



IT'S TIME TO END
HOMELESSNESS

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Stephen King
Presiding Commissioner
Mental Health Inquiry
Productivity Commission
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Dear Mr King

FOLLOWUP SUBMISSION BY LAUNCH HOUSING

This correspondence follows up from the verbal evidence presented by two Launch Housing staff members: Fiona Costoloe (Group Manager - Permanent Housing) and Elizabeth Yared (Case Manager - Complex Care - Inner South Outreach Team), on 18 November 2019. It provides a formal response to the Commission's Interim Report and a response to specific issues identified by the Commissioners.

Overall response to the Commission's Interim Report

CO-OCCURRENCE OF MENTAL HEALTH AND HOMELESSNESS

Housing is foundational for good mental health and recovery from mental ill-health will only come with access to safe, affordable and appropriate housing. As a society we have demonstrably failed, however, to put this seemingly obvious prescription into practice. Without secure housing and an accessible mental health system, recovery from mental ill-health is seriously compromised.

Launch Housing agrees with the observation by the Productivity Commission that "housing is a fundamental contributor to preventing poor mental health and promoting recovery for people with mental illness" (Interim Report, Chapter 15; p541). This is consistent with our practice experience, so we know that mental illness both contributes to and is exacerbated by the considerable stress and trauma of homelessness.

NO EXITS INTO HOMELESSNESS FOR PEOPLE DISCHARGED FROM INSTITUTIONAL CARE

Launch Housing supports the recommendation in the Interim Report that "State and Territory Governments should commit to a formal policy of no exits into homelessness for people discharged from institutional care" (Interim Report, Chapter 15; p541). We were heartened to read in the Interim Report (Interim Report, Chapter 15; p567) about a range of programs implemented by hospitals that have successfully avoided discharging patients into homelessness.

Such measures are directly applicable to the day-to-day work of Launch Housing. There is considerable overlap between the use of specialist homelessness services, such as Launch Housing, and patterns of hospital usage by people experiencing homelessness. This is especially distinct for those with multiple and complex health needs (such as mental illness, substance use difficulties and physical health problems) who frequently use hospital and specialist homelessness services over an extended time period.ⁱ They tend to cycle through the acute mental health care system, homelessness, hospital-based care, and the prison system. Along the way, they incur a high health cost to themselves, and a high financial cost to government.ⁱⁱ

An ongoing problem is the practice of inappropriate hospital discharge. Post-discharge care is often not an option for patients with "no fixed address". As a result homeless patients face either longer inpatient admissions or are discharged when too unwell for the challenges of living on the streets. 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.ⁱⁱⁱ

Launch Housing and St Vincent's Hospital have undertaken a data matching exercise of clients and patients in common^{iv}. This study revealed that 174 of St Vincent's 359 clients (48%) had also received support from Launch Housing. These clients were mostly male (73%) and had an older average age than the general Launch housing client group (50% aged 45 years and over), and they were also more likely to be Aboriginal or Torres Strait Islander. Analysis illustrated the more intensive assistance received by these clients compared with other Launch Housing clients who received support during the same period.

There is a pressing need for 'step down' programs from hospitals that support the timely transition to appropriate housing when exiting hospital following a mental health episode. Better discharge processes would be greatly aided with the provision of 'step-down' or medical respite services. Medical respite enables people who experience homelessness to recuperate after hospital in a more home-like environment^v. A systematic review of American research^{vi} showed that medical respite programs reduce future hospital admissions, inpatient days, and hospital readmissions. They also result in improved housing outcomes.

SUSTAINING RENTAL TENANCIES

Launch Housing supports the recommendation by the Productivity Commission that "initiatives that can prevent people with mental illness from losing their home, such as expanding tenancy support services..." (Interim Report, Chapter 15; p541). We know from our own practice that tenancy support services can be effective at stabilising housing but such services are not widely available.

