# Homelessness in Melbourne: Confronting the Challenge

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Centre for Applied Social Research RMIT University

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the salvation army crisis services



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# Table of Contents

A	ckno	wledgments	2
C	onte	nts	3
Та	bles	s and Figures	5
E	kecu	tive Summary	6
1	Intr	oduction	10
	1.1	HomeGround Services	12
	1.2	Salvation Army Crisis Services	12
	1.3	Data Collection	13
	1.4	Definition of Homelessness	14
2	Ηοι	ıseholds 'at risk'	16
	2.1	Reticent Clients	16
	2.2	People Seeking Assistance	17
	2.3	Preventing Homelessness	19
	2.4	Becoming Homeless	20
3	Wo	rking with homeless people	24
	3.1	Temporal Categories	24
	3.2	How Long Homeless?	24
	3.3	Use of SAAP/THM Services	25
	3.4	Boarding Houses	27
	3.5	Sleeping Rough	29
	3.6	Getting Out of Homelessness	31
4	Lon	g term support	34
	4.1	Episodes	34
	4.2	Public Housing	35
	4.3	Support	36
	4.4	Isolation and Stigma	37
	4.5	Multiple Strategies	38
5	Implications		40
	5.1	Early Intervention	42
	5.2	Increase Supported Accommodation	43
	5.3	Long-Term Support or 'Postvention'	44
R	efere	ences	46

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# Tables and Figures

Table 2.1	Housing/homeless classification on first contact	16
Table 2.2	Household type by homeless, 'at risk' (per cent)	18
Table 2.3	Housing circumstances of 'at risk' and homeless households at final contact (per cent)	19
Table 3.1	Duration of homelessness by agency (per cent)	25
Table 3.2	Segment of the homeless population by temporal category (per cent)	25
Figure 3.1	Been in SAAP/THM accommodation by duration of homelessness (per cent)	26
Figure 3.2	Experience of boarding houses by duration of homelessness (per cent)	27
Figure 3.3	Experience of street or squat by duration of homelessness (per cent)	29
Figure 3.4	Housed at final contact by duration of homelessness (per cent)	31
Figure 4.1	Two or more episodes of homelessness by duration of homelessness	35
Table 5.1	Number of homeless people and rate of homelessness, inner suburbs of selected capital cities, 2001	40
Table 5.2	Percentage of homeless people in SAAP/THM accommodation, census night 2001, inner suburbs of selected capital cities	41
Table 5.3	Percentage of homeless people in a boarding house, census night 2001, inner suburbs of selected capital cities	41
Table 5.4	Age first homeless by duration of homelessness (per cent)	42

# Executive Summary

#### The Problem

- 1. This report analyses the experiences of 4,252 homeless people and 934 people who were at risk of homelessness. The research was carried out by the Centre for Applied Social Research at RMIT University, HomeGround Services and the Salvation Army Crisis Services.
- 2. The research found that 64 per cent of people had been homeless for one year or longer; 16 per cent had been homeless for three to 11 months; and 20 per cent had been homeless for less than three months. In the inner city many people are chronically homeless.
- 3. In the inner suburbs boarding houses have become an integral part of the system of emergency accommodation and welfare agencies often provide vouchers for boarding houses. In boarding houses, newly homeless people are introduced to long-term homeless people who often have a range of other problems. This enables newly homeless people to develop new social networks and become involved in the homeless sub-culture. In this sample, 85 per cent of the homeless had been in boarding houses.
- 4. One female respondent commented on what it felt like to go to a well-known boarding house for the first time:

It was a shock to the system ... It was a place where you're too scared to stick your nose outside your door because there's people arguing, there's junkies everywhere, there's needles everywhere, it was horrible ... There were death threats, rape threats ... (Jamie, 42, single).

Another respondent talked about another inner city boarding house that is used by welfare agencies. She found it:

... gross ... dilapidated ... run down. I had a couple of incidents happen where someone woke me up about 2am by banging on the door. I was too scared to open it (Susan, 22, single parent).

The harsh reality is that welfare agencies often refer homeless people to boarding houses because there is no alternative but the streets.

5. Two thirds of the long-term homeless in this sample had slept rough. Sleeping rough has a direct impact on physical appearance. John said:

... I looked like a real rough nut ... didn't brush my hair, never had showers. I looked like a street person I suppose ... I looked disgusting and everyone could see I'd changed. I ended up staying in this building. It had nothing in it, it had a mattress, it had no electricity (John, 27, couple).

Tom, 32, said of one squat:

... we had no power or nothing ... we had to do everything by candlelight, so we just sat in that little room and had fuck all blankets ... just one mattress and trying to keep ourselves warm.

- 6. There is a link between substance use and homelessness. Two-fifths (43 per cent) of this sample had problems with substance use. However, the researchers found that 66 per cent had developed their problem *after they became homelessness*. Some people do enter the homeless population because of substance use issues, but most people engage in substance use after they have become homeless.
- 7. The researchers found that 30 per cent of the homeless had mental health issues. However, just over half (53 per cent) developed mental health problems *after becoming homeless*.

#### Recommendations

#### 1 Transitional accommodation

Boarding houses are widely used as emergency accommodation in Melbourne, Sydney, Brisbane and Adelaide. Putting vulnerable people into boarding houses increases the possibility they will become entrenched in the homeless subculture. State governments have to provide more SAAP/THM accommodation and more affordable housing if they want welfare agencies to divert homeless people away from boarding houses. There is an urgent need for more transitional (THM) accommodation in Inner Melbourne.

#### 2 Substance use and mental health services

There are many people in the homeless population with substance use issues and mental health problems and more than half have developed these problems after becoming homeless. Clients often present to housing agencies seeking a referral to a detoxification facility or wanting support with mental health issues. This is always a critical moment and it is crucial to get the right sort of assistance quickly. However, there are long waiting-list for these services. People become disillusioned and the opportunity for intervention is lost. There should be increased funding so that these agencies can respond more effectively.

#### 3 Early intervention

In Australia, the debate about early intervention has focused on young people and significant new resources have been directed towards early intervention by most state governments. The Commonwealth Government has funded the Reconnect program that provides assistance to young people who are either 'at risk' or in the early stages of homelessness. However, there were few early intervention services in the past. The mean age of homeless people in this sample was 28, but 39 per cent of respondents had first experienced homelessness when they were 18 or younger. When strategies are not in place to assist homeless teenagers to reunite with their family or make the transition to independent living, then some teenagers make the transition to chronic homelessness. Early intervention initiatives should be continued and strengthened.

#### 4 Long-term support

Three-quarters (76 per cent) of the long-term homeless in this sample had been homeless on two or more occasions. It is difficult for people who have developed substance use or mental health problems to stay out of homelessness. In some cases, they need ongoing support for a number of years to assist them return to stable accommodation. The Support Accommodation Assistance Program (SAAP) in Victoria currently assumes that most homeless people will need an average of 13 weeks support. A more realistic approach to the provision of long-term support is necessary. Unless governments fund ongoing support to help formerly homeless people to remain housed, it is clear that some people will experience further episodes of homelessness. When this happens the costs to the individual and to the community are high.

#### 5 Political will

Agencies provide valuable assistance to homeless people, but there are not enough resources to change the lives of all of the people who contact agencies for assistance. It should come as no surprise that the lack of adequate income and affordable housing remain the most significant structural barriers that homeless people face. The challenge facing all of us is to foster the political will to address these structural problems.





# 1. Introduction

Homelessness is a major social issue in Australia. The 2001 census reported that 100,000 Australians were without a home on census night (Chamberlain & Mackenzie 2003). In Victoria, there were just over 20,000 homeless people and 14,000 of them were in metropolitan Melbourne (Chamberlain & MacKenzie 2004a). There were 3,500 homeless people in Inner Melbourne which includes the central business district, the City of Port Phillip, the City of Yarra and parts of the City of Stonnington. The rate of homelessness in Inner Melbourne was 149 per 10,000 of the population compared with 42 per 10,000 of the population in Victoria overall (Chamberlain & Mackenzie 2003:5). The rate of homelessness was higher in the inner suburbs of the other capital cities – particularly Sydney, Brisbane, Adelaide and Perth (Chamberlain & MacKenzie 2004a;2004b;2004c;2004d;2004e). This confirms what most service providers know intuitively: homelessness is a significant issue in the inner suburbs of the capital cities.

The nature of inner cities has changed over the last two decades. In the past boarding houses were very common in the inner city. This is no longer the case (Jope 2000), and some boarding houses have relocated to middle or outer suburbs. The process of gentrification in the inner city has dramatically inflated housing prices and sharply increased the cost of private rental accommodation. At the same time government support for public housing has declined. Public housing is no longer an option for many low income households, because public housing has been increasingly targeted to those households with the highest needs.

