Welcome

Dr Gina Zappia

AHURI (facilitator)

HOUSEKEEPING

Webinar recording available at:

https://www.ahuri.edu.au/events/ahuri-research-webinars/webinar-improving-transitions-from-rehab-into-stable-housing

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Improving transitions from rehab into stable housing

Download the report: ahuri.edu.au/research/final-reports/359

Speaker

Associate Professor Cameron Duff, RMIT University

Respondent

Sue Grigg, Director Housing and Homelessness, Unison

Improving Transitions from Rehab into Stable Housing

Assoc Prof Cameron Duff

Centre for People, Organisation and Work

AHURi Research Webinar Series   #AHURIwebinar

THE ORGANISATION OF SOCIAL CARE

- Exploring the integration of social care services and supports within vulnerable MH/AOD cohorts in Vic & NSW.

- ISSUE: how to *improve the integration* of specialist housing support in residential AOD & inpatient mental health care.

- **Leaving residential treatment key period of housing risk**.

- Major project with teams at RMIT and UNSW involving:
    1. Analysis of linked administrative data held by VIC DHHS
    2. Interviews, focus groups with MH+AOD services (N=35)
    3. Interviews with MH+AOD service users (N=25)

SYSTEMIC CHALLENGES IN THE WORK OF SOCIAL CARE

"The thing we all need to remember is that our homelessness service system, with only a few limited exceptions, is only funded for a defined period of support. Really, it's mainly only short-term support, intended to resolve a temporary crisis in someone's life. So this idea that we can overcome, in some cases, decades of disadvantage that starts in early childhood, goes all the way through school, and then any experience at work people might have had. The idea that you can somehow manage or make up for those sorts of things through a six-week intervention, or a period of crisis accommodation is just farcical."

SPVIC06

THE COORDINATION OF SOCIAL CARE

- Our task has been to examine the *coordination of care*. This has led to significant conceptual challenges, as follows:

- What is the *work* of social care? How might care itself be understood? What is care? A role, a relation, an outlook?

- **What does the work of delivering social care achieve?**

- Care is delivered in transactional 'separations' (care as work).

- But care is also *an outcome* of specific kinds of practices.

- Understanding how to coordinate/integrate care between formal services 'silos' (MH/AOD/housing) requires deeper understandings of the *nature and practice of care-work*.

THE WORK OF SOCIAL CARE

"Sometimes, people get really good care and really good experiences, and that's what the policy is, and that's how it should be, but quite often, that's not what's happening. We need more holistic approaches. I think there's a lot of "this is our lane, we get to stay in it, and not work with other people, because that's not our job". But you can't just treat one part of this issue for someone, you need to work with other services, be on the same page, working towards the same things."

SP02NSW

THE DELIVERY OF SOCIAL CARE

- We found that the work of social care often accords with a **primary health model** of *triage* & *specialized role allocation*.

- Task differentiation per explicit org. & staff divisions of labour.

- E.g. clinical mental health staff manage mental health presentations then triage & refer to community 'allied health'.

- Fragmentation of care as per task and role specialisations.

- This typically involves a 'rationing' of care 'episodes' as per assessments of client complexity, entitlement and need.

- In other words, the work of care is fragmented & disjointed according to strict divisions of labour & task allocations.

THE WORK OF SOCIAL CARE

"Even crisis accom would've been fine, but to find me housing that was somewhere more safe and secure for someone who's just got out of hospital, that's what I really needed but I didn't get it. There absolutely was not enough follow through or advocacy for me as a patient to [refer me to] other housing services. So I ended up at the backpackers. Due to the cost, I couldn't get a room by myself, so I got into one where it was shared, there was six bunk beds. There was massive windows with shared bathrooms, all these things would be great if you were mentally stable and on holiday, and it's fun and nice. But it was just really awful and really scary. I really felt scared and very vulnerable. I hated it so I just left after two or three nights."

SU16VIC

SOCIAL CARE AND 'LIVEABLE LIFE'

- How can services be more effectively integrated, coordinated? We need **models of good care**, egs. of effective support.

