Attachment A: Co-occurrence of mental health and homelessness

- Mental illness both contributes to homelessness and is exacerbated by the considerable stress and trauma of homelessness.¹

- More than 17,772 Victorians who presented at specialist homelessness services reported mental health as one of the reasons they sought assistance.

- Clients with a current mental health issue are one of the fastest growing client groups within the specialist homelessness services, growing at an average rate of 10% per year since 2013-14.

- 52% of clients with a current mental health issue needed long-term housing assistance compared with 36% of the general homelessness population accessing.²

- Clients with a current mental health issue are one of the fastest growing client groups within the specialist homelessness services, growing at an average rate of 10% per year since 2013-14.³

- The chronic shortage of affordable housing in Victoria results in more than 500 people being discharged from acute mental health care into rooming houses, motels and other homeless situations each year.⁴

- Over 30% of Launch Housing clients present with a mental health issue; we estimate that the true extent is much higher.

Lack of housing contributes to mental health deterioration

- There is a lack of affordable, safe and appropriate housing for people with mental illness.⁵

- Without housing, people who are mentally unwell are at a higher risk of cycling through acute mental health care and exiting to homelessness, only to return repeatedly to hospital-based care, and/or being accommodated in prisons.

- Because mental illness deteriorates without a safe place to live, hospitalisation is common among adults who are homeless and with mental illness and substance use.⁶,⁷

- Housing quality positively affects mental functioning, mental health care costs, wellbeing and residential stability.⁸

- Secure tenure allows people to focus on mental health treatment and rehabilitation.

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² Australian Institute of Health and Welfare, Specialist Homelessness Services Report, 2017-18
³ Ibid
⁴ Ibid
⁵ Nicola Brackertz, Alex Wilkinson, Jim Davison (2018) Housing, homelessness and mental health: towards systems change, AHURI
⁶ Kaylene Zaretzky, Paul Platau, Bridget Spicer, Elizabeth Conroy & Lucy Burns (2017), What drives the high health care costs of the homeless?, Housing Studies
⁸ Nicola Brackertz, Alex Wilkinson, Jim Davison (2018) Housing, homelessness and mental health: towards systems change, AHURI
Permanent supportive housing (PSH) is an umbrella term for the provision of ongoing, long-term housing coupled with supportive services for individuals and families experiencing chronic homelessness, the unstably housed, individuals living with a long-term disability, and individuals and families who face multiple barriers to accessing and maintaining housing. 

Launch Housing initiated the Elizabeth Street Common Ground, which is a form of PSH, and is currently developing a Family Supportive Housing project in Dandenong that applies the principles of permanent supportive housing for families.

**Target groups**

- There is a much smaller group of people who experience homelessness and who are literally sleeping on our streets (rough sleeping) and often for long periods (chronic homelessness).

- There is good evidence to show (through data collected during Australian ‘registry weeks’) that approximately 50-60% chronic rough sleepers will require permanent support to sustain housing. This is because they may have several health conditions, such as chronic illness, disability, substance abuse, mental illness and/or a history of having had a traumatic brain injury.

**Key elements of PSH**

- PSH is consistent with a ‘housing first’ philosophy by providing immediate access to permanent housing rather than someone needing to ‘graduate’ through a number of transition housing options.

- In addition, the following elements are crucial to the success of PSH and includes:
  - Targets people with significant health issues and housing challenges
  - Proactively seeks out people and engages them in services
  - Provides permanent affordable housing
  - Voluntary engagement with individualised supports
  - Housing focused support for tenancy sustainment

**Congregate and scattered site models**

- High density models, like Elizabeth Street Common Ground, involve people living in one apartment complex, using a mixed tenancy model (e.g. not everyone who lives there has support needs or has experienced homelessness) and some of the support they need to sustain their tenancies is provided ‘on-site’. There are workers on-site who can assist tenants with support as well as helping to co-ordinate other professional health, mental health and support services for the person.

- With ‘scatter-site’ models, people live in separate houses or units and support workers visit the person’s home to help deliver or co-ordinate needed support. The evaluation of the

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Camperdown Common Ground in Sydney⁹⁰ argued that both scatter-site housing and Common Ground models were of value for different formerly homeless tenants, and some suggested criteria for who might be better suited to each model.

Cost-effectiveness and impact

- International evidence confirms that PSH reduces people’s use of institutional and emergency services and is likely to result in overall savings for governments in the medium to long term. For example, an evaluation of Common Ground Brisbane showed that although the cost of providing the housing and support was about $35,000 per annum per formerly homeless person, this still represented a cost saving to the Queensland government of almost $15,000 per person per year.

- Tenants who were allocated housing at Brisbane Common Ground because of chronic homelessness used fewer services in the first year residing at Brisbane Common Ground, compared to the year prior to commencing their tenancy when they were homeless.

