

Launch
HOUSING

IT'S TIME TO END
HOMELESSNESS



National Housing and Homelessness Plan

SUBMISSION TO ISSUES PAPER



Acknowledgement of country

We acknowledge the Traditional Owners of the lands on which we live and work. As we create safe and welcoming homes, we honour the people of the Kulin nation and their enduring connection to their home we call Naarm, Melbourne.

We pay our respects to all First Nations Elders, past and present. And we urge all Australians to embrace the Uluru statement from the heart and what it asks of us.

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Introduction

Launch Housing welcomes this opportunity to respond to the National Housing and Homelessness Plan Issues Paper. This submission has been informed by Launch Housing's extensive experience and ongoing work supporting Victorians experiencing homelessness.

This submission presents evidence relevant to the following 'Questions for consideration' outlined in the Issues Paper:

1. What housing or dwelling models may need to be considered to provide appropriate options for people experiencing chronic and repeat homelessness?
2. What are the medium and longer-term steps that can be taken to ensure we have a more consistent and coordinated service system to support people who are experiencing or at risk of homelessness?

The National Housing and Homelessness Plan can change the trajectory of homelessness in Australia. By ensuring a pipeline of social housing, increasing the supply of supportive housing models across the housing spectrum, and making adequate funding available to State, Territory, local governments, and the sector to implement integrated and evidence-based supports, the Commonwealth Government can commit to ending homelessness in Australia.

Who we are

Launch Housing is one of Melbourne's largest independent and secular community-based providers with a mission to end homelessness in Melbourne. We deliver services and life-changing housing and supports to Victorians experiencing, and at risk of homelessness. Last year, we provided over 14,000 Victorians with holistic housing and innovative support, education, youth and specialist services.

About this submission

This submission calls for:

1. **more social housing of all types**, in addition to affordable housing
2. **increased supply of fully funded long-term supportive housing models¹**- both congregate and dispersed
3. **the need for support to be tailored for diverse and vulnerable groups** who are overrepresented in specialist homelessness services (SHS) and face intergenerational disadvantage. Specifically, families, children and young people, individuals with complex health and wellbeing needs, and Aboriginal and Torres Strait Islander peoples.
4. **continued funding / resourcing for the front-end of the homelessness services system**, including crisis supported accommodation and functional zero approaches².

The proposed solutions put forward within this submission support the two themes under Australia's first **National Wellbeing Framework**.

- **Healthy** - the extent to which people feel well, are in good health, can access needed services, and have the information required to take action and improve their health.
- **Secure** - the extent to which people are safe, financially secure and have access to housing.

1 Supportive housing models refer to the provision of ongoing 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.

2 'Functional Zero' is the measurable milestone that, when sustained, indicates a community has zero homelessness - in other words, any experiences of homelessness are rare, brief and non-recurring. That means there's enough appropriate housing for people entering homelessness to rapidly move into, permanently.

1.

Critical gap in social housing stock relative to demand

Solution

- More social housing stock of all types is required to meet the current demand.

Key Issues

Commitments from the Commonwealth Government to increase social and affordable housing supply through the Housing Australia Future Fund (HAFF) program and 769 new social housing homes over the next five years with funding from the Commonwealth Government's *Social Housing Accelerator* are widely welcomed. However significantly more social and affordable housing is required to end homelessness.

Social housing³ plays a critically important role as a prevention measure against homelessness, particularly among socio-economically disadvantaged households who are either consistently priced-out or would be placed at risk of homelessness in the private rental market.

The Australian Homelessness Monitor 2022 concluded that recent rental market trends have significantly contributed to growth in homelessness – a risk that is predicted to continue. Between 2020 – 22 there was a sizeable spike in rent inflation in the private market across Australia, with rental prices at rates unobserved since 2008. This is having the greatest impact on low-income households, pushing many into homelessness.

The AHM 2022 highlighted that the average number of people accessing homelessness services because of their inability to pay rent, rose by a staggering 27% between 2018 and 2022.

Just in the last 12 months, more than 105,000 people accessed specialist homelessness services in Victoria, with close to half (44%) needing support due to financial difficulties. Further, many people who sought assistance were financially vulnerable. Of those aged 15 years and over, three quarters (or 50,054 people) reported some form of income support payment as their main source of income.⁴

At 2.6%, the expansion of Australia's social housing stock for the period 2016 – 2021 lags both population (5.7%) and household growth (8.2%) and continues to shift downwards. This is cause for grave concern as the private market is evidently unable to respond to the homelessness crisis.⁵

More recently in Victoria:

- In Greater Melbourne in 2021, social housing stock represented just 2.3% of total dwellings, well below the national average of 4.3%, and the OECD average of 7%.⁶
- As of June 2023, there were 65,195 people on the wait list for social housing in Victoria.⁷

3 Social housing refers to dwellings managed by state governments, not-for-profit community housing organisations, and Indigenous rental providers.

