THE UNIVERSITY OF MELBOURNE

FACULTY OF BUSINESS & ECONOMICS

Journeys Home Research Report No. 3

Findings from Waves 1 to 4: Development of a Homelessness Typology

Guy Johnson, Julie Moschion, Rosanna Scutella, Yi-Ping Tseng and Mark Wooden

Version 2: August 2014

MELBOURNE INSTITUTE®
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Journeys Home

The Journeys Home Survey is funded by the Australian Government Department of Social Services

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Report prepared for the Australian Government Department of Social Services

By Guy Johnson, Julie Moschion, Rosanna Scutella, Yi-Ping Tseng and Mark Wooden

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Executive Summary

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

This Research Report, the third in our series, presents overall findings from the first four waves of the JH study, which were conducted over the periods September to November 2011, March to May 2012, September to November 2012 and March to May 2013 respectively.

The three key aims of this research report are to:

(i) examine respondents' homelessness-housed transitions over the first four waves of the survey;
(ii) develop and test a typology based on housing instability and experiences of homelessness;
(iii) use the typology to examine service usage patterns and how this might vary among JH respondents.

Homelessness-housed transitions

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

The vast majority of JH respondents were housed at each point in time. Indeed, only 27 per cent of JH respondents were homeless at their first interview, whereas about one in two were in what looked to be stable housing. By waves 2 and 3 the proportion of respondents who were homeless had declined to 22 per cent, and by wave 4 it had declined again, albeit slightly, to 20 per cent.

When examining respondents' transitions between homelessness and being housed at each interview we find that 50 per cent had not experienced homelessness at any wave, 6 per cent experienced homelessness at every wave and 30 per cent had transitioned between homelessness and housing. Although the majority of respondents were housed at each interview, it is clear from these figures that there is churning within the homeless population.

However, these are point-in-time figures and they obscure changes in housing circumstances that occur between waves. When we examined the respondents' housing transitions over the entire survey period we found evidence that respondents' housing situation varies considerably over time. Relative to the overall population, JH respondents move a lot. Also their experience of homelessness is far more widespread than point-in-time estimates suggest with episodes of homelessness a common occurrence for JH respondents.

A typology of the homeless

In this report we use cluster analysis to develop a typology of housing instability where we group individuals according to the following two dimensions:

- number of places lived in since the start of JH (top-coded at 10); and
- proportion of time homeless over the survey period.

We end up with 6 distinct groups:

1. Stable housed (n=518)
2. Stable homeless, with friends or family (n=192)
3. Stable homeless, other (n=152)
4. Moderate instability, homeless (n=225)
5. Chronic instability, homeless (n=156)
6. Undetermined (n=82)

Characteristics of the groups

The overall level of disadvantage of JH respondents is high. In general respondents are likely to have physical health conditions and most have experienced serious psychological distress at some point during the JH study. Many people have experienced mental health problems at some point in their lives and most have relied on some form of government income support for a substantial amount of time. Crucially, most people report they have been under considerable financial stress throughout the entire 2 year study period.

However, while disadvantage is pervasive, it is clear that the greater the level of housing instability reported by the respondents, the poorer their circumstances are across a range of measures.

Group 1 are the most stable and there are more women living with their children in this group. While they report lower levels of psychological distress, the majority report they are always under serious financial stress.

Respondents in group 2 are typically younger people living with family and friends. In many ways their circumstances are much better than people in the other 'homeless' groups – they have spent the least time homeless, are the least likely to report long-term health conditions, mental health problems, or to use illicit drugs on a weekly basis.

People in group 3 are the oldest. They are typically quite stable, with most being long-term boarding house residents, although a significant minority have slept rough more or less continuously throughout the study. Given their age it is no surprise that their physical health is poor. They are also quite disconnected and isolated and have limited social networks.

While groups 1, 2 and 3 are all relatively stable (in that they don't move residence very much), groups 4 and 5 are not. And, while we do not have information of the housing circumstances of group 6, they exhibit similar characteristics to groups 4 and 5, suggesting their housing circumstances are unstable as well. The most unstable group, group 5, is the most disadvantaged of all – their health is poor, a significant number were exposed to violence or abuse as children, and more of them report that they have experienced serious psychological distress than any other group. Not surprisingly, they have been homeless the

longest prior to JH and more people in groups 4, 5 and 6 report illicit drug use during JH. The high rate of violence experienced by people in groups 4 and 5 during JH emphasises the extreme vulnerability of people who do not have stable accommodation.

Service usage patterns

When we analysed service use data a consistent pattern emerged – service usage was highest among the most unstable groups (groups 4 and 5). With respect to the use of health services, we found that more people in group 5 had visited a GP, a doctor in hospital, a mental health practitioner or a dentist.

In general, there is a high level of contact with the criminal justice system among JH respondents. However, when we examine contact with the justice system by group we see a familiar pattern – whether it be contact with the police on the street, being approached by the police or held overnight, the proportion is always highest among the more unstable groups. Similarly, over one half of the chronically unstable had been to court and about one fifth had a non-custodial sentence, which is about twice the rates reported in the more stable groups (1, 2 and 3).

Finally, not only do more people in unstable housing circumstances use services, but the analysis revealed that, in the case of welfare services such as housing, tenancy, meals and similar type services, they typically use them more often. This pattern is also observed with employment services, with the most unstable not only the most likely to report receiving support with standard job search, but also much more likely to receive the more intensive and personalised types of support.

1 Introduction

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

This Research Report, the third in our series, presents overall findings from the first four waves of the JH study, which were conducted over the periods September to November 2011, March to May 2012, September to November 2012 and March to May 2013 respectively.

The three key aims of this research report are to:

(i) examine respondents' homelessness-housed transitions over the first four waves of the survey;
(ii) develop and test a typology based on housing instability and experiences of homelessness over time;
(iii) use the typology to examine service usage patterns and how this might vary among JH respondents.

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

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

A key focus of this report is on patterns of service usage among JH respondents. There is limited information on the way that vulnerable and homeless households use health, justice and welfare services and whether patterns of service usage vary. Understanding patterns of service use not only has important implications for program design but it also has important cost implications.

The report is structured in the following way. Information about the JH sample, including a brief description of response outcomes in the first four waves is provided in Chapter 2. In Chapter 3 we examine respondents' experiences of homelessness over the survey period, making a distinction between point-in-time transitions and their experiences over the entire survey period (which equates to a 2 year period on average). In Chapter 4 we develop a typology of housing instability that allows us to further examine the factors related to various

homeless-housing trajectories. Chapter 5 starts by examining the characteristics of each group identified in our typology starting with their demographic profile, histories of homelessness, substance use patterns and their physical and mental health. It concludes with an analysis of their social networks and their employment circumstances and incomes. In Chapter 6 we focus explicitly on service usage patterns of our groups based on their homeless experience. Finally, concluding comments are provided in Chapter 7.

2 The Journeys Home sample

2.1 Sample design and response

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

Centrelink's customer database also identifies clients who have been flagged by Centrelink staff as 'homeless' or 'at risk of homelessness' using the Homelessness Indicator that became available on 1 January 2010. The sample for Journeys Home has been selected using this Homelessness Indicator and thus comprises recipients of an income support payment that had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness'. In addition, the sample includes a group selected using statistical techniques that identify income support recipients who have not been flagged as homeless but nevertheless have characteristics similar to those who have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homelessness. The aim was to obtain responding samples of approximately equal size from each of these three groups: i) Centrelink customers flagged as 'homeless'; ii) Centrelink customers flagged as 'at risk of homelessness'; and iii) other Centrelink customers whom we identify as being vulnerable to homelessness. The sample was then clustered with only those clusters where flagged individuals were sufficiently common to ensure a viable interviewing workload retained for selection.

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

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

Attempts were made to reapproach all 1,682 JH participants in all follow up waves. Persons who were in prison or overseas during the survey period or deceased were subsequently defined as out-of-scope (n=22 in wave 2, n=44 in wave 3 and n=50 in wave 4). This left a total of 1,660 in-scope sample in wave 2; 1,638 in wave 3 and 1,632 in wave 4. In wave 2, interviews were obtained from 1,529 in-scope sample members, giving a response rate of 92.1 per cent (1,529 out of the 1,660 in-scope sample). In wave 3, interviews were obtained from 1,478 in-scope sample members, resulting in a response rate of 90.2 per cent (1,478 out

of 1,638 in scope sample). In wave 4, interviews were obtained from 1,454 in-scope sample members, resulting in a response rate of 89.1 per cent (1,454 out of 1,632 in scope sample).

Journeys Home's follow-up response rate is very high compared to many other Australian studies targeting disadvantaged populations. The Longitudinal Study of Reconnect Clients achieved a follow-up response rate of 57.1 per cent (RPR Consulting 2003), the Residents Outcomes Study achieved a re-interview rate of 40 per cent (Thomson Goodall Associates 2001), and a study of single homeless men in Sydney achieved a reinterview rate just over 40 per cent (Mission Australia, 2012). In fact, Journeys Home's response rate also surpassed Australia's general population panel survey, HILDA Survey, which successfully re-interviewed 86.8 per cent of its initial sample of respondents in wave 2 (Watson and Wooden 2010, Table 2, p. 328).

As we have seen in earlier reports (Scutella et al. 2012; Chigavazira et al. 2012), the profile of JH respondents is very different to that of the general population. Respondents are on average younger, more likely to be single, have no dependent children, Australian born and much more likely to be Indigenous Australian than the general population. JH respondents also have much lower levels of education on average and the vast majority are not in the labour force. The incidence of mental illness is also higher than that in the general population, and smoking, drinking at 'risky' levels and drug use are all more widespread.

Although very different to the general population, the characteristics of the responding sample at each wave mostly do not seem to be so different from the initial selected sample to suggest response bias is a major problem. However, in all subsequent analysis we apply weights to account for any potential non-response bias (see Melbourne Institute 2013 for a discussion of attrition and details of the construction of weights).

