THE UNIVERSITY OF MELBOURNE

FACULTY OF BUSINESS & ECONOMICS

Journeys Home Research Report No. 6

Complete Findings from Waves 1 to 6

Andrew Bevitt, Abraham Chigavazira, Nicolas Herault, Guy Johnson, Julie Moschion, Rosanna Scutella, Yi-Ping Tseng, Mark Wooden and Guyonne Kalb

May 2015

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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 Andrew Bevitt, Abraham Chigavazira, Nicolas Herault, Guy Johnson, Julie Moschion, Rosanna Scutella, Yi-Ping Tseng, Mark Wooden and Guyonne Kalb[1]

Acknowledgements

This report describes, and presents data collected from, the Journeys Home project, a longitudinal survey based study managed by the Melbourne Institute of Applied Economic and Social Research on behalf of the Australian Government Department of Social Services (DSS). The findings and views reported in this paper, however, are those of the authors and should not be attributed to either DSS or the Melbourne Institute. Data version 201410.2 was used to generate the statistics for this report.

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[1] Prepared Chapter 10, Section 1 on children's education and care.

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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, since named Journeys Home (JH). Over roughly a two and a half year period from late 2011 JH has tracked a national sample of individuals exposed to high levels of housing insecurity employing much more rigorous sampling methods than ever used previously.

In this report, the sixth and final report in our series, we analyse the full six waves of JH data, with the following research questions in mind:

- What are the individual risk and protective factors associated with homelessness?
- What are the characteristics that distinguish those entering homelessness from those who do not?
- What are the factors that are important in the road out of homelessness?
- What is the length of time that people experience homelessness? What are the risk factors for persistent homelessness?
- What role do geographic factors have on pathways into and out of homelessness?
- What are the service usage patterns of homeless people?

The Australian Government has also made significant investments in other data sources on the homeless: the Specialist Homelessness Services data collection and the homeless enumeration in the Census. These, however, are limited in what they can say about the individual risk factors that are associated with homelessness and the factors that are associated with flows into and out of homelessness. JH fills these gaps and thus provides the opportunity to contribute greatly to our previously limited understandings of the dynamics of homelessness.

Before setting out to answer the research questions outlined above we first outline the definition of homelessness adopted throughout the analysis, followed by a brief summary of the Journeys Home sample.

Defining homelessness

In defining homelessness we continue with the approach taken in our earlier research reports and adopt the cultural definition of homelessness put forward by Chamberlain and Mackenzie (1992) to demarcate the homeless from the housed, making an assessment of whether people's accommodation meets the minimum community standard that people expect in contemporary Australian society. The cultural definition encompasses three types of homelessness: primary, secondary, and tertiary homelessness. 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. Most of our analyses consider cultural homelessness, but some analyses also consider specific components, such as primary homelessness.

The Journeys Home sample

The sample for Journeys Home has been selected using Centrelink's Homelessness Indicator (which was introduced in January 2010) and comprises recipients of an income support payment that had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness'. In addition, the sample includes a group selected using statistical techniques that identify income support recipients that have not been flagged as homeless but nevertheless have characteristics similar to those that have been. These persons might be thought of as a group of people who are, at least in a statistical sense, vulnerable to homeless.

The total sample allocated to interviewers (employed by Roy Morgan Research) comprised 2992 individuals distributed across 36 locations spread across the country. Of this group, 273 were subsequently determined to be out of scope, leaving us with an effective sample of 2719. Just over 62 percent of this group (n=1682) agreed to participate. Attempts were made to reapproach all 1682 JH participants in the five follow-up waves of the study.

Re-interview rates in wave 6 continued to be high, with attrition uncharacteristically low for such a disadvantaged population. Thus by the sixth wave, two and half years later, we were still interviewing almost 84 per cent (1406 individuals) of our initial responding sample of 1682 individuals.

We also continue to see that the vast majority of JH respondents were housed at each point in time, with the proportion homeless declining from 27 per cent in wave 1 to 19 per cent in wave 6. Of those homeless at each point in time, the largest group was those experiencing what we consider to be tertiary homelessness. Primary homelessness is relatively uncommon and experienced by less than 4 per cent of respondents at any point in time. However, whereas secondary and tertiary homelessness tended to become less common in later waves, rates of primary homelessness remained fairly consistent throughout the survey period.

What are the risk and protective factors associated with homelessness?

Males were more likely to be homeless overall than females, and also more likely to be primary homeless. Likewise older respondents were more likely to be homeless than younger respondents; for instance those over 45 years of age were more than twice as likely to be homeless than those aged between 15-24 years (31.9 per cent versus 13.6 per cent). They were also three times more likely to be primary homeless than those aged between 15-24 years (6.3 per cent versus 2 per cent). Thus, although the young as a group tend to be more likely to be identified by Centrelink as vulnerable to homelessness (and thus more likely to be selected to participate in JH), older persons that have been selected to participate in JH are particularly vulnerable.

Aboriginal or Torres Strait Islanders (ATSI) are also more likely to be homeless, or primary homeless, relative to non-ATSI respondents. Likewise singles are more likely to be homeless than couples and respondents without resident children more so than respondents with children living with them.

When examining a range of key risk and protective factors associated with homelessness some interesting things stand out. First we know from prior research reports that JH respondents come from particularly disadvantaged backgrounds overall, with histories of family breakdown, conflict and violence. However, these factors do not appear to substantially differentiate respondents who experience homelessness from those who do not.

Thus persons with adverse histories do not appear to be substantially more prone to homelessness than other similarly vulnerable people without these histories.

One exception where history seems to matter considerably however relates to incarceration. Respondents that have ever been incarcerated, whether in juvenile detention, adult prison, or remand, are particularly prone to homelessness, even when comparing to other similarly vulnerable people. The risk is especially high for respondents who spent a considerable amount of time (i.e., 12 months or more) in juvenile detention. This is true of overall homelessness and also of primary homelessness.

Respondents' current circumstances on the other hand appear to matter a lot. The average prevalence of homelessness is much higher for: those recently experiencing family breakdown; those with current health problems, particularly when considering respondents' self-assessed general health and psychological distress; the jobless and those reliant on Centrelink payments; risky drinkers and those using illicit substances (cannabis or other substances); and those recently incarcerated, with those recently incarcerated particularly prone to primary homelessness. Homelessness and recent experiences of physical and sexual violence are also closely related.

What are the characteristics that distinguish those entering homelessness from those who do not?

The characteristics associated with a higher average prevalence of homelessness, discussed above, are typically all associated with entries to homelessness as well. Males, Indigenous respondents, singles and persons without resident children are all more likely to enter homelessness than their counterparts. Interestingly, while the young appear slightly less likely to enter homelessness than older respondents, the differences are not as large as those seen when examining the overall prevalence of homelessness, suggesting that the young are more likely to cycle in and out of homelessness.

Again we see that in relation to most areas current circumstances appear to matter more than history does. Recent family breakdown in particular appears to play a significant role; as does recent incarceration. We also speculate that the high homeless entry rate of those opting out of answering the violence questions (relative to even that of those actually reporting experiences of violence) is associated with experiencing recent traumatic events as well.

What are the factors that are important in the road out of homelessness?

The analysis also finds that certain factors are associated with higher exit rates from homelessness. Not only are males more likely to enter homelessness, they are also less likely to exit than females. The young, although only slightly less likely to enter, are much more likely to exit than older respondents lending further weight to the argument that the young are more likely to cycle in and out of homelessness (and therefore have a lower average prevalence when you examine their status at a particular point in time). Respondents that are married/defacto or that have resident children are more likely to exit homelessness than are singles or those with no children living with them.

Labour force status is also associated with exits out of homelessness, with exit rates noticeably higher among the employed than the jobless. However, the causality involved here is far from clear, and it seems equally likely that changes in employment status are a function of changes in housing status.

Again we see an interesting finding for those opting out of responding to the violence questions; not only are these respondents the most likely to enter homelessness, but they are also the least likely to exit homelessness. Likewise, those with no contact with family are the least likely to exit, suggesting that not only are families important in preventing homelessness but they also appear to be important in assisting individuals out of homelessness.

Finally, we see evidence of a complicated relationship between criminality and exits from homelessness. While exit rates are typically lower for those that have had recent contact with various elements of the justice system such as being held overnight by police, have been to court, are on parole, or have a non-custodial sentence, we observe quite high rates of exit from homelessness for those that have been recently incarcerated. We suspect that this result is actually driven by recidivism, with those incarcerated tending to cycle between homelessness and detention, rather than exiting to stable housing.

What is the length of time that people experience homelessness? What are the risk factors for persistent homelessness?

While approximately three out of five respondents experienced homelessness at some stage over the two and a half year period, most did so for a relatively short period of time: of those experiencing homelessness, 44 per cent only experienced it for 20 per cent of the time or less, whereas just over 20 per cent experienced it for more than half of the 2.5 year period. Not surprisingly primary homelessness is much less common, with only around 12 per cent of respondents experiencing primary homelessness at some stage over the survey period and typically for relatively short periods.

Multiple spells of homelessness are also relatively common: of the 60 per cent of respondents experiencing cultural homelessness, almost 40 per cent experienced more than one homeless spell. Likewise, of the 16 per cent experiencing primary homelessness, almost 39 per cent experienced more than one spell.

Males that are not in the labour force are particularly at risk of more pronounced periods of time homeless. Unusually, there seems to be no relationship between labour force status and the extent of homelessness experienced by females. Younger age groups spend less time over the survey period homeless but they experience homelessness more often; i.e., they tend to churn in and out of homelessness. Older respondents, on the other hand, once homeless tend to remain homeless for longer periods. Indigenous respondents, although only spending slightly more time homeless overall, spend six times more time sleeping rough or squatting than do non-Indigenous respondents.

Consistent with our other findings, family background and events that occurred to respondents during their childhood do not appear to be significantly associated with more persistent homelessness over the survey period, with the only exception being those that had spent time in adult prison or remand before the JH survey began. Persons that had been in adult prison or remand before the JH survey began were homeless for more time over the survey period than others. Interestingly however, while persons with a history in juvenile detention are more likely to experience homelessness, they are no more likely to face persistent homelessness than are those that had not been in juvenile detention.

Persistent homelessness is much more strongly associated with recent contact with the justice system. Where individuals had been in juvenile detention, prison or remand for longer the proportion of time homeless was very high compared to those who had spent less time in any

of these places (40.1 vs 12.5 per cent). Among those who remained in prison, remand or juvenile detention for longer we also find evidence of considerable churning. It is also associated with recent experiences of physical or sexual violence. Likewise recent risky drinking, cannabis use and use of other illicit substances are all associated with a longer total amount of time homeless.

Surprisingly there is little to suggest that health, either physical or mental, is related in any consistent way to the total time respondents spend homeless over the survey period. Lower levels of life satisfaction are however associated with longer periods of time homeless.

Although we cannot draw any causal inferences from our results, they do nonetheless corroborate findings from a number of existing studies that identify the important role that families play in preventing homelessness, reducing the duration of homelessness, and assisting individuals out of and sustaining their exits from homelessness.

Also the strong association between incarceration –including recent juvenile detention- and persistent homelessness does suggest that there is a further role for policy makers in preventing the cycle between homelessness and criminality. While we do not have specific data on the nature of the crimes committed by the JH participants, if, as the available literature suggests, much crime is in fact part of daily subsistence strategies, this raises questions as to the benefits, both social and economic, of these behaviours being criminal offences.

What role do geographic factors have on pathways into and out of homelessness?

Chapter 10 of this report provides an insight into how housing markets and labour markets relate to the dynamics of homelessness in Australia. The results presented in the chapter support the proposition that the homeless are predominantly driven by a desire to obtain affordable housing rather than to find better labour market opportunities. And quite rightly, as the results suggest that the state of the housing market appears to have quite a strong association with individual risks of homelessness. Not only are rates of homelessness higher in areas with higher housing costs, but those who move to areas with cheaper housing are much more likely to exit.

On the other hand, we find that the relationship between local labour markets and homelessness is not clear cut due to the correlation between housing market factors and labour market factors; i.e. areas with better labour market opportunities tend to be areas with higher housing costs.

Interestingly, although housing costs tend to be higher in major urban areas than in outer urban or non-urban areas, we do not find evidence of much variation in patterns of entry to, and exit from, homelessness by major urban area vs other areas.

What are the service usage patterns of homeless people?

In this report we focus on two of the most costly aspects of the service system: health and justice services. As we show in this, and in prior reports, JH respondents overall are heavy users of these systems. Likewise, homelessness is strongly associated with the use of justice services.

Unusually, however, and despite the clear association between poor health and homelessness, with the exception of drug and alcohol services, no strong links between health service usage and homelessness were found (there is a modest association between homelessness and the use of hospital services).

We also find no evidence to suggest that the lack of a link is due to a greater proportion of homeless people who needed a doctor/health professional but did not go. The only notable services that the homeless have more difficulty accessing are dental services and prescription medication: a higher proportion of the homeless needed a dentist but did not go, and went without prescription medication. The primary homeless have particular issues accessing dental services when needed. Cost and a lack of availability were the primary reasons provided by both the homeless and the housed for not being able to visit a dentist when needed.

Another striking finding is that nearly 30 per cent of respondents reported needing a GP but did not go, irrespective of their housing status. And almost four in ten reported this was due to cost and availability reasons. These findings suggest that more effort is required to ensure better accessibility to health services, in particular to GPs, for particularly vulnerable Australians – the population represented in Journeys Home. Moreover, special attention is needed to ensure that those at-risk of homelessness have more affordable access to dental services and prescription medication.

Special topics in wave 6

Children

Those with resident children under 18 years are much less likely to be homeless than those without resident children, and much less likely to be primary homeless. School attendance is only slightly lower for children 6-15 years of respondents in the sample than in the general population, but for children 16-17 years attendance at school is substantially lower for the children of respondents than in the general population. Also, comparing children's outcomes by the respondent's education level shows that a higher education level of the parent is associated with better outcomes for the child, in terms of better health, being less likely to have repeated a year, and being less likely to lag behind.

Sleep

Moderate to high levels of psychological distress and poor physical health are associated with poor sleep quality. There is however no strong evidence to suggest any association between housing conditions and sleep quality or duration.

Mobile phone & internet use

Over 94 per cent of respondents had an active mobile phone at some stage over the 6-month period prior to their wave 5 interview and almost 85 per cent of respondents used the internet over the 6-month period prior to their wave 6 interview. It does appear that internet usage of the JH population is slightly lower than that of the general working-age population. Likewise, rates of mobile phone use and access to the internet are slightly lower for those experiencing homelessness than those housed. Also the frequency of internet access, and rates of access at home, decrease as the housing situation becomes more severe.

1 Introduction

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, since named Journeys Home (JH). Over a two and a half year period JH has tracked a national sample of individuals exposed to high levels of housing insecurity employing much more rigorous sampling methods than ever previously used.

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- What are the service usage patterns of homeless people?

In addition to commissioning JH, the Australian Government has made significant investments in the collection of other data on the homeless in recent years. Administrative data on persons receiving homelessness services has been collected at a national level through the Specialist Homelessness Services (SHS) data collection, and enumerations of the homeless have been attempted in every Census since 1996.

JH, however, has certain features that enable us to contribute greatly to our previously limited understandings of homelessness and, in particular, its dynamics. As the JH survey has collected considerable detail on individuals' characteristics, both current and historical, these data can add to our understanding of the contributions that individual level risk factors make to homelessness. Importantly, as the JH survey followed a population of people facing housing insecurity over time, and not just those initially homeless, it also enables us to examine what factors are associated with flows into homelessness in addition to the factors associated with flows out of homelessness. Finally, as the survey is national, it allows us to examine whether there is an association between individual risks of homelessness and housing and labour markets.

The structure of the report is as follows. In Chapter 2, we describe the JH sampling design and fieldwork outcomes from all six waves of the survey. In Chapter 3, we then present a summary of JH respondents overall experiences of homelessness across the survey period, and how these vary for particular demographic groups. From Chapters 4 through 9, the report is then organised around key risk and protective factors associated with homelessness: family history and exposure to violence; current family circumstances and support; education, employment and income support; criminality and contact with the justice system; health and wellbeing; housing and labour markets of geographic areas. In each of these chapters we examine whether there is an association with that particular factor, or set of factors, and the

prevalence of homelessness; entries to, and exits from, homelessness; and the extent of homelessness experienced by respondents over the entire JH survey period. Finally, in Chapter 11, we present brief analyses of three special topics introduced in the wave 6 survey (and one that was introduced in wave 5). These include children's education and care, sleep duration and quality, internet use and mobile phone use respectively.

2 The Journeys Home Sample

2.1 Sample design and survey administration

Journeys Home is an interviewer-administered survey that is following a sample of Centrelink income support customers over time. 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, in turn, is drawn from Centrelink's customer database, and contains payment records, together with a range of personal details, for all Centrelink income support customers since 1 July 2002. Given that the large majority of homeless people in Australia receive Centrelink income support payments, it follows that this sampling frame provides much wider coverage of the homeless population than previous studies utilising other samples and sampling methods.

The main problem with this approach, however, is that the population in receipt of income support payments is very large (4.75 million as at 27 May 2011), most of whom will not have experienced homelessness at any point in their life. Drawing a small random sample of this population would thus generate few insights into the homelessness experience. Fortunately, since 1 January 2010, Centrelink's customer database also identifies clients who have been flagged by Centrelink staff as being 'homeless' or 'at risk of homelessness'. The target population for JH was thus initially restricted to recipients of an income support payment that had been flagged by Centrelink as either 'homeless' or 'at-risk of homelessness' (n=42,336).

Centrelink's internal homelessness awareness training material (which is not publicly available) defined a person as being 'homeless' if he or she:

> is without conventional accommodation (e.g., sleeping rough, squatting, or living in a car); or lives in, or moves frequently between, temporary accommodation arrangements (e.g., with friends or extended family, emergency accommodation, or youth refuges).

A person who is 'at risk' of homelessness is one that:

> lives medium to long term in a boarding house, caravan park or hotel, where accommodation is not covered by a lease; lives in accommodation which falls below the general community standards which surround health and wellbeing, such as access to personal amenities, security against threat, privacy and autonomy; is facing eviction; or lives in accommodation not of an appropriate standard which may be detrimental to their physical and mental well-being, or where they have no sense of belonging or connection (e.g., Indigenous Australians living in crowded conditions or disconnected from their land, family/kin, spiritual and cultural beliefs and practices).

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. The Centrelink Homeless Indicator is thus not appropriate by itself for enumerating the homeless population, nor was it ever intended for this purpose.

We therefore augmented the target population with a group of Centrelink customers selected using statistical techniques that identify income support recipients that have not been flagged as homeless (or at risk of homelessness) but nevertheless have characteristics similar to those that have been. More specifically, and as explained in Wooden and colleagues (2012), we considered as in-scope those persons whose predicted probability of being flagged was in the top two per cent of all income support recipients who were not already flagged (n=95,755). This group includes persons who should have been defined as homeless or at risk of homelessness, as well as other persons who might be described, at least in a statistical sense, as vulnerable to homelessness.

From this still large population (n=139,801) we then attempted to select a random sample, but subject to the goal of obtaining responding samples of approximately equal size from each of the three groups: i) Centrelink customers flagged as 'homeless'; ii) Centrelink customers flagged as 'at risk of homelessness'; and iii) other Centrelink customers who we identify as being vulnerable to homelessness.

The total sample allocated to interviewers (employed by Roy Morgan Research) comprised 2992 individuals distributed across 36 distinct locations or areas (with an area defined to have a 10km radius in the major cities and a 20km radius in regional centres). Of this group, 273 were subsequently determined to be out of scope (because they had moved out of the designated survey interview area prior to fieldwork commencing, were away for the entire survey period, were in prison or another institution on a long-term basis, were young people living at home with their parents or had died), leaving us with an effective sample of 2719.

Almost 62 per cent of this group (n=1682) agreed to participate in wave 1, which was conducted between September and November 2011. This response rate not only compares favorably with other studies that sample from seriously disadvantaged populations (O'Callaghan 1996; Randall & Brown 1996; Weitzman et al. 1990), but it is also in line with panel surveys of the general population, including the Household, Income and Labour Dynamics in Australia (HILDA) Survey, the German Socio-economic Panel study, and the UK Understanding Society study, which reported wave 1 household response rates of 66, 61 and 57 per cent (Watson & Wooden 2012).

2.2 Sample characteristics and response bias

A problem for all voluntary surveys is that non-respondents may be systematically different from respondents. To assess this we report, in Table 2.1, figures on the distribution of the responding sample by selected known sample member characteristics (as recorded in the RED) and how they compare with equivalent distributions for the attempted in-scope sample. In addition, we also report corresponding figures for the wider population of Centrelink clients.

It should be immediately apparent that the JH sample is markedly different from the broader income support population, which in large part reflects the almost total absence of age pensioners from the JH sample and the relatively high spatial mobility of JH sample members. On average, JH sample members are relatively young and are relatively more likely to be male, single and an Indigenous Australian, to have previously spent time in prison, and to be recorded as having experienced mental illness. Therefore not only are JH respondents a very disadvantaged cohort in comparison with the general population (which has been highlighted in our prior research reports), they are also a particularly vulnerable cohort within the income support population.

Table 2.1: Population and sample member characteristics (%)

Characteristic[a]	*Income support population*[b] *(n=4,830,357)*	*Attempted in-scope sample (n=2719)*	*Respondents (n=1682)*
Gender			
Male	43.1	58.8	54.6
Female	56.9	41.2	45.4
Age group			
15-17	3.4	11.4	12.6
18-20	4.7	14.3	14.9
21-24	5.5	12.8	12.1
25-34	9.5	23.0	21.6
35-44	9.7	20.7	19.7
45-54	9.1	12.8	14.0
55-64	12.5	4.1	4.5
65+	45.6	0.9	0.7
Indigenous status			
Non-Indigenous	95.9	82.3	82.8
Indigenous	4.1	17.7	17.2
Country of birth			
Australia	68.4	87.1	87.3
English speaking country	9.6	5.8	6.1
Non-English speaking country	22.0	7.2	6.6
Marital status			
Single	58.7	93.6	93.0
Married	36.4	0.7	0.7
Defacto	4.3	5.1	5.7
Unknown	0.7	0.6	0.5
Has dependent children			
No	84.7	86.2	83.6
Yes	15.3	13.8	16.4
Benefit type			
Not on income support	1.6	2.7	2.6
Students	7.8	5.8	6.2
Youth Allowance (other)	1.8	16.8	18.0
New Start Allowance	11.7	42.4	38.7
Disability support Pension	16.7	21.6	22.1
Parenting payment	9.2	8.2	10.0
Other	51.3	2.6	2.5
Ex-offender			
No	98.1	80.6	82.5
Yes	1.9	19.4	17.5
Ever recorded psychological / psychiatric problem			
No	89.0	60.5	60.1
Yes	11.0	39.5	40.0
Numbers of recorded changes in home address in past year			
0	82.9	18.8	18.2
1	12.3	28.0	28.2
2	3.1	24.4	24.5
3+	1.7	28.9	29.1

Notes: a All characteristics are as recorded in the RED on the 27th May 2011.
b Those who were on income support at any time between 30th April 2011 and 27th May 2011.

More important is the evidence of response bias presented in Table 2.1. Thus men, while still representing the largest fraction of the responding sample, were relatively less likely to

respond than women. This is a result common to many surveys. Other statistically significant differences in response were uncovered with respect to: age (both the very young – under 21 – and older persons – 45 to 64 – were most likely to respond); the presence of dependent children (persons with children had much higher response rates than those without children); whether an ex-offender (with ex-offenders being less likely to respond); and benefit type. Differences with respect to Indigenous status, country of birth, marital status, whether a respondent had a recorded history of psychological problems, and recent residential mobility, however, were all statistically insignificant.

Overall, and despite the presence of a number of statistically significant differences, the characteristics of the responding sample mostly do not seem to be so different from the initial selected sample to suggest response bias is a major problem.

2.3 Response rates in follow up waves

Attempts were made to reapproach all 1682 JH participants in the five follow-up waves of the study. A summary of response outcomes from waves 2 through 6 is provided in Table 2.2. As shown, re-interview rates are quite high and have been falling only slowly. Thus by the sixth wave, two and half years later, we were still interviewing almost 84 per cent of our initial responding sample.

Table 2.2: Response outcomes, waves 2 to 6

Outcome	*Wave 2*		*Wave 3*		*Wave 4*		*Wave 5*		*Wave 6*	
	N	*%*	*N*	*%*	*%*	*%*	*N*	*%*	*N*	*%*
Interview[a]	1529	90.9	1478	87.9	1456	86.6	1425	84.7	1406	83.6
Out of scope[b]	22	1.3	44	2.6	50	3.0	49	2.9	65	3.9
Non-contact	69	4.1	70	4.2	84	5.0	78	4.6	84	5.0
Other non-response[c]	62	3.7	90	5.4	92	5.5	130	7.7	127	7.6
TOTAL SAMPLE (W1 respondents)	1682	100.0	1682	100.0	1682	100.0	1682	100.0	1682	100.0

Notes: a Includes completed and terminated interviews.
b Out of scope includes persons who: have died; are overseas; are in prison; or are in some other institution.
c This category includes outcomes classified as: refusal, incapable, and contact made but no interview resulted. This includes persons who refused at previous waves and indicated they no longer wish to be approached at future waves.

These follow up rates are very high compared to other Australian studies targeting disadvantaged populations. For example, 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 re-interview rate just over 40 per cent (Mission Australia 2012). Indeed, Journeys Home's response rates also surpass those recorded in Australia's general population panel survey, the HILDA Survey, which successfully re-interviewed 86.8 per cent of its initial sample of respondents one year later in wave 2 (Watson & Wooden 2010, Table 2, p. 328).

The success of the fieldwork company in gaining cooperation from sample members is even more remarkable when account is taken of the number of persons that were not able to be

approached due to death, imprisonment or being overseas. In wave 6, a total of 65 out of the initial 1682 wave 1 respondents were identified as out-of-scope. This includes: 25 persons known to have died; 25 persons that were in prison or some other institution; and 15 persons reported to be overseas.

As we have pointed out in prior research reports, although response rates are high and attrition is low, response has not been random. Firstly, of the initial sample selected the characteristics of those deciding to participate in the study do differ from those not participating. Secondly, those not participating in follow up interviews have slightly different characteristics to those that remain in the study. Thus, in the analysis that follows we apply weights to account for potential non-response bias.[2]

2.4 Housing status and experiences of homelessness

Consistent with prior reports in the Journeys Home series, we define homelessness using the 'cultural definition of homelessness', which the Australian Bureau of Statistics (ABS) used to enumerate the homeless population in 1999, 2001 and 2006 (Chamberlain 1999; Chamberlain & Mackenzie 2003, 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.

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 2.3 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 – 27.4 per cent of JH respondents were homeless at their first interview, initially declining to 22.5 per cent at wave 2 and subsequently further gradually declining in each wave to end up at rate of 19.2 per cent in wave 6. The vast majority of JH respondents were

[2] See Melbourne Institute (2014) for a discussion of non-response and details of the construction of weights for the wave 6 survey data. The technical reports for previous waves provide details for the construction of cross-sectional weights for earlier waves.

housed at each point in time and the proportion increased at each interview. Around three quarters of those housed were in stable housing, with an overall 47 per cent in stable housing in wave 1 increasing to a rate of 59.2 per cent by wave 6.

Of those homeless at each point in time, the largest group was those experiencing tertiary homelessness, with primary homelessness relatively uncommon and experienced by less than 4 per cent of respondents at any point in time. However, whereas secondary and tertiary homelessness tended to become less common in later waves, rates of primary homelessness remain relatively consistent throughout, only fluctuating slightly between a range of 2.4 per cent and 3.8 per cent.

Table 2.3: Housing status at each wave (%)

	Wave 1	*Wave 2*	*Wave 3*	*Wave 4*	*Wave 5*	*Wave 6*
Primary homeless	3.1	3.6	3.8	3.1	2.4	3.8
Secondary homeless	12.1	8.2	7.1	7.9	6.8	6.3
Tertiary homeless	12.3	10.7	11.1	9.6	10.3	9.1
Total homeless	*27.4*	*22.5*	*22.0*	*20.6*	*19.4*	*19.2*
Marginally housed	25.6	22.9	21.4	21.9	22.7	21.7
In stable housing	47.0	54.6	56.6	57.6	57.9	59.2
Total housed	*72.6*	*77.5*	*78.0*	*79.4*	*80.6*	*80.8*
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0
Total (valid N)	1674	1512	1460	1439	1407	1389

Notes: Figures have been weighted to account for non-random survey response.

3 Overall experiences of homelessness

Key findings in this chapter:

- Just over one in five respondents (21.2 per cent) were homeless at each point-in-time over the Journeys Home survey on average, with an average rate of primary homelessness of 3.2 per cent.
- Approximately three out of five respondents experienced homelessness at some stage over the two and a half year period; most for a relatively short period of time.
- Primary homelessness is much less common, with only around 12 per cent of respondents experiencing primary homelessness at some stage over the survey period and typically for relatively short periods.
- Males spend more time homeless and are homeless more often than are females. They also spend more time sleeping rough and sleep rough more often than do females.
- The youngest respondents (15-24 years) are the least likely to be homeless at any particular point in time and spend the lowest average proportion of total time homeless. However, they do, on average, experience slightly more cultural homeless spells over the survey period than the older respondents. Thus it does appear that while older respondents (45 years plus) are more likely to have long uninterrupted spells of homelessness, younger respondents (15 to 24 years) are more prone to churning in and out of homelessness.
- Older respondents also spend more time sleeping rough than younger respondents and also sleep rough more often on average.
- While Aboriginal or Torres Strait Islander respondents only spent slightly more time homeless overall (and were homeless only slightly more often than other respondents), they spent much more time primary homeless than other respondents.

In this chapter we summarise JH respondents' overall experiences of homelessness over the two and a half year study period. To do so we present three sets of measures: i) the average prevalence of homelessness; ii) average homelessness entry and exit rates and iii) the total proportion of time and number of times individuals were homeless experienced homelessness over the 2 and a half year study period. In this chapter we present these statistics for all respondents and by respondents' demographic characteristics. Then in Chapters 4 through 9 we present these for various risk and protective factors that the literature has identified as being associated with homelessness.

The measures presented were chosen as they each summarise different aspects of the homeless experience. By examining the average prevalence of homelessness we can determine what types of individuals are more prone to homelessness at a particular point-in-time. By examining homelessness entry and exit rates we can identify the characteristics that distinguish those entering homelessness from those who do not and what factors are important in the road out of homelessness. Finally, by examining the proportion of time and number of times homeless we can see what the risk factors are for persistent homelessness and what types of people are more prone to churning in and out of homelessness.

Before turning to the analysis however we first describe the sample that was selected to undertake all further analyses in this report.

3.1 Sample selection

In order to examine the homeless experiences of JH respondents over the entire two and a half year study period we need to restrict the sample to only include observations for those 1,174 individuals who participated in the survey in all six waves (i.e., we use the balanced panel). As discussed in Chapter 2 we know however that panel attrition was non-random, therefore we adjust for differential non-response using longitudinal weights. A full analysis of panel attrition and details of the construction of the balanced-panel weights can be found in the wave 6 technical report (Melbourne Institute, 2014). A summary of this is also provided in Appendix A.

We also exclude from the analysis observations with insufficient information to classify an individual's housing status. This leaves us with a total 6973 (person-wave) observations overall. Finally, those observations with missing information on individual characteristics are subsequently excluded when those specific characteristics are analysed. The number of observations affected by item non-response is however marginal.

3.2 Prevalence of homelessness

First we examine the average prevalence of homelessness over the survey period by pooling information on each individual's homeless status across all six survey waves. These prevalence rates are presented in Table 3.1, cross-classified by selected demographic characteristics.

Just over one in five respondents (21.2 per cent) were homeless during the Journeys Home survey period on average, with an average rate of primary homelessness of 3.2 per cent. Males were more likely to be homeless overall than females, and also more likely to be primary homeless. Likewise, older respondents were more likely to be homeless than younger respondents. For instance, those over 45 years of age were more than twice as likely to be homeless than those aged between 15-24 years (31.9 per cent versus 13.6 per cent). They were also three times more likely to be primary homeless than those aged between 15-24 years (6.3 per cent versus 2 per cent). It is however important to remember that, as discussed in Chapter 2, older people were less likely to be flagged by Centrelink as homeless, or at risk

of homelessness, and therefore to be selected into the JH survey. It is thus likely that the older persons that were selected into the JH population were particularly vulnerable.

Aboriginal or Torres Strait Islanders (ATSI) are also more likely to be homeless, or primary homeless, relative to non-ATSI respondents.

The table also shows that rates of homelessness vary by family type. The overall prevalence of homelessness was higher for single respondents than for those in a couple (24.4 versus 11.1 per cent respectively), as was the prevalence of primary homelessness (3.7 versus 1.6 per cent respectively). Also, although homeless experiences do not seem to differ dramatically for those with children from those without, they do seem to differ quite dramatically if their children live with them: those with resident children under 18 years are much less likely to be homeless on average than those without resident children (24.8 versus 9 per cent respectively). Similarly, those with resident children are much less likely to be primary homeless on average than those without resident children (4.1 versus 0.4 per cent respectively).

Table 3.1: Prevalence of homelessness by demographic characteristics

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Males	26.2	4.1	3646
Females	14.5	2.1	3327
15 to 24 years	13.6	2.0	2515
25 to 44 years	22.7	2.9	2890
45 years plus	31.9	6.3	1568
ATSI	27.3	7.4	1201
Don't identify as ATSI	19.8	2.2	5766
Married/defacto	11.1	1.6	1638
Single	24.4	3.7	5335
Has children (under 18 years)	20.0	3.2	3201
No children	22.3	3.3	3770
Resident children under 18 years	9.0	0.4	1827
No resident children	24.8	4.1	5144
Total	21.2	3.2	6973

Notes: Figures have been weighted to account for non-random survey response and attrition.

3.3 Entries to, and exits from, homelessness

One of the major aims of the Journeys Home study is to identify the factors associated with entries into homelessness and exits out of homelessness. And indeed this is at the centre of the analysis and discussion presented in Chapters 4 through 9. To set the scene for the more detailed analyses presented in these chapters, we present here summary statistics describing rates of entry into, and exit out of, homelessness.

