



FACULTY OF  
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# Journeys Home Research Report No. 2

Findings from Waves 1 and 2

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RESEARCH REPORT No. 2  
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**Report prepared for the Australian Government Department of  
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## Executive Summary

In late 2010 the Australian Government commissioned the Melbourne Institute of Applied Economic and Social Research (at the University of Melbourne) to design and implement a new longitudinal survey, subsequently named Journeys Home (JH). Over approximately two years, JH will track a national sample of individuals exposed to high levels of housing insecurity employing much more rigorous sampling methods than ever previously used.

This Research Report presents key findings from the first two waves of the JH study, which were conducted over the periods September to November 2011 and March to May 2012 respectively.

The research questions guiding our analysis include:

- How persistent / episodic is homelessness?
- What factors are associated with instability/stability in housing?
- What characteristics distinguish at-risk households including families that become homeless from those that do not?
- What are the protective factors for staying out of homelessness?
- What are the triggers that lead to homelessness?
- What factors are important in the road out of homelessness?

To gain some insight into these issues we examine JH respondents' transitions in to and out of homelessness between waves 1 and 2 of the study. As JH is still in its early stages, the analysis presented is purely descriptive as we are interested in ascertaining whether there is any early evidence to suggest whether any particular risk or protective factors are associated with certain homeless transitions.

### *The Journeys Home sample*

The sample for Journeys Home was selected using Centrelink's Homelessness Indicator (which was introduced in January 2010) and comprises recipients of an income support payment who had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness'. In addition, the sample includes a group selected using statistical techniques that identify income support recipients that were not flagged as homeless but nevertheless have characteristics similar to those who 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 is important to note that the Homeless Indicator was never intended to be a tool for enumerating homeless people and nor is the flag applied to all homeless people equally. Most obviously, customers who both engage more frequently with Centrelink and are prepared to disclose details of their personal situation to Centrelink staff are more likely to be flagged. As a result, the non-flagged group will include some homeless persons.

The total sample allocated to interviewers (employed by Roy Morgan Research) comprised 2,992 individuals distributed across 36 distinct locations or areas (with an area defined to have a 10km radius in the major cities and a 20km radius in regional centres). Of this group, 273 were subsequently determined to be out of scope, leaving us with an effective sample of 2,719. Just over 62 per cent of this group (n=1,682) agreed to participate in the study.

Attempts were made to reapproach all 1,682 JH participants in wave 2. Persons who were in prison (n=16) or overseas (n=2) during the survey period or deceased (n=4) were subsequently defined as out-of-scope. This leaves a total of 1,660 in-scope sample. Interviews were obtained from 1,529 in-scope sample members, giving a response rate of 92.1 per cent (1,529 out of the 1,660 in-scope sample).

As expected with such a vulnerable population group, the profile of JH respondents is very different to that of the 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 the general population. JH respondents also have much lower levels of education on average and the vast majority are not in the labour force. The incidence of mental illness is also higher than that of the general population, and smoking, drinking at 'risky' levels and drug use are all more widespread.

### *Experiences of homelessness*

In this report we continue with the approach taken in Scutella et al. (2012) and adopt the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992) to demarcate the homeless from the housed, making an assessment of whether people's accommodation meets the minimum community standard that people expect in contemporary Australian society.

The vast majority of JH respondents were housed at each point in time. Indeed, only 24 per cent of JH respondents were homeless at their first interview, whereas about one in two were in stable housing. By the wave 2 interview the proportion of respondents who were homeless had declined to 19 per cent, and that in stable housing had increased to 57 per cent.

When examining housing transitions between wave 1 and wave 2 we find that 12 per cent of people were homeless in both waves, 6.5 per cent entered homelessness, 10.2 per cent exited homelessness and a little less than 70 per cent were housed in both waves. Thus it is clear that the overall decrease in the homeless rate observed in wave 2 is the result of a larger proportion of respondents exiting homelessness (10.2 per cent) than entering (6.5 per cent) in wave 2.

If we also examine respondents' housing transitions between interviews we find evidence that respondents' housing situation varies considerably over time, with further evidence of cycling in and out of homelessness. Importantly, almost 40 per cent of respondents had been homeless at some stage between their wave 1 and wave 2 interviews.

Male respondents are more likely to be homeless at any point in time while female respondents are more likely to be in stable housing. Likewise, female respondents are slightly more likely to move up the housing stability continuum and less likely to move down it.

In the Australian Government's *White Paper on Homelessness: The Road Home*, certain groups were identified as priorities for the government when tackling homelessness in Australia (FaHCSIA, 2008). These include both young and older homeless peoples, Indigenous Australians, and persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities. We therefore pay particular attention to the housing transitions of JH respondents in these priority groups.

Older respondents are more likely to be both homeless at a point in time and more likely to be persistently homeless than their younger counterparts. However, this does not translate into younger people being more likely to remain in stable housing. Rather, their situation seems to be one of cycling between homelessness, marginal housing and stable housing.

Indigenous respondents are only marginally more likely to be homeless at any point in time than non-Indigenous respondents. However, they are much more likely to be primary homeless than non-Indigenous persons. They are also less likely to exit from homelessness or marginal housing and enter into stable housing than non-Indigenous respondents.

Respondents who had been in State care, juvenile justice, other correctional facilities or medical or psychiatric facilities over the survey period had quite high rates of homelessness at each point in time. They also appear to face higher levels of residential instability than the average JH respondent, with both a higher proportion entering homelessness and a higher proportion exiting homelessness.

### *Risk and protective factors associated with homelessness*

While it is clear from this report that a number of common risk and protective factors are associated with experiences of homelessness at some point in time, it is much more difficult to identify any clear patterns arising in relation to respondents' transitions in to and out of homelessness between wave 1 and wave 2. For instance, while respondents who had either ever been in State care, or had been exposed to sexual violence as a child, or had experienced violence as an adult or had been diagnosed with mental illnesses were more likely to have been homeless at either wave, these respondents were not consistently more likely to be persistently homeless (i.e. homeless in both waves) than respondents either entering or exiting homelessness.

Physical health and labour market activity are however two factors where there are clear patterns emerging in relation to respondents' transitions in to and out of homelessness between wave 1 and wave 2. Consistent with our wave 1 report finding, the deeper the experience of homelessness, the worse the respondent's physical health; respondents who were homeless in both waves were clearly more likely to have poorer physical health outcomes than either those entering or exiting homelessness, or those housed in both periods.

We also find a very clear, and not unexpected, relationship between labour market activity and homeless transitions; respondents with more connection to the labour market in wave 1 have the best housing outcomes. Respondents who were employed in wave 1 were the most likely to be housed in both waves and the least likely to be homeless in both waves. Interestingly it appears that some attachment to the labour force is better than none, with the outcomes of those not working and actively seeking work (i.e. the unemployed), while clearly worse than those of the employed, better than those of other respondents not working (those not in the labour force). Also those who remained housed spent the highest proportion of time employed between their wave 1 and wave 2 interviews whereas those who remained homeless spent the least amount of time employed.

The relationship between mental health and homeless transitions between wave 1 and wave 2 however is not as clear cut as with physical health. What is clear is that entering homelessness is associated with very high levels of psychological distress. However, psychological distress levels are lower for respondents who were homeless in both waves

which suggests some form of adaptation to homelessness is occurring. This is consistent with the literature in this area which indicates that distress levels decline the longer people remain homeless. Further research, however, is required before we can conclusively say that this is the case here as well.

Interestingly we also find that debt may be both a source of financial difficulty and hence an antecedent of homelessness, and the result of attempts to find stable housing and hence escape homelessness. The interplay between debt, financial stress and homelessness will need to be examined in more depth in future reports.

Finally, family and friends do appear to have a role in supporting respondents who exit homelessness. Also welfare services seem to be an important source of support to those continuously homeless, who are not able to turn to family and friends to help with personal and financial problems. At the other end of the spectrum, many respondents experiencing homelessness also declare that welfare services are very unhelpful and some of those who exited homelessness in wave 2 complain about their accessibility.

# 1 Introduction

In late 2010 the Australian Government commissioned the Melbourne Institute of Applied Economic and Social Research to design and implement a new longitudinal survey, subsequently named Journeys Home (JH). This survey will track a national sample of individuals exposed to high levels of housing insecurity over two years.

This Research Report presents key findings from the first two waves of the JH study, which were conducted over the periods September to November 2011 and March to May 2012 respectively.

Although JH is still in its early stages, the research questions guiding our analysis include:

- How persistent / episodic is homelessness?
- What factors are associated with instability/stability in housing?
- What characteristics distinguish at-risk households including families that become homeless from those that do not?
- What are the protective factors for staying out of homelessness?
- What are the triggers that lead to homelessness?
- What factors are important in the road out of homelessness?

To gain some insight into these issues we examine JH respondents' transitions in to and out of homelessness between waves 1 and 2 of the study. At this stage the analysis is purely descriptive as we are interested in ascertaining whether there is any early evidence to suggest whether any particular risk or protective factors are associated with certain homeless transitions.

The paper is structured in the following way. Information about the JH sample, including a brief description of response outcomes and the profile of JH respondents in the first two waves, is provided in Chapter 2. In Chapter 3 we examine respondents' experiences of homelessness, both at a point in time and over the two waves. In Chapter 4 we develop a typology of homeless durations that allows us to further examine the factors related to experiencing various homeless-housing transitions/trajectories. Chapters 5 through 10 then follow with a descriptive analysis of the relationships between a range of risk and protective factors commonly associated with homelessness and respondents' homeless-housing transitions between wave 1 and wave 2. These include analysis of family histories and exposure to violence (Chapter 5); education and employment (Chapter 6); income, debt and financial stress (Chapter 7); health and wellbeing (Chapter 8); contact with the justice system (Chapter 9); and social networks (Chapter 10). Finally, concluding comments are provided in Chapter 11.

## 2 The Journeys Home sample

### 2.1 Sample design and response

As explained in more detail in Wooden et al. (2012) and in Melbourne Institute (2012), the JH sample was drawn from the Research Evaluation Database (RED) developed by the Department of Education, Employment and Workplace Relations. RED is, in turn, compiled 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 identifies clients who have been flagged by Centrelink staff as 'homeless' or 'at risk of homelessness' using the Homelessness Indicator that became available on 1 January 2010. The sample for Journeys Home has been selected using this Homelessness Indicator and thus comprises recipients of an income support payment that had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness'. In addition, the sample includes a group selected using statistical techniques that identify income support recipients who have not been flagged as homeless but nevertheless have characteristics similar to those who have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homelessness. The aim was to obtain responding samples of approximately equal size from each of these three groups: i) Centrelink customers flagged as 'homeless'; ii) Centrelink customers flagged as 'at risk of homelessness'; and iii) other Centrelink customers whom we identify as being vulnerable to homelessness. The sample was then clustered with only those clusters where flagged individuals were sufficiently common to ensure a viable interviewing workload retained for selection.

As discussed in Scutella et al. (2012), the flagging process is intended as a way of providing targeted service delivery for people who are homeless or at risk of becoming homeless. It is not a tool for enumerating homeless and at risk people. It relies on customers who engage with the Department of Human Services to be prepared to disclose details of their personal situation to departmental staff. Most obviously, customers who both engage more frequently with Department of Human Services' staff and are prepared to disclose details of their personal situation are more likely to be flagged. As a result, the non-flagged group will include some people who are homeless and at risk.

Table 1 presents fieldwork outcomes for the first two waves of the survey. The total sample allocated to interviewers (employed by Roy Morgan Research) comprised 2,992 individuals distributed across 36 distinct areas (with an area defined to have a 10km radius in the major cities and a 20km radius in regional centres). Of this group, 273 were subsequently determined to be out of scope, leaving us with an effective sample of 2,719. Just over 62 per cent of this group (n=1,682) agreed to participate in the study.