4 AIHW (2021) Specialist homelessness services 2020-21: Victoria Fact sheet (aihw.gov.au).

5 Australian Homelessness Monitor, 2022 [AustralianHomelessnessMonitor_2022.pdf](https://www.launchhousing.org.au/AustralianHomelessnessMonitor_2022.pdf) (launchhousing.org.au).

6 Launch Housing (2023) [Capital Cities Homelessness Index](https://www.launchhousing.org.au/Capital-Cities-Homelessness-Index) (launchhousing.org.au).

7 [Applications on the Victorian Housing Register \(VHR\)](https://www.vhr.vic.gov.au/applications) | Homes Victoria.



At 2.6%, the expansion of Australia's social housing stock between 2016 – 2021

lags both population (5.7%) and household growth (8.2%) and continues to shift downwards.

Nationally, as of June 2022, 174,000 households were waiting to be allocated public housing, up from 154,600 in June 2014.⁸

Fluctuations in the number of people on waiting lists are not necessarily measures of changes in underlying demand for social housing. Factors that may influence the length of waiting lists include changes to allocation policies, priorities, and eligibility criteria put in place by state/territory housing authorities, as well as their implementation.⁹

While there is a significant need to increase the social housing stock across Australia, it is also important to reiterate that for a group of people – who have experiences of chronic and repeat homelessness and face vulnerabilities and intergenerational disadvantage – longer term support alongside appropriate housing will be required to help them exit homelessness. Sections 2 and 3 below discuss these in more detail.

As of June 2022,



174,000 households
were waiting to be allocated
public housing across Australia

(up from 154,600 in June 2014)

⁸ AIHW (2023) Housing Assistance in Australia Report. **Housing assistance in Australia, Households and waiting lists - Australian Institute of Health and Welfare (aihw.gov.au)** Note: National figures do not include Community and Indigenous Community Housing.

⁹ Dockery et al. The relationship between public housing wait lists, public housing tenure and labour market outcomes, 2008, AHURI.

2

Significant shortfall in fully funded long-term supportive housing models

Solution

- Increase the supply of fully funded long-term supportive housing models – congregate and scattered-site – to accommodate people with diverse needs to break the cycle of homelessness.

Key Issues

Long-term supportive housing models are fundamental to breaking the cycle of systemic and longstanding homelessness. They are also critically underfunded.

On census night 2021, there were 122,494 people experiencing homelessness across Australia and only 24,291 who were accommodated in supported accommodation for people experiencing homelessness.

Data from Launch Housing's Functional Zero Projects show that approximately **39% of people sleeping rough will require long-term support to sustain their housing** and a further 34% will need shorter term 3-6 months of support.

The AHM 2022 established that there is an urgent need for Australia to develop a framework and set of principles for the wider and potentially enduring provision of intensive tenancy support consistent with the permanent supportive housing model – i.e. extending beyond the current very limited instances of Common Ground projects and other small-scale funded initiatives. **Central to this is clear funding mechanisms to allow the ongoing (long-term) provision of support services that people require for the duration of their needs.**

Supportive housing models can deliver cost savings to the sector.

Homelessness is traumatic and costly for all who experience it, but it also has high costs for the broader community as many people with complex support needs have frequent interactions with health and welfare services. Reducing homelessness can positively impact other public systems and resources.¹⁰

An initial economic assessment of Viv's Place – a world-leading social housing program aimed at assisting women and families leaving family violence and homelessness situations – by Urbis outlined that the program is expected to have significant beneficial impacts to families and communities as well as systems benefits to government. The report estimated a \$49,173¹¹ annual benefit to families and communities driven by personal health and wellbeing gains and reduced family separation.

Furthermore, benefit to government is estimated to total \$274,267 annually under similar assumptions generated from provision of critical housing, reduced healthcare system pressure from intimate partner violence, reduced cost of treating mental illness in community over acute care, and (see Section 3 for more on Viv's Place).

An evaluation of Brisbane Common Ground represented a cost saving to the Queensland government of almost \$13,100 per person per year. These savings were generated as tenants in supportive housing experienced fewer mental health episodes, interactions with hospitals – both in terms of days as an admitted patient and visits to Emergency Departments, and interactions with the police (both as a victim and offender) and nights spent in custody.¹²

10 World class, homelessness, housing and health hub proposal and attachments. Launch Housing.

11 Assumption: 1% of residents (~1 person annually) achieves a 'per person' outcome.

12 Brisbane Common Ground Evaluation Snapshot (2016), The University of Queensland & Institute for Social Science Research [2016-BCG-Snapshot-for-Screen.pdf \(uq.edu.au\)](#).



