

# Homelessness in Douglas – It's Much More Than Not Having a Roof Over Your Head

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Prepared by The Cairns Institute

James Cook University

For

The Douglas Community Housing Group

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## Executive Summary

### Introduction

The Douglas Community Housing Group (DCHG) was formed in mid-2011 after a number of staff from the community services sector and the general community raised concern over the levels of overcrowded homes, homeless people and lack of services funded to work with these members of the community in Douglas. The area serviced by member organisations of the DCHG comprises the former Douglas Shire, and includes Mossman and the Gorge, Port Douglas, the Daintree and surrounding areas. The DCHG works toward addressing homelessness in all its forms; primary (rough sleeping), secondary (temporary and overcrowding) and tertiary (transience with no certainty of tenure). Our membership comprises a number of different service delivery agencies, as well as QCOSS and various Queensland Government departments.

The Group's vision is *"Realisation of a housing system which ensures that every person has access to affordable, appropriate, safe & secure housing; housing provision that is free from discrimination; and housing provision which enhances people's health, dignity and life opportunities."*

In early 2012 the DCHG was funded through *Building Rural Communities* funding, auspiced by Cairns Regional Council, to conduct a project to quantify and categorise the level and types of homelessness in Douglas and identify actions to reduce homelessness in the area. This research project was conducted by the Cairns Institute at James Cook University (JCU), under university ethics approval.

The main homelessness objectives of the Australian Government are to, "halve overall homelessness by 2020", and to "offer supported accommodation to all rough sleepers who need it by 2020" (Homelessness Taskforce, 2008). The current national homelessness initiatives are outlined in the *Which Way Home* (2008) and *The Road Home* (Homelessness Taskforce, 2008) reports. In March 2012, *New Ways Home: The Cairns Homelessness Community Action Plan 2010-2013* (HCAP) was launched. The Plan consists of 38 identified actions to be undertaken by government, community organizations and other relevant agencies to help reduce the high incidence of homelessness in Cairns for the immediate and long-term.

Two significant points about *New Ways Home* must be made. Firstly, the Douglas area is not included in the plan, with the northern geographic boundary of the Plan's catchment being the suburb of Palm Cove. This means that specific actions relating to homelessness in Douglas are absent from the Plan. Secondly, there are no mainstream specialist homelessness services funded to provide services to clients in the Douglas area, and no outreach services from the HCAP catchment area service Douglas.

The HCAP aimed to reduce the rates of homelessness in the Cairns region, in both the short and long term. The Plan reflects the three priority areas of the Queensland Strategy:

- Helping people avoid becoming homeless;
- Helping people get ahead; and
- Working together for stronger services.

In 2011 a report into homelessness in the Mareeba area was conducted for the Mareeba Homelessness Reference Group. This included recommendations to integrate evidence and actions relating to homelessness in Mareeba, into the HCAP. This is also a recommendation of the current report for the DCHG.

### *Overview*

The authors note with genuine regret the passing of a number of members of the community during the research period. Out of respect for the community, field research including interviews and agency surveys were delayed on three occasions, with resultant delays to the research project.

### *Research Aims*

The aims of this project were to:

1. Conduct research to provide evidence relating to the problem of homelessness in Douglas;
2. Use the information from the research to pursue innovative and culturally appropriate pathways to take action against homelessness in Douglas; and
3. Develop clearer direction for the Group in their goal to address homelessness in Douglas.

The outcomes included:

1. A quantitative and qualitative snapshot of the nature and incidence of homelessness in Douglas;
2. Better information for DCHG members about the incidence and nature of homelessness in Douglas, so they can better collaborate and respond to issues of homelessness in Douglas; and
3. Local stakeholders have an evidence base with which to more effectively make the case to government departments and others for resources to address homelessness in the region.

### *Methods*

A literature review was conducted to help understand the level of support these targeted groups need in terms of safe housing and specialized support to guide the field research in the Douglas area of Cairns Regional Council. The study was conducted under JCU ethics approval and included

qualitative field research involving 4 focus group workshops and 20 interviews with a wide range of local providers of services to clients experiencing housing related issues. These agencies were recruited through the workshops and snowball sampling. Additionally, advised by the JCU researchers, local service providers conducted surveys of 44 of their clients to gauge the type and level of homelessness. In this way, agencies on the ground who work with homeless people surveyed their clients to gain an understanding of issues important to clients, both as risk factors, and pathways out of homelessness.

### *Results*

It is estimated that between 200 and 300 people are homeless in Douglas each night. The number of rough sleepers in the Douglas area is estimated by service system agencies as between 40 and 80 people, although this varies according to seasonal conditions. Additionally, the research found that overcrowding within homes in Mossman is in the order of approximately 200 persons on any given night. These estimates are the first attempt to quantify the number of people falling within the different categories of homelessness with the Douglas area. It is worth noting the estimated residential population of Douglas is 12,000 people. These figures compare with the national rate of people accessing homelessness services in the December quarter of 44 per 10,000 people as at 30 June 2011.

These numbers are alarming, particularly when it is noted that there are no funded specialist homelessness services in the Douglas area, and no service providers are funded to provide homelessness services as part of their core business. In contrast, there is evidence which suggests each community based agency spends between 25% and 33% of staff time on housing related issues. Additionally, services to clients requiring assistance regarding homelessness and housing services are provided with little co-ordination and support from specifically resourced non-government agencies in Cairns city, although there is evidence this is changing. Again, with the notable exception of Goobidi Yulanga, and Access Community Housing there is extremely limited available social housing in the Douglas area.

A lack of evidence of need has led to disadvantages in housing and homelessness planning in Douglas. Two findings were stark regarding the overall situation of homelessness in Douglas: there is a lack of available, affordable housing in the region, and community-based service delivery agencies provide significant services to clients affected by homelessness, estimated at an average of between one third and one half of all client service related activity, and receive no resources to do so. The numbers of client contacts were limited, and as such the findings are indicative pilot evidence only. The lack of available housing was identified by staff and clients as the most important issue, and waiting lists to be allocated a public housing place were identified as the cause of overcrowding. The available long term social housing has very high demand, with overcrowding and



long waiting lists. There is no crisis or transitional housing in Douglas, and provision of such a facility to provide short term/diversionary/homeless shelter was identified by both clients and agency staff as an important issue. Separately, a facility for domestic violence survivors was identified as important by agency staff. There is one indigenous housing service, Goobidi Yalanga, which has a charter to work directly with homeless indigenous people in Douglas. This is mainly self-funded. Access Community Housing, located at Westcourt in Cairns has a total of 30 units for transitional housing located in Port Douglas, Mossman, Cooya, Newell and Wonga. As at 15 October 2012 they were all presently tenanted. The criteria for applicants is that they need to be registered with Qld Housing as a High or Very High Need. There are no other services or agencies which are funded to facilitate short term homelessness assistance, apart from funding for emergency relief payments provided to neighbourhood and community centres. There are no agencies funded regarding long term solutions to homelessness. A number of community services face very strong operational demand to respond to the immediate needs of their homeless clients. This places a significant burden on agency resourcing and on staff, including causing stress.

Traditional private sector housing in Douglas appears to be only marginally affordable, appropriate or accessible for low and fixed income people; especially young, single people. Potential tenants having little or no tenancy history to assist in gaining private tenancies is a significant issue, as is communication and an understanding of the processes required by real estate agents of their tenants. Supporting clients in these activities places a large burden on community agency staff. Apart from the significant lack of housing stock, agencies further identified that improved access to housing related services in the Douglas area was a priority, with both agencies and clients identifying communication regarding co-ordinated Queensland Government services and better communication with rental real estate agents around tenancy processes and developing a rental history for clients without prior history of tenancy.

There is no co-ordinated service hub for public housing in Douglas; homeless people have little access to this information, their primary service delivery agency organising meetings with the Department of Communities Housing Officer. It appears this is often done through crisis or reactive action, while agency staff spend a significant proportion of their time (unpaid) to advocate with private markets and/or to assist in negotiating pathways into social or private housing. Despite the Douglas area being within Cairns Regional Council boundaries, Douglas services are currently isolated from the HCAP processes, although this is changing, and a focus on this by the DCHG is recommended. Outreach by Cairns based services to Douglas was also identified as unavailable. Networks were noted as a significant strength of the Douglas area by a number of respondents

It is important to note that when the lack of available and affordable housing stock is removed from the analysis, every interviewee identified homelessness issues as part of a holistic web of inter-

related causes of homelessness in the area, and solutions were also viewed as being based in a holistic approach. One notable difference between the client perceptions and the agency perceptions in barriers to achieving housing outcomes is the lack of transport, reflecting the fact that a proportion of the available affordable housing is located some distance from the town centres in Douglas, and that there is no public transport available. Interestingly, a high proportion of clients (approximately 29%) indicated they would use short a term/transitional housing facility. This was so whether they were currently housed or not, perhaps reflecting the stresses caused by living in overcrowded situation and the need for individuals to take “time out”, and also perhaps reflecting research indicating the need for culturally appropriate public shelter.

While the numbers are small, the proportion of clients attending a community based, non-government service delivery agency who identified themselves as homeless was approximately one third. This is the first systematic attempt to capture the numbers of clients accessing the service system in Douglas in order to provide evidence of need in the region. Continuation of these efforts is recommended.

### *Conclusions*

The estimation of the numbers of different categories of homeless people in Douglas each night is the first attempt to quantify the number of homeless people within the Douglas area. Due to methodological limitations, it is invalid to attempt to estimate the rate of homelessness in the former Douglas Shire. The DCHG have agreed to two ongoing projects to estimate the numbers of rough sleepers in the area, and co-ordinated collation by service agencies to measure the number of people living in overcrowded households. If successful, this project will contribute significantly to the evidence base for the Cairns region, and a substantial increase in capacity among members of the DCHG. The review of literature found that it now appears clear that there is a continuum of causes for all categories of homelessness. These causes cross both structural issues such as economics and labour markets, poverty, the housing system and the nature of welfare; and individual issues, including alcohol and other substance abuse, social and behavioural problems, cultural and kinship obligations and transport opportunities. There is growing consensus around the interaction of the two sets of causes. There is also growing consensus that good practice policy and program interventions involve combinations of prevention, early intervention, crisis intervention, and long-term support strategies aimed at facilitating independence. Service responses should provide services that focus on clients acquiring a set of skills that will lead to social competence, securing a “home,” maintaining financial stability, and exiting social exclusion. Research also shows that a better understanding of the complexities of drivers and solutions applicable to the many sub-groups of homeless people, or people at risk of becoming homeless is necessary to reduce this problem. Holistic, integrated service systems addressing different aspects of these groups of clients

are required. There are numerous calls for improved integration between the homelessness services and other specialist services such as family violence, to better serve client need (Coutts, 2009). By default this is the situation in Douglas, however there appears to be few pathways for formalised, co-ordinated recognition of this in the service mix, nor in the funding provided to agencies by government. The Cairns Homelessness Community Action Plan was launched in 2012, and is due to end in its current form in June 2013. It is recommended the DCHG formalise communication with agencies incorporated in the HCAP and negotiate future integrated pathways to address homelessness.

The agencies in Douglas use the broadly accepted definition of homelessness in their daily work, and planning. This includes three categories: primary, secondary and tertiary homelessness. Primary homelessness includes people without conventional accommodation who sleep in parks or derelict buildings. Secondary homelessness includes individuals who move frequently from one form of temporary accommodation to another including emergency or transitional accommodation. Tertiary homelessness refers to people who live in boarding houses on a medium to long term basis, operationally defined as 13 weeks or longer (Chamberlain & Mackenzie, 2008). The DCHG recognised that without the evidence base provided by this research project, any policy initiatives risked being short-sighted, or perhaps worse, miss the mark entirely.

## Recommendations

**Recommendation 1:** DCHG pursues actions to formally incorporate its work into the Homelessness Community Action Plan (HCAP) process.

**Recommendation 2:** Integrate the findings from this project into the Priorities and Actions from the HCAP and recommend ways to best implement them in the Douglas area, possibly including formalised explicit recognition of the Douglas region in this plan.

**Recommendation 3:** DCHG continues to document its member's actions with the goal of situating itself for the transition of the HCAP in June 2013.

**Recommendation 4:** the DCHG identifies and access avenues to provide relevant information to the Specialist Homelessness Statistical Collection through the Australian Institute of health and Welfare. It may be that formal linkages with Cairns-based services will provide these avenues.

**Recommendation 5:** The DCHG raises models addressing temporary Indigenous mobility with the HCAP group and requests these be explored in the Cairns Regional Council context. Evaluated models include South Australia's Safe Tracks model, and funding through the Strategic Indigenous Housing and Infrastructure Program to provide visitors accommodation at the Alice Springs Town Camps. This is in the context of recent discussions within the Cairns city service sector regarding a "day activities centre".

**Recommendation 6:** The DCHG continue to support the integration of Cairns Regional Council offices in Mossman and Cairns (Community Development Unit) regarding homelessness.

**Recommendation 7:** The DCHG formally request the Acting Team Leader, Community Development Unit, Cairns Regional Council (Cairns) to facilitate a road-show of homelessness services from Cairns city to Douglas.

**Recommendation 8:** The DCHG formally request advice from the Acting Team Leader, Community Development Unit, Cairns Regional Council (Cairns) regarding incorporating DCHG activities into the Council's International Safe Communities re-accreditation process.

**Recommendation 9:** The DCHG examines the evaluation of Street to Home models as a starting point for discussions to further integrate homelessness actions in the Douglas area with those conducted in the remainder of the Cairns Regional Council boundaries.

**Recommendation 10:** Using the evaluation of Street to Home models, and the FACSIA reports into youth homelessness, map the existing services provided to the client base of homeless and people at risk of homelessness by agencies in Douglas.

**Recommendation 11:** DCHG members continue to work on establishing service network maps, through adapting existing tools (for example using Cairns Regional Council's community service map as a base and requesting members to contribute to localised information).

**Recommendation 12:** Identify existing information sharing and referral pathways for case co-ordination and identify barriers and opportunities to enhance formal information sharing.

**Recommendation 13:** DCHG members continue to work on establishing referral protocols, and inter-service referral form.

**Recommendation 14:** Estimate the levels of housing stock shortage/levels of shortage for each identified category of clients in Douglas, particularly in relation to different segments of the homeless population (e.g. overcrowding);

**Recommendation 15:** Actions to benchmark key indicators for client service requests for each agency in Douglas are required. Resources are required to establish and continue these indicator measurements. A template agreed to by member agencies of the DCHG is attached at Appendix 1.

**Recommendation 16:** These statistics are collected at regular intervals and co-ordinated across agencies by the DCHG secretariat to build the evidence of need relating to homelessness in the region.

**Recommendation 17:** Formal requests for the best use of this information are made to the HCAP members and Department of Communities, as well as the SHSC at the Australian Institute of Health and Welfare.

**Recommendation 18:** The method regarding the proportion of clients identifying as homeless who attend service delivery agencies in Douglas for other primary reasons be monitored by the DCHG, and evaluated by JCU in a workshop in May 2013 for refinement.

**Recommendation 19:** The data regarding the proportion of clients identifying as homeless who attend service delivery agencies in Douglas for other primary reasons be collated at DCHG meetings and fed back to HCAP members and other government agencies. Additional resources are required by DCHG agencies for this activity.

**Recommendation 20:** The overcrowding data suggests an additional project specifically analysing this data by age and housing status would reveal more specific potential drivers into homelessness. Resources to agencies are required to embed and continue these overcrowding indicator measurements.

**Recommendation 21:** The DCHG monitor and refine the rough sleeper measurement project conducted between 1 February 2013 to 31 March 2013, and between 1 August 2013, to 30 September 2013 by Council local laws officers and Police Liaison Officers.

**Recommendation 22:** Members of DCHG discuss the appropriateness of requesting signed permission of clients to provide their de-identified/anonymous details to the Centre of Research Excellence into Chronic Diseases to better understand client interaction with the service system.

**Recommendation 23:** DCHG to write to Real Estate agents via Chamber of Commerce about the role of community agencies in following through the legal processes earlier in tenancy dispute resolution processes in order to avoid crisis situations, with resultant stress on agency employees.

**Recommendation 24:** DCHG to liaise with the HCAP to ascertain local activities and direction regarding service replacement following the potential closure of the FNQ Tenancy Advice Service, currently provided through the Tenants Union of Queensland.

**Recommendation 25:** DCHG conduct a project involving Council Local Laws Officers and Police Liaison Officers to estimate the number of rough sleepers in both the wet and dry seasons. This will be indicative only as an attempt to begin quantifying the number of rough sleepers in the Douglas area. The process used to gather these figures provided a starting point for more interagency collaboration to more accurately measure the numbers of these homeless people. A project funded through in-kind existing daily activities by Council Local Laws Officers, and Police Liaison Officers to count and categorise rough sleepers in known camps has been agreed by members of the DCHG, and has been approved (see Appendix 4).

**Recommendation 26:** Incorporate transition pathways from prison, D&A rehabilitation Centre, hospital, child safety. Specifically, request from the Cairns office of the department of Communities

the report of the Transitions Support Project conducted to assist offenders leaving Lotus Glen into housing; Project Manager Lee Stork, 2006.

**Recommendation 27:** Continue written communication with Cairns Regional Council Planning section, to gain data on the number of dwellings in the region, how many bedrooms in dwellings.

**Recommendation 28:** Request data from Department of Communities (Queensland Housing) to quantify the number of social housing dwellings in Douglas, and how many bedrooms in each house.

**Recommendation 29:** The DCHG continues to monitor implementation of actions agreed to in network meetings related to this project.

