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THE UNIVERSITY OF WESTERN AUSTRALIA
THE UNIVERSITY OF NOTRE DAME AUSTRALIA

23 March 2022
Attn: Standing Committee on Estimate and Financial Operations
Parliament House
4 Harvest Tce
West Perth WA 6005

Dear Committee of the Legislative Council,

Re: Inquiry into the financial administration of homelessness services in Western Australia

Submission Title: Institutional Discharges into Homelessness, including from hospitals, mental health facilities and justice settings.

This submission will explore the prevalence of housing instability and homelessness of people residing in government institutions, either hospital settings or justice settings and how this relates to the **'All Paths Lead to a Home', Western Australia's 10-Year Strategy on Homelessness 2020-2030**.[1]

This submission highlights the issues around

I. discharging/releasing people back into homelessness from hospital, mental health settings, and justice settings, and;
II. the complexity of discharge from mental health and custodial settings if accommodation is a requirement of discharge, hence prolonging length of stay in these institutions.

BACKGROUND

While the 2021 census figures on homelessness are not yet available, there are many other indicators that homelessness is on the increase in WA and nationally. This has ripple effects on the strained resources of the health and justice sectors, where people experiencing homelessness are over-represented.

In Australia between 2020 and 2021, there were a total of 278,300 requests for homelessness assistance, including more than 114,000 enquiries from people requesting support from specialist homelessness services but not receiving it, equating to an average of 312 unassisted requests each day.[2] In Western Australia between 2020-21, there were a total of 99,830 requests for assistance, a total of 24,470 clients received homelessness assistance, there were 59,479 requests of support that were unassisted equating to an average of about 65 requests per day; 18,464 of the requests were from young people under the age of 15.[2] For those individuals who did manage to receive support, many did not have all of their service needs met, with medium- and long-term housing and mental health services often not provided.[2]

Historically, homelessness and rough sleeping has been most visible in inner-city areas of major cities, however, it is recognised that within WA, homelessness is also prominent in many regional areas, and is increasingly dispersed across suburban areas of Perth. For example, homelessness has been noted to be on the rise in the Mandurah and Rockingham area, with 84 rough sleepers identified in the Mandurah Street Count in March 2020.[3] Data from the Choices Post-Discharge Program[4] at Rockingham General Hospital (RGH) suggests that this is a significant underestimate, with numbers of people homeless or living in precarious housing circumstances on the rise. Midland is also an area

where homelessness is reported to be increasing, with 149 people (including 52 children) rough sleeping in a count undertaken in May 2019.[5]

Unfortunately, services on the ground are reporting anecdotally that numbers of rough sleepers that make up these cohorts are increasing, the supply of permanent supported housing has been slow to come online, and the administration of services is not responsive to the needs of the cohort.

For over a decade, there have been calls to prevent exits into homelessness from government institutions, particularly hospitals and prisons settings. In 2008, the Australian Government's strategic white paper on homelessness *The Road Home,*[6] sought to ensure no exits into homelessness from government custodial settings. Much more recently, the 2020 Australian Productivity Commission Mental Health Inquiry Report[7] recommended that:

> *The cycling of people in and out of hospital at great personal cost and cost to taxpayers, should be addressed. Emergency Departments – or alternatives – should be adapted to work for those experiencing mental illness,* ***and hospital discharges into homelessness should be avoided***.[7(p.2)]

Although we are encouraged by the inclusion of the **Better Transitions from Government Services subsection** on page 40 of the 'All Paths Lead to a Home', Western Australia's 10-Year Strategy on Homelessness 2020-2030 (hereafter referred to as The 10 Year Strategy), **this is very brief, and there is limited follow through in the Action plan 2020–2025.** Similarly, subsection 3.2 (page 15) of the Action Plan 2020-2025 identifies supporting exits from government services as a priority action area, **yet only discusses this in relation to custodial settings, and does not adequately delineate efforts to address homelessness upon discharge from mental health and hospital institutions.** The priority actions that are described in this subsection **are also largely descriptive in nature and lack an overall form of measurability.**

Moreover, there is an **increasing evidence base for critical time intervention models to prevent homelessness (or the continuation of homelessness).**[8,9] Transitions from hospital, mental health institutions, and custodial settings offer powerful opportunities to utilise this approach, and more should be done to harness this opportunity to reduce homelessness in WA.

