POLICY

22 What Comes Next? Supporting Individuals After Institutional Discharge

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Every day, different institutions—including jails and detention centres, hospitals, addiction treatment facilities, child welfare organizations and mental health programs—return people to broader society with little or no support. Their exits are often unplanned, and ongoing supports are not established in advance. This lack of planning and support increases the likelihood of relapse, backsliding or re-offending. Discharge planning services should be provided to support people leaving any type of institution, particularly—*but not only*—after a long stay. As Launa states, "People of all kinds need access for integration into society. Policies need to be established to support what is working, and to fill needs to promote independence" (Leboe, 2015, p. 74).

Discharge planning is particularly important for people who don't have a solid support system or resources to rely upon after their release. Stasha talks about the assumption that youth she was working with had that a fire in an affluent condo meant the residents would be in the shelter that night. "I had to explain to them assets that the 'rich people' had that the youth did not,

for example insurance and social capital (such as staying with a non-abusive relative)" (Huntingford, 2015, p. 101).

Another challenge that people leaving institutions face is 'institutionalization,' which happens when people become so used to the institution's structure that they have difficulties managing life on their own after they leave. Shelters, hospitals, detention centres, jails, rehab facilities and other institutions all have very strict routines that people adjust to. While some may chafe at the regimented schedule, it becomes a way of life.

Youth—and sometimes adults—who have been raised or spent a great deal of time in an institution (including foster care) may not have been given proper life skills. They may have never had to know how to shop, cook and prepare meals, how to budget and manage money or how to maintain an apartment. Discharge planning must therefore include preparing someone to live independently or with certain supports in a non-institutional setting (transitional housing, family member's home). In order to help someone cope with their newfound independence, they may need supports to help develop their post-institutional plan, including housing options, medical/ psychiatric supports, counselling, identification, financial assistance/ employment, education and so on.

Discharge planning is not always included in many programs and institutions, or it may come too late to be useful for someone who has high needs. For people facing multiple issues (i.e. poverty and mental health or addictions), discharge planning must start as early as possible. Unfortunately, discharge programs are very inconsistent across the country, and non-existent in some regions.

The lack of discharge planning and coordinated system of care often lead to extreme challenges for individuals. Jesse makes this clear when he is told that he is about to lose his leg:

> *I then asked myself: Why the fuck am I wandering in the desert like a wounded animal? What I had to do became quite clear. If neither the hospital system nor the shelter system would help me I logically had to force the jail system to do it. I had to use the system to my advantage; it was my only option (Thistle, 2015, p. 41).*

His unsupported discharge into the shelter system had left him vulnerable and unable to care for it properly. If the hospital and the shelter had worked together more efficiently and supported Jesse post-surgery, he might have had other options available to him.

Child Welfare Systems

System failures in child welfare—including the fact that in many jurisdictions, young people 'age out' of care at 18[1]—means that for many young people, the transition from child welfare support is not to self-sufficiency, but rather to homelessness[2].

While the child welfare system only affects youth, this population makes up 20% of shelter users and youth homelessness often leads to adult homelessness (Gaetz, 2014). Research shows that over 40% of homeless youth have been part of the child welfare system—including adoption and foster care. This is true for many of the authors. Joe's story relays the horrible abuse he suffered in three of his foster homes, Rose was part of the Sixties Scoop and in one of Cheryl's poems, she says "…new life as a crown ward/ Ontario as my guardian" (Duggan, 2015, p. 95).

An important issue in preventing youth homelessness is examining how youth 'age out' of care. When youth reach 18, they are often discharged with little access to continuing support. It is important that youth, especially those who have been in care for a long time, are supported to develop into adulthood. Continuing supports, including residential foster care, until 21 or higher is one method of prevention. Providing life skills training to youth as they prepare to move to independence is another. Creating opportunities for youth to gradually transition into independent living can also help prevent homelessness. Rose highlights the importance of this in her story, where she writes:

> *At age 19, when the foster funding ended, I struck out on my own and travelled to Calgary where my foster brother and his best friend were. Unbeknownst to me, this would be the place where*

1 The term 'aging out' of care refers to the situation where once a young person reaches a certain age, they are no longer entitled to a particular service or support, regardless of need or circumstance.