39% of people sleeping rough

will require long-term support to sustain their housing

Evidence for greater investment in long-term supported housing models – congregate and scattered-site housing

There is a large body of evidence demonstrating housing sustainability and reduced rates of homelessness among people who enter supportive housing programs¹³, including an evaluation of the Camperdown Common Ground in Sydney which argued that different types of permanent housing models – scatter-site housing¹⁴ (or scattered) and high-density models (or congregate)¹⁵ – were of value for different groups of tenants who had experienced homelessness.¹⁶

Congregate models

While engagement with support services is not mandatory for residents in a congregate model, intensive support services are integrated with housing provision. Advantages of a congregate setting include: creating a sense of community for tenants, who can relate to each other based on shared backgrounds and experiences with chronic homelessness and other complex needs (Chhabra, Spector et al. 2020; Collins, Malone et al. 2013)¹⁷; better access to support services for tenants and reduced transit time for caregivers, who can provide treatment to multiple tenants at the same location (Kertesz and Johnson 2017¹⁸, and cost-effectiveness of delivering tenancy management, repairs and maintenance and support services at a single site, in contrast to service providers needing to factor in resources for transport (Verdouw and Habibis 2018).¹⁹

13 Parsell, C & Moutou, O, Australian Housing and Urban Research Institute (2014). **'An evaluation of the nature and effectiveness of models of supportive housing'** (ahuri.edu.au).

14 A 'scatter-site' model is where people live in separate houses or units and support workers visit the person's home to help deliver or coordinate needed support.

15 Congregate high density models, like Common Ground, involve people living in one apartment complex, using a mixed tenancy model and some of the support they need to sustain their tenancies is provided 'on site'.

16 Bullen, J., Whittaker, E., Schollar-Root, O., Burns, L., & Zmudzki, F. (2016). In-Depth Evaluation of Camperdown Common Ground: Permanent housing for vulnerable long-term homeless people (SPRC Report 03/16). Sydney: Social Policy Research Centre, UNSW Australia.

17 Roggenbuck, C. (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, report prepared by AHURI.

18 Roggenbuck, C. (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, report prepared by AHURI.

19 Roggenbuck, C. (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, report prepared by AHURI.

CONGREGATE LONG-TERM SUPPORTIVE HOUSING MODEL – ELIZABETH STREET COMMON GROUND (ESCG)

Launch Housing's Elizabeth St Common Ground is a congregate and integrated supportive housing model designed to tackle long-term homelessness. Many clients at ESCG have backgrounds of poor physical and mental health, chronic substance use, cognitive impairment, and disability. Challenges of this nature, alongside major traumatic experiences, are complex issues that require extensive time to address.

The integrated service offering on-site has helped foster better resident engagement. Informal interactions between residents and staff have helped to build trust. Two new nurses started at ESCG in June 2022. To improve accessibility, nurses spent time at the front desk and lobby areas which enabled them to meet more residents, have informal chats, and ultimately increased clinical engagements. Nurses were able to deepen trust and rapport and remind residents that they have access to the service should they need it. Residents responded positively, and this approach has worked well with residents who may have had poor experiences with the health system in the past and those who may have felt intimidated making an initial appointment to see a nurse in the clinic.

A 2021 evaluation of ESCG found that ESCG provides the support and stability that people with complex needs require. **The evaluation demonstrated that ESCG had positive impacts on residents' overall wellbeing - including improvements to their mental and physical health, use of alcohol and other drugs, and contact with family or friends.** The evaluation concluded that without access to supportive housing, many would have continued to cycle between crisis services, rooming houses, hospitals, and prisons.

Scattered-site models

Research indicates that scattered-site housing may be more appropriate than congregate settings for people exiting homelessness for whom choice is a high priority and housing independence is a realistic goal. Rather than relying on specific service providers located on-site, key service components can be more easily selected from a range of service providers, including specialised services, relevant to a person's need (Verdouw and Habibis 2018).²⁰

A research study of the Journey to Social Inclusion (J2SI) program – a scattered site supportive housing model – concluded that at the end of the program 82.5% of J2SI participants were housed; participants reported reduced depression and anxiety, including a drop in illicit substance use from 86.5% to 64.9% at program end; nights spent in drug and alcohol rehabilitation decreased from an average of 10.73 nights to 3.62 nights (from baseline to final survey); and more J2SI participants reported participating in the labour force (employed or looking for work) than the control group.²¹

Depending on an individual's needs, as outlined above, a combination of scattered-site and congregate housing types is required. The support integrated with the housing also needs to be tailored to the person's circumstances to ensure they can break the cycle of homelessness.