This submission will address institutional discharges and homelessness from three key settings,

1. Discharges from Hospitals
2. Discharges from Mental Health Beds
3. Discharges from justice settings

1 DISCHARGES FROM HOSPITALS INTO HOMELESSNESS

> *"It is futile to treat homeless patients in hospitals then discharge them back to the abysmal social conditions that made them sick in the first place: to do so perpetuates a revolving door between the hospital and the street or between the hospital and precarious housing"*
>
> ***Sir Michael Marmot*** [10]

Although key responsibility for housing and homelessness in WA lies with the Departments of Communities and Housing, homelessness is also contributing to unsustainable pressure on hospitals and the WA health system more broadly.[11,12]

1.1 Homelessness and its association with high hospital use

Congruent with the literature, all of our research shows that people experiencing homelessness are vastly over-represented in hospital use data; more ED presentations, more unplanned hospital

admissions, and a longer average length of stay when admitted. For some people it is literally a prolonged revolving door between the hospital and the street for a decade or more. Yet reducing re-presentation rates and 'frequent presenters' is a KPI for WA public hospitals.[13] In WA, people experiencing homelessness are vastly over-represented in recurrent ED presentation data; for example, at RPH (the hospital that sees the greatest proportion of people homeless in WA), more than half (54%) of the 50 most frequent presenters to the RPH ED in 2021 were designated as having 'No Fixed Address' (NFA), and almost two thirds (65%) of the 20 most frequent ED presenters, were deemed NFA *(note: NFA does not represent all types of homelessness).* Patients with NFA make up 5-6% of all RPH ED presentations.[14]

Not only is homelessness associated with high hospital use, recent Home2Health evaluation reports have shown that hospital use escalates the longer people are homeless, both in terms of ED use and unplanned admissions.[11,13] This not only **adds to demand pressure on acute hospital beds, but also an enormous economic cost to the health system and WA government.** Enduring homelessness therefore, literally contributes to a hospital use carousel of people cycling in and out of the hospital system as their health continues to deteriorate.

The escalation of hospital use the longer people remain homeless is also observed in our longitudinal evaluation of Perth's Housing First 50 Lives 50 Homes program (now transitioned to the Zero Project). As shown in the third 50 Lives evaluation report released in 2020,[15] the 327 rough sleepers in the program had cost the health system over $19.5 million over a three year period prior to 50 Lives housing support, equating to an average of $20,000 per person annually.[15] This figure is conservative, based only on the use of 8 hospitals for whom the evaluation has data, and only includes ED presentations, inpatient and psychiatric days admitted and ambulance arrivals to hospital.

1.2 Importance of being discharged to appropriate accommodation

Securing safe and appropriate accommodation upon discharge is considered not only vital for continued health recovery, but also provides a critical opportunity for further engagement with someone who is homeless and can otherwise be 'lost back to the streets'. Reducing the number of homeless patients discharged from hospital back to homelessness is a key focus for the Royal Perth Hospital (RPH) Homeless Team. However, this is severely hindered by the lack of suitable affordable accommodation options, both at point of discharge and more broadly, with many people re-presenting to RPH (and other hospitals) time and time again as their homelessness continues.

In the two year period 2019-2020, 72% of Homeless Team patients were sleeping on the street at first contact, and despite the hard work of the Homeless Team and hospital social workers, 33% of these patients ended up being discharged from hospital back into homelessness due to a lack of accommodation options.[16] Where accommodation post discharge has been sourced by the RPH Homeless Team, it is often only to very short term facilities (e.g. 2-3 days) such as budget hotels or backpacker hostels, which is clearly far from ideal.

