

Diversity & Complexity:

Examining the characteristics of ‘at risk’ and homeless households in Melbourne’s west.

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About the Unison Housing Research Lab:

The Unison Housing Research Lab is a unique education and research collaboration between RMIT University and Unison Housing. The Lab is located in the Social and Global Studies Centre, one of two research centres in the School of Global, Urban and Social Studies (GUSS). The Lab was established in 2017 and is funded for five years to develop and implement a collaborative teaching program and undertake innovative policy and practice relevant housing research informed by the experiences of services users and providers.

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The aim of Unison Housing Research Lab **Research Report** series is to develop a clearer understanding of whom Unison works with, and identify areas where systems development is required. This series involves deep analysis of administrative data collected by Unison Housing to drive decision making.

The Lab also produces a **Think Piece** series. This series critically examines theories and evidence that are influential in the areas of social housing and homelessness, and that are pertinent to Unison's mission, policies and practice.

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Executive Summary



In the 1990s a small number of homelessness services in Victoria began to use computerized client management systems. Nowadays, every homelessness service does.

Client management systems provide an opportunity to quickly and systematically analyse trends in demand, changes in client profile, and patterns of service use among ‘at risk’ and homeless households. However, the potential of these systems to inform program development and practice remains largely untapped due to resource and capacity constraints in the homelessness sector.

This report prepared by the Unison Housing Research Lab examines de-identified data on 2933 households who were supported by Unison’s Initial Assessment and Planning (IAP) service during the financial year 2016/2017. The report answers three fundamental questions. They are:

1

What are the social characteristics of households that come to the service?

2

What are their housing circumstances when they first present?

3

How are people travelling after they leave the service?

The report shows that Unison’s IAP service works with a highly disadvantaged population – fewer than 1 in 10 were employed, 1 in 5 had been in an institution in the last 12 months, and, most worryingly, 1 in 3 has been formally diagnosed with a mental health condition. Unfortunately, these results are not entirely surprising.

What is surprising is that the social characteristics of Unison's clients are very different to those accessing other specialist homelessness services (SHS) in Victoria and nationally. Most notably, 1 in 2 households presenting to Unison's IAP service were born overseas, whereas approximately 1 in 5 clients of SHS in Victoria were born overseas. And they came from many different countries – we identified 109 different countries where people were born. Further, compared to other SHS services, the gender profile at Unison was more balanced, and clients were more likely to be single and on a Newstart allowance. It is unclear if these differences derive from geographic or other exogenous factors, and future reports will look more closely at this.

The report also reveals the extent to which Unison clients are struggling with tight housing market conditions. About 1 in 4 clients were housed (at risk) when they first presented to the service. A significant majority of 'at risk' households were in private rental (85 per cent) and most (60 per cent) were families, often single parent families headed by women.

The majority of Unison's clients (67 per cent) were homeless when they first presented to the service, and most people's current episode of homelessness was short – just under two thirds (63 per cent) had been homeless for less than a month.

For sound social, economic, and moral reasons preventing these households from making a transition to chronic homelessness should be a priority for Unison.

Some households were 'stuck' in homelessness – just over a quarter had been homeless for more than a month but less than a year, and about seven per cent had been homeless for more than a year. Among those with a more protracted experience of homelessness physical and mental health problems, as well as drug and alcohol problems were more common. Similarly, the long-term homeless are more likely than the short term homeless to report that they had spent time in prison.

And, while the long-term and chronically homeless were also more likely to be sleeping rough at first presentation, we found that many rough sleepers had been homeless for a only short amount of time (less than a month).

At the outset we stated that one of our intentions was to try to establish how people were travelling after they left the service. However, the way data are collected, the nature of the service, and the lack of a control group make it difficult to establish with confidence the impact of the IAP service on people's circumstances in any ongoing way.

Although housing problems are a common theme in Unison's client group, there is considerable diversity in how these problems are experienced. This diversity combined with the diverse social characteristics of the client group means that Unison's IAP requires a range of responses to effectively meet client needs. The report recommends that Unison consider pursuing three strategies.

1

The IAP service should consider ways of refining specific service responses for three high-risk groups – migrants, chronically homeless rough sleepers, and people with mental health concerns.

2

Improvements to data collection should focus on better information about household size and clearer distinctions between support periods and contacts.

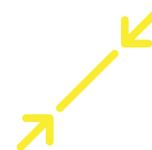
3

At risk and newly homeless households accounts for two thirds of Unison's clients. The IAP service is the logical gateway for a rapid re-housing initiative that builds on the existing Private Rental Access Program (PRAP) model.

The next IAP report will take advantage of Specialist Homelessness Information Platform's (SHIP) longitudinal capacity to examine changes in demand over time, as well as comparing the characteristics of those who return to the service with those that only use the service on a single occasion.

At this stage what is clear is that Unison is working with a wide range of people experiencing some form of housing related crisis. This is a good sign as it suggests the service is accessible. This is one of the most important features of a generalist service.

Abbreviations



ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
DHHS	Department of Health and Human Services (Vic)
IAP	Initial Assessment and Planning
PWL	Prioritisation Wait List
PRAP	Private Rental Assistance Program
THM	Transitional Housing Management Program (Vic)
SHIP	Specialist Homelessness Information Platform
SHS	Specialist Homelessness Services

Introduction

Introduction



In Victoria there are 131 specialist homelessness services (SHS). In 2016-17 these services assisted over 109,000 Victorian households who were homeless or at risk of homelessness.

Specialist homelessness services vary in terms of whom they work with and the assistance they provide – **generalist agencies** have broad access criteria (e.g. anyone in housing crisis), and **specialist agencies** focus on specific cohorts such as young people, people leaving prison, women experiencing domestic violence and so forth. SHS assistance can include assessment, case management, information, outreach, and brokerage funding as well as providing crisis, transitional, and supportive accommodation. In 2016-17 the Commonwealth and State Government provided around \$200m in funding to Victorian SHS (Department of Health and Human Services 2018).

Access to Victorian SHS is via designated entry points. There are 75 entry points across the state (op.cit., 2018). These are often called Initial Assessment and Planning (IAP) services. The majority of entry points are generalist services but there are specialist entry points to assist young people, Aboriginal Victorians, and women and children experiencing domestic violence.

Unison Housing is a not-for-profit Housing Association that currently manages and/or owns over 2500 social, transitional, affordable and public housing units in Victoria and Adelaide.

As well as providing housing for people on low incomes, Unison is also one of the largest providers of services for people who are homeless or at risk of homelessness in Melbourne's West.

Unison's IAP service is the designated entry point in the inner West, Wyndham and parts of the CBD. It is a high volume, generalist service and it has been in operation, in one form or another, since 1997. The core roles of Unison's IAP service include initial assessment of client housing and support needs, information, advice, referrals, and emergency financial assistance for homeless people or households at risk of homelessness. Due to high demand, and in line with DHHS funding arrangements, Unison maintains a prioritisation list as a way of matching limited support resources to clients' needs¹. Each year Unison's distributes approximately \$650,000 to people in housing crisis.

Despite collecting detailed information on presenting households, data collected at the Unison IAP service has never been systematically analysed. Through its five year partnership with RMIT University, and the subsequent creation of the Unison Housing Research Lab, this annual report, the first of four, presents the first systematic analysis of data collected by Unison's IAP service. The report focuses on data collected during the financial year 2016-2017. The purpose of the report is to identify key client cohorts and their service use patterns. This report represents an important step in the process of developing a better understanding of the people who access the IAP service, and if and how their characteristics and needs have changed over time.

¹ At the time of writing there were 737 households on Unison's Prioritisation Wait List (PWL).

