



More than a roof

Supportive Housing Position Statement

An integrated and tailored approach for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns

September 2024



Queensland
Mental Health
Commission

The Commission's role

The Queensland Mental Health Commission (the Commission) was established on 1 July 2013 by the *Queensland Mental Health Commission Act 2013* (Qld) (the Act).

The Commission's role under the Act is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs system in Queensland.

One of our primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of all Queenslanders. The strategic plan supports coordinated action by relevant government agencies.

Feedback

We value the views of our readers and invite your feedback on this position statement. Please contact the Queensland Mental Health Commission on telephone 1300 855 945, or via email at info@qmhc.qld.gov.au.

Translation



The Queensland Government is committed to providing accessible information to Queenslanders from culturally and linguistically diverse backgrounds. If you require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.

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Contents

Contents	1
Acknowledgements	2
Recognition of First Nations people	2
Recognition of lived-living experience	2
Our thanks.....	2
Commissioner’s message	3
Introduction	4
Background	5
Queensland’s housing policies	5
The importance of safe, secure and affordable housing	5
The case for change	7
Impacts of housing insecurity and homelessness	7
Some people are at greater risk of experiencing homelessness.....	7
Unmet need for housing and support services	8
Supportive housing	9
Housing First.....	9
What is supportive housing?.....	9
Why supportive housing?	10
Increasing demand for housing and health services	10
Supportive housing is evidence-based and cost-effective.....	10
Growing consensus for change	10
Benefits of supportive housing.....	11
Recommendations	12
Investing in supportive housing for people living with mental ill-health and/or alcohol and other drug concerns.....	12
Enabling evidence-based and data-driven planning, design and practice	12
Strengthening shared leadership and cross-sector collaboration.....	13
Improving transitions and preventing exits into homelessness	13
Where to from here?	15
Glossary	16
References	17
Appendices	19
Appendix 1: Principles and features	19
Appendix 2: Supportive housing types	20

Acknowledgements

Recognition of First Nations people

We respectfully acknowledge the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have passed on their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing efforts to protect and promote First Nations people and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of reconciliation.

Recognition of lived-living experience

We acknowledge the individual and collective contributions of Queenslanders with lived-living experience of mental ill-health, alcohol and other drugs concerns, their families, carers and kin, particularly those who have experienced or are at risk of homelessness.

Your voices and experiences have guided this work. We acknowledge and value your expertise. We also acknowledge each person's journey is unique and collectively provides a valuable contribution to reforming the mental health, alcohol and other drugs and suicide prevention system and related systems in Queensland.

We thank you for sharing your knowledge, personal stories, experiences, and views about what works and what needs to change.

Our thanks

We thank our stakeholders in the health and housing systems, as well as all Queenslanders who have contributed to developing this position statement.

Commissioner's message

Every Queenslander should have access to safe, secure and affordable housing that meets their needs and enables them to take part in and contribute to their communities.

It is well understood that the conditions in which we grow, work, live and age can have a significant impact on our mental health and wellbeing.

Current cost of living pressures and housing shortages in Queensland are taking a toll on our communities. Rising costs and lack of affordable housing is placing more people at risk of experiencing psychological distress and housing instability.

Anyone can find themselves without stable accommodation, but people with lived-living experience of mental ill-health and/or alcohol and other drug concerns are at greater risk. Unless there is increased and focused action, the number of people experiencing homelessness will increase.

The housing shortage comes at a time when there is increased demand for health services and support, challenges for timely access to specialist services, and pressure on the system and workforce.

The relationship between housing and health outcomes is well-documented, yet too many people still find themselves caught in a cycle of housing instability and unable to access the care and support they desperately need. It is one of the most pressing and complex challenges we face today.

The good news is that there are evidence-based and cost-effective solutions that we can learn from and adapt to meet the needs of our communities.

Supportive housing is an evidence-based approach that combines secure and affordable housing with health and other support services. It has proven to be effective for people who have complex needs, including people who have been chronically homeless and people with lived-living experience of mental ill-health and/or alcohol and other drug concerns.

Supportive housing represents more than just a roof over one's head - it embodies a holistic approach to recovery and wellbeing. By combining affordable housing with tailored support services, we can create environments where people can heal, grow and reclaim their lives with dignity and purpose.

Better integration between the housing, homelessness and health sectors can achieve powerful outcomes. We believe that by working together across traditional boundaries, we can not only improve individual lives but also strengthen the fabric of our communities.

The path forward requires collaboration, innovation, and unwavering commitment. It demands that we challenge stigma, overcome competing agendas, and prioritise the voices and experiences of those with the greatest capacity to benefit.

Through this position statement, we are calling for meaningful action to ensure that all Queenslanders have access to the stable, supportive housing they need to thrive.