Conversely, as shown in our team's evaluation of the Homeless Discharge Facilitation Fund Project (HDFFP), the provision of even short-term accommodation (via brokerage funding) and incidental support (such as assistance with identification documents, SmartRiders/taxi vouchers, referrals to homelessness services) upon discharge can act as an important circuit breaker to hospital re-presentation amongst people experiencing homelessness. Amongst a cohort of 171 patients supported through the HDFFP in 2020, our evaluation found that there were significant reductions in ED presentations (-33.8%) and inpatient admissions (-51.5%) in the 3 months following support, representing a saving of over $547,500 in hospital usage.[13]

As noted by Dr Amanda Stafford in a paper published recently in Parity:

> *"Governments are shooting themselves in the foot because by under spending on social basics like housing and support services, they end up overspending massively on more expensive healthcare. A one night stay in a WA Tertiary hospital ($2,967/night) is the equivalent to about 8-9 weeks of private rental, and one night in a mental health bed ($1,514/night) is equivalent to about 4-5 weeks of private rental, based on an average rent of $320-$350/week for a one-bedroom property in WA"* – Dr Amanda Stafford, Clinical Lead and Royal Perth Hospital Homeless Team [12(PG.26)]

The establishment of Homeless Healthcare's non-medical respite accommodation facility (StayWitch's) in April 2021, has further demonstrated the acute need in Perth and WA for pathways that prevent people being discharged to homelessness from hospital.[17] In the first five months of operation, 40% of residents had experienced homelessness for a year or more while a further 15% had experienced homelessness for more than 5 years, with one resident experiencing homelessness for 10 years.[17] Additionally, about half of StayWitch's residents had become homeless recently (i.e. in the six months prior to discharge from hospital).[17]

Further to this, it should be noted that, StayWitch's is entirely philanthropically funded, and is only intended as a short step-down facility, but the lack of suitable accommodation options for people to then move on to is extremely problematic, often resulting in a person remaining at StayWitch's longer than is necessary for their health-related issues.

> *"There is a 6-8 week wait list even to get someone into transitional accommodation and then an enormous wait time from there for people seeking more permanent accommodation. There are also lengthy waitlists for supported mental health accommodation and for AOD residential rehabilitation programs*…" - Zoe Thebaud, Manager StayWitch's (Homeless Healthcare).[18]

2 DISCHARGES FROM MENTAL HEALTH SETTINGS

Mental illness and AOD issues significantly overlap with homelessness.[19] The prevalence of mental health issues and associated hospital use (ED presentations and unplanned hospital admissions) with WA's homeless population is extraordinarily high.[20] Among people recorded as 'no fixed address' in WA hospital data we have reviewed as part of our ongoing evaluations of the RPH Homeless Team and Homeless Healthcare,[11,21] mental health is one of the most common reasons for ED presentations, and accounts for a substantial number of inpatient days each year. This carries a hefty price tag, given the average cost for an ED presentation to a WA public hospital is $861,[22] and an average mental health bed day is $1514.[23]

In our recent analysis of linked administrative hospital admission data (2013 to 2019), a cohort of 1,379 homeless individuals seen by the RPH Homeless Team collectively had 1,382 hospital admissions where mental health was the primary diagnosis over this 7 year period.[18] The number of inpatient bed days for these admissions was 17,583 days, and for the same cohort, there were a further 1,869 admissions totalling 24,529 inpatient days for admissions where there was a dual mental health and substance use diagnosis. Frequent re-presentation to hospital after discharges back to homelessness contributes to these numbers.[18]

In the 10-Year Strategy, the section on better transitions from government services (page 40) only fleetingly refers to acute mental health facilities as an example of institutional settings people transition from, **but there are no concrete directions on how this can or will be addressed, nor any follow through on this in the Action Plan** (which only includes custodial settings in its priority actions).

We appreciate that there will be a second action plan but given the unsustainable pressure on the WA mental health system,[24,25] there is an urgent moral and fiscal argument for preventing people from cycling repeatedly through the mental health beds because their homelessness is not addressed. Indeed, both the **Productivity Commission report on Mental Health[7] and recent Victorian Royal Commission into Mental Health System[26] identified reducing discharges into homelessness from mental health institutions as a priority action area**. Further, as discussed below, homelessness is also in effect a mental health 'bed-blocker', with lengthier costly hospital stays arising because there is no appropriate accommodation for people to be discharged to.

