ROUGH SLEEPERS IN PARRAMATTA - FROM STREET TO HOME

REPORT

REPORT PREPARED FOR PARRAMATTA CITY COUNCIL BY THE URBAN RESEARCH CENTRE, UNIVERSITY OF WESTERN SYDNEY FOR PARRAMATTA MISSION, 2013
© 2013 Urban Research Centre,
University of Western Sydney
ISBN 978-0-9808241-3-1

Authors:
Michael Darcy, Gabrielle Drake, Hazel Blunden
and Jo Steinwede.

ACKNOWLEDGEMENTS

The Urban Research Centre would like to acknowledge
and thank the eight participants for their involvement and
expert advice, also; Housing NSW and Parramatta
Mission.

Abbreviations

LGA               Local Government Area
PCC               Parramatta City Council
URC               Urban Research Centre
UWS               University of Western Sydney
Contents

1. EXECUTIVE SUMMARY ...................................................................................................................... 7
   1.1 Rough sleepers – from street to home ......................................................................................... 7
   1.2 Aims .............................................................................................................................................. 7
   1.3 Methods ........................................................................................................................................ 7
   1.4 Results ........................................................................................................................................... 8
   1.5 Recommendations ....................................................................................................................... 8
       1.5.1 Offer permanent housing .................................................................................................... 8
       1.5.2 Make housing stock available via earmarking ........................................................................ 8
       1.5.3 Make housing stock available via headleasing ...................................................................... 8
       1.5.4 Rapid transition into housing ............................................................................................... 8
       1.5.5 Keep it local ........................................................................................................................... 9
       1.5.6 Set targets ............................................................................................................................ 9
       1.5.7 Assertive and persistent outreach .......................................................................................... 9
       1.5.8 Ongoing casework ............................................................................................................... 9
       1.5.9 Engaging people in meaningful activity ............................................................................... 9
       1.5.10 Interagency co-operation .................................................................................................... 10
       1.5.11 Build on results .................................................................................................................. 10

2. INTRODUCTION AND OVERVIEW ................................................................................................. 12
   2.1 Street to home in Parramatta ...................................................................................................... 7
   2.2 Aims .............................................................................................................................................. 8
   2.3 Partnerships ................................................................................................................................. 8
       2.3.1 Parramatta Mission ............................................................................................................... 9
       2.3.2 The University of Western Sydney ........................................................................................ 9
       2.3.3 Parramatta City Council ...................................................................................................... 9

Error! Unknown switch argument.
2.3.4 Housing NSW ......................................................................................................................... 10
2.4 Significance ............................................................................................................................... 10
3. HOUSING ISSUES ....................................................................................................................... 12
  3.1 Methodological approach ........................................................................................................ 12
  3.2 Assertive Outreach and Recruitment ....................................................................................... 12
  3.3 Housing issues ........................................................................................................................ 12
  3.4 The outreach group and the control group ............................................................................. 13
  3.5 Interviews ............................................................................................................................... 13
  3.6 Caseworker support ................................................................................................................ 14
  3.7 Focus groups .......................................................................................................................... 16
  3.8 Analysis of interviews ............................................................................................................ 16
  3.9 Report ..................................................................................................................................... 16
4. FROM STREET TO HOME ........................................................................................................... 17
  4.1 Summary of results ................................................................................................................ 17
      4.1.1 Demographics .................................................................................................................. 17
      4.1.2 Characteristics ................................................................................................................ 17
  4.2 The process of housing ......................................................................................................... 18
  4.3 Moving in .................................................................................................................................. 19
5. EXPERIENCES OF FORMERLY ROUGH SLEEPERS AND HOMELESS PERSONS ............. 20
  5.1 Housing history and homelessness ........................................................................................ 20
      5.1.1 Housing history ................................................................................................................. 20
      5.1.2 Homelessness ................................................................................................................... 20
      5.1.3 The decision to exit homelessness ....................................................................................... 21
      5.1.4 Temporary accommodation .............................................................................................. 21
      5.1.5 Public Housing ................................................................................................................ 22
      5.1.6 Moving in and adjustment ................................................................................................ 24
      5.1.7 A sense of home ................................................................................................................. 24
  5.2 Money and employment ......................................................................................................... 25
  5.3 Food, diet and cooking ............................................................................................................ 26
  5.4 Health and wellbeing .............................................................................................................. 27
  5.4.1 5.4.1 General health and wellbeing ..................................................................................... 27
5.4.2 Mental health ........................................................................................................... 28
5.5 Criminal justice system .............................................................................................. 29
5.6 Education .................................................................................................................... 30
5.7 Employment ............................................................................................................... 30
5.8 Social and family ........................................................................................................ 31
5.9 The future .................................................................................................................. 33
5.10 Services and support .............................................................................................. 34
  5.10.1 Programs ............................................................................................................. 35
5.11 After six months ...................................................................................................... 36