Section 3 below shines a light on groups and individuals who face significant vulnerabilities and outlines solutions – tailored services – that are often overlooked as part of the broader housing and homelessness funding allocations and discourse.

20 Roggenbuck, C. (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, report prepared by AHURI, Australian Housing and Urban Research Institute Limited, Melbourne. **Housing First: An evidence review of implementation, effectiveness and outcomes (ahuri.edu.au).**

21 Ami Seivwright, Zoe Callis, Monica Thielking, and Paul Flatau (2020), Findings from the Journey To Social Inclusion research study, Centre for Social Impact, The University of Western Australia, School of Health Sciences, Swinburne University of Technology.



3

Vulnerable communities and those who are over-represented in the homelessness services system

Solution

In addition to expanding the supply of fully funded long-term supportive housing models – both congregate and dispersed – it is **critical that the support provided is tailored** to the needs of vulnerable people and those who are overrepresented in the SHS service system to help break the cycle of intergenerational disadvantage. Specifically for:

1. **People with complex health and wellbeing needs**
2. **Families, children and young people**
3. **Aboriginal and Torres Strait Islander peoples**

The following sections outline (i) the need for tailored supports + housing for the groups mentioned above (ii) and examples of innovative, evidence-based pilot programs managed by Launch Housing and partners.

These pilot programs are not widespread across Australia and funded primarily by philanthropic partners. As discussed below, these programs are delivering significant outcomes to the sector and the Commonwealth government should make adequate funding available to State, Territory, local governments, so effective programs such as these can be scaled-up.

1. People with complex health and wellbeing needs

Significance

Only more housing + healthcare + support will permanently end homelessness.

Housing is good healthcare. Rapidly re-housing people, while providing the appropriate support, provides the best chance of breaking the cycle of homelessness. More housing is essential to move people quickly into stability, but housing alone is not enough. Onsite and integrated health supports improve housing outcomes for people - and the service system. Supportive housing ensures no one is left behind, by meeting the complex healthcare and support needs of our country's most vulnerable people.

Chronic homelessness and health. The link between rough sleeping, and poor mental and physical health, is well-established. An analysis of 59 case files from Launch Housing's Rough Sleepers Initiative highlighted the pervasiveness of tri-morbidity – significant mental health problems, substance misuse, and physical health difficulties.

The From Homelessness to a Home (H2H) program, a housing first model, prioritises helping people who have experienced chronic homelessness with complex needs to move from hotels into long-term housing with support. Analysis of Launch Housing's H2H clients in 2022 showed that of the 382 clients receiving support at the time:

- 84% (320 people) had a dual diagnosis of AOD and mental health that impacted their life and housing
- 52% (199) had tri-morbidity of AOD, mental health and chronic illness.



In 2021/22, around 85,200 clients with current mental health issues received support from specialist homelessness services. Of these, 60,573 (71%) had previously been assisted by a SHS agency at some point since July 2011, suggesting that their support needs are not being met, and most are cycling back through the system.

Pregnancy and homelessness. Research has shown that pregnant women and mothers will leave their homes to protect themselves and their children from domestic abuse. This combined with limited access to expensive rental markets will put many of these women at risk of homelessness.

For young pregnant women experiencing homelessness, navigating the housing, welfare and child safety systems is complex and fraught with barriers to accessing the support needed. This is further compounded by the siloed nature of the service system. Safe, suitable and affordable housing is a key facilitator of ending cycles of homelessness for young people and for providing a safe, stable and nurturing environment for their children^{22,23}.

The provision of 'step down' programs, or programs that support the timely transition to appropriate housing combined with integrated and tailored health supports when exiting hospital are critical and remain a vital continuing need.

We know what works.

1. The **Better Health and Housing Program (BHHP)** is an integrated residential-based service delivered by Launch Housing, St Vincent's Hospital, and the Brotherhood of St Lawrence. The step-down program supports residents who have experienced homelessness and chronic health issues to deliver improved outcomes of stable housing, managed health and improved wellbeing. To date, all residents who had a planned exit from BHHP were able to secure medium to long term accommodation.

Additionally, early data from St Vincent's Hospital is showing:

- Residents are four times less likely to present to the emergency department, with presentations decreasing by 68%.
 - Residents are three times less likely to require an acute hospital admission - a reduction of service utilisation by 67%.
 - 74% of residents improved management or resolution of one or more health issues, with 37% of clients noting improved management of mental health issues.
2. **The award-winning Cornelia Program** commenced in July 2021 as a partnership between Launch Housing, the Royal Women's Hospital, and HousingFirst. First of its kind in Australia, the program uses a fully wrap-around and integrated housing and health service model, supporting pregnant women and babies improve their health and housing outcomes. Cornelia recently won the Urban Developer 2022 Excellence in Industry Leadership Award and the Victorian Protecting Children's Award.

