Attachment A: Services provided by Launch Housing for people experiencing homelessness

Launch Housing programs provide housing and support services to people across the housing continuum: people at risk of homelessness, those experiencing homelessness; and those in secure housing post-homelessness. The following is indicative of the breadth of services available.

We provide programs to prevent eviction and sustain housing	
We support the tenancies of people in public and community housing	Our inner and outer north **Tenancy Plus** programs have a focus on the establishment of public housing tenancies, and interventions aimed at sustaining public and community housing tenancies.
Assistance to support the tenancies of families	The **Support for Families At-risk of Homelessness (SFaR**) provide assistance to families to sustain and maintain their tenure in public and social housing, and in private rental accommodation. The service provides intensive long-term support for families to help them build the capacity to maintain their housing.
Financial and practical assistance to establish and maintain private rental tenancies	**Private Rental Assistance Program (PRAP) NEMA** (North East Melbourne) is to provide financial and practical assistance to establish and maintain private rental tenancies for people who are at risk of or homeless. The program works to prevent homelessness by supporting at risk households to access and sustain affordable and appropriate housing in the private rental market; and divert people from higher cost crisis services and more complex interventions.

We actively engage with people rough sleeping	
Daily Support Team (DST)	The **DST** works with individuals who are sleeping rough in the City of Melbourne. It works with all people experiencing homelessness, including singles, couples and groups. Young people under 25 are referred to specialist youth services.
Melbourne Street to Home (MS2H)	The **MS2H** was formed in response to the then Federal Labor Government's 2008 White Paper on homelessness: *The Road Home*. **MS2H** services target highly vulnerable people sleeping rough and focus particularly on health outcomes. **MS2H** services provide intensive support before people access housing, and continue that support for up to 12 months after housing has been secured.
Rough Sleepers Initiative (RSI)	The **RSI** was established in March 2015, with funding from the Victorian Government. It provides a rapid response to highly vulnerable people sleeping rough in order to deliver comprehensive support to end their homelessness. Given the prevalence of multiple and complex health issues among this cohort, the **RSI** has partnered with Bolton Clarke to ensure each person's immediate health and medical difficulties are addressed alongside their housing needs.

We provide crisis accommodation for a range of households	
Singles and couples	Southbank is a **51-bed crisis accommodation** facility where singles and couples are able to reside for up to 8 weeks. It provides a safe and supportive environment with individual case management and group work programs.
Families	The **South Melbourne Crisis Accommodation** was opened on the 11th August 1994. South Melbourne has 7 units on-site and 2 self-contained units off-site. It provides medium term **crisis accommodation and support** to families. South Melbourne works

	with a large number of families from refugee backgrounds and a high number of families who have not experienced homelessness before.
Women	**East St Kilda Crisis Accommodation** was opened in recognition of the fact that women's experiences of homelessness are different to men's, and that the gender-based trauma experienced by some women necessitates the need for women's only accommodation and support.
Refugees	The **Dandenong Crisis Accommodation** was opened on the 6th October 1995. Given its geographical location, Dandenong works with a high number of people from refugee backgrounds. It also supports people who have experienced chronic homelessness, as well as those who are homeless for the first time. Dandenong provides short term accommodation and support to individuals, couples and families. It has 4 single and 9 family rooms and 2 units.

We also provide supportive housing for high needs households	
Elizabeth Street Common Ground (ESCG)	**ESCG** opened in August 2010. The target group is people who are at risk of or experiencing homelessness, people with mental health issues and people exiting prisons. It provides permanent, affordable, high-quality housing to 65 people who have experienced chronic homelessness, many for more than 10 years.