6. DISCUSSION AND CONCLUSIONS ........................................................................... 39
  6.1 Discussion of Findings ............................................................................................ 39
  6.2 Outreach and engagement ....................................................................................... 39
  6.3 Available, appropriate and local housing .............................................................. 40
  6.4 Casework and ongoing support .............................................................................. 40
  6.5 Interagency co-operation ....................................................................................... 40
  6.6 The effects of being housed ................................................................................... 41
    6.6.1 Diet and cooking ............................................................................................... 41
    6.6.2 General health and wellbeing ......................................................................... 41
    6.6.3 Prisons and parole ............................................................................................ 42
    6.6.4 Education ......................................................................................................... 42
    6.6.5 Money and Work ............................................................................................. 42
    6.6.6 Social Life ......................................................................................................... 43
  6.7 Tenancy outcomes ................................................................................................. 43

7. RECOMMENDATIONS .................................................................................................. 44
  7.1 Offer permanent housing ....................................................................................... 44
  7.2 Make housing stock available via earmarking .................................................... 44
  7.3 Make housing stock available via headleasing .................................................... 44
  7.4 Rapid transition into housing ............................................................................... 44
  7.5 Keep it local ............................................................................................................ 44
  7.6 Housing first, paperwork second .......................................................................... 44
  7.7 Set targets .............................................................................................................. 44
7.8 Assertive and persistent outreach.................................................................45
7.9 Ongoing casework..........................................................................................45
7.10 Engaging people in meaningful activity......................................................45
7.11 Interagency Co-operation............................................................................45
7.12 Build on results............................................................................................45
8. REFERENCES ....................................................................................................46
9. APPENDICES ...................................................................................................48
  9.1 Focus Group structure..................................................................................48
  9.2 Mapping exercise..........................................................................................49
  9.3 Furniture Package.......................................................................................50

Figure 1: Street count results .............................................................................12
Figure 2: Summary of study participants ............................................................13
Figure 3: Average weekly contact – caseworker and clients...............................15
Figure 4: Type of assistance given (all men).......................................................15
Figure 5: Housing histories................................................................................18
Figure 6: Locations of housing..........................................................................49
1.1 Rough sleepers – from street to home

This is a report on a project focusing specifically on assisting long term rough sleepers in the Parramatta area. The project consisted of active recruitment of rough sleeping or long term homeless men into a rapid rehousing program. The research sought to document, analyse and evaluate this approach via a series of interviews and a focus group, to determine if a ‘Housing First’ approach is useful for this cohort in reducing homelessness.

The research project was an operational partnership between Parramatta Mission, UWS and Housing NSW, funded by Parramatta City Council. All partners contributed funding, in the form of staff time, in particular Parramatta Mission.

1.2 Aims

The aims of the study are to:

- conduct a ‘Housing First’ program in Parramatta by recruiting chronic rough sleepers and housing them;
- evaluate the ‘Housing First’ assertive outreach service by comparing outcomes for the program group and a control group.