22 Spinney A. et al, Ending homelessness in Australia: A redesigned homelessness service system, Australian Housing and Urban Research Institute, 2020.

23 David D. et al. 'Implications of homelessness for parenting young children: A preliminary review from a developmental attachment perspective' *Infant Mental Health Journal*, vol.33, no.1, pp. 1-9; 2012.

Early evaluation results are demonstrating positive health and housing outcomes for the women and their babies. The program helped establish new tenancies, built women's independent living skills before finding them long-term housing to transition to after the program. To date, 92% of all women exiting the program found long-term housing which is a significant outcome given the barriers they face.

The program has also positively impacted on women's and babies' health, allowing space for women to access antenatal care and have that care transferred to the first 6 months of birth has kept the women feeling safe and supported in what could otherwise have been an isolating time.

3. **H2H** - 86% of the Launch Housing consortia's clients are stably housed as at September 2023, especially noteworthy given the complexity of the group as outlined above. The multidisciplinary supports of health and housing is delivering positive outcomes for a group who have, on average, experienced 8 years of chronic homelessness and many were known to services prior to H2H.

Launch Housing also provide **housing + healthcare + supports through other sites and programs**, including ESCG (see Section 2), Southbank crisis accommodation (see section 4) and our women's only crisis accommodation in St Kilda.

2. Families, children and young people

Significance

The intersection between homelessness, family and domestic violence, and children's outcomes are clear. Tailored housing and support will help break the cycle of homelessness.

Families. Family and domestic violence is a leading cause of homelessness among women and children. Across Australia, around 108,000 SHS clients (or 39% of all clients) in 2021-22 were clients who had experienced family and domestic violence.²⁴

A Housing First approach to rapidly re-house families into long-term supportive housing has been effective in providing safety and stability to this highly vulnerable cohort.²⁵ When families are rapidly re-housed, it limits additional trauma and gives them the best chance to recover and rebuild. We need more safe, secure, and long-term housing close to schools and services to be able to move women and families quickly into stability.

Children. The impact of homelessness and family violence on children is profound – affecting their health, wellbeing, engagement with school, capacity to learn and their social connections.²⁶ There is evidence that when children grow up in disadvantaged households, they are more likely to experience disadvantage as adults.²⁷ Research shows that similar evidence also exists for homelessness. Importantly poverty (disadvantage) and homelessness are connected, especially childhood poverty which is an important predictor of homelessness.

First Nations families are significantly more likely than non-Indigenous families to have children who do not attend school regularly and are more likely to have had multiple changes of school.²⁸

Young people. There is a significant wage gap between someone who left school in year 10 versus year 12. According to the ABS, the average income of a year 12 graduate in 2016 was \$55,717, whereas year 10 graduate income was \$34,030. In addition, the employment rate of a year 12 graduate was 82% whereas the employment rate of a year 10 graduate was 71%.

24 AIHW SHS Annual report 21/22.

25 Cunningham, M, Pergamit, M, (2019) Does Supportive Housing Benefit Families in the Child Welfare System? Urban Institute (NK).

26 Barker, J Kolar, V Mallett, S and McArthur, M 2013, 'What works for children experiencing homelessness and/or family/domestic violence? Part 1: Literature Synthesis', Melbourne: Hanover Welfare Services. Kirkman, M Keys, D Turner, A and Bodzak, D 2009, 'Does camping count? Children's experiences of homelessness'. The Salvation Army Australia Southern Territory, Melbourne.

27 Wagmiller and Adelman 2009; Childhood and Intergenerational Poverty: The Long-Term Consequences of Growing Up Poor; Columbia Academic Commons.

28 Debbie Noble-Carr. (2006). The experiences and effects of family homelessness for children. Institute of Child Protection Studies, ACU for the ACT Department of Disability, Housing and Community Services.

We know what works.

1. Viv's Place

Launch Housing's **Viv's Place** is an Australian first that offers permanent homes, ongoing support, strong community, and a safe place to live for women and children who have experienced family violence. Viv's Place is currently home to 60 women and up to 126 children.

Since inception, Viv's Place has won several awards, including the 2023 National Brighter Future Award through Ahi for Leading Housing Development Project. The award recognises the Viv's Place model - long-term housing and wrap around supports.

