

Improving housing support for people leaving care settings



Based on AHURI Final Report No. 379: Enhancing the coordination of housing supports for individuals leaving institutional settings

What this research is about

This research Inquiry developed policy recommendations for enhancing housing assistance for individuals leaving three institutional settings: residential treatment for mental health and/or substance use problems; the criminal justice system; and out-of-home care. By canvassing options for improving discharge and transition planning in a range of institutional settings across NSW, Victoria, Tasmania and Western Australia, the Inquiry offers recommendations for enhancing the ways Specialist Homelessness Services (SHS) address the unique support needs of diverse cohorts moving between these institutional settings.

The context of this research

Failure to adequately plan for and support safe transitions from institutional settings into secure and affordable housing can have catastrophic consequences for individuals leaving these settings, with strong impacts on their housing security, health and wellbeing, and economic and social participation in the community.

Admission to inpatient mental health care and/or enrolment in residential treatment for substance use problems typically involves significant risks of housing insecurity, particularly for individuals with complex and unstable housing histories. There is considerable variation in the ways housing issues are managed within mental health and substance use treatment services in NSW and Victoria, and significant discrepancies in the quality of support offered to those in care.

The key findings

People leaving mental health and/or substance use care

Due to growing service fragmentation, complexity and change across the housing, mental health and substance use treatment sectors, discharge and transition planning arrangements are becoming more complex and uncertain.

Research analysis indicates a strong correlation between the volume and frequency of service usage across mental health and substance use treatment settings and the risk of housing insecurity among diverse service user cohorts. This finding is consistent with national and international reports that have consistently found that the frequency and volume of service usage, particularly for mental health, housing and/or substance use services, strongly predicts housing insecurity over the life course.

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Service transitions have a significant impact on housing trajectories, particularly for younger individuals with complex health, housing and social care needs. This relationship is bi-directional in that frequency of service contact is obviously an indication of service demand and the complexity of an individual's health care needs. Yet it is also the case that service contacts, particularly service experiences that involve periods of residential treatment (for example in mental health and/or substance use treatment) can themselves disrupt an individual's housing arrangements over time.

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In further exploring the effects of service contact on housing trajectories, qualitative research revealed inconsistent and sometimes ineffective discharge planning arrangements between diverse mental health and/or substance use treatment providers across Victoria and NSW. Indeed, housing, mental health and substance use treatment sectors in both NSW and Victoria remain largely separate service systems with little formal integration and coordination. There is significant scope, therefore, to enhance the integration of housing, mental health and substance use treatment services, along with other health and social care supports as needed, through more formal and systemic organisational and governance arrangements.

Poor integration and a lack of coordination result in significant unmet demand across housing and social care sectors, resulting in higher rates of inpatient care, increased need for substance use treatment services, and greater pressure on SHS following an individual's discharge. Individuals entering and exiting institutional settings, including mental health and/or substance use treatment, typically have complex needs, requiring significant ongoing coordination between diverse health and social care providers. However, the research also discovered a significant gap between how care and service coordination is designed to work in practice and what is commonly experienced by individuals exiting institutional spaces. While there were instances of best practice in service delivery, there were also many instances of poor transition planning.

Endorsing Housing First

The research provides strong endorsement of housing first as a philosophy to guide the coordination and integration of diverse housing, health and social care supports for individuals transitioning out of residential treatment settings for mental health and/or substance use problems. The housing first model maintains that secure housing must be provided for all individuals living with complex and persistent mental health and/or substance use problems, regardless of their apparent housing readiness.

People leaving the criminal justice system

A wide range of factors of disadvantage and need are highly prevalent among persons in prison, including mental health conditions (40%), cognitive disability (33%), substance misuse (up to 66%) and past homelessness (33%). But prisons are not mere aggregators of disadvantage—they are inherently afflictive. All prisoners experience suffering, and this compounds disadvantage and complicates support needs.

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More than half of persons exiting Australian prisons either expect to be homeless, or don't know where they will be staying when they are released. The connections between imprisonment and homelessness present special risks for persons with complex support needs: that is, persons who have a mental health condition, or a cognitive disability, or both. Individuals leaving prison with complex support needs are all too often excluded from community based support services as 'too difficult', and end up 'enmeshed in the criminal justice system'. Post-release housing assistance is a potentially powerful lever to stop the imprisonment–homelessness cycle and the disabling web of punishment and containment that persons with complex support needs get trapped in.

Without real options and resources, prisoner pre-release planning for accommodation is often last minute. Insecure, temporary accommodation is stressful and diverts ex-prisoners and agencies from addressing other needs, undermining efforts to reduce recidivism.

Social housing for ex-prisoners

Of necessity, ex-prisoners and agencies work at accessing private rental housing, but the barriers—primarily issues of housing unaffordability—are challenging, and impossible for many. Social housing has its challenges, too, but with continuing support is viewed as the best long-term prospect.

The evidence strongly supports much greater provision of social housing to persons exiting prison, particularly those with complex support needs. Public housing ‘flattens the curve’ of average predicted police incidents (down 8.9% p.a.), court appearances (down 7.6% p.a.), time in custody (down 11.2% p.a.), and justice system costs per person (down \$4,996 initially, then a further \$2,040 p.a.). In dollar terms, housing ex-prisoners in public housing tenancy generates, after five years, a net benefit of between \$5,200 and \$35,000 per person relative to private rental and homelessness assistance.

