

Maximising Impact

Baseline results
from a longitudinal
study of new tenants
in social housing

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Unison Housing

Unison is a not-for-profit organisation that provides a range of services to foster strong communities. Unison develops, owns and manages social, transitional and affordable housing. In addition, Unison provides commercial property management, owners corporation management, and cleaning and grounds services. Unison currently manages 2,500 social and affordable properties, 280 transitional properties and 150 private rental properties. These properties include rooming houses, stand-alone units and apartments in multi-storey buildings. Unison also provides assistance to 3,500 households who are homeless or at risk of homelessness in Melbourne's west each year.

About the Unison Housing Research Lab

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

For more information go to:

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The aim of the Unison Housing Research Lab *Research Report* series is to develop a clearer understanding of who Unison works with, and identify areas where systems development is required. This series involves deep analysis of administrative data collected by Unison Housing to drive decision making. The Lab also produces a *Think Piece* series. This series critically examines theories and evidence that are influential in the areas of social housing and homelessness, and that are pertinent to Unison's mission, policies and practice.

Disclaimer

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Executive Summary

In 2017, the Board of Directors at Unison Housing Ltd (Unison) endorsed a program of research to be undertaken by the Unison Housing Research Lab over a five-year period. The centrepiece was the design and implementation of a **longitudinal panel survey called Maximising Impact**. Over a two-and-a-half-year period, Maximising Impact will follow a sample of **new Unison tenants** to determine which factors contribute to tenancy sustainment and tenancy satisfaction, as well as community and economic participation.

Despite scholarly interest in these issues, and their obvious policy and practice relevance, existing Australian studies provide limited theoretical and empirical insight into the processes and mechanisms that are associated with social housing tenancy sustainment and other individual outcomes. The selection of a longitudinal panel approach examining the experiences of new social housing tenants in different housing forms spread across a range of geographic locations with different socio-economic profiles is designed to address this gap.

This Research Report is the first of three Maximising Impact reports that will examine new tenancies over a 30-month period from tenancy commencement. The report presents key findings from the baseline survey of **170 new tenants**, conducted between May 2018 and April 2020. The second and third Maximising Impact reports will examine factors associated with patterns of tenancy sustainment and changes in tenancy satisfaction and other individual outcomes, which can only be answered with longitudinal data. Thus, our aims in this report are quite modest given that we only have one wave of data.

We have three key aims in this report

01

First, we establish the respondents' characteristics.

02

Second, we aim to establish if levels of vulnerability and disadvantage vary between respondents with different housing biographies.

03

Third, to contextualise our findings, where possible, we compare respondents' characteristics to the general Australian population or to the characteristics of participants from the *Journeys Home* study, a rigorous and comprehensive longitudinal study of severely disadvantaged Australians undertaken by the University of Melbourne between 2011 and 2014.

Analytical framework

Respondents were classified into three groups based on their prior housing experiences.

- The first group were new tenants who had **never been homeless**, and they account for 16% (n=27) of our sample. Tenants in this group are more likely to be single people aged over 50.
- Nearly one third (n=56) of the sample had previously experienced homelessness but they had only ever stayed with friends or family, or in a refuge, crisis or transitional accommodation, without *ever* sleeping rough or squatting. We classified this group as the **secondary homelessness** group. Tenants in this group are more likely to be single parent families with dependent children, and to be aged in their 20s and 30s.
- The third group had a wide range of homelessness experiences, but were differentiated from the secondary homelessness group by the fact that **they had slept rough or squatted at some point in the past**. There were 87 people in this group, and we refer to them as the **primary homelessness** group. Tenants in this group are more likely to be aged in their late 30s and early 40s, and slightly more likely to be male than female.

Key findings

Despite numerous studies involving social housing tenants we know surprisingly little about their characteristics from pre-existing data sources, apart from some general demographic information and the fact that most new allocations into social housing are to households deemed to be 'in greatest need'. The term 'greatest need' refers to a very specific and limited set of housing experiences, and more detailed information about the attributes of social housing tenants is difficult to obtain.

Although community housing providers may all be working with a large number of 'greatest need' households, it is quite possible they work with different populations of disadvantaged households. We need to know more about the demographic and biographic characteristics of community housing tenants as these have significant implications for tenancy satisfaction and tenancy sustainment.

This is particularly pertinent for community housing organisations that house high numbers of people that have a history of homelessness if the aim is to prevent repeat episodes of homelessness, and at the same time, remain financially viable.

The report presents **clear evidence of severe and chronic disadvantage among new Unison tenants**. The degree of disadvantage is most severe among those that had previously experienced primary homelessness. More specifically, the report shows that:

The respondents' housing histories are characterised by extreme instability.

- 84% had been homeless in the past, and two thirds were homeless immediately prior to starting their tenancy;
- Nearly 60% have previously had a social housing tenancy.

New tenants at Unison are chronically disengaged from the labour market.

- 9 in 10 were reliant on Centrelink payments as their main source of income;
- On average, participants had been receiving Government payments for 8 years, and it had been 7 years since they last had a job.

The report presents strong evidence that many participants grew up in circumstances suggestive of family strain.

- Nearly one third (29%) had been in the State out-of-home care system, with the rate rising to 41% among those that had ever experienced primary homelessness.

The respondents' mental and physical health is poor.

- Over 8 in 10 (84%) have been diagnosed with a chronic health condition, and nearly half report three or more chronic health conditions, with the rate rising to 93% among the primary homeless group;
- Two thirds (65%) have been diagnosed with a mental health condition, and just under half (43%) were receiving treatment at the time of interview.

Rates of problematic alcohol and drug use are high.

- Across most measures, drug and alcohol use exceed rates in the general community by anywhere from 2-6 times. While injecting drug use is heavily concentrated among the primary homelessness group, alcohol consumption is more evenly distributed across the sample, as is tobacco smoking.

The respondents' financial situation is precarious and many reported that they had to go without essential items and/or had to rely on welfare agencies for assistance.

- Over 85% had experienced financial stress in the previous six months, including going without food (44%), and seeking financial assistance from family/friends (48%) or a welfare agency (62%).

For most people, there is clear evidence their lives have been punctuated by physical and sexual violence.

- Prior to the age of 18, 56% reported experiencing physical violence and 42% reported experiencing unwanted sexual contact;
- Women were more than twice as likely than men to report unwanted sexual contact prior to the age of 18, and 5 times more likely than men to report experiencing this as adults.

Respondents rated having a home as very important, and most people felt safe in their accommodation.

- When asked to rate the importance of different aspects of their lives, respondents rated having a home the most important, followed by their health, and then by their financial situation;
- Friends and community engagement were rated as less important on average. It is possible that this may change over time.

The report set out to establish the degree and severity of disadvantage among Unison tenants. **The evidence shows that Unison houses severely disadvantaged households.** These tenants have many experiences in common – particularly low income, long-term labour market disengagement, and housing instability – but vary widely in other measures, such as their physical and mental health, drug and alcohol issues, and their experiences of violence.

These differences are likely to impact on tenancy sustainment and tenancy satisfaction, but it is also foreseeable that other tenancy details will play a role, such as the location, size, and condition of the dwelling; neighbourhood and neighbours; and Unison's tenancy and property management approach. The impact of these factors will be examined in subsequent Maximising Impact reports.

Finally, the report shows that the disadvantage reported by the participants is chronic rather than temporary. This is important for policy makers, politicians and the public to recognise. Despite three decades of economic prosperity, the benefits are not evenly spread across the community and some people miss out. For some of the participants, their disadvantage emerged early in their lives, for others it occurred later, but disadvantage rarely leaves quickly. The salient point and one that COVID-19 is now shining a bright light on, is that a strong safety net that includes social housing is essential to protect the most vulnerable members of the community and offer them the best chance of living a good life.

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Introduction

Social housing¹ policy is increasingly focused on tenant satisfaction and tenancy sustainment. Over the last two decades, policy makers here and overseas have endorsed a mixed tenure approach, often combined with community building, as a way of lifting both measures.

Yet, studies point to a wide range of factors that contribute to tenancy satisfaction, tenancy sustainment and other individual outcomes. For instance, governance arrangements, individual tenant attributes and aspirations, dwelling location, and dwelling characteristics and design are all thought to contribute (Galster, 1987).

In future reports, when we have collected more longitudinal data, we will look at these additional factors and examine their association with rates of sustainment and satisfaction, as well as how, and why, they change over time.

In this report we limit our focus to the biographical experiences and characteristics of new tenants, as they also contribute to tenancy outcomes, but are fixed at the beginning of the tenancy. A focus on individual attributes is particularly relevant given that social housing tenants are increasingly drawn from a population characterised by chronic disadvantage and complex needs rather than just low income. Households with complex needs can make sustaining tenancies and creating thriving communities more challenging for social housing providers (Bleasdale, 2007).

In the next section we examine empirical literature that describes the characteristics of social housing tenants in Australia. Following this, we describe the research design and assess the typicality of our sample, before presenting the results of the baseline survey. The final chapter summarises the key findings and presents our recommendations.

Characteristics of social housing tenants: What do we know?

Social housing tenancies are nowadays generally drawn from very disadvantaged populations, but this wasn't always the case. In the mid-20th century, many social housing tenants were employed, and public housing was viewed as a stepping stone to home ownership. That started to change in the 1980s and '90s when successive Commonwealth governments began to limit their fiscal commitment to public housing (Jacobs *et al.*, 2010). As States and Territories matched Commonwealth funding, the financial position of State Housing Authorities (SHAs) steadily deteriorated and many found themselves in deficit, and with stock that was beginning to age.

One result of the ongoing fiscal challenges was that SHAs began to restrict housing allocations to those 'most in need' or the 'worst off' households, a process referred to as the **residualisation of social housing**. Clear evidence of the residualisation of social housing is that, in 2016/17, 4 out of 5 social housing allocations went to households deemed to be in 'greatest need'.²

It might be thought that, given this policy shift, there would be quite detailed information available on the characteristics of social housing tenants, and particularly on the greatest need tenants. There isn't. Indeed, what we know about social housing tenants is limited to broad demographic indicators, and even this information is often unavailable for Community Housing Providers (CHP). According to the latest

¹We use the term social housing here to refer to community and public housing.