In addition to the initial economic assessment estimates highlighted in Section 1, early findings of a developmental evaluation of Viv's Place are showing that most women feel safe at Viv's Place and that it provides them a stable home, which is a stark improvement from their previous accommodation. The women reflected:

"It [Viv's Place] relieves the stress of trying to find a home. I am so happy that we finally have stability. I am grateful that I can finally raise my children in a secure environment that we feel safe in."

"No more living in motels or being in domestic violence situations."

"The support groups (wouldn't go out of my way to research and book something because I don't have the time and money) here in the building is great!"

2. Education Pathways Program (EPP)

Launch Housing's award winning, Education Pathways Program (EPP) is one of the few programs across Australia providing targeted and multi-disciplinary support to ensure children stay connected to school and kinder despite experiencing homelessness. This year EPP won the "Engaging Kids in School" Award as part of the 2023 Victorian Protecting Children Awards which celebrate teams who have made a significant positive impact on the lives of children and their carers.

A 2019 evaluation²⁹ found that between 2015 and 2018, EPP supported 187 children, of whom:

- 47% had histories of chronic absenteeism.
- Had on average been to 3 or 4 different schools.
- Only 20 of the 187 children were enrolled and attending school.
- 100% had delays in cognitive development.
- 94% were significantly behind with their learning.
- 75% were unable to meet school requirements, such as completing homework or attending excursions.
- 69% presented with challenges in emotional regulation.

Even with such barriers and challenges, the evaluation demonstrated that EPP improved the educational outcomes for children experiencing homelessness:

- EPP enrolled nearly 80% of the children in kindergarten and primary school.
- All 125 children began attending school regularly.

Many of the families linked with EPP come from culturally and linguistically diverse backgrounds and have struggled to navigate the education system to enroll their children. EPP connects the parent and the school, assisting in building trust between parents, the school system, and teachers. As one assistant principal at a new EPP partner school observed:

"It is my honest belief that, without the support of the Educational Pathways Program team, we would have young people in our area that would be lost to the system and disengaged."

²⁹ Evaluation Report, 'No child misses out': Education Pathways Program, June 2019, <https://data.launchhousing.org.au/app/uploads/2019/07/Launch-Housing-Education-Pathways-Program-Evaluation-Report.pdf>.

3. Education First Youth Foyers

Launch Housing operates two Education First Youth Foyers (Foyers) with partners, the Brotherhood of St Lawrence, Kangan and Holmesglen TAFE. The Foyers are supported student accommodation models, helping ensure that young people can lead independent lives outside the homelessness system, helping break the cycle of disadvantage that can occur from early experiences of homelessness.

A 2019 evaluation of the EFYFs found that the model substantively improves participants' education, employment, housing, and health and wellbeing outcomes, and these improvements are largely sustained a year after exit.³⁰

This year, 84% of the young people leaving the 2 Foyers were employed or enrolled in education at exit. Given the barriers that our young people face, the 84% employment and/or education rate is encouraging as it is comparable to the national Australian average of 88% employment/education rate observed in all young people across the country.

In 2021-22,



**28% of all people
accessing Specialist
Homelessness Services
are Aboriginal and Torres
Strait Islander peoples**

3. Aboriginal and Torres Strait Islander peoples

Significance

Aboriginal and Torres Strait Islander peoples are overrepresented in homelessness statistics. 28% of all people accessing Specialist Homelessness Services are Aboriginal and Torres Strait Islander peoples, despite making up only 3.2% of the population.³¹

Consultations with First Nations stakeholders emphasised the need to consider how support is configured in First Nations communities, including the provision of support by Aboriginal Community Controlled Organisations (ACCOs), and embedding First Nations workers within mainstream organisations to help improve cultural safety.

17% (74 people) of clients in our H2H program identified as Aboriginal or Torres Strait Islander – a cohort disproportionately impacted by homelessness.

We know what works.

1. The **H2H program** is delivered in partnership with VACSAL (an Aboriginal Controlled Community Organisation, ACCO). Embedding VACSAL case managers helped to provide culturally appropriate supports to First Nations clients on the program. This partnership has also helped expand Launch Housing's capacity to build a more culturally safe environment for First Nations clients and staff.
2. At **Viv's Place**, Launch Housing has allocated 10% of the units to First Nations families/women. These apartments have dual key systems where two rooms can be used for one family and the unit size can be as expanded or contracted depending on the needs of the resident.
3. The **BHHP** program is delivering good housing outcomes for Aboriginal and Torres Strait Islander residents. The program prioritised Aboriginal and Torres Strait Islander individuals, and improved accessibility, by actively involving St Vincent's Hospital Melbourne Aboriginal Health Liaison Office in service delivery.