The cohort’s median time from first prison exit to public housing is 5 years (mean 5.9). Were public housing received sooner following prison exit, the benefits to the individual and society would be expected to occur sooner and could therefore be even greater.

Ex-prisoners have been the SHS sector’s fastest growing client category over the past decade. As a result of a short-lived period of reform in the late 2000s, homelessness policy in NSW recognises ex-prisoners as a priority group, reflected in the growth in ex-prisoners’ accessing SHS, but the necessary housing stock is lacking. The declining social housing sector has tightened its targeting, resulting in significant ‘care rationing’. As a result, SHS have sought to increase the ways it assists with access to private rental housing.

People leaving out-of-home care

Young people leaving OHC experience considerable housing, health and social disadvantage, which is exacerbated for Indigenous care leavers. This research examined the housing, homelessness, mental health, alcohol and drug, and juvenile justice service usage pathways for care leavers located in Victoria and Western Australia. The types of services which support care leavers to obtain and maintain housing were of particular interest. Research shows:

- More than half (54%) the 1,848 Victorian care leavers accessed homelessness services in the four years after leaving care and one in three had multiple homeless experiences.
- Care leavers demonstrate high levels of service usage, both before and after leaving care.

- Care leavers had twice the number of hospitalisations compared to the general population of 15–24-year-olds in Victoria in 2013–2014.
- Leaving care planning processes are limited and, in many cases, non-existent, meaning care leavers are ill prepared to live independently.
- The expectation that care leavers are able and ready to live independently at the age of 18 does not reflect broader community expectations of young adults.
- Traumatic life events mediate care leavers’ willingness and ability to engage with service delivery agencies.
- Limited interagency coordination of services was found, resulting in inadequate leaving care planning processes.

Findings highlight the role of leaving care planning processes to ensure successful transitions from care into long term stable housing. All data sources support this argument, whether it be the lived experience narratives of care leavers, the practice wisdom of service providers, or the analysis of linked data on service usage patterns before and after leaving care.

Indigenous Australians

Indigenous Australians had higher proportions of individuals utilising services across a wide range of service types. The extent of differences depended on the cohort type—larger differences were evident in the mental health cohort, while limited differences were found in the youth justice cohort. In the mental health cohort, a higher proportion of Indigenous Australians had hospitalisations for substance misuse (50% of Indigenous Australians, compared to 27% of non-Indigenous Australians), assault (7% of Indigenous Australians compared to 3% of non-Indigenous) and self-harm (34% of Indigenous Australians compared to 28%). Use of substance misuse treatment services was also much higher for Indigenous Australians (45% of the mental health cohort, 83% of the youth justice cohort and 37% of the OHC cohort).

Indigenous Australians were more likely to access homelessness services, apply for public housing, and receive a public housing tenancy. These findings were consistent across all three cohorts.

Indigenous Australians were far more likely to apply for public housing than their non-Indigenous peers, with 27 per cent of the mental health cohort, 42 per cent of the youth justice cohort, and 41 per cent of the OHC cohort making an application (compared to 9%, 21% and 26% of non-Indigenous Australians respectively). However Indigenous Australians did not appear to be much more successful at receiving tenancies than non-Indigenous Australians, with roughly one in four applications resulting in a tenancy across both Indigenous and non-Indigenous Australians.

What this research means for policy makers

Individuals at risk of experiencing housing insecurity following discharge from institutional settings should be formally integrated into discharge planning processes.

Assertive case management, while resource intensive, is an effective means of supporting vulnerable individuals with complex needs to access and maintain stable housing. The research shows the benefits of more formal integration of housing, health and social supports, demonstrating that long term stable housing can be sustained for persons with complex health, housing and social support needs.

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Innovative housing programs like Journeys to Social Inclusion, the Lead Program and Green Light in Victoria, the Living Independently for the First Time (LIFT) program in Western Australia and the Housing and Accommodation Support Initiative (HASI) in NSW are making a significant difference to the lives of vulnerable individuals, and they clearly demonstrate how carefully planned transitions from institutional settings, combined with coordinated and consistent follow-up support, can help individuals acquire and maintain stable housing over the long term. These programs provide compelling evidence to guide innovative service delivery, including many fine examples of carefully coordinated health and social care supports leading to effective change.

Addressing these policy and service design challenges will require significant service reforms. In particular, widespread emphasis across the mental health and substance use treatment sectors on bureaucratic and administrative processes over and above an individual's care needs must be reversed. All discharge planning must begin from the point of view of the individual by shifting to more ‘person-centred’ approaches to care coordination and service delivery.

It is important to increase funding support for the provision of new social housing to guarantee access to safe and secure housing for all Australians who require it. For people exiting prison social housing is a stable base on which to receive and engage with support services and helps to desist from offending.

OHC: policy development options

It is recommended that all jurisdictions increase the leaving care age to a minimum of 21 years. This brings the leaving care age closer to community expectations regarding independence for young adults.

Leaving care planning ought to be supplemented by attention to the transition from adolescence through to emerging adulthood, focussing on strengthening independent living skills and other key developmental tasks. Policy responses need to promote ontological security for care leavers, noting their relative social and emotional isolation and limited safety nets, which highlights the central and influential role of the corporate parent.

Methodology

This final Inquiry report brings together the findings from three supporting research projects. This research reviewed international research and policy literature to identify and assess existing models of best practice for integrating and coordinating transition planning and effective post-exit supports. The researchers interviewed stakeholders and service users to probe experiences and models of transition planning.

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