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Journeys Home Research Report No. 1

Wave 1 Findings

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Yi-Ping Tseng and Mark Wooden

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**JOURNEYS HOME
RESEARCH REPORT No. 1
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**Report prepared for the Australian Government Department of
Families, Housing, Community Services and Indigenous Affairs**

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Executive Summary

In late 2010 the Australian Government commissioned the Melbourne Institute of Applied Economic Research (at the University of Melbourne) to design and implement a new longitudinal survey, since named Journeys Home (JH). Over a two year period 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.

The JH study may indeed be a world first. While there have been a number of important longitudinal studies in the US employing large samples, they mostly focus exclusively on relatively narrow population sub-groups, such as people who access publicly-funded shelters (e.g., Culhane and Kuhn 1998) or homeless people who are chronically ill (Sadowski et al. 2009). To our knowledge there has only been one other large scale longitudinal study that includes both people at risk of homelessness and people currently experiencing homelessness (Shinn et al. 1998), and even that is restricted to residents in one city.

This Research Report presents key findings from the first wave of the JH study, which was conducted over the period September to November 2011. Most of the research questions that FaHCSIA set out in its Statement of Requirement that it hoped JH would help address require examination of the pathways into and out of homelessness, which can only be obtained from longitudinal data. Our aims at this stage are therefore quite modest, given that we only have one cross section of data. We have four key aims in this report. First, we wish to establish key differences in the demographic profiles of the JH sample with that of the general population. Second, we examine respondents' experiences of homelessness, by estimating the incidence of homelessness at the time of interview, and by examining respondents' histories of homelessness. Third, we examine the relationship between a range of risk and protective factors commonly associated with homelessness and respondents actual homeless experiences. Finally, we examine the homeless experiences of a number of high risk subgroups identified as priorities for the government in the White Paper on homelessness.

The sample

The sample for Journeys Home has been selected using Centrelink's Homelessness Indicator (which was introduced in January 2010) and 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 that have not been flagged as homeless but nevertheless have characteristics similar to those that have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homeless.

The total sample allocated to interviewees (employed by Roy Morgan Research) comprised 2992 individuals distributed across 36 locations spread across the country. Of this group, 273 were subsequently determined to be out of scope, leaving us with an effective sample of 2719. Just over 62 percent of this group (n=1682) agreed to participate.

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

mental illness is also higher than that of the general population and smoking, drinking at 'risky' levels and drug use more widespread.

Experiences of homelessness

A key finding is that respondents' housing situation appears to vary considerably over time. At the first interview half of the participants were in what we consider to be stable housing, a quarter were in more marginal living arrangements and 24 percent were homeless. However, when we examine homeless experiences in the six month prior to the first survey we find that 50 percent of the JH participants had been homeless. Almost all participants (94%) had reported an experience of homelessness at some stage in their lives.

We also find some early indications that many respondents are cycling in and out of homelessness over their lifetimes, and spending considerable amounts of their lifetimes in an unstable housing situation. Almost half (49.7%) of respondents reported that they had spent at least a year homeless in total over their life and 23 percent had spent four or more years homeless. While we suspect that the JH sample may be better at capturing persons experiencing either 'episodic' or 'chronic' forms of homelessness, a plausible alternative is that long-term homelessness is more common than previously thought.

Half of the participants had their first experience of homelessness at a young age (under 18) and just under three quarters had their first experience before they turned 25. We find evidence supporting the notion that people who first experience homelessness at a young age are more likely to experience persistent homelessness.

Also, by far the most common reason reported for first becoming homeless was family breakdown and/or conflict. In contrast, a relatively low rate of respondents reported mental illness and substance abuse as major factors leading to their first homeless experience.

Risk and protective factors associated with homelessness

There are a number of key differences between those homeless at the time of interview and those 'housed'. The homeless are less likely to be employed, and have much longer income support histories. They are also slightly more likely to have been diagnosed with certain long-term health conditions and to have used health services in the last 6 months. They smoke more, are more likely to take drugs, and are slightly more likely to drink at 'risky' levels. They are also more likely to experience some of the more severe forms of financial stress including having to go without food than the housed. However, the differences between the homeless at the time of interview and the housed are not large. We suspect that this is because a large group of those 'housed' at the time of interview have had a relatively recent experience of homelessness.

Where we do find substantial differences in the characteristics of respondents is in relation to lifetime homeless durations. Those exposed to homelessness for the longest periods were the most likely to have had adverse childhood experiences such as being exposed to violence or abuse, having been placed into State care and child protection systems or having experienced poverty in childhood, than those with shorter homeless durations. In contrast, the report shows that those never homeless or homeless for short periods tended to have stronger relationships with their families.

The report also shows that the deeper the experience of homelessness, the worse the respondent's health. On the whole, current status matters but the lifetime experience of homelessness matters more: while the never homeless exhibit the less health problems, the respondents who spent more than 4 years in homelessness are those with the most health issues.

Although we cannot yet determine the causal sequence of mental health, substance use and homelessness the report shows that people with a diagnosed mental health condition are more likely to experience long term homelessness as are people who report problematic substance use.

To determine the direction of causality in all of these relationships there is a need for further research to examine respondents housing status over a longer period of time, and the antecedents and consequences of homelessness. This will only become possible when we have longitudinal data.

Finally, we also see that respondents' outcomes are highly correlated with those of their friends and their broader social networks. This is unsurprising since individuals tend to associate with people in similar circumstances to themselves. This is especially true for drug use and crime. However, it is also possible that respondents peers are influencing their behaviour, which may make it harder to exit homelessness. Again, this is something that can only be tested with longitudinal data.

The Road Home priority groups

In the Australian Government's White Paper on homelessness a number of high risk subgroups were identified as priorities for the government when tackling homelessness in Australia (FaHCSIA 2008). These include Indigenous Australians, young and older homeless Australians, and persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities. In this report we examine the housing situation of all but one of these priority groups. The one exception is that of older homeless Australians (aged 55 years plus) who represent only 5.7 percent of JH respondents. This is too small a sample to do any meaningful analysis of this group.

Indigenous respondents were slightly more likely to be homeless at the time of interview than the overall sample with a homeless rate of 27 percent compared to that of 24 percent for all respondents. This is largely due to Indigenous respondents higher propensity to be primary homeless, and to a lesser extent, secondary homeless.

Our young respondents (i.e. those less than 21 years of age), on the other hand, were less likely to be homeless than the overall sample with an overall homeless rate of 14.6 percent. The homeless experience for our young respondents is one of temporarily living with family or friends or 'couch surfing' rather than of sleeping rough or of living in boarding houses.

Almost 40 percent of JH respondents exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities were homeless at the time of interview, with respondents more likely to be in each of the three homeless groups than the average respondent. Almost a quarter were in the marginally housed group, and only 36 percent were in what we consider to be stable housing.

Although JH is still in its early stages wave 1 data indicate a high degree of housing instability among the sample. Further, JH shows that there are strong relationships between certain risk factors and persistent homelessness. Even at this early stage these findings provide useful information to refine program design, particularly around the identification of people at risk of long-term homelessness.

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1 Introduction

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

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

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

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

In response to this the Australian Government (in late 2010) commissioned the Melbourne Institute of Applied Economic Research (at the University of Melbourne) to design and implement a new longitudinal survey, since named Journeys Home. Over a two year period Journeys Home is tracking 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 reports the key findings from the first wave of the Journeys Home study, which was conducted over the period September to November 2011. Our aims are threefold. First, we wish to establish key differences in the demographic profiles of the JH sample with that of the general population. Second, we examine respondents' experiences of homelessness, by estimating the incidence of homelessness at the time of interview, and by examining respondents' histories of homelessness. Third, we examine the relationship between a range of risk and protective factors commonly associated with homelessness and respondents actual homeless experiences, both current and over their lifetimes.

The structure of the paper follows. A description of the JH sample is provided in Chapter 2, including a brief summary of the sample design and a profile of respondents. In Chapter 3 we examine respondents' experiences of homelessness, which first requires us to define homelessness on a continuum of housing stability. Also examined in this chapter are respondents histories of homelessness. Chapters 4 through 8 then follow with a descriptive analysis of the relationships between a range of risk and protective factors commonly associated with homelessness and both current and lifetime experiences of homelessness. These include analysis of family histories and exposure to violence (Chapter 4); education, jobs and income (Chapter 5); health and wellbeing (Chapter 6); contact with the justice system (Chapter 7); and social networks (Chapter 8). In Chapter 9 we briefly comment on the homeless experiences of the priority groups identified by the Road Home, the Australian Government's White Paper on homelessness. Finally, concluding comments are provided in Chapter 10.

2 The Journeys Home sample

2.1 Sample design and response

As explained in more detail in Wooden et al. (2012), the JH sample was drawn from the Research Evaluation Database (RED) developed by the Department of Education, Employment and Workplace Relations. RED is drawn from Centrelink's customer database, and contains payment records, together with a range of personal details, for all Centrelink income support customers since 1st July 2002.

Centrelink's customer database also identifies clients who have been flagged by Centrelink staff as 'homeless' or 'at risk of homelessness' using the Homeless 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 that have not been flagged as homeless but nevertheless have characteristics similar to those that have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homeless. 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 who we identify as being 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 high cost associated with deploying face-to-face interviewers meant that it would not be possible for the sample to be drawn from all parts of Australia. Instead, the sample was clustered, with only those clusters where flagged individuals were sufficiently common to ensure a viable interviewing workload retained for selection.

The total sample allocated to interviewers (employed by Roy Morgan Research) comprised 2992 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 2719. Just over 62 percent of this group (n=1682) agreed to participate.

2.2 Profile of respondents

Table 1 presents basic demographic characteristics of JH respondents 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 (55% vs 49%);

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

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

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

1. Sources: Gender and age distribution of the population 15 years and over at 30 June 2011 taken from ABS (2011a), 31010DO002_20110 Australian Demographic Statistics, Jun 2011, Table 8; Indigenous population and country of birth estimates are for the entire population at 30 June 2010 and taken from ABS (2011b) 4102.0 Australian Social Trends, Data Cube – Population; Population statistics on marital status and presence of children relate to the population 18 years and over and are taken from ABS (2011c), 41590DO002_2010 General Social Survey: Summary Results, Australia, Tables 1.1 and 18.1; Highest level

of education for the population 15-64 years are from ABS (2011d) 62270DO001_201105- Education and Work, Australia, May 2011, Table 14; and, Labour force estimates for the population 15 years and over at September 2011 taken from ABS (2011e), 6202.0 Labour Force, Australia, Table 3.

2. Includes those leaving school prior to completing Yr 10 if they have completed a Certificate I or II level qualification.
3. Includes those with no schooling.
4. There were 1,682 people that participated in the first wave of Journeys Home. However, responses for one person were lost due a technical issue. We therefore drop this person from all subsequent analysis in this paper as we have no survey information recorded for them for wave 1.

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

JH respondents are also much more likely to be suffering from mental illness than the general population (see Table 2). While there are some issues making direct comparisons with the population data, it is obvious from this table that our sample is much more likely to be diagnosed with mental illnesses such as bipolar effective disorder, schizophrenia, depression, post-traumatic stress disorder or anxiety disorder than the general population.

Table 2: Diagnosed mental health conditions (%)

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

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

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

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

JH respondents are also much more likely to smoke, drink at risky levels and use illicit drugs 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:

- Over two thirds of the responding sample (68%) smoke daily. This compares with the 15.1 percent of Australians aged 14 years or older that were daily smokers in 2010;

- JH respondents are much more likely to be drinking at levels that put them at risk of alcohol-related harm over a lifetime, with 57 percent drinking at ‘risky’ levels. This compares with only 20 percent of the general population drinking at ‘risky’ levels.
- Around 39 percent of all JH respondents had used illicit drugs in the past 6 months. Only 15 percent of the general population aged 14 years or older reported having used an illicit drug in the last 12 months.
- Marijuana is the most common form of illicit drug used by JH respondents with just under a third of respondents reporting having used marijuana in the last 6 months.
- An additional 13 percent of respondents used other forms of illicit (or street) drugs in the last 6 months.
- Most troubling is that 7 percent of respondents injected drugs in the last 6 months (as a point of comparison less than 1% of the general population reported to have injected illicit drugs in 12 months preceding the survey).

Table 3: Smoking, alcohol consumption and illicit drug use (%)

	JH sample	General population 14 years plus ¹
Smokes daily	67.9	15.1
Consumes alcohol at ‘risky’ ² levels	57.4	20.1
Used illicit drugs in last 6 months/12 months	39.4	14.7
Injected illicit drugs in last 6 months/12 months	7.3	0.4
Total (N)	1,681	

1. Source: 2010 National Drug Strategy Household Survey, findings reported in AIHW (2011b).

2. Following AIHW, 2011b we determine risk levels of alcohol consumption according to the recently revised Australian Alcohol Guidelines (NHMRC 2009). 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 Respondent experiences of homelessness

3.1 Defining homelessness

Defining homelessness has been an on-going struggle for researchers (Burt 1999; Chamberlain & Johnson 2001; Rossi et al. 1987). At one level, homelessness is easily defined; anyone without regular access to conventional accommodation could be considered homeless (Rossi et al. 1987:1). But what does conventional accommodation and regular access actually mean?

While ‘(a)ny effort to draw a line across that continuum, demarcating the homed from the homeless is, of necessity somewhat arbitrary, and therefore potentially contentious’ (Rossi et al. 1987:1), recent definitions have been constructed around a continuum of housing circumstances running from the stably housed to literally being without shelter (see Edgar & Meert 2006; Neil & Fopp 1992). In between the two extremes there are many people who may experience some degree of homelessness without ever literally sleeping rough.

In addition to these developments, governments in some countries have also moved towards setting ‘accommodation’ based objective definitions of homelessness based on ‘accepted standards of accommodation’ in legislation (Walsh 2011: 4). Australia has moved in this direction since the 1990s with the wide scale acceptance and use of the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992) in enumeration, policy and research. However it has not gone so far as to enshrine this definition in legislation.

