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INQUIRY INTO HOMELESSNESS IN VICTORIA

ORYGEN SUBMISSION

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INQUIRY INTO HOMELESSNESS IN VICTORIA

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EXECUTIVE SUMMARY

On any given night in Australia it is estimated that approximately 1 in 200 Australians are experiencing homelessness. The burden of homelessness is one that falls disproportionately on young Australians. While people aged 12 to 24 make up just under 20 per cent of the Australian population, they comprise a quarter of individuals experiencing homelessness.

The pathways to homelessness are complex, and it is rare for there to be any one factor that can be identified as the direct cause of an individual experiencing homelessness. Instead, homelessness is generally understood to be caused by an interaction of adverse structural conditions (such as poverty and housing availability) and individual risk factors.

One of the key individual risk factors is mental health. It has been estimated that mental ill-health is a contributing factor for as many as 35 per cent of young people who have experienced homelessness. The experience of homelessness also can exacerbate, or contribute to the onset of, mental ill-health.

Whilst an individual of any age can experience homelessness, there is an additional importance in supporting adequate early intervention and prevention of homelessness among young persons. By identifying young persons who may be at-risk of experiencing homelessness, and intervening before they experience homelessness, it may allow for the prevention of further trauma.

Whilst responding to homelessness is challenging, and requires a wide-ranging response across a variety of domains, there are key elements which should be considered:

1. Emphasising early intervention supports to help people who are at extreme risk of, or who have recently experienced, homelessness.
2. Ensuring that any preventative or intervention responses are premised around prioritising housing those who have experienced homelessness, or helping maintain stable housing for people who are at-risk of homelessness.
3. Recognising the role of trauma as both a key contributer to experiences of homelessness, and something to which peope experiencing homelessness are exposed.
4. Promoting service integration to provide people experiencing homelessness, and at-risk people, access to the broad range of supports necessary.

KEY PRIORITIES

Orygen has identified 13 key priorities to assist with efforts to prevent homelessness in Victoria. Each of these priorities is described in more detail in the body of the submission.

PRIORITY ONE

Identify enhanced methods of collecting data on Victoria’s homeless population to enable the more effective allocation of resources.

PRIORITY TWO

Any Victorian framework for prevention and early intervention of homelessness should provide for a greater focus on the role that mental ill-health can play in placing a person at-risk of experiencing homelessness.

PRIORITY THREE

Victoria’s strategic responses to homelessness should emphasise early intervention and prevention for young people.

PRIORITY FOUR

Young people are involved in the development and implementation of specific interventions or programs targeting homelessness which may have an impact on young people.

PRIORITY FIVE

The Victorian Government recognise the need for an increase in the public housing supply and continue to work towards addressing the shortfall within public housing.

PRIORITY SIX

The Victorian Government increase support of the Doorway program to assist people with severe mental ill-health access housing.

PRIORITY SEVEN

The Victorian Government expand the support of Education First Youth Foyers to assist vulnerable young people (including those experiencing mental ill-health) access stable accommodation.

PRIORITY EIGHT

The Victorian Government expand the support of the Tenancy Plus Program to both improve the availability of this program and to provide assistance to people in private rental.

PRIORITY NINE

The Victorian Government introduce a formal policy of ‘no exits to homelessness’ from care institutions and considers the introduction of a specific government-resourced program to support this policy.

PRIORITY TEN

The Victorian Government support further research into out-of-home care and what supports can be introduced to lessen the risks of homelessness for children and young people living in out-of-home care.

PRIORITY ELEVEN

The Victorian Government provide a fully integrated service response for individuals who are at-risk of homelessness.

PRIORITY TWELVE

The Victorian Department of Health should bolster mental health services and awareness programs for young people, with particular emphasis on targeting priority populations of young people with an increased risk of mental ill-health and low service engagement.

PRIORITY THIRTEEN

The Victorian Department of Health develop an overarching framework for implementing trauma-informed care in Victoria across all mental health services. This framework should support investment in workforce development to ensure that the mental health workforce and best equipped to respond to trauma.

ABOUT ORYGEN

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (four headspace centres), supports the professional development of the youth mental health workforce and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

ABOUT THIS SUBMISSION

This submission will examine the relationship between homelessness and mental health and the specific challenges that exist for young Victorians (aged 12-25 years) who experience, or are at-risk of experiencing, homelessness.

The submission will then examine the evidence behind particular intervention and prevention mechanisms and outline potential opportunities in those aspects that are considered the remit of the Victorian Government.

Experts across a range of research areas and clinical service delivery were consulted in the development of this submission, along with young people who have had lived experience of homelessness. We would like to acknowledge their time in talking to us and sharing their experiences with us.

Orygen has also undertaken a comprehensive range of policy analysis since 2014 across a range of areas impacting youth mental health including: workforce development; trials and pilots to test evidence-based interventions or trial new initiatives in service delivery; funding models to ensure services are provided to specific populations or mental health conditions; Medicare Benefits Schedule (MBS) reforms; priorities for future youth mental health research; and improvements in datasets. This has been used to inform the development of this submission.

