NSW Health
Department of Communities and Justice

Housing and Mental Health Agreement 2022

Monitoring and Reporting Framework

January 2023

Contents

“The national and international evidence indicates the importance of having a home for an individual’s ability to lead a contributing life. We know that generally, for people who are living with a mental health difficulty, getting and keeping their own home is hard to achieve compared to the general community… For the most vulnerable and unwell, cycles of homelessness, unstable housing and poor mental health can become their total life experience. Housing is a critical foundation for an individual’s journey to recovery.”

— **Professor Allan Fels AO and Dr Peggy Brown**
Housing, Homelessness and Mental Health Consultation
National Mental Health Commission, 2017

Abbreviations	
ACCHO	Aboriginal Community Controlled Health Organisation
ACHP	Aboriginal Community Housing Provider
AHO	Aboriginal Housing Office
AOD	Alcohol and other drugs
CHPs	Community Housing Providers
CLS	Community Living Support program
CMO	Community Managed Organisation
DCJ	Department of Communities and Justice
HASI	Housing and Accommodation Support Initiative
HMHA 22	Housing and Mental Health Agreement 2022
LALC	Local Aboriginal Land Council
LHD	Local Health District
LIACC	Local implementation and coordination committee
LIP	Local Implementation Plan
MH	Mental health
MHS	Mental Health Service
NGOs	Non-government organisations
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NSW	New South Wales
PHN	Primary Health Network
SHS	Specialist Homelessness Services
SHMT	Social Housing Management Transfer program
TA	Temporary Accommodation

A guiding note on language

Language has a profound impact on people and the use of inclusive and contemporary language empowers people, minimises stigma and changes culture over time.

The language used in this document is intended to be respectful, inclusive, recovery oriented and reflect the:

- Lived Experience Framework for NSW produced by the NSW Mental Health Commission
- Recovery Oriented Language Guide produced by the Mental Health Coordinating Council (MHCC) and
- Language Matters resource produced by the Network of alcohol and other drugs agencies (NADA).

The terms used in this document are explained below.

People who have experienced a mental health issue and have recovered, or who currently have a personal lived experience of mental health issues and are on their recovery journey, are referred to as ‘people with lived experience of mental health issues’.

The framework also uses language which acknowledges the lived experience of carers, families, kinship groups and friends supporting people with lived experience of mental health issues.

Introduction

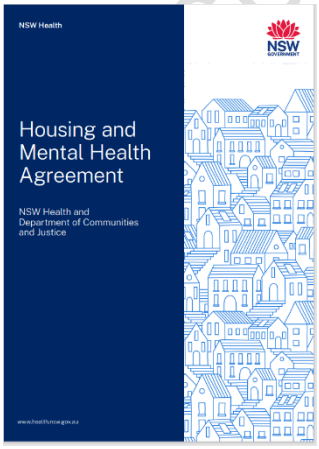
The Housing and Mental Health Agreement 2022 (HMHA 22) is a formal agreement between NSW Health and the Department of Communities and Justice (DCJ).

It is a commitment that all levels of the agencies will work together, and with key stakeholders, to ensure that that people with experience of mental health issues have timely access to safe, secure, appropriate housing; and mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

The Agreement (HMHA 22)

Access to safe, secure, appropriate housing is essential to ensure that people who live with mental health issues can live well in the community. And timely access to appropriate mental health supports enhances wellbeing, helps people sustain their tenancy, and creates pathways into housing for people experiencing homelessness.

NSW Health and DCJ entered into the current Housing and Mental Health Agreement in February 2022. It marked a public commitment between the two agencies and established the common objectives, principles, and commitments of the signatories including to:



- Re-invigorate effective, accountable and sustainable governance between mental health, housing, and homelessness services.
- Deliver on a common cross-agency agenda through shared goals in partnership with mental health, housing, and homelessness services and other key stakeholders.
- Embed agreed principles in policy, commissioning and service delivery.

The case for collaboration and coordination: a two-way relationship between housing and mental health

We know that safe, secure, appropriate and affordable housing improves wellbeing by allowing people to build independence, social relationships and networks; and is critical for recovery from mental ill-health. And we know that poor and deteriorating mental health directly impact housing stability.

Having this two-way relationship means when we work together, we can amplify our shared clients' wellbeing and minimise their mental ill-health.

But in NSW, like in other states, housing, homelessness and mental health have a history of being separate policy systems with little formal integration. And this can contribute to poor housing and health outcomes for people with lived experience of mental ill-health.