An assertive outreach approach was taken to attempt to recruit and support 6-10 chronically homeless men from the Parramatta CBD.

1.3 Methods

The aim of the study was to undertake a participatory action research project with people sleeping rough in Parramatta, with the aim of reducing this population via assertive outreach with rough sleepers themselves and by offering tangible benefits (housing) based on minimum conditions (participants agreed to be interviewed at regular intervals).

To achieve the study aim, there were four parts to the project.

1) Assertive outreach and recruitment of men sleeping rough in Parramatta
2) Interviews with participants pre and post housing
3) Regular debriefing interviews with the outreach caseworkers
4) Focus groups with participants.

Eight participants were recruited via assertive outreach and interviewed on multiple occasions.

At each interview the men were asked about certain aspects of their lives including: housing history, general wellbeing, health (physical and mental), diet, employment, education and family and social life.

Interviews were carried out before the men were housed, and after, over a 12-18 month period.
1.4 Results

The small group was selected primarily on the chronic nature of their homelessness and being a ‘difficult to reach’ category.

It was found that:

- More than 60% of participants had been in a stable tenure form at some time(s) in their adult lives – either in a mortgage situation or in a social housing tenancy. However for various reasons – the break-up of a relationship, an addiction or a combination of factors which could also include mental illness – they had been unable to re-establish a stable housing situation.
- For others, there was a long history of transitory housing, going back to childhood involving multiple moves and an early itinerancy in young adulthood, often combined with gaol.

In the case of former rough sleepers and people who had experienced long periods of temporary housing situations, assertive outreach and casework were effective recruitment and support mechanisms - paramount to maintaining tenancy and stability.

The combination of secure housing and casework seemed to work. At the final interview, 100 per cent of the eight participants were still housed. At this time, some of the men had been housed for 18 months or more.

1.5 Recommendations

1.5.1 Offer permanent housing

The assessment of this program concluded that the approach was successful – all of the men were housed and at the time of writing, continue to be housed. Although the program cohort was not large, they had all previously been assessed as chronically homeless and ‘hard to reach’. The evidence indicates that the approach results in transition into permanent housing and, with the appropriate support, maintenance of tenancy.

1.5.2 Make housing stock available via earmarking

Being able to offer permanent housing, in a timely manner and in the right location, may require that social housing stock is earmarked so that it is available at short notice for rough sleepers. This could be done by each agency participating in a program.

1.5.3 Make housing stock available via headleasing

Headleasing could also be used to source housing rather than being limited to existing social housing stock. Community housing providers in particular have a role here as they use more headleased properties than Housing NSW. Headleasing can provide good locational flexibility but may require building up relationships with real estate agents in order to source properties.

1.5.4 Rapid transition into housing

Housing NSW were able to offer priority allocation via matching with suitable housing via
the normal allocation process within a specified area. However in some cases allocation was slower than optimal. International studies of the ‘Housing First’ model show that rapid housing is key to transiting people into permanent accommodation. A target of offering housing within two weeks should be set.

1.5.5  Keep it local
Rough sleepers are most comfortable when housed in an area they know or value. Local housing is best. A finding of the Street Counts was that the homeless population in Parramatta overwhelmingly identified themselves as local people from Western Sydney. This was also true of the study cohort. Housing should be offered in a certain radius around Parramatta. Housing first, paperwork second
Where appropriate, a decision should be made to waive the normal requirement to have an active and complete application (and T file number) before housing could be offered. Paperwork could be provided post-housing within a reasonable timeframe. An identified staff member should be nominated as the contact point and should manage allocations. This would remove some of the bureaucratic barriers that some rough sleepers face to being allocated housing and significantly reduce the lead time to occupancy.