Table 1: Response outcomes

	Wave 1		*Wave 2*		*Wave 3*		*Wave 4*	
	N	*% of total in-scope*	*N*	*% of total in-scope*	*N*	*% of total in-scope*	*N*	*% of total in-scope*
Out-of-scope	273		22		44		50	
Non-contact	500	18.4	68	4.1	70	4.3	84	5.1
Other non-response[1]	537	19.5	63	3.8	90	5.5	94	5.8
Interviews	1,682	**61.9**	1,529	**92.1**	1,478	**90.2**	1,454	**89.1**
TOTAL in-scope	2,719	100.0	1,660	100.0	1,638	100.0	1,632	100.0
TOTAL sample issued	2,992	-	1,682	-	1,682	-	1,682	-

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

3 Experiences of homelessness

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

As with prior reports we adopt the cultural definition of homelessness to demarcate the homeless from the housed, which the Australian Bureau of Statistics used to enumerate the homeless population in 1999, 2001 and 2006 (Chamberlain 1999; Chamberlain & Mackenzie 2003 and 2008). 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.

Primary homelessness includes all people without conventional accommodation (sleeping rough, living in squats, etc.). Secondary homelessness includes people who move frequently from one form of temporary shelter to another, and includes 'couch surfing' and use of emergency accommodation (refuges, shelters, etc). 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. Note that this definition is essentially equivalent to the combination of the Centrelink definitions of 'homelessness' and 'at risk of homelessness'.

With respect to persons who were housed, we differentiate between those that are marginally housed and those that have more stable housing arrangements. 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 to, or do not know whether they can, stay there for the next three months. Those classified as stably housed include home owners and longer-term renters. For further detail on the classification of respondents' housing status see Scutella et al. (2012).

Table 2 presents statistics describing the housing status of JH respondents at each wave. Here we see that the proportion of JH respondents who were homeless had declined at each interview – 27 per cent of JH respondents were homeless at their first interview, and this had declined to 22 per cent at waves 2 and 3 and to 20 per cent at the wave 4 interview. The vast majority of JH respondents were housed at each point in time and the proportion increased at each interview – 47 per cent were in stable housing at wave 1, 54 per cent were in stable housing at wave 2, and 56 per cent were in stable housing in waves 3 and 4.

Of those homeless at either point in time, the majority were experiencing what we consider to be tertiary homelessness, with primary homelessness relatively uncommon and experienced by less than 4 per cent of respondents at any point in time. Rates of primary homelessness were, however, stable over all four waves, whereas secondary homelessness and tertiary homelessness rates declined slightly in between wave 1 and follow up waves.

Table 2: Housing status at each wave (%)

	JH wave 1	*JH wave 2*	*JH wave 3*	*JH wave 4*
Primary homeless	3.1	3.6	3.8	3.1
Secondary homeless	12.0	8.1	7.0	7.7
Tertiary homeless	12.2	10.5	11.0	9.5
Total homeless	*27.3*	*22.2*	*21.8*	*20.3*
Marginally housed	25.5	22.8	21.0	21.9
In stable housing	46.8	53.7	55.6	56.3
Total housed	*72.3*	*76.5*	*76.6*	*78.2*
Unable to determine	0.4	1.3	1.7	1.6
Total (%)	100.0	100.0	100.0	100.0
Total (N)	1,682	1,529	1,478	1,456

3.2 Housing transitions

In this section we examine the respondents housing transitions using two different approaches. We start by examining housing transitions between each of the waves at four different points in time. Following this we examine measures of housing transitions across the entire survey period in continuous time. The findings we present indicate that analysing housing transitions measured at just four points in time underestimates the extent of instability and homelessness among the JH respondents. Thus, it is important for policy makers interested in understanding the dynamic patterning of homelessness to be aware of, and understand, the difference between the two approaches.

3.2.1 Point-in-time transitions

Table 3 presents a summary of how the housing status of JH respondents, as measured at the time of each interview, has changed over the first four waves of the study. In this table we simply distinguish two states – homeless (H) and not homeless (NH). Looking first at column 1, which presents data covering the entire sample, we can see that of wave 4 respondents, 49 per cent had not experienced homelessness at any wave (NH NH NH NH), 6 per cent experienced homelessness at every wave (H H H H) and 30 per cent have transitioned between homelessness and housing. Thus, over a third (37 per cent) of respondents were experiencing homelessness at the time of at least one of their interviews. In wave 4, in addition to the 10.2 per cent that were already homeless in wave 3 (H H H H + NH H H H + H NH H H + NH NH H H), 6.1 per cent of respondents entered homelessness (H H NH H + NH H NH H + H NH NH H + NH NH NH H) while 7.1 per cent exited homelessness (H H H NH + NH H H NH + H NH H NH + NH NH H NH).[1] Although the majority of respondents were housed at each interview, it is clear from these figures that there is churning within the homeless population.

[1] The 14 per cent of undetermined cases includes all respondents with missing housing status at any of the 4 waves.

Table 3: Housing status transitions (%)

Transitions		*All (1)*	*Men (2)*	*Women (3)*	*15-24 years (4)*	*25-44 years (5)*	*45 years+ (6)*	*Indig. (7)*	*With children (8)*
H H H H		6.3	8.9	2.6	1.9	6.8	14.3	5.5	1.1
NH H H H	30.3%	1.1	1.2	0.9	0.4	1.6	1.3	1.0	0.9
H NH H H		0.9	0.9	0.7	0.2	1.1	1.7	1.1	0.6
H H NH H		0.9	1.5	0.0	0.0	1.2	2.0	0.5	0.0
H H H NH		2.3	2.3	2.4	2.5	1.2	4.9	3.0	1.2
NH NH H H		2.0	2.7	1.1	1.4	2.5	2.4	1.8	0.9
NH H NH H		0.6	0.7	0.4	0.6	0.7	0.3	0.6	0.4
H NH NH H		0.7	1.0	0.3	0.8	0.8	0.4	0.3	0.0
NH H H NH		0.7	0.7	0.6	0.6	0.8	0.5	1.1	0.0
H NH H NH		1.2	1.6	0.6	0.8	1.3	1.7	1.8	0.4
H H NH NH		2.5	3.0	1.7	1.5	2.8	3.8	3.3	0.9
NH NH NH H		3.9	3.8	4.1	4.0	4.0	3.5	5.3	4.9
NH NH H NH		2.9	2.2	3.8	3.7	1.9	3.6	3.2	2.0
NH H NH NH		3.6	3.1	4.3	5.5	2.6	2.1	3.5	2.7
H NH NH NH		7.1	6.8	7.5	6.5	7.0	8.5	6.6	7.1
NH NH NH NH		49.4	43.2	58.2	56.9	47.6	38.0	40.8	68.2
Undetermined		14.0	16.1	11.1	12.9	16.3	11.0	20.8	8.8
Total (N)		1,456	781	675	573	587	296	264	304

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

The housing transitions of men and women are presented in columns 2 and 3 of Table 3 respectively. It is clear from this table that male respondents are more likely to be homeless at any point in time than female respondents, with female respondents more likely to be in stable housing. Likewise, and consistent with the literature discussed above, female respondents are slightly more likely to transit through homelessness than male respondents. For instance, 4.3 per cent of female respondents entered homelessness in wave 2 to exit it in wave 3, whereas only 3.1 per cent men did. Likewise 3.8 per cent of female respondents entered homelessness in wave 3 to exit it in wave 4, whereas only 2.2 per cent of men did. Also, women are much less likely to stay homeless for at least 3 waves in a row: 6 per cent of female respondents do compared to over 12 per cent of males.

The former Australian Government's 2008 White Paper on Homelessness identified young and older homeless Australians as priorities for the government when tackling homelessness in Australia (FaHCSIA 2008). We therefore examine the housing transitions of JH respondents disaggregated by age groups in columns 4 to 6. Here we see that homeless rates and persistence in homeless status increase with age. For instance, while less than 2 per cent

of those aged less than 25 years were homeless in all 4 waves (HHHH), almost 7 per cent of those 25-44 years and 14 per cent of those aged 45 years or older were. Younger respondents are more likely to stay in stable housing (57 per cent over the 4 waves).

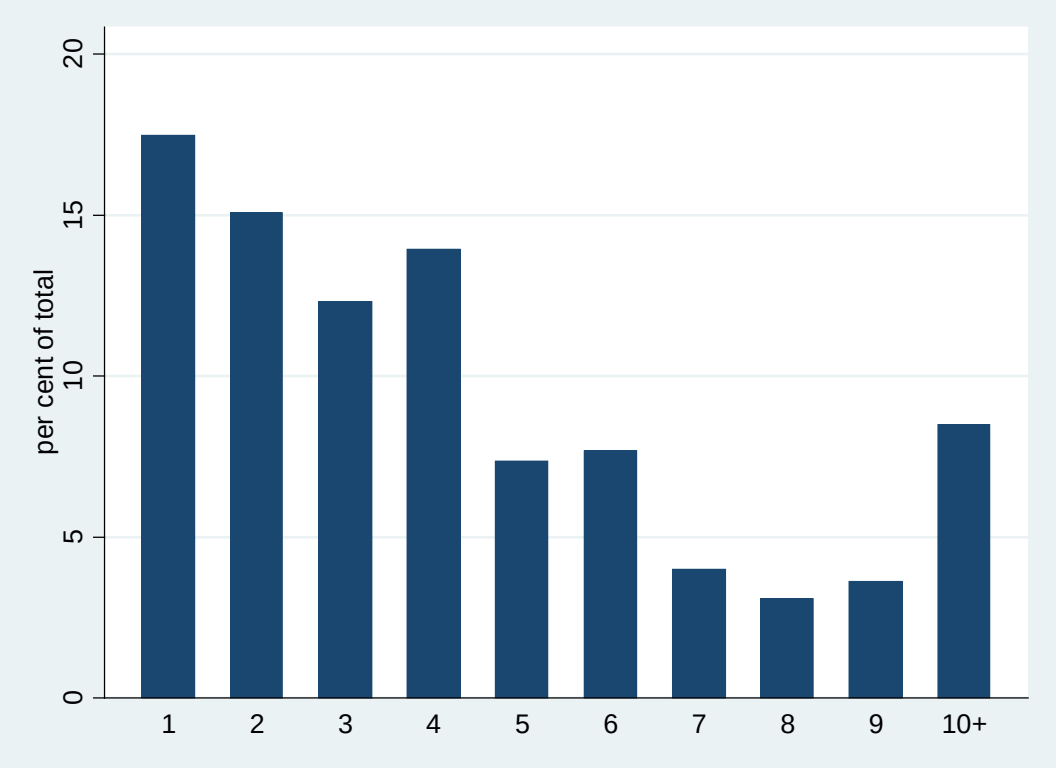
Indigenous Australians were also identified as a high risk group in the former Australian Government's 2008 White Paper on Homelessness. As shown in column 7, Indigenous respondents are no more likely to be homeless at any point in time than are respondents overall. However they do appear to be slightly more mobile between statuses: only 5.5 per cent have been homeless all 4 waves and 40.8 per cent stayed in stable housing.

