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Enhancing the coordination of housing supports for individuals leaving institutional settings

From the AHURI Inquiry: Inquiry into enhancing the coordination of housing supports for individuals leaving institutional settings

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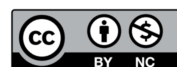

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Each AHURI Inquiry is supported by a panel of experts drawn from the research, policy and practice communities.

The Inquiry Panel are to provide guidance on ways to maximise the policy relevance of the research and draw together the research findings to address the key policy implications of the research. Panel members for this Inquiry:

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Contents

List of tables v

List of figures vi

Acronyms and abbreviations used in this report vii

Executive summary 1

1. Institutional pathways and trajectories 6

1.1 Policy context 6

1.1.1 Policy issues 7

1.2 Existing research insights and problems 7

1.2.1 Research and policy contexts 7

1.2.2 The nature of transition pathways 8

1.2.3 Movers on, survivors, strugglers 8

1.2.4 Structural and individual factors in transition pathways 9

1.2.5 Implications for housing policy analysis 10

1.3 What can LAD offer housing researchers? 11

1.3.1 LAD and housing studies 11

1.4 Research questions 12

1.5 Research approach 13

1.5.1 Research design 13

1.6 Inquiry projects 14

2. Summary of Inquiry project findings 15

2.1 Leaving residential treatment (Project A) 16

2.1.1 Leaving residential treatment: aims, design and methods 16

2.1.2 Leaving residential treatment: key research findings 17

2.1.3 Leaving residential treatment: policy development options 19

2.2 Exiting prison with complex support needs 20

2.2.1 Exiting prison: aims, design and methods 21

2.2.2 Exiting prison: key research findings 21

2.2.3 Exiting prison: policy development options 24

2.3 Accommodating transitions from Out of Home Care 25

2.3.1 Accommodating transitions from OHC: aims, design and methods 25

2.3.2 Accommodating transitions from OHC: key research findings 26

2.3.3 Accommodating transitions from OHC: policy development options 28

3. Insights from Linked Administrative Data: pathways and trajectories 29

3.1 Characteristics of our cohorts 32

3.1.1 Cohort overlaps 35

3.2 What services do our cohorts use? 36

3.2.1 Service use after index exit 36

3.2.2 Service use prior to institutional exit 38

3.2.3 Repeat service use 40
3.2.4 Comparing rates of service use to the general population 41
3.3 Housing and homelessness services 42
3.3.1 Receiving public housing 42
3.3.2 Accessing homelessness services 43
3.3.3 Housing trajectories after leaving institutional settings 47
3.4 Impacts of gender, Indigeneity and multiple exits on service use and housing 52
3.4.1 Impacts of gender on service use and housing after leaving institutional settings 52
3.4.2 Indigenous Australians service use and housing after leaving institutional settings 56
3.4.3 Individuals leaving multiple institutions 60
3.5 Conclusion: policy and practice implications 62
4. Housing transitions: policy options 64
4.1 Key research themes 65
4.1.1 Housing shortages and funding gaps 65
4.1.2 Transition planning and coordination problems 65
4.1.3 Holistic planning and the impact of trauma and structural disadvantage 66
4.1.4 Best practice in housing support and transition planning 67
4.2 Key housing, health and social care policy recommendations 68
4.3 Concluding remarks 69
References 70

List of tables

Table 1: Summary of research domains and data sources 13
Table 2: Characteristics of the three cohorts 33
Table 3: Characteristics of index exit from institution 34
Table 4: The number of individuals in the three cohorts who accessed a particular service in the four years after exit 37
Table 5: The number of individuals in the three cohorts who accessed a particular service in the two years prior to exit 39
Table 6: Median number of services for those who accessed at least one service of a particular type in the four years after exit, for each cohort 40
Table 7: Rates of service in each cohort compared to the young Victorian population 41
Table 8: Public housing applications, tenancies and wait times 42
Table 9: Care leavers who made a primary applicant public housing application: comparison of those who did and did not receive tenancy 43
Table 10: Housing situation and reason for assistance while seeking homelessness services 44
Table 11: Proportion of individuals with potential predictors of homelessness, by homelessness status, combined cohorts 46
Table 12: Housing trajectories after institutional exit 49
Table 13: Service use characteristics (hospital and emergency) by housing trajectory 50
Table 14: Service use characteristics (other) by housing trajectory 51
Table 15: The proportion of individuals in the mental health cohort with a service record in the four years after exit, by gender 53
Table 16: Public housing applications, tenancies and wait times by gender 54
Table 17: Housing situation and reason for assistance while seeking homelessness services, by gender 55
Table 18: Housing trajectories after institutional exit by gender 56
Table 19: The proportion of individuals in our cohorts with a service record in the four years after exit, by Indigenous status 57
Table 20: Public housing applications, tenancies and wait times by Indigenous status 58
Table 21: Housing situation and reason for assistance while seeking homelessness services, by Indigenous status 59
Table 22: Housing trajectories after institutional exit by Indigenous status 60
Table 23: Overlapping service use for those aged 18 or under at time of index exit 61
Table 24: The proportion of individuals with a housing or homelessness service record in the four years after exit, by single or multiple exits 62
Table 25: Housing trajectories after institutional exit, comparing those with multiple exit types to those with a single exit type 62

List of figures

Figure 1: Average predicted number of police incidents per annum, for people with rental assistance only following exit from prison 23

Figure 2: Average predicted number of police incidents per annum, before and after first public housing following exit from prison 23

Figure 3: Jason's institutional costs by age and agency (proportions) 24

Figure 4: Debra's institutional costs by age and agency (proportions) 24

Figure 5: Datasets and time periods 31

Figure 6: Cohort overlaps 35

Acronyms and abbreviations used in this report

AHURI	Australian Housing and Urban Research Institute Limited
AIHW	Australian Institute of Health and Welfare
CVDL	Centre for Victorian Data Linkage
DHHS	Department of Health and Human Services
HASI	Housing and Accommodation Support Initiative (NSW)
IQR	Interquartile range
LAD	Linked administrative data
LOS	Length of stay
MHDCD	Mental Health Disorders and Cognitive Disabilities
NDIS	National Disability Insurance Scheme
NSW	New South Wales
OHC	Out-of-home care
PY	Person year
SHS	Specialist homelessness services
UNSW	University of New South Wales

Executive summary

Key points

- **Transitions out of institutional settings—inpatient mental health care, residential substance use services, out-of-home care (OHC), and corrections—are associated with significant risks of housing insecurity, which can be greatly reduced by more effective service coordination.**
- **More effective service coordination is especially critical between separate service systems (e.g. housing, mental health, substance use, family services and corrections). Enhanced coordination between these sectors is crucial to reduce the risks of housing insecurity for individuals leaving institutional settings.**
- **There is considerable variation in the ways housing issues are managed within these settings, and discrepancies in the quality and duration of housing support available to individuals when they leave.**
- **As the complexity of service provision grows, there is evidence that service coordination roles can effectively promote service integration. To be effective, staff in these roles should have clear responsibilities to identify and maintain formal practices of service coordination with a strong focus on maintaining transparency and accountability.**
- **There is emerging evidence that service coordination roles should be supplemented and supported by greater involvement of 'peer', 'consumer' and/or 'service user' representatives in service coordination.**
- **'Best practice' programs around the country indicate how services can be more effectively coordinated to support improved housing outcomes for individuals leaving institutional settings.**

The study

The overall aim of this Inquiry was to develop clear policy directions for enhancing housing supports for individuals leaving institutional settings. The Inquiry focused empirical analysis on three institutional domains:

- Residential treatment for mental health and/or substance use problems: Project A (Duff, Hill et al. 2021)
- Custodial components of the criminal justice system: Project B (Martin, Reeve et al. 2021)
- Out-of-home care (OHC): Project C (Martin, Cordier et al. 2021).

Our goal has been to identify opportunities for enhanced service coordination between housing support and social care providers to improve transition planning for individuals leaving these institutional settings. The Inquiry has also sought to identify how housing services may more effectively address the unique support needs of diverse cohorts moving between institutional settings. Our key research questions were:

- **RQ 1:** What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?
- **RQ 2:** How does institutionalisation mediate the risk of 'post-exit' housing insecurity, and how do housing and social supports moderate this risk?
- **RQ 3:** How effective is existing service integration between housing and other sectors in transition planning in residential treatment, criminal justice, and out-of-home care (OHC)?
- **RQ 4:** What are the best examples of coordinated post-exit transition planning, nationally and internationally, and what lessons can be learned from these examples for other settings?

The Inquiry program involved original research in three projects (A, B and C), and some original research at the Inquiry level. The table below summarises each component's institutional domain and major data sources.

Summary of research domains and data sources

Inquiry component	Institutional domain	Administrative data	Other data
Project A (Duff, Hill et al. 2021)	Residential treatment (mental health/substance use)	DHHS Victoria	Interviews with stakeholders and service users
Project B (Martin, Reeve et al. 2021)	Prison	NSW Government/ UNSW MHDCD dataset	Interviews with stakeholders and service users
Project C (Martin, Cordier et al. 2021)	Out-of-home care	DHHS Victoria	Interviews with stakeholders and service users
Inquiry	Cross domain analysis of residential treatment, out-of-home care, and juvenile justice	DHHS Victoria	

Projects A and C, and the Inquiry-level research, drew on linked administrative data (LAD) maintained at the Victorian Department of Health and Human Services (DHHS) within the Centre for Victorian Data Linkage (CVDL). This included data from across the health sector (hospital admissions, emergency department presentations); community health (acute and community mental health services and substance use services); housing (housing applications, housing tenancies and homelessness data); and justice (youth justice, child protection, family violence, sexual assault services). Analysis of these sources has shed light on pathways into and out of institutional settings, including service use patterns, risk profiles and the mediating effects of cultural diversity. The service use patterns of three distinct cohorts have been investigated, with unique findings reported in the individual Inquiry reports as follows:

a. Residential treatment (mental health/substance use) cohort

   The service utilisation patterns of a cohort of young people aged 16–25 years who were discharged from acute mental health services from January 2013 to December 2014 were assessed alongside pre- and post-exit service utilisation as part of Project A.

b. Juvenile justice cohort

Pre- and post-exit service utilisation patterns of a cohort of young people aged 16–18 years who were released from Victorian juvenile detention centres from January 2013 to December 2014. This cohort is included in the analysis conducted at the Inquiry program level, exploring pathways and transitions into and between these institutional domains to clarify key risk and protective factors to guide innovative transition planning.

c. Out-of-home care (OHC) cohort

The service utilisation patterns of all persons aged 16–18 years who exited the Victorian OHC system from January 2013 to December 2014 were assessed alongside pre- and post-exit service utilisation (i.e. 2-year retrospective and 4+ years from time of exit) as part of Project C reporting.

In addition, Project B drew on LAD from NSW Government agencies maintained by UNSW in the Mental Health Disorders and Cognitive Disabilities (MHDCD) dataset. These are de-identified linked data about 2,713 persons who were in prison in NSW at some point between 2001 and 2008, and relate to each person's contact with criminal justice, health, community services and housing agencies before, during and after prison.

Each project also involved original qualitative research with agency representatives and services users to probe models and experiences of transition planning.

Major research themes and findings

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. By canvassing options for improving discharge and transition planning in a range of institutional settings across NSW, Victoria, Tasmania and Western Australia, this report identifies significant opportunities to reform transition planning to enhance housing security and support the health and wellbeing of individuals leaving these settings.

Our research provides strong endorsement of the 'housing first' model as a guide to enhance the coordination of diverse health and social care supports for individuals transitioning out of institutional settings. In this approach, housing provision and support is central, and there are no behavioural prerequisites to be met before an individual is provided with suitable accommodation. Housing first models provide insights into effective practices and service models to support enhanced discharge and transition planning for individuals exiting complex care settings, emphasising the importance of secure housing as a condition of effective post-exit support.

Each of our data sources (linked data analysis along with qualitative data collected via interviews with service providers working in each of the three service domains noted above, and individuals with recent experiences of these settings) highlight points of interception where service coordination can be significantly improved. Focussing effort at these points can improve health and housing outcomes for individuals accessing services, while reducing economic and social costs.

In further exploration of the effects of service contact on housing trajectories, our qualitative research reveals inconsistent and sometimes ineffective transition planning arrangements across and between the three service system domains addressed at the Inquiry project level. This work confirms that housing, corrections and youth justice, out-of-home care, mental health and substance use treatment sectors remain largely separate service systems with little formal integration and coordination. There is significant scope, therefore, to enhance the integration of housing supports within and across these sectors, 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 need resulting in higher rates of inpatient care, increased need for substance use treatment, ongoing offending and other criminal justice costs, and greater pressure on specialist homelessness services (SHS) following an individual's institutional exit. Failures in service and support, that often precede experiences of housing insecurity, result in increased social and economic costs. Individuals entering and exiting institutional settings typically have complex health and social care needs, requiring significant post-care coordination between diverse care providers.

However, we discovered a significant gap between how care and service coordination is supposed to work in practice and what is commonly experienced by individuals exiting institutional spaces. Certainly, we identified instances of best practice in service delivery, along with many examples of poor transition planning.

Our findings suggest grounds for enhancing the design of post-exit support packages in order to more effectively meet the health and social care needs of individuals exiting institutional settings. Transition packages ought to be designed and delivered on the basis of what they enable an individual to do or achieve in their everyday life following their exit. Transitional services and supports ought to be tailored to individual needs in relation to formal and informal 'material supports' such as housing, employment, education, training and income support, along with formal and informal 'social supports' including community integration and belonging, social inclusion and family support arrangements.

Furnishing the material and social supports central to the experience of a 'liveable life' ought to be the key focus of transition planning for individuals exiting institutional settings, taking in their formal and informal housing, health and social care needs. Such a focus shifts the design of transition planning beyond the immediate goals of a specific organisation to emphasise an individual's unique support needs.

Policy development options and recommendations

Our research makes a compelling case for the more formal integration of SHS into a broader range of institutional settings across the country, given the significant risks of housing insecurity that many individuals experience in these settings, including all too common experiences of homelessness.

There are several examples of good practice to guide these efforts, including innovative programs like 'Journeys to Social Inclusion' 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) and the Extended Reintegration Service in NSW. These programs demonstrate the benefits of more formal integration of housing, health and social supports, proving that long-term stable housing can be sustained for individuals regardless of the complexity of their health, housing and social support needs.

The task now is to scale up these endeavours to ensure that all Australians who need support receive it. Equally critical is the need to increase funding for the provision of social housing to guarantee access to secure housing for all Australians who require it.

On the basis of analysis presented in this report, we identify the following policy issues:

- Housing affordability, social housing shortages and lack of supported housing remain key challenges for individuals leaving institutional settings around the country.
- Housing/homelessness, OHC, criminal justice, mental health and substance use treatment remain separate service systems with only partial coordination.
- Within these systems, there is unmet need for housing support, as well as significant resource constraints on coordination between health and social care systems.
- There is scope to enhance the role of government and external community service providers in case conferencing and coordination in institutional settings to improve the integration of housing support for individuals at risk of (or experiencing) housing insecurity, including providing wrap around supports tailored to individual needs.

- Individuals exiting institutional settings express strong preferences for greater choice and control over their post-exit housing trajectories.
- Addressing these outstanding challenges will require significant service reforms. In particular, the widespread emphasis across institutional settings on bureaucratic and administrative processes over and above an individual's care needs must be reversed.

Also important is the need to ensure that SHS are further integrated into institutional settings through service and system design innovations. At a practical level, this could include the introduction of novel housing assessment tools to guide care-planning protocols so that individuals in need of (or who may benefit from) housing support are identified at entry, with a particular emphasis on housing history, prior contact with health and social care services, ender and Indigeneity. These assessments can then inform tailored transitional arrangements to ensure better 'after care' services to more effectively support the housing needs of individuals leaving institutions. The existing peer workforce, along with lived experience advisory groups, are a significant source of expertise to guide this work.

Our research also has important implications for the organisation of social care services and supports—for example, in terms of work design issues, leadership and governance approaches, role descriptions and task allocations—across and between SHS, mental health care, substance use treatment, corrections and out-of-home care services in Australia. Within these service systems, service pathways are becoming more complex, with significant impacts on workforce development challenges across the broad health, housing and social care landscape.

1. Institutional pathways and trajectories

- **It is well known that transitions out of institutional settings are key risk periods for housing insecurity and homelessness. Programs in various international settings seek to address these risks, with clear policy and practice implications for Australian housing policy innovations.**
- **The available international research evidence provides strong guidance on the optimal design of enhanced integration and coordination of health and social supports for individuals exiting institutional settings.**
- **Evidence indicates that volume and frequency of formal contact with institutional settings increases the risks of housing insecurity for individuals leaving these settings. This suggests the importance of targeted 'early intervention' to identify 'at risk' individuals and then to tailor appropriate housing, health and social care supports for them.**
- **'Housing first' policy and program models are widely supported in the international literature and provide keen insights into local innovation.**

1.1 Policy context

In April 2019, AHURI established an Inquiry program to consider options for enhancing the coordination of housing and social supports for individuals leaving institutional settings, including substance use treatment and/or inpatient mental health facilities, prisons, and out-of-home care (OHC). It is well known that exits from these settings often entail considerable disruption to an individual's housing arrangements, with significant risk of housing insecurity and/or homelessness over time.

The purpose of this Final Report is to bring together the key findings derived from relevant project data, including a brief summary of research conducted as part of the three Inquiry projects (see Section 1.2). We also summarise key findings derived from our analysis of linked data analysis (see Chapter 3). In exploring these broad findings, we consider challenges in designing safe, effective and secure transition pathways out of institutional settings, alongside identifying problems and barriers that exacerbate the risks of housing insecurity for individuals leaving these settings. We also explore key issues for individuals who have contact with two or more of these settings.

1.1.1 Policy issues

The overall aim of this Inquiry is to develop clear policy directions for enhancing housing supports for individuals leaving institutional settings. The Inquiry has focused empirical analysis on three institutional domains:

- residential treatment for mental health and/or substance use problems (Project A)
- custodial components of the criminal justice system (Project B)
- out-of-home care (Project C).

Our goal has been to identify opportunities for enhanced service coordination between housing support and social care providers to improve transition planning for individuals leaving these institutional settings. The Inquiry has also sought to identify how housing services may more effectively address the unique support needs of diverse cohorts moving between institutional settings.

In pursuing these goals, the Inquiry has sought to assess innovative housing policy reforms, and associated practice and service delivery improvements, in a context of profound systemic change. Relevant changes include reforms to social welfare support with the progressive introduction of individualised funding models in many social care domains, the ongoing rollout of the National Disability Insurance Scheme (NDIS), and changes to the management of social housing access across Australian states and territories.

Of particular relevance to the aims of this Inquiry has been the progressive introduction over the last decade of individualised funding models and associated support packages that are ostensibly tailored to the specific circumstances of individuals leaving institutional settings. This report considers the significance of these and related policy innovations in the course of discussing options for enhanced exit planning for individuals leaving institutional settings.

1.2 Existing research insights and problems

It is well known that individuals leaving institutional settings are at increased risk of housing insecurity. This is most apparent in the weeks and months following the transition from institutional settings (Johnson, Natalier et al. 2010; Mendes and Snow 2016), although there is evidence that this risk endures across the life course (Willis 2018). Set within this context, the following section briefly summarises findings derived from a select review of the relevant research and policy literature conducted by the Inquiry program to guide research activities at the project level.

1.2.1 Research and policy contexts

There is a significant body of literature exploring individual experiences of housing instability, and how the incidence of mental health problems, substance use issues, involvement with the criminal justice system, and/or experiences of OHC mediate the risk of homelessness and/or housing insecurity. Despite this link being the subject of longstanding research and policy interest, there is surprisingly little focused analysis on individual transitions out of institutional settings, such as mental health inpatient units, substance use treatment programs, the criminal justice system, and OHC. What little research does exist suggests that transitions into and out of these institutions typically involve significant disruptions to individual housing arrangements, social and family networks, and involvement in paid employment (see Aubry, Goering et al. 2016; AIHW 2020; Moschion and Johnson 2019 for a review).