Attempts were made to reapproach all 1,682 JH participants in wave 2. Persons who were in prison (n=16) or overseas (n=2) during the survey period or deceased (n=4) were subsequently defined as out-of-scope. This leaves a total of 1,660 in-scope sample. Interviews were obtained from 1,529 in-scope sample members, giving a response rate of 92.1 per cent (1,529 out of the 1,660 in-scope sample).

Journeys Home's follow-up response rate is very high compared to many other Australian studies targeting disadvantaged populations. The Longitudinal Study of Reconnect Clients



achieved a follow-up response rate of 57.1 per cent (RPR Consulting 2003), the Residents Outcomes Study achieved a re-interview rate of 40 per cent (Thomson Goodall Associates 2001), and a study of single homeless men in Sydney achieved a reinterview rate just over 40% (Mission Australia 2012). In fact, Journeys Home’s response rate also surpassed Australia’s general population panel survey, HILDA Survey, which successfully re-interviewed 86.8 per cent of its initial sample of respondents in wave 2 (Watson and Wooden, 2010, Table 2, p. 328).

**Table 1: Response outcomes**

	Wave 1		Wave 2	
	N	% of total in-scope	N	% of total in-scope
Out-of-scope	273		22	
Non-contact	500	18.4	68	4.1
Other non-response <sup>1</sup>	537	19.5	63	3.8
Interviews	1,682	<b>61.9</b>	1529	<b>92.1</b>
TOTAL sample issued	2,992	100.0	1682	100.0

1. Refusal, incapable or contact made but no interview resulted.

## 2.2 Profile of JH respondents

Table 2 presents basic demographic characteristics of JH respondents in both waves compared with those of the general Australian population. As would be expected of a sample of such a disadvantaged population, the profile of JH respondents is very different to that of the general population. They are:

- more likely to be male
- younger, with 60 per cent of respondents under the age of 35, compared to the 35 per cent of the Australian population
- much more likely to be Indigenous Australians and Australian born
- much less likely to be married or in a de facto relationship, and
- less likely to have dependent children.

Table 2 also reports the completed education levels and labour force status of our responding samples. As we would expect, completed education levels are much lower than in the general population – 20 per cent had not completed Year 10 and only 39 per cent had completed Year 12 or equivalent. Also as expected, only 20 per cent of respondents were employed in the week prior to the wave 1 interview, with a further 30 per cent actively looking for work. In wave 2, the employment rate of the responding sample, although remaining quite low, had risen slightly with 24 per cent now employed. This result is not driven by a higher likelihood of non-response among the unemployed, but reflects an improvement in the employment rate of the 1,529 wave 2 respondents. However, half of all JH respondents remain outside the labour force.

**Table 2: Demographic characteristics of JH sample, education and employment (%)**

	JH wave 1	JH wave 2	Australian population <sup>1</sup>
Male	54.6	53.3	49.4
Female	45.4	46.7	50.6
15-17	9.5	6.2	4.8
18-20	16.7	19.0	5.1
21-24	12.5	13.1	7.3
25-34	21.7	21.4	17.7
35-44	20.0	19.7	17.3
45-54	14.0	15.0	16.7
55-64	4.8	4.7	14.1
65+	0.9	1.0	16.9
Aboriginal or Torres Strait Islander	19.7	19.0	2.5
Australian born	87.5	87.6	73.2
Born overseas in English-speaking country	5.8	6.0	
Born overseas in non-English-speaking country	6.7	6.3	26.8
Married/defacto	17.2	22.0	63.7
Have dependent children	19.8	23.0	33.9
<i>Highest education qualification</i>			
Tertiary qualification	27.8	27.5	50.2
Completed Yr 12 or equivalent	11.2	11.6	20.6
Completed Year 10 or 11 or equivalent <sup>2</sup>	39.5	40.0	21.4
Completed Year 9 or below <sup>3</sup>	20.3	19.7	7.7
Undetermined	1.2	1.2	
<i>Labour force status</i>			
Employed	20.0	24.3	62.6
Unemployed	29.9	25.4	3.4
Not in labour force	50.1	50.3	34
Number of observations (N)	1,682	1,529	

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.

Slight differences in the demographic composition of wave 1 and wave 2 respondents reflect the finding in the Wave 2 Technical Report that attrition, although very low, is not totally random. Attrition was higher for males, Indigenous Australians and those without children than their counterparts.

JH respondents are also much more likely to be suffering from mental illness than the general population (see Table 3). 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 affective disorder, schizophrenia, depression, post-traumatic stress disorder or anxiety disorder than the general population.

JH respondents are also much more likely to smoke, drink at risky levels and use illicit drugs at each wave than the general population (see Table 3). When comparing smoking, drinking and illicit drug use of JH respondents with that of the general population we find that over two thirds of the responding sample at either wave smoke daily. This compares with the 15.1 per cent of Australians aged 14 years or older who were daily smokers in 2010.

We also found that JH respondents are much more likely to be drinking at levels that put them at risk of alcohol-related harm over a lifetime, with over half drinking at 'risky' levels. This compares with only 20 per cent of the general population drinking at 'risky' levels. Similarly, rates of illicit drug use are high - over a third of all JH respondents had used illicit drugs in the past six months. Only 15 per cent of the general population aged 14 years or older reported having used an illicit drug in the last 12 months. Most troubling is the high proportion of respondents (7 per cent in wave 1 and 12 per cent in wave 2) who had injected drugs in the last six months (as a point of comparison less than 1% per cent of the general population reported to have injected illicit drugs in 12 months preceding the survey).

**Table 3: Diagnosed mental health conditions and Smoking, alcohol consumption and illicit drug use (%)**

	JH wave 1	JH wave 2	Australian population <sup>1</sup>
<i>Diagnosed mental illnesses</i>			
Bipolar effective disorder	10.9	12.2	2.9
Schizophrenia	8.9	9.8	n.a.
Depression <sup>2</sup>	53.5	57.5	11.6
Post-traumatic stress disorder <sup>3</sup>	19.7	22.1	12.2
Anxiety disorder <sup>3</sup>	41.3	45.5	26.3
<i>Smoking, alcohol consumption and illicit drug use</i>			
Smokes daily	67.9	66.5	15.1
Consumes alcohol at 'risky' <sup>4</sup> levels	57.3	56.5	20.1
Used illicit drugs in last 6 months/12 months	39.1	35.1	14.7
Injected illicit drugs in last 6 months/12 months	7.3	12.3	0.4
Total (N)	1,682	1,529	

1. Sources: Mental health conditions from 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. Smoking, alcohol consumption and illicit drug use from AIHW (2011b) 2010 National Drug Strategy Household Survey.

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.

4. Following AIHW, 2011b we determine risk levels of alcohol consumption according to the recently revised Australian Alcohol Guidelines. Here persons consuming no more than 2 standard drinks per day are defined as 'low risk', whereas those consuming more than 2 drinks or more are considered to be drinking at 'risky' levels.

### 3 Experiences of homelessness

#### 3.1 *Defining homelessness and determining housing status at a point in time*

In this report we continue with the approach taken in Research Report 1 to identify people's housing circumstances at a point in time on a continuum running from sleeping rough to the stably housed. Consistent with the approach taken earlier, we adopt the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992) to demarcate the homeless from the housed, making an assessment of whether people's accommodation meets the minimum community standard that people can expect to achieve in contemporary Australian society.

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 Chamberlain and Mackenzie's *Counting the Homeless* (CTH) methodology (1999, 2003, 2008), and separate the homeless into three groups according to their current circumstances: the primary, secondary and tertiary homeless. A fourth group is then identified, whom we do not consider 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. For further detail on the classification of respondents' housing status see Scutella et al. (2012).

Those who do not have some form of accommodation are classified as primary homeless. Once we have determined whether people are residing in some form of 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. Persons residing in a house or townhouse, apartment, unit or flat (including granny flats and bed-sitters) are 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 generally considered to have security of tenure and are thus considered to be 'housed'. The one exception is people who report that they are not sleeping in a bedroom. These respondents are assumed to be 'couch surfers' and are treated as if they are living with friends and/or family on a temporary basis. We also consider persons who 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 and they are sleeping in a bedroom) as 'housed'; although they appear to have no legal tenure as an individual, they are part of a household that has legal tenure.

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 make an assessment of the stability of each person's arrangement. If the arrangement is temporary or short-term (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 following three months) they are 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 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. Those living in emergency or transitional accommodation or staying in caravans, boarding houses, hotels or motels in a medium- to long-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 who have been in their accommodation for three months or less and are not able, or do not know whether they can stay there for the next three months.

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

Table 4 presents statistics describing where JH respondents sit on this housing continuum at their wave 1 and 2 interviews. Here we see that the vast majority of JH respondents were housed at each point in time. Indeed, only 24 per cent of JH respondents were homeless at their first interview, whereas half were in stable housing. By the wave 2 interview the proportion of respondents who were homeless had declined to 19 per cent, and those in stable housing increased to 57 per cent.

Of those homeless at either point in time, the majority were experiencing what we consider to be tertiary homelessness, with primary homelessness relatively uncommon and experienced by less than 3 per cent of respondents at any point in time. Rates of primary homelessness were, however, stable over the two waves, whereas secondary homelessness and tertiary homelessness rates declined slightly in wave 2.

**Table 4: Housing status at each wave (%)**

	JH wave 1	JH wave 2
Primary homeless	2.6	2.8
Secondary homeless	8.7	6.1
Tertiary homeless	12.3	9.9
<i>Total homeless</i>	<i>23.6</i>	<i>18.8</i>
Marginally housed	26.0	23.1
In stable housing	49.9	56.9
<i>Total housed</i>	<i>75.9</i>	<i>80.0</i>
Unable to determine	0.5	1.2
Total	100	100
N	1,682	1,529

### 3.2 Housing transitions

JH respondents' housing transitions between wave 1 and wave 2 are presented in Table 5. The figures presented are column percentages. The first column shows that of the people who were classified as primary homeless in wave 1, 54 per cent were still primary homeless in wave 2. However, almost 6 per cent were now in the secondary homelessness category, another 6 per cent were tertiary homeless, 17 per cent had moved into marginal housing, and 17 per cent had moved into stable housing.

**Table 5: Housing status transitions (%)**

Wave 2	Wave 1					Total
	Primary homeless	Secondary homeless	Tertiary homeless	Marginally housed	In stable housing	
Primary homeless	<b>54.3</b>	4.0	2.8	1.5	0.9	2.8
Secondary homeless	5.7	<b>14.4</b>	6.6	4.5	5.0	6.1
Tertiary homeless	5.7	13.6	<b>56.9</b>	2.0	2.8	9.9
Marginally housed	17.1	32.0	7.7	<b>50.5</b>	11.6	23.1
In stable housing	17.1	35.2	25.4	40.3	<b>78.4</b>	56.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	35	125	181	402	777	1,529 (N)

The first thing to note is that while it's most common for people to remain in the state they were in wave 1 (over half of those homeless remained homeless, over half in marginal housing remained in marginal housing, and over three quarters of those in stable housing remained in stable housing), there is considerable movement.

Collapsing the primary, secondary and tertiary categories into a single homeless group we find that 12 per cent of people were homeless in both wave 1 and wave 2, 6.5 per cent entered homelessness, 10.2 per cent exited homelessness and just under 70 per cent were housed in both waves. Thus it is clear that the overall decrease in the homeless rate in wave 2 occurs due to a larger proportion exiting homelessness (10.2 per cent) than entering it in wave 2 (6.5 per cent).

#### Housing transitions by gender

In their longitudinal study of homeless-domicile transitions of female family heads and single persons, Wong & Piliavin (1997) concluded that 'women, particularly female family heads, exit homeless spells more rapidly and more often than do males' (Wong & Piliavin, 1997: 420). This is consistent with a study by Rossi (1989) that found that women had shorter homeless spells than men. We thus expect the homelessness experiences of men and women to differ.