**Recommendation 30:** Request Cairns Regional Council Social Planner to provide relevant and appropriate data from the ABS 2011 Census data based on the findings of this report. This method will allow proxy measures to estimate the numbers of homeless people within statistical division areas, providing a calculator of the approximate measure of homelessness based on geographical areas. This is to then be triangulated against the on-going data collection exercise recommended above. The request for data from Social Planner to include pre amalgamation data.

**Recommendation 31:** The DCHG use this report to inform discussions, and then document the holistic, integrated service system in Douglas which addresses different aspects of client needs. This document be used to formalise integration between the homelessness services and other specialist services such as family violence in Cairns, and service delivery agencies in Douglas. This should include the development of formal referral pathways, co-ordinated statistical gathering and explore the possibilities of case management approach.

## Section 1: Literature review

### Introduction

In 2008 the Australian Government committed to halving homelessness by 2020. This reflected the growing recognition of homelessness as a matter of serious concern in Australia. In 2008 two influential reports *Which Way Home* (FACSIA, 2008b), and *The Road Home* (FACSIA, 2008a) outlined the Australian Government's agenda to halve homelessness, and the evidence on which actions to achieve this goal is based. In the former, the importance of undertaking specific research to better understand the issues and typology of homelessness was identified (FACSIA, 2008a). This literature review informs, and is part of, an original research project conducted by the Cairns Institute at James Cook University for the Douglas Community Housing Group [DCHG] in order to better understand the issues and typology of the homelessness situation in Douglas.

Previous Australian and international studies consistently highlight that homelessness is the result of a range of inter-related complex risk factors. Data collected from different studies suggest factors contributing to homelessness include domestic violence, family breakdown, [comprising neglect, conflict, violence and abuse], poverty, alcoholism, drug addiction, mental illness and higher housing costs (FACSIA, 2008a; Minnery & Greenhalgh, 2007; National Youth Commission, Eldridge, McKenzie, Clay, & Dethlefs, 2008). Though the pathways into homelessness are varied and multifaceted, these must be understood to prevent and overcome homelessness (Chamberlain & MacKenzie, 2008).

Additionally, there is a growing pattern of research into the ways informal community networks assist people out of homelessness (Barker, Humphries, McArthur, & Thomson, 2012a), as well as recognition among governments and service delivery agencies that holistic solutions, based on reliable evidence and involving co-ordinated networks of stakeholders can be most effective (AIHW; Barker, Humphries, McArthur, & Thomson, 2012b; Birdsall-Jones, Corunna, Turner, Smart, & Shaw, 2010; COAG, 2009b; HCAP, 2011). The importance of place-based approaches to alleviate homelessness has also been recognised (FACSIA, 2008b), due to the approach allowing analysis of the typologies of the problem based on contextual, individual and geographical factors.

Other parts of this report summarise policy and operational documents at the national, regional and Cairns local government area levels, in order to identify guiding principles relevant to the Douglas specific context regarding homelessness. This review firstly defines the parameters under which academic and other literature was found and analysed, including a brief introduction to homelessness factors and issues identified by the DCHG, then contextualises homelessness overall before examining research and reports into youth, familial and other types of homelessness, including Indigenous homelessness. The review concludes by summarising what has been found to work in this complex policy and operational area in order to reduce the risks of individuals and



families becoming homeless, and to ameliorate the situation of people who find themselves under accommodation stress.

### Parameters for this Literature Review

The aim of this literature review is to analyse existing evidence regarding the drivers of homelessness and being at risk of becoming homeless, to enhance the qualitative study and parameters for the quantitative data study and to list evidence-based solutions which may be applicable by the DCHG.

Preliminary engagement by the researchers with the service system addressing homelessness in Douglas identified a range of factors of interest. An initial workshop in May 2012 with members of the DCHG identified a number of local issues, which guided the initial parameters of this review. A recent report on the evidence regarding homelessness in Mareeba was also examined in detail to enhance the understanding of regional issues. The Cairns Homelessness Community Action Plan, *New Ways Home*, (HCAP) is examined in other sections of this report, but the issues addressed were considered in framing the parameters of this review. An electronic literature review of Australian and international research was conducted. Peer reviewed literature and government documents were located using government websites, Google scholar, clearing houses, James Cook University library e-journals and databases, including:

- Academic Research Library;
- Academic Search Complete;
- Australian Academic Press (e-journals);
- The Australian Homelessness Clearinghouse website;
- Australian Bureau of Statistics (ABS);
- Australian Institute of Health and Welfare (AIHW);
- JSTOR (e-journals);
- Department of Families, Housing, Community Services and Indigenous Affairs website (FACSIA);
- Australian Housing and Urban Research Institute website (AHURI);
- PsycINFO (database);
- Australian Institute of Criminology website (AIC);
- SAGE Journals Online (e-journals);
- References from discovered articles and reports.



Initial search strategies were developed using combinations of various terms for the following:

- homelessness;
- interventions;
- rural and remote;
- programs.

## Definition of Homelessness

Homelessness is a complex issue which affects over 100,000 (Australian Government, 2008b) in Australia on any given night. On census night in 2006 the Australia Bureau of Statistics [ABS] revealed that, 104,676 people were experiencing homelessness (Australian Bureau of Statistics). The annual count of 2006/2007 showed that 187,900 people received assistance from the Supported Accommodation Assistance [SAAP] over that period (AIHW, 2007).

The definition of homeless largely supported in Australia, and used in the majority of policy documents and government reports, is known as the ‘cultural definition’ of homelessness. This describes homelessness as the lack of housing facilities that meet mainstream cultural standards in terms of comfort and safety (Chamberlain & MacKenzie, 2008). This definition describes three categories of homelessness: primary homelessness, secondary homelessness, and tertiary homelessness. Primary homelessness refers to the total lack of shelter - a person living on the streets and in makeshift shelters, or sleeping rough; secondary homelessness describes a temporary situation in which the individual is staying with friends or relatives for short periods of time - a person who frequently moves from one temporary shelter to another, including refuges and friends homes; and tertiary homelessness denotes a situation in which an individual lives in a caravan park, boarding house or emergency accommodation, with no certainty of tenure- persons with no security of lease nor access to private facilities.

While this definition of homelessness acknowledges the differences between hidden and overt homelessness, it may or may not suit all Australian communities (Navarrete & Jenkins, 2011). Additionally, research has found that not all Indigenous individuals who would be categorised by policy makers and service delivery agencies as “homeless,” consider themselves as such (AIHW, 2011). Since 2008 the ABS has been conducting research into homelessness, including developing a more applicable definition: “The ABS definition of homelessness... emphasises the core elements of ‘home’ in Anglo-American and European interpretations of the meaning of home as identified in research evidence” (ABS, 2012). Further, the ABS notes, “there are likely to be additional aspects to homelessness from an Indigenous perspective that the definition does not currently adequately capture” (ABS, 2012).

Nevertheless, within the current policy and practice framework, standardised definitions of homelessness are used (Chamberlain & MacKenzie, 2008), with the *primary*, *secondary* and *tertiary* definitions used by the Commonwealth Government (Chamberlain & MacKenzie, 2008), the Queensland Government, the Cairns Local Homelessness Community Action Plan (HCAP, 2011) and data collection agencies (AIHW, 2012b; Chamberlain & MacKenzie, 2008). Pathways leading to, and between, each of these categories of homelessness can vary, and within each category a range of people have varying needs to deal with their situation. These complexities have significant implications for effective and efficient interventions. Despite the identified need to tailor holistic responses to specific populations of people who have experienced homelessness (FACSIA, 2008b), and the Government's stated aim of halving the number of homeless people by 2020, there is a paucity of research which specifically focuses on these complexities.

Pathways leading to, and between, each of these categories of homelessness can vary, and within each category a range of people have varying needs to deal with their situation. These complexities have significant implications for effective and efficient interventions. What homelessness is, what leads people to homelessness, who constitute the homeless, and what kinds of policy and operational responses are most effective is the subject of ongoing debate within Australia. Workable and effective policies addressing homelessness need to be based on a clear definition of homelessness. An overview of recent policies in the European Union, the U.S., and Australia (Minnery & Greenhalgh, 2007) shows that, even at the very basic level of being able to define and enumerate the homeless, policy approaches are extremely variable. Research indicates the growing significance of the "new homeless," consisting of families, women, and children. Homelessness also needs to be seen as something dynamic that may involve movement into and out of housing and other supports over time. Older policies that address only limited kinds of homelessness and which do not recognize the dynamics involved are likely to be less effective. "Good practice" policy incorporates these changing understandings of homelessness by addressing the housing, psychological and social needs of the homeless, as well as integrating across programs and increasing independence through capacity building (Minnery & Greenhalgh, 2007). Good practice policies should also be based on an adequate understanding of both the underlying causes and the immediate events that may trigger homelessness that lie along the continuum of structural and individual issues show how each of the causes and triggers can be linked to a relevant support focus or policy approach (Minnery & Greenhalgh, 2007).

Homelessness policies thus need to address prevention through dealing with wider social and welfare issues, to address specific accommodation needs, to offer care and support, and to support social reintegration of excluded groups and individuals. They need to be innovative and address both the social and the housing needs of clients while explicitly incorporating integration across relevant

programs, and they should aim to increase independence through capacity building (Minnery & Greenhalgh, 2007).

It is important for the complexities of homelessness to be considered when constructing policy or practice relating to people who are without safe and stable accommodation (Zufferey, 2011). These complexities can be loosely categorised around the definitions, causes and experiences of homelessness. While definitions and causes are topics of current debates, study of the lived-experiences of homelessness remains an area that is largely under-researched. Research exploring some of the implications for social work and social workers when the individual's understanding and experience of her/his identity as a 'homeless person' and consequent relationships with service providers are not factored into policy and practice (Zufferey & Kerr, 2004). The constructions of homelessness in policy definitions are clearly problematic. Indeed, many clients do not directly discuss, and did not seem to have knowledge of the 'official' definitions of homelessness.

Participants offered multiple definitions of 'home' and homelessness. The majority of participants had been 'rough sleepers' at some time — in parklands, sheds on farms, railway carriages, squats, tents and the '*real long grass*', either interstate or in Adelaide and defined this as 'homeless'. However, experientially and emotionally, 'home' and homelessness can be unrelated to shelter. For example, participant three felt connected to six different 'homes', which included an inner city service, a squat, her community of origin, interstate and the parklands. (Zufferey & Kerr, 2004)

Participants both embraced and distanced themselves from a homeless identity, depending on the context and length of their homeless experiences. When participants took on a social action role, they embraced the homeless '*community*'. Participants who had experienced homelessness for longer periods of time were more likely to embrace a 'homeless identity' than were participants who had experienced shorter periods of homelessness. Despite this, almost half of the participants '*blamed*' themselves or their 'pathology' (such as alcoholism and mental illness) for causing homelessness. (Zufferey & Kerr, 2004).

It appears to some commentators there is an apparent lack of recognition of the complex interplay of factors that make unique each person experiencing homelessness, is evident in policy and practice, which can be overwhelmingly generic, inflexible and disempowering (Zufferey, 2011). The 'needs' of 'homeless' people are often defined by policy makers, funding bodies and service providers, which positions individuals who access homeless services as unable to represent themselves and as the socially deficient 'other' in need of 'expert' intervention questions at what point professional practices reinforce and contribute to exploitative systems of power, constructing processes of victimisation. This is an important consideration to reflect upon, as social work practice and service provision is often embedded in hierarchical organisational contexts. For example (Williams, 1996) researched how hierarchical surveillance was used to objectify and control

‘homeless people’ in the geography of homeless shelters and how residents resisted this.

In the regional context, a recent report into homelessness in Mareeba (Phillips & Parsons, 2011) found the consistency of the anecdotal data regarding definitions and experiences of homelessness from a range of involved informants is significant. Young people are choosing to leave the home environment because at certain times it can become violent and abusive, because of alcohol abuse, or because their space, even their own room, is invaded by visitors. Unfortunately these circumstances are leading to an alienation of these young people from the community and permanent disengagement from family, school and support systems. This continuous disruption in their lives can also lead to increasing drug and substance use and abuse, more frequently leading to petty crime activity and then entering the juvenile justice system.

## Homelessness and Women

### Domestic and Family Violence

It is generally accepted within the Australian homelessness sector that domestic and family violence are the single largest drivers of homelessness in Australia, affecting a diverse group of women and children (FACSIA, 2010) and indeed that domestic and family violence is the single greatest reason people seek service support (AIHW, 2012b) [see also Section 2 - Australian homelessness context]. This relationship between domestic violence and female homelessness is a trend in Australia (AIHW, 2012b), and has also been reported in a number of studies out of the United States (Baker, Billhard, Warren, Rollins, & Glass, 2010) and other jurisdictions. Female homelessness appears to be inextricably linked with familial homelessness, with the silent and most vulnerable victims of homelessness and/or family violence, being Australia’s children, but that with appropriate and effective interventions, including building resiliency and competency in children, service systems could help break the homelessness cycle (Aldemir, 2009).

In an article based on her own personal experience of domestic violence and homelessness, one author (Bawden, 2009) noted that when a woman becomes homeless after a domestic violence experience it seemed that options for individual women were to become a client of either a domestic violence service or a homelessness service, but not both; where in fact, a mix of both services may better meet the need (Bullen, 2009). There are also numerous calls for improved integration between the homelessness services and other specialist services such as family violence, to better serve client need (Coutts, 2009). Some researchers go so far as to state that an integrated service system where improving safety of women and children and holding perpetrators accountable need to be the primary objectives of agencies responding to domestic and family violence (Gander & Champion, 2010). There are also calls for improvements in more integrated services between

Specialist Support Services, mainstream services and Family Support Services (Burton, 2011). Research has also stressed the importance of involving experts dealing with domestic and family violence on a daily basis in the implementation of Regional Homelessness Action Plans (Gander & Champion, 2010).

Other *Parity* articles that highlight the plight of women, domestic violence and homelessness include an overview of domestic violence and homelessness (Heaven, 2009); a demonstration of how women fall through “the gaps” in the area of services for domestic violence and homelessness (Murray, 2009).

An Australian examination of the historical overview of women, domestic violence and homelessness between 1995 and 2009 found many of the debates and issues remained virtually unchanged and were still relevant (Nunan, 2009), and calls for a quest to put women, domestic and family violence and homelessness back in the housing equation (Tually, Faulkner, Cutler, & Slater, 2009); notes of policy for domestic violence and homelessness (Bullen, 2009); a review of domestic violence, laws and homelessness in Australia in an effort to consider justice for domestic violence victims (Stubbs, 2004).

### **Housing Choices Post-Violence and Social Support Network**

In 2010, the Australian Government (FACSIA, 2010) noted the complexity of issues surrounding this issue when stating women and children escaping domestic violence who are able to find accommodation in a crisis service often struggle to find long-term housing due to a lack of supply of suitable housing stock, discrimination, low income as a result of women’s poorer labour market opportunities, the need to care for small children, and the substantial cost of private rental accommodation.

Women’s housing choices post domestic and family violence found that violence and abuse after separation occurred regardless of where the women was living and regardless of whether or not she had remained in her own home. It also found that while not all women will choose to remain in her own home post-violence, it is critical that if they do, a Staying Home Leaving Violence services be put in place to support her (Edwards, 2011). This is specifically one of the “additional” outputs of the National Partnership Agreement on Homelessness, specifically: 17 (f) Support for women and children experiencing domestic and family violence to stay in their present housing where it is safe to do so (COAG, 2009a).

In an extensive study on the factors influencing women’s homelessness out of the United States (Anderson & Rayens, 2010), homeless women’s current relationships were examined in terms of social support. Homeless women were found to report fewer numbers of supports, and were also less likely to use their support systems for assistance. When they did call upon their support

systems, these systems were less functional. Interestingly, prior research pointed to the past social network of one's childhood, not the present social network of adulthood, as having more predictive power over whether one becomes homeless. Finally, the researchers concluded that abuse alone is not a predictor of homelessness, and that the inability to form and maintain relationships is predictive of homelessness (Anderson & Rayens, 2010).

In consideration of single, older women who were homeless (McFerran, 2010) found that women who are older and living alone will be, on average, poorer than men their age, less able to maintain homeownership, and less able to compete in the private rental market for affordable accommodation. Following on from that, a recent Australian study found that a growing number of single women over 40 years of age face housing insecurity, if not homelessness, in their older years, and that these women are already presenting to services" (Salvation Army Australia Southern Territory, 2011, p. 2). Reasons posited for this included the continuation of the gender wage gap and women's caring responsibilities resulting in women generally remaining poorer than men (SalvationArmy, 2011).

## Young People

In 2006, 12% of the 104,676 homeless people were 12 or younger [12,561], while 21% were aged 12 to 18 [21,982] (MacKenzie & Chamberlain, 2008). The annual count of 2006/2007 of people receiving assistance from the Supported Accommodation Assistance [SAAP] found that 33,300 clients were aged 15 to 24. In 2008, the SAAP revealed that the proportion of youths seeking assistance had increased by 21 per cent (AIHW, 2007). Queensland had more homeless young people than the other states and territories, with a disproportionate percentage of these homeless youth were in the Cairns statistical local area (Johnson, 2009).

Nearly 99,000 clients were assisted by specialist homelessness agencies each night during the December quarter of 2011: 48% of these clients were aged under 25 (AIHW, 2012b). According to the Queensland Youth Homelessness Action Plan in 2006, 32 out of each 10,000 people were homeless (QYHC, 2010). Within this population recent research shows that young people aged 15-25 have twice the risk of becoming homeless as other people and have higher rates of housing stress than any other age group. Higher housing costs, difficulties in the rental market, domestic violence and family breakdown mean that more youth are accessing homeless services than ever (Beer, 2005; Cook, 2007; MacKenzie & Chamberlain, 2008).