Background



About the IAP Service

The IAP service has undergone a number of significant changes in recent years. The service operates from a central location in Seddon and an outpost in Werribee five days a week (9am-5pm). The service operates from a social justice framework which emphasises people's right to secure, affordable housing. It also recognises that accessibility is a crucial issue for people in housing crisis. In the past, the service emphasised pre-arranged appointments. While this was thought to be the best way to manage demand, it resulted in people queuing outside the service prior to opening and people being turned away.

In 2017, the service changed its model and adopted a drop-in service. The new model reflected an understanding that pre-arranged appointments can be a barrier for people in crisis, and for transient households, that commonly require more immediate support.

The shift to a new model was made possible, in part, by funding increases during 2016-17 that enabled Unison to employ one new IAP worker at its Seddon site and two new workers at its Werribee office. Further, additional funding for the Private Rental Access Program (PRAP) enabled stronger integration of the PRAP into the IAP service as a distinct diversionary stream for lower need, 'at risk' households. As these changes occurred towards the end of the data collection period it is not possible to assess their impact at this time.

Data Collection System



Data collection procedures and systems have changed over the years.

The current system – the Specialist Homelessness Information Platform (SHIP) – was implemented in 2012. SHIP harmonised data collection procedures at services funded through the Transitional Housing Management (THM) program with data collection procedures used by support agencies. All data collection is now based on support periods or ‘episodes of assistance’.

While SHIP offers benefits over previous client management systems, the logic of case management generally, and the use of support periods more specifically, does not map onto the practices of high volume and/or IAP services particularly well. In high volume IAP services the emphasis is on assessment, information, and basic housing assistance – typically brief, focused interventions. In contrast, support agencies are funded to provide more intensive, longer periods of support to a smaller number of households.

While the SHIP dataset has limitations it nonetheless provides important information about people in housing crisis. In order to develop a better understanding of these households we wanted answers to three questions. They are:

1

What are the social characteristics of households that come to the service?

2

What are their housing circumstances when they first present?

3

How are people travelling after they leave the service?

The best way to answer these questions is to examine the characteristics of each household that presents to the service – otherwise known as unique or distinct clients. However, only a limited amount of information on distinct clients is readily available via SHIP’s reporting system. This is because data collection is based on support periods rather than distinct clients². Further information is available from the Australian Institute of Health and Welfare (AIHW) which produces state and national annual reports that contain data on the gender, household composition, age, labour force status, and place of birth of distinct clients.

The first issue we investigate is whether the characteristics of clients presenting to Unison differ across these five comparable variables to those presenting to SHS in Victoria and nationally. Following this, we examine the characteristics of Unison clients that first present ‘at risk’ and those that first present as homeless. This data is not readily available in SHIP so we developed a process to extract individual clients records held in the database (Appendix B). This provides a stronger analytical framework to assess whether the agency has a balance in the provision of services to households experiencing episodes of homelessness and those who are at risk of homelessness.

² The Australian Institute of Health and Welfare (AIHW) provides all SHS an annual statistical summary. The summaries contain a large amount of statistical material, but it is mostly frequencies based on support periods.

Client Characteristics

Client Characteristics



SHS data is sometimes used to make claims about the causes, composition and size of the homeless population (FaHCSIA 2008). SHS data has its strengths but it is not a reliable source of information about the homeless population for two reasons.

First, people who use homeless services represent only a part of the homeless population. In a large study of over 15,000 Australian households, the ABS estimated as many as 40 per cent of people who experience homelessness do not use homelessness services (Australian Bureau of Statistics 2014).

Second, most SHS are funded to work with specific groups such as young people, single adults, women experiencing domestic violence, people with mental health problems and so forth. Therefore, the social and demographic profile of SHS clients reflects funding priorities.

Despite these limitations, SHS data provide useful information on people who use homelessness services. And, in Unison's case – as a generalist agency open to anyone experiencing a housing crisis – their client profile is likely to be a reasonable reflection of area-based housing problems experienced by low-income households. However, we also recognise that this does not provide a complete picture.

With these caveats in mind we now turn our attention to the 2933 unique households that presented to Unison in 2016-2017. Table 1 shows that three out of five people supported by SHS are women. This is not surprising as a substantial amount of funding is directed towards women, particularly those experiencing gendered violence. At Unison, women also represent a majority of clients, but compared to other SHS the gender profile is more evenly balanced.

Table 1: Select client characteristics 2016-17, Gender, per cent.

	Unison IAP N=2,933	SHS – Vic N=109,901	SHS – Aus N=288,273
Female	53.7	62.6	59.9
Male	46.3	37.4	40.1
TOTAL	100	100	100

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 1; AIHW-SHS-2016-17-data-tables-national.xlsx, Table 1.

Just over a quarter of households that present to SHS in Victoria and nationally are single, but single people represent half the households that present to Unison (Table 2). This is a substantial difference. The proportion of families accessing SHS is much higher than reported at Unison. It is likely that the high proportion of families and the relatively low proportion of single people reported by SHS in Victoria and across Australia reflects funding arrangements that prioritise resources to ‘at risk’, ‘vulnerable’ and homeless families over single people.

Table 2: Select client characteristics 2016-17, Household type, per cent.

	Unison IAP N=2,933	SHS – Vic N=92,323¹	SHS – Aus N=261,642²
Single	51.0	30.9	29.2
Couple	6.8	6.1	5.2
Group	3.8	6.4	6.1
Family	38.2	45.9	47.3
Other family	-	10.7	12.2
TOTAL	100	100	100

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 6; AIHW-SHS-2016-17-data-tables-national.xlsx, Table 6.

¹Excludes 17,578 cases where living arrangements not stated; ²Excludes 26,631 cases where living arrangements not stated.

Since the early 1990s, youth homelessness has been a major public concern in Australia, and programs targeting vulnerable young people have been an ongoing policy priority.

In the last decade or so policy makers have started to pay more attention to childhood homelessness as well. This is an important development as an extensive literature shows that, compared to low income housed children, homeless children experience higher rates of school mobility (Buckner et al. 2001), higher academic disengagement (Masten et al. 1993), and diminished cognitive outcomes (Rescorla et al. 1991). As childhood homelessness can be a ‘first step on a path to lifelong disadvantage’ (Rafferty and Shinn 1991; FaHCSIA 2008, p.5), a focus on children in homeless families, as well as young people, makes sense morally and economically. Table 3 shows that nearly one third to one half of all SHS clients in Victoria and nationally are under 24 years of age, and that about one fifth are below the age of 14.

Although the age profile of Unison clients looks very different with just over 1 in 10 clients below the age of 24 and no clients under the age of 15, we are slightly sceptical about these results for two reasons. First, some people aged between 15 and 24 would enter the homelessness service system via the specialist youth access point. Thus, we would expect a lower number of young people presenting at Unison. Second, the low rate in the 15-24 category and the zero result in the 0-14 category likely reflect the way SHIP data collection is set-up. Most people aged between 0-14 are part of a presenting family. SHIP rules require that a separate ‘case file’ is created for each family member. Due to time pressures associated with high demand Unison’s IAP staff do not do this. Instead they collect basic information on all family members, including age, and tie this data to the case file of the head of the household. In high volume services there are always trade-offs like these between data collection and direct service provision. And, where data collection procedures are demonstrably inefficient and onerous, direct service delivery should always be the priority. Through the work around used at Unison we know that there were 2,100 children (18 years of age or younger) in the 1,100 or so families that presented to Unison in 2016/2017. This information is not captured in SHIP reports on household characteristics though, which means the information in Table 3 is skewed. This aspect of data collection needs to be refined before we can provide more reliable insights into family composition and structure. This will be the focus of future reports.

Table 3: Select client characteristics 2016-17, Age, per cent.