Ivan Frkovic
Queensland Mental Health Commissioner

Introduction

An integrated and tailored approach for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns.

Access to safe, secure and affordable housing is closely linked with good mental health and wellbeing. Housing pressures across Queensland have seen an increase in people experiencing housing insecurity and homelessness, which can exacerbate or contribute to experiences of mental ill-health and/or alcohol and other drug concerns.

People with lived-living experience of mental ill-health and/or alcohol and other drug concerns are at greater risk of experiencing housing instability and homelessness. However, evidence indicates that people with complex needs can achieve long-term housing stability when secure housing is provided with the right supports.

Supportive housing is an evidence-based approach that integrates social housing, tenancy management and support services to meet an array of health and psychosocial needs. It has been described by the Corporation for Supportive Housing as an approach that ‘combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity’.¹

Joint action, partnership and collaboration is critical to preventing and reducing the impact of mental ill-health, alcohol and other drug concerns, and suicide. *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds 2023–2028)* is the Queensland Government’s five-year plan that sets the direction towards achieving a whole-of-community, whole-of-person and whole-of-system approach to mental health and wellbeing.

Recognising the critical link between housing and mental health and wellbeing, *Shifting minds 2023–2028* outlines actions to enhance access to housing, and prevent and reduce the impacts of homelessness. This includes exploring solutions that incorporate diverse models of integrated housing, support, tenancy management and long-term tenancy sustainment for people experiencing mental ill-health and/or alcohol and other drug concerns.

The Commission has undertaken work to explore contemporary and evidence-based housing solutions to better support people with lived-living experience of mental ill-health and/or alcohol and other drug concerns, as part of its role in driving system reform. This has included consultation with a broad range of mental health, alcohol and other drugs, and housing and homelessness service providers, as well as people with lived-living experience.

This position statement identifies supportive housing as a best practice approach to reduce housing instability and homelessness for people with complex needs. It sets out recommendations for the way forward to ensure that health and housing services are better integrated and tailored to meet the needs of people living with mental ill-health and/or alcohol and other drug concerns in Queensland.

Background

Queensland's housing policies

Since 2017, the Queensland Government has made substantial investments to deliver safe, secure and affordable homes that meet people's needs. This work has been driven by a range of plans and strategies, including:

- *Queensland Housing Strategy 2017–2027*
- *Queensland Housing Strategy Action Plan 2017–2020*
- *Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023*
- *Housing and Homelessness Action Plan 2021–2025*
- *Towards Ending Homelessness for Young Queenslanders 2022–2027.*

In February 2024, the Queensland Government released *Homes for Queenslanders*. The initiatives in *Homes for Queenslanders* cover every aspect of the housing system, including housing supply, affordability, the rental market, home ownership, social housing, homelessness, legislation and broader reform.

Homes for Queenslanders demonstrates the Queensland Government's commitment to supporting people to find, get and keep a home. The plan recognises that responding to Queensland's housing needs is complex and multilayered. There are no simple solutions, however supportive housing is a key component of the government's plan to work towards ending homelessness.

In April 2024, the Queensland Government launched *Our Place: A First Nations Housing and Homelessness Roadmap to 2031*. The strategy will guide collaborative effort to embed the Closing the Gap Priority Reforms across the entire housing system. Accompanying the roadmap, *Our Place: A First Nations Housing and Homelessness Action Plan 2024-2027*, sets out actions to address systemic challenges and respond to the unique cultural strengths, values and priorities of Aboriginal and Torres Strait Islander people in Queensland.

The Commission commends the Queensland Government on its commitment to enhancing access to housing and reducing the impacts of homelessness. Moving forward, it is critical to ensure that the solutions delivered through these strategies are responsive and tailored to those with the greatest capacity to benefit, including people with lived-experience of mental ill-health and/or alcohol and other drug concerns.

The importance of safe, secure and affordable housing

Mental health and wellbeing are key to a person's capacity to lead a fulfilling life of their choice, including how they engage in study, work and recreation. The extent to which people participate in the community is closely related to their living standards, which can be negatively impacted by housing insecurity and homelessness.

The relationship between housing, homelessness, mental ill-health and alcohol and other drug concerns is complex and inter-related. Safe, secure and affordable housing can facilitate social inclusion, access to

support services and treatment—which is key to people remaining well and recovering from mental ill-health and alcohol and other drug concerns.

Conversely, unstable, unsafe and/or unaffordable housing can exacerbate these issues, increase the risk of homelessness, and can make it harder to function in other areas of life.

Mental ill-health and/or alcohol and other drug concerns can affect a person's ability to sustain their current housing, including reducing their ability to manage tasks like budgeting, paying bills on time or maintaining a property.² These factors can impact a person's ability to find new housing and they may face discrimination in the rental market. Housing that is of low quality, unhygienic or unsafe can also inhibit wellbeing and place people at greater risk of homelessness.