The housing transitions of men and women are presented in Table 6, with panel A presenting the transitions of men between wave 1 and wave 2 and panel B those of women. It is clear from this table that male respondents are more likely to be homeless at any point in time than female respondents, with female respondents more likely to be in stable housing. Likewise,

and consistent with the literature discussed above, female respondents are slightly more likely to move up the housing stability continuum than male respondents. For instance, more than half of homeless women in wave 1 exited homelessness in wave 2, whereas less than half of the homeless men did; 43per cent of marginally housed women entered stable housing by wave 2 compared to 38per cent of marginally housed men; and 7per cent of women in stable housing entered homelessness in wave 2 whereas 11per cent of men did.

**Table 6: Housing status transitions by gender (%)**

Wave 2	Wave 1					Total
	Primary homeless	Secondary homeless	Tertiary homeless	Marginally housed	In stable housing	
<i>A. Men</i>						
Primary homeless	<b>46.4</b>	4.9	4.0	0.9	1.1	3.4
Secondary homeless	7.1	<b>12.4</b>	6.5	5.2	5.8	6.6
Tertiary homeless	7.1	18.5	<b>61.3</b>	1.9	3.9	13.6
Marginally housed	17.9	32.1	8.1	<b>52.1</b>	11.0	23.6
In stable housing	21.4	30.9	19.4	38.0	<b>76.3</b>	50.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	28	81	124	213	363	815 (N)
<i>B. Women</i>						
Primary homeless	<b>85.7</b>	2.3	0.0	2.1	0.7	2.0
Secondary homeless	0.0	<b>18.2</b>	7.0	3.7	4.4	5.5
Tertiary homeless	0.0	4.6	<b>47.4</b>	2.1	1.9	5.7
Marginally housed	14.3	31.8	7.0	<b>48.7</b>	12.1	22.6
In stable housing	0.0	43.2	38.6	42.9	<b>80.2</b>	63.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	7	44	57	189	414	714 (N)

### Housing transitions by age

In the Australian Government’s White Paper on Homelessness: *The Road Home*, young and older homeless Australians were identified as priorities for the government when tackling homelessness in Australia (FaHCSIA, 2008). We therefore examine the housing transitions of JH respondents disaggregated by age groups in Table 7. Here we see that homeless rates increase with age. For instance , 12per cent of those aged less than 25 years were homeless in wave 2, which compares with 19per cent of those aged 25 to 44 years and 30per cent of those aged 45 years or older. However, this does not translate into younger people being more likely to be in stable housing. Rather they are relatively more likely to be in marginal housing than the older respondents. Also, although overall homeless rates were lower for 15 to 24 year old respondents, they were more likely to be secondary homeless than older respondents.

Focusing now on the transitions between wave 1 and wave 2, it is clear that younger respondents are more mobile than their older counterparts. For instance they are:

- less likely to remain homeless in wave 2 (less than one third (31per cent) of homeless persons under 25 years remain homeless in wave 2, whereas more than half (55per



cent) of the homeless aged 25 to 44 years and more than two thirds (68per cent) of those aged 45 years or older remain homeless), and

- less likely to remain in stable housing in wave 2 (70per cent of persons in stable housing aged under 25 years remain in stable housing in wave 2, whereas 81per cent of 25 to 44 year olds in stable housing and 86per cent of those aged 45 years or older remain in stable housing).

A particular policy concern is homelessness among people aged 55 years and over. Unfortunately we are limited in what we can say about this group as in JH there were only 87 persons aged 55 years and over that responded in wave 2. It is clear, however, that they are more likely to be homeless than their younger counterparts, with 36per cent of respondents aged 55 years and over being classified as homeless in wave 2. They are also quite likely to be persistently homeless: 75 per cent of those homeless in wave 1 remain homeless in wave 2 and 91per cent in stable housing in wave 1 remain in stable housing in wave 2.

**Table 7: Housing status transitions by age (%)**

<u>15-24</u>	Wave 1					Total
	Primary homeless	Secondary homeless	Tertiary homeless	Marginally housed	In stable housing	
Wave 2						
Primary homeless	<b>33.3</b>	0.0	3.6	0.8	0.4	1.0
Secondary homeless	16.7	<b>17.0</b>	7.1	3.8	6.6	6.8
Tertiary homeless	0.0	9.4	<b>28.6</b>	1.7	3.3	4.3
Marginally housed	0.0	47.2	21.4	<b>54.4</b>	18.8	35.3
In stable housing	50.0	26.4	39.3	38.5	<b>70.1</b>	51.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	6	53	28	239	271	601 (N)
<u>25-44</u>						
Primary homeless	<b>50.0</b>	6.5	2.3	2.3	1.2	3.0
Secondary homeless	0.0	<b>13.0</b>	5.8	4.7	4.3	5.4
Tertiary homeless	0.0	19.6	<b>58.1</b>	2.3	2.0	11.0
Marginally housed	28.6	15.2	7.0	<b>48.1</b>	9.5	17.8
In stable housing	21.4	43.5	25.6	41.1	<b>81.3</b>	60.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	14	46	86	129	348	628 (N)
<u>45+</u>						
Primary homeless	<b>66.7</b>	7.7	3.0	2.9	1.3	5.7
Secondary homeless	6.7	<b>11.5</b>	7.5	8.8	3.8	6.0
Tertiary homeless	13.3	11.5	<b>67.2</b>	2.9	3.8	19.0
Marginally housed	13.3	30.8	3.0	<b>32.4</b>	3.8	9.7
In stable housing	0.0	38.5	19.4	50.0	<b>86.1</b>	58.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	15	26	67	34	158	300 (N)

## Housing transitions by Indigeneity

Indigenous Australians were also identified as a high risk group in the government's *The Road Home*. As shown in Table 8, Indigenous respondents are only marginally more likely to be homeless at any point in time than non-Indigenous respondents. However they are much more likely to be primary homeless than non-Indigenous persons.

They also appear to be slightly less likely to improve their housing situation between waves than non-Indigenous respondents, but again, only marginally so. For instance Indigenous respondents were:

- slightly more likely to be persistently homeless than non-Indigenous respondents (58 per cent of Indigenous respondents homeless in wave 1 remain homeless in wave 2 whereas 53 per cent of non-Indigenous respondents homeless in wave 1 remained homeless in wave 2), and
- more likely to move from stable housing to marginal housing (16 per cent of Indigenous respondents in stable housing in wave 1 were in marginal housing in wave 2 whereas only 10 per cent of non-Indigenous respondents in stable housing in wave 1 were in marginal housing in wave 2).

**Table 8: Housing status transitions by Indigenous status (%)**

<i>Non-Indigenous</i>	Wave 1					Total
	Primary homeless	Secondary homeless	Tertiary homeless	Marginally housed	In stable housing	
Wave 2						
Primary homeless	<b>31.6</b>	1.0	2.0	1.2	0.8	1.5
Secondary homeless	10.5	<b>11.0</b>	6.0	4.6	5.1	5.8
Tertiary homeless	10.5	17.0	<b>60.3</b>	1.8	3.2	11.0
Marginally housed	15.8	32.0	7.3	<b>50.9</b>	10.3	22.6
In stable housing	31.6	38.0	23.8	40.3	<b>79.5</b>	57.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	19	100	151	330	629	1,236 (N)
<i>Indigenous</i>						
Primary homeless	<b>81.3</b>	16.0	6.7	2.8	1.4	7.9
Secondary homeless	0.0	<b>28.0</b>	10.0	4.2	4.8	7.2
Tertiary homeless	0.0	0.0	<b>40.0</b>	2.8	1.4	5.5
Marginally housed	18.8	32.0	10.0	<b>48.6</b>	16.4	25.2
In stable housing	0.0	24.0	33.3	40.3	<b>74.0</b>	52.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	16	25	30	72	146	290 (N)

## Housing transitions of those leaving institutional care

Persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities were also identified as being at high risk of homelessness in *The Road Home* (FaHCSIA, 2008). While many of the JH respondents have been in institutional arrangements at some stage in their lives, here we limit our examination to the housing transitions of respondents that had been in any of these institutional care arrangements at

some stage during the survey period. As can be seen in Table 9, rates of homelessness for these respondents are quite high with 32 per cent homeless in wave 1 and 28 per cent homeless in wave 2. They also appear to face higher levels of residential instability than the average JH respondent with a higher rate entering homelessness and a higher rate exiting homelessness than on average, in addition to the higher rate homeless in both wave 1 and wave 2.

**Table 9: Housing status transitions for those leaving institutional care (%)**

Wave 2	Wave 1					Total
	Primary homeless	Secondary homeless	Tertiary homeless	Marginally housed	In stable housing	
Primary homeless	<b>40.0</b>	12.5	15.8	5.8	1.5	7.4
Secondary homeless	20.0	<b>9.4</b>	0.0	13.5	9.2	10.2
Tertiary homeless	0.0	25.0	<b>42.1</b>	0.0	3.1	10.2
Marginally housed	0.0	15.6	5.3	<b>40.4</b>	13.9	20.5
In stable housing	40.0	37.5	31.6	32.7	<b>61.5</b>	43.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	5	32	19	52	65	176 (N)

### Housing transitions of those with dependent children

Homelessness is also of particular concern when young children are involved, and so in Table 10, we summarise the housing status transitions for JH respondents with dependent children. 8.9 per cent (=28/316) in wave 1 and 7.3 per cent in wave 2. Further, those who were homeless or in marginal housing in wave 1 are more likely than the average JH respondent to be in stable housing by wave 2.

**Table 10: Housing status transitions for respondents with children (%)**

Wave 2	Wave 1			Total
	Homeless	Marginally housed	In stable housing	
Homeless	<b>28.6</b>	11.1	3.9	7.3
Marginally housed	10.7	<b>27.8</b>	6.0	10.1
In stable housing	60.7	61.1	<b>89.3</b>	82.0
Total	100.0	100.0	100.0	100.0
N	28	54	234	316 (N)

## **4 Homelessness as a dynamic condition: Developing a typology of housing instability**

When researchers first began to examine homelessness the prevailing view was that 'homelessness was a state into which people fell and remained' (Neil and Fopp, 1993). The idea that homelessness is an 'event' assumes two things. First, that when people become homeless they remain homeless for long periods of time. And second, that the experience of homelessness is more or less continuous.

Over time researchers have proven both assumptions to be false. First, research shows that the amount of time people are homeless 'does not cluster around a typical value' (Rossi, 1989:94); for some people homelessness is a short experience, but there are also many who are homeless for much longer. Since the distribution of homelessness duration is so widely dispersed, researchers have created a number of 'temporal' typologies to distinguish between different groups of homeless people. For instance, Rossi (1989) and Johnson and Chamberlain (2011) distinguish between the short, medium and long-term homeless, Baldwin (1998) identifies short-term, episodic and chronic homelessness, while Leal et al. (1998) distinguish between protracted (continuously homeless for more than one year) and non-protracted homelessness (homeless for less than one year or no history of homelessness).

Many other studies develop temporal classifications and while there are subtle variations between them, they all share a common interest in identifying the characteristics that distinguish people who have longer experiences of homelessness from people who have relatively short experiences (Brown and Ziefert, 1990; Casey, 2001; Culhane and Kuhn, 1998; Grigsby et al. 1990; Rossiter et al. 2003). In our first report we focused on the nexus between the amount of time people had been homeless over their lifetimes and certain risk and protective factors and we did this by creating our own temporal classification (Scutella et al. 2012).

While it is clear that homelessness research has taken a distinct 'temporal turn' in the last two decades, there has also been a strong recognition that homelessness is rarely a continuous experience. Numerous studies emphasise that homelessness is best understood as a dynamic condition and that people often transition in and out of the homeless population (Westerfelt 1990; Susser et al. 1997; Wong and Piliavin, 1997; Metraux and Culhane, 1999; May, 2000); a pattern we also observed in the previous chapter. The move towards understanding homelessness as a dynamic condition emerged first in the US in the early 1990s when Sosin and colleagues undertook a longitudinal study of 331 homeless people (Sosin, Piliavan and Westerfelt, 1990). Their results suggested that 'the state of homelessness appears to be more a drift between atypical living situations and the street than between normality and street life' (p.171). Or to put it in another way, the typical pattern of homelessness was 'one of residential instability rather than constant homelessness over a long period' (p. 171).