1. YOUTH HOMELESSNESS IN VICTORIA

On any given night in Australia, it is estimated that approximately 1 in 200 people are homeless.[1] Experiences of homelessness disproportionately impact young people. People aged 12 to 24 are less than 20 per cent of the Australian population, but comprise approximately a quarter of individuals experiencing homelessness (Australian Bureau of Statistics, 2016). A 2019 study on homelessness in Victoria has estimated that as many as three to four percent of young adults will experience homelessness in a given year.[2]

1.1 THE UNCLEAR PICTURE OF YOUTH HOMELESSNESS

A response to youth homelessness starts with understanding the nature and extent of young people experiencing homelessness. A clear understanding of youth homelessness will help ensure that policy solutions and existing programs and services are effectively targeted.

Australia is primarily reliant on two primary evidence sources to record youth homelessness – the Australian National Census and the Specialist Homelessness Services Collection (SHSC), which collects information about people who seek assistance from specialist homelessness services.

There are limitations about the reliance upon these evidence bases. The Census does provide good coverage, but it is a point-in-time count that is only conducted every five years. Point-in-time approaches to counting homelessness are limited in that they do not provide information on the duration of homelessness and the causes of homelessness.[3] They may also overestimate chronic homelessness and underestimate short periods of homelessness.[4] The Census also is likely to underestimate youth homelessness. The Australian Bureau of Statistics (ABS) has suggested that couch-surfing is likely to be a key reason for this under-estimation and has previously noted that couch-surfing young people may report an address for various reasons and not be recorded as homeless.[1]

'Couch surfing' is a relatively unique challenge for young people and covers situations where the young person is outside of a family support environment and are moving frequently from one temporary arrangement to another.[5] In the past, young people who were couch-surfing were not necessarily perceived as experiencing homelessness. However, under the cultural definition of homelessness used in Australia, an individual who is couch-surfing does not meet the minimum standard of secure housing and is therefore considered to be experiencing homelessness.[6, 7]

The SHSC data relies upon attendance at homelessness services. Whilst service utilisation is a challenge for all individuals experiencing homelessness, it is a particular challenge in youth homelessness. Available evidence suggests that only a small to moderate proportion of young people experiencing homelessness use shelters, ranging from 7 to 40 per cent.[8] Other services, such as food programs and street outreach, tend to have higher rates of utilisation but even then it has been found that only about half of young people experiencing homelessness will use those services.[9] Health service use among young people experiencing homelessness is similarly low, with only a third of those experiencing mental ill-health using mental health services and approximately a quarter having visited an emergency department.[10]

Ultimately, the current reliance on the census and SHSC data increases the challenge for the Victorian Government and service providers to accurately allocate resources to respond to the challenges presented by youth homelessness. To ensure that State resources are utilised effectively and efficiently, it is necessary to consider alternative methods of identifying young people who are experiencing homelessness.

A potential alternative solution is longitudinal research. Longitudinal analysis can help to establish a better understanding of the conditions associated with entering and escaping from homelessness, whether homelessness is a chronic or brief phenomenon, the consequences of becoming homeless, and the conditions that prevent homelessness either from reoccurring or occurring at all.[11] The primary

challenge of longitudinal research is ensuring that there are sufficient resources to develop a study with appropriate utility.

A further alternative is to use youth-directed surveys to assist in identifying young persons experiencing homelessness. The United States utilises the Youth Risk Behaviour Study (YRBS) to ask young people questions across a variety of domains. The YRBS contains a housing question which asks where the young person typically sleeps at night rather than asking if they are homeless. The benefit of framing the question in such a way is that it can provide a more accurate identification of young persons who may be couch-surfing or staying on overcrowded situations.[12]

Priority One
Identifying enhanced methods of collecting data on Victoria's homeless population to enable the more effective allocation of resources.

2. MENTAL HEALTH AND HOMELESSNESS

The causes of homelessness are complex. It is rare for an individual who has experienced homelessness to be able to describe a simple cause and effect between any one issue and the experience of homelessness.[13] Instead, homelessness is understood to be generally caused by an interaction of adverse structural conditions and individual risk factors.[14, 15]

Structural causes of homelessness include poverty, housing and labour market conditions, household dissolution and de-institutionalisation. Individual factors that are commonly cited as causes of homelessness include substance misuse, mental ill-health, education or welfare dependency.[3]

A systematic response to homelessness ideally involves consideration of each of these key structural and individual factors that can place an individual at risk of experiencing homelessness. This submission will not examine all of these factors but will instead focus on discussing mental ill-health and homelessness.

2.1 MENTAL ILL-HEALTH AS A RISK FACTOR

Studies of homelessness risk factors have continually identified mental ill-health as a significant risk factor which can lead to a young person experiencing homelessness. A recent systematic review of 46 previous studies on youth homelessness in developing countries found that psychosocial health issues are estimated to be a contributing factor for 19 to 35 per cent of young person's experiences of homelessness.[16] The prevalence of psychosocial issues was found to be equivalent to other key risk factors for young people, including abuse, poverty and delinquency. It was only family conflict which was found to have a significantly greater prevalence.