In Queensland, there are a range of services that provide mental health, alcohol and other drugs, and housing support, including services provided by both government and non-government organisations. Such services include, but are not limited to, housing support programs, supported accommodation, specialist homelessness services, homeless health outreach services and mental health community support services.

Through the *Homes for Queenslanders* and *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, the Queensland Government is driving action to improve health and housing services, including for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns. Areas of investment include focused tenancy sustainment supports, boosted psychosocial supports, and a pipeline of supported accommodation, among others.

While existing services and planned initiatives can provide valuable assistance to people experiencing housing instability and homelessness, a greater focus is needed on solutions that are tailored to meet the specific needs of people with lived-living experience of mental ill-health and/or alcohol and other drug concerns. Central to this is increasing access to secure housing with integrated health, social and tenancy supports.

Housing is a social determinant of health and wellbeing

The social determinants of health are the social, cultural, political, economic, personal and environmental conditions in which people are born, live, work and age. The determinants of health have an important influence on health inequities and are inter-related with experiences of mental ill-health, alcohol and other drug concerns, and suicidal distress.

World Health Organisation, 2023

The case for change

Impacts of housing insecurity and homelessness

Across Australia, housing insecurity has exacerbated pressure on housing and support services. Recent data indicates there are approximately 150,000 households across Queensland whose needs for affordable housing are currently unmet.³ This includes low-income recipients living in private rental housing and paying more than 30% of household income in rent, and people experiencing homelessness.

In 2022–23, more than 36,600 people in Queensland were assisted by specialist homelessness agencies that provide a variety of services, ranging from general support and assistance to immediate crisis accommodation. Across the same year, there were over 5,000 unassisted requests, averaging 21 per day. The most common reason that services were not provided was due to no accommodation being available at the time.⁴

People experiencing homelessness and housing instability are at greater risk of adverse health, social and economic outcomes. They experience higher rates of chronic ill-health, more interactions with the health and justice systems, and prolonged unemployment.⁵

Homelessness can also be detrimental to people's sense of safety, privacy, security and social connectedness. These experiences can contribute to feelings of social isolation, anxiety and stress which in turn can exacerbate, or contribute to, the onset of mental ill-health.

In 2020–2022, around **2 in every 5 people (39%) with a history of homelessness experienced a mental health condition** within the past year, almost twice as high as the general Australian population (21%).

Australian Institute of Health and Welfare, 2024

Some people are at greater risk of experiencing homelessness

Housing insecurity and homelessness can happen to anyone, but for some groups of people there is greater risk. This includes people who have experienced family and domestic violence, people with disability, young people (aged 15-24 years), older people (aged 55 years and over), and Aboriginal and Torres Strait Islander people, among others.

Evidence shows that people living with mental ill-health and/or alcohol and other drug concerns are at greater risk of experiencing homelessness. They also experience greater housing instability, have less choice over their living conditions, and often live in unsuitable or poor-quality housing, that can create barriers to accessing treatment and supports.⁶

In 2022–23, of those who were assisted by specialist homelessness services in Queensland, 32.5 per cent (11,910) were experiencing mental illness and 8.6 per cent (3,137) were experiencing alcohol and other drug concerns.⁷

In 2022–23, **over 15,000 people** experiencing mental illness and/or alcohol and other drug concerns **were assisted by specialist homelessness services in Queensland.**

Australian Institute of Health and Welfare, 2024

Unmet need for housing and support services

Given the interaction between homelessness and mental ill-health and/or alcohol and other drug concerns, it is important that people with complex needs are supported to find and maintain housing. However, service capacity limitations and system constraints can impede access to necessary support services.

In Queensland, Level 3 residential services, also known as supported accommodation, are often accessed by people who have experienced difficulty finding appropriate housing and accessing the support that they require to maintain their preferred housing arrangements. A recent review of Level 3 supported accommodation in Queensland found that 72.9 per cent of residents came to their current accommodation due to lack of suitable housing (36.9%), increased support needs (24.7%) or discharge from an institutional setting (11.3%).⁸

Concerns have been raised about the suitability of Level 3 residential services to meet the needs of residents with complex support needs, including people with lived-experience of mental ill-health and/or alcohol and other drug concerns.⁹ The review of Level 3 supported accommodation in Queensland also found that 88 per cent of residents have mental health support needs and 60 per cent of those needs are not fully met. Similarly, 19 per cent of residents had alcohol and other drug support needs and 67 per cent of those needs are not fully met.⁸

Specialist homelessness services (SHS) also face challenges in responding to the support needs of different people. Mental health services, including psychological, psychiatric and general mental health services, are one of the most common supports required, but these needs are often unable to be met. In 2022–23, among SHS clients in Queensland who required mental health services (7.6% or 3,439 clients), the level of unmet need at 33.8 per cent was substantial. Of the SHS clients who required alcohol and other drug services (2.5% or 1,134 clients) the level of unmet need was even higher at 37.3 per cent.¹⁰

People exiting health and custodial settings may require additional support to transition back into the community and find suitable housing. However, barriers such as inadequate exit planning and lack of suitable housing options can delay transition and place people at risk of homelessness. It can also inhibit access to follow-up care and support which can lead to people cycling back through acute, institutional and tertiary settings.