The scope of the Agreement – our shared clients

HMHA 22 relates to the policy, commissioning and delivery of mental health, social housing and homelessness services by all levels of the signatory agencies to a shared client group of:

People aged 16 years and over who:

- are living in social housing, experiencing homelessness, or at risk of experiencing homelessness, and
- require mental health services funded by NSW Health or be supported to access broader mental health services.

Two signatory partners working with a broad range of participants

While HMHA 22 is a formal agreement between DCJ and NSW Health it cannot achieve its objectives without the two agencies working in close partnership with a broader range of services and the people supported by these services.

In the Agreement, this group is collectively referred to as the HMHA 22 'participants' and it includes:

- People with a lived experience of mental ill health, housing instability or homelessness, their families, kin, carers, and representative organisations.
- Community Housing Providers (CHPs)
- Community managed organisations (CMOs) providing mental health and psychosocial supports
- Specialist Homelessness Services (SHSs)
- Aboriginal owned and community-controlled organisations including Aboriginal Community Housing Providers (ACHPs), Aboriginal Community Controlled Health Organisations (ACCHOs) and Local Aboriginal Land Councils (LALCs)
- Other Non-Government Organisations (NGOs) providing DCJ and NSW Health funded housing, homelessness and mental health services to the shared client group and their peak organisations.

Signatories

NSW Health Local Health Districts
Department of Communities and Justice Districts

Social Housing Management Transfer (SHMT) Program providers

People with lived experience

Specialist mental health supports

- Community Managed Organisations funded by NSW Government
- Community Managed Organisations funded by Primary Health Networks
- Psychosocial disability support providers funded under the National Disability Insurance Scheme
- Private sector providers – General Practitioners and private psychiatrists

Housing supply and management

- Land and Housing Corporation
- Aboriginal Housing Office
- Aboriginal Land Councils
- Real estate agents and landlords

Specialist Aboriginal providers

- Aboriginal Community Controlled Organisations
- Specialist Aboriginal Services funded by Primary Health Networks

Specialist housing supports

- Community Housing Providers
- Aboriginal Community Housing Providers

Specialist homelessness supports

- Specialist Homelessness Services

Local supports

- Local Government

A key program for the HMHA 22 shared clients

The Social Housing Management Transfer (SHMT) Program

The Department of Communities and Justice has transferred the tenancy management of around 14,000 social housing tenancies to community housing providers, including the delivery of private rental assistance products as part of the Social Housing Management Transfer (SHMT) Program. This reflects the NSW Government support for a diverse community housing provider sector, and recognition of positive impact CHPs can have on people's lives.

Where a community housing provider has responsibility for tenancy management under the SHMT, it takes on responsibilities like DCJ Housing. This includes HMHA 22 District level governance.

In this Framework, where a DCJ District Executive Director has responsibility for an action, this is transferred to the Chief Executive of the relevant SHMT provider, if a transfer has occurred.

Four supporting frameworks

HMHA 22 outlines the overarching aims, objectives and commitments for DCJ and NSW Health as the signatories to support the shared client group. The Agreement is underpinned by this Monitoring and Reporting Framework along with three other related supporting frameworks:

	Service Delivery Framework [LINKED ONCE PUBLISHED]
	Governance Framework [LINKED ONCE PUBLISHED]
	Information sharing framework [LINKED ONCE PUBLISHED]

The Monitoring and Reporting Framework

The framework at a glance

The Monitoring and Reporting Framework

The HMHA 22 Monitoring and Reporting Framework:

- helps all stakeholders **understand progress** towards the Agreement's vision by **transparently reporting** key output, outcome and evaluation information
- supports the signatories **to be accountable for their commitments** in the Agreement
- **provides a structure for evaluating** the implementation and effectiveness of the Agreement
- encourages and facilitates **data driven decision making and targeted interventions** at a state, district and local level

Monitoring the implementation of the Agreement

1	Annual HMHA 22 communique	Reporting progress of the three core objectives Reporting progress of the 14 signatory commitments
2	HMHA 22 District Committees provide an annual District Implementation Plan report to the State Steering Committee	
3	HMHA 22 Local Implementation and Coordination Committees provide an annual Local Implementation Plan report to the State Steering Committee (endorsed by the relevant District Committee)	

Monitoring the key outcomes: HMHA 22 Linked Data Set Dashboards and Indicators

People with mental health issues have timely access to safe, secure, appropriate housing

Obtaining housing – applicants

- The number of HMHA 22 *Shared Clients with higher needs* on the NSW Housing Register
- The number of HMHA 22 *Shared Clients with higher needs* on the NSW Housing Register who are eligible for priority housing assistance.

