

# **Evidence to inform NSW homelessness action priorities 2009-10**

authored by

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**AHURI Research Synthesis Service**

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## **PURPOSE AND SCOPE**

*To identify the strongest current research evidence relevant to three action areas.*

Housing NSW, on behalf of key partner agencies of the NSW Homelessness Action Plan, have engaged AHURI to develop this research synthesis as a resource to inform and support the process of identifying priority actions for the NSW Homelessness Action Plan.

Furthermore, AHURI have been engaged to facilitate a workshop with members of the NSW Homelessness Community Alliance and NSW Government officials as a key part of the process of finalising the NSW Homelessness Action Plan. This workshop will be held on 11th May 2009. The specific aims of the workshop are to share the understandings of the relevant evidence base in the area of homelessness and identify priority actions derived from this evidence base.

This research synthesis has been prepared as a resource to support this workshop. The AHURI research synthesis service has independently assessed the evidence base on homelessness interventions to identify and synthesise strong findings in each of three 'Action Areas': Prevention, Effective Responses and Breaking the Cycle. (These are defined below.)

The AHURI research synthesis service provides fast, responsive analysis of existing research evidence and products tailored toward particular policy and practice objectives. The timeframe and scope of this synthesis project has required drawing largely on existing expertise to identify, assess and select the strongest elements in the evidence base.

The intention is not to provide a comprehensive analysis, but an objective selection of the strongest existing current evidence for actions that can 'make a difference.'

These findings cannot and do not represent 'what is most important' or everything that matters. Rather, the synthesis establishes what we know with sufficient certainty from a research perspective. The findings are necessarily limited by the gaps in the evidence base.

This report has been prepared on behalf of Housing NSW and is intended to provide NSW Government agencies and the NSW Homelessness Community Alliance with a common resource to facilitate engagement with the current evidence base. This synthesis report accompanies and supports an Action Workshop which will allow active engagement with this evidence base. The workshop also includes some research case studies presented by Professor Eileen Baldry, Dr Guy Johnson and Dr Hellene Gronda.

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# 1 KEY RESEARCH UNDERSTANDINGS

## 1.1 Prevention research understandings

### *Costs of homelessness*

- Homeless people make more use of emergency services (including shelters, hospitals and justice) than the mainstream population.
- Long term chronic use of emergency services (including emergency housing) is often more expensive to government and society than providing integrated housing and support.
- The full cost of homelessness may never be known because the impacts are diverse and complex.

### *Indigenous social housing tenancies*

- Actions to prevent the breakdown of Indigenous social housing tenancies can prevent homelessness.
- Social housing administrative processes can negatively and unnecessarily impact on the success of Indigenous tenancies.
- Indigenous housing careers are often shaped by high rates of life-crises including experienced violence and material disadvantage.
- Indigenous over-crowding in social housing may be a significant direct and indirect cause of homelessness.

### *School aged young people*

- Experiencing homelessness under the age of 18 is a significant risk factor for long term homelessness (see Part B).
- Assertive school welfare programs with strong links to community agencies can help prevent homelessness in school children.

### *Domestic and family violence related homelessness*

- Family violence combined with a lack of affordable housing is a major cause of women's homelessness.
- Socio-economic disadvantage is a key risk factor for homelessness caused by family violence.
- Assisting women and children to stay in their homes *where this is possible* is preferable as it minimises disruption, particularly to social and educational supports.
- For Indigenous families, community based 'safe houses' for women and 'cooling-off' centres for men are better than mainstream services.

### *Institutional exits*

- Coordination and planning prior to an institutional exit are critical to ensure that housing needs are considered and options explored.
- Comprehensive support to address the range of issues and challenges faced by the individual is required pre/during/after institutionalisation.
- Well resourced formal mechanisms to ensure and maintain integration between different government and non-government agencies.

- Support to access housing is critical to an effective preventative response.

### *Key prevention mechanisms*

- Involving mainstream agencies,
- Understanding risk factors and danger signs, and
- Coordinating government, non-government and emergency agencies in providing housing and support.

## **1.2 Effective responses research understandings**

### *Impact of homelessness*

- Many people develop substance use issues after they become homeless as a means of coping with the experience of and reasons for homelessness.
- People experiencing homelessness are not a homogenous group, and a better understanding of differences can help target assistance programs.

### *Key early intervention mechanisms*

- Early intervention will be more effective if it does not include the use of low-cost rooming houses as emergency accommodation because these are known to be often sites of violence, drug use and crime.
- Social interactions are integral to the processes of becoming, surviving and exiting homelessness, both between homeless people and with the mainstream community.
- Early intervention will benefit from strategies to maintain social connections with the mainstream community.

### *Family violence*

- A lack of affordable housing options reduces the effectiveness of the women's refuge system. Without permanent housing options, women are faced with returning to a violent situation or homelessness.
- Permanent housing is preferable to transitional accommodation to minimise disruption particularly for children at school.
- For Indigenous families, community based 'safe houses' for women and 'cooling-off' centres for men are better than mainstream services.

### *Indigenous homelessness*

- Greater investment in effective responses is needed as Indigenous people disproportionately experience homelessness.
- Different concepts of homelessness may aid in responding more effectively, including understandings of kinship structures and connection to place.

### *Young people*

- Young people without complex needs may benefit from secure accommodation integrated with support to maintain ties with mainstream education and employment, and develop independent living skills and confidence, for example as provided by Foyers.
- Evidence of the damaging effects of the 'homeless subculture' identified in the research implies that congregate care Foyer models may be inappropriate for young people with complex needs and strong connections to other homeless young people.

- A further disadvantage of Foyer models for young people with complex behavioural issues is that eviction from the housing means losing access to support as well.
- Intensive support for independent living programs may be more appropriate for early intervention with young people that have complex needs.
- Rural and regional young people have strong connections to place and community.

*Respect is the key service delivery principle*

- Administrative systems can inadvertently humiliate or degrade people experiencing homelessness.
- High workloads and scarce resources can impact on workers' capacity to maintain respectful, ethical practice.

### **1.3 Breaking the Cycle research understandings**

*Chronic homelessness*

- People entrenched in homelessness have high levels of problematic alcohol and other drug use, and other serious mental and physical health needs.
- They form a significant majority of people using inner-city homelessness services.
- Amongst inner-city homeless populations, consistent rough sleeping is rare, but occasional rough sleeping is common (involving perhaps half of the population). Rough sleeping becomes more frequent the longer someone is homeless.

*Support duration makes a difference*

- It can take many attempts to successfully exit homelessness. It is desirable to minimise the number of attempts.
- Building a trusting support relationship takes time; six months may be a minimum threshold for establishing relationship based support. More than 20 contacts and around 12 months may be a threshold for achieving improved housing and employment related outcomes. It is preferable that these contacts take place in the context of stabilised long-term housing.

*Persistent, reliable, comprehensive and practical case management*

- Persistence and practical outreach support are critical for engaging and working effectively with people experiencing long-term homelessness.
- Multi-disciplinary case management teams are effective and cost-effective.
- Post-housing support is critical for maintaining stable accommodation, and beginning the processes of social re-integration.
- Peer involvement in outreach services can improve engagement with the most disengaged people.

*Housing makes a difference*

- Permanent supportive housing is more effective than transitional accommodation.

## 2 DEFINITIONS

### 2.1 Homelessness

There are a range of definitions used in research, policy and practice to define homelessness and each has strengths as well as weaknesses. While it is beyond the scope of this report to assess and comment on definitional issues, it is worth noting some strengths of the 'cultural' definition (Chamberlain & Mackenzie, 1992), which was adopted by the ABS and is commonly used in Australian research.

The well known 'cultural definition' assesses homelessness against a minimum 'cultural' standard defined as a one bedroom rental flat with private amenities and some security of tenure. Further, it categorises three sub-types of homelessness. Primary homelessness includes what is often called 'sleeping rough.' Secondary homelessness includes people moving frequently from one form of temporary accommodation to another, including emergency housing, boarding houses or staying with family or friends (called 'couch surfing'). Tertiary homelessness refers to people staying for longer than 13 weeks in the same rooming house.

The cultural definition, while not necessarily appropriate for service delivery purposes, has a number of advantages for research. Chamberlain and Johnson explain that the objectivity of this definition is an advantage for quantitative research purposes (Chamberlain & Johnson, 2001). Measurement does not depend on the person's experience or identity, but on an assessment against a recognised cultural norm.

Nonetheless the definition also reflects research understandings that the majority of people experiencing homelessness move between a range of marginal forms of housing over time. We know that typical clients of homelessness services experience tertiary and secondary homelessness, with episodes of rough sleeping becoming more common the longer the duration of homelessness. We also know that some people need assistance even if, objectively, they are 'affordably housed' at a point in time because their personal histories create a vulnerability to future homelessness.

The research evidence, in other words, supports a dynamic definition of homelessness rather than a static equation with a type (or lack of) shelter. And while the sub-categories are important to distinguish, the evidence increasingly emphasises that people experiencing homelessness move between all three of these categories over time.

While defining *homelessness* in an objective and measurable sense, the cultural definition also points to the importance of understanding *housing* in a broader symbolic and psychological context. The definition recognises that homelessness is a concrete expression of social exclusion because it is a lack of access to housing of a culturally normal standard. And by emphasising that homelessness is defined by a lack of privacy and lack of security, the cultural definition highlights the importance of less tangible elements of housing which support (or threaten) mental health and well-being.

#### 2.1.1 Indigenous homelessness

As discussed further in Part B, research has found that the mainstream definition of homelessness may not be useful in delivering effective responses for Indigenous Australians. Memmott et al. propose instead three broad categories of Indigenous homeless experience: public place dwellers, at-risk-of-homelessness persons, and spiritually homeless persons (Memmott et al. 2003 15). These concepts are currently being empirically tested in an AHURI study.

### *2.1.2 Domestic and family violence related homelessness*

Domestic and family violence related homelessness is defined in this report as homelessness precipitated by a physical or psychological abuse of power perpetrated by someone in an intimate personal or kinship relationship to the victim. Tually et al. cite the Australian Government's definition which notes that this is understood to be a gendered crime, usually perpetrated by a man against a woman (Tually et al., 2008 4).

This report includes evidence about actions to reduce the homelessness effects of domestic and family violence however note that the scope of the project precluded synthesis of the broader domestic and family violence research literature.

## **2.2 Prevention, effective responses and breaking the cycle**

This synthesis of the evidence is organised into three areas to create a structure for the prioritisation workshop.

These areas are defined as follows:

- Prevention Actions that ensure people never become homeless.
- Effective responses Actions that result in effective service system responses so that people who do become homeless do not become entrenched, which may include 'early intervention'.
- Breaking the Cycle Actions to ensure that people who have been homeless do not become homeless again.

These definitions categorise actions based on the duration of a person's homelessness – rather than demographic groupings or particular risk factors.

Although the terms 'Prevention/Early Intervention' were originally used to describe interventions relating to childhood development, in this synthesis on homelessness assistance the term is used more broadly. Thus, in this context these categories do not apply to a person's age. For example, a young person age 18 who first left home at 14 due to family sexual abuse may be best assisted by Breaking the Cycle actions, while a thirty-five year old who is at risk of homelessness due to the onset of severe mental illness may benefit from Prevention actions.

While this is not the only or necessarily the best way to categorise homelessness interventions, it is supported by strong evidence from the research into homelessness 'pathways'. This work, discussed below, indicates that, in general, the longer someone is homeless, the more difficult it is to assist them to stabilise their life. The responses and resources required are therefore substantively different.

However there are always exceptions and the evidence we have is inevitably incomplete. These categories in no way exclude the importance of a skilled assessment of an individual's needs and circumstances when determining an appropriate response.

### 3 SCOPE AND QUALITY OF THE EVIDENCE BASE

The synthesis report includes evidence from 67 research publications.

It does not include everything that is known about homelessness or about homelessness interventions. However, while it cannot include all pieces of evidence, the synthesis method focuses on overall understandings that can be drawn from the existing evidence base.

#### 3.1 Strengths and weaknesses

Homelessness research is divided into evidence about homelessness and evidence about homelessness assistance. Evidence about homelessness include both quantitative findings about the prevalence and demographic composition of the homelessness population, and qualitative findings about the experience and processes of becoming homeless, surviving and getting out of homelessness.

Australia has a solid and consistent 'point in time' measurement of homelessness through the ABS Census and work by Chamberlain and MacKenzie in *Counting the Homeless* and the National Census of Homeless School Students. The SAAP National Data Collection also provides consistent descriptive statistics for the population of people using SAAP services.

Evidence from longitudinal studies is an important complement to these forms of measurement, and reveals the limitations of point in time statistics. Australia has a few good sources of longitudinal homelessness research, as presented in this report, but this remains a weakness in the evidence base.

There are also significant weaknesses in the evidence base on homelessness assistance program delivery in Australia. There is very little high-quality analytically rigorous evaluative research on program delivery, and only one significant cost-effectiveness study. Typically, evaluations are captured by the existing program logic and rarely provide more than a descriptive account of program inputs and outputs.

The Australian evidence base is significantly enriched by the homelessness research conducted by the community sector and advocacy agencies. Some of this work is identified here although the synthesis scope required a preferential focus on peer-reviewed academic publications, or research conducted by researchers with recognised academic credentials.

There is limited research evidence about non-metropolitan homelessness in Australia.

There is sufficient evidence about Indigenous homelessness to identify some priority actions, however research knowledge of Indigenous people's housing aspirations and experience in urban and regional areas is particularly limited. The 2007 AHURI audit of Indigenous housing research finds a significant gap in the evidence on urban and regional Indigenous housing, with the capital cities, except Brisbane, being particularly under researched (Long, Memmott, & Seelig, 2007 32). It is known however, that in NSW, a significant number of Indigenous people are homeless in urban and regional areas.

On the topic of children leaving care, a current AHURI project has reviewed the national and international research on leaving care programs (Johnson et al., 2009). Johnson et al. highlight the lack of Australian evidence on the effectiveness of these programs (Johnson et al., 2009 6). The Australian evidence base in this area will be significantly strengthened at the completion of the Johnson et al. project.

In the area of family violence and homelessness, Tually et al. affirm findings by a number of other Australian researchers and commentators including WESNET, the

Australian Domestic and Family Violence Clearinghouse, and the Southern Domestic Violence Service that there is a lack of program evaluation evidence (Tually, Faulkner, Cutler, & Slatter, 2008 44).