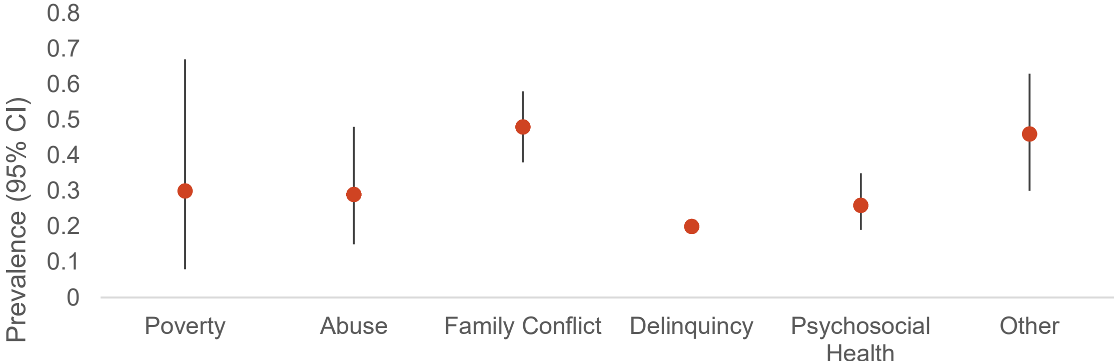

Figure 1: Prevalence estimates (with 95 per cent confidence intervals) for reasons of homelessness. Source: Embleton, Lee, & Gunn (2016).

Interestingly, this systematic review found that it was not necessarily the type, but instead the severity, of psychiatric disorder which determined a young person's level of risk. Evidence has been found of a wide-range of psychiatric disorders amongst young people experiencing homelessness, including disorders as varied as major depression, psychosis, mania and hypomania, suicidal thoughts, post-traumatic stress disorder, and attention deficit/hyperactivity disorder.[16]

The wide range of mental disorders that are present in young people who have experienced homelessness indicates that mental ill-health as a whole poses a risk to future experiences of homelessness. As such there is value in strengthening youth mental health services to assist in minimising the likelihood that a young person will experience homelessness. Specific information regarding responses to mental ill-health is discussed in Section 6.

2.1.1 THE IMPORTANT ROLE OF TRAUMA

Another critical aspect of understanding mental disorders among homeless youth is the presence of trauma, both before and after homelessness. There are many forms that trauma can take, but in general trauma is an event, or a series of negative experiences, that creates a sense of fear, helplessness or horror, and overwhelms a person's capacity to cope.[17] Trauma can stretch across generations and become engrained within a group.[18] Intergenerational trauma has often been discussed in relation to specific groups of people, including Aboriginal and Torres Strait Islander young people and refugee families.[19, 20]

Trauma has often been found to be a key part of an individual's pathway to homelessness. International studies have found that between half to three-quarters of young persons who have experienced homelessness have experienced physical abuse and approximately a third will have experienced sexual abuse.[21, 22] The trauma experienced prior to homelessness increases the challenge in coping with the obstacles faced whilst endeavouring to exit homelessness.[23] Experiences of trauma in an individual's childhood and adolescence has been found to increase the likelihood that that person will experience repeated episodes of homelessness.[23]

Once a person experiences homelessness, there is an increased likelihood of further traumatic episodes. Up to 83 per cent of adolescents experiencing homelessness were physically or sexually victimised after becoming homeless.[24] There is also a significantly increased risk that young persons experiencing homelessness will witness traumatic events.[25]

Due to the high prevalence of trauma amongst people who have experienced homelessness, it is difficult to respond to the challenge of homelessness without also addressing the underlying trauma that is often interwoven through experiences of homelessness. This submission will outline further information about treatment of trauma in Section 6.

2.2 MENTAL HEALTH AND HOUSING STABILITY

As outlined above, it is well-recognised that mental health is a risk factor for young persons experiencing homelessness. To understand more about why that is the case, studies have examined how mental ill-health can impact housing stability.

Symptoms of mental illness can impact an individual's ability to independently manage housing tasks, such as budgeting, paying rent or utility bills on time, opening mail or maintaining a property.[26, 27] Symptoms of mental ill-health can also lead to unsociable behaviour (such as aggression) that causes disturbances or conflicts with family, flatmates, neighbours, landlords and employers.[26, 27]

Housing instability and frequent changes of location have also been found to exacerbate poor mental health.[28] As such, mental health and instability can operate together to bring upon a downward spiral. Mental ill-health can cause instability; which in-turn can worsen the young person's ill-health.

2.3 THE IMPACT OF HOMELESSNESS ON MENTAL HEALTH

Evidence shows that homelessness can exacerbate, or contribute to the onset of, mental ill-health.