Launch Housing provides a range of programs that support, directly and indirectly, people who are homeless with mental ill-health.	
The Housing Mental Health Pathways Program (HMHPP)	The HMHPP 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.
Homeless Outreach Psychiatric Service (HOPS) partnership at Southbank	The HOPS team visits Launch Housing's Southbank Crisis 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
Priority referrals from St. Vincent's to Southbank	An MOU enables St Vincent's Hospital's Assessment and Early Referral Team (ALERT) to discharge patients directly into Launch Housing's Southbank Crisis Accommodation facility. The MOU covers people identified as having complex needs with repeated presentations to the emergency department. As part of the referral process, the ALERT mental health worker continues to support the discharged patient for 2 to 6 weeks after placement at Launch Housing Southbank Crisis Accommodation.

Appendix B: Homelessness in Victoria

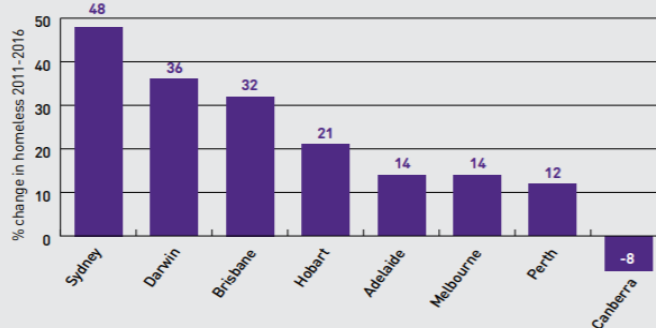
Often when thinking about homelessness, the stereotype image that comes to mind is that of someone sleeping rough. This is certainly one aspect of homelessness but it also includes: people using supported accommodation such as crisis accommodation provided by agencies like Launch Housing; people staying temporarily with other households; people living in boarding houses and other temporary lodgings; and people living in 'severely' crowded dwellings.

The 2016 Census estimated that more than 116,400 people, including children and young people, experience homelessness on any given night across Australia. In Victoria, that figure is close to 25,000 people. As highlighted in the inaugural Australian Homelessness Monitor – commissioned by Launch Housing –: https://www.launchhousing.org.au/australianhomelessnessmonitor/, homelessness has outpaced population growth, rough sleeping has increased, as has demand for specialist homelessness services, largely driven by housing crisis and, domestic and family violence.

Homelessness in Australia is outpacing population growth

Homelessness in Australia has recently been rising well ahead of population growth. Between 2011 and 2016, homelessness increased by 14% nationally whereas the population has grown by 9%. There have been marked contrasts in recent homelessness trends across Australia. Sydney saw an increase of 48% over this period – more than three times the national increase.

Figure 1: Change in number of homeless people by capital city, 2011-2016

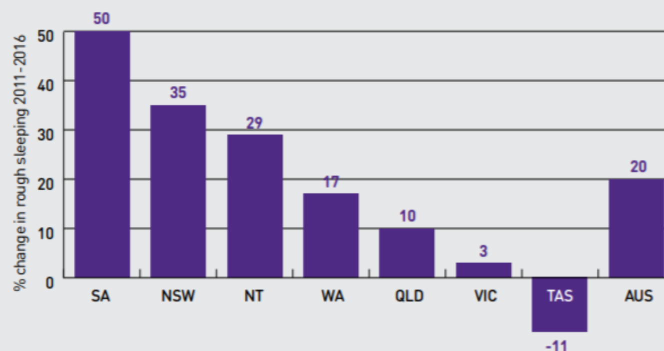


Source: Research team calculations based on ABS Census 2016 data

Rough sleeping levels are increasing

Across Australia 8,200 people are sleeping rough, living in improvised dwellings such as tents, on a given night, as shown in the graph right. This, the starkest form of homelessness, saw a 20% increase over the 2011 figure nationally. With the exception of Tasmania, increases were recorded in all states and territories.