The US evidence base is considerably stronger than Australia's but also limited. The US evidence is very strong in research on homeless people with severe mental illness and on cost-effectiveness analysis for the 'high end service utilisation' population, however there appears to be less evidence regarding what works at the prevention and early intervention end of the spectrum.

## **3.2 Gaps in the evidence base**

### *3.2.1 Research themes*

The existing evidence suggests a number of areas which could be prioritised for further research. Many of these are identified as significant areas by the existing research but we lack clear evidence about the best way to make a difference.

These research themes do not cover all the gaps in the evidence; they are, so to speak, some 'known unknowns.'

- Processes and programs effective for promoting social reintegration
- Effect and importance of recreation programs (e.g. Choir of Hard Knocks)
- Social enterprise approaches (e.g. The Big Issue, The Chutzpah Factory)
- Strategies for maintaining social connections as part of early intervention
- Personality disorders and homelessness (prevalence and effective assistance)
- Homelessness and cognitive disabilities including Acquired Brain Injury and intellectual disability (prevalence and effective assistance)
- Use of homeless peers in support services
- Gambling and homelessness
- Impact of different housing options on women's success at escaping domestic violence
- Women's homeless experience<sup>1</sup> and in particular the incidence and impact of relationship violence where this is not a primary cause of homelessness.
- Effective responses to rural and regional homelessness
- Programs to overcome barriers to private rental market and sustain private tenancies
- Characteristics of sub-groups within known socio-demographic groups at risk of homelessness – understanding the diversity of people's experiences and protective factors.

### *3.2.2 Research methods*

The synthesis finds that more work using the following methods could strengthen some of the known weakness in the existing evidence base:

- Involvement of people who have experienced homelessness as research advisors.

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<sup>1</sup> A notable exception identified by the workshop participants: Sharam, A. (2008) Going it Alone: Single, Low Needs Women and Hidden Homelessness. Melbourne: Women's Information, Support and Housing in the North.

- Qualitative, ethnographic methods including longitudinal studies to understand people's strategies, resources and processes of recovery from homelessness.
- Increased methodological rigour in program evaluations would assess the real impact on client outcomes over time, and identify the mechanisms of effective practice and the contexts which facilitate better outcomes. The evidence base needs:
  - More controlled and/or cross-site evaluations with well-specified program elements and implementation fidelity measures, and methods to assess client outcomes over time.
  - Better use of in depth qualitative analysis to explicate the meaning of quantitative findings.

## 4 PREVENTION

Prevention is defined here as actions to prevent someone who is at risk of homelessness from becoming homeless.

The scope does not encompass actions to address known predisposing factors for homelessness (for example poverty, or being a target of racism, stigmatisation and other forms of social exclusion). Consequently, for example, evidence about the prevention of homelessness as a result of relationship violence is presented, but not evidence about the prevention of relationship violence itself.

In the research and policy/program literature, prevention and early intervention are not consistently defined, and in practice the actions described here may be usefully applied more broadly across the continuum of someone's experience of homelessness.

Historically, the homelessness service system has been oriented toward providing a response to people experiencing homelessness rather than prevention.

### 4.1 Costs and benefits of assisting people out of homelessness

Evidence for the cost-effectiveness of homelessness services is clearly relevant to all three nominated Actions Areas, however it is presented here to underline the value of Prevention actions.

Cost-effectiveness and cost-benefit are two key approaches for evaluating economic efficiency. Cost-effectiveness seeks to measure the costs to government against outcomes, or against non-provision of services. Cost-benefit analysis seeks to measure and incorporate broader benefits across a range of potential dimensions including, for example, increased employment, better health, reduced crime, or increased property and income tax revenues.<sup>2</sup>

Categorical enumeration of either cost-effectiveness or cost-benefit is difficult not least because homelessness is a multi-faceted social phenomenon and both costs and outcomes occur in a range of dimensions (Berry, Chamberlain, Dalton, Horn, & Berman, 2003 9-12; Pinkney & Ewing, 2006 115-118). Berry et al. note that costs and benefits relate to the individual, to government and to society and occur across the domains of housing, health/welfare, justice and education, training and employment (Berry et al., 2003 3).

Notwithstanding these difficulties, recent US studies have convincingly demonstrated that the costs of assisting the chronically homeless with supportive housing was either cheaper or close to breakeven compared to the costs of emergency shelters and other emergency services (Culhane, 2008). The first of these studies, an influential and ground-breaking study using administrative data for large scale cost analysis by Culhane, Metraux and Hadley (2002) (described below), sparked a range of similar 'cost studies' which have been important advocacy tools in the movement to end homelessness with 'Ten-Year Plans' (Culhane, 2008 104-7).

AHURI has recently published the only significant Australian primary study on this topic, *The cost-effectiveness of homelessness programs: a first assessment* (Flatau, Zaretsky, Brady, Haigh, & Martin, 2008). Flatau et al. find potential savings to government of more than double the cost of providing homelessness assistance

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<sup>2</sup> For a comprehensive review of the issues, concepts and promising methodologies for estimating the costs of homelessness, see (Pinkney & Ewing, 2006).

(Flatau et al., 2008 146). While the study is 'a first assessment,' the evidence confirms international findings which are also presented below.

Flatau et al. calculate a cost offset by costing the difference between the average service use by the general population and the average service use of homeless people prior to receiving support (as empirically determined by the study). This 'cost offset' is the potential savings if a homelessness program can normalize service use in line with the mainstream population.

The study finds that across all the programs considered, this potential cost offset is more than double the cost of delivering the programs (Flatau et al., 2008 146). For example, the cost per client for SAAP-Single Men clients is \$4,625, and the associated population offset is \$10,212, resulting in a net cost saving of \$5,587 per person per year (Flatau et al., 2008 145).

A nuance to this overall finding is that in fact, at least for the small sample of clients who were able to be followed up after 12 months (35 compared to 179 in the initial wave), justice costs declined but health service use rose compared to the year prior to receiving support. The result was driven by hospital stays for clients with pre-existing significant mental health issues and suggests that support programs delivered increased access to needed services (Flatau et al., 2008 142-3).

The study also finds evidence of positive outcomes across a range of dimensions including better housing, employment (slight improvement), feelings of safety and better quality of life (Flatau et al., 2008 3-6).

The study finds that assistance programs are effective and demonstrates their potential to generate significant savings, however enumeration of actual cost reductions to government will require longitudinal research with assertive follow-up.

A significant Australian review of research into the costs and benefits of responding to homelessness finds sufficient evidence to conclude that programs to assist homeless people can result in direct cost-savings to government, and provide broader benefits to the individual and the community (Berry et al., 2003 12-13).

Berry et al. identify a number of quantitative studies worth highlighting here, while remembering that these cost enumerations focus on the chronically homeless. Berry et al. caution that all studies necessarily assess a limited set of costs and are therefore likely to have under-estimated cost-savings or benefits. In particular the use of drop in centres, soup kitchens, and employment services, especially non-government funded services, tend to be excluded (Berry et al., 2003 10).

- Culhane et al. (2002) find a net cost to government of US\$995 per year to provide a supportive housing unit, due to savings in other services. This influential US study tracked around four and half thousand homeless people over four years, pre and post placement in a supportive housing program. Using administrative data from multiple agencies, they find a reduction of US\$16,281 in the costs of shelter use, incarceration and hospitalisation for people with severe mental illness. This saving nearly covered the cost of providing the supportive housing, as indicated in the net cost cited above (cited by Berry et al., 2003 30-2; Culhane, Metraux, & Hadley, 2002).
- A Canadian study (Eberle, Kraus, Pomeroy, & Hulchanski, 2001) assessed service-provider data over five years and finds that housing the homeless can provide potential cost savings in the order of 30 per cent in the areas of criminal justice, social services and health care (cited by Berry et al., 2003 32-4).

- (Salit, Kuhn, Hartz, Vu, & Mosso, 1998) identified the hospitalization costs associated with homelessness in New York City. This study found that homeless patients stayed an average of 4.1 days or 36 per cent longer than other patients after controlling for diagnosis, higher rates of substance abuse and mental illness and other characteristics. The extra costs ranged from \$4,094 - \$2,414 per patient. The sample compared data on 13,690 homeless people, 255,870 low income public and private hospital patients, excluding pregnant women (cited by Berry et al., 2003 38-40).

## 4.2 Sustaining Indigenous social housing tenancies

There is clear evidence that actions to prevent the breakdown of Indigenous social housing tenancies can have a significant effect in preventing homelessness.

Many Indigenous people rely on the social housing sector: the ABS and AIHW report that the Indigenous home-ownership rate of 34 per cent is around half those of the mainstream, and that social housing accounts for 29 per cent of Indigenous household tenures, compared to 5 per cent of other households (ABS and AIHW, 2008 30).

This comparatively high use of social housing is inter-related with other indicators of disadvantage, for example, the 2006 Census finds that tenants in social housing are disproportionately affected by over-crowding. The highest rates of over-crowding are found in households renting from Indigenous or mainstream community housing (40 % of households), while the rate in mainstream public rental was around 16 per cent of households. By contrast, Indigenous households in home-ownership had the lowest rate with only 7 per cent of households over-crowded (ABS and AIHW, 2008 41).

Existing research identifies two areas for action:

- Improvements to public housing administration and tenancy management;
- Enhanced support services to address disproportionately poor socio-economic position and high rates of life crises including experienced violence.

**Flatau, P., Cooper, L., McGrath, N., Edwards, D., Hart, A., Morris, M., et al. (2005). *Indigenous access to mainstream public and community housing*. Melbourne: AHURI.**

This study found quantitative evidence that Indigenous access to mainstream social housing is increasing, however public housing tenancies are typically shorter for Indigenous households and have a number of negative characteristics.

Flatau et al.'s (2005) quantitative analysis of national data finds that all jurisdictions showed an increase in Indigenous representation within the mainstream public housing for the period 1999 – 2004. This included an increase in the number of Indigenous households as a proportion of all households, and an increase in the proportion of new Indigenous tenancies (Flatau et al., 2005 26-43).<sup>3</sup> Median waiting times for Indigenous applicants without priority status was 236 days compared to 517 days for non-Indigenous applicants, also suggesting that informal policies may be targeting Indigenous households for priority access even without official priority status (Flatau et al., 2005 58-9).

Flatau et al. find that consistently across Australia, Indigenous tenancies are significantly shorter than those of non-Indigenous households (2005 62-4). Analysis of Western Australia's publicly available data on involuntary tenancy termination finds

<sup>3</sup> These proportional increases must be understood in the context of an overall decline of public housing stock (1.8 per cent over the financial years 2002-4), and consequently occurred alongside a decrease in access by non-Indigenous households (Flatau et al., 2005 28).

that Estimated Terminated Notice rate for Indigenous households was over four times that of non-Indigenous households (2.19 v 0.54), and the estimated bailiff eviction rate is roughly three times as high (0.06 v 0.02) (Flatau et al., 2005 65-6).

Flatau et al. identify a range of factors that impede Indigenous households from either accessing, or sustaining, mainstream public and community housing tenancies. These include discrimination, cultural living styles that do not match tenancy obligations or housing design, vulnerability caused by the colonial history of Australia including disproportionately high socio-economic and health disadvantages or risks, and a lack of urban and home management living skills (Flatau et al., 2005 viii – ix).

**Birdsall-Jones, C., & Corunna, V. (2008). *The housing careers of Indigenous urban households* Melbourne: Australian Housing and Urban Research Institute.**

In their recent AHURI study of Indigenous housing careers in Western Australia, Birdsall-Jones and Corunna (2008) identified that rental was the dominant housing model for Indigenous people, and that affordability constraints were the major factor determining Indigenous housing choices resulting in a preference for social housing (1-2, 74). The value of housing stability for Indigenous people was a key finding of this research (Birdsall-Jones and Corunna, 2008 1, 22-3). Housing stability was a combination of the personal knowledge of the home that came from longevity of tenure, sometimes inter-generational; and secondly the value associated with being able to achieve this longevity (1).

Evidence from Birdsall-Jones and Corunna's qualitative study helps to identify the aspects of social housing delivery which might contribute to the shorter tenancies in public rental (2008). The study provides the only significant source of qualitative information about the lived experience of public housing tenancies (Birdsall-Jones and Corunna 2008). The research involved 45 in depth interviews with 51 Indigenous people from Perth, Carnarvon (very remote) and Broome (remote).

Birdsall-Jones and Corunna (2008) find that across all three research sites, people typically reported conflictual relationships with the public housing authority. The research found the following sources of conflict between Indigenous tenants and the housing authority (Birdsall-Jones & Corunna, 2008):

- Housing-related debt, wait listing processes, lack of responsiveness to maintenance and repair requests, and a lack of transparency in administrative procedures (1).

Furthermore, poor housing quality, poor maintenance standards and unsafe neighbourhoods contribute to Indigenous people's lived experience of racism and stigmatisation (Birdsall-Jones & Corunna, 2008 19-20, 58-62, 64-16).

Birdsall-Jones and Corunna find that Indigenous experience in public rental was shaped by vulnerability in the relationship with the public authority. For example, despite explicit Homeswest policy to the contrary, many interviewees related a humiliating process of seeking evidence from real estate agents of their inability to get private rental in order to secure a place on the priority waiting list, following official advice (15). Other people explained that fear of losing their housing, or fear of past humiliating reactions inhibited them from seeking maintenance for their property (Birdsall-Jones & Corunna, 2008 14-16).

The research finds that a number of administrative policies and practices are in conflict with Indigenous living patterns in the towns and cities and have disproportionately negative consequences for Indigenous tenants. For example,

- the practice of advancing unsecured credit in the form of maintenance or rental arrears with the consequence that tenants are presented with bills of thousands of dollars upon leaving the property (Birdsall-Jones & Corunna, 2008 12).
- The policy of raising the rent as the occupancy rate of the dwelling rises and transferring people to smaller dwellings if the occupancy rate is reduced. These policies do not take into account the regularity and cyclic nature of rise and fall in occupancy associated with kinship obligations (Birdsall-Jones & Corunna, 2008 28-30).

In summary, the research identified a number of disadvantages with public rental including lack of choice, lack of control, barriers to compliance with administrative requirements, poor quality housing, dangerous neighbourhoods, and lack of repair responsiveness (Birdsall-Jones & Corunna, 2008 36). These negative experiences for Indigenous applicants or tenants of public rental are a combination of precarious social or financial circumstances (36) combined with a mismatch between social housing policies and Indigenous housing needs (28-32), and the poor quality of allocated social housing stock (18-20, 64-5). Public rental was nonetheless the preferred housing option for the majority because it offered the most stability within their income range (Birdsall-Jones & Corunna, 2008 3, 26-27, 72-23).