In light of the demand and hospital bed blockages associated with mental health beds in WA, this is a group that are in effect 'low hanging fruit' for intervention to reduce the pressure on mental health beds, which in turn, is a pressure on the health system and the broader government purse. **Given the multiple mentions of prevention and earlier intervention on homelessness in the 10 year strategy and its accompanying action plan, the failure of the strategy to concretely acknowledge or address the interface between homelessness and avoidable mental health hospital admissions and discharges from mental health settings is extremely remiss.** As shown in the adjacent case study, housing is in effect a mental health intervention.

Case study

[redacted] is a woman who has a history of homelessness and suffers from severe psychiatric and mobility issues. Following traumatic life events, [redacted] re-entered homelessness in June 2018 resulting in increasing trauma due to sexual assault leading to overdoses, increasingly erratic behaviour and a cycle of ED discharges and representations.

With the support of the RPH Homeless Team she was accepted into supported accommodation in 2019, and over the following 12 months there was a dramatic decrease in her ED presentations and no inpatient admissions. However, in November 2019 she moved into unstable, unsupported short-term accommodation. This led to another period of severe deterioration and trauma, resulting in 15 ED presentations and four inpatient admissions over a two and a half month period.

Source: Home2Health team evaluation, RPH Homeless Team

The 2020-2025 Action plan does make some broader reference to people with mental health issues (see below priority action 3.1 and 4.2), but there are no concrete actions in relation to discharges from mental health settings, and the inclusion of WA hospitals and the Department of Health as a relevant agency to be involved in this seems an enormous oversight.

I. Priority Action 3.*1 Increase accommodation options for people who are homeless or at risk of homelessness and have mental health, alcohol and other drug issues as aligned to the Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy*, and

II. Priority Action 4.2 *Strengthen the integration of responses to prevent and end homelessness for key systems, including health, mental health, corrective services, education, housing and child protection*[27].

Supporting people with mental health and AOD issues is broadly discussed in government strategies (such as "A Safe Place",[28] "Path to Safety"[29] and the 'Stronger Together Gender Equality Play'[30]) and is widely acknowledged as an issue which requires addressing. However, the issue of discharging people with mental health and/or AOD issues into homelessness from government institutions such as hospitals and prisons is not currently addressed cohesively.

2.1 How prevalent are discharges from mental health settings to homelessness

There is a lack of reliable quantitative data on the number of discharges of people to homelessness from mental health settings in WA, but informed anecdotal feedback from both health and

homelessness services, and from people with a lived experience of homelessness and mental health conditions, is that this is common. This includes discharges to NFA on patient records, through to discharging people to homeless drop-in centres, very short term crisis accommodation or unsuitable precarious accommodation without the supports needed for their mental health recovery.

We are also aware that some of the patients seen by the RPH Homeless Team in the Emergency Department report having been discharged to a voluntary mental health ward while still unwell, and end up leaving, either returning to the street or presenting to ED. The cycle then begins again.

Improved transparency of data on discharges of homeless people (and what is being done to reduce this) from mental health units in WA is needed, and should be incorporated into reporting on the 10 year Strategy and any subsequent Action plans.

Further, an overt commitment to NOT discharging people from mental health settings to homelessness should have been included in the 10 year strategy given it is intended to be a whole of government strategy.

Discharging people to inappropriate accommodation without suitable supports also sets them up to fail in their mental health recovery. Similarly, transitioning people with mental health and AOD issues between institutions and transitional accommodation, without support issues are points of risk where people may people end up returning to homelessness.[19]

2.2 Prolonged time in a mental health bed due to lack of accommodation upon release

In the WA Mental Health Commission's Mental Health Survey Snapshot of April 2021, one in four patients (152 of the 647 patients in survey data) occupying mental health beds in a public hospital could have could have been discharged if appropriate accommodation and/or treatment and support services were available.[31]

As noted by the Coordinator of the Mental Health Homeless Pathway's project (MHHP) in the RPH-Bentley group,

> *"the biggest barrier to discharge of mental health patient is the dire shortage of appropriate and affordable accommodation"* **– Kat Ahlers, MHHP Manager and Senior Social Worker**

Our team's evaluation of the MHHP found that between May 2019 and March 2021, the program supported 1,217 people identified as homeless with mental health histories across the Royal Perth Bentley group. Homelessness, and accommodation as a barrier to discharge has also been identified as a significant issue in other mental health settings, such as Graylands hospital.