Many low income households have to access the private rental market where they tend to pay more for housing or are forced to accept sub-standard accommodation. These problems are typically understood as 'housing stress'. The most widely adopted measure of housing stress is calculated by determining how many households in the bottom 40 per cent of income earners are paying more than 30 per cent of total household income on housing costs (Harding, Phillips & Kelly 2004). In the ten years between 1986 and 1996 the proportion of low income households in housing stress in Melbourne has risen from 60 per cent to 74 per cent (Berry & Hall 2001:11-12). Most low income families struggle with their housing costs.

In the inner city, the lower end of the private rental market is under acute pressure. There are limited housing options for low income families and people have to devote more energy to finding scarce accommodation. This means that housing workers sometimes have to assist people into accommodation that is either too expensive, removed from their local networks or below standard – because there are no realistic alternatives available. Each of these factors increases the vulnerability of their clients to episodes of homelessness.

This report focuses on the challenges for welfare agencies in the capital cities. In capital cities agency staff have to deal with large numbers of people who are either homeless or 'at risk' of homelessness. How agencies manage this demand is crucial as they operate in a resource constrained environment. Insufficient resources mean that staff often have to make decisions about who they can help and how much assistance they can offer. These are never easy decisions to make.

Inner city agencies also work with a diverse homeless population – some people have just become homeless while many are entrenched in the homeless population and have complex needs. The way agencies respond is important as people with complex needs commonly require intensive assistance. This sort of assistance is not always immediately available. It can also take considerable time to engage homeless people with complex needs and this is also resource intensive. The idea that some people become entrenched in the homeless population, while others only have a short experience of homelessness, draws attention to our central theoretical premise: the longer people are homeless the more likely they are to adapt to, and identify with, a homeless way of life. This is commonly understood as the acculturation thesis. Many studies interested in the effects of being homeless have identified a process of acculturation that occurs over time as homeless people engage less with mainstream institutions and more with other homeless people. When homelessness becomes 'normal', such individuals are said to have become 'chronically homeless' (Chamberlain & Mackenzie 1998; Wolch, Dear & Akita 1998).

We use the idea of acculturation, or the process(es) leading to chronic homelessness, to examine the implications of working with people at different points in their experience of homelessness. We start by examining the population 'at risk' of losing their accommodation. In chapter 2 we identify 934 households who were 'at risk' in a sample of 5,186 people gathered at two agencies in inner Melbourne. There is considerable variation in the reasons why households are 'at risk', and we show that households who present to agencies early have a better chance of staying housed. Our analysis revealed that 31 per cent of the 'at risk' households subsequently became homeless.

In chapters 3 and 4 we analyse the homeless population using three 'temporal' classifications. The first classification is short-term homelessness (less than 3 months). We identified 865 households in this group. The second classification is medium-term homelessness. There were 669 households who had been homeless between three and 11 months and they were classified in the medium-term group. The final classification was long-term homelessness (12 months or longer). There were 2,757 households in this group.

We use these classifications to show that over time homeless people's housing and support options progressively diminish. As a result, people are increasingly forced to rely on substandard forms of accommodation such as boarding houses and eventually sleeping rough becomes a relatively common experience. We show that the longer people remain homeless, it becomes more difficult to assist them to 'get out' and 'stay out' of homelessness. We argue that different interventions are required depending on how long people have been homeless and the extent to which they have accepted homelessness as a 'way of life'.

Chapter 5, discusses three policy implications: early intervention to 'slow the flow' of people into the homeless population; increased THM accommodation in the inner city and improved strategies to support people with substance use and/or mental health issues; and, long terms support (postvention) to assist formerly homeless people maintain their accommodation. The report shows that unless people are quickly assisted out of homelessness the probability of experiencing sustained exclusion from the housing and employment markets, as well as other important mainstream institutions, increases significantly. When this happens many people experience chronic homelessness and the only way to overcome this is to provide on-going support linked to affordable, appropriately located housing.

In the inner city, there are a number of agencies that are funded to work with homeless people. Agencies differ in terms of their target groups and in terms of the nature and length of support they provide. The information for this report is drawn from two high volume services that cover the inner south and inner north of Melbourne. They are the Salvation Army's *Crisis Contact Centre* in St Kilda and *HomeGround Services* which operates two Housing Information and Referral (HIR) services in Collingwood and St Kilda. Both services provide an immediate response for people 'at risk' of, or experiencing, homelessness. The data collected by these services provides a unique opportunity to examine homelessness in the inner city. In the following section we describe HomeGround's HIR model, and then we describe how the Crisis Centre works with homeless people.

### 1.1 HomeGround Services

HomeGround is a major service provider working with people 'at risk' of, or experiencing, homelessness. HomeGround operates in various locations across Melbourne's inner suburbs and the central business district. The agency is a 'not for profit' community organisation and operates from a social justice framework. This emphasises people's rights to safe, secure and affordable housing. HomeGround provides a number of services including: housing information referral (HIR); transitional housing management (THM); intensive outreach support to homeless people; support for people in public housing; emergency material aid; and community development initiatives.

The transitional housing management (THM) program was set up by the Office of Housing in 1997 to manage transitional housing and provide housing assistance, information and referral (HIR) services for people 'at risk' or experiencing homelessness. In this report our focus is on the two HomeGround HIR services in St. Kilda and Collingwood. Both areas have traditionally attracted high numbers of marginalised households. The services are office based and operate five days a week from 9am to 5pm. Both sites have an integrated outreach service that provides additional follow up support and referral to HIR clients. HIR staff also assist with priority applications for public housing.

Service accessibility is a crucial issue for people in housing crisis. The provision of a face to face crisis response is essential and this basic principal is reflected in HomeGround's HIR service model that emphasises a drop-in approach rather than pre-arranged appointments. This approach is based on a long history of working with a highly transient population for whom appointments and telephone access are significant barriers. In 2005, HomeGround's two HIR services worked with approximately 6,600 households. HomeGround staff also distribute emergency financial assistance. The primary source of funds is the Housing Establishment Fund (HEF). In the calendar year 2005/06 HIR staff at HomeGround distributed \$990,000 to assist people in housing crisis.

#### 1.2 Salvation Army Crisis Services

In inner Melbourne the Salvation Army has a strong presence and Crisis Services is recognised as a major service provider. In 1984, the Salvation Army established Crisis Services in St Kilda which now includes a crisis contact centre, a family violence outreach program, a crisis accommodation centre, a young women's outreach service, a health information exchange and a primary health care facility. The Crisis Centre also offers a number of other services through co-location arrangements with HomeGround, Centrelink and a lawyer who offers free legal advice. These services work with marginalised people who have difficulty accessing mainstream services.

In this report we focus on the Crisis Contact Centre. The Crisis Centre is a state-wide service that provides information, referral, support and advocacy. The service provides assistance to people in crisis who are experiencing problems including homelessness, substance use, mental health issues, legal problems, domestic violence and poverty. The service is a major entry and referral point to many other support services throughout crisis services and the broader homeless service system. The centre is open from 9am to 11pm, seven days a week and provides 24 hour telephone access.

As with HomeGround, accessibility is seen as a crucial issue for people in crisis and the provision of a face to face response is central to the Crisis Centre's goal of providing a responsive and timely intervention for people experiencing crisis. The Crisis Centre also offers a number of other services through co-location arrangements with HomeGround and Centrelink. The Crisis Contact Centre works with approximately 6,500 households a year.

#### 1.3 Data collection

HomeGround and Salvation Army staff record client information in their respective client management systems as part of their day to day activities. Workers at the Crisis Centre maintain client records using hand written case notes. HomeGround's HIR services use a computerised data collection system which is linked across both sites. This system records basic demographic information and is integrated with contact notes that are recorded every time a client comes to the service. The case notes collected at each agency contained a great deal of retrospective information about people's housing histories. It was often possible to follow people's experiences of homelessness over many months or years. This made it possible to ascertain the duration of homelessness.

HomeGround HIR and Crisis Centre staff were instructed to ask clients four additional questions relevant to understanding people's experience of homelessness. The first question asked about the age at which people first became homeless. The second question asked whether they had spent any time in the state care and protection system. The third question asked whether they had had any previous episodes of homelessness. The final question asked whether they had any children who were not with them.

At the Crisis Contact Centre, clients consented to be involved in the data collection and we examined 1,190 case files of people who were in contact with the service between January 2005 and June 2006. At HomeGround, people were given the opportunity to opt out of the data collection by filling out a short form. We examined 4,336 cases from HomeGround's HIR data base over the period January 2005 to June 2006. Both databases were merged into a single database which contained 5,526 records. We developed a procedure to identify duplicate records to ensure there were only unique records in the database. There were 334 cases where people had been coded at both agencies and these duplicates cases were removed from the database, along with six cases that contained insufficient information. This reduced the database to 5,186 households.