30 Research and Policy Centre (2019). 'Starting a future that means something to you': Outcomes from a longitudinal study of Education First Youth Foyers.

31 AIHW (2022) - Specialist homelessness services annual report 2021-22 **Specialist homelessness services annual report 2021-22, Indigenous clients - Australian Institute of Health and Welfare (aihw.gov.au).**



4

Ongoing focus on the front-end of the homelessness services system as a holistic response

Solution

- Continued resourcing for the front-end of the homelessness services system, including the funding of Crisis Supported Accommodations (CSAs) and integrated funding for all support services
- Funding for evidence-based support services for people sleeping rough or who have experienced chronic homelessness such as Functional Zero approaches and Housing First support provision

Key Issues

Despite homelessness policy shifting towards primary prevention, there will likely always be a need in Australia for short-term accommodation for those in acute housing need.

The front-end of the homelessness services system is an integral part of a holistic response to ending homelessness, yet it remains underfunded. In addition to long-term, tailored supportive housing options outlined in the sections above, ongoing resourcing will be required across the housing spectrum, including fully funded crisis supported accommodation options.

Crisis supported accommodations offer people valuable supports as well as short-term housing that are self-contained and affordable which provide people with the breathing space to consider their next steps and the outcomes they want to achieve.

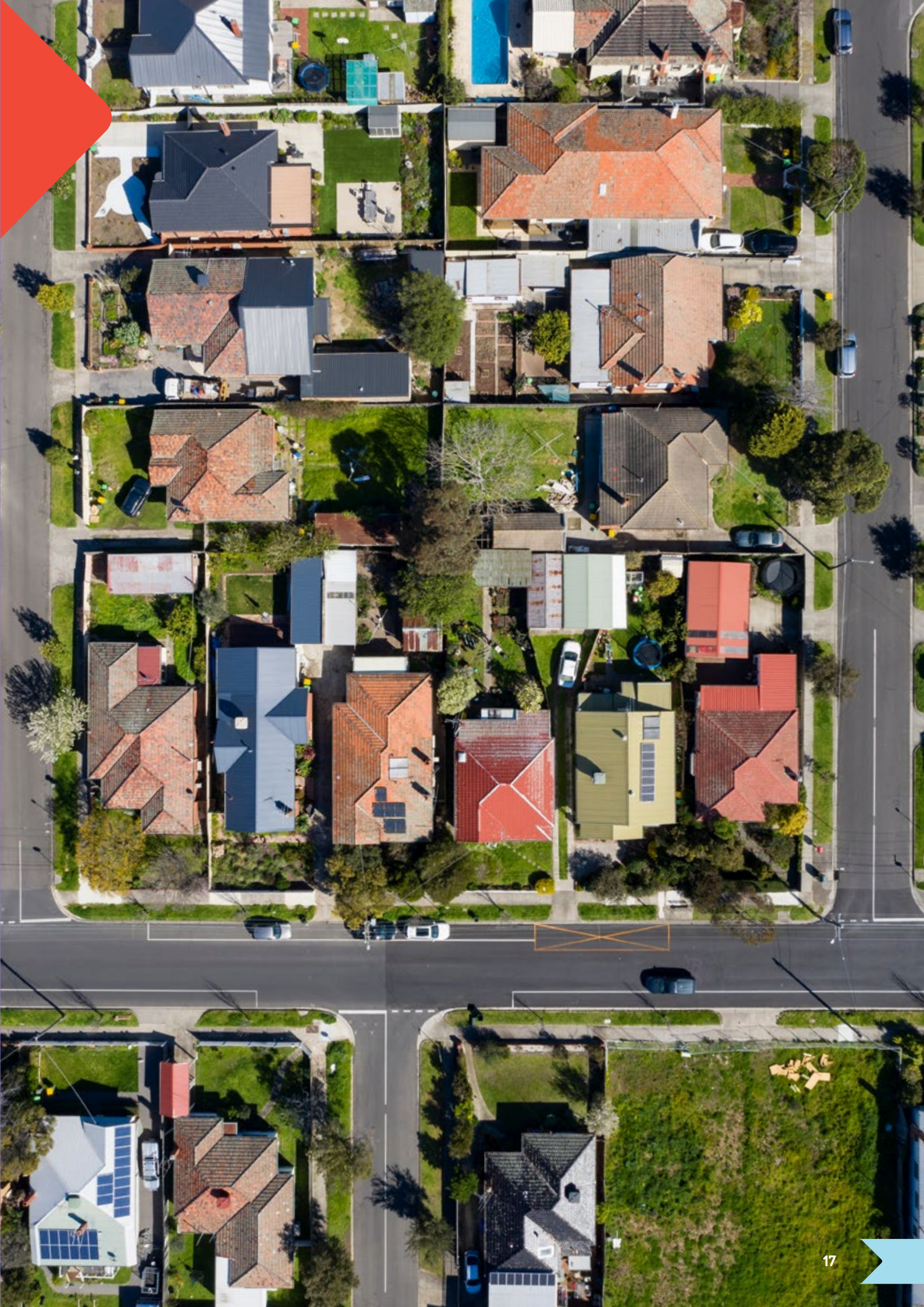
A recent report published by AHURI into crisis accommodation in Australia concluded that effective crisis accommodation includes “mental and physical health supports, a pathway to permanent housing, Alcohol and Other Drugs (AOD) counselling and supports, material aid, support navigating Centrelink and other government services, access to legal advice, and support with child protection issues.” In addition, “ongoing support should be provided to people after exiting crisis accommodation to long-term housing to ensure tenancy sustainment. This is an important tertiary prevention measure, working to minimise the risk of someone returning to homelessness.”³²