Homelessness is also of particular concern when young children are involved, and so in column 8, we summarise the housing status transitions for JH respondents with dependent children. A significant majority of parents (68 per cent) are not homeless at any wave, and thus much less likely to experience any of the transitions where homelessness is involved when comparing with the total number of respondents and the other groups.

3.2.2 Continuous time transitions

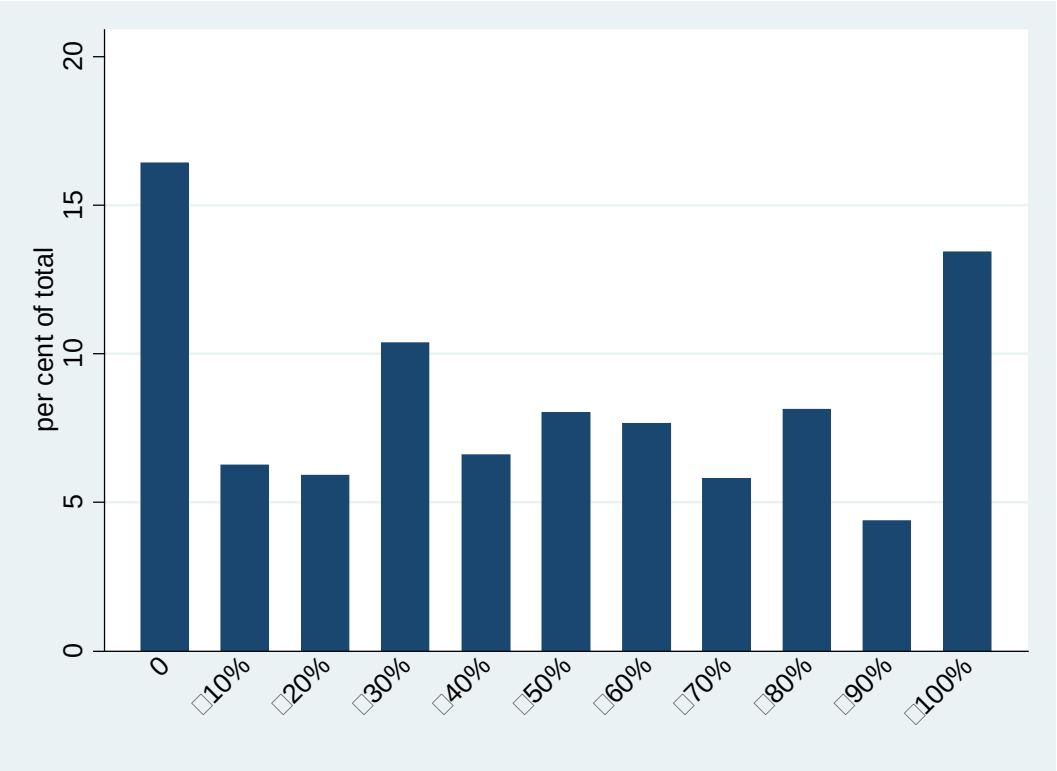
These "point-in-time" statistics provide some indication of the dynamics of homelessness but they hide all the transitions that occur in the periods between interviews. The survey instruments, however, include an "accommodation calendar" which is designed to capture all changes in housing status since the previous interview. Specifically, respondents were asked to provide the timing of all of their moves into and out of particular types of accommodation, which allows us to estimate the length of time people spent at each type of accommodation. This information is summarised in Figures 1 and 2, and provides a more complete view of the housing circumstances of JH respondents over approximately a 2 year period (i.e., from the 6 months prior to their wave 1 interview up to their wave 4 interview). As we need to observe people over this entire period the figures presented are based on the responses of people who completed all three interviews (i.e., the balanced panel).

Figure 1: Number of places lived over the survey period



Note: excludes missing observations (7 per cent of total) therefore does not sum to 100.

Figure 2: Proportion of time homeless in the last 2 years



Note: excludes missing observations (7 per cent of total) therefore does not sum to 100.

Figure 1 presents the number of places respondents lived in over the 2 year period. It should be obvious from this graph that the JH population is very mobile: fewer than one in five (17.5 per cent) JH respondents remained in the same residence over the entire period, with three quarters (75 per cent) moving at least once; 60 per cent had lived in at least three places and almost half (48 per cent) had lived in more than three different places. In comparison, population estimates show that approximately 16-17 per cent of the overall population moves each year (ABS 2010; Headey, Warren & Harding 2006).

Figure 2 presents the distribution of the proportion of time spent homeless over the survey period. This figure shows that about 22 per cent of JH respondents had not experienced homelessness or had only experienced homelessness for a very short amount of time (i.e. 10 per cent or less) over the 2 year period, while at the other end of the spectrum another 13 per cent had been homeless for more than 90 per cent of the period. This compares to 49 per cent who were not homeless at any of their interview dates and 6 per cent who were homeless at all of their interview dates (Table 3). By examining what has happened to the respondents at all time points between survey interview dates we can see that the experience of homelessness is far more widespread among JH respondents than point-in-time estimates suggest and that episodic homelessness is a common experience in our population.

4 Developing a typology of housing instability: revisiting our empirical approach

In our second research report we proposed a typology of the homeless that explicitly recognised homelessness as a dynamic condition and that people often transition in and out of the homeless population (Chigavazira et al. 2012). In that earlier report we differentiated between four different types of housing/homeless transitions: the ‘continuously housed’; the ‘continuously homeless’; homeless ‘exiters’ and homeless ‘entrants’. In that analysis we noted that we were constrained by only having two waves of data and by only looking at people’s housing/homeless status at each point in time and ignoring changes occurring between those points.

In this report, we revisit our prior empirical approach and, rather than rely on point-in-time homeless-housed transitions, we make better use of the information that we collect on housing transitions over the entire survey period.

4.1 Cluster analysis: a brief description of the method

In this report we use cluster analysis to develop a typology of housing instability where we group individuals according to specified characteristics. Ward’s hierarchical clustering method is used, which uses agglomerative linkage — i.e., each individual observation starts as its own cluster and then pairs of clusters are merged progressively. Two important choices drive the resulting typology:

- the characteristics (variables) used to build the typology; and
- the number of groups to be built.

4.1.1 Characteristics for clustering

The variables, or rather dimensions, used in the clustering should reflect the different types of homeless experiences people have had (since the clustering method forms categories that are meant to be homogenous on these dimensions). It is thus essential to identify the characteristics that differentiate between homelessness experiences. In the literature two important dimensions of the homeless experience are typically used: the frequency of homelessness episodes and their duration (Kuhn & Culhane 1998; McAllister et al. 2011). In our analysis we use the following two dimensions that are collected over the survey period:

- number of places lived in (top-coded at 10); and
- proportion of time homeless.

In common with the earlier literature we use a measure of frequency and a measure of duration. However, we adapted each measure to incorporate information that better captures stability/instability in housing and that also allows us to account for the slightly different time periods we follow people over.[2] Note that the survey period begins 6 months prior to the wave 1 interview and ends at the wave 4 interview, and thus will cover a 2 year period on average. Also as we need to observe respondents' circumstances over the entire period we restrict the analysis to those who respond in all four waves (i.e. a balanced panel).

To construct the variable capturing the proportion of time homeless, we define homelessness as any spell of accommodation that respondents spent in their parent's home, in the homes of other relatives, in the homes of friends, in a caravan, cabin or mobile home, in a boarding house or hostel, in a hotel or motel, squatting in an abandoned building, sleeping rough or in emergency or crisis accommodation. We also rescale both variables to have a mean of zero and a standard deviation of one to ensure that each variable has the same degree of influence on the resulting clusters. Finally, we group all individuals who have missing information for at least one of the two dimensions into a separate 'missing' category.

4.1.2 Choice of number of clusters

A second important decision to be made relates to the number of resulting groups to be formed by the cluster analysis. This should be chosen to maximise the homogeneity within groups but at the same time contain a sufficient number of observations to permit sufficiently disaggregated statistical analysis. The number of resulting groups is not known a priori, but rather is decided by comparing the resulting cluster groups as you move up the hierarchy. This is typically examined by the use of a dendogram, which is simply a tree diagram that shows the arrangement of the clusters produced by hierarchical clustering at each level.

Figure 3 presents the resulting dendogram from our analysis if creating four groups. The dissimilarity measure presented on the y-axis is determined by the Euclidean distance between observations within each cluster, thus the lower the dissimilarity measure is, the more homogeneous the groups are. This level of clustering yields groups of a reasonable size — the smallest has 100 respondents. At the same time, respondents within groups are quite homogenous in terms of number of moves and proportion of time spent homeless, with considerable homogeneity lost with higher levels of clustering.

[2] Other characteristics that were considered for use in the clustering procedure but did not perform as well were: duration of time homeless in the last 2 years; proportion/duration of years homeless prior to JH commencing; and homeless status at each wave.