2 See Gaetz, 2014, for more information about youth homelessness.

> *I would first experience homelessness. It didn't take long; soon after I moved to Calgary, my brother and his friend decided to move. Their decision to leave left me alone and very vulnerable for the first time in my life. I was in a strange new city and I was utterly isolated. I felt abandoned, and despair began to set in. As a result of my hopelessness, my choices in life began to suffer and I descended into the dark downward spiral of street life (Henry [Rose], 2015, p. 26).*

Another important child welfare issue is that of 16- and 17-year-olds. Youth are often not taken into care at that age, and as a result end up homeless with no supports from the child welfare system. They may also be limited in their ability to access income support, so they fall through the gaps of various programs. Youth at that age are generally not ready to live independently. If youth are no longer able to stay in the family home, they should be supported in a gradual transition to independence.

Corrections

Richard says that he lost everything when he went to jail. And it did not get better for him upon release. He explains, "You could say I had been left in the cold. My discharge worker never did confirm housing before my release from jail. A visit to the ODSP office left me no hope of receiving any money for shelter, food or clothing" (Henry(a), 2015, p. 61).

This quote from Richard's story attests to the fact that corrections facilities are one institution of particular concern when it comes to the need for discharge planning because many people are released directly from jail/court to the streets/shelters without a fixed address. Additionally, there is a growing body of Canadian research that focuses on the bidirectional relationship between homelessness and prison; not only are people who are homeless over represented in the prison population and are more likely to become imprisoned (Saddichha et al., 2014), but many of those who are convicted or awaiting trial while on remand may be discharged directly into homelessness (Gaetz & O'Grady, 2006).

Discharge planning is only provided to people who have been convicted of a crime. In federal institutions, this means pretty much everyone is given the support they need, or at least some of the supports that they need, to move

into housing. But in a provincial institution, a large number of the inmates are being held 'on remand,' which means they have been charged with a crime but have yet to be convicted; in Ontario, this is as high as two thirds of provincial inmates. As a result, they are not provided with any discharge planning services. Long delays in court hearings and overcrowding in the jails means many people are discharged directly from court (with or without a conviction), and are not given an opportunity to access the support they need to live independently.

It is sad that such circumstances are not properly addressed in correctional facilities or our society, given that many people in jail struggle to obtain proper treatment for physical and mental health, as well as addictions issues (Kushel, Hahn, & Evans, 2005). While the corrections system was originally intended to bring about justice and rehabilitation, it is consumed by 'tough on crime' policies. This leaves little room for healthy transitions, and it is no wonder that the current trend is people reoffending.

Richard's experience emphasizes this. He says,

> *Like most people coming out of jail, I would have had to resort back to shelters, where the game never changes, and you are always at 'rock bottom.' Being forced into survival mode has its setbacks—for me, it pushed the limits on my ability to remain sober. I was not able to secure any financial support until 12 days after my release (Henry [Richard], 2015, p. 61).*

Prevention in the corrections system is multi-faceted. For youth, many of the same issues that arise in the child welfare system arise in the corrections system. There is a need for support as they prepare to live independently. For adults, there is a need to provide discharge planning to support a transition from incarceration to independence.

Contrary to popular belief, discharge planning—even for those leaving correctional facilities—is very much a public issue. Research has found that attention to discharge planning and support for reintegration to independent living has benefits in terms of reduced rates of reoffending, increased public safety and reduced homelessness. These facts complement Stasha's statement:

> *The 'us' and 'them' presentation of people as 'homeless' or 'taxpayer' is fake; we are all both dependent on, as well as contributors to, the*

> *social safety net—we are all in this together! We are interconnected, and all of us are affected when our systems and policies fail (Huntingford, 2015, p. 91).*

When services are designed to ensure that a fresh start is possible, greater success can be achieved in terms of reducing homelessness, reducing reoffending rates and increased public safety. In essence, the aim ought to be for people to leave the system prepared for reintegration and, as Richard said, "ready for a new start" (Henry [Richard], 2015, p. 62).

There are several interventions that could be considered effective to assist in helping inmates retain and/or find and maintain housing upon release. These include:

- helping inmates retain housing while incarcerated
- initiating re-entry planning at time of sentencing
- legislation that prevents discrimination based on criminal records
- pre-release facilities located near offender's intended home
- support for community services within jails
- information about housing services and programs.

In his story "Officer Down," the writer points out that sometimes the restrictions placed during a court order—which could also form part of discharge planning—may be exactly what is needed. He says, "At trial I was released on the conditions that I report regularly to a probation officer and see a psychiatrist. After years of trying to get help, the help I needed came in the form of this court order" (Anonymous, 2015, p. 53).