	Unison IAP N=2,933	SHS – Vic N=109,901	SHS – Aus N=288,273	ABS 2016 N= 116,427
0-14	-	18.0	22.6	13*
15-24	13.9	18.0	20.6	22*
25-34	29.3	57.6%	20.3	21
35-44	28.3		17.9	13
45-54	18.2	13.6	12.1	12
55-64	7.0	6.2	5.3	9
65+	3.2	4.0	2.9	7
TOTAL	100	100	100	100

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 1; AIHW-SHS-2016-17-data-tables-national.xlsx, Table 1.

*NOTE: ABS data is not directly comparable. The ABS categories are Under 12, 12-18 and 19-24

Another data issued emerged in relation to employment and income. Social researchers generally want to know if people are employed, unemployed, or if they are not in the labour force (NILF). This information is collected by SHS and there are explicit rules to guide data collection (see inset box Response definitions on next page). However, the response definitions would be difficult to consistently implement in a high volume service. Thus, we have reservations about the reliability of the labour force data reported by SHS, particularly high volume services such as Unison.

Response definitions – SHS Collection Manual:
<https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection/shs-data-definitions>

Unemployed

Refers to clients aged 15 and over, who were not employed, and:

- Had actively looked for full-time or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week, or would have been available except for temporary illness (that is, lasting for less than 4 weeks to the end of the reference week).
- Waiting to start a new job within 4 weeks from the end of the reference week and would have started in the reference week if the job had been available then.
- Waiting to be called back to a full-time or part-time job from which they had been stood down without pay for less than 4 weeks up to the end of the reference week (including the whole of the reference week) for reasons other than bad weather or plant breakdown.

Note: Actively looking for work includes writing, telephoning or applying in person to an employer for work. It also includes answering a newspaper advertisement for a job, checking factory or job placement agency notice boards, being registered with a job placement agency, checking or registering with any other employment agency, advertising or tendering for work or contacting friends or relatives.

Not in the labour force

- Refers to clients aged 15 and over who were not employed or unemployed, as defined above.
- Includes clients who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, in institutions (hospitals, prisons, sanatoriums and so forth), trainee teachers, members of contemplative religious orders, and whose only activity during the reference week was jury service or unpaid voluntary work for a charitable organisation.
- Does not include clients who are actively looking for work.

SHS also collected the clients' main income source, which provides some insight into the economic status of SHS clients. A focus on income sources reveals some differences between Unison and SHS across the country. Table 4 shows that on presentation a higher proportion of Unison clients were on Newstart payments (39 per cent) compared to SHS clients more generally (around 28 per cent). A slightly lower proportion of Unison clients were employed (employee income) when they first presented, and fewer were on a Youth Allowance. On most other income source measures there was little difference. It is worth noting, however, that less than one per cent of Unison clients did not state their main income source. In contrast, nearly 16 per cent of SHS clients nationally did not provide their income source, with the figure growing to nearly a quarter in Victoria. It is unclear why so many SHS clients do not identify their main income source, but with such large amounts of missing data the results might well be biased in non-random ways.

Table 4: Main income source.

Main source of income	Unison IAP N=2,926¹	SHS – Vic N=67,974²	SHS – Aus N=187,623³
Newstart allowance	39.2	27.2	28.8
Parenting payment	18.2	16.5	18.4
Disability support pension (Centrelink)	15.1	17.7	15.8
Youth allowance	4.8	6.4	7.9
Age pension	2.6	3.9	2.7
Austudy/ABSTUDY	0.7	0.5	0.6
DVA Pensions	0.6	0.8	1.0
Sickness allowance	0.4	0.2	0.2
Carer allowance	0.9	0.7	0.6
Carer Payment	1.6	1.6	1.3
Other govt pensions and allowances	3.1	1.6	1.5
Employee income	5.4	8.5	7.4
Unincorporated business income	0.0	0.1	0.1
Other income	1.2	1.0	0.8
Nil income	6.2	10.7	10.0
Awaiting government benefit	0.0	2.7	2.9
TOTAL	100	100	100

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 10; AIHW-SHS-2016-17-data-tables-national.xlsx, Table 10.

¹Exclude 6 not stated and 1 war widows pension. ²Excludes 22,113 not stated and 19,847 aged under 15. ³Excludes 35,415 not stated and 65,236 aged under 15.

Turning our attention now to where people were born, a distinctive characteristic of Unison’s client group is the high proportion of people who were born overseas. Table 5 shows that about half were born in Australia and half were born elsewhere. In contrast, eight out of every ten Victorian SHS clients were born in Australia, with the percentage rising to 86 per cent looking at SHS clients nationwide. Of interest, the recent ABS census reported a similar result – while people born overseas make up 28 per cent of the Australian population, they account for 46 per cent of the homeless (ABS 2018).

Table 5: Select client characteristics, Place of birth, % 2016-17.

	Unison IAP N=2,661¹	SHS – Vic N=82,609²	SHS – Aus N=246,550³
Born in Aus.	53.8	80.6	85.9
Born elsewhere	46.2	19.4	14.1
TOTAL	100	100	100

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 3; AIHW-SHS-2016-17-data-tables-national.xlsx, Table 3.

¹Excludes 272 not stated; ²Excludes 27,292 not stated; ³Excludes 41,723 not stated.

While a significant minority of those born overseas were born in Africa (48 per cent, Table A1 Appendix), there is substantial variation in the locations where people were born and we identified 109 different countries. On this measure alone Unison’s client profile is striking. Despite this ‘superdiversity’, the age, gender, and household type of those born overseas are the same in nearly every respect as those born in Australia.

... about half were born in Australia and half were born elsewhere. In contrast, eight out of every ten Victorian SHS clients were born in Australia, with the percentage rising to 86 per cent looking at SHS clients nationwide.

However, these data likely obscure some important differences. Although we do not have information on the reasons why people came to Australia, or the migration programme they entered the country through³, half arrived when they were young (18 or younger) and just under a quarter (23.4 per cent) had been in the country fewer than five years (Table A2, Appendix). More information is needed about the circumstances that await young migrants when they arrive in Australia, particularly if they are arriving as unaccompanied minors.

Many recent arrivals are from global ‘hotspots’ such as Ethiopia, Sudan, Somalia, Iran, and Iraq and it is likely some have had traumatic experiences. These experiences, the broader experience of migration (forced or otherwise), language barriers and different cultural practices combined with housing related stresses pose unique and significant challenges to Unison’s IAP service which we elaborate on in the conclusion.

Given the high number of people who have migrated to Australia and the diverse range of countries they come from, a strong case can be made that Unison requires additional resourcing to respond effectively to the distinctive needs of these households.

Of the five indicators where we have comparable data our analysis reveals that Unison’s clients are very different to people who use SHS in Victoria and also nationally.

It is unclear if these differences derive from geographic or other exogenous factors, and future reports will look more closely at this. We can conclude however, that Unison is working with a wide range of people experiencing some form of housing related crisis. This is a good sign. It suggests the service is accessible, and this is one of the most important features of a generalist service.

Next we look at patterns of service use. We do this because research shows that the consumption of homelessness services is uneven – a small number of households tend to consume a disproportionate share of resources (Kuhn and Culhane 1998; Benjaminsen and Andrade 2015). A key to improving and optimising policy and practice responses involves identifying the number and characteristics of ‘heavy’ service users.

³ The primary pathway to Australian residence is through the Migration Programme, which is made up of three streams – Skill stream, Family stream and Special Eligibility. The only other way is on humanitarian grounds (refugees; asylum seekers etc.)

Service use: Patterns of consumption

Most clients were supported once during the year (81 per cent) and only one in five households (19 per cent) was supported on more than one occasion (Table 6). However, people who were supported more than once consumed a disproportionate share of support days (one third), and were, on average, supported for twice as many days than those who accessed the service only once (Table 6). The question is: Are the characteristics of those who require multiples support periods different from those who accessed the service only once?