Research has found elevated levels of psychosis, anxiety, depression, post-traumatic stress disorder and substance use disorder among people who are homeless.[29] As many as nine-tenths of young people experiencing homelessness have been estimated to meet criteria for diagnosis of at least one mental disorder.[30] Behaviour disorders, such as conduct disorder, tend to be most prevalent and have been seen in half of homeless youth, but mood disorders have also been found in one-fifth of homeless youth.[30, 31]

Homeless young people are also at elevated risk for suicidal ideation and suicide attempts. In a 2001 comparative review, it was estimated that between 40 to 80 per cent of homeless young people endorsed suicidal ideation and between 23 to 67 per cent had attempted suicide.[32]

Across a wide-range of mental disorders it is estimated that the prevalence of mental ill-health is at-least three-to-four times higher among individuals experiencing homelessness when compared to people in stable housing.[33]

The effects from the various mental health issues that present in homelessness may be short-lived and limited to the period of homelessness, others are more enduring in nature.[34] In general, the longer that a young person is homeless, the greater the risk for more severe symptoms of mental ill-health.[35]

3. EARLY INTERVENTION AND PREVENTION

Across a variety of domains, it has been shown that service responses and programs focused upon early intervention and prevention present the best opportunity to change the course of a given issue. This section will outline why prevention and early intervention is important for individuals experiencing homelessness and mental ill-health. Further sections will examine specific prevention and early intervention approaches.

3.1 THE IMPORTANCE FOR HOMELESSNESS

Whilst an individual of any age can experience homelessness, there is an increased importance in supporting adequate interventions and preventions of homelessness among young persons. Experiences of homelessness as a young person greatly increase the risk of further experiences of homelessness later in life. It has been estimated that almost three quarters of young people who experience homelessness in adolescence will experience homelessness in later life.[36]

A single experience of homelessness also significantly increases the risk of ongoing homelessness. Studies have found that one fifth of people who have one episode of homelessness will go on to become chronically homeless.[4, 37]

As such, there is a need to identify young people who may be at-risk of experiencing homelessness, and intervening before they become homeless. Such intervention is critical because it may allow for the prevention of further trauma and increased mental health and substance use problems.[38] As outlined in Section 2 of this submission, one of those classes of at-risk people are those suffering from mental ill-health.

In Victoria's *Homelessness and Rough Sleeping Action Plan*, there is a clear focus on prevention and early intervention. The Action Plan notes that there are two priority areas for prevention and early intervention: (a) locations beyond central Melbourne where many people first experience crisis leading to homelessness and rough sleeping and (b) justice, health and human service systems that have contact with people who are at greater risk of homelessness and rough sleeping.

Whilst those two priority areas are undoubtedly important, there needs to be a more direct reference to mental ill-health as a priority area for prevention of homeless. As outlined above, the evidence is clear that mental ill-health can play a large part in a person being at risk of experiencing homelessness.

Priority Two

Any Victorian framework for prevention and early intervention of homelessness should provide for a greater focus on the role that mental ill-health can play in placing a person at-risk of experiencing homelessness.

Lastly, the younger a person is during their experience of homelessness, the greater the chance that they will exit homelessness.[39] Accordingly, solutions for homelessness which are directed at young people have a higher chance of resulting in meaningful change. In order for there to be the most efficient and effective use of resources in prevention and intervention of homelessness, it is suggested that there should be an increased focus upon young people.

Victoria's *Homelessness and Rough Sleeping Action Plan* does note that young people do have an increased vulnerability of experiencing homelessness. The Action Plan also notes the need for additional support of young people who are leaving out-of-home care or the youth justice system. In addition to these clear focus areas, there should also be an increased emphasis on prevention and interventions for young people. Such a focus would assist in putting an early stop to experiences of homelessness, whilst also providing for a more effective use of State resources.

Priority Three

Victoria's strategic responses to homelessness should emphasise early intervention and prevention for young people.

3.2 THE IMPORTANCE FOR MENTAL HEALTH

As discussed in Section 2, mental ill-health is a key risk factor for experiencing homelessness. In addition to helping prevent homelessness, there are further reasons why there should be a focus upon early intervention and prevention for youth mental health.

The onset of mental ill-health generally occurs in young people with fifty per cent of mental ill-health onsets before the age of 15 years, and 75 per cent by 24 years.[40] This period of a person's life is a time of key developmental milestones for young people. Left untreated, the trajectory and lifelong impacts of mental ill-health are borne by the individual, their families, their communities and society. This can lead to experiences of homelessness, but can also include: unemployment or underemployment, social exclusion, poor physical health, substance abuse and premature mortality.[41]

There are also societal impacts from a lack of early responses to the onset of mental ill-health. Society loses the social and economic contribution that the individual may have made if they were well. Then there are the other related costs of untreated or poorly treated mental ill-health. As outlined above, this can include homelessness as well as health, justice involvement, foregone tax revenues and benefits paid.