²AIHW. Table Priority 1 <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

information published by the Australian Institute of Health and Welfare (AIHW), females make up the majority of social housing tenancies (61.6%), just over one in three (38.9%) social housing tenants report a disability, and 11.7% of all social housing tenancies identify as from an Aboriginal or Torres Strait Islander background.

From the AIHW data we also know that social housing tenants in Australia are more likely to be single (55%), while sole parents account for 12.9% and couples with dependent children a further 3.3%. At June 30 2017, the main source of income for public housing tenants was the Disability Support Pension (28.1%), followed by the Age Pension (25.4%). The Newstart Allowance accounted for 11% and income from working 7.4%, but information on the source of income for community housing tenants was not available.³

Beyond basic demographic attributes, information that establishes the degree of disadvantage of social housing tenants, and the complexity of their circumstances, is remarkably poor. One possible way to obtain more detailed information on the level of disadvantage is to examine the characteristics of social housing tenants deemed in 'greatest need'. According to the AIHW,⁴ 'greatest need' refers to low-income households meeting the following criteria:

If, at the time of allocation, household members were subject to one or more of the following circumstances:

- They were experiencing homelessness;
- They were at risk of homelessness, including:
 - Their life or safety was threatened within existing accommodation;
 - A health condition was exacerbated by existing accommodation;
 - Their existing accommodation was inappropriate to their needs; and
 - They were experiencing very high rental costs.

Over an eight-year period between 2009/10 and 2016/17, the proportion of community housing allocated to those in greatest need increased from 63.1% to 86.4%, while the proportion of public housing allocated to those in greatest need remained relatively steady at around 72-74%.⁵

In 2016/17, among those identified as in greatest need, 45.5% who were allocated a property in community housing. 53.1% of those allocated a property in public housing were homeless. 54.5% of those allocated a property in community housing and 38.5% of those allocated a property in public housing were at risk of homelessness.⁶ However, the reasons why households were 'at risk' were only available for public housing tenants, with most (19.3%) reporting their lives or safety were at risk, and just over one in 10 (11.1%) reporting an existing health condition was aggravated by their housing. A small number reported their housing was inappropriate (6.7%) and 1.4% reported they were at risk of homelessness because of the high cost of their housing.⁷

Being identified as greatest need, and thence becoming a priority household within the social housing system, makes a difference. Households identified as 'greatest need' get into public housing much more rapidly than other households. Indeed, over 60% were allocated housing in six months or less, with just over 1 in 10 waiting 2 years or more. For other households (those not in greatest need) over half waited for 2 years or more for their housing allocations, while fewer than 1 in 4 were allocated social housing within six months.⁸ Information on wait times for community housing was not available.

The extant data provides some insights into the social housing system and the households that use it, but it does not tell us a great deal about social housing tenants generally, or community housing residents more specifically. For instance, the homeless are treated as a relatively homogeneous group, despite numerous homelessness studies suggesting otherwise – the issues a chronically homeless person faces are often of a different order of magnitude to someone whose homelessness is directly attributable to an economic shock (e.g. job loss). Indeed, the biographical and experiential diversity of Australia's homeless population is what makes homelessness such a challenging policy issue.

The same issue holds true for those deemed 'at risk'. No doubt a low-income household experiencing high rental costs may be at risk of homelessness, as is a low-income household whose accommodation was inappropriate for their needs, but the spectrum of individuals affected would likely include households

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whose concerns are centred on poverty through to those with multiple, complex and enduring needs.

In summary, being identified as 'greatest need' is of immense importance to the housing outcomes experienced by individual households, but the way 'greatest need' is defined and operationalised obscures possible variation in the characteristics of social housing tenants. This means that housing providers are likely to be working with different populations of disadvantaged households, ranging from those with relatively low needs through to those with high needs. This has significant implications for tenancy satisfaction and sustainment, as well as the financial viability of community housing providers.

In the next section we discuss the research approach we employed to elicit detailed information on the biographical and social characteristics of Unison tenants.

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³AIHW. Table Tenants 9. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/social-housing-tenants> Accessed on 15 June 2020.

⁴AIHW. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

⁵Table Priority 1. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

⁶Table Priority 2. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

⁷Table Priority 2. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

⁸Table Priority 7. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/priority-groups-and-wait-lists> Accessed on 15 June 2020.

Research Approach

The study was designed as a longitudinal panel study with three waves of data collection. A panel study follows the same cohort of people, in this case new tenants. We selected new tenants rather than existing tenants to ensure a common starting point for the subsequent analysis. This report examines the data from the first survey, but also outlines the subsequent surveys (Wave 2 and Wave 3) for which the first survey provides the baseline for comparison.

Baseline survey instrument

The baseline survey instrument was designed to identify the characteristics of the sample as well as measuring other factors that are known, from existing literature, to influence tenancy sustainment and tenancy satisfaction. The instrument involved structured questions that elicited quantitative data in 10 domains:

- Personal details
- Education and training
- Income and employment
- Financial stress
- Physical well being
- Trauma
- Housing
- Neighbourhood and community
- Social support
- Experience of violence

In designing the instrument, we reviewed existing survey instruments to provide opportunities for comparison. We drew extensively upon survey instruments from Journeys Home, as well as utilising standardised tests where possible.

Recruitment for baseline survey

Recruitment of participants began in May 2018. At this time, all Unison Place Managers⁹ were instructed to inform new tenants about the study during signup and to ask if they would be interested in participating in the study. If a tenant indicated they were interested they signed a 'Consent to Contact' form. This form was forwarded to the researchers, who then attempted to contact the tenant and arrange an interview.

Over the period May 2018 to April 2020,¹⁰ there were 575 tenancy signups and, of these, 468 (69%) returned a consent form. Of the 468 who returned consent forms, 314 agreed to participate. If an interview was not conducted within three months of the research team receiving the consent form, the tenant was deemed out-of-scope. Of those that provided the research team with consent to be contacted 170, or 54%, were interviewed.

Conduct of baseline surveys

The baseline surveys were primarily conducted face-to-face at the participant's home. On average, interviews lasted between 40-80 minutes. In most instances, interviewers recorded responses on a hard copy of the survey, which was later entered into Qualtrics, an online survey platform. In a small number of cases data was entered directly into Qualtrics.

Research Approach

Initially, members of the research team undertook the interviews. Respondents were informed of the partnership between RMIT and Unison and were assured responses were confidential and that only specific RMIT staff would have access to survey data. In mid-2019, the Lord Mayor's Charitable Foundation provided a grant to fund a research assistant, who subsequently undertook all the interviews.

In recognition of their time, participants were given a \$25 voucher. Approval for the study was obtained from RMIT University's Human Research Ethics Committee.¹¹

Subsequent surveys

Subsequent surveys (Wave 2 and Wave 3) for the Maximising Impact study are to be conducted with the same group of tenants, at yearly intervals, whether or not they stay in Unison housing.

The instrument used in Wave 2 and Wave 3 differs from the baseline survey. It focuses on changes in respondents' circumstances since the previous interview, and all questions relating to personal and biographical information obtained in the baseline survey are removed.

Assessment of Sample Representativeness

Not everyone who started a tenancy during the data collection period was interviewed. This raises an issue of whether those who agreed to participate are different in some way from those who did not, a problem known as sample selection bias. To assess if the sample is more or less representative of all new tenants at Unison, we compared the characteristics of our sample with those we did not interview but who started a new tenancy during the data collection period. Unison collects a limited amount of biographical information for their administrative records, which restricted the comparison to six variables.

The relative frequencies (see Appendix Table A1) of the Maximising Impact respondents are similar to the relative frequencies reported in the wider Unison tenancy population – men and women are evenly represented in both groups, and place of birth and income source results are virtually identical. We observe some differences in the household type and also the proportion who identify as Indigenous, but the differences are modest and not statistically significant. Our respondents were younger, on average 6 years younger, but the overall age distribution differences are modest. Overall, the results suggest our sample is not biased in any particular way when compared to the wider Unison tenancy base, but we recognise that only a limited number of variables are used to assess representativeness.

The baseline survey instrument was designed to identify the characteristics of the sample as well as measuring other factors that are known, from existing literature, to influence tenancy sustainment and tenancy satisfaction.

⁹Place Managers manage a portfolio of properties, typically around 120, and work closely with Unison facilities and community engagement teams.

¹⁰The full dataset of comparison Unison tenancies includes tenancies that started in the during a break in Maximising Impact data collection between January 2019 and May 2019. It also includes approximately 100 tenancies started after tenants transferred from another Unison Property.

¹¹RMIT University Human Research Ethics Committee Project Number: 21196 (7/5/2018).

Tenant Housing Biographies

In the following sections we examine the characteristics and survey responses of our sample in greater detail. We start by examining the respondents' housing experiences prior to commencing their tenancy with Unison.

Table 1 shows that the respondents had spent time accommodated in a wide range of places. Nearly 60% had been housed in social housing previously, which raises questions about tenancy sustainability given that the majority of tenants have already exited a social housing tenancy in the past.

One third had lived in private rental but a significant minority had also spent time in institutional forms of accommodation – 1 in 3 had spent time in a psychiatric hospital or emergency ward, nearly 1 in 4 had been in a Drug and Alcohol Rehabilitation Centre and 1 in 5 had been in prison.

Many respondents had also been homeless – 84% reported they had experienced homelessness at some point in their lives compared to about 13% in the general community (Chamberlain and Johnson, 2015). Half (50%) had slept rough at some point in the past, and many had engaged with homelessness services previously, as indicated by the substantial minority who had spent time in crisis (45%) and transitional (39%) accommodation.

Immediately prior to starting their tenancy with Unison, two thirds were homeless, one quarter were housed, and 5% were in institutional accommodation.