Qualitative data are drawn from 50 in-depth interviews with homeless or formerly homeless households. Most of the respondents were recruited from HomeGround Services or the Crisis Contact Centre but a small number were recruited from other agencies<sup>1</sup>. At times we also use case notes to illustrate key processes. Where we use qualitative information (both case notes and interview material) we have changed the names of those concerned to ensure confidentiality.

#### 1.4 Definition of homelessness

There has been a long debate about the definition of homelessness in most western countries with little agreement on fundamental issues (Chamberlain & Mackenzie 1992; Neil & Fopp 1993; Crane & Brannock 1996; Chamberlain & Johnson 2001). In the last decade, however, there has been an emerging consensus in Australia about how homelessness should be defined (House of Representatives 1995; Chamberlain 1999; LenMac Consulting 2005). The preferred approach is known as the 'cultural definition of homelessness' (Chamberlain 1999) and this definition is used by the Australian Bureau of Statistics to enumerate the homeless population. This is the definition used here.

The cultural definition identifies three segments in the homeless population on census night. They are:

1. Primary homelessness – people without conventional accommodation living on the streets, in deserted buildings, railway carriages, under bridges, in parks etc;



- 2. Secondary homelessness people moving between various forms of temporary shelter including friends, emergency accommodation, refuges, hostels and boarding houses;
- 3. Tertiary homelessness people living permanently in single rooms in private boarding houses without their own bathroom or kitchen and without security of tenure. They are homeless because their accommodation does not have the characteristics identified in the minimum community standard.

In practice, most homeless people move frequently from one form of temporary accommodation to another, often spending occasional nights in the primary population. We also use the term 'at risk'. This refers to households who were in conventional housing when they contacted either agency, but were having problems maintaining their accommodation at the time or were accessing the agency for material aid. In the following chapter we start by examining the 'at risk' population.



### 2 Households 'at risk'

People respond to housing, income and related problems in different ways. Some people contact welfare agencies the moment their problems start, while others wait until their problems are well advanced. When people first approached HomeGround Services or the Crisis Centre some were 'at risk', while others were homeless. There were 934 households in the 'at risk' group and they accounted 18 per cent of all the households (Table 2.1). The case notes indicated that 31 per cent (N=288) of these households subsequently became homeless.

In this chapter our focus is on the 934 'at risk' households. We start by examining why some people are reticent to seek assistance; then we look at strategies for assisting people at risk; finally, we investigate why some 'at risk' clients become homeless.

Housing/Homeless classification	Ν	Per cent
At risk	646	12
At risk, then homeless	288	6
Homeless	4,252	82
TOTAL	5,186	100

 Table 2.1
 Housing/homeless classification on first contact

Most (91 per cent) of the 'at risk' cases were identified at HomeGround's housing and information referral services whereas only a handful of 'at risk' clients were identified at the Crisis Centre. This reflects the fact that the two services target different client groups. When people go to the Crisis Centre their problems are generally more advanced and most have already lost their housing, whereas housing information and referral services are more likely to target 'at risk' clients. Agencies not only differentiate themselves through good promotion within the homeless service system, but also in the broader welfare system and in the public domain.

#### 2.1 Reticent clients

While good communication and promotion of services to vulnerable households is essential, studies interested in 'what happens' to people during the process of becoming homeless have highlighted that many 'at risk' households try to resolve their problems before they seek assistance from welfare agencies (Vacha & Marin 1993; Wasson & Hill 1998). Households use a range of strategies to resolve their problems and the more common ones include using credit cards to finance debt, borrowing money, and attempting to find cheaper accommodation. It is hard for people on low incomes to find accommodation. Jane commented that:

It's not easy to find somewhere to live if you are on the dole. Housing is not affordable, particularly private rental (Jane, 28, single).

Because of the relative scarcity of affordable housing, real estate agents can also be selective when considering prospective tenants. Although overt discrimination is difficult to prove, low income households often feel stigmatised because they experience frequent rejections:

... the private rental market wouldn't take us because I had kids. The real estate agents want people who have jobs and no kids (Andrea, 35, single parent, 2 children).

People sometimes fabricate stories to improve their chances of getting a house. Magda thought that real estate agents looked down on her because she was a single mother on a pension:

I would say that I'm a cleaner. Then I would get a friend to verify that I work. I found that every time I mentioned I worked I would get the place ... Being a single parent on a pension ... you always have that stigma (Magda, 29, single parent).

People were constantly confronted by the fact that poverty often means that you have few options:

We looked every day for a place. There was nothing that we could afford. We found one place, but the real estate fellow said he'd had fifty applications (Tony, 38, separated from family).

The standard of many places at the bottom end of the rental market is poor and landlords sometimes take advantage of low income tenants. After repeatedly missing out on properties, John and Trish eventually accepted a property that was in poor condition:

When we first moved in there were two broken gas pipes and the gas was leaking. The people next door could smell the gas. I told the landlord about the leak but he did nothing (John, 58, and Trish, 56, couple).

In the early stages, people 'at risk' typically rely on family members and friends for financial assistance. This financial help is often short-term, particularly if family and friends are on low incomes. Once this informal support is exhausted, many people reluctantly turn to agencies for assistance. When people go to agencies for assistance it signals a recognition that their situation is now very serious and out of their control.

#### 2.2 People seeking assistance

I was really low. It was really hard to ask for help. I had a lot of false pride, and I used to be scared to ask for help. I'm independent blah, blah, blah. It was just a matter of admitting that I needed help (Amy, 24, single parent).

Welfare agencies often find that 'at risk' households do not seek assistance until their problems are well developed. This makes problems harder to resolve. For these households, becoming homeless is a real possibility and many people experience high levels of stress (Schutt, Meschede & Rierdan 1994; Wong & Piliavin 2001; Wong 2002). After Magda fell behind in her rent, she became increasingly:

... scared and worried ... I could be evicted ... I could be thrown out at any time. It's something that is really on your mind. If you don't have your own stable home, you're always worried (Magda, 29, single parent).

Agencies that work with 'at risk' households know that these sorts of anxieties can influence the way people engage with workers. For many households, their day to day routines have broken down and many people are acutely worried about what will happen next. This influences their decision making and also their capacity to do things. Some people are quickly 'worn down' and suffer psychologically. Brian, a single male, became depressed:

I found it hard to get myself up and around. I was just weighted down with too many problems. It was really difficult (Brian, 23).

In this context what appear to be relatively simple tasks can be too much for people who are already overburdened with issues. Brian made the point that:

It was all falling apart, everything was going 'arse up'. I'd tried everything. It got to the point where I was just exhausted and stressed and I couldn't think straight (Brian, 23).

When these things happen many people wait until the situation is at crisis point, hoping all the time that something will happen. This makes it hard for agencies to do anything. Rose said she:

... didn't go until I was in a state of acute distress that they couldn't do much for me (Rose, 33 , single)

When people are experiencing acute levels of stress, it makes it harder for workers because they have to deal with people's emotional fragility as well as their material circumstances.

How people respond to the prospect of becoming homeless varies (Johnson 2006). There are a number of reasons for this but an important one is linked to the household structure. Research indicates that families respond to housing problems in different ways from single people (Burt & Cohen 1989; McChesney 1990; Roll, Toro & Ortola 1999; Fitzpatrick, Kemp & Klinker 2000). Families are more likely to seek assistance earlier because parents try to keep their family together and maintain a stable environment for their children. Agencies also go out of their way to assist families.

Table 2.2 shows that families are over-represented in the 'at risk' population. 'At risk' families accounted for nearly one quarter of the 'at risk' households, but for only nine per cent of the homeless households.

At risk (N=934)	Homeless (N=4,252)	ALL (N=5,186)
69	82	80
8	9	9
23	9	11
100	100	100
-	69 8 23	69 82 8 9 23 9

Table 2.2 Household type by homeless, 'at risk' (per cent)

### 2.3 Preventing homelessness

An important task for both agencies is to try to prevent 'at risk' households from becoming homeless. Of the 934 households who were 'at risk' when they first contacted the agencies just over two thirds (69 per cent) were assisted either to maintain their housing or to secure new accommodation. Maintaining housing is generally the best outcome as moving is typically rushed and can create new problems. Some households that moved had to accept sub-standard accommodation because they were 'desperate'. Others went to new areas and this can put additional pressures on families. A few days before they were going to be evicted, Tam found accommodation on the other side of the city. Her daughter:

... wasn't happy that we had to move so far away from her school. She was in year 11 when we moved. It was like a two hour hike to school (Tam, 36, single parent).

Moving is disruptive and stressful and can break important social connections that can play an important role in preventing ongoing housing problems. Andrea had experienced intermittent housing problems for years. She talked about the impact on her children's schooling

My son has been to 12 primary schools. He was seven weeks in that one and a few months in that one ... then his education went down (Andrea, 35, single parent, 2 children).