In 2020, the Productivity Commission reported approximately 30 per cent of admitted patients in psychiatric wards could be discharged if appropriate housing and community services were available.¹¹ This means that on any given day in Queensland, there could be as many as 700 people with mental illness residing in hospital or another inpatient facility who could otherwise be supported in the community.

Improving health and housing outcomes for people with living with mental ill-health and/or alcohol and other drug concerns requires action beyond the housing and homelessness sector alone. It requires collaboration across the system to deliver person-centred approaches that better integrate mental health, psychosocial supports and housing services to achieve long-term stability.

Supportive housing

Housing First

People with lived-living experience of mental ill-health and/or alcohol and other drug concerns can require support to find, get and keep a home. It can be very challenging for people to work towards wellness if they do not have a safe, stable and affordable place to live.

Housing First is well understood to be the best model to end homelessness for people who experience a range of complex issues and have high support needs. A guiding principle of Housing First is that safe and secure housing is provided prior to, and isn't conditional on, a person addressing their mental ill-health and/or alcohol and other drug concerns.¹²

What is supportive housing?

Safe and secure housing is not just about having a roof over your head, it is also about providing appropriate support that addresses the complex reasons some people experience housing instability and homelessness. For people with lived-living experience of mental ill-health and/or alcohol and other drug concerns, this may include support to meet their obligations as a tenant and to strengthen their mental health and wellbeing.

Across Australia there are an array of approaches that endeavour to connect housing and support services. Service models vary and do not necessarily adhere to the principles of Housing First, such as a separation of tenancy and support.¹³ Conversely, supportive housing offers greater housing stability, security, and voluntary engagement with services and treatment. The principles and features of supportive housing models are outlined in Appendix 1.

Supportive housing combines affordable and secure housing with a range of support services. It is a model designed to support people with complex needs by utilising stable housing as a foundation for health, recovery and personal growth. It benefits the broader community and provides all the supports people with complex needs may require to stay housed, well, and connected, for a better quality of life, including:

- **Affordable, subsidised permanent** housing as the first step to stability.
- **Intensive tenancy management** to help tenants sustain their tenancies.
- **Integrated support services** to address contributing factors that may impact a tenant's ability to remain housed.¹⁴

Supportive housing is a place-based approach and designed to meet the needs of the community in which it is located. Types of supportive housing include high density sites; low-medium density sites; and scattered sites utilising individual social housing properties. Appendix 2 provides details on different supportive housing models, including examples from Queensland.

The types of services provided by supportive housing programs vary depending on location and tenant needs. While engagement with services is voluntary and negotiated, evidence suggests that people in supportive housing more readily engage with available supports including health, mental health, alcohol and drug services, and psychosocial supports.

Each person's experiences and recovery from mental ill-health and/or alcohol and other drug concerns is non-linear and highly individual. Therefore, the delivery and types of support people require will change over time and services must be flexible and responsive to people's individual needs. Ongoing and equitable access to coordinated clinical and/or psychosocial supports is critical.

Why supportive housing?

Housing is a key protective factor against mental ill-health and alcohol and other drug concerns and promotes wellbeing and enhances access to support and treatment.

Increasing demand for housing and health services

Across Australia, the demand for social and affordable housing is increasing. Shortages in affordable housing, coupled with pressure on existing support services, represent significant access barriers for people with complex needs.

It has been estimated that to provide adequate supported accommodation for people with severe and chronic mental illness, between 70 and 88 housing places per 100,000 population are required.¹⁵ Unless there is increased and sustained investment in supportive housing solutions, this gap can be expected to increase as the population grows.

Upwards of **2,200 supportive housing places** may be required to meet demand in Queensland.