Obtaining housing – tenants

- The proportion of HMHA 22 *Shared Clients with higher needs* on the NSW Housing Register who obtain social housing, private rental subsidies or private rental assistance

Consultation demonstration examples

People with mental health issues have mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

Sustaining housing – tenants

- The proportion of HMHA 22 *Shared Clients with higher needs* who remain in their social housing tenancy 12 months after entry.
- The number of HMHA 22 *Shared Clients with higher needs* with a *planned exit* from social housing
- The number of HMHA 22 *Shared Clients with higher needs* with an *unplanned exit from* social housing

Obtaining mental health supports

- TBD
- Number of NSW Health HASI and CLS clients supported in social housing

The purpose and principles

Purpose

The HMHA 22 Monitoring and Reporting Framework:

- helps all stakeholders understand progress towards the Agreement's vision by transparent public reporting of key performance and evaluation information
- supports the signatories to be accountable for their commitments in the Agreement
- provides a structure for evaluating the implementation and effectiveness of the Agreement
- encourages and facilitates data driven decision making and targeted interventions that ensure limited resources are targeted to the areas and people in most need

Principles

Reflecting key aspects of the Agreement, the following are the principles to underpin the Monitoring and Reporting Framework:

- involve people with lived experience, their families, carers and kinship and understand their experience of the systems
- reflect the progress of the shared agenda (as outlined in the Agreement and the four supporting frameworks)
- include information from, and make information available to, both signatory partners and the broader HMHA 22 participants
- embrace innovative data linkage as a key building block for HMHA 22 integration
- draw from existing data where possible to minimise administrative burden
- reflect the three tiers of governance – local, district and state, by disaggregating data (where it can be done ethically to protect individual and household privacy).

Monitoring the implementation of the Agreement

The Monitoring and Reporting Framework ensures that the signatories, and all tiers of governance (state, district and local) are accountable for their commitments as outlined in the Agreement and further detailed in the four supporting frameworks.

Agreement objectives

HMHA 22 includes three broad objectives. Achieving these objectives will require establishing the Governance Framework and Service Delivery Framework and monitoring the District and Local Implementation Plans.

Broad objectives in the Agreement	How will we know it is achieved?
1. Re-invigorate effective, accountable, and sustainable governance at the interface of mental health, housing, and homelessness services	Establish the HMHA 22 Governance Framework at State, District and local levels.
2. Deliver on a common agenda through shared goals in partnership with funded services and other key stakeholders.	1. Establish the common agenda in the Service Delivery Framework. 2. Localise the common agenda as shared goals through the District and Local Implementation Plans. 3. Monitor delivery of the goals through the annual District and Local Implementation Plan Reports.
4. Embed agreed principles in policy, commissioning and service delivery.	1. Establish the common principles through the Service Delivery Framework 2. Include integration/embedding mandatory actions in the Service Delivery Framework. 3. Monitor progress through the annual District and Local Implementation Plan Reports.

Signatory commitments

HMHA 22 includes fourteen signatory commitments. Monitoring will be as detailed below.

