

Wave 1 findings from Journeys Home: A longitudinal study of factors affecting housing stability *

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Abstract

As part of the National Homelessness Research Agenda, the Australian Government commissioned The Melbourne Institute of Applied Economic and Social Research to undertake Journeys Home, a large-scale national longitudinal study of Australians drawn from a broad sample of Australian income-support recipients who are either homeless or vulnerable to homelessness.

In this paper we present key findings from the first wave of the Journeys Home study, which was conducted over the period September to November 2011. Our aims are threefold. First, we wish to establish key differences in the demographic profiles of the JH sample with that of the general population. Second, we examine respondents' experiences of homelessness, by estimating the incidence of homelessness at the time of interview and by examining homeless histories. Third, we examine the relationship between particular risk factors commonly associated with homelessness and respondents actual homeless experiences.

Keywords: Homelessness; Housing instability; Longitudinal survey research

1 Introduction

In 2007 the Australian Government identified homelessness as a government priority. The Government ordered the first ever White paper on homelessness and embarked on an ambitious and challenging social program to reduce homelessness by half over the next 10 years (FaHCSIA 2008). Along with a once in a lifetime investment in social housing, the government identified the importance of evidence based approaches to reduce homelessness.

Despite a large body of research describing the characteristics and causes of homelessness most Australian research relies on cross sectional approaches. As a result they struggle to provide accurate information on the duration of homelessness, cannot ascertain causal relationships between homelessness and other issues, and, importantly, they struggle to explain why some people tip over into the homeless population when others with similar characteristics and similar socio-economic positions do not? Or why some people remain homeless for long periods when others have only a short experience of homelessness?

It is generally recognised that the best way to address these problems is through longitudinal research (Flinders Institute of Public Policy and Management 1999; The National Evaluation Team 1999; Adkins et al. 2003; LenMac Consulting 2005). Indeed, American researchers have long been aware that longitudinal analysis can help to establish a better understanding of the conditions associated with entering and escaping from homelessness, whether homelessness is a chronic or brief phenomenon, the consequences of becoming homeless, and the conditions that prevent homelessness either from reoccurring or occurring at all (Shlay & Rossi 1992).

Although Australian researchers have been increasingly moving towards implementing their own longitudinal research designs most studies to date have employed samples that are either very small or restricted to specific sub-groups, and in many cases both (e.g., Thomson, Goodall & McKinnon 2001; Baldry et al. 2003; RPR Consulting 2003; Kolar 2004; Cashmore & Paxman 2007; Flatau et al. 2008; Johnson, Gronda & Coutts 2008; Mallett et al. 2010). Further, in many cases the samples are recruited from users (or recent users) of some type of support service, typically using what might be described as 'convenience sampling'. Much larger samples are sometimes employed when using administrative data obtained from service providers (e.g., Parkinson 2003; Kelly 2006; AIHW 2007a; Johnson & Chamberlain 2011), but by definition these too are restricted to tracking the experiences of persons who access support services. Further, in these cases the data available to researchers was collected as a by-product of service provision and not the result of a deliberate research strategy. In short, while research on the homeless population in Australia has made significant strides over the last decade or so, it is still difficult to know the extent to which findings from individual studies can be generalised to the broader populations of both the homeless and those at high risk of experiencing homelessness in the future.

In response to this the Australian Government (in late 2010) commissioned the Melbourne Institute of Applied Economic Research (at the University of Melbourne) to design and implement a new longitudinal survey, since named Journeys Home, tracking (albeit only over a relatively short time frame – two years) a national sample of individuals exposed to high levels of housing insecurity employing much more rigorous sampling methods than ever previously used.

In this paper we present key findings from the first wave of the Journeys Home study, which was conducted over the period September to November 2011. Our aims are threefold. First, we wish to establish key differences in the demographic profiles of the JH sample with that of the general population. Second, we examine respondents' experiences of homelessness, by estimating the incidence of homelessness at the time of interview, and by examining respondents' histories of homelessness. Third, we examine the relationship between particular risk factors commonly associated with homelessness and respondents actual homeless experiences.

The structure of the paper follows. A description of the Journeys Home sample is provided in Section 2, including a brief summary of the sample design and a profile of respondents. In Section 3 we examine respondents' experiences of homelessness, which first requires us to define homelessness on a continuum of housing stability. Also examined in this section are respondents' histories of homelessness. Section 4 then follows with a descriptive analysis of the relationships between major risk factors associated with homelessness (such as experiences of abuse, violence or being placed in child protection as a child, mental illness and substance use) and experiences of homelessness.

2 The Journeys Home sample

2.1 Sample design

The Journeys Home sample was drawn from the Research Evaluation Database (RED) developed by the Department of Education, Employment and Workplace Relations (DEEWR). RED is drawn from Centrelink's customer database, and contains payment records, together with a range of personal details, for all Centrelink income support customers since 1st July 2002.

Centrelink's customer database also contains clients who have been flagged as 'homeless' or 'at risk of homelessness' through the Homeless Indicator that became available on 1 January 2010. The Homelessness Indicator is a service delivery tool used to identify those who are homeless or at risk of homelessness with the aim of ensuring that they receive the support they need. The population for Journeys Home has been selected using this Homelessness Indicator and comprises recipients of an income support payment that had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness'. A third group, those 'vulnerable to homelessness', have also been included in the population. This group has been selected using statistical techniques that identify persons that have not been flagged as homeless but nevertheless have characteristics similar to those that have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homelessness. It will likely include some homeless persons who have not yet been flagged as such by Centrelink staff.

A further consideration that was necessary in selecting the in-scope population for Journeys Home is that it was not possible to cover the entire population due to the practical restrictions of face-to-face interviewing. Therefore the sample was clustered around 36 geographical areas across Australia where there was sufficient sample within a certain radius (10km in the major cities and 20km in the regional centres) to make the cluster viable for the interviewer.

A total sample of 4,551 individuals was provided to Roy Morgan Research only a total of 2,992 were allocated to interviewers to be approached to participate in the survey. For further information on the sampling methodology adopted in Journeys Home see Wooden et al. (2012).

2.2 Demographic profile of respondents

Of the 2,992 individuals that were allocated to interviewers, 273 individuals were determined to be out-of-scope and 1,682 individuals agreed to participate in the Journeys Home study. The resulting in-scope response rate was therefore 62%. Although our aim was to obtain three roughly equal sized population groups, response rates did vary across our three population target groups. Response rates were highest for those flagged as 'at-risk' (67%) and, perhaps surprisingly, were lowest among our 'vulnerable' group (57%), who we had presumed would be the least disadvantaged. Among those flagged as 'homeless' the response rate was 61%. For a more detailed discussion of fieldwork outcomes of wave 1 of the Journeys Home study see Wooden et al. (2012).

Table 1 presents basic demographic characteristics of respondents of the Journeys Home (JH) study compared with those of the general Australian population. As you would expect of a sample of persons

vulnerable to homelessness, the profile of JH respondents is very different to that of the general population. They are:

- more likely to be male (55% vs 49%);
- younger, with 60% of respondents under the age of 35, compared to the 35 per cent of the Australian population under 35;
- much more likely to be Indigenous Australians (20% vs 3%) and Australian born (88%¹ vs 73%);
- much less likely to be married or in a defacto relationship (17% vs 64%); and
- less likely to have dependent children (20% vs 34%).

Completed education levels among our responding sample is, as might be expected, lower than in the general population (20% had not completed Year 10 and only 39% had completed Year 12 or equivalent). Also presented in Table 1 are the employment rates of the responding sample. Only 20% of respondents were employed in the week prior to interview, with a further 30% actively looking for work. This leaves half of all JH respondents outside the labour force.