Productivity Commission, 2020

Supportive housing is evidence-based and cost-effective

The evidence base for supportive housing has steadily increased over the past three decades. While models of supportive housing have varied, research has consistently demonstrated that the combination of integrated support and permanent housing can contribute to increased effectiveness of both housing and non-housing outcomes.¹⁶

For people with lived-experience of mental ill-health and/or alcohol and other drug concerns, research indicates that permanent supportive housing reduces experiences of homelessness, increases housing tenure over time, and results in fewer interactions with the health system.^{17,18}

Evaluations of supported housing programs in Australia have also demonstrated improved housing and mental health outcomes for participants, with the costs of running programs partially offset by reduced use of crisis services and more intensive supports like hospital admissions.¹⁹ Other studies have underscored the potential economic benefits of Housing First approaches, showing a cost saving between \$1.44 to \$1.80 for every \$1 invested.²⁰

In Queensland, an evaluation of the Common Ground model found that supportive housing tenancy was associated with a cost offset of \$13,000 per person per year.²¹ The savings (or costs avoided) were attributable to reduced use of public resources across health, criminal justice and homelessness support services.

Growing consensus for change

In recent years, there have been multiple systemic reviews which have examined the challenges and opportunities in relation to mental health and housing. These reports, including the Productivity Commission *Mental Health Inquiry Report* and the Queensland Parliamentary *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, have highlighted that supportive housing is not only essential for improving mental health outcomes but also plays a crucial role in reducing homelessness and promoting recovery.

The Productivity Commission specifically recommended increasing the number of 'supported housing' places for individuals with severe and persistent mental illness, recognising the need for integrated housing and mental health supports. Similarly, the Queensland Mental Health Select Committee called for increased access to secure and affordable housing, including supportive housing services. These recommendations underscore a growing consensus that stable, supportive housing is a fundamental component of effective mental health care and social support systems.

These inquiries have emphasised the interconnectedness of housing stability and mental health, noting that housing insecurity can exacerbate mental health issues, while appropriate housing can significantly contribute to recovery and overall wellbeing. The recurring theme across these reviews is the need for a holistic, person-centered approach to mental health care that includes access to suitable housing options as a key element of support and treatment.

Benefits of supportive housing

Individual benefits		
Participation	Health	Wellbeing
<ul style="list-style-type: none"> • Enhanced community connection and participation • Increased economic participation • Increased access to education and training • Reduced social isolation 	<ul style="list-style-type: none"> • Increased access to health, mental health, alcohol and other drugs services and psychosocial supports • Increased engagement with a broad range of health, mental health, alcohol and other drugs services and psychosocial supports • Reduced presentations to emergency departments and hospital inpatient services • Increased ability for self-management 	<ul style="list-style-type: none"> • Increased quality of life • Housing security • Improved dietary habits, including through improved food security • Increased support to make informed choices about alcohol and other drugs use
Community benefits		
Shared and multiplied		
<ul style="list-style-type: none"> • Increased economic and social participation • Improved equity and inclusiveness across the community • Better integration across health, housing and community sectors • Reduced use of crisis services, homelessness services and other supports including emergency departments and hospital inpatient services • More efficient targeting of resources towards supports that make the biggest difference to people's lives 		

Recommendations

Investing in supportive housing for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns

There is a critical need to increase access to affordable and secure housing in Queensland. Under the *Homes for Queensland* plan, the Queensland Government aims to deliver 53,500 new social homes by 2046. An investment of \$1.25 billion has been committed over the next 5 years to help deliver more than 2,000 social homes every year from 2028, including a pipeline of youth foyers, emergency housing and supported accommodated places for those with complex needs.

This commitment is a significant step towards addressing the shortfall in social housing capacity in Queensland. However, recent inquiries have called out the need to increase the number of supportive housing places, specifically for people living with mental ill-health.

People with lived-living experience of mental ill-health and/or alcohol and drugs concerns face a range of barriers in finding and maintaining a home and have the greatest capacity to benefit from permanent supportive housing within the current housing system and market. Delivering a specific allocation of supportive housing for this group will enable early intervention and help to alleviate demand on specialist homelessness services and other support services over time.

The Commission supports the recommendations set out by the Productivity Commission and Mental Health Select Committee to address the supportive housing gap for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns. This could include scaling up existing programs that integrate housing and mental health support, in addition to increasing the available stock of supportive housing places and types.

The *Independent review of homelessness response in Queensland* update report includes interim recommendations to ensure that government planning processes and targets include specific considerations for reducing homelessness (Recommendations 8 and 9). The Commission supports these recommendations and notes that people with lived-living experience of mental ill-health and/or alcohol and other drug concerns disproportionately experience homelessness and may therefore warrant specific consideration within planning processes.

As such, the Commission would welcome an explicit supportive housing target and allocation for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns.

Enabling evidence-based and data-driven planning, design and practice

Under *Homes for Queenslanders*, the Queensland Government has committed to implementing a supportive housing policy and framework that will guide investment into the future. The Commission supports this action to enable best practice approaches to be implemented consistently across the sector.

It is also critical to ensure that application of the policy and future investment is responsive to the needs of priority populations, including people with lived-living experience of mental ill-health and/or alcohol and other drug concerns. To enable more targeted service planning, further work is required to better understand the demand for, and the availability and utilisation of, supportive housing in Queensland.