Commitments in the Agreement	How will we know it is achieved?
1. Senior Executive leadership (Ministry of Health and DCJ) has leadership and oversight of the Agreement.	Annual (minimum) HMHA 22 update to the NSW Mental Health Taskforce
2. The statewide governance provides bi-annual reports to the Secretaries on HMHA 22 progress and escalates issues that cannot be resolved at the state-wide governance level as needed.	Bi-annual reports to the Secretaries
3. Both agencies commit to establish, re-invigorate, and actively participate in HMHA 22 governance at the statewide, district and local levels to implement the agreement and intended objectives.	Governance Framework released. District Implementation Plans developed and submitted to State Steering Committee Local Implementation Plans developed and submitted to District Committees then State Steering Committee
4. Resource the secretariat function across state, district and local governance tiers, to ensure accountability and ongoing operation of HMHA 22.	Secretariat functions shared and agreed between NSW Health and DCJ at all three levels of HMHA 22 governance.
5. Establish and resource a lived experience advisory panel and engage people with lived experience, their families, carers and representative organisations in the operation and evaluation of HMHA 22.	Lived Experience Advisory Committee established.
6. Engage with other NSW Government agencies, relevant Commonwealth Government agencies, and NGOs who play an important role in supporting positive outcomes for the shared client group. This includes proactively engaging mental health services and psychosocial support services outside the funded remit of the signatories.	A broad range of HMHA 22 participants are represented at all three levels of HMHA 22 governance.
7. Implement the No Exits from Government Services into Homelessness: A framework for multi-agency action 2020.	Annual reporting according to the *No Exits from Government Services into Homelessness Framework: Agency annual planning and reporting guide* (April 2022)
8. Lead the development and ongoing operation of a HMHA 22 Service Delivery Framework and ensure transparent reporting against outcomes and indicators in the framework. This includes working towards shared goals that reflect the key focus areas across the housing, homelessness and mental health interface.	Service Delivery Framework released. Data sources and mechanism for measuring the impact of the HMHA 22 established through the Monitoring and Reporting Framework. District Implementation Plans developed and submitted to State Steering Committee by July 2023 Local Implementation Plans developed and submitted to State Steering Committee by September 2023
9. Establish and maintain performance monitoring mechanisms for shared goals to support client level and service delivery outcomes.	Data sources and mechanism for measuring the impact of the HMHA 22 established through the Monitoring and Reporting Framework.

10. Develop and embed principles for collaboration and service principles in the planning, delivery and evaluation of policies, programs and services.	Service Delivery Framework released.
11. Embed HMHA 22 through commissioning mechanisms.	Annual report - Number of new (and renewed) District mental health and housing services funding agreements, strategies and implementation plans that incorporate the HMHA 22
12. Enable solutions to effective practices which address requirements for privacy and consent to promote legal, appropriate and consistent information sharing across HMHA 22 participants, to support collaboration and outcomes for the shared client group	Information Sharing Guidelines released
13. Consult and collaborate early on policy, programs and initiatives that impact the shared client group.	Annual report of the number of HMHA 22 partnership projects at state, district and local levels
14. Collaborate to improve service coordination and integration, encouraging flexibility and innovative responses, while acknowledging business as usual processes within each agency for client eligibility, service access and prioritisation.	District and Local committees formed.

District commitments

HMHA 22 District Committees must submit an annual District Implementation Plan Report to the State Steering Committee.

The annual District Implementation Plan report is a qualitative narrative style report that:

- provides an annual snapshot of progress towards delivery of the actions in the District Implementation Plan
- provides examples of good practice
- identifies the three main implementation challenges for the District.

Local commitments

HMHA 22 Local Implementation and Coordination Committees must submit an annual Local Implementation Plan Report, endorsed by the relevant District Committee, to the State Steering Committee.

The annual Local Implementation Plan report is a qualitative narrative style report that:

- provides an annual snapshot of progress towards delivery of the actions in the Local Implementation Plan
- provides examples of good practice
- identifies the main implementation challenges for the local area.

Reporting - HMHA 22 Annual communique

The HMHA 22 signatories will prepare and publicly release an HMHA 22 Annual Communique in partnership with the State Steering Committee. The Communique will:

- report progress for the broad objectives
- report progress for the fourteen signatory commitments
- include other content as agreed by the State Steering Committee.

Monitoring the key outcomes

“Putting customers at the centre of everything we do requires a connected government where the data and insights we collect and create are used and shared across government, in a manner that is consistent, and compliant with privacy and other legislative requirements and ethical standards….”

- **NSW Government Data Strategy**

The foundational project - a linked data set

The NSW Government is committed to a collaborative, coordinated, consistent and safe approach to using and sharing data and insights across government. Both DCJ and NSW Health recognise the value of high-quality integrated data to inform well targeted, coordinated, evidence-based interventions.

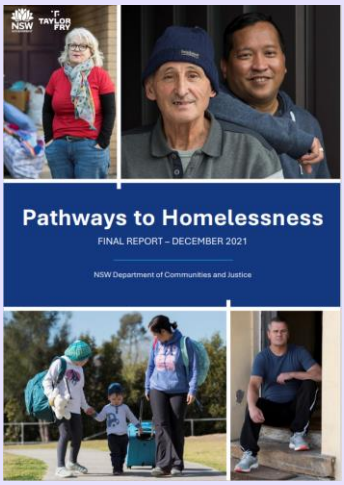
The interrelationship between housing and mental health means outcomes that matter for HMHA 22 shared clients are captured across multiple data sets used by housing, mental health and specialist homelessness services. Linking the data across these sectors will enable richer, meaningful insights to be generated. It also provides an opportunity to develop an enduring deidentified linked data asset for wider and ongoing use.