A critical underlying issue is the lack of affordable housing. In metropolitan Melbourne, for example, affordable new lettings had fallen to just 4.9% in the 2019 March quarter, compared with 5.4% in the 2018 December quarter.^{vii} This situation is especially dire for those solely reliant on the NewStart Allowance – with only 0.3% of one-bedroom dwellings affordable to recipients of Newstart in metropolitan Melbourne.^{viii} Furthermore, there is a shortfall of 102,800 social housing properties in Victoria with 41,677 households on the waitlist for such properties; many would include individuals and family members experiencing mental ill-health.^{ix} With the persistent shortage of affordable private rentals and an under-supply of social housing in Victoria, there is immense value in programs that aim to sustain a rental tenancy when someone has a mental health episode. This need is highlighted by the fact that the majority of households seeking support from specialist homelessness services were housed and had a current mental health issue but were at risk of homelessness. Nationally, 52% of clients with a current mental health issue needed long-term housing assistance to maintain their rental tenancies compared with other clients^x.

There are a number of rental brokerage models that provide financial and practical assistance to establish and maintain private rental tenancies for people who are homeless or at risk of homelessness. For example, Launch Housing's inner and outer north Tenancy Plus Programs focuses on the establishment of social housing tenancies; interventions are aimed at sustaining public and community housing tenancies.

Importantly the Victorian State Government will be implementing the Private Rental Assistance Program Plus (PRAP Plus). This program is intended to provide 25 outreach workers across the state to support tenancies, solve issues around tenancy breakdown and reduce preventable exits from private rental. Launch Housing is confident that PRAP Plus will help support a greater number of people to remain in their rental properties and avoid becoming homeless.

PERMANENT SUPPORTIVE HOUSING AND HOUSING FIRST

Launch Housing agrees with the Productivity Commission that "there is a lack of long-term supported accommodation" (Interim Report, Chapter 15; p571). We also support the recommendation that "State and Territory Governments should commit to working towards meeting the gap in homelessness services, with a focus on long-term housing for people with mental illness" (Interim Report, Chapter 15; p541).

Launch Housing's Elizabeth Street Common Ground (ESCG) is an example of a permanent supportive housing model that has been operating in Melbourne for the past ten years. Consistent with a 'Housing First' philosophy, ESCG provides immediate access to long-term supported accommodation to individuals who have experienced chronic homelessness. Importantly, the support services at ESCG are voluntary and include access to mental health care and medical services.

A 2015 review of the ESCG found that 91% of residents reported mental health as a major issue, 72% reported substance use as a major issue, and 66% lived with a combination of mental illness and substance issues.^{xi} This, and other evaluations, readily demonstrate it is an appropriate model to assist people with chronic experiences of homelessness and support needs to access and sustain their housing.^{xii}

But the level of housing supply needs to increase substantially. Estimates made for inner Melbourne by Launch Housing suggest that 500 people would benefit from some form of Housing First or permanent supportive housing each year.

EDUCATIONAL SUPPORT FOR CHILDREN WITH MENTAL ILLNESS

Launch Housing agrees with the recommendation by the Productivity Commission (Recommendation 17.4) that “the education system should review the support offered to children with mental illness and make necessary improvements”.

Our practice experience confirms that children who experience homelessness and family violence are particularly vulnerable to mental health issues as well as multiple forms of disadvantage including: increased exposure to family violence, poverty, poor physical health, and emotional and behavioural difficulties. Transience and uncertainty mean that access to education is severely disrupted, leading to disengagement and learning difficulties.

As a response, we developed the Education Pathways Program (EPP). This is an innovative specialist early intervention program which includes a multidisciplinary team comprising social workers, a psychologist, volunteers, and a speech pathologist who provide valuable cognitive and educational assessments, counselling and classroom support. *All* the children engaged in the EPP experienced substantial learning delays. However, only 23% met the criteria for financial assistance under the state-funded *Program for Students with Disabilities – Intellectual Disability* (PSD-ID), those remaining young students missed out. Without financial support to access intensive assistance with education, the gaps in learning will not only remain, but will be exacerbated as the children get older, putting them at increased risk of ongoing mental ill-health and social exclusion.