Research shows that homelessness has a negative impact on many children. Parents implicitly understand this and they do what they can to maintain a sense of stability and control. Tam's comments illustrate the way parents would often emphasise the positive aspects of the move:

It was hard for my daughter to adjust. I told her we've got the most beautiful home we've ever lived in and we are really getting ourselves together. We've got a car and everything's coming together for us (Tam, 36, single parent).

The majority of 'at risk' cases require brief, but targeted interventions to resolve their problems, although a small number of households (four per cent) required intensive assistance (20 or more contacts). This was generally over a short period of time, and in most cases intensive assistance did prevent homelessness.

	At risk (N=934)	Homeless (N=4,291)*
Housed	69	16
Homeless	31	84
TOTAL	100	100

 Table 2.3 Housing circumstances of 'at risk' and homeless households at final contact (per cent)

\* This includes 288 'at risk' cases that became homeless.

It makes sense to target 'at risk' households and work with them before their problems get even worse. It is generally less resource intensive and the results are also better. Table 2.3 shows that 69 per cent of those households who were initially identified as 'at risk' were housed at their final contact. In contrast, 84 per cent of homeless households were still homeless at their final contact. These figures need to be treated with caution. Some of those who were 'at risk' may have subsequently become homeless, but not returned to these services for assistance. Others who were homeless may have found secure accommodation with help from other agencies.<sup>2</sup> Nonetheless, these figures point towards the interpretation that early intervention can be effective. As we will see in the next chapter, people's problems always get worse once they become homeless.

#### 2.4 Becoming homeless

Although agencies try to prevent homelessness it is not always possible. In one-third (N=288) of the 'at risk' cases assistance came too late and these households subsequently became homeless. Paul had lived in the same private rental accommodation for 13 years but he had received a notice to quit because the landlord wanted to renovate the property. The stress of losing his tenancy exacerbated Paul's mental health problems and he was admitted to a psychiatric hospital. A few weeks later, a staff member from the psychiatric hospital rang to say that Paul was about to be released. By this stage his eviction was imminent and Paul was assisted to move into a rooming house:

His mental health issues ... mean that his accommodation is tenuous as he has problems getting on with other people ... The hospital says that he has schizophrenia but he disputes this diagnosis (case notes, Paul, 30, single)

People with mental health issues commonly deny they have problems. Mental illness is a highly stigmatised condition and when combined with the stigma of homelessness, it commonly makes it difficult for workers to provide the sort of assistance that is required.

The issues leading to homelessness were different for Voula. Voula was living with her boyfriend and two children when she approached HomeGround for assistance. At this stage she was housed and wanted to inquire about public housing options. However, when she presented two weeks later:

Her boyfriend has kicked her out ... she does not want to return because of ongoing domestic violence ... She had her children at a friend's place for the weekend (case notes, Voula, 25)

Voula was 'at risk' when she first approached the agency, but two weeks later she was homeless.

Santina's case illustrates the process for people who have substance use problems. Santina had a casual habit with heroin for many years, but in late 2001 her brother died and then six months later she lost her job. She increased her heroin use and struggled to pay her rent. Santina came to the Crisis Centre for assistance two days before her case was going to the Victorian Civil Administrative Tribunal (VCAT). Despite her efforts, she lost the case and an eviction notice was issued. Santina described how she felt after the hearing:

I came out of the building and I just burst into tears ... What am I going to do now? All I wanted was a nice, quiet place to live so I could get my head together. I was in a really bad way (Santina, 28, single).

There is a strong empirical link between high rates of substance use and homelessness. The mass media often emphasises problematic substance use as one of the main causes of homelessness (Buck, Toro & Ramos 2004). We found evidence that just over two-fifths (43 per cent) of this sample had problems with substance use. What researchers have been unclear about is whether substance use normally precedes homelessness or whether it follows homelessness. Using case notes we could make a judgment on the temporal sequence in most cases. We estimate that of the 1,940 people who had substance use problems in this sample, 1,284 or 66 per cent developed their problem after they became homelessness. This challenges the view that substance abuse is a major cause of homelessness.

When we examined the people who had developed a substance use problem after they became homelessness (N=1,284), we found that 87 per cent had been homeless for one year or longer. Some people do enter the homeless population because of substance use, but the more important point is that most people engage in substance use after they have become homeless and this often locks them into homelessness for sustained periods of time.

When households become homeless their lives change. These changes are not uniform, and people often report quite different experiences of homelessness. One factor that influences people's experience of homelessness is how long they remain homeless and whether they have more than one episode. In the next chapter we outline an analytical framework to think about these issues.





# 3 Working with homeless people

### 3.1 Temporal categories

Research findings indicate that the needs of the homeless population are highly differentiated, and the longer a person is homeless the more complex their problems are likely to be (Jones 1987; Piliavin, Sosin, Westerfelt & Matsueda 1993). Whether these problems cause homelessness or emerge as a consequence remains the focus of academic debate. What we do know is that it is more difficult to assist chronically homeless people to 'get out' and 'stay out' of homelessness.

It is useful to classify households based on the length of time they had been homeless. The distinction between 'short-term' and 'long-term' experiences is often made in the Australian and overseas literature (Piliavin et al. 1993; Culhane & Hornburg 1997; Leal, Galanter, Dermatis & Westreich 1998; Johnson 2006). However, there is disagreement about how these categories should be operationalised. Some people argue that a short-term problem is three months or less (Rossi 1989); others argue that six months or less constitutes a short-term problem (Rossiter, Mallett, Myers & Rosenthal 2003); and some claim that up to 12 months is 'short-term' (Leal et al. 1998).

Similarly there is debate about what constitutes a 'long-term' experience of homelessness with some suggesting 12 months as a starting point (Winkleby, Rockhill, Jatulis & Fortmann 1992; Leal et al. 1998; Phelan & Link 1999; Wong & Piliavin 2001); others favour two years as 'long-term' (Rossi 1989; Piliavin et al. 1993; Snow & Anderson 1993; Farrington & Robinson 1999); and some favour as long as nine years (Coleman 2001).

While any distinction is ultimately a matter of judgment, for the purposes of this report short-term homelessness was classified as less than three months of homelessness. This decision was based on our belief that more than 90 days without secure accommodation is not a short-term experience. With regard to long-term homelessness, there is an emerging academic convention in Australia that 12 months is an appropriate threshold and we have adopted this protocol. This left a middle category – those who were homeless between three and 11 months – and we refer to this as medium-term homelessness. The idea of a transitional zone is important because it addresses the problem of being classified in the short-term population one day and in the long-term population the next.

#### 3.2 How long homeless?

Not everyone who is homeless fits the skid-row stereotype. Homelessness in the 21st century affects a diverse population. Poverty remains the common denominator, but households become homeless for a wide variety of reasons and people have very different experiences of homelessness.

There were  $4,540^3$  people in our database who were homeless and our first task was to establish the duration of homelessness for each household. We were able to make a decision about duration in 95 per cent of cases (N=4,291). Table 3.1 shows that 64 per cent of households had a long-term problem (one year or more), 16 per cent were medium-term (three to 11 months) and 20 per cent had a short-term problem (less than three months).

There was variation in the profile across the two agencies with 74 per cent of clients at the Crisis Centre having a long-term problem compared with 61 per cent at HomeGround. This makes sense as the Crisis



Centre works almost exclusively with homeless people. In addition the Crisis Centre has been operating longer and has developed long-term relationships with some homeless clients.

	HomeGround (N=3,177)	Crisis Centre (N=1,114)	All* (N=4,291)
Short term (less than 3 months)	22	13	20
Medium term (3 – 11 months)	17	13	16
Long term (12 months or longer)	61	74	64
TOTAL	100	100	100

Table 3.1 Duration of homelessness by agency (per cent)

\*Information in 95 per cent of cases

Overall, the data indicate that both agencies work with a large number of people who are chronically homeless. The experiences of this client group can make them challenging to work with and this can impact on front line staff. Policy makers need to recognise the complex situations that staff at inner city agencies face on a daily basis; and boards of management need to ensure that staff are provided with appropriate resources and support.

Next we investigate how the length of time people are homeless influences the options that are available to them; how it structures the way agencies work with people; and we discuss the outcomes that are achieved.

#### 3.3 Use of SAAP THM services

It is well known that most homeless people move around from one form of temporary accommodation to another. In Table 3.2 we identify where homeless people were staying while in contact with the two agencies. Table 3.2 shows that 92 per cent of all respondents were moving around between various forms of temporary shelter. Six per cent of the sample were staying permanently in the same boarding house (tertiary homelessness) and these were mainly older males. Only two per cent of the sample were consistently in the primary population (streets, squats etc) while in contact with the agencies, although we will see later that many people in the secondary population spent occasional nights on the streets.