Table 6: Single and multiple support periods and days by distinct clients.

	Clients		Support days		Ave Days
	N	%	N	%	
Single	2378	81	20354	65	8.6
Multiple	555	19	11171	35	20.1
TOTAL	2933	100	31525	100	10.7

We found no difference between the two groups.

We found that men were no more likely than women to require multiple episodes of support, nor did we find any significant differences between the two groups in terms of household type, age, or where people were born. Indeed, the data provide no indication as to why a small minority of clients require support on multiple occasions. It could well be that by limiting our analysis to a single year we have insufficient data to observe any differences. It may also be that the measure ‘multiple support periods’ is a system driven contrivance. In future reports we intend to exploit SHIP’s longitudinal capacity to pursue in greater depth our interest in repeat service use. More specifically, we intend to examine and compare the characteristics of new clients and returning clients, as well as changes in the ratio of new and returning clients over time. This is important information. If, for instance, the number of people returning to Unison is increasing over time this implies that breaking the cycle of social and economic disadvantage is becoming harder. If, on the other hand, the number of new clients is increasing then it implies housing problems are affecting more people in the community. However, that is for future work. Now we turn our attention to the housing circumstances of the 2933 unique clients that presented to Unison in 2016-2017.

Housing

Housing



Although Unison works with a wide range of households – young and old people, singles and families, and people from different ethnic backgrounds – every household shares a common problem: housing.

To better understand the nature of these housing problems we first need to determine how many households were ‘at risk’ and how many were homeless when they first presented. We applied Chamberlain and Mackenzie’s (1992) cultural definition of homelessness to analyse the data. This well-known definition contends that housing and homelessness are socially constructed and historically contingent and that community housing standards are embedded in the housing practices of society. In Australia, the vast majority of people live in suburban houses or self-contained flats that have a living room, bedroom, kitchen and a bathroom.

Using these housing standards as the reference point the cultural definition leads to the identification of three segments in the population:

1

Primary homelessness:

People without conventional accommodation – living on the streets, in abandoned building, under bridges, in cars etc.

2

Secondary homelessness:

People moving between various forms of temporary accommodation including friends, relatives, emergency accommodation, hotels and boarding houses.

3

Tertiary homelessness:

People living in single rooms in private boarding houses on a long-term basis but without their own bathroom or kitchen.

Households were classified ‘at risk’ if they lived in conventional accommodation such as a house or a flat but were experiencing housing or inter-personal problems.

Table 7 shows that two thirds (67 per cent) of the households were living in a house, townhouse or a flat, and we classified them as ‘at risk’. Just over a quarter were homeless when they first presented to the agency. Slightly fewer Unison clients were homeless than clients of SHS. In Victoria about one third (38 per cent) of SHS clients were homeless on first presentation, with the number growing to 44 per cent nationally (Australian Institute of Health and Welfare 2018).

Table 7: Housing circumstances of discrete clients on presentation based on single variable, 2016-2017⁴

	N	%
At risk	1956	66.7
Homeless	826	28.2
Institutional	96	3.3
No information	55	1.9
TOTAL	2933	100

The findings presented in Table 7 rely on data from a single variable (dwelling on presentation) to determine housing status. However, AIHW findings include data from two additional variables – ‘condition of occupancy’ and ‘tenure’ (Australian Institute of Health and Welfare 2018). These additional variables contain important housing information. For instance, a person recorded as living in a house/ townhouse/flat in ‘dwelling on presentation’ might be recorded as a ‘couch surfer’ in the ‘condition of occupancy’ field or ‘rent free – transitional housing’ in the ‘tenure’ field. Establishing a more accurate (and also comparable) picture of clients’ housing circumstances on presentation requires systematically examining all three variables together, and this is what we do next⁵.

⁴ The AIHW report for Unison provides some more nuanced insights into housing but it is based on support periods, and provides no insights into the characteristics of those at risk and those homeless.

⁵ A detailed description of our treatment of the three variables is contained in Appendix B.

After examining the three variables a different picture emerged. Table 8 shows just over two thirds (67.5 per cent) were homeless when they first came to the service, just over a quarter were ‘at risk’, and a small number living were in institutional arrangements (3.3 per cent).

Table 8: Housing circumstances of discrete clients on presentation, based on three variables, 2016-2017.

	N	%
At risk	771	26.3
Homeless	1980	67.5
Institutional	96	3.3
No information	86	2.9
TOTAL	2933	100

When we use a similar approach to the AIHW the housing characteristics of Unison clients are very different to what is reported by other SHS. We are not in a position to offer any insights into the optimal configuration of the homelessness service system, but it is unclear why Unison is working with such a high proportion of homeless households when SHS work with a much higher proportion of ‘at risk’ households. Of course, the housing circumstances of clients supported by local SHS may well more closely match the housing circumstances of Unison clients. Further, Unison’s client profile may reflect characteristics that are unique to the area it services – a traditionally low-socioeconomic status area.

... it is unclear why Unison is working with such a high proportion of homeless households when SHS work with a much higher proportion of at risk households.

There is little doubt that establishing the right balance between prevention and assisting those who are homeless is difficult, although in 2008 the Federal Government's White Paper on Homelessness stated that 'homelessness prevention will be considered a priority' (FaHCSIA 2008, p.21). In that sense SHS appear to have delivered on the White Paper's goals. However, the emphasis on prevention means that many homeless households might be missing out on assistance. And, if SHS do not assist homeless households, who will?

As important as the question of balance is the need for agencies to understand in what ways various groups differ. In the following sections we identify some core differences between those at risk of homelessness and people who are homeless when they first present.

Households ‘at risk’ of homelessness

There were 771 households in the ‘at risk’ group. Table 9 shows that women are over-represented among those ‘at risk’, as are families (Table 10). Indeed, the proportion of ‘at risk’ families is twice that observed among the homeless.

Table 9: Gender by housing status on presentation, per cent.

	At risk N=771	Homeless N=1980
Female	67.2	50.1
Male	32.8	49.9
TOTAL	100.0	100.0

Further analysis revealed that over half (57 per cent) the families are headed by a single adult and nearly all of the single parent families were headed by women (92 per cent). We also know that most (85 per cent) were living in private rental when they first presented (Table A3, Appendix). While there is variation in who is ‘at risk’ and the reasons why they are ‘at risk’, single parent families headed by women living in private rental are the most vulnerable cohort presenting to Unison.

Table 10: Household type by housing status on presentation, per cent.

	At risk N=771	Homeless N=1980
Single person	29.7	57.5
Family	60.6	31.5
Couple	5.4	7.9
Group	4.3	3.1
TOTAL	100.0	100.0

Next, we want to know what is putting people's housing 'at risk'. We have data on the main reasons people were seeking assistance but we need to be cautious with this material (Mitchell 1987; O'Flaherty 2009). These data have been used to explain the causes of homelessness (FaHCSIA 2008). Cause cannot be inferred from SHS data because presenting reasons often mask underlying problems and because funding priorities skew reporting indicators.

With these caveats in mind, we use SHS data to get an indication of the most **serious** and **immediate** problems experienced by 'at risk' households. We start by aggregating 20 pre-determined responses into five groups that are consistent with what the AIHW uses in its state and national annual reports. These are financial, accommodation, interpersonal relationships, health and other. Table 11 shows that just over one half (55 per cent) the 'at risk' households presented to Unison because of financial problems and one third (32 per cent) because of accommodation problems. While there will always be some ambiguity in these assessments – is housing affordability an issue of high rent and thus an accommodation problem or is it because of low income and thus a financial problem.

... the results nonetheless draw attention to the intersection of housing affordability and poverty.