The entry rate is defined as the total number of people who were housed in one wave but become homeless in the next wave, divided by the total number who were initially housed (i.e., entered homelessness / [remained housed + entered homelessness]). The exit rate is defined as the number of people who were homeless in one wave but were housed in the next wave, divided by the total number of people who were initially homeless (i.e., exited homelessness / [remained homeless + exited homelessness]). When considering entries to cultural homelessness there are 4,641 observations where individuals are 'housed'; when considering exits from cultural homelessness there are 1,129 observations where individuals are 'homeless'. Likewise when considering entries to primary homelessness there are 5,660 observations where individuals are not experiencing primary homelessness; when considering exits from primary homelessness there 110 observations where individuals are experiencing primary homelessness.

Table 3.2 presents the resulting average homelessness entry and exit rates over the survey period, over all valid observations and for selected demographic groups. On average across the survey period, of those 'housed' almost 1 in 10 respondents (9.8 per cent) would enter homelessness by the next interview (approximately 6 months later). Of those homeless, over 4 in 10 (41.9 per cent), on average, exited homelessness during the next 6 months. Entry rates to primary homelessness were, of course, much lower with 1.5 per cent of those not initially primary homeless making the transition to primary homelessness by the next wave. Exit rates of primary homelessness were, however, at a similar level to exit rates out of cultural homelessness more broadly, with 39.1 per cent of those experiencing primary homelessness at a particular interview no longer primary homeless at their next interview 6 months later.

Table 3.2: Average rates of entry into, and exit from, homelessness by demographic characteristics (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Males	11.3	36.7	1.7	37.9
Females	8.0	54.4	1.2	42.4
15 to 24 years	7.9	59.2	1.0	41.9
25 to 44 years	10.9	40.4	1.5	43.6
45 years plus	11.3	30.1	2.4	33.9
ATSI	14.2	41.7	2.3	26.3
Don't identify as ATSI	8.8	41.9	1.3	49.7
Married/defacto	7.6	53.4	0.7	33.8
Single	10.5	40.3	1.7	39.8
Has children under 18 years	9.6	43.2	1.5	38.2
Doesn't have children	9.8	41.0	1.5	39.8
Resident children under 18 years	5.2	64.6	0.3	100.0[a]
No resident children	11.3	39.4	1.8	37.2
Total	9.8	41.9	1.5	39.1

Notes: Figures have been weighted to account for non-random survey response and attrition.
a. Statistic based on fewer than 5 observations.

Table 3.2 shows that the higher prevalence of homelessness among men is a result of a higher homeless entry rate and a lower exit rate for men compared with women. That is, men are more likely to enter homelessness than women and they tend remain homeless for longer. This gendered pattern in entries and exits is also seen when examining primary homelessness; though the gap between males and females is smaller.

Entry rates do not differ a great deal by age, but exits rates do – young people are far more likely to exit homelessness than older people (59.2 per cent for those aged 15-24 years versus 30.1 per cent for those aged 45 years plus). Young people are therefore more likely to churn in and out of homelessness. This helps explain why young people were less likely to be observed as homeless during the JH survey.

Aboriginal or Torres Strait Islanders report slightly higher homelessness entry rates into both cultural and primary homelessness, and lower rates of exit out of primary homelessness, than other respondents. Interestingly, however, exit rates out of cultural homelessness are similar for ATSI and non-ATSI respondents.

Finally, homelessness entries and exits appear to differ by family type. Singles are marginally more likely to enter homelessness and marginally less likely to exit homelessness. On the other hand, exit rates out of primary homelessness are actually slightly higher for singles than for married/defacto respondents but the sample sizes on which these statistics are based are quite small and therefore have a large margin of error. Also, respondents with resident children are less likely to enter homelessness, and more likely to exit homelessness, than those without resident children.

In Table 3.3 we present a summary of the housing tenure arrangements people had prior to entering homelessness, for the broader notion of cultural homelessness and for the narrower form of primary homelessness. These are presented in total and by the age of respondents. As with the prior statistics on entries and exits these reflect averages across the six waves. Only a few respondents were homeowners over the course of the JH survey, and thus the numbers entering homelessness from homeownership, although presented in the table, are too small to comment on.

The most common type of tenure prior to entering homelessness, regardless of whether we consider cultural or primary homelessness, is a private arrangement that is not formally considered a private rental. When cultural homelessness is considered, private rental is the next most common form of tenure prior to homeless entry with 37.7 per cent of those entering cultural homelessness leaving a private rental arrangement. Nineteen per cent entered cultural homelessness from public or social housing.

Interestingly however, those entering primary homelessness are more likely to be leaving a boarding house, caravan or mobile home than a private rental arrangement (25 per cent vs 21.2 per cent). Less than a handful of cases that entered primary homelessness were coming from public or social housing.

There are also some interesting differences in the pathways of people entering homelessness by age. Perhaps not surprisingly the youngest age group (15-24 years) is much more likely to be coming from an informal private arrangement such as staying with friends or family than are the older age groups prior to entering homelessness. There is little difference however in the rate of those entering cultural homelessness from more formal private rental arrangements. When examining entries to primary homelessness on the other hand, differences in the rates of those entering homelessness from private rentals emerge with significantly fewer of those aged 25-44 years and, in particular, those 45 years plus entering from private rentals. The older age groups are much more likely to be entering primary

homelessness from boarding houses or caravans than their younger counterparts. Indeed almost half of those aged 45 years plus entered primary homelessness from a boarding house or caravan on average over the two and half year period.

Another interesting pattern is that it is more common for those in the older age groups to be entering homelessness from public or social housing, whether it is cultural homelessness or primary homelessness. Only 9.3 per cent of those 15-24 years who entered cultural homelessness came from public or social housing whereas over a third (34.3 per cent) of persons 45 years plus did.

Now we turn to examining the housing tenure arrangements of those exiting homelessness in Table 3.4. The young are most likely to exit cultural homelessness to enter an 'other private arrangement' reflecting that they are most likely to stay with friends or family longer term. They are however more likely to enter a formal private rental arrangement from primary homeless than the other age groups. Older people on the other hand are much more likely to move into public or social housing after exiting either cultural homelessness or primary homelessness than the younger age groups. Thus it does appear that older persons are given priority access to government provided housing, perhaps as they are more likely to have chronic health conditions and other vulnerabilities. It is also interesting to note that it is more common for people exiting cultural homelessness to get public or social housing than those exiting primary homelessness; 21.3 per cent of those exiting cultural homelessness moved into public or social housing whereas only 12.5 per cent of those exiting primary homelessness did. Again, this result is likely to reflect the way that public housing is prioritised and the effects of long waiting lists.

Table 3.3: Housing tenure prior to entering homelessness, by age (%)

	Cultural homelessness				*Primary homelessness*			
	15 to 24 years	25 to 44 years	45 years plus	Total	15 to 24 years	25 to 44 years	45 years plus	Total
Homeowner	0.0	0.0	2.4[e]	0.5[e]	0.0	0.0	0.0	0.0
Private rental[a]	35.3	40.2	35.5	37.7	32.7[e]	24.6	6.8[e]	21.2
Other private arrangement[b]	55.4	39.7	27.8	42.5	58.4	54.5	32.4	48.8
Public or social housing[c]	9.3	20.1	34.3	19.3	0.0	2.9[e]	12.4[e]	5.1[e]
Boarding house/caravan[d]	N/A	N/A	N/A	N/A	9.0[e]	18.1	48.5	25.0

Notes: Figures have been weighted to account for non-random survey response and attrition.

a. Includes persons paying rent to a private landlord or real estate agent.
b. Includes persons paying board to relatives or friends, renting from an employer, or renting from someone else and persons in a private rent free arrangement.
c. Includes persons renting from: a government housing authority; community or cooperative housing group; or welfare service provider. For the primary homeless this category also includes emergency or crisis accommodation.
d. Includes persons in boarding houses or hostels, caravans, mobile homes or hotels.
e. Statistic based on fewer than 5 observations.

Table 3.4: Housing tenure after exiting homelessness by age (%)

	Cultural homelessness				*Primary homelessness*			
	15 to 24 years	25 to 44 years	45 years plus	Total	15 to 24 years	25 to 44 years	45 years plus	Total
Homeowner	0.0	0.8[e]	1.3[e]	0.6[e]	0.0	0.0	0.0	0.0
Private rental[a]	36.5	41.0	25.5	36.1	52.1	38.6	18.7[e]	34.9
Other private arrangement[b]	53.8	40.3	26.4	42.0	47.9	44.0	47.6	46.3
Public or social housing[c]	9.7	17.9	46.8	21.3	0.0	6.7[e]	27.5	12.5
Boarding house/caravan[d]	N/A	N/A	N/A	N/A	0.0	10.8[e]	6.2[e]	6.3

Notes: Figures have been weighted to account for non-random survey response and attrition.

a. Includes persons paying rent to a private landlord or real estate agent.
b. Includes persons paying board to relatives or friends, renting from an employer, or renting from someone else and persons in a private rent free arrangement.
c. Includes persons renting from: a government housing authority; community or cooperative housing group; or welfare service provider. For the primary homeless this category also includes emergency or crisis accommodation.
d. Includes persons in boarding houses or hostels, caravans, mobile homes or hotels.
e. Statistic based on fewer than 5 observations.

3.4 The extent of homelessness

The prior descriptive statistics presented in this chapter only made use of each JH respondent's housing status at the time of each of their interviews. However, in JH we also collect information on their housing status between interviews, in the form of a housing status calendar. In this final section of this chapter, we make use of this information to obtain a more complete picture of the intensity of respondents' homeless experiences over the two and a half year survey period.

The JH housing calendar records every move, including the time of the move and the type of accommodation moved to, since each respondent's previous interview. The timing of each accommodation move was recorded in a 10-day block. This allows us to construct variables on homeless and housed spells. Here we summarise this information by presenting the total proportion of time that people experience homelessness for between their wave 1 and wave 6 interview and the number of times they experienced homelessness.

In using the calendar data we need to depart from the way the cultural definition of homelessness was operationalised using the point-in-time information, as the calendar does not provide as many details about people's accommodation as is collected about their accommodation at time of interview. Therefore for the purposes of this final set of statistics, individuals were classified as (cultural) homeless if they were sleeping rough, squatting, or staying in emergency or crisis accommodation, staying in the home of friends (but not the home of parents or relatives), a caravan, a mobile home, a hotel, a motel or a boarding house. If people move between different types of homelessness they are treated as continuing to be homeless.

Those accommodation types that are classified as 'housed' (or not culturally homeless) include participant's own place, parents' home and homes of other relatives, foster care, residential care or kin care. In addition, we do not consider stays in institutions (i.e., in a hospital, nursing home, health or other treatment facility or in a juvenile or youth detention centre, adult prison or a remand centre) to be homeless spells. Finally, when considering primary homelessness we only include time spent sleeping rough or squatting.

A total of 1138 individuals had the required information for us to determine how many times they had been homeless over the entire survey period, with fewer cases (n=958) where we observe enough of their accommodation details to determine the total proportion of time homeless. As the information needs are not as great for primary homelessness we start with a slightly larger sample of valid cases when determining the number of times and the proportion of time in one of the primary homeless categories (n=1147 and 1081 respectively).

The proportion of time respondents spent in cultural homelessness and primary homelessness (sleeping rough) between wave 1 and wave 6 is presented in Figure 3.1. The first panel in Figure 3.1 shows that over half of all respondents with valid information experienced homelessness at some stage over the two and a half year period, mostly for a relatively short period of time: of those experiencing homelessness 44 per cent only experienced it for 20 per cent of the time or less, whereas just over 20 per cent experienced it more than half of the 2.5 year period. Not surprisingly, primary homelessness is much less common, with only around 12 per cent of respondents with valid survey information experiencing primary homelessness, and typically for relatively short periods.

In Figure 3.2 we present the distribution of the number of cultural and primary homeless spells. Note that when examining this measure that slightly more of the valid sample experience homelessness over the survey period; 60 per cent experienced cultural homelessness at least once and 16 per cent experienced primary homelessness at least once. This reflects the fact that those experiencing homelessness are more likely to have missing information on the timing of their accommodation moves over the survey period than those with more stable housing arrangements and thus are not captured in our overall valid sample when examining the proportion of time spent homeless in Figure 3.1.

Figure 3.2 shows that multiple spells of homelessness are also relatively common: of the 60 per cent of respondents experiencing cultural homelessness, almost 40 per cent experienced more than one homeless spell. Likewise, of the 16 per cent experiencing primary homelessness, almost 39 per cent experienced more than one spell.

To examine whether certain demographic groups are particularly prone to longer periods of time homeless, Table 3.5 presents the average proportion of time homeless and average number of times homeless by gender, age, Indigeneity and family type.

Consistent with the point-in-time measures presented earlier, males spend more time homeless (22.8 per cent of the time) and are homeless more often (than are females). They also spend more time sleeping rough and sleep rough more often than do females.

Interestingly when looking at experiences by respondents' initial age (at wave 1), even though the youngest (15-24 years) are the least likely to be homeless at any particular point in time and spend the lowest average proportion of total time homeless, they do, on average, experience slightly more cultural homeless spells over the survey period than the older respondents. Thus it does appear that while older respondents (45 years plus) are more likely to have long uninterrupted spells of homelessness, younger respondents (15 to 24 years) are more prone to churning in and out of homelessness. Older respondents also spend more time sleeping rough than younger respondents and also sleep rough more often on average.

While Aboriginal or Torres Strait Islander respondents only spent slightly more time homeless overall (and were homeless only slightly more often than other respondents), they spent much more time primary homeless than other respondents: on average they spent 6.6 per cent of the survey period sleeping rough or squatting whereas other respondents only spent 1.2 per cent of the survey period sleeping rough or squatting.

Homeless experiences also vary by family type. Single respondents spent almost twice as long homeless as did married/defacto respondents. They also experienced homelessness more often and spent more time sleeping rough or squatting. Also, as expected, respondents with children spend less time homeless than those without children, with homelessness particularly uncommon for those with resident children.

Figure 3.1 Percentage of time homeless between wave 1 and wave 6 (%)

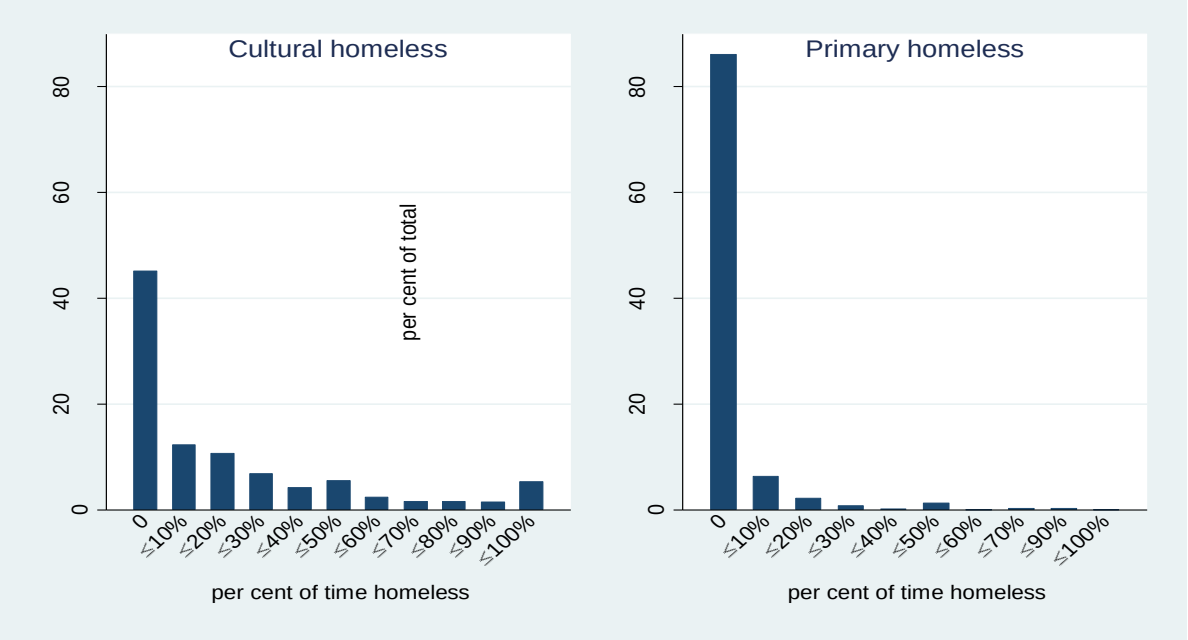

Figure 3.2 Number of times homeless between wave 1 and wave 6 (%)

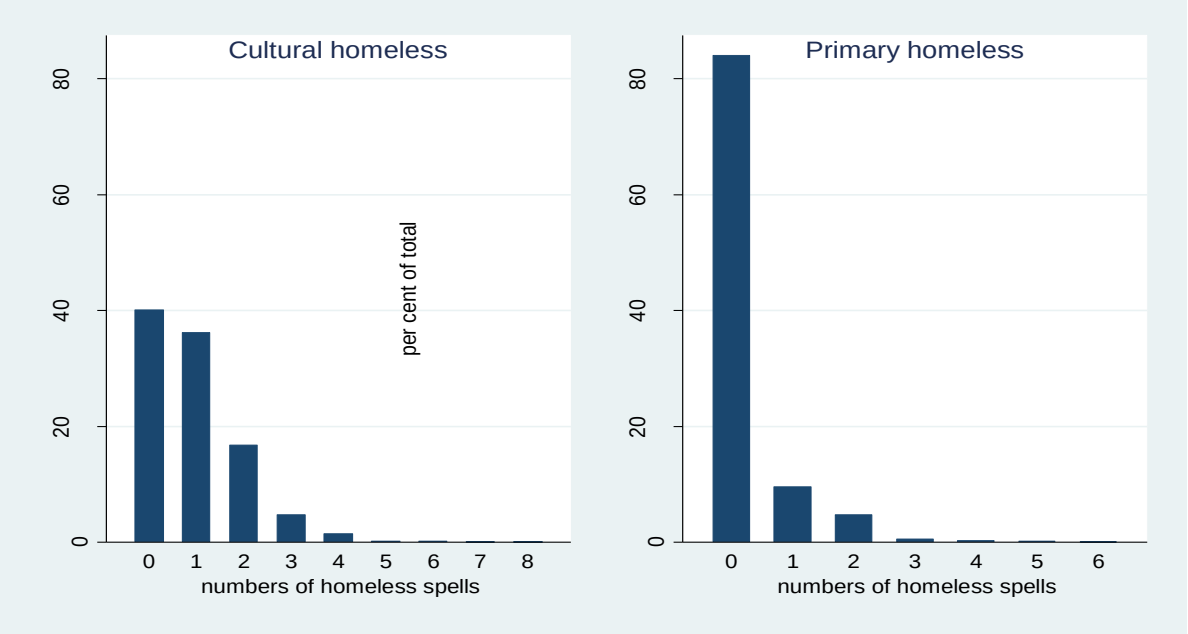

Table 3.5: Extent of homelessness by demographic characteristics

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Males	22.8	1.0	2.9	0.3
Females	13.0	0.8	1.3	0.2
15 to 24 years	12.8	1.0	0.8	0.2
25 to 44 years	20.3	0.9	2.3	0.3
45 years plus	27.0	0.9	5.2	0.4
ATSI	20.3	1.0	6.6	0.3
Don’t identify as ATSI	18.2	0.9	1.2	0.2
Married/defacto	11.0	0.8	1.6	0.2
Single	20.2	1.0	2.4	0.3
Has children under 18 years	16.3	0.9	2.7	0.3
Doesn't have children	20.3	1.0	1.9	0.2
Resident children under 18 years	6.5	0.6	0.7	0.1
No resident children	21.7	1.0	2.6	0.3
Total	18.6	0.9	2.2	0.2

Notes: Figures have been weighted to account for non-random survey response and attrition.

3.5 Conclusion

Just over one in five respondents (21.2 per cent) were homeless at each wave of the Journeys Home survey on average, with an average rate of primary homelessness of 3.2 per cent. However, over half of all respondents experienced homelessness at some stage over the two and a half year period; most for a relatively short period of time. Not surprisingly, primary homelessness is much less common, with only around 12 per cent of respondents experiencing primary homelessness at some stage over the survey period, and typically for relatively short periods.

Males spend more time homeless and are homeless more often than are females. They also spend more time sleeping rough and sleep rough more often than do females. Even though the youngest (15-24 years) are the least likely to be homeless at any particular point in time and spend the lowest average proportion of total time homeless, they do, on average, experience slightly more cultural homeless spells over the survey period than the older respondents. Thus it does appear that while older respondents (45 years plus) are more likely to have long uninterrupted spells of homelessness, younger respondents (15 to 24 years) are more prone to churning in and out of homelessness. Older respondents also spend more time sleeping rough than younger respondents and also sleep rough more often on average.

While Aboriginal or Torres Strait Islander respondents only spent slightly more time homeless overall (and were homeless only slightly more often than other respondents), they spent much more time primary homeless than other respondents: on average they spent 6.6 per cent of the survey period sleeping rough or squatting whereas other respondents only spent 1.2 per cent of the survey period sleeping rough or squatting.

4 Family history and exposure to violence

Key findings in this chapter:

- Interestingly we find that associations between current experiences of homelessness and respondents' history are either non-existent, or not as strong as one might expect.
    - It does appear that respondents that lived with at least one of their biological parents were less at risk of experiencing homelessness over the survey period than others. But the differences are not huge, particularly when examining the total proportion of time they spent homeless.
    - Respondents whose primary caregivers had very low levels of education (primary or no schooling) were also more likely to experience homelessness, and for longer periods, than others, but the education levels of primary caregivers seem to have little affect other than at this extreme bottom end.
- On the other hand, there is evidence to suggest that homelessness and recent experiences of either physical or sexual violence often go hand in hand. This is particularly true of primary homelessness.

Researchers have found that people who experience long-term homelessness often come from families that have disintegrated or for whom positive relationships are non-existent (see, for example, Caton et al. 2005). There is an obvious connection between problematic family relationships and child protection, but not all people who lack family support require assistance from State care and protection systems.

Similarly, one might expect that homelessness might become more entrenched for those growing up in particularly vulnerable families. While there is an extensive literature on the intergenerational transmission of poverty and disadvantage, the literature is less developed in the area of homelessness (Flatau et al. 2009).

Finally, numerous studies show a strong association between childhood abuse and homelessness (Herman et al. 1997) as well as high rates of violent victimisation among the homeless (Simons et al. 1989). Childhood trauma, in particular, is thought to create difficulties for young people to form and sustain relationships with others and these difficulties often extend into adulthood.

In this chapter of the report we therefore examine various indicators attempting to capture the family environment that respondents grew up in during their childhood. This includes specific measures of how supportive respondents' family environments were while they were growing up, intergenerational factors capturing the socio-economic status of parents/caregivers, and exposure to violence and abuse in childhood. Links between recent exposure to violence and homelessness are also explored.

4.1 Family history

First we wish to examine the supportiveness of the family environment while growing up. To gauge the levels of family support JH respondents had in their childhoods, they were asked to rate the following six items on a scale ranging from 1 "Never true" to 5 "Very often true":

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

These indicators of family support are highly correlated; therefore we created a score to capture the overall level of family support, summing across all six items after reversing negatively worded questions. We then differentiate between low (score of 0-5), medium (score of 6-18) and high (score 19-24) family support categories.

In addition, we also examine differences in experiences of homelessness for those living with a biological parent/s at age 14, those living with non-biological caregiver/s at age 14 and those with no principal caregiver at age 14, and whether respondents had ever spent time in State care during their childhood.

Average homelessness prevalence rates across all of the family history categories are presented in Table 4.1. The average prevalence of overall homelessness does not vary substantially for those with varying levels of family support, nor does the prevalence of primary homelessness: those reporting low levels of family support during their childhood are slightly more likely to be homelessness overall than those reporting better levels of family support, but the difference is not large.

Homelessness does however seem to be more common for respondents that lived with non-biological caregiver/s at age 14 – with an average prevalence rate of 28.4 per cent – than for other respondents, particularly those living with a biological parent who had an average prevalence rate of 20 per cent. This difference is also apparent when examining rates of primary homelessness. Counter to our initial expectations, differences in the prevalence of homelessness between those who had ever been in State care versus those who hadn't been are minor.

Table 4.1: Average prevalence of homelessness by family history

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Low family support (0-5)	23.4	2.6	722
Medium family support (6-18)	20.5	2.6	3510
High family support (19-24)	20.1	2.7	2578
At age 14:			
Lived with biological parent/s	20.0	2.9	5809
Lived with non-biological caregiver/s	28.4	5.2	748
No principal caregiver	24.0	2.5	366
Ever in State care	22.6	3.3	1754
Never in State care	20.8	3.2	5219
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where various aspects of family history were not reported.

Next we wish to see what the relationship is between family history and patterns of homelessness entry and exits. Thus in Table 4.2 we present homelessness entry and exit rates by the same family history indicators presented earlier. Again we see no clear pattern in entry and exit rates for respondents reporting varying levels of family support during childhood: those reporting low levels of support have slightly higher entry rates than other respondents but the difference is not large, and exit rates are similar across the groups. We do, however, see that those living with at least one of their biological parents at age 14 were less likely to enter homelessness, with a homelessness entry rate of 9.1 per cent. Those living with non-biological carers were slightly more likely to enter homelessness, with an entry rate of 11.6 per cent, and those not living with any principal caregiver the most likely to enter homelessness, with an entry rate of 14.2 per cent. Interestingly, however, exit rates were also highest for those with no principal caregiver at age 14, and lowest for those living with non-biological caregiver/s. Average entry rates into primary homelessness were of course much lower, ranging from 1.1 per cent for those living with non-biological parents/carers to 1.9 per cent for those living with at least one biological parent. Exit rates from primary homelessness follow a similar pattern to those from overall homelessness.

Table 4.2: Average rates of entry into, and exit from, homelessness by family history (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Low family support (0-5)	11.3	41.3	0.8	33.8
Medium family support (6-18)	9.3	43.8	1.4	38.2
High family support (19-24)	9.5	41.6	1.1	38.0
At age 14:				
Lived with biological parent/s	9.1	42.1	1.4	38.7
Lived with non-biological parent/s	11.6	33.0	1.1	20.2
No principal caregiver	14.2	58.2	1.9	57.6
Ever in State care	11.2	43.0	1.8	39.5
Never in State care	9.3	41.5	1.4	38.9
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where various aspects of family history were not reported.

Entry rates, overall and for primary homelessness, for those that had ever spent time in State care over their childhood were slightly higher than for those that had not. However exit rates were also slightly higher, which suggests that those ever placed in State care may have more – but not necessarily longer – spells of homelessness. Table 4.3 below sheds more light on this question.

When looking at all of the information on housing status across the six waves, including housing status experienced between interviews, presented in Table 4.3, we see a pattern consistent with that shown when examining the point-in-time information. There is no clear pattern with respect to the proportion of time homeless, neither for overall homelessness nor for primary homelessness, when looking at differences in reported levels of family support in childhood or for those ever in State care vs those never in State care. Likewise, there is no clear pattern when examining the total number of times homeless.

Respondents that were living with at least one of their biological parents at age 14 however spent slightly less time homeless and less time primary homeless than respondents with non-biological caregivers or not living with any primary caregiver at age 14. They also experienced the fewest number of homeless spells on average than respondents with other care arrangements. This does seem to suggest that the family setting during childhood is an important factor in contributing to homelessness, but the relationship is not as strong as one might expect.

Table 4.3: Extent of homelessness by family history

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Low family support (0-5)	23.6	0.9	2.9	0.3
Medium family support (6-18)	16.5	1.0	2.0	0.3
High family support (19-24)	20.3	0.8	2.2	0.2
At age 14:				
Lived with biological parent/s	17.8	0.9	1.9	0.2
Lived with non-biological parent/s	23.2	1.1	4.7	0.3
No principal caregiver	24.7	1.2	2.2	0.5
Ever in State care	18.6	1.0	2.2	0.3
Never in State care	18.6	0.9	2.2	0.2
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where various aspects of family history were not reported.

4.2 Characteristics of parents/caregivers

In this subsection we explore whether there are any links between the socioeconomic characteristics of respondents parents/primary caregivers and their homeless experiences during the JH study. The two sets of characteristics we explore include measures of the employment history of their parents/caregivers while growing up, and specifically whether either parent was unemployed for 6 months or more, and their primary caregivers' education.[3] First we start examining average prevalence rates of homelessness, and of primary homelessness, by the characteristics of respondents' primary caregivers in Table 4.4. While there are no obvious differences between homelessness prevalence rates for those whose primary caregivers experienced long-term unemployment (here defined as unemployment for 6 months or more), the prevalence of homelessness does vary by the education level of the primary caregivers of respondents. Homelessness rates are highest for those whose primary male and female caregivers had the lowest levels of education, with almost a third of respondents whose male or female caregivers only had primary or no schooling homeless. The prevalence of homelessness then typically decreases with the education level of both caregivers. The exception is for those whose fathers/male caregivers had a tertiary level of education, whom had an average prevalence of homelessness of 21.5 per cent, which is slightly higher than that of those with some form of secondary schooling. These patterns are also observed when examining primary homelessness.

[3] A range of other characteristics of parents/caregivers were also examined but no clear differences emerged. These include whether primary caregivers had a history of mental illness, incarceration, substance use problems and a history of problem gambling. Indicators of poverty in childhood were also examined.

Table 4.4: Average prevalence of homelessness by characteristics of primary caregivers

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
One or more parent/caregiver unemployed for 6 months or more	20.2	2.5	1266
Neither parent/caregiver unemployed for 6 months or more	21.3	3.5	5341
Education level of primary male caregiver:			
Unknown or not applicable	23.6	4.4	3033
Primary or no schooling	31.5	9.5	562
Secondary school but less than Year 10	15.7	1.0	1501
Year 11 or 12	15.4	0.3	913
Tertiary education	21.5	1.7	964
Education level of primary female caregiver:			
Unknown or not applicable	25.2	3.8	2345
Primary or no schooling	31.2	9.5	621
Secondary school but less than Year 10	18.0	1.9	2030
Year 11 or 12	16.7	1.6	1150
Tertiary education	14.8	1.2	827
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where characteristics of primary caregiver/s were not reported.

In Table 4.5 we delve a little further into the experiences of homelessness by the characteristics of parents/caregivers by examining homelessness entry and exit rates by these characteristics.

We see that entry rates to homelessness (and primary homelessness) are slightly higher for those who grew up in a household with a long-term unemployed primary caregiver. However, as the overall prevalence is made up of both entries and exits, the higher entry rate is balanced out by a higher exit rate as well.

The pattern of entry and exit to homelessness by the education level of primary male and female caregivers follows that seen with overall prevalence rates. Those whose primary caregivers had lower levels of education tend to exhibit higher rates of entry to homelessness over the survey period and lower exit rates out of homelessness as well. Again, as we saw with the average prevalence of homelessness, respondents whose primary male caregiver had a tertiary education were an exception who had slightly higher entry rates and lower exit rates than those whose primary male caregiver had secondary schooling. Although respondents whose primary female caregiver had a tertiary level education were less likely to enter homelessness, if they did they were less likely to exit than those with only some form of secondary schooling qualification.

Table 4.5: Average rates of entry into, and exit from, homelessness by characteristics of primary caregivers (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
One or more parent/caregiver unemployed for 6 months or more	11.4	51.1	1.6	52.0
Neither parent/caregiver unemployed for 6 months or more	9.1	38.4	1.4	35.6
Education level of primary male carer				
Unknown or not applicable	11.2	39.0	2.2	38.3
Primary or no schooling	12.7	33.9	2.8	29.2
Secondary school but less than Year 10	8.2	50.4	0.9	85.4
Year 11 or 12	6.7	47.3	0.1	60.4
Tertiary education	9.2	45.8	0.7	37.9
Education level of primary female carer				
Unknown or not applicable	12.2	39.4	2.2	51.5
Primary or no schooling	12.9	30.3	1.7	20.0
Secondary school but less than Year 10	9.2	53.1	1.2	44.0
Year 11 or 12	7.4	42.4	0.8	47.8
Tertiary education	5.6	39.8	0.9	45.6
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where characteristics of primary caregiver/s were not reported.

These entry and exit rate patterns are consistent with the results presented in Table 4.6, which show the total proportion of time respondents spent homeless between waves 1 and 6, and the total number of times they were homeless. That is, whether the respondent grew up in a household with a long-term unemployed parent/caregiver does not seem to be related to the total proportion of time homeless or the number of times they were homeless over the survey period. The proportion of time and frequency of homelessness does, however, seem to be related to the education level of their primary caregivers. Respondents whose primary caregivers had very low or no levels of formal education spent much more time during the survey period homeless than other respondents. For instance, respondents whose primary male caregiver had primary or no schooling spent over a quarter (27.1 per cent) of the survey period homeless, and 8.8 per cent of time primary homeless, whereas respondents whose primary male caregiver had attended secondary school but had not completed Year 10 spent 15.8 per cent of the time homeless, and only 0.7 per cent of it in one of the primary homeless categories. Likewise respondents whose primary female caregiver had primary or no schooling spent almost a quarter (24.8 per cent) of the survey period homeless, and 8.5 per cent of it primary homeless whereas respondents whose primary male caregiver had secondary school but less than Year 10 spent 16.5 per cent of the time homeless, and only 1 per cent of it in one of the primary homeless categories. There is, however, little variation in the average number of times respondents are homeless by the characteristics of caregivers.

Table 4.6: Extent of homelessness by characteristics of primary caregivers

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
One or more parent/caregiver unemployed for 6 months or more	17.3	1.0	2.0	0.2
Neither parent/caregiver unemployed for 6 months or more	18.6	0.9	2.3	0.2
Education level of primary male carer				
Unknown or not applicable	18.7	1.0	2.5	0.3
Primary or no schooling	27.1	0.9	8.8	0.3
Secondary school but less than Year 10	15.8	0.9	0.7	0.2
Year 11 or 12	15.3	0.8	0.6	0.1
Tertiary education	21.2	1.0	1.5	0.2
Education level of primary female carer				
Unknown or not applicable	20.4	1.0	2.0	0.3
Primary or no schooling	24.8	0.9	8.5	0.3
Secondary school but less than Year 10	16.5	1.0	1.0	0.2
Year 11 or 12	18.4	0.9	1.6	0.2
Tertiary education	13.3	0.7	0.8	0.1
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where characteristics of primary caregiver/s were not reported.