Figure 2: Change in enumerated rough sleepers, 2011-2016

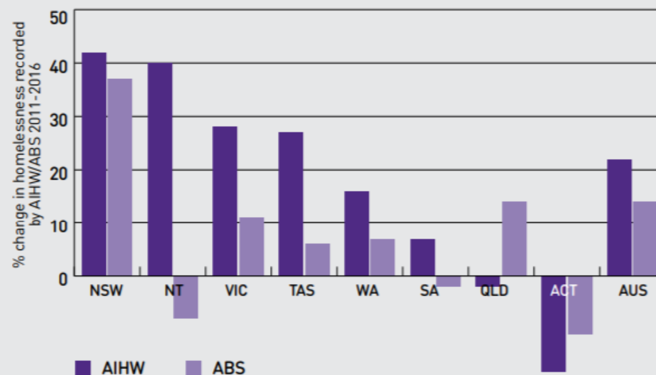


Source: 2016 ABS Census. Notes: 1. ABS category: 'Persons living in improvised dwellings, tents, or sleeping out' treated as proxy for 'rough sleepers'. 2. ACT excluded on account of small absolute numbers – albeit a large percentage increase over the period: from 28 to 54 people.

Increased demand for homelessness specialist services

Homelessness specialist services like Launch Housing provide a valuable service for many people at immediate risk of homelessness. During 2011-16, demand for homelessness services grew by 22% nationally, representing a higher growth rate than the 14% increase in homelessness. There are two sets of data important to understanding homelessness: one is a static picture of homelessness (ABS) and one is a dynamic picture of homelessness (AIHW). Comparing the two helps paint a holistic picture of what is happening.

Figure 6: Change in scale of homelessness by jurisdiction, 2011-2016: triangulating independently collated estimates



Sources: Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services statistics and ABS Census

Overall, the demand for homelessness services in Victoria increased by 31%, from 2011 to 2019, but there was a slight downturn (-3%) between 2017-18 and 2018-19.

The increase in service demand has been particularly high among clients with a current mental health issue, rising by 133% since 2011. Of the 112,900 clients assisted in Victoria in 2018-19, 34,456 (31%) had a current mental health issue, more than double the number of service users (14,809 clients) who reported a mental health issue in 2011.

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Appendix C: The co-occurrence of mental health and homelessness

As we recently discussed with the Royal Commission into Victoria's Mental Health System, homelessness is a reality for many who experience mental ill health and who, due to their psychosocial disability, have a higher risk of living in precarious housing and homelessness. Mention Productivity Commission and its significant recommendations.

It is the experience of Launch Housing that mental illness both contributes to homelessness and is exacerbated by the considerable stress and trauma of homelessness[i]. Conversely, good quality housing positively affects mental functioning, mental health care costs, wellbeing and residential stability.[ii]

Demand on homelessness services generally by people with a mental ill-health	
National statistics	One in three people (32.2%, or 78,000 people) accessing Specialist Homelessness Services nationally in 2016-17 had a current mental health issue[iii]
Clients with a current mental health issue are one of the fastest growing groups seeking help	Clients with a current mental health issue are one of the fastest growing client groups within the specialist homelessness services nationally, growing at an average rate of 10% per year since 2013-14[iv] In Victoria, 26.8% of people (or 29,467 people) accessing Specialist Homelessness Services in 2016-17 had a current mental health issue[v]
Many with mental health issues have presented repeatedly to homelessness services.	Nationally, most people accessing specialist homeless services who had a mental health issue (64% or 51,900 clients) had previously received homelessness services at some time in the 5 years to July 2018[vi].
Homelessness is a form of trauma[vii] and this trauma can produce mental health issues	People experiencing homelessness and mental health issues also experience other traumas and related disadvantages. 30% of clients accessing specialist homeless services with mental health issues also experienced family violence, 14% percent experienced problems with alcohol or other drugs, while 10% experienced all of these; homelessness, mental health issues, family violence and problematic substance use[viii].