The data collected from different studies suggest that the major factors contributing to homelessness amongst youths is domestic violence, followed by family breakdown, with other causes of homelessness are poverty, alcoholism, drug addiction, and mental illness. In addition many



of these young people belong to low socio-economic backgrounds, which decreases their access to, and participation in, education and employment (Barker, et al., 2012a). As a result many of these young live in neighbourhoods which have few facilities. Across the general literature on youth homelessness, studies have mainly focused on psychological and physical health concerns; behavioural considerations; and early intervention and prevention models, including policies. Homeless youth have increased susceptibility to substance abuse and dependence, other mental health issues, medical problems, violence and victimisation. Homeless youth are consistently linked to disengagement with traditional social institutions and forms of support [such as family and school] and other pro-social forms of social capital [such as community and peer groups] (Barker, et al., 2012a).

In 2010 the *Queensland Youth Homelessness Action Plan* (QYHAP) was released. The QYHAP may better be described as a proposal to develop a youth action plan for Queensland. In April 2012 Queensland Shelter launched its report *“What Does it Take to House a Young Person?”* (QueenslandShelter, 2012). In that report some of the issues identified for young people included: lack of education; past trauma; access to private rental and social housing; housing options not being culturally appropriate; being unfamiliar with housing services; that settlement services were directed to older people; cultural dislocation and overcrowding; and that young people do not tend to define themselves as homeless when couch surfing among friends and family (QueenslandShelter, 2012). The report made a number of recommendations including: longitudinal research is undertaken on the extent of homelessness in particular communities, and other recommendations related to housing services improvements included educational pathways and education and training expansion and income maintenance issues.

Conclusions about youth behavioural issues include (Kidd, 2007, Austerwald, 2005 #44) that homeless youths’ experience of stigma plays a role in their mental health status and suicide risk, that youth in disequilibrium whose ability to survive is disrupted are more likely to engage in the highest rates of exchange sex, injection drug use and risky injection behaviours than homeless youth in stasis whose livelihood is not disrupted (Austerwald, Sugano, Cruz, & Ellen, 2005). Further, an Australian study found that when asked why they left home, only one-fifth of 302 young homeless people identified drug and alcohol use as central to their pathway to homelessness (Mallett, Rosenthal, & Keys, 2005). However, one-quarter identified that their drug use only began after they became homeless (Mallett, et al., 2005).

### Homeless Young People’s Sense of Self-worth

There has been little research examining the ways in which homeless young people find a sense of self-worth and dignity. A recent study of homeless youth (Barker, et al., 2012b) describes how marginalised social groups, unable to easily access or acquire economic capital (the symbolic and

material resources that are valued by mainstream society), can seek invest in cultural capital, and that the cultural capital homeless young people acquire and seek to acquire is stigmatised by broader society. Research (Beer, 2005; Davis, 2002; Johnson, 2009; Lloyd Owen, 2007; Wyn & Harris, 2004) notes that, while homeless young people seek a space where they do not feel marginalised and can attain a form of social status and cultural competence, they also engage in practices and acts of defiant independence that appear counter-productive and self-destructive. Specifically, they sought to take control and to acquire a reputation, both to function as a form of protection, as a means to obtain social and economic capital, and also as central to homeless young people's sense of self, identity and place within their specific social sphere. Barker also found this social capital of homeless youth is inextricably tied to the importance of autonomy, and is recognised by other people within their social field as a legitimate claim to power. Although mainstream view anti-social, stigmatised or illegal actions as 'negative cultural capital,' it is nevertheless recognised and places homeless youth in a place of power, respect, fear or recognition. The study found that each homeless young person demonstrated the same underlying drive to enact some kind of control and agency in their life:

"Often it is this willingness to do what others shy away from due to risk of physical harm, imprisonment, or just because these practices are not culturally acceptable by the broader community (which is what makes them potent) that separates those young people with a strong reputation from those without. The acts of assertive defensiveness, defiance, resistance and wilfulness are the foundational performances that create and/or reinforce one's reputation." (Barker, et al., 2012a)

On the one hand, these crimes and other acts of rebellion often prove to be counterproductive, providing at best a short-term gain but often leading to problems with the police, suspensions of welfare payments, eviction, physical injuries and the possibility of new enemies and lost friendships. Regardless of these consequences, a homeless young person engaging in violence is an undeniable act of control, domination and agency. Moreover, many of these homeless young people have been socialised in a climate of fear, where physical abuse and violence has been seen to have profound effects, and where violence is often seen as a viable and legitimate means to achieve numerous goals (Crane, 2009; NationalYouthCommission, et al., 2008; Te Riele, 2006).

Conversely, requesting of even admitting the need for support, recounting the troubles you have encountered in order to receive assistance, and the very act of using a support service speaks of not being in control. The self image of homeless young people as independent and able to cope is often not consistent with asking for help. Within these services and their structures it is important to be seen to preserve some dignity, to save face (Barker, et al., 2012a).



The lives of homeless young people can appear chaotic and out of control to both onlookers and homeless youth themselves. This lack of control in their lives brings about a heightened desire to exercise some control and agency, even if it is only a *sense* of control and independence. Those interventions in the lives of homeless youth which are most effective respect the significance of choice and their desire for a sense of control (Kidd, 2012). There is a need for homeless youth to be relatively independent – they need to take some initiative to get food, and find a place to sleep.

There are few in-depth studies about homelessness among young Indigenous Australians across Australia. In one report “What Does it Take to House a Young Person” (Queensland Shelter, 2012) it was highlighted that Aboriginal and Torres Strait Islander Youth face a number of barriers in finding long-term accommodation due to factors such as lack of income and employment opportunities and the experience of discrimination and racism. However this study was relatively small in scope and only focused on 4 sites across Queensland. The only other study found for this review was titled; “Moving Yarns: Aboriginal Youth Homelessness in Metropolitan Adelaide” (Allwood & Rogers, 2001). This research consisted on 17 interviews with Aboriginal youth who were at risk of becoming homeless and identified additional factors that led to homelessness including issues around high levels of transience, the effects of intergenerational homelessness, peer influence and over-crowding. However the study is limited due to the reliance on one mode of data collection, the relatively small sample in only one location.

There is a strongly developed sense of community amongst many homeless young people, valuing friendship and support networks and placing considerable priority on staying within a familiar physical environment rather than relocating to metropolitan regions that are perceived by the young people as ‘dangerous’ (Beer et al., 2006). Homelessness amongst young people in rural areas, generally, takes the form of secondary or tertiary homelessness, contributing to their relative invisibility. Young people living in rural areas face many of the challenges confronting urban youth, but are also distinguished by a number of factors that make their experiences of homelessness distinctive including: difficulties in finding employment where labour markets are ‘thin’ with a premium placed on experience, and tight, often expensive, rental housing markets that offer sub-standard housing and often discriminate against youth. The research shows that there are limited support services in rural areas for young people and those that exist tend to be concentrated in the larger regional centres (Beer, et al., 2006).

In 2005 (Chamberlain & MacKenzie, 2005) presented four policy proposals in the area of youth homelessness and noted that since the mid-1990’s there has been a major policy shift towards early intervention (2005, p. 32). Their four proposals included: (1) expanding the Commonwealth’s ‘Reconnect’ program to engage youth in preventative strategies in schools; (2) supporting community placement options, so that students can make a successful transition to independent

living; (3) funding community coordination of early intervention services to ensure schools were linked to homelessness service provision and; (4) developing national standards for schools as an early intervention response to youth homelessness (Chamberlain & MacKenzie, 2005). Indeed, (MacKenzie & Chamberlain, 2008) attributed an increase in these types of early intervention services to a lowering of the numbers of youth homelessness nationwide from 12,227 in 2001 to 9,389 in 2006. The three over-represented groups found in this population in 2006 were Indigenous students, young people from single parent and blended families and teenagers who had been in state care (MacKenzie & Chamberlain, 2008). A number of other authors have focused on early intervention strategies and policies to prevent youth homelessness (Barker, et al., 2012b)

## Seniors Homelessness

To support NAHA, an additional output to the core outputs, “Additional Output 17 (a) *Support services and accommodation to assist older people who are homeless or at risk of homelessness*” has led to the Australian Government amending the *Aged Care Act 1997*, to recognise older people who are homeless as a special needs’ group in order to better allow the needs of older people who are homeless to be specifically taken into account during the annual allocation of new residential places and community care packages; and to allow aged care providers who care for older people who are homeless easier access to targeted capital assistance grants. The Australian Housing and Urban Research Institute is currently funding research into preventing first time homelessness amongst older Australians. This research aims to contribute to improved responses to first time homelessness in later life by analysing the nature of the problem, the precipitating factors and successful interventions, with the report expected by mid- 2013 and is being led by Maree Petersen of University of Queensland, with the report due to be delivered in 2013.

## Homelessness in Rural Areas

A review of the rural homelessness literature (Phillips & Parsons, 2011) found that research in rural areas was “under developed, and having received little attention in comparison to homelessness in urban areas”. The report identified key themes emerging from the available research including the unique experience of rural homelessness, the hidden nature of homelessness in rural and remote areas; and the challenges in designing rural and remote areas homelessness responses. In reporting research findings documented in the literature, Phillips and Thompson (2009) highlight the hidden nature of rural homelessness, especially among groups such as young people and Indigenous people. Homelessness is hidden in rural communities by virtue of the propensity for those without stable housing, especially Indigenous people and young people, to seek and receive assistance from family

and friends. In the absence of suitable housing alternatives, this leads to overcrowding and can be associated with social problems where the overcrowding is not well managed (Birdsall-Jones, et al., 2010).

## Indigenous Homelessness

### Historical Context

In the mid-1980's the *Report of the Committee of Review into Aboriginal Employment and Training Programs* found movement some Aboriginal people to cities and regional centres, away from the land, as rural employment opportunities were declining (Miller, 1985). The report states this pattern of movement was a reasonable indication of the dependence of many Aboriginal people upon employment opportunities, and noted the lack of opportunity to gain economic security through wage employment have resulted in the use of alternative coping mechanisms. These took the form of the continuation of the sharing pattern of traditional society, development of group solidarity and resistance to the individualistic emphasis of the wider society, and a pragmatic rather than acquisitive and possessive attitude to material goods (Miller, 1985). The manifestation of these social characteristics was interpreted as reasons for Aboriginal unemployment or lack of achievement. Negative stereotypes evolved that Aboriginal people do not want to work because their needs are less than those of the rest of society; they have no need to work because they share the results of (each other's) labour; they only work enough to buy what they need; and are more concerned with family relationships and will miss work for the slightest family reason (Miller, 1985). In the mid-1980's these were cited as rationalisations for the often held view that Aboriginal people lack work motivation, but were in fact the results of learning to cope with unemployment as the norm. There is no reason to believe that achievement of higher levels of employment for Aboriginal people would be inhibited by the existence of these social mechanisms (Miller, 1985). Indeed, at that time it was noted that difficulty in obtaining paid employment has given rise to Aboriginal people becoming increasingly dependent on government transfer payments as a source of income. The report also notes the categorisation of four generally defined groups of Aboriginal populations: outstations, Aboriginal towns, small non-Aboriginal towns, and cities. Each of these is noted to have distinct economic circumstances, with direct relevance to the Douglas area. In proportionate terms, there were more Indigenous people in the younger age bracket than was the case in the broader population, and the report notes young people have difficulty in accessing labour market. More recently data from the 2001 and 2006 Censuses show that Indigenous people have shared in the general economic prosperity of the past decade, with increases in employment, incomes and home ownership (SCRGSP, 2009).

## Recent Statistics

In 2006, there were 166,700 Indigenous households in Australia, making up 2.3% of Australian households. A total of about 411,300 persons were reported to live in Indigenous households (AIHW, 2011). There are indications that Indigenous people particularly value home ownership as a social investment rather than a financial investment for resale; in particular the ability to pass the home down in the family (AHURI 2009). The 2006 Census data showed differences between Indigenous and non-Indigenous households in relation to patterns in housing tenure type and overcrowding. About a third of Indigenous households were home owners (with or without a mortgage), while almost two-thirds were renting; this pattern was reversed for non-Indigenous households.

Indigenous households tend to be larger than non-Indigenous households, with the average size of an Indigenous household being 3.5 people compared with 2.6 for Australia overall. In 2005, the Australian Bureau of Statistics (ABS) reported that households in Indigenous or community housing tended to be larger, with an average of 4.7 people compared with 3.4 for Indigenous home owners. Approximately 5% of Indigenous households were living in overcrowded conditions compared with 0.5% of non-Indigenous households, and it was estimated that around 11,000 dwellings Australia-wide were required by Indigenous households to address the unmet need for social housing assistance (AIHW, 2011). More recently, nearly 99,000 clients were assisted by specialist homelessness agencies each night during the December quarter of 2011. Aboriginal and Torres Strait Islander people represented 21% of these clients (AIHW, 2012b). While domestic and family violence has historically been the most frequently recorded main reason for seeking assistance for both Indigenous and non-Indigenous clients of supported accommodation agencies, a number of differences between Indigenous and non-Indigenous clients were noted. These included that Indigenous clients tend to be younger than non-Indigenous clients, Indigenous homelessness occurs more often outside of major cities, and overcrowding issues are more frequently recorded as the main reason for seeking assistance from an agency for Indigenous clients (AIHW, 2011).

The Productivity Commission is tasked with monitoring and regular reporting to the Council of Australian Government against key indicators of indigenous disadvantage including those related to housing and homelessness (SCRGSP, 2009). The reports cite the home environment, overcrowding and environmental health outcomes as a specific area of Indigenous disadvantage (SCRGSP, 2009). The Productivity Commission also note the need to gain evidence and better understand the connections between education, housing and health, and between housing overcrowding, family size and children's resilience. It was suggested the indicators would be of more use if there were more disaggregated data available and a more critical engagement with the data was conducted to find out the potential causes of the patterns which were found. As such a number of recent

research themes and findings regarding indigenous homelessness are summarised below.

Some studies have described the devastating impact of indigenous persons being stolen from their families at a young age, leading to feelings of alienation and ‘spiritual homelessness’ (Bailie & Wayte, 2006; P. Memmott, Long, Chambers, & Spring, 2003; Ruttan, Laboucane-Benson, & Munro, 2008) felt by individuals and families. These experiences of disconnection have created generations of homelessness for some Aboriginal people. Similarly (Lester, 1999) research describes the effects of the Stolen Generation on Aboriginal people and how generations of Aboriginal people have been ‘taken from their lands and taken from their homes — made homeless’. The interpretations of people experiencing homelessness need to be made visible in order to develop an understanding of the diverse experiences of homelessness. Recognising the fluidity of identity, the relationships between people who are ‘homeless’ and also their coping strategies, encourages an approach to practice which is more reflexive as well as critical of policy designed around a ‘one size fits all’ model. (Zufferey & Kerr, 2004).

### Housing Conditions and Health

The nature of the benefits and risks of housing to health is diverse, and is suggested to be related to the availability of housing, the specifics of housing design and construction, the condition of the house and surrounds, and to the design of the urban built environment (Bailie & Wayte, 2006). While many of the threats to health of poor housing are common to other disadvantaged groups, the processes of dispossession, and resettlement that occurred with the establishment of missions and the disruption of the connection Indigenous Australians have with their land, notions of private property being forced on people who had a communal view of space and place among other historical factors, is widely recognised as having had a major impact on the lifestyles and health of Australia’s Indigenous people (Bailie & Wayte, 2006). These factors have been found to contribute to the importance of housing conditions as a determinant of health for Indigenous Australians, of particular significance in rural and remote communities (Bailie & Wayte, 2006). Adequacy of housing includes quality of basic services, materials, facilities and infrastructure; habitability; affordability; accessibility; legal security of tenure; and location and cultural adequacy (Bailie & Wayte, 2006)

Homeless people tend to have poor health, and homelessness may be regarded as being at the extreme of housing disadvantage. While health problems might predate or contribute to becoming homeless, many of the negative health impacts of poor housing referred to above can be expected to be more severe for homeless people. Furthermore, the lack of a regular place of residence may itself be a significant barrier to employment and regular access to health and social services (Birdsall-Jones, et al., 2010). A number of recent publications have recognised that ‘home’ may have

a different meaning and the concept of 'homelessness' may differ for Indigenous people compared with the general Australian population .

### Temporary indigenous mobility

Indigenous temporary mobility refers to the short-term geographical movement of individuals and families for a wide range of reasons, including visiting kin, accessing services, avoiding weather events or escaping crowding and domestic violence (Habibis, Birdsall-Jones, Dunbar, Scrimgeour, & Taylor, 2011). Seven *mobility groups* among the Indigenous population were identified in a recent study, including visitors, migrants, boarders, between place dwellers, transients, involuntary travellers and the chronically homeless. These groups are not discrete—people move between them and each category is distinguished by the motivation for travel (whether it is voluntary or involuntary) and the length of time spent away from home.

An extensive recent research project in South and Western Australia and the Northern Territory found that the key factors determining the housing outcomes of these groups of people being whether travel is voluntary or involuntary, and how long is spent away from home. Additionally, providing appropriate service responses can prevent travel from becoming a pathway into long-term homelessness (Habibis, et al., 2011). For example, it is important in determining appropriate service responses for providers to distinguish between people experiencing homelessness and those who have temporarily left their usual home. Often when Indigenous people travel, their accommodation options may be limited and risky due to a shortage of housing, with an absence of affordable, appropriate short-term accommodation possibly leading to cycling between overcrowded homes of relatives and public space dwelling (Habibis, et al., 2011).