Poverty is often overlooked by homelessness policy makers who tend to favour 'popular issues' that can be tied to the behaviour or characteristics of individuals. In the context of the gender profile of Unison's 'at risk' population, the feminisation of poverty warrants further comment here. Worldwide, wage imbalances for paid work continue to endure (World Economic Forum, 2016), and this gap increases when examining part-time and casual employment (United Nations, 2015), in which women are more likely to be engaged. Women's earning capacity (including the accumulation of superannuation) is, in part, shaped by pregnancy and parenting duties, with women still more likely bear more responsibility for the domestic sphere (Chesters, Baxter & Western, 2009; Goldblatt, 2017). In Australia, sole parent families are much more likely to be poor – almost a third are living in poverty – and the majority of these are headed by women (Australian Council of Social Service, 2016). Furthermore, when a relationship breaks down, women often have little knowledge of their legal and financial rights, and can be involved in lengthy family court proceedings that frequently produce inequitable outcomes for women (Smallwood, 2015). These factors, in addition to family violence, inevitably impact on women's capacity to maintain stable and affordable housing.

Compared to Victorian SHS few people seek assistance from Unison because of health-related problems or interpersonal problems, which includes domestic and family violence. This is surprising. Policy makers and advocates interested in housing instability and homelessness among women are very focused on domestic and family violence. And there are good reasons for this – domestic and family violence are precursors to homelessness for many women (Shinn et al. 1998; Chung et al. 2001; Tually et al. 2008). Data from the AIHW show that the top reason for seeking assistance from Victorian SHS was related to interpersonal relationships (39.5 per cent) and domestic and family violence accounted for most of that (Table 11).

Table 11: Main reason for seeking assistance, initial presentation, by discrete clients, per cent.

	Unison ‘at risk’ N=771	AIHW – Vic N=109,900
Financial	54.7	15.6
Accommodation	32.0	32.2
Interpersonal R/Ships	6.9	39.5
Health	2.5	2.1
Other	3.8	10.6
Not stated	0.1	-
TOTAL	100.0	100.0

Source: AIHW-SHS-2016-17-data-tables-vic.xlsx, Table 14.

The empirical challenge is reconciling the large difference between what is reported at Unison and what is reported in the Victorian homelessness service system. No doubt some women who are experiencing family violence gain access to SHS through Safe Steps, the designated entry point for women experiencing family violence, and thus avoid Unison's IAP. But we know from extant empirical research that women travel many pathways into homelessness (Bassuk and Rosenberg 1988; Bassuk et al. 1997; Johnson et al. 2018). We also know that SHS data is skewed by funding priorities and while Unison has a broader mandate than most SHS it is nonetheless very much focused on the issue of housing and housing affordability. No doubt further investigation is warranted and in future reports we will examine secondary presenting reasons to see if they shed light on this puzzling empirical result.

People do everything they can to avoid homelessness, but 'at risk' households often have limited social and economic resources to draw on. When these resources run out the transition from 'at risk' to homelessness tends to happen quite abruptly (Chamberlain and Johnson 2002). At this stage the opportunity for prevention has been missed and it is often a more complicated and costly process to assist them.

Homeless households

Just over two thirds (67.5 per cent) were homeless when they first presented – twice the number (38 per cent) reported by SHS in Victoria (AIHW, 2018b). The majority of people who presented as homeless were single (57 per cent) and men and women were evenly represented (Tables 9 & 10).

In the public domain homelessness is typically viewed as a problem confined to people sleeping on the streets or in abandoned buildings. Researchers refer to this group, or segment of the homeless population, as the primary homeless. However, the primary population comprises a relatively small part of the homeless population – on census night 2016 the ABS reported that those experiencing primary homelessness accounted for only 7 per cent of the homeless (Australian Bureau of Statistics 2018). Table 12 shows that the proportion of people presenting to Unison who were in the primary population was substantially higher – about 1 in five (19.5 per cent) – and the majority were sleeping rough or in a car (75 per cent).

Table 12: Households in different segments of the homeless population.

Segment	% of homeless households	% of relevant segment
Primary (N=386)	19.5	
Rough sleeper/Car Improvised dwelling	14.7 4.8 19.5%	75.4 24.6
Secondary/tertiary (N=1594)	80.5	
Emergency accommodation	4.6	5.8
Hotel, motel, B&B	11.4	14.1
Boarding house	24.3 80.5%	30.2
Staying with other household (temp)	38.6	48.0
Caravan (temp)	1.6	1.9

Survey work done by Melbourne City Council reported a 74 per cent increase in the number of rough sleepers in the city between 2014 and 2016 (City of Melbourne 2016). The presence of a large, visibly homeless population in the inner city generated considerable media attention during 2016 and into 2017. Media coverage of the ‘homelessness crisis’ contributed to the perception that homelessness is an inner city problem. However, the State government’s response – **'Rough Sleeping Action Plan'** (Department of Health and Human Services 2018) – was more thoughtful and it recognised that rough sleeping is a state-wide problem. This is important because rather than concentrate resources in the city, the Action Plan supports the establishment of well-resourced assertive outreach teams in key suburban, regional and rural areas to reduce the drift into the city. It is too early to know if the approach advocated in the Action Plan will be adopted by Government and/or if it will be effective in reducing rough sleeping, but we intend to monitor this in future reports.

Despite the relatively high number of people presenting to Unison without any shelter, the majority of people (80.5 per cent) were in the secondary/tertiary⁶ population. Of this group, a small number were in emergency accommodation (6 per cent), but most were staying temporarily with friends or relatives (48 per cent). Staying with friends is common when people first lose their accommodation, but if people remain homeless they often wear out their welcome, and start to move around between other forms of temporary accommodation such as boarding houses (30 per cent) and hotels (14 per cent).

The distribution of homeless people in different sorts of accommodation is important information. However, it is a static picture and homelessness is a dynamic condition. Over time people move between different forms of accommodation, as well as in and out of homelessness. The dynamic nature of homelessness requires a different way of segmenting the population. While policy makers often think in terms of demographic segments (e.g. age, gender, household type) or pathways into homelessness, an alternative way to segment the homeless population is by the amount of time people have been homeless. Time-based, or temporal approaches, are sensitive to the dynamic nature of homelessness and they have gained much attention in recent times (Kuhn and Culhane 1998; Phelan and Link 1999; Green et al. 2013). Indeed, recent US policy is focused on interventions designed for people who have been homeless for a year or more, a sub-group often referred to as ‘chronically’ homeless.

⁶ We did not have sufficient data to establish whether people in boarding houses are long term residents (e.g. tertiary homeless).

The rationale behind a time-based approach is straight forward – the characteristics of people who have been homeless for a long time are different from those who have been homeless for a short time. Long-term homelessness is more commonly associated with physical and mental health problems, as well as problematic drug and alcohol use. Issues to do with adverse childhood experiences, victimisation and incarceration are also more commonly reported among people experiencing long-term homelessness (Calsyn and Morse 1991; Johnson and Chamberlain 2012; Johnson et al. 2012; Parsell 2014). How long people have been homeless is thus a useful indicator of ‘complexity’ and the extent to which people have accepted homelessness as a ‘way of life’ (Bahr 1973; Grigsby et al. 1990)⁷.

Our ability to segment the population by time spent homeless is limited by the dataset. For a start, using data from a 12-month period means that we cannot establish how long people have been homeless over their lifetime, or indeed whether the current episode is their first⁸. However, we can use information from the question “How long since you last had a permanent address” to make a judgement on the duration of the current homelessness episode. We had information on 94.4 per cent of the households who were homeless (N=1870).

... agency staff need to be sensitive to the fact that people experiencing homelessness for the first time exhibit heightened levels of psychological distress and this can make it challenging to work with them.