Meanwhile, there is significant research indicating the trauma and stigma often experienced by people exiting justice and custodial settings, OHC and/or inpatient health care settings. Stigma and trauma are especially well documented for people subject to compulsory treatment orders that require admission to a mental health inpatient unit, and individuals exiting justice settings including prison (Patterson, Currie et al. 2014; Wright 2012). These experiences may have a significant impact on people's housing trajectories, given the extent to which stays in institutional settings disrupt individual housing biographies. While residential mobility is common for many people, especially in urban contexts, there are important differences for individuals exiting institutional settings. Such transitions often leave individuals 'trapped' in insecure housing, with unstable patterns of mobility involving significant disruption, unplanned moves, and low housing satisfaction (Wiesel 2014).

It is known that the transition from institutional settings typically involves significant risks of housing insecurity, including homelessness in the weeks and months following transition (Johnson, Natalier et al. 2010; Mendes and Snow 2016; Moschion and Johnson 2019), and there is evidence that this vulnerability can continue across the life course (Willis 2018).

1.2.2 The nature of transition pathways

Understanding and catering to the support needs of individuals exiting institutional settings is crucial to alleviating the risk of individuals becoming trapped in a cycle of housing instability. Chamberlain and Johnson (2013) argue that it is crucial that researchers attend to the diverse and complex character of individual trajectories into homelessness, and further, that the shift from homelessness into housing should be understood in terms of change and disruption, rather than linear transitions (see also Chamberlain and Johnson 2018). These transitions have complex material, relational and psychological dimensions that must be navigated and supported if the shift into stable housing is to be successful (Chamberlain and Johnson 2018).

Chamberlain and MacKenzie (2008) have used the analogy of the homelessness career to highlight key transitional stages in experiences of homelessness, and to clarify key risk and protective factors. These factors commonly involve the formal and informal supports that individuals are able to draw upon to navigate housing careers and to identify opportunities for secure housing post-transition.

Shedding further light on these transitions, Fopp (2009) and others have referred to homelessness pathways to illustrate key changes in material circumstances and biographical identities as individuals progress through their housing careers. Clapham (2002) explicitly prefers the language of housing 'pathways' to housing 'careers' for the ways the former retains a sensitivity to the social and structural factors that shape housing experiences, something that the word 'career' arguably elides, with its focus on individual circumstances and trajectories. Following Clapham's (2002) reasoning, we adopt the language of housing pathways throughout this report.

Clapham's and Fopp's interest in the structural factors shaping housing pathways emphasises how individuals exiting institutional settings often experience transitions characterised by a high degree of risk and vulnerability, which can have a profound effect on future housing security. It is also important to remember that for individuals leaving institutional settings, finding and securing stable housing may be only one aspect of restoring stability and security to their lives. Indeed, the notion of 'housing first' has emerged as a strong research and policy logic emphasising the centrality of secure housing to all other aspects of individual biographies, including education, paid employment, stable social networks, leisure, family and romantic partnerships, identity and subjective wellbeing (see Willis 2018; Reed 2016; Spicer, Smith et al. 2015; Tsemberis, Gulcur et al. 2004; Padgett, Gulcur et al. 2006 for reviews).

1.2.3 Movers on, survivors, strugglers

A key goal of the literature on housing security and insecurity in vulnerable populations has been to identify relevant risk and protective factors to inform the development of policy and to identify gaps in service provision (see, for example, Clare et al. 2017; Dyb 2016; Moschion and Johnson 2019). Some of this work goes on to identify risk profiles and cohorts, claiming that a clearer understanding of cohort profiles may facilitate more accurate matching of services and supports with individual needs, and more successful transitions out of institutional settings into stable and secure housing.

Mike Stein's (2012) widely cited model identifies three transition cohorts in a study of young people leaving OHC —'movers on', 'survivors' and 'strugglers'—with each characterised by typical transition pathways, with specific service needs and care requirements. 'Movers on' tend to make successful transitions into stable housing and employment with relatively modest support needs; 'survivors' experience more disruption, with periods of unstable housing and employment, and subsequently more enduring and intensive support needs, typically across multiple service points; while 'strugglers' experience more volatile transitions with frequent periods of homelessness and frequent contact with health and social care services and the criminal justice system.

Stein's argument, now endorsed across a range of studies, is that understanding the needs of people exiting institutions is essential to providing tailored 'post-exit' housing supports that respond more directly to a person's particular circumstances and risk profile (see also Willis 2018; Reed 2016; Spicer, Smith et al. 2015). The notion of 'transition cohorts' points to how broader understandings of risk profiles may enable service providers to more effectively tailor transition plans to individual needs.

Risk profiling may, for example, enable service providers to offer a package of housing supports premised on an assessment of the individual's likely housing needs. Indeed, the present study may be partially understood as an attempt to verify the utility of Stein's model in an Australian context, and with greater reference to Australian housing services, markets and policy infrastructures across the states and territories.

There is some Australian evidence supporting the basic conclusions of Stein's work, and the research that has followed from it. For example, Johnson, Natalier and colleagues (2010: 35–45) report that individuals making (or likely to make) relatively smooth transitions from institutional settings require different housing supports compared with individuals whose transitions are more volatile.

The present study seeks to develop these conclusions, and test them in a wider range of policy contexts, populations and institutional settings. Recognising and responding to complexity within housing and social policy and service provision is particularly pressing because populations entering and exiting institutions within Australia are becoming more culturally and linguistically diverse (Nielssen, Stone et al. 2018).

Further complicating these transitions is the finding confirmed in much contemporary research of bi-directional relationships between homelessness and mental health and substance use, recidivism and reoffending (Moschion and Johnson 2019; Baker, Mason et al. 2014; Gooding 2018; Johnson and Chamberlain 2008; Rosenthal, Mallett et al. 2007; Baldry, Mcdonnell et al. 2006).

1.2.4 Structural and individual factors in transition pathways

Beyond individual support models like Housing First, and the models of risk and protective factors that support them, it is clear from the research, policy and practice literature that policy makers and service providers must recognise and respond to a complex interplay of structural and individual factors in devising and delivering appropriate support to individuals as they seek to secure and maintain stable housing after exiting an institutional setting (Fitzpatrick 2005). Of course, these services need to be adequately resourced, well managed and responsive to the needs of diverse client groups.

Batterham's (2019) hybrid model of the types of causes that interact to produce housing insecurity is useful here because it asks researchers, policy makers and service providers to connect causes and risks in thinking about the relationship between housing and social inclusion for individuals leaving institutional settings. It also highlights the range of factors likely to be important in designing and delivering flexible and responsive housing services for individuals exiting these settings.

Batterham (2019) identifies six types of causes in her analysis of structural drivers of housing insecurity and homelessness. First, Batterham highlights the role of housing markets and the availability of social housing in determining the timeliness of access to stable, secure housing for individuals exiting institutional settings. Obviously in contexts characterised by tight housing markets, high competition in private rental accommodation, and relatively poor availability of public and/or social housing—incidentally the very same climate that currently characterises almost all metropolitan housing markets in Australia—access to secure housing for individuals leaving institutional settings is likely to be extremely challenging.

Second, Batterham points to the ways that existing labour markets regulate access to employment opportunities and conditions, and subsequently how labour markets contribute to income inequality. Each of these factors has an obvious causal impact on housing security, given the relationship between income inequality and housing security.

Third, Batterham highlights the importance of social capital in mediating housing security, and the social connections and relationships that constitute it. Higher notional social capital is associated with access to secure housing for individuals leaving institutional settings, and higher relative satisfaction with the quality of that housing (see also Duff, Jacobs et al. 2013).

Fourth, an individual's health and wellbeing, including any incidence of disabilities, mental health problems and/or substance use issues, has a direct impact on their transition to secure housing post-exit. Individuals with generally poor health, or significant health problems, generally experience more disrupted transitions with poorer housing security.

Fifth, lifetime experiences of homelessness are strongly associated with ongoing risk of homelessness following transitions from institutional settings. Finally, and critically for the purposes of the current discussion, Batterham stresses that institutions and organisations that provide housing and support services for individuals exiting from institutional settings—including housing, health, education and mental health services—can have a significant impact on individual transition pathways by intervening at critical moments to assist individuals to access appropriate, safe and stable housing.

Additionally, high quality services can also enhance people's ability to participate in employment and the housing market, while improving their health and wellbeing and the quality of their relationships.

Batterham (2019) concludes that efforts to address mechanisms of housing insecurity and vulnerability require the identification of causal relationships that are often complex, emergent and non-linear. It also requires a stronger focus on the kinds of human capabilities required to manage, live with or resist the structural factors and conditions that drive experiences of housing insecurity and the individual vulnerabilities associated with it (see also Greenwood, Manning et al. 2021).

The program of empirical research conducted by the Inquiry team adopted aspects of Batterham's model as part of a broader conceptual framework for investigating the significance of diverse social and structural factors in mediating housing pathways, and the risk of housing insecurity for diverse cohorts of individuals leaving institutional settings around the country.

1.2.5 Implications for housing policy analysis

The models proposed by Stein (2012) and Batterham (2019) point to the range of social and structural factors that shape housing trajectories for individuals exiting institutional settings. We have drawn on both models—from Stein to understand individual risk and protective factors, and from Batterham to ensure sensitivity to a broader sweep of social and structural factors—in our analysis of key data derived from each phase of the Inquiry research. Based on this analysis, we conclude that housing pathways are shaped by a host of risk and protective factors, with strong implications for the design and delivery of more effective housing and social supports for individuals exiting institutional settings.

The housing and social policy literature points to the fundamental importance of identifying the causal mechanisms that contribute to housing insecurity for individuals leaving institutional settings, and the need to examine individual trajectories to inform policy development and service planning.

Key recent work has focused on the extent to which service responses to experiences of housing insecurity and/or homelessness can actually work to enhance or restore some of the key human capabilities required to manage experiences of structural disadvantage that typically drive housing problems (see Batterham 2019; Greenwood, Manning et al. 2021). Taken from this 'capabilities' perspective, key research interests include the design of post-exit housing supports for diverse cohorts; the staging and delivery of these supports; the most effective ways of coordinating support across service domains; and the integration of formal programs into existing family and social networks (Duff, Jacobs et al. 2013; Flatau, Conroy et al. 2010; Greenwood, Manning et al. 2021; Stein 2012).

Despite recognition of the relationship between housing and improved social outcomes for marginalised and stigmatised groups (including those leaving institutional settings), there is still little integration across policy and service provision domains, with repeated failures identified in post-exit planning, including coordination across sectors and between services (Brackertz, Davison et al. 2019; Dyb 2016; Moschion and Johnson 2019; Patterson, Currie et al. 2014).

Models of best practice are elusive, with few programs being comprehensively evaluated. Moreover, existing research is often dispersed across disciplines and narrowly focused on specific populations. This dispersal inadvertently reinforces existing research showing policy and services silos that do not currently interact, which in turn can result in more people experiencing housing instability.

The research conducted by this Inquiry team was designed to overcome these policy and research silos by adopting an inter-disciplinary approach. It also makes extensive use of linked administrative data (LAD) to chart post-institutional trajectories and contacts across service domains, helping to resolve some of the challenges evident in the broader literature noted above, particularly unhelpful barriers between disciplines.

1.3 What can LAD offer housing researchers?

Administrative data are the records collected by agencies and organisations in the course of doing their business. Governments and NGOs hold a great deal of information on individual clients of government services in their administrative systems that is both longitudinal and systematically collected. While administrative data offers many opportunities to enhance policy decision making and program design, the potential value of these data can be vastly increased by linking administrative datasets across multiple systems. Data linkage, or the process of merging records from different systems for the same individuals, allows for clearer insights into patterns of service use within and across systems over time.

Of particular importance to the research aims of this study is that statistical analysis of LAD offers opportunities to better 'monitor and evaluate the effectiveness of discharge and aftercare practices' (Culhane 2016: 115) of key institutions and service systems.

While LAD offers opportunities to understand how complex systems of care such as the housing, out-of-home care and/or mental health systems operate, who uses those systems, transitions between systems and the number and characteristics of people who use multiple systems, it has its limitations. People who do not use services are not included, which is an important issue, given access to services is a commonly reported problem. Administrative data is not collected for research purposes, and despite substantial technological gains in data security and protection, security and privacy issues can still be challenging and time consuming to overcome. Despite these limitations, LAD is a viable low-cost real-time research approach.

1.3.1 LAD and housing studies

The delivery of timely and appropriate services to individuals experiencing homelessness and/or housing insecurity has been the subject of political concern and research interest for many years. A more recent focus on service integration across the broad health and social care sectors has drawn attention to patterns of service use, with the (in)appropriateness of use and accessibility challenges being two key foci of interest (Benjaminsen and Andrade 2015: Culhane 2016: Taylor and Johnson 2019). It is with particular respect to interest in *patterns of service use* that scholars and policy makers have turned to the analysis of LAD.

Recent studies have identified important variations in the use of services, with a focus on 'heavy service users' being an important and enduring theme. While definitions of heavy use vary, the key characteristic of the term is that the *frequency of use* and/or the *duration of service* is significantly higher than the majority of people receiving similar treatment (Hadley, Culhane et al. 1992). Interest in heavy service users is largely motivated by the fact that despite accounting for approximately 10–20 per cent of users, heavy service users account for anywhere between 50–75 per cent of client costs in a given service system. The identification of heavy service users (and who is likely

to become a heavy service user) therefore offers the promise of large cost savings. A better understanding of what contributes to heavy service use might also assist policy makers to devise better, less expensive ways to meet rising health and social care needs.

Researchers with an interest in public health, as well as housing instability and homelessness (Kuhn and Culhane 1998; Benjaminsen and Andrade 2015: Taylor and Johnson 2019), have examined the characteristics of heavy service users. Most studies suggest that the demographic and diagnostic characteristics of heavy service users differ from non-heavy users (Jessop, Hassall et al. 2000). Heavy users typically experience more severe distress, are often disadvantaged with low incomes, have little family or social support, and may also experience co-morbidities such as substance misuse and/or mental health concerns (Lucas, Harrison-Read et al. 2001).

While heavy users of these systems share some common characteristics, heavy service use is influenced by the design of health and social care systems. Given the high and potentially preventable costs associated with heavy service use, resolving the problems of heavy users is 'critical to the success of health system reform' (Malone 1995: 474).

Australian researchers have shown an interest in service use patterns, yet studies examining patterns of service use within and between discrete government service systems are limited. Existing studies demonstrate significant variation in patterns of service use. For instance, one study estimated that between 35–50 per cent of people in need of care receive no treatment (Slade, Johnston et al. 2009), although it is unclear if this is because they do not need treatment or because they cannot get it.

At the other end of the service use continuum, studies highlight how people accessing health and social care services are often also users of multiple systems. A recent analysis indicates, for example, that people accessing public mental health services in 2017–18 were more than twice as likely as the general Victorian population to be admitted to hospital (40.6% vs 20.5%), eight times more likely to access SHS (17.3% vs 2.0%) and over 10 times more likely to use a substance use service (8.9% vs 0.6%) (State of Victoria 2019: 368–9).

These are important studies, but we need more information about how diverse groups use health and social services over time. There is a particular need for a greater focus on patterns of heavy service use and how these patterns differ across service systems. We need to know more about those individuals who access multiple health and social services and how their support needs might differ from those who do not. Of utmost importance is understanding who is most likely to experience housing instability and homelessness within these systems, so that more adequate and appropriate services can be made available as early as possible. One way to address these questions is through the analysis of LAD.

1.4 Research questions

The aim of this Inquiry was to develop policy recommendations for enhancing housing assistance for individuals leaving institutional settings in three specific institutional domains: residential treatment for mental health and/or substance use problems (Project A); the criminal justice system (Project B); and out-of-home care (Project C). The Inquiry also offers recommendations for enhancing the ways SHS address the unique support needs of diverse cohorts moving between these settings.

The Inquiry addressed the following questions:

- **RQ 1:** What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?
- **RQ 2:** How does institutionalisation mediate the risk of 'post-exit' housing insecurity, and how do housing and social supports moderate this risk?
- **RQ 3:** How effective is existing service integration between housing and other sectors in transition planning in residential treatment, criminal justice, and out-of-home care?
- **RQ 4:** What are the best examples of coordinated post-exit transition planning, nationally and internationally, and what lessons can be learned from these examples for other settings?

1.5 Research approach

The Inquiry team conducted a targeted review of the international research and policy literature to clarify the parameters of the Inquiry, to identify and assess existing models of best practice for integrating and coordinating transition planning, and to identify key challenges and barriers mediating the delivery of effective post-exit supports. The key findings of this review have been used to guide and inform the presentation of all original empirical analyses conducted within the three Inquiry projects. This report provides a further summary of the major findings derived from the international literature, including the identification of relevant best practice models in housing, health and social care transitional planning as per RQ 4 above, along with a summary of relevant research findings from across the three linked inquiry projects.

1.5.1 Research design

The Inquiry program has involved original research in three projects (A, B and C), and some original research at the level of the Inquiry. Table 1 summarises each component's institutional domain and data sources.

Table 1: Summary of research domains and data sources

Inquiry component	Institutional domain	Administrative data	Other data
Project A	Residential treatment (mental health/substance use)	DHHS Victoria	Interviews with stakeholders and service users
Project B	Prison	NSW Government/ UNSW MHDCD dataset	Interviews with stakeholders and service users
Project C	Out-of-home care (OHC)	DHHS Victoria	Interviews with stakeholders and service users
Inquiry	Cross domain analysis of residential treatment, out-of-home care, and juvenile justice	DHHS Victoria	

Projects A and C, and the Inquiry-level research, drew on LAD maintained at the Victorian Department of Health and Human Services (DHHS) within the Centre for Victorian Data Linkage (CVDL). The Victorian Linkage Map, maintained at CVDL, contains LAD from approximately 30 administrative datasets. This includes data from across the health sector (hospital admissions, emergency department presentations); community health (acute and community mental health services and substance use services); housing (housing applications, housing tenancies and homelessness data); and justice (youth justice, child protection, family services, family violence, sexual assault services).

Project B drew on LAD from NSW Government agencies maintained by UNSW in the Mental Health Disorders and Cognitive Disabilities (MHDCD) criminal justice system dataset. These are de-identified linked data about 2,713 persons who were in prison in NSW at some point between 2001 and 2008, and relate to each person's contact with agencies before, during and after their time in prison.

Each project also involved qualitative research, including interviews and focus groups with relevant agency representatives and services users to probe experiences and models of transition planning. Taken together, analysis of these diverse data sources has shed light on pathways into and out of institutional settings, including service use patterns, risk profiles and the mediating effects of cultural diversity. Synthesising this analysis, the Final Report presents new evidence on the most effective ways to tailor, integrate and coordinate housing supports for individuals exiting institutional settings.

Significantly, this evidence has been carefully matched to different cohorts based on the results of the combined quantitative and qualitative inquiries, to enable the presentation of novel models of best practice for transitional planning and post-exit housing assistance. The report also offers a framework for agencies to make more effective use of administrative datasets, both to build on the findings of the Inquiry and to improve service quality and integration across institutional settings. Ethical approval for this project was provided by RMIT University's Human Research Ethics Committee (22667 approval reference). Information regarding ethical approvals for work conducted within the individual inquiry projects may be found in the corresponding project reports.

1.6 Inquiry projects

Project A: Integrating and coordinating transitions from residential treatment

Project A explored transitions out of residential treatment for individuals receiving care for mental health and/or substance use problems. Qualitative research involving interviews with recent service users and experienced service providers, explored opportunities for, and barriers to, improved coordination between residential treatment programs and housing and social support services to improve transition planning. These discussions emphasised questions of treatment service design, service user perspectives, data development needs, and existing transition planning methods. Data collection entailed original empirical research conducted in metropolitan settings in Victoria and NSW (including both linked data analysis and qualitative modes of inquiry).

Project B: Exiting prison with complex support needs: the role of housing assistance

Project B explored the pathways of a cohort of adult ex-prisoners from NSW, most of whom have mental health disorders or a cognitive disability, whose contacts with social housing, other human services and with the criminal justice system are recorded in a linked administrative dataset maintained at UNSW. The linked data analysis has been contextualised by the findings of reviews of academic literature, policies and published statistics, and interviews with criminal justice and housing agency representatives, and ex-prisoners, in NSW, Tasmania and Victoria.

