maintain collaborative efforts and Know by Name Lists for population groups for planning and matching housing and services.</p> <p>Ensure continuity of safety planning and protection from domestic violence.</p> <p>Undertake more construction of Supportive Housing including larger family households.</p> | <p>Maintain level of investment to community services and specialist homelessness services for collaboration and integration.</p> <p>Maintain funding stream for services to link with housing supply, health and community services.</p> |
| <p>Tenants isolated from healthcare, cultural, community and family services.</p> | <p>Partnership between government agencies with non-government agencies to embed access to healthcare, cultural, family and community services to meet the specific needs of the individuals and families who are tenants.</p> <p>Enhance number of Supportive Housing initiatives based on evidence of Brisbane Common Ground and scattered dispersed sites connected to Health Districts.</p> <p>Continue pilot and planning for Supportive Housing for families/ Domestic Violence/ Early Childhood initiatives, both outreach services and purpose built buildings (Keeping Families Together initiative).</p> <p>Continue and expand Young People Sustaining Tenancies program.</p> <p>Expand youth foyers.</p> | <p>Invest in community-based multi-disciplinary teams embedded in housing and homelessness services to provide integrated and continuity care.</p> <p>Ensure co-design of supportive housing to population-specific needs of tenants.</p> |
| <p>One-size-fits-all Housing Design.</p> | <p>Diverse and accessible housing designs to meet the needs and income of population groups such as:</p> <ul style="list-style-type: none"> » Children and families » Young people » Aged care » People with disability » People with mental illness » People with high medical needs | <p>Invest in purpose-built co-design housing with services (supportive housing).</p> <p>Explore mechanisms for partnership across government to funded services and facilities embedded within Supportive Housing buildings.</p> |



6. REALIGN SYSTEMS

TO PREVENT, REDUCE AND END HOMELESSNESS

Ensuring balanced investment from crisis services to permanent supportive housing through integrated planning.

Developing mechanisms within government to partner agencies and departments with investment to support integration of effort, services and evaluation of outcomes.

Providing targeted and integrated service delivery built on secure, safe and affordable housing. This enables efficient and effective response for vulnerable individuals, families and children with multiple needs, and experiences of trauma and poverty (often intergenerational).





Balance the Investment

Towards ending homelessness



Current investment
in Social Housing
(2020 – 2021)
\$411.387M

\$822M

Balance the scales with double the investment in Housing to increase the supply of Supportive and Social Housing which will reduce reliance on Hospitals, Prisons and Juvenile Justice as starting point.

Current Capital Expenditure

Queensland Budget Paper 2020–2021

\$979M Hospitals

\$590.4M Youth justice and public safety

\$195.2M One new prison

Plus investments in healthcare, cultural, family and community services...

\$24.6M maintaining COVID investment specialist homelessness and housing services.

\$7.9M maintain COVID-19 investment integrating healthcare (mental health + AOD + chronic disease) with housing and homelessness services (Queensland Health).

\$10M new investment to enhance healthcare with drug and alcohol (Queensland Health) in housing, homelessness and DV services

\$4M new investment piloting a community-managed assertive treatment outreach team for people with dual diagnosis (mental health + AOD + chronic disease).

\$20M new investment two-generational family support and early childhood programs to support families to remain together.

\$300k new investment for community care in-home and social connections

\$520k NDIS connectors

25% of funding to Aboriginal and Torres-Strait Islander managed services

Investment into Services
\$67.32M





Investment into
Services
\$67.32M

Enhance Investment into
embedded Healthcare, Cultural,
Family and Community services

Maintain COVID expenditure into community organisations head leasing from private rental market and refurbishment of existing stock.

\$24.6M **Maintain recurrently the COVID investment into homelessness and housing response** for specialist homelessness, housing and domestic and family violence response to support **integrated and coordinated responses recurrently.**

\$7.9M **Maintain recurrently the COVID investment by Queensland Health** into immediate responses for integration of healthcare with housing and homelessness and DV services.

\$3M **New investment from Queensland Health into community managed health clinics** and services integrated with housing and homelessness service sector and hospitals.

\$7M **New investment as part of the Drug and Alcohol strategy** for community-based care and integration in homelessness, housing and Domestic Violence Services.