The pattern of repeated entry into and out of homelessness is often understood as episodic homelessness but terms such as iterative homelessness (Robinson, 2003), homeless spells (Burt and Cohen, 1989; Dworsky and Piliavin, 2000), and recurrent homelessness (Susser et al. 1997) have all found their way into the literature in recent years. While we use the term episodic homelessness the critical point is that a number of studies both here and in the US indicate that the majority of homeless people have been homeless on at least two separate occasions (Piliavin et al. 1993; Piliavin et al. 1994; Johnson and Chamberlain, 2008).

Although policy makers and researchers in Australia are now cognisant of the fact that homelessness is temporally differentiated, our understanding of the factors that underpin transitions in and out of homelessness remains limited. There are a number of reasons for this including a lack of longitudinal studies that include both at risk and homeless people. The Journeys Home study is explicitly designed to identify the factors that influence housed / homeless transitions.

In this report we build on our earlier work that focused on lifetime homeless duration to examine in greater detail the factors associated with various housing/homeless transitions.

Here we develop a typology to better understand housing / homeless transitions among our sample for this and for future reports. By necessity our typology simplifies a complex reality but in doing so our intention is to identify the salient features of various transitions in a way that makes the relationship between different processes and mechanisms clear and understandable.

Our typology differentiates between four different types of housing/homeless transition (see Figure 1). First, we assume that some people in our sample will remain housed for the duration of the project. We refer to this group as ‘continuously housed’. We also assume that some people will remain homeless for the duration of the project. We refer to this group as ‘continuously homeless’.

Transitions in and out of homelessness are, however, much more varied and therefore more difficult to categorise. Research indicates that these transitions take many forms – some people tip into the homeless population and then exit after a relatively short amount of time, but others repeatedly move in and out of the homeless population. Among this latter group some people eventually make a permanent exit from homelessness, but for others episodic homelessness is often a precursor to more or less continuous homelessness. Further, while some research suggests homeless spells are typically quite short (Westerfelt, 1990), other studies suggest that over time homeless spells become longer.

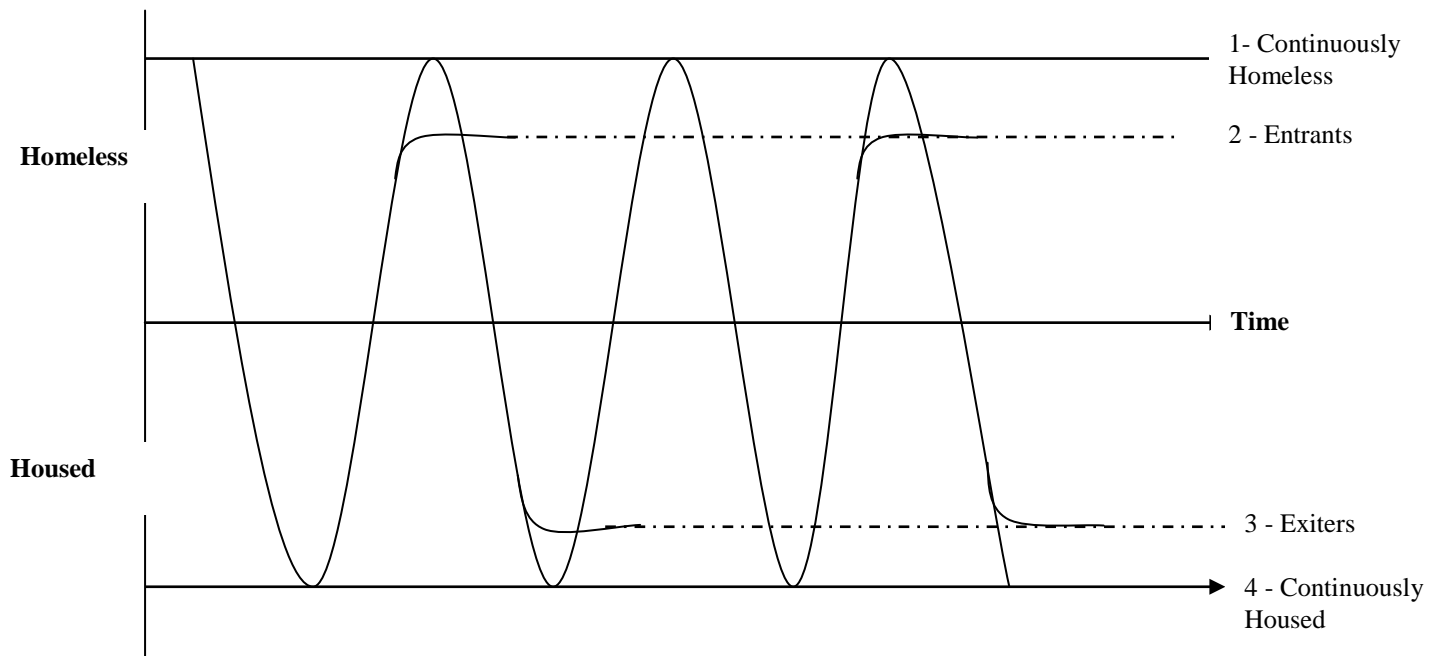
Although the figure outlines people’s housing/homeless trajectories over continuous time, in practice we will classify people into the four categories by examining their housing/homeless status at each wave (although we do recognise that some people’s circumstances do also change between interview periods, which we currently ignore).

A particular challenge we face in this report is that we have only two waves of data. This means that it is too early to tell if an exit from homelessness is permanent or just a temporary one. As such we expect to further refine our typology as more data becomes available, but at this point the final two categories of our typology focus on two ‘transition’ patterns – those who were housed at wave 1 but were homeless at wave 2. We refer to this group as ‘entrants’. The next group, whom we term ‘exiters’, are those who were homeless at wave 1 but were housed at the subsequent interview (wave 2).

Linking this back to our earlier analysis of housing transitions in Section 2, and in particular to the discussion on Table 5, 12 per cent of respondents were homeless in both wave 1 and wave 2 (Group 1), 6.5 per cent entered homelessness (Group 2), 10.2 per cent exited homelessness (Group 3) and just under 70 per cent were housed in both waves (Group 4). In the following chapters we examine those risk and protective factors examined in the wave 1 research report and how they correspond with these trajectories/transitions.

Why is it important to develop a stronger understanding of housed / homeless transitions? There are three reasons. First, understanding what factors prevent people from ‘tipping over’ has the potential to provide a more robust basis for preventative policy and program design. Second, understanding what factors are linked to patterns of episodic homelessness focuses policy energy and attention on the problem of ‘keeping people from re-entering the homeless population once they become re-housed’ (Neil and Fopp, 1993: 9). Third, a better understanding of the relationship between episodic and continuous homelessness can provide a basis for policies that are effective in reducing the amount of time people are homeless. This is important because how long people have been ‘homeless is relevant to the ease and difficulty they may have in returning to permanent housing. Service providers feel that the shorter the spell of homeless, the easier it is to get into housing’ (Argeriou, McCarty and Mulvey, 1995: 740).

**Figure 1: Homeless-housed trajectories / transitions**



## 5 Family history and exposure to violence

### 5.1 Family support in childhood

Researchers have found that the long-term homeless often come from families that have disintegrated or for whom positive relationships are non-existent (e.g., Caton et al. 2005). Research suggests adequate family support is linked to shorter durations of homelessness and that family support is a crucial factor that enables homeless people to get out of homelessness and remain housed (Wong, Culhane & Kuhn, 1997; Rocha, Johnson, McCheney & Butterfield, 1996).

In Table 11 we investigate if there is evidence of this relationship occurring for JH respondents. To gauge the levels of family support experienced during childhood, respondents were asked to rate the following six items on a scale ranging from 1 “Never true” to 5 “Very often true”:

- i) You knew there was someone to take care of you and protect you?
- ii) You felt loved?
- iii) People in your family looked out for each other?
- iv) You felt that someone in your family hated you?
- v) People in your family said hurtful or insulting things to you?
- vi) Your family was a source of strength and support?

Average within-group responses are presented, with the scale for the negatively worded items inverted so that the scale ranges from 1 ‘Very often true’ to 5 ‘Never true’. A higher value therefore reflects a more supportive environment for all items. In the penultimate row of the table the average level of family support is presented for each group, where a total measure of family support is calculated by summing across the 6 family support items.

There is no consistent pattern in the results presented in Table 11. When looking at average levels of family support, respondents that were continuously housed had slightly higher levels of family support than those experiencing homelessness at some point, but only marginally so. Further, examination of the six family support items separately reveals no consistent pattern across groups. This seems to suggest that the presence or lack of family support growing up, does not have a continuing influence on transitions later in life.

**Table 11: Family support in childhood and homeless-housed transitions (averages<sup>1</sup>)**

	<i>Homeless-housed transitions</i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
You knew there was someone to take care of you and protect you?	3.9	3.8	3.8	4.0	4.0
You felt loved?	3.6	3.5	3.6	3.8	3.8
People in your family looked out for each other?	3.7	3.6	3.5	3.8	3.7
You felt that someone in your family hated you? <sup>2</sup>	3.5	3.4	3.3	3.3	3.3
People in your family said hurtful or insulting things to you? <sup>2</sup>	3.1	3.0	3.0	3.0	3.0
Your family was a source of strength and support?	3.3	3.2	3.3	3.5	3.4
Average level of family support <sup>3</sup>	20.9	20.6	20.5	21.4	21.2
N	180	99	153	1,052	1,484 (N)

1. Cells report average within-group responses where the response scale ranges from 1 ‘Never true’ to 5 ‘Very often true’ .

2. For consistency the two negative items ‘You felt that someone in your family hated you’ and ‘People in your family said hurtful or insulting things to you’ have been inverted so that the scale ranges from 1 ‘Very often true’ to 5 ‘Never true’.

3. Calculated by summing across the 6 family support items, where the two negative items ‘You felt that someone in your family hated you’ and ‘People in your family said hurtful or insulting things to you’ are inverted so that the scale ranges from 1 ‘Very often true’ to 5 ‘Never true’.

## 5.2 Foster Care

As discussed in our first research report it is unclear from the literature whether ‘out-of-home’ care is more strongly associated with duration of homelessness than its initial onset. For instance while Calsyn and Morse (1991: 157) found ‘chronically homeless persons more likely to have experienced childhood foster care or institutional placement as a child’, Wong et al. (1997) found that experiences of child protection did not have a ‘significant effect on exit rates’ (p417), or on ‘return rates’. Our data found that there does seem to be a link between having been placed in State care and lifetime durations of homelessness – respondents who had been in State care were significantly more likely to have spent more time over their lifetime homeless than respondents who had never been in State care.



Here we further examine the impact of having been placed in State care by comparing the homeless/housed transitions for respondents placed in State care with those that had never been in State care (Table 12).

**Table 12: Whether ever in State care and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Ever in State care	12.9	8.6	10.2	66.8	100.0	394
Never in State care	11.8	5.8	10.0	70.7	100.0	1,119
Total	12.0	6.5	10.2	69.6	100.0	1,529

Not surprisingly, respondents who had been in State care were more likely to have experienced homelessness at some stage with 67 per cent of those in State care housed in both waves compared to the 71 per cent housed that had never been in State care. This seems to mainly be driven by those with a history of State care being more likely to both enter homelessness in wave 2 and, though to a lesser extent, be homeless in both waves, than those with no history in State care. These early results suggest that either exposure to State care or whatever led to being placed in State care in the first place increases one's likelihood of entering homeless, but does not impede exits from homelessness. Further data is, however, required before we can say anything conclusive about the homelessness trajectories of respondents who have been in the State care system.