- PSH potentially lends itself to social impact investing as the approach has demonstrable positive outcomes for tenants and reduces the financial cost of rough sleeping on health, welfare and allied sectors.

Family Supportive Housing

Permanent supportive housing equally applies to families and children, and so is not limited to singles with a history of chronic homelessness. In particular, it is an approach that can also respond to the needs of children also experiencing homelessness and providing a positive role in supporting childhood development. The evidence for family supportive housing similarly originates in the United States. The first permanent supportive housing model, informed by the Broadway Housing Communities approach, opened in February 2003 targeting children and families in greatest need and with a key focus on education for accompanying children.

Evidence suggests that supportive housing for families, especially high-need, multisystem families, could improve outcomes for families who are at risk of homelessness because of more than just housing affordability.¹¹ In particular, families with long histories of homelessness require a broad array of readily accessible services including income support, education, job training, employment assistance, child care, case management and housing/systems advocacy.¹²

Quickly moving families from homelessness into appropriate, supportive housing is imperative, as homelessness is a disruptive and traumatic experience that has long-term impacts on parents and children.¹³ For example, the research evidence highlights how housing stress, family homelessness

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¹² The National Center on Family Homelessness (2006) The Role of Permanent Supportive Housing in Addressing Family Homelessness, a policy brief prepared by CSH and the National Center on Family Homelessness

¹³ See: Walsh, C., Bell, M., Jackson, N., Graham, J., Sajid, S., & Milaney, K (2014), Permanent Supportive Housing for Families with Multiple Needs, A Report to Employment and Social Development Canada, Calgary Homeless Foundation and University of Calgary
and other poverty related issues have a profound effect on children’s health and wellbeing and has been identified as a common pathway to future homelessness for young adults.\textsuperscript{14}

The research and evaluation evidence are growing for Family Supportive Housing, which reveals positive outcomes for families with high and complex needs\textsuperscript{15}, and for permanent supportive housing generally. For example, Supportive Housing for Homeless Families, highlighted the efficacy of reducing re-entry into the child welfare system and the substantial social, emotional and developmental benefits housing stability provides to children who can maintain their connection to a healthy family and community\textsuperscript{16}.

The Keeping Families Together supportive housing pilot\textsuperscript{17} reported significant cost offsets due to the reduction in actual and potential use of foster care services a reduction in homeless shelter use over a two-year period. This study noted how its cost-effectiveness analysis is highly conservative as it does not take into account any additional offsets from avoided hospitalizations and other emergency services used by the family. The US National Center for Housing and Child Welfare has demonstrated that the cost of supportive housing is approximately 70\% less than the cost of maintaining children in foster care. Furthermore, research in the US has established that it is the combination of housing subsidy and focused case work support services that assists in achieving housing stability and family well-being outcomes, not just cash subsidies alone.\textsuperscript{18}

\textsuperscript{14} Micah Projects (2016) Families Caught in the Homelessness and Child Protection Cycle: A Supportive Housing Model for Keeping Families Together, A Joint Venture Research Project conducted by Common Ground Queensland and MICAH Projects Inc, Brisbane

\textsuperscript{15} Corporation for Supportive Housing 2011, Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises, Corporation for Supportive Housing, New York.

\textsuperscript{16} Lenz-Rashid, S. (2013), Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices: Summary. Completed for Cottage Housing Incorporated, Sacramento, California

\textsuperscript{17} Corporation for Supportive Housing 2011, Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises, Corporation for Supportive Housing, New York.

Attachment C: Launch Housing’s Education Pathways Program

The Education Pathways Program (EPP) supports the regular school attendance, participation and wellbeing of children experiencing homelessness and/or family violence. The program specifically focuses on education and mitigates the negative effects of these experiences on a child’s education, such as absenteeism, and actively works to improve the mental health and wellbeing of children.

A recent evaluation of the EPP found that the program provides a critical intervention and support for children up to 12 years of age experiencing homelessness. The EPP successfully supported children’s engagement or re-engagement with mainstream education and achieved other significant positive outcomes for children who were disengaged from primary school.

The EPP is an exemplar of an ‘early intervention’ strategy that aims to mitigate the immediate and longer-term harm caused by homelessness by focusing on children in the crisis period of homelessness and in the early years of education - a critical time for children’s cognitive, social, emotional and physical development. In particular, the EPP reinforces that fact that children need routine, stability, and especially to feel safe. In general, schools provide a safe and nurturing haven that can temper the impact of the trauma and toxic stress of homelessness and family violence. The evidence indicates that positive outcomes are possible when intervention occurs for children who are in crisis accommodation, even for those children with significant needs and difficulties.