4.3 Exposure to violence

In Table 4.7 we see that there does not appear to be a strong correlation between exposure to neglect or abuse as a child and experiences of homelessness for JH respondents: while the average prevalence of homelessness is highest for respondents who reported experiencing sexual assault as a child (23.3 per cent) and for those that did not answer the questions on sexual violence (22.3 per cent) in the survey compared to those who reported not having experienced sexual violence (20.2 per cent), this difference is not large. The prevalence of homelessness appears, however, to vary little, if at all, with childhood experiences of other forms of physical violence, and strangely, it is slightly higher for those that reported not being exposed to one of the indicators of neglect or emotional abuse.

Homelessness does, however, appear to be more related to recent experiences of violence than to childhood experiences, with over a quarter of those experiencing physical or sexual violence over the survey period homeless at any point-in-time. By comparison, 19.5 per cent of respondents who had no recent experience of violence were homeless on average. This pattern is also evident for primary homelessness, with 4.3 per cent of those experiencing recent physical or sexual violence (i.e., in the last 6 months) sleeping rough or squatting on average, compared to only 2.4 per cent of those not experiencing recent violence. Interestingly, homelessness rates are highest for those not answering the violence questions,

Table 4.7: Average prevalence of homelessness by exposure to violence

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
As a child:			
Experienced neglect or emotional abuse	19.7	2.2	2987
Did not report experiencing neglect or emotional abuse	22.3	3.5	3529
Did not answer violence questions	22.9	7.4	457
As a child:			
Experienced physical violence or force	20.8	2.1	3050
Did not report experiencing physical violence or force	21.3	3.6	3538
Did not answer violence questions	23.4	8.3	385
As a child:			
Experienced sexual assault	23.3	3.5	1871
Did not report experiencing sexual assault	20.2	2.5	4342
Did not answer sexual violence questions	22.3	6.7	760
In the last 6 months:			
Experienced physical or sexual violence	25.3	4.3	1161
Did not report experiencing violence	19.5	2.4	5605
Did not answer violence questions	37.7	14.2	207
Total	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.

with an overall average homelessness rate of 37.7 per cent and a primary homelessness rate of 14.2 per cent. This suggests that the small group opting out of the violence questions are those that are the most vulnerable.

In Table 4.8 we see that entry and exit patterns are consistent with the patterns of prevalence we saw earlier: there is no clear pattern in relation to childhood experiences of neglect and abuse however recent violence appears much more correlated with entries and exits to/from homeless. Interestingly both entries to, and exits from, homelessness are higher for those experiencing recent violence relative to those not experiencing recent violence. Those refusing to answer the violence questions were however by far the most likely to enter homelessness, with an entry rate to overall homelessness of 22.1 per cent, and the least likely to exit, with an exit rate of 33.8 per cent. This pattern is also apparent in relation to primary homelessness: the entry rate is highest, at a rate of 4.8 per cent, and exit rate lowest at a rate of 26 per cent, for those opting out of the violence questions.

Table 4.9 provides a little more detail on experiences of homelessness over the total survey period by presenting the proportion of time and number of times homeless for those exposed to violence versus those not exposed to violence. Again we see results consistent with those found when examining the average prevalence of homelessness over the six waves, experiences of homelessness appear to be unrelated, or not related in a straightforward manner, to childhood experiences of neglect and violence. Whereas more time is spent homeless, and more homeless spells are experienced, by those with recent experiences of physical or sexual violence. Again, those not answering the violence questions appear to be

Table 4.8: Average rates of entry into, and exit from, homelessness by exposure to violence (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
As a child:				
Experienced neglect or emotional abuse	10.1	47.8	1.3	51.8
Did not report experiencing neglect or emotional abuse	9.0	37.0	1.3	27.4
Did not answer violence questions	12.9	44.7	3.9	51.5
As a child:				
Experienced physical violence or force	10.3	44.8	1.2	56.1
Did not report experiencing physical violence or force	8.8	39.3	1.3	27.3
Did not answer violence questions	13.4	43.1	4.5	51.5
As a child:				
Experienced sexual assault	10.5	42.4	1.0	28.7
Did not report experiencing sexual assault	9.3	42.1	1.3	38.6
Did not answer sexual violence questions	10.8	39.7	3.7	53.3
In the last 6 months:				
Experienced physical or sexual violence	11.9	46.2	2.1	59.6
Did not report experiencing violence	8.8	41.3	1.2	35.2
Did not answer violence questions	22.1	33.8	4.8	26.0
Total	9.8	41.9	1.5	39.1

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.

the most vulnerable, spending around a quarter of the survey period homeless, 6.5 per cent of the survey period in primary homelessness, and experiencing homelessness at least as often as those reporting having experienced violence of some form.

4.4 Conclusion

In this chapter we have examined whether there is evidence to suggest that homelessness is more prevalent, and more persistent, for JH respondents who have had grown up in less supportive family environments than those growing up with stronger families. We also examined whether there is any evidence of an intergenerational transmission of disadvantage by looking at the relationship between the education levels and labour force histories of primary caregivers and respondents experiences of homelessness over the JH survey period. Finally we examined links between exposure to violence in childhood, more recent experiences of violence and homelessness.

Interestingly we find that associations between current experiences of homelessness and respondents' histories are either non-existent, or not as strong as one might expect. It does appear that respondents that lived with at least one of their biological parents were less at risk of experiencing homelessness over the survey period than others, but the differences are not huge particularly when examining the total proportion of time they spent homeless. Respondents whose primary caregivers had very low levels of education (primary or no schooling) were also more likely to experience homelessness, and for longer periods, than

Table 4.9: Extent of homelessness by exposure to violence

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
As a child:				
Experienced neglect or emotional abuse	17.6	1.0	1.9	0.3
Did not report experiencing neglect or emotional abuse	19.8	0.9	2.5	0.2
Did not answer violence questions	16.0	1.0	2.6	0.3
As a child:				
Experienced physical violence or force	18.7	1.0	1.4	0.2
Did not report experiencing physical violence or force	19.0	0.9	2.8	0.2
Did not answer violence questions	15.2	1.0	3.0	0.3
As a child:				
Experienced sexual assault	20.0	1.0	2.8	0.3
Did not report experiencing sexual assault	18.2	0.9	1.8	0.2
Did not answer sexual violence questions	17.9	0.9	3.1	0.3
In the last 6 months:				
Experienced physical or sexual violence	23.5	1.2	4.7	0.4
Did not report experiencing violence	17.5	0.9	1.7	0.2
Did not answer violence questions	25.1	1.1	6.5	0.4
Total	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.

others, but the education levels of primary caregivers seem to have little effect other than at this extreme bottom end.

On the other hand, there is evidence to suggest that homelessness and recent experiences of either physical or sexual violence often go hand in hand. This is particularly true of primary homelessness.

5 Current family circumstances and support

Key findings in this chapter:

This chapter examines the association between homelessness and the nature of the JH respondents' family ties. The results confirm that family ties matter - people with stronger family ties are, on average, less likely to experience homelessness, and if they do become homeless, they tend to exit homelessness more quickly. More specifically, we find that:

- The prevalence of homelessness is higher for those with no family contact than those with some contact (29.8% vs 20.1%)
- The amount of time homeless during JH is higher for those with little or no family contact than those with regular family contact (24.5% vs 16.1%)
- The prevalence of homelessness is, on average, higher among respondents who experience the death of a spouse or a child (30.1% vs 20%), with rates of primary homelessness nearly five time higher (15.3% vs 3.2%).
- Respondents who experienced the death of a spouse or a child are much more likely to enter homelessness by the next interview than those who did not (17.2% vs 9.6%), and once homeless they struggled to get out, judging by the low exit rate (27.5% vs 41.3%).
- The chances of experiencing homelessness, are, on average, higher for those who recently separated or divorced.

In the previous chapter we examined whether homelessness was related in any way to the family environment that JH respondents were exposed to when they were growing up. Current family circumstances are, however, also incredibly important; for most people their families, and to a lesser extent their friends, are the first line of defence 'against the vicissitudes of life' (Rossi 1989, p.166). Families are an important source of emotional support, as well as material and practical assistance. The sorts of social, cultural and economic capital families provide can protect family members against abrupt changes in their circumstances. When people lose their jobs, when relationships collapse, or when some other form of 'bad luck' strikes, family support is often what enables individuals to weather any crisis. A cultural expectation in Australia is that it is normal to live with a family, and a basic value in Australian society is that individuals can draw on support from their families when they need it. Social policy in Australia has long recognised the importance of family, and a great deal of emphasis has consistently been placed on a family's obligation to provide support for all of the members, both parents and children.

However, studies have revealed that such normative judgements about family to be problematic for people at risk of homelessness because the family ties of homeless individuals are typically weak (Rossi 1989; Baum & Burns 1993). If we add to these results the well documented findings that most homeless people are single, few have ever been married (Wolch & Dear 1993), and about one third have been divorced or separated at some point in their lives (Piliavin et al. 1993), then the picture that emerges is of a population profoundly 'isolated from family and friends' (Wolch & Dear 1993, p.236).

While weak family ties and a lack of family support are often linked to pathways into homelessness, it is also the case that families can play a crucial role in enabling people to exit and remain out of homelessness. Studies show that those with shorter durations of homelessness report more extensive family contact and more supportive family relationships (Wolch et al. 1993; Caton et al. 1994; Lam & Rosenheck 1999). In contrast, the long-term homeless often report chronic disengagement from their families, reflecting not only estrangement before homelessness but also the difficulty of maintaining contact while homeless.

Following this literature, our aim in this chapter is to establish the association between homelessness and the nature of JH respondents' current family ties. We use the full six waves of the JH study to examine the relationship between the respondents' current family situation, levels of support provided by family, and homelessness. More specifically this chapter examines the following questions:

- What is the extent and nature of contact the JH sample has with their families (and friends?)
- Is there any evidence that the prevalence of homelessness is linked to lower levels of family support and weaker family ties?
- Is there any evidence that transitions into and out of homelessness are linked to different family circumstances and different levels of family support?
- Is there any evidence that the amount of time people are homeless during JH is, in any way associated with familial circumstances?

5.1 Results

To address the research questions we examine the relationship between homelessness, the respondents' family situation and the availability of family support in a number of different ways. First, we consider the average prevalence of homelessness by respondents' family situation (Table 5.1) and then by the availability of family support (Table 5.2). Following the same approach, we then examine the rate of entry into, and exit from, homelessness (Table 5.3 and Table 5.4) before we examine the extent of homelessness (Table 5.5 and Table 5.6).

Four results stand out in Table 5.1. First, as shown in Chapter 3, single respondents, whether never married or widowed, divorced, or separated, are more likely to be homeless on average at any point-in-time than are those that are married/defacto (24.6 and 24.1 per cent respectively vs 11.1 per cent). However, the average prevalence of homelessness rises to 27.6 per cent if a separation occurred since the last interview. This suggests that not only does separation matter, but that the recency of any separation matters as well, and that some individuals have a period of acute vulnerability immediately following separation. This pattern is also seen with regards to primary homelessness. Sample sizes, however, are quite small, particularly when examining recent separations, and therefore we do not want to place too much emphasis on these statistics.

The second important finding is that the average prevalence rate of homelessness for respondents who, since their last interview, left their accommodation because of family breakdown was 29 per cent. This is just over 10 percentage points higher than the rate for those who either did not leave their accommodation or left for other reasons (17.2 per cent).

The third finding is particularly telling –the prevalence of homelessness is higher for those with no contact with their family than those with some contact (29.8 per cent versus 20.1 per cent). Having some form of contact suggests positive family relations, and this in turn appears to provide some protection against homelessness. Furthermore, the amount of contact appears to matter as well – Table 5.1 shows that among the respondents that have contact at least once a week, the chance of being homeless is five percentage points less, at any particular point-in-time, than those who are in less frequent contact with their family (18.6 vs 24.0 per cent) over the survey period.

The final empirical result that stands out in Table 5.1 relates to the death of a spouse or a child; the average homeless rate is a full 10 percentage points higher among respondents who experience the death of their spouse or a child compared to those who do not lose a spouse or a child. Furthermore, rates of primary homelessness are nearly five times higher for respondents who lose a spouse or a child than those who do not (15.3 vs 3.2 per cent). There is no evidence the death of a close relative matters a great deal.

When we examine the relationship between the average prevalence of homelessness and family support (Table 5.2) we can see that on most measures support from family and friends is negatively related to homelessness – that is, where there is little or no support the average prevalence of homelessness is higher. However, we note that the relationship is not a particularly strong one. As much as anything this may reflect the imprecision of our measure, in particular the grouping of family and friends together. This may have obscured potentially different effects of families and friends on the housing circumstances of the respondents. Nonetheless, a few results warrant mention. First, homelessness is more prevalent among respondents who reported in wave 1 that their family and friends are not particularly helpful with respect to resolving personal problems, with an average homeless rate eight percentage

points higher than that of those who report their families and friends are helpful (25.1 vs 17.2 per cent). Further, the rate of primary homelessness is five times higher for those reporting that their family and friends are not helpful (5.3 vs 1.1 per cent).

Table 5.1: Average prevalence of homelessness by current family situation

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Marital status			
Never married	24.6	3.7	3982
Widowed / divorced / separated	24.1	4.0	1330
Married / de facto	11.1	1.6	1661
Widowed / divorce / separated since last interview			
No	20.1	3.4	5745
Yes	27.6	7.2	54
Left last place prior to wave 1 because of family breakdown/conflict			
No	20.6	2.9	5947
Yes	22.3	1.6	945
Left place since last interview because of family breakdown/conflict			
No	17.2	1.5	5024
Yes	28.6	3.0	480
Has lived with family / friends			
No	20.5	3.6	4440
Yes	22.6	2.6	2533
Contact with family			
No	29.8	5.7	770
Yes	20.1	2.8	6178
Contact with family at least once a week			
No, less	24.0	4.2	1693
Yes	18.6	2.3	4478
Satisfaction with relationships with family / close friends			
Less than totally satisfied (Score=0-9)	23.1	3.2	4751
Totally satisfied (Score=10)	16.8	3.2	2159
Serious personal injury or illness of a close relative			
No	20.8	3.4	4584
Yes	16.6	3.3	1186
Death of a spouse or child			
No	20.0	3.2	5726
Yes	30.1	15.3	60
Death of other close relative			
No	19.9	3.0	4918
Yes	21.1	5.8	863
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where family characteristics were not reported.

Table 5.2: Average prevalence of homelessness by current levels of family support

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Family / friends are very helpful with personal problems			
No, very unhelpful-somewhat helpful	25.1	5.3	3320
Yes	17.2	1.1	3521
Family / friends are very helpful for financial assistance			
No, very unhelpful-somewhat helpful	22.3	3.9	4625
Yes	18.2	1.6	2177
Asked for financial help from family / friends			
No	19.5	2.3	3606
Yes	22.9	4.0	3327
Has debt with family / friends			
No, only from other sources	21.2	2.7	3442
Yes	20.9	3.1	1418
Primary source of debt is with family / friends			
No, other source	21.3	2.7	4228
Yes	17.5	2.1	429
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where family support characteristics were not reported.

Understanding the flows in and out of homelessness has been of particular interest throughout the JH study. In Table 5.3 we examine the entry and exits patterns by the respondents' family situation. As described in Chapter 3, when we use the term entry rate we are referring to the percentage of individuals whose housing status changed from housed to homeless between one wave and the next among those who were initially housed. When we use the term exit rate we are referring to the percentage of individuals whose housing status changed from homeless to housed between one wave and the next among those who were initially homeless.

A number of findings stand out. First, those who were widowed, divorced or separated since their last interview (on average a 6-month period) are more likely to enter homelessness by the next wave than those who were not (16.6 vs 9.6 per cent). They were also much more likely to exit homelessness (70 vs 40.5 per cent). The higher entry rate makes intuitive sense but the higher exit rate is harder to explain. It may well be that separations increase short spells of homelessness thus increasing both entry and exit rates.

Table 5.3: Average rates of entry into, and exit from, homelessness by current family situation (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Marital status				
Never married	10.7	41.0	1.4	31.1
Widowed / divorced / separated	10.0	38.1	2.6	62.1
Married / de facto	7.6	53.4	0.7	33.8
Widowed / divorce / separated since last interview				
No	9.6	40.5	1.3	36.7
Yes	16.6	70.0	0.0	51.3
Left place since last interview because of family breakdown/conflict				
No	8.9	39.0	1.1	46.5
Yes	14.3	69.7	1.8	69.1[a]
Has lived with family / friends				
No	8.8	30.8	1.3	35.7
Yes	11.4	60.4	1.7	48.5
Contact with family				
No	11.3	31.9	1.8	24.7
Yes	9.5	43.7	1.3	43.9
Contact with family at least once a week				
No, less	10.6	38.7	1.3	33.1
Yes	9.1	46.0	1.4	50.5
Satisfaction with relationships with family / close friends				
Less than totally satisfied (Score=0-9)	10.1	41.5	1.6	34.9
Totally satisfied (Score=10)	8.7	43.7	1.0	49.1
Serious personal injury or illness of a close relative				
No	9.7	40.0	1.3	34.2
Yes	9.7	46.9	1.5	56.4
Death of a spouse or child				
No	9.6	41.3	1.3	39.7
Yes	17.2	27.5	0.0	0.0
Death of other close relative				
No	9.7	40.5	1.1	37.1
Yes	9.2	43.7	2.6	37.2
Total[b]	9.8	41.9	1.5	39.1

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Cell size is fewer than 5 observations.
b Total includes a small number of cases where family characteristics were not reported.

We also see that the entry rate is higher among those who left their place since the last interview because of family conflict (14.3 vs 8.9 per cent), but so is the exit rate (69.7 vs 39.0 per cent). As with the previous table, respondents who have infrequent contact (contact less than once a week) or no contact at all with their families have a higher entry rate and a lower exit rate than those who have contact. While the differences are small, it suggests that

estrangement from families matters. The final empirical finding of note draws attention to the impact of the death of a close family member, defined here as a spouse or a child. The entry rate for those who experienced such a loss is nearly twice the rate of those who did not (17.2 vs 9.6), and once homeless it appears they then struggle to get out, judging by the low exit rate (27.5 vs 41.3 per cent).

When we examine the relationship between entry and exit rates and current levels of family support (Table 5.4) we observe little meaningful difference with respect to entry rates – across the three measures the difference between those who receive some form of family support and those who do not are modest. However, the pattern is very different when we examine exit rates. For instance, the exit rate from primary homelessness among respondents who have asked for financial help from families and friend is 12 percentage points higher than those who have not. Similarly, the exit rate among those with a debt to family and friends is nearly double that that of those who no such similar debts (62.5 vs 35.8). Although the data support no single conclusion, a reasonable inference to draw is that material support from family is a key factor that enables many individuals to get out of homelessness.

Table 5.4: Average rates of entry into, and exit from, homelessness by current levels of financial support provided by family (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Asked for financial help from family / friends				
No	8.4	36.9	1.2	32.3
Yes	11.1	46.0	1.7	44.0
Has debt with family / friends				
No, only from other sources	10.0	41.4	1.6	35.8
Yes	9.6	45.9	1.8	62.5
Primary source of debt is with family / friends				
No, other source	9.7	42.8	1.5	42.9
Yes	8.8	43.7	1.7	22.5
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where family support characteristics were not reported.

We are also interested in any association with the amount of time people are homeless. The results in Table 5.5 indicate that irrespective of whether or not people have been widowed, separated or divorced during JH there was little difference between the proportion of time people were homeless (20 vs 18.2 per cent). The amount of time homeless was, however, slightly higher if the divorce, separation or widowing occurred during the survey period (22.3 per cent vs 18.5). There was a substantial difference in the proportion of time spent in the primary homeless population, with those who separated, divorced or widowed during JH spending nearly quadruple the amount of time homeless over the course of JH, compared to those who did not (7.7 vs 2.0 per cent).

Table 5.5: Extent of homelessness by current family situation

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Widowed / divorced / separated				
Not in any wave	18.2	1.0	1.9	0.2
In at least one wave	20.0	0.9	3.4	0.3
Widowed / divorce / separated since last interview				
Not in any wave	18.5	0.9	2.0	0.2
In at least one wave	22.3	1.2	7.7	0.5
Left last place before wave 1 because of family breakdown/conflict				
Yes	17.9	0.9	1.7	0.2
No	20.0	1.0	1.9	0.3
Left place since last interview because of family breakdown/conflict				
Not in any wave	17.8	0.7	1.5	0.2
In at least one wave	19.4	1.4	3.3	0.3
Has lived with family / friends				
Not in any wave	19.3	0.5	1.8	0.1
In less than 3 waves	18.8	0.9	2.9	0.3
In 3-5 waves	18.0	1.3	2.3	0.3
In every wave	18.0	1.0	0.2	0.2
Contact with family				
Never-sometimes	24.5	1.1	3.3	0.3
In every wave	16.1	0.9	1.8	0.2
Contacts with family at least once week				
Never-sometimes	20.1	1.0	2.4	0.3
In every wave	15.5	0.8	1.8	0.2
Totally satisfied of relationships with family / close friends				
Not in any wave	18.0	1.0	2.8	0.3
In at least one wave	19.0	0.9	1.9	0.2
Serious personal injury or illness of a close relative				
Not in any wave	22.3	0.9	2.2	0.2
In at least one wave	16.0	1.0	2.2	0.2
Death of a spouse or child				
Not in any wave	18.4	0.9	1.8	0.2
In at least one wave	21.9	1.1	10.9	0.5
Death of other close relative				
Not in any wave	19.3	0.9	1.8	0.2
In at least one wave	17.7	1.0	2.8	0.2
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where family characteristics were not reported.

We also observe a strong result with respect to family contact. Again those respondents who have little or no contact with their family seem to fare considerably worse – on average they spent nearly a quarter of the time during JH homeless (24.5 per cent). They also had slightly more episodes than those who had regular contact with their families over the course of JH (1.1 vs 0.9 episodes on average).

We also find that those who lost a child or a spouse spent more time homeless than those who did not, but the difference was relatively modest (21.9 vs 18.4 per cent). However, the death of a spouse or child increased the proportion of time spent without any form of shelter (primary homelessness) considerably, from 1.8 per cent to 10.9 per cent. The death of a close relative had little impact on the amount of time people were homeless during JH.

Turning our attention to the relationship between the extent of homelessness and family support (Table 5.6), as we might expect respondents who reported that their family or friends helped them to resolve personal problems spent less time homeless and had fewer episodes of homelessness, although the differences were not great. The pattern is much the same with respect to financial assistance, with those reporting that family or friends provided, or are helpful for, financial assistance spending less time homeless and reporting fewer episodes of homelessness during JH. The pattern with respect to actual financial support is ambiguous, with respondents who asked more frequently for their family's financial help spending more time homeless overall. This may reflect the fact that those respondents are the ones most in need of family support.

5.2 Conclusion

The findings presented in this chapter suggest that there are associations between an individual's housing status, their family situation, and the level of support available to them.

A couple of results in particular stand out. First, on nearly every measure we report, individuals that had little or no contact with their family were more likely to be homeless at a point-in-time, spend more time homeless, and have more episodes of homelessness. Although we cannot draw any causal inferences from our results, they do nonetheless corroborate findings from a number of existing studies that identify the important role that families play in preventing homelessness, reducing the duration of homelessness, and assisting individuals out of and sustaining their exits from homelessness.

Second, differences in the chances of being homeless are much higher for those who separate, divorce or become widows. They are also higher for those who have suffered from the death of a spouse or a child, although the total number of individuals experiencing such a loss is small overall.

These findings, in combination with the other results presented in the chapter, confirm the need for a range of policy options that include strengthening the material capacity of families to assist individual household members. Families are one of the best defences against homelessness. While this has been long understood by policy makers, the relationship between homelessness and family has commonly been framed in terms of problems between family members. Hence, we find in Australia that family reunification is already a key element in many programs designed to prevent homelessness, but that these programs are typically targeted at young people at risk of homelessness. While this makes good sense, based on the findings presented in this chapter, we believe that the development of programs

designed to enhance the prospect of family support and/or family reunification should be developed for a broader range of at-risk individuals.

While it is equally important to recognise that for some individuals family reunification is neither desired nor possible, this chapter nonetheless provides a strong reminder of the important role families can and do play. The results throw a spotlight on family centred policy initiatives and while there are limits to such a policy approach, reducing the burden on families, particularly low-income families, may well go some of the way to minimising the risk of homelessness for some individuals.

Table 5.6: Extent of homelessness by current levels of family support

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Family / friends are very helpful with personal problems				
No (very unhelpful-somewhat helpful)	20.7	1.1	3.5	0.3
Yes	16.6	0.8	1.0	0.1
Family / friends are very helpful for financial assistance				
No (very unhelpful-somewhat helpful)	19.1	1.0	2.7	0.3
Yes	17.5	0.9	1.1	0.2
Asked for financial help from family / friends				
Didn't ask in any wave	18.6	0.6	1.7	0.1
In less than 3 waves	18.5	0.9	1.4	0.2
In 3 waves	19.6	1.0	0.8	0.2
In 3-5 waves	17.1	1.1	3.6	0.4
In every wave	22.1	1.1	3.4	0.2
Has debt with family / friends				
No debt in any wave	19.7	0.9	1.4	0.2
In less than 3 waves	17.2	1.0	1.1	0.2
In 3-5 waves	20.2	1.2	3.9	0.4
In every wave	11.8	0.5	1.5	0.1
Primary source of debt is with family / friends				
Not in any wave	18.7	1.0	2.0	0.3
In at least one wave	18.1	1.0	1.3	0.2
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where family support characteristics were not reported.

6 Education, employment and income support

Key findings in this chapter:

- While persons with very low levels of education are generally at higher risk of entering homelessness than others, within this sample of vulnerable people persons with university education were also found to be at relatively high risk.
- Homelessness is inversely correlated with paid employment. This inverse association between employment and homelessness is only prominent for men, however.
- The direction of causality between employment and homelessness is not clear. The evidence presented here, however, is, at least for men, consistent with causation running in both directions.
- Among women, casual and fixed-term contract employment is, relative to more permanent jobs, associated with a higher risk of homelessness. No such association was found among employed men.
- As expected, persons who are most exposed to homelessness are much more likely to be reliant on income support
    - Reflecting the differential treatment and behaviour of parents of young children, homelessness is far less acute for those in receipt of Parenting Payment.
    - Differences across persons in receipt of the other common types of income support payments – and especially Newstart and Disability Support Pension – are very small.

In this chapter we look at three inter-related topics: education; labour force status (and especially employment); and income support. The expectation is that homelessness is likely to be concentrated on persons with low levels of human capital (and hence low levels of formal education), and will be directly associated with reliance on income support and episodes of either unemployment or non-participation in the labour market. Nevertheless, the highly disadvantaged nature of the population under examination may mean that some of these relationships will not be as straightforward as anticipated. Most obviously, this is a sample that was originally drawn from Centrelink customers and hence all have at least some history of receiving income support. More importantly, the vast majority have had at least some experience of homelessness during their lifetime.

The key driving questions that we are looking for insights into are: (i) what role does education play in assisting people to avoid and escape homelessness; (ii) does employment protect people from homelessness, and what types of employment are more or less effective; and (iii) are different forms of income support associated with lower or higher rates of homelessness? But note that the descriptive nature of the analysis (together with the relatively small sample size) precludes strong conclusions, especially about causality, being reached.

6.1 Education

Education is usually found to be a major predictor of life outcomes, and there is no reason to think that homelessness should be an exception. As previously documented (Scutella et al. 2012, Table 1), levels of education within the JH sample when compared to the wider population are relatively low. Around 60 per cent of the initial sample of JH respondents had not completed Year 12 of high school or obtained a tertiary qualification (of equivalent or higher level), which compares with less than 30 per cent within the Australian population (aged 15 to 64 years).[4] Nevertheless, and despite the highly disadvantaged nature of the JH sample, it is not true that all JH sample members have low levels of education. At wave 1, almost 9 per cent of respondents reported having a university-level qualification (degree or diploma) and a further 19.3 per cent a vocational qualification, at certificate level III or IV (or equivalent). By wave 6 the proportion with a university qualification had changed very little, rising to just 10.2. In contrast, the proportion having completed a level III or IV vocational qualification rose by over 8 percentage points (to 27.9 per cent).

But for those already vulnerable is the possession of an education qualification a protection against homelessness? We thus now examine how educational attainment is associated with the prevalence of homelessness.

Given our relatively small sample size, we have divided all respondents into just five groups based on both their reported highest level of post-school qualification and highest year of schooling completed. These five groups consist of persons who: (i) have a degree or diploma from a university or other higher education institution; (ii) have a trade qualification or certificate at level III or IV; (iii) completed Year 12 of school (but did not obtain a higher-level post-school qualification); completed Year 10 or 11; and did not complete Year 10. Note that persons who report that their highest post-school qualification is a level I or level II certificate are coded as having education equivalent to completing Year 10 or 11, unless they

[4] Part of this difference is simply a reflection of the younger average age of the JH sample. However, it is unlikely that differences in age composition will account for more than a small fraction of this very large differential.

completed Year 12, in which case they will be coded to the Year 12 group. In effect, and following the ASCED framework used by the ABS (2001b), a level I or level II certificate is treated as being no higher than completing Year 11 at school.

In line with the practice adopted elsewhere in this report, we restrict the sample of analysis to the 'balanced panel' (persons that responded at all six survey waves) and present figures, cross-classified by education category, on: (i) the prevalence of homelessness averaged over the six data points (Table 6.1); (ii) average rates of entry into homelessness (conditional on being not homeless at the previous wave) and average rates of exit out of homelessness (conditional on being homeless at the previous wave) (Table 6.2); and (iii) both the total proportion of time measured as homeless and the total number of distinct homelessness spells during the course of the 6-wave study (Table 6.3). Also in line with the practice adopted throughout this report, descriptive statistics have been adjusted using weights that attempt to correct for the effect of differential probability of response at each survey wave (see Bevitt et al. 2013).[5]

Arguably the key, and certainly the most surprising, feature of Table 6.1 is the relatively high rate of homelessness among university-educated sample members. On average, almost one-in-four sample members with a university qualification are, according to the cultural definition, homeless at any point in time, while just over one-in-twenty are sleeping rough (and so classified as primary homeless). These proportions are not that much smaller than for the least educated sample members (those who had not managed to complete Year 10 of school or its equivalent). The group that seems to fare best are those who have completed Year 12 but have not yet completed a post-school qualification – on average, 17.2 per cent of sample members in this group are defined as homeless.

Rates of entry into homelessness, on the other hand, accord closer to expectations, with the highest rates of entry among the least educated (see Table 6.2). In contrast, exit rates are lowest, and noticeably so, among the university educated.

Table 6.1: Average prevalence of homelessness by education attainment

Educational attainment at t	*Cultural homelessness (%)*	*Primary homelessness (%)*	*Valid N*
Degree or diploma	24.8	5.4	647
Trade qual. / Certificate III, IV	19.5	3.0	1722
Year 12	17.2	3.0	782
Year 10 or 11	20.7	1.9	2664
Less than Year 10	26.3	5.9	1104
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where educational attainment status was either not reported or could not be determined.

[5] The effect of differences in the probability of initial selection is not accounted for.

Table 6.2: Average rates of entry into, and exit from, homelessness by education attainment (%)

Educational attainment at t-1	*Cultural homelessness*		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Degree or diploma	8.3	32.6	1.5	19.5
Trade qual. / Certificate III, IV	8.2	38.8	1.3	43.0
Year 12	6.4	41.7	1.0	35.7
Year 10 or 11	11.0	46.3	1.5	63.4
Less than Year 10	12.6	41.5	2.3	31.6
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where educational attainment status was either not reported or could not be determined.

Table 6.3: Extent of homelessness by education attainment

Educational attainment at wave 1	*Cultural homelessness*		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time primary homeless*	*No. of times primary homeless*
Degree or diploma	20.7	1.0	4.6	0.4
Trade qual. / Certificate III, IV	16.6	0.9	1.1	0.3
Year 12	15.2	0.7	1.0	0.2
Year 10 or 11	19.8	1.0	1.9	0.2
Less than Year 10	20.1	1.0	4.1	0.3
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where educational attainment status was either not reported or could not be determined.

When we take account of housing states, and changes in those states, over the entire 30-month survey period, including the periods between the six survey points, then we find (see Table 6.3) relatively modest differences in the proportion of time spent homeless across the five education attainment groups. The mean proportion of time spent in homelessness is highest for the university educated (20.7 per cent) and lowest for those who had completed Year 12 but not a post-school qualification[6] (15.2 per cent).

Taken at face value, these descriptive statistics seem to suggest that education, and more specifically a university degree or diploma, is no protection against homelessness. One problem with this conclusion, however, is that the initial sample is a highly selective one where the prevalence of university qualifications is already relatively low. Higher levels of

[6] Not including level I or II certificates.

education thus provide access to employment and other opportunities that help reduce the risk of both becoming reliant on income support, and more importantly, being flagged at some point by Centrelink staff as being homeless or at risk of homelessness. All Journeys Home data are thus conditional on being selected into the Journeys Home sample in the first place, which in turn implies a relatively high level of dependence on income support and a high degree of overall vulnerability.

It is therefore likely that there may be other factors correlated with both education and homelessness that are driving the observed positive relationship. Other research using the first five waves of Journeys Home data, for example, finds, in a multivariate 'hazard' model predicting the rates at which individuals transition out of homelessness, that university education is a positive influence (Cobb-Clark et al. 2014). Further, the differences were not small, with the expected median duration of homelessness spells for university graduates being 3.2 months shorter than that of those completing Year 12 (bearing in mind that the observation period was just 24 months).

Ultimately we are left with the rather unsatisfactory conclusion that it is difficult to determine from these simple descriptive statistics what role education plays in helping disadvantaged individuals cope with and respond to periods of homelessness. It is certainly true that relatively low levels of education are almost certainly an important factor associated with the risk of being a particularly vulnerable member of the income support population and hence a member of the JH sample. It is also clear that persons with very low levels of education (i.e., not completing Year 10 of high school) are at higher risk of entering homelessness than others. But further research is required to determine whether university education is associated with better housing outcomes for those who find themselves within this relatively disadvantaged population.

6.2 Employment and labour force status

In this section we present descriptive information on associations between labour force status and homelessness, as well as examine selected characteristics of jobs that might be expected to be associated with good housing outcomes. First, however, we briefly define the key labour market concepts being examined.