Healthcare Institutions

"It had been four weeks since I fell out of my brother's three-and-a-half-story apartment window (a causality of a drunken drug-fuelled misadventure), and three weeks since the hospital had cast me out into the streets" (Thistle, 2015, p. 36).

There is a demand among patients who are being released from hospitals and

mental health facilities for reintegration services. Consider Joe's experiences, for example. His story captures the problems with being released from a mental institution without any discharge planning:

> *"Patient reintegration into society is something modern psychiatric institutions struggle with today. In the late sixties and early seventies, the concept of aftercare was almost non-existent…At 21, Joe, being declared of sound mind, was cast out into the world with no support mechanisms. Figuratively, he was as naked as the day he was born, but this time he was even more vulnerable as he no longer had institutional help, family, friends, hope or a home" (Thistle, 2015, p. 67).*

Individuals are often discharged from hospitals and mental health facilities into homelessness. In a study based in London, Ontario, Forchuk et al. found that in one calendar year, 10.5% of individuals were discharged with no fixed address (Forchuk et al., 2006). The local emergency shelters found that the number was even higher. Structural factors contribute to this situation, including a trend towards shorter stays in hospital as an in-patient, and a dramatic reduction in the availability of affordable housing in most Canadian cities.

There are two main consequences of these factors: the mental health and well-being of such individuals is likely to worsen if discharged into homelessness rather than housing, and staff in emergency shelters and day programs are not well-equipped to provide necessary and appropriate supports for people in such situations. This is where many individuals will end up, even though "…well-run shelters are not appropriate places for recovery from mental illnesses" (Forchuk et al., 2006, p. 167).

Many of the problems associated with shelters—lack of privacy, resident/staff ratios, exposure to drugs, violence, overcrowding and being around others who are physically ill or who have mental health problems—can exacerbate problems for psychiatric survivors. On this point, consider the insight Sean offers:

> *12 men in your shelter room make it very hard to sleep. In a normal dorm of 12, you will get three who are extremely mentally ill, three who are alcoholics, a youth running from horrors similar to those I fled, two working men who can't catch a break, two*

> *opiate addicts and the 12th would be me, who could have easily fit into any of these categories (LeBlanc, 2015, p. 98).*

There are a couple distinct issues with healthcare discharges, depending upon the type of facility. If a patient has been institutionalized for an extended period of time due to health issues, it is necessary for the facility to ensure that they have a home to return to. This is particularly true if they have any kind of medical regimen that they need to follow, such as a medication schedule, appointments, wound care, sitz baths, bed-rest, etc. Even if the individual has not been hospitalized for an extended period of time, someone at the hospital—social worker/counsellor, nurse or doctor—should also ensure that the patient's home environment will meet their needs. Someone being released during the summer due to heat exhaustion should not be returning to a rooming house without air conditioning. Other arrangements must be made.

Jesse's story really emphasizes how important it is to have proper discharge planning and medical care for people who are homeless. He says,

> *Now I was wounded and helpless, and I couldn't even walk, let alone defend myself. It didn't matter. I couldn't stay at the hospital. Unfortunately for me and others in my situation, hospitals aren't in the business of letting people recover; they are in the business of making money. I guess the people who wrote the rules never figured that homeless people have crippling surgery and need a safe place to recover too, or maybe they did and didn't care. Who knows? All I knew was I wasn't welcome to stay (Thistle, 2015, p 38).*

Programs like the Sherbourne Health Centre infirmary in Toronto have been established because of situations like Jesse's. The Sherbourne Infirmary is a "short-term health care unit where people of all genders who are homeless or under-housed can stay while recovering from an acute medical condition, illness, or injury" (Sherbourne website). This allows individuals to meet the needs of their medical conditions without having to worry about basic survival.

Herman et al. (2011) state that "post-discharge services [should be] delivered by a worker who has established a relationship with the client before discharge" (p. 714). They also feel that "strengthening the individual's long-term ties to services, family and friends; and…providing emotional and

practical support" (Ibid, p. 713) is an important part of transition.

A pilot study in London, Ontario, identified four potential interventions:

1. Assessment and immediate response to client need (it is argued that a determination of risk of homelessness should be made early upon admittance);

2. Goal planning and advocacy to coordinate supports;

3. Assistance in finding affordable housing;

4. A streamlined process (including fast tracking) so that individuals could receive government benefits to pay for first and last month's rent (Forchuk et al., 2008).