Figure 3: Dendogram

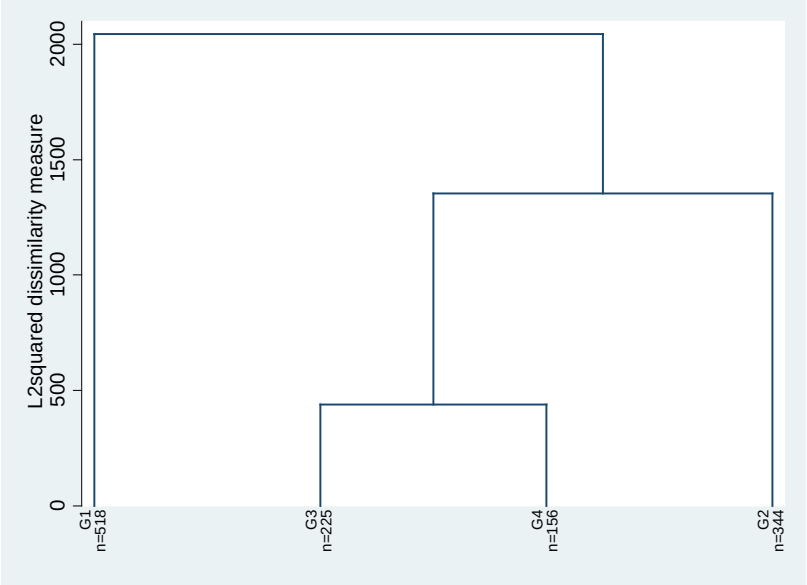


Figure 4: **Number of places lived and proportion of time homeless in the last 2 years**

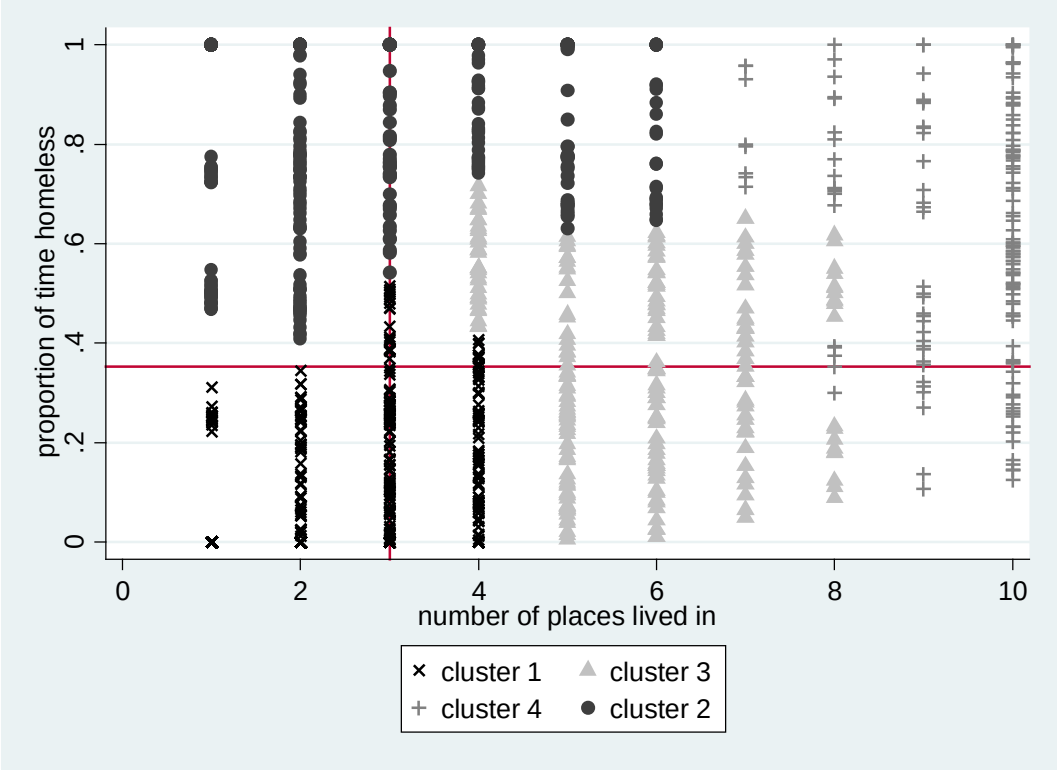


Figure 4 gives us a visual representation of the characteristics of the four groups identified by the cluster analysis, by showing where they lie on a two-way scatter plot of the two dimensions (i.e., number of places lived and proportion of time homeless).

In cluster 1, respondents have a short experience of homelessness over the 2 year period: 11 per cent of the time on average. Respondents in this group also don't move very much, living in two places over the 2 year period on average. Among this group, 4 per cent had never been homeless in their life, whether before or during the period covered by JH. Throughout the report we refer to this cluster as our typology group 1.

While cluster 2 looks relatively stable (having lived in two places on average over the 2 year period), they have spent a considerable amount of time homeless on average. On closer examination of this cluster, however, we discovered that it is made up of two very distinct sub-groups: (i) persons staying with friends and/or family for substantial amounts of time; and (ii) persons either sleeping rough over long periods of time or, and to a much greater extent, staying in boarding houses. As the circumstances of these two groups are very different, and, as we shall see in the subsequent chapters, the characteristics of these groups are also very different, we split this cluster into two groups for our typology – group 2 and group 3.

Clusters 3 and 4 in Figure 4 (which become our typology groups 4 and 5) are characterised by higher levels of mobility and higher levels of recent homelessness. Group 5 looks particularly unstable having lived in 9.4 places on average over the last 2 years and spent 61 per cent of the last 2 years homeless on average. In comparison Group 4 has lived in 5.7 places on average and spent 37 per cent of the last 2 years homeless on average.

Our final group, as noted earlier, is made up of those who have not been able to provide all of the relevant details we need to determine either the number of places that they have lived in or the proportion of time they were homeless over the survey period.

We therefore end up with 6 distinct groups, which we label as the following in all subsequent analysis:

1. Stable housed (n=518)
2. Stable homeless, with friends or family (n=192)
3. Stable homeless, other (n=152)
4. Moderate instability, homeless (n=225)
5. Chronic instability, homeless (n=156)
6. Undetermined (n=82)

5 Characteristics of typology groups

This chapter examines the characteristics of the six groups that form our typology. It starts by describing the demographic profile of each group before turning its attention to the differences and similarities between the groups' homelessness histories, their substance use patterns, and their physical and psychological well-being. Following this, the chapter examines the extent to which each group can draw on social support from their family and friends, and their employment and income characteristics. Two key points emerge from this chapter. First, the chapter re-affirms that the level of material, social, physical and emotional disadvantage across the entire Journeys Home sample is significant. Second, the less stable people's housing and the longer their cumulative experience of homelessness, the worse their situation appears to be across nearly every measure.

5.1 Demographic profile

We begin by reporting, in Table 4, summarising statistics describing selected demographic characteristics of our six groups. The first row in this table reports the average age of respondents in each group. Those who were homeless but relatively stable living with family and friends (group 2) were, on average, the youngest (28 years of age), while those who were homeless but relatively stable in boarding houses (group 3) were the oldest (39 years of age). Men make up the majority of every group, ranging from a slight majority in group 1 (50.8 per cent) to making up over three quarters of group 3 (77 per cent). Respondents in group 1 are more likely to have children (66 per cent) and also to have had children living with them over the 2 year study period (40 per cent). It is worth noting that over half of the respondents in groups 3 through to 6 have children, but among groups 3 and 6 only a small percentage (9.8 per cent and 16.6 per cent respectively) actually had children live with them during the 2 year period.

About 13 per cent of those in stable housing (group 1) had a partner at each interview, which is at least double the rate of the other groups (with the exception of group 4). Although the level of high school completion is relatively low compared to the broader community, half of the respondents in stable housing (group 1) had completed Year 12, which is a slightly higher completion rate compared to the other clusters. Overall, about one fifth of respondents are Indigenous, with those in group 6 the most likely to identify as Indigenous (30 per cent).

Around three quarters of those in groups 1 and 2 reported they lived in an urban area throughout the JH study, but the proportion drops to just over half among those in groups 5 and 6. These two groups, along with group 3, are also more likely than the others to have ever lived in a non-urban area and thus clearly experience a high degree of geographical mobility. Given that the majority of respondents in these two groups are men, we suspect that this result may, at least partly, be capturing a pattern of periodically moving to rural locations in search of seasonal work, as has been reported elsewhere (Wallace 1965; Jordon 1994).

In the literature there is a strong connection between homelessness and adverse childhood experiences such as abuse, neglect and/or time in the Child Protection system. Table 4 shows that a high proportion of respondents in each group were exposed to some form of violence or abuse during their childhood, with those in groups 4 and 5 reporting the highest rates (7.6 and 78.4 per cent respectively). However, exposure to abuse or violence in childhood appears to have little relationship with the two dimensions of housing instability used to differentiate our typology groups with a high incidence of childhood abuse or violence even among those in

more stable accommodation arrangements such as their own housing (75 per cent, group 1), living with their family or friends (70 per cent, group 2), and those who were stable but homeless (76 per cent, group 3). As we noted in earlier research reports (Chigavazira, et al. 2012; Scutella et al. 2012), local and international research indicates a connection between time in the Child Protection system, housing instability and homelessness. Such linkages are strongly evident in the JH data, with about one quarter of all JH respondents found to have spent time in State out-of-home care. We found little variation between the typology groups however, which is surprising as we expected to see a higher proportion among the more unstable groups. However, other research shows that it is actually those who experience high levels of placement instability during their time in State out-of-home care that tend to fare worse (Delfabbro et al. 2000; Cashmore & Paxman 2006). Table 4 shows that groups 4, 5 and 6, the three most unstable and disadvantaged groups, experienced the highest rates of placement instability (7 per cent, 11 per cent and 10 per cent respectively).