Definitions

The approach used in JH to define employment, and labour force status more generally, is based on the labour force framework recommended by the International Labour Organization, and used by central statistical agencies throughout the world, including by the Australian Bureau of Statistics (see ABS 2001a). In this framework the population is divided into two groups based on current activity: (i) the economically active population, or labour force; and (ii) the economically inactive. Within the former, the distinction is then made between persons who are employed and those who are unemployed. Embedded within this framework are a large number of rules for sorting populations into these (and other) different groups. Operationalising all of these rules within a survey, however, is both complicated and time intensive, and ultimately deemed not possible for JH. Instead JH employed only a subset of the questions used by the ABS in its Labour Force Survey (LFS). The subset chosen ensures that the definitions of employment and unemployment used here are based on the same key concepts as those used in the LFS, but nevertheless the measures constructed are not strictly comparable.

A person is classified as employed if that person either did any work in a job, business or farm in the 7 days prior to interview, or had a job, business or farm but did not work in the preceding 7 days because of holidays, sickness or other reason (such as maternity leave or workers compensation). While very similar to the LFS definition, there are a number of differences. Most importantly, whether persons who did not actually work in the survey reference week are considered employed would, in the LFS, also depend on how long they were away from work, whether they expected to return to work, and whether they were paid while not at work.

Note that anyone who reports that their employment arrangements involved no remuneration (that is, that they were an unpaid volunteer)[7] or that their job was a Mutual Obligation job or part of the Work for the Dole program is not classified as employed.

A person is classified as unemployed if they: (i) were without work in the 7 days prior to interview; (ii) had actively looked for work at any time during the four weeks preceding interview; and (iii) were available to start work in the week preceding interview. Active job search includes, among other things, applying for a job, answering an advertisement, being registered with Centrelink as a job seeker, checking or registering with an employment agency, and contacting friends or relatives to find a job. The main difference from the definition used by the ABS in the LFS is that no information is collected in JH about persons who are waiting to start a job. These would be classified in the LFS as unemployed if they could have started in the survey reference week had that job been available then.

All persons not classified as either employed or unemployed make up the group of persons classified as not in the labour force.

Note that many persons in this 'not in the labour force' group may share similarities with the unemployed in that not only are they without work, but they would also like a job, and indeed if a suitable job were available, may well be in employment. However, since they did not take any active steps to find employment in the previous four weeks they are not classified as unemployed. Many of these people are often referred to as discouraged job seekers (or the hidden unemployed). We thus distinguish between discouraged job seekers and other persons not employed and not seeking work. In this analysis a discouraged job seeker is anyone who, though not actively seeking a job, responded that they both would like a job and were available to start a job at some time in the next four weeks.

Labour force status by housing status

We begin our examination of employment and labour force status by presenting, in Table 6.4, a summary of the distribution of the JH sample by both labour force status and housing status at the time of each survey interview (as well as by gender). Note that unlike most of the other tables presented in this chapter, for this table we use the complete sample of respondents; in effect we present data from six separate (though obviously not independent) cross-sections.

[7] Remuneration is not restricted to pay, and can include payment in kind.

Table 6.4: Labour force status by housing status and sex, wave 1 to wave 6 (%)

Labour force status	*Wave 1*	*Wave 2*	*Wave 3*	*Wave 4*	*Wave 5*	*Wave 6*
Males: Homeless						
Employed	16.7	19.3	19.3	19.4	15.3	17.6
Unemployed	31.0	26.1	26.3	28.5	31.2	26.6
Not in the labour force	51.9	54.6	54.4	52.1	52.9	55.8
Sub-total	100.0	100.0	100.0	100.0	100.0	100.0
Males: Housed						
Employed	25.8	35.9	35.5	33.3	34.2	33.7
Unemployed	35.3	29.9	29.3	30.4	28.8	30.3
Not in the labour force	38.9	34.2	35.1	36.3	37.0	36.0
Sub-total	100.0	100.0	100.0	100.0	100.0	100.0
All males						
Employed	22.8	31.5	31.1	29.5	29.7	29.8
Unemployed	33.9	28.9	28.5	29.9	29.4	29.4
Not in the labour force	43.2	39.6	40.4	40.6	40.8	40.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Females: Homeless						
Employed	13.0	13.8	17.5	9.1	8.1	9.1
Unemployed	19.5	22.3	18.4	24.9	18.9	17.3
Not in the labour force	67.5	63.8	64.1	66.0	73.0	73.7
Sub-total	100.0	100.0	100.0	100.0	100.0	100.0
Females: Housed						
Employed	21.2	22.6	27.5	25.3	24.2	24.8
Unemployed	26.0	18.8	17.5	16.8	20.3	17.1
Not in the labour force	52.7	58.7	54.9	58.0	55.4	58.2
Sub-total	100.0	100.0	100.0	100.0	100.0	100.0
All females						
Employed	19.7	21.1	26.1	23.4	22.1	22.8
Unemployed	24.8	19.4	17.6	17.7	20.1	17.1
Not in the labour force	55.5	59.6	56.2	58.9	57.7	60.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

Notes: Figures are cross-sectional proportions weighted to account for non-random survey response and attrition. Columns do not always sum to 100 due to cases where labour force status cannot be derived from the information collected.

As we know from previous reports (Scutella et al. 2012), only a minority of the JH sample was in any form of paid employment when the Journeys Home study commenced – only 23 per cent of men and 20 per cent of women were employed at wave 1. By wave 2 this fraction had risen noticeably among men – to 32 per cent – and thereafter remained relatively stable, standing at 30 per cent by wave 6. Among women the rate spiked, at 26 per cent, in wave 3, but has mostly hovered around 22 to 23 per cent. Such employment rates are very low compared to population-wide estimates from the LFS. For example, over the period covered by JH (September 2011 to May 2014) the employment-population ratio for

Australian men aged 15 to 64 years averaged 77.9 per cent (seasonally adjusted), while for women it averaged 66.5 per cent.[8]

As would be expected, employment rates are higher among the housed than among the homeless. Just under 17 per cent of homeless men in wave 1 were employed, which compares with 26 per cent of housed men. For women the comparable figures are 13 per cent and 21 per cent. By wave 6, however, the gap in these proportions had widened considerably; now 18 per cent of homeless men and just 9 per cent of homeless women were in employment, compared with 34 per cent of housed men and 25 per cent of housed women. Such trends suggest that stable housing and employment may be linked. That said, the fact that employment rates remain so low among the housed also suggests that securing stable housing is, on its own, no guarantee of employment (or conversely, that obtaining employment is no guarantee that more stable housing will be found).

Not only are employment rates very low within the JH sample, so too are labour force participation rates (the proportion of persons either in employment or actively seeking employment). In wave 1 the labour force participation rate for male sample members stood at almost 57 per cent, while for females it was just under 45 per cent. By wave 6 the male rate had increased slightly, to 59 per cent, while the female rate had fallen to just 40 per cent. By comparison, labour force participation rates within the wider Australian population (aged 15 to 64 years) averaged 82.5 per cent and 70.5 per cent for men and women, respectively, over the relevant survey period.

Again there are sizeable differences between the homeless and housed sub-samples. Among males, participation rates have, over all six survey waves, averaged 46 per cent for the homeless compared with 64 per cent among the housed. Among females the comparable proportions are 32 per cent and 44 per cent.

It might be inferred from the preceding discussion that non-participation in the labour force is an undesirable outcome (at least among persons who have yet to reach conventional retirement ages). This, however, is not necessarily so, especially if time is being spent on other productive activity, such as education or child care. Among male non-participants, 8 per cent in wave 6 were studying. Among female non-participants the proportion studying is larger – 15 per cent. This gender difference is largely driven by the different age profiles of our male and females samples, with relatively more of our female sample being under 21 years compared to our male sample (at the time of the wave 6 survey, 19 per cent of female respondents were under 21 years of age compared with just 9 per cent of the male sample).[9] More importantly, for both sexes the proportion of homeless respondents involved in educational study is even less, and in the case of males the numbers involved are trivial.

The main reason given for non-participation in the labour force, by both housed and homeless respondents, and especially by men, is illness, injury or disability. In wave 6, for example, this was cited by around 62 per cent of all male non-participants and 43 per cent of all females. Women were also relatively likely to cite child care responsibilities; 37 per cent of all female non-participants cited either a preference to care for children or some other child-

[8] The source for this figure is ABS, *Labour Force Australia* (cat. no. 6202.0), Time series spreadsheet Table 18 (available from: www.abs.gov.au).

[9] While men outnumber females in the JH sample, this is not the case among young people (persons under 21), and is a direct reflection of young women being much more likely to be have been flagged by Centrelink staff as homeless or at risk of homelessness at the time the sample was drawn.

care related reason as the main reason for not seeking active employment. As noted in an earlier chapter, however, parents with childcare responsibilities are relatively unlikely to be homeless. Only 16 per cent of female non-participants that were also homeless cited child care responsibilities as the main reason for non-participation (and furthermore, the number of sample members involved is very small; unweighted N=9).

Prevalence of homelessness by labour force status

We now turn to the average rates of homelessness within the pooled sample, disaggregated by labour force status. Consistent with the trends discussed above, the rate of homelessness (using the cultural definition) is considerably lower among the employed than the non-employed. Table 6.5 shows that the average rate of homelessness among employed persons is 13.7 per cent; still considerable, but nevertheless much lower than for the unemployed (22.1 per cent) or those outside the labour force (23.7 per cent among discouraged job seekers and 26.5 per cent among others). We can also see that rates are very similar among the unemployed and discouraged job seekers – it is not active job search that is crucial, but the inability to find a job.

Rates of entry into homelessness are also lower, and rates of exit higher, among the employed when compared with the other labour market states (Table 6.6). These difference, however, are most pronounced for entry rates – the entry rate of the employed (6.9 per cent) is 41 per cent lower than the entry rate of unemployed persons, while the exit rate (54.1 per cent) is 28 per cent higher.

Nevertheless, the differential between the employed and the non-employed in terms of the overall proportion of time spent homeless is not as great as might have been expected. Persons who were employed at baseline (wave 1) spent 14 per cent of the next 30 months in a homeless state, which compares with 20.5 per cent for the unemployed and just 8.7 per cent of discouraged job seekers (Table 6.7). Of course, labour force status can (and does) vary over time, and hence the figures presented in Table 6.7 may be a little misleading, especially if changes in employment status are also associated with changes in housing status.

Table 6.5: Average prevalence of homelessness by labour force status

Labour force status at t	*Cultural homelessness (%)*	*Primary homelessness (%)*	*Valid N*
Employed	13.7	1.6	1711
Unemployed	22.1	2.8	1712
Not in the labour force			
Discouraged job seekers	23.7	4.8	1630
Other	26.5	4.2	1916
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where labour force status was either not reported or could not be determined.

Table 6.6: Average rates of entry into, and exit from, homelessness by labour force status (%)

Labour force status at t-1	*Cultural homelessness*		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Employed	6.9	54.1	1.2	53.8
Unemployed	11.7	42.4	1.5	54.2
Not in the labour force				
Discouraged job seekers	12.1	40.2	1.5	36.0
Other	9.1	35.7	1.8	26.6
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where labour force status was either not reported or could not be determined.

Table 6.7: Extent of homelessness by labour force status

Labour force status at wave 1	*Cultural homelessness*		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time primary homeless*	*No. of times primary homeless*
Employed	14.0	0.8	1.2	0.2
Unemployed	20.5	1.0	1.6	0.3
Not in the labour force				
Discouraged job seekers	18.7	1.0	2.3	0.3
Other	20.6	0.9	4.1	0.3
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where labour force status was either not reported or could not be determined.

We also checked for differences by sex. A summary of our key measures of homelessness (using the cultural definition) cross-classified by both labour force status and sex is provided in Table 6.8. Given small sample sizes we opted to merge the discouraged job seeker group with the unemployed. While this is unconventional, this seems warranted given the similarities between these two groups on many of the homelessness indicators. The central message from this table is that differences between employed persons and the unemployed in homelessness prevalence, entry rates and proportion of time spent in homelessness are more marked among men than among women. Indeed, the with the exception of the prevalence rate, the differences between employed and non-employed women on these indicators are all so small that they are statistically insignificant (using a t-test for differences in means).

Overall, the descriptive evidence presented here suggests that employment is, as expected, negatively associated with homelessness, and that employed persons are both less likely to commence a spell of homelessness, and far more likely to leave one if homeless.

Nevertheless, such associations are more prominent for men than women. One possible explanation for this is the greater priority women, and more specifically women with children, receive when it comes to access to housing services. Slightly differently, women (and again especially women with children) when faced with housing difficulties may be much more likely to seek out help (be it from relatives, friends, welfare organisations or government agencies), leading ultimately to better housing circumstances.

Table 6.8: Indicators of homelessness by labour force status and sex (employed persons)

Labour force status	*Prevalence (%)*	*Entry rate (%)*	*Exit rate (%)*	*% of time homeless*	*Valid N*
Males					
Employed	16.2	7.0	49.2	14.9	1016
Unemployed / Discouraged job seeker	28.3	14.2	35.9	24.0	1846
Other	36.8	11.5	29.7	30.0	782
Females					
Employed	9.2	6.8	68.6	12.6	695
Unemployed / Discouraged job seeker	14.5	8.9	56.5	13.2	1496
Other	18.3	7.5	46.0	13.0	1134

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition. The prevalence rate is based on labour force status at time t.; the entry and exit rates are based on labour force status at time t-1; and the % of time homeless is based on labour force status at wave 1. The unweighted N is the number of cases observed at time t.

One issue with all of the preceding discussion is that it implies causality running from employment to homelessness, but it is not at all obvious in which direction the causality runs. As a very simple test for this we also examined the 6-monthly entry and exit rates into and out of employment disaggregated by housing status. These are reported in Table 6.9. The rates are also disaggregated by sex, given this appears to matter considerably. The numbers in this table show that for all persons, and consistent with expectations, entry rates into employment are lower among the homeless (using the cultural definition) while exit rates are higher. Nevertheless, the differentials are not large. In large part, this reflects gender differences; the differentials are again much more pronounced among men than they are among women. Indeed, among women the differences are again statistically insignificant. Housing status appears to have little association with the likelihood of starting or leaving paid employment for women. For men, however, there is a robust inverse relationship. But it is still unclear what direction the causation runs. The issue of causality was considered at some length in Research Report 5 (see Wooden & Chigavazira 2014). In that report we estimated fixed effects panel regression models and reached the conclusion that causation almost certainly runs in both directions, but that the evidence provides stronger support for causation (among men) that runs from changes in homelessness to employment. However, we readily admit that these findings were far from conclusive.

Table 6.9: Entry and exits rates into and out of employment by housing status and sex (%; unweighted N in parentheses)

Housing status at t-1	*Males*		*Females*		*Persons*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*	*Entry rate*	*Exit rate*
Homeless	10.9	42.5	8.6	31.9	10.2	39.9
	(628)	(131)	(324)	(53)	(952)	(184)
Housed	16.3	27.2	10.0	29.1	13.2	27.9
	(1562)	(712)	(1869)	(525)	(3431)	(1237)
Total[a]	14.6	29.7	9.8	29.4	12.5	29.6
	(2190)	(843)	(2193)	(578)	(4383)	(1421)

Note: Figures have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where housing status could not be determined.

Job Characteristics

As we have just seen, paid employment is associated with a lower rate of prevalence of homelessness. But nevertheless, the rate is still well above zero, with the positive level seemingly not able to be explained simply by transitions in and out of employment; 9.2 per cent of JH sample members who were continuously employed since the previous interview were recorded as homeless.

This raises the question of whether certain types of jobs are more closely associated with housing insecurity, perhaps because they provide lower and more insecure levels of income. Unfortunately, the relative small sample size renders detailed analysis of associations between housing status and many job characteristics very difficult (especially given the need to distinguish between men and women). Here we restrict attention to just two job characteristics: (i) the number of hours usually worked per week, and more specifically whether working full-time hours (35 or more per week) or part-time hours;[10] and (ii) employment status, where we distinguish between employees and the self-employed, and among the former, between those employed on an ongoing or permanent basis and those employed on a casual or fixed-term contract.

Distinguishing between those in full-time employment and those in part-time employment is potentially important when analysing low-income groups in receipt of income support (the chief characteristic of the JH sample). All government income support payments permit recipients to earn very modest amounts of additional income without affecting the amount of income receipt, and thereafter the amount of benefit or pension paid is withdrawn gradually at some rate less than 100 per cent (the rate of which varies with the type of payment and recipient). We thus might expect some income support recipients to be classified as employed, but only in relatively short-hours jobs which do not affect benefit eligibility. A single adult without dependents in receipt of the Newstart Allowance, for example, would usually only be able to work about two hours per week in a minimum wage job before

[10] Note that this definition of part-time employment is different to that used by the ABS in the LFS. In the LFS meeting the definition of part-time employment requires both usual hours of work and actual hours worked in the survey reference week to be less than 35.

benefits began to be reduced, but as much as 28 hours per week before entitlement to any payment was foregone.[11]

In Australia many part-time jobs also involve casual employment, which typically involve much more insecure employment than other types of employment relationships. In theory, casual employment does not involve any commitment from the employer to the employee of ongoing employment, with working hours determined on a day-to-day basis. In effect, the employment of a casual employee can be terminated at any time without notice; the casual worker is simply informed that there is no work available.[12] Workers on these sorts of contracts may thus be confronted by both highly variable and relatively low levels of income, making it both difficult to secure stable housing and meet regular rent payments. It thus seems reasonable to hypothesise that within the sub-sample of employed persons, there will be differences in rates of homelessness depending on both the number of working hours and the variability in, and uncertainty around, those hours (as reflected in the contractual relationship).

First, however, we need to ascertain how common part-time and non-permanent forms of employment are within the employed sub-sample of JH. This is shown in Table 6.10, which reports the distribution of employment by both hours of work (full-time vs part-time) and employment status, separately for men and women. Note that with less than one-third of men, and less than one-quarter of women in our sample in paid employment at any time, the sample sizes we are working with are very small. Thus even quite large differences might simply reflect the usual 'noise' associated with survey samples (and especially small samples).

Nevertheless, and despite the noise in the data, it is very clear that relatively small fractions of the JH employed sub-sample are employed in what might be considered standard, regular full-time jobs. This becomes most obvious when reference is made to comparative data for the wider Australian workforce. Data from wave 12 of the HILDA Survey,[13] which was conducted at roughly the same time as wave 3 of JH, for example, show that over 80 per cent of employed men (between the ages of 15 and 64 years) usually worked full-time hours; the comparable figure from JH is less than 50 per cent. Similarly, 38 per cent of employed women aged 15 to 64 in JH worked full-time hours in wave 3, which compares with 52 per cent nationally according to wave 12 of the HILDA Survey data.

These differences between the JH sample and the HILDA Survey data are even larger when we focus on the proportion of employed persons working as employees on a permanent or ongoing basis. According to the HILDA Survey data, about 59 per cent of all employed men and 58 per cent of all employed women are employees working on a permanent or ongoing basis. The comparable figures from wave 3 of JH are just 27 and 33 per cent, respectively.

[11] The exception to this is persons who, because of persistently low income, have accumulated Working Credits which enable them to earn more for a short time before their income support payment is reduced.

[12] But casual employees in Australia are still entitled to the same protections against "unfair dismissal" available to other employees.

[13] Unit record data from the HILDA Survey data are available from the Melbourne Institute of Applied Economic and Social Research, subject to approval from the Australian Government Department of Social Sciences, which funds the HILDA Survey project. We utilise data from the HILDA Survey, rather than ABS data from the LFS, because the way part-time work and non-standard work are measured in Journeys Home is identical to that in the HILDA Survey.

Table 6.10: Employment characteristics by sex, wave 1 to wave 6 (% of employed)

Employment status	*Wave 1*	*Wave 2*	*Wave 3*	*Wave 4*	*Wave 5*	*Wave 6*
Males						
Usual weekly hours of work						
Full-time	51.2	47.5	48.2	49.4	55.0	62.6
Part-time	47.3	49.2	49.9	50.6	43.8	36.8
Employment status						
Permanent employee	25.0	32.2	27.0	35.1	33.4	39.1
Non-permanent employee	63.4	58.9	61.8	55.2	56.6	46.1
Other employed	11.2	8.9	10.8	9.7	9.7	14.5
Females						
Usual weekly hours of work						
Full-time	32.8	32.2	38.6	36.0	36.2	38.1
Part-time	64.6	67.4	60.8	62.2	62.0	61.1
Employment status						
Permanent employee	30.8	38.3	32.9	33.1	43.0	36.4
Non-permanent employee	61.3	51.1	59.5	60.0	47.6	57.9
Other employed	7.9	10.6	7.6	6.9	9.4	5.7

Notes: Figures are cross-sectional proportions weighted to account for non-random survey response and attrition. Columns do not always sum to 100 due to cases where hours of work are unknown or employment status cannot be determined.

So is this relatively high incidence of 'non-standard' forms of employment associated with a relatively higher risk of homelessness? The evidence presented in Table 6.11 provides, at best, mixed support for this hypothesis. Among male employees there are no obvious differences between full-time and part-time employees in either the rate of homelessness or in the proportion of time spent in homelessness. Exit rates out of homelessness are slightly higher, but this is largely offset by a slightly entry rate (and neither of these differences are statistically significant anyway). Similarly, non-permanent employees are no more likely to be experiencing homelessness than permanent employees. Indeed, persons in permanent employment at wave 1 spent more time homeless over the survey period than did the non-permanent employees (though this difference still fails to achieve statistical significance).

When we focus on employed females, however, the situation is somewhat different. On all except one of the homelessness indicators, full-time female workers fare better than part-time female workers, but again none of these differences are large enough to achieve statistical significance. Larger differences, that are at least weakly significant (at the 90 per cent confidence level or greater), however, are apparent when we compare female permanent employees with female non-permanent employees. Females in permanent jobs within the JH sample are clearly at much lower risk of homelessness than females working in non-permanent (mostly casual) jobs.

We are thus left with the intriguing finding that while there are few obvious differences in homelessness indicators between women that work and those that do not, within the small sub-group of employed women there are clear differences associated with employment status, and more specifically with whether the employment contract is permanent or casual. In contrast, for men within the JH sample, job characteristics seem to be unimportant; what matters more for men is simply having a job.

Table 6.11: Indicators of homelessness by usual hours worked, employment status and sex (employed persons)

	Prevalence (%)	*Entry rate (%)*	*Exit rate (%)*	*% of time homeless*	*Valid N*
Males					
Usual weekly hours					
Full-time	15.6	8.1	54.6	15.7	477
Part-time	16.7	5.7	45.9	14.3	523
Employment status					
Permanent employee	16.0	5.3	52.1	23.6	319
Non-permanent employee	16.9	8.2	48.3	11.7	581
Other employed	12.8	5.6	45.6	14.5	113
All employed males	16.2	7.0	49.2	14.9	1016
Females					
Usual weekly hours					
Full-time	7.8	5.2	79.1	15.2	235
Part-time	10.2	7.6	63.2	11.3	449
Employment status					
Permanent employee	5.7	3.5	92.5	7.4	239
Non-permanent employee	10.4	8.7	71.0	16.1	391
Other employed	16.2	9.1	23.8	12.6	65
All employed females	9.2	6.8	68.6	12.6	695

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition. The prevalence rate is based on employment status at time t.; the entry and exit rates are based on employment status at time t-1; and the % of time homeless is based on employment status at wave 1. The unweighted N is the number of employed cases observed at time t.

6.3 Income Support

The third, and final issue considered in this chapter is the relationship between our homelessness indicators and income support. Here the expected association should be fairly obvious – persons that are most exposed to homelessness are expected to be much more reliant on income support. And the data from JH Survey is largely consistent with this expectation. As reported in Table 6.12, rates of homelessness prevalence are highest for those for whom income support provides (at time of interview) the majority of their current income (who comprise the large majority of the balanced sample: 75 per cent of the weighted sample, after excluding cases for whom levels of income support could not be determined) and lowest for those who are not in receipt of any form of income support (who represent about 16 per cent of the weighted sample). Similarly, we also find higher rates of entry into, and lower rates of exit out of, homelessness among those reliant on income support (Table 6.13), as well as higher average proportions of time spent in a homeless state (Table 6.14). But as with employment (which is the main source of income for this latter group), it is not the case that the absence of any income from government benefits or pensions necessarily implies

secure housing. For example, just over 12 per cent of the JH sample who are not in receipt of any form of income support are actually homeless.[14]

Table 6.12 through Table 6.14 also distinguish the principal type of income support payment among those for whom government income support payments is the main source of income. Reflecting the differential treatment and behaviour of parents of young children, on all indicators, homelessness is far less acute for those in receipt of Parenting Payment. It also tends to be lower than the average of other groups for those in recept of Youth Allowance, reflecting the tendency for rates of homelessness, at least within the JH sample, to be slightly lower among youth (which in turn reflects the selective nature of the sample; see Chapter 3).

Differences across persons in receipt of the other common types of income support payments observed in these data – and especially Newstart and Disability Support Pension – are very small and essentially ignorable.

Table 6.12: Average prevalence of homelessness by reliance on income support and type

Income support type at t	*Cultural homelessness (%)*	*Primary homelessness (%)*	*Valid N*
Not on income support	12.2	1.3	826
On income support, but not main source of income	14.5	2.5	560
Income support is main source of income:			
Newstart Allowance	27.3	4.6	1750
Youth Allowance	18.4	1.9	793
Disability Support Pension	27.9	3.4	1714
Parenting Payment	10.1	0.2	838
Other benefit	28.2	10.5	233
Sub-total[a]	24.0	3.6	5329
Total[a]	21.2	3.2	6973

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where either level or type of income support type could not be determined.

[14] One potential explanation here is Centrelink income suspensions. Such suspensions, however, are relatively rare within the JH sample.

Table 6.13: Average rates of entry into, and exit from, homelessness by reliance on income support and type (%)

Income support type at t-1	*Cultural homelessness*		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Not on income support	5.0	50.0	0.5	20.2
On income support, but not main source of income	6.8	55.6	2.3	59.0
Income support is main source of income:				
Newstart Allowance	13.2	36.0	2.1	35.4
Youth Allowance	11.1	63.6	0.9	52.4
Disability Support Pension	10.6	31.8	1.8	37.3
Parenting Payment	5.0	62.7	0.2	100.0
Other benefit	13.0	41.2	2.6	29.6
Sub-total[a]	10.9	39.7	1.6	37.8
Total[a]	9.8	41.9	1.5	39.1

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where either level or type of income support type could not be determined.

Table 6.14: Extent of homelessness by reliance on income support and type

Income support type at wave 1	*Cultural homelessness*		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time primary homeless*	*No. of times primary homeless*
Not on income support	10.7	0.7	0.6	0.2
On income support, but not main source of income	17.4	0.9	2.2	0.2
Income support is main source of income:				
Newstart Allowance	22.8	1.0	3.2	0.3
Youth Allowance	15.6	1.1	0.4	0.1
Disability Support Pension	25.5	0.9	3.6	0.3
Parenting Payment	7.6	0.6	0.9	0.1
Other benefit	20.4	1.0	2.6	0.2
Sub-total[a]	20.3	1.0	2.5	0.3
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where either level or type of income support type could not be determined.

6.4 Conclusions

In line with expectations, there are clear associations between homelessness indicators and both reliance on income support and employment. Homelessness is positively correlated with reliance on income support and inversely correlated with paid employment. That said, the inverse association between employment and homelessness was only prominent for men. We suggested that this male-female difference might reflect either the preferential treatment of women, and especially women with children, receive when attempting to access housing services, or the different behaviours of men and women when confronted with the loss of secure housing. As a result, securing higher levels of income (i.e., a paid job) might be much more critical for escaping homelessness for men than it is for women.

This argument of course presupposes that employment is a causal factor behind exits from homelessness. The direction of causality, however, is not clear. Employment might be both a factor contributing to exits from homelessness and a consequence of securing more stable housing. The evidence presented here is, at least for men, consistent with causation running in both directions, and unfortunately we are not able to draw any strong conclusions about which direction of causation is strongest.

We also hypothesised that certain types of jobs might be more favourable for escaping homelessness than others. Specifically, it was hypothesised that jobs involving part-time hours and less security (as reflected in casual and short-term contracts) would not have the same ameliorating effect on the risk of homelessness as other more regular and stable forms of employment. Surprisingly, we found no evidence in support of this hypothesis for men. Among women, however, casual and fixed-term contract employment was, relative to more permanent jobs, associated with a higher risk of homelessness.

Finally, we considered relationships with educational attainment. Surprisingly, we did not find evidence that risk of homelessness was a linear function of education. While persons with very low levels of education (i.e., not completing Year 10 of high school) are generally at higher risk of entering homelessness than others, persons with university education were also found to be at relatively high risk. We suggested that such findings partly reflect the highly selective nature of the sample, with post-school qualifications almost certainly strongly associated with lower probabilities of being on income support and hence being selected into the JH sample. Nevertheless, the data do suggest that not all individuals will benefit equally from different types of education.

7 Homelessness and criminality: are they related?

Key findings in this chapter:

This chapter examines how contacts with the criminal justice system are associated with homelessness over the Journeys Home study period. Results show that across every measure homelessness is higher among respondents who have prior or current contacts with the criminal justice system, especially incarceration.

- The prevalence of homelessness is higher for respondents who had a history of contact with the criminal justice system (prior to JH) (e.g. for juvenile detention: 27.7% vs 20.4%).
- Overall, respondents who had been incarcerated before JH spend more time homeless during JH than those who had not been imprisoned (25.1% vs 18.5% of the time).
- The prevalence of homelessness is 15 to 20 percentage points higher for respondents who have some contact with the criminal justice system during the survey period than for those that have no contact with the criminal justice system (e.g. for juvenile detention, prison or remand: 41.5% vs 20.9%).
- Respondents who have some contact with the criminal justice system are much more likely to enter homelessness by the next interview than those who have no contact (e.g. for incarceration: 43.8% vs 9.4%).
- Exit rates from homelessness are higher for respondents who go to juvenile detention, prison or remand than those who do not (61% vs 42%).

Contemporary studies of homelessness report a positive association between criminal behaviour and homelessness, with US studies suggesting that anywhere between one fifth and two thirds of all homeless people have spent time in prison (Redburn & Buss 1986; Rossi 1989; Burt 1992; Piliavin et al. 1993; Culhane & Metraux 2008). Despite a strong recognition in Australian policy circles of a connection between offending behaviour and homelessness, there are surprisingly few empirical studies (Willis 2004). The extant Australian literature is limited to administrative data on service users, or small samples of sub-groups such as young people, or the long-term homeless. These studies yield very different results, with rates of incarceration ranging from under two per cent among service users (Australian Institute of Health and Welfare 2003) to over 80 per cent in a sample of the long-term homeless (Johnson et al. 2014). Further, a pattern linking homelessness with high rates of re-incarceration has been reported in a number of studies in Australia and elsewhere (Carlisle 1996; De Lisi 2000).

Although the literature is split between those arguing homelessness is an outcome of criminal behaviour and those who view homelessness as a criminogenic situation, it is likely that the relationship between homelessness and criminality is mediated through a range of psychological, historical and situational factors. Also, as Snow et al. (1989) state, '(h)omeless contact with the criminal justice system occurs either because the homeless engage in criminal behaviour to make ends meet or because daily routines and idiosyncratic appearance and behaviour of many of the homeless bring them to the attention of the police' (p.546).

A number of studies also report a positive association between criminal activity and the duration of homelessness, with the likelihood of involvement in criminal activity increasing as the length of time homeless increases (Snow et al. 1989; McCarthy & Hagan 1991). This pattern likely reflects a number of processes. First, the longer people are homeless the more likely they are to sleep rough (Chamberlain & Johnson 2013). When individuals sleep in public places their exposure to the police is greater, as is the possibility of arrest. In addition, the longer people remain homeless the more likely they are to develop survival strategies that capture police attention (Snow et al. 1989). Finally, it is also the case that homeless individuals with criminal records may encounter more substantial barriers to exiting homelessness than their 'non-criminal' counterparts. Barriers such as discrimination may result in delayed exit rates and this could account for higher rates of incarceration reported among the long-term homeless.

In this chapter we use the full six waves of JH to examine the relationship between contact with the Criminal Justice System (CJS) – as a proxy for criminality – and homelessness. More specifically this chapter examines the following questions:

- What is the extent and nature of contact with the CJS in the JH sample?
- Is there any evidence that prior contact with the CJS is linked to higher rates and longer experiences of homelessness during JH?
- Is there any evidence that contact with the CJS during JH is linked to higher rates and longer experiences of homelessness during JH?
- Is there any evidence that of housing status changes as the participants' contact with the CJS changes?

In addressing these questions not only does the chapter aim to fill in some important gaps in the Australian literature, it aims to provide important evidence for policy makers interested in

improving the relationship between the criminal justice system and systems designed to end homelessness.

7.1 Results

Consistent with prior chapters in this report, we base our analysis on the balanced panel of JH respondents (N=1,174) – that is, respondents who completed all six surveys – and subsequently exclude all observations where housing status cannot be determined. This leaves a total of 6,973 valid observations across the six waves. We start by examining the relationship between homelessness during JH and contact with criminal justice system before JH (Table 7.1). Then we examine the relationship between homelessness during JH and contact with the criminal justice system, but now focus on contact that occurred during JH (Table 7.2). Following this we turn our attention to transitions in and out of homelessness (Table 7.3). The final part of this chapter examines the relationship between contact with the criminal justice system both prior to, and during JH, and the extent of homelessness experienced by respondents over the survey period (Table 7.4 and Table 7.5 respectively).

Our first task is to establish the prevalence of contact with the criminal justice system among the 1,174 respondents in our sample. Just over 1 in 10 respondents (12 per cent) had been in juvenile detention and one third reported they had been in prison or remand prior to the JH study period. On average throughout the JH survey period the incarceration rate for JH respondents is 1.5 per cent, which is a high rate compared to the general community, with a national imprisonment rate of 0.17 per cent as at 30 June 2013 (ABS 2013b).

Table 7.1 now examines the prevalence of homelessness by contact with the criminal justice system prior to JH. The cross-tabulations show a number of clear patterns. Across every measure the average prevalence of homelessness is higher among those who had prior contact with the criminal justice system. For instance, respondents who had been in juvenile detention prior to JH had, on average, a 27.7 per cent chance of being homeless at any particular point-in-time over the survey period. In comparison, individuals that had no prior contact with juvenile detention had a 20.4 per cent chance. Further, individuals that had been in juvenile detention were almost twice as likely to have slept rough or in squats (primary homelessness) on average compared to those who had not been in juvenile detention (5.5 and 2.9 per cent respectively).

