

QUEENSLAND SUPPORTIVE HOUSING AGREEMENT (EXAMPLE)

Establish a cross-government agreement between relevant departments to commit to Supportive Housing approach for vulnerable people. The inter-departmental committee of Supportive Housing will create a Supportive Housing Agreement to guide the work of the committee.

The Agreement may cover the following criteria, as well as any additions determined necessary. It is mutually agreed between the parties as follows:

1. Terms of Agreement

The term of Agreement shall be from XXX through XXX, or until all the housing and other services that are the subject of this Agreement are operational.

2. Purpose of Agreement

The primary purpose of this Agreement is to oversee the implementation of the Supportive Housing Policy Framework.

3. Identifying Target Populations

The “target population” is defined as the recipients of the housing and other services established under this Agreement, including their social mix. For example:

- 3.1 Women and children leaving Domestic and Family Violence
- 3.2 Single or Two parent families with children experiencing homelessness/exiting from child protection, preventing removal of children to foster care, seeking reunification
- 3.3 Youth experiencing homelessness, detention, foster care or residential facility
- 3.4 People living with mental illness
- 3.5 Aging populations with co-morbidity
- 3.6 People with disabilities
- 3.7 Persistently (or chronically) homeless
- 3.8 People with poor physical health

3.9 People with alcohol and other drugs use

3.10 People exiting hospitals, corrections, emergency accommodation, child protection, domestic and family violence.

4. Establish Eligibility and Priority Access

It is understood by the parties that Supportive Housing is an expensive resource. An individual or family will be eligible for Supportive Housing when they are at risk of failure of living independently if they are not provided with supportive services available through the program.

- » The parties would establish a methodology of how to target the most in need of Supportive Housing, through data sharing and joint planning. In order for Supportive Housing to be a solution for frequent service users (of hospitals, mental health, justice, corrections, domestic and family violence, child protective services, etc.), it is necessary to identify and establish – across departments and non-governmental organisations – the populations targeted by Supportive Housing.

5. Determine Types of Supportive Housing Projects to be Developed in Local Communities.

Supportive Housing can be a stand-alone building, or part of a mix of public and community housing. The parties agree to develop two general types of Supportive Housing:

- » **Single-site:** High, medium, or low-density units site which are acquired, constructed, or remodeled for purposes of providing appropriate support.
- » **Scattered-site:** Properties on the private market which are leased by the agreed entities and then subsidised and sub-leased to individuals or families experiencing vulnerabilities and disadvantage (i.e. people on extremely low incomes, who are at risk of or experiencing homelessness, or who are at risk of or experiencing intervention by child protection services).
- » **Integrated Models:** Supportive Housing units are set aside within an existing affordable housing development to create opportunity for mixed tenancy and maximise new resources for property preservation. A number of units are targeted to an at-risk population group, and funding for support is made available.

6. Development Targets and Process

The parties commit to establish a **target number** of Supportive Housing dwellings for Queensland. The development targets are identified by type of unit, design required for communal activities, support services, health care and target population are as follows:

Population	Single-Site	Scattered-Site	Social Mix	Capital Dev.	Operating Support
Women and children leaving Domestic and Family Violence					
Single or Two parent families with children experiencing homelessness/ exiting from child protection, preventing removal of children to foster care, seeking reunification					
Youth experiencing homelessness, detention, foster care or residential facility					
People living with mental illness					
Aging populations with co-morbidity					
People with disabilities					
Persistently (or chronically) homeless					
People with poor physical health					
People with alcohol and other drugs use					
People exiting hospitals, corrections, emergency accommodation, child protection, domestic and family violence.					

7. Oversight of Agreement

The Queensland Government Inter-Departmental Committee has oversight of ensuring that the objectives of this Agreement are met. This Committee will also be charged with identifying and overcoming obstacles to successful implementation of the Agreement.

Relevant departments will establish a Committee for the purpose of implementing the Agreement. This Committee will involve one representative from each of the following departments – Corrective Services; Housing; Health, Mental Health, and Alcohol and Other Drugs; Child Safety, Seniors and Disability Services; Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts; and Youth Justice and or any other party and establish process for NGO representation.

The parties agree that the terms of this Agreement may need to be modified over the course of the implementation of the Agreement. The parties, upon unanimous agreement and acting through the representatives on the Committee, reserve the right to make changes to the Agreement, including changes among categories and housing types as needed.

8. Individual Outcomes

The following outcomes are an indicative example – from the Corporation of Supportive Housing Quality Standards. Each project determines the outcomes for their target population.

POSITIVE SUPPORTIVE HOUSING OUTCOMES	Tenants stay housed.
	Tenants are satisfied with services and housing.
	Tenants increase their income and employment (if appropriate for the target population).
	Tenants improve their access to medical and mental health services.
	Tenants have social and community connections.
	Tenants' overall quality of life improves.
	Tenants' safety and recovery increases.

9. System Outcomes

Justice System	Medical and Mental Health	Specialist Homelessness Services	Domestic and Family Violence and Children Protection
<ul style="list-style-type: none"> » Reduction of exits into homelessness. » Reduction in prison usage and length of stay. » Decrease in recidivism. 	<ul style="list-style-type: none"> » Reduction in mental health inpatient facility use. » Reduction in acute hospital use. » Decrease in presentations to emergency departments. 	<ul style="list-style-type: none"> » Reduction in emergency accommodation usage. » Reduction in the use of Specialist Homelessness Services. 	<ul style="list-style-type: none"> » Reduction of child protection services intervention. » Reduction of removal of children due to homelessness. » Increase in family reunification. » Prevention of women and children who are escaping from domestic and family violence from entering homelessness or returning to violent homes.

Supportive Housing is a proven approach to addressing challenges homelessness creates for individuals, families and communities... and for service systems experiencing high utilisation of acute institutional and tertiary settings.

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