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

While there is now a broad consensus in Australia around using the cultural definition to enumerate the homeless population, it is a static definition. People frequently move between different housing situations. A consequence is that researchers have developed a range of time-based or temporal definitions to try and capture the dynamic nature of homelessness, and in particular its duration and whether it is a continuous or episodic experience (e.g., Kuhn & Culhane 1998; Sosin, Piliavin & Westerfelt 1990). Terms such as recurrent, long-term, short-term, absolute, iterative, situational, chronic, episodic and persistent homelessness have all found their way into the literature in recent times. It is this temporal dimension that longitudinal surveys are best placed to capture. With one cross section of data, however, we are not yet able to incorporate a temporal dimension into our approach.

3.2 *A continuum of housing stability*

In this paper we follow developments in the literature on defining homelessness and examine people's housing circumstances on a continuum running from sleeping rough to the stably housed. To demarcate the homeless from the housed we adopt the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992), making an assessment of whether people's accommodation meets the minimum community standard that people can expect to achieve in contemporary Australian society. In the future, when further waves of data are available, we intend to more formally account for the temporal nature of people's housing situation. However, currently we do not yet have enough information to do this and thus take a static approach to identifying where people are on the continuum when they were first interviewed.

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 & Mackenzie's *Counting the Homeless* (CTH) methodology (1999, 2003 & 2008), and separate the homeless into three groups according to the severity of their current situation: the primary, secondary and tertiary homeless. A fourth group is then identified, who we do not consider as homeless but who are experiencing housing instability nonetheless. We refer to this group as the marginally housed. Our fifth group captures those in stable housing.

Figure 1 outlines a conceptual hierarchy for identifying which group people belong to. First we determine whether people have some form of accommodation or not; those who do not we classify 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. This is a difficult thing to determine in practice as it is necessary to establish not only the physical standard of a person's accommodation but also how secure their tenure is. We first make the assumption that caravans, boarding houses, and hotels or motels do not meet the community standard. Obviously the quality of caravans and hotels or motels can vary considerably and when examining their residents across the general population, as the Census does, many caravans and hotels or motels will meet the minimum community standard of a small self-contained flat. However, as the Journeys Home sample is such a disadvantaged population group, we differ from the CTH approach and consider residents of caravan parks and hotels/motels as similar to residents of boarding houses. Therefore anyone living or staying in these types of accommodation are considered homeless to some degree.

Persons residing in a house or townhouse, apartment, unit or flat (including granny flats and bed-sitters) are 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 that are living with friends and/or family in what seems to be a stable situation (i.e., who have been in their current accommodation for more than three months or expect to stay

there for the next three months 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 a short-term, temporary one (operationally defined as being in current accommodation for three months or less and not being able to, or don't know whether they can, stay there for the next three months) they will be considered as secondary homeless. Therefore persons residing with other households temporarily because they have no accommodation of their own are identified as secondary homeless. Also, persons residing in emergency or transitional accommodation or staying in caravans, boarding houses, hotels or motels for a short-period of time) 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 longer term arrangement are identified as tertiary homeless.

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

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

In addition to examining where respondents sit on the housing continuum at a point in time (i.e., at the time of interview), we also want to examine their histories of homelessness. Here we do not have the same level of detail on their housing status as that used to determine where they sit on the housing continuum. Rather, to help identify whether respondents had experienced homelessness in the last 6 months, they were asked how long they had spent in the following types of places over the 6 month period: with friends or relatives, in a caravan or mobile home, at a boarding house or hostel, at a hotel or motel, in crisis accommodation, or slept rough or squatted in an abandoned building. If respondents were either homeless at the time of interview or had stayed in any of these types of places in the last 6 months we consider them as having experienced homelessness in the last 6 months. We can also determine whether respondents had experienced primary, secondary or tertiary homelessness over the 6 month period as the types of places listed were designed to correspond with the accommodation categories used to differentiate between primary, secondary and tertiary homelessness described above. That is, those having slept rough or having squatted in an abandoned building have experienced primary homelessness; those having spent time living with friends or relatives or in crisis accommodation have experienced secondary homelessness; and those in the remaining categories (i.e. in a caravan or mobile home, boarding house or hostel, hotel or motel) have experienced tertiary homelessness.

Likewise to identify whether respondents had ever experienced homelessness, they were asked whether they have ever had to stay in the various types of places listed above “because they did not have a place to live”.

3.3 Current experiences of homelessness

In Table 4 we examine the housing status of Journeys Home (JH) respondents, differentiated by our three population subgroups, by placing them on the continuum of housing stability developed in the previous section. We identify what proportion of each of the subgroups were primary, secondary or tertiary homeless, in marginal housing, or were in stable housing at the time they were interviewed.

Table 4: Housing status by sub-group (%)

	<i>‘Homeless’</i>	<i>‘At-risk’</i>	<i>‘Vulnerable’</i>	<i>Total</i>
Primary homeless	5.5	1.3	0.6	2.6
Secondary homeless	10.3	8.3	7.2	8.7
Tertiary homeless	12.1	14.9	9.3	12.3
Marginally housed	23.2	22.7	33.7	26.0
In stable housing	48.4	52.2	49.1	50.0
Unable to determine	0.5	0.6	0.2	0.5
Total (N)	581	625	475	1,681

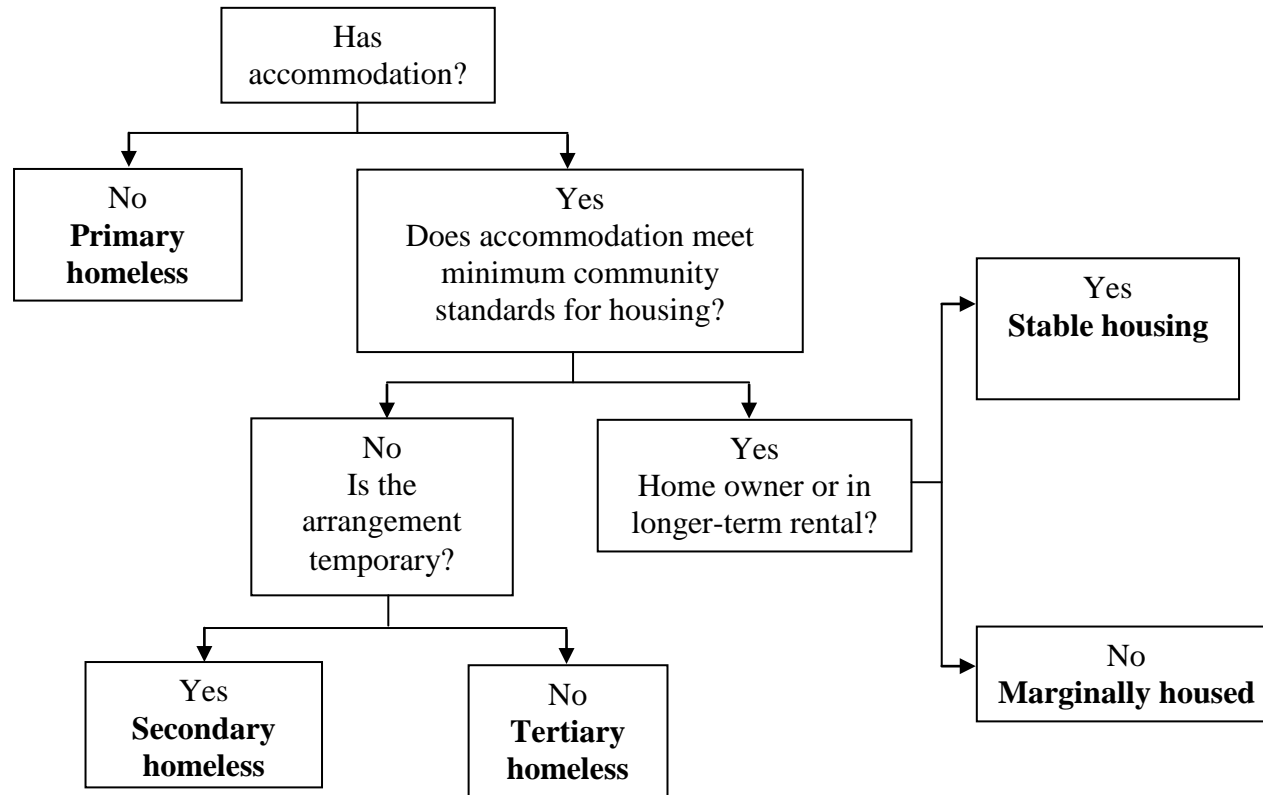
The key finding in this table is that the vast majority of JH respondents were housed at the time they were interviewed. Indeed only 24 percent of JH respondents were homeless at the time they were interviewed, whereas half were in stable housing.

Of those homeless the majority were what we consider to be tertiary homelessness, with primary homelessness relatively uncommon and experienced by less than 3 percent of the sample. A further 26 percent of respondents were housed, but were in what appeared to be in an insecure arrangement (i.e. they were either living with other people or were in short-term rental accommodation).

While the incidence of homelessness does increase with vulnerability, the incidence does not vary by as much as might be expected. Among those flagged by Centrelink as being homeless, 28 percent were classified by us as still being homeless at the time of the JH interview. Similarly, among the group flagged by Centrelink staff as ‘at risk’, all of whom would fit the cultural definition of homelessness, only a quarter were classified in JH as being homeless. Finally, among the vulnerable sub-group, none of whom had been flagged as being homeless, we observe a 17 percent homeless rate.

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

Figure 1: Conceptual hierarchy of homelessness



3.3.1 Duration of current homelessness

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

At present we are unable to determine which of these general subgroups our respondents belong too. We will have to wait for future waves of JH to do that. However, we do have some information on respondents’ current homeless episode that can shed some light on this issue.

Table 5 presents the homeless durations for all JH respondents that were homeless at the time of their interview. Here we see that almost half of homeless JH respondents had been homeless for at least 12 months. A further 27 percent had been homeless for at least 6 months. Only 10 percent had been homeless for less than three months.

Table 5: Duration of current homeless episode (%)

	<i>Total</i>
Less than 3 months	9.5
3 months or more but less than 6 months	14.5
6 months or more, but less than 12 months	27.4
12 months or more	48.7
Total (N)	380

3.4 History of homeless experiences

By only looking at respondents’ homeless status at the time of their interview we may be excluding respondents who are cycling in and out of homelessness over a longer period of time. If respondents housing situation is quite fluid this may also explain the weak link between current homelessness and the Centrelink Homeless Indicator. Respondents’ housing situation may have changed considerably between the time they were flagged, which could have been any time between the beginning of 2010 and the time the sample was selected (May 2011) and the time they were interviewed. In Table 6 we examine whether there is evidence of this by reporting findings on whether respondents had experienced homelessness in the 6 months prior to being interviewed.

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

	<i>'Homeless'</i>	<i>'At-risk'</i>	<i>'Vulnerable'</i>	<i>Total</i>
Experienced homelessness in last 6 months	57.8	47.4	47.0	50.9
In the last 6 months, has experienced:				
Primary homelessness	21.9	13.0	8.4	15.0
Secondary homelessness	39.6	30.9	37.1	35.6
Tertiary homelessness	28.6	21.4	19.0	23.2
Total (N)	581	625	475	1,681

Table 6 presents evidence that the housing circumstances of JH respondents changes considerably over time; while less than a quarter were homeless at the time of interview approximately half of all respondents experienced homelessness in the 6 months prior to being interviewed. Primary homelessness was also a much more common experience when one considers the longer time frame with almost 15 percent of all respondents having slept rough or having squatted in an abandoned building at some stage over the 6 months preceding their interview.

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

Going back even further in time, we report, in Table 7, on whether respondents had ever been homeless. Ninety four percent of respondents reported that they had a history of homelessness. Further, a majority (58%) had experienced sleeping rough or squatting in abandoned buildings because of the absence of any alternative accommodation.

Table 7: Ever homeless by sub-group (%)

	<i>'Homeless'</i>	<i>'At-risk'</i>	<i>'Vulnerable'</i>	<i>Total</i>
Has ever been homeless	97.2	94.1	89.3	93.8
Has ever experienced:				
Primary homelessness	68.2	54.9	49.1	57.8
Secondary homelessness	93.5	90.9	85.9	90.4
Tertiary homelessness	72.8	65.4	58.1	65.9
Total (N)	580	626	475	1,681

Also presented in Table 7 are the responses to these questions by population subgroup. As would be expected, the flagged homeless group were the most likely to have had a history of homelessness, those flagged as being at-risk slightly less likely, and the vulnerable group the

least likely. These differences, however, are not large. Indeed, the main features of the table are how high the rate of past experience of homelessness is and how even it is across the three sub-groups.

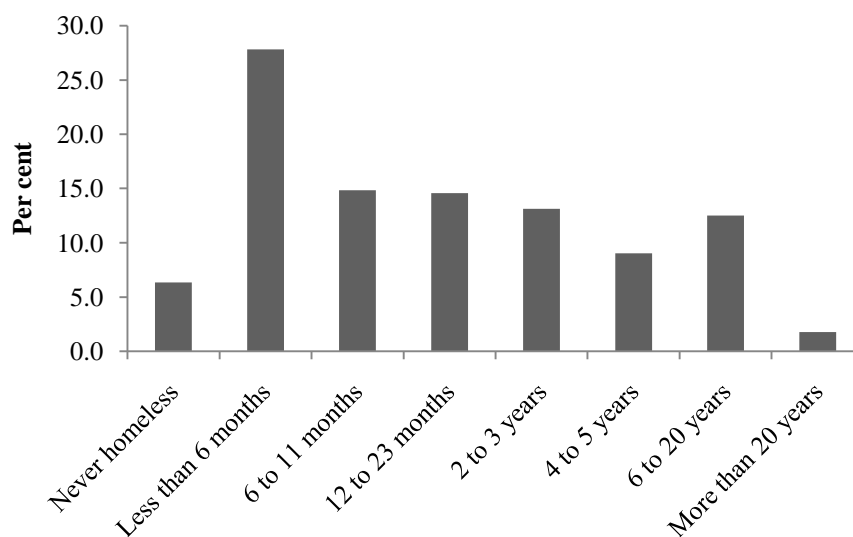
What these findings on homeless histories and those on current experiences of homelessness tell us is that our three population sub-groups are much more alike in their experiences of homelessness than we had initially anticipated. Part of this can be explained by the highly fluid nature of homelessness.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

3.4.1 Lifetime homeless durations

If respondents are cycling between homelessness and being housed, then it perhaps becomes more important to consider the total amount of time they have been homeless over their lifetime rather than to just look at their housing situation at a point in time. Summary data on respondents’ lifetime durations of homelessness are therefore presented in Figure 2.