Next we had to create our operational categories. In the academic literature there is an ongoing debate about where to draw the line between different time-based categories. In their study of the pathways into adult homelessness, Chamberlain and Johnson (2013) identify three categories – they operationalise short-term homelessness as less than 3 months, medium-term homelessness as 3-11 months and long-term homelessness as 12 months or more. In their study of administrative records of an inner city homelessness agency, Chamberlain and Mackenzie define short-term homelessness as up to four weeks, long-term homelessness as between 1-11 months and chronic homelessness as one year or longer (Chamberlain and Mackenzie 1998).

⁷ Temporal analysis is based on the diachronic principle that behavioural patterns develop and evolve over time, and in specific social contexts. That is, in order to understand patterns of behaviour among the homeless we need to examine the relationship between the duration of homelessness and the social environment in which homelessness is experienced.

⁸ A technical problem known as ‘left censoring’.

Ultimately, our decision to adopt the Chamberlain and Mackenzie approach was determined by constraints in the SHIP dataset – in response to the question, “How long since you last had a permanent address”, staff can select one of six pre-determined responses – less than one week; 1 week to one month; more than one month to six months ago; more than 6 months to 1 year ago; more than one year to 5 years ago; more than 5 years; no information. The first two responses align with Chamberlain and Mackenzie’s definition of short-term, the next two with their definition of long-term homelessness, and the final two with their definition of chronic homelessness.

Table 13 shows that most people’s current episode of homelessness is short – just under two thirds had been homeless for one month or less, and among this group about 70 per cent had been homeless for less than a week. This is an important finding as the evidence indicates that assisting the newly homeless requires fewer resources than assisting the chronically homeless. At the same time, however, agency staff need to be sensitive to the fact that people experiencing homelessness for the first time exhibit heightened levels of psychological distress and this can make it challenging to work with them (Scutella and Johnson 2017).

Table 13 shows that just over a quarter had been homeless for more than one month but less than a year. A small number, fewer than one in 10, had been homeless for more than a year (chronic homelessness). Although our data likely under-estimate the length of time people have been homeless our results nonetheless confirm what many other studies have found – the chronically homeless, while more visible, are a relatively small part of the homeless population.

Table 13: Duration of homelessness.

	N	%
Short-term	1180	63.1
Long-term	549	29.4
Chronic	141	7.5
TOTAL	1870	100.0

When we compare the three groups, those who have been homeless for longer are doing worse.

Table 14 shows that the chronically homeless are slightly more likely to have a medical problem but substantially more likely to report problematic drug and alcohol use; indeed, the rate of problematic drug and alcohol use is nearly four times higher among the chronically homeless than the newly homeless. When people are homeless and have an active substance misuse problem they often remain in the population for sustained periods of time. Numerous studies show that helping this particular subgroup to get out of, and stay out of, homelessness is one of the biggest challenges facing services providers and policy makers (Johnson et al. 2012). Arguably, the most startling finding relates to mental health. We found that over one third of homeless people have previously been diagnosed with a mental health problem but the rate is highest among those who are chronically homeless where nearly half (45 per cent) report a prior diagnosis. We cannot establish the severity or type of problem people have been diagnosed with, or how recent the diagnosis was, but if this question were asked of the general population we might expect about half the rate reported here.⁹

Table 14: Health issues by temporal classification, per cent.

	Short term n=1180	Long term n=549	Chronic n=141	TOTAL (N=1870)
Medical issues	9.0	14.4	13.5	10.9
Problematic D & A	4.7	9.4	16.3	6.9
Previous mental health diagnosis	36.9	39.2	44.7	38.2

⁹ Although there are issues making direct comparison with population data, our point is that the rate among this population is very high. Source: ABS (2007), National Survey of Mental Health and Wellbeing: 2007, ABD catalogue no. 4326.0

In the policy literature it is often assumed that people sleeping rough are chronically homeless (Parsell 2014). However, they are not the same thing and local policy makers are now more sensitive to the difference. Indeed, the State Government’s **'Rough Sleeping Action Plan'** recognises that some people who sleep rough are recently homeless while other rough sleepers will have been homeless for an extended period of time. The importance of this distinction is vividly illustrated in Table 15 which confirms that on presentation just over one third of the chronically homeless were classified as primary homeless, but that 15 per cent of the short-term population (or close to 180 people) had no shelter either. Many short-termers reported sleeping in their cars (41 per cent), which is common among people who are uncertain about what options are available to them. Among those who we classified as primary on presentation, most were men (68 per cent). A minority were women, but they were more likely to be short-term rather than chronically homeless.

Table 15: Literal homelessness by temporal classification, per cent.

	Short term n=1180	Long term n=549	Chronic n=141	TOTAL (N=1870)
Primary – At presentation	15.3	25.7	31.9	19.6
Female – % of primary population	36	32	18	32

Factors contributing to, or a consequence of protracted homelessness are evident in a number of other areas. When we examine involvement with health and justice systems differential patterns of use based on observable time spent homeless are evident (Table 16). The chronically homeless are slightly more likely to have been in a hospital in the last 12 months, and they are far more likely to have been incarcerated. While a number of Australian studies have examined the nexus between homelessness and incarceration (Baldry et al. 2006; Cutcher et al. 2014), few have considered whether the relationship might be mediated by the amount of time spent homeless. Table 16 shows that among the chronically homeless the proportion that has been incarcerated as adults is four times higher than among the short-term homeless. Finally, when we aggregate institutional data we find that one in five (21 per cent) of the homeless had been in an institution of some sort in the 12 months prior to presenting, and the rate was highest among the chronically homeless (28 per cent).

Table 16: Institutional service use by temporal classification, per cent.

	Short term n=1180	Long term n=549	Chronic n=141	TOTAL (N=1870)
Hospital (last 12 months)	11.4	12.2	15.6	12.0
Prison – adult ever)	3.0	4.7	12.1	4.2
Any institution (last 12 months)	17.3	26.0	27.7	20.6

We noted earlier that our data cover a 12-month period. Staff also record if a person has previously presented to the service. In Table 17 we distinguish between those who used the service multiple times in 2016-17 (top row) and those that had been to the service prior to 2016-2017 (bottom row). With respect to the proportion that had multiple support periods in 2016-2017, we observe only a slight difference of 4 percentage points between the short-term and the chronically homeless. This is consistent with earlier results that found no significant differences between those supported once and those supported on multiple occasions. However, when we examine whether they have been to the service prior to 2016-2017, one third of the homeless (35.3 per cent) have been to the service before and among the chronically homeless the rate increases to about half. Although it is unclear why a third of the short-term population had previously been to the service, we suspect that we might be observing a pattern of chronic housing instability whereby a small number of households repeatedly drop out of the housing market for short periods over a long period of time. We need longitudinal data before we can be sure what is happening.

... we suspect that we might be observing a pattern of chronic housing instability whereby a small number of households repeatedly drop out of the housing market for short periods over a long period of time.

Table 17: Use of Unison service use by temporal group, per cent.

	Short term n=1180	Long term n=549	Chronic n=141	TOTAL (N=1870)
Multiple support	18.8	20.2	22.7	19.5
Been to the service before	32.5	38.1	47.5	35.3

There are two notable exceptions to the general pattern of worsening circumstances as exposure to homelessness increases. First, the proportion of women in each category declines as homeless duration increases (Table 18). This is consistent with existing findings that show women are more likely to have shorter episodes of homelessness than men (Chamberlain and Johnson 2015; Cobb-Clark et al. 2016). Second, the prevalence of relationship problems as the main presenting reason decreases as length of time spent homeless increases. We suspect these are interrelated as domestic and family violence, the most commonly reported relationship problem, is a highly gendered phenomenon and the system is configured to intervene as rapidly as possible. However, we also need to consider the possibility that some women are moving back with their violent partners. The unsuitability of crisis accommodation, and the accompanying disruptions to employment, financial security, schooling and social participation can contribute to some women and children returning to violent homes and may explain why less women transition to chronic homelessness.