While the services required by different mobility groups vary depending on whether travel is culturally motivated and temporary, or occurs as a result of housing exclusion, the study found that the types of programs that would assist in addressing the needs of Indigenous travellers include: return to country programs providing transport or financial assistance to assist individuals and families visiting larger population centres to return to their home communities. Effective public promotion of these programs is important so people are aware that they are available, and to cover the whole return journey. Secondly, providing short-term, family friendly, inexpensive accommodation operated by Indigenous staff from the same language group as the service users is highly effective. The seven case studies across three states in this research found that at present the options for short-stay accommodation include relatives' homes, public spaces, Aboriginal Hostels Limited or specialised hostels. South Australia's Safe Tracks model was an example specifically cited as successful. Additionally, establishing information transit centres offering a 'one-stop-shop' to travellers, and flexible and well communicated policies from social housing providers in regard to tenant absences were suggested (Habibis, et al., 2011), although these flexible and well-



communicated policies should also be regarded in terms of families in community hosting travellers. Finally, supporting host households to manage visitors by providing larger homes with extra space to accommodate visiting relatives was suggested, and the development of existing or new camp sites to provide a safe environment was nominated as a positive step: among the Indigenous population open space dwelling is a culturally accepted practice, but may carry health, safety and criminalisation risks. For example, in recognition of this, funding has been provided under Strategic Indigenous Housing and Infrastructure Program to provide visitors accommodation at the Alice Springs Town Camps.

### Re-thinking Indigenous homelessness

In an effort to better describe the distinctive nature and context of Indigenous homelessness, Keys Young (1999) identified five distinct types of homelessness experienced by Aboriginal and Torres Strait Islanders. These include spiritual homelessness, overcrowding, relocation and transient homelessness, escaping from an unsafe or unstable home, and lack of access to any stable shelter.

There has been recognition of the complexity of Indigenous homelessness and recognised that, in addition to sleeping rough, Indigenous homelessness includes people living in sub-standard housing, people living in crowded conditions (that causes stress), and dysfunctional mobile persons (in and out of crisis services as a result of personal and/or social problems (P. Memmott, et al., 2003).

Mainstream concepts of 'homelessness' do not serve indigenous people well (P. Memmott, Long, Chambers, & Spring, 2004). The way Indigenous 'homelessness' is defined or categorised influences the types of response strategies that are implemented by Indigenous organisations, government and non-government agencies. Often, conventional or mainstream responses to homelessness posit finding accommodation as the main intervention, with other interventions depending on this.

Research suggests however, that for many Indigenous homeless people, finding accommodation is not necessarily their most crucial support need. Services required by Indigenous people who are regarded as homeless may not necessarily be concerned with housing or accommodation issues. To address the needs of these people, housing and accommodation strategies must be closely linked to other social services (P. Memmott, et al., 2004).

A key aspect of this conceptual framework of Indigenous homelessness is the idea that homelessness is not necessarily defined as a lack of accommodation, with the authors suggesting instead that homelessness can be redefined as losing one's sense of control over, or legitimacy in, the place where one lives. This is particularly true of some public place dwellers – a significant sub-group of the Indigenous homeless, who have chosen to 'live rough' and who may not see themselves as 'homeless.' The researchers identified three broad categories of Indigenous 'homelessness', with a number of descriptive sub-categories further illuminating the service needs of these people.

These categories are: public place dwellers; those at risk of homelessness; and spiritually homeless people.

A 2011 research report framing Indigenous homelessness issues (P. Memmott, et al., 2004) categorised indigenous homeless people into a range of contexts and aggregated solutions. These included three categories of voluntary public place dwellers, short-term and intermittent, medium-term, and long-term chronic homeless. Voluntary, short-term intermittent public place dwellers have conventional accommodation available but sometimes socialise in public places and may choose to camp out with others. Voluntary, medium-term public place dwellers choose continuous residence in public places and acknowledge they have another place of residence in a home community, but are uncertain when or if they will return to that home community. Voluntary, long-term chronic homeless public place dwellers choose continuous residence in public places, and where it may not be possible to return to home community or family due to a range of barriers – rough sleeping is normalised for this group.

Public place dwellers who reluctantly and by necessity sleep rough reside continually in public places and wish to return home but have no funds or capacity for travel; alternatively they need to remain in urban area due to service need, or to support a relative with a service requirement (P. Memmott, et al., 2004). A range of policy and operational initiatives were described including legislative and police approaches, outreach, diversionary and alcohol management strategies, emergency and crisis accommodation, as well as service centres, gathering places and design of public space and public education strategies.

Indigenous people at risk of homelessness were also categorised into four sub-groups; people in adequate housing but under threat of loss of such; lack of security of occupancy; possibly due to circumstances of poverty, people in sub-standard housing, possibly unsafe or unhealthy, people whose housing is crowded, placing considerable stress on occupants (particularly lease holders), and dysfunctionally mobile people who are constantly in temporary residence as a result of personal or social problems (see Habibis et al above). These problems included alcohol and substance abuse, violence, lack of emotional support and security. (P. Memmott, et al., 2004). Again emergency and crisis accommodation was cited as a solution, as was other housing stock – medium term transitional housing and long-term housing.

The third type of homelessness identified was that of spiritually homeless people, arising from separation from traditional land, separation from family and kinship networks and/or a crisis of personal cultural identity. Similar strategies to those above were proposed for this group of homeless people, but included additional recognition of the importance of client interaction philosophies, regional strategies and phone-in information services (P. Memmott, et al., 2004).



## Social and Cultural Drivers of Homelessness

A Western Australian research report exploring understandings of Indigenous homelessness found that homelessness is a presence in Indigenous lives in a way that it is not in the wider society, with most Indigenous people having relatives who are homeless (Birdsall-Jones, et al., 2010). It also found that homelessness of some sort forms a part of the housing careers of many Indigenous people. The research sought to identify reasons, motivations and triggers for homelessness, the experience of Indigenous homelessness and how this compares with housing aspirations in terms of location, type of dwelling and tenure, including any aspirations for home ownership, the role of factors such as kin connections, life stage, and lifestyle on the occurrence of Indigenous homelessness, and the role of forms of housing assistance, such as public housing and Commonwealth Rent Assistance in the experience of Indigenous homeless people, and the use of formal and informal supports by Indigenous homeless people in the conduct of the homeless lifestyle. They found the explanation of Indigenous homelessness must consider both the experiential and the institutional dimension. The experiential dimension takes into account life history, image of self and felt identity. In contrast, the institutional dimension takes into account the relationship between the individual and the institutions of the wider society (Birdsall-Jones, et al., 2010).

## Different Perceptions of Homelessness

The research found homelessness is often understood by Indigenous people who are categorised as homeless in a different way from that of practitioners, whether those practitioners were Indigenous or non-Indigenous (Birdsall-Jones, et al., 2010). Practitioners placed most emphasis on the ways in which an individual's life circumstances interacted with wider structural features of Australian society. They emphasised the degree to which government and departmental policy, agency practice, the Australian economy and the available facilities either facilitated or created barriers to Indigenous people exiting homelessness.

In contrast, the primary concern of Indigenous homeless clients was the way in which their own specific life circumstances impelled them into homelessness and thereby forced interaction with key institutions, and how these institutions raised conflicts between themselves and their own social world and prevented them from exiting homelessness. For these clients, these life circumstances often flowed from a lack of access to suitable housing, substance misuse and violence (Birdsall-Jones, et al., 2010).

Practitioners and Indigenous homeless people agreed that household overcrowding acts both as a hedge against primary homelessness and as a driver into homelessness; while living with housed kinfolk alleviates more obvious homelessness, conditions of overcrowding can become intolerable, leading to eviction of the visitor(s), or even household breakdown. Additionally, sometimes

householders lost housing rights when they were evicted because of lease violations due to household numbers (Birdsall-Jones, et al., 2010).

### Remote area homeless men

The research found evidence that the most disadvantaged people in Indigenous society with regard to accessing housing are Indigenous men from remote area communities. There exists a division of responsibility and associated knowledge in Indigenous society according to which housing becomes a woman's responsibility. Indigenous tradition-oriented men feel shamed if they have to act on their own behalf to obtain housing. This is partly because they associate it with women's work, and partly because they have only a very limited understanding of how to go about the process of obtaining housing from the public housing provider. This may be one of the reasons that men are apparently better represented among the primary homeless particularly in the north of Western Australia.

### Homelessness and kinship obligations

The obligation of kinfolk to provide help to one another is deeply embedded within the structure of Indigenous society, and shape Indigenous concepts of the need for housing and the experience of homelessness. Those in need will most often resolve this by approaching housed kinfolk prior to considering any other means of finding shelter, and usually, their kinfolk will take them in. No prioritising of housing need was found in the study, and those without housing were taken in according to the same patterns as visitors from other places where they had homes of their own (Birdsall-Jones, et al., 2010). Regular visiting is an extremely important institution among Indigenous extended family groups, and occurs to strengthen and maintain kinship bonds, as well as to fulfil cultural and traditional law obligations. In Western Australia there is also a widespread practice among older adolescent boys and young men of engaging in a period of travelling which takes in a very broad region and usually encompasses a period of years. So there is always a substantial proportion of any extended kin group travelling for the purpose of visiting kinfolk. Not all visiting is undertaken for cultural reasons, however culturally-based visiting is broadly regarded very positively in Indigenous society.

The traditional value given to respect for kin is closely associated with obligations to respond to requests for assistance, including sharing homes (Milligan, Phillips, Easthope, & Memmott, 2010). In the case of rental housing, this is often at odds with the lessee's tenancy obligations. A range of problems arise from failure by lessees to manage visitors according to Anglo-Australian norms, which typically threaten tenancies, including over-crowding, partying and noise that generate neighbourhood complaints, and damage to property. Overcrowding results in pressure on bathrooms, kitchens, laundries and sewerage which is associated with high incidences of health problems including infectious diseases. Overcrowding is also associated with poorer self-reported

physical and mental health and high rates of smoking and dangerous drinking (Birdsall-Jones, et al., 2010; Habibis, et al., 2011; Milligan, et al., 2010). While demand sharing is often portrayed in negative terms, it can be alternatively viewed as culturally positive and as promoting social capital (Birdsall-Jones, et al., 2010). Similarly, the willingness of family and friends to take in homeless young people in rural towns can be viewed in terms of social capacity.

### Overcrowding

‘Overcrowding’ is defined by the ABS according to a standard that specifies the number of bedrooms required in a dwelling based on the number, age, sex and interrelationships of household members. Based on this standard, in 2002, 6% of Indigenous households in Australia were identified as being overcrowded. In remote areas, almost 20% of households were overcrowded compared with approximately 4% in non-remote areas. The excessive number of people in a house puts strain on a range of household facilities, and can be an important contributor to the poor state of infrastructure in many dwellings, and a major limiting factor in conducting ‘healthy living practices’.

Crowded housing conditions facilitate the spread of a number of common infectious and parasitic conditions. Recurrent and chronic infections contribute generally to poor growth and development, and exacerbations of chronic disease. Important examples of these infectious and parasitic conditions are bacterial ear infections and scabies skin infestation. These in turn can lead to hearing impairment and consequent learning difficulties, and renal and heart diseases. Crowded conditions have been associated with poorer self-reported mental and physical health. The social stress associated with overcrowding is likely to be an aggravating factor in physical and mental illness in many situations. This social stress associated with crowding is also expected to be an important contributor to high rates of domestic violence.

Homelessness is one of the primary drivers of Indigenous overcrowding and it is the most serious (Habibis, et al., 2011). Unlike visiting, sharing housing with kinfolk because of homelessness is of such a long-term nature that it becomes semi-permanent. Among Australian Indigenous people overcrowding patterns are reflective of certain kin-based responsibilities and ways of coping with changing economic circumstances. For example, household overcrowding in a situation of a shortage of both public and affordable private housing is unavoidable. If government recognises the service rendered by Indigenous households to their homeless kinfolk it may find ways of managing household overcrowding to the advantage of both Indigenous households and their neighbouring households.

Further policy responses are called for which have the objective of interrupting pathways to homelessness. Examples of these pathways occur in the areas of managing perpetrators of domestic violence, debt to the public housing provider, housekeeping practices and men’s access to the process of acquiring housing. (Birdsall-Jones, et al., 2010). By focusing on Indigenous secondary

homelessness it has been possible to develop an analysis of the ways in which Indigenous socio-cultural organisation structures Indigenous homelessness in response to the forces of the wider Australian society.

### **Tertiary homelessness**

This research also includes an analysis of tertiary homelessness and spiritual homelessness. It was found that tertiary homelessness, involving residence in a hostel, boarding house, or caravan is not common in Indigenous society. While Indigenous people may be resident in specific-purpose hostels, particularly dialysis hostels, none could be discovered in a boarding house or caravan. For this reason, the definition of tertiary homelessness was broadened to include substandard housing. The justification for this is that until the Australian Census of 2001, people living in housing that lacked a functioning shower and toilet were counted as homeless. A consideration was made regarding whether such housing was best represented as homelessness or as substandard housing. It is argued that while substandard housing may be the result of housing overuse from visitors or housing homeless kinfolk, the problem of substandard housing is best considered as a problem of housing amenity rather than of homeless persons.

The concept of spiritual homelessness was examined in an effort to define it more specifically than has heretofore been the case. Cases of spiritual homelessness involving two groups are presented and evidence of mental illness was clearly present in the membership of both groups.

The Federal Government's current policy initiatives in Indigenous affairs call for enlisting the support of Indigenous communities in the management of issues connected with community development and housing (Macklin 2009). Government should investigate ways of utilising the institutions of Indigenous society in the development of policy, the kinship system in particular. The ways in which kinship structures all aspects of Indigenous life must be acknowledged. By paying particular attention to the ways in which policy and programs work either with or against the fabric of Indigenous society, policy responses can be adjusted for greater effectiveness (Birdsall-Jones, et al., 2010).

### **Effective Interventions**

#### *Important principles of service delivery*

Across the reviewed literature important common elements and key principles which underlie effective service delivery are found.

- Relationships between workers and service users has been emphasised in reviews of homelessness literature (Barker, 2012). Engaging and maintaining involvement in

interventions is critically important in being able to provide services and can present unique challenges that need to be overcome if interventions are to have an opportunity to lead to positive outcomes. Establishing rapport and engaging with people who are homeless or at risk of homelessness is the initial necessary step to effective interventions. This is considered to be of particular significance in dealing with homeless populations, because of their reservations and distrust and the instability of homelessness. Thus, a necessary first step is developing a trusting relationship with service providers (Barry, Ensign, & Lippek, 2002). The effectiveness of a wide range of supports is contingent on the quality of the relationship between service users and workers (Quilgars, 2000).

- Collaboration between service system agencies to provide a more effective response for a range of social issues provides better responses to complex situations, improves impact and is more cost effective (Kang et al., 2005). Many of the prevalent interventions in the literature are based upon collaborative work, for example, wraparound, multi-systemic therapy and case management approaches;
- Place-based approaches - long term sustainable programs and services tend to be community-based, birthed and sourced from within that community (Bruce et al., 2009). The concept of place-based services allows responses for vulnerable people to be developed locally and to be tailored to meet the needs of young people and their families living within particular contexts;
- Strength-based approaches which focus on clients' strengths already possessed by the client and those found within their environment' (Thompson, McManus, & Voss, 2006). Barker reports that research into homeless young people and service providers has found brief, strength-based practices that are delivered within the environment and context of young people's lives, that are flexible, forgiving and encourage them to strive towards positive goals are useful (Cauce et al., 1994; Cauce et al., 2000);
- interventions need to recognise clients' agency, choice and self-directive capacities (Kidd, 2003; Thompson, McManus, Lantry et al., 2006), and needs to start with priorities important to homeless clients;
- Continuity of care and Sustainability. Applying the principle of sustainability to any program means that it must be evaluated not only in terms of effectiveness and function but also in its long-term viability (Ife, 2002). Long-term support has been highlighted in both national and international literature as a key element in supporting homeless people.

It is important to note that capacity building is required to strengthen the service system response to homelessness. Among other factors, short-term funding cycles, one-off funding and ongoing 'pilot' programs create a lack of uncertainty for service delivery staff (Bruce et al., 2009). There is a need

for local services that are well planned and strategically driven to meet local needs and conditions (Barker 2012). This requires:

- Systematic coordination of services;
- Involvement of services, including education, who work with vulnerable young people;
- Collaboration and cooperation between government and community organisations;
- Voluntary partnerships across services;
- Comprehensive protocols for data collection and sharing to inform comprehensive service delivery;
- Identification of preferred outcomes for young people;
- Inclusion and participation of young people in planning and decision making; and
- Investment in workforce development.

Generally, studies have reported that that homeless young people have several needs pertaining to services that aimed to support them:

- Conveying respect and acceptance, and are inclusive (Darbyshire et al., 2006);
- that clients perceive they can trust the service provider, do not feel judged and feel cared for (Kryda & Compton, 2009; Karabanow & Rains, 1997; French et al., 2003);
- that they were inclusive rather than punitive or exclusionary.

### Interventions for addressing multiple and interlinked factors

As noted repeatedly, the factors leading to homelessness are intimately interwoven and interdependent, and that researchers have often found it necessary to provide a range of supports, including crisis remediation, safe shelter, food, clothing and medical care prior to commencing any therapeutic intervention (de Winter & Noom, 2003; Thompson, McManus, Lantry, et al., 2006). Available evidence indicates that assessment needs to take account of the multiple relevant factors in order to enable the young person, the family and the service provider to identify the most useful areas for change. The following interventions have much in common with each other and are different approaches to addressing the multiplicity of interlinked factors that face people who experience homelessness.