Table 3.2         Segment of the homeless population by temporal category (per cent)	
--	--

	Short-term (N=864)	Medium-term (N=667)	Long-term (N=2,754)	All (N=4,285)*
Tertiary (boarding house, 3 months or longer)	1	3	8	6
Secondary (moving between temporary accommodation)	98	96	90	92
Primary (streets, squat, car, tent etc)	1	1	2	2
TOTAL	100	100	100	100

\*No information on six people.

Many people stay with friends or relatives when they first become homeless. The 2001 Census found that 49 per cent of homeless people were staying with other households on census night (Chamberlain and MacKenzie 2003). However, it is often the case that these stays are relatively short-term, because it puts considerable pressure on friends if they have other families staying with them for any significant length of time. Tan told us:

We went to a friend's house for a week, but she lives at the back of her work. It's a stud farm, and it just wasn't a good place for us. We were all sharing one bedroom and the kitchen. It was no good (Tan, 29, couple).

One consequence of the fact that people often stay with other households when they first become homeless is that it can be some time before they access emergency accommodation provided under the SAAP/THM program. Figure 3.1 shows that only 29 per cent of the short-term homeless had accessed SAAP/THM accommodation. This rises to 48 per cent amongst those who had a medium-term problem and to 70 per cent amongst those who had a long-term problem. Although some people prefer to stay with friends when they first become homeless, it has to be recognised there is an acute shortage of SAAP/THM accommodation in the inner city and many people cannot access these services. In the statistical subdivision of Inner Melbourne – where the homeless population is most concentrated - only 15 per cent of homeless people were in SAAP/THM accommodation on census night, although this increases to 25 per cent across Victoria as a whole.

At any point in time, most homeless people in the inner city are not in SAAP/THM accommodation and only 29 per cent of the short-term homeless had succeeded in accessing SAAP/THM accommodation. This puts substantial limitations on SAAP/THM services to provide early intervention because these services are dealing mainly with clients who have long-term problems.



Figure 3.1 Been in SAAP/THM accommodation by duration of homelessness (per cent)

**Temporal Classification** 

### 3.4 Boarding houses

It was pointed out above that only 15 per cent of the inner city homeless were in SAAP/THM services on census night. In part, this reflects the fact that some homeless people prefer to stay with friends and relatives, but it also reflects the fact that SAAP/THM services are usually full in the inner city, and boarding houses are widely used as alternative forms of emergency accommodation.

The 2001 census found that 59 per cent of the inner city homeless were in boarding houses on census night (Chamberlain and MacKenzie 2004a). In our sample, 69 per cent of the short-term homeless had been in a boarding house (Figure 3.2), compared with 29 per cent who had been in a SAAP/THM service. Among the medium-term homeless, 79 per cent had been in a boarding house and this rose to 91 per cent among the long-term homeless. Many people had been in boarding houses on multiple occasions.



Figure 3.2 Experience of boarding houses by duration of homelessness (per cent)

In the inner suburbs of the capital cities, boarding houses have become an integral part of the system of emergency accommodation and welfare agencies often provide vouchers for boarding houses because there is no SAAP/THM accommodation available. The high number of short term homeless who had been in boarding houses highlights the way that boarding houses are treated as a form of crisis accommodation. Boarding houses are often the only option that housing workers can offer homeless people other than the streets. Using boarding houses has become an accepted practice despite the fact boarding houses are widely recognised as unsuitable for adults and particularly harmful for children (Bartholomew 1999:25).

One consequence of putting short-term homeless people into boarding houses is that it exposes them to a culture in which drug use and violence are common. In boarding houses, newly homeless people are introduced to long-term homeless people who often have a range of other problems. In some cases, this enables newly homeless people to develop new social networks and sometimes friendships will form. It is also common for newly homeless people to experience victimisation and intimidation in boarding houses. Boarding houses are often in poor condition and the culture of boarding houses can impact on people's well-being and mental health.

**Temporal Classification** 

One female respondent commented on what it felt like to go to a well-known boarding house for the first time:

It was a shock to the system for a girl who grew up in Essendon. It was a place where you're too scared to stick your nose outside your door because there's people arguing, there's junkies everywhere, there's needles everywhere, it was horrible ...There were death threats, rape threats (Jamie, 42, single).

Another respondent talked about an inner city boarding house that is widely used by welfare agencies. She found it:

... gross ... dilapidated ... run down. I had a couple of incidents happen where someone woke me up about 2am by banging on the door. I was too scared to open it (Susan, 22, single parent).

Traditionally, there have been more men in boarding houses than women (Jordon 1994; Jope 2000). The 2001 census reported that 72 per cent of boarding house residents were men (Chamberlain and MacKenzie 2003). This means that women are often vulnerable in these situations. Toby had left prison with no accommodation and less than \$200 in her pocket. She ended up in a boarding house where she feared for her safety:

I was taking a shower and someone was banging on the door. I could tell they were pissed off ... there was this huffing and puffing. I was thinking who's waiting outside for me (Toby, 33, single).

Once people are in boarding houses it is often difficult for them to return to conventional accommodation because they spend most of their income on rent:

It's really hard once you're homeless ... I'm paying \$296.00 per fortnight on rent ... then there's food and transport ... I just get by ... I know I can get help with a bond, but I don't have a hope in hell of saving up for the first month's rent (Toby, 33, single).

When rent absorbs most of your income, this leaves little money for other necessities such as transport costs or toiletries. It is common for homeless people to miss out on food and to have insufficient money to cover basic medical expenses.

The chaotic social conditions in some boarding houses can create additional problems for the more vulnerable. These conditions include exposure to illicit substances such as heroin, while for others boarding houses exacerbated their mental health issues. Tanya drew a clear distinction between herself and other rooming house residents, but her mental health suffered nevertheless:

It was a mental institution... I found people had psychosis, they had bipolar disorder, they had schizophrenia. I had nothing in common with them ... I was traumatised just being there (Tanya, 41, single).

In the literature, there is a debate about whether mental health issues usually precede or follow homelessness. We know there is a correlation between mental disorders and homelessness, with some people claiming that as many as eight in 10 homeless people suffer from mental health problems (Hodder, Teesson & Buhrich 1988; Byrne 2005). Such a claim sits at the extreme end of the spectrum and the general consensus is that somewhere between 20 and 30 per cent of the homeless suffer from mental health problems (Wright 1988; National Youth Coalition for Housing 1999).

Among homeless people experiencing mental health issues, it is generally unclear whether mental illness is a causal factor or whether mental health problems emerge after they have experienced homelessness.

We made a judgment regarding temporal sequence and we estimate that of the 1,344 households who had mental health problems (30 per cent of this sample), just under half (47 per cent) had a problem prior to becoming homeless and just over half (53 per cent) developed a problem after becoming homeless. One person we interviewed recalled that:

It started when I started living in single rooms ... It's a horrible feeling knowing you haven't got anywhere to go... just sitting in a room everyday and every night. I didn't have any friends (John, 27, single).

Some people avoid the violence and intimidation in boarding houses by withdrawing from social contact with other clients. This can exacerbates their sense of isolation resulting in more profound problems:

There's just emptiness. I can't describe it except that it's a very lonely, dark, empty place ... I'm still on antidepressants. I was put on them when I was homeless ... I was depressed all the time (Louise, 24, single parent)

As opportunities to find alternative accommodation diminish, some people stay in boarding houses for longer periods. They adapt to life in boarding houses and develop a range of coping strategies. Some people told us that if things 'went off' in their boarding house, they would sleep out for a few nights.

#### 3.5 Sleeping rough

The 2001 census reports that 14 per cent of the homeless population were sleeping rough on census night, but it is widely understood that this segment of the homeless population is difficult to count. It is also understood that some people in the secondary and tertiary population sleep rough occasionally. Figure 3.3 shows that half (49 per cent) of this sample had been in the primary population. The difference between the census figure (14 per cent) and the annual figure (49 per cent) reflects the fact that many people in the secondary population sleep rough occasionally, although they are normally in some form of temporary shelter.



Figure 3.3 Experience of street or squat by duration of homelessness (per cent)

Figure 3.3 also shows that amongst those who had been homeless for over a year, nearly two thirds (62 per cent) had slept rough, whereas amongst those who had a short-term problem, only 20 per cent had been in the primary population. There are two reasons why sleeping rough becomes more common the longer people are homeless. First, over time people's housing options decline and boarding houses become the only realistic option. However, sometimes people have insufficient funds to purchase boarding house accommodation, and other times there is no boarding house accommodation available. In both circumstances, people with long-term problems are likely to sleep rough for a few nights. Second, the long-term homeless are more likely to sleep rough as they adapt to the behaviours and cultural practices of the homeless sub-culture.