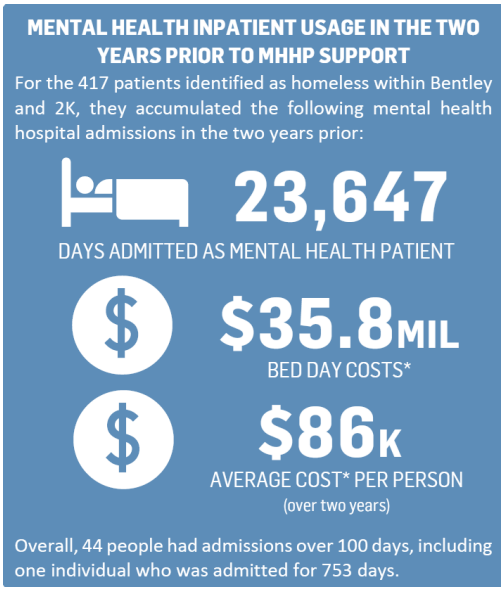
2.3 The economic impact on WA of homelessness burden in mental health settings

In WA the average cost of an inpatient psychiatric bed is $1,514 per night.[23] So, if we look at the 152 people in the MHC snapshot above, who could have been discharged if appropriate housing had been available, this equates to a cost of $230,128 per day for these 152 people, for every day they remain in hospital.

The graphic on the next page shows the number of mental health inpatient days and associated cost for a cohort of 417 people admitted to mental health wards in the Royal Perth Bentley group in the 2 years prior to MHHP support.[32]

The 10 year strategy calls for greater integration between government services that have contact with people experiencing homelessness, but there is very little in the Strategy that fosters this with WA Health which seems an enormous oversight. Policy and funding tends to be scattered across different silos, without effectively responding to needs, contributing to poor housing and health outcomes for people with lived experience of mental ill-health.[33]

If homelessness in mental health patients was rapidly addressed with housing and appropriate support, rather than expensive hospital care, the result would be better patient outcomes and a considerably lower cost to the public purse.[20] Implications and recommendations relating to this appear in the final section of this submission.



2.4 Cost reductions and easing of pressure on mental health beds when people, who are experiencing homelessness, are connected to housing and appropriate support

The RPH Homeless Team and Homeless Healthcare work closely with the Mental Health Homeless Pathways (MHHP) program to provide dual benefits for housing and health outcomes to individuals who are housed.[34] Operated from across the Royal Perth Bentley Group (RPBG), MHHP provides discharge planning advice and intervention for multiple long stay complex patients, who are homeless. Community follow up and support into housing are key features alongside a holistic and multidisciplinary approach, assertive outreach, and empathetic case management. Of the 1,217 people identified as homeless within the boundaries of RPBG between May 2019-March 2021 with mental health histories,112 people were supported into housing and accommodation.[32] Of 23 people housed for a minimum of 12 months, they had collectively recorded 3,167 mental health inpatient days in the 12 months prior to being housed, and only 68 mental health inpatient days one year post housing.[32] The same cohort had accumulated $4.8m ($208,000 per person) in costs in the 12 months pre housing, reduced to $103,000 ($4,500 per person) in the year post housing.[32]

3 DISCHARGES FROM JUSTICE SETTINGS INTO HOMELESSNESS

There is strong evidence highlighting the complex and intertwined relationship between homelessness and incarceration. In a 2018 report by the Australian Institute of Health and Welfare, an estimated 1 in 3 Australian prisoners were homeless within 30 days prior to incarceration, while 54% expect to be homeless upon release.[35] Former prisoners were the fastest growing category of clients seeking Specialist Homeless Services in Australia over the past decade, with an 11.6% annual increase in the number of individuals accessing homeless services from custodial setting nationally.[36] In WA, this rate has increased from 1.4 clients per 10,000 in 2015–16 to 1.8 per 10,000 in 2019–20.[37] Further to this, the health of people in the justice system is significantly worse than that of the general population. With higher levels of mental health problems, self-harm, addiction, and chronic and communicable diseases observed.[38]