There is a growing body of international evidence that targeting preventive measures and effective early interventions for young people presents the best opportunity to reduce the economic burden of mental ill-health over the lifespan. In Australia, a Deloitte Access Economics report in 2009 found the return on investment in early intervention for mental health was found to be approximately $6.19 for every dollar spent.[42]

3.3 YOUTH ENGAGEMENT IN PREVENTION AND EARLY INTERVENTION SERVICES AND PROGRAMS

Although the need for mental health treatment is high among young people experiencing homelessness, many miss out on this health treatment.[10, 43] A challenge in implementing preventions and interventions for young people, is the potential for lower utilisation rates. There have been numerous barriers that have been identified for young people using services, including availability of services/waiting lists, awareness of services, cost limitations, a lack of social support, poor motivation and stigma/shame around health-seeking.[10, 43, 44]

One of the key ways to help improve utilisation of services is to ensure that young people are involved in the development of presentation and early intervention services and programs. Engagement with the impacted members of a population is critical to ensuring that services are appropriate, aligned with population needs, and sustainable.[45]

As young people are disproportionately represented in the homeless population, as well as being a key at-risk cohort, it is vital that young people are involved in the development of preventative and early-intervention services and programs. Victoria's Youth Policy states that young people are to be engaged in relevant ideas and solutions. This is an encouraging statement of intent, yet there are further opportunities for young people to be involved in considering responses to homelessness. Two current possibilities are the Victorian Youth Congress and the YMCA Victoria Youth Parliament. In the event that the State Government is considering approaches to homelessness that may have an impact on young people, it is considered that bodies such as those should be closely consulted. During the deliberations of Legal and Social Issues Committee, there may also be opportunities to engage with young people.

Priority Four
Young people are involved in the development and implementation of specific interventions or programs targeting homelessness which may have an impact on young people.

4. PROVISION AND MAINTENANCE OF HOUSING

It is impossible to consider responses to homelessness without significant reference to housing. Only those interventions and programs which focus on helping people find stable housing can be considered a direct response to homelessness.[46] There is also a need for any early intervention response to have an ultimate goal of getting people housed because successfully responding to any of the other issues that may be present in an individual experiencing homelessness (i.e. mental ill-health, substance use, lack of employment/education), is increasingly difficult without housing.[47]

Housing is a vital determinant of an individual's health and there is a significant body of evidence indicating the health benefits of housing for individuals who have experienced homelessness. It has been found that permanent housing is expected to positively impact life outcomes for people with a history of chronic homelessness across a broad set of domains, including mental health.[48]

Due to the importance of housing for health and for intervention and prevention of homelessness, this section will therefore look at approaches to ensure that people are housed, and maintain housing. Specifically, the focus is on ensuring that young people who are experiencing mental ill-health are given the opportunity to access housing and/or achieve housing stability.

4.1 HOUSING FIRST

'Housing First' is an evidence-based approach to addressing chronic homelessness and rough sleeping which holds that the provision of housing to people who are experiencing homelessness should not be contingent on them first meeting certain readiness requirements.

‘Housing First’ approaches contrast with ‘Treatment First’ approaches, which instead provide temporary accommodation alongside services to address health needs, particularly substance use. The client then progresses to transitional housing before achieving permanent housing; which is conditional on adherence to treatment for mental health and problematic substance use.

The ‘Housing First’ approach aims to assist clients to access permanent housing as an initial step in addressing homelessness. Housing provision is not contingent on compliance with health treatment or substance abstinence. Additionally, ‘Housing First’ includes ongoing support, through case management or community support initiatives.[49]

4.1.1 EVIDENCE FOR ‘HOUSING FIRST’ APPROACHES

A number of nations have introduced explicit ‘Housing First’ approaches and the body of evidence to date clearly outlines its effectiveness. In Finland, the introduction of the *Paavo I Housing and Homelessness Strategy* saw the adoption of a ‘Housing First’ model. A review of this strategy found a 28 per cent reduction in homelessness over a three-year period.[50]

Canada introduced the *At Home – Chez Soi* program in 2009. It started as a trial conducted in 5 Canadian cities between 2009 and 2013. After completion of the trial, it was found that people receiving ‘Housing First’ assistance achieved superior housing outcomes and showed more rapid improvements in community functioning and quality of life than those receiving treatment as usual.[51]

Considering the impacts that homelessness can have upon mental health, it is important to note that analyses of ‘Housing First’ approaches have found improvement in housing stability for people experiencing mental ill-health.[52]

4.1.2 ‘HOUSING FIRST’ IN VICTORIA

In Victoria, there has been a general acceptance of many of the basic ‘Housing First’ principles. In general terms, housing is provided separately to support measures and there is a focus on strength-based recovery approaches.

However, the implementation of ‘Housing First’ principles in Victoria has been limited by a shortfall in affordable housing stock to enable quick housing of those who experience homelessness. Whilst the Victorian Government’s commitment to building 1,000 more public homes by 2022 is welcome, it is likely that further investment is required to enable ‘Housing First’ approaches to be fully enacted. Orygen recognises that the supply of affordable housing is a complex issue which stretches across all levels of government and the private sector. However, there is a need for Governmental action to identify the number of public homes that are needed and commit to further investment.

Priority Five

The Victorian Government recognises the need for an increase in the public housing supply and continue to work towards addressing the shortfall within public housing.