**Cooper, L., & Morris, M. (2005). *Sustainable tenancy for Indigenous families: what services and policy supports are needed?* Melbourne: AHURI.**

Birdsall-Jones and Corunna's findings of a troubled relationship between Indigenous tenants of mainstream public housing are confirmed by evidence from Cooper and Morris (2005). Their qualitative study of Indigenous women's experience of homelessness in Queensland and the Northern Territory finds similar perceptions of racism and unfairness in the waiting list management and housing allocation process, the experience of low quality of allocated housing and frustration with the lack of choice (Cooper & Morris, 2005 30-34).

Cooper and Morris document service-provider strategies for increasing tenancy sustainability for Indigenous women who have experienced homelessness. They find that sustaining tenancies may require support to women in making the transition to a new house, preparing for tenancy with skills development in areas like budgeting, cooking, parenting and urban living skills for women coming from remote areas, material aid in establishing a household, and ongoing personal and social support to overcome isolation and integrate into the local community (Cooper & Morris 2005, 104-5).

Along with affordability constraints and perceived race-related discrimination, there is evidence that violence is another factor that significantly affects Indigenous people's housing choices. Cooper and Morris document high levels of experienced violence amongst these women experiencing homelessness (Cooper & Morris, 2005 27-30, 44), while Birdsall-Jones and Corunna find that the most significant difference between those people who achieved home ownership and those who did not was the absence of serious life-crises, in particular experienced or witnessed violence (Birdsall-Jones & Corunna, 2008 37).

Further evidence about effective programs to prevent Indigenous homelessness by sustaining at-risk tenancies will emerge from a current AHURI research project, *Sustaining at-risk Indigenous tenancies* from the Western Australia Research Centre (Flatau et al., 2008).

### **4.3 Homelessness amongst school students**

There is Australian evidence that prevention and early intervention by schools and family reconciliation programs have been effective in reducing homelessness amongst school students.

**MacKenzie, D., & Chamberlain, C. (2008). Youth homelessness 2006. *Youth Studies Australia*, 27(1), 17-25.**

MacKenzie and Chamberlain (2008) find a decline in Australian youth (12-18) homelessness between 2001 and 2006 from 26,060 to 21,940 nationally. The national rate of youth homelessness declined from 14 cases to 11 per 1,000 young people (MacKenzie & Chamberlain, 2008 23). They conclude that investment in early intervention strategies over the last 10 years, including the successful Australian Government Reconnect program, has been a significant factor in this decrease.

MacKenzie and Chamberlain find a greatly increased awareness within schools of both homelessness and effective responses, and more cooperation between schools and community services. MacKenzie and Chamberlain report that many schools now 'know their homeless kids,' and work assertively to help them stay in education (MacKenzie & Chamberlain, 2008 19-20). From their fieldwork for the census of homeless school children they report that many schools are now actively involved in promoting family reconciliation, and that welfare staff provide support for kids who are unable return home. Close working relationships with community agencies, which were rare a decade before, are now routine for many schools (MacKenzie & Chamberlain, 2008 25).

Notwithstanding the observed national reduction in homeless school students, Indigenous young people, kids from single parent or blended families, and teenagers who had been in state care and protection are disproportionately represented amongst homeless students. In 2006, 19 per cent of homeless school students were identified as Indigenous, compared to a proportion of 3.9 per cent Indigenous young people nationally (MacKenzie & Chamberlain, 2008 21). Schools reported that 15 per cent of their homeless young people had been in state care and protection, while only 0.5 per cent of *young* people aged 10-17 nationally were in out of home care in 2005 (MacKenzie & Chamberlain, 2008 22).

The Australian Government's evaluation of Reconnect did identify elements of successful work with Indigenous young people. Good outcomes were achieved by Reconnect services that specifically targeted Indigenous young people, and involved the Indigenous community, through developing relationships with respected elders and employing Indigenous staff. Other services had been less successful, it seemed, due to 'a lack of understanding and knowledge of how to go about developing a culturally appropriate service' (Ryan, 2003 12).

While highlighting the reduction in school student homelessness, MacKenzie and Chamberlain also estimate using SAAP data that school students comprised only one third of all homeless young people aged 12-18 (MacKenzie & Chamberlain, 2008 23).

While the evidence shows the success of capacity building in schools, it also suggests that additional programs are required to assist certain groups of homeless young people, and particularly those who are not attending school.

### **4.4 Domestic and family violence related homelessness**

The research evidence presented here and in other parts of the report relates specifically to actions which can reduce the homelessness consequences of domestic

and family related homelessness. The synthesis scope does not include evidence about how to best protect the victims of domestic and family violence more broadly.

This section examines evidence on Prevention of homelessness and highlights the strong, available evidence centred on the Safe at Home program. The studies identify the specific and limited target group who may be assisted by the Safe at Home response. Part B examines evidence relating to Effective Responses and identifies the evidence about options for women for whom staying at home is not appropriate or possible.

**Tually, D. S., Faulkner, D. D., Cutler, C., & Slatter, M. (2008) *Women, Domestic and Family Violence and Homelessness*. Adelaide: Flinders Institute for Housing, Urban and Regional Research.**

This recent Australian synthesis report finds that domestic violence is a key cause of homelessness for women in Australia. Women with little financial independence, who are Indigenous or come from a CALD background, are overrepresented in this group.

This study combines a review of Australian and international literature and program evaluations with targeted interviews with 32 service providers, peak advocacy bodies and client representatives. The objectives of the study include examining how domestic violence leads to homelessness, identifying which cohorts of women are most at risk and identifying which intervention programs have been successful in mitigating homelessness.

Tually et al. report that it is difficult to accurately measure the rate of domestic violence as it is often underreported by victims and varies considerably depending on how you define the act (2008 12). Similarly, it is difficult to accurately measure the rate of homelessness caused by domestic violence because women will often seek help from their informal support networks (family and friends) before accessing community and government services, where data is collected (Tually et al., 2008 14). However, they report that over a lifetime 34 per cent of Australian women will experience domestic violence, which includes physical acts, the threat of physical acts, sexual abuse or psychological violence (Tually et al., 2008 12). The researchers largely use Supported Accommodation Assistance Program (SAAP) data to link domestic violence and homelessness, reporting that domestic violence is the most cited reason for women accessing the service (Tually et al., 2008 13).

Domestic violence effects women's sense of belonging, self-worth and self-confidence, often resulting in isolation and disconnection from community, which undermines their capacity to participate in the workforce and secure financial independence (Tually et al., 2008 16). The researchers cite poverty and a lack of independent financial resources as a key cause of homelessness for this cohort (Tually et al., 2008 18). According to SAAP data 82.8 per cent of women are on some form of government benefit with 5.7 per cent reporting no income at all (Tually et al., 2008 18).

Along with women on low-incomes, Indigenous women and women from CALD backgrounds are also overrepresented in this cohort with 24 per cent and 19 per cent accessing SAAP services respectively (Tually et al., 2008 19).

Research evidence about 'Safe at home' programs is presented below. Safe at home is an evidence-based model for the prevention of family violence related homelessness for women and children. However Tually et al. caution that the model has limited applicability and has been inadequately evaluated post-implementation (Tually et al., 2008 44).

**Edwards, R. (2004) *Staying Home Leaving Violence. Promoting choices for women leaving abusive partners.* Sydney: Australian Domestic & Family Violence Clearing House.**

This qualitative NSW study identified factors which could enable women in violent relationships to stay in their home. The study involved 29 women, 9 of whom remained at home when ending the violent relationship. Four critical factors enabled those nine to stay in their homes:

- First, the women had a strong attachment to their home and felt entitled to stay;
- Second, their partner had been removed by police or had left voluntarily because he had other housing options;
- Third, the women were able to develop strategies that allowed them to feel safe in their home; and
- Fourth, the perpetrator was intimidated by police or the courts, or felt obliged to abide by the law.

For the women and their children this resulted in stability of accommodation and security, less disruption to their lives, a sense of justice (the violent party had to leave whilst the victim was able to stay in the home) and a shift in power relations as the women experienced empowerment by being able to reclaim their homes.

Most of those who left their homes reported that they would have preferred to remain. The women reported that the following factors would have assisted them to do this:

- Removing the man from the home immediately following the violent incident;
- Keeping the perpetrator away from the home;
- Actually charging the offender with assault or a breach of court order if this occurs;
- Improving the safety of the home (i.e. security doors, panic alarms, greater bail and reporting requirements); and
- Providing alternative housing for the perpetrator.

The women reported that this would help reduce stigma and shift the blame and responsibility on to the perpetrator as he, not the woman, bears the consequences and leaves the home.

The research also indicated that Indigenous women and recent CALD migrants were overrepresented in the cohort that left their homes. Many of the women that left experienced housing and economic disadvantage, with many reporting their housing situation had suffered after they left in regards to security of tenure and housing quality (Edwards, 2004).

**Bega Women's Refuge Incorporated. (2007) *Bega Staying Home Leaving Violence Pilot Executive Summary 2004-2007.* Bega: Bega Women's Refuge Incorporated.**

This evaluation of the *Staying Home Leaving Violence* pilot project found that interagency cooperation and service coordination, the provision of outreach services, the development of individualised safety plans for women and their children, and community education were key factors in mitigating homelessness resultant from domestic violence.

This pilot program was launched in direct response to the research conducted by Edwards (2004). The objectives of the program were to (i) minimise the risk of

homelessness for women leaving violent relationships, (ii) to engage the community so that all parties affected by domestic violence are supported and (iii) to facilitate a collaborative network of service providers in order to improve service delivery (3). The community widely supported the principle that the perpetrator should be the party removed from the home but also expressed a desire for this cohort to have access to services under the program (to ensure a new group of homeless was not created).

The Bega pilot program required police, family violence support agencies, the courts and other government bodies (i.e. Centrelink) to work collaboratively in order for victims of domestic violence to remain safely in their homes.

The program was evaluated against the three objectives and the evaluation found that the majority of clients (59%) reported positive outcomes from the pilot and that those who had experienced negative outcomes also reported more complex situations (i.e. mental health or drug and alcohol issues). However, ongoing interagency cooperation and commitment was undermined by agency staff turnover and difficulty with adhering to agreements and memorandums of understandings (MOU), which in turn undermined the program's ability to secure victims' safety (Bega Women's Refuge Incorporated, 2007 10).

**Department for Communities and Local Government (DfCaLG) (2006) *Options for setting up a sanctuary scheme*. London: Department for Communities and Local Government.**

The United Kingdom (UK) has piloted programs called 'Sanctuary Schemes' during the past decade in order to allow victims of domestic violence to stay in their homes after they have left violent relationships, *if they wish and if it is safe to do so*. The objective is to mitigate the risk of homelessness. In 2005, homelessness resultant from domestic violence comprised of 13 per cent of all homelessness in the UK (DfCaLG 2006 5). The program focuses on creating a safer physical environment for the victim, including a 'sanctuary room' where they can retreat to and wait for police. Physical changes may include additional lighting, reinforced doors, grating on windows, security doors, and fire blankets (DfCaLG 2006 7).

The program requires local police, fire authorities, domestic violence organisations and local councils to work closely together in order to complete a risk-assessment of the property and ensure the victim has access to ongoing support (DfCaLG 2006 8).

The report estimates it costs between £750 and £1000 to set up each 'sanctuary'. In one pilot program 40 sanctuaries were set up in 2004/05, which resulted in a 40 per cent decrease in families accessing crises accommodation services and saved the local government an estimated £600 000 (DfCaLG 2006 24).

There is no national evaluation mechanism to measure the effectiveness of these programs on client outcomes. However each individual program is encouraged to conduct regular evaluation so there is anecdotal evidence to suggest participants in the schemes are happy with their outcomes (27). In one pilot program 71 per cent of victims said the Sanctuary schemes were a good idea with the majority (almost two-thirds) of participants reporting that they felt safer ((DfCaLG), 2006).

**Baker, C. K., Cook, S. L., & Norris, F. H. (2003) *Domestic Violence and Housing Problems. Violence Against Women, 9(7), 754.***

This research was conducted in the United States where 110 women who had experienced domestic violence were surveyed about their housing situations.

Baker et al. found that at least half of the women experienced a housing related problem after separating from their partner. For example, 38 per cent of women reported being homeless immediately after separation, 50 per cent sacrificed paying

bills in order to pay rent and 46 per cent reported credit problems (Baker, Cook & Norris, 2003 766). Roughly half of the women left the home they shared with their partner whilst in the other half of cases their partner left. According to researchers the women's housing problems were unrelated to whether or not she remained in the home, however those that left were more likely to experience homelessness at a later stage (Baker, Cook & Norris, 2003 767).

The study also found that women on higher incomes were less likely to become homeless compared with those on lower incomes, that those who experienced homelessness were twice as likely to contact a greater number of support services and that women who reported a positive response from police were 30 per cent less likely to experience homelessness after separation compared with women who reported a negative response (Baker, Cook & Norris, 2003 773).

Similarly, to Edward's research, when the women were asked what may have prevented them in becoming homeless, many emphasised the importance of staying in their own home and making their partner (the perpetrator) leave (Baker, Cook, & Norris, 2003 776).

## 4.5 Institutional exits

The draft NSW Homelessness Action Plan puts in place strong targets to prevent homelessness occurring when a person exits from institutional care. There is some evidence about effective practices for people leaving jail and young people leaving state care and protection.

### 4.5.1 Ex-prisoners

The strong evidence provided by the following study is presented under Prevention because of the White Paper target relating to institutional exits. However it is clear that many ex-prisoners require the assistance of actions identified under Breaking the Cycle.

**Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2003). *Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration?* Melbourne: Australian Housing and Urban Research Institute, RMIT-NATSEM Research Centre.**

This significant Australian study of people released from prison found that being homeless and not having effective accommodation support were both strongly linked to returning to prison.

Baldry et al. (2003) conducted a longitudinal study in NSW and Victoria which interviewed participants pre-release and then 3, 6 and 9 months post-release. The initial pre-release sample was 355 people, and 70 per cent (238 participants) were followed up post-release, a very high study retention rate for this kind of research (Baldry, McDonnell, Maplestone, & Peeters, 2003 8). This sample was statistically valid, and the findings reported here are statistically significant correlations.