The Crisis in Crisis II report outlined that there is limited availability within CSA leading to an over-reliance on purchased accommodation options.³³ These ‘options’ are typically oversubscribed, poor quality, and **do not provide the support that households with complex needs require**. More than half of clients using short term or emergency accommodation return repeatedly to crisis accommodation over subsequent years for assistance.³⁴

32 Batterham, D., Tually, S., Coram, V., McKinley, K., Kolar, V., McNelis, S. and Goodwin-Smith, I. (2023) Crisis accommodation in Australia: now and for the future, AHURI Final Report No. 407, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/407>, doi: 10.18408/ahuri5126801.

33 Northern and Western Homelessness Networks. (2021). ‘Crisis in Crisis II – A Way Forward’: Report of the Crisis Accommodation Option Project.

34 AIHW (2022). Specialist Homelessness Annual Report 2021-22.



Evidence for greater investment needs in CSA models

At Launch Housing, we are providing people in acute housing crisis with access to crisis accommodation, connecting them with internal and external health services, and providing housing options and ongoing supports depending on their needs. There is a strong focus on implementing Housing First principles through our work.

Just like other forms of supported housing, crisis accommodation should be designed to meet the needs of specific groups, including women experiencing domestic violence, families, singles and couples, and people with complex needs such as those experiencing mental and physical ill-health and AOD-related issues. Culturally appropriate crisis accommodation for First Nations peoples and targeted responses for young people, refugees and newly arrived immigrants, and people from the LGBTQIA+ community will also be critical.

Tailored support services, length of stay offerings and housing outcomes are needed for diverse groups as a one-size-fits all approach entrenches disadvantage.

Capacity building and integrated funding to end rough sleeping

The Commonwealth should fully fund the Australian Alliance to End Homelessness to implement the Zero framework nationally as the primary coordinating mechanism to end rough sleeping homelessness.

Funding should help establish with the Australian Institute of Health and Welfare (AIHW) and within the framework provided by the Specialist homelessness Services National Data Collection, the capability to create, maintain and share data for the purpose of ending rough sleeping homelessness securely and ethically.

This would also support communities, enable the retention of data on behalf of the national movement and connect data and learnings between AIHW and related data sets.

CRISIS SUPPORTED ACCOMMODATION - LAUNCH HOUSING SOUTHBANK

'Southbank' is a 51-bed crisis accommodation facility in Melbourne providing short-term accommodation (up to eight week stays) for highly vulnerable people experiencing homelessness. The facility provides a multidisciplinary support team including case management, AOD services and nurses. These teams work together to provide holistic services to address the key support needs of clients including delivering important health and wellbeing outcomes. A recent evaluation of the Southbank nurses support program found that it has had a **'very positive impact on health outcomes for high acuity clients with multiple and complex health needs'**.

One nurse noted: *"The clients have better outcomes **when the different supports at Launch Housing (case management, operations, AOD services, nurses) work collaboratively with a client.** [They are] much better supported when we can all come together for them."*



5.

Conclusion

Launch Housing supports commitments from the Commonwealth Government to develop a National Housing and Homelessness Plan.

Evidence presented in this submission demonstrates a strong case for greater investment in these four priority areas that should be included under the National Housing and Homelessness Plan:

1. **more social housing of all types**, in addition to affordable housing
2. **increased supply of fully funded long-term supportive housing models**
3. **the need for support to be tailored for diverse and vulnerable groups**, specifically, families, children and young people, individuals with complex health and wellbeing needs, and Aboriginal and Torres Strait Islander peoples.
4. **continued resourcing for the front-end of the homelessness services system**, including crisis supported accommodation and functional zero approaches.



IT'S TIME TO END
HOMELESSNESS

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