\$4M **Pilot two community-managed assertive outreach treatment teams** to provide multidisciplinary support to people requiring clinical treatment and psycho social services, transitioning or tenants in social housing.

Purpose: support individuals to manage risk and enhance management of people at risk of suicide, drug and alcohol use, mental health and chronic disease in the community. Offering services 7 days a week, 7am to 11pm to reduce reliance on ED and hospitalisation. (Evidence based in Canada, UK and USA).

\$20M
OVER 4 YRS **New investment into early intervention family support services with focus on integration with domestic and family violence, child protection and health.** Investing to support early childhood interventions and outreach family support teams to engage with children and families from crisis to safety and stability in social housing. When necessary, supportive housing to prevent the flow into homelessness and child protection and reduce the risk of harm from domestic violence, isolation, abuse and neglect.

\$300k
ANNUALLY **Enhance investment into community care** for in-home and social connections support in homelessness and housing service system to assist people with sustaining their tenancy.

\$520k
ANNUALLY **Fund four community-based NDIS connectors** within the homelessness service system with an annual investment of \$520k to connect eligible participants into NDIS and support transition.



Collective Impact

A timeline

We have been strengthening our efforts to end homelessness. Setting targets was helpful, collaboration was key... but we have further to go to end homelessness.

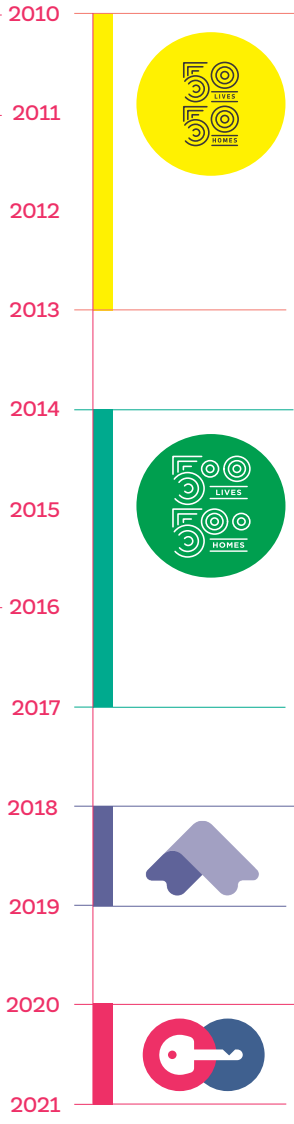
2001
179 people sleeping rough

2006
310 people sleeping rough

2011
98 people sleeping rough

2016
216 people sleeping rough

Census Data
2001-2016



50 Lives 50 Homes

- 676** people surveyed using VI-SPDAT tool
- 222** people housed
- 40** organisations collaborated as part of the campaign

500 Lives 500 Homes

- 2,638** people surveyed using VI-SPDAT tool
- 580** people housed
- 32** organisations collaborated as part of the Coalition to End Homelessness.

Brisbane Alliance to End Homelessness

- 1,012** people surveyed using VI-SPDAT tool
- 339** people housed between collective impact campaigns

Brisbane Zero campaign

- 1,832** people placed in emergency housing due to COVID-19
- 906** people surveyed using VI-SPDAT tool
- 42** organisations collaborated as part of the campaign





Proven Solutions

Realigning and investing in community-based services to **prevent**, **reduce** and **end** homelessness across population groups.



Aboriginal and Torres Strait Islander-managed organisations received 25% of investment into solutions that enable self-determination, cultural empowerment and trauma informed approaches that recognise the lasting impact of colonisation.





Preventing homelessness

Prevent Eviction

Time-limited case management and coordination with housing providers to sustain tenancy and build connection with mainstream services and community resources accompanied with flexible funding. Social isolation through social connection, in home support and social enterprises by reinvesting in programs lost due to transition to NDIS.

Prevent avoidable presentations at Emergency Departments

Coordinated multidisciplinary care teams with in-reach to hospitals and outreach to people's home.

Prevent recidivism

Case management, inreach, reconnection to community services and when possible employment training education or meaningful activities, and healthcare when exiting prison or juvenile justice.

Prevent family homelessness

Early intervention and support to families and children to remain together through housing subsidy plus child and family support.