On the most conservative estimate, the study found that homelessness increased from 18 per cent prior to incarceration to 21.4 per cent post release, and that homelessness was significantly associated with recidivism. Sixty-one per cent of those homeless on release returned to prison, compared to 35 per cent of those with accommodation (Baldry et al., 2003 12). Interview data indicated that up to half of the participants experienced episodes of homelessness over the follow up period (Baldry et al., 2003 12).

Housing stability, measured by the number of moves between interviews, was strongly associated with recidivism. Only 22 per cent of those who did not move or

moved only once returned to prison compared to 59 per cent of those who moved twice or more (Baldry et al., 2003 11). Half of the sample moved more than twice between interviews, and 15.5 per cent moved more than four times (Baldry et al., 2003 11).

The study found that the two factors most strongly predictive of returning to prison were moving often and worsening problems with heroin (Baldry et al., 2003 22). Problematic substance use of all kinds was found to be associated with increased likelihood of returning to prison (Baldry et al., 2003 19).

The housing situation most associated with staying out of prison was living with parents, partners or family members. Only 23 per cent of this group returned to prison, compared to 52 per cent of those living with others or alone (Baldry et al., 2003 13). The qualitative data indicates that relationships with family could be a significant source of support, however troubled relationships equally could lead to homelessness (Baldry et al., 2003 21).

The study also found that participants' own assessments of post-release housing support and other services were reliably accurate for predicting prison return outcomes (Baldry et al., 2003 15-17). Eighty-two per cent (N=62) of those who reported that housing support was helpful stayed out of prison, while 69 per cent (N=52) of those who reported unhelpful support did return to prison (Baldry et al., 2003 15-16). This indicates that program design could be significantly improved using the input of prisoners and ex-prisoners.

Overall, women, Aboriginal or Torres Strait Islanders, and people with debts were significantly more at risk of returning to prison.

A particularly disadvantaged sub-group in this study was Indigenous women from NSW. They experienced the highest rate of re-incarceration and homelessness. These women did have a dedicated support worker pre- and post-release however the fundamental problem was an inability to find suitable housing. Most of this group were cycling in and out of prison on short sentences. They were often unable to live with family, needed accommodation for their children and had debts to the Department of Housing (Baldry et al., 2003 25).

The study found a severe lack of services compared to the need. None of the study participants found accommodation in specialist post-release residential services. There was also a distinct lack of coordination and integration between services and programs (Baldry et al., 2003 24).

#### *4.5.2 Young people leaving care*

It is well established in the international research literature that exiting the care system is an extremely vulnerable time for young people, and they are at greater risk of homelessness and a range of other negative experiences (Mendes & Moslehuddin, 2004 ; Montgomery, Donkoh, & Underhill, 2006).

**Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: *The state of the evidence. Children & Youth Services Review, 28(12), 1435-1448.***

Montgomery et al.'s (2006) recent systematic review of effectiveness evaluations does find evidence that leaving care programs can improve education, employment and housing outcomes (Montgomery et al., 2006 1445). There are a number of published studies of US leaving care programs though they are generally considered to be methodologically weak (Montgomery et al., 2006 1445).

Montgomery et al. find that the evidence base is limited by small samples with large baseline differences between comparison groups, and little focus on long term

outcomes (Montgomery et al., 2006 1442). A further difficulty is that the composition of the programs varies widely and the lack of comparability hinders identification of critical practice elements. Largely due to data limitations, the review cannot determine how or why ILPs are effective (Montgomery et al., 2006 1446). The review also finds that while successful programs produce improvements relative to all young people leaving care, they are still significantly poorer than the general population (Montgomery et al., 2006 1446).

**Johnson, G., Natalier, K., Bailey, N., Kunnen, N., Liddiard, M., Mendes, P., et al. (2009). *Improving housing outcomes for young people leaving state out of home care*. Melbourne: Australian Housing and Urban Research Institute, RMIT Research Centre.**

Johnson et al. find that young people leaving care typically have high support needs and require integrated housing and support services.

As part of a current AHURI project investigating how to improve housing outcomes for young people leaving care, Johnson et al. (2009) review the research literature and the policy contexts, and draw a number of preliminary conclusions. Their forthcoming primary research involves qualitative analysis of the experience of 100 young people who have left care in Victoria and Western Australia, and will allow comparison of those who left care before and after 18, and those who transitioned to stable housing and those who became homeless (Johnson et al., 2009 37).

Johnson et al. (2009) report on an evaluation of a Victorian 'joined up' initiative (Young People Leaving Care Housing and Support Initiative) for young people aged 16-21 leaving care and assessed as 'at risk of homelessness'. The program provided up to two years case managed support and transitional housing (Johnson et al., 2009 22-4). The evaluation found that program clients had a higher level of need than average for SAAP clients, and required support to access employment, training, education, develop life skills, re-establish or enhance family connections, and referrals to services and accommodation (Thomson Goodall Associates (2008) YHAP Stage 1 Summary Report cited by Johnson et al., 2009 23).

The evaluation found that around 55 per cent of clients maintained housing stability however many still reported poor housing outcomes. A key recommendation was the need for innovation in designing housing options to suit young people leaving care rather than reliance on the traditional range of homelessness accommodation (Johnson et al., 2009 23). The final report from Johnson et al. may provide new ideas for innovation based on the qualitative interviews with young people.

Johnson et al. find no published evaluations of leaving care programs in Canada, France, Sweden and Ireland and only one study from the UK, now over a decade old (Johnson et al., 2009 33). Johnson et al. identify that the most significant weakness in the US evidence base is a lack of information about the time between the program and measurement of outcomes; without this correlation, it is not possible to judge the long-term effectiveness of leaving care programs (Johnson et al., 2009 34).

Another related evidence gap is the lack of correlation between the length of the program and outcomes achieved. We know from a number of other studies that the duration of support is a critical factor in young people's outcomes. For example, as discussed in Part B, an evaluation of UK Foyers finds a minimum effective duration of 8-12 months, and as discussed in Part C, Australian research finds that 20 support contacts over 12 months was a minimum threshold for improved outcomes.

Johnson et al. highlight evidence of the critical role of social relationships in the successful prevention of homelessness for young people leaving care.

They report on Cashmore and Paxman's significant longitudinal NSW study of forty-seven young people leaving care (J Cashmore & Paxman, 1996 ; cited by Johnson et al., 2009 34). The study found that the sense of belonging and a network of social supports was an important predictor of housing stability in the first twelve months; and that in shared tenancies, tenant conflict was the main reason for housing breakdown. The most common exit housing for care leavers was shared accommodation, yet conflict between tenants was the most common reason for housing breakdown. Forty one of these young people were also interviewed four to five years later (Judy Cashmore & Paxman, 2007), and Johnson et al. report that many young people were doing better after 4-5 years than they had in the first 12 months after leaving care (Johnson et al., 2009 27).

**Kroner, M. J. (2007). The role of housing in the transition process of youth and young adults: A twenty-year perspective. *New Directions for Youth Development*, 2007(113), 51-75.**

**Kroner, M. J., & Mares, A. S. (2008 in press). Lighthouse independent living program: characteristics of youth served and their outcomes at discharge. *Children & Youth Services Review*, doi:10.1016/j.childyouth.2008.10.011.**

In the context of a limited evidence base, a practice reflection on 20 years of transitioning young people from care to independence (Kroner, 2007) provides a convincing descriptive account of the elements of effective practice. The Lighthouse Youth Services program in Ohio, US operates under the assumption that

housing-based independent living programs must be designed to accommodate the full range of mistakes which their clients will make, despite the best efforts of program staff to minimize such mistakes (Kroner & Mares, 2008 in press).

Kroner identifies the following elements of the program's success (Kroner, 2007; Kroner & Mares, 2008 in press):

- The program uses private rental properties and therefore is not limited by available 'bed spaces.'
- Young people are involved in selection of the property, which is chosen for location and affordability. The intention is that the young person may continue to live there after the program's conclusion.
- The agency rents the property, pays the bond, and covers utilities and phone for the initial period and takes full responsibility for the young person's behaviour.
- If the young person is employed at discharge and has proven responsible, they are able to take over the lease and keep the furnishings, supplies and security bond.
- The program has a range of alternative supervised housing options to provide 'time-out' and preserve neighbourhood relationships, but the property is kept for the young person as an incentive to moderate their behaviours.
- Young people complete a Life Skills curriculum through 12 projects at their own pace covering skills in living independently, employment and social development.
- Each young person has an intensive case worker (case loads of 8-12).
- Staff are available for emergency response 24 hours, 7 days a week.

A recent study of the Lighthouse program analysed outcome data for 455 youth admitted to the program between 2001 and 2006 and finds overall outcome rates of 60 per cent school completion, 31 per cent employment and 33 per cent independent housing, with significant variability by risk factor groups, age at admission and length of stay (Kroner & Mares, 2008 in press).

Young people were assessed against twenty-two risk factors including mental health, teen pregnancy, juvenile crime, social functioning, learning disabilities and health risks. The research found that clients with one or two risk factors did significantly better than those with four or five, and surprisingly, better than those with no risk factors (Kroner & Mares, 2008 in press).

The study also found that young people of age 19-20 generally achieved better outcomes than those younger clients who entered at 16-18. The older group were more likely to have completed high school, be employed and be living independently (Kroner & Mares, 2008 in press).

Overall clients who stayed longer than 6 months in the program were more likely to be employed and independently housed (Kroner & Mares, 2008 in press).

Recognising that the overall outcome rates for the program (widely considered successful) may appear low, Kroner and Mares note that positive outcome rates could be increased by denying program entry to young people with high risk factors. Their finding that good outcomes are negatively related to high risk factors for youth leaving care reinforces our broader understanding of the known challenges faced by young people experiencing or at risk of homelessness.

## **4.6 Prevention research understandings**

### *Costs of homelessness*

- Homeless people make more use of emergency services (including shelters, hospitals and justice) than the mainstream population.
- Long term chronic use of emergency services (including emergency housing) is often more expensive to government and society than providing integrated housing and support.
- The full cost of homelessness may never be known because the impacts are diverse and complex.

### *Indigenous social housing tenancies*

- Actions to prevent the breakdown of Indigenous social housing tenancies can prevent homelessness.
  - Social housing administrative processes can negatively and unnecessarily impact on the success of Indigenous tenancies.
  - Indigenous housing careers are often shaped by high rates of life-crises including experienced violence and material disadvantage.
  - Indigenous over-crowding in social housing may be a significant direct and indirect cause of homelessness.

### *School aged young people*

- Experiencing homelessness under the age of 18 is a significant risk factor for long term homelessness (see Part B)
- Assertive school welfare programs with strong links to community agencies can help prevent homelessness in school children.

### *Domestic and family violence related homelessness*

- Family violence combined with a lack of affordable housing is a major cause of women's homelessness.
- Socio-economic disadvantage is a key risk factor for homelessness caused by family violence.
- Assisting women and children to stay in their homes *where this is possible* is preferable as it minimises disruption, particularly to social and educational supports.
- For Indigenous families, community based 'safe houses' for women and 'cooling-off' centres for men are better than mainstream services.

### *Institutional exits*

- Coordination and planning prior to an institutional exit are critical to ensure that housing needs are considered and options explored.
- Comprehensive support to address the range of issues and challenges faced by the individual is required pre/during/after institutionalisation.
- Well resourced formal mechanisms to ensure and maintain integration between different government and non-government agencies.
- Support to access housing is critical to an effective preventative response.

### *Key prevention mechanisms*

- Involving mainstream agencies,
- Understanding risk factors and danger signs, and
- Coordinating government, non-government and emergency agencies in providing housing and support.

## 5 EFFECTIVE RESPONSES

This part of the synthesis presents evidence about actions which contribute to 'effective responses so that people who become homeless do not become entrenched in homelessness.' The research suggests that intervening early in a person's experience of homelessness is one important component of Effective Responses.

There is very little evaluative evidence about successful programs for effective responses and homelessness early intervention, and this is perhaps not surprising given the existing crisis focused service system.

The research evidence is strong in identifying the justification *for* early intervention, and highlighting aspects of the existing service system which undermine effective responses

### 5.1 'Homelessness is bad for you'<sup>4</sup>

Early intervention is justified by the consistent evidence that the longer the duration of homelessness for an individual the more difficult it will be to assist that person back into housing stability and mainstream social connectedness.

This evidence underpins initiatives in Prevention and Early Intervention which are at least partly motivated by the assumption that the duration of homelessness for an individual makes a difference to the effort it will take to resolve. Acting early has the potential to reduce costs to government and the community as well as reducing the immediate and long term effects on the individual.

Australian homelessness researchers, Guy Johnson and Chris Chamberlain, explain the logic in this way:

Early intervention is predicated on the belief that homelessness is a process and that prolonged exposure to homelessness increases the likelihood of people becoming entrenched in the homeless population (Johnson & Chamberlain, 2008a 565).

**Johnson, G., & Chamberlain, C. (2008). From youth to adult homelessness *Australian Journal of Social Issues*, 43(4), 563-582.**

**Johnson, G., & Chamberlain, C. (2008). Homelessness and substance abuse: which comes first? *Australian Social Work*, 61(4), 342-356.**

Johnson and Chamberlain's recent research confirms international findings that the experience of homelessness often involves a number of adaptive processes which then make it more difficult for a person to escape. In particular, the evidence suggests the need to prioritise actions to avoid the use of low-cost rooming houses as part of Effective Responses to intervene early in a person's homeless experience.

The study combined the analysis of quantitative data on 5,186 households assisted by two inner-Melbourne homelessness agencies and qualitative data from 65 in-depth interviews with people who were or had been homeless. Of the large sample, 4,291 were homeless while the remaining households were at risk.

This study was conducted in Victoria and therefore cannot reflect the NSW context and population. However, the quantitative sample was significantly large, and the findings sufficiently congruent with other Australian and international research, to conclude that the evidence has relevance to a broader understanding of inner-city homelessness.

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<sup>4</sup> (Johnson, Gronda, & Coutts, 2008 160-3)

Johnson and Chamberlain found that 43 per cent of the homeless sample had substance abuse issues, however two thirds (66%) of this group developed problematic substance use *after* becoming homeless (Johnson & Chamberlain, 2008b 349).