When a person enters the justice system, there are many added complexities if they are also homeless and/or experiencing mental health/AOD issues. For instance, they may not be approved for bail or

home detention before their matter is heard in the court, despite the nature of their charges, as they will not meet the required criteria of bail conditions if they do not have suitable permanent accommodation.[39] Similar challenges are also often experienced by those experiencing homelessness when seeking parole at the end of their custodial sentence. Requirements regarding how the Parole Board will grant parole includes (but not limited to) the following:

- residential address where a paroled prisoner will live and the names of others living at the same place,
- details of community support and employment or training details including the name and address of where they will be working or training,
- and details of the services they will use to address unmet treatment needs.[39]

The parole plan from a prisoner might also be accompanied by a written commitment from a family member, friend, or welfare agency that confirms they agree to help the prisoner released into the community to serve the balance of their sentence.[39] The complexity of this process immediately becomes prohibitive or at least challenging if a person does not have a home or family support to assist them through the process, thus perhaps leading to longer incarceration.

With Australia's prison population continuing to grow, and an increasing demand placed on existing homelessness services throughout the pandemic, reducing homelessness amongst individuals exiting prison and other judicial systems presents a valuable window of opportunity for intervention that can reduce recidivism, whilst also offering a cost-effective approach to improved health and justice outcomes.

3.1 Dearth of targeted transitional support and secure accommodation services for prisoners upon release

While the WA Homelessness Action Plan 2020-2025 does identify improved connection to housing services and support for individuals leaving prison as a priority area,[37] how this will actually be achieved is not delineated. The shortage of transitional accommodation pathways for people exiting prisons in WA has long been lamented. For example, a 2016 report from the Office of the Inspector of Custodial Services highlighted the high demand for transitional accommodation and support services amongst prisoners leaving WA custodial settings and noted the poor allocation of resources to Transitional Managers and re-entry programs.[40] Our understanding is that WA still has limited dedicated properties and transitional tenancy supports for people existing prison. However, it is difficult to find much current information/data on this, and *any elucidation on this that the Inquiry can progress would be very welcome.* This includes data gaps in relation to number of people exiting prison each year who can access government funded accommodation with transitional support, as well as unknowns around waitlist for such accommodation, and of course, accurate data on how many people are released from WA prisons each year without stable appropriate housing to go to.

Data quoted in a recent opinion piece in *The West Australian* by Gerry Georgatos (March 12, 2022)[41] paints a disturbing picture, reporting that half of those incarcerated did not have permanent address in the month prior to imprisonment, and more than half exit to some form of homelessness. Relatedly, an *ABC News* story in February 2022 reported the lack of housing options for people being released from Albany prison, the only maximum security prison in regional WA.[42] It quoted the CEO of Pivot as saying:

> *"We have prisoners who, at the end of their sentence, are basically going into homelessness. It's not unusual for us to deal with a released prisoner on his first day out and we would give*

them a swag and a tent. That's all we've got for them."[42] Neil Pivot, CEO Pivot Support Services, Albany

Whilst we were unable to ascertain the specific data Gerry Georgatos's article refers to, it is congruent with findings in other states about high rates of homelessness prior to and following prison release. The human face and consequence of this is illustrated in the following case study, shared recently with our team by a concerned Aboriginal mother who was formerly homeless herself:

Case study – lack of support to prevent homelessness when exiting prison

"Having been homeless myself, and knowing the trauma that my son has been through in his life that contributed to him ending up offending and in prison, I really hoped that his release after his sentence would be a fresh start for him.