Prevent loss of tenancy

Housing Subsidy to Community Housing Providers through Rent Connect to mitigate the cost of tenancy management with tenants with high support needs, whilst maintain Rent Connect pathways to private real estate housing.



Reducing homelessness

Crisis accommodation and pathways to housing

Ensure appropriate crisis accommodation service system is aligned with pathways and supply of affordable, safe and—when required—supportive housing across all population groups. Establish new benchmarks for Brisbane crisis accommodation capital and support services.

Real-time data

Maintain real-time data management through Know by Name Lists and methodology to maximise access to housing, healthcare, and community services through collaboration, service coordination and measuring progress, and informed solutions based on data and lived experience.

Assertive outreach

Sleeping rough

Invest in Assertive Outreach teams, often 24/7 to engage with people not in specialist homelessness crisis accommodation but on the street, in squats, with the intent to resolve crisis quickly and rapidly rehouse through collaboration with housing providers.

Homeless or housed

Invest in Assertive Outreach Treatment Teams for people when homeless and when housed.



Coordinated entry with 'no wrong door'

An evidence-based Coordinated Entry system with a no wrong door approach regardless of the cause of homelessness through community homelessness hubs as pathway to crisis accommodation and pathways out to housing ensuring specialist response to specific population groups.

Support in boarding houses

Support of people in private boarding houses and hostels whilst waiting for access to housing that is affordable safe and with secure tenure.

Support in establishing a home

Invest in establishment costs for individuals and families to establish their home.

Integrated healthcare

Invest in integrating health care solutions through nursing program that is embedded with housing and homelessness services.

Proven solutions for ending homelessness

Stop the inflow

Stop the inflow into homelessness due to lack of affordable and social housing by scaling up the purchase, refurbishment, design, and construction of social housing.

Create supportive housing system

Accelerate investment into multi-agency housing and service solutions. Establish place-based supportive housing partnerships for embedding healthcare and community services to support people within higher density buildings or across scattered locations within communities

Scale up available housing stock

Scaling up the allocation of existing stock, purchase, refurbishment design and construction of new supportive housing in line with demand for youth, children and families, women and children leaving domestic and family violence, single adults with specialist needs such arising from chronic homelessness such as mental health, chronic disease, substance use, people with disability and culturally specific housing healthcare and services.

Integrate with universal and tertiary services

Accessible healthcare

Reduce over-reliance on hospital systems by subsidising specialist GP clinics that provide holistic services with nurse lead practitioners and teams for youth and for adults with strong linkages to hospitals and specialist health providers.

No discharge into homelessness

Government agencies to work on identification of people who are homeless before being discharged from hospital, or before leaving prison, detention centres or foster care.

Prevent removal of children due to homelessness

Plan to invest in housing and services with families, children and young people who are engaged in multiple tertiary systems and to prevent removal of children due to homelessness.



Proven solutions in evidence-based practice

Assertive Outreach

The evidence is clear that homelessness service systems need assertive outreach to rough sleepers and people not accessing specialist homelessness services.

Evaluation on the Brisbane Street to Home program

<https://webarchive.nla.gov.au/awa/20141215010805/http://homelessnessclearinghouse.govspace.gov.au/about-homelessness/commonwealth-initiatives/national-homelessness-research/research-release-an-evaluation-of-brisbanes-street-to-home-program-policy-practice-clients-outcomes-2013-australia/>

Evaluation of the Melbourne Street to Home Program

<https://www.launchhousing.org.au/1-evaluation-melbourne-street-home-program-final-report>

An Economic Evaluation

https://micahprojects.org.au/assets/docs/Publications/IR_130_An-Economic-Evaluation-of-the-Homeless-to-Home-Healthcare-After-Hours-Service.pdf

Riverside Drive 2008

https://micahprojects.org.au/assets/docs/Publications/IR_31_Riverside-Drive-to-Home.pdf

Built for Zero

Community Solutions Zero Proof Points

<https://micahprojects.org.au/assets/docs/Publications/2018-Built-for-Zero-Report.pdf>

Built for Zero Canada

<https://bfzcanada.ca/Built-for-Zero-Video>
https://www.youtube.com/channel/UC5ZYW_yXVomt5qg45qVZUuw

Built for Zero Community Solutions

<https://community.solutions/our-solutions/built-for-zero/>

Built for Zero Adelaide

<http://www.dunstan.org.au/adelaide-zero-project>

50 Lives, 50 Homes Evaluation Report

<https://www.flipsnack.com/ruahcs/50-lives-50-homes-third-evaluation-report/full-view.htm>

Australian Alliance to End Homelessness

<https://www.aeah.org.au>

Prevention

Prevention is often referred to as preventing people from entering into the homelessness service system – eviction prevention.