As can be seen, for a significant proportion of the sample episodes of homelessness cover a relatively small fraction of total lifetimes, with 27 percent reporting having spent less than 6 months of their lives homeless. Nevertheless, for many others the homelessness experience is a much more protracted one. More than half of JH respondents reported having spent at least a year homeless in total over their lifetime. While it is still not possible to directly compare these findings with the literature on homeless durations discussed earlier, it does appear that our data challenge the notion that homelessness is typically a one-off, short experience. That said, it is very likely that our sampling approach will cause persons that experience brief one-off experiences of homelessness to be under-represented.

Figure 2. Cumulative homeless duration over lifetime



3.4.2 First homeless experience

The age that people first experienced homelessness is argued to have a significant effect on the length of time people are homeless. Piliavin et al. (1993), for instance, find that the younger people first become homeless, the more likely they are to become chronically homeless. In Table 8 we therefore examine whether there is a relationship between the age that respondents first became homeless and their lifetime homeless durations. Here, and in future analysis, we group respondents into three categories depending on their total lifetime homeless duration. The first group include persons experiencing homelessness for only a short period in total and include those that have been homeless for less than 6 months in total over their lifetime. The second group are those that have spent a considerable amount of time homeless over their lifetime, but not quite long enough to be yet considered the chronic homeless and include those that have been homeless for 6 months or more but less than 4 years in total over their lifetime. The third group are those we loosely consider as being the chronic homeless and include all persons that have been homeless for 4 years or more in total over their lifetime.

The first thing to note from this table is the high proportion of JH respondents who had their first experience of homelessness at a young age; over half first became homeless as children (i.e. under 18 years). A further 21 percent first became homeless before turning 25 years of age.

It is also obvious that there is a very clear negative relationship between age first homeless and lifetime homeless duration. This result is apparent even when one controls for the current age of respondents. Therefore JH does seem to support the Piliavin et al (1993) hypothesis that the younger people first become homeless, the more likely they are to become chronically homeless.

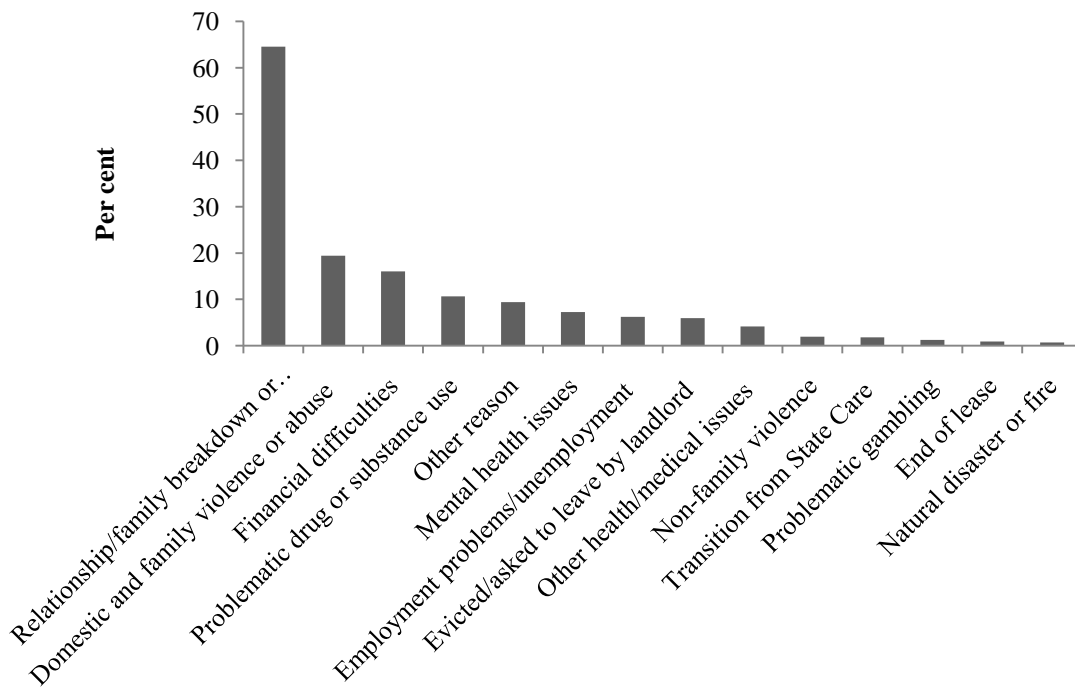
Table 8: Age first homeless by lifetime homelessness (%)

<i>Age first homeless</i>	<i>Lifetime homelessness</i>			<i>Total</i>
	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
0-14 years	13.1	16.0	32.9	19.3
15-17 years	33.9	32.0	29.9	32.0
18-24 years	23.2	20.8	17.4	20.7
25-34 years	13.1	13.5	9.8	12.5
35-44 years	9.6	10.9	8.2	9.8
45-54 years	5.8	5.1	1.4	4.4
55 years plus	1.3	1.8	0.5	1.3
Average age first homeless	22.9	22.8	19.1	22.0
Average age	29.5	31.4	36.3	31.9
Total (N)	449	682	368	1,499

JH also asks respondents to report the reasons why they first became homeless (see Figure 3 for a summary of responses). 'Relationship/family breakdown or conflict' was the most

common reason reported with 62 percent of respondents reporting this as their main reason for first becoming homeless. Nineteen percent of respondents reported that ‘Domestic and family violence or abuse’ was the main reason; 16 percent ‘financial difficulties’; and 10 percent problematic drug use or substance use.

Figure 3. Reason/s first became homeless¹



1. Note that multiple responses were allowed at this question.

4 Family history and exposure to violence

In this chapter we examine the family histories of JH respondents that have been outlined in the literature as either contributing to, or acting as protective factors from, homelessness. We examine the level of family support respondents had during their childhood, whether respondents had ever been placed in State care, whether respondents were ever exposed to violence or abuse, either during their childhood or, for adult respondents in their adulthood, and finally, whether respondents were exposed to poverty in childhood. Relationships with both current and lifetime homelessness are also examined.

4.1 Family support in childhood

Caton et al (2005) is just one of a number of studies that link the duration of homelessness to the availability or absence of adequate family support. Researchers have found that the long term homeless often come from families that have disintegrated or for whom positive relationships are non-existent. There is an obvious connection between problematic family relationships and child protection but not all people who lack family support require assistance from state care and protection systems. 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).

To gauge the levels of family support respondent's had in their childhoods they 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?

In Table 9 we examine responses to these items by both current homelessness and lifetime homelessness. Average within-group responses are presented, with the scale for the negatively worded items 'You felt that someone in your family hated you' & 'People in your family said hurtful or insulting things to you' inverted so that the scale ranges from 1 "Very often true" to 5 "Never true" for consistency. A higher value therefore reflects a more supportive environment. 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 7 family support items.

While the homeless have come from slightly less supportive family environments the difference between those homeless and the housed at the time of interview is not large. There is however a more distinct relationship between family support and lifetime homelessness duration. On each of the six items longer lifetime durations of homelessness are associated with less supportive family environments. This finding is consistent with the literature described above.

Table 9: Family support in childhood by current and lifetime homelessness¹

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
You knew there was someone to take care of you and protect you?	4.0	3.8	4.6	4.2	4.0	3.5	4.0
You felt loved?	3.8	3.6	4.4	4.0	3.8	3.3	3.8
People in your family looked out for each other?	3.7	3.6	4.5	3.9	3.7	3.2	3.7
You felt that someone in your family hated you? ²	2.7	2.6	4.2	3.6	3.2	3.1	2.7
People in your family said hurtful or insulting things to you? ²	3.0	2.9	4.0	3.1	3.0	2.8	3.0
Your family was a source of strength and support?	3.5	3.3	4.2	3.7	3.4	2.9	3.4
Average level of family support ³	21.4	20.9	26.1	22.4	21.2	18.8	21.3
Total (N)	1,242	378	101	441	677	372	1,620

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’ & ‘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 7 family support items, where the two negative items ‘You felt that someone in your family hated you’ & ‘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”.

4.2 Foster Care

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

Wave 1 of Journeys Home can offer some insights into the literature on this, but with one wave of data JH can only examine correlates of experiences in the State care and protection

system and homeless status and not causation. Just over a quarter of respondents (25.9%) had ever been placed into foster, residential or kin care (see Table 10). Respondents experiencing homelessness at the time of the interview were no more or less likely to have ever been placed into foster, residential or kin care than those who were in stable housing at that point in time. However, there does seem to be a very clear relationship 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. Among those who had been homeless for four years or more 39.8 percent had been in state care while the rate was only 11.5 percent among those who had never been homeless.

Table 10: Whether ever in State care by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Ever in State care	25.7	26.3	11.5	19.3	24.5	39.8	25.9
Never in State care	73.1	71.7	88.5	79.0	74.3	58.6	72.7
Total (N)	1,277	396	104	456	697	382	1,681

4.3 Trauma

Numerous studies have identified a link between childhood trauma and homelessness generally and long-term homeless more specifically (Calsyn and Morse 1991; Buhrich, Hodder and Teesson 2000; Zugazaga 2004; Johnson et al. 2011). Trauma is generally understood as physically and/or emotionally painful experiences that overwhelm people’s capacity to cope. Trauma can arise from a range of experiences – physical and sexual abuse by parents, step parents and/or siblings; neglect; separation from ones family of origin; time in the state care and protection system and witnessing violent acts. Childhood trauma, in particular, is thought to create difficulties for young people to form and sustain relationships with others and these difficulties often extend into adulthood.

In JH we do not measure the experience of trauma directly. However we do 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. Table 11 and Table 12 present the JH findings on experiences of these adverse experiences in childhood and adulthood respectively by current homeless status and lifetime durations of homelessness.

In Table 11 we see that it is quite common for JH respondents to have been exposed to a range of adverse childhood experiences such as neglect or emotional abuse, physical violence or sexual violence as a child. First looking at the final column, over two thirds of respondents experienced some form of neglect or emotional abuse, physical violence or sexual violence as a child. Exposure to sexual violence is less common than other forms of violence or abuse. However, even here rates of exposure are quite high with a quarter of respondents reporting that as a child they experienced sexual assault. In addition to this 13 percent of respondents opted out of this section of the questionnaire (8 % choosing to opt out of the entire violence

section, and a further 5 percent choosing not to continue with the questions on sexual violence).

Homeless respondents (column 2) were slightly more likely to have been exposed to abuse or violence as a child than the housed (column 1), but the differences across the two groups are not that large. However, there is a clear positive relationship between being exposed to these traumatic experiences and total lifetime experiences of homelessness (columns 3 to 6). Respondents with even a short duration of homelessness (i.e. a duration of less than 6 months) are much more likely to have been exposed to violence or abuse as a child than those never homeless (65% compared to 34%). Respondents with longer lifetime homeless durations are then more likely again to have been exposed to violence or abuse as children; 69 percent of those homeless for 6 months to 3 years over their lifetime and 73 percent of those homeless for 4 years or more.

In Table 12 rates of exposure to physical and sexual violence as adults are presented. Here we can see that as with experiences in childhood, violence in adulthood appears to be quite common; 63 percent of adult respondents reporting an experience of violence as an adult. While reported experiences of adult violence do not differ substantially across the homeless and housed populations, those that were homeless at the time of interview were more likely to opt out of the relevant violence and sexual violence questions, potentially suggesting a further group of respondents who have been, or are currently exposed to violence, that do not wish to discuss their situation with interviewers.

As with childhood experiences of violence, longer lifetime durations of homelessness are associated with higher rates of exposure to adult violence.

Table 11: Exposure to abuse or violence as a child by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Neglect or emotional abuse</i>							
Experienced neglect or emotional abuse as a child ¹	56.7	55.8	25.0	55.9	57.8	64.1	56.6
Did not answer violence questions	7.1	8.8	3.9	7.7	6.9	8.1	7.5
<i>Physical violence</i>							
As a child, experienced physical violence or force	58.1	57.6	26.0	55.9	60.6	65.5	58.1
Did not answer violence questions	6.9	8.6	3.9	7.7	6.7	7.6	7.3
<i>Sexual violence</i>							
As a child, experienced sexual assault	24.6	28.3	7.7	20.2	28.3	31.9	25.4
Did not answer sexual violence questions	12.7	14.4	9.6	12.9	12.1	14.4	13.2
<i>Any form of abuse or violence</i>							
Experienced some form of neglect or abuse as a child	66.4	67.2	33.7	65.1	69.3	72.5	66.6
Did not answer relevant questions	8.6	9.9	8.7	9.2	7.6	10.0	8.9
Total (N)	1,277	396	104	456	697	382	1,681

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.

Table 12: Exposure to violence and abuse as adult¹ by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
As an adult, experienced either physical or sexual violence	63.1	63.9	41.1	58.6	64.9	70.8	63.4
Did not experience violence as an adult	27.6	23.7	50.7	30.1	26.6	18.5	26.5
Did not answer questions on violence	9.3	12.4	8.2	11.3	8.5	10.6	10.1
Total (N)	1,044	355	73	345	586	367	1,406

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

4.4 Poverty in childhood

Local and international studies consistently show that children who experience persistent poverty are at greater risk of experiencing poor outcomes across a range of important measures. While studies show that childhood poverty is linked to poor physical and emotional development, lower educational achievements and less labour market success (Oberg 2003; Brooks-Gunn & Duncan 1997) there is little consensus about the size of its effect (Duncan et al 1998) and there is some debate as to whether the effects of childhood poverty matters more in terms of achievement or behaviour (Magnuson & Votruba-Dzral 2009).