1.5.6  Set targets
It is for Parramatta City Council, Government, via its Homelessness Strategy, and agencies (Housing NSW, other community housing agencies and support services) to decide if targets should be set. However targets can assist in setting and meeting goals if they are realistic. A target of offering housing to at least 25 rough sleepers a year could be set for the Parramatta area. If targets are set, then resources need to be available – housing, casework, and other support services.

1.5.7  Assertive and persistent outreach
Assertive outreach is absolutely key to the success of the program. This approach works. Assertive outreach by the caseworker – in places where rough sleepers congregate – is key to building trust and recruiting people to permanent housing.

1.5.8  Ongoing casework
Ongoing and consistent casework is absolutely key to the success of the program, as threats to tenancy arise especially in the initial period after being housed. A non-judgmental and non-bureaucratic approach is essential. The development and continuation of the relationship between the outreach caseworker and rough sleepers from recruitment, housing, transition and integration was important to the process and outcomes. Ongoing casework is crucial. Although the support needs of the clients may diminish over time post-housing, this is not an argument for time-limiting case management. Case management should be consistent - high staff turnover is not preferable.

1.5.9  Engaging people in meaningful activity
After being housed, some people can become isolated once they are off the streets. Meaningful activity for people - anything from
volunteering to encouraging the pursuit of an interest - adds to the person’s sense of self and assists in their engagement with mainstream society. Those experiencing boredom and social isolation do not seem to report as positive results as those who are engaged in volunteering, education or other activities. Wherever possible, formerly homeless persons should be involved as advisors and outreach workers in programs, and encouraged (not forced) to pursue education and voluntary activities, and employment (if they have the capacity).

1.5.10 Interagency co-operation
Key also to the success of the program were strong channels of communication and co-operation between agencies to ensure housing and casework services were delivered. It is essential that key people from agencies are engaged and have ownership of the program within their organisation.

1.5.11 Build on results
Other rough sleepers have observed the results of this program. Others have approached the caseworker indicating that they would be willing to enter into a similar program. If the program is to be expanded, this second pool of potential recruits needs to be engaged and housed.
Parramatta is widely recognised as Sydney’s second CBD, is the sixth largest CBD in Australia and the economic capital of Western Sydney, Australia’s fastest growing region. Alongside this economic and social development is an increase in the number of homeless people.

The 2006 and 2011 ABS census data, and analysis of calls made to the Homeless Persons Information Centre (HPIC), shows that Parramatta already has a significant homeless population, including a significant rough sleeper population. However, the ABS 2006 Census may have underestimated the true numbers, as the 2006 Census recorded 170 persons as homeless whilst a study by Environmetrics estimated there were between 200 and 300 homeless people1 in the Parramatta LGA (Environmetrics 2007: 5). The HPIC also concurred that the Census statistic may not reflect the true size of the homeless population (Darcy et al 2010: 43). In 2010, Parramatta City Council and UWS collaborated on a research project into homelessness in Parramatta report. A part of this project included the first street count of homeless people in Parramatta based on the City of Sydney’s street count. The methodology included the division of the LGA into discrete sectors which would be assigned to volunteers to walk or drive about, informed by homeless persons local knowledge of where people may be sleeping.

The results of the count identified a total of 366 homeless people, comprising 81 rough sleepers and 285 people residing in emergency and crisis accommodation (Darcy et al., 2010).

The count, and other associated findings based on interviews with homeless people and staff of homeless services, culminated in the *Homeless in Parramatta* report (Darcy et al. 2010). That report concluded that homeless people in Parramatta were a diverse group and that for some, homelessness was short-term while for others, it was a chronic state involving repeated episodes of homelessness. The study concluded that ‘reducing the size of the homeless population in Parramatta LGA will require a significant policy development and investment in early intervention’ (Darcy et al 2010: 59).

Since then, Parramatta City Council has undertaken a number of studies and projects in regards to the homeless population in Parramatta. Increasingly the Council has focused on the rough sleeper population. In addition, agencies have taken a proactive approach in outreach with homeless people and there has been an active push to house more homeless persons (see, for example, the report on the Michael Project – Mission Australia 2012).