A recent evaluation found that the EPP had delivered tangible and effective outcomes for primary school-aged children up to 12 years of age experiencing homelessness, by supporting their engagement/re-engagement with mainstream education.^{xiii} This was achieved by EPP staff accompanying children to school in the mornings on a walking school bus, which encouraged interaction with their peers, a sense of belonging, and helped develop social skills.

Accordingly, there is an imperative for government policies to recognise children experiencing homelessness as a unique group that require tailored and intensive support to overcome significant educational disadvantage.

Responses to specific issues identified by the Commissioners

This section provides Launch Housing’s responses to specific queries raised by the Commissioners during the first day of public hearings held in Melbourne on 18 November 2019, related to:

- *Targeted mental health programs for adults,*
- *Lessons from providing housing and support, and*
- *People released from correctional facilities.*

TARGETED MENTAL HEALTH PROGRAMS FOR ADULTS

The Productivity Commissioners were interested in learning about specific Launch Housing program responses and how these assist particular client cohorts. This can be illustrated by the following two examples.

The first is the Housing Mental Health Pathways Program (HMHPP) which supports acute mental health patients with a history of homelessness who have no suitable accommodation at the time of discharge from hospital, by helping them to access appropriate accommodation. It supports patients discharged from psychiatric wards at St Vincent’s Hospital and the Alfred Hospital by providing much needed continuity of support from the inpatient unit back into the community.

The second is a partnership that Launch Housing has with the Homeless Outreach Psychiatric Service (HOPS). The HOPS team visits Launch Housing’s Southbank Crisis Accommodation service to broker access to the Prevention and Recovery Care (PARC) program, which provides voluntary residential stays of up to 30 days and can function as a step-up or step-down service. Facilitated access is necessary as people experiencing homelessness cannot usually access PARC, as they do not have a stable and permanent address to exit to.

The Productivity Commissioners were interested in learning about the experience of Launch Housing in running housing and support services.

Launch Housing has practical experience in providing supportive housing models to assist people with chronic experiences of homelessness and with a range of complex support needs. As noted above, Elizabeth Street Common Ground (ESCG) is a prominent example of a permanent supportive housing model. Such a model is designed to provide extremely vulnerable individuals a safe and stable place where they can begin to address their mental health needs. The success of permanent supportive housing is dependent on the following crucial elements:

- 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

A review of the literature by Launch Housing also shows there are a number of complementary elements:

- Safety and security for tenants is paramount - The successful delivery of supportive housing depends on creating an environment where safety is both a perception and a reality. Providing a safe living environment for vulnerable tenants is critical.^{xiv}
- Support services are accessible and flexible, and target housing stability; support services not only cater for tenants' diverse needs, but also retain flexibility to cater for changing needs over time.
- Clarifying the optimum target groups for scatter-site and congregate models is a critical issue.
- Effective and clear governance is a critical success factor.
- Design - There are specific design elements^{xv xvi} that include: the importance of independence and privacy, the smart use of private and communal spaces and 'designing-in' security and safety.

PEOPLE RELEASED FROM CORRECTIONAL FACILITIES

The Productivity Commissioners were interested in learning about no discharge into homelessness from correctional facilities.

There is a longstanding appreciation that release from prison is a form of 'institutional discharge' which brings with it a significant risk of homelessness.^{xvii} Major obstacles to securing housing for people released from prison often include unemployment, poverty, discrimination and stigmatisation, family breakdown, poor literacy, as well as problems of accessing information^{xviii}. Recent Australian research using the Journeys Home data has confirmed that 'across every measure, homelessness is higher among respondents who have prior or current contacts with the criminal justice system, especially incarceration'.^{xix} The study found that the prevalence and duration of homelessness is greater for those with prior and recent contact with the criminal justice system.