The results presented in Table 7.1 suggest that the amount of time people spent in juvenile detention matters as well. Comparing those who spent less than 12 months in juvenile detention with those who spent one year or more, the results reveal a substantial difference between the two groups – the average rate of homelessness among those who had been in juvenile detention for 12 months or more was nearly double that of those who had been in juvenile detention for less than 12 months (40.2 vs 22.3 per cent). Similarly, the average rate of primary homelessness among those who had been in juvenile detention for one year or more was nearly four times higher than those in juvenile detention for shorter periods (13.6 vs 2.8 per cent).

Table 7.1: Average prevalence of homelessness by contact with the justice system before JH

	Cultural homelessness (%)	*Primary homelessness (%)*	*N*
Juvenile detention before JH			
Has not been	20.4	2.9	6113
Has been	27.7	5.5	833
Duration in juvenile detention before JH			
Less than 1 year	22.3	2.8	574
1 year or more	40.2	13.6	199
Adult prison before JH			
Has not been	18.7	2.4	5220
Has been	29.0	5.8	1731
Duration in adult prison before JH			
Less than 1 year	28.1	6.3	907
1 year or more	30.0	5.2	817
Remand before JH			
Has not been	19.0	2.7	5253
Has been	28.2	4.7	1694
Duration in remand before JH			
Less than 1 year	27.6	4.1	1356
1 year or more	26.4	3.8	249
Total[a]	21.2	3.2	6973

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where contact with various aspects of the justice system was not provided.

A similar pattern is evident when we examine those who had been in adult prison prior to JH. Once again the chances of being homeless at any point in time during JH are higher among respondents who had been imprisoned prior to JH (29.0 vs 18.7 per cent). Further, the average prevalence of homelessness for respondents who had been imprisoned as adults was twice that of those who had not been incarcerated (5.8 vs 2.4 per cent). While homelessness is more common for those imprisoned as adults, the amount of time people spend in prison does not appear to matter – average homeless rates (both general and primary) were similar for those who were imprisoned for less than a year and those imprisoned for at least a year.

Remand is the final aspect of contact with the criminal justice system we consider.[15] The results mirror what we found regarding adult prisons. Homeless rates were higher for respondents who had been in remand prior to JH than for those who had not been (28.2 and 19.0 per cent respectively). Likewise, rates of primary homelessness were higher for those who had been in remand prior to JH than those who had not been in remand (4.7 vs 2.7 per cent). While being remanded appears to be positively related to homelessness, the amount of time in remand does not. Table 1 shows that irrespective of whether people were

[15] Remand is when a person who has been arrested is kept is in custody, normally in a remand center.

in remand for less than 12 months, or one year or more, there was no meaningful difference in the average prevalence of homelessness at any point-in-time over the JH survey.

To sum up, homelessness was more prevalent for respondents who had a history of contact with the criminal justice system (that is prior to JH) compared to individuals that had no prior contact with the criminal justice system. While prior contact with the criminal justice system was linked to a higher risk of homelessness, the relationship between homelessness and the duration of contact with the criminal justice system was less clear. A longer exposure to the juvenile detention system appears to be associated with a higher risk of homelessness. However, this does not hold true with respect to remand and adult prison where the prevalence of homelessness does not vary by length of exposure. Next we examine the relationship between homelessness and more recent contact with the criminal justice system.

Table 7.2 presents the results of various questions that were asked to ascertain different types of contact participants had with the criminal justice system in the six months prior to each of their interviews. The overall pattern is relatively consistent – homelessness is more prevalent for those who report any form of recent contact with the justice system than for those who have had no contact. Looking at the results in the table in more detail we see that compared to individuals that had not been in juvenile detention, prison or remand in the previous six months, individuals that had were twice as likely to be homeless on average (41.5 vs 20.9 per cent). Further, having been in remand, prison, or juvenile detention during JH was associated with a much higher average prevalence of primary homelessness at a particular point-in-time (10.1 vs 3.1 per cent).

The pattern remains the same throughout the rest of Table 7.2 – average rates of homelessness were higher for respondents who had been stopped by police, apprehended by police, or held overnight than for those who had no contact with police. The different rates of homelessness among those that had contact with the police and those that did not is even more pronounced when we consider primary homelessness. Here we see that the rate is between two and four times higher among those who had contact with the police compared to those who did not. Finally, respondents who reported they had received a visit from justice officers or who had been given a non-custodial sentence were more likely to be homeless at a particular point-in-time, and far more likely to report they had experienced primary homelessness.

To summarise, homelessness was much more prevalent for respondents who had some recent form of contact with the criminal justice system, with homeless rates 15 to 20 percentage points higher than for those that had no contact. Similarly, primary homelessness was much more prevalent at each point-in-time among those that had contact with the criminal justice system. While the pattern is reasonably strong it is important to exercise some caution in interpreting these findings. Specifically, drawing causal inferences from these findings is premature.

In Table 7.3 our analytical focus shifts. Here we look at the average rate of entry into and exit from homelessness across all six waves. Three patterns stand out. First, the entry rate is always higher among those who just had some form of contact with the criminal justice system. In other words, respondents who were housed and had some contact with the criminal justice system had a higher risk of entering homelessness at the next period than those who had no contact. In some measures the difference is modest – for instance, among those stopped by police there is only a three percentage point difference between those who had been and those that had not been stopped by the police (11.6 vs 8.9 per cent). However, in

most cases the entry rate among those who had had contact with the criminal justice system in the last 6 months is often at least double that reported by those who had no contact. The biggest difference is among the respondents who had been in juvenile detention, prison or remand in the prior 6 months; these respondents were four times more likely to enter homelessness at the next wave than those who had not been (43.8 vs 9.4 per cent). These results suggest that despite considerable policy attention towards improving post release outcomes that prison, juvenile detention and remand still may be important pathways into homelessness.

The second pattern we observe in Table 7.3 is that exit rates are higher for respondents who went to juvenile detention, prison or remand than those who did not. Among those who have other types of contact the pattern is generally reversed – exit rates are always higher for respondents who had no contact with the justice system. These data support a number of possible conclusions and we are not yet in a position to provide a definitive answer.

Table 7.2: Average prevalence of homelessness by recent contact with the justice system

Over the last 6 months, was:	*Cultural homelessness (%)*	*Primary homelessness (%)*	*Valid N*
In juvenile detention, prison or remand			
Has not been	20.9	3.1	6860
Has been	41.5	10.1	105
Stopped by police (in street or car)			
Has not been	20.6	2.3	4556
Has been	22.4	5.0	2397
Apprehended by the police			
Has not been	19.9	2.4	6167
Has been	31.5	8.6	779
Held overnight by the police			
Has not been	20.0	2.5	6481
Has been	36.6	10.9	468
To court over an incident			
Has not been	19.9	2.4	5816
Has been	27.8	6.7	1131
Visiting, or received visits from, justice officers			
Has not been	20.3	2.8	6474
Has been	32.5	7.3	474
Given a non-custodial sentence or community based order			
Has not been	20.2	2.6	6525
Has been	36.0	10.4	413
Total[a]	21.2	3.2	6973

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where contact with various aspects of the justice system was not provided.

Table 7.3: Average rates of entry into, and exit from, homelessness by recent contact with the justice system (%)

	Cultural homelessness		*Primary homelessness*	
Over the last 6 months, was:	*Entry rate*	*Exit rate*	*Entry rate*	*Exit rate*
In juvenile detention, prison or remand				
Has not been	9.4	41.6	1.3	37.8
Has been	43.8	60.6	12.4	100.0[a]
Stopped by police (in street or car)				
Has not been	8.9	41.2	0.8	35.1
Has been	11.6	42.9	2.8	43.9
Apprehended by the police				
Has not been	8.9	43.3	1.2	47.5
Has been	18.1	32.1	4.3	18.0
Held overnight by the police				
Has not been	9.1	43.7	1.3	46.2
Has been	20.9	20.7	5.2	16.0
In court over an incident				
Has not been	8.6	43.3	1.1	48.7
Has been	16.4	34.3	3.5	15.7
Visiting, or received visits from, Justice Officers				
Has not been	9.0	42.8	1.4	45.3
Has been	22.0	30.6	2.0	13.7
Given a non-custodial sentence or community based order				
Has not been	9.2	43.4	1.2	44.3
Has been	23.1	23.9	6.4	3.7
Total[b]	9.8	41.9	1.5	39.1

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Cell size is fewer than 5 observations.
b Totals include a small number of cases where contact with various aspects of the justice system was not provided.

Finally, when we consider the experience of primary homelessness, the same general pattern holds true – entry rates among those who have had contact with the criminal justice system are higher than those who have had no contact, and among those who had been in prison or remand the entry rate is highest still (12.4 vs 1.3 per cent).

In Table 7.4 and Table 7.5 below we start to build a picture of the relationship between homeless duration and contact with the criminal justice system. We start by examining the relationship between contact with the criminal justice system prior to JH and time spent homeless over the JH observation period (2.5 years on average).

Whereas Table 7.1 and Table 7.2 consistently showed that the average prevalence of homelessness at each point-in-time was higher if individuals had a history of contact with the criminal justice system the relationship between duration of homelessness and contact is less clear cut. For instance, in Table 7.4 we can see that compared to respondents who were in juvenile detention prior to JH, respondents who were not in juvenile detention spent

approximately the same total amount of time homeless during JH. Although being in juvenile detention is linked to slightly more homeless spells, the difference is relatively modest (1.1 vs 0.9). Table 7.4 also shows that there is no relationship between the amount of time in juvenile detention and the amount of time homeless.

Table 7.4: Extent of homelessness by contact with the justice system *before* JH

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Juvenile detention before JH				
Has not been	20.1	0.9	2.1	0.2
Has been	19.9	1.1	3.4	0.3
Duration in juvenile detention before JH				
Less than 1 year	19.1	1.0	3.8	0.2
1 year or more	18.5	1.0	2.8	0.7
Adult prison before JH				
Has not been	18.5	0.9	1.8	0.2
Has been	25.1	1.0	3.6	0.4
Duration in adult prison before JH				
Less than 1 year	26.9	1.1	3.8	0.4
1 year or more	23.1	0.9	3.5	0.4
Remand before JH				
Has not been	18.8	0.9	1.8	0.2
Has been	24.1	1.0	3.5	0.4
Duration in remand before JH				
Less than 1 year	24.9	1.0	3.9	0.4
1 year or more	19.0	1.0	2.2	0.4
Total[a]	18.6	0.9	2.2	0.2

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Totals include a small number of cases where contact with various aspects of the justice system was not provided.

A slightly different pattern starts to emerge when we examine prison and remand. Respondents who had previously been incarcerated spent more time homeless during JH than those who had not been imprisoned (25.1 vs 18.5 per cent of the time). However, respondents who spent less time in prison (less than one year) spent a higher proportion of their time homeless during JH (26.9 vs 23.1 per cent), although the difference is relatively small. We observe much the same pattern with respect to remand. Respondents who had been in remand spent more time homeless during JH (24.1 vs 18.8 per cent), but those who spent less than one year in remand were homeless for longer than individuals who were in remand for 12 months or more.

The same pattern, albeit at lower rates, is evident when we consider primary homelessness – those who have prior contact with the criminal justice system spend a greater proportion of their time in the primary homeless population. One result to note is that respondents who had been in juvenile detention for over 12 months report a relatively high average number of

spells (0.7). The number of individuals in this group is small, but the results suggest there may be a significant amount of churning in and out of homelessness.

In Table 7.5 we shift our focus to contact with the criminal justice system over the entire JH survey period, examining the difference between those who report no contact at any wave and those who report contact in at least one wave.

Table 7.5: Extent of homelessness by recent contact with the justice system

	Cultural homelessness		*Primary homelessness*	
At some stage over JH survey, was:	*% of time homeless*	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
In juvenile detention, prison or remand				
No contact	19.7	0.9	2.3	0.2
Some contact	24.2	1.3	1.2	0.4
Duration in juvenile detention, prison or remand[a]				
Less than 5.6% of the time	12.5	1.2	0.8	0.4
More than 5.6% of the time	40.1	1.6	0.5	0.4
Stopped by police (in street or car)				
No contact	23.8	0.8	1.6	0.1
Few contacts (<3 waves)	18.9	0.9	2.6	0.2
Some contact (3-5 waves)	19.2	1.1	2.1	0.3
At every wave	14.4	0.9	3.4	0.6
Apprehended by the police				
No contact	18.2	0.8	1.4	0.1
Some contact	23.5	1.2	3.8	0.4
Held overnight by the police				
No contact	18.3	0.9	1.5	0.2
Some contact	26.5	1.3	4.8	0.5
To court over an incident				
No contact	18.1	0.8	1.5	0.1
Some contact	22.3	1.1	3.1	0.4
Visiting, or received visits from, justice officers				
No contact	19.2	0.9	1.6	0.2
contact	22.8	1.1	4.4	0.4
Given a non-custodial sentence or community based order				
No contact	18.0	0.9	1.6	0.2
Some contact	27.2	1.2	4.6	0.4
Total[b]	18.6	0.9	2.2	0.2

Notes: Figures have been weighted to account for non-random survey response and attrition.

a Some respondents did not provide information about the number of months spent in juvenile detention, prison or remand between interviews. Thus we build the % of time incarcerated = number of months incarcerated / number of months observed. 5.6% represents 2 months over 3 years/ 36 months.

b Totals include cases where contact with various aspects of the justice system was not provided.

The pattern in Table 7.5 is a familiar one. Across most measures where contact with the criminal justice system is reported the proportion of time spent homeless is higher, generally between 4 and 9 percentage points. Where individuals have been in juvenile detention, prison or remand for longer the proportion of time homeless was very high compared to those who had spent less time in any of these places (40.1 vs 12.5 per cent). Among those who remained in prison, remand or juvenile detention for longer we also observe the largest number of spells (1.6), indicating considerable churning among this group.

We broke down the results 'stopped by police' into four categories ranging from no contact to contact at every wave. The results are counter-intuitive – those who had no contact spent more time homeless during JH than those who were stopped by police at every wave. Those who were stopped in fewer than half the waves, and those who were stopped in more than half the waves, also spent more time homeless. It is unclear why.

With respect to primary homelessness the results are not entirely what we expected. Among those who had been in juvenile detention, prison or remand during JH, the proportion of time spent on the streets or in squats (primary homelessness) was higher among those who had no contact with the criminal justice system (2.3 vs 1.2 per cent). While both rates are low, this is a counter-intuitive finding for which we have no clear explanation. Similarly, those who spent less time in remand, prison or juvenile detention spent slightly more time on the streets than those who were held for a shorter period (0.8 vs 0.5 per cent). In all the remaining measures the patterns of contact with the criminal justice system is associated with a greater proportion of time homeless.

7.2 Conclusion

In this chapter we have seen that there is a significant amount of contact with the criminal justice system among the JH respondents. Criminality, both prior to JH and during JH, is positively associated with homelessness (both its prevalence and its duration) during JH. This is important information for policy makers concerned about the possibility of high levels of churning between the criminal justice system and the homeless service systems. Reducing churning between the two systems has the potentially significant policy implications, not only in term of potential cost savings to the public purse, but also in terms of improving social outcomes for this highly disadvantaged population.

While the chapter also provides a clear picture of the association between criminality and homelessness, much work remains to be done to ascertain the true nature of the causal relationship between homelessness and criminality. Clearly the nexus is complex and in this chapter we provide only a relatively cursory assessment of that relationship. For instance, our findings on primary homelessness suggest offending behaviour may in part be tied to the heightened visibility of street homelessness. However, we cannot say at this stage with any certainty that this is the case. Future research will benefit greatly if it exploits information held in the JH accommodation calendar to better understand the temporal and causal relationship between homelessness and criminality.

Despite these limitations, this chapter adds to our understanding of criminality and homelessness in a number of important ways. It builds on existing research that suggests the relationship between criminality and homelessness can be broadly understood in terms of profound and often compounding forms of social and economic disadvantage. No doubt future research will focus on the way other forms of disadvantage intersect with criminality

and homelessness, most notably mental illness, but also issues such as unemployment and substance abuse.

Understanding the relationship between criminality and homelessness is important from a policy perspective for a number of reasons. It is well recognised, both in Australia and overseas, that there are significant costs associated with the over-representation of the homeless in the criminal justice system, and also the over-representation of people who have been in the criminal justice system among the homeless. Ever since the reforming work of Elizabeth Fry in the eighteenth century in England, there have been many recommendations calling for properly designed and resourced post-release programs to break the link between homelessness and re-offending. The results presented here raise questions as to whether such programs have adequate coverage and resourcing. Further, while post-release programs are important in terms of both preventing homelessness among prisoners and reducing re-incarceration, it is also the case that there needs to be more consideration to the circumstances in which the homeless commit criminal acts, and the ways in which homelessness itself contributes to offending behaviour. While we do not have specific data on the nature of the crimes committed by the JH participants, if as the available literature suggests much crime is in fact part of daily subsistence strategies, this raises questions as to the benefits, both social and economic, of these behaviours being criminal offences.

8 Health and wellbeing

Key findings in this chapter:

- Both the cultural and primary homeless exhibit poorer physical and mental health than the housed.
- The relationship between health and the dynamics of homelessness, however, is more complex, with no apparent pattern in the correlation between health and the subsequent homeless entry rates.
- If there is any systematic pattern, it is perhaps that those with the most pressing health condition tend to exit homelessness faster than others, possibly due to more institutional support.
- Both current risky drinking and cannabis use are very positively related to homelessness, whereas past substance use appears much less relevant. The association between homelessness and illegal street and intravenous drugs is less pronounced, possibly due to under-reporting.
- No strong links between health service usage and homelessness were found. The only exception concerns the high proportion of primary homeless who went without prescribed medicines or who needed a dentist but did not see one.
- Another striking finding is that irrespective of housing status nearly 30 per cent of respondents reported needing a GP but not seeing one, primarily due to cost and availability reasons.

The association between homelessness, substance abuse and poor physical and mental health has long been recognised in the literature. As noted in the Wave 5 Research Report, more than two decades of epidemiological, clinical and social studies of the homeless have documented the high incidence of acute and chronic health conditions compared to the adequately housed (Herrman et al. 1989; Winkleby et al. 1992; Toro et al. 1995; Kermode et al. 1998). There are also numerous studies documenting the association between homelessness and substance abuse (e.g., Teesson, Hodder & Burhrich 2000; Booth et al. 2002; Kemp, Neale & Robertson 2006).

Despite this large body of literature, almost all studies are based on information at a point-in-time. The aim of this chapter is to provide further understanding of the association between health and the dynamics of homelessness. Access to health services is also examined.

Following the structure of previous chapters, we examine how the prevalence, entry, exit and extent of homelessness vary with respect to a range of health measures. We first discuss homelessness by objective measures of health followed by subjective measures of health and wellbeing. We then turn to substance abuse. Finally, we examine the issue of health services usage and difficulties in accessing health services. A brief conclusion is included in the last section to summarise the key findings of this chapter.

8.1 Objective measures of health conditions

In this section, we examine six different objective health measures that capture individuals' physical and mental health conditions as well as overall activity-limiting conditions. A description of each of these measures now follows.

- Journey Homes respondents are asked to report whether, in the six months preceding the interview, they had experienced (in the 6 months prior to being interviewed) a range of common physical health problems that are typically associated with the homeless population or those in extreme poverty. The 9 listed conditions include: sight problems not corrected by glasses; hearing problems; migraines; stomach ulcers; eye, ear or skin infections; and pneumonia or gastro problems.

- To reflect more persisting physical health issues, we examine whether individuals have ever been diagnosed with one of 14 listed chronic health conditions by a health professional prior to the current interview.[16] The listed conditions are: stroke; heart or circulatory conditions; diabetes; asthma; chronic bronchitis or emphysema; cancer; liver problems; arthritis, gout or rheumatism; epilepsy; kidney disease; hepatitis c; chronic neck or back problems; intellectual disabilities; and acquired brain injury.

- In wave 1, JH respondents were asked whether they have ever been diagnosed with the following mental illnesses: bipolar affective disorder; schizophrenia; depression; post-traumatic stress disorder; and anxiety disorder. In subsequent waves, respondents were also asked whether they had been diagnosed with any of the above 5 mental health conditions in the last 6 months. Although bipolar disorder and schizophrenia are likely to be long-term conditions, depression, post-traumatic stress disorder and

[16] Interviewers went through a list of 14 chronic physical health conditions and asked each respondent in the first wave whether they had ever been diagnosed with any of the conditions by health professionals and, in subsequent waves, whether they have been diagnosed with these conditions in the past 6 months.

anxiety disorder may not necessarily be. Therefore, we construct two different measures. One is ever diagnosed with bipolar disorder or schizophrenia, and the other is for those diagnosed with any of the 5 mental health conditions in the last 6 months.

- We assess the degree to which individuals' health conditions limit daily activities. The variable is generated from respondents' self-reported amount of time that their health conditions limit daily activities. We group responses into three categories: all or most of the time; some of the time; and none or a little of the time.

- The final measure classifies respondents by whether or not they have a long-term health/disability condition causing restrictions. This information is derived from a binary choice question that asked respondents whether they have a long-term health condition, impairment or disability that restricts their everyday activities, and whether the condition had lasted, or is likely to last, for 6 months or more.

Before presenting our findings, it is important to note that the JH sample represents a pre-selected disadvantaged population. Hence, the correlation between health and homelessness may not be as strong as documented in the literature where the health of the homeless is compared with the health of general population.

Table 8.1 revisits the contemporaneous correlation between homelessness and these health conditions. It shows that a higher homeless rate is associated with people who experienced at least one of the nine health problems, which confirms the finding in the literature that these health conditions are more prevalent among the homeless population. Homelessness is also more prevalent among individuals with chronic health conditions. The difference in primary homeless rates between those with and without chronic health conditions is quite substantial (2.7 percentage point) considering the low average rate of primary homelessness.

Table 8.1 also examines mental health and how it relates to the prevalence of homelessness. Those who have been diagnosed with a mental illness in the six months prior to the interview are more likely to be in primary or cultural homelessness at the time of the interview. Interestingly, however, homeless rates are lower for those ever diagnosed with bipolar affective disorder or schizophrenia than for the broader group recently diagnosed with any mental illness. This may be the consequences of regular contacts with the health system and other service providers. It is also possible that some of these individuals were diagnosed a long time ago and are no longer experiencing symptoms of mental illness.

These health conditions, however, may not necessarily affect individuals' daily activities. And indeed, once we focus activity-limiting health conditions we find evidence of a much stronger association with the prevalence of homelessness. Those who report a high prevalence of activity-limiting health conditions are 8.3 and 1.4 percentage points more likely to be cultural and primary homeless respectively, compared to those who report having such conditions none, or only a little, of the time.

For those with a long-term health/disability condition, the relationship with homelessness is more contrasted. Although the prevalence of cultural homelessness is much higher among people with disabilities, the prevalence of primary homelessness is not. This pattern is consistent with the idea that those in the group with long-term activity limiting condition are likely to qualify for DSP and therefore less likely to stay in the streets for long. However,

Table 8.1: Average prevalence of homelessness by health condition

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Any of the 9 common health problems[a]			
No	19.7	2.9	3,802
Yes	23.3	3.7	3,152
Ever diagnosed with chronic health conditions			
No	18.3	1.4	2,186
Yes	22.8	4.1	4,701
Ever diagnosed with bipolar disorder or schizophrenia			
No	20.7	3.0	5,507
Yes	21.6	1.5	1,339
Diagnosed with mental illness in last 6 months[b]			
No	19.3	3.3	4,502
Yes	23.1	3.7	1,273
Health condition limiting daily activities			
All or most of time	27.1	4.2	1,807
Some of time	20.0	3.1	1,928
None or a little of the time	18.8	2.8	3,218
Any long-term health condition/disability causing restrictions			
No	19.0	3.4	3,680
Yes	24.2	2.9	3,220

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Sight problems not corrected by glasses; hearing problems; migraines; stomach ulcers; eye, ear or skin infections; pneumonia or gastro problems in the 6 months prior to being interviewed.
b Mental illness includes bipolar affective disorder, schizophrenia, depression, post-traumatic stress disorder and anxiety disorder.

they may not have sufficient resources to escape from the accommodation that is below community standard (i.e., cultural homelessness).

Table 8.2 presents the homeless entry and exit rates by health condition at interview to capture the relationship between pre-existing health condition and subsequent changes in homeless status. Experiencing one of the 9 common health problems does not affect rates of entry into and exit out of homelessness much, with only a slightly higher rate of entry into cultural homelessness. Although having a chronic health condition is not associated with significantly higher homeless entry rates, the exit rates are much lower for those with a chronic health condition than those without.

The evidence reported in Table 8.2 indicates that although those recently diagnosed with mental illness are more likely to enter homelessness, they are also more likely to exit homelessness in the following six months, possibly due to more regular contacts with the service system and the priority access given to them by some homeless services. This may also explain why those ever diagnosed with bipolar affective disorder or schizophrenia experience high exit rates out of primary homelessness.

Table 8.2: Average rates of entry into, and exit from, homelessness by health condition (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Any of the 9 common health problems[a]				
No	9.1	41.6	1.5	38.5
Yes	10.6	42.2	1.5	38.5
Ever diagnosed chronic health conditions				
No	10.5	45.0	1.5	63.8
Yes	9.5	40.4	1.5	36.2
Ever diagnosed with bipolar or schizophrenia				
No	10.0	44.0	1.5	40.7
Yes	8.9	35.5	1.3	72.6
Diagnosed with mental illness in last 6 months[b]				
No	9.2	40.0	1.1	27.0
Yes	11.5	43.9	2.1	70.1
Health condition limiting daily activities				
All or most of time	12.4	45.3	2.6	43.2
Some of time	11.0	41.7	1.0	44.8
None or a little of the time	7.9	39.0	1.2	32.5
Long-term health condition/disability causing restrictions				
No	9.0	43.7	1.3	35.8
Yes	10.6	39.6	1.7	39.4

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Sight problems not corrected by glasses; hearing problems; migraines; stomach ulcers; eye, ear or skin infections; pneumonia or gastro problems in the 6 months prior to being interviewed..
b Mental illness includes bipolar affective disorder, schizophrenia, depression, post-traumatic stress disorder and anxiety disorder.

Table 8.2 also shows that those with activity-limiting health conditions exhibit higher entry rates into both cultural and primary homelessness in the six months following the interview. However, they also have higher exit rates out of homelessness. This suggests that they are more likely to churn in and out of homelessness. Those with a long-term health/disability condition have higher entry rates into and lower exit rates out of cultural homelessness, while their entry and exit rates are both higher in terms of primary homelessness, which again suggests more churning.

Table 8.3 shows how the extent of homelessness during the entire Journeys Home period (wave 1 to wave 6) differs by individuals' health measures at wave 1. Here the extent of homelessness is measured using total proportion of time homeless and the number of times homeless. Again the idea is to explore how pre-existing conditions affect individuals' subsequent homeless dynamics.

The findings from Table 8.3 are mostly in line with those from Table 8.1 and Table 8.2. Those who had one of the 9 common health conditions only spend slightly more time homeless and only have slightly more homeless spells than other respondents. This is not surprising given that most of these health problems are likely to be short term and can be

treated easily. Moreover, these conditions per se are unlikely to cause homeless. Instead these conditions are more likely to be the consequences of the poor living conditions of the homeless. Perhaps the association with extreme poverty for those who had these conditions in wave 1 contributed to the slightly higher proportion of time homeless and higher numbers of homeless spells between wave 1 and wave 6.

Overall, having a pre-existing chronic health condition only slightly increases the average extent of cultural homelessness in the next two and a half years. However, the association between chronic health conditions and the extent of primary homeless appears to be stronger. Those with a chronic health condition spend more than twice as much time primary homeless than those without a chronic health condition.

Table 8.3: Extent of homelessness by health condition at wave 1

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Any of the 9 common health problems[a]				
No	17.3	0.9	1.9	0.2
Yes	19.9	1.0	2.6	0.3
Ever diagnosed with chronic health conditions				
No	18.1	0.9	1.2	0.2
Yes	18.9	1.0	2.7	0.3
Ever diagnosed with bipolar or schizophrenia				
No	18.6	0.9	2.3	0.2
Yes	19.1	1.0	1.8	0.3
Health condition limiting daily activities				
All or most of time	19.0	1.0	1.1	0.3
Some of time	15.9	0.9	2.5	0.2
None or a little of the time	20.1	0.9	2.8	0.2
Long-term health/disability condition causing restrictions				
No	17.3	0.9	1.9	0.2
Yes	20.1	1.0	2.6	0.3

Notes: Figures have been weighted to account for non-random survey response and attrition.
Diagnosed with mental illness in the last 6 months is not available in wave 1.
a Sight problems not corrected by glasses; hearing problems; migraines; stomach ulcers; eye, ear or skin infections; pneumonia or gastro problems in the 6 months prior to being interviewed..

Again, in line with the results reported above, those with bipolar affective disorder or schizophrenia appear to spend less time in primary homelessness than other respondents, although we note that they experience slightly more homeless spells. Differences in terms of cultural homelessness remain small.

Table 8.1 and Table 8.2 suggested that those with frequent limiting health conditions are more likely to churn in and out of homelessness. Table 8.3 corroborates these results. Although those regularly affected by an activity-limiting health condition spend a lower

proportion of time in homelessness, they experience a larger number of homeless spells than those less prone to such health conditions. And Table 8.3 also confirms that individuals with disability spend more time in cultural homelessness on average. The slightly higher numbers of cultural homeless spells for this group is due to the higher proportion of individuals ever being cultural homeless. In contrast, the higher average proportion of time in primary homelessness for those with a disability is due to a higher prevalence of homelessness and also to more homeless spells among those who experience homelessness.

8.2 Subjective measures of health and wellbeing

We now turn to more subjective measures of health and wellbeing. In Table 8.4 to Table 8.6, we report four such measures:

- Self-reported general health status (3 groups): very good or excellent; good; fair or poor.

- Satisfaction with health (2 groups): "dissatisfied" with their health (score from 0 to 5) and "satisfied" (6 to 10).

- The Kessler 6 index (K6), an indicator of mental health that captures respondents' current levels of psychological distress. Respondents are asked to rate how much of the time over the last four weeks they felt: so sad nothing could cheer them up; nervous; restless or fidgety; without hope; that everything was an effort; and worthless. Each of these six items on the questionnaire is rated by the respondent on a five-point scale, from zero for "None of the time" to four for "All of the time". Total K6 scores thus range from 0 to 24, which we then use to split respondents into three groups as follows: low distress (index scores between 0 and 12); mild distress (13-18); and high distress (19-24).

- Overall life satisfaction (2 groups): "dissatisfied" (score from 0 to 5) and "satisfied" (6 to 10).

Table 8.4 shows that both cultural and primary homelessness are more prevalent among those with poor self-reported health status. As expected, the patterns for satisfaction with health are very much in line with the self-reported general health status, with higher prevalence of homelessness among those dissatisfied with their health. The table also shows a clear and pronounced positive correlation between the level of psychological distress, as measured by the K6 index, and the prevalence of both cultural and primary homelessness at the time of interview. Likewise, overall life satisfaction is clearly associated with homelessness. It certainly comes as no surprise that homeless rates are significantly higher among those who are dissatisfied with their life.

Table 8.5 indicates that those reporting fair or poor health at the JH interview also exhibit higher homeless entry rates and lower exit rates for both cultural and primary homelessness in the following six months, when compared to those reporting very good or excellent health. And higher homeless entry rates into homelessness are found for those with high psychological distress levels, although exit rates out of primary homelessness also appear higher for this group. Overall life satisfaction is also associated with lower homeless entry rates and higher exit rates.

Table 8.4: Average prevalence of homelessness by self-assessed health and wellbeing (%)

	Cultural homelessness	*Primary homelessness*	*Valid N*
General health			
Very good or excellent	19.5	2.4	1,915
Good	19.5	3.1	2,478
Fair or poor	24.3	3.8	2,563
Satisfaction with health			
Dissatisfied (0-5)	23.5	3.8	2,732
Satisfied (6-10)	19.8	2.8	4,223
Psychological distress (K6)			
Low (0-12)	19.5	2.9	5,331
Medium (13-18)	25.3	2.9	1,182
High (19-24)	32.3	7.8	368
Overall life satisfaction			
Dissatisfied (0-5)	31.5	5.3	2,073
Satisfied (6-10)	17.0	2.3	4,881

Note: Figures have been weighted to account for non-random survey response and attrition.

Table 8.5: Average rates of entry into, and exit from, homelessness by self-assessed health and wellbeing (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
General health				
Very good or excellent	8.7	40.4	1.4	41.7
Good	10.3	48.5	0.9	33.9
Fair or poor	10.1	37.7	2.2	40.9
Satisfaction with health				
Dissatisfied (0-5)	11.6	40.4	2.0	31.7
Satisfied (6-10)	8.6	42.9	1.1	45.4
Psychological distress (K6)				
Low (0-12)	8.8	41.1	1.2	34.7
Medium (13-18)	12.6	44.2	1.9	49.8
High (19-24)	13.6	40.4	3.6	51.0
Overall life satisfaction				
Dissatisfied (0-5)	13.0	40.2	1.8	36.1
Satisfied (6-10)	8.5	43.2	1.4	41.6

Note: Figures have been weighted to account for non-random survey response and attrition.

Table 8.6 shows that, over the survey period, individuals who reported better general health in wave 1 spend, on average, less time in homelessness and have fewer numbers of homeless spells, than those reporting only fair or poor health. The correlation is, however, not so clear with the level of satisfaction with health. Furthermore, there is no evidence of a clear relationship between the extent of cultural homelessness and the level of psychological distress in wave 1. As for primary homelessness, Table 8.6 suggests that those with high distress levels spend more time in, and have more spells of, homelessness, but the differences are small. Finally, those dissatisfied with their life in wave 1 exhibit a larger proportion of time in homelessness and a larger number of homeless spells over the survey period, irrespective of the homeless definition being used.

Table 8.6: Extent of homelessness by self-assessed health and wellbeing

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
General health				
Very good or excellent	17.3	0.9	1.1	0.2
Good	18.1	0.9	2.2	0.2
Fair or poor	20.2	1.0	3.1	0.4
Satisfaction with health				
Dissatisfied (0-5)	18.6	1.0	1.8	0.3
Satisfied (6-10)	18.9	0.9	2.6	0.2
Psychological distress (K6)				
Low (0-12)	18.4	0.9	2.2	0.2
Medium (13-18)	19.0	1.1	1.7	0.3
High (19-24)	18.7	0.9	2.8	0.4
Overall life satisfaction				
Dissatisfied (0-5)	22.9	1.1	1.9	0.3
Satisfied (6-10)	16.2	0.8	2.4	0.2

Note: Figures have been weighted to account for non-random survey response and attrition.