Many clients supported by Launch Housing have a co-occurrence of homelessness and mental ill-health.	
To help assist the Royal Commission, we conducted a census of our client data over two weeks from late May until early June.	Over a two week period covering the end of May and early June, 2023 clients received support from Launch housing. Of these, 44% had a current mental health issue. Of those with a current mental health issues, 55% were currently receiving support from a mental health service.
Launch Housing and St Vincent's hospital have undertaken a data matching exercise of clients and patients in common	Using data from 2015 from SVHM Homelessness Services and Launch Housing client data between 2013-2017 revealed that 174 of 359 clients (48%) at St Vincent's 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) they were more also more likely to be Aboriginal or Torres Strait Islander. These clients needed more intensive assistance which was shown in the greater hours of services they received compared to other Launch Housing clients receiving support in the same period.

A key sub-group amongst our clients experience not just homelessness and mental ill-health, but also substance use problems and complex trauma	
Findings from the Homeless and Drug Dependency Trial	The Homeless and Drug Dependency Trial (HDDT)[ix] trialled strategies to address the needs of individuals experiencing homelessness and drug-dependency problems. Our evaluation of the program revealed that **72% of participants had previously been diagnosed with a mental illness**, and prevalence rates were much higher among female participants. 40% of participants had previously attempted suicide, while 20% were experiencing suicidal ideation at the time of assessment.
Clients experiencing homelessness, mental health issues and substance use problems also have other issues including complex trauma histories.	Analysis of a stratified sample of 59 case files from Launch Housing's Rough Sleeper Initiative[x] revealed that tri-morbidity (significant mental health problems, substance misuse, and serious physical health difficulties) was pervasive amongst this group. Long periods of rough sleeping, histories of incarceration, growing up in state care, childhood trauma, and cognitive impairment due to head trauma and injuries, were common.
	In a 2004 study of women experiencing homelessness with complex and multiple needs[xi], the majority of the women presented with a combination of mental health issues, substance use problems, self-harming, risk taking or 'challenging' behaviour. Consistent with this was the high prevalence of past and current experiences of trauma and abuse, particularly domestic violence and sexual abuse that was a critical factor leading to homelessness. The women also experienced multiple physical health conditions, with many chronic in nature.

Children who have experienced homelessness and family violence are particularly vulnerable and require specific supports	
Children are particularly vulnerable to mental health problems when they experience homelessness	In our 1996 study of the impact of family homelessness on children's health and wellbeing[xii], children in families experiencing homelessness were affected psychologically by the crisis of homelessness and the complex issues that caused it. More than one-third of the children had total behaviour scores in the 'clinical' range, indicating significant behavioural disturbance.
The intersection between homelessness, family violence and children's mental health is particularly important.	A two year longitudinal study of families experiencing homelessness conducted in 2004[xiii], found that 40% of parents identified emotional difficulty, depression and anxiety as health issues affecting their children. By the end of the study, with the provision of stable housing, these health concerns were raised by 17% of parents. The majority of families in the study (74%) were sole parent families (headed by mothers) who had escaped family/domestic violence.
	A recent study[xiv] found that children experiencing homelessness/family violence face increased risk of low self-esteem and increased mental health problems including depression and anxiety and post-traumatic stress. It also identified that trauma related to homelessness can potentially change children's neurodevelopment.

Appendix D: Morbidity and mortality

Homelessness is not only a serious housing issue, it is also a serious health issue.

Morbidity for people experiencing homelessness	
There is a strong and expanding body of evidence highlighting the nature and extent of the significant health problems experienced by people who are homeless	People experiencing homelessness are at increased risk of a range of health problems including mental illness, substance use, chronic disease, musculoskeletal disorders, skin and foot problems, poor nutrition, poor oral health, hepatitis C, cirrhosis and tuberculosis.[xv]
Many health issues are interconnected	For example, tri-morbidity is pervasive for people who have been sleeping rough for long periods of time. Many have significant mental health difficulties (consistent with childhood trauma) and substance abuse problems as well as acute and chronic physical health difficulties.[xvi]
	People experiencing homelessness typically also experience other forms of disadvantage, such as alcohol or substance dependence, cognitive impairments, poverty, low educational attainment and histories of trauma and victimisation. Many people are diagnosed with a lifetime mood disorder and levels of psychological distress is higher than among the general population estimates.[xvii]
Access to mainstream primary health care is generally made difficult due to a range of such complex and interrelated health issues	For example, there are few general practitioners specialising in providing health care for people experiencing homelessness.[xviii] Further, the disruptive and chaotic nature of homelessness, especially rough sleeping, jeopardises recovery and continuity of health care.[xix]