<table>
<thead>
<tr>
<th>Parramatta Street Count results</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rough sleeping</td>
<td>81</td>
<td>70</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>Emergency and temporary</td>
<td>285</td>
<td>284</td>
<td>284</td>
<td>257</td>
</tr>
<tr>
<td>accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>366</td>
<td>354</td>
<td>317</td>
<td>282</td>
</tr>
</tbody>
</table>

Based on the Parramatta Street Count results, the rough sleeper population has decreased in each year from 81 in 2010, 70 in 2011, 33 in 2012, to 25 in 2013. The figure for those sleeping in emergency and temporary accommodation was static from 2010 to
2012, however fell to 257 in 2013 when the number of people in emergency and temporary accommodation fell below the number of funded beds in the Parramatta LGA. What is left out of the official figures for emergency and temporary accommodation are people staying in boarding houses, hotels, pubs and couch surfing as these persons cannot be counted as part of the Street Count process.

The drop in rough sleepers in the 2012 count could be associated with climatic conditions – May is significantly colder than February (when the 2010 and 2011 street counts were done) which may mean more people may have sought shelter inside buildings. However the 2013 count was carried out in February, at a warmer time and also showed a drop in numbers. Based on information from homeless service providers, and from formerly homeless persons associated with this project, the reduction is attributed to the securing of permanent housing by Parramatta Mission, Mission Australia and/or Housing NSW. Parramatta Mission estimate that at least 26 formerly rough sleepers have been housed between 2011 and 2012 by various agencies, and more have been housed since then. Therefore, the 2013 figure of 25 is probably accurate and reflective of reduced rough sleeper numbers.

While Parramatta displays the features of an inner city area in its own right there are fewer services for the homeless than in Inner Sydney - for example, fewer meals services, no specialist police contacts, no street outreach teams and no ancillary services such as blankets being distributed. Significantly there are no drop-in centres available in the daytime outside of meal times available in Parramatta.

In its submission to the NSW Parliamentary Inquiry into Homelessness and Low-Cost Rental Accommodation in April 2009, Parramatta City Council outlined its concerns as follows:

Homelessness in the Parramatta Local Government Area (LGA) is a significant and growing issue, and this trend will increase as Parramatta’s CBD continues to develop and the economy weakens.

In this context, there is a critical need to be proactive in managing homelessness, for the benefit of individuals at risk of homelessness, those who are homeless and the Parramatta community more broadly including residents, visitors and businesses (PCC 2009).

2.1 Street to home in Parramatta

The project reported here follows on from the previous one done with Parramatta City Council focusing specifically on assisting long term rough sleepers in the Parramatta area. The project consisted of active recruitment of rough sleeping or long term homeless men into a rapid rehousing program. The research sought to document, analyse and evaluate this approach via a series of interviews and a focus group. It applied a ‘Housing First’ approach, which is explained below.

Interventions with persons experiencing homelessness are typically focused on providing services directly to ‘rough sleepers’ where they reside. Services often includes meal provision, mental health outreach, drug and alcohol support and case management. The provision of ongoing support to assist rough sleepers to secure and maintain rental accommodation has traditionally been seen as a secondary requirement to other service provision in these so called ‘Treatment First’ or ‘continuum of care’ model programs. The Housing First model developed in response to the inadequacies of the continuum of care paradigm (Johnson et al 2012: 4).