The Commission supports the interim recommendation from the *Independent review of homelessness response in Queensland* which proposes the establishment of a data working group to improve data

management practices (Recommendation 3). This will be a critical step towards improving data collection, linkages and quality that will enable more effective planning and commissioning of integrated mental health and housing services into the future.

In response to the interim recommendation to implement measures that account for local homelessness needs in planning processes (Recommendation 9), the Queensland Government noted that demand modelling is continuing to be refined to ensure it is an effective tool to inform planning, investment and service delivery over time. The Commission supports this approach and calls for specific consideration of people with lived-living experience of mental ill-health and/or alcohol and other drug concerns in this modelling.

Strengthening shared leadership and cross-sector collaboration

Driving reform to improve the current social housing system requires reprioritising at the policy, planning, funding and service delivery levels. It requires greater investment in approaches that prioritise early intervention and integration between housing and health services.

Investing in evidence-based approaches, such as supportive housing, will contribute to better health and housing outcomes for people with lived-living experience of mental ill-health and/or alcohol and other drugs use. It will also be more cost-effective and will reduce demand on a range of health, justice and psychosocial services.

Shifting minds 2023–2028 recognises the need for coordinated and integrated approaches to service planning and funding across sectors. Shared planning frameworks for the co-design, joint commissioning and co-delivery of services (in collaboration with people with lived-living experience) will improve overall system coordination and ensure more holistic responses. Co-design and co-production with people with a lived-living experience of homelessness, mental ill-health, and alcohol and other drug concerns is critical.

The Commission recommends that proactive steps are taken to increase shared investment and joint commissioning of integrated mental health and housing services. Mechanisms to support monitoring and accountability for outcomes that matter to people and that improve equity, accessibility and participation also need to be embedded across the system.

Improving transitions and preventing exits into homelessness

Exiting institutional settings, such as hospitals or correctional facilities, are critical transition points that can increase the risk of homelessness for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns, if appropriate supports are not in place. Factors such as inadequate discharge planning, lack of coordination across sectors, and limited housing places are complex challenges that require collective and consistent action to address.

The Commission calls for support to action the Productivity Commission's recommendation to develop a consistent policy of no exits into homelessness from institutional settings for people living with mental ill-health.

In practice, there is good work underway across the state to improve transitions from institutional settings. It is critical to ensure that effective processes and supports are embedded across the system to reduce and prevent exits into homelessness. This may include formalised service delivery frameworks, referral pathways, and information sharing protocols to enable more integrated service responses.

The Commission supports a Housing First approach, which is well understood to be the best model to reduce homelessness for people with lived-living experience of mental ill-health and/or alcohol and other drug needs.

Supportive housing can be part of the solution. In addition to housing stability, supportive housing enables people with lived-living experience of mental ill-health and/or alcohol and other drug concerns to access tailored, holistic and integrated supports which can improve transitions back into the community.

Where to from here?

The Commission is committed to working with government and sector partners to improve housing access and reduce the impacts of homelessness. Collective action is critical to working towards safe and secure housing that facilitates social inclusion, treatment and recovery, and that prevent discharges and exits into homelessness.

It is encouraging to see renewed commitment and investment in strategies to reduce the impacts of housing insecurity and homelessness across the system. However, steps must also be taken to ensure that health and housing services are better integrated and tailored to meet the needs of individuals.

Supportive housing represents an integrated, evidence-based approach to providing safe, secure and affordable housing for people with lived-living experience of mental ill-health and/or alcohol and other drug concerns.

Responding to people's diverse housing needs is a shared, cross-sector responsibility across health, housing and other systems. Working together in a comprehensive and cohesive way is critical to reducing fragmented service delivery and better addressing the housing needs of people with complex needs.

The Commission will continue to explore options to enhance access to housing and prevent and reduce the impacts of homelessness. If you have any ideas, evidence, or additional feedback that could inform future work, please contact us at: info@qmhc.qld.gov.au

Glossary

Alcohol and other drug concerns: Alcohol and other drug concerns refers to when a person who uses alcohol and/or other drugs is experiencing harm related to their use. Harms can include social, emotional, physiological, psychological and spiritual, and may or may not be diagnosed.

Cultural safety: Cultural safety involves professionals and organisations providing treatment and supports to individuals with consideration of, and respect to, the historical, cultural and social contexts in which they exist. This involves examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the world view of people and communities.²²

Lived-living experience: Lived experience refers to a person's experience of mental ill-health, alcohol and other drug concerns, suicidal thoughts, surviving a suicide attempt, or being bereaved by suicide. It can be current (living) or past (lived).