I wanted him to come stay with me but I only have a one bedroom place for me and my brother, and I sleep on the couch, and my brother has the only bedroom. My son got out and was couch surfing different places, and is now staying with people who have encouraged him to get back into drug use and burglary. The post prison release support program he was connected to said they would give him a few weeks to get settled after prison before seeing him, so he didn't get support needed in those critical first few weeks, and now sadly it seems only a matter of time before he will end up back inside"

Recent research from other Australian states highlights the significant shortcomings that a limited supply of housing and heavy reliance on referrals to non-government accommodation providers can create.[43] As shown in a 2021 Australian Housing and Urban Research Institute analysis of transitional services in NSW, Victoria, and Tasmania, prisoner support programs remain vastly under-resourced, rely heavily on referrals to other transitional accommodation or homelessness services, and are unable to meet the ever-growing demand and needs of prisoners.[43] A 2015 Victorian investigation into prisoner reintegration services for example, identified an approximate 4,500 newly released prisoners as eligible for Intensive Transitional Support Programs, yet just 700 of these individuals were actually supported.[44] Of those supported, 44% of females and 22% of male clients became homeless upon the conclusion of their support.[44]

With so few individuals released directly into stable housing, former prisoners are likely to face a difficult and uncertain pathway immediately upon release which may set them up to fail.[45-47] While referrals into temporary accommodation can offer a short-term lifeline from rough sleeping and homelessness, boarding houses and other transitional accommodation settings can also precipitate a slippery slope back into criminal activity or AOD use, which has flow on implications for re-offending and re-entry to the WA justice system.[45-47] Further still, private accommodation options are often fraught with additional challenges such as social stigma, and financial constraints.[43]

There is growing evidence internationally and in Australia that people released from prison into unstable housing situations are more likely to re-offend compared with those in more secure accommodation settings. The *Ex-Custodial Homelessness Support Service* in South Australia reports a recidivism rate 10% among its supported clients compared with 45% nationally,[48] meanwhile, data from the United Kingdom suggests that nearly 67% of prisoners released into homelessness will reoffend within one year of release, compared to 54% released into temporary accommodation and 43% of those released into permanent or supported housing.[49] Further to this, and thus making it difficult to gauge how WA is affected in this regard, WA does not keep statistics regarding

accommodation for released prisoners, highlighted when the Hon Dr Brad Pettitt, asked in Parliament Question Time, 13 October 2021,

> *"How many people had been released from WA prisons this year without secured accommodation?"*[50]

The Minister for Corrective Services provided,

> ***"The Department of Justice does not keep statistics regarding accommodation for released prisoners**. Prisoners released from prison to freedom have no requirement to provide a residential address as they are no longer subject to a legal order. When under consideration by the Prisoners Review Board for release to parole, prisoners are assisted by the Department of Justice's adult community corrections in preparing a parole plan, which includes suitable accommodation. The requirement for a prisoner to have suitable accommodation upon release is a primary consideration of the Prisoners Review Board in determining suitability for release to parole. If a prisoner released from prison on community supervision is homeless, adult community corrections will provide information about temporary emergency accommodation options and assist with applications where necessary*."[50]

3.2 Economic benefits of housing upon release from custodial settings

Access to secure, stable, and permanent public housing options is therefore critical to the long-term support and successful reintegration of former prisoners into society.[43] Significant reductions in police incidents (9%), court appearances (8%), and proven offences (8%) were observed in Australian prisoners commencing public housing tenancy upon release, equating to an initial $5,000 reduction in costs to the justice system per person, and a further saving of $2,040 per person annually.[43] The provision of public housing to former prisoners also generates an estimated net benefit of between $5,200 and $35,000 per person when compared with private rental and/or homelessness service assistance.[43]

Nevertheless, the current availability of social housing dwellings in WA continues to stagnate, with the average waiting time for public housing extending over two years.[37] There is an urgent need in WA to address the availability of public housing, with a particular emphasis on prioritising individuals exiting prison and other custodial settings alongside other high risk clients.

However, it must be noted that public housing cannot be seen as a cure-all solution for those experiencing homelessness upon release from incarceration or custodial settings. Former prisoners are likely to have a myriad of intertwined and complex needs which also influence and perpetuate issues of homelessness and unstable accommodation.[51] Thus, while there is clear evidence for the increased provision of public housing to WA prisoners upon release, there must be a strong focus on the equally adequate provision of ongoing wrap-around support services which do not drop away once tenancy is secured.