4.1.2.1 Doorway Program

An example of the ‘Housing First’ methodology in Victoria can be seen with the Doorway program. This program is focused on housing and recovery program for people experiencing mental ill-health who are homeless or at risk of homelessness. The program helps those people secure and sustain a home in the private rental market. This program is built upon the ‘Housing First’ model in that it emphasises the provision of housing to support those experiencing severe and persistent mental ill-health.

A CSIRO study of the Doorway program in 2017 noted the positive impact of the program and found that participants within the program had significantly improved mental health and housing stability. There was also a reduction in the use and cost of health services.[53]

The Victorian Government funded an initial three-year pilot program from 2011 to 2014 and has since continued to support the Doorway program to be delivered to 100 people annually. Considering the benefits of the Doorway program, and the fact that three per cent of Victorians have a severe and complex mental illness, there is a benefit in the Government expanding its current support of the Doorway program to provide greater support for this key, at-risk demographic.

Priority Six
The Victorian Government increase support of the Doorway program to assist people with severe mental ill-health access housing.

4.1.3 YOUTH FOYERS

Youth Foyers are integrated learning and accommodation settings for young people, typically aged 16 – 24 years, who are at risk of or experiencing homelessness. Youth Foyers provide a *point in time service* that enable young people in transition to develop and achieve educational and employment pathways, exiting in a sustainable way from welfare and service dependence.

Victoria has two Education First Youth Foyers (EFYF) which are operated by Launch Housing and overseen by the Brotherhood of St Laurence. The Victorian Government has provided funding support to the foyers. EFYFs prioritise education through their partnership with and location on sites of tertiary education institutions.

Whilst there are few studies on youth foyers, there is some promising evidence. A recent longitudinal review of EFYF found that the experience of the EFYF improved participants' education, employment, housing, and health and wellbeing outcomes, and these improvements are largely sustained a year after exit.[54]

It is worth noting that entry to EFYFs require young people foyer readiness which can be limiting for young people who have substance use issues or severe mental ill-health. However, it is considered that there is value in examining the development of further EFYFs as there are benefits to their support of vulnerable young people.

Priority Seven
The Victorian Government expand the support of Education First Youth Foyers to assist vulnerable young people (including those experiencing mental ill-health) access stable accommodation.

4.2 MAINTENANCE OF STABLE HOUSING

Housing stabilisation efforts are premised upon intervening to assist individuals in stabilising their housing and prevent them from becoming homeless. These services are often provided to people in social housing, and in limited circumstances to people in private housing. Tenancy support services do not specifically target people with poor mental health, but mental ill-health is a common reason for seeking support.

Services can range from general housing advice to more intensive supports, including:

- help maintaining a tenancy — such as help with budgeting, support to access existing financial assistance, welfare benefits, tenancy advice, debt counselling, financial management and resolving rent arrears
- assistance to improve a tenant's economic participation, such as help to find employment linking tenants with broader support services, such as mental health services.

In general, these support services have been found to be effective at stabilising housing. An evaluation of tenancy support programs across Australia found that (regardless of the type of program) between 81 to 92 per cent of people maintained their existing tenancy, 8 to 17 per cent of people moved home (for a variety of reasons) and less than four per cent of people were evicted. This rate of eviction was considerably lower than public housing tenants who do not receive tenancy support services (over 16 per cent).[55]

Particular success has been seen with support services that focus on directed case management for vulnerable individuals. A review of Homebase, a multi-method intensive intervention for families facing eviction, found that the program reduced homeless shelter entries by an estimated 5 to 11 per cent over a period of four years.[56]

4.2.1 TENANCY SUPPORT IN VICTORIA

In Victoria, the Tenancy Plus program is the primary tenancy support program offered by the Victorian Government. The type of support offered varies depending on the needs of the tenant, but can include advice, help with legal issues, financial counselling and referrals to other services. Services are provided by non-government organisations and funded by the Victorian Government.

There are limitations in the implementation of the Tenancy Plus program. The Productivity Commission identified in its Draft Report on Mental Health that there is a gap in the availability of tenancy support services. In 2017-18, about 15 per cent of people who tried to access services to assist them to maintain their housing had their need unmet. Almost half of this group (over 5000 people) experienced mental ill-health. This availability gap indicates there is a need for the Victorian Government to consider an increase in its support of the Tenancy Plus program.

Currently, Tenancy plus support is only available for those accessing public housing and is not available to those living in private rental. There are support programs for individuals in private rental, but these are managed by non-government bodies such as Launch Housing and VincentCare. The factors that can put a person at-risk of homelessness, such as mental ill-health are not limited to individuals living in public housing. As such, the Government should consider expanding the Tenancy Plus program to provide assistance to those in private rental.

Priority Eight

The Victorian Government expand the support of the Tenancy Plus Program to both improve the availability of this program and to provide assistance to people in private rental.