### 5.3 Trauma

As outlined in our first research report, we do not measure the experience of trauma directly but rather collect information on a range of adverse experiences, in both childhood and adulthood, that can cause trauma. These include experiences of physical violence, sexual abuse, emotional abuse and neglect. In Scutella et al. (2012) we examine whether there is evidence of a link between experiences of violence and abuse and both homelessness at a point in time and lifetime homelessness and found a clear positive correlation between being exposed to these traumatic experiences and total lifetime experiences of homelessness. Here we further examine the impacts of these traumatic experiences on homelessness by presenting homeless-housed transitions between wave 1 and wave 2 and exposure to abuse or violence as a child (in Table 13)

Table 13 shows that there is evidence of a link between exposure to violence or abuse as a child and experiencing homelessness at either wave 1 or wave 2. The link, however, appears to be very weak when considering all forms of abuse or violence. There is evidence of a more obvious relationship where respondents were exposed to sexual assault. Here 65 per cent of those exposed to sexual assault were housed in both waves, a rate that is 5 percentage points lower than the 69.6 per cent of all respondents who were continuously housed. And interestingly, it seems to be the case that those exposed to sexual abuse as a child are more likely be entering and exiting homelessness than those not exposed, but no more or less likely to be persistently homeless

**Table 13: Exposure to abuse or violence as a child and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
<i>Neglect or emotional abuse</i>						
Experienced neglect or emotional abuse as a child <sup>1</sup>	11.1	7.4	11.1	68.8	100	877
Did not experience neglect or emotional abuse as a child	12.9	5.7	8.9	71.4	100	549
Did not answer violence questions	14.6	3.9	9.7	67.0	100	103
<i>Physical violence</i>						
As a child, experienced physical violence or force	11.4	7.8	10.9	68.4	100	907
Did not experience physical violence or force as a child	12.5	4.8	9.2	72.2	100	521
Did not answer violence questions	14.9	4.0	8.9	67.3	100	101
<i>Sexual assault</i>						
As a child, experienced sexual assault	12.3	8.8	12.3	65.2	100	399
Did not experience sexual assault as a child	11.0	5.7	10.1	71.8	100	940
Did not answer sexual violence questions	16.3	5.8	6.3	67.9	100	190
<i>Any form of abuse or violence</i>						
Experienced some form of neglect or abuse as a child	11.7	7.2	11.0	68.5	100	1,038
Did not experience abuse or violence as a child	11.8	5.5	9.0	72.7	100	366
Did not answer relevant questions	15.2	4.0	7.2	69.6	100	125
<b>Total</b>	<b>12.0</b>	<b>6.5</b>	<b>10.2</b>	<b>69.6</b>	<b>100</b>	<b>1,529 (N)</b>

1. Experienced at least one of the following as a child:

- Was left without adequate food or shelter by someone they were living with
- Was threatened with harm
- Was threatened with harm of members of their family or friends by someone they were living with, or
- Someone they were living with either harmed or threatened to harm their pet.

We also explore if there is evidence suggesting that past experiences of physical or sexual violence as an adult influences homeless transitions; presented in Table 14. Not surprisingly, those experiencing some form of violence as an adult are more likely to have been homeless at either wave 1 or wave 2 with 2/3 of those exposed to violence housed in both waves compared to almost three quarters of those not exposed to violence as an adult housed in both waves. Violence as an adult does seem to make people more likely to experience persistent homelessness with almost 14 per cent of those exposed to violence homeless in both wave 1 and wave 2, compared to only 10 per cent of those not exposed to violence. It also seems to slightly affect the likelihood of respondents entering homelessness (7.2 per cent of those experiencing violence entered homelessness in wave 2 compared to 5.1 per cent that did not experience violence as an adult). However there is no evidence of any link between exposure to violence and exiting homelessness from these descriptive figures.

A particularly striking result in the table relates to those opting out of the violence questions. Over 20 per cent of those not answering the questions on violence were homeless in both periods. This is significantly higher than the 13.7 per cent of those reporting violence continuously homeless and almost double the rate of those reporting not having experienced violence. Although it is not entirely clear why people opt out, the results imply that those opting not to answer the violence questions are a particularly disadvantaged group.

**Table 14: Exposure to violence and abuse as adult<sup>1</sup> and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
As an adult, experienced either physical or sexual violence	13.7	7.2	10.6	66.6	100	820
Did not experience violence as an adult	10.5	5.1	10.5	73.4	100	334
Did not answer questions on violence	20.3	5.1	7.6	64.4	100	118
<b>Total</b>	<b>13.4</b>	<b>6.5</b>	<b>10.3</b>	<b>68.2</b>	<b>100</b>	<b>1,272 (N)</b>

1. Estimates based on sample of respondents aged over 18 years.

#### 5.4 Poverty in childhood

As we discussed in our first research report, there has been no Australian study, to our knowledge, that has directly examined the connection between childhood poverty and homelessness later in life. However a number of studies in the US suggest that childhood poverty is indeed a risk factor for homelessness but one that is mediated through a range of overlapping adverse experiences such as physical and sexual abuse and inadequate parental care (Herman et al. 1997; Susser, Moore and Link, 1993).

In Table 15 we find that poverty in childhood seems only marginally related in some way to homeless transitions (noting the caveat that our measure of childhood is quite rudimentary).

As shown, respondents who experienced poverty in childhood were slightly more likely to be homeless in both waves 1 and 2, slightly more likely to enter homelessness in wave 2 and slightly less likely to exit homelessness in wave 1 than those who did not experience poverty in childhood. The pattern fits intuition; however the relationships are not strong. This seems to suggest that those who experience poverty in childhood are not necessarily predisposed to poor housing outcomes later in life. However we need to be careful not to jump to conclusions too early here.

**Table 15: Poverty in childhood and homeless-housed transitions (%)**

	<u><i>Homeless-housed transitions</i></u>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Experienced poverty in childhood <sup>1</sup>	12.8	7.5	9.5	69.0	100	696
Did not experience poverty in childhood	11.5	5.8	10.3	70.4	100	812
Total	12.0	6.5	10.2	69.6	100	1,529 (N)

1. Recalls that when a child:
  - i) Parents/principal caregivers did not have enough money to:
    - i. buy their school books
    - ii. pay for their school excursions, or
    - iii. pay for their school uniforms, or
  - ii) The power or telephone was disconnected because parents/principal caregivers were unable to pay the bills on time.

## 6 Education and employment

Poverty and unemployment are common experiences among virtually everyone who experiences homelessness (Avramov 1999). However, some researchers have gone further than reporting on the prevalence of unemployment and instead have focused on the nature of homeless people's work histories and their levels of education. For instance Calsyn and Morse (1991) found that a lack of education and poor employment histories were associated with chronic homelessness (implied as two years or more). Irving Piliavin and his colleagues (1993) reported a strong correlation between long-term homelessness and people with less consistent work histories. Caton et al. (2005) found that shorter durations of homelessness were associated with current or recent employment and earned income. Phelan and Link (1999) found that lower levels of educational attainment among people who reported persistent homelessness. In Australia many studies indicate that the educational attainment of the homeless is relatively low and that most are unemployed or outside of the labour force (FaHCSIA, 2008 and Johnson et al. 2011). However, no study we are aware of has attempted to investigate the relationship between work histories, education and homeless transitions.

In our first research report we examined the link between education, work histories and lifetime homelessness. Here we begin to tease out the relationship between education, employment and homelessness trajectories.

In Table 16 we examine whether the homeless-housed transitions of respondents vary with their highest education qualifications. The table shows that even though a high proportion (two thirds) of respondents with very low levels of education (i.e., those that had only completed Year 9 or below) were housed in both waves, they were more likely to have experienced homelessness at some stage since the survey began than their JH counterparts who reported higher educational attainment. It also appears that poor education is related to persistent homelessness, with over 14 per cent of those who had not gone beyond Year 9 at school reporting that they were homeless in both waves 1 and wave 2. This compares to just under 12 per cent of those with higher levels of education who were continuously homeless. However, while those with lower educational attainment were no more or less likely to enter homelessness in wave 2, they were more likely to exit than those with higher levels of education

**Table 16: Highest education qualification and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Tertiary	11.6	5.2	10.2	71.7	100	421
Yr 12 or equivalent	10.7	5.1	9.6	74.2	100	178
Yr 10 or 11	11.5	8.7	9.0	69.1	100	611
Yr 9 or below	14.3	4.7	13.0	66.1	100	301
Undetermined	11.1	11.1	11.1	50.0	100	18
Total	12.0	6.5	10.2	69.6	100	1,529 (N)

Now we turn to the labour market activity of respondents, summarised in Table 17. Here we are interested in examining whether there is any connection between respondents prior labour market activity and their homeless-housing transitions, therefore in the first three rows of the

table we present the homeless transitions of respondents by their labour market status in wave 1. Here we find a very clear and not unexpected relationship; respondents with more connection to the labour market in wave 1 have the best housing outcomes. Respondents who were employed in wave 1 were the most likely to be housed in both waves and the least likely to be homeless in both waves. Further, and perhaps of greater significance it appears that some attachment to the labour force is better than none, with the outcomes of the unemployed, while clearly worse than those of the employed, were better than those of respondents completely outside the labour force.

Next we look at whether there is evidence of any relationship between respondents' housing transitions and their employment activity since they were first interviewed. The average proportion of time employed and not employed is presented in the second panel of Table 17 for respondents experiencing particular housing transitions. It comes as no surprise that those who remained housed spent the highest proportion of time employed whereas those who remained homeless spent the least amount of time employed. Interestingly, those who exited or entered homelessness have similar proportions of time spent in employment.

Of course, it is not yet possible to determine precisely how labour market activity impacts on housing outcomes, even if we do see an association. Better outcomes for those with more connection to the labour market could simply be an income effect; or, it could be driven by other benefits of being attached to the labour market over and above the pecuniary benefits; or, it could simply be explained by differences in the characteristics (both observed and unobserved) of those employed, unemployed and not in the labour force. Further waves of data will enable us to deepen our analysis of this issue

**Table 17: Labour market activity, in wave 1 and between waves, and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
<i>Labour force status in wave 1</i>						
Employed	7.4	5.2	9.4	76.4	100	309
Unemployed	11.0	6.8	9.5	71.2	100	454
Not in labour force	14.4	6.9	11.0	66.0	100	765
Total	12.0	6.5	10.2	69.6	100	1,529 (N)
<i>Average proportion of time in labour force state since wave 1:</i>						
Employed	0.15	0.20	0.22	0.25	0.23	
Not employed	0.85	0.80	0.78	0.75	0.77	

## 7 Incomes, debt and financial stress

When we examine average income and debt levels of respondents by homeless transitions we find some interesting relationships (see Table 18). Those who remained homeless received the highest income from government on average, whereas the other three groups received lower average incomes from government albeit very similar amounts. However, those remaining housed had much higher levels of income from employment and sources other than government, which translates into much higher levels of overall income on average. Interestingly, those continuously homeless had the lowest average combined incomes (which includes income from partners) regardless of whether they remained homeless or had just entered homelessness. Those exiting homelessness had higher combined incomes, while those remaining housed had the highest combined average incomes.

Where things get particularly interesting is in relation to debt levels, which are also presented in the table. Respondents who stayed housed and those who stayed homeless have similar average debt levels. It is actually those who exited homelessness in wave 2 that have the highest average debt, nearly double the amount of those who stayed housed or remained homeless and 1.2 times that of those entering homelessness. When examining the data more carefully we find that while the primary source of debt for this group is unpaid bills but they are more likely to have bank loans or loans from family and friends than the other groups. This suggests that to get back on track and into stable housing households often have to borrow money and go further into debt. But it remains to be seen whether these higher levels of debt are sustainable and therefore it will be important to examine whether respondents in this group are able to stay housed with such higher levels of debt. When we have further waves of data it will be important to examine the interplay between debt, homelessness and housing trajectories.