Evaluation of the Homebase Community Prevention Program for NYC Department of Homeless Services

<https://static1.squarespace.com/static/572e5b621d07c088bf6663d9/t/573bd62df85082862032f27b/1463539246596/homebase+report.pdf>

No Exits from Government Services into Homelessness 2020: Framework

https://www.facs.nsw.gov.au/_data/assets/pdf_file/0003/326055/No-Exits-from-Government-Services-into-Homelessness-Framework-2020.pdf



Coordinated Entry

Value of Triage within an entry and access framework Common Screening tools, progressive assessments to population groups

The Canadian Alliance to End Homelessness (CAEH)

<https://caeh.ca/>

Community Solutions

<https://community.solutions/>

Orgcode

<https://www.orgcode.com/>

Coordinated Entry - HUD

<https://www.usich.gov/tools-for-action/coordinated-entry-core-elements-hud/>

Supportive Housing

Evaluation of Brisbane Common Ground Parsell

<https://issr.uq.edu.au/brisbane-common-ground-evaluation>

Corporation of Supportive Housing

<https://www.csh.org/>

Homelessness, Health, Justice and Housing Systems

<https://www.csh.org/fuse/>

Housing First Principles

<https://www.ruah.org.au/wp-content/uploads/2020/08/Housing-First-Principles-web.pdf>

National Drug and Alcohol Research Centre

<https://ndarc.med.unsw.edu.au/project/evaluation-nsw-government-initiative-platform-70>

AHURI

<https://www.ahuri.edu.au/>

Integrated Healthcare and Supportive Housing

<https://micahprojects.org.au/assets/docs/Publications/2017-Integrated-Healthcare-and-Supportive-Housing.pdf>

Directory of NYC Housing Program

<https://furmancenter.org/coredata/directory/entry/new-york-new-york>

Examples of Supportive Housing Organisations

Rain City Vancouver, Canada

<http://www.raincityhousing.org/>

Breaking Ground New York

<http://www.breakingground.org/>

Broadway Housing Communities

<http://www.broadwayhousing.org/>

Portland Hotel Society

https://www.comoxvalleyrd.ca/sites/default/files/docs/Services/20bosman_omp.pdf

PHS Community Services Society Vancouver

<https://www.phs.ca/supportive-housing/>

Sustaining Tenancy

Sustaining Tenancy Programs are often time limited, outreach for a duration of time.

Implementing a Critical Time Intervention model: Interim Evaluation

<https://www.tnlcommunityfund.org.uk/media/insights/documents/CTI-Interim-Evaluation-Report-WEB.pdf?mtime=20200318171942&focal=none>

Journey of Social Inclusion

<https://golab.bsg.ox.ac.uk/knowledge-bank/indigo-data-and-visualisation/impact-bond-dataset-v2/INDIGO-POJ-0004/>

Supporting People Program UK

<https://commonslibrary.parliament.uk/research-briefings/rp12-40/>



Housing First Approach to Homelessness

https://micahprojects.org.au/assets/docs/Publications/IR_127_A-Housing-First-Approach-to-Homelessness.pdf

Sustaining Tenancy – People with Disability (Scattered Site Supported Housing)

<https://micahprojects.org.au/assets/docs/Publications/2010-Homefront-Review.pdf>

Mental Health and Drug and Alcohol

Pathways to housing

https://www.ahuri.edu.au/_data/assets/pdf_file/0006/2040/AHURI_Final_Report_No186_Pathways_into_and_within_social_housing.pdf

Chez Soi National at home Mental Health Commission Final Report

https://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

Chez Soi Vancouver Final Report

<https://www.mentalhealthcommission.ca/English/document/33456/vancouver-final-report-homechez-soi-project>