3 Respondent experiences of homelessness

3.1 Defining homelessness

In order to analyse respondent experiences of homelessness we first need to define what homelessness is. This is not a straightforward task. Defining homelessness has been an on-going struggle for homelessness researchers (Chamberlain & Johnson 2001; Burt 1999; Rossi et al. 1987). At one level homelessness is easily defined - anyone without regular access to conventional accommodation could be considered homeless (Rossi et al. 1987:1). But what does conventional accommodation and regular access actually mean. Are people in emergency accommodation homeless? Are people temporarily doubling-up with the family and friends, homeless? If so, what constitutes 'temporary'? Are people in prisons, institutions and refuges homeless? Are people who live in overcrowded or sub-standard accommodation homeless? What is sub-standard accommodation?

Early work considered homelessness to be a 'condition of those people without a place to live' (Blasi 1990:228). This interpretation supported a narrow definition of homelessness as literally being without shelter (Fitzgerald, Shelley & Dail 2001; Burt 1999; Avramov 1999; Jencks 1994; Chamberlain & MacKenzie 1992; Rossi et al. 1987).

However, as researchers reflected on the fact that 'those whose homelessness is defined by exposure to the elements' (Blasi 1990:228) were only a relatively small group of all homeless people, definitions of homelessness were subsequently rethought. While '(a)ny effort to draw a line across that continuum, demarcating the homed from the homeless is, of necessity somewhat arbitrary, and therefore potentially contentious' (Rossi et al. 1987:1), new definitions were constructed around a continuum of housing circumstances running from the stably housed to the literally homeless (for an Australian example see Neil & Fopp 1992:6 and Edgar & Meert 2006 for a European example). In between the two extremes there are many people who may experience some degree of homelessness without ever literally sleeping rough.

In addition to these developments in research on homelessness, governments in some countries have also moved towards setting 'accommodation' based objective definitions of homelessness based on 'accepted standards of accommodation' in legislation (Walsh 2011:4).² Australia has moved in this

¹ Eighty five per cent of the non-Indigenous population were Australian born.

² In the US homelessness is defined under the *McKinney-Veto Homeless Assistance Act 1987*. In the UK homelessness is defined under the *Housing Act 1996* (UK)

Table 1: Demographic characteristics of JH sample, education and employment (%)

	Journeys Home Respondents	Australian population ¹
Male	54.7	49.4
Female	45.3	50.6
15-17	9.5	4.8
18-20	16.5	5.1
21-24	12.6	7.3
25-34	21.7	17.7
35-44	20.0	17.3
45-54	14.0	16.7
55-64	4.8	14.1
65+	0.9	16.9
Indigenous (including Torres Strait Islander)	19.7	2.5
Australian born	87.5	73.2
Born overseas in English-speaking country	5.8	26.8
Born overseas in non-English-speaking country	6.7	
Married/defacto	17.3	63.7
Have dependent children	19.8	33.9
<i>Highest education qualification</i>		
Tertiary qualification	27.9	50.2
Completed Yr 12 or equivalent	11.3	20.6
Completed Year 10 or 11 or equivalent ²	39.5	21.4
Completed Year 9 or below ³	20.1	7.7
Undetermined	1.1	
<i>Labour force status</i>		
Employed	20.1	62.6
Unemployed	29.9	3.4
Not in labour force	50.1	34.0
Number of observations	1,681 ⁴	

1. Sources: Gender and age distribution of the population 15 years and over at 30 June 2011 taken from ABS (2011a), 31010DO002_20110 Australian Demographic Statistics, Jun 2011, Table 8; Indigenous population and country of birth estimates are for the entire population at 30 June 2010 and taken from ABS (2011b) 4102.0 Australian Social Trends, Data Cube – Population; Population statistics on marital status and presence of children relate to the population 18 years and over and are taken from ABS (2011c), 41590DO002_2010 General Social Survey: Summary Results, Australia, Tables 1.1 and 18.1; Highest level of education for the population 15-64 years are from ABS (2011d) 62270DO001_201105- Education and Work, Australia, May 2011, Table 14; and, Labour force estimates for the population 15 years and over at September 2011 taken from ABS (2011e), 6202.0 Labour Force, Australia, Table 3.
2. Includes those leaving school prior to completing Yr 10 if they have completed a Certificate I or II level qualification.
3. Includes those with no schooling.
4. There were 1,682 people that participated in the first wave of Journeys Home. However, responses for one person were lost due a technical issue. We therefore drop this person from all subsequent analysis in this paper as we have no survey information recorded for them for wave 1.

direction since the 1990s with the wide scale acceptance and use of the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992) in enumeration and research. However it has not gone so far as enshrining this definition in legislation.³

The core idea underpinning the cultural definition is that there are shared community standards about the minimum accommodation that people can expect to achieve in contemporary society (Chamberlain & MacKenzie 1992). The minimum for a single person (or couple) is a small rental flat with a bedroom, living room, kitchen and bathroom and an element of security of tenure provided by a lease. This has led to the identification of 'primary', 'secondary' and 'tertiary' homelessness. Primary homelessness includes all people without conventional accommodation, such as people living on the streets, or using cars or railway carriages for temporary shelter. Secondary homelessness includes people who move frequently from one form of temporary shelter to another, including 'couch surfing' and emergency accommodation (shelters). Tertiary homelessness refers to people staying in boarding houses on a medium- to long-term basis, defined as 13 weeks or longer. They are homeless because their accommodation does not have the characteristics identified in the minimum community standard. The cultural definition is broader than its accommodation based counterparts in the US and the UK.

Although it is best known as the definition used by the Australian Bureau of Statistics to enumerate the homeless population (Chamberlain 1999), the cultural definition has been applied to the dynamic analysis of homelessness in a small number of studies (Casey 2001; Chamberlain & Johnson 2002; Johnson and Chamberlain 2008a and 2008b; MacKenzie & Chamberlain 2003; Johnson et al 2008). Centrelink uses an adapted version of the cultural definition to flag the homeless.

While there is now a broad consensus in Australia around using the cultural definition to enumerate the homeless population, it is a static definition. People frequently move between primary, secondary and tertiary homelessness. A consequence is that researchers have developed a range of time-based or temporal definitions to try and capture the dynamic nature of homelessness, and in particular its duration and whether it is a continuous or episodic experience. Terms such as recurrent, long-term, short-term, absolute, iterative, situational, chronic, episodic and persistent homelessness have all found their way into the literature in recent times. It is this temporal dimension that longitudinal surveys are best placed to capture.

3.2 A continuum of housing stability

In this paper, we follow developments in the literature on defining homelessness and, rather than simply looking at homelessness as a dichotomous state, examine people's housing circumstances on a continuum running from the stably housed to the literally homeless. To demarcate the homeless from the housed we adopt the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992), making an assessment of whether people's accommodation meets the minimum community standard that people can expect to achieve in contemporary Australian society. As we do not yet have enough information to fully account for the temporal nature of people's housing situation we currently take a static approach to identifying where people are on the continuum. In the future, however, when further waves of data are available, we intend to more formally account for the temporal dimension in our analysis of housing stability/instability.

Building on the Counting the Homeless (CTH) methodology developed by Chamberlain and MacKenzie, we identify five categories that reflect the extent of housing stability, or instability, that people face. To identify those with the least stable housing we follow CTH and separate the homeless

³ The Supported Accommodation and Assistance Act (1994) adopted a subjective definition of homelessness. Here a person is considered homeless if they have 'access to safe and secure housing'. SAAP funding however ceased in 2009 making the Act redundant, with homeless services now subsumed under the broader National Affordable Housing Agreement. There has not however been any legislation enacted replacing the previous SAAP definition of homelessness with a new legislated definition. Indeed as McKenzie (2012: 28) outlines '... since 2010 a public debate and controversy about the nature and scope of the official homeless definition has commenced'

into three groups according to the severity of their situation: the primary, secondary and tertiary homeless. A fourth group is then identified, who we do not consider as homeless but who are experiencing housing instability nonetheless. We refer to this group as the marginally housed. Our fifth group captures those in stable housing.