Johnson and Chamberlain also find evidence to link substance abuse with both longer durations, and more episodes, of homelessness. They find that 82 per cent of people with problematic substance use had been homeless for 12 months or more compared to 50 per cent of those without. And three quarters (76%) of those with problematic substance use had experienced two or more episodes of homelessness compared to less than half (48%) of those without (Johnson & Chamberlain, 2008b 352).

Qualitative interview data revealed that people often began drug use as a way of coping with the harsh conditions and secondly as a way of belonging to the homeless subculture (Johnson & Chamberlain, 2008b 350).

The study also found that boarding houses are a very common part of homelessness experience, and the likelihood of staying in one increases the longer someone is homeless. Chamberlain et al. find that over two thirds of those homeless less than three months had stayed in boarding houses (Chamberlain, Johnson, & Theobald, 2007 27). Experience in boarding houses by duration of homelessness increased from 69 per cent of those homeless less than three months to 79 per cent of those homeless between 3-11 months, to 91 per cent of people who had been homeless for more than a year (Chamberlain et al., 2007 27).

Comparing these figures with those of the formal homeless system suggests the level of scarcity in supply of the formal crisis accommodation. They find that only 29 per cent of those who had been homeless less than three months had accessed homelessness service system accommodation, compared to 48 per cent of those with a medium term problem and 70 per cent of those who had been homeless a year or longer (Chamberlain et al., 2007 26).

Qualitative evidence reveals the link between drug using culture and rooming houses (Johnson & Chamberlain, 2008b 351). Johnson and Chamberlain quote the following indicative comment:

I was more frightened in there than when I was on the streets. I was trembling because there were all these big dudes ... There was nothing I could talk to them about apart from drugs. The only thing we all had in common was heroin (Johnson & Chamberlain, 2008b 351).

The qualitative interview data revealed the role of boarding houses in exposing newly homeless people to the rules and survival strategies of homelessness, and to high levels of violence and drug use (Johnson & Chamberlain, 2008a 571-4). Johnson's longitudinal study of 108 homeless people, documents in detail the sites and activities of the homeless subculture, and finds how newly homeless people learn 'the rules of the street' and connect to other homeless people, and how this can lead to further problems which make it harder to get out of homelessness (Johnson et al., 2008 73-87 144-159). The research finds that boarding houses and some parts of the homelessness service system itself (for example youth refuges and drop in centres) can be sites of the homeless subculture. This finding does not negate the positive work of the service system, but it does suggest a real need to consider how to manage these inadvertent consequences.

Other studies presented in this report, Karabanow (2008), Kidd and Davidson (2007), Rice et al. (2005) and Smith (2008), all confirm that young people's involvement in homeless subcultures can be both essential for surviving homelessness and can create damaging effects which extend the duration of homelessness (Karabanow,

2008 ; Kidd & Davidson, 2007 ; Rice, Milburn, Rotheram-Borus, Mallett, & Rosenthal, 2005 ; H. Smith, 2008). Chamberlain et al. write:

One consequence of putting short-term homeless people into boarding houses is that it exposes them to a culture in which drug use and violence are common. In boarding houses, newly homeless people are introduced to long-term homeless people who have a range of other problems (Chamberlain et al., 2007 27).

The study also specifically analysed the transition from youth to adult homelessness and found more evidence that the experience of homelessness is damaging and can perpetuate further homelessness.

Johnson and Chamberlain find that a third of the sample (1,677 people, 32%) had first become homeless at 18 or younger (Johnson & Chamberlain, 2008a 567). Of this group, 60 per cent had also subsequently developed problematic substance use, compared to only 14 per cent of those who first became homeless at 19 years old or older (Johnson & Chamberlain, 2008b 350).

They find that the transition from youth to adult homelessness is strongly linked to long term chronic homelessness. They find that 70 per cent of the sub-group aged 19-24 had experienced long term homelessness, and just over a third (37%) had been homeless for two years or longer. Of those aged over 25, 85 per cent had a long term homelessness experience, and just over half had been homeless for two years or longer (Johnson & Chamberlain, 2008a 569).

***In their own words: insider knowledge from people who have experienced homelessness.*** (2007). DVD and streaming video available from [www.connectedhomeless.com](http://www.connectedhomeless.com)

**Martin, Allan.** *Lowering the bar: a study of rooming house conditions and environments* (2006). [www.connectedhomeless.com](http://www.connectedhomeless.com)

Johnson and Chamberlain's research findings are powerfully confirmed in the qualitative evidence provided by *In their own words* an educational DVD which presents in depth interviews with residents and ex-residents of rooming houses. These first person accounts provide unique and powerful evidence of the damaging effects of boarding house accommodation from the perspective of people who have experienced homelessness.

## **5.2 Different people, different paths**

National and international best practice responses to homelessness identify the significance of understanding the diversity within people's experience of homelessness as well as common patterns (Greenhalgh, Miller, Mead, Jerome, & Minnery, 2004 133-141).

**Johnson, G., Gronda, H., & Coutts, S. (2008) *On the outside: pathways in and out of homelessness*. Melbourne: Australian Scholarly Publishing.**

Johnson et al.'s (2008) Australian qualitative longitudinal study of 108 homeless people confirms this approach and by analysing people's biographies, finds, broadly speaking, two clusters of people's 'pathways into and out of homelessness', and hence two types of responses to assist them getting out of homelessness (Johnson & Chamberlain, 2008a 173).

One cluster can typically include people who first become homeless due to mental illness or substance abuse, and young people who leave home to escape violence and abuse, or are taken from home by the care and protection system.

- This cluster has typically the longest duration of homelessness and require significant, persistent supports and secure housing, to overcome multiple difficulties (Johnson & Chamberlain, 2008a 182-188).

The other cluster can typically include women and families who become homeless through domestic violence or financial disadvantage and young people who left home due to conflict with family rules.

- This group tend to have a shorter duration of homelessness, and the critical factor for ending their homelessness is affordable, well located housing. Keeping this group out of the 'homelessness service system' is vital for preventing further harms such as the development of mental illness or substance use issues (Johnson & Chamberlain, 2008a 174-182).

A general finding from this research was that social housing reduced the reoccurrence of homelessness. After nine months, 90 per cent of people who exited transitional accommodation to public housing remained housed, compared to 67 per cent of those who took up private rental housing (Johnson & Chamberlain, 2008a 172).

### **5.3 Family violence related homelessness**

Where women cannot stay safely at home, family violence can lead to homelessness. The recent synthesis by Tually et al. (2008) cited above finds that the lack of affordable housing options is the key barrier to an effective service response to women escaping family violence and a reason why women escaping domestic violence are forced to experience homelessness (Tually et al., 2008 45).

#### *Refuge and other accommodation*

Short-term refuges can provide essential, immediate safety but without secure, affordable ongoing housing options, women may return to dangerous home environments. Tually et al. highlight the importance of minimising the number of times a woman must move, noting the disruption this has particularly for children at school, and consequently find that transitional housing options are less suitable than permanent housing (Tually et al., 2008 46).

There is evidence that women of different ages prefer different kinds of emergency accommodation models. Tually et al. find that:

Communal living arrangements generally work best for, and are preferred by, younger women escaping violence, who appreciate the support networks they can build with other women (and children) around them. Older women, on the other hand, have a stronger preference for more independent living, preferring individual properties. (Tually et al., 2008 44)

Tually et al. find that for Indigenous families affected by family violence, local community based safe houses for women and cooling off houses for men are the preferred service response (Tually et al., 2008 47).

In general the synthesis finds that the use of motels as temporary emergency accommodation is considered to be particularly inappropriate due to the lack of security and lack of support, the inappropriateness for children, the inadequate cooking and laundry facilities and in addition they are seen as an expensive and wasteful use of limited brokerage funds (Tually et al., 2008 47).

### **5.4 Indigenous homelessness**

There is strong evidence to prioritise responses to Indigenous homelessness because Indigenous Australians are disproportionately experiencing homelessness.

There is evidence that different concepts of homelessness should guide Indigenous specific homelessness interventions but very little evaluation of effective programs. A notable exception discussed under Breaking the Cycle is an in-depth qualitative study of inner city Sydney Indigenous homelessness which identifies clear areas for action. Current work by AHURI using qualitative studies in WA and NSW will significantly improve knowledge in this area. Note that evidence about Indigenous families affected by family violence is presented above.

*Indigenous people are disproportionately affected by homelessness*

The ABS and AIHW report on 2006 Census data (unadjusted for undercounting) finds that 4,116 Indigenous people were homeless (ABS and AIHW 2008 46). This means that a minimum of eight in every one hundred Indigenous people were homeless on Census night.

The 2001 Census analysis by Chamberlain and MacKenzie showed that the rate of Indigenous homelessness was far higher than the rest of the population: 176 per 10,000 compared to 50 per 10,000 for the non-Indigenous population (ABS and AIHW 2008 46).

In addition, the ABS and AIHW report that in 2005-06 Indigenous people made up 17 per cent of all clients of SAAP, the national homelessness assistance program. Nearly three quarters of Indigenous SAAP clients in this period were female, compared to 57 per cent of non-Indigenous clients (ABS and AIHW 2008 47-8).

Indigenous children were far more likely to have accompanied a parent to a SAAP service, at a rate of 537 per 10,000 compared to 69 per 10,000 for non-Indigenous children. Of children aged 0-4, 1 in every 11 Indigenous children had attended a SAAP service compared to 1 in every 88 non-Indigenous children (ABS and AIHW 2008 49).

**Memcott, P., Long, S., Chambers, C., & Spring, F. (2003). *Categories of Indigenous 'homeless' people and good practice responses to their needs.* Melbourne, AHURI Final Report No. 49**

**Birdsall-Jones, C. and Shaw, W. (2008) *Indigenous homelessness: place, house and home*, Australian Housing and Urban Research Institute, Western Australia Research Centre AHURI Positioning Paper No. 107**

Memcott et al. (2003) find that mainstream concepts of 'homelessness' do not serve indigenous people well, and conclude that policy and programs for Indigenous homeless people may require different concepts of 'homelessness' in order to adequately understand and respond to the needs of this group of people.

Memcott et al.'s AHURI project reviewed research including empirical studies from Alice Springs, Halls Creek (WA), Redfern, Cairns, Mt Isa, Townsville, Darwin and Adelaide. They found three broad categories of Indigenous homeless experience: public place dwellers, at-risk-of-homelessness persons, and spiritually homeless persons (Memcott et al., 2003 15).

People at-risk-of-homelessness could be grouped into four categories, three of which stem from the circumstances of the tenants' lifestyle, either insecure socio-economic aspects of lifestyle, household crowding, or dysfunctional residential mobility; and the fourth from the architectural circumstances of the housing – such substandard housing potentially impacting on the health and safety of the householders (Memcott et al., 2003 15).

A current AHURI project led by Christina Birdsall-Jones is testing these categories using an ethnographic study of Indigenous homelessness in NSW and WA. It will also

connect the work on homelessness with Birdsall-Jones and Corunna's research on Indigenous housing careers and aspirations (discussed in the section on Prevention).

The project, 'Indigenous homelessness: place, house and home' will deepen the evidence base on why some Indigenous people are homeless, what are their future housing aspirations and what kind of services are likely to assist them fulfil their goals.

## 5.5 Interventions with young people

A significant source of evidence about youth homelessness is *Project i*, an internationally comparative longitudinal study of over 1200 homeless young people in Melbourne and Los Angeles.<sup>5</sup>

**Rice, E., Milburn, N., Rotheram-Borus, M. J., Mallett, S., & Rosenthal, D. (2005). The Effects of Peer Group Network Properties on Drug Use Among Homeless Youth. *American Behavioral Scientist*, 48(8), 1102-1123.**

**Mallett, S., Edwards, J., Keys, D., Myers, P., & Rosenthal, D. (2003). *Disrupting Stereotypes: Young people, drug use and homelessness*. Melbourne: Key Centre for Women's Health in Society, The University of Melbourne.**

**Mallett, S., Rosenthal, D., Myers, P., Milburn, N., & Rotheram-Borus, M. J. (2004). Practising homelessness: a typology approach to young people's daily routines. *Journal of Adolescence*, 27, 337-349.**

*Project i* was also able to identify four distinct sub-groups of young people by analyzing their daily routines and social connections (Mallett, Rosenthal, Myers, Milburn, & Rotheram-Borus, 2004). While these groups are not intended to imply a fixed or final identity for any individual, the robust analysis provides evidence of how programs could be differentiated to meet different needs in the homeless population.

The largest group, comprising 45 per cent of the sample, were described as 'service connected - harm avoidant homeless'. This group had the youngest members, with the shortest time since first leaving home. The majority were female. They generally spent their time connected to services, including school, rather than with friends or on the street, and were less likely to be engaged in illegal activities (Mallett et al., 2004 344).

In Australia, other young people were more likely to be part of two smaller groups: the 'partnered homeless' (16%) and the 'socially engaged' homeless (21%). The first group were more likely to be young women who had first left home a long time ago, while the second were typically young men who had left home a medium time ago and spent most time in recreational social activities (Mallett et al., 2004 343-344).

A final sub-group was more common in the United States than in Australia; it typically comprised young men with the longest duration of homelessness. This sub-group was just under 19 per cent of the sample and members spent most of their time in transient street locations. This group had the highest level of illegal activities and were only moderately connected to services (Mallett et al., 2004 344).

The findings of *Project i* correlate with the evidence found by Johnson and Chamberlain that connections to other homeless people and particularly exposure to drug using peers increased the young person's own drug use. *Project i* found that having more injecting drug users or homeless peers in a newly homeless young person's social network was associated with higher drug use after three months (Rice et al., 2005 1117).

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<sup>5</sup> For more information, see <http://www.projecti.org.au/>

Conversely, *Project i*'s qualitative data from Melbourne finds that better relationships with supportive partners and with family was correlated with homeless young people reducing or giving up their problematic drug use (Mallett, Edwards, Keys, Myers, & Rosenthal, 2003 62-5). The researchers advocate 'interventions at a street level that attempt to connect homeless youth to positive social influences' (Rice et al., 2005 1119).

### 5.5.1 Foyers

For some young people, including members of the group Mallet et al. (2004) identify as the 'service connected-harm avoidant homeless' group, there is evidence that housing and integrated education, employment and training support may work as an early intervention. 'Foyers' are a European model of providing transitional housing for young people integrated with support emphasising education, employment and training. There are currently two explicit 'Foyer' models in Australia.