- We certainly identified instances of 'effective care' – what these instances shared was the support of 'liveable life'.

- Notion of 'liveable life' derives from feminist care ethics (Butler) and from disability studies, activism and policy.

- 'Liveable life' is a life of meaning and value, encompassing the varied means by which all individuals, regardless of ability, cultural identification, ill health, and background, are supported in their pursuit of a good life, as they create a place for themselves, contribute to their community, and work to have their humanity and dignity recognised and valued.

- Care-as-work treats care as function of *service transactions.*

- Caring as *practice* concerned with realisation of 'liveable life'.

THE WORK OF SOCIAL CARE

"One person came into my life almost 12 months ago now, and she has done so much. She saw something in me, she saw my potential. She saw the person that I could be if I were given the opportunity. So she put those opportunities in front of me. No one's ever done that before. That's the first time I've ever had a case manager that has actually managed my case. If someone had've done that 10 years ago, my god, my life would be so different. My life could be so different now. "

SU07VIC

SOCIAL CARE AND 'LIVEABLE LIFE'

- We need to understand the work of social care to understand how services can be more effectively integrated, coordinated.

- Understanding what effective care entails is essential.

- Effective care focuses on the 'whole person' and seeks to tailor care to specific needs, regardless of 'roles' & 'tasks'.

- This sounds like common sense, but service design, funding models often mitigate against the tailoring of support as care.

- Good care focuses on 'liveable life'; what do individuals need to recover or sustain or nurture the conditions of 'liveable life'?

THE WORK OF SOCIAL CARE

"At the time I wasn't aware that I had such a superstar support worker and it's only my long-term involvement [in services] that I understand now that I was one of the lucky ones. For me a big part of it was all the paperwork, like [my worker] determined that it was time to put away the lengthy forms that we have to fill out and just start having conversations with us. After that she started making referrals to a whole range of organisations to help us. She put all these things in place. She had youth workers come and take my daughter to the supermarket and buy all the things she needed, or take her and get credit for her phone, take her out and about. Whether it was looking at schools and taking her to school interviews, whether it was finding guitar lessons for her and giving her a myki card so she could travel to lessons. All these things meant that she could independently continue on doing those activities without my involvement. She was always thinking two steps ahead."

SU06VIC

THE INFRASTRUCTURES OF LIVEABLE LIFE

- Good care, effective care 'works', it has positive effects by contributing to the repair or restoration of the social, affective, material infrastructures essential for a more 'liveable life'.

- All life requires infrastructures – modern life is impossible without social, material, affective infrastructures to sustain it.

- From transport, energy, communication infrastructures, to food security, cultural institutions, social norms, laws, values.

- Housing is the most fundamental of these infrastructures.

- Housing insecurity as an example of infrastructure 'glitches'.

- Infrastructures need constant maintenance and repair.

THE INFRASTRUCTURES OF LIVEABLE LIFE

"The last few months now with the dogs I'm getting out more. I'm settling in [to the area]. I'm talking more with the locals, like the lady across the road, there's a little boy across the road that comes out and he's always looking for the dogs like when we do our afternoon walk he'll come over and say hello. I've got the lady next door that comes in once a week with a plate of chocolate chip muffins. So we're starting to find our - like I said it's not just a house, it's a home and I'm finding that I feel, not only do I feel in my own personal journey but like I'm not a strain on the system like I was, I feel like, not that I'm giving back, but I feel like I'm not in trouble with the law and stuff like that. So I'm not a strain on taxpayers if that makes sense, like I'm living in my community more."

SU07VIC

THE INFRASTRUCTURES OF LIVEABLE LIFE

- For vulnerable individuals experiencing housing insecurity, *navigating complex care systems is increasingly challenging*.

- At best, the **work of care** is the work of restoring liveable life. Care is a practice, the real work of restoring infrastructures.

- The coordination of care might then be reimagined in terms of work of repairing social, material, affective infrastructures that underpin and enable the enjoyment of more liveable lives.

- Need a new organisational logic for integrating care-work.

- Fundamentally, we need to unlock the 'black-box' of practice!

- What does care actually entail & how do we know it works?

Thanks for listening.

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