**Table 18: Average incomes and debt at wave 2 and homeless-housed transitions (\$)**

	<i>Homeless-housed transitions</i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Weekly income from government	304.6	273.8	271.4	288.7	287.8
Gross individual weekly income	386.9	375.8	397.6	442.8	426.7
Gross combined weekly income <sup>1</sup>	405.5	400.2	436.6	478.2	459.2
Debt	4,401.9	6,778.3	8,132.2	4,680.7	5,130.0
N	183	100	156	1,064	1,529 (N)

1. Gross individual weekly income plus partner's income where applicable.

Table 19 provides a breakdown of Centrelink payment type for respondents in each of the homeless transition groups. Recipients of Newstart Allowance or Youth Allowance make up almost half of all wave 2 respondents. However respondents either entering or exiting homelessness were more likely to be in receipt of Newstart Allowance or Youth Allowance than respondents either remaining homeless or remaining housed. Disability Support

Pensioners (DSP) are the second largest recipient group overall. Here DSP receipt is much more common amongst those remaining homeless with 40per cent of those homeless in both waves 1 and 2 in receipt of DSP at their wave 2 interview. Twenty eight per cent of those entering homelessness, 23per cent of those exiting homeless and 20per cent of those remaining housed were on DSP. Parenting Payment is most common amongst those remaining housed reflecting the fact that the vast majority of respondents with dependent children are housed in either wave 1 or wave 2. Those who were housed in wave 2 were less reliant on Centrelink payments overall than those who were homeless in wave 2 whether they were exiting from homelessness or housed in both periods.

Payment suspensions are most common for those homeless in wave 2, with respondents homeless in both waves substantially more likely to have had their benefits suspended by Centrelink than all remaining groups. Additionally, their Centrelink payment spells are longer and they have spent the most time on income support in the last five years. Clearly those who remain homeless are highly dependent on welfare. This may be a reflection of the large proportion on DSP, who are more likely to be on income support for long periods of time. These findings do suggest that those likely to be the most vulnerable as a result of disability are subject to continuing homelessness and warrants further investigation as more waves become available for analysis.

**Table 19: Centrelink payments and homeless-housed transitions**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
<i>Income support payment type (%)</i>					
Newstart/Youth Allowance	45.4	56.0	54.5	48.3	49.1
DSP	40.4	28.0	23.1	20.4	23.9
Parenting Payment	3.3	8.0	8.3	15.6	12.6
Other	4.4	0.0	1.9	3.7	3.3
Not on an income support payment	6.0	8.0	11.5	11.8	10.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Ever had payments suspended by Centrelink (%)	36.6	28.0	24.4	23.5	25.6
Average length of current Centrelink payment spell (weeks)	304.1	229.6	246.1	218.8	233.1
Average proportion of last 5 years on Centrelink payments	0.74	0.67	0.68	0.64	0.66
<b>N</b>	<b>183</b>	<b>100</b>	<b>156</b>	<b>1,064</b>	<b>1,529 (N)</b>



Finally we examine the extent of financial stress JH respondents experienced in wave 2 and whether this varies for those experiencing various homeless trajectories. In the JH survey respondents are asked whether they have experienced each of the following six aspects of financial stress in the last six months because of a shortage of money: i) had to go without food when they were hungry; ii) had to pawn or sell something; iii) asked a welfare agency for food, clothes, accommodation or money; iv) asked for financial help from friends or family; v) could not go out with friends because you could not pay your way; and vi) could not pay electricity, gas or phone bills on time.

Table 20 presents the levels of financial stress (in wave 2) experienced by each of the homeless-housed transition groups. In the penultimate row we also examine what proportion of respondents experienced at least one of these six indicators of financial stress. As was the case in wave 1, the majority of respondents (76.7 per cent) experienced financial stress. Those who became homeless in wave 2 had the highest level of financial stress (93 per cent). Looking at the individual measures of financial stress further highlights those who entered homelessness in wave 2 experienced the most financial stress; over half of this group had to go without food, pawn or sell something, 62 per cent had to ask for financial help from family or friends and over two-thirds could not afford to participate in social activities. Thus, there is a strong association with entering homelessness and experiencing financial stress. Those continuously homeless then appear to adapt / cope. Interestingly, those housed in both waves were the most likely to struggle with paying utilities bills. This is not surprising as the homeless are less likely to have been required to pay these phone and utilities bills than those that are in more secure and stable housing.

**Table 20: Financial stress and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Had to go without food when you were hungry?	38.8	53.0	41.7	30.4	34.0
Had to pawn or sell something	31.2	44.0	38.5	29.8	31.6
Asked a welfare agency for food, clothes, accommodation or money	43.2	46.0	36.5	26.9	30.8
Asked for financial help from friends or family	47.0	62.0	57.7	51.0	51.7
Could not go out with friends because you could not pay your way	52.5	68.0	53.2	48.8	50.8
Could not pay electricity, gas or phone bills on time	18.6	28.0	23.7	33.9	30.3
Yes to at least one of above	80.3	93.0	84.6	73.8	76.7
N	183	100	156	1,064	1,529 (N)

## 8 Health and wellbeing

### 8.1 Physical health

In our wave 1 research report we found evidence to suggest that the deeper the experience of homelessness, the worse the respondent's health. Here we examine this issue further by investigating the relationship between health and respondents' homeless-housed transitions between wave 1 and wave 2.

Table 21 presents summary findings on long-term physical health conditions by homeless-housed transitions. As we are interested in examining the incidence of long-term health conditions for each homeless-housed transition group column percentages are presented in the table. Consistent with the wave 1 report, the deeper the experience of homelessness, the worse the respondent's health. Here, long-term health condition, impairment or disability that restricts one's everyday activities are much more apparent for those who were homeless at both waves than either those homeless at one of the two waves or those not homeless at either wave. Almost 60 per cent of those homeless at both waves had a long-term health condition that restricted their everyday activities and more than 70 per cent had been diagnosed with at least one of the listed health conditions. In comparison, less than 40 per cent of those not homeless at either wave had a long-term health condition causing restrictions; and 63 per cent of them had a diagnosed health condition.

More precisely, a number of diagnosed conditions are experienced more often by those who were homeless at either wave than by those who were not homeless in either wave: liver problems; hepatitis C; chronic neck or back problems. These conditions are also more frequent for those with long lifetime experiences of homelessness (four years or more, see report 1). This may simply reflect the fact that the chance of being homeless in either wave increases the longer a persons lifetime experience of homelessness is.

Other health conditions appear to be more related to experiences of homelessness in the recent past, in particular: strokes, other heart or circulatory conditions, like a heart attack, angina or high blood pressure; arthritis, gout or rheumatism and acquired brain injury. Interestingly, those homeless in wave 2 experience relatively low occurrences of these conditions as do those not homeless in either wave. Specifically, more than 5 per cent of those homeless in wave 1 had a stroke and almost 20 per cent have another heart condition. In contrast only 1 to 3 per cent of those not homeless in wave 1 had a stroke and 8 to 13 per cent another heart condition. Likewise more than 20 per cent of those homeless in wave 1 had been diagnosed with arthritis, gout or rheumatism, whereas only 15 per cent of those not homeless in wave 1 had been diagnosed with these conditions.

Tables 22 to 24 present measures of current physical health by homeless-housed transitions. Again column percentages are presented. The self-assessed health status of JH respondents are shown in Table 22. Self assessed health is definitely correlated with contemporaneous homelessness, with those homeless in wave 2 more often assessing their health as 'not good' than those not currently homeless (41 per cent-42 per cent compared to 35 per cent-37 per cent). Interestingly, experiencing homelessness in wave 1 does not seem to matter so much.

**Table 21: Long-term physical health conditions and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Any long-term condition causing restrictions	57.4	42.0	41.0	38.7	41.4
Has been diagnosed with any of the listed physical health condition/s	71.6	67.0	66.7	63.2	64.7
Stroke	7.1	1.0	5.1	3.1	3.6
Any other heart or circulatory condition, like a heart attack, angina or high blood pressure	20.2	8.0	18.6	13.5	14.5
Diabetes	8.7	3.0	4.5	5.6	5.6
Asthma	22.4	32.0	35.3	31.3	30.6
Chronic bronchitis or emphysema	14.2	20.0	11.5	9.6	11.1
Cancer	3.3	9.0	6.4	4.3	4.7
Problems with your liver	15.3	14.0	12.8	9.4	10.9
Arthritis, gout or rheumatism	21.9	15.0	21.8	14.1	15.7
Epilepsy	4.9	3.0	3.9	4.4	4.4
Kidney disease	5.5	6.0	5.8	4.2	4.6
Hepatitis C	14.2	12.0	11.5	6.5	8.2
Chronic neck or back problems	33.3	32.0	30.8	27.4	28.6
Intellectual disability	4.4	7.0	5.1	5.1	5.2
Acquired brain injury	6.6	5.0	6.4	4.0	4.5
N	183	100	156	1,064	1,529 (N)

Shorter term physical health problems (Table 23) are all more common among respondents who were homeless in wave 1, irrespective of their homeless status in wave 2: 48 per cent of those homeless in both periods and 46 per cent of those exiting homeless had experienced at least one of the listed health problems compared to 43 per cent of those housed in both periods and 36 per cent of those entering homelessness. When examining specific health problems we see that those homeless in both waves are the most likely to report having experienced sight or hearing problems and pneumonia (14 per cent, 10 per cent and 4 per cent respectively), while those exiting homelessness more often report eye or ear infection and gastro problems. Interestingly migraines and stomach ulcers are most common amongst those

currently housed, potentially suggesting relatively high levels of housing related stress among these households.

**Table 22: Self assessed health and homeless-housed transitions (%)**

	<u>Homeless-housed transitions</u>				Total
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Not good	41.0	42.0	37.2	34.7	36.4
Good	36.1	32.0	37.2	35.3	35.3
Very good	23.0	24.0	24.4	29.8	27.9
Total	100.0	100.0	100.0	100.0	100.0
N	183	100	156	1,064	1,529 (N)

**Table 23: Physical health problems in last 6 months and homeless-housed transitions (%)**

	<u>Homeless-housed transitions</u>				Total
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Health problem in last 6 months	48.1	36.0	45.5	42.5	42.9
Sight problems not corrected by glasses (last 6 months)	13.7	6.0	11.5	9.8	10.1
Hearing problems (last 6 months)	9.8	5.0	9.6	7.6	7.8
Migraines (last 6 months)	17.5	17.0	23.7	21.2	20.9
Stomach ulcers (last 6 months)	2.2	2.0	3.9	3.9	3.5
Eye infections (last 6 months)	3.8	2.0	5.8	3.0	3.4
Ear infections (last 6 months)	5.5	4.0	7.7	6.4	6.2
Skin infections (last 6 months)	9.8	9.0	8.3	9.3	9.2
Pneumonia (last 6 months)	3.8	0.0	1.9	1.3	1.6
Gastro problems (last 6 months)	12.0	10.0	14.1	11.2	11.6
N	183	100	156	1,064	1,529 (N)

In Table 24 we see that those who were homeless in wave 1 are more likely to have used health services in the last six months (i.e. see a doctor or be admitted to hospital) than those who were housed in wave 1. In particular, more than one quarter of those who were homeless in both waves were admitted to hospital in the last six months. At the same time, they did not see a doctor much more than other populations. Also, those currently homeless in wave 2 are

the ones who visited a doctor the least often (62 per cent). This could suggest that currently homeless respondents face difficulties in accessing doctors, perhaps worsening their health and increasing their chance of going to hospital. Such a pattern has important implications with respect to the overuse of expensive emergency health services.

**Table 24: Health services usage in last 6 months by change in homelessness status (%)**

	<u>Homeless-housed transitions</u>				Total
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Have seen doctor in last 6 months	70.0	62.0	71.2	67.8	68.2
Admitted to hospital in last 6 months	25.7	20.0	21.2	19.2	20.4
N	183	100	156	1,064	1,529 (N)

## 8.2 Mental illness

Table 25 presents the incidence of a range of diagnosed mental illnesses amongst JH respondents experiencing various homeless-housed transitions between waves 1 and 2. First we examine patterns of recent first diagnosis (i.e. in the last six months) of the five listed mental health conditions (bipolar effective disorder, schizophrenia, depression, post-traumatic stress disorder and anxiety disorder) the results of which are presented in the first half of the table. Here we find that entrants were the most likely to have been diagnosed with one of the five mental illness in the six months prior to their interview, exiters and those continuously homeless were then similarly likely to have been diagnosed, with those continuously housed the least likely to have been diagnosed. Multivariate analysis is needed in future to determine the direction of causation between mental illness and homelessness but the overall figures certainly indicate that mental illness can cause homelessness.