Sleeping rough impacts on people in many ways but we focus on two specific issues. First, sleeping rough has a direct impact on physical appearance. People who sleep rough struggle to shower and to eat properly and when you have no facilities it is nearly impossible to look 'normal'. This engenders a strong sense of being an 'outsider':

...I looked like a real rough nut ... didn't brush my hair, never had showers. I looked like a street person I suppose ... I looked disgusting and everyone could see I'd changed. I ended up staying in this building. It had nothing in it, it had a mattress, it had no electricity (John, 27, couple).

Second, a decline in physical appearance can intensify low levels of self-esteem. Some chronically homeless people try to avoid places where they can be seen by the public to avoid being negatively judged. Sarah told us:

I remember one time we were sleeping out in the middle of no-where ... there was somebody walking their dog ... I was so embarrassed. She must have known we were sleeping in the car, so that's when we started to move around (Sarah, 32, single parent).

The crucial point is that sleeping rough makes it difficult to maintain a 'normal' lifestyle. Things like being able to wash, prepare food, and have a safe dry place to sleep are all denied to people who have to sleep rough. Withdrawing from public view is a common strategy to avoid the stigma of living in public space but this further disconnects people from the real world. Tom said of one squat:

... we had no power or nothing ... we had to do everything by candlelight, so we just sat in that little room and had fuck all blankets ... just one mattress and trying to keep ourselves warm (Tom, 32, single).

The longer people are homeless the more pronounced are their experiences of social exclusion and the more likely they are to adapt their behaviour to survive homelessness. When people are at this stage they are deeply entrenched in the homeless population. A result of the compounding effects of social exclusion is that some people expressed little hope in their future. After being homeless for a number of years, many chronically homeless individuals had 'watched their life go past'. This experience was bought into sharp focus when they tried to 'get out' – getting back into the world is difficult when you have been excluded from mainstream institutions and immersed in a subculture that is antithetical to mainstream values.

#### 3.6 Getting out of homelessness

No matter how much a homeless way of life is accepted, no matter how much discrimination is endured, and no matter how much people adapt cognitively and behaviourally to homelessness, there is always a desire to 'get out' (Snow & Anderson 1993; Johnson 2006). For agencies such as HomeGround and the Crisis Centre, it is important to know that even the most chronically homeless people can be helped if they are given the right assistance. Assisting the chronically homeless to 'get out' requires energy, understanding and is resource intensive.

People who are homeless are confronted by a range of obstacles that make finding a home complicated, time consuming and frustrating. When we analysed people's housing circumstances at their final contact with both agencies, we found that 16 per cent of the clients had been re-housed. Amongst those who had a short term problem 20 per cent were re-housed but this declined to 14 per cent among the long-term homeless (Figure 3.4). These 'outcome' figures need to be treated with caution for two reasons.



Figure 3.4 Housed at final contact by duration of homelessness (per cent)

**Temporal Classification** 

First, high volume agencies often refer people to specialist services for assistance with mental health problems, drug and alcohol issues, financial counselling and the like. A referral to another agency does not immediately change a person's housing situation, but it may represent an important step in the complex process of getting out of homelessness. It is also possible that some clients could have gone to other services for assistance with housing and then moved to secure accommodation.

Second, HomeGround and the Crisis Centre were providing some clients with ongoing assistance to secure long-term accommodation. However, securing long term accommodation takes time. In the private market there is heavy competition for relatively few affordable rental properties. This is particularly the case in the inner suburbs of the capital cities where a range of factors have contributed to spiralling prices and an acute shortage of affordable housing. With public housing the situation is even more acute. The application process for public housing is complicated and waiting lists are long. It is possible that some HomeGround and Crisis Centre clients were receiving assistance that might lead to secure housing in the future.

Despite these qualifications, it is obvious that the majority of clients were still homeless at their final contact. The longer that people remain homeless, the more difficult it becomes for them to make the transition back to conventional accommodation. Homeless service providers have limited resources to assist their clients. In our sample most homeless people were either unemployed (51 per cent) or outside of the labour market (45 per cent). There have been some pilot projects to investigate how homeless people might get improved access to the labour market, but most agencies do not have the resources to support homeless people in these endeavours.

For many people who have been out of the labour market for a long time their job skills have atrophied. This is not the only issue they face and most have other, more pressing issues that need to be resolved. Employment is important, but policy makers need to reflect on the point that for most chronically homeless people employment is a long term goal, not an immediate one.

Homeless people face multiple constraints when it comes to access to the public and private housing markets. Housing services can provide various forms of financial assistance – including help with bonds, rent in advance and removal expenses - and housing services provide extensive assistance with public housing applications. Nonetheless, these agencies operate in a world where there is a lack of appropriate and affordable accommodation. There are 'bottlenecks' in the housing market. This makes it difficult for people to access private rental accommodation and public housing. Without improving the supply of affordable housing more people are spending longer in the homeless population. When this happens their problems tend to get worse and this makes it harder for agencies to break the cycle. Governments are the only ones with the power to make the structural changes that might improve the supply of affordable housing.



### 4 Long term support

Although agencies assist people to 'get out' of homelessness, this resolves only part of the problem for some formerly homeless people. Many people need ongoing assistance to stay out of homelessness. Research indicates that many formerly homeless households struggle to maintain their housing – a situation that becomes more pronounced the longer people have been homeless (Sosin, Piliavan & Westerfelt 1990).

People usually need assistance to stay out of homelessness because their support networks are weak. People's social networks change when they become homeless. Over time the number of domiciled friends declines and social networks are comprised almost entirely of other homeless people. People also start to identify with homelessness as a way of life, and develop additional problems in the process of surviving homelessness. When these factors combine, it tends to make those people with long histories of homelessness vulnerable to becoming homeless again. Homelessness is a complex and difficult cycle to break.

A first step is to focus on the way that these factors have direct consequences on the ability of people with long histories of homelessness to 'stay out' of the homeless population. Understanding the impact of long-term homelessness is essential for agencies because it provides an insight into the capacity of people to manage on their own. It follows, then, that the length of time people are homeless has implications for the way support resources are allocated.

#### 4.1 Episodes

Only a minority of people have a continuous experience of homelessness and it is more common for people to move in and out of homelessness. This is usually called 'episodic homelessness'. Some short-termers experience episodic homelessness, but generally the pattern becomes stronger the longer people are homeless. In our sample just over one-quarter of the short-termers had experienced two or more episodes of homelessness (Figure 4.1), whereas 76 per cent of the long-termers had been homeless on two or more occasions. This draws our attention to the fact that formerly homeless people need different amounts of assistance to maintain their housing. For some homeless people the provision of affordable, appropriately located housing is sufficient. Research suggests these are households that have typically spent less time in the homeless population, and have few issues other than being poor (Tosi 2005; Johnson 2006). Given the right material support, most of these households can successfully re-integrate into their communities.



Figure 4.1 Two or more episodes of homelessness by duration of homelessness

**Temporal Classification** 

It is much more difficult for chronically homeless people to get out of homelessness, particularly if they have developed substance use or mental health problems, or if they have experienced traumatic childhoods. The support needs of these individuals are much greater. In some cases, they need ongoing support for a number of years. We can illustrate this by briefly focusing on formerly homeless people with substance use problems who were assisted into public housing.

#### 4.2 Public housing

Many people exit homelessness into public housing. In the inner city a large amount of public housing is high rise or walk up stock. A significant proportion of this stock has been allocated to people who have complex needs and often traumatic backgrounds. This has inadvertently created a culture on some housing estates that can undermine the work done in other program areas. John, an ex-user who had been homeless for 10 years, said:

I never go out. Every time I go out I get abused, or I get into a punch up. It's living in this environment that makes me feel down (John, 27, couple).

For people trying to leave the past behind them, it is counter productive to provide them with housing where they will often encounter other people who have similar problems to themselves. The danger of slipping back into homelessness was recognised by many people. Sam knew that if he was going to stay out of homelessness, then he had to keep away from the drug using subculture:

I was terrified of going to live in the high rise flats. I knew that if I walked down Main Street I would buy heroin. You've got to make sure that you are away from things you can't control (Sam, 32, dual parent) Brian was more blunt:

There is no way people around here will break the cycle of drugs and homelessness unless they move to the other side of the city (Brian, 23, single male).

Housing workers and their clients are sometimes caught in a bind. Most homeless people are acutely aware of the limited amount of housing and some accept housing that is not appropriate for their needs. Nonetheless, it is hard for people to leave homelessness behind them when they are continually confronted by their past:

I hate this place. I'm very appreciative of it ... but it's just the people around here. Some are junkies. I can't stand it. I've nearly knocked a couple of heads off, mate, because they've left picks in the fucking laundry. You know. Crashed out on a washing machine ... and there's blood all over the place (Sam, 32, dual parent).