Studies of childhood poverty often suggest a link with homelessness but only a few directly examine the connection. Most articles focus on the effects of homelessness on young people who are poor. For example in their study comparing homeless pre-schoolers to equally poor children who were housed Bassuk and Rosenberg (1990) found that half of the preschoolers had a least one developmental lag compared to poor but housed children. While this and other studies show that homelessness does have a detrimental impact in young people, the question of whether there is a link between childhood poverty and homelessness later in life has received less attention. Studies by Herman et al (1997) and Susser, Moore and Link (1993) 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 a physical and sexual abuse and inadequate parental care. Both studies note that the social and economic capital available to young people experiencing poverty is lower and thus can elevate the risk for a range of negative outcomes in later life including homelessness. To our knowledge no Australian study has directly examined the connection between childhood poverty and homelessness later in life.

Journeys Home provides the opportunity to examine this relationship. To capture whether respondents had experienced poverty in childhood they are asked to recall whether their parents/principle caregivers ever did not have enough money to buy their school books, pay for their school excursions, or pay for their school uniforms, or whether their power or telephone was disconnected because their parents/principle caregivers were unable to pay the bills on time. Table 13 presents a summary of responses to these questions by both current

homeless status and lifetime homelessness. Although the difference between the housed and the currently homeless is not great, a familiar pattern emerges when the data is analysed by the length of time people had been homeless over their lifetimes. Among those that had never experienced homelessness just under a third reported they experienced poverty in their childhood, while just over half of those who had a long experience of homelessness had experiences suggestive of childhood poverty.

Table 13: Poverty in childhood by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Experienced poverty in childhood ¹	45.6	47.0	32.7	44.1	46.5	51.8	45.9
Did not experience poverty in childhood	53.1	50.5	67.3	54.0	51.9	47.1	52.5
Total (N)	1,277	396	104	456	697	382	1,681

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.

5 Education, jobs and income

5.1 Labour market activity and education

As far back as the 1920s American sociologists Nels Anderson argued that ‘all the problems of the homeless go back in one way or another to the conditions of his work’ (Anderson, 1923:121). The nexus between employment and homelessness has commonly been viewed in terms of a ‘cause’ of homeless, rather than its persistence. This is understandable given that poverty and unemployment are common experiences among virtually everyone who experiences homelessness. 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 2 years or more). In their paper Piliavin et al (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 was associated with current or recent employment and earned income. Phelan & Link (1999) found that lower levels of educational attainment among people who reported experiences of persistent homelessness. In Australia many studies indicate that the educational attainment of the homelessness 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 durations.

Tables 14 and 15 present the highest qualification level and labour market activity, both current and historical, of JH respondents respectively. Results are provided by both current homeless status and lifetime homeless durations.

First we focus on education. We can see from Table 14 that homeless respondents have lower levels of educational qualifications than the housed. Although the proportion of the homeless with tertiary qualifications did not differ substantially to those housed, over a quarter of the homeless had only completed Yr 9 or below at school, compared to 18.5 percent of the housed. The relationship between education and lifetime homelessness is less clear. There does appear to be a very clear relationship with education levels and long-term lifetime homelessness, with the qualification levels of respondents with lifetime homeless durations of 4 years or more on average lower than either the never homeless or those with shorter lifetime homeless durations. However, for the remaining groups the relationship between education levels and lifetime experiences of homelessness do not show a clear pattern.

Turning to the labour market activity of JH respondents (Table 15) we find that current labour force activity is related to current homelessness, with homeless respondents not only less likely to be employed but also less likely to be in the labour force than the housed. There also appears to be a relationship between labour forces status and long-term lifetime homelessness, with the majority of those homeless for 4 years or more of their lives either unemployed (24%) or not in the labour force (66%). Interestingly there does not appear to be any substantial difference between the employment rates of the three remaining groups (i.e. those never homeless, homeless for less than 6 months, and homeless for between 6 months to 3 years). Attachment to the labour forces is however weaker for the group that has spent 6 months to 3 years of their lifetimes homeless.

Turning finally to respondents labour force histories, there does not appear to be any strong relationship between labour force histories and current homelessness. However, as with current labour force status, there is relationship between labour force histories and long-term homelessness. Persons spending 4 years or more of their lifetimes homeless had spent more of their working lives outside of the labour market, either looking for work (unemployed) or completely outside of the labour force. There was no consistent pattern with the remaining groups.

Table 14: Highest education qualification by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Tertiary	28.2	27.0	25.0	29.8	29.3	23.8	27.8
Yr 12 or equivalent	11.8	9.9	11.5	12.1	13.3	6.3	11.9
Yr 10 or 11	40.6	35.9	45.2	42.3	38.9	36.4	39.5
Yr 9 or below	18.5	25.5	18.3	14.9	17.5	31.7	20.3
Undetermined	0.9	1.8	0.0	0.9	1.0	1.8	1.1
Total (N)	1,277	396	104	456	697	382	1,681

Table 15: Labour market activity, current and historical, by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Employed	21.6	15.4	22.1	23.5	23.2	9.7	20.1
Unemployed	30.6	27.5	35.6	34.7	30.0	24.1	29.9
Not in labour force	47.8	57.1	42.3	41.9	46.8	66.2	50.1
<i>Average proportion of time since first leaving full-time education:</i>							
Employed	0.416	0.435	0.410	0.453	0.435	0.364	0.421
Unemployed	0.310	0.302	0.318	0.308	0.299	0.318	0.308
Not in labour force	0.272	0.263	0.272	0.237	0.266	0.316	0.269
Total (N)	1,277	396	104	456	697	382	1,681

5.2 Income

In Table 16 we examine average weekly incomes and total debts of JH respondents by their current homeless status and also their lifetime durations of homelessness. Average weekly incomes do differ by current homelessness status, which reflect the higher levels of employment of the housed group. That is, the homeless receive slightly higher government payments on average, whereas average gross incomes of the housed are higher on average than those of the homeless. However, as expected *a priori* with such a disadvantaged

population overall, the differences are not large. When it comes to lifetime homelessness however, the patterns are less clear. Weekly income from government sources steadily increases as lifetime durations of homelessness increase, suggesting that persons experiencing significant periods of their lifetimes homeless are on higher payment rates than those homeless for shorter periods of time or never having been homeless at all. Gross individual and combined incomes don't appear to have any clear relationship with lifetime homelessness.

Table 17 presents further detail on JH respondents and their Centrelink payments. Consistent with the findings on employment, the homeless are more likely to be in receipt of an Income Support Payment than the housed. They are also more likely to be in receipt of the Disability Support Pension, and less likely to be on Parenting Payments (either single or partnered), or to a lesser extent, NewStart or Youth Allowances. Interestingly they are more likely to have had their payments suspended by Centrelink with almost a third of the homeless reporting a payment suspension compared to almost a quarter of the housed. The homeless also had longer average durations on Centrelink payments, spending on average almost three continuous years on Centrelink payments (compared to an average of 2.4 years for the housed) and over 70 percent of the last 5 years on payments (compared to 64% for the housed).

The table also shows that payment types vary by the duration of homelessness and that those homeless for 4 years or more are quite different to the other groups. In the first instance they are much more likely to be on Centrelink payments than the others; less than 4 percent were not on some form of Centrelink payment. They are also more likely to be on the DSP, and less likely to be on either Parenting Payments or the lower paying Newstart Allowance. This is likely to be due, at least partially, to the older average age of this group. There is also a clear positive relationship between suspensions and lifetime homeless durations ranging from 16 percent of the never homeless having had a payment suspension to 33 percent of those homeless for 4 years or more.

Also, although Centrelink payment durations are high across the board averaging at almost 3 years (149 weeks), they are clearly related to lifetime homeless durations, with those never homeless on Centrelink payments continuously for just over 2 years (118 weeks) on average, whereas those homeless for 4 years or more had on average been on payments continuously for 3.4 years (177 weeks). Likewise although time spent on Centrelink payments over the last 5 years was high, with the average respondent spending 66 percent of the last 5 years on payments. But the longer people had been homeless over their lifetimes the more likely they are to have spent a larger proportion of the last 5 years on Centrelink payments; for instance those never homeless spent less than 50 percent of the last five years on payments, whereas those homeless for 4 years or more spent 82 percent of the last 5 years on payments.

Table 16: Average incomes and debt by current and lifetime homelessness (\$)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Weekly income from government	279.3	285.0	247.0	266.0	277.3	313.2	280.5
Gross individual weekly income	397.1	380.2	378.4	387.8	411.3	373.0	393.1
Gross combined weekly income ¹	439.7	395.7	439.0	417.2	451.9	405.9	429.2
Average debt	5,710.1	5,304.3	4,866.1	5,776.5	6,207.0	4,885.7	5,612.2
Total (N)	1,277	396	104	456	697	382	1,681

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

Table 17: Centrelink payments by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Income support payment type							
Newstart/Youth Allowance	54.5	51.3	52.9	57.5	54.8	47.6	53.7
DSP	19.8	33.3	17.3	15.1	20.4	38.2	23.1
Parenting Payment	13.0	4.3	10.6	13.4	11.3	7.9	10.9
Other	2.6	4.1	3.8	5.1	1.9	2.4	3.0
Not on an income support payment	9.9	6.3	14.4	8.8	11.1	3.9	9.0
Ever had payments suspended by Centrelink	24.1	31.3	16.4	24.1	24.7	33.3	25.8
Average length of time on Centrelink payments (weeks)	126.2	152.4	117.8	132.1	144.2	177.3	149.2
Average proportion of last 5 years on Centrelink payments	0.641	0.718	0.493	0.583	0.641	0.822	0.660
Total (N)	1,277	396	104	456	697	382	1,681

5.3 Financial stress

In the final part of this section we examine the extent of financial stress JH respondents experience and whether financial stress relates in any systematic way with either current or lifetime homelessness. In the JH survey respondents are asked whether they have experienced each of the following six aspects of financial stress in the last 6 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 18 summarises the responses to these questions. In the penultimate row we also examine what proportion of respondents experienced at least one of these six indicators of financial stress. Not surprisingly, the homeless were substantially more likely to have experienced all forms of financial stress. The only exception is that they were less likely to have not been able to pay their bills on time. 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.

Responses also vary with lifetime durations of homelessness. As expected, having to go without food, having to pawn or sell something, or having to ask a welfare agency for assistance are all more common the longer a person has spent homeless over their lifetime; for example less than 10 percent of the never homeless had to go without food when they were hungry, compared to 37 percent of those homeless for less than 6 months over their lifetime, 51 percent of those homeless for between 6 months and 3 years, and 59 percent of those homeless for 4 years or more. Interestingly, however, having to ask for financial help from friends or family and not being able to go out with friends due to not being able to pay your way initially increases with lifetime durations of homelessness, but then falls again for those homeless for 4 years or more over their lifetimes. We suspect that this group either has fewer social connections or that their networks are more likely to be in a similar situation to them and therefore not able to provide assistance or to be as socially active. Also, while those never homeless are clearly more likely to have been able to pay their utilities bills on time than those with a homeless experience, those with a homeless experience are all equally as likely to have experienced this financial stress measure regardless of their total lifetime homeless experience. However one must keep in mind that this financial stress measure is not applicable to those in the most unstable housing arrangements, as they do not have utilities connections in their name.

Table 18: Financial stress by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Had to go without food when you were hungry?	42.7	57.3	9.6	37.3	51.2	59.4	46.3
Had to pawn or sell something	41.7	47.0	9.6	38.4	46.3	51.8	43.0
Asked a welfare agency for food, clothes, accommodation or money	40.4	54.3	13.5	34.0	46.8	58.6	43.8
Asked for financial help from friends or family	59.9	61.1	32.7	60.8	64.3	60.2	60.3
Could not go out with friends because you could not pay your way	60.5	64.7	35.6	61.6	65.4	62.6	61.5
Could not pay electricity, gas or phone bills on time	36.7	29.8	10.6	36.4	37.5	36.4	35.1
Yes to at least one of above	85.0	87.6	56.7	84.2	89.4	89.3	85.7
Total (N)	1,277	396	104	456	697	382	1,681

6 Health and wellbeing

6.1 Physical health

Journeys Home collects a large amount of information on short and long term physical health. As expected, the deeper is the experience of homelessness, the worse is the respondent's health. On the whole, current housing/homelessness status matters but the lifetime experience of homelessness matters more: while the never homeless exhibit fewer health problems, respondents who have been homeless for four years or more have the most health issues.

Table 19 presents summary findings on the incidence of long-term physical health conditions by current and lifetime homelessness. The first panel in the table summarises responses to the question 'Do you have any long-term health condition, impairment or disability that restricts you in your everyday activities, and has lasted or is likely to last, for 6 months or more?'

With regards to long-term health conditions, respondents were also asked whether they had ever been diagnosed by a health professional with the following range of physical health conditions: stroke; any other heart or circulatory condition, like a heart attack, angina or high blood pressure; diabetes; asthma; chronic bronchitis or emphysema; cancer; liver problems; arthritis, gout or rheumatism; epilepsy; kidney disease; hepatitis C; chronic neck or back problems; intellectual disability or acquired brain injury. Responses to these questions are summarised in the remaining panels of Table 19. Here we find a weak relationship between diagnosed health conditions overall and current homeless status, with stronger relationships for particular health conditions such as other heart or circulatory conditions, like a heart attack, angina or high blood pressure liver problems; arthritis, gout or rheumatism; chronic neck or back problems; hepatitis C and acquired brain injury.

Diagnosed health conditions are however much more apparent for those spending longer periods of time homeless in total over their lifetime than either those never homeless or those spending shorter periods of time homeless. Almost two thirds of those spending 4 years or more of their lifetimes homeless had a long-term health condition that restricted their everyday activities and three quarters had been diagnosed with at least one of the listed health conditions. In comparison, less than 40 percent of those never homeless or homeless for less than 6 months over their lifetime had a long-term health condition causing restrictions; and 49 to 58 percent of those never homeless or homeless for short durations (less than 6 months) respectively had a diagnosed health condition. The relationship between lifetime duration and diagnosed condition is most apparent for liver problems; arthritis, gout or rheumatism; hepatitis C; and chronic neck or back problems. Over a third of the long-term homeless group (i.e. those homeless for 4 years or more of their lifetimes) had been diagnosed with chronic neck or back problems. This was actually the most common diagnosed condition of this group. In contrast only 10 percent of those never homeless had chronic neck or back problems. Also 21 percent of those homeless for 4 years or more over their lifetimes have liver problems compared to 4 percent of those never homeless and under 7 percent of those homeless for short periods (less than 6 months). Likewise almost 20 percent of those homeless for 4 years or more had been diagnosed with hepatitis C, whereas none of the never homeless had been diagnosed with this condition.