Table 4: Selected demographic characteristics and childhood circumstances (%)

	Typology group[a]					
Characteristics	*1*	*2*	*3*	*4*	*5*	*6*
Age	35	28	39	31	30	31
Male (%)	50.8	59.1	77.0	57.0	63.8	61.9
Ever had children (%)	65.7	39.5	53.7	57.5	53.4	52.5
Had children with them over survey period (%)	40.1	21.8	9.8	32.3	26.3	16.6
In couple throughout survey period (%)	13.1	3.4	6.3	8.6	6.0	4.7
Year 12 (%)	50.0	46.5	48.5	45.7	44.1	34.0
Indigenous	17.0	17.9	20.6	21.0	18.8	29.5
Lived in a major urban location throughout survey period (%)	73.3	75.8	69.1	65.8	54.5	56.6
Exposed to abuse/violence in childhood (%)	74.8	69.5	75.8	78.6	78.4	67.0
Ever in State out-of-home care (%)	25.3	17.0	20.0	25.0	25.6	31.5
Number of placements >=5 (%)	4.9	1.7	2.2	7.0	10.6	10.1
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

5.2 Homeless histories

The first JH report indicated that a significant majority (94 per cent) of respondents had experienced homelessness at some point in their lives (Scutella et al. 2012), and in Chapter 4 we reported that over 80 per cent had also experienced homelessness at some stage during the JH survey period. In Table 5 (below) we see that respondents' homeless histories vary between the typology groups. As we might expect, those who are in stable housing have the shortest lifetime experience of homelessness (9 per cent), while those whose situation is more unstable (groups 5 and 6), or have been long-term boarding house residents (group 3), have a much longer lifetime homelessness duration, spending on average between 12 per cent and 14 per cent of their lifetimes homeless.

In recent years there has been increased awareness that the amount of time people are homeless has important policy and program design implications. As a result, greater attention has been directed towards improving our understanding of the factors that drive variations in the amount of time people are homeless (Piliavin et al. 1993). Both local and international studies indicate a correlation between longer homeless experiences and first experiencing homelessness at a younger age (Scutella et al. 2013). When examining the age of entry into the homeless population, studies generally report on the average age (Piliavin et al. 1993) or the percentage who experienced homelessness at the age of 18 or younger (Johnson & Chamberlain 2008). We adopt the later approach but split the category into two groups based on the age first experienced homelessness – at less than 12 years of age, and between 12 and 18 years. The reasoning behind our approach is that we suspect those who had their first experience when less than 12 years of age are more likely to have been part of a family group, while those who were between 12 and 18 years of age are more likely to have experienced homelessness independently. It follows that the reasons underlying the two groups' first experience of homelessness are likely to be very different as well.

Table 5 shows that the proportion of respondents who had their first homeless experience at less than 12 years of age does not substantially vary across the groups. However, looking at the proportion of people whose first experience of homelessness was between 12 and 18 years of age, the pattern is mixed. Table 5 shows that over two thirds of those in group 6 reported their first experience of homelessness at an early age, as did over half of those in group 4 and 5. However, over half of group 2 and 42 per cent of group 1, the two least disadvantaged groups, report they became homeless between 12 and 18 years of age. Somewhat surprisingly group 3 reported the lowest rate. As might be expected the proportion is highest among the more disadvantaged groups. However, the broader point that emerges here is that the overall proportion of respondents who experienced homelessness as a young person is high. This reinforces the importance of maintaining a policy focus on preventing youth homelessness or intervening as early as possible.

Table 5: Homeless histories by group (%)

	Typology group[a]					
Characteristics	*1*	*2*	*3*	*4*	*5*	*6*
Proportion of lifetime homeless before wave 1	8.5	7.0	13.7	9.8	12.0	11.5
Age first homeless: <12 years	3.7	5.3	4.6	3.7	5.4	0.9
Age first homeless: 12-18 years	42.2	53.8	36.8	58.0	59.4	71.4
Primary homeless (All 4 waves)	0.0	0.0	6.7	0.0	0.0	0.8
Primary homeless (At least one wave)	1.8	0.0	21.0	3.6	16.1	20.3
Secondary homeless (All 4 waves)	0.1	1.8	0.0	0.0	0.7	1.0
Secondary homeless (At least one wave)	10.1	18.8	18.5	33.4	53.6	42.0
Tertiary homeless (All 4 waves)	0.2	0.0	31.2	0.3	1.3	3.1
Tertiary homeless (At least one wave)	10.5	2.4	69.7	21.6	34.3	27.6
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

Table 5 also indicates that the proportion of people who had slept rough (primary homeless) varies between groups, but here we make an important distinction between those who slept rough in at least one of their interviews over the course of the study and those who slept rough more or less continuously throughout the JH study (i.e. in all 4 waves). This is an important point because current government policy has focused considerable attention and resources on reducing the number of chronically homeless rough sleepers. However, there is some confusion in the policy literature regarding the distinction between rough sleepers and the long-term or chronically homeless – at times the two terms are conflated, while at other times they are used to identify two distinct groups. The data in Table 5 indicate that rough sleeping is far more common among those with long-term experiences of homelessness – just over 16 per cent of people in group 5 had slept rough during JH, as had 21 per cent of those in group 3. In contrast, virtually no one in groups 1 or 2 had slept rough. Although approximately one fifth of those with a history of long-term homelessness reported they had slept rough during JH, only a relatively small percentage had done so on a more or less permanent basis. In fact, the only groups that included respondents who had slept rough in all four waves of the JH study were groups 3 (the oldest group) and 6. While rough sleeping is more common among the long-term homeless, sleeping rough more or less continuously appears to be confined to a smaller group of older homeless people.

Also presented are the (point-in time) experiences of secondary and tertiary homelessness. There are two clear patterns with respect to the participants' experiences of secondary homelessness. First, the percentage of respondents who experienced secondary homelessness rises with average levels of instability, only 10 per cent of those in stable housing (group 1) experienced secondary homelessness at some point throughout the survey, whereas at the other extreme over half of those in group 5 and 42 per cent of those in group 6 had.[3] Group 5 stands out here – they are a highly mobile group and while they sleep rough occasionally, they are primarily moving between a variety of different forms of temporary accommodation, including boarding houses.

The use of boarding houses (tertiary homelessness) varies as well. Table 5 shows that between one fifth and one third of those in the most disadvantaged groups (4, 5 and 6) stayed in a boarding house during the study period but few people in groups 1 and 2 did. Among those who used boarding houses at some point in the JH study very few stayed in boarding houses on a continuous basis, except for those in group 3. In group 3 over two thirds (70 per cent) had stayed in a boarding house during JH and nearly one third had lived in a boarding house throughout the JH study period.

5.3 Health and substance use

Information on the physical and mental health characteristics of each group, as well as their substance use activity, is presented in Table 6. With respect to the respondents' physical health what is particularly striking is the high proportion of people who report they had physical health problems of some sort in the last 2 years – approximately three quarters of

[3] Note that the information taken to calculate the typology groups and that used to construct the point-in-time estimates of whether experienced primary, secondary or tertiary homelessness in all three waves or in at least one wave are taken from two very different components of the questionnaire and, at least when capturing secondary homelessness, can be inconsistent. The point in time measures use the very detailed information we collect on current accommodation type, tenure and, in the case of the secondary homeless, time spent in accommodation at the time of interview (see Scutella et al. 2012 for details). The information used to construct the typology groups is taken from the housing calendar which only captures a proxy of homelessness status.

those in groups 1, 3, 4 and over 80 per cent in group 5 have had a health problem over the survey period. And, even though the proportion declines slightly in groups 2 and 6, the overall health of the JH sample is poor. Furthermore, while most people have had a physical health problem of some sort during the study, many also report they have a long-term health condition which restricts them in some way – not surprisingly, the proportion is highest in group 3 (75 per cent), which is the oldest group, and lowest in group 2 (48 per cent), which is the youngest group.

Table 6: Selected health characteristics by group (%)

	Typology group[a]					
Characteristics	*1*	*2*	*3*	*4*	*5*	*6*
Had a health problem over survey period	77.6	65.3	74.2	75.5	82.4	66.2
Had a LT health condition causing restrictions over survey period	65.6	48.4	74.7	70.3	71.4	72.4
Ever had a mental health condition[b]	69.2	61.1	62.0	67.4	77.8	65.4
Reported serious psychological distress over survey period[c]	39.9	38.3	46.8	48.4	61.9	54.6
Reported weekly illicit drug use over survey period	4.6	3.4	8.9	5.9	19.8	14.6
Reported weekly marijuana user over survey period	28.8	24.3	43.3	40.6	55.7	31.4
Ever injected illicit drugs	20.2	14.3	28.5	27.3	30.0	19.9
Reported being a heavy drinker over survey period[d]	30.3	26.9	35.4	31.3	44.3	40.5
Dissatisfied over the survey period[e]	20.0	19.4	21.3	26.7	37.0	37.6
Smokes daily throughout survey period	50.4	49.0	66.2	56.4	66.4	49.5
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.
b. Reported having ever been diagnosed, by a health professional, with at least one of the following mental illnesses: bipolar affective disorder, anxiety disorder, depression, post-traumatic stress disorder or schizophrenia.
c. Respondents are considered to have 'serious psychological distress' if they scored between 13 and 24 on the Kessler 6 scale.
d. Respondents are considered 'heavy drinkers' if they ever drank more than 3 standard drinks at least 3 days a week.
e. Respondents are considered to be 'dissatisfied' if at any of their three interviews their overall life satisfaction was recorded as less than 4 on a scale from 0 to 10.

The proportion of respondents who indicated they had been diagnosed with a mental health condition at some point in their lives is highest in group 5 (78 per cent) and declines to 61 per cent in group 2. During the 2 year study period a significant minority of the respondents reported they experienced serious psychological distress. However, the proportion is lowest among those in some form of stable accommodation (groups 1 and 2) and highest among those in more unstable arrangements – those in group 5 report the highest level of psychological distress (62 per cent). There are many possible factors at play here, but these findings provide tentative support for a link between stable housing and psychological wellbeing, as has been reported elsewhere (Wong & Piliavin 2001). Also, interestingly we

see that severe psychological distress is less common in groups 2 and 3 than in groups 4 and 5, even though they have spent similar total amounts of time homeless over the survey period. As mentioned in Chigavazira et al (2013), this is consistent with the literature in this area which indicates that distress levels decline the longer people remain homeless. This is a subject matter that we will return to in future research reports once we can observe people over a longer period of time.