The ‘Housing First’ approach advocates the provision of housing as a necessary condition and
precursor to the provision, and success, of other support services:
The Housing First approach is based on the idea that a homeless individual’s first and primary need is to obtain stable, permanent housing. It is only once stable housing is obtained that other more enduring issues can be appropriately addressed. In practice, a Housing First approach involves moving chronically homeless individuals from the streets or homeless shelters directly into permanent housing (Johnson et al 2012: 2).
Under these programs, once housing tenure is secured, the client is provided with individual case management by a supporting organisation. Like other ‘rough sleeper’ initiatives, under ‘Housing First’ programs, service provision is then tailored and is often focused on meal provision, mental health services, drug and alcohol support and the provision of ongoing support to assist clients to maintain their tenancies.
At the time of writing a ‘Housing First’ approach had been adopted by various levels of government. Many new programs identify as Housing First (Johnson et al 2012: 2). The Parramatta City Council Homelessness Policy (2011) also refers to this approach.
This report evaluates a ‘Housing First’ program managed by Parramatta Mission. The program housed five chronically homeless men from the Parramatta CBD. These men were long term rough sleepers. Outreach efforts were deliberately targeted at this hard to reach group. Three other chronically homeless men who were not supported via Parramatta Mission formed a control group. One person dropped out of the study.

2.2 Aims
The aims of the current study are to:

- conduct a ‘Housing First’ program in Parramatta by recruiting chronic rough sleepers and housing them;
- evaluate the ‘Housing First’ assertive outreach service by comparing outcomes for the program group and a control group.

An assertive outreach approach was taken to attempt to recruit and support 6-10 chronically homeless men from the Parramatta CBD.

The study sought to test the efficacy of the ‘Housing First’ approach in Parramatta where rough sleepers have been an ongoing presence amongst the homeless in the area. Although many services are available for homeless persons in Parramatta, and despite the fall in rough sleepers apparent in the street count, there are significant numbers of people who have been unable to access permanent housing. The study aimed to assess the effectiveness of assertive outreach, ongoing casework and offering of secure and permanent accommodation, as a way of housing this difficult to reach group.

As this was an action research project, part of the aim was also to engage the rough sleeper men actively in the research via interviews and focus groups seeking their views on the efficacy of the program vis-a-vis other approaches that do not follow a ‘Housing First’ approach.

Finally, the aim was a very practical one— to house previously homeless persons and maintain the tenancies by providing tailored support.

2.3 Partnerships
The research project was an operational partnership between Parramatta Mission, UWS and Housing NSW, funded by Parramatta City Council. All partners contributed funding, in the form of staff time,
in particular Parramatta Mission funding 3.5 days a week of casework.
The roles of the partners were as follows:

2.3.1 Parramatta Mission
Parramatta Mission, via outreach by a caseworker, recruited nine men to the project. The outreach caseworker explained what the project was about, the process for securing ongoing housing, the requirements to undertake interviews and case management. The outreach caseworker was responsible for ensuring that the men provided informed consent, and the consent form was signed. The outreach caseworker was funded for three and a half days per week to offer support and provide case management to the participants via regular contact with the men. This involved regular appointments (usually home visits), the development and monitoring of a case management plan which included referrals to other services (such as job network providers, drug and alcohol counselors, and psychologists).

Parramatta Mission provided case management and coordination for 12 months for each participant, and evaluated whether or not ongoing case management was required.

The outreach caseworker liaised with Housing NSW at the beginning of the housing process, providing a list of names of persons to be housed within the program. There was also further contact between Housing NSW and the outreach caseworker as the outreach caseworker usually accompanied the participants to interviews and to house inspections, prior to signing a lease. In some instances, the outreach caseworker assisted the participant navigate the bureaucratic requirements in relation to their housing application and spoke with Housing NSW staff. In several cases the participant authorised the outreach caseworker to fill in forms and submit paperwork on their behalf.

Another very concrete form of assistance provided by Parramatta Mission and organised by the outreach caseworker was the provision of household start up packages including furniture, bedding, kitchenware, and appliances. These were provided to the new tenant within days of moving in.