Asthma and epilepsy appear as outliers showing no clear pattern between neither the current status or the lifetime experience of homelessness.

Table 19: Long-term physical health conditions by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Any long-term condition causing restrictions</i>							
Yes	47.1	54.9	37.5	38.9	49.4	62.9	48.9
No	52.9	45.1	62.5	61.1	50.7	37.1	51.1
<i>Has been diagnosed with any of the listed physical health condition/s</i>							
Yes	62.7	69.1	49.0	58.0	64.9	74.3	64.2
No	37.3	30.9	51.0	42.0	35.1	25.7	35.8
<i>Stroke</i>							
Yes	2.4	5.4	1.0	1.8	2.7	5.3	3.1
No	97.7	94.6	99.0	98.3	97.3	94.7	96.9
<i>Any other heart or circulatory condition, like a heart attack, angina or high blood pressure</i>							
Yes	11.9	17.9	8.7	11.9	13.7	16.1	13.3
No	88.1	82.1	91.4	88.1	86.3	83.9	86.7
<i>Diabetes</i>							
Yes	5.3	7.1	3.9	4.2	5.8	7.4	5.7
No	94.7	92.9	96.1	95.8	94.2	92.6	94.3
<i>Asthma</i>							
Yes	30.7	26.6	28.2	26.6	31.2	31.0	29.7
No	69.3	73.4	71.8	73.5	68.8	69.0	70.3
<i>Chronic bronchitis or emphysema</i>							
Yes	10.1	12.0	2.9	8.8	10.5	14.5	10.6
No	89.9	88.0	97.1	91.2	89.5	85.5	89.4
<i>Cancer</i>							
Yes	4.4	4.1	1.9	3.7	4.5	4.5	4.3
No	95.6	95.9	98.1	96.3	95.5	95.5	95.7
<i>Problems with your liver</i>							
Yes	9.2	13.5	3.9	6.6	7.6	21.2	10.3
No	90.8	86.5	96.1	93.4	92.5	78.8	89.8
<i>Arthritis, gout or rheumatism</i>							
Yes	12.8	19.2	6.7	12.0	13.1	20.7	14.3
No	87.2	80.8	93.3	88.0	86.9	79.3	85.7
<i>Epilepsy</i>							
Yes	4.0	4.3	4.8	2.0	3.2	8.2	4.1
No	96.0	95.7	95.2	98.0	96.8	91.8	95.9
<i>Kidney disease</i>							
Yes	4.0	5.1	0.0	2.6	3.9	7.7	4.3
No	96.0	94.9	100.0	97.4	96.1	92.4	95.7

<i>Hepatitis C</i>							
Yes	7.0	12.5	0.0	2.9	6.5	19.3	8.3
No	93.0	87.5	100.0	97.1	93.5	80.7	91.7
<i>Chronic neck or back problems</i>							
Yes	25.4	29.4	10.6	24.0	25.1	34.8	26.4
No	74.6	70.6	89.4	76.0	74.9	65.2	73.6
<i>Intellectual disability</i>							
Yes	5.2	5.6	3.9	4.4	5.2	6.8	5.3
No	94.8	94.4	96.1	95.6	94.8	93.2	94.7
<i>Acquired brain injury</i>							
Yes	3.9	6.2	2.9	3.3	3.6	6.7	4.5
No	96.1	93.8	97.1	96.7	96.4	93.3	95.5
Total (N)	1,277	396	104	456	697	382	1,681

In Tables 20 to 22 we turn to measures of current physical health. Self assessed health status is presented in Table 20. Here we see that those homeless at the time of interview had lower self assessed health than the housed, with a much higher rate (45% compared to 35%) assessing their health as ‘not good’ at the time they were interviewed. There is also a much clearer association between self assessed health and lifetime homelessness, with almost half of those never homeless declaring to be in very good health, whereas only 20 percent of the respondents who spent more than 4 years in homelessness do.

In addition to being asked about diagnosed health conditions, responses of which were presented above, respondents were also asked to report whether they had experienced a range of shorter term physical health problems including: sight problems not corrected by glasses; hearing problems; migraines; stomach ulcers; eye, ear or skin infections; pneumonia or gastro problems in the 6 months prior to being interviewed. Responses to these questions are presented in Table 21. Here we see that while there is a difference in the incidence of these problems between those currently homeless and those housed, with the homeless experiencing more health problems, the difference is not large. In fact, referring back again to Table 19, the relationship between current homelessness and these health problems is much weaker than that with diagnosed long-term health conditions. Again however, we see a much clearer relationship between lifetime homelessness and the incidence of these health problems with the long-term homeless the most likely to report having experienced each of these problems and those never homeless the least likely to.

In Table 22 we see that those currently homeless are slightly more likely to use health services in the last 6 months (i.e. see a doctor or be admitted to hospital) than their housed counterparts. Also those that have never experienced homelessness are the ones who have least often seen a doctor or went to hospital in the last 6 months (67.3% and 25%). At the opposite end, long term homeless are the ones who visited a doctor the most often (80.6%) while the currently homeless are the ones who have been mostly admitted to hospital (31.6%).

Table 20: Self assessed health by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Not good	35.0	44.8	27.9	29.3	37.0	49.9	37.3
Good	34.4	31.3	25.0	33.9	37.0	30.5	33.7
Very good	30.6	23.9	47.1	36.8	26.0	19.7	29.0
Total (N)	1,277	396	104	456	697	382	1,681

Table 21: Physical health problems in last 6 months by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Health problem in last 6 months</i>							
Yes	50.4	54.3	35.6	42.6	54.9	60.2	51.3
No	49.7	45.7	64.4	57.4	45.1	39.8	48.7
<i>Sight problems not corrected by glasses (last 6 months)</i>							
Yes	11.9	16.5	2.9	8.4	14.0	19.8	13.0
No	88.1	83.5	97.1	91.6	86.0	80.2	87.0
<i>Hearing problems (last 6 months)</i>							
Yes	10.5	12.9	3.9	9.2	10.8	15.7	11.1
No	89.5	87.1	96.2	90.8	89.2	84.3	88.9
<i>Migraines (last 6 months)</i>							
Yes	26.0	24.4	18.3	20.9	27.2	31.4	25.6
No	74.0	75.6	81.7	79.1	72.8	68.6	74.4
<i>Stomach ulcers (last 6 months)</i>							
Yes	4.9	7.9	0.0	4.4	5.8	7.9	5.6
No	95.1	92.1	100.0	95.6	94.2	92.1	94.4
<i>Eye infections (last 6 months)</i>							
Yes	3.8	4.6	1.9	3.3	4.2	4.7	4.0
No	96.2	95.4	98.1	96.7	95.8	95.3	96.1
<i>Ear infections (last 6 months)</i>							
Yes	9.5	7.7	4.8	7.7	9.1	10.7	9.1
No	90.5	92.4	95.2	92.3	90.9	89.3	90.9
<i>Skin infections (last 6 months)</i>							
Yes	11.0	15.0	9.6	9.2	11.4	17.0	11.9
No	89.0	85.0	90.4	90.8	88.6	83.0	88.1
<i>Pneumonia (last 6 months)</i>							
Yes	3.0	3.8	2.9	2.9	3.3	3.4	3.2
No	97.0	96.2	97.1	97.2	96.7	96.6	96.8

<i>Gastro problems (last 6 months)</i>							
Yes	13.1	15.3	4.8	12.3	14.2	16.2	13.6
No	86.9	84.7	95.2	87.7	85.8	83.8	86.4
Total (N)	1,277	396	104	456	697	382	1,681

Table 22: Health services usage in last 6 months by current and lifetime homelessness (%)

	<u><i>Current status</i></u>		<u><i>Lifetime homelessness</i></u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Seen doctor in last 6 months</i>							
Yes	76.1	79.1	67.3	71.3	79.7	80.6	76.8
No	23.9	20.9	32.7	28.7	20.3	19.4	23.2
<i>Admitted to hospital in last 6 months</i>							
Yes	28.0	31.6	25.0	27.4	30.4	28.7	28.9
No	72.0	68.4	75.0	72.6	69.6	71.3	71.1
Total (N)	1,277	396	104	456	697	382	1,681

6.2 *Mental illness*

Numerous studies, both in Australia and overseas, report disproportionately high rates of mental illness among the homeless, particularly among the chronically homeless. While there is a common perception that mental illness causes homelessness, Sullivan, Burnam & Koegel (2000), Craig & Hodson (1998) and Johnson & Chamberlain (2011) indicate that homelessness causes mental health issues for some people.

Table 23 presents the incidence of a range of diagnosed mental illnesses amongst our JH respondents by current homeless status and by lifetime durations of homelessness. While the incidence of mental illness does not vary substantially across the homeless and the housed, there is a very clear relationship between mental illness and lifetime durations of homelessness. Rates of mental illness are much higher for those with longer lifetime durations of homelessness, and are much lower for those that have never been homeless. Almost three quarters (71%) of those homeless for 4 years or more in their lifetime had been diagnosed with at least one of the listed mental illnesses. On the other hand, 38 percent of those never homeless had been diagnosed with at least one of the five listed mental illnesses. However, while this table clearly shows that there is a relationship between mental illness and lifetime homelessness, it cannot inform the debate on what the direction of this relationship is.

Table 23: Diagnosed mental health conditions by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Bipolar effective disorder	10.8	10.9	1.0	9.7	10.8	16.2	11.0
Schizophrenia	8.0	11.6	5.8	6.1	7.8	15.5	8.9
Depression	53.3	54.3	31.7	47.8	54.8	64.4	53.5
Post-traumatic stress disorder	19.1	21.5	7.7	19.7	18.1	26.2	19.7
Anxiety disorder	42.1	38.6	21.2	32.7	44.8	51.1	41.3
Has been diagnosed with any of the above mental health conditions	61.3	62.9	37.5	56.8	63.6	70.9	61.7
Total (N)	1,277	396	104	456	697	382	1,681

The JH survey also provides another indicator of mental health that captures respondents current levels of psychological distress, the Kessler 6 (K6). Respondents are asked to rate how much of the time over the last 4 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 on the questionnaire are rated by the respondent on a five-point scale, where responses of “none of the time” were zero to “All of the time being” yielding a score of four. Total K6 scores thus range from 0 – 24. Resulting K6 scores by current and lifetime homelessness are presented in Table 24.

Looking first at the average scores, we see that homeless respondents have a slightly higher K6 score on average, indicating they have higher levels of psychological distress. Also respondents who were never homeless have the lowest Kessler on average and long termers have the highest.

In the table we also group K6 scores into low, medium and high. A K6 score of 0-12 was considered to indicate low psychological distress, 13 to 18 medium levels of psychological distress and 19-24 high levels of distress. The distribution of these scores confirms what we found when looking at average scores. Firstly, those currently homeless are more likely to have medium to higher levels of psychological distress than the housed (34% compared to 27%). Also, levels of psychological distress appear to increase with total durations of lifetime homelessness. For instance, only 2 percent of those never homeless have K6 that indicates they have high levels of psychological distress, compared to 6 percent of those homeless for less than 6 months, 7 percent of those homeless for 6 months to 3 years and 10 percent of those

Table 24: Kessler 6 measure of psychological distress by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Average score	8.6	9.7	5.8	7.9	9.0	10.5	8.8
Low (0-12)	72.9	66.1	85.3	79.0	70.3	59.9	71.4
Medium (13-18)	20.8	24.9	12.8	15.2	22.9	30.1	21.8
High (19-24)	6.3	8.9	2.0	5.8	6.8	10.0	6.9
Total (N)	1,277	396	104	456	697	382	1,681

6.3 Life satisfaction

Life satisfaction is a measure of subjective wellbeing that has been increasingly examined by social scientists. Following this literature JH respondents were asked to indicate how satisfied they are with various aspects of their lives and with their life in general, using a rating scale ranging from 0 (“completely dissatisfied”) to 10 (“completely satisfied”).

Table 25 summarises the findings on general life satisfaction by current and lifetime homelessness. 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. These results show that there is a large association between both current and lifetime homelessness and overall satisfaction in life. Those currently homeless are on average less satisfied than the housed with an average score of 5.5 compared to that of 6.6 for the housed. Also there is a relationship between lifetime homelessness and life satisfaction with life satisfaction clearly decreasing with longer lifetime durations of homelessness. On average, life satisfaction is highest for the never homeless with an average score of 7.9, declines slightly for those with short to medium term total durations with average scores of 6.7 and 6.2 respectively, and lowest for those with long lifetime experiences of homelessness (i.e. 4 years or more) with an average score of 5.8. This reflects the declining proportion of satisfied respondents as the duration of lifetime homelessness increases - 81.7 percent of the never homeless are satisfied while just over half of respondents with long experiences of homelessness are (50.9%).

Table 25: Life satisfaction by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Average score	6.6	5.5	7.9	6.7	6.2	5.8	6.3
Not satisfied (0-5)	32.4	54.3	18.3	29.5	39.8	49.1	37.6
Satisfied (6-10)	67.6	45.7	81.7	70.6	60.2	50.9	62.4
Total (N)	1,277	396	104	456	697	382	1,681

6.4 Substance use

As with mental illness, 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 26 and 27 present the survey findings on smoking and alcohol consumption and illicit drug use respectively by current homeless status and lifetime homelessness.

Smoking, drinking at 'risky' levels and illicit drug use (including whether has ever injected these substances) are all slightly more common amongst the homeless respondents than amongst those housed. There is therefore a clear link between illicit drug use and the persistence of homelessness. However, as with the findings on mental health, we cannot yet say anything about the direction of the relationship between substance use and the duration of homelessness here.