Table 18: Gender and violence by temporal group, per cent.

	Short term n=1180	Long term n=549	Chronic n=141	TOTAL (N=1870)
Female	50.2	53.0	41.1	50.3
Relationship problems	15.0	9.8	2.1	12.5

Outcomes and impact

Outcomes and impact



At the outset we stated that one of our intentions was to try to establish how people were travelling after they left the service. There is much interest in service outcomes these days and for good reason.

Governments are under continual pressure to justify their social expenditures and this has increased the burden on welfare agencies to demonstrate their ‘accomplishments’ (Greenway 2001). However, outcome measurement is a demanding and complex task which poses major challenges. In Unison’s case, two specific factors complicate outcome measurement. First, most of Unison’s interventions are relatively short and it logically follows that little meaningful change is likely to occur over this period of time. Second, SHIP was designed as a client management system, not an outcomes measurement system. In short, the way data are collected, the nature of the service, and the lack of a control group make it difficult to establish with confidence the impact of the IAP service on people’s circumstances in any ongoing way.

Despite these limitations SHIP holds some useful information. SHIP collects ‘housing outcome’ data and this provides information on a client’s housing circumstances before and after support, but only when housing situations are known. These housing outcome data are a key performance measure used by Government. For instance, the Productivity Commission’s **'Report into Government Services'** (2018) noted that at the end of support 63.8 per cent of SHS clients achieved independent housing, an increase from 52 per cent before support. However, it is a blunt measure given that approximately 60 per cent of SHS clients are housed when they first present. The AIHW makes a distinction between ‘at risk’ and homeless households – and the distinction clearly matters. In 2016-2017 the AIHW found that 9 out of 10 ‘at risk’ households maintained independent housing while only 3 in 10 homeless households were in stable independent accommodation at the end of support (Australian Institute of Health and Welfare 2018).

The AIHW analysis provides strong evidence that SHS are effective at preventing homelessness, but it also confirms that SHS struggle to provide homeless clients with ‘permanent housing outcome[s]’ (DHHS 2018, p10).

In light of the high proportion of homeless households that access Unison, the distinction between ‘at risk’ and homeless households is a critical first step in understanding outcomes based on different client circumstances, and developing appropriate policy and program responses.

Conclusion

Conclusion



The SHIP dataset raises as many questions as it answers.

Although SHIP provides useful information on the characteristics of people who use Unison's IAP, the information is difficult to extract and the data is quite patchy. Nonetheless, our analysis of the nearly 3000 unique households that presented to Unison in 2016-17 confirms that the service is engaging with a diverse and complex population. It is also a distinctive population and our analysis revealed that the social and economic circumstances of people accessing Unison's IAP contrast markedly with those accessing SHS in Victoria and nationally.

What might this mean for Unison?

The diversity of people presenting at the IAP and their distinctiveness relative to the broader SHS population highlight some of the challenges Unison faces. A diverse and complex client group means that a broad range of service responses is necessary. However, Unison like other SHS, has limited resources and these are often quite strictly rationed. Furthermore, the main reasons people come to Unison – financial problems and housing affordability – are not easily addressed.

Indeed, a tight housing market and constraints in the labour market limit the opportunities people have and reduce the likelihood of rapidly and permanently resolving the problems chronically disadvantaged households face.

While there is little the organisation can do to influence structural factors directly, such as the housing supply or poverty rates, we offer the following suggestions for Unison to consider as part of their ongoing drive to develop a responsive, accessible, and effective service. We recommend Unison's board and management focus on four specific areas – high risk groups, improved data collection, staff burnout, and rapid re-housing.

High risk groups

Our analysis revealed that clients often present with a complex set of biographical characteristics – one in three people had been diagnosed with a mental health condition; one in five had been in an institution in the last 12 months; and about one in ten people identified problematic substance use. While elevated rates of mental health problems and substance misuse are of concern, they are not entirely surprising. Numerous studies attest to similarly high rates among chronically disadvantaged households.

Working with people that have complex needs remains an ongoing challenge for all homelessness services, including Unison.

However, our analysis highlighted three sub-groups that warrant additional attention. We found that one in every two households was born overseas. This is a remarkable statistic. While it partly reflects the demographic characteristics of the regions Unison works in, it also emphasises the point that migrants face many challenges settling into a new community and this can often lead to housing instability. This, in turn, raises some important practice issues for Unison. For instance, it goes without saying that all promotional material must be printed in a wide range of languages and that translating services must be easy to access. It might also mean that Unison actively seeks to recruit staff that are multi-lingual, although this may well require some additional resourcing from Government. Further, in light of settlement struggles many migrants face and/or traumatic experiences on the journey to Australia, IAP workers would benefit from regular practice training that is trauma-informed. The benefits of this sort of training would extend beyond this group, but it would provide an evidence-based framework that would help IAP staff better respond to distressed clients. The purpose would not be to provide trauma-focused counselling, but rather to have the skills and knowledge to respond to clients who have experienced trauma, which may be due to a variety of reasons associated with transnational journeys and resettlement, more effectively and with empathy. Finally, the data provides a strong argument that a community connections program should be formally integrated into the IAP team.

Alongside people born overseas, the high proportion of rough sleepers presenting to the service requires a proactive and considered response. In light of the State Government's strategy of reducing the drift of rough sleepers into the city by establishing dedicated outreach workers in key regions, Unison should seek to be the recipient of outreach funding in the West or ensure the integration of outreach teams into the IAP service through physically locating them on site. It is crucial that these funds are used to target chronically homeless individuals that sleep rough, and not the short-term homeless who happen to be sleeping rough. The evidence suggests that rough sleepers see Unison as an important point of contact and it is crucial that service responses coming out of the Government's Action Plan capitalise on this. We know that many rough sleepers (but not all) have been homeless for long periods and this often means they require more assistance to resolve their problems. Indeed, many have housing histories that limit their housing options to social housing and many have personal histories that mean they have little social or economic capital to draw on. We suspect many people in this sub-group are heavy service users over a long time frame, and we intend to examine this in the next report. However, what is abundantly clear already is that without dedicated resources to assist them, it is unlikely Unison's existing interventions can do anything to fundamentally alter the circumstances of chronically homeless rough sleepers.

The third 'high risk' group are those who have (or have had) a mental health problem. There is likely a great deal of diversity here – some people will have chronic and severe disorders and some people will have less complex mental health problems. The data tell us that a substantial minority of Unison clients have been diagnosed with a mental health condition, and that the rate is highest among the chronically homeless. Yet, the data tell us nothing about the diagnosis or their current mental health. Despite these limitations, the evidence is strong enough for Unison to seek funding for an integrated approach that locates mental health professions in the IAP service. Better integration with health will result in better assessments of both housing and health needs. Better assessments will contribute to more reliable data recording and reporting, the next issue we focus on.

Improved data collection

As a generalist service, Unison's IAP is in a unique position to gather crucial intelligence on a range of issues affecting people in various stages of housing crisis.

Although we have mentioned some limitations with the SHIP system, some of which are 'built into' the system, we think there are opportunities to make some adjustments to data collection practices that could contribute to a more robust dataset.

This is a salient issue as anecdotal reports suggest large families seek assistance from Unison, and they present housing workers with distinct challenges. As we

There is evidence to indicate that family size may be a crucial factor in the dynamics of low income households' housing trajectories.

noted earlier Unison collects some basic information on family members and we can tell that there were over 2100 children (18 years of age or younger) in the 1100 or so families that presented to Unison in 2016-2017. This is a sizable cohort. However, the way the dataset is currently structured means that we cannot establish the size of individual families, and it is unclear to us how households that have multiple support periods are treated. Until we can reliably link individual family member data to a unique client – logically, the presenting household head – there is little we can definitively say about family size and housing trajectories at this stage.