Figure 1 outlines a conceptual hierarchy for identifying which group people belong to. First we determine whether people have a roof over their heads or not. Those who are literally homeless or without shelter comprise the primary homeless group.

Once we have determined whether people are residing in conventional accommodation or not, the next step is to determine whether their accommodation meets the minimum community standard of a small self-contained flat, with a bedroom, living room, kitchen, bathroom and an element of security of tenure. This is quite a difficult thing to determine in practice as it is necessary to determine not only the physical standard of a person's accommodation but also how secure their tenure is. We first make the assumption that caravans⁴, boarding houses, and hotels or motels do not meet the community standard. Therefore anyone living or staying in these types of accommodation are considered homeless to some degree.

Persons residing in a house or townhouse, apartment, unit or flat (including granny flats and bed-sitters) are in principle considered to meet the community standard in terms of the physical standard of the accommodation. However, their security of tenure needs to be ascertained. Here, home-owners and persons renting from either a private landlord, a public housing authority or a community housing provider are considered to have security of tenure and are thus considered to be 'housed'. We also consider persons that are living with friends and/or family in what seems to be a stable situation (i.e., who have been in their current accommodation for more than three months or expect to stay there for the next three months) as 'housed'; although they appear to have no legal tenure as an individual, they are part of a household that has legal tenure.⁵

All others are considered to be in accommodation that falls below the minimum community standard. This includes persons residing with other households temporarily because they have no accommodation of their own, staying in emergency or transitional accommodation, or staying in caravans, boarding houses, hotels or motels.

To differentiate between the secondary and tertiary homeless we then make an assessment of the stability of each person's arrangement. If the arrangement is a short-term, temporary one, they will be considered as secondary homeless. Therefore persons residing with other households temporarily because they have no accommodation of their own are identified as secondary homeless. Also, persons residing in emergency or transitional accommodation or staying in caravans, boarding houses, hotels or motels for a short-period of time (operationally defined as being in current accommodation for three months or less and not being able to, or don't know whether they can, stay there for the next three months) are considered to be in a less stable arrangement than those residing in their accommodation over a longer period of time and are thus identified as secondary homeless. As we noted earlier, those residing with other households over a medium to longer term period in accommodation that otherwise meets the community standard are considered to have some security of tenure and are not considered homeless. However, those in emergency or transitional accommodation or staying in caravans,

⁴ Residents of caravan parks are not considered homeless in the CTH methodology, but rather are examined as a separate group. This is due to the fact that the quality of caravans can vary considerably and when examining residents of caravan parks across the general population, as the Census does, many caravans will meet the minimum community standard of a small self-contained flat. As the Journeys Home sample is such a disadvantaged sample, we differ from the CTH approach and consider residents of caravan parks as similar to residents of boarding houses. We therefore include them in our estimates of either the secondary homeless or tertiary homeless depending on their expected duration of residency.

⁵ Note that we consider that persons reporting that they are staying with family or friends rent free but are not living with them as being akin to being in private rental. Paying rent to an employer is also considered a private rental arrangement.

boarding houses, hotels or motels in a medium to longer term arrangement are identified as tertiary homeless.

Our fourth group are the marginally housed. The marginally housed are those persons who are in housing that meets the minimum community standard but face a degree of uncertainty about their future housing arrangements. We identify two groups in this category: i) persons residing with other households over a medium to longer term period; and ii) persons in a formal rental arrangement that have been in their accommodation for three months or less and are not able, or don't know whether they can, stay there for the next three months.

Those that have a more stable housing arrangement, which includes home owners and longer-term renters, comprise our fifth group.

3.3 Current experiences of homelessness

In Table 2 we examine the housing status of Journeys Home (JH) respondents, differentiated by our three population subgroups, by placing them on the continuum of housing stability developed in the previous subsection. We therefore identify what proportion of each of the subgroups were primary, secondary or tertiary homeless, in marginal housing, or were in stable housing at the time they were interviewed.

The key finding in this table is that the vast majority of JH respondents were not homeless at the time they were interviewed. Indeed only 21 per cent of JH respondents were homeless at the time they were interviewed, whereas over half were in what we would consider to be stable housing.

Of those homeless the vast majority were what we consider to be tertiary homelessness, with primary homelessness relatively uncommon and only experienced by less than 3 per cent of the sample. A further 27 per cent of respondents were housed, but were in what appeared to be in an insecure arrangement (i.e. they were either living with other people or were in short-term rental accommodation).

While the incidence of homelessness does increase with vulnerability, the incidence does not vary by as much as might be expected. Among those flagged by Centrelink as being homeless only around a quarter were classified by us as still being homeless at the time of the JH interview. Similarly, among the group flagged by Centrelink staff as 'at the risk', all of whom would fit the cultural definition of homelessness, only 21% were classified in JH as being homeless. Finally, among the vulnerable subgroup, none of whom had been flagged as being homeless, we observe a 15% homeless rate.

Also interesting from this table is that while the 'vulnerable' were slightly more likely to be housed than either the 'homeless' or 'at-risk' groups, they were more likely to be in marginal housing rather than in stable housing. Overall therefore, the likelihood of being in what we consider to be stable housing was similar for the three groups, with approximately half of each of the three population subgroups in stable housing.

Another indicator of homelessness is provided in the JH data in the form of a self-assessed indicator. Thus in Table 3 we present self-assessed homeless status by homeless status using our constructed indicator of housing stability. Interestingly we can see that a great many people we classify as homeless do not consider themselves homeless⁶. It is those identified as tertiary homeless that are the most likely to consider themselves to not be homeless. The overwhelming majority of those we determine to be primary homeless consider themselves to be homeless, with only 7% (3 people) considering themselves at-risk of homelessness and 14.3% (6 people) not homeless at all. Forty per cent of those we consider to be secondary homeless also consider themselves to be homeless, with an additional 48.2%

⁶ More strictly, they classified themselves as "secure in their accommodation".

