**CCQ Region *Advance to ZERO Homelessness* initiatives**

*Please see below for background and other contextual information*

*Please email your completed Expression of Interest to* CCQZero@micahprojects.org.au

**Expression of Interest form**

1. **Please provide details of your organisation**

Organisation Name:

Australian Business Number ABN:

Organisational website:

Head of Organisation:

Position Title:

Phone Number:

Email:

Primary Contact for this EOI:

Position Title:

Telephone:

1. **a) Please indicate the region/s you are expressing interest in:**

 ☐ Sunshine Coast

 ☐ Wide Bay

 ☐ Central Queensland

*Please complete all below questions for* ***each*** *region selected*

2.b) How long has your organisation been operational in the region?

1. c) Please list the key programs you are currently involved in delivering in the region (include links if available)

3.a) Please provide a description of your understanding of homelessness in the region, including indication of the information you are drawing on - e.g. lived experience narratives; any statistics you currently collect or can access *(limit of 300 words*).

b) Please describe any programs or initiatives you are aware of that are currently being undertaken in the region that connect homelessness populations with health services or initiatives; including any issues or considerations you may like to raise about these *(limit of 300 words).* Please indicate ‘nil’ if none.
**Indicative weighting 30%.**

4. Please describe any relevant existing relationships you have in the region that you have connected with in relation to this EOI, and if successful who would you be interested to involve in the collaborative methodology. Please provide contact details for **at least two organisations** we could make contact with to discuss the potential collaboration as part of this EOI process:

4.a) Homelessness service providers – names, nature of relationship, contact person

4.b) Health service providers - names, nature of relationship, contact person

4.c) Cohort specific providers - names, nature of relationship, contact person

**indicative weighting 40%**

1. Please outline any contextual issues or considerations you may like to raise about the Advance to ZERO approach as relates specifically to the region. Please indicate ‘nil’ if none.

6. With access to funding in the range of $240,000 - $270,00 available through the program, over the coming 12 months please describe

6.a) your capacity to be involved in this project

6.b) the mix of capabilities you would bring to this project

6.c) your availability to be involved in an in-person workshop with regional ecosystem stakeholders on 24 and/or 25 October 2024

**indicative weighting 30%**

7. Anything further you would like to be included for consideration?

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**Background Information**

**Homelessness and Health**

There is no one definition of homelessness. The Australian Bureau of Statistics (ABS) offers a statistical definition of homelessness that centres around: adequacy of the dwelling, security of tenure in the dwelling, and control of, and access to space for social relations.

As one of the social determinants of health, access to stable accommodation has aprofound impact on health and wellbeing. Experiencing or being at risk of homelessness is associated with a higher risk of adverse health, social, and economic outcomes. People experiencing health issues while also experiencing homelessness may also have difficulties managing their health conditions which can lead to the development and/or exacerbation of a chronic health issue. This in turn can reduce a person’s ability to sustain wellbeing, employment, housing, and personal networks, further impacting their ability to sustain stable housing.

Groups more likely to experience or be vulnerable to homelessness include: Aboriginal and Torres Strait Islander people; young people; older people; people leaving care; women and children affected by family and domestic violence; people living with a mental illness; veterans; and people discharged from prison.

Meeting basic physical needs such as food, water and a place to sleep can be the most important day-to-day priority for people experiencing homelessness, especially those rough sleeping. Subsequently health needs are often not considered until an emergency arises.

People experiencing homelessness typically require access to a wide range of mainstream services. Barriers to accessing mainstream and specialist homeless services encountered by individuals who are at risk of homelessness or experiencing homelessness can be broadly classified into three categories: service system barriers, service model/practice barriers, and individual barriers. These barriers to access vary among different population groups experiencing or at risk of homelessness, with each having specific and distinct needs. Fragmentation and complexity is a key criticism in accessing both mainstream and specialist homeless services.

Broadly, service system barriers relate to eligibility barriers, structural barriers (e.g transportation, discrimination, identification, and documentation requirements, system interaction breakdown), and capacity barriers (e.g delayed availability, insufficient supply to meet demand). Few mainstream social service and health programs are required to collect information about the housing status of their clients, and therefore it is virtually impossible to find accurate data about the extent of their service usage by those experiencing homelessness.

Due to the varying and complex needs of individuals experiencing homelessness, a comprehensive health response to homelessness across a variety of settings, underpinned by integration and collaboration, is critical. Siloed health services and models of care do not work well for this population group. Approaches to improve service access for people experiencing homelessness can include systems integration and service integration. **Evidence shows that effective system and service integration must be pursued concurrently to improve access for people at risk of or experiencing homelessness.**

**The CCQ Region**

The rate of homeless persons for the CCQ region in 2021 was 44.9 per 10,000 persons. Woorabinda LGA had the highest rate of homelessness (386.5 persons per 10,000 persons) in CCQ. Two-thirds of the CCQ region is experiencing rates of homelessness higher than the state average (43.2 per 10,000).