Table 6 also provides information on the substance use behaviour of the JH sample by each group. While patterns of drug use, both legal and illegal, vary between the groups, once again the overall rate of substance use is high. However, as has been reported elsewhere, illicit drug use is higher among the more unstable long term homeless (Johnson et al. 1997; Leal et al. 1998; Neale 2001). Table 6 shows that among the chronically unstable (group 5) the proportion who report weekly illicit drug use five times higher than those who are housed and nearly triple that of group 4. The high rate in group 6 provides further evidence to support the claim that group 6 is a highly disadvantaged group, closer to group 5 than any of the other groups. Many respondents indicated that they smoke marijuana on a weekly basis, although the proportion is highest in group 5 (56 per cent), which is double the rate of those in stable housing or living with their family or friends. The proportion of people who have used drugs intravenously at some stage in their lives is between 14 per cent in group 2 and increases to almost 30 per cent in groups 3, 4 and 5. Table 6 also shows that group 5 has more heavy drinkers, with almost half (44 per cent) reporting they drank alcohol heavily at some point during the study. Respondents in group 2, who are the youngest on average, were the least likely to report drinking heavily over the survey period.

5.4 Support networks

In the US and the UK a number of studies have found that the long-term homeless often lack any form of supportive family relationships (Rossi 1989; Anderson 1997; Caton et al. 2005). Supportive family relationships can be both a buffer that protects people from becoming homeless, but they are also a crucial resource that can help people get out of homelessness and thus reduce the amount of time they are exposed to the damaging effects of homelessness. In Table 7 we examine summary statistics on the support networks of each of the groups in our typology. Over the course of the study respondents were asked about the amount of contact they had with their family. Those that reported they always had less than one contact a month with their family were classified as having a broken family relationship. Group 3 had the highest proportion of people with a broken family relationship throughout the survey period (7 per cent). Groups 5 and 6 also had relatively high proportions of people with broken relationships throughout, however those in group 1, the most stable in terms of their accommodation, were just as likely to have a broken family relationship as do those in group 5 (5.7 per cent).

While supportive family relationships are a potentially important protective factor, the nature and extent of peoples' social networks can influence their experience of homelessness. People often find that when they become homeless they lose contact with their existing social networks and the longer people remain homeless the more likely they are to have social networks comprised of other homeless people (Hawkins & Abrams 2007).

Those in group 1 also have the lowest proportion of people (20 per cent) who report that all or most of their friends were homeless (had nowhere to stay during JH). This proportion almost triples to just over 45 per cent in groups 3, 5 and 6. In short, the pattern suggests that

the social networks of those with long histories of homelessness are indeed more likely to include other homeless people, a finding that is consistent with a number of other studies (Snow & Anderson 1993; Phillipson et al. 2004; Rice et al. 2005) and also our earlier research reports.

Table 7: Support and social networks by group (%)

	Typology group[a]					
Characteristics	*1*	*2*	*3*	*4*	*5*	*6*
Had broken relationship with family[b]	5.7	2.9	7.0	4.3	5.7	6.3
Felt need for support[c]	28.8	28.4	33.1	35.8	31.5	37.4
Reported all/most friends had nowhere else to stay at least once	20.2	27.7	45.2	28.1	45.6	45.5
Reported all/most friends using drugs at least once	39.0	39.5	53.1	50.4	61.2	47.6
Reported all/most friends arrested or held overnight at least once	8.1	11.8	14.3	17.5	22.4	14.9
Experienced physical violence over survey period	39.1	36.4	36.9	47.0	71.3	66.1
Experienced sexual violence over survey period	5.5	7.0	5.2	6.5	14.2	10.0
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.
b. Respondents are considered to have a 'broken relationship with family' if they consistently reported having had less than one contact a month over the course of the survey.
c. Respondents are considered to feel a 'need for support' if at any of their three interviews they simultaneously reported they: 'Often need help from others but can't get any', 'have someone to lean on in times of trouble ', 'have someone who can always cheer you up', 'often feel lonely', 'talking with people can make you feel better'.

Table 7 shows that a significant minority, around 40 per cent, of those in groups 1 and 2 report that most or all of their friends use drugs, although we do not know much about the sort of drugs their friends use, the frequency with which they use them or how much they use. When we look at the more unstable and disadvantaged clusters, we find that the proportion who report that all or most of their friends used drugs during the JH study increases to around 50 per cent for groups 3 to 6, and 61 per cent for group 5. Also the proportion of people in groups 3 to 6 who reported their friends had been arrested or held overnight during JH was substantially higher than that of the more stable groups. In short, the results presented in Table 7 imply that the social networks of the more disadvantaged groups are commonly composed of other chronically homeless or disadvantaged individuals.

A further and particularly striking indicator of the chronic vulnerability of groups 5 and 6 is the extremely high proportion of people who reported they had experienced some form of physical violence during the JH study – in both groups over two thirds had. While groups 5 and 6 report high levels, it is worth noting that just under half of group 4 and over one third of groups 1 and 2 also reported physical violence. The data tell us two things. First, compared to the general community, a disproportionate number of people in the JH sample were exposed to some form of physical violence. Second, physical violence is much more apparent in the more unstable clusters (4, 5 and 6).

To underscore the vulnerability of the people in group 5, 14 per cent reported they had experienced some form of sexual violence during JH. In comparison to the remaining clusters, both disadvantaged and stable, group 5 stands out – the percentage in group 5 who reported sexual violence is one and a half times as high as the next highest group (6), and over twice as high as the other clusters. While more women in this group experienced sexual violence, sexual violence did affect a small number of men as well (29 per cent and 6 per cent respectively).

Overall, the data in Table 7 present a consistent, albeit sobering picture. The most disadvantaged groups (3, 5 and 6) have weak family ties and what support they can draw on is often available only from equally disadvantaged people. Whether the difference between the groups reflects differences in their social networks at their point of entry into homelessness or, instead, reflects a process of sub-cultural adaptation and social exclusion, as has been suggested in a number of studies (Grigsby et al. 1990; Snow & Anderson 1993; Rice et al. 2005; Hawkins & Abrams 2007; Johnson et al. 2008), is difficult to tell at this stage. What is abundantly clear, however, is that the more disadvantaged members of the JH study are linked, if not locked into, a social and cultural milieu where violence and drug use is common and where access to the sort of economic and cultural capital that is necessary to sustain a 'stable mainstream' life is limited.

5.5 Employment and income

In Table 8 the effects of chronic residential instability are plain to see. While the overall number of people employed throughout the 2 year survey period is relatively low, respondents who enjoyed the greatest stability (group 1) are more than one and half times more likely to be continuously employed than those in groups 2 and 3 and three times as likely as those in groups 4, 5 and 6 to have been employed.

Average debt levels for each of the typology groups are also presented in Table 8. Group 5 had the highest average level of debt ($7,441), with much of this debt arising from unpaid bills or fines. Group 2 had the lowest level of debt on average ($2,870).

When we examine how long people have been on Centrelink payments, we see that for most people their current spell is long – on average between three and four years. The current spells of people in groups 1, 3 and 6 are, on average, the longest (52, 54 and 51 months respectively), but we suspect this may be for quite different reasons. In group 1, the impact of child rearing is likely to prolong Centrelink spells for many respondents. Group 3 is the oldest on average and, on further inspection, has the largest proportion of (Disability Support Pension) DSP recipients. For group 6 it is extreme residential instability (and the factors that underpin it) that is a plausible explanation for their long average benefit duration.

Given the low rate of employment observed during the JH study and the long-time most people have been on Centrelink payments for, Centrelink income is a vital source of financial support. As such, the relatively high proportion of people who report that they had their Centrelink payments suspended at some stage – almost 40 per cent of group 4 at the upper end, down to one quarter of group 2 at the lower end – is a worrying sign. Even with a Centrelink income most households are under persistent financial stress, a fact that is reflected in the last line of Table 8, which shows that between a third to two thirds of all the respondents' reported they were in financial stress consistently throughout the JH study. Levels of financial stress do however appear highest among those with the greatest amounts

of residential instability (groups 4, 5 and 6). The loss or suspension of Centrelink payments, even for a short period of time, can therefore easily turn a precarious situation into a full blown crisis.

Table 8: Employment and income by group

	Typology group[a]					
Characteristics	*1*	*2*	*3*	*4*	*5*	*6*
Employed at some point during JH (%)	46.5	50.4	41.2	49.3	48.3	48.3
Employed throughout JH (%)	14.0	9.4	8.5	5.3	1.8	3.4
Average gross combined weekly income[b] ($)	534	415	488	504	421	394
Average total debt ($)	5,276	2,870	3,788	5,983	7,441	3,756
Average duration of current spell on Centrelink payments (months)	52.4	30.7	54.3	35.6	45.5	50.8
Ever suspended from Centrelink payments (%)	27.7	25.0	27.5	39.1	28.3	32.1
Under financial stress throughout JH[c] (%)	52.9	34.7	50.5	58.0	66.4	58.3
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.
b. Gross individual weekly income plus partner's income where applicable.
c. Respondents are considered to be under financial stress at each interview if they report at least one of the following six aspects of financial stress in the last six months because of a shortage of money: i) had to go without food when they were hungry; ii) had to pawn or sell something; iii) asked a welfare agency for food, clothes, accommodation or money; iv) asked for financial help from friends or family; v) could not go out with friends because you could not pay your way; and vi) could not pay electricity, gas or phone bills on time. They are considered to be under financial stress throughout JH if they are under financial stress at all of their interviews.

6 Service use patterns

The use of health, justice and welfare services by vulnerable and homeless people is of particular interest to policy makers and service providers, but it is also a source of debate and some disagreement. One view is that people who are homeless or at risk of homelessness tend to misuse health, justice and welfare services. Misuse can be either through using the wrong service or the over-use of a particular service. As the provision of services is costly, addressing the issue of service misuse has the potential to deliver better outcomes for consumers as well as considerable savings to the community. On the other hand, there is a view that vulnerable people face considerable barriers accessing appropriate services. They point to the fact that a number of independent reports highlight that the most vulnerable members of the community, such as the mentally ill, are often denied access to services because of the very behaviour they were seeking assistance for (NSW Ombudsman 2004).