5. STRUCTURAL AND SYSTEMIC RESPONSES TO YOUTH HOMELESSNESS

As outlined in Section 2, homelessness is understood to be generally caused by an interaction of adverse structural conditions and individual risk factors. Structural conditions can include a wide variety of factors including poverty, housing and labour market conditions, household dissolution and de-institutionalisation.

This section will not seek to exhaustively cover the range of potential structural and systemic issues that can lead to an individual experiencing homelessness, but will instead look at three key topics relating to youth mental health and homelessness.

5.1 TRANSITIONS OUT OF MENTAL HEALTH CARE

For a young person who has experienced mental-ill health, there is a risk that they will spend time in institutional care situations such as hospital or prison. Upon discharge, they may find it difficult to find or return to housing back in the community. The point of discharge is a high-risk interval which can lead to negative outcomes such as being discharged into homelessness.

An Australian study looked into the risk of discharges into homelessness and found that almost 7 per cent of participants who had been admitted to a psychiatric inpatient hospital in the previous year had not been assisted with transitions into accommodation and had nowhere to go.[57]

The Productivity Commission's Draft Report on Mental Health outlined that it is good practice to develop clear and formal policy of 'no exits into homelessness'. This places the onus on the discharging institution to prevent people being discharged into homelessness and also requires the institution to assist with finding housing.

Victoria is yet to introduce such a clear and formal policy. The *Homelessness and Rough Sleeping Action Plan* does recognise that people exiting services are at increased risk, but there is yet to be any formal introduction of a policy or programs to assist such at-risk individuals.

5.1.1 EXISTING TRANSITION PROGRAMS

The Productivity Commission's Draft Report on Mental Health identified three key examples of programs instituted in Australia which served as strong examples of assistance to those transitioning from mental health care.

- Transitional Housing Teams (Queensland). In 2005, Queensland established a Transitional Housing Team to provide time-limited social housing and intensive support to clinically case-managed patients with mental illness. Participants entered the program upon discharge from an acute psychiatric inpatient unit or from the community. Staff trained the participants in living skills, such as cooking and shopping, provided crisis management and coordinated with other services.
- Royal Perth Hospital Homeless Team (Perth). The Royal Perth Hospital Homeless Team provides GP care, care coordination and discharge planning for patients who are homeless. The team is made up of a clinical lead, administration assistants, GPs, nurses and a caseworker.
- Housing Support Worker, Mental Health. In 2009, the National Partnership Agreement on Homelessness (NPAH) was established. One of the programs delivered under the agreement was the provision of Housing Support Workers who help people with severe and persistent mental illness who are either homeless or at risk of homelessness when discharged from a mental health inpatient unit.

While early indications from these programs have been promising, there is limited evidence on the degree to which these specific programs assist in helping people transition from mental health care

settings into stable housing. However, there is an opportunity for the Government to develop a formal transition approach informed by these programs.

Priority Nine
The Victorian Government introduces a formal policy of 'no exits to homelessness' from care institutions and considers the introduction of a specific government-resourced program to support this policy.

5.2 OUT-OF-HOME CARE

Children and young people who have been raised in out-of-home settings have an increased risk of experiencing homelessness upon leaving care.[58, 59] In Victoria, around 8,000 children and young people are in out-of-home care.

The evidence is relatively unclear on the exact risk factors which mean children and young people in out-of-home care have an increased risk of homelessness.[60] A suggested reason is that people raised in out-of-home care settings have a higher prevalence of exposure to maltreatment, which can lead to delayed psychological, cognitive and behavioural development.[61]

Orygen notes that the Victorian Government has launched a trial raising the upper age limit for out-of-home care, which is currently age-limited to 18. There is evidence to suggest that raising the age of care to 21 reduces homelessness. However, the limitation of raising the age of care is that it does not necessarily address the underlying risk factors that may lead a young person to transition from out-of-home care to homelessness.[60]

A further approach is to base out-of-home care on therapeutic principles in order to support young people in care settings. In Victoria, the Ripple Project (conducted by Orygen) provided evidence-based support and training to carers and out-of-home care staff. Early findings from the trial demonstrated that strengthening the therapeutic capacity of carers and implementing complex mental health intervention across sectors is potentially feasible and cost-effective, and likely to be essential to improving the mental health and wellbeing of young people in out of home care.

Ultimately, there is a need for further work to examine what other system changes may be needed to reduce the risk that children and young people in out-of-home care experience homelessness.

Priority Ten
The Victorian Government support further research into out-of-home care and what supports can be introduced to lessen the risks of homelessness for children and young people living in out-of-home care.