Table 1: Housing experiences prior to Unison, ever, %

Ever stayed in...	%	Housing classification
Social housing – public or community	58.8	Housed
Private rental	75.3	
Hotel/Motel/Boarding house – temp	50.6	Secondary homelessness
With family member	67.1	
With friends	61.2	
Caravan park	27.7	
Refuge – Domestic Violence	11.8	
Refuge – Youth	14.1	
Crisis accommodation	44.7	
Transitional accommodation	39.4	Primary homelessness
Sleeping rough	50.0	
Squatting	24.1	
Rehab – Drug & Alcohol	24.1	Institution
Hospital – Psychiatric or emergency	34.7	
Prison	20.0	

Existing studies show that the experience of homelessness varies, as does its impact, with a previous experience of homelessness linked to a higher probability of a subsequent spell of homelessness (Johnson *et al.*, 2018). With this in mind, and the high rate reported here, we slightly modified Chamberlain and Mackenzie’s (1992) cultural definition of homelessness¹² to gain greater analytical purchase on the baseline data.

We classified respondents’ housing experiences into three distinct groups. The first group were those that had **never been homeless**, and they account for 16% (n=27) of our sample. Nearly one third (n=56) of the sample had only ever stayed with friends or family, or in a refuge, crisis or transitional accommodation. We classified this second group as those who had previously experienced **secondary homelessness** but not primary homelessness. The third group has the widest range of homelessness experiences but what distinguished them from the secondary homelessness group was that they had slept rough or squatted (experienced primary homelessness) at some point in

time. There were 87 people in this group, and we refer to them as the primary homelessness group (those who had **ever experienced primary homelessness**). A summary of the three housing biography groups is provided in Table 2.

These groupings refer to tenants’ all-time housing experiences, not necessarily to their housing status immediately prior to commencing their Unison tenancy.

84% reported they had experienced homelessness at some point in their lives compared to about 13% in the general community.

Table 2: Housing biography groups

Group name	Definition	n	% of total (N=170)
Primary homelessness	Tenants who had ever previously (at any point in time) experienced primary homelessness (sleeping rough or squatting).	87	51%
Secondary homelessness	Tenants who had previously (at any point in time) experienced secondary homelessness (staying with friends or family, or in a refuge, crisis or transitional accommodation), but who had never experienced primary homelessness.	56	33%
Never homeless	Tenants who had never experienced homelessness.	27	16%

¹²Chamberlain and Mackenzie identify three segments in the homeless population – primary homelessness, which includes people sleeping rough and in squats, secondary homelessness which includes people in emergency accommodation, as well as those staying temporarily with family or friends, and tertiary homelessness which refers to people living in boarding house.

Housing biographies and demographic characteristics

Table 3 summarises the demographic characteristics of the respective housing biography groups. From this, we find that in the primary homelessness group there were more men (55%) but also a significant proportion of women (44%). Among those who

had never experienced homelessness, there were substantially more men (59%) than women (41%), but among the secondary homelessness group the pattern is reversed, with women accounting for nearly two thirds of this group (64%).

Table 3: Demographic characteristics, by housing biography group, %

	Primary homelessness (n=87)	Secondary homelessness (n=56)	Never homeless (n=27)	TOTAL N=170
Gender				
Female	43.7	64.3	40.7	50.0
Male	55.2	33.9	59.3	48.8
Non-binary	1.1	1.8	-	1.2
TOTAL	100	100	100	100
Household type				
Single	75.9	58.9	81.5	71.2
Couple	5.7	1.8	7.4	4.7
Couple with children	1.1	3.6	-	1.8
Single with children	16.1	32.1	-	18.8
Other	1.1	3.6	11.1	3.5
TOTAL	100	100	100	100
Age				
0-18*	1.1	-	-	0.6
19-24	11.5	23.2	-	13.5
25-34	12.6	21.4	18.5	16.5
35-44	35.6	19.6	11.1	26.5
45-54	26.4	12.5	22.2	21.2
55-64	10.3	16.1	18.5	13.5
65 plus	1.1	1.8	29.6	5.9
unknown	1.1	5.4		2.3
TOTAL	100	100	100	100
<i>Mean (years)</i>	<i>40.8</i>	<i>38.0</i>	<i>53.7</i>	<i>42.0</i>
Born in Australia	74.7	57.1	55.6	65.9
Indigenous	7.7	6.3	-	4.1

Single people without dependent children were the most common household type across all three housing biography groups, accounting for 71.2% of all respondents, and 81.5% of the never homeless group (Table 3). The proportion of single person households is lower in the secondary homelessness group (58.9%). However, across all housing biography groups, the proportion of single person households is higher than the rate reported in Australian social housing (55%).¹³ This reflects Unison's heritage (and present stock profile) of working with single people. Single person households make up only 24% of the Australian population, and 55% of social housing tenants in Australia,¹⁴ but are 71% of the Maximising Impact sample and 74% of all new Unison tenants (see Table 1, Appendix).

We can also see from Table 3 that single parent households were more common among the secondary homelessness group (32.1% of this group) than in other housing biography groups. Among the never homeless group there were no households with children, either headed by singles or by couples. Across all housing biography groups, couples (with or without children) were not common, comprising less than 4% of each group.

Single person households make up only 24% of the Australian population, and 55% of social housing tenants in Australia, but are 71% of the Maximising Impact sample and 74% of all new Unison tenants.

Respondents that had experienced homelessness (either secondary or primary) were markedly younger, on average, than those that had never been homeless. The average age for the never homeless group (53.7 years) was more than a decade older than that of the primary homelessness group (40.8 years) and the secondary homelessness group (38.0 years).

In addition to different average ages, the proportions of younger and older tenants differ between the housing biography groups. Tenants aged under 35 make up a large proportion of the secondary homelessness group (44.6%), but much smaller proportions of both the primary homelessness group (25.2%) and the never homeless group (18.5%). Conversely, tenants aged 55 or over make up nearly half (48.1%) of the never homeless group, but very small proportions of the primary homelessness group (11.5%) and the secondary homelessness group (17.9%).

The very different age distributions across housing biography groups are likely to reflect a combination of factors: non-Unison specialist services for youth experiencing homelessness; age ranges for women with dependent children (who, in turn, make up a large proportion of the secondary homelessness group); and a growing cohort of older Australians experiencing more, not less, precarious income and housing later in life (Darab & Hartman, 2013; Peter *et al.*, 2014).

The primary homelessness group were more likely to have been born in Australia (74.7%) than the secondary homelessness group (57.1%) and the never homeless group (55.6%). 25% of participants spoke a language other than English at home. The most common countries of birth, aside from Australia, were Ethiopia (5.9%), Somalia (2.9%), and the United Kingdom (2.4%). 11.2% of participants were born in sub-Saharan Africa, 4.7% were born in North Africa or the Middle East, 4.1% were born in Southern or Eastern Europe, and 3.5% were born in South East Asia. Participants were born in other world regions,

¹³AIHW. Tenants Table 5. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/social-housing-tenants> Accessed on 15 June 2020.

¹⁴Lone person households made up 24.4% of household types at the 2016 Census of Population and Housing. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/036

often in small numbers, with a total of 35 different countries of birth recorded in the survey. Rather than being suggestive of particular cultural groups in the Unison tenant population, this is more suggestive of a 'superdiverse' service population (Williams & Mikola, 2017).

All Indigenous respondents reported they had previously experienced homelessness, with the proportion split evenly between homelessness types: 7.7% of the primary homelessness group and 6.3% of the secondary homelessness group were Indigenous.

The **never homeless group** are much more likely to be single and aged over 50 than are the other housing biography groups. The fact that they have never been homeless may be indicative of the importance of their social housing tenancy; without this, they may well have entered into the growing cohort of older Australians experiencing homelessness for the first time.

The **secondary homelessness group** are more likely than other groups to be single parent families with dependent children, aged in their 20s and 30s. They are more likely to be female than male.

The **primary homelessness group** are much more likely to be aged in their late 30s and early 40s, and slightly more likely to be male.

All Indigenous respondents reported they had previously experienced homelessness.



Housing biographies and housing insecurity

In Table 4 we look more closely at the housing experiences of the three housing biography groups. The housing experiences of the primary homelessness group were noticeably poorer than the secondary homelessness group, whose experiences were in turn worse than those that had never been homeless. The primary homelessness group (47.1%) were twice as likely as the secondary homelessness group (20.4%) to have received a Notice to Vacate (NTV) or to have been formally evicted, and three times more likely than the never homeless group (15.4%).

About half the primary homelessness group (49.4%) self-reported that they had previously left a place because they could not afford it, whereas 30.9% of the secondary homelessness group and 22.2% of the never homeless group had. Table 4 also shows that on average 4.4 years had elapsed since the primary homelessness group last had a permanent home, 1.8 and 2.3 years longer than the secondary homelessness group and the never homeless group, respectively. There was further differentiation with respect to the number of times respondents had moved in the 12 months prior to the beginning of their tenancy: a mean of 3.4 times for the primary homelessness group, 2.0 for the secondary homelessness group, and 0.6 times for the never homeless group.

Table 4 also indicates that the experience of homelessness varied. Among the primary homelessness group nearly two thirds had their first experience of homelessness when they were 24 years of age or younger, 20 percentage points higher than the secondary homelessness group, and their average age at the first experience of homelessness (24.5 years) was 5 years younger than for the secondary homelessness group (29.7 years). This difference is important, given that an early entry into homelessness is associated with more protracted experiences of homelessness, as well as poorer non-housing outcomes such as health and employment (Scutella *et al.*, 2013).

Early entry into homelessness is suggestive of chronic family strain. Another housing experience indicator is the proportion of respondents that had spent time in the out-of-home care system, which

is linked to homelessness generally, and protracted homelessness more specifically (Johnson and Chamberlain, 2008; Mendes *et al.*, 2011).

Nearly one third (29%) of all respondents reported they had spent time in foster care when they were growing up. Respondents that had experienced primary homelessness (41.2%) were three times more likely to have been in foster care than the secondary homelessness group (14.3%), but 1 in 5 that had never been homeless had also been placed in the out-of-home care system at some point in the past. The findings relating to the primary homelessness group are not surprising in light of existing literature, but the high rate among the never homeless is surprising.

In short, there are clear signs in all of the respondents' housing histories of housing insecurity, but the degree of insecurity varied, with respondents that had experienced more extreme forms of homelessness also reporting higher levels of housing insecurity across other measures.

In short, there are clear signs in all of the respondents' housing histories of housing insecurity, but the degree of insecurity varied.