There is very little evidence about the existing Australian Foyers. New South Wales established Australia's first Foyer based on the UK model in 2003.<sup>6</sup> The Miller Campus provides accommodation for 29 young people. AHURI research finds that initial outcomes from the first year of accommodation appeared promising, with indications that the program prevented young people from leaving school. The research found a high level of tertiary aspirations among residents (Randolph & Wood, 2005 7). The key attraction of the Campus to young people was the secure accommodation and the opportunity for independent living (Randolph & Wood, 2005 7).

In Victoria, there is a Foyer-style model currently called Step Ahead. Melbourne Citymission's Step Ahead Case Practice model notes that selection criteria ensure that young people:

demonstrate some level of personal stability, (for example, not currently experiencing severe drug or alcohol issues), as well as motivation and willingness to participate in the program. (Melbourne Citymission, 2009 7)

The high-functioning eligibility criteria for the Victorian model suggest the targeted applicability of the intervention, and this is confirmed in the evidence available from the UK.

**Lovatt, R., Whitehead, C., & Levy-Vroelant, C. (2006). Foyers in the UK and France – Comparisons and Contrasts. *European Journal of Housing Policy*, 6(2), 151-166.**

**Quilgars, D., Anderson, I., Burrows, R., & Pleace, N. (1997). Addressing the problem of youth homelessness and unemployment. In *Homelessness & Social Policy* (pp. 216-228): Routledge.**

In the UK, after initial pilot programs proved successful (Lovatt, Whitehead, & Levy-Vroelant, 2006 159), 'Foyers' have grown widely and developed strong popular appeal.<sup>7</sup> However there is limited quantitative evidence of their effectiveness in part because research has not overcome the methodological difficulties of using a large enough sample to control for the individual characteristics of the young people, nor been able to assertively track at risk young people over an adequate time frame. A

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<sup>6</sup> The Foyer was originally delivered by Live n' Learn however management was transferred to Parramatta Mission in 2008.

<sup>7</sup> The Foyer Federation website claims international growth of one new Foyer every month. See <http://www.foyer.net>

further evaluative difficulty is that Foyers are, in their design, unique and adapted to the local context.

Quilgars and Anderson review the contribution of Foyers to the UK support system for young homeless people, and report findings of the pilot evaluation in the early and mid 1990s (Quilgars & Anderson, 1997). Both the pilot evaluation and the later follow up research found that Foyer residents had improved employment and education outcomes, though there was no control group comparison. The study emphasised that the key outcome constraints were the young people's starting circumstances and the labour and housing market conditions.

The pilot study found that while young people's outcomes are inherently limited by the housing and labour markets, the program increased young people's confidence and helped them compete for existing job and housing opportunities (Quilgars & Anderson, 1997 226).

It was important to both workers and young people to measure success by steps along the way to securing a job, for example having the confidence to attend an interview (Quilgars & Anderson, 1997 225). The evaluation also found that most young people used the education, employment and training services without compulsion, and the comprehensive nature of the support – not just employment, and not just housing – was highly valued (Quilgars & Anderson, 1997 225).

The initial model proposed a tight integration of accommodation and employment services, with residents required to sign a contract to use the employment and training services. The pilot site did not implement this requirement uniformly, and in fact it was found that the two least integrated hostels had very high user satisfaction, and one achieved the highest job placement success (Quilgars & Anderson, 1997 222).

Five hundred young people accessed the pilot Foyer services. One quarter of the young people leaving the Foyers left with both employment and permanent housing, however the pilot showed that most young people travelled on a more complex and non-linear pathway than the model assumed (Quilgars & Anderson, 1997 224). A significant number left due to breaching their tenancy, highlighting a disadvantage of the service integration, namely that an evicted young person also lost access to the education and training services (Quilgars & Anderson, 1997 224).

**Smith, J., Browne, O., with Vanessa Newton, & O'Sullivan, A. (2006). What happened next? A report on ex-residents of Foyers. London: The Housing Corporation and The Foyer Federation.**

**Smith, J. (2004). *Dispersed foyers: a research study*. London: Centre for Housing and Community Research and The Foyer Federation.**

A more recent evaluation by Smith (2004) evaluated dispersed Foyers, single-site Foyers and floating support schemes. Smith emphasises how strongly client outcomes are determined by the local housing and employment context, and influenced by the practice differences and needs targeting of the individual foyer, and therefore cautions against comparing outcomes across different foyers (J. Smith, 2004). Smith also reports that it was clear that both 'hard' and 'soft' outcomes are valued by staff and young people: 'soft' outcomes include confidence, self-esteem and a sense of direction, while 'hard' outcomes include getting a job, a training achievement or a new experience such as volunteering (J. Smith, 2004 123-130).

Similar outcome constraints were found by the UK's first national follow up study of young people who left supported accommodation (J. Smith, Browne, with Vanessa Newton, & O'Sullivan, 2006). The study included 126 young people and found that outcomes for young people are constrained by the housing and employment

opportunities in the local area, and by the complex issues facing the young person to begin with. Specifically:

- 59 per cent of young people in the study reported symptoms indicating high levels of mental distress prior to entering the Foyer (J. Smith et al., 2006 28).
- On exiting the Foyer, 90 per cent reported that they could not go home.
- Over half of the sample left and maintained tenancies in social housing (J. Smith et al., 2006 7).
- One quarter reported that Foyer staff encouragement to go to work or college had made a difference to their lives (J. Smith et al., 2006 59).
- Two-thirds of the sample were in full or part-time work, training or education at the first follow up interview, declining to just over half by the second follow up interview (J. Smith et al., 2006 61-2).

Smith et al. found that the average length of Foyer stay was 13 months, and minimum effective duration was 8-12 months (J. Smith et al., 2006 10). Some types of young people seem to need longer including those aged 16-17 and those with a disability.

The research asked residents how the Foyer program could be improved. Ex-residents identified the need for more individualized support and more consultation particularly in order to provide tailored skills development. Comments included:

Assess what level the residents are on and then help them.

Talk to people and listen to what they have got to say about what they need.

Assess people's skills and then see what they want and need to do.

Research what they are looking for and then ask them: Do you want it or not?  
(J. Smith, 2004 94)

Money management was considered important and a typical comment was: 'Take them out and show them what it is like to be living in a flat of your own and how much the bills cost' (J. Smith, 2004 94). Other comments identified the need for more respectful staff practices, specifically found lacking in over-night or door staff: '... ensure that the door staff don't speak to the residents like children' (J. Smith, 2004 94).

The study identifies that rigid requirements for education or employment outcomes mitigated against workers taking time to find out what the young person needs and wants. Study participants complained: 'They were just concerned with sending people to college or to work. They didn't deal with anything else'; and instead recommended: 'Concentrate on residents, not just on whether they are training or working' (J. Smith, 2004 95).

The study authors comment that current staffing ratios constrain the ability to provide individualised support, but identify an opportunity to improve through the existing practices of 'action planning' and recommend it be reviewed.

### *5.5.2 Rural and regional youth homelessness*

**Beer, A., Delfabbro, P., Oakley, S., Verity, F., Natalier, K., Packer, J., et al. (2005). *Developing models of good practice in meeting the needs of homeless young people in rural areas*. Melbourne: Australian Housing and Urban Research Institute, Southern Research Centre.**

An AHURI study focused on rural youth homelessness has identified the significance of place and community networks. This research (Beer et al., 2005) comprised five

case studies at rural and regional sites in Southern Australia,<sup>8</sup> chosen to reflect the diversity of rural communities. Each case study included focus groups of around 12 young people experiencing homelessness, and interviews with service providers.

Beer et al. find that rural young people have a strong sense of place and community (Beer et al., 2005 20). Young people from rural communities place a high value on staying within their community, and strongly rely on friendship networks for support.

The strength of these community networks is a resource for young people, but can also constitute a barrier for marginalised young people. The study finds that young people in rural areas may suffer from inter-generational discrimination, based on the 'reputation' of their families. This may be a particular challenge for young Indigenous Australians (Beer et al., 2005 1). The study also reported that lesbian and gay young people were particularly vulnerable in rural areas (Beer et al., 2005 29).

Particular barriers facing young people in rural areas include the typically 'thin' labour markets, tight housing markets and less access to services (Beer et al., 2005 1).

Rural homeless young people in this study confirmed that being treated with respect is a crucial foundation for effective practice. The young people complained of patronising treatment from services, and identified that they wanted: 'some help, not a lot'; and they wanted to be 'shown what to do to help yourself' (Beer et al., 2005 21).

## **5.6 Respect is the key service delivery principle**

Research with people experiencing homelessness consistently identifies the importance of being treated with respect. As found by Smith (2004) and Beer et al. (2005), the evidence from the following studies challenges the assumption that a person experiencing homelessness is a passive victim or unable to take care of themselves, and emphasises the importance of respecting a person's strengths while delivering access to needed resources and services.

While this evidence is equally applicable to all three Action Areas, it is presented here as evidence of the fundamental starting point for effective responses.

Ethnographic studies of homeless people's experience with service providers shows that patronising or dismissive treatment, while it may result from a high workload rather than intentional disrespect, has damaging and humiliating effects.

The synthesis highlights these findings, not to suggest that bad practice is widespread, but to identify the need to review administrative practices to ensure unnecessary harms are avoided, and to ensure workers have reasonable workloads and adequate support.

**Dickson-Gomez, J., Convey, M., Hilario, H., Corbett, A. M., & Weeks, M. (2007). Unofficial policy: access to housing, housing information and social services among homeless drug users in Hartford, Connecticut. *Substance Abuse Treatment, Prevention, and Policy* 2(8).**

A study of 65 homeless drug users by Dickson-Gomez et al. finds how administrative compliance requirements or procedural hurdles can be a source of humiliation and disrespect in the context of extreme resource scarcity. For example, one person commented about their support worker: 'She...act like....she giving it to me out of her pockets, which she is, which you all are, but she make you feel like you beneath' (Dickson-Gomez, Convey, Hilario, Corbett, & Weeks, 2007 6). Others described the feeling of shame at being required to provide personal documents like a police record.

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<sup>8</sup> Case studies were conducted in South Australia, Western Australia, Tasmania and Victoria.

**Kidd, S. A., & Davidson, L. (2007). 'You have to adapt because you have no other choice': The stories of strength and resilience of 208 homeless youth in New York City and Toronto. *Journal of Community Psychology*, 35(2), 219-238.**

This qualitative ethnographic research with 208 young homeless people in Toronto and New York finds that the consistent lack of resources experienced by young people on the streets intensifies the importance of any source of self-respect and support: 'we hang on so tightly to every little shred of anything we get' (Kidd & Davidson, 2007 223). Another young person commented: 'I'm not proud that I'm homeless, but I'm proud that I can actually go through the day without constantly taking things from people' (Kidd & Davidson, 2007 230).

The research finds that adapting to street life required developing strength and the capacity to look after yourself without the help of family or the police, and this was a source of pride and self-respect (Kidd & Davidson, 2007 225-6). The data from over 200 young people living on the streets reveals a group of resilient survivors with a high level of self-care ability.

**Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *Social Science Journal*, 45(2), 207-222.**

Hoffman and Coffey's (2008) analysis of a database of 515 interviews with homeless people in the city of Portland, Oregon USA found that 44 per cent of comments relating to 'conditions of service' and 'staff interactions' reported disrespect, rude treatment, lack of compassion, incompetence and unethical behaviour.

- Dehumanisation and/or infantilisation were specifically and commonly identified experiences in which homeless people were made to feel either less valuable than everyone else, or less capable and specifically that the service provider 'knew best' (Hoffman & Coffey, 2008 213).
- An example of positive, respectful treatment was a service which provides a café where 'people are treated as customers would be at any public restaurant'; the meals are provided for a fee, however people are able to exchange their labour for a meal if they do not have any money (Hoffman & Coffey, 2008 218).

## **5.7 Effective responses research understandings**

### *Impact of homelessness*

- Many people develop substance use issues after they become homeless as a means of coping with the experience of and reasons for homelessness.
- People experiencing homelessness are not a homogenous group, and better understanding of differences can help target assistance programs.

### *Key early intervention mechanisms*

- Early intervention will be more effective if it does not include the use of low-cost rooming houses as emergency accommodation because these are known to be often sites of violence, drug use and crime.
- Social interactions are integral to the processes of becoming, surviving and exiting homelessness, both between homeless people and with the mainstream community.
- Early intervention will benefit from strategies to maintain social connections with the mainstream community.

### *Family violence*

- A lack of affordable housing options reduces the effectiveness of the women's refuge system. Without permanent housing options, women are faced with returning to a violent situation or homelessness.
- Permanent housing is preferable to transitional accommodation to minimise disruption particularly for children at school.
- For Indigenous families, community based 'safe houses' for women and 'cooling-off' centres for men are better than mainstream services.

### *Indigenous homelessness*

- Greater investment in effective responses is needed as Indigenous people disproportionately experience homelessness.
- Different concepts of homelessness may aid in responding more effectively, including understandings of kinship structures and connection to place.

### *Young people*

- Young people without complex needs may benefit from secure accommodation integrated with support to maintain ties with mainstream education and employment, and develop independent living skills and confidence, for example as provided by Foyers.
- Evidence of the damaging effects of the 'homeless subculture' identified in the research implies that congregate care Foyer models may be inappropriate for young people with complex needs and strong connections to other homeless young people.
- A further disadvantage of Foyer models for young people with complex behavioural issues is that eviction from the housing means losing access to support as well.
- Intensive support for independent living programs may be more appropriate for early intervention with young people that have complex needs.
- Rural and regional young people have strong connections to place and community.

### *Respect is the key service delivery principle*

- Administrative systems can inadvertently humiliate or degrade people experiencing homelessness.

High workloads and scarce resources can impact on workers' capacity to maintain respectful, ethical practice.

## 6 BREAKING THE CYCLE

Breaking the Cycle is defined as service responses designed to ensure that people who have been homeless do not become homeless again. As discussed in Part B, different people require different responses, and the evidence presented here cannot cover all possible models. However, the strong evidence about the effectiveness of case management in Breaking the Cycle does emphasise the significance of individualised support. By comparison with Effective Responses, some of the responses in Breaking the Cycle are targeted to what can be called 'entrenched' homelessness.