Project C: Integrating and coordinating transitions from out-of-home care

Project C featured original empirical research in two jurisdictions (Victoria and Western Australia) examining pathways across and between OHC, housing and SHS and other institutional settings. Using LAD, the project team investigated the service utilisation and homelessness patterns of young people leaving OHC in Victoria, including services accessed prior to and after leaving care. To complement this analysis, data was also collected from service providers and service users to examine lived experience of transition planning; the design of exit supports; best practice examples of effective and integrated exit planning; and opportunities for, and barriers to, integration and coordination of transition planning across different service and support domains.

2. Summary of Inquiry project findings

- **Vulnerable individuals with complex health and social care needs, and limited social, peer and family supports upon leaving institutional settings, experience significant risk of housing insecurity, including homelessness. These risks can by mitigated with more effective service integration and more effective follow-up support post exit.**
- **The projects focused on three cohorts:**

  a. persons leaving residential treatment facilities for mental health and/or substance use problems

  b. persons exiting prison with complex support needs

  c. persons transitioning from out-of-home care.
- **Individuals in each of these cohorts are vulnerable to experiences of housing insecurity and homelessness in the period following their institutional exit. These risks have significant personal, social and economic costs, which appropriate interventions can reduce.**
- **In each of these three service sectors, recent practice innovations have sought to address housing, health and social risks and inequality by appointing formal service coordination roles to help streamline and improve cross-sectoral service delivery.**
- **To be effective, staff in these roles should have clear responsibilities to identify and maintain formal practices of service coordination with a strong focus on transparency and service system accountability.**

This section offers a brief summary of the key findings derived from each of the three Inquiry projects (described in Section 1.6). We first summarise the research findings from each project before offering a brief, schematic overview of key comparative insights across the three projects. We close with key policy and practice implications.

2.1 Leaving residential treatment (Project A)

This research focused on individuals leaving residential treatment for mental health and/or substance use problems, grounded in novel analyses of institutional arrangements in Victoria and NSW. Our goals were to identify best practice in discharge and transition planning, and to propose strategies for enhancing coordination between residential treatment providers, health and social care supports and housing services to mitigate the risk of homelessness and improve housing security for individuals leaving these settings. Using analysis of LAD and qualitative research with service providers and service users, this project generated innovative recommendations for improving service coordination and enhancing transition planning in residential settings. The major themes of this research report are as follows:

- 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.
- 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.
- We identified important instances of best practice, along with opportunities for significant improvements to the management of housing insecurity among individuals undertaking mental health and/or substance use treatment.
- These is scope for enhanced discharge planning arrangements in inpatient mental health care settings that focus on the provision of tailored housing supports for vulnerable individuals, particularly those with histories of multiple admissions.
- There is scope for enhanced focus on housing transitions in after-care and exit planning in residential substance use treatment settings. This planning should commence at admission for individuals identified at risk of housing insecurity.

2.1.1 Leaving residential treatment: aims, design and methods

The research employed a mixed methods study design to investigate the key research questions. This involved secondary analysis of LAD collected in Victoria, and original qualitative research conducted across NSW and Victoria from a sample of 35 service providers, and 25 individuals with lived experience of residential treatment for either mental health and/or substance use problems. All qualitative data collection involved a mix of focus group and individual interviews, with data collected between August 2019 and July 2020. Pursuing qualitative data collection in both Victoria and NSW provided insight into differences and similarities in transition planning, such as population size; cultural and linguistic diversity; populations and profiles; and service funding, organisation and design matters. Hence findings from this project offer valuable policy and practice recommendations, reflective of diverse circumstances and service contexts. Our formal research questions were as follows:

- What models of best practice may be derived from the available literature to enhance transition planning and service integration for individuals leaving residential treatment?
- How does residential treatment affect individual housing careers over time?

- How can post-exit support packages be tailored and delivered to individuals leaving residential treatment who are most at risk of homelessness?
- How effective is existing service integration between housing and other sectors in transition planning and post-exit support for individuals leaving residential treatment? What opportunities exist for service improvement and enhanced coordination?

Extending the LAD analysis conducted by the Inquiry program, the research team conducted further analysis of administrative data maintained by the Victorian DHHS. Access to this dataset enabled analysis at person level of service utilisation patterns of a cohort of individuals across health and mental health services, family and justice services, and housing services, the latter viewed through housing applications and tenancy information from the Specialist Homelessness Information Platform. Analysis explored the complexity of pathways into and out of treatment, and how service contacts mediate housing outcomes over time.

By analysing service utilisation patterns following treatment exits we were able to clarify risk factors for housing instability for different cohorts, along with policy recommendations to reduce these risks. Conversely, qualitative research offered significant new insights into effective models of post-exit support and discharge planning for individuals leaving residential settings for mental health and/or substance use disorders. This research enabled us to explore in more depth:

- key barriers to successful reintegration into stable housing
- relevant risk and protective factors
- key factors promoting and sustaining the return to stable housing, including formal service supports and informal social and family supports.

2.1.2 Leaving residential treatment: key research findings

Failure to adequately plan for and support safe transitions from residential treatment into secure and affordable housing can have catastrophic consequences for individuals leaving these settings, with strong impacts on their housing security over time, their health and wellbeing, and their economic and social participation in the community. In canvassing options for improving discharge and transition planning in mental health and substance use treatment settings across NSW and Victoria, Project A identified significant opportunities to reform transition planning to enhance housing security and support the health and wellbeing of individuals post exit.

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. In contrast to ‘housing readiness’ models, where supported housing arrangements are allocated according to a so-called staircase model based on assessments of an individual’s capacity (or readiness) to maintain stable housing, 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.

Each approach provides key insights into the design of effective practices and models to support enhanced discharge and transition planning for individuals exiting complex care settings, though each model also has important differences of focus, orientation and emphasis. Despite these differences, both models suggest that housing is central to effective post-exit care for the provision of mental health and/or substance use treatment and support.

Our linked data analysis, along with our analysis of qualitative data collected from service providers working in mental health care and/or substance use treatment, and from individuals with recent experiences in this sector, reveal where efforts to enhance the coordination of care across these sectors should be focused. Our 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.

Equally, our linked data analysis confirms that 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. For example, periods of residential care may disrupt what were formerly relatively stable housing arrangements, such as when individuals enter residential treatment from private rental accommodation.

On the other hand, individuals may decide, perhaps as a result of their treatment, that they wish to alter their housing arrangements post treatment, for example, by wanting alternative accommodation in a different location. Either way, the quality of service contact and tailored supports can significantly moderate the risk of housing insecurity. These interventions must occur early within a person's initial contact with mental health and substance use settings and continue through discharge planning and beyond.

In further exploring the effects of service contact on housing trajectories, our 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. We found that 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, we 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. Certainly, we identified instances of best practice in service delivery, but also many instances of poor transition planning.

Our findings suggest grounds for enhancing the design of post-exit support packages in order to more effectively meet the health and social care needs of individuals exiting institutional settings. Transition packages ought to be designed and delivered on the basis of what they enable an individual to do in their everyday life following their exit from care. Transitional services and supports ought to be tailored to individual needs in relation to *material infrastructures* such as housing, employment, education and finances; *social infrastructures* including community integration and belonging; and *affective infrastructures* such as intimate and social relationships, identity, social inclusion and hopes for the future.

Providing the infrastructures central to the experience of a 'liveable life' ought to be the key focus of transition planning for individuals exiting mental health or substance use treatment settings, combining their formal and informal housing, health and social care needs. Such a focus shifts the design of transition planning beyond the immediate goals of a specific organisation to emphasise an individual's unique support needs.

2.1.3 Leaving residential treatment: policy development options

There is ample scope for enhancing the coordination of housing, health and social care supports for individuals leaving either inpatient mental health care settings or residential substance use treatment services in NSW and Victoria. Our research makes a compelling case for the more formal integration of SHS into inpatient mental health care, and substance use treatment settings, given the significant risks of housing insecurity that many individuals experience in these settings, including all too common experiences of homelessness. There are several instances of good practice to guide these efforts, including examples derived from innovative housing and social justice programs like Journeys to Social Inclusion and Green Light in Victoria, and the Housing and Accommodation Support Initiative (HASI) in NSW.

These programs clearly indicate the benefits of more formal integration of housing, health and social supports, demonstrating that long term stable housing can be sustained for individuals with complex health, housing and social support needs. We already have clear models of effective care coordination and successful service integration to guide the provision of stable housing for all Australians. The task now is to scale up these endeavours to ensure that all Australians who need such support receive it, regardless of their circumstances. Equally critical is the need 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.

Our analysis also suggests a series of site-specific policy development and service design recommendations for the delivery of more effective transition planning supports for individuals leaving mental health and/or substance use treatment settings in NSW or Victoria. Despite strong commitments to improved service coordination in the design and delivery of social care supports in these settings in recent policy statements, our analysis identifies opportunities to enhance care coordination between housing, mental health and substance use services. In particular, we would recommend urgent attention to the more effective integration of housing supports within the delivery of mental health care, particularly in inpatient mental health care settings, and within the delivery of community-based substance use treatment, particularly residential services.

We discovered great complexity in the delivery of community-based mental health services, and considerable strain upon mental health care services in hospital settings, particularly in Melbourne and Sydney's largest hospitals. We also identified significant discrepancies in the integration of housing supports with mental health care, despite the obvious need for such coordination, particularly among more vulnerable cohorts. A similar picture emerged in our analysis of substance use treatment services, with similarly patchwork mixes of public and private care providers, and a great diversity of treatment models and pathways. Here too, the formal integration of housing supports into the delivery of substance use treatment services is mixed.

On the basis of our analysis we identified the following key policy issues:

- Housing/homelessness, mental health and substance use treatment remain separate service systems across NSW and Victoria with only partial integration or coordination.
- Within these systems, there is significant unmet need for housing support, as well as resource gaps and constraints on coordination between health and social care systems.
- Housing transition supports ought to be integrated more effectively into discharge planning in inpatient mental health care for individuals at risk of (or experiencing) housing insecurity.
- There is scope to integrate allied health staff and external community service providers in care planing and coordination in inpatient mental health care to improve the integration of housing support for individuals at risk of (or experiencing) housing insecurity.
- Housing affordability, social housing shortages and lack of supported housing remain key challenges for individuals experiencing mental health and/or substance use challenges.
- Individuals exiting mental health and/or substance use treatment services express strong preferences for greater choice and control over their housing transitions.

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.

The need to ensure that mental health, substance use treatment and housing support services are more formally integrated through service system design innovations is also important. At a practical level, this could include the introduction of novel housing assessment tools to guide admissions and care-planning protocols in mental health care inpatient settings and residential substance use treatment. Improved screening and assessment protocols are critical to ensure that individuals who need housing support are identified at admission to either mental health care or substance use treatment.

These assessments could then inform discharge planning arrangements in mental health care inpatient settings from the start of the admissions process, while also guiding the development of more effective after care and transition supports for individuals leaving residential treatment to more effectively support their housing needs. Peer workers and lived experience advisory groups working within housing, mental health and/or substance use treatment are a significant source of knowledge and expertise that should be consulted in the development of enhanced screening tools.

To help drive enhancements to the provision of housing supports for individuals at risk of experiencing housing insecurity following discharge from residential mental health and/or substance use treatment, representatives of SHS should be formally integrated into discharge planning processes in each service sector for individuals who need housing assistance. Within mental health care inpatient settings, housing representatives could work more closely with the allied health teams, including social workers, to enhance discharge and transition planning processes.

Within residential substance use treatment, housing supports ought to be more formally integrated into transition planning arrangements from the point of intake. Our findings further suggest that assertive case management, while resource intensive, is an effective means to support vulnerable individuals with complex care needs to access and maintain stable housing. It is equally important to stress that tailoring housing supports to match individual circumstances should be grounded in a commitment to person-centred care across multiple domains, alongside effective communication and coordination across health and social care systems.

Our research also has important implications for models of service work—for work design issues, role descriptions and task allocations—across and between SHS, mental health and substance use treatment services. Successive waves of policy reform involving changes to funding arrangements, policy innovations, revised service contracts, work design matters and organisational structures within and across the community health and social care sector have had enormous impacts on the work of delivering care in SHS, mental health and substance use treatment services in Victoria and NSW.

Unquestionably, the service system landscape is becoming more complex, fragmented and competitive, and more focused on delivering short term outcomes for vulnerable individuals. As a result, service pathways are increasingly complicated, with significant impacts on individual care trajectories within and across SHS, mental health and substance use services.

2.2 Exiting prison with complex support needs

One of the classic metaphors for exiting prison is 'going home' (Western 2018; Petersilia 2009). However, 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 (AIHW 2019). 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' (Baldry 2014: 76).

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. Key matters for consideration include:

- Imprisonment in Australia is increasing, and ex-prisoner housing need is growing, but at the same time, housing assistance capacity is declining.
- 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.
- Ex-prisoners with complex support needs who receive public housing have better criminal justice outcomes than comparable ex-prisoners who receive private rental assistance only. Public housing 'flattens the curve' of average predicted police incidents (down 8.9% 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 evidence strongly supports much greater provision of social housing to persons exiting prison, particularly those with complex support needs.

2.2.1 Exiting prison: aims, design and methods

The research focused on NSW, Victoria and Tasmania, and employed a mix of methods, comprising:

- reviews of published statistics on prisoners and their support and housing needs, and current policies and programs relevant to post-release pathways
- interviews across NSW, Victoria and Tasmania with 41 stakeholder representatives in corrections, housing, disability and reintegration services (government and NGO), and six ex-prisoners with complex support needs (recruited from NSW and Tasmania)
- comparative interrupted time series (CITS) analysis of LAD from the MHDCD dataset at UNSW Sydney
- two cost-benefit analyses: one based on the CITS analysis; and the second based on two case studies drawn from deidentified LAD.

The MHDCD dataset at UNSW Sydney holds de-identified linked data about 2,713 persons who were in prison in NSW at some point between 2001 and 2008. Provided by NSW Government agencies—including the Bureau of Crime Statistics and Research, Police, Corrective Services, Justice Health and other health areas, Juvenile Justice, Legal Aid, Disability, Housing and Community Services—the data relate to each person's contact with agencies before, during and after their time in prison, giving a whole-of-life picture of institutional involvement.

2.2.2 Exiting prison: key research findings

Over the past decade Australian prisoner populations and imprisonment rates have grown, notwithstanding a dip in numbers during the COVID-19 pandemic. Just over 41,000 persons were in prison at the last prison census. Men remain the large majority (92%) of prisoners, but in most jurisdictions rates of growth in the imprisonment of women have been somewhat higher than for men. Indigenous persons continue to be hugely over-represented in prisons, with a still rising imprisonment rate (more than 13 times the non-Indigenous imprisonment rate).

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.

We estimate that there were about 65,000 releases from prison in 2019, and one in seven resulted in a call for assistance at a SHS. Ex-prisoners have been the SHS sector's fastest growing client category over the past decade. At the same time, homelessness services and social housing are strained after a decade of declining policy priority and, in the case of social housing, declining real per capita expenditure. 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.

Disability service provision has been transformed in more profound ways by the introduction of the NDIS. In the shift to person-centred funding for disability supports, states and territories have withdrawn from service provision, including in some cases, involving services targeted to persons in contact with the criminal justice system. However, there are signs, acknowledged by the National Disability Insurance Agency, that such persons are not accessing the new scheme. There are also state-funded transitional support and accommodation services specifically for ex-prisoners, but their capacity is very limited, relative to need.

We interviewed representatives of corrective services, housing, disability and reintegration support agencies and ex-prisoners in NSW, Victoria and Tasmania. The standout point, made by all interviewees, was the dearth of real housing options for persons exiting prison.

Many agency interviewees spoke about the significant histories of abuse, neglect, trauma and institutionalisation experienced by the cohort they work with, leading to significant and ongoing challenges in clients' desistance from offending and reintegration with the community. They thought access to a range of supports, currently rationed to the highest priority cases, should be provided much more widely.

Pre-release planning is constrained by high workloads and limited services. With limited planning resources, arrangements are often left until shortly before release. After release, the road to permanent housing can be long, and beset by pitfalls:

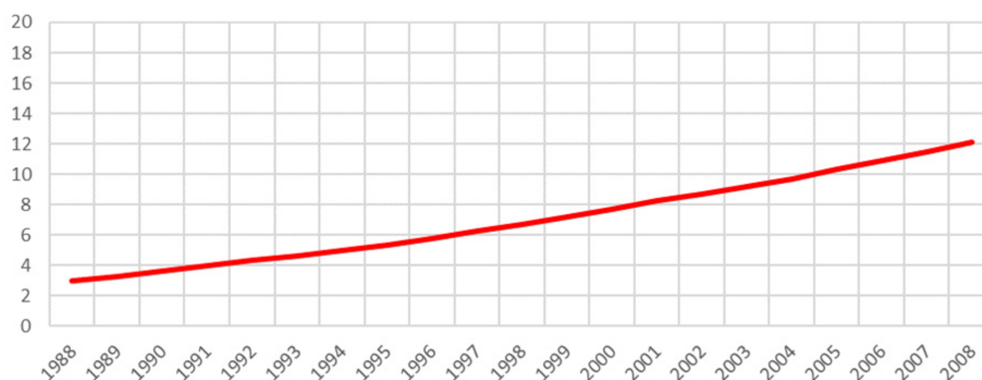
> They could easily be waiting a couple of years, realistically. And for them that's a long time and so far off in the distance it's difficult to conceive of. And a long time in which for things to go wrong in their lives—to be homeless or back in prison, all sorts of things. And the longer [the] time, the less chance you've got that they'd be in a place to be offered something. (Victorian community housing provider)

Insecure temporary accommodation is stressful and diverts ex-prisoners and agencies from addressing other needs, undermining desistance from offending. 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.

We conducted a CITS analysis of post-release housing assistance and criminal justice outcomes for ex-prisoners with complex support needs. The MHDCD dataset at UNSW Sydney holds linked deidentified administrative data from NSW state government agencies, from which we selected 623 persons who received public housing after exiting prison and 612 people who received rental assistance only.

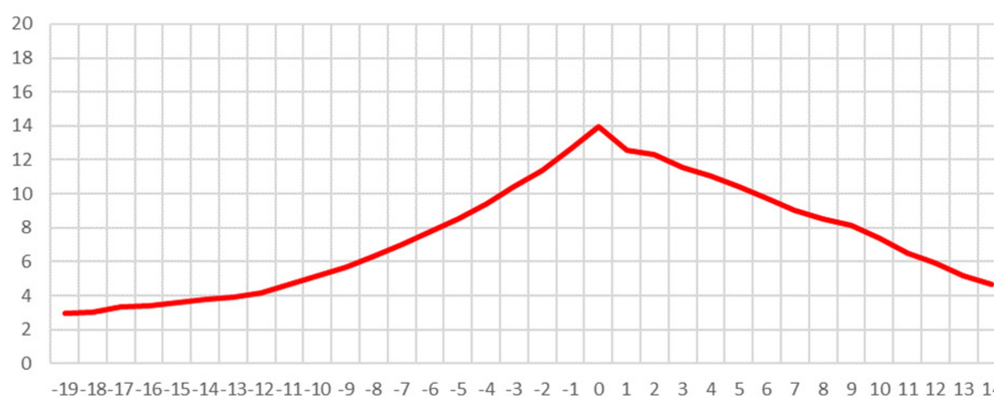
The figures below show average predicted police incidents per annum for the 'rental assistance only group', and for the 'public housing group'. For the public housing group, the difference made by public housing (received at year 0) to the trend over time is stark—public housing 'flattens the curve' ensuring significant health, social and economic benefits for individuals and the community.

Figure 1: Average predicted number of police incidents per annum, for people with rental assistance only following exit from prison



Source: The authors, drawing on MHDCD data (2020).

Figure 2: Average predicted number of police incidents per annum, before and after first public housing following exit from prison



Source: The authors, drawing on MHDCD data (2020).