Table 4: Experiences of housing insecurity and homelessness, by housing biography group

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Ever left a place because could not afford, %	49.4	30.9	22.2	39.1
Ever received a NTV or been formally evicted, %	47.1	20.4	15.4	33.5
Last time had a permanent home (mean, years)	4.4	2.6	2.1	3.4
Number of moves last 12 months (mean)	3.4	2.0	0.6	2.5*
Homelessness				
Ever been homeless, %	100	100	-	84.1
Age first homeless (mean, years)	24.5	29.7	-	26.5
As a young person (0-24), %	63.9	43.4	-	55.8
As an adult (25-44), %	25.3	39.6	-	30.9
As an older person (45 plus), %	10.8	17.0	-	13.2
State out-of-home care, %	41.2	14.3	22.2	29.3

*Does not include latest move.

VIGNETTE 1

Paul

Paul* is a single man in his fifties, with no children. He was born in Europe and raised in Australia from a young age. Paul grew up in an abusive home. Paul spent his twenties and thirties in full-time employment and shared a home in Coburg with his wife.

After his marriage fell apart at 40, Paul found himself homeless for the first time. He then spent almost a decade living on and off the streets. Sometimes Paul stayed in emergency accommodation or crisis accommodation. Other times, he stayed in motels. It was during this period that Paul became addicted to heroin.

Two years ago, Paul was able to get the support he needed to stop using heroin. A year later, his social worker connected him with Unison. Just prior to moving into his Unison apartment, he had been living in emergency accommodation. This was stressful for Paul as he had begun to change his life and he wanted a permanent home.

Paul is very satisfied with his apartment, likes the area where he is living, and feels safe. Paul's apartment is modern and centrally located and is part of a block of similar apartments. His housing is secure, with a fob required to enter both the building and his apartment.

Paul is living with several health conditions, both physical and mental. He enjoys being close to local health services and living in an area that is well-serviced by public transport. Despite his health issues, Paul reports his general health to be much better than it was a year ago.

Paul finds it challenging to occupy himself now that he has stable housing, saying he has too much free time on his hands. This makes him anxious. Paul has little social contact as he has distanced himself from the people he knew when he was using drugs, and he is yet to meet new people. Paul knows he could easily go back to using drugs, but he is committed to improving his health and maintaining his home.

**Not his real name. The three vignettes used in this report are composite cases to protect the identity of respondents.*

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Education

Australian studies indicate the educational attainment of disadvantaged households is lower than the general population (Considine and Zappala, 2002). Local and international studies of the homeless report similar findings, with levels of educational attainment even lower among those who report experiences of persistent or chronic homelessness (Phelan and Link, 1999).

We asked respondents what the highest level of high school they completed was. Table 5 shows that just under half of respondents (40.6%) had completed Year 12, 30% had completed Year 10 or 11, and just over one quarter (26.5%) had only completed Year 9 or below at school.

Here, two wider comparisons are informative: the Journeys Home study (comprising a large cohort of disadvantaged Australians) and the Census of Population and Housing (drawn from the wider Australian population).

Compared to the Journeys Home study, the highest level of high school completed among the Maximising Impact respondents does not differ substantially: 40.6% of Maximising Impact respondents had completed Year 12, compared to 39.7% of Journeys Home respondents. However, there is a substantial difference with regards to tertiary education. The proportion of Maximising Impact respondents that had a degree (11.8%) was much lower than reported in Journeys Home (27.8%). This difference is largely attributable to the low level of tertiary qualifications reported among those who had previously experienced homelessness: 10.7% of the secondary homelessness group, and 8.0% of the primary homelessness group, had completed a tertiary qualification, while the rate among the never homeless group was relatively high (22%).

Compared to the wider Australian population drawn from the 2016 Census, the Maximising Impact respondents differ in the upper and lower levels of educational attainment, more so than in the

middle: the rate of Year 12 completion for Maximising Impact respondents (40.6%) is lower than that of the wider Australian population (46.6%), but not by a substantial amount. There is greater variation from the wider Australian population in the proportion of respondents with a university qualification (11.8% in Maximising Impact, compared to 22% in the Census), and in the proportion of respondents who had completed Year 9 or below: 26.5% in Maximising Impact, more than four times the rate in the Census, 8%.

Compared to the wider Australian population drawn from the 2016 Census, the Maximising Impact respondents differ in the upper and lower levels of educational attainment, more so than in the middle.

In the wider Australian population, leaving high school at Year 9 or below is very uncommon (8% of adults at the 2015 Census), but this is not the case for the Maximising Impact respondents. However, as with many other indicators, there is considerable variation within the respondents according to their respective housing biographies. Indeed, we can see from Table 5 that the educational attainment of the primary homelessness group was noticeably lower than the secondary homelessness group and the never homeless group – they left school, on average, at a younger age, fewer completed Year 12, and for over one third (36.7%) their formal schooling ended at Year 9 or below. The educational attainment of the secondary homelessness group and the never homeless is similar, with the exception of tertiary education rates. However, respondents that had slept rough had not fared well in the education system.

Table 5: Education, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home	Comparison: Australian ¹⁵ Census 2016
Highest year of school completed						
Year 12	31.1	50.0	51.9	40.6	39.7*	46.6**
Year 10 or 11	31.1	32.2	22.2	30.0	39.5	15.7
Year 9 below	36.7	16.0	14.8	26.5	20.3	8.0
Missing information/ unknown	1.1	1.8	11.1	2.9	1.1	
TOTAL	100	100	100	100	100	
Age left school (mean years)	15.6	16.8	16.5	16.1	-	
Completed Bachelor degree	8.0	10.7	25.9	11.8	27.8	22.0
Currently enrolled in course	12.6	30.4	7.4	17.6	NA	NA

* Table 15, P31, Report 1, Journeys Home examines highest educational attainment. For comparison we combine tertiary and year 12 results assuming individuals with a tertiary degree have completed Year 12.

** For comparison to Census data we also combine tertiary education and Year 12 completion assuming that individuals with a tertiary degree have completed Year 12.

We also asked if anyone was currently enrolled in some form of educational or vocational activity. In future reports we will examine if there is a link between housing stability and satisfaction and the uptake of educational/vocational activities, but at baseline we can see that nearly one in three of the secondary homelessness group were currently enrolled in a course, more than double the rate reported among the primary homelessness group. The very low rate reported among the never homeless group likely reflects their older average age.

¹⁵https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/036

Income, employment and financial stress

Low educational attainment makes entry into the paid work force challenging, and unstable housing makes holding down a job difficult. In the context of the residualisation of social housing, it is not surprising that nearly 90% of respondents are reliant on government payments – just under half (44.1%) were receiving a Disability Support Pension (DSP), Age Pension, or some other Government pension related to labour force non-participation (NILF), and 43.5% were receiving unemployment benefits. Some respondents were in paid employment but they were a small minority (11.8%).

However, the overall results obscure substantial variation in the respondents’ labour market participation. In Table 6 we can see that fully one

quarter (25.9%) of those who had never been homeless were in paid employment, whereas just over 1 in 20 of the primary homelessness group were in paid employment, a considerable difference. The never homeless group were also more likely to be outside of the labour market than other housing biography groups: NILF comprised 59.3% of the never homeless group, 36.8% of the primary homelessness group, and 48.2% of the secondary homelessness group. The primary homelessness group were much more likely to be unemployed, with the rate of unemployment fully 20 and 40 percentage points higher than the secondary homelessness and the never homeless groups respectively. Despite the variation between housing biography groups, the overall pattern indicates that the respondents’ connections to the labour market are weak.

Table 6: Primary income source, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home
NILF	36.8	48.2	59.3	44.1	50.1
Unemployed	57.5	35.7	14.8	43.5	29.9
Wages	5.7	14.3	25.9	11.8	20.1
Other	-	1.8	-	0.6	-
TOTAL	100	100	100	100	

Not in Labour Force = DSP, Parenting payment, Aged Pension, Special, AusStudy. **Unemployed** = Newstart, Youth Allowance, Other.

In Australia, the dominant narrative about poverty is that people who fall below the poverty line generally do so for a brief amount of time (Headey *et al.*, 2005). For Unison tenants this does not appear to be the case. Table 7 presents labour market engagement metrics. The results suggest that long-term exclusion from the labour market and the attendant poverty is a common experience for Unison tenants. On average, Maximising Impact respondents have not worked for over 7 years, and have been receiving government pensions for, on average, 8 years. While a substantial majority had previously held a full-time job (70%),

fewer than one in three (30.1%) had looked for a job in the previous month. While this may have been compounded by the need to organise the move into new accommodation and the overall high number of respondents outside of the labour force, the never homeless group appears to be particularly disengaged from the labour market. Again, this likely reflects the fact they are, on average, considerably older.

Overall, our findings suggest the respondents are not a group that has recently fallen on hard times – they have been disengaged from the labour market and caught well below the poverty line for a long time, and the likelihood of this changing would appear to be slim.

Overall, our findings suggest the respondents are not a group that has recently fallen on hard times – they have been disengaged from the labour market and caught well below the poverty line for a long time.

Table 7: Labour market engagement, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
How long receiving Govt payment (mean, years)	8.3	6.9	11.2	8.2
How long since last in paid work (mean, years)	7.2	5.7	11.5	7.4
Looked for work in last four weeks (%)	33.3	30.0	16.7	30.1
Ever had full time job (%)	78.0	56.3	70.0	70.0*

*Does not include those currently in paid employment

Most respondents were reliant on government income, and it is well known that government payments, particularly Newstart,¹⁶ are extremely low in comparison to wider Australian income levels. Many studies report that Centrelink recipients commonly experience sustained financial stress (Morris and Wilson, 2014).

We asked respondents a series of six Yes/No questions to gauge the level of financial stress they might have experienced in the previous six months, once again using questions drawn from the Journeys Home survey. In Table 8 we see that financial stress is

common (85%), but also that the different experiences of financial stress are unevenly distributed between housing biography groups. Nearly two thirds (62.1%) of the primary homelessness group have gone without food, whereas just under 1 in 5 of the never homeless group had.