IMPLICATIONS AND RECOMMENDATIONS:

We would like to conclude with a number of implications and recommendations relating to the nexus between recurrent homelessness and exits from government institutions (hospitals, mental health settings, prisons).

Recommendations relating to Inquiry TOR 1: Current funding and delivery of services

I. **Increased investment and dedicated pathways for access to public housing tenancies and accompanying support for individuals exiting prison and other custodial settings. This needs to**

go beyond relying on referrals to homelessness services/accommodation that already have enormous waitlists.

II. **Increase the availability of appropriate options for housing people with mental health and/or AOD issues are available with supports in place to allow for timely discharge from institutions when applicable.** There needs to be benchmark data collected and reported transparently on this in WA.

III. **Encourage use (or an adaption) of the MHHP program, currently in use at the Royal Perth Bentley Group to other public mental health settings.** This has been shown to be effective in connecting people to housing and community mental health supports, and reducing hospital use.

IV. **Support longer term funding for the Medical Respite Centre and StayWitch's non-medical respite facility** to improve discharge transition from hospital settings to avert returns to homelessness.

V. **Increase access in hospital settings to brokerage funding for accommodation,** as this is far cheaper than retaining people in a hospital bed, or discharging them to the street only to lead to another presentation.

Recommendations Relating to Inquiry TOR 2: All Paths Lead to a Home 10-Year Strategy

I. **The Strategy and its accompanying action plan(s) and those with oversight of its implementation need to redress the omission of discharges to homelessness from hospitals and mental health settings.**

II. **More concrete measurable actions relating to exits from prison to homelessness are needed,** including benchmarking and outcomes reporting on the actions currently relating to this in the Action plan.

III. **Greater recognition of the importance of releasing prisoners into stable and long-term housing options** instead of short-term or temporary accommodation settings.

Recommendations Relation to TOR 3: Existing data systems and how data informs service delivery, this has implications both for current data systems, as well as data gaps.

I. **Ensure data is collected by the justice/corrections systems regarding release of people and the types of accommodation settings they will be going to, including homelessness.** The response to the question in parliament that such data is not collected is unacceptable. A number of other states have been able to collect this information, and surely it is part of the State duty of care to not release someone from a custodial setting to homelessness, given this sets them up to fail?

II. **Require annual reporting or regular monitoring of discharges from government institutions to homelessness.** Also data on justice recidivism and re-presentations to hospital for people released to homelessness.

III. **Improve recognition and recording of homelessness status in government records/data systems.** Deeper dives into data in WA and other states have shown that the 'address on paper' often relates to a homelessness service or an address where mail can be sent, or where someone is living in an overcrowded dwelling or couch surfing, and the commonly used NFA (no fixed address) acronym has been shown to significantly under-represent the true number of people experiencing homelessness in government administrative records. This was highlighted in a recent Victorian ED study that found that 8% of patients were homeless when screened, but less than 1% were coded as NFA, an eightfold under-estimation of homelessness.[52] Screening for homelessness in the RPH-Bentley Group has similarly found that NFA misses many patients who are in fact currently homeless, and conversely in our research with Homeless Healthcare and the

RPH Homeless Team, there are many patients with 'an address' that are actually just where their mail goes, or is the address of a homeless service or relative. WA health and corrections/justice services have substantial contact with people experiencing homelessness thus, are a good starting point as sectors for improving accurate recording of homelessness, beyond the default NFA or 'on paper only address'.

SUBMISSION CONCLUSION

We encourage the Inquiry Committee to give due consideration to this submission and the issues raised as well as the recommendations made and importantly, the implications of no action being taken to the individuals who are living through the experiences described.

Although the government led strategy "All Paths Lead to a Home" has created a roadmap of sorts, it falls far short of addressing the issues raised in this submission. Attaining the aspirational goals of the Strategy are severely impeded if there is not greater recognition of these issues, and embedding responses into policy, actions and accountability measures.

Without more concerted attention to these matters, it is hard to see how there will be tangible improvements to the lives of the many individuals caught in the cycle of housing insecurity, poor health outcomes and negative interactions with the justice systems in WA.

We would welcome the opportunity to discuss this further with the Inquiry Committee, or to provide any other additional information or evidence you require.

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