Integrating Healthcare

AAEH National Paper has outlined the issues

Stephen W. Hwang literature

<https://www.cmaj.ca/content/164/2/229>

Canadian Homeless Hub

<https://www.homelesshub.ca>

Street to Home Healthcare Cost Savings

https://micahprojects.org.au/assets/docs/Publications/IR_134_Report-Card-Economic-Eval-H2H.pdf

Western Australia Homelessness Healthcare

https://micahprojects.org.au/assets/docs/Publications/IR_134_Report-Card-Economic-Eval-H2H.pdf

Pathways Two Year Evaluation Report Feb 2017

<https://micahprojects.org.au/assets/docs/Publications/Pathways-Two-Year-Evaluation-Report-Feb-2017.pdf>

Pathways Indicative Cost Benefit Analysis

<https://micahprojects.org.au/assets/docs/Publications/201704-Pathways-Indicative-Cost-Benefit-Analysis.pdf>

Campaign from 50 Homes to Zero Projects Systems Change

Built for Zero methodology to have real-time data for continuous improvement to build up a Housing First System.

Western Australia Evaluation of 50 Lives 50 Homes

<https://www.uwa.edu.au/projects/evaluation-of-50-lives-50-homes>

Adelaide Zero evaluation

https://www.dunstan.org.au/wp-content/uploads/2020/04/APPROVED-Adelaide-Zero-Project-Implementation-Plan-April-2020-to-December-2020_Final.pdf

100,000 homes campaign USA

<https://www.world-habitat.org/wp-content/uploads/2015/11/100000-Homes-Campaign-report-WEB-5MB1.pdf>

Other

Housing First Roadmap 2016

https://micahprojects.org.au/assets/docs/Publications/20161129_Housing-First-Roadmap-WEB.pdf

State of Homelessness in Australian Cities

<https://micahprojects.org.au/assets/docs/Publications/THE-STATE-OF-HOMELESSNESS-IN-AUSTRALIAS-CITIES-REPORT-Preliminary-Release.pdf>



Housing First for Mental Health (Brisbane)

<https://micahprojects.org.au/assets/docs/Publications/2017-Housing-First-for-Mental-Health-WEB.pdf>

Integrated Healthcare

<https://micahprojects.org.au/assets/docs/Publications/2017-Housing-First-for-Mental-Health-WEB.pdf>

Housing First Interventions

<https://micahprojects.org.au/assets/docs/Publications/COST-EFFECTIVE-HOUSING-FIRST-INTERVENTIONS.pdf>

Supportive housing

A list of all papers

Corporation of Supportive Housing US

<https://www.csh.org/resources-search/?c=COVID19>

Housing First

European Guide

<https://housingfirsteurope.eu/>

Mental Health and Homelessness

Comparative Models

<https://micahprojects.org.au/assets/docs/Publications/2017-Mental-Health-Housing-and-Homelessness.pdf>

Family Homelessness

Family Homelessness and Child Protection

<https://micahprojects.org.au/assets/docs/Publications/Families-caught-in-the-homelessness-and-Child-Protection-cycle.pdf>

Models of Support for Vulnerable Families

<https://micahprojects.org.au/assets/docs/Publications/PP-Models-of-Support-indd.pdf>

Working with Children

<https://micahprojects.org.au/assets/docs/Publications/PP-Working-with-Children.pdf>

Working with Parents

<https://micahprojects.org.au/assets/docs/Publications/PP-Working-with-Parents.pdf>

Emerging Solutions - Housing

<https://micahprojects.org.au/assets/docs/Publications/PP-Housing.pdf>

Demonstration Project

<https://micahprojects.org.au/assets/docs/Publications/2007-Ending-Family-Homelessness-Toolkit-web.pdf>

Stories of Lived Experience

Creating Homes, Lives Changing

<https://micahprojects.org.au/assets/docs/Publications/Creating-Homes-low-res.pdf>

Journeys Through Homelessness

https://micahprojects.org.au/assets/docs/Publications/IR_32_Journeys-Through-Homelessness.pdf

Voices from the Margin: A Snapshot

https://micahprojects.org.au/assets/docs/Publications/IR_33_Voices-From-the-Margins-A-Snapshot.pdf