#### *Case management*

Case management includes a range of approaches, practices and processes that endeavour to coordinate the collaboration between the often diverse and complex roles and responsibilities services have in addressing the needs of their clients. It involves a process of interaction within and between a network of services which ensures that clients receive the support from services that they

need (Moore, 2004). In Australia, case management has been a prominent component of working with people who are experiencing homelessness since 1990 (Gronda, 2009). Comprehensive and intensive case management interventions have been considered to address the multiple and diverse needs of the broader homeless population (Fitzpatrick-Lewis et al., 2011; Gronda, 2009; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005). Intensive case management has been used successfully with homeless families and adults (Toro et al., 2007). Case management programs are commonly employed by community mental health organisations and are considered important among homeless service providers (Fitzpatrick-Lewis et al., 2011; Hwang, et al., 2005; Sosin & Durkin, 2007; Zerger, 2002).

### *Community Reinforcement Approach (CRA)*

Two studies have been completed that evaluate the impact of case management and individual therapy through a drop-in centre for homeless youth (Slesnick, Kang, Bonomi, & Prestopnik, 2008; Slesnick et al., 2007). The interventions evaluated included case management and sessions of Community Reinforcement Approach (CRA). CRA (Meyers & Smith, 1995) is an 'empirically based, multifaceted approach that addresses the clinical needs of homeless individuals including substance use, homelessness, and mental health problems' (Slesnick et al., 2008). CRA has a significant overlap with other cognitive-behavioural interventions, and it has been used successfully with housed adolescents (Dennis et al., 2004). CRA is based on the idea that environmental contingencies play a significant role in behavioural change (Slesnick, et al. 2008). Outcomes from this approach have demonstrated improvement in the intervention group. People that received this intervention had a more significant reduction in substance abuse and internalising problems, and increased social stability. The findings from these studies are promising, especially considering that they occurred in a drop-in centre. These studies suggest that, though they may not be as effective as programs that provide housing, positive outcomes can happen in a drop-in setting.

### *Interventions at the family level*

As noted above, intra-familial conflict is one of the key factors leading to homelessness of women and children, and young people. There is however little research on how best to assist these young people and their families to improve their relationships and, where possible, reconcile (Barker, 2010). It has been suggested that family therapy is a best practice approach for all therapists where systemic wisdom helps to decide what to do, and when, with whom (Larner, 2004). Specific family work models include:

- Multisystemic therapy which is a family focused intervention which includes coordination of interventions in other systems, such as school and peers. MST has displayed compelling results that show it can reduce antisocial behaviour among youth offenders (Henggeler et al., 1998).



- STRIVE (Support to Reunite, Involve and Value Each Other) intervention, with one study (Milburn, 2010) finding that family engagement in homeless young people has significant benefits in reducing risk-taking behaviours over a 12-month period.
- Family therapy has been linked with improvements impacting on homelessness, such as family conflict and cohesion and individual functioning. These studies suggest that family therapy can have an impact on AOD use in a drop-in centre. Some studies demonstrate that the families of homeless youth can be engaged and maintained in family treatment (Slesnick & Prestopnik, 2009), with researchers stating that family-based approaches are not only effective, but cost effective (Crane, 2008).

Cited in Barker (2012) the key elements to successfully working with families in the Australian context are:

- 1) starting where the family is at,
- 2) developing successful relationships,
- 3) setting goals,
- 4) helping in practical ways,
- 5) building networks, and
- 6) building on strengths (Elliott, Mulroney, & O'Neil, 2000).

Interventions with individual homeless people, includes outreach or street-based work, (which is a core factor in the Cairns city service and response system), cognitive behavioural therapy, solution-focused brief therapy [a strengths-based model that takes a cognitive-behavioural approach to assist clients to conceptualise what could be different in their life and what it would take to make this happen], independent living skills training, particularly for young people leaving care

Many homeless people are considered to lack the basic living skills required to acquire and maintain a stable living situation (Aviles & Helfrich, 2004). Independent living skills programs endeavour to assist homeless people to increase their skills, to help them maintain self-sufficient or independent living. Many of these programs are designed for young people leaving care, in recognition of the increased rates of this population group becoming homeless. These programs offer a wide range of training that includes both personal development and living skills. They generally involve social skills training techniques (Donkoh et al., 2006; Montgomery, Donkoh, & Underhill, 2006). The available evidence suggests that these programs may improve education, employment, housing, health and life skills outcomes for young people leaving care. The evidence is however weak and not necessarily generalisable to homeless people more broadly; additionally the range of living conditions experienced by homeless people may make it harder to put into practice the range of



skills taught by these programs (Barker, 2012). Interventions to promote community level protection factors, including vocational training and school-based interventions to overcome the disengagement of homeless people from mainstream society (Hyman, Aubry, & Klodawsky, 2011). School contexts provide a potential site for early intervention and engagement with young people at risk of homelessness. Furthermore, school engagement can be a protective factor. While school programs that target vulnerable young people at risk of homelessness have yet to be evaluated there is some evidence that suggests school-based interventions can benefit school age children who are homeless with their parents (Toro et al., 2007).

### Housing models

Evidence regarding housing interventions with homeless people is limited (Johnsen & Teixeira, 2010), and caution has been recommended about study conclusions the applicability of housing based models to different contexts. Four housing models represent the most common found in Australia, the United Kingdom and the United States (Johnsen & Teixeira, 2010): linear housing models; Housing First; supportive housing; and the Foyer model. It should be noted evidence regarding their applicability to Indigenous populations was unable to be found.

#### *Linear housing model*

Often implemented under the umbrella of ‘continuum of care’ and ‘staircase’ systems, this model includes a range of services to assist homeless people to progress through separate residential services. These stages usually involve emergency accommodation, transitional housing and supportive housing and work towards independent living (Wong, Park, & Nemon, 2006). The provision of accommodation through this model requires clients becoming increasingly ready for the next stage in the process towards independent living and is therefore contingent on compliance with support and treatment, particularly for alcohol and other drug abuse issues (Gordon, 2008). Transitional housing is considered by some as effective for homeless people (Gulcur et al., 2003; Kresky-Wolff, Larson, O’Brien, & McGraw, 2010). Some authors suggest that the available evidence indicates that the linear approach works well with service users who are willing to engage with the conditions of the programs on offer and able to cope with the shared housing arrangements (Tainio & Fredriksson, 2009), with others stating the evidence base is weak, particularly for homeless people with complex needs (Chilvers, Macdonald, & Hayes, 2008). In fact some authors note homeless people with complex needs often struggle to meet the demands of these models and are unable to progress through the stages according to the services criteria (Kertesz et al., 2007).

#### *Housing First and other Supported accommodation*

Housing First model, as the name suggests, is based on the idea of addressing housing as the first need of homeless people, and does not require successful transition through a range of graduated

accommodation options. This model considers housing as a basic human right, separating it from a voluntary treatment (Barker, 2012). Housing First initially targeted chronically homeless people with severe mental health issues and has subsequently been used with homeless people with substance abuse problems (Larimer et al., 2009). This model has been replicated in numerous countries with several variations emerging. These variations make it difficult to draw any firm conclusions regarding the efficacy of these interventions (Johnsen & Teixeira, 2010). The available evidence addressing Housing First reports positive outcomes regarding housing retention when compared to linear models of housing (Padgett et al., 2006; Tsemberis et al., 2004). It has been suggested that the positive outcomes from evaluations of Housing First challenge assumptions that chronically homeless people with mental health and AOD issues are incapable of maintaining independent living housing (Atherton & Nicholls, 2008; Padgett et al., 2006; Tsemberis & Eisenberg, 2000).

Not all supportive housing uses a Housing First approach, and not all Housing First approaches use supportive housing (Gordon, 2008). The common features of other supported accommodation models include the provision of safe and secure housing that is affordable to people on low incomes and the provision of support by staff with appropriate skills (Gordon, 2008).

One study was found that evaluated the effects of a supportive accommodation program to provide permanence, affordability, flexibility, safety, comfort, accessible support services and independence (Kisely et al., 2008). The research indicated that supported accommodation contributes to improved health and lower levels of substance abuse.

#### *Foyer model*

One definition of the foyer model is an integrated approach to meeting the needs of young people during their transition from dependence to independence by linking affordable accommodation to training and employment (Anderson & Quilgars, 1995). Each foyer is different in terms of its structure and aim and within its unique context (Randolph & Wood, 2005). There is little evaluation evidence examining foyer models (Barker, 2012).

## Conclusion

This literature review was conducted to help understand the research directions regarding the level of support targeted groups need in terms of safe housing and specialized support to alleviate homelessness issues, and to inform the DCHG of drivers of homelessness, client-focused models to assist in reducing homelessness, and service system capacities to service these clients. It also informed in-depth quantitative and qualitative research being undertaken by the Cairns Institute on homelessness in the Douglas area of Cairns Regional Council.

It now appears clear that there is a continuum of causes for all categories of homelessness that crosses both structural issues such as economics and labour markets, poverty, the housing system,

and the nature of welfare, and individual issues, including alcohol and other substance abuse, social and behavioural problems, cultural and kinship obligations and transport opportunities. There is growing consensus around the interaction of the two sets of causes, and that good practice policy and program interventions involve combinations of prevention, early intervention, crisis intervention, and long-term support strategies aimed at facilitating independence. They should provide services that focus on clients acquiring a set of skills that will lead to social competence, securing a “home,” maintaining financial stability, and exiting social exclusion. There is also a growing consensus that a better understanding of the complexities of drivers and solutions applicable to the many sub-groups of homeless people, or people at risk of becoming homeless is necessary to reduce this problem. Holistic, integrated service systems addressing different aspects of these groups of clients are required.

## Section 2: The Australian and Queensland Homelessness Policy Context

### Australian homelessness policy context and guiding principles

The main objectives of the current national homelessness initiatives are to: “halve overall homelessness by 2020”, and to “offer supported accommodation to all rough sleepers who need it by 2020” (FACSIA, 2008b). From 2008, as part of the Council of Australian Governments reform agenda, the Australian Government promoted formal public consultation in order to suggest ways to reduce homelessness in the long-term, culminating in the release of the reports referred to above (FACSIA, 2008b). This aimed to engage multiple stakeholders in the creation of holistic responses which recognise the diversity of homelessness experiences and the factors contributing to, and effective in, both preventing and ending homelessness. This current round of national policy attention to homelessness is driving significant structural and practice reform. The implications of these for the Douglas community will be explored in more detail below. Some historical context may be helpful in framing the objectives for agencies working within the Douglas client service environment. National recognition of homelessness as a persistent and serious social problem can be traced to *Homeless Persons Assistance Act* of 1974 but it was not until the *Supported Accommodation Assistance Act* of 1985 that a comprehensive national approach began to be approached (Parsell, 2011). The initiation of the Supported Accommodation Assistance Program (SAAP) saw the consolidation of disparate homelessness policies, as well as services funded and provided by the Commonwealth and State and Territory governments. Central to SAAP was joint funding by the Commonwealth and the State and Territory governments under national agreements, which were re-negotiated on a regular basis and supported the growth of not for profit, community based homelessness services (Parsell, 2011). A National Homelessness Strategy was introduced in

1999, and various subsequent state based homelessness strategies were implemented, including in Queensland. This policy framework continued for 25 years and the agreements were the subject of periodic evaluations which consistently found that SAAP succeeded in providing crisis and transitional support and accommodation services, but that homeless people with complex needs were not well catered for, that SAAP was not designed or resourced to achieve permanent solutions to homelessness and that linkages with mainstream service systems such as health, education and housing were not well developed (Wyatt, 2005). The accumulation of evidence led to a recognition that the policy, resourcing, and practice framework required a move beyond SAAP (Erebus, 2004). As noted above, this led to *Which Way Home? A new approach to homelessness*, and *The Road Home: A National Approach to Reducing Homelessness*. Necessarily, each of these reports take a macro view, and the homelessness drivers and housing needs of Indigenous people and people in rural and remote are considered to a limited extent.

Subsequently the National Affordable Housing Agreement (NAHA) (COAG, 2009a) superseded both the Commonwealth State Housing Agreement (CSHA) and National SAAP Agreements. The NAHA became, along with the subsequent National Partnership Agreements on Homelessness (NPAHs) (COAG, 2009b), the primary housing and homelessness policy instruments in Australia.

These agreements present the fundamental role of homelessness policy as preventing and permanently ending homelessness. The NAHA and NPAHs are premised on an assumption that homelessness policy needed to support holistic and integrated responses comprising both specialist homelessness services and reforms aimed at improving responses to homeless people by mainstream housing and other human services. Importance is also placed on integration and 'joined up' policy responses. Most of the programs designed to address rough sleeping which are being developed under the National Partnership Agreement on Homelessness share four key elements: street outreach, permanent housing, post-homelessness housing support, and the packaging of these elements into an integrated service approach (C. Parsell & A. Jones, 2012).

The current policy approach differs, however, from previous homelessness strategies in that it more clearly recognises that homelessness responses, instead of simply providing crisis and transitional housing, need to include the provision of housing that is permanent and affordable. They give emphasis to addressing issues that have been neglected in the past including the various manifestations of Indigenous homelessness, chronic homelessness and rough sleeping. To support these policy objectives considerable additional funding has been provided by the Commonwealth and State governments for new housing and support services with priority given to innovative models of service provision, improved service integration, a greater role for mainstream services in preventing and ameliorating homelessness, and greater involvement of the whole community, including the business sector, in supporting local solutions.

The *National Affordable Housing Agreement (NAHA)* (COAG, 2009a) provided \$6.1 billion towards homelessness over a five year period from 2008-09. That strategy allocated \$202.35 million over four years (concluding in 2012-13) as a total contribution by the Australian and Queensland governments, to specifically help solve homelessness issues in Queensland (HCAP, 2011). COAG allocated a further \$1.2 billion for the same period as preliminary investment toward a national 12 year programme of housing reform to address homelessness across Australia . The allocation period for the majority of these funds is drawing to a close, and a new resourcing framework is yet to be released.

*Quarterly Statistical Overview Provided by the Australian Institute of Health and Welfare*

The statistics cited below are drawn from the Specialist Homelessness Services Collection (SHSC) of the *Australian Institute of Health and Welfare* for the collection months October to December 2011 (AIHW, 2012b). The SHSC is designed to enable monitoring of assistance provided to people who are homeless, or at risk of homelessness, and to contribute to the evidence base that shapes policy and service development relating to homelessness, to support the information needs of relevant national agreements, discussed above. The SHSC collects information about the characteristics and circumstances of a client when they present at a specialist homelessness agency, and attempts to describe all clients who receive services. Additional information outlines the assistance the client received, their circumstances at the end of the month, and at the end of the period during which they are supported. The SHSC commenced data collection on 1 July 2011, and collates quarterly statistics. Data are collected via a number of client management systems and submitted to the AIHW via the Specialist Homelessness Online Reporting (SHOR) web portal. Over 80% of homelessness agencies that participate in the collection use the Specialist Homelessness Information Platform client management system provided by the AIHW on behalf of all states and territories except South Australia.

As no agencies providing homelessness related services in Douglas are specialist homelessness agencies, and as the specialist homelessness agencies in other areas of Cairns Regional Council do not currently provide services to Douglas, it is extremely unlikely any information from the Douglas area is included in these figures. As such, it would appear important that the Douglas Community Housing Group identify and access avenues to provide relevant information to the SHSC, and it may be that formal linkages with Cairns-based services will provide these avenues.

**Recommendation:** the Douglas Community Housing Group identify and access avenues to provide relevant information to the SHSC. It may be that formal linkages with Cairns-based services will provide these avenues.

**Recommendation :** Using the evaluation of Street to Home models, and the FACSIA reports into youth homelessness (Barker et al 2012a & b in the reference), map the existing services provided to the client base of homeless and people at risk of homelessness by agencies in Douglas.

### *Statistical Overview*

In each night in the December quarter of 2011, 98,742 clients were assisted by specialist homelessness agencies. Of these:

- 69% of clients presented to specialist homelessness agencies alone;
- 59% were female and 41% male;
- 21% were Aboriginal and Torres Strait Islander people;
- 18% were aged under 10;
- 48% were aged under 25.

Domestic and family violence was the most common main reason for seeking assistance (25%). This was also the most common main reason reported by females (34% of female clients), but for male clients the most common main reasons were financial difficulties and housing crisis (each reported by 18% of male clients). In these support periods, 31% of clients had lived in short-term or emergency accommodation in the month before presenting for support, and 19% had 'slept rough'.

### *Emergency Accommodation*

Over 18,500 clients were accommodated in specialist homelessness services across Australia on any given night (AIHW, 2012b). Nationally, a total of 1,707,838 accommodation nights were provided in the fourth quarter of 2011 to clients of specialist homelessness agencies. The average length of accommodation provided by agencies was 66 nights. Short-term or emergency accommodation was provided in 60% of these cases, and in two-thirds of these cases (69%), the need for short-term or emergency accommodation was met directly by the agency dealing with the client (AIHW, 2012).

Additionally, clients had need for advice or information in 68% of cases. This service was provided directly by agencies in 98% of relevant cases. There were slightly fewer clients living without shelter, or in inadequate dwellings, at the end of their support periods (11% compared with 14% at the beginning of these support periods). There was a small decrease in the proportion of clients with no housing tenure at the end of support (21% compared with 25% at the beginning of these support periods). There was a slight decrease in clients who had no income after support (6% compared with 7% at the beginning of these support periods).



All of these issues were identified as important to the Douglas community during the current research. Resources to benchmark these key indicators in Douglas are required. As outlined in the section above, the area serviced by the Douglas Community Housing Group has no agencies with this outcome funded as core business, and very few agencies with any capacity to deliver this service.