Those who were homeless in wave 1 were more likely to have been diagnosed with schizophrenia and post-traumatic stress disorder in the last six months than those who were not. For example, 1.9 per cent of those homeless in wave 1 only have been diagnosed with schizophrenia in the last six months. On the other hand, none of those entering homelessness in wave 2 had been diagnosed with schizophrenia in the last six months. At the other end, anxiety and depression increase with entering homelessness in wave 2. The same factors that have triggered homelessness may also have deteriorated the individual's mental health.

In the bottom half of the table we present whether respondents experiencing the various homeless-housed transitions had ever been diagnosed with the above listed mental health conditions. As noted in the wave 1 report, experiences of mental illness are quite common amongst JH respondents with almost two thirds reporting they have been diagnosed with one of the five listed conditions at some point in their lives.. It is difficult, however, to see any patterns emerging amongst those experiencing various homeless-housed transitions, perhaps because we have such a disadvantaged group of respondents to start with. For instance while bipolar disorder is more common amongst those currently homeless, regardless of their homeless status in wave 1, than those housed; schizophrenia is more common amongst those

homeless in both waves and those exiting homelessness; depression is most common amongst those exiting homelessness and least common among those homeless in both waves. There does therefore seem to be quite a complex dynamic between homelessness and mental illness, which will need to be examined further in the future when more data becomes available.

**Table 25: Diagnosed mental health conditions and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
<i>First diagnosed in the last 6 months:</i>					
Bipolar effective disorder	1.6	2.0	1.9	1.0	1.2
Schizophrenia	1.6	0.0	1.9	1.1	1.2
Depression	4.4	4.0	3.2	3.0	3.3
Post-traumatic stress disorder	3.3	2.0	2.6	1.7	2.0
Anxiety disorder	4.9	9.0	6.4	2.9	3.9
Has been diagnosed with any of the above	10.9	15.0	10.3	7.5	8.8
<i>Ever diagnosed:</i>					
Bipolar effective disorder	14.8	14.0	11.5	11.6	12.2
Schizophrenia	13.7	8.0	12.8	8.6	9.8
Depression	55.2	59.0	62.2	57.0	57.5
Post-traumatic stress disorder	26.2	20.0	23.7	21.4	22.1
Anxiety disorder	42.6	53.0	44.9	45.3	45.5
Has ever been diagnosed with any of the above	62.3	71.0	68.6	64.1	64.8
N	183	100	156	1,064	1,529 (N)

The Kessler 6 (K6) is another indicator of mental health that captures respondents' current levels of psychological distress. Respondents are asked to rate how much of the time over the last four weeks they felt: 'so sad nothing could cheer you up'; 'nervous'; 'restless or fidgety'; 'without hope'; 'that everything was an effort'; and 'worthless'. Each of the six items is rated from zero to four yielding a total score of 0 to 24. Resulting K6 scores by transitions in homelessness status are presented in Table 26.

In the table we group K6 scores into no psychological distress (0-7), mild to moderate psychological distress (8-12) and serious levels of distress (13-24). Those entering homelessness in wave 2 are more likely to have serious levels of psychological distress than other categories (37 per cent compared to 25 per cent at the most). Also, they are less likely

to have no psychological distress at all (41 per cent compared to 45 per cent at least). Average K6 scores (presented in the penultimate row of the table) also indicate that those who entered homelessness in wave 2 have the highest scores. This psychological distress could be resulting from the shock of becoming homeless or other circumstances that led to entering homelessness. The evidence from this table then suggests that people begin adapting to their situation with distress levels diminishing with time spent homeless or with exits from homelessness: those who were homeless in both waves and those who exit homelessness in wave 2 are much less likely to have serious psychological distress (respectively 25 per cent and 23 per cent) and lower overall average scores.

**Table 26: Kessler 6 measure of psychological distress and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
No PD (0-7)	45.4	41.0	54.5	55.2	52.8
Mild to moderate PD (8-12)	26.2	20.0	19.9	23.5	23.2
Serious PD (13-24)	25.1	37.0	23.1	20.2	22.4
Total	100.0	100.0	100.0	100.0	100.0
Average score	8.4	10.3	7.6	7.5	7.8
N	183	100	156	1,064	1,529 (N)

Note: PD stands for “psychological distress”

### 8.3 Life satisfaction

Journeys Home also includes a measure of overall (or general) life satisfaction, scored on a scale ranging from 0 (“completely dissatisfied”) to 10 (“completely satisfied”). Table 27 summarises the findings on general life satisfaction by transitions in homelessness status between waves 1 and 2. The top row presents average life satisfaction scores for the various subgroups, while the next two rows present the proportion of each subgroup that are not satisfied (i.e. have a score of between 0-5) and satisfied (i.e. have a score of between 6-10) respectively. Consistent with findings on psychological distress, those who entered homelessness in wave 2 are on average the least less satisfied with an average score of 5.7 compared to that of 6.2 at least for the other categories.

**Table 27: Life satisfaction and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Not satisfied (0-5)	38.3	41.0	32.1	26.2	29.0
Satisfied (6-10)	61.2	59.0	66.7	73.6	70.6
Total	100.0	100.0	100.0	100.0	100.0
Average score	6.2	5.7	6.7	6.9	6.7
N	183	100	156	1,064	1,529 (N)

#### 8.4 Substance use

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; Johnson & Chamberlain, 2008). Tables 30 and 31 present the homeless-housed transitions for respondents adopting particular smoking, drinking and illicit drug use behaviours in each wave. Temporal patterns are emerging even if causality cannot yet be determined.

**Table 28: Smoking and alcohol consumption and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
<i>Wave 1 behaviour</i>						
Smokes	13.1	7.4	11.0	66.7	100	1,168
Consumes alcohol at 'risky' <sup>1</sup> levels	12.4	8.4	10.3	67.3	100	874
<i>Wave 2 behaviour</i>						
Smokes	12.9	7.4	11.3	66.4	100	1,159
Consumes alcohol at 'risky' <sup>1</sup> levels	12.3	8.3	9.6	68.1	100	864
Total	12.0	6.5	10.2	69.6	100	1,529 (N)

1. Following the Australian Alcohol Guidelines (NHMRC 2009) persons consuming no more than 2 standard drinks per day, on average, are defined as 'low risk', whereas those consuming more than 2 drinks per day are considered to be drinking at 'risky' levels.

**Table 29: Drug use and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
<i>Wave 1 behaviour</i>						
Not used	11.2	5.0	7.8	74.4	100	932
Marijuana only	12.8	8.7	12.5	64.8	100	392
Other	14.4	8.7	16.4	58.0	100	195
Has ever injected these substances	18.5	7.4	13.9	56.5	100	108
<i>Wave 2 behaviour</i>						
Not used	10.7	5.4	7.7	74.7	100	988
Marijuana only	14.2	8.3	13.2	63.3	100	387
Other	14.8	10.1	18.8	52.4	100	149
Has ever injected these substances	18.4	7.4	16.2	53.7	100	136
Total	12.0	6.5	10.2	69.6	100	1,529 (N)



Smoking, drinking at 'risky' levels and illicit drug use (including whether has ever injected these substances) are positively associated with being homeless in wave 1 and/or wave 2 (Tables 28 and 29). A few interesting facts show up in the tables. First, those who consumed alcohol at risky levels in either wave were more likely to enter homelessness in wave 2 than the average respondent (8.3 per cent and 8.4 per cent compared to 6.5 per cent for the whole population). Those who consume alcohol at risky levels in wave 2 are also less likely to have exited homelessness in wave 2 (9.6 per cent compared to 10.2 per cent for the whole population). Similarly, those who use drugs (especially other than marijuana) are much more likely to be homeless, become homeless or stay homeless than those not using drugs. For example, 16.4 per cent of other drug users in wave 1 were homeless in wave 1, 8.7 per cent became homeless in wave 2 and 14.4 per cent stayed homeless in both waves (compared to 7.8 per cent, 5 per cent and 11.2 per cent for non-users respectively). Users in wave 2 are also more likely to have been homeless in wave 1 than users in wave 1 suggesting a positive relationship between homelessness in wave 1 and drug use in wave 2. Respondents that reported injecting substances in either wave were the most likely to be persistently homeless and the least likely to be continuously housed.

## 9 Contact with justice system

Table 30 presents rates of incarceration, both recent and historical, for those experiencing various homeless-housed transitions. As shown in our first report, around a third of JH respondents had spent time incarcerated at some point in their lifetime. Not surprisingly a history of incarceration was most common among those persistently homeless (45 per cent of those homeless in both waves had spent time in juvenile detention, adult prison or in remand), with those entering or exiting homelessness next most likely to have histories of incarceration (40 per cent), and those housed in both waves least likely to have been incarcerated (30 per cent).

When examining more recent experiences of incarceration, even though we cannot yet examine the direction of causation, the results do seem to suggest that homelessness follows incarceration rather than the opposite. Among those homeless in wave 2, 2.7-3 per cent have spent some time in either juvenile justice, adult prison or in remand since wave 1 (compared to 0.6 per cent-1.5 per cent for those not homeless in wave 2). Also, among those homeless in wave 1, 5.5-7.1 per cent had been incarcerated in the six months before wave 1 (compared to 2.4 per cent-3 per cent). Quite consistently, those who were homeless at both waves have more often been incarcerated over the course of their lifetime (45 per cent) than other categories.

**Table 30: Whether spent time in either juvenile justice, adult prison or in remand and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total (%)</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>	
Ever spent time in juvenile detention, adult prison or remand	45.4	40.0	40.4	30.0	33.8
Spent time in juvenile detention, adult prison or remand since W1	2.7	3.0	0.6	1.5	1.7
Spent time in juvenile detention, adult prison or remand in the 6 months before W1	5.5	3.0	7.1	2.4	3.5
N	183	100	156	1,064	1,529 (N)

## 10 Social networks and support services

The first report emphasised the fact that homeless people are not necessarily ‘friendless person[s] isolated from all social contacts of an intimate or personal nature’ (Snow & Anderson, 1993: 318). Rather ‘homeless people have more varied social networks and higher levels of social interaction than originally thought’ (Auerswald & Eyre, 2002; Hoch & Slayton, 1989; La Gory et al. 1991; Wallace, 1965). Rather than being passive and withdrawn, many people who experience homelessness are active and engaged in and with a range of social networks. However, when people remain homeless, their mainstream social networks often collapse and their social networks and connections with other people experiencing homelessness grow (Hawkins & Abrams, 2007). This is part of a broader process of adaptation that occurs over time as homeless people are progressively excluded from mainstream institutions and adjust to their new social environment, a process typically known as acculturation (Auerswald & Eyre, 2002; Chamberlain & Johnson, 2002; May, 2000; Pears & Noller, 1995; Sosin et al. 1990; van Doorn, 2005; Wasson & Hill, 1998). Consistent with these arguments, wave 1 results indicated that 19 per cent of individuals who have been homeless for more than four years had no contact with their family in the last six months and 20 per cent of them had no friends. When they do have friends, these friends are far more likely to be homeless, not in full-time employment, using drugs and incarcerated in the past than the friends of respondents with shorter or no experience of homelessness. Also, they reach out to welfare services more frequently, which they mainly find useful.

In relation to transitions in to and out of homelessness, there is some evidence that reduced exit rates are correlated with increased acculturation (Piliavin et al. 1996: 48). This chapter presents further evidence on how transitions in homeless status vary with the formal and informal social networks of JH respondents. The homeless-housing transitions of those with particular social networks are presented in Tables 31 to 35. Table 31 examines contact with family and friends, Table 32 looks at how helpful various formal and informal support networks are, Table 33 examines in more detail respondents’ assessments of their social supports, Table 34 examines service usage patterns, and Table 35 analyses selected characteristics of friends.