The Specialist Homelessness Services Collection (SHSC) shows that in 2018-19, Victorian homelessness agencies assisted 4,876 clients who had been released from custodial arrangements. This was an increase of 1,207 clients (or 32.9%) from 2017-18. At a national level, nearly half (48%) of the 9,600 clients who had exited from a custodial facility had reported a current mental health issue. Individuals released from prison into homelessness are almost twice as likely to return to prison within nine months of release, compared to individuals released into housing.^{xx}

Launch Housing, in partnership with Quantum Support Services and The Salvation Army Housing Services, delivers the Justice Housing Support Program (JHSP). The purpose of this program is to support clients to access safe, secure and affordable housing in order to reduce the cycle of ongoing homelessness and re-offending. JHSP targets individuals involved in specific programs nominated by Court Services Victoria, who are homeless or have a history of homelessness. JHSP is also available to applicants appearing at the Neighbourhood Justice Centre as well as applicants, and the program provides outreach support at three magistrate courts (Melbourne, Sunshine and the La Trobe Valley).

Launch Housing data shows that in 2018-19, the JHSP supported 42 clients. But analysis of organisation-wide data indicates that the overall number of clients who had involvement in the justice system is estimated to be around 326 clients.

Summary

Over the past two decades, mental health has been the subject of national approaches and a number of reforms have been undertaken.^{xxi} Political follow through is imperative but it must ensure that housing forms a fundamental part of any reform to improve the effectiveness of the mental health system.

Unfortunately, the housing needs of people experiencing mental illness and homelessness are effectively 'invisible' to the mental health system. There seems to be a presumption that patients are either well-housed or, at the very least, are living somewhere.

Yet, the key healthcare intervention for someone experiencing homelessness is access to affordable and stable accommodation, and community support, to maintain their housing whilst dealing with mental health issues^{xxii}. Without a place to live it is nearly impossible for a person to focus on their recovery and take care of their mental health needs.^{xxiii}

I look forward to the final report by the Productivity Commission and can be contacted if the Commissioners require further information.

Yours sincerely

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Chief Executive Officer

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- ⁱⁱ Zaretsky, K., et al (2013) The cost of homelessness and the net benefit of homelessness programs: a national study, AHURI Final Report No.205. Melbourne: Australian Housing and Urban Research Institute.
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- ⁱⁱⁱ <http://chp.org.au/five-reasons-why-victorias-mental-health-royal-commission-must-examine-the-role-of-housing-and-homelessness/>
- ^{iv} An article reporting on this study by Launch Housing and St Vincent's Hospital will be available in March 2020
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- ^{vi} Doran KM, Ragins KT, Gross CP, Zerger S (2013) Medical respite programs for homeless patients: a systematic review. J Health Care Poor Underserved; 2013;24(2):499-524
- ^{vii} <https://dhhs.vic.gov.au/publications/rental-report>
- ^{viii} <https://dhhs.vic.gov.au/publications/rental-report>
- ^{ix} <https://chp.org.au/media-releases/march-quarter-rental-report-shows-housing-crisis-continues-in-victoria/>
- ^x Australian Institute of Health and Welfare, Specialist Homelessness Services Report, 2017-18, web report.
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- ^{xiv} Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E., & Dick, A (2015) Evaluation of the Brisbane Common Ground Initiative, Institute for Social Science Research, University of Queensland
- ^{xv} See: CSG (2009) Recommendations for Designing High-Quality Permanent Supportive Housing, Prepared by CSH's Illinois Program and the CSH Consulting Group
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- ^{xviii} See: Baldry et al., (2003) Australian Prisoners' Post-release, 'Criminal Justice', Vol.15, Issue 2: <https://www.tandfonline.com/doi/abs/10.1080/10345329.2003.12036287>
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- ^{xx} <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-exiting-custodial-arrangements>
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