In this chapter we examine the pattern of service use in three key areas and how they vary across each of our typology groups. We start by investigating respondents' use of health services such as GPs and mental health services, as well as the incidence and intensity of hospital admissions. Next we look at the extent to which respondents had contact or involvement with justice services such as the police and court system. The next part of the chapter considers their use of housing and tenancy services, meals programs and other similar welfare services. The final section of the chapter examines employment service usage. Unless otherwise stated, service usage is examined over a 2 year period as at each interview we ask respondents about their service usage patterns in the prior 6 months.

6.1 Health services

The previous chapter established that the physical health of JH respondents was poor, highlighting that the proportion of people with poor physical health was highest among those with the longest histories of homelessness (group 5). Given the high prevalence of poor physical health among the sample, it should be of little surprise that most people (over 87 per cent) had visited a health professional during the JH study (Table 9 below). Most people had visited a GP, and about half had visited a doctor in hospital.

While the use of GPs and, to a slightly lesser extent, hospital doctors, is relatively uniform, when we examine visits to a mental health professional we observe more variation between the groups – Table 9 shows that respondents in group 5 are the heaviest users of mental health services with over half of group 5 reporting to have visited a mental health professional at some stage over the 2 year period. Group 4 is also a relatively high user of mental health services, and perhaps surprisingly, as is the most stable group (group 1). This pattern broadly reflects the distribution of mental health conditions identified in the previous chapter (Table 6), but the percentage of people who used a mental health professional is substantially lower than those who reported they had ever been diagnosed with a mental health condition.

Table 9: Use of selected health services, by group (%)

	Typology group[a]					
	1	*2*	*3*	*4*	*5*	*6*
Visited a health professional (%)	*94.9*	*92.2*	*87.6*	*93.3*	*97.2*	*95.8*
GP	92.5	90.7	81.5	90.4	95.8	91.9
Hospital doctor	59.0	49.7	54.9	57.6	62.5	54.4
Mental health professional	43.0	38.9	39.2	46.3	53.1	37.4
Specialist doctor (not in a hospital)	39.1	28.7	31.3	38.8	36.4	27.4
Dentist	40.7	27.3	32.5	36.6	47.5	44.6
Other health professional	37.1	31.1	28.6	38.6	31.9	27.2
Admitted as a patient to a hospital						
Incidence (%)	49.5	48.5	49.2	54.3	62.7	48.7
Intensity	3.7	2.5	2.5	2.6	3.0	3.7
Average usage	1.8	1.2	1.2	1.4	1.9	1.8
Used a drug and alcohol service (%)	20.4	17.3	25.7	19.0	33.5	23.5
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

People experiencing homelessness, particularly those with a long-term problem, often have serious dental health problems ranging from oral infections, such as abscesses, to chronic tooth decay. The reasons for this vary but the high cost of dental care is often a barrier for low-income households. Furthermore, problematic drug use, in particular heroin, can be a contributing factor. It is also the case that it is hard to maintain appropriate levels of dental hygiene when you have irregular access to proper bathroom facilities. While poor oral hygiene can have serious physical health consequences, the loss of teeth can also have a significant impact on peoples' self-esteem. In short, access to dental health services for homeless and low-income households is important for a host of reasons.

Age is generally considered a useful indicator of the need for dental services and our data provides some support for this – the proportion who visited a dentist is lowest in group 2 (27 per cent), the youngest group, while the proportion is higher in the oldest group (33 per cent, group 3). However, it is highest in groups 5 and 6 (48 per cent and 45 per cent respectively). Group 5 incidentally also has the highest proportion of IV drug users (see Table 6). Underscoring the possibility that illicit drug use may be playing an influential role in the housing and health trajectories of group 5, they are also the most likely to have used a drug and alcohol service with over one third (34 per cent) reporting they had used a drug and alcohol service.

Understanding who uses specific services (or the incidence of service use) provides important information that can help policy makers refine service design and to whom prevention strategies should be targeted. It is equally important, however, to understand the intensity of service use (how often people who use a service, use it). The reason for this is quite straight forward. A number of studies have identified that within populations such as the homeless, a

relatively small proportion of people account for a disproportionate amount of service use. In the US, a number of influential studies have found that while the chronically homeless account for only 10 per cent or so of the homeless population, they consume a disproportionate share of the service resources, particularly health services. This means that a tiny minority of homeless people generate substantial demands on the health system and this has important policy and costs implications.

Table 9 presents information on the incidence and intensity of hospital use by each cluster. The first thing that stands out is that the percentage of people who have been admitted to hospital is relatively high in all six groups. Groups 1, 2, 3 and 6 have lower admission rates, but these amount to almost half of respondents, which compared to the 13 per cent of the general population who had been admitted to hospital in 2010/11 (ABS 2011) admission rates are very high nonetheless. Group 4 has an even higher admission rate (54 per cent), with that of group 5 even higher again with almost two thirds (63 per cent) reporting being admitted to hospital at some point over the 2 year period.

We also have data on how often those who went to hospital were admitted and this can help answer the question of whether or not certain groups are using hospital services more than others. Table 9 shows some variation in the intensity of hospital admissions – people in groups 1 and 6 who were admitted to hospital were, on average, admitted 3.7 times, which is considerably higher than the intensity reported in groups 2 and 3 (2.5 times) or group 4 (2.6 times). When we average out the number of admissions over the entire group we observe much the same pattern – there is some variation between the groups but it is not that great. Given the high incidence of physical health problems reported in the JH sample, and that the health problems are often deep and enduring conditions, such a finding is hardly surprising

6.2 Justice

In the previous chapter we found that many of those in the most unstable clusters (4 and 5) had friends who had been arrested or held overnight by the police. However, encounters with the police and the justice system were not limited to their friends. In Table 10 we can see that JH respondents had considerable contact with various arms of the judicial system, but that the amount of contact was unevenly distributed among the groups.

During the course of the JH study, respondents were asked whether they had been stopped by police on the streets in the 6 months leading up to their interview and well over half of groups 5 and 6 reported they had been. The rate is lower, but still substantial, among the more stable groups, and indeed is lowest for the most stable housed (group 1). The pattern differs slightly in respect to being stopped by the police while travelling in a car, with the younger group 2 now almost as likely as being stopped as those in group 5 (57 per cent and 59 per cent respectively). Group 3 (the oldest group) were the least likely to have reported being stopped by police in a car, where just over 40 per cent reported they had been. While the findings confirm anecdotal reports that the homeless are much more likely to attract police attention because of the way they look, where they hang out, and who they hang out with, it is also the case the younger, long-term homeless people, particularly men with substance use problems, are more likely to engage in criminal behaviour in order to get by.

Table 10: Contact with the criminal justice system by group (%)

	Typology group[a]					
	1	*2*	*3*	*4*	*5*	*6*
Stopped by police: on the street	37.5	45.3	49.4	48.5	63.3	52.9
Stopped by police: in a car	46.8	56.9	40.8	51.9	59.2	43.4
Apprehended by police	18.9	24.7	31.4	33.6	47.1	35.9
Held overnight by police	11.1	17.8	18.1	22.4	35.0	26.9
Been to court	32.9	34.4	37.3	44.3	55.7	40.8
Visits from justice officers	14.7	17.9	19.0	21.7	28.1	21.7
Non-custodial sentence	11.4	16.9	21.8	18.0	27.7	15.0
Spent time in detention	3.2	0.9	0.6	6.9	16.5	12.6
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

While a significant proportion of JH respondents had been stopped by police, the percentage who had been apprehended is also very high. However, there are notable differences between the groups with nearly half (47 per cent) of group 5 reporting they had been apprehended by police and over one third (35 per cent) that they had been held overnight by the police. In groups 4 and 6, although apprehension rates are lower, we observe a similar pattern. In contrast, about one fifth of those in more stable arrangements had been apprehended and about 1 in 10 had been held overnight. This marked difference between the groups is also reflected in the proportion who report they have been to court – the proportion is higher for groups facing higher levels of residential instability reaching a peak with group 5; 56 per cent of respondents in group 5 reported having been to court over the survey period.

Reflecting on the overall pattern in Table 10 it is clear that involvement with the judicial system is consistently higher among the more disadvantaged groups – more people in groups 4, 5 and 6 have been stopped by the police, arrested and/or taken to court. Further, more of them have been visited by justice officers, given a non-custodial sentence and/or spent time in detention. This is particularly so for group 5, who consistently report the highest rates of contact with all aspects of the justice system. What Table 10 doesn't show however is the timing of each of the events thus not enabling us to examine the direction of causation. The findings do however tie in with existing evidence which has established a strong link between homelessness and involvement in the criminal justice system. Existing research indicates that many people, mainly but not exclusively single men between 25 and 40 years of age, cycle between the prison system, housing instability and homelessness over many years. Most often they are persistent and prolific offenders, typically involved in small scale 'survival' crime (Snow et al. 1989; Baldry et al. 2002; Kushei et al. 2005). In recent times there has been increased policy attention across the country to block the pathway from the criminal justice system into homelessness, but there appears much to be done, including further research.

6.3 Other welfare services

The use of health and justice services has captured considerable attention among policy makers, advocates, and researchers. This has much to do with the fact that these are expensive services to provide. The JH research team were also interested in whether the

respondents in the JH study used other welfare services and the frequency with which they used them. Many of these services play, or at least have the potential to play, a key role in preventing homelessness or limiting peoples' exposure to it. However, relatively little is known about the patterns of broader welfare service use among vulnerable and homeless people across the country, and over time.

In Table 11 we present information on the incidence, intensity and average use of other selected welfare services. Overall, a consistent pattern emerges. Those in more stable accommodation arrangements (1, 2, and 3) tend to be low to moderate users of welfare services, while those in groups 4 and 5 tend to be high users. Those in group 6 are high users of some services and moderate users of others.