Indeed, across every measure, bar two, we observe the same patterns: the primary homelessness group report higher rates of financial stress, followed by the secondary homelessness group, and then by the never homeless. Furthermore, these differences are often quite large. 94.3% of the primary

¹⁶Subsequently rebadged by the Federal Government as JobSeeker.

Analysis of Selected Survey Responses

homelessness group answered 'yes' to at least one financial stress question, compared to 85.7% of the secondary homelessness group and 55.6% of the never homeless. In only two instances does the pattern change: the secondary homelessness group are more likely to ask family or friends for financial assistance and they are slightly more likely to struggle to pay their bills, compared to other housing biography groups.

In Table 8, the similarity with financial stress indicators in Journeys Home is striking; and, given that these rates are very high, this is disconcerting. In both Journeys Home and Maximising Impact well over 80% of respondents had recently experienced some form of financial stress, and across most individual measures the prevalence of financial stress was similar.

However, there is one important point of difference between Journeys Home and Maximising Impact. Whereas just over 40% of Journeys Home participants had asked a welfare agency for assistance, nearly two thirds (61.8%) of our sample had. The patterns for comparison to Journeys Home then reverse with respect to assistance from family or friends; the rates

are much lower for Maximising Impact respondents. There are a number of possible explanations – Maximising Impact respondents may have fewer friends, their families might have fewer resources, they may not have a family, or they may be estranged from them. But the broader point is that, without support from family or friends, they appear to be more reliant of the welfare system to provide financial support than the wider cohort of disadvantaged Australians in the Journeys Home study.

While there is little evidence of a link between gambling and homelessness, it is widely acknowledged that gambling has a devastating impact on low-income communities and individuals (Francis, *et al.*, 2017) and can contribute to housing instability. We wanted to investigate this and so we asked respondents a series of questions about their gambling behaviour and the impact of gambling on their lives. Table 9 shows that while just over a quarter of respondents (28.2%) reported they had spent money on gambling in the last 12 months, it was typically small amounts at occasional events like the Melbourne Cup, a few dollars into a “pokie” machine, or a game of poker.

Table 8: Financial stress in the last six months, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home
Gone without food	62.1	28.6	18.5	44.1	46.3
Had to pawn/sell something	48.3	37.5	18.5	40.0	43.0
Asked welfare agency for material assistance	73.6	58.9	29.6	61.8	43.8
Asked for financial help – family or friends	46.0	58.9	33.3	48.2	60.3
Unable to pay bills	36.8	37.5	25.9	35.3	35.1
Unable to pay fines	42.5	21.8	3.7	29.6	-
YES to at least one of the above	94.3	85.7	55.6	85.3	85.7

Table 9: Gambling, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Spent money gambling in last 12 months	32.2	14.3	44.4	28.2
Gambling caused problems for you or your family	5.7	-	3.7	3.5
Kept from friends/family how much you gamble	5.7	1.8	7.4	4.7
Financial troubles as a result of your gambling	6.9	-	-	3.5
Affected by another person's gambling	18.4	7.1	3.7	12.3

Regular gambling was not an issue for the overwhelming majority of respondents. As Table 9 shows, fewer than 5% of the sample reported that their gambling caused problems with their family, that they hid the amount they gambled from family or friends, or that gambling caused them financial troubles. More respondents reported that someone else's gambling affected them (12.3%), but the number was small nonetheless. While there was slight variation across the housing biography groups, Table 9 indicates that gambling is not much of an issue for Unison tenants except for a tiny minority for whom gambling could imperil their housing. For most respondents, gambling consists of an occasional flutter.

Physical wellbeing

Maximising Impact collects a wide range of information on respondents’ physical and mental health. Over time, as more Maximising Impact surveys are completed, we will examine if there are changes in the health status of respondents. In this report, however, our goal is to establish the health status of respondents when their tenancies commenced, and to see if there was any variation based on their housing biographies.

Table 10 presents a summary of the respondents’ self-assessed current general health (from “Excellent” or “Very good” through to “Fair” or “Poor”). Two patterns stand out. There is a clear association between self-assessed health and housing biography, with just 14% of those who had experienced primary homelessness reporting to be in good or very good health, compared to around 30% for those who had never been homeless or had experienced secondary homelessness only. At the other end of the self-assessed health scale, over half of both the

never homeless and the primary homelessness groups report that their health is fair to poor. This likely reflects the fact the never homeless group are, on average, aged in their 50s, and age is strongly associated with increased rates of chronic health conditions. For the primary homelessness group, the reasons for reporting poor health are not entirely clear, although studies consistently report that more protracted and chronic experiences of homelessness are strongly associated with poorer physical and mental health (Scutella *et al.*, 2013). However, without data on the *duration* of the respondents’ homelessness experiences, we can only speculate.¹⁷

There is a clear association between self-assessed health and housing biography.

Table 10: Self-assessed general health, by housing biography group, %*

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Excellent/Very good	13.8	33.9	29.6	22.7
Good	31.0	35.7	18.5	30.6
Fair/Poor	55.2	30.4	51.8	46.4
TOTAL	100	100	100	100

* See appendix Table A2 for full data

¹⁷It is often assumed that individuals who sleep rough are chronically homeless. Studies show that there is considerable variation in the number of times, as well as the amount of time, people sleep rough, and that not all people who sleep rough are chronically homeless (see Chamberlain & Johnson, 2015; Johnson and Watson, 2018).

Table 11: Prevalence of chronic health conditions by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home	Comparison: Victorian Population ¹⁸ Health Survey 2017
Diagnosed any listed condition*	94.3	73.2	77.8	84.7	64.2	57.8
Two or more chronic health conditions	80.5	44.6	70.4	67.1	-	25.5
Three or more chronic health conditions	58.6	32.1	48.1	47.6	-	-
Long-term condition causing restrictions	71.3	60.4	63.0	66.5	48.9	-

*Conditions include: heart and circulatory problems; diabetes; asthma; chronic bronchitis or emphysema; cancer; liver problems; arthritis; gout or rheumatism; epilepsy; kidney disease; hepatitis C; chronic neck or back pain; acquired brain injury; bipolar affective disorder; schizophrenia; depression; PTSD.

While just over half of the respondents (53.3%) assess their health as good or better, Table 11 shows that the number of chronic health problems reported by the participants is substantial (85%), more so when we compare them with rates in Journeys Home, or with the Victorian Population Health Survey. Diagnosed health conditions are more common among the primary homelessness group, with just over 9 in 10 respondents in this group reporting at least one diagnosed health problem. Just under half (47.6%) of all the respondents report at least three or more chronic health conditions. We also asked respondents if they had any health conditions that restricted their everyday activities. Given the high incidence of poor self-reported health and chronic health conditions, the fact that two thirds (66.5%) reported their health has a material impact on their day-to-day lives comes as no surprise.

We also asked respondents about any short-term health conditions they may have (or had recently) and drew on the nine health problems identified in the Journeys Home study to provide a point of comparison. As shown in Table 12, the most commonly reported health problems were sight problems (23.1%), hearing problems (21.9%), migraines (27.8%), and gastric problems (19.5%). The primary homelessness group reported the highest rates across six of the nine health problem measures (sight, hearing, migraines, ear, eye and skin infections). And, as a group, a slightly larger proportion of the Maximising Impact sample reported health problems on most measures against the Journeys Home sample.

¹⁸Victorian Population Health Survey 2017. <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Table 12: Health problems last six months, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home
Sight problems not corrected by glasses	26.7	16.1	25.9	23.1	13.0
Hearing problems	30.2	7.1	25.9	21.9	11.1
Migraines	34.9	23.2	14.8	27.8	25.6
Stomach ulcers	3.5	3.6	3.7	3.6	5.6
Eye infection	5.8	3.6	-	4.1	4.0
Ear infection	12.8	3.6	3.7	8.3	9.1
Skin infection	14.0	7.1	7.4	10.7	11.9
Pneumonia	2.3	1.8	3.7	2.4	3.2
Gastric problems	18.6	21.4	18.5	19.5	13.6

Psychological wellbeing and trauma

Along with being in poor physical health, the psychological wellbeing of the respondents was also quite poor, with just over two thirds (64.7%) reporting they have been diagnosed with at least one of the five listed mental health conditions (Table 13).

Rates of diagnosed mental health conditions are highest among the primary homelessness group, with

80% reporting at least one mental health issue, with depression being the most common. There is no clear pattern with respect to mental health conditions and the secondary homelessness and never homeless groups. The secondary homelessness group reports slightly higher rates across most of the individual mental health conditions, but in total a slightly higher number that had never been homeless report a diagnosed mental health problem (58.1%) compared to the secondary homelessness group (48.2%).

Table 13: Diagnosed mental health condition, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home
ABI	16.1	1.8	7.4	10.0	NA
Bi-polar disorder	16.1	12.5	11.1	14.1	11.0
Schizophrenia	16.1	8.9	7.4	12.4	8.9
Depression	75.9	44.6	37.0	59.4	53.5
PTSD	37.9	17.9	14.8	27.6	19.7
Any of the above	80.5	48.2	58.1	64.7	61.7

Table 14 provides some indication of the severity of the respondents’ mental health issues – one third had been hospitalised because of mental health issues, and just under half (42.6%) were currently receiving treatment for mental health issues. The rate of hospitalisation is unevenly distributed across housing biography groups, with nearly half the primary homelessness group (47.1%) reporting they had been hospitalised, whereas only one in ten of the never homeless group had.

Table 14: Treatment for mental health condition by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Ever hospitalised for mental health issue	47.7	30.9	7.4	35.7
Currently receiving treatment for mental health issue	47.1	39.3	33.3	42.6

We measured current levels of psychological distress using a standardised tool called the Kessler 6 (K6), a well-regarded and accepted tool that facilitates comparisons of psychological distress between groups and/or over time (Kessler *et al.*, 2002). Respondents were asked six questions and asked to rate their answer to each question on a five-point scale, with responses of ‘none of the time’ scoring zero and ‘all of the time’ scoring four. Total scores ranged from 0-24. We grouped K6 scores into low, medium, and high levels of psychological distress to match the approach used in Journeys Home. A K6 score of 0-12 was indicative of low distress, 13-18 medium levels of psychological distress, and 19-24 high levels of distress. Just over 12% of the primary homeless group reported high levels of psychological distress, almost twice the rate reported among the secondary homeless group (7.4%) and three times the rate reported among the never homeless group (3.7%).