Figure 1: Conceptual hierarchy of homelessness

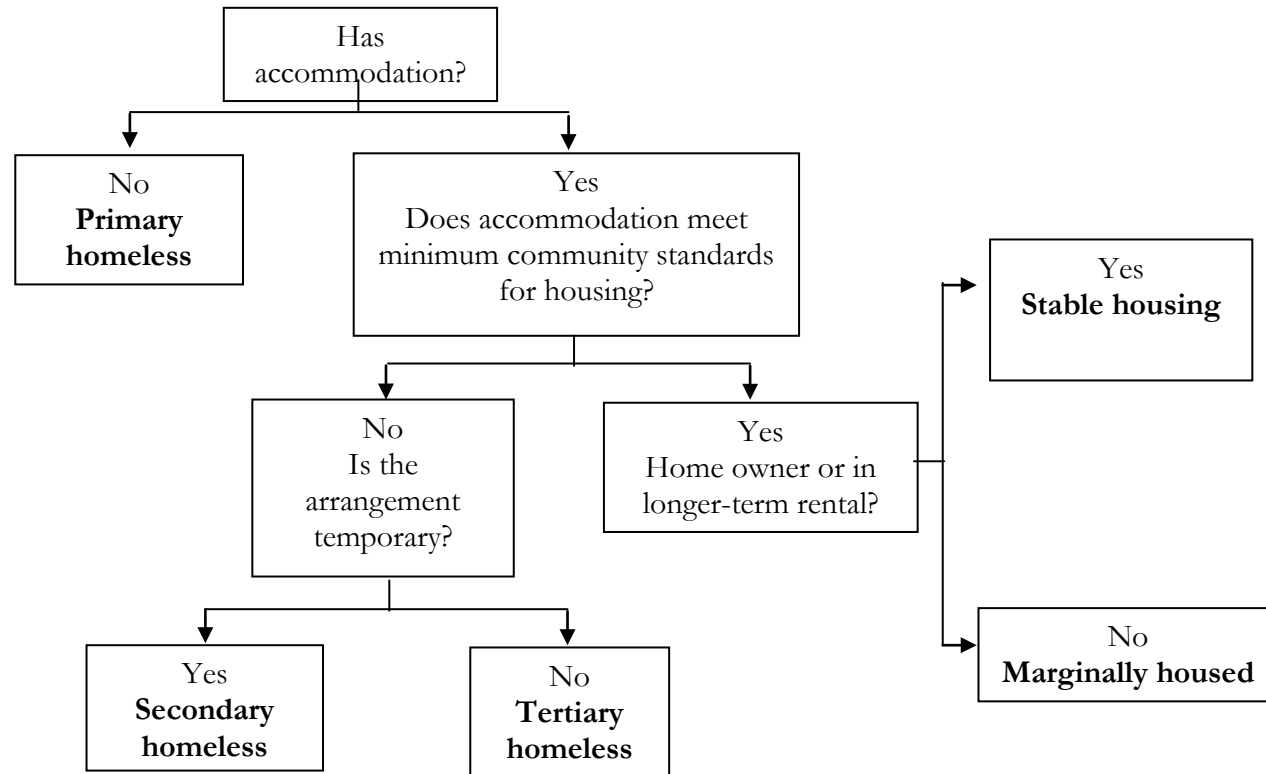


Table 2: Housing status by sub-group

	<i>'Homeless'</i> (%)	<i>'At-risk'</i> (%)	<i>'Vulnerable'</i> (%)	<i>Total (%)</i>
Primary homeless	5.3	1.3	0.6	2.5
Secondary homeless	8.3	5.9	5.5	6.6
Tertiary homeless	11.9	15.0	9.3	12.3
Marginally housed	24.7	24.3	34.5	27.3
In stable housing	49.3	52.9	49.9	50.8
Unable to determine	0.5	0.6	0.2	0.5
Total (n)	580	626	475	1,681

Table 3: Housing status by self-assessed homeless status

	<i>Self assessed homeless status</i>				<i>Total</i>	<i>N</i>
	<i>Unknown</i>	<i>Not homeless</i>	<i>At risk</i>	<i>Homeless</i>		
Primary homeless	0.0	14.3	7.1	78.6	100	42
Secondary homeless	0.0	11.7	47.8	40.5	100	111
Tertiary homeless	1.0	69.1	23.7	6.3	100	207
Marginally housed	0.4	68.0	24.2	7.4	100	459
In stable housing	1.6	83.4	13.7	1.3	100	854
Unable to determine	0.0	25.0	62.5	12.5	100	8
Total	1.1	70.7	20.1	8.2	100	1,681

considering themselves to be 'at-risk of homelessness'. Only 12% consider themselves to not be homeless. However, 70% of the tertiary homeless do not consider themselves to be either homeless or at-risk of homelessness, with only 6 per cent considering themselves homeless. Their perceptions of their homeless status do seem to be much more similar to those in the marginally housed group, than their other homeless counterparts. We suspect that this mainly reflects the public's perception of homelessness generally referring to being literally without shelter. However, it may also partly reflect a reluctance to being labelled as homeless due to the stigma attached to such a label (Phelan et al 1997).

3.3.1 Durations of homelessness

Researchers in the US (Rossi et al. 1987; Ziesemer, Marcoux & Marwell 1994: 661) and Europe (Avramov 1999:13; van Doorn 2005:15) have concluded that 'the overwhelming majority of people' have a short, one-off experience of homelessness. The literature has also found that another group, sometimes referred to as the 'episodic' homeless, become homeless for more diverse reasons, remain homeless for longer and have greater support needs than the first group (Culhane, Metraux & Raphael 2000). While they generally return to housing, it often takes a couple of attempts. A third group are people who remain homeless for long periods of time, often cycling between the street, institutions and poor quality temporary accommodation. This group are often called the long term or 'chronically homeless'. Studies consistently show that the

characteristics and needs of the long term homeless are very different from the newly homeless (van Doorn 2005:15).

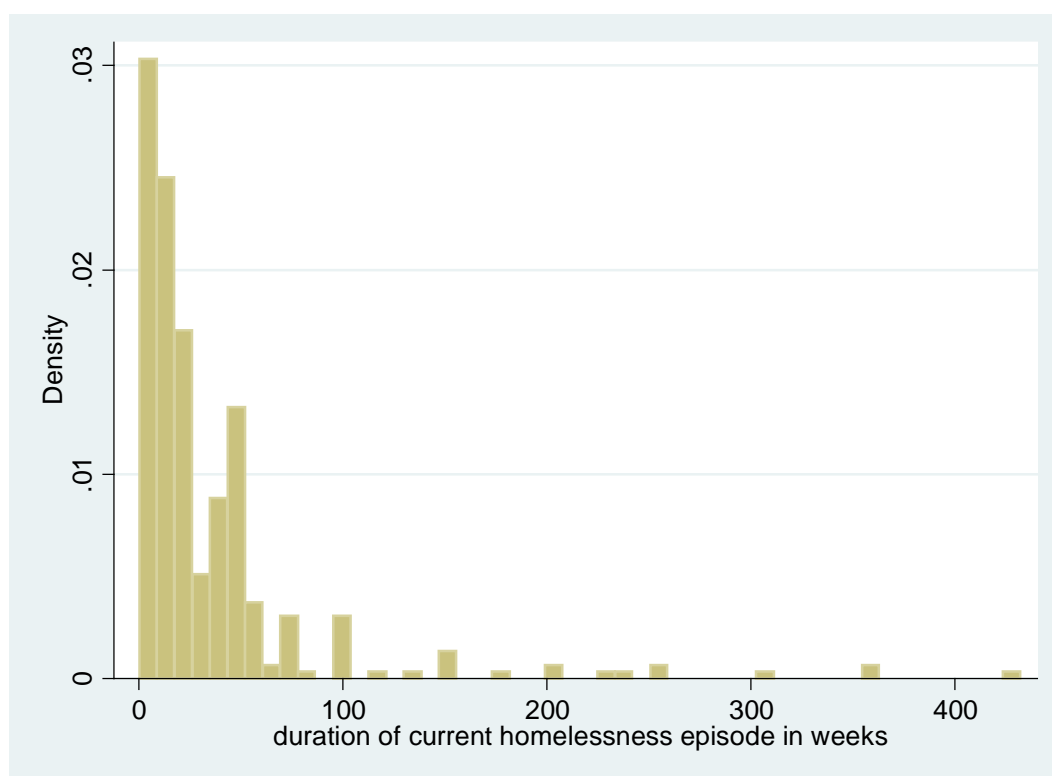
While the majority of people have a short experience of homelessness, there are a number of reasons why understanding the factors that influence the amount of time people are homeless has important policy implications. First, understanding why some people get stuck in the homeless population can provide a more informed basis for creating policy that reduces the amount of time people are exposed to homelessness (Piliavin et al. 1993). This is particularly important given the current policy emphasis in Australia to reduce the rate of people who experience long-term homelessness - without knowing why some people become entrenched in homelessness it is difficult to prevent. Second, it is clear that the longer people are homeless, the more their physical and psychological health is damaged (van Doorn 2005; Johnson et al. 2008). Reducing the amount of time people are exposed to homelessness has the potential not only to reduce the damaging consequences of homelessness for the individuals involved but also reduce the overall costs of homelessness to the community.

As we have only interviewed JH respondents once, we are unable to yet determine which of these general subgroups our respondents belong too. We will have to wait for future waves of JH to do that. We are also not yet able to examine in more detail what factors are associated with longer durations of homelessness. However, we do have some information on respondents' current homeless episode that can shed some light on this issue.