The results of this study and others clearly demonstrate that, even if relatively brief, targeted support has a substantial and lasting impact on the risk of becoming homeless for those discharged from mental health facilities. In the pilot study, the results "were so dramatic that randomizing to the control group was discontinued. Discussions are underway to routinely implement the intervention" (Forchuk et. al, 2008, p. 569).

In Alberta, the province is also piloting similar policies and protocols to reduce the likelihood that people are discharged from in-patient mental health care into homelessness. This work demonstrates that it is possible to implement more effective interventions that can contribute to thoughtful, respectful and effective responses to homelessness and the needs of mental health consumer survivors (Gaetz, 2014).

Shelters

Shelters also discharge into homelessness. This can stem from time limits on service, discharge for rule breaking or because a client does not meet the criteria to remain in the shelter. Gaetz (2014) says:

> *It does not have to be this way. Many organizations have recognized the need to work differently. For instance, the Boys and Girls Club of Calgary (BGCC), following one of the core principles of the Calgary Homeless Foundation, have adopted a 'zero discharge into homelessness' policy for all of their eight*

programs serving homeless youth. These programs range from an emergency shelter, to prevention programs, to transitional housing and Housing First. BGCC manager Katie Davies says, "We operate on the principle that housing and shelter is a human right. Youth do not earn home or shelter through good behaviour" (personal communication, 2013). Shifting to this approach can be a challenging change in management exercise, but it can be done, and would become part of a more respectful—and less punitive—approach to working with young people in crisis (p. 67).

Aboriginal Peoples

"[Joe] attributes his miraculous rise out of homelessness and liberation from addiction to three things: a return back to nature, a reconnection to his spiritual past through First Nations and Métis Elders and spirituality" (Thistle, 2015, p. 70).

Aboriginal Peoples are disproportionately represented not just in homelessness, but also in many of the other systems mentioned in this chapter, including corrections and child welfare. Discharge planning needs to take into account the cultural and spiritual needs of Aboriginal Peoples. Additionally, it has been suggested that a useful form of support is in the transition between reserves or home communities and urban centres.

Lethbridge's homeless population, as with many other communities, has a disproportionate number of Aboriginal Peoples. As a result, bridges have been built between municipal staff, community organizations and reserve leaders. Part of this had been the development of educational information about the differences between reserve and city life. In addition to different income assistance rules:

...there are sometimes different expectations from those living in the city compared to the reserve—which many are not aware of until they arrive in Lethbridge. This includes stricter guidelines for receiving income support, and landlords not allowing long-term guests based on lease agreements or no tolerance in the city for multiple guests or overcrowding (Gaetz et al., 2013, p.116).

Additionally, when possible and desired by the individual:

Lethbridge found that a transition period between leaving the

reserve and being housed completely independently in the city is often helpful for Aboriginal Peoples making the shift. This provides time to learn and understand how life in the city works and to make appropriate connections (Ibid).

From Homelessness to Housing

As Canada moves towards a Housing First approach as a solution to homelessness, it is important to consider what this may mean in terms of discharge planning and support. The immediate focus is on housing chronically and episodically homeless persons. Directive One of the Homelessness Partnering Strategy Directives 2014-2019 says that a community must house "90% of its chronic and episodic homeless population [before focusing] the Housing First interventions on the group with the next highest needs" (Employment and Social Development Canada, 2014).

People experiencing chronic homelessness have been homeless for an extended period of time; definitions vary, but homelessness lasting at least six months to a year is standard. Ideally, this extensive length of time homeless provides sufficient time for case management and discharge planning interventions. Unfortunately, high caseloads and unbalanced staff-to-client ratios create situations in which service workers are not always able to spend as much time as they would like preparing clients for independence. This is critical to help ensure that a client is able to succeed.

Conclusions

I think it is interesting how the phrase 'the homeless' distracts from the fact that homelessness is a symptom of policy failure. I don't accept the position of 'us' and 'them.' I don't accept blaming individuals for giant holes in our safety nets and communities (Huntingford, 2015, p. 91).

People who are released from an institution into homelessness are not at fault, as Stasha says. They have been failed by policies, which highlights the various inconsistencies surrounding discharge planning in Canada. Such conditions will not help to prevent homelessness, nor will they assure rehabilitation/recovery of those being discharged. Changes need to be made. Discharge planning will be most beneficial when initiated as early as possible,

especially for vulnerable persons who face multiple issues (i.e. poverty and mental health or addictions).

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