A linked data set is proposed as the foundation to monitoring the key outcomes for HMHA 22. It would include the data set out below.

Sector	Administrative data
Housing	Social housing tenancies Private rental subsidies and private rental assistance
Health	Hospital admission data Emergency department presentations Ambulatory mental health services Medicare use (aggregated)
Homelessness	Specialist homelessness services (SHS) Temporary accommodation (TA)

Pathways to Homelessness

The Pathways to Homelessness project demonstrates the value of a major linked dataset by identifying the key risk factors, service use, and costs across government for people experiencing or at risk of homelessness.



The linked dataset created for this project is one of the most comprehensive datasets related to homelessness in Australia, covering over 625,000 people across 19 NSW and Commonwealth services including homelessness, health, housing and Medicare.

This cross-agency data provides powerful insights for some vulnerable cohorts. For example, the analysis illustrates how support needs such as poor mental health or family and domestic violence correlate with higher likelihood of homelessness, as well as significant future costs across government services.

The outcome indicators

The HMHA 22 vision is that, over the long term:

1. People with mental illness have timely access to safe, secure, appropriate housing
2. People with mental illness have mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

To monitor these key outcomes, a series of dashboards are envisaged each with indicators formed using data from the Housing and Mental Health Linked Data Set.

For the purposes of stakeholder consultation, the dashboards below demonstrate the proposal.

Key definitions

The following key definitions underpin the demonstration indicators.

A ‘Shared Client with higher needs’ is a person who:

- had a mental health related hospital admission in the previous two years; and
- had any Specialist Homelessness Service (SHS) or Temporary Accommodation (TA) use in the past three years.

‘Mental health related admission’ is defined as a NSW Health public hospital admissions with time in a mental health (psychiatric) unit or relating to mental health (based on diagnosis code) as derived from the Admitted Patient Care National Minimum Data Set (APC NMDS).

A ‘planned exit’ from social housing is an exit to private rental market or ownership.

An ‘unplanned exit’ from social housing is an abandonment or an exit following a termination order New South Wales Civil and Administrative Tribunal (NCAT).

People with mental health issues have timely access to safe, secure, appropriate housing

Obtaining housing – applicants

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Obtaining housing – tenants

The proportion of HMHA 22 *Shared Clients with higher needs* on the NSW Housing Register who obtain social housing, private rental subsidies or private rental assistance

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Sustaining housing – tenants

The proportion of HMHA 22 *Shared Clients with higher needs* who remain in their social housing tenancy 12 months after entry.

The number of HMHA 22 *Shared Clients with higher needs* with a *planned exit* from social housing

The number of HMHA 22 *Shared Clients with higher needs* with an *unplanned exit* from social housing

Obtaining mental health supports

TBD

Number of NSW Health HASI and CLS clients supported in social housing

Disaggregation

So that the measures can be used to monitor the Service Delivery Framework priorities (and the district and local implementation of the agreement) indicators would, at a minimum, be reported with disaggregated information as follows:

- District level (and potentially at lower statistical areas as may be appropriate without impacting privacy)
- Gender
- Age (or age bracket)
- Indigenous status
- Housing assistance type.

Reporting outcomes

The frequency of the outcome reporting will depend on:

- the collection frequency of the data sources
- the time required for reliable linkage.