8.3 Substance use

Previous research reports have identified high levels of substance use within the JH sample. Despite this, and as shown in Table 8.7, the association between substance use prior to the JH study commencing and homelessness is not particularly strong – on average there is little difference in the chances of being homeless across the study period for those who used cannabis before wave 3 and those who did not (20.6 vs 21.3 per cent). Among those who used cannabis on a daily basis, the chances of being homeless in the study period were, on average, marginally higher (23.3 vs 18.1 per cent), although frequent cannabis users were marginally less likely to be primary homeless (2.6 vs 3.1 per cent). The chances of being homeless during JH were slightly higher, on average, for those who had tried illegal street drugs before wave 3 (22.5 vs 18.6 per cent), although there was no meaningful difference in the chances of experiencing primary homelessness during JH (2.9 vs 2.8 per cent).

The most interesting result relates to intravenous (IV) drug use. It is widely thought that IV drug use is associated with an increased risk of homelessness. IV drug use has also been identified by many studies as a major barrier to exiting homelessness. However, we found that the average prevalence of homelessness was no higher among those who had injected drugs before JH than those who had not (21.0 vs 21.3 per cent). Further, those that did not use IV drugs before JH were, on average, slightly more likely to experience primary homelessness at each point-in-time on average (3.3 vs 1.7 per cent). This result was not what we expected. Although under-reporting cannot be ruled out, the finding that a history of IV drug use has no bearing on the chances of being homeless during JH is consistent with the other results presented in Table 8.7. If past substance use does not matter, the next question is whether current use does.

Table 8.7: Average prevalence of homelessness by substance use before JH

	Cultural homelessness (%)	*Primary homelessness (%)*	*N*
Tried cannabis before JH w3			
No	21.3	3.8	1361
Yes	20.6	2.6	5542
Used cannabis daily before JH w3			
No	18.1	3.1	3456
Yes	23.3	2.6	3460
Tried other illegal / street drugs before JH w3			
No	18.6	2.8	3252
Yes	22.5	2.9	3668
Injected illegal / street drugs before JH			
No	21.3	3.3	6488
Yes	21.0	1.7	472

Note: Figures have been weighted to account for non-random survey response and attrition.

In Table 8.8 we examine substance use during JH and here we find some evidence that the relationship between substance use and homelessness is mediated by what is going on now, and not what has happened in the past. The results show the average homeless rate is higher among those who report they recently used substances (i.e., in the last 6 months). Those who drink at risky levels have a higher rate of homelessness than those who do not (27.3 vs 20.1 per cent), and a primary homeless rate more than double that of those who do not drink (6.6 vs 2.6 per cent).[17] Similarly, the homeless rate was 10 percentage points higher among those who used cannabis in the last 6 months compared to those who did not (27.8 vs 17.6 per cent). Primary homelessness is also more common for those engaged in recent cannabis use than for those who did not. Finally, among both those who use other illegal drugs, and in particular those who inject these drugs, the prevalence of homelessness at any point-in-time is higher on average than among those who did not use other illegal substances.

[17] The relationship between our measure of binge drinking and homelessness, on the other hand, is very weak.

Table 8.8: Average prevalence of homelessness by recent substance use

Was engaged, in the last 6 months, in:	*Cultural homelessness (%)*	*Primary homelessness (%)*	*N*
Risky drinking			
No	20.1	2.6	5722
Yes	27.3	6.6	1125
Binge drinking			
No	20.8	3.3	3368
Yes	21.5	3.1	3502
Cannabis use			
No	17.6	2.7	4458
Yes	27.8	4.1	2494
Cannabis daily use			
No	20.0	2.7	6225
Yes	30.6	6.5	706
Other illegal / street drug use			
No	20.5	2.7	6126
Yes	26.4	5.7	818
Illegal / street drug injection			
No	19.0	3.3	4367
Yes	29.5	1.5	241

Note: Figures have been weighted to account for non-random survey response and attrition.

Interestingly, across all of the cross tabulations presented in Table 8.8, rates of primary homelessness are, with one notable exception, higher for those engaged in the reported forms of recent substance use compared to those who were not. The exception is the lower rate of primary homelessness among those who inject illegal or street drugs (1.5 vs 3.3 per cent). This result is very puzzling given that studies consistently show higher rates of IV drug use among the street homeless. Nevertheless, our key result remains the relatively strong association between current substance use behaviour and homelessness.

Turning our attention to the relationship between respondents' substance use behaviour and rates of entry into, and exit from, homelessness (Table 8.9), we find that those who drink at risky levels are, on average, much more likely to enter homelessness by the next interview than those that do not. In contrast, the entry rate for binge drinkers is only marginally higher than that of non-binge drinkers (10.4 vs 8.8 per cent). Homelessness exit rates for individuals that drink at risky levels and those that do not are much the same (40 vs 42.1 per cent), as are the exit rates for binge drinkers and non-binge drinkers (43.1 vs 40.3 per cent).

Entry rates among those who use illegal drugs and those that inject them are, on average three percentage points higher than among those who do not, which is a relatively modest difference. The exit rate among those using illegal street drugs are also only marginally higher than those who do not (43.5 vs 41.9 per cent), while the exit rates for those who used IV drugs is the same as those who didn't (39.7 vs 39.6 per cent). It is not entirely clear why cannabis users would have more difficulties exiting homelessness than individuals who use streets drugs, and in particular those who inject street drugs. There is evidence to show the IV drug use is a substantial barrier to exiting homelessness but this does not appear to be the case here. One possible explanation is that IV drugs users may have greater access to the

sorts of support services that enable them to exit homelessness although this would run counter to the often made claim that there are insufficient support services for IV drug users.

The same pattern is apparent when we look at primary homelessness, although there is one notable difference – among those who used street drugs the exit rate is one third of those who did not. However, among those who injected street drugs the exit rate is higher. This is a puzzling result that requires further investigation.

Table 8.9: Average rates of entry into, and exit from, homelessness by recent substance use

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Risky drinking				
No	8.9	42.1	1.0	31.8
Yes	13.8	40.0	3.9	53.6
Binge drinking				
No	8.8	40.3	1.3	34.7
Yes	10.4	43.1	1.6	45.5
Cannabis use				
No	8.2	46.3	1.1	48.1
Yes	12.6	36.8	2.1	26.2
Cannabis daily use				
No	9.3	44.9	1.3	45.6
Yes	14.0	27.2	3.0	21.2
Illegal / street drug use				
No	9.4	41.9	1.4	48.6
Yes	12.2	43.5	1.8	15.0
Illegal / street drug injection				
No	9.3	39.6	1.4	38.3
Yes	12.7	39.7	2.6	44.8

Note: Figures have been weighted to account for non-random survey response and attrition.

The results in Table 8.10 confirm that the association between history of substance use and homelessness is weak, although now our focus is on the amount of time individuals were homeless during the JH study period. Table 8.10 shows that those who tried cannabis spent, on average, slightly less time homeless (18.2 vs 19.0 per cent), but they had slightly more episodes (1.0 vs 0.6). The same pattern is present with respect to primary homelessness – cannabis users spent less time homeless but had more episodes. The results suggest that there may be frequent churning in and out of homelessness among this group. More frequent use of cannabis prior to JH is linked to more time homeless during the study period, (21.0 vs 15.7 per cent), and more episodes. The same pattern is evident among those who tried street drugs before JH – those who used street drugs spent, on average slightly more time homeless during JH than those that did not (20.6 vs 15.7 per cent) and had slightly more episodes (1.1 vs 0.8). However, those that used street drugs spent no more time in the primary homeless population than those that did not. Finally, those that injected street drugs spent, on average, less time homeless during JH than those that did not inject (17.1 vs 18.8 per cent).

Table 8.10: Extent of homelessness by substance use before JH

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Tried cannabis before JH w3				
No	19.0%	0.6	2.9%	0.1
Yes	18.2%	1.0	1.6%	0.3
Used cannabis daily before JH w3				
No	15.7%	0.8	2.2%	0.2
Yes	21.0%	1.1	1.6%	0.3
Tried illegal / street drugs before JH w3				
No	15.7%	0.8	1.9%	0.2
Yes	20.6%	1.1	1.9%	0.3
Injected illegal / street drugs before JH				
No	18.8%	0.9	2.2%	0.2
Yes	17.1%	1.0	2.0%	0.4

Note: Figures have been weighted to account for non-random survey response and attrition.

In general, the results provide further support for the supposition that with respect to substance use, what has happened in the past appears to have little bearing on current housing / homelessness circumstances.

In contrast to the results presented in Table 8.10, in Table 8.11 we find a strong association between substance use during JH and the amount of time people were homeless during JH. People who drink at risky levels for instance, spent considerably more time homeless (25.4 vs 15.1 per cent) and had, on average, a greater number of spells than those that did not (1.2 vs 0.8). While the association between binge drinking and homelessness was weak, cannabis users spent more time homeless than people who did not use cannabis 23.2 vs 13.1 per cent), and they had double the number of episodes on average (1.2 vs 0.6). However, they spent no more time unsheltered (primary homeless) than those who did not use cannabis. Individuals who used cannabis frequently during the study also spent more time homeless and had more spells. They also spent more time in the primary homeless population (3.6 vs 1.8 per cent) over the course of the study. When we examine the duration of homelessness among individuals who use street drugs, and those who injected street drugs, during JH we are once again confronted with the same puzzling results – while those who use street drugs and those who used them intravenously spent more time homeless, had more episodes, and spent more time unsheltered, the differences are not great, and especially not as large as those for cannabis use.

Table 8.11: Extent of homelessness by substance use during JH survey period

	Cultural homelessness		*Primary homelessness*	
	% of time homeless	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Risky drinking				
No	15.1	0.8	1.9	0.2
Yes, in at least one wave	25.4	1.2	2.9	0.3
Binge drinking				
No	18.3	0.7	2.9	0.2
Yes, in at least one wave	18.7	1.0	2.0	0.3
Cannabis use				
No	13.1	0.6	2.1	0.1
Yes, in at least one wave	23.2	1.2	2.3	0.3
Cannabis daily use				
No	16.3	0.8	1.8	0.2
Yes, in at least one wave	26.4	1.3	3.6	0.4
Illegal / street drug use				
No	17.5	0.9	1.9	0.2
Yes, in at least one wave	21.3	1.1	3.1	0.4
Illegal / street drug injection				
No	18.3	0.9	2.2	0.2
Yes, in at least one wave	21.7	1.2	2.4	0.5

Note: Figures have been weighted to account for non-random survey response and attrition.

8.4 Usage of health services

The evidence presented in the previous sections shows a clear correlation between health and homelessness. The implication of this is that the homeless are likely to have a greater demand for health services. However, due to the resource constraints, the most disadvantaged groups may face greater difficulties in accessing health services. We therefore investigate the actual service usage of JH respondents in this section, and the difficulties in accessing health services in the next. Together the two sections form a picture of the demand for health services and the degree of unmet demand for this disadvantaged group and how the demand is related to homelessness.

The types of services we investigate are GPs, hospital doctors, non-hospital specialists, mental health professionals, dentists, hospital admissions, and drug/alcohol services. We also include a summary measure reflecting whether respondents visited any of these types of health professionals. Service usage is capture by a simple binary outcome variable indicating whether the respondents used the specific type of services in the past 6 months or not. Service usage intensities are not available.

Table 8.12 shows that, despite the clear correlation between poor health and homelessness, there is no apparent difference in the prevalence of homelessness between those who saw any doctor or health professionals and those who did not. On the one hand, the incidence of homelessness is lower for those who saw a GP than for those who did not. On the other hand, those who used the hospital system (saw a hospital doctor or were admitted to hospitals) have

a higher prevalence of homelessness. This could result from the fact that the homeless have more severe health conditions and therefore have more hospital visits or that the homeless are more likely to use the public hospital system to avoid fees. The cultural homeless rates do not differ much between those who have seen a specialist and those who have not but the primary homeless rate of those who saw a specialist is 1.8 percentage points higher than those who did not. As most of JH respondents would have a concession card. We do not expect the price of specialists' fees faced by the homeless and housed individuals to differ much. This suggests that the poor health condition of the homeless may have contributed to the higher use of specialists. Those who saw a mental health professional also have slightly higher rate of homelessness but there is no apparent difference in the rate of primary homelessness. This corroborates the findings related to mental health from section 8.1.

Table 8.12: Average prevalence of homelessness by health service usage

In the last 6 months:	*Cultural homelessness (%)*	*Primary homelessness (%)*	*Valid N*
Visited any doctors or health professionals			
No	21.7	3.8	1900
Yes	21.0	3.0	5062
Visited G.P.			
No	23.6	3.7	2286
Yes	20.0	3.0	4685
Visited hospital doctors			
No	20.4	3.0	5186
Yes	24.1	4.1	1781
Visited specialists			
No	21.4	3.0	5980
Yes	20.7	4.8	988
Visited mental health professionals			
No	20.9	3.3	5368
Yes	22.5	2.9	1598
Visited dentists			
No	21.1	3.2	5856
Yes	21.8	3.7	1112
Admitted to hospitals			
No	20.5	2.7	5501
Yes	23.8	5.3	1460
Attended drug/alcohol services			
No	20.4	3.3	6381
Yes	29.9	2.4	586

Note: Figures have been weighted to account for non-random survey response and attrition.

Those who attended drug/alcohol services have much higher rates of cultural homelessness but there is no difference in the rate of primary homelessness. This is not surprising given the high correlation between substance use and homelessness.

When we look at homelessness entry and exit rates by health service usage over the preceding 6 months, presented in Table 8.13, the findings are clear. Those who used health

services exhibit higher entry rates than those who did not, for all services except for GPs. This further confirms the association between poor health and homeless entry although the association may not be very strong. It is understandable that visiting a GP is associated with a lower entry rate into cultural homelessness as most may simply see a GP for routine visits and not necessarily for any serious health issues. In addition, if affordability is an issue preventing some to see a GP, the result may simply reflect a higher rate of extreme poverty for those who did not see a GP. As for those who were homeless at interviews, those who used health services have higher rates of exiting homelessness in the next period irrespective of the type of health services and the definition of homelessness. In addition to the treatment effects of health services, the link between health services and other types of services such as homeless services may have facilitated homeless exits.

Table 8.13: Average rates of entry into, and exit from, homelessness by health services usage (%)

	Cultural homelessness		*Primary homelessness*	
In the last 6 months:	*Entry rate*	*Exit rate*	*Entry rate*	*Exit rate*
Visited any doctors or health professionals				
No	10.2	39.6	1.0	26.2
Yes	9.5	42.8	1.7	45.1
Visited G.P.				
No	10.7	40.5	0.9	29.8
Yes	9.3	42.8	1.8	46.1
Visited hospital doctors				
No	8.8	40.8	1.1	38.4
Yes	12.9	44.6	2.6	40.6
Visited specialists				
No	9.6	41.0	1.4	38.5
Yes	10.8	47.3	2.0	41.5
Visited mental health professionals				
No	9.6	40.5	1.4	33.3
Yes	10.6	46.5	1.9	67.5
Visited dentists				
No	9.7	41.5	1.4	38.9
Yes	10.3	43.7	2.1	40.3
Admitted to hospitals				
No	9.0	41.4	1.2	39.4
Yes	12.6	43.4	2.4	37.6
Attended drug/alcohol services				
No	8.9	41.1	1.3	36.6
Yes	18.0	47.5	3.5	69.0

Note: Figures have been weighted to account for non-random survey response and attrition.

Table 8.14 presents the relationship between individuals' service usage and their extent of homelessness during the full JH survey period (that is from their wave 1 interview to their wave 6 interview). The patterns for average proportion of time homeless and number of times homeless by health service are similar to the patterns for the prevalence of homelessness presented in Table 8.12. We simply note that the relationship between the extent of

homelessness and health usage appears to be stronger when a longer time frame is considered for homelessness.

8.5 Difficulties in accessing health services

In this section, we explore the difficulties experienced by Journeys Home's respondents in accessing health services by homeless status. In wave 6, respondents were asked whether they had ever needed to see a doctor or health professional but then did not go. They were also asked for the type of doctor and the reason they did not go. Since this set of questions is not available in other waves, we are not able to examine the relationship between this issue and the dynamics of homelessness. Thus, in Table 8.15, we present the per cent of individuals needing each type of doctors by homeless status. The reasons for not seeing a doctor for those needing a doctor are presented in Table 8.16 again by homeless status. Due the small sample size, reasons for not seeing a doctor by primary homeless status are not presented.

Table 8.14: Extent of homelessness by health services usage

	Cultural homelessness		*Primary homelessness*	
Anytime between wave 1 and wave 6:	*% of time homeless*	*No. of times homeless*	*% of time homeless*	*No. of times homeless*
Visited any doctors or health professionals				
No	23.6	0.8	0.1	0.1
Yes	18.1	0.9	2.0	0.2
Visited G.P.				
No	26.8	0.9	0.2	0.2
Yes	18.0	0.9	2.4	0.3
Visited hospital doctors				
No	17.8	0.8	1.3	0.2
Yes	19.1	1.0	2.9	0.3
Visited specialists				
No	19.9	0.9	1.3	0.2
Yes	16.9	1.0	3.7	0.3
Visited mental health professionals				
No	17.1	0.9	1.9	0.2
Yes	20.5	1.0	2.6	0.3
Visited dentists				
No	19.6	0.9	2.0	0.2
Yes	17.5	1.0	2.6	0.3
Admitted to hospitals				
No	17.7	0.8	1.1	0.2
Yes	18.8	1.0	2.4	0.3
Attended drug/alcohol services				
No	16.8	0.9	1.8	0.2
Yes	23.4	1.1	1.8	0.4

Note: Figures have been weighted to account for non-random survey response and attrition.

Table 8.15 shows that about 40 per cent of respondents needed to see a doctor or health professional in the last six months but did not see one and that this proportion varies very little by homeless status. Further analysis, however, shows that the degree of variation by homeless status depends on the type of doctor that was needed and the definition of homelessness. The most significant differences are found with respect to GPs, dentists and prescribed medicines. Not visiting a GP while needing one is more common among respondents who are not homeless than among the primary homeless, but there is not much difference by cultural homeless status. More than one fifth of the primary homeless, however, did not see a dentist when they needed to whereas the proportion is below ten per cent among the non-homeless. The association between homelessness and going without prescribed medicine depends on the type of homelessness. The primary homeless are less likely to go without prescribed medicine whereas the cultural homeless are more likely to do so.

Table 8.15: Per cent of individuals needing a doctor/ health professional and did not go by homeless status

	Cultural homelessness		*Primary homelessness*	
	No	*Yes*	*No*	*Yes*
Any doctor or health professional	38.6	40.2	38.9	39.1
GP	28.7	29.9	29.4	19.2
Hospital doctors	4.2	4.6	4.5	0.0
Non hospital specialist	4.4	4.4	4.4	4.2
Mental health professionals	6.7	5.5	6.6	4.2
Dentist	7.6	9.8	7.5	21.1
Gone without prescribed medicine	23.2	28.9	24.6	19.4
Numbers of observations	963	197	1129	31

Note: Figures have been weighted to account for non-random survey response and attrition.

Overall, the proportion of respondents who needed any type of doctor but did not see one does not differ much between the cultural homeless and the housed. However, the reasons for not seeing a doctor vary between these two groups. Table 8.16 reports the proportions of those who did not see a doctor due to cost and availability.[18] Availability reasons includes those who reported no service nearby or could not make an appointment for a suitable time. Since individuals can choose multiple reasons, we also report the proportion of those who invoked either cost or availability reasons.

Reporting difficulties in accessing GPs due to cost or availability is more common among the homeless than among the housed. For accessing mental health services, however, the opposite is true. The homeless are less likely to face difficulties in accessing mental health professionals, possibly due to the fact that homeless services are often linked to mental health services. Not seeing dentist appears largely due to availability reasons for the homeless whereas cost is the most commonly reported reasons for the housed. However, cost and

[18] We do not report reasons for not visiting hospital doctors and non-hospital specialists due to the small samples involved.

availability reasons may not be so easily distinguishable in practice. For example, a person may only want to use the public system as it is free or cheaper but because the waiting lists are also likely to be longer it is not clear whether cost and/or availability reasons will be reported. Nonetheless, the proportion reporting not seeing a dentist due to cost or availability reasons are higher among the homeless. As for prescribed medicine, cost is clearly the number one concern irrespective of the homeless status. However, going without prescribed medicine for cost reasons remains more common among the homeless than among the housed.

Table 8.16: Reasons did not seek doctor/health professionals when needed by homeless status (%)

	Housed	*Cultural homeless*	*Total*
GP			
Cost	15.3	19.8	16.2
Availability[a]	23.7	32.4	25.6
Either cost or availability[b]	35.4	46.4	37.7
Mental health professionals			
Cost	22.4	17.6	21.6
Availability[a]	23.2	19.2	22.5
Either cost or availability[b]	37.7	29.6	36.3
Dentist			
Cost	57.8	20.7	48.6
Availability[a]	12.5	51.7	22.2
Either cost or availability[b]	62.7	72.3	65.1
Prescribed medication			
Cost	40.2	57.0	44.3
Availability[a]	4.1	3.0	3.9
Either cost or availability[b]	43.2	59.0	47.2

Notes: Figures have been weighted to account for non-random survey response and attrition.
a Includes those who reported no service nearby or could not make an appointment for a suitable time.
b Individuals may report multiple reasons, therefore the individual cost and availability figures do not sum to the "either cost or availability" figure.

8.6 Conclusion

Our finding confirms that there are clear correlations between homelessness and poor physical and mental health. The prevalence of cultural homelessness is higher among those with poor health irrespective of what health measure is used. For the prevalence of primary homelessness, the findings are similar except that individuals who were ever diagnosed bipolar disorder or schizophrenia appear to be less likely to be primary homeless than those who were not.

The relationship between health and homeless entry and exit are mixed, depending on what measure is used. Those with activity limiting conditions and poor subjective measures of health and well-being have higher rates of homeless entry. The relationships between

objective measures of physical and mental health are inconclusive. As for homeless exit, the finding is even less universal. In general, those with long-term conditions (ever diagnosed chronic health conditions, ever diagnosed with bipolar or schizophrenia and long-term disability condition) are less likely to exit homelessness than those without. Homeless exit appear to have no clear association between subjective measure of health and well-being. Interestingly, those with severe activity limiting condition are much more likely to exit homelessness than those without. Perhaps, those individuals with the most pressing health conditions may come into contact with, and be given priority in, other services as a result of their existing contact with the public health system.

The analysis on total time homeless and numbers of homeless spells shows that there is no clear relationship between pre-existing health condition and extent of homelessness in the next two and a half years. The average proportion of time homeless is slightly larger for those with disabilities and self-assessed poor health. One finding that stands out is that those who were dissatisfied with their lives at wave 1 have a much higher average proportion of time homeless.

Overall, subjective measures of health and well-being show a much stronger relationship with homelessness. Individuals seem to understand themselves better than other information that is collected objectively. Among the subject measures, overall life satisfaction has the strongest correlations with all aspects of homelessness. This finding seems to be plausible given that homelessness may be associated with different type of disadvantages and often is likely to be a result of multiple aspects of disadvantage.

Regarding the relationship between substance use and homelessness, although we cannot discount under-reporting among intravenous drug users, which is a common issue, a number of important empirical points have been established. First, history of substance use seems to be unrelated to current homelessness while current substance use behaviour is related. Both risky drinking and cannabis use are very positively related to homelessness during JH. While illegal street drugs and IV drug use are also positively related to homelessness, the association is not as strong.

In this chapter, we also analysed the relationship between health service usage and homelessness. Despite the clear association between poor and prevalence of homelessness, with the exception of higher homeless rates among drug/alcohol service users, no strong links between health service usage and homelessness were found. We also find no evidence to suggest that the lack of association is due to a greater proportion of homeless people who needed a doctor/health professional but did not go. The only notable differences between the homeless and housed are the proportion who had gone without prescribed medicines and the proportion who needed a dentist but did not see one, in particular for the primary homeless. The proportion of individuals not visiting a dentist due to cost or availability issues is very high: 72.3 per cent for the homeless and 62.7 per cent for the housed.

Another striking finding is that nearly 30 per cent of respondents reported needing a GP but did not go, irrespective of their housing status. Of those, 37.7 per cent did not visit a GP due to cost and availability reasons (46.4 for the homeless and 35.4 for the housed). The findings suggest that more effort is required to ensure better accessibility to health services, in particular to GPs, for disadvantaged Australians – the population represented in Journeys Home. Moreover, special attention is needed to ensure better access to dentists and affordability of prescribed medicines.

9 Housing and labour markets of areas

Key findings in this chapter:

- The state of the housing market appears to have quite a strong association with homelessness. Not only are rates of homelessness higher in areas with higher housing costs, but those who move to areas with cheaper housing are much more likely to exit homelessness.

- On the other hand, we find that the relationship between local labour markets and homelessness is not clear cut due to the correlation between housing market factors and labour market factors; i.e. areas with better labour market opportunities tend to be areas with higher housing costs.

- Interestingly, although housing costs tend to be higher in major urban areas than in outer urban or non-urban areas, we do not find evidence of much variation in patterns of entry to, and exit from, homelessness by major urban area vs other areas.

In previous chapters we have examined the relationship between homelessness and individual risk and protective factors for JH respondents. However, an individual with a given set of personal characteristics might be more prone to homelessness if living in a region with relatively poor labour market prospects, or a region with relatively high housing costs and shortages of affordable housing. Indeed housing and labour market conditions can interact to limit access to employment opportunities when house prices and rents are relatively high in those regions and cities where job vacancies are relatively abundant. While these ideas have gained currency in Australian policy circles, until the recent analysis by Wood et al. (2014) there was very little analysis of the importance of economic and structural factors in explaining spatial variation in homelessness in Australia.

In this chapter we therefore examine what JH can tell us about how, if at all, individual risks of homelessness vary according to the housing and labour market characteristics of areas.

9.1 Definitions

In this chapter we categorise areas using the Australian Statistical Geography Standard (ASGS) (ABS 2010). We differentiate between major urban areas and other areas, and by Statistical Area Level 4 (SA4), the latter of which was developed by the ABS to reflect local labour markets within each State and Territory. There are 87 SA4 regions across mainland Australia and Tasmania, all of which are represented in JH in at least one wave.

To capture the conditions of housing and labour markets we need to merge in data from sources external to JH. To capture the conditions of housing markets we include median household rents for each SA4 from the 2011 Census of Population and Housing. Likewise, to capture the state of the local labour market we merge in the average quarterly unemployment rate of each SA4 from the monthly Regional Labour Force Statistics (ABS 2014a).

We then categorise areas according to whether they have high, medium or low median rents and unemployment respectively. The top 25 ranked areas are defined as 'high' median rent and 'high' unemployment areas respectively, the middle 26-50 ranked areas as 'medium', and bottom 51-87 ranked areas as 'low'. We acknowledge that this is quite an arbitrary categorisation but these groupings were selected to ensure that the 'medium' group coincides with national levels of unemployment and median rent (the national median rent was $285 a week and the average national unemployment rate over the period covered was 5.5 per cent).

9.2 Do individual risks of homelessness vary by the characteristics of areas?

In Table 9.1 we examine how the average prevalence of homelessness varies by these area-level characteristics. While homelessness rates are slightly higher on average for those residing in major urban areas compared to those in other areas, the difference is not that large. Also, the average rate of primary homelessness is slightly higher in non-major urban areas. Table 9.1 also shows us that the average rate of homelessness is highest in areas with high median rents and low unemployment. This is generally also the case with primary homelessness.

It is important to keep in mind that the JH sample is a select sample of a particularly vulnerable population. Homeless rates derived from the JH sample are therefore different from population based rates of homelessness (for example, those using the census). When considering the total population we do not expect to see high rates of particularly vulnerable people living in more affluent (high rent and low unemployment) areas as they just cannot

afford to live there. However, if you focus solely on a very vulnerable population, such as we do in JH, even though the total number of vulnerable people living in these areas is small, those that are would be more likely to be homeless than those that are living in cheaper areas.

Table 9.1: Average prevalence of homelessness by area-level characteristics

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Overall	21.2	3.2	6973
Major urban area	21.0	2.6	5429
Other areas	19.8	3.6	1517
Labour market characteristics of area[a]			
High unemployment rate area (min=6.23%)	20.4	3.0	2532
Medium unemployment rate area (min=5.42%)	19.4	3.4	2140
Low unemployment rate area	23.5	3.0	2297
Housing market characteristics of area[b]			
High rent area (min=$325 pw)	25.0	2.3	1862
Medium rent area (min=$250 pw)	19.1	2.9	2694
Low rent area	20.5	4.2	2413

Notes: a. Areas (SA4s) ranked by local unemployment rate from highest to lowest. Top 25 = High; Middle 26-50 = Medium; Bottom 51-87 = Low.
b. Areas (SA4s) ranked by median rent from highest to lowest. Top 25 = High; Middle 26-50 = Medium; Bottom 51-87 = Low.

It might be expect that the state of the housing and labour market has a different relationship with respect to homelessness entries than it does to exits from homelessness. This is indeed what we find in Table 9.2; homelessness exit rates seem much more correlated with area-level housing and labour market conditions than do entry rates. Although, homelessness entry rates are slightly lower in low unemployment rate areas compared to those in high unemployment rate areas, they do not vary much according to housing market characteristics. However, when we examine exits from homelessness, exit rates are highest in low rent/high unemployment areas. Interestingly this relationship is not apparent when examining primary homelessness; with exit rates highest in high rent areas. With such small samples of the primary homeless, however, we warn against placing too much emphasis on this result.

Interestingly, although housing costs tend to be higher in major urban areas than in outer urban or non-urban areas, we do not find evidence of much variation in homelessness entry and exit rates by major urban area vs other areas.

Table 9.2: Average entry rates in to, and exit rates out of, homelessness by area-level characteristics (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Overall	9.8	41.9	1.5	39.1
Major urban area	9.5	41.3	1.4	39.7
Other areas	10.6	44.0	1.5	36.2
Labour market characteristics of area[a]				
High unemployment rate area (min=6.23%)	11.2	46.7	1.5	35.9
Medium unemployment rate area (min=5.42%)	9.2	45.2	1.8	44.1
Low unemployment rate area	8.6	35.0	1.2	36.7
Housing market characteristics of area[b]				
High rent area (min=$325 pw)	9.5	37.1	1.3	57.8
Medium rent area (min=$250 pw)	9.7	41.8	1.6	32.5
Low rent area	10.1	47.0	1.5	36.8

Notes: a. Areas (SA4s) ranked by local unemployment rate from highest to lowest. Top 25 = High; Middle 26-50 = Medium; Bottom 51-87 = Low.
b. Areas (SA4s) ranked by median rent from highest to lowest. Top 25 = High; Middle 26-50 = Medium; Bottom 51-87 = Low.

9.3 Homelessness, housing and labour markets and geographic mobility

The figures presented in the previous subsection hide many of the dynamic factors at play when considering how housing and labour markets might affect homelessness. This is where JH, being a longitudinal survey, can provide particularly valuable information that Census data (for example) cannot. People might respond to housing and labour market conditions of areas by moving to areas with different characteristics. However it is difficult to determine a priori what patterns one might expect to see between geographical mobility and homelessness.

One clear reason why people might move is housing costs; if an individual with limited resources is in an area with an increasingly tight housing market, they are likely to move to a cheaper area rather than to stay in the more expensive area and not be able to pay their rent. Alternatively, some people may prefer to live in an area with better labour market opportunities, which tend to be areas with higher housing costs. Therefore, they may stay in, or move to, a more expensive area if the labour market opportunities are better there. Also, the labour market characteristics of areas might just be an indicator of the level of poverty in an area and thus be picking up how much demand there is in an area for the same low-cost housing. Thus people may move to other areas that are not necessarily cheaper but where there are fewer people competing for low-cost housing. It may also be the case that people who are in transition could be more at risk of becoming homeless regardless of what the initial reason was for their move (for instance, they may have fewer support networks around them once they move). These are all reasons why it is important to examine links between geographic mobility and homelessness, which we now turn to.

Indeed in Table 9.3 we see that there does seem to be some kind of link between homelessness and geographic mobility. While, on average, only 13 per cent of individuals move across SA4s within a 6-month period (=100 x 729/5771), average rates of homelessness are much higher for those who move to another area between waves (typically a 6-month period) than those who stay in the same area (29.6 vs 18.8 per cent). This is also true of primary homelessness; the average rate of primary homelessness is 4.4 per cent for those that move to a different area, whereas it is 2.1 per cent for those that stay in the same area. This suggests that the homeless are more geographically mobile than the housed.

In Table 9.3 we also compare the characteristics of the areas that people are in with the characteristics of the areas that they move to. We do this by comparing the rank of each area according to their median rent and unemployment respectively. The results support the notion that the homeless are more likely to move to areas in search of cheaper housing. It does not appear that the homeless are moving in search of better labour market opportunities: rates of homelessness are highest for those moving from an area with better labour market opportunities to one with fewer opportunities (36.8 per cent). This compares to average homeless rates of 23.6 per cent and 28.9 per cent for those moving to areas with better or similar labour market opportunities, respectively. Those moving from a higher rent to a lower rent area are, however, the most likely to be homeless, with an average homeless rate of 31.7 per cent. By comparison, those moving from a cheaper area to a more expensive area have an average rate of homelessness of 29.3 per cent. This overall pattern is also evident, and is perhaps even stronger, for primary homelessness.

Table 9.3: Average prevalence of homelessness by area-level characteristics of movers

	Cultural homelessness (%)	*Primary homelessness (%)*	*Valid N*
Total	21.2	3.2	6973
Moves to another area by next wave	29.6	4.4	729
Does not move	18.8	2.1	5042
Labour market characteristics of areas[a]			
Moves from higher to lower unemployment area	23.6	2.7	301
Moves between similar unemployment area	28.9	2.5	152
Moves from lower to higher unemployment area	36.8	7.2	276
Housing market characteristics of areas[b]			
Moves from higher to lower rent area	31.7	7.1	259
Moves between similar rent area	27.3	2.3	215
Moves from lower to higher rent area	29.3	3.3	255

Notes: a. Areas (SA4s) ranked by local unemployment rate from highest to lowest in each wave.
b. Areas (SA4s) ranked by median rent from highest to lowest in each wave.