Along with being in poor physical health, the psychological wellbeing of the respondents was also quite poor, with just over two thirds (64.7%) reporting they have been diagnosed with at least one of the five listed mental health conditions.”

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Table 15: Psychological distress score, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home
Low (0-12)	55.2	59.3	66.7	58.3	71.4
Medium (13-18)	32.2	33.3	29.6	32.1	21.8
High (19-24)	12.6	7.4	3.7	9.5	6.9
TOTAL	100	100	100	100	100
Average score	13.1	11.8	9.1	9.9	8.8

When we compare the results to Journeys Home, we observe that Maximising Impact respondents are more likely to have high and medium levels of psychological distress. One possible explanation for this is that we undertook the baseline interviews when participants had just moved into their housing. Although this was an improvement on their previous housing, a number of studies indicate that the process of moving in and settling into a new place is a particularly stressful situation, especially for single men exiting homelessness (Scutella and Johnson, 2018).

We also calculated the average K6 scores for psychological distress, which confirm the patterns reported above from counting distress scores in groups: on average Maximising Impact respondents reported higher levels of psychological distress than Journeys Home respondents (an average score of

9.9 compared to 8.8), and among the Maximising Impact respondents the primary homelessness group reported the highest level of psychological distress (an average score of 13.1).

The link between trauma and chronic housing instability and homelessness is well documented (Johnson *et al.*, 2011). In policy and practice circles there is increasing emphasis on the provision of Trauma Informed Care (TIC), a practice that requires service providers to be aware and sensitive 'to the way in which clients' presentation and service needs can be understood in the context of their trauma history' (Wall *et al.*, 2016, p.9). However, what 'trauma informed' housing management practice might look like is unclear. Maximising Impact collects information on trauma using a standard set of questions designed for the general population, which provides a useful point of comparison.

Table 16: Ever experienced trauma, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Gen. Australian population ¹⁹
Ever experienced trauma	93.1	74.5	55.6	81.1	57.4

¹⁹Rosenham, S (2002). 'Trauma and posttraumatic stress disorder in Australia: findings in the population sample of the Australian National Survey of Mental Health and Wellbeing', *Australian and New Zealand Journal of Psychiatry*, 36: 515–520.

Table 16 shows that just over 80% of respondents reported some form of traumatic experience during their lifetime, which is 16 percentage points higher than reported in the wider Australian population. We can also see the experience of trauma is not distributed evenly across our sample – those who have never been homeless report the lowest rate (55.6%), lower than the other housing biography groups, and also slightly lower than the general community. Respondents who had experienced primary homelessness reported a much higher rate (93.1%), with over 9 in every 10 indicating they had experienced a traumatic event. The latter result is consistent with rates reported among the chronically homeless (Johnson *et al.*, 2011).

Drugs and alcohol

Existing studies show that problematic drug use is associated with housing instability, and there is a perception in the community that illicit drug use is common among social housing tenants (Mee, 2004). We asked respondents a range of questions about their past and current use of drugs, both legal and illegal, as well as alcohol. We asked the participants if they had ever injected illicit drugs and about a quarter (26.6%) said they had. This is substantially higher than the rate reported in the general community (1.6%). Participants that had previously experienced primary homelessness were three times more likely (42.5%) than the secondary homelessness group (12.5%), and 10 times more likely than the never homeless (2.7%), to report they had *ever* injected illicit drugs.

There are signs that many people were addressing or had addressed issues with illicit drugs. The prevalence of *recent* injecting drug use was markedly lower: 8% reported they had injected illicit drugs in the 6 months prior to the survey, with recent use most common among the primary homelessness group (12.6%) but next to non-existent among the secondary homelessness group and the never homeless group (3.6% and 0%, respectively). Further, many respondents had sought help with their drug use, with 29% reporting they had previously received help, and 13% indicating they were currently receiving assistance.

Participants that had previously experienced primary homelessness were three times more likely (42.5%) than the secondary homelessness group (12.5%), and 10 times more likely than the never homeless (2.7%), to report they had ever injected illicit drugs.

Table 17: Drug and alcohol use by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Gen. Australian population
Ever injected illicit drugs	42.5	12.5	3.7	26.6	1.5²⁰
Injected illicit drugs in last 6 months	12.6	3.6	–	7.6	0.3²⁰
Ever treated for drug problems	45.9	12.5	7.4	28.6	–
Currently treated for drug problems	23.5	1.8	3.7	13.1	–
Drinks alcohol	66.7	55.4	59.3	61.8	78.8
Drinks alcohol every day	15.8	19.4	6.3	15.4	5.9²¹
Ever treated for alcohol problems	26.7	17.9	4.0	20.5	
Currently being treated	9.3	1.8	–	5.4	
Smokes cigarettes	71.3	41.1	42.3	56.8	15.0

Excessive alcohol use is also linked to poor housing and health outcomes. Most of the respondents (62%) drank alcohol but, unlike injecting drug use, the prevalence was lower than what is reported in the general community (78.8%).²² However, while respondents were less likely to drink alcohol than the general community, among those that did drink alcohol, about 1 in 8 (15%) drank every day. This is over twice the rate reported in the general community (6%). A further sign that alcohol is an issue for some people is that 20% had previously received treatment for alcohol problems, and 5% were still receiving treatment. The results show that many respondents do not drink, and many others drink only moderate amounts, but there is a minority for whom excessive alcohol consumption is a problem.

We also sought information from the participants about tobacco smoking, which is a costly activity along with having well-established adverse health consequences. Across Australia, the prevalence of smoking has been steadily declining and currently about 15% of adult Australians smoke.²³ Among respondents, 57% reported they smoked, approximately four times the rate reported in the general community. However, making a comparison to the wider Australian population will invariably show a large disparity because it ignores the fact that the prevalence of smoking is strongly associated with socio-economic status and is more common in lower income households – across the country 22% of people in the lowest or the most socio-economically

²⁰AIHW. <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-who-inject-drugs> Accessed on 8 August 2020. The results are not directly comparable as the AIHW refers to injected in last year, whereas we ask about injecting behaviour in the last 6 months.

²¹AIHW. <https://www.aihw.gov.au/getmedia/a2b21e6b-1389-4920-aa9b-c343b605ed13/aihw-phe-221-AODTSInfographic-Alcohol.pdf.aspx> Accessed on 9 August 2020.

²²The National Health Survey asked a slightly different question – they asked How many Australians drank in the last 12 months: ABS 2018. National Health Survey, First Results, 2017-18. ABS cat. no. 4364.0.55.001. Canberra: ABS.

²³Australian Bureau of Statistics. 4364.0.55.001 – National Health Survey: First Results, 2017-18.

disadvantaged quintile smoke.²⁴ Thus, the socio-economic connection to smoking should be noted, but even in comparison to a similarly disadvantaged population, the smoking rate observed among Maximising Impact participants is high.

In summary, the observed patterns of drug and alcohol use are consistently higher in the sample than reported in the general community, even when we take into account socio-economic status. Across most measures, drug and alcohol use exceed rates in the general community by anywhere from 2-6 times. While injecting drug use is heavily concentrated among the primary homelessness group, alcohol consumption is more evenly distributed across the sample, as is smoking. It is important to note, however, that most, indeed a significant majority of respondents, were not injecting illicit drugs, and never had; and that most respondents either did not drink, or did so in moderation.

Many respondents do not drink, and many others drink only moderate amounts, but there is a minority for whom excessive alcohol consumption is a problem.



²⁴Greenhalgh, E.M., Bayly, M. & M. Scollo (2020). Trends in the prevalence of smoking by socio-economic status. In Greenhalgh, E.M., Scollo, M.M. and Winstanley, M.H. (eds) *Tobacco in Australia: Facts and issues*. Melbourne, Cancer Council Victoria. <https://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-7-trends-in-the-prevalence-of-smoking-by-socioec>. Accessed on August 5 2020.

Lillian

Lillian is aged in her twenties and is a single mother with a daughter in primary school. She was born in West Africa. She arrived in another Australian state in 2009 with her mother and siblings and completed Year 12 there. She speaks English fluently. Lillian moved to Melbourne two years ago with her daughter and a friend, largely motivated by the fact that her ex-boyfriend was violent and was still threatening her.

When Lillian and her friend stopped getting along, Lillian's housing situation deteriorated. In the year before moving into the Unison unit, she and her daughter moved multiple times between short-term living arrangements in the western suburbs. First, they sublet a room from a woman who advertised through informal channels, but the woman's husband asked them to leave. They spent time couch surfing and squatting. Most recently she and her daughter had sublet a garage. This was stressful because the head tenant was bad tempered and specifically stated that he did not like children.

Lillian is extremely satisfied with her Unison flat and with the neighbourhood, rating both 10 out of 10. She feels very safe and likes being at home. She is less satisfied with her contact with friends, and with family relationships. She also doesn't particularly feel part of the local community. Her mother passed away several years ago, and though she is in weekly contact with her siblings, they still live interstate. She knows very few people in Melbourne.

Lillian has no history of substance abuse and she is actively looking for work. However, with few personal contacts in Melbourne, she is left to search through formal job advertisements and she has been very disappointed and disheartened by this process. She had previously been in paid work when living interstate and she has TAFE certificate qualifications in care work and hospitality. Since her daughter recently turned eight, Lillian has been moved from a Centrelink parenting payment to Youth Allowance.

At the time of the Maximising Impact baseline interview, the privacy and comfort of her Unison unit and the company of her daughter were the aspects of her life which Lillian talked about most positively.

Violence and safety

Many participants’ lives have been punctuated by experiences of physical and sexual violence and this often started at a young age. Table 18 shows that prior to the age of 18 over half (57.1%) had been physically beaten and 42% reported unwanted sexual contact. Violent experiences as adults, both physical and sexual, were less common but the prevalence was still high nonetheless, with over one quarter (28.6%) reporting unwanted sexual contact and over one third (35.4%) reporting they had experienced physical violence in the last 12 months. In Table 18 we can also see that people who had been homeless are much more likely to have experienced physical or sexual violence as both young people and adults than those that have never been homeless. The rates are highest among those who had experienced primary homelessness.