#### 4.3 Support

Homelessness cannot be resolved without housing, but on its own housing is insufficient to prevent the reoccurrence of homelessness for some people. Many respondents knew they needed help to maintain their housing:

At the moment I'm feeling really vulnerable. I'm trying to get help ... so I won't lose my housing. I don't want to end up back on the streets ... That's why I want counselling to be able to deal with this stress ... I just wish there was more of a program to stop people from going back on the streets (Brian, 23, single).

Another respondent commented on her feelings of vulnerability when she was left in housing with no ongoing support:

It was hard for me when I first moved in ... I was happy about having my own place, but I knew that the monsters were going to come back out of the cupboard ... I don't feel that the support goes on long enough ... I had support when I first moved in here and then ... there was no support network around me and I was on my own again (Sandy, 41, single parent).

The importance of ongoing, formal support such as that provided by an outreach worker is vital if many formerly homeless people are to maintain their housing:

You need someone to help you. It's really hard to do it without an outreach worker. You can get knocked back so many times on your own, but if you've got your outreach worker there she'll ... say things you don't even know about. When you've got your own worker you're more likely to get out of the homeless cycle (Jamie, 42, single).

There is a widespread misconception that once people are assisted out of homelessness, then they are ready to live independently. Some are, although many are not. Policy makers must recognise that the effects of long term homelessness take time to resolve. It takes time to break the cycle of homelessness and many people are caught deeply in this cycle. The provision of good quality, ongoing support can make a real difference when people are experiencing periodic crises. For Ted, support made the difference between remaining housed and being back:

... on the street. I have no family, nobody ... I'm lucky I got Trish, she's saved my arse so many times (Ted, 36, single).
#### 4.4 Isolation and stigma

One of the problems faced by those who had been homeless for a long time was that they had few mainstream friends and most battled boredom and social isolation. John had mixed feelings. On the one hand he was housed and safe. Yet, on the other hand, John was bored and frustrated by the lack of opportunities:

I want to get back to work. I miss work so bad I'm bored ... I want to get off the methadone. That's the only thing stopping me from working ... you are not allowed to operate machinery when you're on methadone (John, 27, couple).

People who are isolated and bored are more likely to re-engage with their homeless friends. This brings them back into contact with the homeless sub-culture. Some respondents were desperate to leave homelessness behind them, but they found it difficult to extract themselves from the homeless sub-culture: Pauline's comments illustrate this:

Its not easy to get out there with straight people once you've been in a world of heroin dependency and working and what not (Pauline, 33, single)

It is not only isolation and boredom that contributes to the problem of staying housed. Many people found it difficult to re-engage with the mainstream after a long absence from it. They remained at the edges of mainstream society even when they had secured alternative housing. Sam and Jane had been housed for 15 months and things were going well for them. They had addressed many of their issues and felt ready to 'move on'. Sam and Jane had tried to get into private rental accommodation but every application they put in was knocked back. As Sam said:

It's because we look like reformed junkies ... Its ridiculous mate! We tried three real estate agents and we got nothing. I can't believe it! I mean we have three kids. You would think someone would give us a go (Sam, 32, dual parent).

Some people reported that they found the stigma of being a former heroin user continued to haunt them well after they had given up:

When we go and pick up our methadone ... there are people who call us 'fucking junkies'. Everyone knows your business in this area. Do you know what I mean? (John, 27, couple)

For many ex-users, the past is not easily left behind and it takes time for them to build a new future.

When people return to conventional housing, it is essential that they create new social networks or else they remain vulnerable to further episodes of homelessness. Of course, people negotiate the transition from homeless to housed in different ways. In the case of ex-users some rely heavily on informal support from family and friends, while others require more structured approaches. Narcotics Anonymous (NA) provided John with support, structure and routine. For John, NA provided a new social network and he attended NA meetings every day.

Like many long-term heroin users, Michelle had bad teeth and she believed this identified her as a 'junkie'. Michelle covered up the telltale signs by acquiring false teeth. She found that by removing the physical signs, her self-esteem improved and she felt more confident about making new social connections. For Michelle, a new set of teeth, along with her abstinence and her stable housing, meant that she no longer saw herself as 'homeless junkie', but increasingly as a 'normal' person. It is at this point that attention can start to be directed towards other issues like education, training and employment, but not before hand.

## 4.5 Multiple strategies

Addressing the cumulative stigma of homelessness requires a range of responses. Once stable housing has been provided, it is important to nurture connections with the mainstream. At the same time, it is important to acknowledge that creating these connections can take a great deal of time, effort and persistence. Effective strategies to assist long-term homeless people must take into account the physical and psychological impact of long-term homelessness, as well as the problems that led to homelessness in the first place.

Many respondents reported they had previously been assisted 'out' of homelessness but they had 'fallen over' without ongoing assistance. Many people found that they had to 'unpack the past' before they could take control of their lives, rebuild their future and reintegrate themselves into the mainstream. John made the point that to work through the past and build a future you 'need a long term worker who helps you get to your goals – not half way there'. From both a policy and a practice perspective, it is important to recognise that some people cannot be 're-inserted' back into the mainstream without support.

The cumulative impact of long-term homelessness is significant and program designers need to be sensitive to this. Nevertheless, repeated attempts to 'get out' of homelessness highlight the resilience of homeless people. This reminds us that 'even the long-term homeless individuals cannot be written off definitely' (Snow and Anderson 1993:27). The key point to emerge from this analysis is that many long-term homeless people want to return to conventional accommodation, but they need ongoing support to make this transition.



# 5 Implications

The 2001 census found that the rate of homelessness was significantly higher in the inner suburbs of the capital cities. Across Australia, there were 53 homeless people per 10,000 of the population, or approximately 100,000 homeless people (Table 5.1). However, in inner Sydney there were 164 homeless people per 10,000 of the population and in inner Melbourne there were 149 homeless people per 10,000. In central Brisbane, the rate of homelessness was 316 per 10,000 and in Adelaide it was 548 per 10,000. We believe our findings have relevance for welfare agencies in other capital cities.

	Inner Melbourne	Inner Sydney	Inner Brisbane	Inner Perth	Inner Adelaide	Australia
Number of homeless	3,552	4,681	2,108	1,262	712	99,990
Rate per 10,000	149	164	316	109	548	53
Usual resident population	239,012	285,982	66,698	116,250	13,000	18,769,249

 Table 5.1
 Number of homeless people and rate of homelessness, inner suburbs of selected capital cities, 2001

Source: Chamberlain and MacKenzie (2004a - e)

The rate of homelessness is much higher in the inner suburbs of the capital cities. In part, this is because welfare agencies have traditionally located services for homeless people in the inner suburbs. It is also thought that homeless people migrate to the inner suburbs from regional centres, country towns and outer suburbs. Agencies in the central city deal with a diverse range of people, but many of them have long-term problems. One-fifth of the homeless people in our sample had been homeless for less than three months; another 16 per cent had been homeless for one year or longer. A substantial number of those who had a long-term problem had developed substance abuse or mental health problems since becoming homeless. When these things happen, getting out of homelessness becomes a lengthy and complicated process and many people go 'in and out' of homelessness over long periods of time.

Most homeless people in the inner city are not in SAAP/THM accommodation. Table 5.2 shows that 11 per cent of the homeless in Inner Brisbane were in SAAP accommodation on census night 2001. This rose to 15 per cent in Inner Melbourne; to 21 per cent in SAAP in Inner Sydney; and to 25 per cent in SAAP in Inner Brisbane and Perth. We found that 70 per cent of the people in our sample who had been homeless for more than a year had been in SAAP accommodation at some time, but amongst those who had a short-term problem only 29 per cent had been in SAAP. There is an acute shortage of SAAP accommodation in all the capital cities - most homeless people are not in SAAP at any point in time.



 Table 5.2
 Percentage of homeless people in SAAP/THM accommodation, census night 2001, inner suburbs of selected capital cities

	Inner Melbourne	Inner Sydney	Inner Brisbane	Inner Perth	Inner Adelaide	Australia
% in SAAP/THM	15	21	11	25	25	14

Housing workers often have no alternative but to send homeless people to boarding houses because there is no SAAP/THM accommodation available. The census found that one-third (32 per cent) of the homeless in Inner Perth were in boarding houses on census night; in Adelaide, Melbourne and Sydney, between 50 and 60 per cent of the homeless were in boarding houses on census night; and in Inner Brisbane, two-thirds (67 per cent) of the homeless were in boarding houses. We found that 70 per cent of homeless people with a short-term problem had been in a boarding house, as had 80 per cent of people with a medium-term problem, and 90 per cent of people with a long-term problem. Boarding houses are an integral part of the system of emergency accommodation in the inner suburbs of the capital cities. Boarding houses are a key site where new homeless people meet longer-term homeless people and are introduced to the rules, recreational activities and routines of the homeless sub-culture.