Table 26: Smoking and alcohol consumption by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Doesn't smoke	25.5	15.4	49.0	27.2	21.1	13.4	23.0
Smokes daily	65.7	74.7	38.5	63.6	70.6	77.0	67.9
Smokes less frequently	8.6	9.1	12.5	9.2	7.9	9.4	8.7
Consumes alcohol at 'risky' ¹ levels	56.5	59.9	54.8	59.9	54.0	61.5	57.4
Total (N)	1,277	396	104	456	697	382	1,681

1. Following AIHW, 2011b we determine risk levels of alcohol consumption according to the recently revised Australian Alcohol Guidelines (NHMRC 2009). Here 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 27: Drug use by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Not used	62.8	52.5	80.8	68.2	58.7	47.6	60.3
Marijuana only	24.8	28.8	14.4	21.3	26.4	33.5	25.7
Other illicit drugs only	2.5	4.0	1.0	3.07	3.0	3.1	3
Both marijuana and other illicit drugs	9.4	13.6	2.9	7.46	11.1	15.2	10.5
Has ever injected these substances	6.2	10.6	1.0	4.0	6.6	14.1	7.3
Total (N)	1,277	396	104	456	697	382	1,681

7 Contact with justice system

Local and international studies indicate an over-representation among the homeless population of people who have been in prison. For some people prison precedes homelessness, while for other being homeless increases the risk of incarceration. Over one third of the JH responding sample (35%) had ever been in either juvenile justice, adult prison or in remand (12% in juvenile justice, 23% in adult prison and 23% in remand) (see Table 28). People who were homeless at the time of interview were more likely to have had a history of incarceration than those who were housed (43% compared to 32%). Longer lifetime homeless durations are strongly associated with higher rates of incarceration, ranging from only 13 percent of the never homeless having spent time incarcerated to almost 60 percent of those homeless for 4 years or more over their lifetime having been incarcerated.

Table 28: Whether ever spent time in either juvenile justice, adult prison or in remand by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				<i>Total</i>
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
Ever spent time in juvenile detention, adult prison or remand	31.7	43.2	12.5	25.9	31.9	55.5	34.6
Has never spent time in detention	67.7	55.6	87.5	73.9	67.4	43.2	64.7
Total (N)	1,277	396	104	456	697	382	1,681

8 Social networks

In recent years there has been increasing interest in policy and research circles on the processes and experiences individuals encounter when they are homeless. In the past the tendency was to view the homeless as a 'friendless person isolated from all social contacts of an intimate or personal nature' (Snow & Anderson, 1993:318). To be sure, social isolation is a relatively common experience among the homeless but in focusing exclusively on isolation researchers neglected to assess the extent to which homelessness creates its own sense of belonging and distinct patterns of behaviour.

In more recent studies evidence has emerged that '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 passive and withdrawn, many people who experience homelessness are active and engaged in and with a range of social networks. Researchers have found that when people remain homeless, their mainstream social networks collapse but their social networks connections with other people experiencing homeless grow (Hawkins and 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 (Auerswald & Eyre 2002; Chamberlain & Johnson 2002; May 2000; Pears & Noller 1995; Sosin et al 1990; van Doorn 2005; Wasson & Hill 1998).

There is empirical evidence to support the acculturation/adaptation argument. Piliavin et al (1996: 48) found reduced exit rates were correlated with increased acculturation. Similarly, Snow & Anderson (1993); Johnson et al (2008) and others describe how people immersed in the homeless subculture have great difficulty getting out of homelessness.

In this section we seek to add to this emerging literature by examining the social networks of JH respondents and undertaking preliminary analysis of whether there are links between social networks and either current or lifetime homelessness. We also examine whether there are links between the characteristics of respondents and those of their social networks.

8.1 *Informal and formal support networks*

The JH survey provides detailed information about the support that respondents can get both from their informal network (family and friends) as well as their formal network (welfare services). Summaries of findings are presented in Table 29 to 31. Table 29 examines contact with family and friends, Table 30 looks at how helpful various formal and informal support networks are, Table 31 examines in more detail respondents assessments of their social supports, while Table 32 examines formal supports a little more by examining service usage patterns. All findings are presented by both current and lifetime homelessness.

From Table 29 it appears that even though ties with family and friends diminishes as the duration of homelessness increases, individuals more often turn to friends and family for help even when they had a long experience of homelessness. More precisely, contacts with family varies both with the homelessness current status and lifetime experience of homelessness: individuals currently homeless and individuals who have been homeless for more than 4 years often had no contacts with their family in the last 6 months (16.5% and 19.1% respectively); and, when they have contacts they are less regular: respectively 34.7 percent and 37 percent have less than weekly contacts. In comparison, only 4.8 percent of individuals

who never experienced homelessness have had no contact in the last 6 months, and 15.3 percent have less than weekly contact with their family.

Experiences of homelessness are also frequently associated with having no friends: 20.4 percent of homeless people have no friends against 14.8 percent for respondents who are not currently homeless. This link lasts over time with the proportion of individuals without friends increasing from 10.6 percent for those who never experienced homelessness to 20.6 percent for individuals who experienced homelessness more than 4 years in their lifetime. However, there is no clear link regarding the frequency of contacts in the past week.

Whatever their current status or lifetime experience of homelessness, individuals find family and friends more helpful than welfare services to talk about personal problems (see Table 30). However when they do talk to welfare services, they predominantly find them very useful. The proportion of respondents talking to welfare services increases sharply with the lifetime experience of homelessness, from 16.8 percent for those who have never been homeless to 61.9 percent for those who spent more than 4 years in homelessness. It is also worth noting that the difference between the usefulness of family and friends versus that of welfare services is smaller for homeless than non-homeless people (18.4 % vs. 37.5 %) in comparison to individuals with a long experience of homelessness than those who have never been homeless (62.4 % vs. 18.4 %).

Regarding financial assistance, most individuals do not talk to welfare services, and when they do, they do not find them useful. Again this is true whatever their current status and experience of homelessness. Interestingly, although half (49%) of people with no experience of homelessness find family and friends very helpful in this matter, those who have experienced homelessness and individuals with a long experience of homelessness mostly think that they are not helpful (42.6% and 49.7%). On the whole, welfare services seem to reach a high proportion of homeless people and provide most of them with some help for personal issues, but not with financial problems.

The way respondents feel toward others is increasingly negative with experiences of homelessness (see Table 31). Especially, people currently homeless are less likely to have someone to lean on in times of trouble than non homeless people (66.1% vs. 81.3%). Lifetime experience seems to be more frequently associated with often needing help and not getting any and feeling lonely: the differences with individuals who have never been homeless are particularly large at 27.2 and 30.6 percent points.

In Table 32 we see that service usage generally increases with the experience of homelessness. This is particular the case for services more directly involved in helping the homeless (housing, emergency relief and meals program services), where usage is higher for those currently homeless (compared to the housed) and increases with time spent homeless over a lifetime. Others increase with the amount of time spent in homelessness but are not associated with current homeless status (tenancy services, legal aid, financial support, gambling support and family violence services). This may be because these services are used predominantly before or after a homelessness experience but not during. Also, interestingly, they are actually very seldom used by individuals who have never been homeless.

Table 29: Contact with family and friends by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	Not homeless	Homeless	Never homeless	Less than 6 months	6 months to 3 years	4 years or more	
<i>Contact with family in last 6 months</i>							
No	10.7	16.5	4.8	8.8	10.7	19.1	12.1
Yes	89.3	83.5	95.2	91.2	89.4	80.9	88.0
<i>Frequency of family contact</i>							
Less than once a week	26.4	34.7	15.3	25.4	28.1	37.0	28.3
At least once a week	73.6	65.4	84.7	74.6	71.9	63.0	71.7
<i>Number of friends</i>							
Zero	14.8	20.4	10.6	13.3	16.1	20.6	16.1
At least one	85.2	79.6	89.4	86.7	83.9	79.4	83.9
Average	5.2	4.7	5.7	5.8	4.6	4.8	5.1
<i>Number of days in contact with friends last week</i>							
Zero	7.4	6.4	5.4	6.9	7.6	7.4	7.2
At least one	92.6	93.6	94.6	93.1	92.4	92.6	92.8

Table 30: Helpfulness of informal and formal networks by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	Not homeless	Homeless	Never homeless	Less than 6 months	6 months to 3 years	4 years or more	
<i>How helpful are family/friends to talk about personal problems</i>							
Very helpful	55.0	43.0	75.3	58.1	49.3	44.1	52.2
Somewhat helpful	31.0	33.3	21.8	28.3	34.7	33.3	31.5
Not helpful	14.0	23.6	3.0	13.6	16.1	22.6	16.3
<i>How helpful are family/friends when need financial assistance</i>							
Very helpful	33.4	24.0	49.0	37.5	29.6	19.8	31.2
Somewhat helpful	32.0	33.4	35.0	34.6	32.6	30.5	32.3
Not helpful	34.7	42.6	16.0	27.9	37.8	49.7	36.5
<i>How helpful are welfare services to talk about personal problems</i>							
Very helpful	17.8	24.6	12.9	15.5	19.2	25.3	19.4
Somewhat helpful	12.0	14.5	3.0	12.2	10.9	18.9	12.6
Not helpful	12.6	16.3	1.0	11.9	14.1	17.6	13.5
Do not talk to welfare services	57.6	44.6	83.2	60.4	55.8	38.1	54.6
<i>How helpful are welfare services when need financial assistance</i>							
Very helpful	10.1	12.7	4.0	12.0	8.4	14.8	10.7
Somewhat helpful	13.5	15.6	3.0	10.6	13.9	19.8	14.0
Not helpful	17.5	26.4	9.0	15.5	20.9	26.1	19.6
Do not talk to welfare services	59.0	45.4	84.0	61.9	56.7	39.3	55.8

Table 31: Social support by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Often need help but can't get any</i>							
Agree	41.2	46.4	23.3	35.2	45.1	50.5	42.4
Not agree / indifferent	58.9	53.6	76.7	64.8	54.9	49.5	57.6
<i>Often feel lonely</i>							
Agree	48.7	57.9	28.9	43.2	54.4	59.5	50.8
Not agree / indifferent	51.3	42.1	71.2	56.8	45.6	40.5	49.2
<i>Have someone to lean on in times of trouble</i>							
Agree	81.3	66.1	88.5	80.8	78.1	69.8	77.7
Not agree / indifferent	18.7	33.9	11.5	19.2	21.9	30.2	22.3
<i>Have someone who can always cheer you up</i>							
Agree	78.9	69.5	89.4	81.7	75.5	69.8	76.7
Not agree / indifferent	21.1	30.5	10.6	18.3	24.5	30.2	23.3
<i>Talking with people can make you feel better</i>							
Agree	82.8	75.3	93.2	83.5	79.7	76.7	81.0
Not agree / indifferent	17.2	24.7	6.8	16.5	20.4	23.3	19.0

Table 32: Service usage by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Used housing services</i>							
Yes	29.6	34.7	8.7	25.2	33.4	39.6	30.8
No	70.5	65.3	91.4	74.8	66.6	60.4	69.2
<i>Used tenancy services</i>							
Yes	7.1	4.8	0.0	4.9	8.5	7.1	6.6
No	92.9	95.2	100.0	95.2	91.5	92.9	93.5
<i>Used emergency relief services</i>							
Yes	32.1	46.6	7.7	24.3	38.0	51.8	35.6
No	67.9	53.4	92.3	75.7	62.1	48.2	64.5
<i>Used legal aid</i>							
Yes	18.7	18.5	8.7	19.1	18.3	22.4	18.6
No	81.3	81.5	91.4	80.9	81.8	77.6	81.4
<i>Used financial support services</i>							
Yes	6.7	6.4	0.0	7.7	5.5	8.9	6.6
No	93.3	93.7	100.0	92.3	94.5	91.1	93.4
<i>Used gambling support services</i>							
Yes	1.1	0.8	0.0	1.1	0.9	1.6	1.0
No	98.9	99.2	100.0	98.9	99.1	98.4	99.0
<i>Used a meals program</i>							
Yes	14.4	36.9	1.9	11.9	18.5	36.1	19.7
No	85.6	63.1	98.1	88.1	81.5	63.9	80.3
<i>Used family violence services</i>							
Yes	6.1	5.3	2.9	4.9	6.2	6.8	5.9
No	93.9	94.7	97.1	95.2	93.8	93.2	94.1
<i>Experienced difficulty accessing welfare services</i>							
Yes	10.1	13.3	2.0	8.2	11.3	16.3	10.9
No	89.9	86.7	98.0	91.8	88.7	83.7	89.2

8.2 Social network characteristics

In JH we have two alternative sources of information on the social network characteristics of respondents. Firstly we ask respondents about their friends' characteristics. In addition to this we also have the survey data on other respondents living in the same small geographical area ("cluster"¹), where we interpret each cluster as loosely being part of the same social network.

Survey findings on the characteristics of respondents' social networks using the first of these measures, by current and lifetime homelessness, are presented in Table 33. Here we see that

¹ There are 36 clusters containing between 31 and 81 individuals. This represents between 1.3% and 12.9% of the initial population (individuals who were identified as homeless, at risk or vulnerable) in the cluster.

the homeless status of respondents, both current and lifetime, is positively associated with having some friends that are jobless, homeless, using drugs and that have had contact with the justice system. More precisely, homeless people more often have no friends with a fulltime job (38.6%), friends with nowhere else to stay (39.7%), friends who use drugs (48.2%) and friends with some experience with the justice system. Differences are even more striking when analysing lifetime experience of homelessness. Compared with individuals who have never been homeless, individuals who spent more than 4 years in homelessness far more often have no friends in a fulltime job (41.6% vs. 25%), some friends with nowhere else to stay (43.2% vs. 12.2%), using drugs (51.1% vs. 25.9%), who spent some time in detention (19.3% vs. 3.3%) or who have been arrested or held overnight in the last 6 months (29.1% vs. 11.4%).