**Recommendation:** Actions to benchmark key indicators for client service requests for each agency in Douglas are required. Resources are required to establish and continue these indicator measurements. A template agreed to by member agencies of the DCHG is attached at Appendix 1.

**Recommendation:** These statistics are collected at regular intervals and co-ordinated across agencies by the DCHG secretariat to build the evidence of need relating to homelessness in the region.

**Recommendation:** Formal requests for the best use of this information are made to the HCAP members and Department of Communities, as well as the SHSC at the Australian Institute of Health and Welfare.

### The Queensland Homelessness policy context and initiatives

In 2010 the Queensland Department of Communities and the Queensland Council of Social Services (QCOSS) formed a partnership to address homelessness. Again, some historical context may be valuable. In 2005 the Queensland Department of Housing initiated the One Social Housing initiative. This was announced in the *Paving the Way* white paper (Schwarten, 2005). That information paper remains on the Housing and Homelessness Services section of the Department of Communities website (Communities, 2012) as the published strategic policy direction document. That paper found that home ownership in Queensland comprised approximately 62% of the housing market, private rental comprised 26%, with social housing - defined as rental housing wholly or substantially funded by the Government comprising 4% of the Queensland housing market. The remaining 6% to 7% was made up of a variety of dwelling types like caravan parks (Schwarten, 2005). The document describes the new ways that the Queensland Government will provide housing assistance, especially longer term housing, into the future. It also describes how the Government will continue to encourage the supply of affordable housing by the private sector.

“For example, in one urban location, there can be up to 14 government and non-government providers of social housing. For a person looking for help, this means identifying all the organisations which may be able to assist, contacting each, registering with each, getting onto all the waiting lists, and keeping in contact with each organisation while waiting for assistance. For many people in need of housing assistance, this is a confusing and time consuming process and they still may not receive



the assistance they need. In addition, it is difficult for the Government to determine the overall level of expressed need in a community, as each organisation holds and maintains its own waiting lists. Similarly, it is difficult to know if people are being housed by an organisation that is most likely to best meet their needs... A system that is more cohesive and integrated, and one where the various parts work together better, would benefit both clients and housing organisations.” p6, (Schwarten, 2005).

The document also noted the number of people on the waiting list for public rental housing had increased by 47% between 2000 and 2005. Over the same period, the number of new households assisted through public rental housing decreased by 56%. This was attributed mainly to a lower turnover of tenancies and the focus by the Department of Housing on helping people manage their public tenancy, but the lack of suitable housing options for people to move into the private market was also noted. Waiting lists were growing, particularly in South East Queensland and regional centres like Cairns, Townsville, Mackay and Rockhampton. It was forecast that more pressure would be put on social housing, with a resultant expectation that demand for social housing would continue to outstrip supply.

The greater overall demand for assistance was compounded by the increasing number of the people with complex needs seeking help from the department (Schwarten, 2005). The main features of the one social housing system were noted as: simple entry points for clients to all social housing assistance, one register of need to replace existing waiting lists, a commonly used process to match clients with the housing assistance that best meets their needs, long term social housing for clients with the highest need, consistent eligibility criteria for long term social housing programs, long term social housing provided for the duration of need, housing assistance that changes as a client's need changes, connecting clients to support services, and improved pathways between the one social housing system and the private market. The Queensland Government's logic flow for housing homeless people has only limited applicability to Douglas. There is extremely limited available social housing in the area.

### The Cairns Regional Council Area Homelessness Context and Operations

In March 2012, *The Cairns Homelessness Community Action Plan 2010-2013* (HCAP) was launched. It aimed to reduce the rates of homelessness, in both the short and long term (HCAP, 2011). The Plan reflects the three priority areas of the Queensland Strategy: Helping people avoid becoming homeless; Helping people get ahead; and Working together for stronger services. The Plan consists of 38 identified actions to be undertaken by government, community organizations and other relevant agencies to help reduce the high incidence of homelessness in Cairns for the immediate and

long-term. The northern geographic boundary recorded in the Plan is the suburb of Palm Cove [see appendix 1 for map] (QCOSS 2012a).

Before discussing the *New Ways Home* Plan, two significant points must be made. Firstly, the Douglas area is not included in the plan and specific actions relating to homelessness in Douglas are notably absent from the Plan. Secondly, while the Cairns area recorded 1,391 people as homeless in 2006, the Local Statistical Area incorporating Douglas was not separately identified in those results, and so a more accurate estimation based on those figures was not possible.

The 2006 Census identified, that compared to the rest of Australia, Cairns had “a far greater percentage of people identified as homeless” (HCAP, 2011). In Queensland, the numbers of homeless people identified on census night 2006 was 26,782, with the Cairns area recording 1,391 people (HCAP, 2011). As a result of evidence noted above, Cairns was included in the Queensland Homelessness Community Action Planning (HCAP) initiative, together with Brisbane, the Sunshine and Gold Coasts, Hervey Bay, Mt. Isa and Toowoomba. Funding for the Cairns HCAP is due to expire in mid-2013, and the Department of Communities are currently preparing a transition strategy, but we reiterate here that Douglas is not part of the planning area, despite being incorporated in the Cairns local government regional boundaries.

**Recommendation:** DCHG pursues actions to formally incorporate its work into the current HCAP process.

**Recommendation:** DCHG continues to document its members’ actions with the goal of situating itself for the transition of the HCAP in June 2013.

Following the commencement of the Queensland HCAP initiative, the *Opening Doors: Queensland Strategy for Reducing Homelessness 2011-14* (Queensland Government, 2011) was released. The strategy has three priority areas: Helping people avoid becoming homeless; Helping people get ahead; and Working together for stronger services (Queensland Government, 2011). The Queensland Strategy outlines the need to assist a variety of key groups in the community (e.g., Aboriginal and Torres Strait Islander peoples; young people, families with children).

Additionally, as part of Queensland’s Implementation Plan under the NPAH, funding was allocated for new services under the banner of *Street to Home* (S2H) in Townsville by the Red Cross, in Brisbane by Micah Projects organisation, and one other urban settings and one rural and remote location. These services are directed to people who are chronically homeless or sleeping rough and aim to assertively engage homeless people and support them to find and sustain stable housing with a view to permanently ending their homelessness (C. Parsell & A. Jones, 2012). This evaluation found that ‘street to home’ was introduced into the Australian policy and practice landscape on the basis that it was an evidence-based model that had achieved significant reductions in homelessness

elsewhere, including models in the UK, the US and in South Australia.

Street to Home is best conceptualised as a theoretical approach that includes assertive and purposeful street outreach, the immediate provision of permanent housing, and the availability of a range of multidisciplinary support services to people post-homelessness, all within an integrated approach. This is cited as the first time an integrated approach has been tried, and explicitly linked to achieving national reductions in the rough sleeping section of the homeless population (C. Parsell & A. Jones, 2012). The model combines the features of:

- street outreach,
- the immediate provision of permanent housing,
- follow-up housing support, and
- program integration.

The evaluation also found that programs in both Brisbane and Sydney are effectively delivering street outreach to their target groups. Both are using the Vulnerability Index Tool (C. Parsell & A. Jones, 2012), and both have demonstrated sound capacities in identifying, prioritising services to, and engaging with people sleeping rough in urgent need of support. The street outreach capacity of Brisbane's Street to Home service provider has been significantly enhanced by the capacity to provide their service users with permanent housing and thus facilitate exits from rough sleeping. The capacity of the Sydney program to fully achieve purposeful street outreach has been compromised by its reliance on homelessness accommodation as the first step towards exiting homelessness, and the dynamics that arise from the health team's requirement to work with involuntary service users under the mental health legislation.

**Recommendation:** The DCHG examines the evaluation of Street to Home models as a starting point to further integrate homelessness actions in the Douglas area with those conducted in the remainder of the Cairns Regional Council boundaries.

## Section 3: The Douglas Homelessness Context

### Introduction

The Department of Communities, Housing and Homelessness Services, manages the social housing system in the region and maintains a Social Housing Register of applicants for social housing. This register provides an indication of the demand for affordable housing by low income people and through the needs assessment outcome, an indication of potential homelessness within the community.

Background information gained through homelessness related work in Cairns and Mareeba (Phillips & Parsons, 2011) suggested that it was possible there were a high proportion of homeless individuals in the Douglas area, with a high incidence of various types of homelessness, and concerns that without significant interventions, this incidence of homelessness will continue to rise. Other issues included that the area was significantly socio-economically disadvantaged, with high unemployment and low and seasonally affected median incomes, a very high Indigenous population and the disproportionately high level of unemployment characteristic of Indigenous populations in these circumstances (Milligan, et al., 2010).

Regionally, it has been suggested that without additional investment in affordable and social housing, continued population growth will put continuing pressure on existing rental stock and exacerbate already serious housing problems, especially those experienced by Indigenous households, single adults and young people (HCAP, 2011; Phillips & Parsons, 2011). The HCAP and the recent study into homelessness in Mareeba also suggested that regionally, the nature of homelessness is diverse and affects a wide spectrum of the low income population. First a dominant feature is chronic homelessness within the Indigenous population. There is an absence of alternative housing options for these people, resulting in extended periods of residence with kin in overcrowded households. In line with research in other regions [see Section 2, Literature Review], this puts at risk the health of all residents, and can contribute to further homelessness cycle by putting at risk the tenancy of the original family and driving young people out of home and into homelessness (Phillips & Parsons, 2011). A recent report into homelessness in Mareeba (Phillips & Parsons, 2011) found the widespread perception that overcrowding in Mareeba households as a result of people moving from the Cape communities because of alcohol or welfare reform was overstated. That assessment was based on primary research, collecting evidence from informants with direct experience of the situation and client data provided by services. The report endorsed the perception of high mobility between Mareeba and Cape York communities as a result of kinship ties, but this had been a persistent phenomenon, with regular annual patterns of movement, and many visitors returning home within a few months at most. The Mareeba report also found that overcrowding in houses was a significant issue. This had a range of dimensions: in many cases the

nominated tenants found it difficult, for cultural reasons, to ask over-staying visitors to leave, even when their housing is at risk and several services reported they had been asked by tenants for assistance in addressing this issue; overcrowding was cited as the primary reason for young people roaming at night and not returning home; for families and single parents where child safety orders were in place, these could be breached if visitors remain in the household.

### Method Used To Establish Douglas Context

The authors note with genuine regret the passing of a number of members of the community during the research period. Out of respect for the community, field research including interviews and agency surveys, were delayed on three occasions.

The Douglas area broadly comprises what was previously the Shire of Douglas (running along the coast from Ellis Beach to the Bloomfield River). The purpose of the project was to provide agencies servicing homeless clients, including those at risk of becoming homeless, with:

- better, co-ordinated, information about the level of various aspects of homelessness in this area;
- the level of service provided to homeless clients in the area by other agencies;
- the current state of relevant national and international research into the causes and drivers of the different types of homelessness; and
- the directions to address the issue as detailed in state and Commonwealth plans to address the issue.

Overall the project aimed to provide evidence to participating agencies which will assist to inform their strategic direction, recommendations regarding enhancement of their operations, as well as improvements to the co-ordinated approach of the DCHG to servicing the community to reduce aspects of homelessness. The nominated research team conducted all research tasks. Professor Hurriyet Babacan oversaw and managed the project, Associate Professor Alan Clough supervised the daily research tasks, and Boris Pointing conducted the interviews and provide support to the workshops and focus groups.

Homeless people were not recruited as participants. All participants in the project were service providers to the community network addressing homelessness in the Douglas area, that is, members of the Douglas Community Housing Group (DCHG). In appointing the Cairns Institute as the consultant, Council agreed to facilitate contact with potential participants. These agencies operate under stringent privacy provisions and deal with clients as a matter of day-to-day operations. The researchers had neither the mandate nor the capacity to recruit homeless people to the study. The project recruited members of the service agencies, gained qualitative data regarding their work, accessed quantitative, service-level data from their existing information collection activities. The

researchers then analysed this existing aggregate level information at the service level and provide a collated snapshot of quantitative data, as well as qualitative data around the types and causes of homelessness in the area.

Participants were invited to participate in an interview, as well as in ongoing focus groups at the Cairns Regional Council offices in Mossman. Participants were also invited to provide de-identified aggregate level information on client service contacts and numbers of clients from their existing databases, which are collected as part of their daily operations. Staff of member agencies comprising the DCHG directly service clients on a daily basis, and as such operate under service agreements and other contractual obligations. The researchers had no contact with identified individual level data on homeless clients in any form.

The method used to establish the Douglas homelessness context comprised desktop research, agency workshops and agency interviews conducted by the research team, as well as a survey of clients which was conducted by the service delivery agencies based in Douglas. Each of these is detailed below, with the results in the following section.

#### *Desktop research*

A range of desktop research was conducted including a general literature review of theories of homelessness and analysis of applicability to the Douglas area was conducted which incorporated a broad overview of current good practices in similar geographic and cultural contexts. A demographic analysis of Douglas/Mossman area [see appendix 5], and an attempt to discover existing service maps and referral protocols.

#### *Workshops*

A series of workshops were conducted with the Douglas Community Housing Group (DCHG) to identify existing data sources and identify knowledge gaps regarding the quantitative and qualitative evidence of the problem of homelessness in Douglas. In the first workshop, the methodology, and the requested roles of participants was explained in detail, information sheets and participant consent forms (attached) will be provided to each participant and queries by potential participants about the study will be discussed. The interview and other research timelines were agreed. The workshop participants had existing relationships and prescribed dealings with their clients. A key goal of the workshops was to formalise ways of capturing information arising from these interactions between the services and their clients which will contribute to the aims of this project.

The aim of these workshops was also to build capacity within the membership network of the DCHG in order to better utilise their existing relationships with clients to gather more rigorous evidence. A total of four workshops were conducted with membership of the DCHG. Representation from the

community service sector, government agencies in the Douglas area was comprehensive. The workshops were held on:

- 16 May 2012
- 13 August 2012
- 17 September 2012
- 24 October 2012.

### Interviews of Agencies

Members of the Douglas Community Housing Group agreed to participate and drive recruitment of other participants through their local relationships. The majority of participants were recruited through the workshops. Invitations to stakeholders identified by the Douglas Community Housing Group were issued by the Group, with supporting documentation outlining the goals of the project, a summary of the methodology and an indication their participation and support was requested. With the exception of representatives of a small number of state government agencies, plus Cairns Council, each of the interview participants are publically funded, non-government organisations. Consistent with the investigators' standard practice key individuals in stakeholder and service agency categories were recruited for interviews. To ensure the sample was as exhaustive as possible within the limited time available, each participant was asked to recommend others for interview. Sampling continued until saturation was reached, as indicated by referrals to the same kinds of stakeholders or individuals and by preliminary analysis of emerging consensus of views.

### Agency Surveys

Thirdly the project aimed to provide a quantitative snapshot of the number of clients in each of the three defined categories of homelessness, primary (sleeping rough), secondary (at risk or living in overcrowded accommodation), and tertiary (no secure tenure). Additionally the project attempted to enumerate the numbers of short term homeless and long-term/chronic homeless. These aspects were to be conducted by leveraging existing relationships between service agencies and their clients, in effect for agencies to recruit clients into a survey regarding homelessness. Provide an overview of the risk factors/patterns of homelessness for each of these categories, including numbers, demographics, source community (virtual or geographical), and the reasons for homelessness, or being at risk of homelessness.

Within the scope of this project it was not possible to directly engage with homelessness clients: ethics approval for interviews or other contact with homeless service clients will not be possible in the project timeframes. As such we will rely on the commitment of members of the DCHG to engage directly with clients and provide relevant information to the project. The scope of the desired



information will be defined in the initial workshop, and the commitment to this course of action by project partners formalised.

One outcome was to gain high quality, objective advice as to how the information currently collected by each agency could be better collated, their services could be better co-ordinated, and activities, including the development of funding initiatives, could be matched with existing government plans to address homelessness.

A particular concern of this situation is the safety of children and the alienation of young people from their families and schools.

Third, homelessness occurs within the low income non-Indigenous population. Most at risk are low income singles and families who are unable to access, or who have been evicted from, the private rental market or social housing. These individuals and families are particularly vulnerable where they have associated problems such as mental health, substance misuse, gambling, or have experienced family violence or are ex-prisoners.

## Results

The results of the DCHG workshops, agency interviews and client surveys are set out below. Nearly 100%, (19 out of 20) of all service workers interviewed had been working in the Douglas area and interacting with homeless people for longer than 5 years. Below, agency perceptions regarding drivers for pathways into and out of homelessness are identified. These are contrasted with the same themes as identified by more than 40 clients presenting to the service agencies in Douglas for whatever reason. This is followed by an analysis of clients who presented at a community service delivery agency, and were living in overcrowded accommodation at the time. This analysis takes the form of numbers of clients, the level of overcrowding based on the number of residents and the number of bedrooms in that household, and the themes identified by them as important to this type of homelessness. Next, an indicative measurement regarding the numbers of people sleeping rough is included. This was again based on the agency surveys of presenting clients, and should be treated as a pilot estimate only. A section examining the results of surveys conducted by agencies of clients who were rough sleeping is followed by two case studies which attempt to summarise two different contexts regarding homelessness in Douglas in an attempt to add further qualitative depth to the results.