Violence is a strongly gendered social issue, so we investigated if there were any gendered patterns in the experiences of violence.

Table 18: Experiences of violence by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Physical punished or beaten prior to age of 18	67.9	51.1	37.0	57.1
Unwanted sexual contact prior to age of 18	54.9	32.7	20.0	42.3
Unwanted sexual contact as an adult	33.3	29.2	12.0	28.6
Experienced physical violence in last 12 months	46.3	32.7	7.4	35.4
Of those that experienced violence, % that reported the crime to the police	42.1	43.8	50.0	42.9

It is well documented that violence is a strongly gendered social issue, so we investigated if there were any gendered patterns in the experiences of violence. We found little difference between men and women with respect to physical violence – just over half of men and women had experienced physical violence prior to the age of 18, and just over a third had experienced physical violence in the last 12 months (Table 19). Women, however, were much more likely

to report sexual violence – 56% of women reported unwanted sexual contact prior to 18, double the rate reported by males (26.6%). As adults, women were five times more likely than men to report unwanted sexual contact (47.4% against 9.5%). For men who had experienced violence in the last 12 months, in 8.3% of cases the perpetrator was a current or former partner. For women, this rate was over seven times higher, at 61.3%.

Analysis of Selected Survey Responses

Table 19: Experience of violence by primary tenant's gender, %

	Female n=85	Male n=83	TOTAL* N=170
Physically punished or beaten prior to age of 18	56.4	58.1	57.1
Unwanted sexual contact prior to age of 18	55.7	28.0	42.3
Unwanted sexual contact as an adult	47.4	9.5	28.6
Experienced physical violence in last 12 months	39.2	31.2	35.4
Of those that experienced violence, % that reported the crime to the police	45.2	37.5	42.9

*Total includes figures for non-binary gender participants, n=2

Violent experiences can have a lasting impact on people's wellbeing and their trust in others. When we examined how safe people felt in their home and in their local area, we found that most respondents felt safe or very safe at home during the day, and also at night; although, the proportion reporting they felt safe or very safe in their home at night dropped in a fairly uniform manner across all the groups (approximately 8-13 percentage points), as shown in Table 20. We examined if there were gendered patterns in the data, and with respect to how safe people felt, and we once again found a stronger relationship with gender than with an individual's housing history.

Table 20: Proportion that feel very safe or safe at home and in local area, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
At home – day time	86.2	83.9	88.9	85.9
At home – night time	72.4	70.9	81.4	73.4
Walking in the local area – day time	76.7	76.4	77.7	76.8
Walking in the local area – night time	47.0	30.1	37.0	40.0

Table 21: Feel very safe or safe, by primary tenant's gender, %

	Female	Male	Comparison: Females in VIC	Comparison: Males in VIC ²⁵
At home – day time	85.9	86.8	-	-
At home – night time	69.1	78.3	-	-
Walking in the local area – day time	69.9	83.1	-	-
Walking in the local area – night time	26.8	51.8	44.0	78.8

Female respondents felt less safe than men, both being at home alone or walking in their local neighbourhood.



More specifically, we find that over 80% of men and women feel safe or very safe at home during the day. At night at home, and walking in the neighbourhood both day and night, women report feeling less safe than men, with the difference ranging from 9 to 33 percentage points lower (Table 21). Female respondents felt less safe than men, both being at home alone or walking in their local neighbourhood. This pattern is similar to the wider community: data from the Victorian Women's Health Atlas indicates that 44% of women felt safe walking alone at night, compared to 78.8% of men.²⁶ The Women's Health Atlas data also indicates that perceptions of safety vary by location. Future Maximising Impact reports will investigate whether there are geographical as well as gender trends in the respondents' perceptions of safety.

²⁵VicHealth Indicators Survey 2015. Accessed on 20 September 2020. <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/General/VicHealth-Indicators-Survey-2015-Supplementary-report-Gender.pdf>

²⁶The Victorian Women's Health Atlas compiles data from "more than 50 health and socioeconomic indicators for Victoria at statewide, regional and local government area level". <https://victorianwomenshealthatlas.net.au/>

The source for its perceptions of safety data is the VicHealth Indicators Survey 2015. <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/General/VicHealth-Indicators-Survey-2015-Supplementary-report-Gender.pdf> Accessed on September 20 2020.

Satisfaction and importance ratings

Numerous studies around the world measure life satisfaction and there are many different ways of measuring it. Life satisfaction attempts to measure the 'degree to which a person positively evaluates the overall quality of his/her life as a whole' (Toker, 2012: 190). We asked respondents to indicate how satisfied they were with their life overall, on a scale of 0 (very unsatisfied) to 10 (very satisfied). The results, summarised in Table 22, show that most respondents are satisfied with their life overall, with two thirds (64.5%) reporting a score of 6 or more. These results are consistent with the Journeys Home study (62.4%).

There is also a clear relationship with a person's housing history and their level of overall life satisfaction, with the percentage of respondents reporting overall satisfaction with their lives declining from 77.8% among the never homeless group to 61.6% among the primary homelessness group. We also calculated the average scores to compare with the broader community.

On average, Australians rate their general satisfaction with life²⁷ at 7.3 – the same as the never homeless Maximising Impact respondents. Not surprisingly, respondents who had previously experienced homelessness tend to be less satisfied with their lives.

Table 22: Life satisfaction (0-10), by housing biography group

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL	Comparison: Journeys Home	Comparison: Australian population
Not satisfied (0-5), %	38.4	37.5	22.2	35.5	37.6	
Satisfied (6-10), %	61.6	62.5	77.8	64.5	62.4	
Average score	5.8	6.2	7.3	6.2	6.3	7.3

Having a home was rated the most important (mean score 8.86), with respondents rating their health and financial situation as the next most important (mean score 8.76).

We also asked respondents to rate the importance to them of ten different aspects of their lives, on a scale of 0 (not important) to 10 (very important). Having a home was rated the most important (mean score 8.86), with respondents rating their health and financial situation as the next most important (mean score 8.76). This was followed by relationships with family and with friends, and then employment, with scores clustered between 7.0 to 7.99. Leisure activities and hobbies, activities, community, and religion were rated as the least important, with mean scores below 7.0. Over time we might see some change in the order of importance or the average scores as the respondents settle (or otherwise) into their Unison housing and feel more familiar with their local areas.

²⁷OECD Better Life Index. <http://www.oecdbetterlifeindex.org/countries/australia/> Accessed on August 2 2020.

Table 23: Respondents' rating of relative importance, by housing biography group, mean scores (calculated from 0=not at all important to 10=very important)

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Home	8.84	8.98	8.60	8.86
Health	8.71	8.88	8.60	8.76
Financial situation	8.07	8.54	8.27	8.27
Family relationships	7.54	8.15	8.20	7.98
Contact with friends	7.11	7.76	8.33	7.51
Employment	6.98	7.76	6.73	7.23
Leisure activities and hobbies	6.89	7.00	6.47	6.87
Community involvement	5.95	6.19	6.53	6.12
Intimate relationships*	5.86	5.84	5.62	5.82
Religion	2.90	3.98	5.50	4.19

*This question was not asked to all participants as it was potentially upsetting.

Andrew

Andrew is a single man aged in his 50s. He has lived with schizophrenia for many years. Andrew completed high school and a university degree. For much of his younger adult life he worked full time in an office job. He stopped full-time work in his early 40s because of his mental health condition and he has been receiving Disability Support Pension for 13 years.

Andrew is unable to work but his financial situation and his housing history are relatively stable. He feels “lucky” not to have required hospitalisation for his mental health condition. He is accustomed to the low but consistent income of the DSP. He rated his satisfaction with his financial situation as 8 out of 10 and did not report any indicators of financial stress within the last six months.

Andrew has not experienced homelessness. He lived in a different social housing tenancy for over five years prior to beginning his Unison tenancy. His recent move was brought about by maintenance problems which had meant the social housing provider needed to find him a new home. He had found the move stressful but was satisfied overall with his new home. He had previously been bothered by noisy neighbours and by the maintenance issues, but had not felt confident enough to complain or to initiate a move.

Andrew stated that he was happy with his house and with the neighbourhood. His primary reasons for not rating both 10 out of 10 were that he was not particularly optimistic by nature (he wanted to “wait and see” if anything would go wrong), and that he was wary of some of his neighbours.

Andrew was recently diagnosed with Type 2 diabetes. Nonetheless, he reported feeling in good physical health, no better or worse than last year. He reported that he often felt nervous and fidgety, that he is fearful of crime, and that he often feels very lonely.

He is in regular contact with his family. However, his mother passed away recently, and this greatly compounded the stress of moving house. He has also made some friends through his interest in photography. Over the last few years he has been able to pursue this hobby productively, including meeting with a photography group and having his work published.

Social support

Understanding the participants’ social networks is important for a number of reasons. First, individuals that have weak social networks are often very isolated, and isolation is linked to heightened levels of anxiety, as well as low self-esteem (Cacioppo and Cacioppo 2014; Lee and Robbins, 1998). Second, a large number of respondents had previously been homeless, and the social networks of the formerly homeless are often made up of other homeless people, which can create challenges for maintaining housing (Warnes *et al.*, 2013). Third, social networks are a critical source of resources – economic and emotional – that help to buffer households against unexpected events. This is particularly important given that Unison houses an unusually high proportion of single-person households.

The Maximising Impact survey asked respondents about their informal networks (family and friends)

and their formal social networks (welfare agencies), as well as general questions about the level of support available to them. In Table 24 we summarise responses to a number of questions designed to gauge the level of social support respondents had available to them. In response to the question of whether ‘they often needed help from other people but could not get it’ about one third (35.7%) agreed, and two thirds reported they had someone ‘they could lean on in times of trouble’. Most of the never homeless group (81.5%) reported they had someone they could ‘lean on’, a much higher rate compared to respondents who had experienced homelessness, with the primary and secondary homelessness groups reporting similar rates (64% and 63% respectively). Loneliness was more common among the primary homelessness group (48.8%) with the rate declining to 41% among the secondary homelessness group and 30% among the never homeless group.