Mental ill-health: Mental ill-health is a broad term that includes experiences of psychological distress, mental health challenges and clinically diagnosable mental illnesses.

Person-centred: An approach that includes the people using health and community services as equal partners in planning, developing and monitoring their care to ensure it meets their needs. It puts people, their families and carers at the centre of decisions, working alongside professionals to get the best outcome.

Psychosocial support: Psychosocial support refers to a range of services to help people manage daily activities, rebuild and maintain connections, build social skills, participate in education and employment, and facilitate recovery in the community.

Supported accommodation: Supported accommodation (also known as Level 3 Residential services) provide accommodation, personal care services, and often food services, to residents. Services are privately owned and are typically operated on a for-profit basis but are regulated by the Department of Housing under the *Residential Services (Accreditation) Act 2002* (Qld).⁹

Supportive housing: Supportive housing combines long-term affordable housing with support services to meet clients' needs. Supportive housing is purposefully designed to empower tenants and enable them to become more independent.²³

Trauma-informed: Trauma-informed approaches are organisational and practice approaches to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people, their families and carers, as well as for service providers.

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Appendices

Appendix 1: Principles and features

Housing First principles	Supportive housing principles
<ul style="list-style-type: none"> • People have a right to a home • Housing and support are provided independently of each other • Flexible support is accessible for as long as it is needed • Choice and self-determination • Active engagement without coercion • Social and community inclusion • Recovery-orientated practice • Harm reduction approachⁱ 	<ul style="list-style-type: none"> • Affordable, safe and secure permanent housing as the first step to stability • Intensive tenancy management to establish and maintain tenancies • Flexible, tailored and integrated support that enables the tenant to live their best life and achieve their goals • Support providers work in close partnerships and collaborate to deliver housing and supports that are person-centred, trauma-informed and build quality of life
Supportive housing features	
<ul style="list-style-type: none"> • Housing and supports are co-designed in partnership with people with lived-experience and their families and carers • Promotes and protects human rights and self-determination • Services are culturally safe and responsive, particularly for First Nations peoples • Designed to support the individual to fulfil their life goals • Housing is designed to be safe and secure • Enables social inclusion and connection to community • Clear separation between tenancy management and the provision of support services • Support services include health, mental health, alcohol and other drugs, and psychosocial supports to meet the needs of the individual • Housing workers are better supported to work with people experiencing mental ill-health, alcohol and other drug concerns, suicidal thoughts, behaviours and distress • Mental health and alcohol and other drugs workers are better supported to understand people's housing needs and the broader housing system 	

ⁱ Dodd, R, Rodrigues, N, Sequeira, T and Watkins, L 2020, *Housing First Principles for Australia*. <https://aaeh.org.au/assets/docs/Housing-First-Principles-brochure-for-web.pdf>.

Appendix 2: Supportive housing types

Scattered sites

- Individual social housing provided across Queensland close to appropriate services
- Units are self-contained with private bedroom, bathroom, kitchen, open plan living area and laundry
- Buildings may have individual outdoor spaces and parking space dependent on building design
- Some indoor amenities and outdoor spaces are shared, including communal gardens
- Regular and frequent visiting support services tailored to the needs of individual tenants, including psychosocial and tenancy services. Clinical support is also provided via a visiting service

Supportive housing in action: Housing and Support Program

In 2006, the Queensland Government established the Housing and Support Program (HASP) as a supportive housing approach for individuals with mental illness leaving acute and extended mental health treatment facilities.

An evaluation of HASP found a range of positive benefits for individuals including that over 80 per cent of residents had sustained their tenancy for more than three years. Participants of the program also overwhelmingly reported increased quality of life, such as being able to achieve their goals and enjoy the freedom and choice that community living offered. One individual said the program *'got me back to being involved in the community'* and *'helped me feel a lot better about my life'*.

HASP was also identified to have economic benefits. At the time of evaluation, the cost of operating HASP was found to be \$74,000 less expensive than keeping the same person in a community care unit and \$178,000 less expensive than the same person being an acute inpatient.

Overall, the evaluation found HASP to be successful and *'an excellent example of how government agencies can work together to improve the wellbeing of people with psychiatric disability'*.ⁱⁱ

Low-medium density

- Low-medium density housing that integrates support services tailored to meet the needs of individual tenants
- There are 24-hour onsite supports including psychosocial and tenancy services, with clinical support provided by a regular and frequent visiting service
- Units are self-contained with private bedroom, bathroom, kitchen, open plan living area and laundry
- Buildings may have multi-purpose indoor and outdoor spaces and amenities, such as a communal garden, outdoor cooking space or quiet common areas

ⁱⁱ Meehan, T., Madson, K., Shepherd, N., & Siskand, D. (2010). *Housing and Support Program (HASP): Final Evaluation Report*. Service Evaluation & Research Unit The Park, Centre for Mental Health. Available online at <https://www.yumpu.com/en/document/read/12188634/housing-and-support-program-hasp-final-evaluation-report>.