The trend in police incidents is a reduction of 8.9 per cent per annum. We found similar downward trends in other criminal justice measures:

- court appearances: down 7.6 per cent per year
- proven offences: down 7.6 per cent per year
- time in custody: down 11.2 per cent per year
- time on supervised orders: after an initial increase, down 7.8 per cent per year
- justice costs per person: down $4,996 initially, then a further $2,040 per year.

Women, Indigenous persons and persons with multiple diagnoses experience, on most measures, similar improvements to persons outside those subgroups. Age is associated with a small additional improvement on most measures.

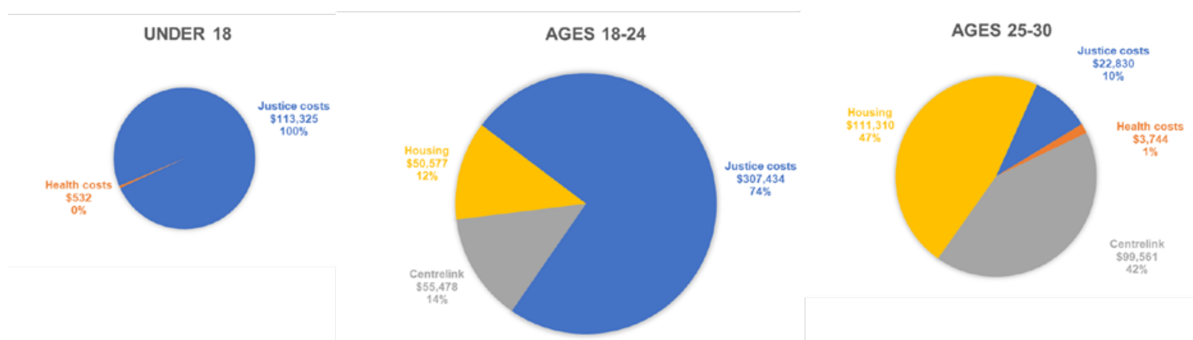
Fewer criminal justice contacts means cost savings to the justice system. When housing costs are taken into consideration, public housing generates a net benefit of $5,200 to $35,000 per person over five years, relative to assistance in private rental or in homelessness services.

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.

Two case studies

Two case studies drawn from the MHDCD dataset—'Jason' and 'Debra'—illustrate the role that social housing can play in the trajectories and experiences of two people with cognitive disabilities in contact with the criminal justice system. Costing their institutional contacts highlights the economic as well as social benefits of providing social housing and support for people released from custody in the short and long term.

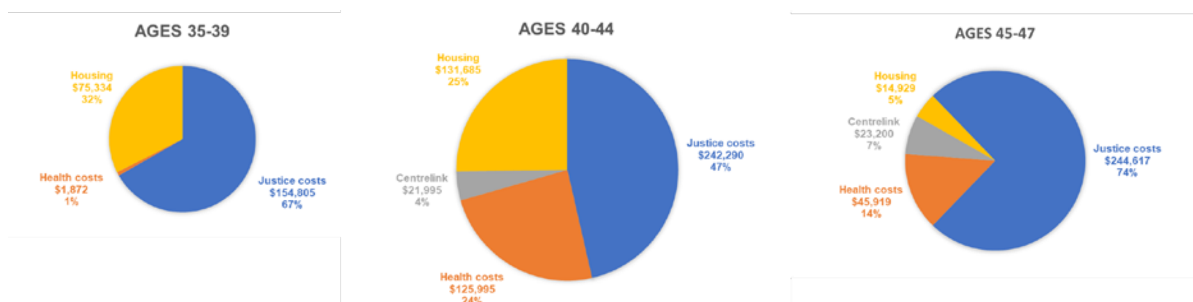
Figure 3: Jason's institutional costs by age and agency (proportions)



Note: Jason received public housing from age 23.

Source: The authors, drawing on MHDCD data (2020).

Figure 4: Debra's institutional costs by age and agency (proportions)



Note: Debra received public housing, intermittently, from age 37 to 45.

Source: The authors, drawing on MHDCD data (2020).

- Jason's consecutive public housing tenancies from age 23 are associated with a dramatic reduction in his costly interactions with the criminal justice system that included violent offences against women.
- Debra had several public housing tenancies between the ages of 37–45, with stable periods of up to 18 months without contact with the criminal justice system, providing significant cost savings. The provision of more support around Debra's mental health and complex needs may have prevented her repeated crisis-related contact with police and emergency hospital admissions and assisted her to maintain her tenancies, at less cost to Debra and the state.
- Both Jason and Debra waited for housing after release from custody, during which time they frequently reoffended.

2.2.3 Exiting prison: policy development options

The evidence strongly supports much greater provision of social housing to persons exiting prison, particularly those with complex support needs. Relatively secure, affordable public housing is a steady 'hook for change' that a person exiting prison can hold onto as they make changes in their circumstances, and in themselves, to desist from offending. It is also a stable base on which to receive and engage with support services.

2.3 Accommodating transitions from 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. Two sources of data were used: interviews and focus groups with care leavers and services providers, and analysis of LAD for all care leavers in Victoria over the period 2013 to 2014. Analysis of the data was undertaken in three ways—thematic analysis of qualitative material, LAD analysis, and mixed methods analysis of the qualitative and quantitative data sets, utilising the Pillar building approach (Johnson, Grove et al. 2017). The study is situated within a range of policy contexts, including child protection, OHC, housing and homelessness.

Key study themes include:

- 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.
- SHS services are commonly used as the first type of accommodation after leaving care and these services are used as a stepping stone to longer term housing.
- 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.
- Universally raising the leaving care age, meaningfully involving care leavers, and monitoring the role of child protection agencies in providing adequate leaving care planning are recommended.

2.3.1 Accommodating transitions from OHC: aims, design and methods

This research considered the transition from OHC in Victoria and Western Australia (WA). The specific policy contexts included housing, homelessness, child protection and OHC service provision arrangements. Several data sources were utilised to identify the extent and nature of service coordination and integration, with a focus on the intersections between leaving care, housing, homelessness and related service systems.

The project analysed Victorian administrative linked data of all individuals aged between 15 and 18 years who left care in 2013 or 2014, qualitative data collected from 34 care leavers and 24 service providers in Victoria and WA, and a mixed method analysis of linked administrative and qualitative data. The study was conducted between January 2019 and April 2020. Locating qualitative data collection in both Victoria and WA provided insight into differences and similarities such as population size, Indigenous and culturally and linguistically diverse populations and profiles, and service funding, organisation and design matters. Thus, findings from this project offer valuable policy and practice recommendations reflective of diverse circumstances and contexts. At the time of the project, Victoria and WA were the only two jurisdictions trialling extended care until 21 years for care leavers. Towards the end of this project, Victoria announced the leaving care age would be lifted universally to the age of 21 years.

The following research questions guided the project:

- What are the housing, homelessness, mental health, alcohol and drug, and juvenile justice service delivery pathways for young people transitioning from OHC?
- What strategies and supports enable young people exiting OHC to secure and maintain stable housing?
- How do service providers coordinate and tailor support for young people exiting OHC to assist them to secure and maintain appropriate and sustainable housing?
- What opportunities exist for service improvement and enhanced coordination between housing and other sectors to improve transition planning for individuals leaving OHC?

2.3.2 Accommodating transitions from OHC: key research findings

Findings highlight the role of leaving care planning processes. All forms of data analysis highlighted the role of well-timed and comprehensive planning which meaningfully involves the young person exiting care. Planning processes involving the care leaver are central 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.

Despite this strong consensus, the study identified significant gaps in leaving care planning, with direct implications for housing pathways. Indeed, the study found that housing is rarely addressed in leaving care planning processes. Commonly, housing planning was undertaken by not-for-profit agencies, post-care, with significant impacts on leavers. Care leavers and service providers reported that housing planning is usually ad hoc and rarely coordinated or integrated. The high levels of service usage before and after leaving care found through the linked data analysis, and in particular, homelessness service use rates, are supported by care leaver and service provider accounts from the qualitative component of the study.

Interviews with 34 care leavers and four focus groups with 24 service providers in total, highlighted the importance of the leaving care planning process, while also noting its widespread absence and neglect. Care leavers reported that if planning occurred, it was a few months before they turned 18. Consequently, many reported that their experience of transition planning was rushed. Some said they were stressed and pressured by the experience, noting that their experiences of trauma, violence and attachment disruptions mediated their ability to fully participate in this last minute planning. Service providers validated these experiences, arguing that not-for-profit workers often play a key role advocating for the care leaver and ensuring they received post-care benefits.

Concerningly, care leavers and service providers reported exits from OHC to homelessness. For some, this involved sleeping rough while others reported they were referred by the child protection agency to SHS. Indigenous participants in the qualitative component of the study frequently reported homeless experiences. With leaving care planning left until a few months or less before a young person left care, combined with the competitive and costly nature of the Australian housing market, homelessness services were one of the few housing options available.

This varied in Victoria, with the Lead Tenant program used as a transitional stepping stone to longer term housing, yet sometimes involving a referral to the SHS after a few years in this program. While a key aim of the Lead Tenant program is to facilitate the development of independence and associated living skills, narratives of care leavers and the lived experience researcher in the project found that this form of housing can be poorly understood and fraught, particularly when there are limited or no safety nets for the young person.

The paucity of planning is exacerbated by care leavers having few options, limited material and social supports, and few or no safety nets to fall back on, should they experience hardship. This, along with the experiences that led to being placed in care in the first place, and often, the experience of care, create ontological insecurity, particularly for those who had an abrupt transition from care. Further, the notion that young people are ready to leave care and live independently at the age of 18 is in stark contrast to community expectations for other young people, noting that the number of young adults remaining in the family home past the age of 25 years continues to grow in Australia (Qu 2020). This situation is also likely to be exacerbated by the continuing impact of COVID-19.

Importantly, towards the end of this project Victoria raised the age of leaving care to 21, and WA had introduced a trial project, supporting a small number of care leavers to the age of 21 years. This Victorian policy change and WA trial address some of the concerns and issues highlighted in this study, however the lack of leaving care planning still requires significant attention, evaluation and monitoring. Additionally, the experience of practitioners responsible for care planning requires investigation, as it is not sufficient to identify the gap in planning, while not fully understanding the contexts and constraints facing OHC practitioners.

While some 'smooth' transitions from care were found in all datasets, these are the exception. Instead, most care leavers had abrupt transitions from care, which resulted in continued housing instability, homelessness and a range of other challenges. Qualitative data emphasised the role and responsibility of child protection agencies as a substitute 'corporate parent' to children and young people in care. Just as with other parents, the corporate parent has a responsibility to ensure the safety, wellbeing and development of children and young people. This involves providing material and emotional support, guiding, correcting and ultimately providing a safety net. Ordinarily, these supports match the developmental readiness of the child or young person.

For example, some young adults may not be developmentally ready at 18 to leave home and live independently. However, a key role of the corporate parent has been to transition those in its care to live independently at the age of 18, regardless of their readiness. Interview and focus group participants emphasised their lack of readiness for this next stage of life, with those having residential OHC experience emphatic that they had few opportunities to develop living skills, and consequently, were unprepared to live independently.

As with many other social, health and wellbeing indicators, Indigenous care leavers were significantly more disadvantaged, and data shows this group endured the most difficult leaving care experiences of all participants, including higher rates of homelessness and involvement in the justice system. The child protection system was shown to pay minimal attention to enabling connection to culture, kin and country. These experiences reflect the enduring impacts of colonisation and forced child removal practices over many years (AIHW 2020).

The LAD provide a clear and concerning picture of the high level of service usage by all 1,848 Victorian care leavers during 2013 and 2014. While other studies on OHC report high level service usage by care leavers, this study provides a complete and comprehensive picture of this service usage because it reports on all Victorian care leavers from 2013 and 2014, not just a sample.

Findings from the analysis of linked data indicate the level of need and vulnerability among care leavers. A snapshot of service usage indicates that before leaving care, 18 per cent presented at emergency departments for self harm and a further 20 per cent presented due to mental health concerns. Additionally, 21 per cent had sought alcohol and other drug treatment, 20 per cent had a youth justice community order and 11 per cent had been remanded in custody; all while in the care of the state. This service use escalated in the periods after leaving care—for example, 70 per cent presenting at emergency departments and 53 per cent experiencing hospitalisation post exit.

High levels of service usage clearly have economic costs, which a planned and coordinated set of interventions could reduce. There are also social and emotional costs which young, socially isolated care leavers carry. This analysis shows how care leavers struggle to find stable accommodation, with 54 per cent of the cohort accessing homelessness services in the four years after exit, and high levels of repeat use of SHS. Use of other services such as mental health, alcohol and other drug services and hospitals is high and increased over the periods 30 days, one year and four years after leaving care. Care leavers' service usage of alcohol and other drug, justice and homelessness services is seven times higher than the comparable general population.

The qualitative and quantitative data analysis, when integrated, draws attention to a range of intersecting and unmet needs experienced by care leavers. In particular, a range of factors and experiences are shown to mediate the experience of leaving care. These factors include the often traumatic and difficult events that led to their being placed in care, and the ways in which these factors inform and influence the experience of care. Further, these factors were shown in this study to mediate their willingness and ability to engage in seeking professional support and assistance. Issues such as trust, reliability, continuity and the widespread desire to identify as a person who is more than a 'case' are common. As well, these care experienced children and young people have few, if any, social and material safety nets to rely on in difficult times.

Consequently, the experience of ontological insecurity is exacerbated, particularly at the time of leaving care, as planning is generally crisis driven and poorly coordinated. This sees SHS as a transition to longer term housing, with exits from OHC to homelessness not uncommon. The findings from this study demonstrate that the first step in improving and enhancing service and interagency coordination is adopting a proactive, well planned approach to supporting care leavers in their transition to independence.

2.3.3 Accommodating transitions from OHC: policy development options

This study explored a number of policy domains with the following considerations:

- While a number of Australian jurisdictions are adopting, or have adopted, a leaving care age of 21 years, this is not consistent nationally. 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.
- Simply raising the leaving care age is, however, insufficient and more policy, program and funding attention is needed to ensure that well timed leaving care planning occurs. Such planning needs to incorporate the unique cultural, social and psychological context of the care leaver.
- 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.
- The experience of ontological security and insecurity is a constant thread from the placement in care through to leaving care. Consequently, 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.
- A unified and national reporting framework for all aspects of OHC, including the planning for leaving care, is required. Such an evaluation framework has the potential to maintain the spotlight on care experiences and leaving care planning across the nation. This is critical, given this report reinforces the findings from previous studies in Australia and internationally on the poor outcomes for care leavers, and the implications of limited or non-existent leaving care planning processes. Further, national reporting provides a basis for further investigation of the contexts and constraints encountered by those with the responsibility for leaving care planning; an area where little is known.
- Specific and targeted policies that support the transition of those leaving residential care, incorporating the suggestions above, and specifically focussing on the significant disruption and behavioural presentations of this group, are required.
- Leaving care planning policy must be premised on the meaningful involvement of care leavers—involvement that goes beyond tokenistic consultation, and instead centres on the young person, acknowledging their expertise gained through experience of OHC. As with care planning, meaningful involvement should also be subject to national evaluation and reporting measures.
- Policy attention which addresses the relative disadvantage of care leavers is required. Housing First approaches were suggested by service provider research participants, and while targeted housing for care leavers is recommended, the specific form requires further investigation (i.e. given the developmental readiness of some care leavers, housing without support may not be sufficient).

3. Insights from Linked Administrative Data: pathways and trajectories

- **Linked administrative data offers important insights into the ways service contacts shape experiences of housing insecurity.**
- **We focus on three cohorts—young people accessing acute mental health services; pre- and post-exit service utilisation patterns of a cohort of young people aged 16–18 released from juvenile detention; and service utilisation patterns of young people aged 16–18 years who exited the Victorian OHC system from January 2013 to December 2014.**
- **Between 40–60 per cent of all cohort members are 'light' users of services. Around 20–30 per cent uses a range of services and have used them quite regularly from a young age (>18 years of age).**
- **Analysis confirms that volume and frequency of service use strongly correlates with housing insecurity and the risk of homelessness, particularly in the youth justice and OHC cohorts.**
- **This suggests that using linked data more strategically to identify opportunities for earlier, more effective, housing service supports could drive significant service innovation across institutional settings.**

This chapter reports the results of analysis of the LAD, building on the findings already presented in Projects A and C and linking across three institutional domains. The analysis examines:

- a cohort of those leaving inpatient mental health treatment (mental health cohort)
- a cohort of those exiting a custodial youth justice sentence (youth justice cohort)
- a cohort of those exiting the out-of-home care system (out-of-home care cohort)

For each cohort, service records were made available from the DHHS in Victoria. These service records were linked at an individual level, providing a picture of an individual's service use over time.

Our cohorts

The *mental health cohort* consisted of all individuals with a Victorian hospital separation in 2013 or 2014 with a care type listed as 'mental health' who were aged 15–25 at time of hospital separation.

The youth justice cohort consisted of all individuals who were released from Victorian juvenile detention centres in 2013 or 2014 who were aged 15–18 at time of release.

The *OHC cohort* consisted of all individuals who exited the Victorian out-of-home care system in 2013 or 2014, aged 15–18 at time of exit (see Section 3.1.1 below for details).

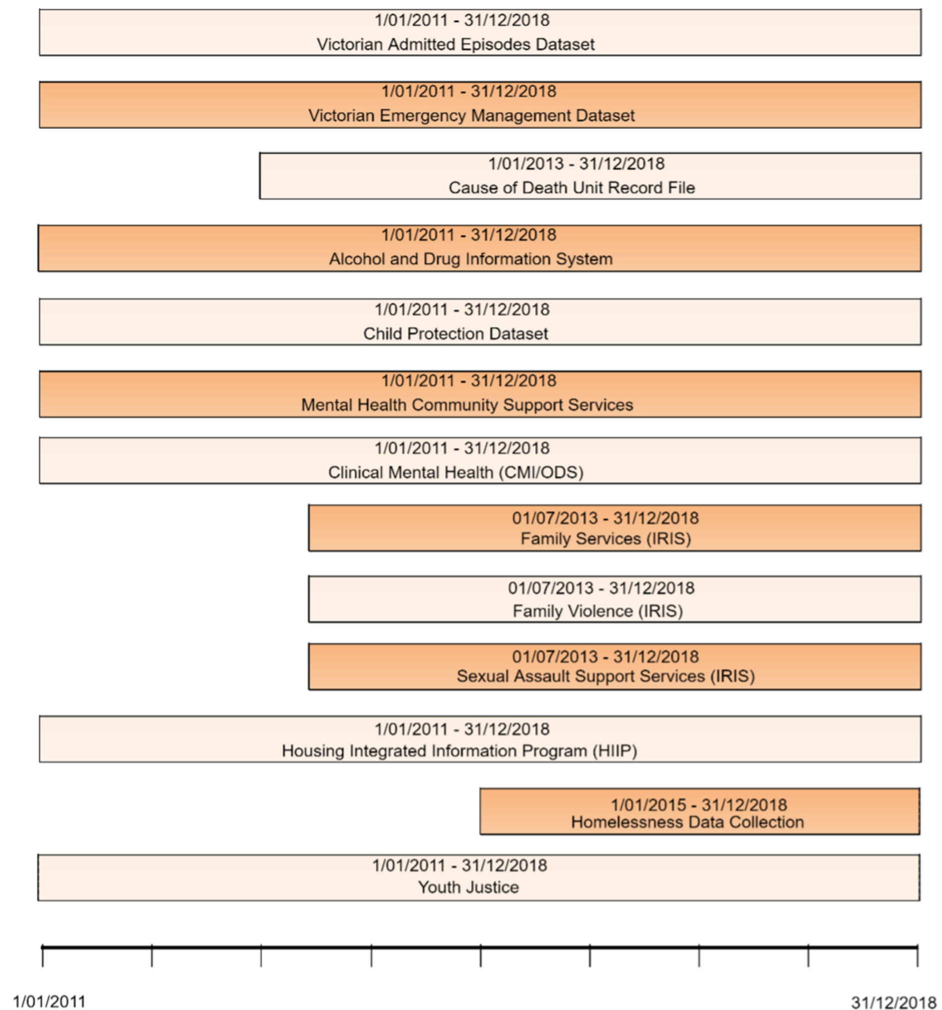
Data sources

Where available, we obtained individual service use information for the years 2011 to 2018 inclusive. This enabled investigation of service use prior to leaving care (i.e. with a 'look-back' period), along with service utilisation after leaving care (up to four years from exit). Released data included records from the following collections:

- The Victorian Admitted Episodes Dataset, containing data on all public and private hospital admissions in Victoria. This dataset included information on diagnosis and cause, along with information on separation type and referrals at separation.
- The Victorian Emergency Management Dataset, containing information on all emergency department (ED) presentations at Victorian public hospitals. Available information included symptom, diagnosis and case information, along with departure and referral information.
- The Victorian Cause of Death Unit Record File, containing information on all individuals who have died in Victoria, including their date and cause of death.
- The Alcohol and Drug Information System contains data on assessment, treatment and support services provided to adults and young people who have substance use problems, and their families and carers. These services are provided primarily by independent agencies. Our dataset contains information on type of drug use, service outcome and referral pathways.
- The Victorian Child Protection dataset, containing information on all child protection and OHC clients in Victoria. Our dataset includes information on allegations, substantiations, and information on care placements for all closed cases.
- The CMI/ODS system, containing information on all clinical public mental health services provided in Victoria, both via inpatient care and within the community.
- Mental Health Community Support Services, containing information on support services provided in the community for those with severe mental health disability.
- Family Service data, containing information on the provision of services to vulnerable children, young people and their families.
- Family Violence data, containing information on services provided to both victims and perpetrators of family violence.
- Sexual Assault Support Services data, containing information on services provided to those who have been victims of sexual assault, and also services provided to perpetrators of sexual assault.
- The Housing Integrated Information Platform, containing information on Victorian public housing. This includes information on applications for housing, tenancies, funding support for tenancies, and income sources used to pay rent.
- The DHHS Homelessness Data Collection, containing information on individuals either homeless or at risk of homelessness. The dataset contains information on the individual's current living arrangement, the reason for requiring assistance, and the reason for the service episode ending.
- The Youth Justice dataset, containing information on all criminal court orders in the youth justice system in Victoria.