Table 11: Incidence and intensity of use of selected welfare services by typology group

	Typology group[a]											
	1		*2*		*3*		*4*		*5*		*6*	
	Incidence (%)	*Intensity*	*Incidence (%)*	*Intensity*	*Incidence (%)*	*Intensity*	*Incidence (%)*	*Intensity*	*Incidence (%)*	*Intensity*	*Incidence (%)*	*Intensity*
Housing services	52.2	8.0	31.2	6.6	46.2	7.2	58.2	8.7	69.1	11.2	51.4	7.0
Tenancy services	17.0	4.2	6.4	3.4	11.9	3.6	23.4	3.7	26.6	11.9	16.2	1.0
Emergency relief services	53.4	6.4	23.5	5.1	61.7	12.2	60.5	9.2	70.6	11.6	57.3	16.8
Legal aid	33.1	4.3	32.7	3.3	29.9	3.5	39.3	3.5	43.6	6.8	30.6	3.3
Financial support services	16.8	3.7	9.1	3.2	9.6	3.5	14.0	3.1	20.6	3.9	16.3	3.5
Gambling support services	2.2	15.0	1.0	26.6	1.1	4.5	3.1	5.8	3.6	31.3	3.6	3.3
Meals programs	26.1	25.6	11.9	8.9	48.4	112.6	33.7	31.8	42.7	39.0	35.9	67.4
Family violence services	11.8	11.0	6.0	13.0	5.9	3.0	11.8	7.5	14.3	6.9	4.8	1.3

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

Group 5 in particular are the highest users of the vast majority of services. This is clearly illustrated when we look at the use of housing and tenancy services by group 5 – not only do more people in group 5 use housing and tenancy services, on average they use them more than groups 1, 2 or 3. Given the housing circumstances of group 5 are characterised by extreme instability it is highly likely that they are also using housing services differently from groups 1, 2, and 3. That is they are likely to be in crisis seeking assistance to secure temporary accommodation, as opposed to seeking assistance to sustain housing, as is likely to be the case in the more stable groups. This has important program design implications.

The importance of emergency relief assistance is also clearly indicated in Table 11. Apart from group 2 where relatively few used emergency relief services (24 per cent), over half of groups 1 and 6, over 60 per cent of groups 3 and 4, and over 70 per cent of group 5 used emergency relief services in the 2 year survey period. And the most unstable tended to use them a lot – on average group 5 used them 12 times, or nearly twice more than people in group 1. Interestingly boarding house residents also used emergency relief assistance quite a lot. Again, not only are there differences in the patterns of service use among the groups, the reasons they used them are likely to be different as well.

Table 11 shows that relatively few people used gambling services, although those that did use them tended to use them quite a lot. Similarly, a relatively small proportion of people – between 9 per cent and 21 per cent – used financial support services, with the most disadvantaged (group 5) slightly more likely to use these services than others.

Meals programs are a vital part of the welfare service infrastructure, particularly in inner city areas. Meals programs are typically associated with older, more chronically homeless people and our data certainly corroborates this impression. The incidence and intensity is highest among the cluster of older long-term boarding house residents and rough sleepers in cluster 3, and lowest among younger people living with family or friends (group 2). However, the use of meals programs is by no means limited to older homeless people. Between a third and 43 per cent of the people in groups 4 and 5 had used them, and they also used them a lot (32 and 39 times respectively). In addition, we can see that about a quarter of those in stable accommodation used meals programs and those that did used them as often as people in groups 4 and 5. This implies that for some low-income people in stable housing, the effects of poverty are such that they use meals programs as a way of reducing household costs.

The use of family violence services is presented in the final line of table 11. It shows that the pattern of usage is mixed. Very few people in groups 2, 3 or 6 had used them and those that had used them, using them on only a few occasions. The incidence and intensity shifts, however, when we examine groups 1, 4 and 5. In groups 1 and 4, about 12 per cent used family violence services, but used them quite often. Group 5 also reported a high percentage (the highest relative to the other groups) and also a relatively high intensity. Table 12 shows that across all groups apart from group 6, women were more likely to use family violence services than men, but that the rate is much higher in groups 1, 4 and 5. In group 1 this likely reflects the larger number of women, while in groups 4 and 5 it emphasises the acute vulnerability of women in unstable living arrangements.

Table 12: Use of family violence services by gender and group (%)

	Typology group[a]					
	1	*2*	*3*	*4*	*5*	*6*
Males	5.9	2.3	4.1	2.5	3.7	5.3
Females	17.8	11.4	11.8	24.1	32.3	4.0
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

The evidence presented so far in this chapter shows that the use of services varies between the clusters, reflecting in part their distinctive characteristics, circumstance and experiences. Most notably though we can clearly see that more people who are chronically unstable use all service types and, typically, use them more often. What is more difficult to determine is whether people had problems gaining access to the services they needed. In this respect we did ask the respondents if they had problems accessing welfare services and found that just over a quarter (27 per cent) of the entire sample did (Table 13).

Table 13: Difficulties accessing welfare services by group (%)

	Typology group[a]						
	1	*2*	*3*	*4*	*5*	*6*	*Total*
Trouble accessing welfare services	25.4	15.4	23.8	29.9	37.6	33.4	27.1

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

Most notably, thirty eight per cent of those who were the most unstable in relation to their housing situation (group 5) had difficulty, more than double the rate of those who were living with their family or friends. About a quarter of those in groups 1 and 3, both of whom were relatively stable, had difficulties accessing welfare services, although we do not have any information on the types of services they had difficulties accessing.

6.4 Employment service usage

As we saw with the usage of health and welfare services, and with the criminal justice system, patterns of employment service usage are typically higher among the more unstable groups. In Table 14 (below) we can see that the proportion of people registered with employment services, their frequency of contact and the type of support they receive is almost always highest in groups 4 and 5, and in some cases, in group 6.

In contrast, group 1 has the lowest percentage of people registered with employment services, which is likely to reflect the higher number of women with children. Similarly, group 1's rate of contact with employment services is substantially lower than groups 4 through 6, although the low frequency of contact in group 2, the youngest, is difficult to explain.

When we examine the types of support the respondents received from employment services, while groups 4 and 6 are the most likely to report receiving support with standard job search, group 5 is the most likely to receive the more intensive and personalised types of support. This is as one might expect given the other characteristics of this group already identified.

Employment services are now expected to be much more cognizant of their clients' circumstances, beyond the need for employment. Given what we now know about respondents' circumstances the results in Table 14 are revealing. For instance, we know that a large number of respondents were under financial stress, yet the percentage who were provided with financial counselling appears low, with about a fifth of groups 5 and 6 receiving some counselling and between 10 per cent and 17 per cent in the remaining groups. Similarly, given what we know about the respondents' physical and mental health, the

proportion who received medical or dental assistance through their employment assistance provider is again relatively low. It is important to note however, that as described previously in this chapter that these groups do already have quite high rates of usage of health services. Also among those most likely to need assistance – the unstable in groups 4 and 5, as well as the older respondents in group 3, the percentage who received medical or dental assistance is substantially higher than in groups 1, 2 and 6. From these figures therefore it is unclear whether there is an unmet need that needs to be filled, and if there is, whether it is indeed employment services providers that are best placed to meet that need.

Table 14: Employment service use and type of assistance, by group (%)

	Typology group[a]					
	1	*2*	*3*	*4*	*5*	*6*
Registered with employment services (%)	68.1	76.8	74.2	84.1	82.1	78.4
Frequency of contact with employment services	32.9	42.5	47.7	61.9	65.1	62.3
Type of support						
Advice or help applying for jobs	53.1	61.5	52.0	68.1	63.2	67.1
Actively looked for work on your behalf	48.0	52.7	49.6	58.5	55.5	58.4
Helped with transport	31.3	31.6	41.6	40.7	48.2	38.5
Paid for clothing, footwear or equipment	35.2	35.2	44.1	50.3	51.0	43.0
Provided financial counselling	13.5	10.4	15.8	16.8	20.7	20.5
Arranged/paid for personal assistance such as grooming, medical or dental	9.8	6.4	11.5	11.3	14.3	7.4
Personal assistance such as counselling or rehab services	16.4	21.3	16.6	22.2	23.3	12.9
Helped find somewhere to live	7.9	2.8	11.0	15.7	18.1	15.3
Provided post-employment support	24.6	24.4	25.9	34.7	42.7	37.7
Provided work experience/trial placement	16.9	16.6	16.7	19.2	23.3	17.4
TOTAL (n)	**518**	**192**	**152**	**225**	**156**	**82**

a. Typology groups: 1) stable housed; 2) stable homeless, with friends or family; 3) stable homeless, other; 4) moderate instability, homeless; 5) chronic instability, homeless; and 6) undetermined.

The pattern is similar with respect to counselling or rehabilitation and also assistance finding somewhere to live. The final two lines of Table 14 show that the most unstable groups were also the most likely to received post-employment support and work experience.

7 Conclusion

This report examines the housing - homeless transitions of over 1,400 people using data collected from the first four surveys of the Journeys Home project. A key finding is that while a majority of people are housed at each survey, when we examined what happens in between each survey we found considerable mobility among the respondents, as well as constant cycling in and out of homelessness. In fact, nearly four out of five respondents have experienced homelessness at some point during the Journeys Home study.

In order to understand more about the participants' housing-homeless transitions we used both the amount of time people had been homeless and also the number of moves they reported during the Journeys Home study period to cluster the sample and identify various subgroups. We ended up with six groups and while there are marked differences in the characteristics and experiences of each group, there were clear patterns with respect to whether the groups' accommodation circumstances were relatively stable (groups 1, 2 and 3) or unstable (groups 4 and 5). In fact, the report clearly shows that those who report higher levels of housing instability (groups 4 and 5) typically have poorer physical and mental health, higher levels of psychological distress, weaker mainstream social networks, and higher levels of financial distress compared to those in groups 1, 2 and 3.

The report also shows that patterns of service usage vary depending on the level of residential instability reported by the participants. Here we see that among those who moved the least during the study period, fewer used health, welfare and employment services and they generally used them less often as well. Similarly, their contact with the criminal justice system is lower. While it is important to note that the level of disadvantage across the sample is high, among those who report high levels of instability, the level of disadvantage is quite extreme.

For policy makers the findings presented in this report emphasise the important contribution longitudinal data can make with respect to understanding transitions in and out of homelessness, and also identifying different patterns of service usage among various subgroups of vulnerable households. The cluster analysis contained in this report provides the sort of information that policy makers can use to determine what sort of services are required and to whom they should be targeted.

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