Supportive housing in action: Clear Breeze apartments

Located in Brisbane, Clear Breeze is a low-medium density development providing 14 self-contained apartments for people with severe and complex mental ill-health. Clear Breeze is a village environment in close proximity to community infrastructure including transport, shopping, parks and libraries.



Residents are able to access clinical support in the community, as well as 24-hour tailored psychosocial support from rostered staff. The model was co-designed with people experiencing severe and complex mental ill-health and their families.

The Haven program in Victoria provides a similar model of long-term supportive housing. Residents live in individual self-contained apartments with independent kitchen and bathroom facilities and have access to shared communal areas which encourage social interaction. There is on-site psychosocial support staff available 24/7 to support residents to live successfully in the community.

Independent evaluation of the Haven model has found that residents experience reduction in mental distress; improved self-confidence and skills for independent living; enhanced sense of connection; a reduction in psychiatry-led care and an increase in GP-led care.ⁱⁱⁱ

High density

- High-density supportive housing that integrates support services for people with lived-experience of mental ill-health and alcohol and other drug concerns. This model may also include some affordable housing units for people on low incomes who do not require supportive housing
- Each unit is self-contained within a large social housing complex with 24/7 on-site concierge support, including psychosocial and tenancy services. Clinical support is provided by a regular and frequent visiting service
- Self-contained units have a private bedroom, bathroom, laundry, kitchen, and open plan living area
- Buildings may have multipurpose indoor and outdoor spaces and amenities for activities

Supportive housing in action: Brisbane Common Ground

The Common Ground model is a high-density solution to homelessness underpinned by supportive housing principles.

Brisbane Common Ground is a 14-storey apartment building of 146 units providing permanent, supportive housing to people experiencing chronic homelessness and affordable housing to people on low incomes. The complex has a 24-hour concierge and residents are provided support to sustain their tenancies.



ⁱⁱⁱ Mind Australia (2023). *Submission on the National Housing and Homelessness Issues Paper*. Available online from: https://www.mindaustralia.org.au/sites/default/files/2023-11/Submission_on_the_national_housing_and_homelessness_issues_paper.pdf

Further Common Ground high-density residential units are under construction on the Gold Coast and the Queensland Government has also announced large-scale supportive housing in Ivory Street Fortitude Valley.

Pathways to permanency

Ideally all people in need of supportive housing would move directly into a permanent home. However, due to current housing shortages, short-term options are necessary to support some people on their pathway to permanent supportive housing, including supporting people exiting institutional settings (such as hospitals) to permanent homes. The goal is to assist people to move into permanent supportive housing as soon as possible.

Pathways to permanent housing may include self-contained studios within a smaller specialist complex in the vicinity of local hospitals. This accommodation is geared towards ensuring that no one is discharged, particularly from hospital, into homelessness; and to prepare people for the transition to permanent housing. In addition to supporting people with their clinical and psychosocial needs, residents will also be supported to develop their skills and knowledge to be able to establish and maintain a permanent tenancy.

Short-term accommodation of this nature may include some communal areas like kitchens, dining rooms and gardens; and will include 24/7 clinical, psychosocial and daily living services, along with cleaning and laundry services. Support services will also assess the resident's ongoing needs outside of hospital and prepare them for managing their own tenancy. Each complex will also have a 24/7 concierge.

Supportive housing in action: Brisbane Youth Service

Brisbane Youth Service (BYS) offers a range of support services to young people experiencing or at risk of homelessness, under a pathways to permanency approach. This includes support to live independently and sustain a tenancy, and access to supports to increase long-term mental health and wellbeing.

Housing options include 24-hour staffed short-term accommodation for 16 to 18-year-olds and supported housing units for young people and young families.



BYS also offers tenancy sustainment programs to young people in social and public housing, as well as education and training to support future independence.

Supportive housing in action: Youth Foyers

Youth Foyers provide housing with support for young people at risk of homelessness and housing instability, who are committed to engaging in education and training as a pathway to developing the skills they need to achieve independence.

Queensland's Youth Foyers provide safe, stable and affordable housing for young people aged 16 to 25 years. The youth foyer model teaches young tenants how to manage a rental property and supports them towards independent living.

With a safe place to live and ongoing professional support, tenants can be assisted towards independence as they study or work.^{iv}

There are currently three Youth Foyers operating or under construction in Queensland, and the Queensland Government will deliver another eight under the *Homes for Queenslanders* initiative.

^{iv} Department of Housing, Local Government, Planning and Public Works. (2024). *Youth foyers*. Available online at <https://www.housing.qld.gov.au/initiatives/youth-foyers>.