The ABS also compiles estimates from Census data for three groups of people who may be marginally housed but are not classified as homeless. This includes people living in over-crowded dwellings, improvised dwellings or caravan parks. In 2021, the number of people living in crowded dwellings was highest in Sunshine Coast, people living in improvised dwellings was highest in Gympie and marginally housed in caravan parks was highest in Bundaberg.

Some people experiencing homelessness and those at risk of homelessness are supported by Specialist Homelessness Services (SHS). The SHS data collection considers that a person is homeless if they are living in non–conventional accommodation (such as living on the street), or short–term or emergency accommodation (such as living temporarily with friends and relatives). Data for 2022-2023 show that just under 7,000 clients were supported through SHS in the CCQ region.

Limitations to this data is that not everyone who experiences homelessness seeks help and not all those who receive support are provided with support by SHS. Furthermore, Census data may underestimate the extent of homelessness, such as those experienced by young people.

**Advance to ZERO Framework**

The Advance to ZERO (AtoZ) approach, originally developed in Canada and the United States, centres around building a local collaborative community effort to end homelessness. In Australia, the national initiative is led by the Australian Alliance to End Homelessness (AAEH) - with a shared vision to end all homelessness starting with rough sleeping, through ensuring that when homelessness does occur, it is rare, brief and a one-time event; also known as reaching **Functional Zero**.

At the heart of the methodology lies the enhancement of data collection systems and comprehension of homelessness at the local level. Acknowledging the limitations of current data collection methods and the challenge of addressing poorly understood issues, the initiative adopts a new approach by introducing a **'by name list’**. This list compiles real-time information on all known individuals experiencing homelessness in the community, which provides comprehensive data for coordinated access, prioritisation, and understanding of homeless inflow and outflow. This actionable data aids in service triage, system evaluation essential to ending homelessness.

**The opportunity**

Country to Coast Queensland (CCQ) delivers the PHN program within the Central Queensland, Wide Bay, Sunshine Coast region. Through the PHN Homelessness Health Program funding (Commonwealth Department of Health) has been made available to improve the health and wellbeing of people experiencing or at risk of experiencing homelessness in the region.

Micah Projects has been engaged by the CCQ PHN to leverage the knowledge, skills and learnings of the AtoZ Framework and existing ZERO initiatives, including the Brisbane and Logan initiatives, to select two geographic communities across the **Sunshine Coast, Wide Bay and Central Queensland** regions to implement the AtoZ methodology.

Backbone (or host) organisations will be selected via this EoI process and supported to implement their tailored and locally led Advance to ZERO initiative. Single organisations, as well as collaborations between two organisations may submit an EOI to be the backbone organisation.

Zero National Movement introduction training will be provided by the Australian Alliance to End Homelessness (AAEH) as will ongoing coordination and support.

As a member of a dedicated network, a backbone organisation will be fully committed to actively participating in the collection of both qualitative and quantitative data. This data will be used to make informed decisions aimed at implementing systemic improvements, with the ultimate goal of preventing, reducing, and ultimately ending homelessness.

As a backbone organisation, you will participate in the shared AtoZ database input by contributing to the Know-by-Name list and using the shared screening tool stored in the AtoZ database. This screening tool, the Australian Homelessness Vulnerability Triage Tool (AHVTT), has been developed by the Australian Alliance to End Homelessness (AAEH) in partnership with Micah Projects and OrgCode consulting, and will be the common screening tool required to be used in all Advance to Zero projects.

Backbone organisations will coordinate and collaborate with other Zero members in the weekly coordination groups to advocate for participants on the By-Name List, with the ultimate goal of matching people needs with appropriate housing.

As part of the steering committee, a backbone organisation will facilitate and review emerging trends or changes in the data collected to identify gaps and strategies ensuring a targeted approach, and make data driven decisions for ongoing improvements in our campaign activities and within the sector with the aim of reducing homelessness through systems change.

A backbone organisation will be provided the opportunity to:

* Participate in feedback surveys of Brisbane Zero/AAEH activities.
* Participate in other Zero/AAEH working groups and advocacy groups.
* Participate in Brisbane Zero/AAEH improvement groups.
* If asked, participate in external evaluation activities.

Micah Projects will support the backbone organisation to:

* Processing requests for access to the Advance to Zero database.
* Provide training and support for organisations and staff to utilise the common screening tool and database.
* Maintaining and refreshing membership lists to ensure confidentiality is respected.
* Ongoing maintenance and management of the database.
* Provide data and reports as requested from member organisations.
* Compile agendas for and provide meeting minutes from Brisbane Zero activities.
* Convene and facilitate coordination groups.
* Provide assistance in using relevant data to contribute to government policy, including submissions and public forums. Consent for logos will be requested for relevant activities.

The Good Shift will provide monitoring and evaluation of the project throughout the funding period.