

How do we prevent people leaving government services from becoming homeless? An Evidence Check

Snapshot

- People leaving the support of government services are at greater risk of becoming homeless.
- An Evidence Check sought to identify the risk factors that make some groups of people transitioning from government-funded services more likely to become homeless than others, and interventions that have been effective in reducing these risks.
- The review identified six 'at risk' populations or 'pathways': people leaving prisons, hospitals, social housing or mental health facilities, and young people leaving out-of-home care (OOHC) and juvenile detention.
- There is promising evidence for some interventions, including discharge planning, transition support programs, and transitional and supported housing programs.
- The availability and strength of the evidence varies across pathways and interventions, but overall the strength of the evidence is low and there are many gaps.
- The Evidence Check recommends building the evidence base for the six at-risk populations.

Introduction

People leaving government services, such as hospitals, prisons and out-of-home-care (OOHC), have a greater risk of becoming homeless than the broader population. In 2017, the NSW Department of Family and Community Services, now the Department of Communities and Justice, commissioned the [Homelessness at Transition: Evidence Check](#) by Dr Elizabeth Conroy and Dr Megan Williams. The evidence check sought to understand who is most likely to experience homelessness when they leave government services, and how we can best support people to prevent this from happening.

This Evidence to Action Note outlines some key findings and issues noted in the Evidence Check.

🔍 What is an Evidence Check?

An Evidence Check is a synthesis, summary and analysis of the best and most relevant research evidence to inform policy and program design.

Why is it important to understand the risks of homelessness and interventions for people leaving government services?

More than 37,000 people in NSW were experiencing homelessness on Census night in 2016. This is up 10,236, or 37%, from 2011.¹ The NSW Homelessness Strategy (2018-2023) aims to tackle this growing problem, by identifying and providing targeted support to people who are at risk of homelessness. Supporting clients to have a stable place to live is a key focus for our department in applying the [NSW Human Services Outcomes Framework](#).

Major life transitions, such as leaving government care, often happen before periods of homelessness.² Of the 288,800 Australians who accessed Specialist Homelessness Services (SHS) in 2017-18:

- 8,300 had left custodial settings (two thirds from adult prisons, one third from juvenile justice).
- 6,900 had left care settings (41% from OOH, 19% from psychiatric hospitals, 18% from rehabilitation facilities and 15% from hospitals).³

While people transitioning from these government services are ‘at risk’, not all become homeless. Mainstream services can identify vulnerable people early, and link them to specialist services, if they know the compounding risk factors that increase the likelihood of a person becoming homeless. And if specialist services know which policy interventions have been found to be effective in addressing these risks, they can provide the most effective and efficient services.

Risk factors are attributes or conditions that can contribute to a person’s vulnerability, and increase the probability that they will have poor outcomes in the future.

What did the Evidence Check find?

A comprehensive literature search revealed 145 relevant studies (56 focused on the prison pathway, 34 on OOH, 17 on juvenile justice, 13 on hospital, 13 on mental health and 12 on social housing).

Many of these studies did not provide direct evidence for risk factors or the effectiveness of an intervention. This is because housing outcomes were not always measured or the study population did not exactly match the population of people leaving government-funded services (e.g. all young people rather than young people aging out of care).

After reviewing these studies, the authors graded the evidence base for risk factors and types of intervention according to the following criteria:

- H High** – very confident: the body of evidence has few deficiencies; findings are stable and unlikely to change with publication of new research
- M Moderate** - moderately confident: Some deficiencies in body of evidence; findings likely to be stable but there are some doubts
- L Low** – limited confidence: major or numerous deficiencies in body of evidence; further research is needed
- I Insufficient** – no confidence: there is a lack of available evidence or evidence has unacceptable deficiencies
- N Not graded**

The availability and strength of the evidence varies across pathways and interventions, but overall the strength of the evidence is low and there are many gaps. The evidence base for homelessness risk factors was considered to be insufficient or low for all transition pathways. Some interventions had a large evidence base, however, this was not always specific to the pathway populations that were the focus of the Evidence Check.

The following section provides a brief summary of these findings, colour coded to reflect the strength of evidence.

Young people leaving OOHC

Who is at risk?