In Table 9.4 we turn to examining how entry and exit rates vary for movers. Firstly, we see that movers are 3 times more likely to enter homelessness than non-movers. They are also more likely to exit, but the relative difference in exit rates is not as large as with entries.

Looking first at entry rates, the results suggest that those moving to areas with better labour market opportunities are placed most at risk of entering homelessness as these areas tend to also be areas with tighter housing markets; the average entry rate for those moving to an area with a lower unemployment rate is 27.3 per cent (correspondingly, it is 27.2 per cent for those moving to a higher rent area). By comparison, the average entry rate is just over 20 per cent for those moving to areas with more affordable similar housing and 17.3 per cent for those moving to areas with fewer labour market opportunities.

Housing markets also seem to be affecting exits from homelessness, whereas there is little evidence that the local labour market has such effects. Exit rates from homelessness are about 10 percentage points higher for those moving to areas with cheaper rental housing compared to those moving to areas with more expensive rental housing (59.3 per cent vs 48.8 per cent). On the other hand, exit rates from homelessness are similar regardless of whether they move to an area with better labour market opportunities or not.

These results support the proposition that the homeless are predominantly driven by a desire to obtain affordable housing rather than to find better labour market opportunities. And quite rightly, as the results suggest that for those who, for whatever reason, end up moving to more expensive areas, their risk of experiencing homelessness – both in terms of an increased likelihood of entering homelessness and a decreased likelihood of exiting – are amplified.

Table 9.4: Average entry rates in to, and exit rates out of, homelessness by area-level characteristics (%)

	Cultural homelessness		*Primary homelessness*	
	Entry rate	*Exit rate*	*Entry rate*	*Exit rate*
Overall	9.8	41.9	1.5	39.1
Moves to another area	23.0	53.0	2.4	45.1
Does not move	7.2	39.2	0.8	33.9
Labour market characteristics of areas[a]				
Moves from higher to lower unemployment area	27.3	51.9	3.9	36.6
Moves between similar unemployment area	22.4	59.7	0.4	76.2[3]
Moves from lower to higher unemployment area	17.3	51.1	1.8	43.3
Housing market characteristics of areas[b]				
Moves from higher to lower rent area	20.2	59.3	1.3	39.0
Moves between similar rent area	21.1	49.2	2.7	100.0[c]
Moves from lower to higher rent area	27.2	48.8	3.4	28.6

Notes: a. Areas (SA4s) ranked by local unemployment rate from highest to lowest in each wave.
b. Areas (SA4s) ranked by median rent from highest to lowest in each wave.
c. Cell size is fewer than 5 observations.

9.4 Conclusion

In this chapter we have provided an insight into how housing markets and labour markets relate to the dynamics of homelessness in Australia. Although studies utilising population-level data show that the highest overall rates of homelessness are concentrated in areas with

low median rents and high levels of public housing, when we focus solely on a more vulnerable population group, the state of the housing market appears to have quite a strong association with homelessness. Not only are rates of homelessness higher in areas with higher housing costs, but those who move to areas with cheaper housing are much more likely to exit. On the other hand we find that the relationship between local labour markets and homelessness is complex.

The findings presented in this chapter are, however, entirely descriptive. Thus, the issues introduced require much further investigation before making any final conclusions. Importantly, this will involve explicitly examining how individual risk factors interact with area level factors in contributing to homelessness.

Finally we note that much more can be learned about homelessness dynamics with the Journeys Home survey data in addition to the issues examined in this chapter. Journeys Home provides the opportunity for local and international researchers to answer some of the fundamental questions that have interested and eluded homelessness researchers for many years.

10 Special topics in wave 6: children, sleep and mobile/internet usage

Key findings in this chapter:

Children

- Two thirds of the children of female respondents live with their mother while less than 30 per cent of children of male respondents live with their father.
- Those with resident children under 18 years are much less likely to be homeless (9 per cent) than those without resident children (24.8 per cent). The former group is also much less likely to be primary homeless (0.4 per cent compared to 4.1 per cent for those without resident children).
- School attendance is only slightly lower for children 6-15 years of respondents in the sample than in the general population, but for children 16-17 years attendance at school is substantially lower for respondents' children than in the general population.
- Comparing children's outcomes by the respondent's education level shows that a higher education level of the parent is associated with better outcomes for the child, in terms of better health, being less likely to have repeated a year, and being less likely to lag behind.
- Girls are less likely (3-4 percentage points) to lag behind at school or repeat a year than boys.
- The children of respondents who are employed are less likely to lag behind at school or repeat a year than other children.

Sleep

- Moderate to high levels of psychological distress and poor physical health are associated to poor sleep quality.
- There no evidence to suggest homelessness or housing conditions are associated with sleep quality or duration.

Mobile phone & internet use

- Rates of mobile phone use and access to the internet are lower for those experiencing homelessness (than those housed).
- Also the frequency of internet access, and rates of access at home, decrease as the housing situation becomes more severe.

Information on a number of additional topic areas was collected in the wave 6 survey instrument that was not collected in prior waves. In addition, information on mobile phone use was collected in the wave 5 instrument. As these items were only captured at one particular point in time (corresponding to either the wave 5 or wave 6 interview) we cannot examine how these items vary over time or how with the different dynamics of homelessness that were examined in previous chapters. Here we, therefore, undertake brief (cross-sectional) analyses of the three key additional topics that were included: those on children's education and care; sleep patterns; and finally mobile phone and internet usage.

10.1 Children's education and care

Descriptive summary statistics

In previous waves it was found that persons with children were more likely to respond to the survey than persons without children (see Chigavazira et al., 2014, Table 2.1). However, up to wave 6 we knew very little about the children themselves, except for their age and gender, and whether they live with the respondent or not. In wave 6, additional questions were added to the survey collecting information on health and education of all children under 18 years who were either living with the respondent, or with whom the respondent had at least monthly contact.

In this section we present some initial results based on these data, starting with a number of characteristics at the child level (where there may be more than one child per respondent) in Table 10.1. Only children of parents who responded to the survey in each wave are included.

The proportion of girls is slightly lower than boys, as is seen in the general population for this age group. The 0-5 year age group is the largest, followed by the group aged 6-11 years. Just over half of the children live with the respondent, but disaggregating this by gender of the respondent we find substantial differences between groups. Two thirds of the children of female respondents live with their mother while less than 30 per cent of children of male respondents live with their father. Similarly, if the respondent is considered to be culturally homeless then the child is much less likely to live with the respondent, and much more likely to live with the other parent, or another person or institution.[19]

This is consistent with the earlier results presented in this report. Chapter 3 has shown that the rate of homelessness does not seem to differ much between respondents with and without children, but homelessness rates are quite different depending on whether the respondent's children live with them. Those with resident children under 18 years are much less likely to be homeless (9 per cent) than those without resident children (24.8 per cent). The former group is also much less likely to be primary homeless (0.4 per cent compared to 4.1 per cent for those without resident children).

[19] Primary homelessness is not considered since very few respondents with children reported they were primary homeless (see Chapter 3 of this report).

Table 10.1: Children's characteristics (%)

Characteristic	*Children*
Gender (n=1151)	
Male	51.9
Female	48.1
Age group (n=1151)	
0-5	40.7
6-11	30.8
12-17	28.5
Lives with respondent (n=1152)	
Yes	51.3
No	48.7
Ever lived with respondent (n=1123)	
Yes	89.2
No	10.8
Frequency of contact (n=1121)	
Lives with respondent	52.7
Weekly	13.2
Monthly	9.4
No contact	24.7
Primary care giver (n=1111)	
Lives with respondent	53.2
Other parent	31.9
Other relative	8.6
Someone else	6.4

Note: Figures have been weighted to account for non-random survey response and attrition.

Although nearly 90 per cent of the children lived with the respondent at some point in their life, close to a quarter of all children have no regular contact with the respondent anymore. If the child does not live with the respondent, the other parent is the most likely alternative primary carer. Just over 6 per cent of all children live with someone who is not related to them or in an institution.

The wave 6 data includes a number of children's outcomes which are cross-tabulated, in Table 10.2, with whether the child lives with the respondent. The information on outcomes is only collected for children who have at least monthly contact with the respondent. The outcomes are all self-reported by the respondent, so it seems likely that the quality of the data will be better for respondents who see their children more often.

Among 3-5 year old children who live with the respondent, 31.4 per cent are not attending school or preschool, while this is only 19.5 per cent for children living elsewhere. The rate of formal schooling among the children of the JH respondents appears low compared to the general population of children aged 4-5 years old in 2011, 85 per cent of whom attended school or preschool (ABS 2012); or with children aged 3-5 years old in 2008, 80 per cent of whom attended school or preschool (ABS 2009).

Children aged 6 to 17 years of age are much more likely to attend school, but the rate of participation rate in schooling by both groups of children, reported in Table 10.2, appears substantially lower than what is observed in the general population, particularly for children

living with the respondent. In the general population, over 99 per cent of all children aged 6-15 attend school, while 7.6 per cent of 16 year olds and 28.4 per cent of 17 year olds are not attending school (ABS 2014b). Among the children of the JH respondents (who are in regular contact with the responding parent), 22.5 per cent of 16 year olds and 52.6 per cent of 17 year olds are not attending school; while attendance among the younger age groups is slightly lower than in the general population, but not to the same extent as for the 16 and 17 year olds.

Table 10.2: Children outcomes by living with respondent

Outcome	*Living with*		*Not living with*	
	N	*%*	*N*	*%*
Attends school / preschool				
3-5 years old				
Neither	38	31.4	8	19.5
School	38	31.4	19	46.3
Preschool	45	37.2	14	34.2
6-17 years old				
Neither	21	8.2	10	5.8
School	235	91.8	161	93.6
Preschool	0	0	1	0.6
Number of school days missed (in 2013)				
None	29	11.6	26	24.3
1-5	78	31.2	43	40.2
6-10	65	26.0	14	13.1
11-20	49	19.6	11	10.3
20+	28	11.6	13	12.2
Number of different schools attended				
1	81	30.8	57	33.1
2	66	25.1	60	34.9
3	60	22.8	33	19.2
4+	56	21.3	22	12.8
Ever repeated a year at school				
Yes	18	6.8	8	4.8
No	245	93.2	160	95.2
Lagging behind in school				
Yes	28	11.0	33	20.5
No	226	89.0	128	79.5
Child health				
Excellent	351	59.6	117	47.4
Very good	150	25.5	77	31.2
Good	69	11.7	39	15.8
Fair	13	2.2	11	4.5
Poor	6	1.0	3	1.2

Note: Figures have been weighted to account for non-random survey response and attrition.

Just under 7 per cent of children living with the respondent and just under 5 per cent of children living elsewhere are reported to have ever repeated a year of school. Only children of school age (6-17 years of age) who are currently at school are included in this statistic. This appears high compared to the probability of having ever repeated a year at school at age

15 of 8.25 per cent (most of which, 7.23 per cent, occurred at secondary school when the child is aged 12 or older) as reported in the Longitudinal Survey of Australian Youth. Among the group of older children in the JH sample (14-17 years of age) who are currently at school, nearly 12 per cent have repeated a year at school.

The children who live with the responding parent are also reported to be more likely to miss more days at school, and to have attended a larger number of schools. However, they are less likely to lag behind at school. The indicator for lagging behind at school is constructed by comparing the age of the child with the highest year of school completed. For example, it is expected that a 7 year old child would at least have completed Year 1, an 8 year old would at least have completed Year 2, etc. Children who have not at least completed the year they are expected to have completed are marked as lagging behind. Note that this is likely to underestimate the number of children lagging behind accepted achievement levels, which we cannot identify from the JH survey.

Children who live with the responding parent are also more likely to be considered healthy by the respondent. Compared to 10-11 year old children in Wave 4 of the Longitudinal Study of Australian Children (LSAC), the children in Table 10.2 are slightly more likely to be in poor or fair health (2.55 per cent of LSAC children versus 3.2 and 5.7 per cent for children living with the respondent and elsewhere respectively).[20]

Comparing children's outcomes by the respondent's broad education level shows that a higher education level of the parent is associated with better outcomes for the child, in terms of better health, being less likely to have repeated a year, and being less likely to lag behind (see Table 10.3). Although the number of observations of children with a responding parent with a higher degree or diploma is small, they appear to do substantially better at school than the other two groups. The medium-level educated respondents also have children who do slightly better (education-wise) than the children of low-level educated respondents.

Table 10.3: Children outcomes by respondent education

Outcome	*Degree/Diploma*		*Trade/Cert/Yr12*		*Yr11 & Below*	
	N	*%*	*N*	*%*	*N*	*%*
Child health						
Excellent	41	61.2	189	57.5	236	54.1
Very good	17	25.4	84	25.5	126	28.9
Good	8	11.9	42	12.8	56	12.8
Fair	0	0	10	3.0	14	3.2
Poor	1	1.5	4	1.2	4	0.9
Ever repeated year of school						
Yes	1	2.5	11	6.2	14	6.5
No	39	97.5	166	93.8	200	93.5
Lagging behind in school						
Yes	2	5.1	23	13.9	36	17.2
No	37	94.9	143	86.1	173	82.8

Note: Figures have been weighted to account for non-random survey response and attrition.

[20] In wave 3 (8-9 year olds) of LSAC, 1.62 per cent of children are in poor or fair health, in wave 2 (6-7 year olds) this is 2.1 per cent, and in wave 1 (4-5 year olds) this is 2.47 per cent.

Multivariate analysis of health and education outcomes

The descriptive tables in the previous subsection have indicated some differences in children's outcomes by characteristics of the respondent. To disentangle the separate contributions of the different factors on a child's health, and on the child's probability of ever having had to repeat a year or lagging behind at school, three simple regression analyses have been carried out. Each of the analyses includes a range of potentially relevant factors. The results from all three regressions are easy to interpret, and are explained below.[21]

First the child's health as assessed by the respondent is analysed in Table 10.4. Child health can take one of five discrete values from 1 to 5, with 1 representing poor health and 5 representing excellent health. After allowing for children with missing responses on any of the independent variables, it is observed for 743 children living with 407 different respondents. We allow for the clustering of children by respondent in the computation of our standard errors on the coefficients. The value of each coefficient represents the average change in child health with a one-unit increase of the corresponding variable.

As shown in Table 10.2 respondents rated their child's health mostly excellent or very good, so there is limited variation in this variable. Consequently, Table 10.4 shows a limited number of characteristics that are significantly associated with child health.[22] Health decreases with 0.0232 per year that the child is older, indicating that older children are reported to have slightly poorer health than younger children. This is consistent with the idea that some illnesses may take time to develop, and/or become apparent. However, the deterioration in health is very small. The respondent's self-assessed own health is also shown to significantly affect that reported for the child. If the respondent is healthier, the reported health of the child is better. If the respondent moves from poor to excellent health, the child's health is expected to increase by nearly 0.4 on the 1 to 5 scale. This could be due to a correlation in actual health, or it could have to do with how the respondent evaluates and reports on health. Although not significant at conventional levels, poor mental health is negatively associated with good health.

Finally, children who live in other arrangements and whose responding parent reports risky drinking behaviour appear to be healthier than other children. This somewhat unexpected result could possibly be due to the small number of children in this group.

Two school-related outcomes are analysed in Table 10.5. Since these outcomes are only relevant to children aged 6 to 17 years, a much smaller sample is available for analysis than for the health outcome. After allowing for non-response on any of the relevant characteristics, 316 and 285 observations are available for analysis of "lagging behind at school" and "ever repeated a year" respectively. For ease of interpretation we present marginal effects instead of the estimated Probit coefficients. The marginal effect indicates the increase in probability of "lagging behind at school" and "ever repeated a year" respectively with a one-unit increase in the corresponding characteristic. For example, a value of 0.0128 for age of child indicates a 1.28 percentage point increase in the probability of lagging behind at school for every additional year of age.

[21] Summary statistics for each of the samples of analysis are available in Appendix B.
[22] The P-values indicate the level of significance: e.g. a value of 0.05 indicates significance at the 5% level. The smaller the P-value the more significant the corresponding coefficient is.

Table 10.4: Regression analysis of respondent-assessed child health

	Coef.	*Robust Std. Err.*	*P-value*
Age of child	-0.0232	0.0083	0.006
Child is a girl	0.0559	0.0698	0.424
Child lives with (reference is respondent)			
Other parent	0.1499	0.5603	0.789
Other	-0.3375	0.5665	0.552
Proportion of time in cultural homelessness	0.1222	0.2658	0.646
Cult. homelessness interacted with child lives with			
Other parent	0.4081	0.4282	0.341
Other	-0.5161	0.9026	0.568
Self-assessed health respondent	0.0944	0.0483	0.051
Resp. health interacted with child lives with			
Other parent	-0.1310	0.1497	0.382
Other	0.0538	0.1497	0.719
Resp. has long-term condition	-0.0584	0.1174	0.619
Resp. l-t condition interacted with child lives with			
Other parent	0.1283	0.3076	0.677
Other	0.1907	0.3004	0.526
Respondent engages in risky drinking level	0.0339	0.2683	0.899
Resp. risky drinking interacted with child lives with			
Other parent	-0.0252	0.3983	0.950
Other	0.9794	0.3335	0.004
Respondent is female	0.0948	0.1165	0.416
Respondent is from Indigenous descent	-0.0114	0.1065	0.915
Education level (reference is less than Yr11)			
Degree/Diploma	0.1520	0.1529	0.321
Trade/Cert/Yr12	-0.0065	0.0980	0.947
Mental health respondent (high score is poor mental health)	-0.0145	0.0098	0.139
Respondent is employed	0.0848	0.1111	0.446
Constant	4.1989	0.2349	0.000
Number of observations	743		
Number of clusters	407		
R-squared	0.090		

Again relatively few characteristics are significant as indicated by the P-values. The two education outcomes are expected to be correlated, and similar characteristics should be associated with them.[23] However, only three characteristics have a consistent coefficient in the two equations at a level of significance of at least 20 per cent. They are gender of the child, where girls are less likely (3-4 percentage points) to lag behind at school or repeat a year; education level of responding parent is a degree or diploma which decreases both probabilities by about 6 percentage points (the only characteristic to be significant at the 5 per cent level); and the respondent being employed which decreases both probabilities by just over 4 percentage points.

[23] Although the probability of reporting having ever repeated a year at school is higher when children appear to be lagging behind at school (and vice versa), the correlation is only 0.185 which is far from being a strong correlation.

Table 10.5: Marginal effects from Probit analyses of two school-related outcomes

	Lagging behind at school			*Ever repeated a year*		
	Marg. effect	*Std. Err.*	*P-value*	*Marg. effect*	*Std. Err.*	*P-value*
Age of child	0.0128	0.0052	0.015	0.0025	0.0041	0.538
Child is a girl	-0.0439	0.0330	0.184	-0.0318	0.0209	0.129
Child lives with (reference is respondent)						
Other parent	0.1677	0.0662	0.011	0.0284	0.0513	0.579
Other	-0.0016	0.0661	0.981	0.1116	0.0676	0.099
Proportion of time in cultural homelessness	0.0781	0.0776	0.314	-0.2596	0.1089	0.017
Self-assessed health respondent	0.0187	0.0167	0.262	0.0202	0.0139	0.147
Respondent engages in risky drinking level	0.0137	0.0566	0.809	-0.0567	0.0272	0.037
Respondent is female	0.0410	0.0379	0.279	0.0051	0.0428	0.906
Respondent is from Indigenous descent	0.0741	0.0513	0.148	-0.0458	0.0296	0.122
Education level (reference is less than Yr11)						
Degree/Diploma	-0.0684	0.0325	0.035	-0.0578	0.0270	0.032
Trade/Cert/Yr12	0.0164	0.0385	0.669	-0.0069	0.0308	0.822
Resp. has long-term condition	-0.0021	0.0424	0.960	-0.0332	0.0313	0.289
Mental health score respondent (high score is poor mental health)	-0.0037	0.0037	0.317	0.0025	0.0025	0.317
Respondent is employed	-0.0448	0.0342	0.190	-0.0422	0.0261	0.106
Number of schools attended	-0.0133	0.0125	0.287	0.0173	0.0065	0.007
Special services available at school	0.0535	0.0493	0.278	0.1066	0.0452	0.018
No. of days absent from school (reference is none)						
1 - 5 days	-0.0641	0.0815	0.431	-0.0059	0.0478	0.901
6 - 10 days	-0.0837	0.0831	0.314	-0.0318	0.0485	0.512
11 - 20 days	-0.0441	0.0868	0.612	-0.0272	0.0495	0.583
20+ days	-0.0752	0.0877	0.391	0.0401	0.0710	0.572
Number of observations	285			316		
Number of clusters	174			184		
Pseudo R-squared	0.213			0.285		

Overall, the results from the lagging behind at school equation are more according to expectations than those for having ever repeated a year. For example, the following respondent characteristics are all estimated to have a negative association with having ever repeated a year, while no such association is observed in the lagging behind at school equation: the proportion of time in cultural homelessness, engagement in risky drinking, and being from Indigenous descent. In the lagging behind at school equation these marginal effects are all positive although at low to very low significance levels.

10.2 Sleep

In this sub-section we look at JH respondents' sleep quality and quantity. Sleep is a vital component of health. The quantity and/or quality of sleep is associated with either being a cause or consequence of poor mental and/or physical health, poor quality of life, and higher mortality rates (see, for example, Groeger et al. 2004; Taheri et al. 2004; and Paunio et al.

2008). While studies such as Moore et al. (2002) and Gellis et al. (2005) establish a relationship between low socioeconomic status and poorer sleep patterns, there is a dearth of literature on the relationship between housing status and sleep patterns. Arber et al. (2009) is one of the few studies that look specifically at the relationship between sleep and housing, finding an association between public housing and poorer sleep. In this section we will attempt to find if there is evidence of any relationship between health and sleep and between homelessness and sleep for the JH respondents.

Sample selection and sleep measures

To be consistent with the other chapters in this report we only analyse respondent outcomes for those who responded in all six waves, and account for differential response using the balanced panel weights.

Data on sleep was collected only in wave 6. Respondents were asked over the past month how much sleep they got on a typical week night and on weekend night (respondents were asked to exclude time spent in bed not asleep), and what amount of sleep on a typical week they derived from daytime naps. A subjective assessment of sleep quality was also obtained from respondents. This measure of sleep quality was based on a four-point Likert scale with the categories as follows: very good, fairly good, fairly bad, and very bad sleep.

To analyse the sleep duration data we follow Taheri et al (2002) and examine two measures of hours of sleep. The first measure only looks at the hours of sleep respondents report getting nightly, whereas the second measure also combines daytime sleep to measure total time spent sleeping within a 24-hour period.

As both under sleeping and over sleeping are associated with poor health (Taheri et al. 2002; Youngstedt & Kripke 2004; Kronholm et al. 2006) we follow the literature on recommended sleep duration and divide the sample into three groups. The three groups are those who sleep under 7 hours (short-sleepers), sleep 7 to 8 hours (adequate sleepers) and those who sleep more than 8 hours per night (long-sleepers). Of all JH respondents, 42.6 per cent are short-sleepers, 43.3 per cent have adequate sleep and 12.2 per cent are long-sleepers. When we look at the measure of total sleep over a 24 hour period the distribution changes somewhat, with only a third (32.9 per cent) now classified as short-sleepers, almost half (48.5 per cent) as having adequate sleep and 16 per cent as long sleepers.

When examining the sleep quality measure, numeric values were assigned between 1 and 4 with higher values reflecting a better quality of sleep. Average reported sleep quality is 2.7 over the entire sample, which corresponds to somewhere between fairly good to very good sleep.

Sleep and health

First we look at the relationship between sleep and health. The health measures we analyse are respondent's self-assessed health and the Kessler 6-item (K6) psychological distress score, which is a proxy for mental health (a higher K6 score relates to a higher level of psychological distress).

In Table 10.6 we examine whether there is any correlation between night time sleep duration and health, using the two health measures just discussed. Interestingly there seems to be a u-shaped relationship between self-assessed health and the duration of sleep, with short-

sleepers more common among those rating their health as excellent, fair or poor than those rating their health as very good or good. It is, however, the case that those with fair or poor levels of health tend to have the shortest sleep durations, with just over half and almost 70 per cent of those with 'fair' and 'poor' health, respectively, sleeping fewer than the recommended 7 to 8 hours a night. The relationship between night time sleep duration and psychological distress, on the other hand, seems much more linear, with the proportion of respondents getting inadequate sleep very clearly increasing with higher levels of distress.

When we add the duration of napping to night-time sleep, as expected, we see that the proportion of respondents getting adequate sleep increases across all groups, but particularly so for those in excellent health (Table 10.7). Now we clearly see that those reporting poorer levels of health are much more likely to get fewer than the recommended 7-8 hours of sleep per day than those with better reported health. For psychological distress we find the same pattern remains that we showed in Table 10.6.

Table 10.6: Night time sleep duration and health

Characteristic	*Short-sleepers (sleep <7hrs per night) (%)*	*Adequate sleepers (sleep 7-8hrs) (%)*	*Long-sleepers (sleep >8hrs per night) (%)*	*Missing amount of sleep (%)*	*N*
Self-assessed health					
Excellent	42.6	43.4	13.1	0.9	114
Very good	35.0	51.5	12.6	1.1	220
Good	33.6	52.3	12.1	2.0	419
Fair	50.5	36.3	11.8	1.4	281
Poor	69.7	15.3	12.1	2.9	138
Psychological distress					
Low (K6=0-12)	38.2	47.8	12.7	1.4	928
Moderate (K6=13-18)	58.9	26.7	12.7	1.7	176
High (K6=19-24)	69.7	20.0	4.0	6.2	60
Total[a]	42.6	43.3	12.2	1.9	1174

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where health status was either not reported or could not be determined.

In Table 10.7 we also present average self-reported levels of sleep quality by the health measures. Average sleep quality does appear to increase with better self-assessed health; indeed, those who rate their health as poor report the lowest sleep quality with an average score of 1.9. Likewise, sleep quality appears to be negatively related with psychological distress. Overall, the results suggest there is a clear association between health and sleep within the JH sample.

Table 10.7: Sleep quality, sleep duration per 24 hours, and health

Characteristic	*Short-sleepers (sleep <7hrs daily) (%)*	*Adequate sleepers (sleep 7-8hrs daily) (%)*	*Long-sleepers (sleep >8hrs daily) (%)*	*Missing amount of sleep (%)*	*Average sleep quality*	*N*
Self-assessed health						
Excellent	27.5	52.2	16.4	3.9	3.1	114
Very good	25.3	57.3	16.0	1.5	2.9	220
Good	29.0	50.9	17.8	2.3	2.7	419
Fair	37.4	46.6	13.8	2.3	2.5	281
Poor	55.6	27.1	14.4	2.9	1.9	138
Psychological distress						
Low (K6=0-12)	28.1	52.7	17.0	2.3	2.8	928
Moderate (K6=13-18)	50.6	33.4	14.3	1.7	2.2	176
High (K6=19-24)	59.9	27.6	6.3	6.2	1.7	60
Total[a]	32.9	48.5	16.0	2.7	2.7	1174

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where health status was either not reported or could not be determined.

Homelessness and sleep

Next we analysed whether there is any relationship between homelessness and sleep. We first analyse, in Table 10.8, whether night time sleep duration varies for those experiencing overall (cultural) homelessness and then specifically for the primary homeless. We expect the primary homeless to be the least able to get adequate sleep due to the physical conditions associated with their homelessness. Although the homeless are more likely to be short-sleepers and less likely to be adequate sleepers than those not homeless, the differences are not that great. The differences for the primary homeless are of a greater magnitude, and even with a small sample, the difference between the two groups is statistically significant.

After the addition of time spent napping to night-time sleep duration (see Table 10.9), the small differences seen earlier between the sleep duration of those homeless versus those not homeless all but disappear. The gap between the primary homeless and others also now closes somewhat, although the primary homeless are still significantly more likely to be short sleepers than other respondents.

Finally, turning our attention to self-rated sleep quality, Table 10.9 shows there is barely any difference between the average sleep quality of the cultural (2.6) and non-cultural homeless (2.7); likewise for the primary (2.7) and non-primary homeless (2.7). These results for primary homelessness are very surprising, and suggest that while primary homelessness is associated with shorter sleep durations, the quality of sleep is not adversely affected.

Table 10.8: Night time sleep duration and homeless status

Characteristic	*Short-sleepers (sleep <7hrs per night) (%)*	*Adequate sleepers (sleep 7-8hrs) (%)*	*Long-sleepers (sleep >8hrs per night) (%)*	*Missing amount of sleep (%)*	*N*
Cultural homeless					
No	42.4	44.1	12.2	1.3	963
Yes	44.8	40.7	11.8	2.7	197
Primary homeless					
No	42.3	44.1	12.2	1.4	1129
Yes	55.4	29.2	10.2	5.3	31
Total[a]	42.6	43.3	12.2	1.9	1174

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where housing status was either not reported or could not be determined.

Table 10.9: Sleep duration over 24hrs and homeless status

Characteristic	*Short-sleepers (sleep <7hrs daily) (%)*	*Adequate sleepers (sleep 7-8hrs daily) (%)*	*Long-sleepers (sleep >8hrs daily) (%)*	*Missing amount of sleep (%)*	*Sleep quality*	*N*
Cultural homeless						
No	33.4	48.7	15.8	2.1	2.6	963
Yes	31.9	49.7	15.6	2.7	2.7	197
Primary homeless						
No	32.6	49.2	16.0	2.1	2.7	1129
Yes	42.7	41.9	10.2	5.3	2.7	31
Total[a]	32.9	48.5	16.0	2.7	2.7	1174

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Total includes a small number of cases where housing status was either not reported or could not be determined.

Other housing characteristics and sleep

JH also collects other information on housing that may be closely related to sleep. This includes the adequacy of sleeping conditions and self-assessed housing stability. In Table 10.10 we look at the association between sleeping conditions and perceived housing stability with sleep quality and quantity. For brevity we only look at one measure of sleep duration, capturing total daily sleep (adding night-time sleep and daytime naps), and sleep quality.

The first two panels in the table present the summary sleep measures by two measures capturing respondents' sleeping conditions: (i) reported adequacy of sleeping space; and (ii) the number of people, if any, the respondent shares their bedroom with. As shown in Table 10.10, the differences in the reported sleep patterns of those we might consider to have better

sleep conditions relative to those with poorer conditions are not great. Those with an adequate sleeping space are only slightly more likely to have an adequate amount of sleep (49.6%) compared to those who do not (38.4%), and the difference is not statistically significant. The average sleep quality experienced by the two groups also appears very similar. Likewise, while those who share a bedroom with more than one person (or do not have a bedroom) are less likely to have adequate sleep, the differences are not statistically significant, and nor are the differences in sleep quality across the groups.

Although the physical conditions of housing do not seem to be related to sleep patterns, perhaps how stable people feel in their home does matter. In the remaining panels of Table 10.10 we, therefore, examine whether sleep patterns are related to two measures of housing stability. The first measure is based on whether the respondent reports that they are able to stay at their current place for 3 months or more, and the second captures the respondent's self-assessed housing situation (secure in accommodation, at-risk of homelessness or homeless).

Table 10.10: Sleep duration over 24 hours and other housing characteristics

Characteristic	*Short-sleepers (sleep <7hrs daily) (%)*	*Adequate sleepers (sleep 7-8hrs daily) (%)*	*Long-sleepers (sleep >8hrs daily) (%)*	*Missing amount of sleep (%)*	*Sleep quality*	*N*
Current place has adequate sleeping space						
No	36.3	38.4	25.3	0.0	2.6	38
Yes	32.5	49.6	15.7	2.2	2.7	1094
Shares bedroom with other people						
Own bedroom	31.7	49.8	16.2	2.3	2.7	930
Shares with one other person	34.7	52.2	11.0	2.1	2.7	135
Shares with 2 or more	45.8	34.2	20.0[a]	0.0	2.6	23
Doesn't sleep in a bedroom	38.0	39.6	22.4	0.0	2.5	45
Can stay at current place for 3 months or more						
No	33.5	46.7	16.8	3.0	2.7	77
Yes	32.5	49.8	15.6	2.1	2.7	1035
Self-assessed housing situation						
Secure in accommodation	31.7	50.3	15.8	2.3	2.7	1025
At risk of being homeless	41.0	42.7	14.8	1.5	2.3	111
Homeless	41.0	27.2	24.0	7.8	2.7	29
Total[b]	32.9	48.5	16.0	2.7	2.7	1174

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Cell size fewer than 5 observations.
b Total includes a small number of cases where characteristic was either not reported or could not be determined.

The table shows that those who report they are able to stay at their current place for three months or more are no different in terms of sleep quality or quantity compared to their counterparts. However, when we look at the measure of self-assessed housing situation we find something interesting; those who see themselves as being at-risk of homelessness report the lowest average level of sleep quality, a result that is statistically significant. This result suggests the risk of homelessness has more impact on sleep quality than homelessness per se.

10.3 Mobile phone and internet usage

Usage rates

Details of mobile phone usage / costs were collected in wave 5, and details on internet usage, access devices / locations and purpose of use were collected in wave 6. This section presents some initial results relating both mobile phone and internet use to age, gender, education and housing situation. Results presented here are for the 6 wave balanced panel (N=1174).[24]

Usage rates for mobile phones and internet – in the 6 months before wave 5 and wave 6 respectively – are presented in Table 10.11. Mobile phone usage is divided into three categories: those who had an active mobile phone for the entire 6 months; those who had an active mobile phone for at least some time during the 6 months (including those with an active phone at interview, but not active for whole 6 months); and those who did not have an active mobile phone at any time. Over 94 per cent of respondents had an active mobile phone at some stage over the 6-month period prior to the interview. Almost 85 per cent of respondents used the internet over the 6-month period. As a point of comparison, the ABS Multipurpose Household Survey for 2012-13 found 91 per cent of persons aged 15-64 years across the Australian population accessed the internet from any site over a 12-month period (ABS 2013a). Therefore it does appear that internet usage of the JH population is slightly lower than that of the general population.

Mobile phone usage rates decline with the age of respondents, with the lowest rate of usage observed for persons aged 55 plus. While usage rates for persons 15-54 years are all above 90 per cent, the rate for persons aged 55 and above is just 77.1 per cent. Internet usage follows a similar pattern across age groups, with usage decreasing with age. However, the magnitudes of the differences in internet usage across age groups are much larger than for mobile phone usage; for instance, while almost all 15-24 year olds (97.6 per cent) reported using the internet, only 40.6 per cent of persons aged 55 years plus did so.