From Table 31 it appears that ties with family and friends diminish both with recent past experiences of homelessness and with the duration of the homelessness spell. Respondents that had no family contacts in the last six months are more likely to have been homeless in wave 1 and in both waves than the average respondent (17.7 per cent and 12 per cent respectively compared to 12 per cent and 10.2 per cent respectively for the overall population). Also, respondents without regular family contacts are more likely to have remained homeless in wave 2. However, weak family ties do not appear to be associated with entering homelessness in wave 2. This suggests that family ties tend to weaken after the homeless experience started rather than the opposite.

**Table 31: Contact with family and friends and homeless-housed transitions (%)**

	<u>Homeless-housed transitions</u>				Total	N
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
No contact with family in last 6 months	17.7	5.7	12.0	62.9	100	175
Less than once a week family contact	14.9	5.3	10.3	67.4	100	377
Zero friends	15.9	7.3	11.6	62.7	100	233
Zero contact with friends last week	12.0	8.7	7.6	67.4	100	92
Total	12.0	6.5	10.2	69.6	100	1,529 (N)

We see a similar pattern emerging with relationships with friends. Respondents with no friends tend to have been more often homeless in wave 1: 15.9 per cent have been homeless in both waves and 11.6 per cent in wave 1 only (compared to 12 per cent and 10.2 per cent overall). Respondents who had had no contact with their friends in the last week were, however, more likely to enter homelessness in wave 2 than the overall population, suggesting that homeless people start losing contact with their friends in the process of becoming homeless.

While respondents who were not homeless in either wave find family helpful in the event of personal or financial difficulty, respondents who were homeless in both waves find welfare services more helpful than family (see Table 32). Those respondents who find family and friends helpful to talk to about personal problems or get financial assistance are more likely to have had no experience of homelessness in waves 1 and 2 than the overall JH population (75.5 per cent and 76.9 per cent compared to 69.6 per cent). In contrast, respondents who were homeless in both waves are overrepresented among those who find that they are not helpful in either circumstance (16.1 per cent and 13.8 per cent compared to 12 per cent). This is also the case for respondents who were homeless in wave 1 only. No clear pattern emerges for those who enter homelessness in wave 2; they do not seem to think that family and friends are particularly helpful or unhelpful.

The picture is a bit different with respect to welfare services. While respondents who were continuously housed are the least likely to talk to them, those continuously homeless are equally split between finding them very helpful and not helpful. Specifically, those homeless in both waves are overrepresented both among those who find welfare services very helpful to talk to about personal problems and among those who find them not helpful (17.9 per cent and 16.5 per cent compared to 12 per cent on average). This dichotomy also appears when it comes to help with financial problems, with 17 per cent and 18.5 per cent among those who find them helpful and unhelpful respectively. It is also worth noting that respondents who have entered and exited homelessness between waves do not express a strong view about the usefulness of welfare services, perhaps because this view builds over time.

**Table 32: Helpfulness of informal and formal networks and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
<i>How helpful are family/friends to talk about personal problems</i>						
Very helpful	10.9	5.2	7.5	75.5	100	791
Somewhat helpful	11.3	9.0	11.5	66.0	100	468
Not helpful	16.1	6.2	16.1	58.7	100	242
<i>How helpful are family/friends when need financial assistance</i>						
Very helpful	10.0	4.9	7.3	76.9	100	468
Somewhat helpful	11.7	8.1	11.3	67.5	100	480
Not helpful	13.8	6.5	11.8	65.3	100	542
<i>How helpful are welfare services to talk about personal problems</i>						
Very helpful	17.9	6.2	10.3	63.1	100	290
Somewhat helpful	12.6	5.5	12.0	68.9	100	183
Not helpful	16.5	5.5	11.0	64.5	100	200
Do not talk to welfare services	8.2	7.0	9.9	73.5	100	825
<i>How helpful are welfare services when need financial assistance</i>						
Very helpful	17.0	5.0	10.7	64.2	100	159
Somewhat helpful	13.3	4.8	11.4	69.1	100	210
Not helpful	18.5	7.3	10.9	61.2	100	276
Do not talk to welfare services	8.2	7.0	9.9	73.5	100	825
<b>Total</b>	<b>12.0</b>	<b>6.5</b>	<b>10.2</b>	<b>69.6</b>	<b>100</b>	<b>1,529 (N)</b>

In Table 33 we see that respondents with higher levels of social support are also less likely to have experienced homelessness in the first two waves of JH. The pattern with relation to transitions in to and out of homelessness is however a little more nuanced. For instance, those often needing help and not getting any are more likely to have exited homelessness in wave 1 than the overall sample; while those experiencing loneliness are more likely to be homeless in both waves. Also positive items (having someone to lean on, to cheer you up and feeling that talking to people can help) are clearly more often expressed by respondents who weren't homeless in either wave.

In Table 34 we present the homeless-housed transitions of those that used different types of welfare services. Meals programs have been used especially by respondents who were homeless in wave 1 and in particular those who remained homeless in wave 2: they represent more than one in four users, but only one in eight respondents. Complaints about accessing welfare services mainly come from those who exited homelessness in wave 2 (14.8 per cent while they represent only 10.2 per cent of the population), who were maybe the ones using

**Table 33: Social support and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Often need help but can't get any	12.1	6.7	12.5	67.6	100	638
Often feel lonely	14.1	6.9	11.3	65.9	100	778
Have someone to lean on in times of trouble	9.9	6.7	9.2	73.0	100	1,180
Have someone who can always cheer you up	10.4	5.8	9.9	72.6	100	1,168
Talking with people can make you feel better	11.1	6.4	9.4	71.7	100	1,225
<b>Total</b>	<b>12.0</b>	<b>6.5</b>	<b>10.2</b>	<b>69.6</b>	<b>100</b>	<b>1,529 (N)</b>

**Table 34: Service usage and homeless-housed transitions (%)**

	<i>Homeless-housed transitions</i>				<i>Total</i>	<i>Total (N)</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Used housing services	13.1	7.2	12.3	65.3	100	472
Used tenancy services	6.7	9.6	9.6	72.1	100	104
Used emergency relief services	16.9	7.6	12.4	61.9	100	540
Used legal aid	9.4	6.4	11.3	70.3	100	266
Used financial support services	11.0	8.0	9.0	71.0	100	100
Used gambling support services	6.3	12.5	6.3	75.0	100	16
Used a meals program	28.7	6.5	14.0	50.2	100	293
Used family violence services	6.5	5.4	9.8	77.2	100	92
Experienced difficulty accessing welfare services	11.7	4.9	14.8	66.1	100	162
<b>Total</b>	<b>12.0</b>	<b>6.5</b>	<b>10.2</b>	<b>69.6</b>	<b>100</b>	<b>1,529 (N)</b>

them the most. Those who exited homelessness in wave 2 are also overrepresented among users of housing services. Tenancy services and gambling services were more likely to be used by those who were not homeless in wave 1, suggesting that our non-homeless population is also confronted with important issues. For example, among users of gambling services, 12.5 per cent entered homelessness in wave 2 and 75 per cent weren't homeless in

either wave (compared with 6.5 per cent and 69.6 per cent on average). Also, family violence services have been contacted more often by those who were not homeless in either wave. This confirms observations made in the first report that services dealing with gambling and violence problems are related to some lifetime experience of housing instability but are rarely used during the homeless spell.

Table 35 presents survey findings on the characteristics of respondents' friends (as declared by respondents), by transitions. Here we see that the homeless status of respondents in the last two waves is positively associated with having some friends who are jobless, homeless, using drugs and who have had contact with the justice system. More precisely, respondents who have some homeless friends are more likely to have been homeless at least one of the two waves than the average: 12.3 per cent were homeless in wave 1, 9.4 per cent in wave 2 and 15.3 per cent in both waves (to compare with 10.2 per cent, 6.5 per cent and 12 per cent on average). Similarly, respondents who have friends using drugs or with an incarceration history are more likely to have experienced homelessness since the start of JH, and especially in wave 1.

**Table 35: Social network characteristics and homeless-housed transitions (%)**

	<i><u>Homeless-housed transitions</u></i>				<i>Total</i>	<i>N</i>
	<i>Continuously homeless</i>	<i>Entrants</i>	<i>Exiters</i>	<i>Continuously housed</i>		
Some friends with a fulltime job	9.6	7.3	9.6	72.5	100	879
Some friends with nowhere else to stay	15.3	9.4	12.3	61.9	100	373
Some friends who use drugs (last 6 months)	13.0	8.5	12.0	64.9	100	515
Some friends ever in juvenile detention or prison	12.7	7.9	15.2	62.4	100	165
Some friends arrested or held overnight (last 6 months)	9.4	7.3	13.5	68.8	100	288
Total	12.0	6.5	10.2	69.6	100	1,529 (N)

## 11 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 into 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 two waves of the JH study.

As expected with such a vulnerable population group, the profile of JH respondents is very different to that of the 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.

Slight differences in the demographic composition of wave 1 and wave 2 respondents reflect the finding in the Wave 2 Technical Report that attrition, although very low, is not totally random. Attrition was higher for males, Indigenous Australians and those without children than their counterparts.

A key finding is that, although the majority of JH respondents were housed at each point in time, respondents' housing situations do vary considerably over time, with evidence of cycling in and out of homelessness. Almost 40 per cent of respondents had been homeless at some stage between their wave 1 and wave 2 interviews and, as was documented in the wave 1 research report, almost half of respondents reported that they had spent at least a year homeless in total over their life and 23 per cent had spent four or more years homeless.

Males, older respondents, Indigenous respondents and respondents who had been in Institutional care over the survey period were all more likely to be homeless at any point in time than their counterparts. Males were less likely to move up the housing stability continuum than females, as were Indigenous respondents. Older respondents were less mobile than younger respondents, whose situation seems to be one of residential instability over time.

Respondents who had been in State care, juvenile justice, other correctional facilities or medical or psychiatric facilities also appear to face higher levels of residential instability than the average JH respondent with a higher rate entering homelessness and a higher rate exiting homelessness than on average.

While it is clear from this report that a number of common risk and protective factors are associated with experiences of homelessness at some point in time, it is much more difficult to identify any clear patterns arising in relation to respondents' transitions in to and out of homelessness between wave 1 and wave 2.

Health and labour market activity are the two exceptions. Consistent with our wave 1 report finding, the deeper the experience of homelessness, the worse the respondent's health; respondents homeless in both waves were clearly more likely to have poorer physical health outcomes than either those entering or exiting homelessness, or those housed in both periods.

We also find a very clear, and not unexpected relationship, between labour market activity and homeless-housed transitions; respondents with more connection to the labour market in wave 1 have the best housing outcomes. Respondents who were employed in wave 1 were the



most likely to be housed in both waves and the least likely to be homeless in both waves. Interestingly it appears that some attachment to the labour force is better than none, with the outcomes of the unemployed, while clearly worse than those of the employed, were better than those of respondents completely outside the labour force. Also those who remained housed spent the highest proportion of time employed between their wave 1 and wave 2 interviews, whereas those who remained homeless spent the least amount of time employed.

The relationship between mental health and homeless-housed transitions between wave 1 and wave 2 is not as clear cut as with physical health. What is clear is that entering homelessness is associated with very high levels of psychological distress. However it appears that there is some kind of adaptation going on after that, as psychological distress levels are lower for respondents homeless in both waves than for those entering homelessness in wave 2. This is consistent with other literature in this area that shows that distress levels decrease with durations of homelessness. Future research is however required before we can conclusively say that this is the case here as well.

Interestingly we also find that debt may be both a source of financial difficulty and hence an antecedent of homelessness and the result of attempts to find stable housing and hence escape homelessness. The interplay between debt, financial stress and homelessness will need to be examined in more depth in future reports.

Finally, while family and friends do not appear to protect respondents from homelessness, they could represent a support in exiting homelessness. Also welfare services seem to be an important source of support to those continuously homeless who are not able to turn to family and friends to help with personal and financial problems. At the other end of the spectrum, many respondents experiencing homelessness also declare that welfare services are very unhelpful and some of those who exited homelessness in wave 2 complain about their accessibility .

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