- L** Three large, longitudinal studies of young people leaving care in the USA – a [Midwest study](#)⁴, a [Washington study](#)^{5 6} and a [multi-site](#)⁷ study – all found that **placement instability** was linked to homelessness post-care. But the Midwest and multi-site studies found that the risk was small, while the Washington study found that having four or more group placements doubled the likelihood of homelessness. This suggests the type of placement (e.g. **group placement**) may be as important as the number.



What helps?

Five interventions were reviewed for the OOHC pathway. Three of these had an insufficient evidence base (mentoring, transitional housing, Foyer models) and the strength of evidence for the remaining two interventions was considered to be low (age of leaving care, independent living programs).

Independent Living Programs

- L** Independent Living Programs (ILP), such as Catholic Care's [Supported Independent Living Program](#), provide support and training to young people preparing to leave OOHC. Two systematic reviews concluded that evidence for ILPs is unreliable, but they may be effective for young people with mental disorders.^{9 10} A NSW study also found ILPs increased access to private rentals.¹¹

Extending the age of leaving care

- L** Young people who extended their stay in care, as part of the UK [Staying Put: 18 Plus Family Placement Programme](#), were less likely to become homeless after leaving care.⁸ This study was a small pilot biased towards young people with more stable attachments (who likely have the lowest risk of housing instability post-care) and more consideration would need to be given to how this would apply in the Australian context.

Mentoring

- I** An evaluation of the Victorian [Stand By Me Program](#) found *formal* mentoring resulted in a smoother pathway to housing.¹² A systematic review found *natural* mentoring produced positive psychosocial outcomes – but did not report on housing outcomes.¹³

Transitional housing

- I** The NSW [Young People Leaving Care Support Service](#) and the US [Transition Resource Action Center](#) provide housing as well as training for young people leaving care. Evaluations found immediate improvements in housing outcomes among alumni, but neither study followed up.^{14 15}

Youth Foyer model

- I** The [Foyer Foundation](#) housing programs are supported by anecdotal claims of success, however these are not yet supported by evidence.

People leaving prison

Who is at risk?

- L** Only three studies directly explored the association between risk factors and homelessness among people leaving prison, and the findings of these studies were inconsistent.



What helps?

The three interventions reviewed for the prison pathway were of low strength (transition support services, after-care, transitional housing) and there was low-strength evidence for discharge planning and medical respite in the hospital pathway.

Offender re-entry programs

- L** Five studies examined the effect of programs that provided case management to prisoners before and after their release from prison, such as [Minnesota Comprehensive Offender Reentry Plan](#)¹⁶ and the [Victorian Bridging the Gap Program](#).¹⁷ Only the Minnesota study included a comparison group, and it found no significant reductions in homelessness. But the intervention did improve protective factors for homelessness, such as residential stability, employment and social support.

Re-entry programs with transitional housing

- I** Two studies looked at programs that offered support and transitional housing to people leaving prison, such as [Returning Home Ohio](#).¹⁸ Neither reported on housing outcomes, but both showed improvements in related areas such as recidivism.

Assertive Community Treatment

- I** A single study found that [Assertive Community Treatment](#) improved the housing stability of recently released prisoners with serious mental health problems.¹⁹

People leaving juvenile justice

Who is at risk?

- I** No studies directly examined risk factors for young people leaving juvenile justice. Linked NSW data suggests young women are more likely to use SHS after leaving juvenile justice than young men, however this could reflect a greater willingness to seek help.²⁰



What helps?

All four interventions reviewed for the juvenile justice pathway were assessed as having insufficient evidence (transitional housing, intensive fostering, Multisystemic Therapy, Wraparound).

Transitional housing

- 1 A single randomised-control trial (RCT) of the New York [Youth Villages](#), which provided residential support to young people with emotional, mental and behavioural problems, recorded outcomes for both young people leaving OOHC and juvenile justice.²¹ It found a small positive effect on housing stability for both groups, however the study participants were higher functioning than those most at risk of homelessness.

An evaluation of the Victorian Lighthouse Foundation's [Therapeutic Family Model of Care](#) noted that young people leaving juvenile justice were particularly difficult to engage, and reported no outcomes with this group.²²

Intensive Support

- 1 Three intensive treatments, [Multidimensional Treatment Foster Care \(MTF-C\)](#), [Multi-systemic Therapy](#) and [Wraparound](#), have been successfully trialed with young people in juvenile justice, however none of these studies measured housing or homelessness outcomes.