Figure 2 presents the distribution of homeless durations for JH respondents that we determined to be homeless at the time they were interviewed. Here we see that around 42 per cent of the homeless population in JH had been homeless for less than 3 months, with a further 43 per cent for less than a year. The remaining 15 per cent had been homeless for 12 months or more.

These findings seem to be consistent with the previous literature discussed above with shorter (incomplete) homeless spells more common. However it is important to emphasise that we have not observed each respondents completed homeless spell. We may indeed find that in future waves many of those that have been homeless for a short period in wave 1 remain homeless for a longer period of time.

Figure 2 Duration of current homeless episode



3.4 History of homeless experiences

The weak relationship between current homelessness and the Centrelink Homeless Indicator may simply be due to the highly fluid nature of respondents housing situation. Centrelink clients were flagged by Centrelink’s Homeless Indicator at some point between the beginning of 2010 and the time the sample was selected (May 2011). Respondents’ housing situation may have changed considerably between the time they were flagged and the time they were interviewed. In Table 4 we examine whether there is evidence of this by reporting findings on whether respondents had experienced homelessness in the 6 months prior to being interviewed. Note that to help identify whether respondents had experienced homelessness in the last 6 months they were asked how long they had spent in various types of places over the 6 month period (with friends or relatives, caravan or mobile home, boarding house or hostel, hotel or motel, crisis accommodation, or slept rough or squatted in an abandoned building). We then combine this information with respondents current homeless status (i.e. if they are either homeless at the time of interview *OR* had stayed in one of the types of places in the last 6 months we consider them as having experienced homeless in the last 6 months).

Table 4: Experiences of homelessness in last 6 months by sub-group (%)

	<i>Homeless</i>	<i>At-risk</i>	<i>Vulnerable</i>	<i>Total</i>
Homeless in last 6 months	56.2	45.7	45.9	49.4
Slept rough or squatted in abandoned building in last 6 months	21.4	12.8	8.4	14.5
Total (n)	580	626	475	1,681

Table 4 does indeed present evidence that the housing circumstances of JH respondents changes considerably over time; approximately half of all respondents experiencing homelessness in the 6 months prior to being interviewed. Primary homelessness was also a much more common experience when one considers the longer time frame with almost 15 per cent of all respondents having slept rough or having squatted in an abandoned building at some stage over the 6 months preceding their interview.

Therefore, on the most part, we do seem to be capturing people in the population that have had recent experiences of homelessness. However, although the flagged homeless group were the most likely to have experienced homelessness over the 6 month period and were more likely to have experienced primary homelessness, even when looking at experiences over this six month time frame, the differences across the three population sub-groups are not great.

Going back even further in time in Table 5, we report on whether respondents had ever been homeless. To identify whether respondents had a history of homelessness, they were asked whether they have ever had to stay in various types of places “because they did not have a place to live”. As Table 5 shows, 94 per cent of respondents reported that they had a history of staying in at least one type of the listed places (with friends or relatives, caravan or mobile home, boarding house or hostel, hotel or motel, crisis accommodation, abandoned building, car, train, or somewhere outdoors). Further, a majority (56%) had experienced sleeping rough or squatting in abandoned buildings because of the absence of any alternative.

Also presented in Table 5 are the responses to these questions by population subgroup. As would be expected, the flagged homeless group were the most likely to have homelessness histories, those flagged as being at-risk slightly less likely, and the vulnerable group the least likely to have had a history of homelessness. These differences, however, are not large. Indeed, the main features of the table are both how high the rate of past experience of homelessness is and how even it is across the three sub-groups.

Table 5. Homelessness history by sub-group (%)

	<i>Homeless</i>	<i>At-risk</i>	<i>Vulnerable</i>	<i>Total</i>
Has ever been homeless	97.2	94.1	89.3	93.8
Has ever slept rough or squatted in abandoned building	67.1	52.7	47.0	56.0
Number of observations	580	626	475	1,681

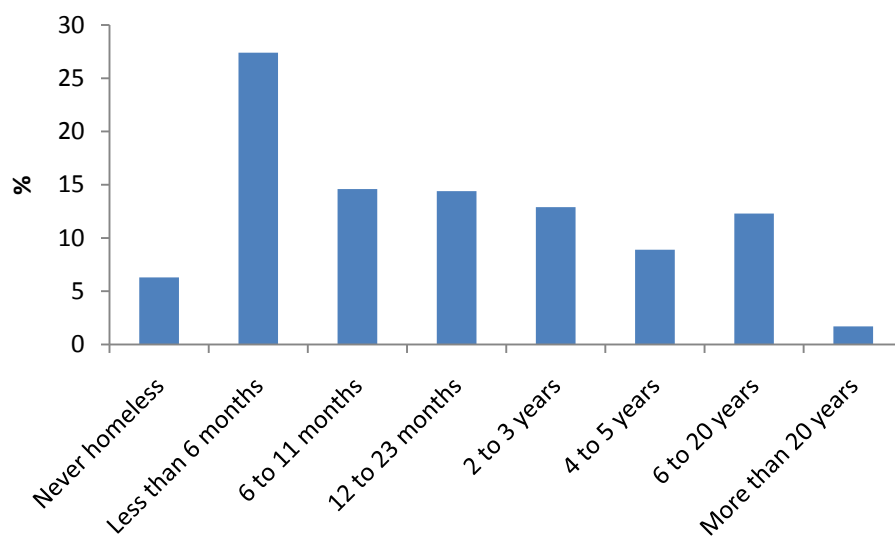
What these findings on homeless histories and those on current experiences of homelessness tell us is that our three population sub-groups are much more alike in their experiences of homelessness than we had initially anticipated. Part of this can be explained by the highly fluid nature of homelessness, which we find evidence of. However, this result is also likely to be a reflection of the imprecision of Centrelink’s Homeless Indicator.

3.4.1 Total time homeless over lifetime

Previous findings support the notion that for many JH respondents homelessness is a fluid state. If respondents are cycling between homelessness and being housed, then it perhaps becomes more important to consider the total amount of time they have been homeless over their lifetime

rather than to just look at their housing situation at a point in time. Findings on respondents' cumulative lifetime durations of homelessness are therefore presented in Figure 3. What this figure shows is that while it is much more common for respondents to have only spent short periods of their lives homeless, with over 27 per cent only reporting having spent less than 6 months of their lives homeless, it does appear quite common for respondents to have spent years without any form of stable accommodation. Over half of respondents reported having spent at least a year homeless in total over their lifetime. While it is still not possible to directly compare these findings with the literature on homeless durations discussed in Section 3.3.1, it does appear that in JH we are more likely to capture respondents who are either the 'episodic' homeless or the 'chronic' homeless rather than people experiencing short one-off experiences of homelessness.

Figure 3. Cumulative homeless duration over lifetime



Age will obviously be a factor that affects the distribution of responses in Figure 3 as younger respondents have had less time to accumulate homeless histories. Therefore in further analysis of this variable we convert this cumulative duration to refer to the proportion of each respondents' lifetime that they have been homeless.⁷ The result is that on average the cumulative lifetime homeless duration is 0.10, which means that respondents have spent an average of 10 per cent of their lifetime's homeless.

3.4.2 First homeless experience

The age that people first experience homelessness is argued to have a significant effect on the length of time people are homeless. However the literature is ambiguous as to the direction of this relationship. Piliavin et al. (1993) argue that the younger people first become homeless, the

⁷ To do this we first need to convert our categorical response variable to a continuous one. We do this by taking the midpoint of their coded response category in years (for example, for responses of less than 6 months we assign a value of 0.25 years, for 6 to 11 months a value of 0.75 years, and so on). Next we divide by respondent age resulting in a value of between 0 and 1 to arrive at an estimate of the lifetime proportion that a respondent was homeless. In 17 cases responses on cumulative homeless durations are inconsistent with other information provided on homeless history (i.e., their cumulative homeless duration is at least 2 years greater than that possible according to their age and the age they were first homeless). We therefore drop these observations from any further analysis of this variable.

more likely they are to become chronically homeless. In contrast, Calsyn and Morse (1991) propose the opposite relationship, arguing that the older people are when they become homeless the more likely it is that chronic homelessness will follow. In Australia Johnson et al. (2008) argue that the age people had their first experience of homeless is important but that its effect is mediated through other biographical experiences preceding homelessness. They argue that the most significant mediating factor is the experience of childhood trauma. Those people who have their first experience of homelessness at a young age and who experience some form of childhood trauma are more likely to experience chronic homelessness than those who first experience of homelessness at a young age but have no experience of childhood trauma.