Table 24: Level of social support by housing biography group, agree or strongly agree, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Often need help from other people but cannot get it	36.4	39.3	25.9	35.7
Have someone to lean on in times of trouble	64.2	62.5	81.5	66.5
Have someone to cheer you up when you are down	58.3	71.4	77.8	65.9
Often feel very lonely	48.8	41.1	29.6	43.1

Social networks are a critical source of resources – economic and emotional – that help to buffer households against unexpected events. This is particularly important given that Unison houses an unusually high proportion of single-person households.



Despite many respondents reporting that they often felt lonely (43.1%), most had regular contact with family members – nearly three quarters (73.8%) were in contact with their family at least weekly, and another 17% in contact at least monthly (Table 25). While contact with family cannot entirely offset feelings of isolation and loneliness, and there are often very good reasons for distancing oneself from family, lack of family contact is nonetheless an important indicator of precariousness.

Further, bearing in mind our earlier findings indicating that families were less likely than welfare agencies to be a source of financial assistance, the results suggests that respondents’ families might be in precarious financial circumstances themselves.

Most of the respondents have regular contact with other people, which is generally a positive sign. However, there are indications that the social networks of the primary homelessness group might deepen their disadvantage rather than ameliorate it. ”

Table 25: Frequency of contact with family, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Frequency of contact				
At least weekly	71.3	70.6	88.0	73.8
At least once a month	20.5	15.7	8.0	16.8
Less often	8.2	9.8	4.0	8.1
No info	–	3.9	–	1.3

Along with family, friends are also an important source of support (Table 26). Three quarters of respondents (75.9%) reported they were in contact with their friends in the last week, with little difference between the three housing biography groups. However, over one third of respondents (36.8%) had friends who were currently homeless, with the primary homelessness group 2-3 times more likely to have friends who were homeless than the secondary homelessness or the never homeless groups. Consistent with this, 72% of the primary homelessness group reported they had put up their friends (i.e. given them a place to stay), 80% of the primary homelessness group reported that their friends used illicit drugs, and 42% reported that they

had friends that had recently been in jail – across all measures the rates were 2-3 times the rates reported by the secondary homelessness and the never homeless groups.

In summary, the results indicate that most of the respondents have regular contact with other people, which is generally a positive sign. However, there are indications that the social networks of the primary homelessness group might deepen their disadvantage rather than ameliorate it. Our reasoning is that a key stage in the transition out of homelessness involves breaking the link with their homeless peers. This is a complex process for formerly homeless individuals, particularly for those that have experienced

protracted homelessness. Many studies report a strong association between those that remain engaged with their homeless peers and subsequent housing loss (Warnes *et al.*, 2013; Johnson *et al.*, 2008; Fitzpatrick, 2000).

Table 26: Frequency of contact with friends, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Contact with friends in last week	74.7	76.8	77.8	75.9
Have friends who are homeless	55.6	16.7	20.8	36.8
Ever had to put up a friend	71.9	40.7	37.0	59.9
Friends used illicit drugs last 6 months	80.3	35.4	29.2	57.4
Friends been in jail last 6 months	41.9	13.5	11.5	27.0

In the final table we look at the respondents' formal support networks, focusing specifically on whether they were currently being assisted (or supported) by a welfare agency. Post-settlement support is recognised as a key element in reducing housing instability and housing loss among disadvantaged households, particularly those that have experienced homelessness (Chamberlain & Johnson 2015). We can see from Table 27 that 56% of respondents were engaged with a support agency, and that among the

most disadvantaged group, the primary homelessless group, nearly two thirds are thus engaged. The lower rate reported by the secondary and the never homeless groups instinctively makes sense given there are fewer markers of severe disadvantage among both groups. Further, for those that did receive formal support, over 70% had weekly support, with the primary and secondary homelessness groups reporting more frequent contact than the never homeless group.

Table 27: Frequency of contact with support service, by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Support service providing assistance	62.8	53.6	38.5	56.0
Frequency of contact				
At least weekly	74.0	82.1	30.0	71.4
At least once a month	26.0	17.9	70.0	28.3
Less often	-	-	-	-
No info	-	-	-	-

Summary and Conclusion

This report has presented summary findings from the first wave of data collection for the *Maximising Impact* study, a longitudinal panel study of new Unison housing tenants. There were 170 participants, each of whom was interviewed shortly after moving into their new Unison housing tenancy.

The baseline survey instrument was designed to identify the demographic and biographic characteristics of new Unison tenants across a range of measures that are known (from existing literature) to influence tenancy sustainment and tenancy satisfaction. Subsequent surveys (Wave 2 and Wave 3) for the *Maximising Impact* study are to be conducted with the same cohort, at yearly intervals, whether or not they continue to stay in Unison housing.

While this report provides a baseline against which to compare subsequent *Maximising Impact* survey results, it also provides much needed information about the tenants' characteristics and prior housing experiences.

The results indicate that Unison tenants are very disadvantaged in comparison to the wider Australian population, across a range of measures including education, employment, health, trauma and housing experiences, and that the tenants' disadvantage is chronic rather than temporary. This is important to know for two reasons. One, it suggests that many Unison tenants are likely to require some level of support to ensure they retain their tenancies. And two, while many tenants aspire to a steady job and moving on from social housing, the current state of the labour market presents significant barriers to realising these aspirations.

While the report shows that Unison tenants have many experiences in common – particularly low income, long-term labour market disengagement, and chronic housing instability – there are marked differences within the cohort with respect to their health, the composition of their social networks and their experiences of violence. On the majority of measures, baseline line data show not only that a prior experience of homelessness predicted the level

of disadvantage, but that the type of homelessness matters as well.

The predominant pattern was for the highest measure of disadvantage to be found in the primary homelessness group, the second highest in the secondary homelessness group, and the lowest measure of disadvantage in the never homeless group.

On some measures, such as social support and overall life satisfaction, the secondary homelessness group were more similar to the primary homelessness group, with the never homeless group showing distinctly lower levels of disadvantage compared to either group with experience of homelessness.

On other measures, such as intravenous drug use, poor self-assessed health, or early school leaving, the secondary homelessness group were much more similar to the never homeless group, with high rates found only in the primary homelessness group.

With respect to perceptions of safety and experiences of violence, gender was a greater predictor of disadvantage than housing biography.

These differences are likely to impact on tenancy sustainment and tenancy satisfaction in different ways and at different times. However, it is also foreseeable that other tenancy details will play a role, such as the location, size, and condition of the dwelling; neighbourhood and neighbours; and Unison property management. The impact of these factors will be assessed in subsequent *Maximising Impact* reports.

Unison has a long-established reputation of housing clients with complex needs, but it has been difficult to substantiate this claim in the past. The baseline

results provide clear evidence that Unison is working with a very complex tenancy population. However, we cannot determine if Unison's tenancy population is more or less 'complex' than other social housing providers because the data required to make such an assessment is not available. From both a policy and practice perspective it is important to know more about social housing tenants because social housing providers that work with more complex tenants are likely to encounter greater practice challenges in sustaining tenancies, and to incur greater costs. Tenancy sustainment not only assists with breaking the cycle of housing crisis, social housing providers benefit economically through reduction in the costs associated with frequent tenant turnover and eviction processes.

Unison has a long-established reputation of housing clients with complex needs, but it has been difficult to substantiate this claim in the past. The baseline results provide clear evidence that Unison is working with a very complex tenancy population.



Policy makers seem indifferent to these challenges, which is concerning. While the information collected for Maximising Impact is a start, and will ultimately provide an opportunity to better understand why some tenancies at Unison stick and why some do not, it is not realistic to expect other social housing providers to undertake similar studies as these are non-trivial, expensive and time consuming. It strikes us that a better approach would be for social housing providers to agree on collecting a dataset that contains useful environmental and biographic information, and report upon the markers of disadvantage in populations housed (or not housed). While this will likely present some philosophical, ethical and operational challenges, they are not challenges that State Housing Authorities or Community Housing Providers should shy away from. In lieu of this, one likely result is unfair benchmarking success of housing providers.

Social housing plays a vital role in providing people with safe and affordable accommodation options, but it is clear that some people struggle to maintain their housing. If we want to prevent this then policy makers and housing providers need better information to develop policy and practice approaches that are relevant and sensitive to the needs and experiences of their tenants. Further, such a dataset would ensure that housing providers are housing who they are supposed to house. In Victoria, a small step towards this has occurred with the implementation of the Victorian Housing Register (VHR), which seeks to ensure that all social housing allocations go to those most in need. While we have longstanding concerns about the residualisation of social housing, as many others do, the fact remains that, even with the implementation of the VHR, there is still likely to be considerable variation in whom social housing providers house. More comprehensive data collection and more transparent reporting would go a long way to assisting social housing providers make a case that they are in fact housing those in 'greatest need'.

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Appendix

Table A1: Select variables, survey participants and all new Unison tenancies that commenced during observation period (primary tenant), %

	Survey Participants N=170	All New Tenants N=940
Gender		
Female	50.0	50.2
Male	48.8	49.8
Intersex	1.2	-
TOTAL	100	100
Household type		
Single	71.2	74.5
Couple	4.7	2.1
Couple with children	1.8	2.1
Single with children	18.8	21.3
Other	3.5	
TOTAL	100	100
Age		
0-18	0.6	4.2
19-24	13.5	18.0
25-34	16.5	23.3
35-44	26.5	24.8
45-54	21.2	20.2
55-64	13.5	6.7
65 plus	5.9	2.8
TOTAL	100	100
<i>Mean (years)</i>	42.0	46.9
Australian Born	65.9	66.4
Indigenous	4.1	6.3
Primary income source		
NILF*	44.1	44.5
Unemployed	43.5	40.5
Wages	11.8	13.2
Other	0.6	1.8
TOTAL	100	100

*NILF = Not in Labour Force.

Table A2: Self-assessed general health by housing biography group, %

	Primary homelessness	Secondary homelessness	Never homeless	TOTAL
Excellent	9.2	8.9	11.1	9.4
Very good	4.6	25.0	18.5	13.5
Good	31.0	35.7	18.5	30.6
Fair	41.4	17.9	37.0	32.9
Poor	13.8	12.5	14.8	13.5
TOTAL	100	100	100	100



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