The issue identified as highest priority by both service delivery workers in the community, and those clients who presented to the agencies was the lack of affordable housing in the Douglas area. Service delivery staff reported they were unable to separate the importance of overall lack of housing stock, and the lack of affordable housing. For clients of the agencies the themes were also collapsed in their response to surveys, with by far the issue of highest priority for all clients of agencies stating that lack of affordable housing in the area was the main reason for overcrowding. Both staff and clients reported this led to long waiting lists for public housing, and that a range of personal stressors also resulted for individuals as a result of these housing related issues. These included high levels of personal and financial stress caused by overcrowding. In turn this was exacerbated by the economic circumstances of the Douglas region as a whole. Alcoholism and drug abuse was also reported as a high cause and effect of the homelessness situation.

Apart from the significant lack of housing stock, agencies further identified that improved access to housing related services in the Douglas area was a priority, including co-ordinated Queensland Government services; there was acknowledgement that the Housing Officer from the Queensland Government did a good job, but that more communication and co-ordination in the way these activities were delivered and integrated with the operational requirements of the service delivery agencies was required. Agency representative perceived that the strength of the housing related networks in Douglas was a significant enabler to co-ordinate efforts for better housing and homelessness related outcomes.

Both agencies and clients identified better communication with the private housing market as important, including improved communication with rental real estate agents regarding advocacy and facilitation for clients around tenancy processes and developing a rental history for clients without prior history of tenancy.

The perceptions of community agency staff reflect key findings from the literature report, in that housing models alone are not sufficient, but more housing stock is urgently required, that while a large proportion of accommodation issues are directly related to financial stress, including for elderly people accommodating unpaying kin in their home, well documented Indigenous issues contribute to the overcrowding and homelessness situation in Douglas. One unexpected finding was that itinerant workers coming to the area for seasonal work occasionally fall into primary or secondary homelessness. It was also of interest that almost no agencies interviewed were aware of any short term/transitional accommodation in the area, and that many identified this was a significant gap.

## Themes Regarding Homelessness Issues Agency Interviews and Client Surveys

Text Box 1 contains a number of quotes from experienced community service delivery staff. The quotes below were selected as highlighting and encapsulating the perceptions of community agency staff regarding homelessness as identified through community agency interviews. A thematic analysis of the agency interviews is below (Table 1.1), which disaggregates themes identified as important by staff. It is important to note that when the lack of available and affordable housing stock is removed from the analysis, every interviewee identified homelessness issues as part of a holistic web of inter-related causes of homelessness in the area, and solutions were also viewed as being based in a holistic approach. When combined with the selected quotes, the thematic analysis of Table 1.1 gives a description of the perceived attitudes toward homelessness by service workers. This is followed by a description of the homelessness related themes identified as important by more than 40 clients who presented to community agencies during the survey period and were surveyed by agency staff regarding homelessness issues.

### Text Box 1. Quotes exemplifying the perceptions of service delivery agencies.

#### Quotes from agency interviews:

“We know we need to do it, but there’s a sense of hopelessness. There’s no accommodation. We know how long it’s going to take.”

“Been a problem for 30 years – if only more houses were needed would have solved the problem a long time ago....”

“Assimilation policies not healed – expected but not assisted – there is a generation who lost skills.”

“On any given day the number in overcrowding varies.”

“This region is the end of the road... people come here to live quiet.”

“Every house in the Gorge has too many people.”

“FRC and Gateway heading in right direction.”

“FRC and Gateway have not done much.”

“Two types of housing issues – low income disenfranchised locals going through transitional life events and crises, and mortgage stress or new arrivals living the dream.”

“Buy foreclosed properties for social housing.”

“Absolutely no co-ordination between Cairns City and Mossman agencies. No flexibility in delivery.”

**Table 1.1. Homelessness Themes Identified by Service delivery Representatives during Interview.**

Theme	Number Identifying as Important	% of all people surveyed who rated it as most important	Number who said this would assist to reduce homelessness	Comments by agencies
<b>Housing availability and affordability</b>				
Lack of available housing-including waiting lists leading to overcrowding	16	100%	16	Can't separate these two available/affordable
Lack of affordable housing (including Goobidi and other public housing)	16	100%	16	Can't separate these two available/affordable
Personal stress produced by overcrowding	9	0	5	Including elder abuse.
Financial stress produced by overcrowding	7	0	4	Puts people at risk of losing tenancy
Appropriate housing design.	5	1	3	Cultural complexity – in housing design.
Cultural healing	4	0	4	Possible solution – intensive life skill straining – live in, case management
<b>Mental Health Issues</b>				
Alcoholism/drinking	7	0	3	
Other mental health issues	5	0	4	
Drug use	3	0	2	
Need for Diversionary Centre	5	12.5%	5	Choices are either watch-house or hospital – neither appropriate
Homeless shelter	4	25%	3	DV influences. Another short term boarding house.
Youth shelter/ programs/recreation	1	0		
<b>Client Access to Services</b>				
Need for improved access to housing/Qld Government services in Douglas area –locally based	10	0	10	Noted Department of Communities Housing Officer did a good job but could only attend fractional.  Client assistance to fill out forms
Difficulty for clients to fill out application forms	4	0	4	
Need for co-ordinated response and access point to this	4	0	4	
Need for improved access	5	0	5	The Hub proposal was

to NGO housing services in Douglas area, particularly after hours				originally intended to include Mossman
Real estate agent issues (communication)	5	0	4	New tenants need references, dedicated case management for private rental – life skills training
No rental history/rejected tenancies	3	1	3	
Real estate agent issues (racism)	1	0	1	
<b>Other Social Issues</b>				
Criminal Justice Issues	3	0	3	e.g. DV & bail conditions, exit Lotus Glen or other CC
Lack of employment/ Training opportunities	1	0	0	Seasonal tourism
Improved employment/ Training opportunities (particularly Gateway)	2	0	2	
Cost of living	1	0	1	Centrelink payment goes almost all on rent
Life skills/budgeting	1	0	1	
Focus on Short term fixes	2	0	0	
Visitors to community	1	0	0	
Police liaison	2	0	0	
Transport	1	0	0	
<b>Service Sector</b>				
Funding a barrier	1	0	0	
Funding an opportunity	0	0	0	
Networks a strength	6	0	4	

Table 1.2 below sets out the themes identified as important to homelessness drivers and solutions which were identified by all clients presenting to community service delivery agencies during the survey period for any reason. As noted above, the lack of affordable housing is easily the most important issue facing clients. One notable difference between the client perceptions and the agency perceptions in barriers to achieving housing outcomes is the lack of transport, reflecting the fact that a proportion of the available affordable housing is located some distance from the town centres in Douglas, and that there is no public transport available. Interestingly, a high proportion of clients (approximately 29%) indicated they would use short a term/transitional housing facility. This was so whether they were currently housed or not, perhaps reflecting the stresses caused by living in overcrowded situation and the need for individuals to take “time out”, and also perhaps reflecting research indicating the need for culturally appropriate public shelter.

**Table 1.2: Thematic Analysis of all clients surveyed Presenting to Service Delivery Agencies (n=41)**

Theme	Number Identifying as Important	% of all people surveyed who rated it as most important	Number who said this would assist to reduce homelessness	Number of Homeless who said this would assist to reduce homelessness
Lack of affordable housing (inc public and Goobidi)	22	26% (9)	22	12
Would you use temporary housing	12*	0	0	0
Lack of employment	11	12% (8)	8	3
Transport	8	1	4	4 (100% of homeless clients)
Alcoholism/drinking	6	0.3% (1)	2	1
Cost of living	5	0%	0	0
Financial stress	5	0.3% (1)	0	
Life skills/budgeting	4	0%	4	1
Homeless shelter	4	2	3	1
Training opportunities	3	0%	2	0
Youth shelter/ programs/recreation	3	1	1	0
No rental history/rejected tenancies	3	0	2	1
Personal crime	2	0%	0	0
Drug use	2	0.3% (1)	0	0
Police liaison	1	0	1	0
Society's awareness	1		1	1
Additional Services (not specified)	1	0	0	1
Pets	1	0	0	0
Racism	1	0	0	
Amalgamation related issues, including de-amalgamation and	2 <sup>#</sup>		1	
Body corporate fees (35% increase)	1			
<b>Don't know/Not much</b>			<b>8</b>	<b>2</b>

\* Out of 12 respondents who answered this, 10 yes and 2 no (whether housed or not).

# These issues were raised by home owners who considered themselves at risk of becoming homeless due to financial pressures.



There are differences in the perceptions of service delivery agencies and clients presenting to these agencies, however the striking finding is the concord regarding the most important issue: Lack of available and affordable housing, and the long waiting lists. Indeed these two issues, lack of available housing stock, and lack of available housing were directly attributed by both clients and service delivery agency representatives as leading directly to overcrowding. Clients reported transport, cost of living and other financial pressures as highly important factors in both causing, and being caused by, homelessness with alcoholism and other drug abuse issues reported as similarly important, all showing significant overlap between client and agency staff perceptions.

### Disaggregated Thematic Analysis of Types of Homelessness

Below the types of homelessness are separated out, into overcrowding and rough sleeping and themes and key findings identified through the clients surveys of people presenting to agencies are documented. They are divided into all clients, and clients identifying as homeless.

Tables 3.1 and 3.2 describe the overall pattern of responses from the surveys conducted by Douglas agencies of clients presenting to their service for any reason. The percentages in Table 3.1 are rounded to the nearest whole number due to the small sample size. Table 3.2 describe the overall types of homeless clients identified through this process. Table 3.3 shows the results of surveys of all clients which identified the number of people living in a residence, the number of bedrooms in that residence, the length of visitor stay and actions identified by clients to assist in moving out of the overcrowded residences. Table 3.4, 3.5, 3.6 and 3.7 further analyse the surveys in regard to those clients who were living in overcrowding and identified themselves as homeless.

While the numbers are small, the proportion of clients attending a community based, non-government service delivery agency who identified themselves as homeless was approximately one third. This is the first systematic attempt to capture the numbers of clients accessing the service system in Douglas in order to provide evidence of need in the region. Continuation of these efforts is recommended.

**Table 3.1: All Client surveys (n=41)**

Respondent Type	Number	Percentage
Renter	21	51%
Homeless	14	34%
Child	3	7%
Owner	1	2%
Unknown	2	5%
<b>Total</b>	<b>41</b>	<b>100%</b>

**Table 3.2: Types of Homeless Clients from Those Identified in Table 3.1**

Homeless Type	DCHG Definition	Number	Percentage
Primary (Rough Sleeper)	Camps/streets	7	50%
Secondary (friends/family short term)	Overcrowding	7	50%
Tertiary (emergency accom.)	Boarding house	0	0
<b>Total</b>		<b>14</b>	<b>100%</b>

**Table 3.3: Clients Living in Overcrowded Housing: Housed Clients – with usual numbers and visitors**

Bedrooms		Average Number of People Normally Staying	Average Number of Visitors that night	Average length of stay by Visitors	Why are the visitors staying	Assist/sustain tenancy
1	0					
2	8	1.75	1.5	1-2 nights: 0 At least a week: 1 At least a month: 1 Months/open-ended: 2	Nowhere else to go: 1 Family visit: 1* Funeral: 1* Rental issues: 1	Affordable rent: 3 Employment:1 Appropriate housing: 2 Life skills:1 <sup>#</sup>
3	11	4.5	1.7	1-2 nights: 3 At least a week: 2 At least a month: 2 Months/open-ended: 2	Nowhere else to go: 3 Family visit: 4* Funeral: 1* Rental issues:	Affordable rent:1 Employment: 4 Appropriate housing: 3 Life skills:1
4	0					
	<b>19</b>					

\*Family visit & funeral visitors have own accommodation elsewhere.

<sup>#</sup> Life skills includes the ability to build a rental history.

**Table 3.4: Themes identified as Important by Clients Identifying as Homeless who were in Overcrowded housing**

Themes	Reasons for homelessness	Issues nominated as Important	Most important issue	Request Assistance to get Tenancy
Lack of affordable housing (LOAH)/waiting list	3	6	5	4
Life skills/employment	1	2	1 (also nominated LOAH)	3
Alcohol/Drugs	1	1		
Transport		2		
Lack of services		1		
Lack of homeless/crisis shelter		1	1	
Urgent relocation/transient	2			

**Table 3.5: Overcrowding - Staying with family and friends (respondent identifying as homeless)**

With Children

Sex	Number	Percentage	Children Yes/no	Average Number if yes
Male	2	28%	Yes: 2/2	2
Female	2	28%	Yes: 2/2	3
Unrecorded	3	43%	Yes: 1/3	2
<b>Total</b>	<b>7</b>	<b>100%</b>	<b>71%</b>	<b>2.3</b>

The percentages are rounded off. Of these respondents all except 2 were staying with family (1 female, 1 unrecorded gender)

**Table 3.6: Sleeping in overcrowded and describing self as homeless**

Age	Number: Percentage	Female	Male	Unrecorded
<17	0			
17-25	3: 42%	1		1
26-35	4: 48%	1	2	2
35<	0			
<b>Total</b>	<b>7: 100%</b>			

**Table 3.7: Overcrowding by people who identify themselves as homeless: Numbers**

Bedrooms	People staying	Estimate of Number Overcrowding (average)	Number of Properties
1	5	4	1
2	7	4	2
3	9.5	4	2
4	10.5	4.5	2
			<b>Total: 7</b>

**Table 3.8: Themes Identified as to Reasons for Living in Overcrowding and Pathways Out: Secondary Homeless Clients**

	Reason for homelessness	Most Important Issue	Tenancy Support	
Relocated	2/7		Gain tenancy	
Affordability/ Employment/transport*	5/7		Gain tenancy	
Lack of Housing		7/7	Gain tenancy	
Children safety	1/7		Gain tenancy	

\*No accommodation makes it hard to look for work

Tables 4.1 and 4.2 below are specifically related to clients who were interviewed by agencies and were sleeping rough. These figures are indicative only, and represent an attempt to begin quantifying the number of rough sleepers in the Douglas area. The process used to gather these figures provided a starting point for more interagency collaboration to more accurately measure the numbers of these homeless people.

A project funded through in-kind existing daily activities by Council Local Laws Officers, and Police Liaison Officers to count and categorise rough sleepers in known camps has been agreed by members of the DCHG, and has been approved (see Appendix 4).

**Table 4.1: Demographics of Rough Sleepers - (identifying as homeless)**

Age	Number: Percentage	Female	Male	Unrecorded
<17	0			
17-25	0			
26-35	2: 28%	2		
36-60	5: 72%	2	2	1
60<	0			
<b>Total</b>	<b>7: 100%</b>			

**Table 4.2: Rough Sleepers - Where staying**

Foxton Camp	1
Relatives/friends	2
Cooya Beach campsite	3
Underground carpark/stairwells	1
Other beach	2

Respondents may have nominated more than one place

### Case Studies of homeless people, or people at risk of homelessness

#### **Case Study 1. A senior woman in the indigenous community feeling at risk of becoming homeless.**

A female indigenous woman who is a senior member of the community related the story of how some members of her family are in a homeless situation. The woman holds a lease through the private rental market and derives her income from a Centrelink pension. Rent consumes a significant proportion of this income - approximately 35%.

The woman usually lives alone or with one other family member. Currently she has an additional three adults staying with her, two men and one of the men's girlfriend. One of these men is an adult family member who has nowhere else to live or stay. The issues this was causing the woman included that none of the additional residents were paying rent, nor regularly buying food or contributing to the household food or electricity budget. "There are extra mouths to feed."

As a result the woman is behind in her rental payments and fears she may soon become homeless. Additionally, the extra residents are regularly drinking and partying. The woman felt she was unable to ask the residents to leave due to kinship obligations, and was beginning to feel desperate. The woman said she was aware of many other seniors in the same position.

She sought aid from the Elders Community Justice Group who worked to get the real estate agents to a meeting to discuss the situation, and for emotional support to discuss the situation with the additional residents. The Justice Group responded, but the outcome of the situation is unknown.

This example highlights a situation reported by a number of interviewees where a group of people are staying in a home but only one person is nominated on the lease and is responsible for paying the rent and other living costs. While the above example was in private rental, the situation was reported as occurring regularly in public housing in the Douglas area. Agencies also reported that the numbers of people not on anyone's lease "house surf", moving from one relative to another, or occasionally moving into camps. The issues raised in relation to this are similar to those found in the literature, and include multi-generational problems where young people do not learn life skills, gain access to education or employment and exacerbate the homelessness cycle.

In relation to this overcrowding case study, and specifically the findings of the survey reported above, it should be noted that of those respondents who were housed, it is unclear how many were nominated on the lease. Related to this, agency focus groups reported that the regular wet seasons in the region lead rough sleepers to leave their camps and seek shelter with relatives or other associates who are housed. Finally, the appropriate size of housing was mentioned by 5 people; two bedroom units may not be the most appropriate type of public housing stock for the region.

#### **Case Study 2. A rough sleeper interviewed by a Community Service provider.**

A Caucasian man in his mid-thirties moved to the area a couple of years ago. He originally stayed with friends but after a period of time they asked him to leave. He has been sleeping rough at a number of camps since that time. He told the service provider he knows at least 17 people rough sleeping in the Douglas area. He stated that life skills are paramount to surviving as a rough sleeper. He described these life skills as the ability to know where to go at what times in order to get free food or small change. For example he described two places where he knew he could go in the late afternoon and pedestrians would give him money. He also stated shopkeepers were aware of homeless people's plight and would supplement purchases he made with free or discounted energy bars, loaves of bread or two minute noodle cups. He had recently been assaulted with a makeshift weapon while sleeping at a camp near a beach. The emotional issues he raised were severe feelings of insecurity and loneliness, and anxiety regarding getting sick and being unable to cope.