While we are confident these issues can be resolved in the future, what is clear to us is that using support periods as an organising principle for data collection is problematic for high volume agencies. On the one hand, if Unison opened a case for each family member this would significantly increase the number of people being supported. Whether this is a true and accurate reflection of demand is questionable. On the other hand, existing reporting arrangements structured around support periods appear to severely underestimate demand on the service. We base our argument on a cursory analysis of contact data which indicates that the number of people the service is working with on any given day far exceeds what is captured by support periods¹⁰. However, contact data is uneven and Unison needs to develop a more systematic and reliable approach to collecting contact data. Reliable information that clearly distinguishes but also links unique clients, direct contacts, and secondary contacts is a crucial starting point in better measuring demand on the IAP service than the current ‘support period’ model.

¹⁰ For instance, between 2012/13 and 2016/17 the number of households that physically presented to the services without a prior appointment (drop-ins) increased by 51 per cent (from 3974 to 6003).

Rapid rehousing and extending the Private Rental Access Program (PRAP)

Finally, Unison needs to consider ways of effectively responding to what are often conflicting demands – there are compelling arguments to work with people who are chronically homeless and there are equally compelling reasons to provide prevention and early intervention. Unison has some difficult choices to make but it strikes us that Unison could give consideration to two specific options.

First, two thirds of the households that present at Unison (N=1951) are at risk of homelessness or have recently become homeless. Typically these households require only a modest level of assistance to sustain their housing or to exit homelessness. This does not mean that those at risk of homelessness and those who experience shorter-term homelessness do not present with complex needs – some do. However, for most of these households, their problems are tied to housing affordability and financial stress. Further, the majority of ‘at risk’ households are families and among the short term homeless over half are families as well. For most of these households private rental remains the key housing option, but in a competitive real estate market there are many applications for every property and agents often give priority to those who are employed.

Unison’s IAP service is a logical gateway for delivering a rapid re-housing response focused on ‘at risk’ and newly homeless families for whom private rental is appropriate.

Evidence shows that rapid re-housing for families is more effective and cheaper than transitional housing (U.S Department of Housing and Urban Development 2016). And, given the absolute shortage of transitional and social housing, diversionary pathways into sustainable private rental are clearly needed. Further, a focused rapid re-housing response can leverage existing organisational processes and knowledge embedded in the PRAP. With some additional resources to increase capacity, a more cohesive and focused approach on sustainable private rental solution for both ‘at risk’ and newly homeless households might not only reduce the number of people that make the transition to chronic homelessness, it could release resources to assist the chronically homeless, as well as reduce the pressure on transitional and social housing stock.

Unison's IAP service is a key part of the homelessness service system, and indeed a key part of the broader welfare infrastructure in Melbourne's West. The IAP service extends Unison's ambit well beyond its traditional interest in providing social housing to low-income households. With this in mind, the Board and senior management at Unison may consider taking time to reflect on how the IAP might fit with the organisation's strategic directions regarding social housing and its broader goal of creating vibrant communities.

Appendix A



Table A1: Country of birth.

	N	%
Europe	129	10.5%
Africa	591	48.1%
Middle East	84	6.8%
America's	41	3.3%
Asia	199	16.2%
Oceania	185	15.1%
TOTAL	1229	100.0%

Table A2: Country of birth, arrived in the last five years.

	N	%
Europe	5	3.9%
Africa	150	25.4%
Middle East	40	47.6%
America's	1	2.4%
Asia	51	25.6%
Oceania	41	22.2%
TOTAL	288	23.4%

Table A3: Housing tenure of 'at risk' households.

	N	%
Social housing	48	6.2
Private rental	654	84.8
Owner	12	1.6
Other	57	7.4
TOTAL	771	100.0

Appendix B



Data extraction

De-identified data was extracted from SHIP using the following procedures:

Report → List →

List type: Support Period List (SHS).

Include in report: SHS support periods –
Persons with support period current in report period.

Include identifying details: Do not include identifying details in list.

Show in list: Show both structured and unstructured data in list.

Period of interest: Last financial year.

→ Export list

Data is exported into a 'csv' file. That file was then imported into SPSS. To identify unique clients and remove duplicate entries (e.g. where people had more than one support period) the following procedure was used:

```
SORT CASES BY PersonID(A).
MATCH FILES
  /FILE=*
  /BY PersonID
  /FIRST=PrimaryFirst1
  /LAST=PrimaryLast.
DO IF (PrimaryFirst1).
COMPUTE MatchSequence=1-PrimaryLast.
ELSE.
COMPUTE MatchSequence=MatchSequence+1.
END IF.
LEAVE MatchSequence.
FORMATS MatchSequence (f7).
COMPUTE InDupGrp=MatchSequence>0.
SORT CASES InDupGrp(D).
MATCH FILES
  /FILE=*
  /DROP=PrimaryLast InDupGrp MatchSequence.
VARIABLE LABELS PrimaryFirst1 'Indicator of each first matching
case as Primary'.
VALUE LABELS PrimaryFirst1 0 'Duplicate Case' 1 'Primary Case'.
VARIABLE LEVEL PrimaryFirst1 (ORDINAL).
FREQUENCIES VARIABLES=PrimaryFirst1.
```

Housing and Homelessness status

We classified all unique clients to one of four housing categories – homeless, ‘at risk’, institution and no information.

These categories were designed to align with Chamberlain and Mackenzie’s cultural definition of homelessness (1992) and, where possible, with the approach adopted by the AIHW. The process of classification involved working sequentially across four variables where housing information was recorded starting with the primary field, ‘dwelling on presentation’, and then performing a series of cross checks against information recorded in the fields, ‘tenure when presenting’, and ‘conditions of occupancy’. In the case of secondary/tertiary homelessness we performed a final crosscheck that included anyone with an entry in time since last permanent address.

Households were classified as follows:

Classification	Dwelling on presentation	Tenure when presenting	Conditions of occupancy	Time since last permanent address
Housed	Caravan	Renter – caravan park	Leased tenure – nominated on lease	N/A
	House/ townhouse/ flat	Renter – private housing Renter – public housing Renter – community housing Owner – being purchased	Leased tenure – nominated on lease Leased – not nominated Not applicable Other Don’t know	N/A

Classification	Dwelling on presentation	Tenure when presenting	Conditions of occupancy	Time since last permanent address	
Homeless					
Primary	No dwelling/ street/park	No tenure	Not applicable	N/A	
	Tent	Don't know	Other		
	Motor vehicle		Don't know		
	Improvised building/ dwelling				
Secondary/ Tertiary	Boarding/ Rooming house	No tenure	Boarder	Any entry	
	Cabin	Other renter	Not applicable		
	Caravan	Rent free – boarding/rooming house	Lease in place – not nominated on lease		
	Emergency accommodation	Rent free – emergency accommodation	Leased tenure – nominated on lease		
	Hotel/Motel/B&B				
	House/ townhouse/flat	Rent free – private housing	Living with relative rent free		
		Rent free – public housing	Couch surfer		
		Rent free – community housing	Boarder		
		Rent free – emergency accommodation	Leased tenure – nominated on lease		
		Renter – transitional accommodation			
		Renter – caravan park			
		Renter – boarding/ rooming house			
		Don't know			
	Other rent free				
	Other renter				

Classification	Dwelling on presentation	Tenure when presenting	Conditions of occupancy	Time since last permanent address
Institutional	Adult correctional	No tenure	Not applicable	N/A
	Psych hospital/ unit	Other renter	Other	
	Hospital (excluding psych)	Renter emergency accommodation	Don't know	
	Rehabilitation			
	Immigration detention centre			
No Information	Don't know	Don't know	Don't know	

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