For the majority of datasets, dates for each particular episode of service access were available; exceptions to this were child protection data, for which only the date of exit and financial year were made available, and community mental health support services, for which only the financial year in which an episode took place was available. Time periods for the listed datasets are shown in Figure 1—for several data sets, data was not available all the way back to 2011. Importantly, the homelessness data collection did not have information available prior to 2015, limiting our ability to investigate use of homelessness services immediately after exit.

Figure 5: Datasets and time periods



Source: Authors.

Data methods and analysis

Data was received from the Centre for Victorian Data Linkage; the data comprised 105 files (35 files for each of the three cohorts), pertaining to 13 separate data collections, as specified in Figure 5 above. A 'person identifier' variable was located within each dataset in order to identify records across data files belonging to the same individual. The majority of variables used in analysis were taken directly from the datasets in questions, while some were derived by reducing or combining information. Diagnosis categories were derived from ICD diagnosis and external cause codes found on hospital and ED records. For service use counts, where multiple records could be identified as pertaining to a single service, these were joined together to avoid double-counting (i.e. multiple court records for a single offence or multiple hospital records for a single stay). For analysis of factors mediating homelessness service use, variables coding history of alcohol/drug misuse were defined by either a record in the Alcohol and Drug Information system identifying treatment for alcohol/drug disorders or a hospital or emergency department record detailing admission and/or presentation for treatment for alcohol/drug misuse. Variables used in the analysis of factors affecting homelessness service use were calculated using data from the four years prior to the individual's first homelessness record, to ensure equal look-back time for all individuals.

Analyses for this study were primarily counts, proportions and measures of distribution (median and inter-quartile range [IQR]). Chi-squared tests were used to investigate (univariate) differences in service use with a focus on analysing the impact of gender, Indigenous status and leaving multiple institutions on service use. No further statistical modelling was used in this study. Further information on the methods employed in the detailed linkage analysis conducted for the project reports can be found in the relevant published AHURI reports (Duff, Hill et al. 2021; Martin, Cordier et al. 2021).

The analysis of linked data focussed on several key questions:

- **Service use**
  - What government services do individuals leaving institutional settings use before and after exiting care?
  - How do service use patterns of those leaving institutions differ from those of the general population?
  - Does the proportion of individuals using government services vary depending on the gender or Indigenous status of individuals?
  - What are the service use patterns of individuals who exit more than one type of service?
  - How frequently do care-leavers use these services? (Is there repeated service use?)
- **Housing and homelessness**
  - How many in our cohorts apply for and receive housing services? How many receive homelessness services?
  - What are the housing trajectories of individuals in our cohorts?
  - How do individuals in our cohorts who access homelessness services differ from those with more stable housing situations?
  - How does housing stability vary with gender, Indigenous status, and whether an individual exits more than one type of service?

3.1 Characteristics of our cohorts

In total, there were 5,174 individuals in our mental health cohort, 601 individuals in our youth justice cohort, and 1,848 individuals in our out-of-home care cohort. Basic demographic information for these three cohorts is found in Table 2.

There were notable differences between the cohorts. The youth justice cohort was predominantly male (85%), while the OHC and mental health cohorts skewed slightly female. Indigenous Australians were overrepresented in all three cohorts, given they make up just 1 per cent of all Victorians aged 15–25; this overrepresentation was particularly large for the out-of-home care (18%) and youth justice (22%) cohorts.

Table 2: Characteristics of the three cohorts

		Mental health cohort		Out-of-home care cohort		Youth justice cohort	
		n	%	n	%	n	%
Total		5,174	100	1,848	100	601	100
Gender	Male	2,254	44	841	46	510	85
	Female	2,920	56	1,007	54	91	15
Indigenous status	Indigenous	339	7	333	18	130	22
	Non-Indigenous	4,835	93	1,515	82	471	78
Age	15	403	8	452	29	161	27
	16	437	8	448	28	181	30
	17	471	9	517	33	186	31
	18	423	8	169	11	73	12
	19	500	9				
	20	499	10				
	21	471	9				
	22	509	10				
	23	519	10				
	24	525	10				
	25	417	8				
Region	Major cities	4,123	80	1,170	63	436	73
	Regional/remote areas	1,037	20	673	37	161	27

Source: Authors' analysis of LAD.

Information about each individual's 'index exit'—the service use that defined them as part of a cohort, is shown in Table 3. Depression was the most common diagnosis for those admitted to hospital within the mental health cohort (22%). Individuals in the mental health cohort had a median length of stay of eight days (inter-quartile range 3–18 days) and 10 per cent of this cohort spent longer than one month in hospital, with over a quarter of admissions involuntary (28%).

In the youth justice cohort, the majority of individuals in a juvenile facility (73%) were on remand. For this whole cohort, the median length of stay was eight days (inter-quartile range 2–74 days). For those on remand or re-remand, the median length of stay was four days (inter-quartile range 1–14 days). For those who had received a final custodial sentence, the median length of stay was 180 days (inter-quartile range 90–300 days).

In the OHC cohort, psychological harm was the most common documented reason for the child being placed in care, followed by physical harm. We note however, that individuals could have multiple reasons for being placed in care. There was no available information on how long each individual spent in care, or whether they had previous episodes of care. The cohort was split between those in kinship care (40%), those in home-based care (26%) and those in residential care (28%), with 11 per cent in other or un-recorded care settings. We do not have information on the individual's housing situation upon leaving care; however, given that a majority of this cohort was under 18 at exit from care, we can presume that many returned to their families.

Table 3: Characteristics of index exit from institution

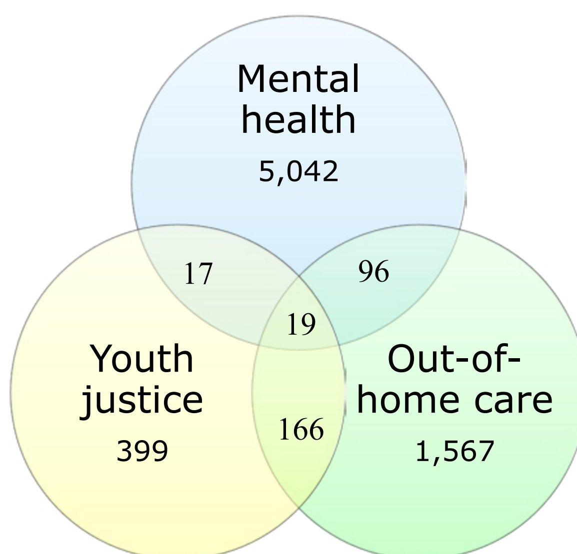
	N	%	Median LOS (days)	IQR (days)
Mental health cohort				
Primary diagnosis				
Depression	1,129	22	8	4-17
Anxiety	235	5	9	4-22
Schizophrenia/psychosis	909	18	14	8-25
Stress/adjustment disorder	676	13	4	2-7
Personality disorder	415	8	5	2-10
Childhood onset disorder	981	19	7	3-14
Self-harm	49	1	3	1-7
Other mental health condition	780	15	17	8-31
Legal status				
Voluntary	3,735	72	8	3-17
Involuntary	1,439	28	10	5-21
Total	5,174	100	8	3-18
Youth justice cohort				
Court outcome				
Remand	409	68	4	1-12
Re-remand	29	5	25	6-43
Youth residential order	8	1	175	116-296
Youth justice centre order	147	24	180	91-286
Cancellation of parole	8	1	441	159-718
Total	601	100	8	2-74
Out-of-home care cohort				
Substantiated harm				
Child abandoned	108	6		
Physical harm	615	32		
Sexual abuse	162	9		
Psychological harm	1,057	55		
Physical dev/health at harm	157	8		
Care type				
Kinship care	705	40		
Home-based care – general	136	8		
Home-based care – intensive	104	6		
Home-based care – complex	35	2		
Home-based care – permanent care	27	2		
Home-based care – adolescent community placement	141	8		
Residential care	502	28		
Lead tenant	57	3		
Secure welfare	37	2		
Other	104	6		

Source: Authors' analysis of LAD.

3.1.1 Cohort overlaps

The three cohorts were not completely independent, with approximately 300 individuals being a member of two or more of our cohorts (see Figure 6)—that is, they had exits from multiple types of institutions in 2013 or 2014. Of note was the high degree of individuals with exits from both youth justice and out-of-home care; 31 per cent of those in our youth justice cohort also exited from out-of-home care within the 2013–14 period. The large numbers of those in the mental health cohort who did not exit from other services partially reflects the differing age cohort—many were aged over 18 at the time of mental health exit and so were too old to exit youth justice or out-of-home care.

Figure 6: Cohort overlaps



Source: Authors' analysis of LAD.

In this report, data for individuals is reported for each cohort they are part of. For instance, individuals who exited both youth justice and the acute mental health system are counted twice; once in each cohort. Note that for these individuals, their exit date and subsequent follow-up time are different in each cohort, so their pathways and service utilisation patters will also differ between cohorts.

In addition, there are also a number of individuals that meet a single case definition more than once. These include individuals who had multiple periods of custody in juvenile justice facilities, or multiple exits from hospital for mental health treatment within the study period. These individuals are only counted once in each cohort, with the first exit used to determine the start of follow-up time.

Further analysis of individuals with exits from multiple service types is provided in Section 3.4.3.

3.2 What services do our cohorts use?

In this section we investigate the services utilised by our three cohorts both before and after their institutional exit.

3.2.1 Service use after index exit

For each cohort, we first examined the proportion of individuals that utilised a particular service in the four years after their index exit. These results are shown in Table 4.

Child protection and community mental health support services did not have full episode dates but only information on the financial year in which an episode took place. As such, it was only possible to provide an estimate of service use in the four years after exit. Homelessness services data was not available prior to 2015, and as a result, the proportion of individuals accessing a homelessness service in the four years after exit is likely to be an underestimate, as individuals who accessed SHS prior to 2015 but not afterward are not counted in this assessment.

Service use appeared high across all three cohorts. Roughly half the youth justice and OHC cohort were hospitalised in the four years after exit, while over three-quarters of those in the mental health care cohort were. Unsurprisingly, mental health admissions were most common in the mental health cohort (43% of individuals), compared to 8 per cent and 11 per cent of individuals in the youth justice and OHC cohort respectively. However, the youth justice and OHC cohort did have higher rates of ED presentations for mental health concerns, at 19 per cent and 22 per cent respectively, while for the mental health cohort this was essentially unchanged at 44 per cent. This suggests that in the mental health cohort, almost all those who presented to emergency with a mental health complaint were hospitalised, while for the other two cohorts, only half the time did the presenting mental health concern require hospitalisation.

Outpatient mental health treatment was received by nearly two-thirds of those in the mental health cohort, and roughly one-quarter of those in the youth justice and OHC cohorts. Self-harm was common amongst all cohorts. A much higher proportion of those in the mental health cohort were hospitalised for self-harm (28%) compared to the youth justice (6%) and OHC (8%) cohorts, while a higher proportion in the youth justice and OHC cohorts attended ED for self-harm (16% and 20%) with many instances of self-harm apparently therefore not requiring hospitalisation.

Emergency presentations and hospitalisations for alcohol and drug causes were high across all three cohorts, with over 20 per cent of individuals in the mental health and youth justice cohort presenting to ED, and 14 per cent of those in the OHC cohort. Rates of hospitalisation were also high, particularly in the mental health cohort. The use of substance use treatment services was far higher in the youth justice cohort (68% of this cohort) than the mental health and OHC cohorts (20% and 28% respectively), while the youth justice cohort appeared no more likely to attend ED or hospital for substance misuse. This higher rate was most likely the result of alcohol and drug services being used as a diversionary court measure as part of a non-custodial order.

Table 4: The number of individuals in the three cohorts who accessed a particular service in the four years after exit

		Mental health cohort		Youth justice cohort		Out-of-home care cohort	
		N	%	N	%	N	%
Hospital admission	Alcohol/drugs	1,472	28	109	18	239	13
	Self-harm	1,464	28	39	6	148	8
	Assault	149	3	59	10	85	5
	Injury	579	11	99	16	211	11
	Mental health	2,246	43	48	8	200	11
	Other	2,190	42	115	19	716	39
	Any	4,042	78	287	48	979	53
Emergency presentation	Alcohol/drugs	1,101	21	136	23	255	14
	Self-harm	1,670	32	96	16	376	20
	Assault	48	1	23	4	58	3
	Injury	1,737	34	345	57	753	41
	Mental health	2,272	44	113	19	399	22
	Other	2,653	51	254	42	969	52
	Any	3,930	76	458	76	1,297	70
Alcohol/Drug Treatment		1,036	20	409	68	512	28
Clinical mental health	Inpatient	2,298	44	59	10	217	12
	Outpatient	3,212	62	138	23	456	25
Community mental health services		800	15	23	4	106	6
Child protection		236	5	217	36	962	52
Family services		139	3	13	2	122	7
Family violence		410	8	117	19	211	11
Sexual assault support services		327	6	28	5	143	8
Public housing applications	Primary applicant	447	9	116	23	454	25
	Non-primary appl.	78	2	21	4	80	4
Public housing tenancy	Had tenancy	461	9	148	30	592	32
	New independent tenancy	171	3	44	9	225	12
Homelessness	At risk of homelessness	780	15	184	37	683	37
	Currently homeless	748	14	151	31	774	42
	Any	1,127	22	285	47	1,000	54
Youth justice	Custodial	36	1	378	63	182	10
	Community	91	2	498	83	388	21
Mortality		78	2	7	1	13	1

Source: Authors' analysis of LAD.

Family services received limited use by our three cohorts, which is unsurprising given the age profile. Use of family violence services was higher in the youth justice cohort (19% of individuals) compared to the mental health (8%) and OHC cohorts (11%); again, these are services that may be used as a diversionary court measure. Use of sexual assault support services was similar across the three cohorts.

Public housing tenancies were more common in the youth justice (30%) and OHC cohorts (32%) than the mental health cohort (9%). For many of these tenancies the individual was a dependent, i.e. they were living with a parent or guardian. The proportion of individuals with an independent tenancy was lower, and was least common in the mental health cohort (3%) and most common in the OHC cohort (12%).

A notable finding was the high proportion of individuals accessing homelessness services—22 per cent of the mental health cohort, 47 per cent of the youth justice cohort and 54 per cent of the OHC cohort. Homelessness services data was not available prior to 2015, while our cohort left their institutional setting in 2013–2014. Given the lack of data prior to 2015, this proportion is likely to be an underestimate, as individuals who used a homelessness service prior to 2015, but not afterward, are not counted in this assessment.

In the youth justice cohort, the proportion of individuals with community and custodial youth justice sentences after their initial youth justice exit was very high (83% and 63% respectively), likely representing a high level of recidivism. The OHC cohort also showed notable levels of custodial (10% of individuals) and community (21%) orders. This is particularly high given that many in these cohort would have 'aged out' of the youth justice system during follow-up and so could not receive a youth justice order. Service information on the adult justice system was not available for this study. Youth justice orders in the mental health cohort were low, at least partly due to the fact that many individuals in this cohort were aged over 18 at time of exit and so could not be processed as a youth offender.

Despite the young age of our cohort, a small proportion died during the follow-up period. The cause of death was primarily suicide and drug overdose.

3.2.2 Service use prior to institutional exit

To place our cohorts' institutional exit within the broader picture of the individual's service use over time, we explored service use prior to institutional exit. Table 5 examines service use in the two years prior to institutional exit, showing the proportion of individuals who utilised particular services[1].

In general, relatively high proportions of individuals utilised services in the two years prior to exit. In the mental health cohort, 21 per cent had previous hospitalisation for mental health causes, and 17 per cent had previous hospitalisations for self-harm. For the youth justice cohort, 37 per cent had a previous custodial sentence, while 45 per cent used substance use treatment services. In the OHC cohort, 20 per cent had a youth justice community-based sentence, while 18 per cent had presented to an ED for self-harm. These figures suggest that for many individuals, our index exit did not represent the start of their pathway through services, which occurred at a younger age. The high rate of previous service use is particularly notable for our youth justice and OHC cohorts, given that these individuals were aged only 15–18 at time of exit.

1 These proportions do not include the 'index event' i.e. the service that defined them as part of our cohort, or any services that form part of this stay in care (for instance, in the mental health cohort, their pathway to admission typically occurred through the emergency department; this emergency presentation was not counted as a prior service use). For the OHC cohort, we were not able to determine when the OHC stay began, so could not provide information on previous services provided by child protection.

Table 5: The number of individuals in the three cohorts who accessed a particular service in the two years prior to exit

		Mental health cohort		Youth justice cohort		Out-of-home care cohort	
		N	%	N	%	N	%
Hospital admission	Alcohol/drugs	604	12	53	9	103	6
	Self-harm	865	17	36	6	165	9
	Assault	76	1	27	4	37	2
	Injury	306	6	66	11	104	6
	Mental health	1,069	21	33	5	143	8
	Other	1,288	25	67	11	324	18
	Any	2,629	51	189	31	618	33
Emergency presentation	Alcohol/drugs	617	12	108	18	204	11
	Self-harm	1,064	21	86	14	329	18
	Assault	-	-	-	-	-	-
	Injury	1,239	24	273	45	623	34
	Mental health	1,641	32	101	17	378	20
	Other	1,805	35	187	31	630	34
	Any	3,320	64	383	64	1,109	60
Alcohol/Drug Treatment		697	13	271	45	386	21
Clinical mental health	Inpatient	1,097	21	45	7	183	10
	Outpatient	2,278	44	103	17	453	25
Community mental health services		264	5	6	1	10	1
Child protection		462	9	416	69	NA	NA
Public housing applications	Primary applicant	78	2	14	3	81	4
	Non-primary applicant	27	1	7	1	51	3
Public housing tenancies	Had tenancy	366	7	162	27	482	26
	New independent tenancy	49	1	5	1	14	1
Youth justice	Custodial	48	1	220	37	207	11
	Community	114	2	365	61	376	20

Source: Authors' analysis of LAD.

3.2.3 Repeat service use

Along with how many individuals accessed a particular service, another key measure of service use is the extent and volume of particular services use. In this section we examine the *number* of services utilised by individuals in the four years after institutional exit. Table 6 shows the median number (and inter-quartile range) of services for *all individuals who had at least one record of that service*[2].