This example highlights the daily focus on survival by people sleeping rough in Douglas, and the different perceptions of life skills between agencies and clients. The client's idea of life skills was getting food and small amounts of money, while agency interviews suggest service representatives identify life skills as short term intensive courses delivering information and role modelling on things like grocery shopping, budgeting and paying of bills, and medium term courses to assist clients into education and employment, as well as other 'wrap-around' services such as anger management and drug and alcohol counselling.

#### **Indicative Cost to Agencies of Providing Homelessness Services (unfunded)**

It is difficult to find economic cost-benefit or cost-effectiveness analyses of homelessness to the Australian community. The figures below are based on a three stage process – firstly agencies were interviewed separately regarding the number of specific client contacts requests relating to housing or accommodation assistance or advocacy, and the amount of time each of these requests took to

complete. Secondly, the client contact reporting figures were discussed in two of the agency focus group workshops, the process to collate the time spent by agencies servicing housing related client assistance was agreed, and agencies agreed to provide summary reports relating to these figures. Finally, the best available, easily obtainable statistics were provided by agencies and collated, then the mid-point for hourly salary rates was obtained from the Community Sector Industrial Relations agency {CSIR, 2012 #113}, and assigned to calculate the staff costs to each agency in servicing these requests. It is stressed these figures are nothing more than an indicative starting point for further research which will be required in Douglas. This proportion of agency resources in delivering unfunded, or in the case of BBN not specifically funded, housing and homelessness related services does not include the percentage of overheads or staff related on-costs etc.

#### Period 1 January – 30 June 2012

Agency	Funded Activity	Total number of client contacts	Number or Percentage of Client Contacts Specifically Related to Housing	Average Time Spent to Address Issue in Minutes (Housing Related Crisis)	Salary of Staff Dealing with Issue	Estimated Indicative Total Cost to Agency
Bamanga Bubu Ngadimunku Inc	Community Support Service	328	108	90	\$29.30 per hour	\$4,746
Port Douglas Neighbourhood Centre	Emergency Relief	224	50% (estimated)	90	\$29.30 per hour	\$4,922
Mossman Community Centre	Emergency Relief	180	75% (estimated)	90	\$29.30 per hour	\$5,933
Mossman Community Elders Justice Group	General Duties	60 housing applications 130 bond loan applications	100%	90	\$29.30 per hour	\$8,350
<b>Total</b>						<b>\$23,951</b>

While the dollar figure for the six months of staff time spent on assisting clients with homelessness or housing related inquiries from these four services is a crude estimate, it pertains to staff hourly salaries only, as noted above. Agency interviews raised the issue of providing unfunded services for this area of need as a significant stressor for staff, particularly as these services are often provided unplanned and in response to client crisis.



## Summary of the Douglas Homelessness Context

Two findings were stark regarding the overall situation of homelessness in Douglas: there is a lack of available, affordable housing in the region, and community-based service delivery agencies provide significant services to clients affected by homelessness, estimated at an average of between one third and one half of all client service related activity, and receive no resources to do so.

The lack of available housing was identified by staff and clients as the most important issue, and waiting lists to be allocated a public housing place were identified as the cause of overcrowding. The available long term social housing has very high demand, with overcrowding and long waiting lists. There is no crisis or transitional housing in Douglas, and provision of such a facility to provide short term/diversionary/homeless shelter was identified by both clients and agency staff as an important issue. Separately, a facility for domestic violence survivors was identified as important by agency staff.

Traditional private sector housing in Douglas appears to be only marginally affordable, appropriate or accessible for low and fixed income people; especially young, single people. Potential tenants having little or no tenancy history to assist in gaining private tenancies is a significant issue, as is communication and an understanding of the processes required by real estate agents of their tenants. Supporting clients in these activities places a large burden on community agency staff. Staff and clients identified barriers preventing homeless people in Douglas, particularly secondary homeless people, from registering for social housing. The ongoing co-ordinated data collection project by members of the DCHG may overcome the lack of evidence regarding need which has previously impacted on social housing supply planning. This evidence may be expected to overcome a disadvantage in housing and homelessness planning in Douglas.

There is one indigenous housing service, Goobidi Yalanga, which has a charter to work directly with homeless indigenous people in Douglas. This is mainly self-funded. Access Community Housing, located at Westcourt in Cairns has a total of 30 units for transitional housing located in Port Douglas, Mossman, Cooya, Newell and Wonga. As at 15 October 2012 they were all presently tenanted. The criteria for applicants is that they need to be registered with Qld Housing as a High or Very High Need. There are no other services or agencies which are funded to facilitate short term homelessness assistance, apart from funding for emergency relief payments provided to neighbourhood and community centres. There are no agencies funded regarding long term solutions to homelessness. A number of community services face very strong operational demand to respond to the immediate needs of their homeless clients. This places a significant burden on agency resourcing and on staff, including causing stress.

There is no co-ordinated service hub for public housing in Douglas; homeless people have little access to this information, their primary service delivery agency organising meetings with the

Department of Communities Housing Officer. It appears this is often done through crisis or reactive action, while agency staff spend a significant proportion of their time (unpaid) to advocate with private markets and/or to assist in negotiating pathways into social or private housing.

Despite the Douglas area being within Cairns Regional Council boundaries, Douglas services are currently isolated from the HCAP processes, although this is changing, and a focus on this by the DCHG is recommended. Outreach by Cairns based services to Douglas was also identified as unavailable. Networks were noted as a significant strength of the Douglas area by a number of respondents, although there were some comments by agencies where, when housing outcomes were attained through communication and referral to Cairns services (a relatively rare event), the outcomes of these referrals were not communicated to the referring Douglas-based agency. The project found there were no formal community service maps or referral protocols in place in Douglas. Work on formalising these may assist in addressing the two issues above. In a similar vein, different agencies thought the Department of Communities Housing Officer was attending the Douglas area on different days – perhaps developing and communicating roster through the forum is a good idea. It was also suggested a dedicated officer Department of Communities Housing Officer be assigned to Douglas, rather than being assigned to a number of sub-regions.

## Section 4: Conclusion

The socio- economic, demographic and cultural characteristics of Mossman, Port Douglas, the surrounding beaches and the Daintree area provide a distinct set of localised homelessness contexts. It was noted there is also high levels of reliance on both public and private rental housing. The private rental housing market is extremely limited in volume and consequently has high demand and high rental costs. Housing options for low income single people appeared to be almost non-existent in both private and social rental sectors. The Family Responsibility Commission has commenced operations in Mossman, however the scope of these activities fell outside the parameters of this research project.

Indigenous households have a heavy reliance on social housing, particularly in the Gorge area of Mossman. The pilot estimation of the level of overcrowding in the area suggests a very high rate of secondary homelessness. While this is supported by previous research into Indigenous overcrowding in other localities, it appears the situation in Douglas is affected by seasonal weather conditions, as well as factors documented in other areas, such as kinships and cultural obligations.

One agency was interviewed which was funded for homelessness as core business, excluding emergency relief, although are they mostly self funded. In Queensland, some Indigenous community housing organisations were funded directly by the Australian Government, while others were funded by the state government under the former Commonwealth State Housing Agreement (AIHW, 2011). National Reporting Framework (NRF) for Indigenous Housing was developed to provide a mechanism for reporting on the implementation and outcomes of *Building a Better Future: Indigenous Housing to 2010*. Closer sharing of information between the Indigenous housing organisation further into the work of DCHG is recommended.

## Appendix 1: Shared Data Collection Tool for Agencies

### Ongoing agency data collection template DCHG

AGENCY:

Month:

Client identifier: first initial, age, gender

Did this client contact require housing related Assistance?	If yes, Client identifier	If yes, primary reasons for seeking assistance – DPV, financial difficulties, housing crisis	How/long did housing related assistance take (in minutes)?	Cost to agency (salary etc)	What housing services were provided to the client? Eg advocacy, referral, emergency relief, transport	Female Age	Male Age	Owner, Renter, unhoused (O,R,U)	If unhoused are you on the waiting list?	Where is the house you stay in?	How many bedrooms in the place where you stayed last night	How many people stayed there last night?	Referral to who?
Yes/No	First Initial					<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____			Mossman, Pt Douglas, COOYA Wonga			
Yes/No	First Initial					<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____			Mossman, Pt Douglas, COOYA Wonga			
Yes/No	First Initial					<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____			Mossman, Pt Douglas, COOYA Wonga			
Yes/No	First Initial					<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____			Mossman, Pt Douglas, COOYA Wonga			

## Appendix 2: Interview Questions (of agencies)

Introduction: We are trying to get a better understanding of homelessness in the community of Douglas. This project will gather information that will allow the Douglas Community Housing Group to pursue innovative and appropriate pathways to take action against homelessness in Douglas and develop a clear direction for addressing homelessness in Douglas. The following questions are designed to achieve this.

### Your agency

What is the biggest homelessness issue in the Mossman/Port Douglas area?

What are the main homelessness issues for your organisation?

What kind of projects are there in this community to address homelessness?

What partnerships do you have with other service agencies to address the issue?

Could you please describe your organisation's communication with these other agencies about homelessness? (frequency, formal meetings, other means of communication, outcomes of exchanges).

What is your core business (what are you mainly funded for)?

### What do we know?

How do you define 'short term homeless' and 'long term homeless'?

How do you estimate (measure) the following:

- a) the numbers of clients categorised as at risk of becoming homeless,
- b) the numbers of clients living in overcrowded accommodation,
- c) the numbers of clients who are short term homeless,
- d) the numbers of clients who are long-term/chronic homeless
- e) the number of rough sleepers every night?

Using this information, would it be possible to develop targeted strategies? How?

Do you have information available to estimate (measure) housing stock and/or shortage in Port Douglas and Mossman

- Private rental housing stock and/or shortage
- Public housing stock and/or shortage

- Crisis housing and/or shortage
- Any other types of accommodation for homeless

What data do you routinely collect on homelessness related issues at the moment?

What additional information could be routinely collected at no or minimal cost?

What data can be shared between agencies?

### **What will help?**

What are the main actions you think would assist to address homelessness in the Douglas area?

What further opportunities and strengths are there to address these issues?

What challenges and barriers are there to address these issues?

Are there any specific cultural protocols which must be respected?

Are you aware of:

- a) The Cairns Council Homelessness Plan?
- b) The Research Report into Tablelands Homelessness by Rhonda Phillips and Tony Parsons?
- c) The State Government framework?
- d) The Commonwealth directions?

What are the goals of each of these?

How do these goals assist your work with homeless clients?

How will you use these plans in your daily work and strategic planning?

How can the JCU project further respond to these issues?

Who else should JCU staff talk with?

## Appendix 3: Client Survey Instrument used by Agencies

Prior to interview, please ask client if they have already completed an interview in the area recently.

### Client data gathering by agencies

How old are you?

How many bedrooms in your house?

How many people normally live in your house?

How many visitors will be staying in your house tonight?

Can you guess how many:

- a) Children aged 17 years or less
- b) Single adults over 17
- c) Couples
- d) Or a family with children

How long do visitors normally stay with you?

Why do they stay?

Are they from Mossman, or Port Douglas, or somewhere else?

If they were not staying with you would they have somewhere to stay? What would they do?

What are the biggest issues for you in the Mossman/Port Douglas area?

What is the most important?

What can be done about it?

Where did you stay before you got your current house? Friends or relatives, rental, public housing?

What is the perfect house for you?

Where do you normally stay every night?

(Depending on the answer to the last question) Would you say you are homeless?

Please note some of these questions are based on themes identified in the *Homelessness in Mareeba: the nature of the problem and what can be done about it*, (2011) R. Phillips and T. Parsons.

Approximate time taken to conduct interview: \_\_\_\_ hours \_\_\_\_ minutes

Interviewer is welcome to record their reflections of the interview on back of this form



## Appendix 4: Number of Rough Sleepers Data Collection Tool

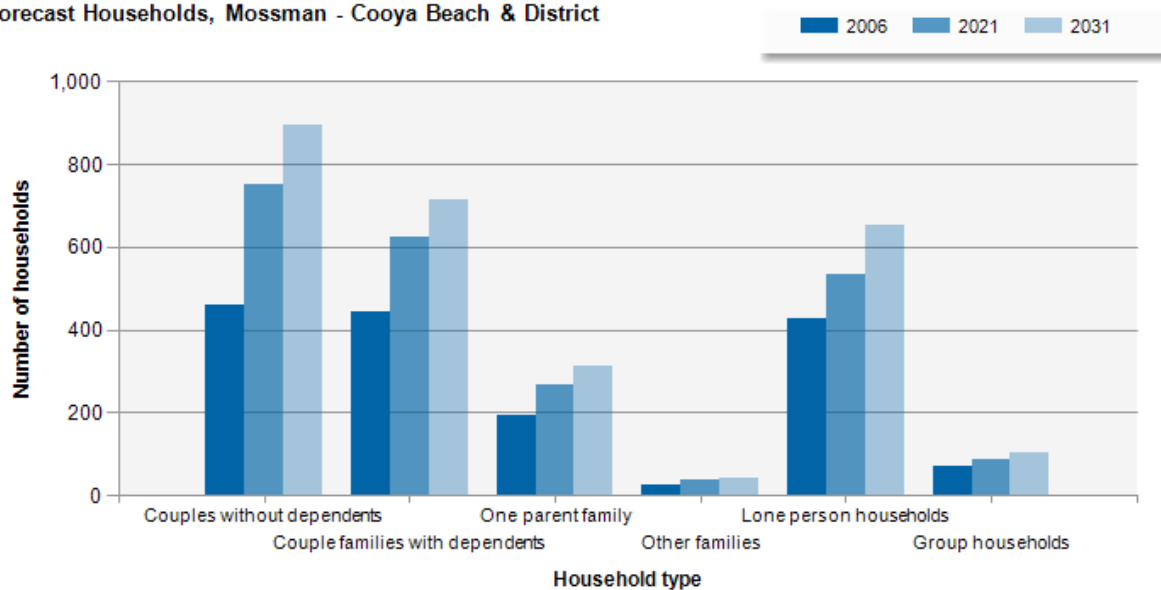
### DATA COLLECTION TEMPLATE: ESTIMATED NUMBERS OF ROUGH SLEEPERS IN DOUGLAS.

LOCATION	DATE/DAY/ TIME	ESTIMATED OVERALL NUMBER OF ROUGH SLEEPERS	MALES  ESTIMATED AGES	FEMALES  ESTIMATED AGES	COMMENTS  Eg. Same faces, Payday, locals, travellers, Drinking camp or permanent, % intoxicated
Cooya			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
South Mossman			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
Wonga			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
Foxton			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
Pt Douglas Underground Carparks/Stairwells /Toilet Blocks			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
Newell Beach			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	
Other			<12 _____ 12-25 _____ 25-44 _____ >44 _____	<12 _____ 12-25 _____ 25-44 _____ >44 _____	

This is a best estimate only. This information is provided without prejudice and the collecting agency bears no responsibility for the accuracy of this data or the use to which it will be put by the DCHG.

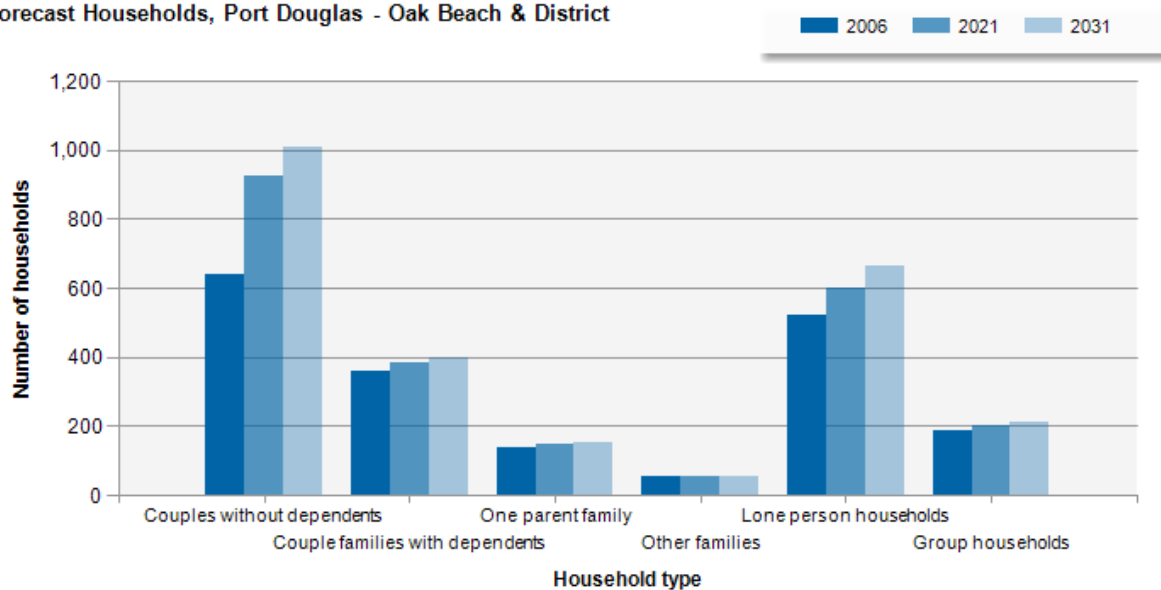
## Appendix 5: Demographic Future Estimates of Douglas/Mossman

Forecast Households, Mossman - Cooya Beach & District



Source: Cairns Regional Council website: <http://forecast2.id.com.au/Default.aspx?id=363&pg=5170&gid=300>

Forecast Households, Port Douglas - Oak Beach & District



Area Name	2006	2011	2016	2021	2026	2031	Number Increase
Mossman, Cooya Beach and district	4,080	4,507	5,274	5,745	6,206	6,680	2,600
Port Douglas, Oak Beach and district	4,335	4,844	5,035	5,158	5,314	5,493	1,158

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