Glossary

Community Housing Provider (CHP)	Not-for-profit providing housing assistance to eligible people on low incomes who are unable to access appropriate housing in the private market. The housing types provided by community housing providers include social housing, affordable housing and supported housing.
Community Managed Organisation (CMO)	Key non-government provider of mental health, community support and disability support services to people with a lived experience.
Shared Client with higher needs	A person who: • had a mental health related admission in the previous 2 years; and • had some SHS or TA use in the past 3 years.
Homeless	Where a person does not have suitable accommodation which meets basic needs including a sense of security, stability, privacy, safety and the ability to control living space. May be: • Primary: no conventional accommodation or shelter; • Secondary: living in shelters, emergency accommodation, refuges and couch surfing; • Tertiary: living in accommodation that falls below minimum community standards.
HMHA 22 participants	A collective term for the stakeholders considered key participants necessary for the effective implementation of HMHA 22 including: • People with a lived experience of mental ill health, housing instability or homelessness, their families, kin, carers, and representative organisations. • Non-government organisations (NGOs) providing DCJ and NSW Health funded housing, homelessness and mental health services to the shared client group and their peak organisations. • Non-SHMT Community Housing Providers. • Community managed organisations (CMOs) providing mental health and psychosocial supports and Specialist Homelessness Services (SHS). • NSW Government agencies outside DCJ and NSW Health with policy or operational responsibility for housing, homelessness, mental health or psychosocial support services. This includes: • Land and Housing Corporation (LAHC) and the Aboriginal Housing Office (AHO) which own social housing properties managed by DCJ and CHPs and Aboriginal Community Housing Providers (ACHPs) • the National Disability Insurance Agency (NDIA) • NDIS funded providers as it relates to case level responses • PHNs funding health and psychosocial supports • Local Government.
HMHA private sector stakeholders	Private sector stakeholders that also provide relevant support to the shared client group, including General Practitioners, private psychiatrists, landlords and real estate agents.
HMHA signatories	Secretaries of the Department of Communities and Justice and NSW Health as the representatives of or on behalf of: • senior Executives within the Ministry of Health and DCJ, who are responsible for ensuring the ongoing operation and progress against outcomes • policy and commissioning staff in both the Ministry of Health and DCJ • Local Health Districts, Specialty Health Networks and DCJ districts • Community Housing Providers (CHPs) from the Social Housing Management Transfer (SHMT) program, which take on responsibilities like DCJ Housing and in locations where they are the lead housing representatives, with responsibilities for service system coordination, HMHA state-wide governance and for engaging with senior executives from SHMT CHPs and involving them in decisions regarding implementation.

Local Implementation and Coordination Committee (LIACC)	A general term used to describe the HMHA 22 local governance tier which is focussed on implementing the agreement locally including coordinating service access and care for individual shared clients.
Local health district	The 15 local health districts that are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight local health districts cover the greater Sydney metropolitan regions, and seven cover rural and regional NSW.
Non-government organisations	Includes organisations operating in the community or private sectors. See also Community Managed Organisations
NSW Health	The collective term for the network of local health districts, specialty networks and non-government affiliated health organisations that operate more than 220 public hospitals, as well as provide community health and other public health services, for the NSW community.
Outcomes data	Data that indicates whether, or the degree to which, the intended result or consequence has occurred from a program or activity. An example of an outcome is an increase in a consumer's ability to participate in the community.
Outputs data	Data measuring what has been produced by an activity or group of activities. An example of an output is the number of occasions of service an organisation has delivered.
Person-centred	Placing a person at the centre of service delivery to ensure a high standard of customer service and the best outcomes are achieved for each individual.
Primary Health Network	Primary Health Networks (PHNs) are independent organisations that are funded to coordinate primary health care in their region. PHNs assess the needs of their community and commission health services so that people in their region can access coordinated health care where and when they need it.
Psychosocial support	A range of supports which may include mental health treatment and counselling, education, social support and group support. It aims to address ongoing psychological and social problems experienced by individuals which may increase the risk of homelessness. In NSW people with a mental illness may receive psychosocial supports through NDIS funding and/or programs funded by NSW Health or Primary Health Networks.
Public housing	Long-term, affordable housing for people on low incomes who are unable to rent privately. The properties are managed by Department of Communities and Justice.
Risk of homelessness	A person is at risk of homelessness if they are at risk of losing their accommodation. A person may be at risk of homelessness if they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.
Sleeping rough	Sleeping in uncomfortable conditions without housing and without shelter, often on the streets, in parks or in a car.
Social Housing Management Transfer program	DCJ transfer of tenancy management of social housing tenancies to community housing providers, including the delivery of private rental assistance products under Housing Pathways.
Specialist homelessness services (SHS)	Assistance provided by a specialist homelessness agency to a person aimed at responding to or preventing homelessness. Support includes accommodation provision, assistance to sustain housing, domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.
Social housing	Rental housing provided by not-for-profit, NGO or government organisations to assist people who are unable to access suitable accommodation in the private rental market. It includes public, Aboriginal and community housing.

Trauma-informed care	An approach to service delivery based on an understanding of the ways trauma affects people's lives, their service needs and service usage. It incorporates principles of safety, choice, collaboration, trust and empowerment.

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