Table 6: Median number of services for those who accessed at least one service of a particular type in the four years after exit, for each cohort

		Mental health cohort		Youth justice cohort		Out-of-home care cohort	
		Median	IQR	Median	IQR	Median	IQR
Hospital admission	Alcohol/drugs	2	1-4	1	1-2	1	1-2
	Self-harm	2	1-3	1	1-2	1	1-2
	Assault	1	1-1	1	1-1	1	1-1
	Injury	1	1-1	1	1-1	1	1-2
	Mental health	2	1-4	1	1-2	1	1-2
	Other	2	1-3	1	1-2	2	1-3
	Any	3	2-7	2	1-3	2	1-4
Emergency presentation	Alcohol/drugs	1	1-2	1	1-2	1	1-2
	Self-harm	2	1-3	1	1-3	1	1-2
	Assault	1	1-1	1	1-1	1	1-1
	Injury	1	1-1	2	1-3	2	1-2
	Mental health	2	1-4	1	1-2	1	1-3
	Other	2	1-3	2	1-3	2	1-4
	Any	4	2-9	3	1-6	3	2-7
Alcohol/Drug Treatment		3	1-6	4	2-7	3	2-7
Clinical mental health	Inpatient	3	1-5	2	1-4	2	1-4
Child protection		2	1-3	2	1-2	1	1-2
Family services		1	1-2	1	1-1	1	1-2
Family violence		2	1-3	2	1-3	1	1-2
Sexual assault support services		1	1-2	1	1-2	1	1-2
Homelessness		2	1-5	2	1-5	7	3-18
Youth justice	Custodial	4	3-10	8	3-20	6	2-15
	Community	3	2-6	10	6-15	6	3-11

Source: Authors' analysis of LAD.

The results were fairly consistent between cohorts. The greatest difference between cohorts was seen with homelessness services. Those in the OHC cohort who accessed homelessness services had a median of seven services, with a quarter accessing it over 18 times. This was much greater than those accessing homelessness services in the mental health cohort (median 2, IQR 1–5) and the youth justice cohort (median 2, IQR 1–5).

2 Some datasets did not contain appropriate information for counting meaningful discrete service events; these were excluded from the table.

3.2.4 Comparing rates of service use to the general population

While the level of service use amongst these cohorts appears high, by comparing the rates of service use to the general population we can gain a better understanding of service use patterns. In this section we compare rates of service use in our three cohorts against a 'baseline' rate of service use from the young Victorian population as a whole. Baseline data was sourced from a variety of publicly available reports, tables and data cubes including those describing hospital admissions[3], emergency department presentations[4], substance use treatment services[5], SHS[6] and youth justice services[7].

Table 7 compares rates of service use between the three cohorts to a Victorian population of the same general age. The table shows far higher rates of service access across all three cohorts for each service type. For instance, those in the mental health cohort have more than seven times the rate of hospital admissions compared to all Victorians aged 15–24 over the same time period (140.5 admissions per 100 PYs as compared to 18.6 admissions per 100 PYs). Similarly, while on average 1.8 per cent of young Victorians access homelessness services in a given year, for those in the OHC cohort 31.5 per cent accessed homelessness services in the same time period. These findings highlight significant disparities found in these three cohorts compared to the rest of the youth population in Victoria.

Table 7: Rates of service in each cohort compared to the young Victorian population

	Baseline population	Mental health cohort	Youth justice cohort	Out-of-home care cohort
Hospital admissions (per 100 PYs)	18.6	140.5 (7.6 times greater)	34.2 (1.8 times greater)	49.7 (2.7 times greater)
Emergency presentations (per 100 PYs)	26.4	163.0 (6.2 times greater)	110.9 (4.2 times greater)	119.5 (4.5 times greater)
Alcohol/Drug Treatment (per 100 PYs)	1.8	26.9 (14.9 times greater)	90.4 (50.2 times greater)	38.4 (21.3 times greater)
Homelessness services clients per year (%)	1.8	13.3 (7.4 times greater)	27.4 (15.2 times greater)	31.5 (17.5 times greater)
Youth justice clients per year (%)	0.7	0.3*	24.9 (35.6 times greater)	6.7 (9.6 times greater)

* *This number is artificially low as a large proportion of the mental health cohort were too old to become youth justice clients.*

Source: Authors' analysis of LAD.

3 Baseline information was taken from the AIHW principal diagnosis data cubes. These data cubes contain counts of admissions by age category. Data is not broken down by state. Data was extracted from 2015 to 2018 for all Australians aged 15–25. While principal ICD codes were available, the classifications used in this paper utilised both principal diagnosis codes, external cause codes and additional diagnosis codes and as such no direct comparison could take place.

4 Baseline information was taken from the Emergency department care: Australian hospital statistics series of reports by AIHW. These reports contain counts of admissions for each financial year, by state and age category. Data was extracted from 2015 to 2018 for Victorians aged 15–25.

5 Baseline information was taken from the Alcohol and other drug treatment services in Australia series of reports from AIHW. These reports contain counts of episodes for each financial year, by state and age category. Data was extracted from 2015 to 2018 for Victorians aged 10–29.

6 Baseline information was taken from the Specialist Homelessness Services annual report series from AIHW. These reports contain the number of clients for each financial year by state for young people (aged 15–24). The number of clients for years 2015 to 2018 in Victoria aged 15–24 was extracted.

7 Baseline information was taken from the Youth Justice in Australia series of reports from AIHW. These reports list the number of individuals under youth justice supervision for each state, and by age, by financial year. The number of clients for years 2015 to 2018 in Victoria aged 15+ was extracted.

3.3 Housing and homelessness services

3.3.1 Receiving public housing

This section considers the use of public housing services amongst our cohorts. Public housing in Australia is in high demand with limited supply and lengthy waiting periods. The length of waiting periods depend partly on the needs of applicants, with individuals with greater housing insecurity placed on a priority 'early housing' waiting list. During the study period 10 per cent of the mental health cohort, 8 per cent of the youth justice cohort and 29 per cent of the OHC cohort made an application for public housing as the primary applicant (Table 8). Around half of the applicants in the youth justice and OHC cohorts, and 38 per cent of the mental health cohort applicants were placed on the early housing wait list.

Table 8: Public housing applications, tenancies and wait times

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	N	%	N	%	N	%
Applied for public housing (primary applicant)	524		156		534	
who received tenancy	105	20	39	25	158	30
Number of applicants on early housing list	199		78		258	
who received tenancy	74	37	31	40	125	48
Number of applicants on regular list	325		78		276	
who received tenancy	31	10	8	10	33	12
Median wait time for those who received tenancy	2.2 years		2.3 years		2.5 years	

Source: Authors' analysis of LAD.

Between 20 per cent (mental health cohort) and 30 per cent (OHC cohort) of these applicants had received a tenancy by the end of the study period. Those on the early housing list, indicating an urgent need for housing, were around four times more likely to receive a tenancy than those on the regular list. However the majority of those on the early housing list, across all three cohorts, did not receive a tenancy during our study period.

For those who received a tenancy, the median wait time was between two and two-and-a-half years. It should be noted that these wait times are censored (i.e. biased by the length of the follow-up period)—individuals with very long wait times would not have received a tenancy within the study period, and so the true wait time for tenancy is likely to be longer.

Table 9 combines our three cohorts, comparing primary applicants who did and did not receive a tenancy in the study period. Females were more likely to receive a tenancy than males, making up 70 per cent of those receiving a tenancy and 50 per cent of those who did not. Notably, a high proportion (73%) of those who did not receive a tenancy accessed homelessness services, indicating a high level of housing instability (and associated risk of homelessness) that is not being addressed by the public housing system.

Table 9: Care leavers who made a primary applicant public housing application: comparison of those who did and did not receive tenancy

		Received tenancy		Did not receive tenancy	
		n	%	n	%
Total		265	100	814	100
Gender	Male	80	30	407	50
	Female	185	70	407	50
Indigenous	Is Indigenous	74	28	167	21
Region	Major cities	156	59	530	65
	Regional/remote	109	41	284	35
In multiple cohorts		8	3	33	4
Utilised homelessness services in four-year follow-up period (prior to any tenancy)		213	80	598	73

Source: Authors' analysis of LAD.

3.3.2 Accessing homelessness services

A high rate of homelessness service use was evident among young people leaving institutional settings. In this section we examine homelessness service use in more detail, first looking at the extent and reasons for homelessness service access in comparison to the broader population of young people, and then examining specific individual factors available in the linked data that may be considered predictive of a homelessness episode.

Why did our cohorts access homelessness services?

The homelessness services dataset provides some information on the individual's current housing situation, along with their reason for seeking services. Table 10 presents this information for our three cohorts, along with a baseline comparison of all Victorians aged 15–24 who accessed homelessness services, derived from publicly available data cubes from AIHW. Our three cohorts were generally quite similar to each other in regard to their housing situation, although all three differed in key ways to the overall young Victorian homelessness service user. Compared to all young Victorians seeking homelessness services, our cohorts were more likely to already be homeless (54–59% of individuals, compared to 40%), more likely to report having no shelter/an improvised dwelling, and reside in short-term temporary accommodation. Our cohorts were also more likely to be in public or community housing, and less likely to be in private housing. Our cohorts were more likely to seek assistance for a housing crisis (i.e. eviction) and less likely to seek assistance for domestic/family violence issues.

Table 10: Housing situation and reason for assistance while seeking homelessness services

	Mental health cohort %	Youth justice cohort %	Out-of-home care cohort %	All VIC homeless service users 15–24 %
Housing situation				
Homeless: No shelter/improvised dwelling	15	14	11	6
Homeless: Short term temporary accommodation	22	19	23	11
Homeless: At house, townhouse or flat – couch surfer/no tenure	14	18	19	21
Homeless: Other	5	3	6	2
Total: Homeless	**56**	**54**	**59**	**40**
At risk – Public/community housing – renter or rent free	17	13	18	6
At risk: Private or other housing – renter, rent free or owner	8	17	4	32
At risk: Institutional settings	4	3	3	3
At risk: Other	5	3	6	6
Total: At risk	**34**	**36**	**31**	**47**
Not stated	10	10	10	13
Reason for seeking assistance				
Financial difficulties	8	5	6	9
Housing affordability stress	3	4	4	5
Housing crisis (eviction)	31	35	31	24
Inadequate or inappropriate dwelling conditions	10	10	10	10
Previous accommodation ended	5	6	6	4
Relationship/family breakdown	3	4	6	7
Domestic/family violence	18	10	17	26
Mental health issues	6	1	2	1
Transition from custodial arrangements	2	12	2	1
Transition from foster care and child safety residential placements	0	2	3	1
Transition from other care arrangements	0	1	2	1
Other	14	10	11	11

Source: Authors' analysis of LAD.

What individual factors influenced homelessness service use?

Given the high rate of homelessness service use amongst individuals in all three cohorts, a key question is: How do those who access homelessness services differ from those who have a more stable housing situation? In this section, information taken from an individual's service use over time is used to determine factors that may be associated with later homelessness service use.

There is a substantial body of evidence on the causes and risk factors for homelessness (see brief review in Section 1.2 above). From this literature, potential predictors were identified for which we had available information within the linked Victorian dataset. For those who used SHS, the date of first usage was identified, with an individual's characteristics, circumstances and service history examined at this date. For those without a SHS record, a date was randomly selected from the dates of first homelessness records. All three cohorts were combined for this analysis.

There were 2,547 individuals in our cohorts with a SHS record (35%). Table 11 shows the proportion of those who had a SHS record by particular homelessness risk factors. These findings are consistent with previous research on the risk factors associated with homelessness. Indigenous Australians are over-represented; making up 19 per cent of those with a SHS record, compared with 5 per cent of those who did not. Individuals with evidence of substance misuse had higher rates of homelessness, particularly those with a history of alcohol and amphetamine use (making up 28% and 25% of those who accessed homelessness services compared with 15% and 10% of those who did not).

Mental health on its own was not a strong predictor of homelessness service access, nor was a history of self-harm. Victims of sexual or physical assault made up 12 per cent and 17 per cent of those who accessed homelessness services, but only 5 per cent and 6 per cent of those who did not. A relationship was evident between contact with the youth justice system and homelessness, with 23 per cent of those accessing homelessness services having a custodial youth justice order, compared with 7 per cent of those who did not access homelessness services.

However the largest risk factor for future homelessness service access was being placed in care—47 per cent of those with a care placement accessed homelessness services, compared with 16 per cent of those who were not placed in care. Those on the waiting list for public housing made up 12 per cent of those accessing homelessness services, but only 3 per cent of those who did not, suggesting that significant numbers experienced homelessness during their wait for public housing. Over half of those with a first homelessness service record had no apparent prior interaction with the public housing sector.

Table 11: Proportion of individuals with potential predictors of homelessness, by homelessness status, combined cohorts

		Had homelessness service record		No homelessness service record	
		n	%	n	%
Total		2,547	100	4,759	100
Gender	Male	1,146	45	2,265	48
	Female	1,401	55	2,494	52
Indigenous		480	19	249	5
Region	Major cities	1,747	69	3,755	79
	Regional/remote	800	31	981	21
History of alcohol abuse		715	28	722	15
History of opioid abuse		196	8	182	4
History of amphetamine abuse		626	25	471	10
History of other drug abuse		1,171	46	1,151	24
History of depression/anxiety		772	30	1,821	38
History of schizophrenia		517	20	879	18
History of stress/adjustment disorder		586	23	863	18
History of personality disorder		635	25	873	18
History of childhood onset disorders		129	5	131	3
History of other mental health condition		408	16	1,053	22
No. mental health inpatient admissions	1	382	15	1,277	27
	2-3	369	14	1,018	21
	4+	875	34	1,290	27
History of self-harm		1,271	50	1,926	40
Has cognitive/developmental disability		168	7	206	4
Victim of child abuse (no care placement)		392	15	574	12
Victim of child abuse (placed in care)		1,187	47	757	16
Sexual assault victim		306	12	235	5
Physical assault victim		424	17	272	6
Perpetrator of family violence		215	8	160	3
History of custodial sentence (youth justice)		584	23	349	7
History of community sentence (youth justice)		370	15	276	6
No interaction with public housing		1,572	62	4.237	89
In public housing as dependent/resident		529	21	329	7
In public housing as independent tenant		139	5	66	1
On waiting list, no housing received		307	12	127	3

Source: Authors' analysis of LAD.

There are several limitations to this analysis. Firstly, many important risk factors for homelessness have not been included. For example, our analysis does not include information on individual employment status, level of social support, previous housing instability, or known triggers for homelessness, such as family violence, divorce, separation or the death of a spouse or parent. Likewise, information on the level of parental or family support is not available. Only individual-based factors are included, which means broader structural factors known to influence homelessness do not form part of the analysis.

This analysis relies on the existence of service records to determine attributes about our cohorts, however, many may exhibit these attributes without having service records. For instance, individuals who have mental health issues which have been managed at the primary care level, or who have not received treatment at all will not be identified in this data. Similarly, those with substance misuse issues that have not resulted in treatment or emergency or hospital care will not be identified. Finally, it is only possible to classify people as having received SHS based on the available data—it is likely that some individuals are incorrectly classified as not having received SHS, when in fact these supports were received prior to 2015.

3.3.3 Housing trajectories after leaving institutional settings

The public housing and SHS datasets contain information about the housing situation of our cohorts at the time they accessed these services. Other service collections also contain information regarding an individual's housing and accommodation status, collected as secondary information at the time of service. By combining information from these datasets, we can gain a longitudinal, albeit incomplete, picture of an individual's housing circumstances over time. Using this technique, our level of understanding of each individual's housing pathway will be different. Some individuals have many service records, providing snapshots of their housing situation at multiple points in time. Other individuals may have no further administrative records after their original institutional exit, meaning that little can be said or inferred about their housing trajectories over time. While public housing and homelessness services datasets exist, there is no available 'private housing stock' dataset; this must be inferred from recordings in other administrative collections.

Datasets which included secondary information on housing status at the time of service include the Victorian Emergency Management Dataset, the Family Services data, the Alcohol and Drug Information System, the Clinical Mental Health system (CMI/ODS) and the community mental health dataset. Individuals in the Victorian Admitted Episode Dataset who were currently homeless could have this coded as an additional diagnosis.

In this section, individuals are categorised based on their housing trajectories in the four years after leaving care. Longitudinal housing records were created for each person, listing their housing status over time. These were examined to identify clusters of individuals with similar housing patterns. Seven clusters were identified, as follows.

- **No known housing status:** For individuals in this category, there is no available housing data. Nevertheless, some observations about this group could be made. Firstly, none of these individuals were in public housing, as no public housing tenancy information was located for them. Similarly, these individuals did not access SHS, at least after 2015. The majority of these individuals also did not have any service records in the four years after exit, including no emergency department records outlining self-harm or mental health issues, no drug and alcohol treatment, and no contact with the youth justice system. This suggests that this group may have lower individual risk factors for housing insecurity. Given their lack of interaction with public housing and SHS, it is more likely that they occupied private residences in the period after leaving care. The lack of service use by this group (which is the mechanism by which we have inferred housing status), likely indicates that these individuals represent a fairly successful group, who either avoided or overcame issues commonly confronting those exiting institutional settings.
- **Private residence only:** Individuals in this category were in private residential accommodation for the four years after leaving care and had no record of using public housing or any other form of accommodation over this time. These individuals did not utilise SHS and there is no evidence of any other period of housing insecurity in the follow-up period.

- **Resided in public housing:** Individuals in this category had a record indicating accommodation in public housing, either as a dependent (i.e. with their family), as a resident, or as a tenant. For most individuals, their entry into the public housing system occurred prior to their index exit, typically as a young child (i.e. they grew up in public housing). Individuals in this category could also have records indicating they resided in housing in the private market for some of the follow-up period. These individuals did not utilise SHS and there is no evidence of any other periods of housing insecurity in the follow-up period.
- **Marginal forms of accommodation:** Individuals in this category did not have any evidence of homelessness or housing insecurity, but did spend time in other forms of accommodation, outside of public housing and the private market. This included individuals who were incarcerated, individuals who spent significant time in a mental health facility (episodes longer than 30 days), individuals who spent time in a substance use treatment residence, individuals who were in statutory care and individuals in supported accommodation. While these forms of housing differ significantly, they were all considered to be less stable and often short term, suggesting that individuals may be at greater risk of housing insecurity and homelessness. Individuals in this category could also have spent time in public housing or in the private market.
- **Individuals at risk of homelessness:** Individuals in this category sought homelessness services but did not have any evidence of being homeless or in crisis accommodation within the study period. The homelessness service records of these individuals indicated they were at risk of homelessness but were currently in their own housing (for example, an individual in financial difficulties unable to pay rent, seeking advice to avoid homelessness).
- **Individuals with a single episode of homelessness:** Individuals in this category had a single episode of homelessness listed. This included those rough sleeping, couch surfing, those in short term/crisis accommodation and lodgers in boarding houses. Note that records containing evidence of homelessness were considered to relate to the same 'episode' if they occurred within 90 days; otherwise, they were treated as separate instances of homelessness.
- **Individuals with multiple episodes of homelessness:** Individuals in this category had two or more periods of homelessness listed. Individuals who were rough sleeping, couch surfing, in short term/crisis accommodation or lodgers in a boarding house were included in this category.

The categorisation of individuals into these seven clusters for our three cohorts is shown in Table 12. In general, those in the mental health cohort appear to have more stable housing that those in the youth justice and out-of-home care cohorts. Over 60 per cent of the mental health cohort either had no housing information recorded, or resided in the private market for the study period, compared with 18 per cent of the youth justice cohort and 34 per cent of the OHC cohort. Individuals in these categories likely constitute the most 'secure' of our cohorts (at least in terms of their housing arrangements), utilising limited services and not requiring social housing. A small proportion of our cohort received public housing support but had otherwise stable housing. A larger proportion of the youth justice cohort had spent more time in marginal accommodation than individuals from our other cohorts, predominantly due to custodial youth justice sentences.