Table 33: Social network characteristics by current and lifetime homelessness (%)

	<u>Current status</u>		<u>Lifetime homelessness</u>				Total
	<i>Not homeless</i>	<i>Homeless</i>	<i>Never homeless</i>	<i>Less than 6 months</i>	<i>6 months to 3 years</i>	<i>4 years or more</i>	
<i>Friends with a fulltime job</i>							
None	29.2	38.6	25.0	25.7	31.3	41.6	31.3
Some	70.8	61.4	75.0	74.3	68.7	58.4	68.7
<i>Friends with nowhere else to stay</i>							
None	73.4	60.3	87.8	74.8	72.0	56.8	70.4
Some	26.6	39.7	12.2	25.2	28.0	43.2	29.6
<i>Friends who use drugs (last 6 months)</i>							
None	58.6	51.9	74.1	60.8	55.7	48.9	57.0
Some	41.5	48.2	25.9	39.3	44.3	51.1	43.0
<i>Friends ever in juvenile detention or prison</i>							
None	88.0	82.9	96.7	89.2	86.9	80.7	86.9
Some	12.0	17.1	3.3	10.8	13.1	19.3	13.1
<i>Friends arrested or held overnight (last 6 months)</i>							
None	77.8	74.3	88.6	78.6	77.5	70.9	77.0
Some	22.2	25.7	11.4	21.4	22.5	29.1	23.0

In Tables 34 to 37 the relationship between particular respondent outcomes and those of their social networks (friends and clusters) are explored in further detail. In Table 34, the correlation between labour force status of both respondents and their social networks are explored; Table 35 examines homeless outcomes; Table 36 drug use; and finally, in Table 37 we examine whether there is a relationship between incarceration rates of respondents and those of their social networks.

From Table 34 we can see that the more friends respondents have in full-time employment, the more often they are in the labour force (employed and unemployed). The association between friends' and individual's labour force status is very strong: only 34.3 percent of individuals who have more or all their friends in full-time employment are out of the labour force against 60.1 percent for individuals with no friends in fulltime employment.

When analysing the cluster, the picture is different: what matters is the labour force status of networks more than their employment status. The higher the proportion of individuals out of the labour force in the respondents' cluster, the more s/he is out of the labour force: 40 percent of respondents living in a cluster where few cluster-mates are out of the labour force are out of the labour force themselves, 52 percent in clusters where some cluster-mates are out of the labour force and 56 percent if most of them are.

In Table 33 above we saw that having homeless friends is not the norm with 29.6 percent of our sample declaring that some of their friends were homeless (i.e. had nowhere else to stay). Table 35 however shows that individuals' current homelessness status is strongly associated with that of friends' status. Precisely, all three homeless status increase with the proportion of homeless friends: on the whole, the proportion of homeless people increase from 19 percent to 40 percent as the group of friends varies from no homeless at all to all or most. Interestingly, the analysis by cluster shows that each homeless status is particularly associated with its own at the cluster level: individual primary (resp. secondary, tertiary) homelessness especially increases as the proportion of primary (resp. secondary, tertiary) homeless increases in the cluster. Additionally, it is worth noting that the proportion of respondents who are homeless increases especially when the proportion of homeless cluster-mates reaches the 4th quartile.

As expected, the association between respondents' and their friends' drug use is strong with the proportion of individuals not using drugs progressively decreasing (from 81.3% to 45.8% and 17.4%) as the proportion of their friends using drugs increases from none to most or all (see Table 36). The associations at the cluster level are lower: individual drug use increases by respectively 11 percent and 19 percent as the use of street drugs and any drugs by cluster-mates increase from few to most (against 64% for friends). Individual drug use increases the most when the cluster-mates using street drugs varies from few to some and those consuming any drugs varies from some to most.

Earlier (in Table 33) we saw that most respondents have no friends who were ever in detention (87%) or that had been arrested in the last 6 months (77%). Table 37 shows that even without friends who had contacts with the justice system, the proportion of respondents who spent some time in detention (30.4%) or were arrested in the last 6 months (12.3%) is high. However, it is even larger for those with some friends who were in contact with the justice system: 60.2% spent some time in detention and 39.7 percent were arrested in the last 6 months. At the cluster level, the proportion of respondents who had contact with the justice system increases especially when they live in clusters with the highest rates of criminality. The proportion of respondents who were ever in detention rises to 39.1 percent when living in a cluster where more than 42 percent of the other respondents were ever in detention. Similarly, they are 26.3 percent to have been arrested in the last 6 months when this proportion exceeds 23 percent at the cluster level. Also, 17.8 percent of respondents living in clusters where the proportion of other respondents who went to juvenile centre exceeds 15 percent went to a juvenile centre themselves.

Table 34: Current labour force status of respondent by that of social network (%)

A. Friends in fulltime employment				
	None	Few / some	All / most	Total
Employed full-time	3.9	7.4	13.5	8.5
Employed	14.1	21.2	28.6	21.6
Unemployed	25.9	30.4	37.1	31.4
Not in the labour force	60.1	48.4	34.3	47.0
B. Cluster members in fulltime employment				
	Few	Some	All / most	Total
Employed full-time	7.4	9.5	5.0	7.9
Employed	18.3	22.5	16.8	20.0
Unemployed	30.1	30.6	28.3	29.9
Not in the labour force	51.7	47.0	54.9	50.1
C. Cluster members employed				
	Few	Some	All / most	Total
Employed full-time	10.5	7.1	6.6	7.9
Employed	20.7	19.1	21.2	20.1
Unemployed	29.3	29.9	30.5	29.9
Not in the labour force	50.0	51.0	48.3	50.1
D. Cluster members unemployed				
	Few	Some	All / most	Total
Employed full-time	7.9	7.0	9.8	7.9
Employed	18.9	19.9	21.8	20.1
Unemployed	29.4	29.3	31.5	29.9
Not in the labour force	51.7	50.8	46.7	50.1
E. Cluster members not in the labour force				
	Few	Some	All / most	Total
Employed full-time	8.3	7.2	8.8	7.9
Employed	21.7	19.9	18.6	20.1
Unemployed	38.1	27.8	25.3	29.9
Not in the labour force	40.2	52.3	56.1	50.1

Note: For the cluster measures, cluster areas are first ranked based on the proportion of respondents in that area with that outcome. “Few” then refers to the first quartile (the bottom 25% of clusters where the outcome is the lowest); “Some” to the second and third quartiles (the next 50% of clusters where the outcome is medium); and “All/most” to the fourth quartile (the top 25% of clusters where the outcome is the highest).

Table 35: Current homeless status of respondent by that of social network (%)

A. Friends homeless				
	None	Few / some	All / most	Total
Primary homeless	1.0	2.4	8.4	2.1
Secondary homeless	8.0	10.7	14.9	9.3
Tertiary homeless	10.1	11.1	16.2	11.0
Not homeless	80.9	75.8	60.4	77.6
B. Cluster members primary homeless				
	None	Some		Total
Primary homeless	0.7	4.5		2.6

Secondary homeless	8.4	9.1		8.7
Tertiary homeless	10.9	14.0		12.4
Not homeless	80.0	72.5		76.3
C. Cluster members secondary homeless				
	Few	Some	All / most	Total
Primary homeless	0.7	3.9	1.7	2.6
Secondary homeless	8.5	6.8	12.9	8.7
Tertiary homeless	10.4	10.5	18.3	12.4
Not homeless	80.3	78.8	67.1	76.3
D. Cluster members tertiary homeless				
	Few	Some	All / most	Total
Primary homeless	4.6	1.5	2.7	2.6
Secondary homeless	8.6	8.1	10.1	8.7
Tertiary homeless	5.3	11.0	22.4	12.4
Not homeless	81.5	79.4	64.8	76.3

Note: For the cluster measures, cluster areas are first ranked based on the proportion of respondents in that area with that outcome. “Few” then refers to the first quartile (the bottom 25% of clusters where the outcome is the lowest); “Some” to the second and third quartiles (the next 50% of clusters where the outcome is medium); and “All/most” to the fourth quartile (the top 25% of clusters where the outcome is the highest).

Table 36: Drug use of respondent by that of social network (%)

A. Friends drug use				
	None	Few / some	All / most	Total
Street drugs	4.1	17.2	35.5	14.0
Any drug	18.7	54.2	82.6	40.6
No drug	81.3	45.8	17.4	59.4
B. Cluster members drug use (street drugs)				
	Few	Some	All / most	Total
Street drugs	9.3	14.3	16.3	13.4
Any drug	33.1	40.4	44.4	39.3
No drug	67.0	59.6	55.6	60.7
C. Cluster members drug use (any drug)				
	Few	Some	All / most	Total
Street drugs	8.8	13.7	17.6	13.4
Any drug	31.0	38.1	50.2	39.3
No drug	69.0	61.9	49.8	60.7

Note: For the cluster measures, cluster areas are first ranked based on the proportion of respondents in that area with that outcome. “Few” then refers to the first quartile (the bottom 25% of clusters where the outcome is the lowest); “Some” to the second and third quartiles (the next 50% of clusters where the outcome is medium); and “All/most” to the fourth quartile (the top 25% of clusters where the outcome is the highest).

Table 37: Respondent contact with justice system by that of social network (%)

A. Friends ever in detention				
	None	Some		Total
Ever in detention	30.4	60.2		34.3
Never in detention	69.6	39.8		65.7
B. Friends arrested (last 6 months)				
	None	Some		Total
Arrested (last 6 months)	12.3	39.7		18.6
Not arrested	87.8	60.3		81.4
C. Cluster members ever in detention				
	Few	Some	All / most	Total
Ever in detention	33.6	33.3	39.1	34.8
Never in detention	66.4	66.7	60.9	65.2
D. Cluster members arrested (last 6 months)				
	Few	Some	All / most	Total
Arrested (last 6 months)	17.0	15.6	26.3	18.6
Not arrested	83.0	84.4	73.7	81.4
E. Cluster members ever in juvenile centre				
	Few	Some	All / most	Total
Ever in juvenile centre	11.6	9.3	17.8	11.9
Never in juvenile centre	88.4	90.7	82.2	88.1

Note: For the cluster measures, cluster areas are first ranked based on the proportion of respondents in that area with that outcome. “Few” then refers to the first quartile (the bottom 25% of clusters where the outcome is the lowest); “Some” to the second and third quartiles (the next 50% of clusters where the outcome is medium); and “All/most” to the fourth quartile (the top 25% of clusters where the outcome is the highest).

In summary, we see that respondents’ outcomes are highly correlated with those of their friends. This is unsurprising since individuals tend to make friends with people in similar circumstances to themselves, which is known as endogenous sorting. This is especially true for drug use and crime, which tend to be performed in groups more often than work or homelessness.

Interestingly, there are also some positive associations between individuals’ outcomes and that of other individuals at the cluster level. These associations are especially significant for the following outcomes: being out of the labour force, homelessness, drug use and contact with the justice system. This geographical grouping of similar people results from either the choices of individuals or it could be due to constraints individuals face. More generally, the relationships between respondents and their reference group (friends or cluster) could be a result of ‘peer effects’ (i.e. that their peers are influencing their behaviour) or simply reflect some endogenous sorting in friend and/or location choice. It is worth noting that the correlations are always higher with friends than with other cluster members, suggesting that either peer effects or endogenous sorting is stronger with friends. Isolating the cause of these associations will be the subject of further research, when further data become available.

9 The Road Home priority groups

In the Australian Government’s White Paper on homelessness a number of high risk subgroups were identified as priorities for the government when tackling homelessness in Australia (FaHCSIA 2008). These include Indigenous Australians, young and older homeless Australians, and persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities. In this subsection we examine the housing situation of these priority groups. The one exception however is that of older homeless Australians. As shown earlier, only 5.7percent of JH respondents were aged 55 years plus, which is too small a sample to do any meaningful analysis of this group.

To identify those exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities we simply examine whether respondents had spent any time in these situations in the last 6 months. Due to small sample numbers, we group all of these respondents into one into a combined category ‘High risk transitions’, which results in 158 respondents who have exited from at least one of these situations in the last six months.²

The housing/homeless status of each of these priority groups is summarised in Table 38. Indigenous respondents were slightly more likely to be homeless at the time of interview than the overall sample with a homeless rate of 27 percent compared to that of 24 percent for all respondents. This is largely due to Indigenous respondents higher propensity to be primary homeless, and to a lesser extent, secondary homeless.

Our young respondents (i.e. those less than 21 years of age), on the other hand, were less likely to be homeless than the overall sample with an overall homeless rate of 14.6 percent. The homeless experience for our young respondents is one of temporarily living with family or friends or ‘couch surfing’ rather than of sleeping rough or of living in boarding houses.

Almost 40 percent of JH respondents making high risk transitions were homeless at the time of interview, with respondents more likely to be in each of the three homeless groups than the average respondent. Almost a quarter were in the marginally housed group, and only 36 percent were in what we consider to be stable housing.

Table 38: Current and lifetime homelessness of the Road Home priority groups (%)

	<i>Indigenous Australians</i>	<i>Persons under 21 years</i>	<i>High risk transitions¹</i>	<i>Total</i>
Primary homeless	6.3	0.5	4.4	2.6
Secondary homeless	10.0	9.1	20.9	8.7
Tertiary homeless	10.3	5.0	13.3	12.3
Marginally housed	25.1	42.9	24.7	26.0
Stable housing	48.0	41.8	36.1	50.0
Total (N)	331	438	158	1,681

1. Respondents exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities.

² Three persons spent time in State care, 4 persons in juvenile justice, 63 persons in other correctional facilities and 100 people in health or psychiatric facilities.

10 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 wave of the JH study.

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

A key finding is that respondents' housing situation appears to vary considerably over time. Although only a minority of the total sample were what we considered to be homeless at the time of interview, about half had experienced homelessness in the previous 6 months and over 90 percent had experienced homelessness at least once in their lifetime. We also find some early indications that many respondents are cycling in and out of homelessness over their lifetimes, and spending considerable amounts of their lifetimes in an unstable housing situation. While we suspect that the JH sample may be better at capturing persons experiencing either 'episodic' or 'chronic' forms of homelessness, a plausible alternative is that long-term homelessness is more common than previously thought.

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

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

There are a number of key differences between those homeless at the time of interview and those 'housed'. The homeless are less likely to be employed, and have much longer income support histories. They are also slightly more likely to have been diagnosed with certain long-term health conditions and to have used health services in the last 6 months. They smoke more, are more likely to take drugs, and are slightly more likely to drink at 'risky' levels. They are also more likely experience some of the more severe forms of financial stress including having to go without food than the housed. However, the differences between the homeless at the time of interview and the housed are not large. We suspect that this is because a large group of those 'housed' at the time of interview had actually had a recent experience of homelessness.