Launch Housing has established a client death register, and records, monitors and reviews client deaths for the purposes of research, advocacy and continuous quality improvement.

The pre-mature death of people experiencing homelessness	
People experiencing homelessness have far higher mortality rates that the average population	Homelessness is a significant health inequality FEANTSA[xx] and is regarded as an important and modifiable predictor of mortality[xxi]. Homelessness is also an independent risk factor for death and is more hazardous than being in 'conventional' deprived socio-economic circumstances[xxii].
	There is limited Australian data on the mortality rate for people experiencing homelessness or the impact of mental health on mortality rates. Research in Australia suggests that the mortality risk exceeds that of non-homeless people by up to six times[xxiii].
	Reporting the deaths of people experiencing homelessness in Victoria is highly variable and there is no clear oversight (or responsibility) in reporting, monitoring and instigating remedial actions.

Launch Housing monitors client deaths	
Results from Launch Housing's client death register (Dec 2019) shows	• There were 79 known deaths of current or former clients • The average life expectancy of this cohort was 46 years of age • 86% of this cohort had a diagnosed or self-disclosed mental illness. 7% did not have a mental illness. 7% did not disclose

	information about mental illness due to the type of service they received • 41% of people were in contact with mental health services at the time of their death • A further 20% of people had had contact with mental health services at some point in their lives • 47% of people had more than one mental illness • 64% had a diagnosis of depression, anxiety or both • 47% of people had a psychotic-illnesses • 17% had a form of personality disorder • 11% had PTSD

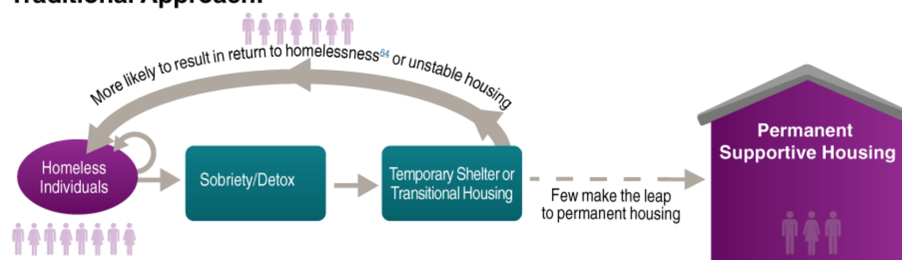
Case studies - The two case studies below provide insight into the typical circumstances surrounding client deaths. Details have been changed for the purposes of de-identification and are a composite of the stories and experiences of a number of clients.
'Maria'* completed suicide at age 32, approx. 1 month after being discharged from a psychiatric inpatient unit. Maria was deeply entrenched in the homelessness sector, with her first episode of homelessness occurring at age 18. 'Maria' was diagnosed with Bipolar at age 17, and Borderline Personality Disorder at age 20. Her experience of homelessness exposed her to significant trauma, and she was diagnosed with PTSD at age 25. 'Maria' was a polysubstance user, and had enormous trouble securing a dual diagnosis service. 'Maria' cycled between the AOD and mental health sectors, highlighted the problem of 'boundary' disputes between sectors and who had lead responsibility. 'Maria' found it very difficult to maintain housing due to drug use and poor mental health, and cycled in and out of homelessness, being evicted from crisis accommodation services, rooming houses and emergency accommodation. 'Maria' was residing in public housing at the time of her death and receiving services from Launch Housing. 'Maria' had had 4 psychiatric admissions in the 2 years prior to her death and was on a Community Treatment Order. Her girlfriend advocated for her admission to a residential mental health service, however this did not eventuate. Ultimately, Maria took her life. It is likely that 'Maria' would had benefitted if the AOD, mental health and homelessness sectors were better able to coordinate service provision.
'Ben'* died from misadventure at age 24, whilst residing at a residential mental health service. 'Ben' was diagnosed with Schizophrenia at age 17, and Depression at age 20. His family became homeless when 'Ben' was 10, and he experienced significant trauma as a result of this. His family was supported by a Launch Housing service at the time of his death. 'Ben' was hospitalized as a psychiatric inpatient 2 months prior to his death and was discharged to a residential mental health service one month prior. He was floridly psychotic at the time of his death but was not considered to be a danger to himself and was therefore held at the residential service. On the day he died, 'Ben' left the service, went for a walk, and was hit by a car.