One-third of the OHC cohort, one-quarter of the youth justice cohort and 12 per cent of the mental health cohort had multiple episodes of homelessness within the four-year period. Interestingly, for all cohorts, having multiple episodes of homelessness was more common than having a single episode of homelessness. This was most noticeable in the OHC cohort, where of the 44 per cent that experienced a first episode of homelessness in the period, three-quarters went on to have another. Our analysis thus confirms that escaping homelessness and regaining housing stability for those exiting care arrangements is a considerable challenge.

Table 12: Housing trajectories after institutional exit

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	N	%	N	%	N	%
No known housing status	1,075	21	32	5	330	18
Private residence only	2,184	42	76	13	293	16
Resided in public housing	133	3	41	7	119	6
Marginal forms of accommodation	419	8	137	23	63	3
At risk of homelessness	367	7	104	17	223	12
Single episode of homelessness	376	7	55	9	209	11
Multiple episodes of homelessness	620	12	156	26	611	33

Source: Authors' analysis of LAD.

Different housing trajectories are associated with different patterns of service use. Table 13 and Table 14 outline service use by housing trajectory, combining all three cohorts. Hospital and emergency department use is presented in Table 13 with use of other services presented in Table 14.

In general, increasing service use was associated with increasing housing instability. Hospitalisations for alcohol/drug conditions showed a strong relationship with housing instability, with 19 per cent of those residing in the private rental market having such admissions, increasing to 40 per cent of those with multiple homeless episodes. Similarly, while 12 per cent of those in private residence accessed substance use treatment services, this increased to 39 per cent of those with one episode of homelessness, and 51 per cent of those with multiple episodes. Other service types that appeared to be strongly correlated with housing instability included family violence (5% of those in private residence; 20% of the chronic homeless), child protection (8% of those in private residence; 35% of the chronic homeless) and psychiatric disability support (8% of those in private residence; 22% of the chronic homeless).

There was no clear factor that stood out above all others as determining housing stability; rather it was the combination of factors, represented here by the utilisation of services, that ultimately appeared to influence an individual's housing trajectory and risk of housing insecurity over time.

Table 13: Service use characteristics (hospital and emergency) by housing trajectory

	No known housing status		Private residence only		Resided in public housing		Other accommodation		At risk of homelessness		One episode of homelessness		Chronic homelessness		All	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hospital admission																
Alcohol/drugs	97	7	470	19	53	19	177	30	211	33	219	36	495	40	1,722	24
Self-harm	66	5	696	27	34	12	151	26	139	22	163	27	341	28	1,590	22
Assault	-	-	38	2	10	4	27	5	42	7	33	5	108	9	259	4
Injury	23	2	332	13	33	12	66	11	106	17	83	14	199	16	842	12
Mental health	278	20	922	36	51	36	299	51	214	34	202	34	451	36	2,417	33
Other	225	16	1,174	46	87	31	180	31	306	48	235	39	561	45	2,768	39
Any	546	38	1,953	77	158	56	464	79	485	76	439	73	966	78	5,011	69
Emergency presentation																
Alcohol/drugs	5	0	439	17	34	12	138	23	168	26	167	28	434	35	1,385	19
Self-harm	-	-	792	31	56	20	181	31	218	34	229	38	542	44	2,020	28
Assault	-	-	11	0	6	2	14	2	17	3	5	1	53	4	106	1
Injury	6	0	1,016	40	116	41	234	40	314	49	288	48	665	54	2,639	36
Mental health	9	1	991	39	71	25	306	52	281	44	315	52	682	55	2,655	36
Other	14	1	1,542	61	127	45	308	52	404	63	375	62	905	73	3,675	50
Any	32	2	2,436	96	209	74	508	86	552	87	532	88	1,139	92	5,408	74

Source: Authors' analysis of LAD.

Table 14: Service use characteristics (other) by housing trajectory

		No known housing status		Private residence only		Resided in public housing		Other accommodation		At risk of homelessness		One episode of homelessness		Chronic homelessness		All	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Alcohol/Drug Treatment			1	310	12	88	31	242	41	236	37	235	39	635	51	1,754	24
Clinical mental health	Inpatient	86	6	888	35	72	25	363	62	247	39	284	47	542	44	2,482	34
	Outpatient	327	23	1,396	55	105	37	412	70	352	55	336	56	716	58	3,644	50
Community mental health support services		32	2	215	8	16	6	130	22	105	16	120	20	269	22	887	12
Child protection		121	8	191	8	77	27	97	16	188	30	148	25	428	35	1,250	17
Family services		-	-	34	1	10	4	6	1	41	6	32	5	135	11	260	4
Family violence		25	2	125	5	30	11	52	9	95	15	92	15	251	20	670	9
Sexual assault support services		18	1	140	6	18	6	28	5	52	8	49	8	158	13	463	6
Youth justice	Custodial	9	1	36	1	18	6	125	21	93	15	49	8	142	11	472	6
	Community	24	1	93	4	50	18	140	23	133	21	91	15	266	22	797	11

Source: Authors' analysis of LAD.

3.4 Impacts of gender, Indigeneity and multiple exits on service use and housing

The results reported in the earlier sections begin to indicate some of the key risk factors associated with experiences of homelessness and housing insecurity for individuals with a history of service use, including those in the three cohorts captured in our linked data analysis. As we have noted though, our data captured only individual level risk factors, with limited insights into broader social and structural factors that are known to shape experiences of housing insecurity. To counter this limitation, scholars and policy makers often turn to proxy factors in an effort to address these broader factors. As we noted in our brief review of the risk and protective factors literature in Section 1.2, factors including gender, Indigeneity, and service use patterns are all well established in the literature as useful proxy indicators that correlate with housing risks. For these reasons we conducted varied secondary analyses across our three cohorts in an effort to capture more of the social and structural conditions shaping the risk of housing insecurity.

3.4.1 Impacts of gender on service use and housing after leaving institutional settings

In this section we examine gender differences in service use and housing after leaving institutional settings. Table 15 compared the proportion of individuals with service records in the four years after leaving care, for our three cohorts, by gender. In general a higher proportion of females utilised mental health services, including hospital admissions, ED presentations and outpatient treatment. Self-harm was also more common amongst females, with 35 per cent of females in the mental health cohort hospitalised, and 38 per cent presenting to ED. A higher proportion of males had injuries, while a higher number of females had 'other' admissions and ED presentations, although these findings are typical of the general population (many of the 'other' admissions represent obstetric events).

There was a less clear picture for substance use treatment services—hospital admissions and ED presentations for drugs/alcohol were more common for males in the mental health cohort, more common for females in the youth justice cohort, and showed no gender difference in the OHC cohort. Alcohol and drug treatment services were more commonly used by males, but this may also be a reflection of the fact that youth justice orders were also more common for males and this was a typical diversion order. As expected, family services and sexual assault support services were far more commonly utilised by females, while family violence services (typically programs for offenders) were largely utilised by males.

In terms of housing, females were more likely to apply for and receive independent housing than males, with approximately twice the proportion receiving an independent tenancy in the youth justice and OHC cohorts (8% of males and 19% of females in the youth justice cohort; 8% of males and 15% of females in the OHC cohort). The reason for this disparity is not clear but may be due to some young women within this cohort having children themselves, which likely increases their housing priority status on relevant waitlists. While there was no gender difference in homelessness in the mental health cohort, in both the youth justice and OHC cohorts, females were more likely to access homelessness services than males; in the youth justice cohort, 70 per cent of females accessed homelessness services compared to 43 per cent of males.

Table 15: The proportion of individuals in the mental health cohort with a service record in the four years after exit, by gender

		Mental health cohort			Youth justice cohort			Out-of-home care cohort		
		Male %	Female %	Sig.	Male %	Female %	Sig.	Male %	Female %	Sig.
Hospital admission	Alcohol/drugs	34	24	**	16	27	*	12	13	ns
	Self-harm	19	35	**	5	13	*	7	9	ns
	Assault	4	2	**	10	8	ns	5	4	ns
	Injury	15	11	*	17	12	ns	14	9	*
	Mental health	36	49	**	6	16	**	7	14	**
	Other	27	54	**	13	56	**	20	55	**
	Any	72	83	**	44	68	**	40	64	**
Emergency presentation	Alcohol/drugs	22	21	ns	21	33	*	13	14	ns
	Self-harm	25	38	**	14	29	**	19	21	ns
	Assault	1	1	ns	3	8	*	3	3	ns
	Injury	36	32	*	60	42	**	46	36	**
	Mental health	44	43	ns	16	36	**	18	25	**
	Other	45	56	**	37	71	**	42	61	**
	Any	74	77	*	74	87	*	66	74	**
Alcohol/drug treatment		26	16	**	68	67	ns	35	21	**
Clinical mental health	Inpatient	61	55	**	9	18	*	11	14	ns
	Outpatient	16	19	*	12	37	**	15	17	ns
Community mental health services		16	15	ns	3	10	**	5	6	ns
Child protection		3	6	**	32	57	**	51	53	ns
Family services		0	5	**	0	13	**	0	12	**
Family violence		16	2	**	22	4	**	20	4	**
Sexual assault support services		1	10	**	3	15	**	4	11	**
Public housing applications	Primary applicant	8	9	ns	21	40	**	22	26	*
	Non-primary appl.	2	1	*	5	3	ns	5	4	ns
Public housing tenancy	Had tenancy	9	9	ns	28	44	*	31	33	ns
	New independent tenancy	3	4	ns	8	19	**	8	15	**
Homelessness	At risk of homelessness	15	15	ns	33	49	*	34	40	*
	Currently homeless	15	14	ns	26	51	**	39	45	*
	Any	21	22	ns	43	70	**	50	58	**
Youth justice	Custodial	1	0	**	65	51	*	17	4	**
	Community	3	1	**	84	77	ns	32	12	**
Mortality		2	1	**	1	2	ns	1	1	ns

*ns = not significant, * = p< 0.05, ** = p < 0.001*

Source: Authors' analysis of LAD.

Further information on housing and gender is shown in Table 16. A higher proportion of females applied for public housing in the youth justice and OHC cohorts. Females were only slightly more likely than males to be placed on the early housing list, but were more likely to receive tenancy. Approximately one in three females who applied for tenancy received it in the study period, compared to roughly one in five males.

Table 16: Public housing applications, tenancies and wait times by gender

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Male	Female	Male	Female	Male	Female
Total number of individuals	2,254	2,920	510	91	841	1,007
Applied for public housing (primary applicant)	10%	10%	23%	43%	26%	31%
who received tenancy	1%	3%	5%	15%	5%	11%
Number of applicants on early housing list	3%	4%	11%	24%	11%	16%
who received tenancy	1%	2%	4%	12%	3%	10%
Number of applicants on regular list	7%	6%	12%	19%	14%	15%
who received tenancy	1%	1%	1%	3%	1%	1%
Median wait time for those who received tenancy (in years)	2.4	2.0	2.2	2.5	2.7	2.3

Source: Authors' analysis of LAD.

Table 17 compares males and females' housing situation and reason for seeking assistance while receiving homelessness services. Males were more likely to be sleeping rough, occurring in 16–21 per cent of those seeking homelessness services, compared to 9–10 per cent of females. Compared to women, men were more likely to seek housing services due to a housing crisis such as an eviction or due to a transition from custodial arrangements. Women were far more likely to seek homelessness service due to domestic and family violence, which made up 24–30 per cent of female presentations, compared to 2–3 per cent of male presentations.

Table 17: Housing situation and reason for assistance while seeking homelessness services, by gender

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Male %	Female %	Male %	Female %	Male %	Female %
Housing situation						
Homeless: No shelter/improvised dwelling	21	9	16	10	19	9
Homeless: Short term temp. accommodation	22	21	19	20	23	21
Homeless: Couch surfer/no tenure	15	14	17	20	16	16
Homeless: Other	3	6	2	5	3	6
Total: Homeless	**61**	**50**	**55**	**55**	**63**	**53**
At risk – Public/community housing	13	19	12	15	14	19
At risk: Private or other housing	14	6	22	6	12	4
At risk: Institutional settings	4	3	2	3	3	3
At risk: Other	3	6	2	5	3	6
Total: At risk	**34**	**34**	**39**	**28**	**32**	**32**
Not stated	5	16	6	17	5	15
Reason for seeking assistance						
Financial difficulties	9	7	6	4	8	7
Housing affordability stress	4	3	4	4	4	3
Housing crisis (e.g. eviction)	37	27	36	33	38	27
Inadequate or inappropriate dwelling conditions	12	9	10	9	11	9
Previous accommodation ended	6	4	6	5	7	5
Time out from family/other situation	1	1	1	1	1	1
Relationship/family breakdown	4	3	4	3	4	4
Domestic and family violence	2	30	3	24	2	28
Mental health issues	5	5	1	2	4	3
Problematic drug or substance use	2	1	1	1	2	1
Transition from custodial arrangements	6	1	16	5	6	1
Transition from foster care and child safety residential placements	1	0	2	2	1	1
Transition from other care arrangements	1	1	1	1	1	1
Itinerant	3	1	1	1	2	1
Lack of family and/or community support	1	1	2	2	1	1
Other/not stated	6	4	5	3	6	4

Source: Authors' analysis of LAD.

In terms of housing trajectories (shown in Table 18), there were some notable gender differences. A higher proportion of males were in marginal forms of housing, which may be the result of higher incarceration rates. Women in the youth justice and OHC cohorts were more likely to have multiple episodes of homelessness than males. This was particularly pronounced in the youth justice cohort, where 49 per cent of females had multiple episodes of homelessness compared to 22 per cent of males.

Table 18: Housing trajectories after institutional exit by gender

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Male %	Female %	Male %	Female %	Male %	Female %
No known housing status	22	20	6	2	19	17
Private residence only	38	46	14	4	15	16
Resided in public housing	3	2	6	9	7	6
Marginal forms of accommodation	10	7	26	7	5	2
At risk of homelessness	6	8	17	20	11	13
Single episode of homelessness	8	7	9	9	13	10
Multiple episodes of homelessness	14	11	22	49	29	37

Source: Authors' analysis of LAD.

3.4.2 Indigenous Australians service use and housing after leaving institutional settings

In this section we examine Indigenous Australians' history of service use and housing after leaving institutional settings. Table 19 compared the proportion of individuals with service records in the four years after leaving care for our three cohorts by Indigenous status.

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.

Table 19: The proportion of individuals in our cohorts with a service record in the four years after exit, by Indigenous status

		Mental health cohort			Youth justice cohort			Out-of-home care cohort		
		Indig. %	Non-Indig. %	Sig.	Indig. %	Non-Indig. %	Sig.	Indig. %	Non-Indig. %	Sig.
Hospital admission	Alcohol/drugs	50	27	**	20	18	ns	18	12	*
	Self-harm	34	28	*	5	7	ns	10	8	ns
	Assault	7	3	**	12	9	ns	8	4	**
	Injury	15	11	*	18	16	ns	11	12	ns
	Mental health	48	43	ns	5	9	ns	11	11	ns
	Other	48	42	*	24	18	ns	43	38	ns
	Any	87	77	**	52	47	ns	59	52	*
Emergency presentation	Alcohol/drugs	36	20	**	21	27	ns	17	13	ns
	Self-harm	50	31	**	18	15	ns	26	19	*
	Assault	2	1	ns	5	3	ns	5	3	*
	Injury	52	32	**	62	56	ns	47	39	*
	Mental health	63	43	**	23	18	ns	28	20	**
	Other	68	50	**	55	39	**	63	50	**
	Any	92	75	*	81	75	ns	79	68	**
Alcohol/Drug Treatment		45	18	**	83	64	*	37	26	**
Clinical mental health	Inpatient	76	56	**	8	11	ns	14	13	ns
	Outpatient	18	18	ns	12	16	ns	16	16	ns
Community mental health services		24	15	**	5	3	ns	6	6	ns
Child protection		7	4	*	41	35	ns	58	51	*
Family services		8	2	**	2	2	ns	11	6	**
Family violence		20	7	**	23	18	ns	16	10	*
Sexual assault support services		13	6	**	5	4	ns	10	7	ns
Public housing applications	Primary applicant	23	8	**	38	20	**	36	22	**
	Non-primary appl.	4	1	**	8	4	*	5	4	ns
Public housing tenancy	Had tenancy	28	8	**	47	26	**	44	29	**
	New independent tenancy	14	3	**	19	7	**	21	10	**
Homelessness	At risk of homelessness	34	14	**	48	32	*	46	35	**
	Currently homeless	43	12	**	41	27	*	45	39	*
	Any	53	20	**	62	43	**	72	50	**
Youth justice	Custodial	1	1	ns	65	62	ns	17	8	**
	Community	4	2	*	85	82	ns	31	19	**
Mortality		1	2	ns	0	1	ns	1	1	ns

*ns = not significant, * = p< 0.05, ** = p < 0.001*

Source: Authors' analysis of LAD.

Further information on housing for Indigenous Australians is shown in Table 20. 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.

Table 20: Public housing applications, tenancies and wait times by Indigenous status

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Total number of individuals	339	4,835	130	471	333	1,515
Applied for public housing (primary applicant)	27%	9%	42%	21%	41%	26%
who received tenancy	7%	2%	13%	5%	15%	7%
Number of applicants on early housing list	12%	3%	20%	11%	22%	12%
who received tenancy	6%	1%	9%	4%	11%	6%
Number of applicants on regular list	15%	6%	22%	10%	19%	14%
who received tenancy	2%	1%	4%	1%	4%	1%
Median wait time for those who received tenancy (in years)	1.9	2.3	2.1	2.5	2.2	2.5

Source: Authors' analysis of LAD.

Table 21 compares housing situation and reason for seeking assistance while receiving homelessness services by Indigenous status. These was little difference found here between Indigenous and non-Indigenous Australians. The most notable difference was the higher rate of Indigenous Australians seeking homelessness services due to domestic and family violence (26% vs 15% in the mental health cohort, 18% vs 8% in the youth justice cohort, and 27% vs 15% in the OHC cohort).

Table 21: Housing situation and reason for assistance while seeking homelessness services, by Indigenous status

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Indig %	Non-Indig %	Indig %	Non-Indig %	Indig %	Non-Indig %
Housing situation						
Homeless: No shelter/improvised dwelling	16	15	11	15	13	14
Homeless: Short term temp. accommodation	20	22	18	20	23	22
Homeless: Couch surfer/no tenure	14	14	17	19	15	17
Homeless: Other	9	4	8	2	9	4
Total: Homeless	**58**	**55**	**53**	**56**	**59**	**57**
At risk: Public/community housing	11	17	13	13	12	18
At risk: Private or other housing	10	10	21	16	8	7
At risk: Institutional settings	3	4	2	3	3	3
At risk: Other	5	4	3	3	6	5
Total: At risk	**29**	**35**	**39**	**35**	**28**	**33**
Not stated	12	11	8	9	13	10
Reason for seeking assistance						
Financial difficulties	7	8	5	5	6	7
Housing affordability stress	3	4	5	4	3	4
Housing crisis (e.g. eviction)	26	33	30	36	26	33
Inadequate or inappropriate dwelling conditions	10	10	10	10	9	10
Previous accommodation ended	4	5	3	6	5	6
Time out from family/other situation	1	1	0	1	1	1
Relationship/family breakdown	2	4	2	4	4	4
Domestic and family violence	26	15	18	8	27	15
Mental health issues	4	5	1	1	3	4
Problematic drug or substance use	1	2	1	1	1	1
Transition from custodial arrangements	5	4	13	12	3	3
Transition from foster care and child safety residential placements	0	0	1	2	1	1
Transition from other care arrangements	0	1	1	1	1	1
Itinerant	2	2	1	2	2	2
Lack of family and/or community support	1	1	3	2	2	1
Other/not stated	7	5	3	5	6	5

Source: Authors' analysis of LAD.

Significant variation in housing trajectories was evident between Indigenous and non-Indigenous Australians (see Table 22). A smaller proportion of Indigenous Australians were in private residence, or had no known housing status, while a higher proportion of Indigenous Australians suffered homelessness. Over a third of Indigenous Australians in the mental health cohort and youth justice cohort, and nearly half of Indigenous Australians in the OHC cohort had multiple episodes of homelessness in the four years of our study period.