Usage rates for both mobile phone and the internet are slightly higher for females than males, and although the differences are statistically significant they are relatively small in magnitude.

Mobile phone and internet use are also lowest for those with low levels of education, with 14.5 per cent of respondents with less than year 10 schooling not having an active mobile phone and 42.4 per cent not using the internet at all. Likewise, those completing at least Year 10 but not completing secondary school have slightly lower usage rates than those with at least an equivalent secondary school qualification, but the differences are not large.

[24] That is, respondents who completed in full – or part – all 6 waves.

Table 10.11: Rates of mobile phone and internet use (%)

	Active mobile			*Internet use*	
Characteristic	*Entire 6 months*	*Some of 6 months*	*None*	*Yes*	*No*
Age group					
15-24	65.5	31.4	3.2	97.6	2.4
25-34	54.2	43.9	2.0	94.5	5.5
35-44	59.2	33.7	7.1	80.4	19.7
45-54	53.7	38.5	7.9	63.9	36.1
55+	42.3	34.8	22.9	40.6	59.4
Gender					
Male	54.5	39.1	6.4	83.0	17.0
Female	63.4	32.2	4.5	86.7	13.4
Highest education					
Less than year 10	51.3	34.2	14.5	57.6	42.4
Year 10/11 or Cert I/II	59.8	34.0	6.2	86.0	14.0
Year 12	69.1	29.3	1.6[a]	95.9	4.2
Trade or Cert III/IV	59.0	38.6	2.4	88.3	11.7
Diploma / University degree	50.5	44.1	5.4	89.9	10.1
Housing situation					
Primary homeless	42.8	36.2	21.0	70.7	29.3
Cultural homeless	42.3	43.1	14.6	75.5	24.6
Neither	61.9	34.8	3.3	87.2	12.9
Total	58.3	36.2	5.6	84.5	15.5

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Cell size fewer than 5 observations.

Also it does appear from Table 10.11 that both mobile phone usage and internet usage are lower for the homeless compared to the housed, and for the primary homeless compared to the overall homeless.

Mobile phone usage: purpose, expenditure, reasons for inactivity

Of those who had an active mobile phone at their wave 5 interview, 95.5 per cent use their phone to send text messages (SMS), 53.5 per cent use their phone for email, and 73.5 per cent use their phone to access the internet. The average monthly expenditure on mobile phones is $48 a month, and the median is $40. The full distribution of reported expenditure across all respondents is presented in Figure 10.1. Here we see that the distribution is heavily skewed. While the vast majority of respondents have relatively low monthly phone expenditures, almost 60 per cent spend less than $50 a month, there are a small group of respondents with considerable monthly phone expenses (e.g. 8 per cent spend $100 or more a month).

The reasons for inactive phone spells (whether this related to inactivity at the wave 5 interview or at some other time in the last 6 months) were also explored in the survey, the outcomes of which are presented in Table 10.12. Note that although multiple responses were possible, almost all respondents only provided one reason for inactivity. Most commonly respondents run out of credit or the phone is disconnected. This is followed by phone damage

Figure 10.1 Distribution of mobile phone expenditures

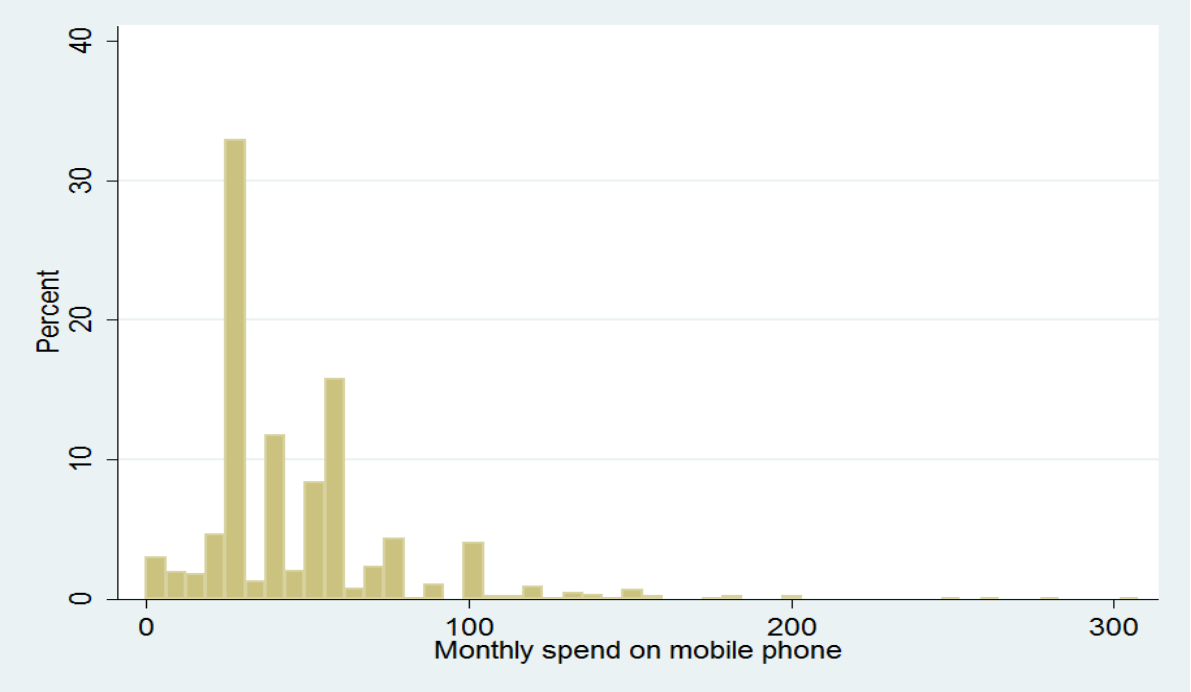

Table 10.12: Reasons for inactive phone spell

	%
No credit / disconnected	53.9
Could not charge / damaged phone	21.2
Phone lost / been stolen	11.5
Did not need or have a phone	6.7
Other	10.9
Provided one reason	96.5

or not being able to charge the battery, then having lost or stolen phones. Relatively few respondents reported not needing or having a phone at all.

Internet usage: frequency, devices, location and purpose

To examine whether the homeless have different internet usage patterns to the housed, Table 10.13 presents various aspects of internet usage by homeless status. These include the frequency of internet access, type of device used, location of access and purposes of use.

The frequency of internet access, and rates of access at home, decrease as the housing situation becomes more severe. Previously we saw that internet usage rates were lower for the homeless than for those not homeless. Here we also see that even when they do access the internet they do so less regularly: almost three quarters of internet users that are not homeless access the internet daily whereas under half of those homeless do. The primary homeless use the internet even less frequently, with only 29.1 per cent accessing the internet daily.

The homeless are also less likely to access the internet at their place of residence and much more likely to access it at a government agency than those not experiencing homelessness. The primary homeless are more likely to access the internet while travelling around.

To access the internet, respondents are most likely to use a smartphone or other handheld device (excludes laptop computers and tablets). But respondents who are not experiencing homelessness also have higher rates of laptop/tablet usage, suggesting greater access to multiple devices. The higher rates of desktop computer use for the culturally homeless relate to higher rates of access at Government agencies and libraries, but this is not significant.

Smartphones are the most common device used by respondents to use the internet, and differences in smartphone usage between the homeless and the housed is small. Laptops or tablets are the next most common type of device used to access the internet overall, however here there is quite a big difference in the usage by the homeless versus the housed; 58 per cent of internet users not experiencing homelessness reported using a laptop/tablet to access the internet only 35.9 per cent of those homeless did (and 43.3 per cent of primary homeless internet users). Desktop computers were not very common among JH respondents, with only roughly a third reporting using this type of device to access the internet.

Table 10.13: Patterns of internet usage (%)

Characteristic	*Primary homeless*	*Cultural homeless*[a]	*Neither*	*Total*
Frequency of access				
Daily	29.1	47.6	74.8	69.8
Weekly	68.9	38.6	18.2	21.9
Monthly or less	2.0[a]	13.8	7.1	8.4
Location of access				
Home / place staying	74.4	79.2	93.0	90.5
Government agency/Centrelink	41.7	47.1	26.6	30.3
Public library	23.6	30.6	25.2	26.2
Travelling	76.4	57.4	62.4	61.5
Type of device				
Desktop computer	21.9	33.1	31.1	31.5
Laptop / tablet	43.3	35.9	58.0	53.9
Smartphone	78.1	75.6	82.8	81.5
Other[c]	0.0	2.3[a]	5.7	5.1
Purpose of use				
Find accommodation	86.9	51.5	31.9	35.5
Centrelink	69.6	61.9	56.9	57.9

Notes: Figures on homelessness have been weighted to account for non-random survey response and attrition.
a Includes the primary homeless as well as those secondary and tertiary homeless.
b Cell size fewer than 5 observations.
c Other devices are mainly internet connected TV's and gaming consoles.

Not surprisingly the homeless, and in particular those experiencing primary homelessness, were much more likely to use the internet to find accommodation than other respondents. They are also slightly more likely to use the internet to contact Centrelink.

We also wish to explore internet usage patterns by Centrelink payment type, presented in Table 10.14. Here we see that internet usage does vary by Centrelink payment type, largely reflecting the different age profiles of each of the payment types. For instance usage rates are highest for those in receipt of Youth Allowance and lowest for those in receipt of the Disability Support Pension. Also presented in the table are rates of usage in order to contact Centrelink or make a claim. Here we see that, as one might expect, rates of contact are highest for payment types that require the most contact with Centrelink; that is they are highest for Newstart Allowance, Youth Allowance and other payments, and lowest for DSP recipients. Rates of contact are also, not surprisingly, very low for those not on income support payments, with only 1 in 5 of these respondents using the internet to contact Centrelink.

Table 10.14: Internet usage by Centrelink payment type (%)

	Rate of internet usage	*Rate of usage for Centrelink contact / claim*
None	95.6	20.0
Newstart Allowance	87.1	73.7
Youth Allowance	98.9	77.1
Disability Support Pension	65.5	42.4
Parenting Payments	95.7	68.0
Other	71.2	74.1

Those who did not access the internet

For the 15.5 per cent of respondents who did not access the internet, the primary reason given was lack of skills (61.1 per cent). Next, was lack of interest (55.7 per cent) and then lack of suitable devices (44.8 per cent). Multiple responses were allowed with about one third of respondents specifying each 1, 2 or 3+ reasons.

Use and contact with family and friends

In Chapter 5, JH respondents' contact and engagement with their family members was examined. Here we examine interactions between technological engagement (i.e., mobile phones and internet usage) and social connection further. In Table 10.15 we, therefore, present the frequency of contact for those with differing levels of technological engagement.

Interestingly we see that those with an active mobile have more contact with family and friends than those who do not. Likewise, those who access the internet have more contact with family and friends than those who do not.

Table 10.15: Frequency of contact with family and friends by mobile and internet usage

Frequency of contact	*Mobile active in 6 months*	*No active mobile*	*Internet accessed*	*No internet usage*
Daily (including multiple times per day)	19.5	18.8	22.4	12.8
At least once a week but not daily	46.9	24.7	46.6	38.6
At least once a month but not weekly	23.4	23.8	21.4	26.4
No contact	10.2	32.8	9.6	22.3

References

Australian Bureau of Statistics [ABS] (2001a) *Labour Statistics: Concepts, Sources and Methods* (ABS cat. no. 6102.0), Canberra, ABS.

ABS (2001b) *Australian Standard Classification of Education (ASCED), 2001* (ABS cat. no. 1272.0), Canberra, ABS.

ABS (2009) *Australian Social Trends: December 2009,* (ABS cat.no 4102.0), Canberra, ABS.

ABS (2010) *Australian Statistical Geography Standard (ASGS): Volume 1 – Main Structure and Greater Capital City Statistical Areas* (ABS cat. no. 1270.0.55.001), Canberra, ABS.

ABS (2011) *Census of Population and Housing: Time Series Profile, 2011 Second Release* (ABS cat. no. 2003.0), Canberra, ABS.

ABS (2012) *Childhood Education and Care, Australia, June 2011* (ABS cat.no. 4402.0), Canberra, ABS.

ABS (2013a) *Household Use of Information Technology, Australia* (ABS cat. no. 8146.0), Canberra, ABS.

ABS (2013b) *Prisoners in Australia 2013* (ABS cat. no. 4517.0), Canberra, ABS.

ABS (2014a) *Labour Force: Australia, Detailed - Electronic Delivery* (ABS cat. no. 6291.0.55.001), Canberra, ABS.

ABS (2014b) *Schools, Australia 2013* (ABS cat.no. 4221.0), Canberra, ABS.

Arber, S., Bote, M., & Meadows, R. (2009) 'Gender and socio-economic patterning of self-reported sleep problems in Britain', *Social Science and Medicine*, 68, 281-289.

Australian Institute of Health and Welfare (2003) *Homeless People in SAAP: SAAP National Data Collection 2002-2003, Australia*, Canberra, AIHW.

Baum, A. & Burnes, D. (1993) *A Nation in Denial: The Truth About Homelessness*, Boulder, Westview Press.

Bevitt, A., Chigavazira, A., Scutella, R., Tseng, Y. and Watson, N. (2013) *Journeys Home User Manual* (version 4.0.1), Melbourne, Melbourne Institute of Applied Economic and Social Research, University of Melbourne. [http://www.melbourneinstitute.com/journeys_home/assets/JourneysHome_User_Manual_201310_1.pdf]

Booth, B., Sullivan, G., Koegel, P. & Burnam, A. (2002) 'Vulnerability factors for homelessness associated with substance dependence in a community sample of homeless adults', *The American Journal of Drug and Alcohol Abuse*, 28 (3), 429-52.

Burt, M. (1992) *Over the Edge: The Growth of Homelessness in the 1980s*, Washington, DC, The Urban Institute Press.

Carlisle, J. (1996) *The Housing Needs of Ex-prisoners*, York (UK), Joseph Rowntree Foundation.

Caton, C., Dominguez, B., Schanzer, B., Hasin, D., Shrout, P., Felix, A., McQuistion, H., Opler, L., & Hsu, E. (2005) 'Risk factors for long-term homelessness: findings from a longitudinal study of first-time homeless single adults', *American Journal of Public Health*, 95 (10), 1753-1759.

Caton, C. L., Shrout, P.E., Eagle, P.F., Opler, L.A., Felix, A. & Dominguez, B. (1994) 'Risk factors for homelessness among schizophrenic men: a case-control study', *American Journal of Public Health*, 84 (2), 265–270

Chamberlain, C. (1999) *Counting the Homeless: Implications for Policy Development*, Canberra, Australian Bureau of Statistics.

Chamberlain, C., & Johnson, G. (2013) 'Pathways into adult homelessness', *Journal of Sociology*, 49 (1), 60-77.

Chamberlain, C. & Mackenzie, D. (1992) 'Understanding contemporary homelessness: issues of definition and meaning', *Australian Journal of Social Issues*, 27 (4), 274-97.

Chamberlain, C. & Mackenzie, D. (2003) *Counting the Homeless 2001*, Australian Bureau of Statistics, Canberra.

Chamberlain, C. & Mackenzie, D. (2008) *Counting the Homeless 2006*, Australian Bureau of Statistics, Canberra.

Chigavazira, A., Johnson, G., Moschion, J., Scutella, R., Tseng, Y. & Wooden, M. (2014) *Findings from Waves 1 to 5: Special Topics (*Journeys Home Research Report no. 5, September 2014, Report prepared for the Department of Social Services), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Cobb-Clark, D.A., Herault, N., Scutella, R. & Tseng, Y. (2014) *A Journey Home: What Drives How Long People are Homeless?* (Melbourne Institute Working Paper no. 20/14), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Culhane, D., & Metraux, S. (2008) 'Rearranging the deck chairs or reallocating the lifeboats', *Journal of the American Planning Association*, 74 (1), 111-121.

De Lisi, M. (2000) 'Who is more dangerous? comparing the criminality of homeless and domiciled jail inmates: a research note', *International Journal of Offender Therapy and Comprative Criminology*, 44 (1), 59-69.

Flatau, P., Eardley, T., Spooner, C. & Forbes, C. (2009) *Intergenerational Homelessness and the Intergenerational Use of Homelessness Services* (AHURI Positioning Paper 119), Melbourne, Australian Housing and Urban Research Institute.

Gellis, L.A., Lichstein, L., Durrence, H.H., Taylor, D.J., Scarinci, I.C., Bush, A.J., & Riedel B.W. (2005) 'Socioeconomic status and insomnia', *Journal of Abnormal Psychology*, 114 (1), 111-118.

Groeger, J.A., Zijlstra, F.R.H., & Dijk, D.J. (2004) 'Sleep quantity, sleep difficulties and their perceived consequences in a representative sample of some 2000 British adults', *Journal of Sleep Research*, 13, 359-371.

Herman, D., Susser, E., Struening, E. & Link, B. (1997) 'Adverse childhood experiences: are they risk factors for adult homelessness?', *American Journal of Public Health*, 87 (2), 249-255.

Herrman, H., McGorry, P., Bennett, P., van Reil, R. & Singh, B. (1989) 'Prevalence of severe mental disorders in disaffiliated and homeless people in inner Melbourne', *American Journal of Psychiatry*, 146 (9), 1179-84.

Kemp, P., Neale, J. & Robertson, M. (2006) 'Homelessness among problems drug users: prevalence, risk factors and triggers events', *Health and Social Care in the Community*, 14 (4), 319-28.

Kermode, M., Miller, P., Crofts, N., Speed, B. & Streeton, J. (1998) 'Health indicators and risks among people experiencing homelessness in Melbourne, 1995-1996', *Australian and New Zealand Journal of Public Health*, 22 (4), 464-70.

Kronholm, E., Harma, M., Hublin, C., Arja, A.R., & Partonen, T. (2006) 'Self-reported sleep duration in Finnish general population', *Journal of Sleep Research*, 15, 276-290.

Lam, J. A. & Rosenheck, R. (1999) 'Social support and service use among homeless persons with serious mental illness', *International Journal of Social Psychiatry*, 45 (1), 13-28.

McCarthy, B., & Hagan, J. (1991) 'Homelessness: a criminogenic situation?', *British Journal of Crimonology*, 31(4), 393-410.

Melbourne Institute (2012) *Journeys Home: Wave 1 Technical Report* (Report prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Melbourne Institute (2014) *Journeys Home: Wave 6 Technical Report* (Report prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Mission Australia (2012) *The Michael Project, 2007-2010: New Perspectives and Possibilities for Homeless Men*, Sydney, Mission Australia.

Moore, P.J., Alder, N.E., Williams, D.R., & Jackson, J.S. (2002) 'Socioeconomic status and health: the role of sleep', *Psychosomatic Medicine*, 64 (2), 337-344.

O'Callaghan, B. & Dominian, L. with Evans, A., Dix, J., Smith, R., Williams, P., & Zimmeck, M. (1996) *Study of Homeless Applicants*, London, Department of the Environment.

Paunio, T., Korhonen, T., Hublin, C., Partinen M., Kivimak M., Koskenvuo, M., & Kaprio, J. (2008) 'Longitudinal study on poor sleep and life dissatisfaction in a nationwide cohort of twins', *American Journal of Epidemiology*, 169, 206-213.

Piliavin, I., Sosin, M., Westerfelt, A., & Matsueda, R. (1993) 'The duration of homeless careers: an exploratory study', *Social Service Review*, 67 (4), 576-598.

Randall, G. & Brown, S. (1996) *From Street to Home: An Evaluation of Phase 2 of the Rough Sleepers Initiative*, London, HMSO.

Redburn, F. S., & Buss, T. F. (1986) *Responding to America's Homeless: Public Policy Alternatives*, New York, Praeger.

Rossi, P. (1989) *Down and Out in America: The Origins of Homelessness*, Chicago, Chicago University Press.

RPR Consulting (2003), *Longitudinal Survey of Reconnect Clients: Statistical Report of the Longitudinal Survey of Reconnect Clients*, Canberra, FaHCSIA. [Available from: http://www.fahcsia.gov.au/sa/housing/pubs/homelessyouth/reconnect_longitudinal_survey2003.]

Scutella, R. Johnson, G., Moschion, J., Tseng, Y. & Wooden, M. (2012), *Wave 1 Findings* (Journeys Home Research Report No. 1: Prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Simons, R., Whitback, L. & Bales, A. (1989) 'Life on the streets: victimization and psychological distress among the adult homeless', *Journal of Interpersonal Violence*, 4 (4), 482-451.

Snow, D., Baker, S. & Anderson, L. (1989) 'Criminality and homeless men: an empirical assessment', *Social Problems*, 36 (5), 532-549.

Taheri, S., Lin, L., Austin, D., Young, T., & Mignot, E. (2004) 'Short sleep duration is associated with reduced leptin, elevated ghrelin, and increased body mass index', *PLOS Medicine*, 1 (3), 210-217.

Teesson, M., Hodder, T., & Buhrich, N. (2000) 'Substance use disorders among homeless people in Inner Sydney', *Social Psychiatry and Psychiatric Epidemiology*, 35 (10), 451-56.

Thomson Goodall Associates (2001), *Residents Outcomes Research Study* (Report prepared for the Interagency Working Party on Crisis Accommodation and funded by the Victorian Department of Human Services), Melbourne, Thomson Goodall Associates.

Toro, P., Owens, B., Bellavia, C., Daeschler, C., Wall, D., Passero, J. & Thomas, D. (1995) 'Distinguishing homelessness from poverty: a comparative study', *Journal of Consulting and Clinical Psychology*, 63 (2), 280-89.

Watson, N. & Wooden, M. (2012) 'The HILDA Survey: a case study in the design and development of a successful household panel study', *Longitudinal and Life Course Studies* 3(3), 369-381.

Watson, N. & Wooden, M. (2010) 'The HILDA Survey: progress and future developments', *Australian Economic Review*, 43 (3), 326-36.

Weitzman, B., Knickman, J. & Shinn, M. (1990) 'Pathways to homelessness among New York city families', *Journal of Social Issues*, 46 (4), 125-140.

Willis, M. (2004*) Ex-Prisoners, SAAP, Housing and Homelessness* (Final report to the National SAAP Coordination and Development Committee), Canberra, Australian Institute of Criminology.

Winkleby, M., Rockhill, B., Jatulis, D. & Fortmann, S. (1992) 'The medical origins of homelessness', *American Journal of Public Health*, 82 (10), 1394-98.

Wolch, J. & Dear, M. (1993) *Malign Neglect: Homelessness in an American City*, San Francisco, Jossey-Bass Publishers.

Wood, G., Batterham, D., Cigdem, M. & Mallett, S. (2014) *The Spatial Dynamics of Homelessness in Australia 2001–2011* (AHURI Final Report No. 227), Melbourne, Australian Housing and Urban Research Institute.

Wooden, M., Bevitt, A., Chigavazira, A., Greer, N., Johnson, G., Killackey, E., Moschion, J., Scutella, R., Tseng, Y., &Watson, N. (2012) 'Introducing Journeys Home', *Australian Economic Review*, 45 (3), 368-78.

Wooden, M. & Chigavazira, A. (2014) 'Homelessness and Employment', in Chigavazira, A., Johnson, G., Moschion, J. Scutella, R., Tseng, Y. and Wooden, M., *Findings from Waves 1 to 5, Special Topics, (*Journeys Home Research Report no. 5, September 2014, Report prepared for the Department of Social Services), Melbourne, Melbourne Institute of Applied Economic and Social Research.

Appendix A: Analysis of attrition and construction of balanced-panel weights

As mentioned in Chapter 3, the analysis in this report from Chapter 3 onwards was undertaken on the balanced panel of 1,174 individuals who responded to all six waves of the survey. An initial descriptive analysis of response bias presented in Melbourne Institute (2014) suggests that those that did respond to all six waves had slightly different characteristics to those that did not, that is both initial response and survey attrition was not random. It is therefore important to correct for this potential source of bias in the analysis by the use of response weights.

Response weights account for the differential probability of response among the sample that was initially activated to be part of the JH study. The balanced-panel response weights can be calculated by dividing the wave 1 response weight (described in the wave 1 technical report) by the inverse probability of response to waves 2, 3, 4, 5 and 6 given response in wave 1 as follows:

$$W_{resp}^{BPw6} = \frac{W_{resp}^{w1}}{P(Resp^{w2} = 1 \;\&\; Resp^{w3} = 1 \;\&\; Resp^{w4} = 1 \;\&\; Resp^{w5} = 1 \;\&\; Resp^{w6} = 1) \mid Resp^{w1} = 1}$$

Logistic regression models were used to estimate the probability of each individual responding to all waves 2 to 6 (conditional on wave 1 response) based on their observed characteristics; which are observed either from the wave 1 survey data or from the administrative dataset (RED) extracted on 4 July 2014. Here we summarise the results of the estimation which is provided in full detail in Melbourne Institute (2014).

For the purposes of weighting, a case is considered a 'response' if a person is interviewed or has been identified as overseas or deceased (through either information updates from the Department of Employment or other reliable sources), and a 'non-response' is all other outcomes.

A complication in estimating the response probabilities is that not all wave 1 respondents provided consent to the Centrelink data linkage. For those who did not provide consent, we can therefore only use either wave 1 survey data or RED data but not both. Therefore, to fully utilise the available information, we first estimate a logistic model using variables derived from RED and the survey data for those individuals who did provide data linkage consent (n=1,654). We then estimate a second logistic model for the entire sample (n=1,682) using only variables derived from RED in order to obtain the predicted probabilities of waves 2 to 6 response for those NOT providing consent to the data linkage.[25] [26]

Table A.1 presents the results of these two logistic regressions. Reassuringly there is a large degree of consistency between the two sets of estimates; the coefficients of the variables

[25] This model had more explanatory power than one where only survey data was used for the non-consent cases.
[26] Note that when calculating the weights the probability of response is set to 0.2 when the predicted probability is lower than 0.2.

derived from the administrative data are largely of a similar magnitude regardless of whether the additional survey data is used or not. Findings include:

- Demographics do not play a large role. Only those between 21 and 24 years of age and indigenous Australians/Torres Strait Islanders are significantly less likely to respond to waves 2 to 6.

- Those who were on income support 100 per cent of the time between interview periods and those who were in contact with Centrelink are more likely to respond.

- Those who were recorded as an ex-offender, and more particularly those who were recently recorded as an ex-offender, are less likely to respond.

- Not being in the rent tables increases the response probability in the balance-panel model. Those who are not in the rent tables are those who did not apply for rent assistance. They may be home owners or have other living arrangements that do not require rent assistance. Hence, they are more likely to have stable housing and are more likely to respond.

- Those who were outside interview regions in at least one wave are less likely to respond to waves 2 to 6, whereas those who moved but always stayed in the interview regions and those who stayed in a major capital city are more likely to respond. This is in comparison to those who were in regional areas in all waves (the reference group).

- The more often one is assigned a different (continuing) interviewer, the less likely one is likely to respond. However, being assigned to one of the new interviewers increases response probabilities.

- Those who were homeless in wave 1 (according to the survey data) are less likely to respond, whereas those who provided mobile phone contact are more likely to respond.

- Those who had a relatively long interview (more than 80 minutes) in wave 1 are more likely to respond to waves 2 to 6.

Table A.1: Logistic regression results for probability of response in all of waves 2 to 6

Variable	*Survey and administrative data model*[a]		*Administrative data model*[b]	
	Coeff.	*Std. Err.*	*Coeff.*	*Std. Err.*
Female	-0.135	0.145	-0.075	0.141
Indigenous	-0.391*	0.164	-0.425**	0.160
Country of birth (Australia				
Main English speaking countries	-0.325	0.284	-0.197	0.282
Other non-main English speaking countries	-0.350	0.264	-0.393	0.252
Age (15-20)				
21-24	-0.670**	0.225	-0.646**	0.222
25-34	-0.199	0.226	-0.200	0.221
35-44	-0.180	0.243	-0.153	0.237
45-54	-0.146	0.263	-0.200	0.253
55+	0.098	0.332	-0.059	0.322
Always on Income Support between wave 1 and 6 fieldwork	0.586**	0.150	0.597**	0.146
Recent ex-offender (incarcerated)	-0.954**	0.290	-0.902**	0.281
Ever an ex-offender (incarcerated)	-0.610**	0.189	-0.650**	0.184
Contact with Centrelink between wave 1 and 6	0.275#	0.159	0.320*	0.155
Rent payment type between wave 2 and 6 (private or government)				
Other type	0.022	0.196	-0.067	0.191
Not in rent table	0.543	0.341	0.691*	0.336
Changed rent type	0.126	0.174	0.074	0.170
Geographical location at start of wave 2 to 6 (Regional area all waves)				
Major capital city all waves	0.303#	0.178	0.367*	0.173
Outside interview region at start of any wave	-0.892**	0.167	-0.830**	0.163
Changed location within interview regions	0.323	0.350	0.407	0.344
Change in interviewer (No change)				
Change in 1 wave	-1.170**	0.213	-1.128**	0.210
Change in 2 waves	-2.042**	0.216	-2.048**	0.212
Change in 3 waves	-2.571**	0.244	-2.542**	0.240
Change in 4 or more waves	-2.964**	0.312	-3.005**	0.307
New interviewer in at least one wave	1.396**	0.184	1.357**	0.179
Homeless at wave 1 interview	-0.419**	0.155		
Provided mobile phone contact at wave 1 interview	0.483**	0.176		

Variable	*Survey and administrative data model*[a]		*Administrative data model*[b]	
	Coeff.	*Std. Err.*	*Coeff.*	*Std. Err.*
Interview length (40 to 79 minutes)				
Less than 30 minutes	-0.697	0.550		
30 to 40 minutes	0.031	0.229		
80+ minutes	0.379#	0.206		
Constant	2.184**	0.379	2.444**	0.338
Sample size	1,654		1,682	
Log-likelihood	-747.458		-773.682	

Notes: # p<0.10, * p<0.05, ** p<0.01

a) Used to calculate the predicted probability of response for those providing consent to link to their Centrelink records;
b) Used to calculate the predicted probability of response for those not providing consent to link to their Centrelink records.

Appendix B: Tables for Chapter 10

Summary statistics for the sample of analysis in Tables 10.4 and 10.5

Table B.1: Summary statistics for Table 10.4

Variable	*Categories*	*Proportion (%)*	*N*
Gender of child	Male	49.8	370
	Female	50.2	373
Child lives with	Respondent	73.2	544
	Other parent	17.4	129
	Other	9.4	70
Respondent engages in risky drinking level	No	89.9	668
	Yes	10.1	75
Gender of respondent	Male	35.1	261
	Female	64.9	482
Respondent is of Indigenous descent	No	75.9	564
	Yes	24.1	179
Education level	Less than Yr11	58.3	433
	Trade/Cert/Yr12	33.2	247
	Degree/Diploma	8.5	63
Respondent has long-term condition	No	63.5	472
	Yes	36.5	271
Respondent is employed	No	78.9	586
	Yes	21.1	157
		Mean	*Std Dev.*
Child health as assessed by respondent (based on a scale of 1, very poor health, to 5, excellent health)		4.3	0.89
Age of child		6.7	5.31
Proportion of time in cultural homelessness		0.1	0.20
Self-assessed health of respondent (based on a scale of 1, very poor health, to 5, excellent health)		3.1	1.14
Mental health score of respondent (high score is poor mental health. Based on Kessler 6, ranges from 0-24)		6.6	5.60

Table B.2: Summary statistics for Table 10.5, regression 1

Variable	*Categories*	*Proportion (%)*	*N*
Ever repeated a year of school	No	92.7	293
	Yes	7.3	23
Gender of child	Male	51.9	164
	Female	48.1	152
Child lives with	Respondent	71.2	225
	Other parent	19.9	63
	Other	8.9	28
Respondent engages in risky drinking level	No	85.8	271
	Yes	14.2	45
Gender of respondent	Male	31.3	99
	Female	68.7	217
Respondent is of Indigenous descent	No	77.2	244
	Yes	22.8	72
Education level	Less than Yr11	53.8	170
	Trade/Cert/Yr12	35.8	113
	Degree/Diploma	10.4	33
Respondent has long-term condition	No	60.1	190
	Yes	39.9	126
Respondent is employed	No	74.1	234
	Yes	25.9	82
Special services available at school	No	80.1	253
	Yes	19.9	63
No. of days absent from school	None	15.2	48
	1 - 5 days	35.1	111
	6 - 10 days	22.2	70
	11 - 20 days	16.1	51
	20+ days	11.4	36
		Mean	*Std Dev.*
Age of child		10.3	3.61
Proportion of time in cultural homelessness		0.1	0.19
Self-assessed health of respondent (based on a scale of 1, very poor health, to 5, excellent health)		3.0	1.16
Mental health score of respondent (high score is poor mental health; based on Kessler 6, ranges from 0-24)		7.4	5.87
Number of schools attended		2.6	1.77

Table B.3: Summary statistics for Table 10.5 regression 2

Variable	*Categories*	*Proportion (%)*	*N*
Lagging a year or more behind in school	No	88.8	253
	Yes	11.2	32
Gender of child	Male	52.3	149
	Female	47.7	136
Child lives with:	Respondent	71.2	203
	Other parent	21.4	61
	Other	7.4	21
Respondent engages in risky drinking level	No	84.6	241
	Yes	15.4	44
Gender of respondent	Male	31.9	91
	Female	68.1	194
Respondent is of Indigenous descent	No	77.9	222
	Yes	22.1	63
Education level	Less than Yr11	54	154
	Trade/Cert/Yr12	35.1	100
	Degree/Diploma	10.9	31
Respondent has long-term condition	No	60	171
	Yes	40	114
Respondent is employed	No	74	211
	Yes	26	74
Special services available at school	No	79.3	226
	Yes	20.7	59
No. of days absent from school	None	12.6	36
	1 - 5 days	35.8	102
	6 - 10 days	23.5	67
	11 - 20 days	15.8	45
	20+ days	12.3	35
		Mean	*Std Dev.*
Age of child		10.9	3.28
Proportion of time in cultural homelessness		0.1	0.2
Self-assessed health of respondent (based on a scale of 1, very poor health, to 5, excellent health)		3.0	1.16
Mental health score of respondent (high score is poor mental health; based on Kessler 6, ranges from 0-24)		7.5	5.98
Number of schools attended		2.7	1.80