 Table 5.3
 Percentage of homeless people in a boarding house, census night 2001, inner suburbs of selected capital cities

	Inner Melbourne	Inner Sydney	Inner Brisbane	Inner Perth	Inner Adelaide	Australia
% in a boarding house	59	56	67	32	49	23

This report has shown that the homeless population is temporarily diverse, with some people experiencing short-term homelessness while others remain homeless for much longer periods of time. However, the dominant pattern in the inner city is long-term homelessness and many clients have substance use and/or mental health problems. In order to stem the rise in homelessness we focus on three strategies: (1) early intervention to slow the flow of people into the homeless population; (2) increased SAAP/THM accommodation in the inner city and improved strategies to support people with mental health and/or substance use issues; and (3) long-term support – or 'postvention' – to assist formerly homeless people to maintain their accommodation.

### 5.1 Early intervention

There has been increasing emphasis on early intervention strategies in the homeless literature since the late 1990s. There are different perspectives on what early intervention means, but most approaches take the view that helping people before they become entrenched in the homeless population is economically sensible and morally desirable. In Australia, the debate about early intervention has focused on young people and significant new resources have been directed towards early intervention by most state governments (Reid, Griffin & Murdoch 2005:351-359). The Commonwealth Government has funded the Reconnect program which provides assistance to young people who are either 'at risk' or in the early stages of homelessness. There are currently 98 reconnect services across the country and funding has been extended for a further four years (Reid, Griffin and Murdoch 2005: 354). Early intervention strategies have typically focused on reuniting young people with their families. Where this is not possible, the focus has been on assisting young people to stay at school and make the transition to independent living.

	Short-term (N=818)	Medium-term (N=647)	Long-term (N=2,622)	All (N=4,087)*
12 - 18	18	25	50**	39
19 - 24	20	19	18	19
25 or older	62	56	32	42
TOTAL	100	100	100	100

Table 5.4 Age first homeless by duration of homelessness (per cent)

\* Information on 95 per cent of cases

\*\* This includes four per cent of people who reported that they were under 12 when they first experienced homelessness.

There were few early intervention services in the past. The mean age of homeless people in this sample was 28, but 39 per cent of respondents had first experienced homelessness when they were 18 or younger. Table 5.4 shows that one-fifth (18 per cent) of clients with a short-term problem had their first experience of homelessness when they were 18 or younger, but half of those who had a long-term problem first became homeless when they were teenagers. When strategies are not in place to assist homeless teenagers to reunite with their family or make the transition to independent living, then some teenagers make the transition to chronic homelessness becomes more complicated (Johnson 2006). When housing workers assess clients, they always need to enquire when the person first became homeless, and to recognise that they may be dealing with adults who became homeless as teenagers – and have adapted to a homeless way of life.

Although 39 per cent of the sample became homeless as teenagers, the majority (61 per cent) had their first experience of homelessness as adults. Adult early intervention strategies are a more complex proposition and are less well developed. The reasons for this include the diverse range of issues that result in housing instability for adults, as well as the varied biographical experiences of those who become homeless as adults. These factors make it difficult to find sites from which to deliver early intervention (Chamberlain & Johnson 2002a). It is not impossible, however, and refining adult early intervention strategies remains an important goal. Most adults who become homeless are in contact with Centrelink. Centrelink is the most obvious site for delivering early intervention, or referring clients to appropriate services.

HomeGround and the Crisis Centre work primarily with adults who have been homeless for significant amounts of time, but there is a sizable minority for whom early intervention would be an appropriate response. When those who were 'at risk' are combined with those who had experienced less than three months of homelessness, then just under one-third of the sample could be considered as candidates for 'early intervention'. It is important for both agencies to identify the most effective strategies for working with these clients.

#### 5.2 Increase supported accommodation

In the inner city, housing workers struggle with full case loads that are generally comprised of clients who have been homeless for long periods and who have many issues to resolve. This highlights two points: there is insufficient support for clients who have substance use and mental health issues; and there is a lack of affordable accommodation options in the capital cities for people on low incomes. Housing workers often refer homeless people to boarding houses because there is no alternative accommodation available. As we have seen, boarding houses are widely used in Melbourne, Sydney, Brisbane and Adelaide. Boarding houses are places where violence, intimidation and drug use are common. Putting vulnerable people into boarding houses increases the possibility they will become involved in the homeless subculture.

In October 2006, *The Age* newspaper ran a series of articles that highlighted the poor quality of many boarding houses in inner Melbourne. Welfare agencies often use these boarding houses as emergency accommodation for homeless people. The ensuing reaction highlighted the dilemma that housing agencies face. On the one hand, the former Housing Minister, the Honourable Candy Broad, said 'that referral agencies should not be dealing with substandard providers' (*The Age* October 14 2006). On the other hand, the Minister did not specify where homeless people should be sent when there is no emergency accommodation available. The harsh reality is that welfare agencies refer homeless people to boarding houses because this is no alternative but the streets. Boarding houses are part of the system of emergency accommodation. State governments have to provide more SAAP/THM accommodation and more affordable housing, if they want welfare agencies to divert people away from boarding houses. The Minister's subsequent announcement of \$6.6 million 'to fund case workers trained to intervene before vulnerable people slide into homelessness' (*The Age*, 28 October 2006) was an important early intervention initiative. However, many people who use boarding houses are long-term homeless and for these people the opportunity for early intervention is over. There is an urgent need for more SAAP/THM accommodation with appropriate support services.

There are many people in the homeless population with substance use issues and mental health problems and more than half have developed these issues after becoming homeless. Clients often present to welfare agencies seeking a referral to a detoxification facility or wanting support with mental health issues. This is always a critical moment and it is crucial to get the right sort of assistance quickly. However, there are always waiting list for these services. People become disillusioned and the opportunity for intervention is soon lost. There should be increased funding so that these agencies can respond more effectively.

#### 5.3 Long-term support or 'Postvention'

The Support Accommodation Assistance Program (SAAP) in Victoria assumes that most homeless people will need an average of 13 weeks support. Some homeless people do have a short-term crisis and return to secure accommodation with relative ease. However, many homeless people in the inner city have experienced years of homelessness and this has led them to become deeply involved in the homeless sub-culture. This, in turn, has shaped their routines, their behaviour and their attitudes towards the mainstream. Chronically homeless people have often been in SAAP/THM accommodation on a number of occasions. Many identify with homelessness as a 'way of life', and some have experienced multiple episodes of homelessness. It takes a great deal of time to assist those with long-term problems to return to conventional accommodation.

When people with long-term problems are assisted to return to accommodation, they rarely have strong social networks with friends or relatives who are housed, nor do they have a range of casual acquaintances in their local community. It is common for formerly homeless people to experience social isolation and boredom when they are re-housed – because they are not in paid employment and most of their friends and acquaintances are still in the homeless sub-culture. Our respondents often complained about isolation and boredom and 'having 'time on their hands'. Without a meaningful role to perform or new social networks to engage with, people sometimes return to their former homeless friends and acquaintances to pass the time. This can compromise their capacity to 'stay out' of homelessness, particularly if they return to substance use.

A more realistic approach to the provision of long-term support is necessary. This has to recognise that most people take time to rebuild their lives after returning to stable housing. Many people experience a wide range of problems that have to be resolved. These include staying 'clean' and sober, rebuilding personal self-confidence and rebuilding domestic routines. It also takes time for people to rebuild relations with their family, and to develop new friends in their local community. Unless Governments fund ongoing support to help formerly homeless people to remain housed, it is clear that some people will experiences further episodes of homelessness. When this happens the costs to the individual and to the community are high.

Early intervention is important, but there are many people in the homeless population who have longterm problems. It is essential that governments fund programs that provide long-term support for formerly homeless people. By reducing the number of people who cycle in and out of homelessness, it would be possible to free up resources that are currently directed towards helping people survive homelessness. Agencies try hard to get people out of homelessness and they do provide homeless people with assistance to secure long-term accommodation. However, most agencies do not have the resources to provide long-term support and some people who return to conventional accommodation end up becoming homeless again.

In Australia there has been considerable effort directed towards developing a better understanding of homelessness. This report has shown that to understand why homelessness is difficult to resolve it is important to examine how long people have been homeless. A focus on 'duration' shows that all people who experience homelessness face significant structural barriers, but these constraints become more acute the longer people are homeless. Staying out of homelessness is a complex issue and different groups require different solutions. For some people, affordable housing is sufficient. For others, it is a combination of affordable housing and ongoing support.

We have argued that homelessness is best understood as a process, but resolving homelessness must also be considered a process – a process which varies in intensity and complexity depending on how long people have been homeless and the extent to which they have adapted to a homeless 'way of life'. Agencies provide valuable assistance to homeless people, but there are not enough resources to change the lives of all of the people who contact agencies for assistance. It should come as no surprise that the lack of adequate income and affordable housing remain the most significant structural barriers that homeless people face. The challenge facing all of us is to foster the political will to address these structural problems.

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46

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