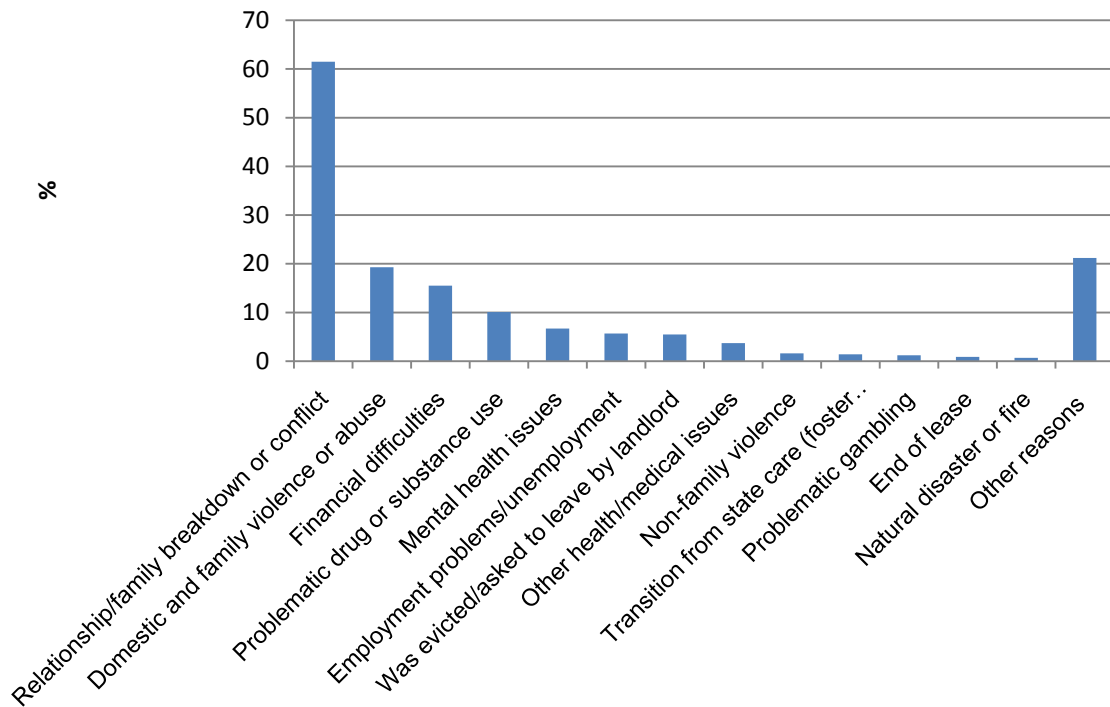
Although JH cannot make any definitive statements on the direction of this relationship we can examine whether the age that respondents first became homeless is in any way correlated with both their housing status at the time they interviewed and their cumulative lifetime homeless duration. These are summarised in Table 6. There seems to be no clear relationship between average age first homeless and the incidence of homelessness at time of interview. However, as would be expected, we do find a very clear, and statistically significant, negative relationship between age first homeless and cumulative lifetime homelessness durations (presented in the final column of Table 6). Obviously persons who first experience homelessness at a younger age have had more of their lives to have accumulated experiences of homelessness, therefore this result does not necessarily support the Piliavin et al (1993) hypothesis. While it is an interesting finding nonetheless, further waves of data are required before we can say anything about the relationship between age and duration.

Table 6. Incidence of homelessness and average proportion of lifetime homeless by age first homeless

Age first homeless	Homeless (%)	Not homeless (%)	Total (%)	Average proportion of lifetime homeless
0-14 years	18.1	19.2	19.0	0.186
15-17 years	25.2	34.0	32.1	0.112
18-24 years	20.2	21.0	20.8	0.086
25-34 years	12.0	12.5	12.3	0.076
35-44 years	13.2	9.0	10.0	0.063
45-54 years	7.9	3.5	4.4	0.027
55 years plus	3.5	0.8	1.4	0.038
Total valid observations (N)	342	1,187	1,536	1,499

JH also asks respondents to report the main reason they first became homeless (see Figure 4 for a summary of responses). ‘Relationship/family breakdown or conflict’ was overwhelmingly the most common reason reported with 62 per cent of respondents reporting this as their main reason for first becoming homeless. Nineteen per cent of respondents reported that ‘Domestic and family violence or abuse’ was the main reason; 16 per cent ‘financial difficulties’; and 10 per cent problematic drug use or substance use. Note that multiple responses were allowed at this question and therefore summation of the figures exceeds 100%.

Figure 4. Main reason first became homeless



4 What does JH say about risk factors associated with homelessness?

4.1 Foster Care

Local and international studies indicate that disproportionate numbers of homeless people have experiences in the State care and protection system. Studies tend to focus on out-of-home care as a causal or risk factor for adult homelessness (Johnson & Chamberlain 2008a) Koegel, Melamid & Burnam 1995; Bassuk et al. 1997; Roman & Wolfe, 1997; Zlotnick, Kronstadt & Klee 1998; Nooe & Patterson 2010), although a few studies have examined whether ‘out-of-home’ care may be more strongly associated with duration of homelessness than its initial onset’ (Herman et al. 1997: 254). With respect to the latter point the findings are mixed. Calsyn & Morse (1991: 157) found that ‘chronically homeless persons are more likely to have experienced childhood foster care or institutional placement as a child’. In contrast Wong, Culhane & Kuhn (1997) found that experiences of child protection did not have a ‘significant effect of exit rates’ (p.417), or on ‘return rates’.

Wave 1 of Journeys Home can offer some insights into the literature on this, but with only 1 wave of data can only examine correlates of experiences in the State care and protection system and homeless status and not causation. Just over a quarter of respondents (26.1%) had ever been placed into foster, residential or kin care. We find that those experiencing homelessness at the time of the interview were no more or less likely to have ever been placed into foster, residential or kin care than others with more stable housing (of those in state care close to 22% were homeless at the time of interview, compared to 21% that had never been in state care). However, when we examine the cumulative duration of respondents homelessness over their lifetimes we do find that respondents who had been in State care were significantly more likely to have spent

Table 7. Cumulative duration of homelessness by whether have ever been in State care

	Has been in State care	Has never been in State care	Total
Average proportion of lifetime homeless	0.148 ¹	0.084 ¹	0.100
Total (N)	423	1,199	1,639

1. Difference is statistically significant (p value = 0.000)

more time over their lifetime homeless than respondents who had never been in State care (see Table 7).

4.2 Trauma

Numerous studies have identified a link between childhood trauma and homelessness generally and long-term homeless more specifically (Calsyn and Morse 1991; Buhrich, Hodder and Teesson 2000; Zugazaga 2004; Johnson et al. 2011). Trauma is generally understood as physically and/or emotionally painful experiences that overwhelm people's capacity to cope. Trauma takes many forms – physical and sexual abuse by parents, step parents and/or siblings; neglect; separation from ones family of origin; time in the state care and protection system and witnessing violent acts. Childhood trauma is thought to create difficulties for young people to form and sustain relationships with others and these difficulties often extend into adulthood. Studies also suggest that childhood trauma makes substance abuse more likely and may also be an important factor that predisposes some people to mental health problems as adults (Clark 2001; Read and Ross 2003).