Table 22: Housing trajectories after institutional exit by Indigenous status

	Mental health cohort		Youth justice cohort		Out-of-home care cohort	
	Indigenous %	Non-Indigenous %	Indigenous %	Non-Indigenous %	Indigenous %	Non-Indigenous %
No known housing status	5	22	2	6	9	20
Private residence only	21	44	5	15	8	17
Resided in public housing	4	2	7	7	5	7
Marginal forms of accommodation	10	8	20	24	3	3
At risk of homelessness	9	7	22	16	14	12
Single episode of homelessness	14	7	8	9	14	11
Multiple episodes of homelessness	37	10	36	23	46	30

Source: Authors' analysis of LAD.

3.4.3 Individuals leaving multiple institutions

Section 3.1.1 noted overlap between our three cohorts—nearly 300 individuals were included in more than one cohort—that is, they had exits from multiple institutions in 2013 and/or 2014. In this section we explore individuals leaving multiple institutions in more detail. Table 23 shows the breakdown of overlapping service use, including by gender and Indigenous status, for those aged 18 or under at time of first exit. The largest overlap was seen between youth justice exits and OHC placements, with 41 per cent of those with a youth justice exit having been in out-of-home care. This overlap was particularly pronounced for females, where 64 per cent of those with a youth justice exit having been in out-of-home care, and for Indigenous Australians, where 55 per cent of those with a youth justice exit having also been in out-of-home care.

Table 23: Overlapping service use for those aged 18 or under at time of index exit

		All		Male		Female		Indigenous		Non-Indigenous	
		N	%	N	%	N	%	N	%	N	%
Number in MH cohort		1,734	100	589	100	1145	100	100	100	1,634	100
Number who also had a:	Youth justice exit	53	3	36	6	17	1	7	7	46	3
	OHC exit	162	9	59	10	103	9	26	26	136	8
	Both	33	2	17	3	16	1	6	6	27	2
	Neither	1552	90	511	87	1041	91	73	73	1479	91
Number in youth justice cohort		601	100	510	100	91	100	130	100	471	100
Number who also had a:	Mental health exit	63	10	42	8	21	23	13	10	50	11
	OHC exit	245	41	187	37	58	64	72	55	173	37
	Both	41	7	22	4	19	21	10	8	31	7
	Neither	334	56	303	59	31	34	55	42	279	59
Number in OHC cohort		1848	100	841	100	1007	100	333	100	1515	100
Number who also had a:	Youth justice exit	260	14	195	23	65	6	73	22	187	12
	Mental health exit	276	15	86	10	190	19	54	16	222	15
	Both	54	3	29	3	25	2	13	4	41	3
	Neither	1366	74	589	70	777	77	219	66	1147	76

Source: Authors' analysis of LAD.

The overlaps found between our cohorts only take into account individuals who had exits from multiple institutions in the years 2013–14; individuals with exits outside those dates are not included. It is likely that a higher proportion of our cohorts actually exited multiple institutions when looking at a wider time window. To investigate this, we conducted further analysis to identify individuals from our three cohorts with exits from multiple institutions during the wider study window of 2011–2018. The mental health cohort was reduced here to include only those aged under 18 at time of exit to allow comparability (older individuals in the mental health cohort were otherwise too old to exit youth justice or out-of-home care).

Given the high level of service use and housing instability faced by individuals exiting institutional settings, a natural question is whether individuals with exits from multiple institutions face increased disadvantage compared to those with exit from only a single institution. Additional analysis was carried out by combining all three cohorts and comparing those individuals with multiple institutional exit types (mental health, youth justice, or out-of-home care) to those with a single exit type. Table 24 compares housing and homelessness service use between these two categories.

Those in multiple cohorts had much higher housing instability, with over two-thirds accessing homelessness services, compared to 28 per cent of those in a single cohort. Over a third of those with multiple exits applied for public housing (12% for those in a single cohort) with 14 per cent receiving an independent tenancy. In line with these findings, an analysis of the housing trajectories of these cohorts (shown in Table 25) shows poorer housing outcomes in those with multiple exits; 43 per cent of this cohort had multiple episodes of homelessness, compared with 16 per cent of those with a single exit from an institution.

Table 24: The proportion of individuals with a housing or homelessness service record in the four years after exit, by single or multiple exits

		Combined cohort		
		Multiple exit types %	Single exit type %	Sig.
Public housing applications	Primary applicant	37	12	**
	Non-primary applicant	4	2	**
Public housing tenancy	Had tenancy	35	15	**
	New independent tenancy	14	5	**
Homelessness	At risk of homelessness	50	19	**
	Currently homeless	46	20	**
	Any	67	28	**

*ns = not significant, * = p< 0.05, ** = p < 0.001*

Source: Authors' analysis of LAD.

Table 25: Housing trajectories after institutional exit, comparing those with multiple exit types to those with a single exit type

	Combined cohort	
	Multiple exit types %	Single exit type %
No known housing status	0	20
Private residence only	2	36
Resided in public housing	2	4
Marginal forms of accommodation	22	7
At risk of homelessness	20	8
Single episode of homelessness	12	8
Multiple episodes of homelessness	43	16

Source: Authors' analysis of LAD.

3.5 Conclusion: policy and practice implications

A key finding of this analysis of linked data was the high level of services utilised by individuals leaving care. This service use started early in life, typically before their index exit at age 15–18. Along with high service use, these individuals experienced significant housing instability, with a considerable proportion of our cohorts accessing homelessness services within the four-year follow-up period after their exit event.

In many ways, these are not new findings. Qualitative and survey-based studies have previously identified similar patterns of disadvantage within these populations (see Section 1.2 for a brief review). However there have been few if any longitudinal studies utilising data on the entire cohort of young individuals leaving institutions. The strength of this linked data study lies in its comprehensive analysis of the entire population.

While the use of linked data facilitated an investigation into the entire population of young people leaving institutional care, the questions that can be answered are limited by the datasets available, and the data items recorded in these collections. The linking of further datasets, for instance to include information on social security payments from Services Australia, would significantly improve our picture of this vulnerable cohort.

The use of linked data to analyse the use of social services and housing supports is a relatively new development. As in this study, linked data can allow us to follow a large cohort through their service use history, identifying patterns of service use. It can also play a significant role in evaluating interventions, where the service history of individuals who did/did not receive a particular intervention can be examined to determine any positive effect. Policy changes can similarly be evaluated, by examining the effect these changes have on service use over time. As data access and data collections improve, it is hoped linked data may generate valuable insights into the nature of housing experiences in Australia.

We pick up these themes in the following chapter where we draw together study findings from across our dataset in an effort to highlight the key policy and practice implications of our varying analyses.

4. Housing transitions: policy options

- **More effective service integration across housing, health and social support service silos is needed to reduce the risks of housing insecurity for individuals leaving institutional settings.**
- **Our findings point to the key policy and service provision challenges facing individuals exiting institutional settings, including gaps in service provision, and policy design and innovation across the country.**
- **Effective service coordination requires dedicated resource supports, including formal role allocations, leadership and management support.**
- **Diverse service coordination roles are emerging in some housing, health and social care services, though role responsibilities are often unclear, and funding and resource supports are often limited.**
- **There is a strong need for housing support to become a more explicit part of transition/discharge planning across the mental health, substance use treatment, corrections and OHC sectors.**
- **Formal coordination responsibilities need to be allocated to specific staff in these settings with appropriate training and support.**
- **The most crucial service gap remains the problem of securing access to safe, affordable housing for vulnerable individuals leaving institutional settings. Service coordination in the absence of secure housing is never enough, on its own, to mitigate housing insecurity.**

The following sections outline the research team's analysis and integration of the findings from across the Inquiry. This analysis points to the key policy and service provision challenges facing individuals exiting institutional settings, including gaps in service provision and policy design. We close by considering the key policy goals and approaches for reducing the risk of housing instability in each of our three cohorts.

4.1 Key research themes

4.1.1 Housing shortages and funding gaps

Our research confirms that, across the country, housing assistance capacity is declining relative to the increasing demand for housing and social care supports among vulnerable cohorts, including individuals leaving mental health care and residential addictions treatment, correctional settings, or out-of-home care. The standout point, made by participants in all three studies, concerns the dearth of housing options for persons exiting institutional settings. Participants in all three studies also emphasised the competitive and costly nature of the Australian housing market, particularly in metropolitan settings, with strong impacts on vulnerable cohorts leaving institutions. Inadequate transition planning, combined with limited availability of social housing and long waiting lists, and high-cost private rental markets—particularly in the capital cities but increasingly in regional centres too—are exacerbating the challenge of managing transitions for individuals out of institutional settings into stable housing.

Our research demonstrates that a high proportion of individuals exiting institutional settings are accessing SHS. This reflects, in part, the evolution of the work of SHS over the past decade, with a relative shift of focus towards prevention of homelessness and interagency collaboration. However, it also reflects the diminished capacity of Australian social housing systems to assist persons generally, and persons exiting institutional settings specifically. This development is of significant concern given our finding that SHS are often the primary service response to post-exit accommodation needs, despite the constraints noted. Even where social housing prioritisation is carefully targeted to the highest need (such as in NSW), very few persons are able to secure housing this way, resulting in significant unmet need.

For this reason, the evidence presented here supports greater provision of social housing to persons exiting institutional settings, particularly those with complex support needs. Secure, affordable public housing is a steady 'hook for change' that a person exiting an institutional setting can hold onto as they make changes to their circumstances, and in themselves, to manage their health, to build independent living skills and/or desist from offending. Long term and secure housing is the indispensable foundation, the stable base, on which to receive and engage with support services.

4.1.2 Transition planning and coordination problems

The Inquiry reveals significant ongoing problems in transition planning and care coordination arrangements across mental health care and residential addictions treatment, correctional settings, and OHC. As we have noted, a basic and often insurmountable barrier to effective planning is the dearth of housing options for persons exiting institutional settings. Indeed, there is all too often few resources for agency workers and clients to adequately plan with or access. However, despite this challenge, there is scope for enhancing the coordination of housing, health and social care supports for individuals leaving mental health inpatient settings, residential substance use treatment services, correctional settings, or OHC across Australia.

Our research indicates that movement between these institutional spaces is common, either as part of complex care planning arrangements and referral pathways, or as part of mandated treatment orders. While detailed transitional planning is mandated by existing policy and service funding arrangements in each of the three service domains examined here, what we discovered was inconsistent, partial and incomplete planning, with transition discussions often left to the last minute. Transition planning is often a matter of one under-resourced agency handing off to another, rather than a genuine collaboration of differently skilled workers.

Across the three service domains of interest, we found that housing issues are rarely canvassed in transition planning processes. There is a partial exception to this in prisons, where, depending on the jurisdiction and the individual case, parole arrangements may depend on the identification of post-release accommodation. However, a common result of these requirements is that parole will be denied in instances where accommodation cannot be found. Similarly, a person's discharge from a mental health inpatient setting can be delayed because of a lack of appropriate accommodation. More broadly across service systems, housing planning is typically undertaken by community-based, not-for-profit housing agencies, sometimes pre-release, in partnership with primary service providers, but more often in the immediate post-exit phase, once an individual has left the institution.

At the organisational/service level, we found that transition planning is constrained by high workloads and limited supports, particularly in smaller community based housing and social support services, which are increasingly central to transition planning across inpatient mental health care and addictions treatment, correctional settings and OHC. Without resources to more effectively plan and deliver support, transition arrangements are often left to shortly before exit, with significant costs, as noted previously.

In light of these findings, our research makes a compelling case for the formal integration of SHS into inpatient mental health care and substance use treatment settings, correctional settings, and out-of-home care, given the significant risks of housing insecurity that many individuals experience in these settings, including all too common experiences of homelessness. However, the experience of practitioners responsible for transition planning requires further investigation, as it is not sufficient to identify the gap in planning, without fully understanding the institutional, policy and organisational drivers of these planning pressures.

The barriers to more effective transition planning across inpatient mental health/substance use treatment, correctional settings and OHC in Australia will only be removed by a strong focus on workforce development, leadership and strategic planning—by involving peer workers and those with lived experience to identify the most effective funding and governance supports to drive system-wide innovations and improvements.

4.1.3 Holistic planning and the impact of trauma and structural disadvantage

Many participants in the Inquiry projects spoke about the histories of abuse, neglect, trauma and institutionalisation experienced by the cohorts, leading to ongoing challenges in recovery from mental health and/or substance use problems, caution around engaging with services, desistance from offending and reintegration within the community. All service providers we spoke with indicated that individuals with traumatic experiences require access to a range of housing and social care supports, although more comprehensive supports are currently rationed to the highest priority cases only.

This holistic care should be provided much more widely. In the absence of integrated support, the road to permanent housing can be long and uncertain. Indeed, while some smooth transitions from institutional settings were found in each project, these were the exception. Instead, most individuals experienced abrupt transitions which resulted in continued housing instability, homelessness and a range of other health, social and economic problems. Meanwhile, high levels of service usage have economic costs, which a planned and coordinated set of interventions could reduce. There are also social and emotional costs that vulnerable service users carry and which impede their recovery, and their transition into more secure housing.

Of most immediate relevance was the finding, common across the three projects, of a high incidence of housing instability among services users, with a significant minority accessing homelessness services in the three to five years after exit, and high levels of repeat use of SHS. Use of other services such as mental health, addiction treatment and primary health care is also high and increasing across the domains studied here.

To achieve service improvements in transition planning, service users, clients, and those with lived experience of service support must be involved from the start. A commitment to working with lived experience expertise must go beyond tokenistic consultation or involvement, and instead focus on the person, acknowledging their experience and knowledge gained living in institutional settings. Peer workers may be able to assist individuals post-release in navigating different services and ensuring support is available where and when it is required. Such involvement should also be subject to national evaluation and reporting measures. Providing effective post-exit support can help to overcoming trauma, and greatly reduce its associated human, social, health and economic costs.

One way to achieve these goals may be to emphasise models of person-centred care, along with a commitment to more effective communication and coordination across complex health and social care systems. Effective person-centred care requires a thorough assessment of an individual's service use and housing history at the point of intake. Factors such as gender and Indigenous status also need to be taken into account. As our findings have shown, contact with services and housing support, including public and social housing access, varies by gender, Indigenous status, and housing history. Effective care coordination within an increasingly complex health and social care landscape is dependent on a comprehensive understanding of an individual's needs.

We should also stress that both our linked data analysis and the results of qualitative inquiry at the project level suggest the need for more effective early intervention programs to both identify service users 'at risk' of housing insecurity, and to deliver supports when and where needed to address this risk. Patterns of service use indicate that those individuals who come into contact with services at a young age and those who are heavy service users are more likely to experience housing insecurity. As well, this finding shows that more information is needed about why services are failing some people, particularly in light of the heavy use of services by some individuals.

4.1.4 Best practice in housing support and transition planning

Our research indicates 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.

It is important to stress that we already have successful models of effective care coordination and successful service integration to guide the provision of stable housing for all Australians. There are several instances of good practice documented at the project level, including 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.

Regarding post-prison pathways, interviewees spoke highly of the (all too rare) extended reintegration support placements that combine medium-term accommodation and casework. Temporary accommodation funds can be used creatively by assistance providers to avert immediate crises and link clients to necessary supports. These models should be scaled up so that they are less stringently rationed to the highest need.

Programs like J2SI, Green Light, LIFT and HASI 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. The problem, as many interview participants noted, is that these programs typically operate as pilot studies with strict inclusion and exclusion criteria, reaching only a fraction of those who would benefit from them. 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.

Even more important is the need 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. It is evident from the research that some aspects of contemporary social housing present challenges for smooth transitions and sustainable tenancies—for example the concentration of disadvantage, and the proximity of persons using or dealing drugs. But we also found that some very conventional aspects of social housing make it the optimal long-term housing prospect in many post-institutional pathways—its relative affordability and security, and the capacity to avert localised problems by transfer to another social housing tenancy.

Predictably, we also confirmed that gender, Indigenous status, readiness for leaving care and psychosocial disability are factors in people's housing trajectories and shape the types of services accessed post-release, including social housing. As we have argued throughout this report, these findings further affirm the value of person-centered-care models for the design and delivery of supported transition care arrangements.

4.2 Key housing, health and social care policy recommendations

The Inquiry adopted a social justice approach in seeking to understand individuals housing needs holistically—that is, housing needs cannot be understood in isolation, and must be considered alongside health, education, employment and therapeutic needs. It follows that identifying and developing a strong policy framework is critically important given how little is known outside practitioner circles about the key supports needed to facilitate secure transitions from institutional settings. This is why our research has focused so closely on the experiences of both service providers and service users, to ensure that existing models of best practice are documented and shared.

Whereas some people will make a successful exit from an institution, including securing stable housing, re-establishing relationships, finding employment, overcoming stigma and so on, others will require various degrees of structure, and intensity and duration of support (Lipton, Siegel et al. 2000; Schutt 2011). What is less clear is what particular kinds of support are required and when, along with the key protective factors involved for individuals making more rapid and successful transitions.

It is especially important that novel transition planning frameworks are developed for individuals with a history of housing instability and/or homelessness to facilitate more secure exit arrangements (see Chamberlain and Johnson 2018). Batterham's (2019) housing contexts model provides strong conceptual grounds for the design of more integrated and coordinated service responses, while the concrete evidence presented in each of the Inquiry projects provides additional practical insights into the design, staging and delivery of coordinated housing, health and social care supports for individuals leaving institutions. More broadly, the provision of appropriate supports to people exiting institutions raises the possibility of improving their health and wellbeing, employment and education, social participation and inclusion, as each project shows.

To help drive improvements to the provision of housing supports for individuals at risk of experiencing housing insecurity following discharge from mental health and/or substance use treatment settings, correctional settings or OHC, representatives of SHS services should be formally integrated into discharge planning processes in each service sector. Within mental health care inpatient settings, for example, housing representatives could work more closely with allied health teams, including social workers, to enhance discharge and transition planning processes. Within residential substance use treatment settings and leaving OHC contexts, housing supports should be more formally integrated into transition planning arrangements, right from the point of intake. Similarly integrated and coordinated housing assistance for individuals existing custodial settings are critical. More broadly, our findings suggest that assertive case management, while resource intensive, is an effective means of supporting vulnerable individuals with complex needs to access and maintain stable housing.

Our analysis also suggests a series of site-specific policy development and service design recommendations to deliver more effective transition planning supports for individuals leaving institutional settings. Despite strong commitments in recent policy statements to improve service coordination in the design and delivery of social care supports in these settings, our analysis has identified significant gaps in service integration and support. In response, we offer a series of recommendations to enhance care coordination between housing, mental health and substance use services, trauma counselling, family violence support, vocational education and social inclusion programs.

In particular, we recommend urgent attention to the more effective integration of housing supports within the delivery of mental health care, particularly in inpatient mental health care settings, within community-based substance use treatment, within parole arrangements and pre-release planning for individuals in correctional settings, and well before the transition of young people from OHC arrangements into independent living.

4.3 Concluding remarks

It is well known that effective housing and social support, delivered in a culturally congruent and timely fashion, with effective follow-up care, is crucial for individuals exiting institutional settings. Indeed, contact with services offers an opportunity to reduce housing insecurity and improve health and social outcomes, provided care, treatment and support services are effectively coordinated.

Unfortunately, our research suggests that in the absence of effective coordination of care, individuals risk cycling in and out of services because of issues with service design, coordination across sectors, and quality of care. The key question this Inquiry has sought to answer then is how can these supports be more effectively tailored to improve health and social outcomes and to help individuals maintain stable and secure housing over the life course?

This study has furnished crucial insights into how services and supports can be more effectively coordinated between multiple service agencies and points of care. As housing and social support services have become more complex over time, there is an ever greater need to ensure that individuals and their families and social networks are given adequate support to navigate these systems. Equally important is the need to maintain and extend adequate public funding to sustain a comprehensive network of housing and social support services, to ensure individuals are able to make successful transitions out of institutional settings into secure and stable accommodation.

Coordination of support and integration of services has never been more important. Finding ways to improve service coordination has been the central goal of this Inquiry, and has guided all aspects of our work. It has been central to the policy relevant conclusions offered here in this closing chapter, and our efforts to help shape the next generation of housing and social supports for Australians exiting institutional settings.

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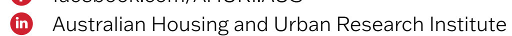
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