5.3 INTEGRATION OF SERVICES

The causes of homelessness are complex. It is rare for an individual who has experienced homelessness to be able to describe a simple caused and effect between any one issue and the experience of homelessness. [13] Instead, homelessness is understood to be generally caused by an interaction of adverse structural conditions and individual risk factors.[14, 15]

Whilst mental ill-health may be a key risk-factor for experiences of homelessness, it is likely that any person who is at risk of experiencing homelessness due to mental ill-health, is also likely to have additional complex needs. These complex needs can stretch across a variety of domains. Mental ill-health has been seen to have an impairing effect upon physical health and social functioning.[62] Up to

71 per cent of people who access mental health services also experience some form of substance use addiction. [63] People experiencing mental ill-health also have significantly lower rates of educational attainment and workforce participation.[64]

Due to the complex relationship between these various domains, traditional support mechanisms are not likely to be sufficient in and of themselves. To ensure that people who are at-risk of homelessness are provided the best levels of support, there is the opportunity to consider improving the integration of services in the following ways:

– increasing the proportion of salaried funding to facilitate case coordination within and between services (including out-of-home care, housing services, educational services, alcohol and drug addiction services)
– integrated mental health services with social, community and justice services. These are particularly important for young people in the justice system who need early intervention to effectively treat mental disorders, reduce rates of recidivism, and build more functional pathways to housing, schooling or employment.

Evidence shows that service settings which seek to integrate responses to various domains – such as mental health, trauma, substance use and physical health – had better results than service settings which were not integrated.[65]

Priority Eleven
Providing a fully integrated service response for individuals who are at-risk of homelessness.

6. MENTAL HEALTH CARE AND HOMELESSNESS

As mental ill-health is a risk-factor for experiences of homelessness, this section will discuss two key issues to ensure that responses to mental ill-health are best directed to reduce the risk of experiencing homelessness.

6.1 IDENTIFYING KEY AT-RISK POPULATIONS

As identified in Section 3, young people are a subset of the population with an increased risk. An individual's youth is a key period for cognitive, behavioural and social development. This period of development brings with it an increased risk of mental ill-health. The onset of mental ill-health generally occurs in youth with half of mental ill-health onsets before the age of 15 years, and three-quarters per cent by 24 years.[40] As such, there is a general need for investment in youth mental health.

Among young people, there are also further subsets which demonstrate an increased risk of mental ill-health and low service engagement. These key groups include:

– young people who are Aboriginal and Torres Strait Islander who experience mental health problems, suicide risk and social and economic exclusion at much greater rates than others
– young people from culturally and linguistically diverse backgrounds, particularly refugees who have unique and generally unmet needs
– young people who are LGBTIQ+ who are more likely to experience mental health issues and experience many barriers to their service use and social and economic participation.

There is a need for a general government commitment to invest in mental health services and awareness programs to assist these priority populations of young people.

Priority Twelve
The Victorian Department of Health should bolster mental health services and awareness programs for young people, with particular emphasis on targeting priority populations of young people with an increased risk of mental ill-health and low service engagement.

Further information on Orygen's recommendations to improve young people's mental health can be found in its submission to the Royal Commission into Victoria's Mental Health System.

6.2 RESPONDING TO TRAUMA

Trauma is essential to understanding the mental ill-health experiences of young people who experience homelessness. International studies have found that between half to three-quarters of young persons who have experienced homelessness have experienced physical abuse and approximately a third will have experienced sexual abuse.[21, 22] The trauma experienced prior to homelessness increases the challenge in coping with the obstacles faced whilst endeavouring to exit homelessness. [23] Experiences of trauma in an individual's youth has been found to increase the likelihood that that person will experience repeated episodes of homelessness.[23]

Between 57-75 per cent of all Australians will be exposed to a potentially traumatic event, and international studies suggest that half to two-thirds of young people are exposed to at least one traumatic event before 16 years of age.[66-69]

Despite the prevalence of trauma experiences, and its impact on mental ill-health, trauma is often poorly understood and treated by the mental health system. There are a number of barriers to providing effective treatment for trauma. These include: inadequate diagnostic frameworks for young people with complex trauma experiences and a limited number of appropriate mental health practitioners who are skilled in trauma-informed care.[17]

6.2.1 TRAUMA-INFORMED CARE

Trauma-informed care refers to interventions and services which are designed to address the impact of trauma, by focussing on the physical, psychological and emotional safety of the client and clinician, and aims to prevent re-traumatisation by the service or system.[17]

For trauma-informed care to operate most effectively, it has been suggested that it include the following key elements[17]:

1. Development of a theory-based model to ensure service consistency
2. Avoiding practices that may be retraumatizing
3. Universal ystematic screening for trauma history
4. Integration of trauma-informed care with other key services – particularly mental health and substance abuse
5. Inclusion of trauma-informed services for children and youth to increase resiliency
6. Programs should encourage consumer involvement to assist with participation in service programs
7. Cultural and linguistic competence.

While there have been attempts at implementing trauma-informed care, it has often been inadequately implemented in services, with a focus on single training sessions rather than the necessary system-wide implementation and policies needed to permeate care with a trauma-informed response. There is a need for Victoria to develop system-spanning framework to ensure that trauma-informed care is implemented effectively.

Priority Thirteen

The Victorian Department of Health develop an overarching framework for implementing trauma-informed care in Victoria across all mental health services. This framework should support investment in workforce development to ensure that the mental health workforce and best equipped to respond to trauma.

Further information on the approach to trauma-informed care for young people can be found in Orygen's policy report *Trauma and Young People*.

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