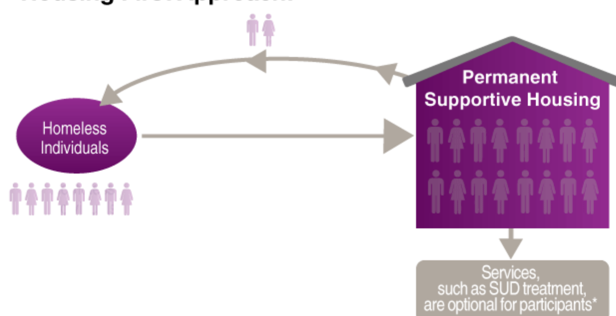
*Not the actual name of the clients whose stories were used to inform these case studies

Appendix E: Permanent Supportive Housing

Launch Housing supports the provision of more Housing First or permanent supportive housing options for people with an experience of chronic homelessness: who are prone to episodes of mental ill-health and heavy system users of health, criminal justice and crisis-related homelessness and housing services.

Permanent supportive housing has a number of key features	
It brings housing and support together for high need groups	Permanent supportive housing (PSH) refers to 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[xxiv].
Uses a 'Housing First' approach	Unlike the traditional approach that require a transition from short-term to transitional housing, PSH is based on a 'Housing First' approach of getting people with a co-occurrence of homelessness and mental health straight into permanent housing.





A flexible approach that supports both 'high density' and 'scatter site' models	High density models, like launch Housing's 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'.
	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 Camperdown Common Ground in Sydney[xxv] argued that both scatter-site housing and Common Ground models were of value for different formerly homeless tenants.

Permanent supportive housing is especially beneficial for those with an experience of chronic homelessness	
A targeted approach is required	There is good evidence to show that approximately 50-60% of people experiencing chronic homelessness will require permanent support to sustain housing. This is because they may have several health conditions, such as chronic illness, disability, mental illness and/or a history of having had a traumatic brain injury[xxvi].
	An earlier review of Launch Housing's Elizabeth Street Common Ground[xxvii] 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 use.
Estimate of demand for permanent supportive housing in Inner Melbourne	Using the VI-SPDAT tool as a measure of support need, Launch Housing estimates that 490 people would benefit from Permanent Supportive Housing (PSH) each year in inner Melbourne. The VI-SPDAT is a specialist decision and assessment tool for use with people experiencing homelessness. It gives a measure of acuity and the level of support they require.
Where support is flexible and provided on-site	The critical components of PSH are the provision of long-term housing and voluntary supportive services for the residents, including access to mental health care and medical services.
It is an approach that works for singles and families	PSH has evolved to meet the needs of multiple vulnerable groups with histories of homelessness, including families, young people, older people and people with disabilities.
	Family Supportive Housing combines affordable housing with tailored support services and is designed to lead to stability and independence.
And has demonstrable financial benefits to governments	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.
	The 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 government of almost $15,000 per person per year.

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