### 6.1 What is known about 'entrenched' homelessness?

**Chamberlain, C., Johnson, G., & Theobald, J. (2007). *Homelessness in Melbourne: Confronting the Challenge*. Melbourne: Centre for Applied Social Research, RMIT University.**

The major study of inner-city Melbourne homelessness cited above also provides a profile of the prevalence and characteristics of long-term homelessness. Chamberlain et al. (2007) find that 64 per cent of a sample of 4,540 people accessing two inner Melbourne homelessness agencies had been homeless for one year or longer (Chamberlain et al., 2007 24).

This research finds that the formal homelessness service system in metropolitan areas is typically assisting people with longer term homelessness issues.

While the definition of what is short-term, and what is long-term homelessness is ultimately a judgement, Johnson and Chamberlain deploy an emerging Australian convention of a 12 months threshold for long term homelessness (Johnson & Chamberlain, 2008a 568).

Chamberlain et al. (2007) confirm the understanding that people generally stay with friends and relatives when they first become homeless, turning to the formal service system only after these options have been exhausted (Chamberlain et al., 2007 26).

Ninety-two per cent of the sample were moving between various forms of shelter (Chamberlain et al., 2007 25). Only six per cent were living permanently in the same boarding house, these were typically older men, and only two per cent were consistently sleeping rough (Chamberlain et al., 2007 25).

Sleeping rough however was an occasional experience for nearly half of the research sample, and the likelihood of sleeping rough rises the longer someone is homeless: from 20 per cent of the newly homeless (up to three months), rising to 34 per cent and then to 62 per cent of the long term homeless group (Chamberlain et al., 2007 29).

Chamberlain et al. (2007) comment on the difference between their findings and ABS Census figures, which found in 2001 that 14 per cent of the homeless population were sleeping rough on census night. The longitudinal analysis enabled by their research method provides a better understanding of the phenomenon of rough sleeping.

**Taylor, K. (2006). *Posttraumatic stress disorder among homeless adults in Sydney*. University of Sydney, Sydney.**

Taylor's study of homeless adults in Sydney confirms a high level of challenging mental health needs in this population.

The study assessed the prevalence of post-traumatic stress disorder using in-depth clinical interviews with 70 randomly sampled homeless adults from eight Sydney homeless services (four that provided accommodation; three that provided supportive

day services only; and one that sought out homeless people on the streets and in parks in order to offer assistance).

The majority of the sample reported at least one traumatic event in their lifetime (98.2 %) and 78.6 per cent met criteria for a lifetime diagnosis of PTSD. In 70.5 per cent of cases, PTSD onset preceded or coincided with the first homeless episode. The twelve-month prevalence of PTSD was found to be almost forty times higher among homeless adults in Sydney than the general Australian population (41.1 % versus 1.5 %).

This study confirmed a number of international studies which reveal high prevalence rates of posttraumatic stress disorder (PTSD) within homeless populations, and concluded that for homeless adults in Sydney, trauma and PTSD may trigger homelessness (Taylor, 2006).

**Paul Memmott and Catherine Chambers with Angela Pitts, Col James Colin James, Sue Clarke, and Aboriginal Field Researchers: Pam Ingram, Richard Green. (2004). *Inner-City Sydney Aboriginal Homeless Research Project: Executive summary*. <http://www.uq.edu.au/aerc/index.html?page=40492>**

This study provides evidence about entrenched inner-Sydney Indigenous homelessness. It was commissioned by the NSW Government's Aboriginal Housing Office as a part of the Partnership Against Homelessness initiative.

This research identified that considerable investment in Indigenous specific locally based- outreach and drug and alcohol treatment programs is needed to effectively respond to Sydney's inner city Indigenous street homelessness. Persistence and comprehensive, practical, culturally sensitive support (with Indigenous staff wherever possible) is needed to engage with people and assist them in overcoming very significant challenges, and this support needs to continue after a person is housed.

They also confirm the need for prevention and early intervention work, and strategies to address the hidden causes of homelessness such as racism and over-crowding.

This qualitative research involved in depth interviews with 53 Indigenous homeless persons in inner city Sydney. Locally based field researchers were employed to engage with the relevant communities and potential participants over a period of six months. The field team included two Aboriginal research assistants: Mr Richard Green of the Daruk language group and Ms Pam Ingram of the Wiradjuri language group who were both long-term residents of inner city Sydney and familiar with its Aboriginal community.

The people interviewed included 37 public place dwellers and 16 insecurely housed individuals. The research found that some public place dwellers had been living that way for five years or more, but also that people moved between different categories of homelessness over time. Only one of the public place dwellers had ever rented a room or boarded in the past. Most stayed with friends or relatives when not sleeping rough.

The research identified around six distinct groups of Indigenous homeless people who lived in clearly designated areas and often functioned like a family unit. Members of each group identified with being part of a group and looked after each other's safety and possessions. Members often had common histories and shared common typical activities. For example, one group, the 'Newtown mob' was particularly close knit. They were mostly alcoholics, lived in squats and shared all their resources. Another group was oriented around Central Station and typically slept rough in the surrounding parks. Many newcomers to Sydney joined this group before moving on, but some remained, particularly Queenslanders and the majority were alcoholics.

The researchers found that across all the groups, the majority of people interviewed were addicted to alcohol or drugs or both. They also found that almost twice as many public place dwellers were alcohol dependent compared to the insecurely housed.

Yet the study found there was no Aboriginal specific drug and alcohol treatment centre in the inner city (existing residential rehabilitation services are outside the metropolitan area) and that existing short term mainstream services did not have culturally specific competencies.

Just under a quarter of the research participants reported being diagnosed or suspected of having a mental illness, although observation suggested the rate may be much higher. Over half of the participants reported physical illnesses.

Violence was found to be a large part of people's experience on the streets, and women in particular were vulnerable to sexual assault. The majority of women interviewed cited family violence or sexual abuse as a reason for their homelessness.

The research finds that while people were drawn to inner city Sydney for a variety of reasons, once they arrived, exposure to high levels of drug and alcohol abuse could cause them to begin a pathway into long term public space dwelling:

Once in Sydney they can find their housing situation tenuous for a number of reasons. Sometimes a lack of pre-planning is involved or racism on the part of the rental market. And when congregating in Redfern where problems such as drug and alcohol abuse are severe, people can be drawn into these lifestyles. Once engaged, people can find it very difficult to extricate themselves from them. And a host of physical and mental ailments ensue. As people spend longer abusing alcohol or drugs and living rough with untreated physical and mental illnesses it becomes more and more difficult to find a way out of their predicament.

Like Karabanow's (2008) work on young people's pathways out of homelessness, the research also finds evidence of the importance of intangible resources such as the influence of positive religious supportive figures. Conversely, the influence of racism and Australian history is found to create significant barriers to Indigenous people accessing mainstream services through lack of trust and cultural inappropriateness.

The study finds that intervening early with young people in situations involving mental illness, unstable custodial arrangements or family violence is critical.

The study also finds that better coordination between drug and alcohol treatment services and residential rehabilitation or other housing options could improve outcomes. Currently, people report waiting for rehabilitation accommodation after undergoing a detoxification program as a barrier to getting out of substance use related homelessness.

One of the field researchers also identified the way that strong kinship networks could function to exclude people from accessing Indigenous specific services:

there were many Indigenous public place dwellers who would avoid being counted or interviewed because they had lost faith in the Aboriginal organisations that were meant to assist them, believing that they only served people from certain families.

Similar indications of how strong community ties can be a 'double-edged' mechanism were found in the study of rural youth homelessness. In the Indigenous inner-city context, it further suggests the importance of educating mainstream services and ensuring that non-Indigenous workers can work more effectively with Indigenous homelessness.

**Karabanow, J. (2008). Getting off the Street: Exploring the Processes of Young People's Street Exits. *American Behavioral Scientist*, 51(6), 772-788.**

This qualitative research by Karabanow (2008) finds that it can take, on average, six tries for a young person to successfully resolve their homelessness, and that rebuilding connections to the mainstream through social relationships and employment is a critical final phase. Karabanow's research confirms and extends the findings from Johnson et al.'s Australian study (2008) about the process of getting out of homelessness.

The study involved 128 young people living on the streets in six Canadian cities (90 males, 38 females) and 50 service providers. The research used in-depth interviews and focus groups, and employed two formerly homeless young people as peer research assistants (Karabanow, 2008 772-3). It confirms that the population of young people living on the streets is 'diverse, complex and heterogenous' (Karabanow, 2008 773).

Like Kidd and Davidson (2007) and Smith (2008), Karabanow finds that young people do not describe themselves as passive victims, but typically explain their choice to leave previous homes and/or live on the streets as an active, rational and self-protective choice (Karabanow, 2008 775). In fact, '[t]he majority of street youth spoke of street life as a safer space than their previous environments' (Karabanow, 2008 786). Accordingly, it is critical to recognise and validate a young person's ability to look after themselves without the protections of home, family and the police.

Karabanow finds that successful exiting involved both tangible and intangible aspects (Karabanow, 2008 785). Common tangible elements included housing, a return to employment or education and moving away from street culture, while hope, spiritual or emotional growth and a sense of control, stability and belief in the future were important intangible elements for many young people (Karabanow, 2008 784-5).

Finding and sustaining the motivation to break with homelessness had considerable intangible aspects. Karabanow finds that becoming pregnant and other forms of increased responsibility often supported young people's motivation to change (Karabanow, 2008 778).

As other studies agree, street culture provides aspects of supportive community for young people and this creates a barrier to exiting homelessness (Karabanow, 2008 786).

Karabanow finds that social ties with homeless subcultures are a key risk factor in returning to street life, and that the duration of homelessness was strongly correlated with the difficulty of breaking these ties (Karabanow, 2008 781-84).

'Transitioning from the street' is a challenging process because it involves breaking with the very support network that enabled the young person to survive homelessness. Unsurprisingly, the data shows a strong correlation between the length of homeless experience and the difficulty of making this transition (Karabanow, 2008 781). Dealing with drug addictions is a decisive part of this transition.

Part of the transition requires rebuilding relationships with mainstream society and this is as difficult as breaking street ties. A comment from one young woman exemplifies this challenge:

'I think it's really hard because I'm, like, in between right now because a lot of my friends still live street lives. They're all about partying and panning and I'm just not, so I guess it's a kind of lonely time because you're figuring out yourself and what you want to do.' (Heidi, age 19, Halifax) (Karabanow, 2008 783).

Indicating the challenges involved in this transition, most young people made repeated attempts to disengage from street life: six tries was average for the sample (Karabanow, 2008 775).

A late phase in the transition process is characterised by 'replacing street activities with formal employment and returning to school' (Karabanow, 2008 783). Karabanow finds that safe and sustainable housing was critical for seeking employment (Karabanow, 2008 787). Employment and the accompanying routines of daily working life marked re-integration with mainstream society and enabled young people to see street life at a distance as 'an unhealthy, destructive environment' (Karabanow, 2008 784).

## **6.2 Duration of support makes a difference: persistence is critical**

As noted above, Karabanow (2008) found that six tries was average for a young person connected to the homeless subculture trying to attain and sustain stable housing. The evidence base overall contains consistent and reliable findings that persistence is critical for providing an effective service response, and particularly for case management support. Some key studies are presented here.

**Grace, M., & Gill, P. (2008). Improving outcomes for homeless jobseekers: YP<sup>4</sup> participant outcomes by amount of case management service received Melbourne: Victoria University.**

**Grace, M., Batterham, D., & Cornell, C. (2008). Multiple disruptions: circumstances and experiences of young people living with homelessness and unemployment. *Just Policy : a Journal of Australian Social Policy*, 48, 23-41.**

Australian research evaluating two models of working with young unemployed homeless people finds that a minimum of 20 case management contacts over about 12 months was linked to better housing, employment and education outcomes.

The Victorian YP<sup>4</sup> trial evaluation provides strong evidence about minimum effective durations of support.<sup>9</sup> YP<sup>4</sup> is the only existing Australian randomised controlled trial in the area of service delivery practice for young people experiencing both homelessness and unemployment.

The trial compared YP<sup>4</sup> 's model of client-centred case management, involving direct provision of a range of services and the brokering of additional services, with standard services delivered through various community service agencies. The study included 414 participants aged 18-35 years from four different geographic areas of Victoria including inner, suburban and regional centres. Three quarters of the sample were aged under 25 years (Marty Grace, Batterham, & Cornell, 2008 23) . A randomly selected group of 224 participants were offered intensive, continuous single point of contact case management for up to 18 to 30 months (depending on when they entered the trial), while the remaining group remained eligible for standard services.

Findings comparing the outcomes for the two groups are not yet available. However, a within-group analysis of those in the YP<sup>4</sup> case management group found improved housing, education and employment outcomes for participants who engaged with case management for 20 contacts or more (Marty Grace & Gill, 2008 10).<sup>10</sup>

For both affordability and suitability of housing, the highest rate of good outcomes was achieved for clients receiving more than 20 support contacts. The proportion peaked

<sup>9</sup> For more details see <http://www.y4.org.au/>

<sup>10</sup> Outcome data was available for 196 participants from Centrelink administrative data, and from 24 months interviews with 157 participants.

at 21-40 contacts, and showed a small decline for those receiving 41-156 contacts (Marty Grace & Gill, 2008 13-14). The decline may imply a sub-group of clients facing extreme challenges.

Participants with more than 20 case manager contacts were significantly more likely to be in private rental accommodation, less likely to access no-rent accommodation (sleeping rough, staying with friends), and less likely to be reliant on financial assistance to maintain housing (Marty Grace & Gill, 2008 15-17).

About a third of participants engaged in education or training, and Grace et al. found that participants with more than 20 case manager contacts were more likely to persist with their involvement (Marty Grace & Gill, 2008 18). The group with 21-40 support contacts reported nearly double the number of education or training days over the year (77 compared to 40) than the 1-5 contacts group (Marty Grace & Gill, 2008 19).

**Milne, L., & Coventry, L. (2008). *Rediscovering Case Management: The theory and practice of joined up service delivery*. Melbourne: YP<sup>4</sup> and Hanover Welfare Services.**

The process evaluation of YP<sup>4</sup> identified the significant practice elements that contributed to successful case management. Analysis of critical reflection data from participating case managers found that a trusting relationship was critical, and it took time to develop. Workers strongly valued the two year time frame, although even this comparatively long fixed term was a constraint in some cases (Milne & Coventry, 2008 8-12, 17). Individualised, responsive, flexible support with a comprehensive focus facilitated by brokerage funds allowed case managers to address the full range of issues faced by their clients, at a pace and timing tailored to the young person (Milne & Coventry, 2008 21).