It is also the case that many people experience trauma while they are homelessness. Homeless people are vulnerable to violent assault and homeless women in particular are acutely vulnerable to sexual assault (Newburn and Rock 2005; Robinson 2010). Trauma is thus both a cause and a consequence of homelessness. There is now growing recognition among policy makers of the importance of trauma informed service delivery approaches.

In JH we don't attempt to measure the experience of trauma directly. However we do collect information on a range of experiences, in both childhood and adulthood, that can cause trauma. These include experiences of physical violence, sexual abuse, emotional abuse and neglect. Table 8 and Table 9 present the JH findings on these by homeless status and cumulative histories of homelessness.

In Table 8 we see that overall it is quite common for JH respondents to have been exposed to a range of adverse childhood experiences such as neglect or emotional abuse, physical violence or sexual violence as a child. First looking at the third column, we know that over two thirds of respondents had experienced some form of neglect or emotional abuse, physical violence or sexual violence as a child. Exposure to sexual violence is much less common than to other forms of violence or abuse. However, even here rates of exposure are quite high with 13% of respondents reporting that as a child, they experienced sexual assault by someone living with them and 20% reporting that as a child, they experienced sexual assault by someone else. In addition to this 12% of respondents opted out of this section of the questionnaire (7 per cent choosing to opt out of the entire violence section, and a further 5% choosing not to continue with the questions on sexual violence).

Table 8: Exposure to abuse or violence as a child

	<i>Homeless (%)</i>	<i>Not homeless (%)</i>	<i>Total (%)</i>	<i>Average proportion of lifetime homeless</i>
<i>Neglect or emotional abuse as a child</i>				
As a child, was left without food or shelter by someone living with them	17.1	14.5	15.0	0.158
As a child, was threatened with harm by someone living with them	33.3	32.2	32.5	0.126
As a child, was threatened with harm of members of family or friends by someone living with them	25.5	24.8	24.9	0.127
As a child, pets were harmed, or threatened with harm by someone living with them	12.0	11.3	11.5	0.152
As a child was threatened with harm by someone not living them	40.1	42.3	41.8	0.114
Experienced none of the above	35.9	36.1	36.0	0.075 ¹
Opted out of entire violence section	7.0	6.9	6.9	0.108
<i>Physical violence</i>				
As a child, experienced physical violence or force by someone living them	42.6	41.7	41.9	0.122
As a child, experienced physical violence or force by someone not living them	46.5	44.3	44.8	0.119
Experienced neither of the above	34.5	34.8	34.7	0.076 ¹
Opted out of entire violence section	7.0	6.9	6.9	0.108
<i>Sexual violence</i>				
As a child, experienced sexual assault by someone living with them	15.4	12.7	13.3	0.134
As a child, experienced sexual assault by someone not living with them	21.9	19.6	20.1	0.109
Experienced neither of the above	58.3	62.6	61.6	0.092 ¹
Opted out of sexual violence questions	13.2	11.8	12.0	0.114
Experienced some form of neglect or emotional abuse, physical violence or sexual violence as a child.	68.4	66.4	66.8	0.111
Experienced no neglect or emotional abuse, physical violence or sexual violence as a child.	23.0	24.9	24.5	0.070 ¹
Total (N)	357	1,311	1,676 ²	0.100

1. When testing for differences in means between each group experiencing neglect or emotional abuse, physical violence or sexual violence respectively the differences were significant at at-least the 0.2% level.
2. The total number of observations examined in this column includes the 8 respondents of whom we are unable to determine their housing status but excludes the 5 respondents whose interviews were terminated prior to this section of the questionnaire.

Table 9: Exposure to violence and abuse as adult¹

	<i>Homeless (%)</i>	<i>Not homeless (%)</i>	<i>Total (%)</i>	<i>Average proportion of lifetime homeless</i>
As an adult, experienced physical violence	64.6	61.7	62.4	0.118
As an adult, experienced sexual assault	13.7	10.3	11.5	0.107
Experienced neither physical nor sexual violence as an adult	23.2	27.7	26.6	0.081 ²
Opted out of physical violence section	7.8	7.5	7.6	0.111
Opted out of sexual violence section	14.4	12.5	13.0	0.120
Total (N)	319	1,076	1,402 ³	0.107

1. The estimates in this table is based on the sample of respondents aged over 18 years.

2. When testing for differences in means between respondents experiencing either physical or sexual violence as an adult, and not experiencing violence as an adult the difference was significant at the 0.000% level.

3. The total number of observations examined in this column includes the 7 respondents of whom we are unable to determine their housing status but excludes those respondents whose interviews were terminated prior to this section of the questionnaire.

Respondents that were homeless at the time of their interview (column 1) were slightly more likely to have been exposed to abuse or violence as a child than the housed (column 2), but the differences across the two groups are not that large. However, when examining respondents cumulative homeless durations (in column 4) there is a clear relationship between being exposed to these traumatic experiences and their total lifetime experience of homelessness, with those exposed to violence or abuse as children much more likely to have had longer cumulative experiences of homelessness over their lifetimes than those that had no such experiences.

In Table 9 rates of exposure to physical and sexual violence as adults are presented. Here we can see that as with experiences in childhood, physical violence in adulthood appears to be quite common, with 62% of adult respondents reporting an experience of violence as an adult. Almost 12% had experienced sexual violence as an adult. Experiences of adult violence however does seem to differ across the homeless and housed populations with those homeless at the time of their interview significantly more likely to have experienced violence (either physical or sexual) as an adult. As with childhood experiences of violence, respondents experiencing violence as an adult were significantly more likely to have spent more of their lifetime's homeless.

4.3 Substance abuse and mental illness

Numerous studies, both in Australia and overseas, report disproportionately high rates of substance misuse and mental illness among the homeless, particularly among the chronically homeless. However, it is unclear from the literature whether substance use and/or mental illness are causes or consequences of homelessness. While there is a common perception that mental illness causes homelessness, Sullivan, Burnam & Koegel (2000), Craig & Hodson (1998) and Johnson & Chamberlain (2011) indicate that homelessness causes mental health issues for some people. Similarly, there is considerable contention about the direction of the relationship between substance use and homelessness (Snow & Anderson 1993; Neale 2001; Mallett, Rosenthal & Keys 2005; Kemp, Neale & Robertson 2006).

Table 10: Diagnosed mental health conditions (%)

	JH sample (%)	General population 16-85 years ¹ (%)
Bipolar effective disorder	11.0	2.9
Schizophrenia	8.9	n.a.
Depression	53.5	11.6 ²
Post-traumatic stress disorder ³	19.7	12.2
Anxiety disorder ³	41.3	26.3
Total	1,681	

1. Source: ABS (2007), *National Survey of Mental Health and Wellbeing: 2007*, ABD catalogue no. 4326.0. Findings on lifetime mental disorders are presented here as in JH we ask respondents whether they have ever been diagnosed with certain health conditions.

2. Includes severe depressive episode, moderate depressive episode and mild depressive episode

3. The estimates across the two surveys are not directly comparable as JH respondents were first asked whether they had been diagnosed with Post-Traumatic Stress Disorder and then whether they had been diagnosed with an Anxiety Disorder whereas in the National Survey of Mental Health and Wellbeing respondents were asked whether they had ever had one of a list of specific anxiety disorders including Panic Disorder, Agoraphobia, Social Phobia, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder and Post-traumatic stress disorder.

Table 10 compares the incidence of a range of diagnosed mental illnesses amongst the JH sample compared to that of the general population. While there are some issues making direct comparisons with the population data, it is obvious from this table that our sample is much more likely to be diagnosed with mental illnesses such as bipolar effective disorder, schizophrenia, depression, post-traumatic stress disorder or anxiety disorder than the general population.