Where we do find substantial differences in the characteristics of respondents is in relation to lifetime homeless durations. Those never homeless were much less likely to have had adverse childhood experiences such as being exposed to violence or abuse, having been placed into

State care and child protection systems or having experienced poverty in childhood, than those ever homeless, with the incidence of these experiences positively associated with longer lifetime homeless durations. The reverse is true for those having been raised in more protective family environments; those never homeless had the most supportive family environments whereas those spending long periods of their lifetimes homeless had the least supportive environments. There are also clear positive associations with lifetime homeless durations and diagnosed mental and physical illness, substance use, histories of incarceration, physical health, and labour force outcomes. To determine the direction of causality in these relationships there is a need for further research to examine respondents housing status over a longer period of time, and the precedents and consequences of homelessness. This will only become possible when we have longitudinal data.

Finally, we also see that respondents' outcomes are highly correlated with those of their friends and their broader social networks. This is unsurprising since individuals tend to associate with people in similar circumstances to themselves. This is especially true for drug use and crime, which tend to be performed in groups more often than work or homelessness. However, it is also possible that respondents' peers are influencing their behaviour, which for the homeless, may make it harder to exit homelessness. Again, this is something that can only be tested with longitudinal data.

11 References

- AIHW (2011a) *Government-funded Specialist Homelessness Services: SAAP National Data Collection Annual Report 2009–10: Australia* AIHW cat. no. HOU 246, Canberra, AIHW.
- AIHW (2011b), *2010 National Drug Strategy Household Survey Report Drug statistics series no. 25*, Cat. no. PHE 145, Canberra, AIHW.
- Auerswald, C. & Eyre S. (2002) 'Youth homelessness in San Francisco: a life cycle approach', *Social Science and Medicine*, 54: 1497-1512.
- Avramov, D. (1999) 'The state-of-the-art research of homelessness and provision of services in Europe', in D. Avramov (ed), *Coping with Homelessness: Issues to be Tackled and Best Practices in Europe*, Aldershot, Ashgate.
- Baldry, E., McDonnell, D., Maplestone, P. & Peeters, M. (2003) *Ex-prisoners and Accommodation: What Bearing Do Different Forms of Housing Have on Social Reintegration?* AHURI Final Report No. 046, Melbourne, Australian Housing and Urban Research Institute.
- Bassuk, E., Buckner J., Weinreb L., Browne A., Bassuk S., Dawson R. & Perloff J. (1997) 'Homelessness in female-headed families: Childhood and adult risk and protective factors', *American Journal of Public Health* 87(2).
- Bassuk E. & Rosenberg L. (1990) 'Psychosocial characteristics of homeless children and children with homes', *Pediatrics* 85(3):257-61.
- Blasi, G. (1990) 'Social policy and social science research on homelessness', in *Journal of Social Issues*, 46(4): pp. 207-219.
- Brooks-Gunn, J. & Duncan G. (1997). 'The effects of poverty on children.' *Children and Poverty*, 7(2): 56-71.
- Buhrich, N., Hodder, T. & Teesson, M. (2000) 'Lifetime prevalence of trauma among homeless people in Sydney', *Australian and New Zealand Journal of Psychiatry*, 34(6), 963-66.
- Burt, M. (1999) 'US homeless research during the 1980s and early 1990s: approaches, lessons, and methodological options', in D. Avramov (ed.), *Coping with Homelessness: Issues to be Tackled and Best Practices in Europe*. Aldershot, Ashgate: 266-93.
- Calsyn, R. & Morse, G. (1991) 'Predicting chronic homelessness', in *Urban Affairs Quarterly* 27(1): pp. 155-164.
- Cashmore, J. & Paxman, M. (2007) *Wards Leaving Care: Four to Five Years On*, Sydney, New South Wales Department of Community Service. [Available from: http://www.community.nsw.gov.au/research_centre/out_of_home_care_research.html]
- Chamberlain, C. (1999). *Counting the Homeless: Implications for Policy Development*. Canberra, Australian Bureau of Statistics.
- Chamberlain, C. & Johnson, G. (forthcoming) 'Pathways into adult homelessness', *Journal of Sociology*.
- Chamberlain, C. & Johnson, G. (2002) 'Homeless Adults: Understanding Early Intervention', *Just Policy*, 26, 28-39.
- Chamberlain, C. & Johnson, G. (2001) 'The debate about homelessness', *Australian Journal of Social Issues*, 36(1), 35-50.

- Chamberlain, C. & Mackenzie, D. (1992) 'Understanding contemporary homelessness: Issues of definition and meaning', *Australian Journal of Social Issues*, 27(4), 274-97.
- Chamberlain, C. & D. Mackenzie (2003). *Counting the Homeless 2001*. Canberra, Australian Bureau of Statistics.
- Chamberlain, C. & Mackenzie, D. (2008) *Counting the Homeless 2006*, Canberra, Australian Bureau of Statistics.
- Craig, T. & Hodson, S. (1998) 'Homeless youth in London: Childhood antecedents and psychiatric disorder', *Psychological Medicine*, 28(6), 1379-1388
- Culhane, D. & Kuhn, R. 1998, 'Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia', *Journal of Policy Analysis and Management*, 17(1), 23-44.
- Culhane, D., Metraux, S. & Raphael, S. (2000) *The Prevalence of Homelessness in 1998: Results from the Analysis of Administrative Data in Nine US Jurisdictions*, Philadelphia, Centre for Mental Health Policy and Services Research.
- Duncan, G., Yeung, W., Brooks-Gunn, J. & Smith, J. (1998). 'How much does childhood poverty affect the life chances of children?' *American Sociological Review*, 63: 406-423.
- Edgar, B. & Meert, H. (2006). *Fifth Review of Statistics on Homelessness in Europe*, European Federation of National Organisations Working with the Homeless, Brussels.
- FaHCSIA (2008) *The road home: A national approach to reducing homelessness*. Canberra, Department of Families, Housing, Community Services and Indigenous Affairs.
- Fitzgerald, S., Shelley, M. & Dail, P. (2001). 'Research on Homelessness: Sources and Implications of Uncertainty', in *American Behavioural Scientist* 45(1): pp. 121-148.
- Flatau, P., Zaretsky, K., Brady, M., Haigh, Y. & Martin, R. (2008) *The Cost Effectiveness of Homelessness Programs: A First Assessment*, AHURI Final Report No. 119, Melbourne, Australian Housing and Urban Research Institute.
- Hawkins, R. and C. Abrams (2007). 'Disappearing acts: The social networks of formerly homeless individuals with co-occurring disorders.' *Social Science and Medicine*, 65: 2031-2042
- Herman, D., Susser, E., Struening, E. & Link, B. (1997) 'Adverse childhood experiences: Are they risk factors for adult homelessness?' *American Journal of Public Health* 87(2): pp. 249-255.
- Hoch, C. & Slayton, R. (1989) *New Homeless and Old: Community and the Skid Row Hotel*. Philadelphia, Temple University Press.
- Jencks, C. (1994) *The Homeless*. Cambridge, MA, Harvard University Press.
- Johnson, G. & Chamberlain, C. (2008a) 'From youth to adult homelessness', *Australian Journal of Social Issues*, 43(4), 563-82
- Johnson, G. & Chamberlain, C. (2008b) 'Homelessness and substance abuse: Which comes first?', *Australian Social Work*, 61(4), 342-56.
- Johnson, G. & Chamberlain, C. (2011) 'Are the homeless mentally ill?', *Australian Journal of Social Issues*, 46(1), 29-48
- Johnson, G., Gronda H. & Coutts S. (2008) *On the Outside: Pathways in and out of homelessness*, Melbourne, Australian Scholarly Press.

- Johnson, G., Parkinson, S., Tseng, Y., & Kuehnle, D. (2011) *Long Term Homelessness: Understanding the Challenge – 12 months Outcomes from the Journey to Social Inclusion Pilot Program*, Sacred Heart Mission, St Kilda.
- Kelly, E. (2006) *Use of SAAP Services by People Living in Public Housing*, Melbourne, Hanover Welfare Services.
- Kemp, P., Neale, J. & Robertson, M. (2006) 'Homelessness among problem drug users: prevalence, risk factors and trigger events', *Health and Social care in the Community*, 14(4), 319-28.
- Koegel, P., Melamid, E. & Burnam, A. (1995) 'Childhood risk factors for homelessness among homeless adults', *American Journal of Public Health*, 85(12), 1642-49.
- Kolar, V. (2004) *Home First: A Longitudinal Study of Outcomes for Families Who Have Experienced Homelessness – Final Report*, Melbourne, Hanover Welfare Services.
- Kuhn, R. & Culhane, D. (1998) 'Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data', *American Journal of Community Psychology*, 26(2), 207-32.
- La Gory, M., Ritchey, F. & Fitzpatrick, K. (1991) 'Homelessness and Affiliation', *The Sociological Quarterly* 32(2), 201-218.
- MacKenzie, D. (2012) 'Homelessness: Definitions' in Smith, S (ed) *International Encyclopaedia of Housing and Home*, Oxford: Elsevier.
- Magnuson, K. & Votruba-Drzal, E. (2009). 'Enduring influences of childhood poverty.' *Focus* 26(2), 32-37
- Mallett, S., Rosenthal, D., Keys, D. & Averill, R. (2010) *Moving Out, Moving On: Young People's Pathways In and Through Homelessness*, London and New York, Routledge.
- Mallett, S., Rosenthal, D. & Keys, D. (2005) 'Young people, drug use and family conflict: Pathways into homelessness', *Journal of Adolescence*, 28(2), 185-99.
- May, J. (2000) 'Housing Histories and Homeless Careers: A Biographical Approach', *Housing Studies*, 15(4), 613-638.
- Neale, J. (2001) 'Homelessness amongst drug users: A double jeopardy explored', *The International Journal of Drug Policy*, 12(4), 353-69.
- Neil, C. & Fopp, R. (1992) *Homelessness in Australia: Causes and Consequences*. Melbourne, CSIRO.
- Nooe, R. & Patterson, D (2010) 'The Ecology of Homelessness', *Journal of Human Behavior in the Social Environment*, 20(2), 105-152.
- Oberg, C. (2003). 'The impact of childhood poverty on health and development', *Healthy Generations*, 4(1), 1-3.
- Parkinson, S. (2003) *Women Experiencing Homelessness: A Gender Analysis of Victorian SAAP Data Collection*, Melbourne, Hanover Welfare Services.
- Pears, J. & Noller, P. (1995) 'Youth homelessness: abuse, gender, and the process of adjustment to life on the streets', *Australian Journal Of Social Issues* 30(4): pp. 405-424.
- Piliavin, I., Sosin, M., Westerfelt, A. & Matsueda, R. (1993) 'The duration of homeless careers: An exploratory study', *Social Service Review*, 67(4), 576-598.
- Roman, N. & Wolfe, P. (1997) 'The relationship between foster care and homelessness', *Public Welfare*, 55(1), 1-10.
- Rossi, P., Wright, J., Fisher, G. & Willis, G. (1987) 'The urban homeless: Estimating the composition and size', *Science*, 235(4794), 1336-41.

- RPR Consulting (2003) *Longitudinal Survey of Reconnect Clients: Statistical Report of the Longitudinal Survey of Reconnect Clients*, Canberra, FaHCSIA. [Available from: http://www.fahcsia.gov.au/sa/housing/pubs/homelessyouth/reconnect_longitudinal_survey2003.]
- Sadowski, L., Kee, R., Vanderweele, T. and Buchanan, D. 2009, 'Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial', *Journal of the American Medical Association*, 301(17), 1771-78.
- Snow, D. & Anderson, L. (1993) *Down on their Luck: A Study of Street Homeless People*, Berkeley, University of California Press.
- Sosin, M., Piliavin, I., & Westerfelt, H. (1990) 'Toward a Longitudinal Analysis of Homelessness', *Journal of Social Issues*, 46(4), 157-74.
- Sullivan, G., Burnam, A. & Koegel, P. (2000) 'Pathways to homelessness among the mentally ill', *Psychiatry Psychiatric Epidemiology*, 35(10), 444-50.
- Susser, E., Moore, R. & Link, B. (1993). 'Risk factors for homelessness', *American Journal of Epidemiology*, 15, 546-556
- Thomson Goodall Associates (2001) *Residents Outcomes Research Study*, Report prepared for the Interagency Working Party on Crisis Accommodation and funded by the Victorian Department of Human Services, Melbourne, Thomson Goodall Associates.
- van Doorn, L. (2005) 'Phases in the development of homelessness – a basis for better targeted service interventions', *Homeless in Europe*, Winter, 14-17.
- Wallace, S. (1965) *Skid row as a way of life*, Totowa, NJ, Bedminister Press.
- Walsh, T. (2011) *Homelessness and the Law*, Annandale (NSW), The Federation Press.
- Wasson, R. & Hill, P. (1998) 'The process of becoming homeless: An investigation of female headed families living in poverty', *Journal of Consumer Affairs*, 32(2), 320-342.
- Wooden, M., Bevitt, A., Chigavazira, A., Greer, N., Johnson, G., Killackey, E., Moschion, J., Scutella, R., Tseng, Y., Watson, N. (2012) 'Introducing Journeys Home', *Australian Economic Review*, 45(3), forthcoming.
- Wong, Y. & Piliavin, I (1997). 'A dynamic analysis of homeless-domicile transitions', *Social Problems*, 44(3): pp. 408-423.
- Ziesemer, C., Marcoux, L. & Marwell, B. (1994) 'Homeless children: Are they different from other low-income children', *Social Work*, 39(6), 658-68.
- Zlotnick, C., Kronstadt, D. & Klee, L. (1998) 'Foster care children and family homelessness', *American Journal of Public Health*, 88(9), 1368–70.
- Zugazaga, C. (2004) 'Stressful life event experiences of homeless adults: A comparison of single men, single women and women with children', *Journal of Community Psychology*, 32(6), 643-54.