**Eardley, T., Thompson, D., Cass, B., Dadich, A., & with Megan Neale. (2008). *Measuring the Impact of SAAP-funded Homelessness Services on Client Self-reliance: Final Report*. Canberra: Social Policy Research Centre, University of New South Wales.**

This study of 650 SAAP clients finds that 'the strongest positive influence on outcomes was the length of time clients had been getting help from the service' (Eardley, Thompson, Cass, Dadich, & with Megan Neale, 2008 xiv).

**Rayner, K., Batterham, D., & Wiltshire, R. (2005). *Rebuilding Lives: Final-year Findings on the Homeless and Drug Dependency Trial's Continuous Primary Case Management and Pathways Response (Part B)*. Melbourne: Victorian Department of Human Services.**

A trial of long-term case management for people experiencing homelessness and drug dependency found significantly improved drug treatment retention rates. Median drug-use treatment duration by the end of the Trial's third year was thirteen months, well above previous reported results that found two-thirds of homeless clients stayed less than thirty-five days (Rayner, Batterham, & Wiltshire, 2005 16). Rayner et al. find that persistent and reliable case management was successful in engaging and retaining a chronically homeless drug-using population.

**Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). *Longitudinal Outcomes for Youth Receiving Runaway/Homeless Shelter Services*. *Journal of Youth & Adolescence*, 35(5), 852-859.**

By contrast, this US longitudinal study finds that short term interventions did not produce sustained benefits. The study followed up 317 youths using emergency shelters at 6 weeks, 3 and 6 months after discharge and analysed the data for

relationships between outcomes and services received (Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006).

They found that while crisis services had an initial positive impact, the benefits were generally lost six months later. For example, receiving employment services post discharge had a positive but short term impact on self-esteem (around 3 months) (Pollio et al., 2006 863-4). And concrete employment outcomes while increasing positively up to 3 months, had declined at 6 months to below baseline (Pollio et al., 2006 862).

### **6.3 Persistent, reliable, practical and comprehensive case management support reduces homelessness**

**Gronda, H. (2009). What makes case management work for people experiencing homelessness? Evidence for practice. Melbourne: Australian Housing and Urban Research Institute.**

A recent AHURI synthesis of 53 empirical sources finds that effective homelessness case management is a time- and resource-intensive intervention which can nonetheless prove cost-effective because it increases a person's self-care capacity and consequently reduces other service system expenditure (Gronda, 2009 9).

The key qualities of effective case management practice identified by the synthesis are persistence, reliability and comprehensive, practical support.

The synthesis finds that the capacity to determine the duration and intensity of the support on an individual basis is critical. Note that the evidence does not show that case management must be ongoing or extremely long-term for *all* people, but that the duration must be negotiated on an individual basis (Gronda, 2009 138).

Differentiated responses are important because people experiencing homelessness are not a homogenous group, and careful assessment and tailored interventions can therefore produce more cost-effective services (Gronda, 2009 90-1).

These qualities can be clearly identified in the body of research evidence evaluating a model of case management used in community mental health services: Assertive Community Treatment. This model has been proven to be particularly effective with homeless clients, and more cost-effective for people with dual diagnosis

Assertive Community Treatment (ACT) is an extensively evaluated assertive community mental health case management model using a multidisciplinary team, low client/staff caseloads that enable frequent service contacts, a high proportion of directly provided practical assistance, and unlimited support duration. Multi-disciplinary, non-time limited outreach support has proved most effective and most cost-effective for chronically homeless clients with complex needs.

- Cost-effectiveness analysis by Wolff et al. found that ACT produced better client outcomes at no greater total cost over a period of eighteen months, due to reductions in use of other service system areas (Wolff et al., 1997 347).
- Coldwell and Bender reviewed ten experimental trials and found that on average, ACT subjects experienced a 37 per cent greater reduction in homelessness compared to the control group (Coldwell & Bender, 2007 396).
- (Morse et al., 2006) found that integrated substance treatment plus ACT was more cost-effective than either conventional ACT or standard care as it produced better outcomes at no extra cost than standard care. Clients were more satisfied with their treatment program and reported more days in stable housing.

- Krupa et al.'s qualitative study of ACT clients finds that they valued a reliable relationship with 'a genuine, caring attitude' that 'filled a social void,' had enough time to develop, and an intensity and quality determined on an individual and responsive basis (Krupa et al., 2005 20). These qualities were supported by elements of the ACT model including 'continuity, individualization, the flexibility of round the clock services and assertive follow-along activities' (Krupa et al., 2005 23). They also find that a key worker was important within the ACT team context to provide continuity and a personal knowledge of the individual (Krupa et al., 2005 20).

The evidence confirms that time is required for a support relationship to become effective, and there is a minimum duration threshold for relationship establishment.

- (Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003) and (Coffey, 2003) both find that six months is a minimum duration threshold for a relationship correlated with better client outcomes.

**Sells, D., Davidson, L., Jewell, C., Falzer, P., & Rowe, M. (2006). The Treatment Relationship in Peer-Based and Regular Case Management for Clients With Severe Mental Illness. *Psychiatric Services*, 57(8), 1179-1184.**

This randomised controlled study compared the quality of treatment relationships and engagement in peer-based and regular case management (Sells, Davidson, Jewell, Falzer, & Rowe, 2006). It finds that early in treatment, peer providers seem to be more effective at communicating positive regard, understanding, and acceptance to clients, particularly those most disengaged, and this leads to better treatment retention and reported motivation levels.

The study interviewed 137 adults diagnosed with a severe mental illness and disengaged from treatment; about 70 per cent had a co-occurring substance use disorder. Participants were randomly assigned to either peer-based or regular case management provider partnered with assertive community treatment teams: sixty-eight peer condition and sixty-nine control. Peer providers carried caseloads of 10–12, half the size of regular providers.

Participants were interviewed at six and twelve months and the case management relationship was measured in three subscales: positive regard, empathy and unconditionality. At six months there was a statistically significant difference between treatment groups, with the peer provider group showing a better working alliance measures across all three subscales. There were no between-group differences at twelve months, suggesting that regular case management relationships can 'catch up' over twelve months (Sells et al., 2006 1182).

Additionally, the peer provider group showed improved engagement for a subsample rated by providers as the least engaged at the beginning of the study. Contact rate with the peer case managers increased over the first six months while decreasing for the regular case management condition (Sells et al., 2006 1181-2).

## **6.4 Housing makes a difference**

Gronda (2009) finds consistent evidence that housing makes a significant difference to the client outcomes achieved by homelessness assistance programs, and that it matters more for people experiencing homelessness combined with mental illness and/or substance use issues, especially for men. More detail on the following studies is available from (Gronda, 2009 107-121).

**Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatment, and**

**intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry*, 77(3), 350-361.**

Nelson et al. (2007) find that combined housing and support is significantly more effective than support alone after reviewing sixteen evaluations of housing and support interventions for people experiencing homelessness and a severe mental illness, including ten controlled studies. The effect size for combined interventions was 0.67 compared to 0.47 and 0.28 for support alone, measured for two different case management models respectively (Nelson, Aubry, & Lafrance, 2007 358).

**Clark, C., & Rich, A. R. (2003). Outcomes of homeless adults with mental illness in a housing program and in case management only. *Psychiatric Services*, 54(1), 78-83.**

**Rich, A. R., & Clark, C. (2005). Gender differences in response to homelessness services. *Evaluation and Program Planning*, 28(1), 69-81.**

Rich and Clark (2003, 2005) analysed data on 152 people and found that individuals with a high level of impairment due to psychiatric conditions and/or substance use did more than twice as well in an integrated housing and support program than in case management alone. Housing outcomes for low-impairment individuals were equally as good with case management only (Clark & Rich, 2003 82).

Rich and Clark also find that gender is significant. Men did much better in programs that combined housing and support, and it seemed that structured social interactions were of benefit (Rich & Clark, 2005 78). Men in a combined program increased their time in stable housing by nearly forty days on average more than men in case management alone (Rich & Clark, 2005 77). This effect was not apparent for women.

**McHugo, G. J., Bebout, R. R., Harris, M., Cleghorn, S., Herring, G., Xie, H. Y., et al. (2004). A Randomized controlled trial of integrated versus parallel housing services for homeless adults with severe mental illness. *Schizophrenia Bulletin*, 30(4), 969-982.**

McHugo et al. find that housing stability outcomes improve if the housing provider shares the goal of maintaining housing for the group of people for whom challenging behaviours and substance use often leads to homelessness, incarceration, poor health and early death. This is particularly important for men because they experience less public tolerance for their behaviours and are consequently at higher risk of severe sanctions such as eviction and arrest (McHugo et al., 2004 979).

#### *6.4.1 Permanent supportive housing is more effective than transitional models*

'Streets to home' or 'housing first' refers to programs that target chronically homeless people with complex needs by providing them with immediate access to permanent housing (rather than transitional or emergency accommodation) along with access to support. Atherton and Nicholls (2008) conclude that the evidence on this approach overturns the assumption that a homeless person must be judged 'housing ready' before they can maintain a tenancy (Atherton & Nichols, 2008).

The approach was been comparatively evaluated against 'treatment compliance' accommodation program models and found to be more effective at reducing homelessness. Tsemberis (1999) compares retention rates in two different housing programs designed to meet the needs of people experiencing homelessness and mental illness. He finds that immediate access to permanent housing with non-compulsory support achieved more than 80 per cent retention over three years, while the standard treatment-contingent program achieved less than 60 per cent retention over two years (Tsemberis, 1999 231-2).

The 'housing first' approach has been evaluated in a major randomised and controlled study which followed more than 200 adults over four years, The New York Housing Study. Tsemberis et al. (2004) reports that at 24 months the 'housing first' group had reduced their homelessness significantly faster, and spent less time homeless and more time stably housed than the control group at each of the time points (Tsemberis, Gulcur, & Nakae, 2004 654). The findings at 48 months extend and confirm these findings (Padgett, Gulcur, & Tsemberis, 2006). A retention rate of 87 per cent was achieved over the four years for the 'housing first' group. No significant differences were found between the groups in either alcohol or other drug use, though there appeared to be a small trend for 'housing first' participants to use less alcohol. 'Housing first' participants also had significantly higher housing stability rates. In the previous six months, 'housing first' clients were stably housed 75 per cent of the time compared to 50 per cent of the treatment-first clients (Padgett et al., 2006 79-80).

This evidence demonstrates that provision of immediate permanent housing is more effective than treatment linked temporary accommodation. It shows that neither severe mental illness nor substance use precludes formerly homeless people from maintaining housing.

#### *6.4.2 Mental health and housing - Housing and Accommodation Support Initiative (HASI)*

There is Australian evidence from an evaluation of the NSW Government's initiative to provide integrated housing and support to people with severe mental illness which confirms these international findings. The Housing and Accommodation Support Initiative (HASI) demonstrates the cost-effectiveness of combined housing and support programs for homeless adults with mental illness (Muir, Fisher, Dadich, Abelló, & Bleasdale, 2007).

The HASI program provided combined housing and mental health support to 100 adults from marginal housing situations. Participants were predominantly Australian born men under 35 years of age (Muir et al., 2007 38). For an average recurrent cost of \$57,530 per person per year, (not including the initial capital and set up costs) the program achieved significant improvements across all the measured outcome domains.

- More than two thirds of participants retained their tenancy in the same home (70%) for 12 months or more, and almost all participants remained with the same housing provider (85%) (Muir et al., 2007 34).
- Time spent in hospital in psychiatric units and emergency departments decreased by 81 per cent for 84 per cent of participants, an average of 70 days per person per year. (Muir et al., 2007 vii).
- Other measured outcomes included improved health and social networks, a 77 per cent decrease in imprisonment, a tenfold increase in education and training participation, and a threefold increase in paid or voluntary work (Muir et al., 2007 34).

### **6.5 Breaking the Cycle research understandings**

#### *Chronic homelessness*

- People entrenched in homelessness have high levels of problematic alcohol and other drug use, and other serious mental and physical health needs.
- They form a significant majority of people using inner-city homelessness services.

- Amongst inner-city homeless populations, consistent rough sleeping is rare, but occasional rough sleeping is common (involving perhaps half of the population). Rough sleeping becomes more frequent the longer someone is homeless.

#### *Support duration makes a difference*

- It can take many attempts to successfully exit homelessness. It is desirable to minimise the number of attempts.
- Building a trusting support relationship takes time; six months may be a minimum threshold for establishing relationship based support. More than 20 contacts and around 12 months may be a threshold for achieving improved housing and employment related outcomes. It is preferable that these contacts take place in the context of stabilised long-term housing.

#### *Persistent, reliable, comprehensive and practical case management*

- Persistence and practical outreach support are critical for engaging and working effectively with people experiencing long-term homelessness.
- Multi-disciplinary case management teams are effective and cost-effective.
- Post-housing support is critical for maintaining stable accommodation, and beginning the processes of social re-integration.
- Peer involvement in outreach services can improve engagement with the most disengaged people.

#### *Housing makes a difference*

- Permanent supportive housing is more effective than transitional accommodation.

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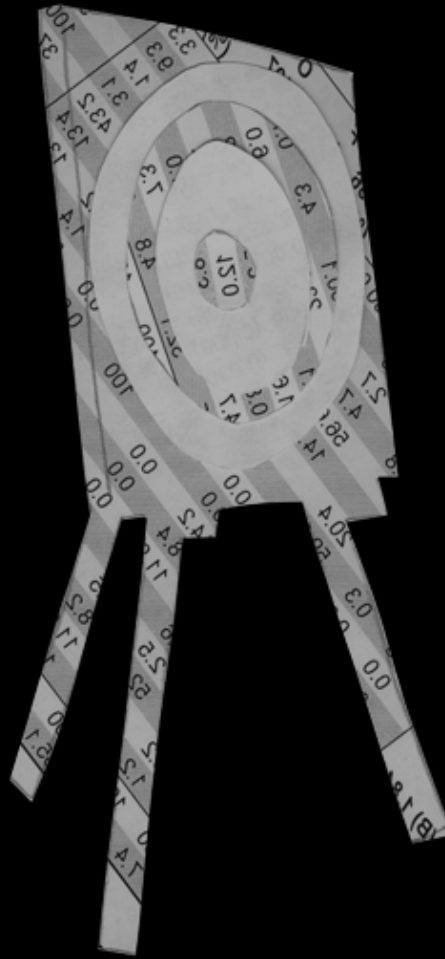
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