People leaving hospitals

Who is at risk?

- 1 No studies measured the risk factors for homelessness among people discharged from hospital.



What helps?

Discharge planning

- L An evaluation of [UK Pathway2Home](#) model found a decrease in the number of people discharged to the street (15% of the control group compared to 4% of the intervention group).²³
- The US [Safe Transitions](#) program reported that none of their participants were discharged to the street, however their evaluation was not independent.²⁴

Medical respite

- L An evaluation of the [San Francisco Medical Respite](#) programs found improvements in housing outcomes after 18 months (66% of the intervention group were in stable housing, compared to 11% of the control).²⁵

An economic evaluation of [St Vincent de Paul's residential respite program](#) found it was cost-effective, but housing outcomes were not analysed.²⁶

People leaving mental health facilities

Who is at risk?

- 1 Four studies explored risk factors for people leaving mental health facilities. They suggest that male patients, and those with substance abuse problems, are more likely to become homeless after discharge.



What helps?

Low-strength evidence was noted for discharge planning in the mental health pathway while the evidence base for supported housing was moderate.

Discharge planning and post-discharge care

- L** An RCT of the [Critical Time Intervention](#) program, which connects patients leaving mental health facilities with long-term support from community resources, found it decreased homelessness.²⁷

A Canadian study compared two groups of 14 people leaving psychiatric wards without housing.²⁸ All of those who received discharge support had housing three and six months later, compared to only one from the control group.

A Victorian study of the [Launch Housing](#) program, which provided specialist support to homeless inpatients, found that none exited psychiatric hospital care into primary homelessness.²⁹

Supported housing

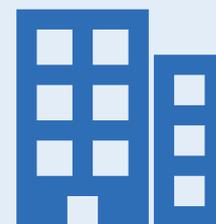
- M** Evaluations of the [NSW Housing and Accommodation Support Initiative](#) has found improvements in both housing and mental health outcomes, with 90% of consumers sustaining their tenancies.³⁰ A similar model, the [Victoria Neami Community Housing Program](#), has also produced positive outcomes.³¹

A systematic review of the studies on [Housing First](#) initiatives in the US, which do not require consumers to engage in mental health or drug and alcohol counselling, found significant improvements in housing stability, but less in mental health.³²

People leaving social housing

Who is at risk?

- L** An Australian study found that **abrupt exits** from social housing, often due to conflicts with neighbours or domestic violence, were linked with homelessness.³³ Other studies noted that **prolonged homelessness** prior to entering social housing, and **continued contact** with homeless peers, was linked with failed tenancies and premature departures from social housing.³⁴



What helps?

Three interventions were reviewed for the social housing pathway. This included tenancy support, which was unable to be graded because of the low quality and low level of evidence of the studies in this area. There was low strength of evidence for legal and financial advice support services and insufficient evidence on hoarding and squalor interventions.

Legal/ Financial advice

- I** Legal support for low-income tenants led to a significant reduction in evictions (24% in the intervention group compared to 44% in the control group). Debt advice, delivered over the phone and in-person, significantly reduced the rate of rental arrears.³⁵

Tenancy support services

- N** A UK study found that intensive case management targeting anti-social behaviours to prevent evictions led to improvements in approximately 50% of cases, but it had no control group.³⁶

Hoarding & squalor intervention

- I** An Australian study evaluated Mission Australia's [Room to Grow](#) program, which provided therapy and intensive case management to address hoarding and squalor. All participants sustained their tenancies, despite being at risk of eviction, and improvements in wellbeing were also recorded.³⁷

Where to from here?

Overall, there is a need to build the evidence base regarding the six at-risk populations that were the focus of this review. For some pathways this would require a shift from a focus on system-level efficiencies to housing and wellbeing outcomes. Greater consistency in measurement and reporting as well as improved data collection systems would also help to improve the evidence base. Finally, investment in more appropriately designed studies (and perhaps pooling resources across programs and agencies) would have a significant impact on the confidence with which recommendations could be made.

More information:

- NSW Homelessness Strategy 2018-2028. Available online: https://www.facs.nsw.gov.au/data/assets/pdf_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf
- Future Directions for Social Housing in NSW. Available online: https://www.facs.nsw.gov.au/data/assets/pdf_file/0007/348442/Future-Directions-for-Social-Housing-in-NSW-2016.pdf

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Endnotes

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