Table 11 shows the incidence of mental illness by homeless status alongside the cumulative lifetime duration of homelessness of those diagnosed with particular mental illnesses. While the incidence of mental illness does not appear to vary across the homeless and the housed when looking at their housing situation at the time they were interviewed, there is a relationship between mental illness and homeless history. The final column shows that those that have been diagnosed with at least one of the listed mental illnesses is significantly more likely to have spent more of their lifetimes homeless than those that have not been diagnosed with any of the conditions. This is particular the case for those with the more severe mental illnesses such as bipolar disorder and schizophrenia. However, with only one cross section of data, while this table clearly shows that there is a relationship between mental illness and lifetime homelessness, it cannot inform the debate on what the direction of this relationship is.

Respondents of JH are also much more likely to have a smoking habit than the general population. Over two thirds of the responding sample (68%) smoke daily (see Table 12). This compares to the 15.1% of people in Australia aged 14 years or older that were daily smokers in 2010 (AIHW 2011b). While almost three-quarters (74%) drank alcohol in the last 6 months, just under 8% drank alcohol daily. This compares to the 7.2% of the overall population who consumed alcohol daily in 2010 (AIHW 2011b). Therefore it appears that respondents of JH are not significantly more likely to drink alcohol than the general population. Table 12 however shows that they were much more likely to be drinking at levels that put them at risk of alcohol-related harm over a lifetime, with 66% drinking at 'risky' levels. This compares with only 20.1% of the general population drinking at risky levels.⁸

⁸ Following AIHW, 2011 we determine risk levels of alcohol consumption according to the recently revised Australian Alcohol Guidelines (NHMRC 2009). Here persons consuming less than 2 standard drinks per day, on

Table 11: Diagnosed mental health conditions by homeless status (%)

	Homeless (%)	Not homeless (%)	Total (%)	Average proportion of lifetime homeless
Bipolar effective disorder	10.8	10.8	11.0	0.136
Schizophrenia	11.9	8.0	8.9	0.153
Depression	53.9	53.4	53.5	0.114
Post-traumatic stress disorder	21.9	19.0	19.7	0.116
Anxiety disorder	39.2	41.9	41.3	0.118
Has not been diagnosed with any of the above mental health conditions				0.081
Total (N)	360	1,313	1,681	0.100

Table 12: Smoking and alcohol consumption (%)

	Homeless	Not homeless	Total	Average proportion of lifetime homeless
Doesn't smoke	15.8	25.1	23.0	0.070
Smokes daily	75.0	65.9	67.9	0.110
Smokes less frequently	8.3	8.8	8.7	0.102
Consumes alcohol at 'risky' levels	68.1	66.1	66.6	0.104
Total	360	1,313	1,681	0.100

Table 13 presents the survey findings on illicit drug use. Here we can see that illicit drug use is quite common with JH respondents. Around 39% of all JH respondents had used illicit drugs in the past 6 months. Comparing this with findings of the population wide 2010 National Drug Strategy Household Survey shows the JH respondents are much more likely to use illicit drugs than the general population, with only 14.7% people in the general population aged 14 years or older reporting having used an illicit drug in the last 12 months. Marijuana is the most common form of illicit drug used by JH respondents with just under a third of respondents reporting having used marijuana in the last 6 months. An additional 13% of respondents used other forms of illicit (or street) drugs. What is perhaps most troubling is that 7% of respondents injected drugs in the last 6 months (as a point of comparison less than 1% of the general population reported to have injected illicit drugs in 12 months preceding the survey).

average, are defined as 'low risk', whereas those consuming 2 drinks or more are considered to be drinking at 'risky' levels.

Table 13: Drug use

	<i>Homeless (%)</i>	<i>Not homeless (%)</i>	<i>Total (%)</i>	<i>Average proportion of lifetime homeless</i>
Not used	53.1	62.4	60.3	0.082
Marijuana only	27.5	25.3	25.8	0.130
'Street' drugs only	4.2	2.5	2.9	0.086
Both	14.2	9.4	10.5	0.134
Ever injected illicit drugs?	11.4	6.1	7.3	0.146
Total (N)	360	1,313	1,681	0.100

The table does suggest that respondents that were homeless at the time they were interviewed were more likely to use illicit drugs than respondents that were housed, particularly in relation to harder drugs and the injecting of drugs. Looking at column 4, those using illicit drugs have (statistically significant) higher average cumulative durations of homelessness over their lifetimes than respondents that did not use illicit drugs. There is therefore a clear link between illicit drug use and the persistence of homelessness. However, as with the findings on mental health, we cannot yet say anything about the direction of the relationship between substance use and the duration of homelessness here.

4.4 Contact with justice system

Local and international studies indicate an over-representation among the homeless population of people who have been in prison. For some people prison precedes homelessness, while for other being homeless increases the risk of incarceration. Over one third of the JH responding sample (35%) had ever been in either juvenile justice, adult prison or in remand (12% in juvenile justice, 23% in adult prison and 23% in remand) (see Table 14). Those homeless at the time of their interview were more likely to have spent time incarcerated than those housed. Column 4 also shows that those that had spent time incarcerated had higher cumulative homeless durations over their lifetimes than those that had not spent any time in either juvenile justice, adult prison or on remand.

Table 14: Had ever spent time in either juvenile justice, adult prison or in remand (%)

	<i>Homeless</i>	<i>Not homeless</i>	<i>Total</i>	<i>Average proportion of lifetime homeless</i>
Juvenile justice	16.1	10.7	11.8	0.145
Adult prison	31.4	20.6	23.0	0.146
Remand	28.9	21.0	22.8	0.149
Had not spent time in any of the above forms of detention	56.9	67.4	65.0	0.079
Total	360	1,313	1,681	0.100

5 Conclusion

In the past understandings of the causes and consequences of homelessness have been limited by a lack of nationally representative longitudinal data on persons pathways in to and out of homelessness. Journeys Home was established to address this gap. In this paper we have presented some of the key findings of the first wave of the JH study.

As expected with such a vulnerable population group, the profile of JH respondents is very different to that of general population. Respondents are on average younger, more likely to be single, have no dependent children, Australian born and much more likely to be Indigenous Australian than in the general population. JH respondents also have much lower levels of education on average and the vast majority are not in the labour force.

A key finding in this paper is that respondents housing situation appears to vary considerably over time. Although a low proportion of the total sample was what we consider to be homeless at the time of interview, about half had experienced homelessness in the last 6 months and over 90 per cent had experienced homelessness at least once in their lifetimes. We also find some early indications that many respondents are cycling in and out of homelessness over their lifetimes, and spending considerable amounts of their lifetimes in an unstable housing situation. We therefore suspect that in JH we are more likely to capture respondents who are either the 'episodic' homeless or the 'chronic' homeless rather than people experiencing short one-off experiences of homelessness.

Another important finding is that our three population sub-groups (the homeless, the at-risk and the vulnerable) are much more alike in their experiences of homelessness than we had initially anticipated. Part of this can be explained by the highly fluid nature of homelessness. However, we also suspect that it is, at least partly, a reflection of the imprecision of Centrelink's Homeless Indicator that was used to select the JH sample.

We also find some interesting findings on people's first homeless experience. We find evidence supporting the notion that people who first experience homelessness at a young age are more likely to experience persistent homelessness. Also, by far the most common reason reported for first becoming homeless was family breakdown and/or conflict. In contrast, a relatively low rate of respondents reported mental illness and substance abuse as major factors leading to their first homeless experience.

Finally we find little evidence that those homeless at the time of interview were any more likely to experience a range of factors commonly thought of as homelessness risk factors than the housed. However, we do find strong evidence that these risk factors (including being placed into State care and child protection systems, experiences of violence or abuse as either a child or an adult, time spent incarcerated, and mental illness or substance use) are related in some way to cumulative homeless durations over respondents lifetimes. Further waves of data will shed further light on the direction of these relationships.

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