2.3.2 The University of Western Sydney
The University of Western Sydney (UWS) framed the research questions and methodology, conducted the interviews and focus groups, and led the process of writing the reports and other articles from the research. UWS provided a research ethics workshop with the Parramatta Mission caseworker to ensure the research process was consistent with ethics clearance. UWS provided a researcher to conduct the interviews that were normally attended by the outreach caseworker. Another UWS researcher facilitated regular debriefing sessions with the outreach caseworker. Two UWS researchers also facilitated a focus group with the men.

The University coordinated the steering committee, convening regular meetings between the partners, which were attended by UWS, Housing NSW and Parramatta Mission, and Parramatta City Council as required. The University liaised with Housing NSW from time to time about specific participants.

2.3.3 Parramatta City Council
The Council was instrumental in instigating the research as part of its ongoing Homelessness Policy process and action plans.

Parramatta City Council’s (PCC) 2011 Homelessness Policy recognises that access to secure, appropriate and affordable housing is a basic requirement for all people, as well as an essential component of an inclusive, dynamic and sustainable city (PCC 2011:}
6), PCC has adopted the same targets as were adopted by the State and Federal Government – a 7% reduction in overall homelessness, and a 25% reduction in numbers of rough sleepers. A 5 year Implementation Plan began in November 2011. The PCC policy identifies a number of areas of concern in regards to homelessness including:

- amenity loss
- basic personal rights compromised
- social polarisation
- community integrity and stability
- demand for services
- social costs
- economic costs
- perceptions of safety (PCC 2011: 13).

The Council document identifies that the overwhelming majority of the Parramatta homeless population comes from the western suburbs in and around Parramatta (PCC 2011: 19), which accords with the findings of this study.

The PCC sets a target of reducing overall homelessness by 42 people (a 7% reduction) and rough sleepers by 21 people (a 25% reduction) by 2015-2016 however also states that the actual agencies who best have the capacity to house people are state governments and other housing providers that can access the supply of affordable rental housing.

The PCC strategy mentions the ‘Housing First’ approach as equating with local service provision and wrap around support (PCC 2011: 34). PCC undertakes, as a Key Action, to ‘support sector reorientation to a Housing First model’ (PCC 2011: 39). The Council’s participation in the current project with UWS, Housing NSW and Parramatta Mission is also an expression of its commitment to the Housing First approach, coming out of its Policy. Specifically, the PCC also aims to implement the Chronically Homeless Men’s Project as one of its Strategies (PCC 2011: 43). Underpinning the Policy are several research projects dating from 2007 focusing on homelessness including previous projects with UWS.

2.3.4 Housing NSW

Housing NSW was an integral part of the operation of the program as Housing NSW provided and allocated social housing to the men. This included the stipulation that housing units be provided in suburbs proximate to Parramatta CBD.

Housing NSW provided two contact officers, who attended the Steering Committee meetings and were the ‘go to’ people within the Parramatta office of Housing NSW. These officers assisted with complex issues and responded to requests about allocations. Housing NSW used its ordinary housing stock as the source of allocations however the participants in the program were priority approved and matched to suitable accommodation, when suitable properties came up.

It should be noted that other agencies housed some of the participants (particularly, those in the control group).

2.4 Significance

The study is significant insofar as it is one of the first Housing First study targeting the most chronic rough sleepers in Parramatta. While many studies have noted the non-housing outcomes of housing provision (Shelter NSW 2005; Phibbs 2005) this is the first time such in depth interviews on specific aspects of formerly homeless persons’ lives has been carried out in Parramatta.

The study should be contextualized within a growing adoption of a ‘Housing First’ approach in national and state policy, implemented in Australia’s major capital cities. A key principle of Housing First is that housing is more than an ‘outcome’ – rather, it is a ‘critical ingredient’ in any treatment model (Johnston 2012: 4). Occurring at the same time as this program
were other significant street-to-home style programs. These included:

The Common Ground project at Camperdown, in inner Sydney. This project involved the construction of a new building on Housing NSW land, housing mix of ex-homeless and other social housing tenants. Support and casework is targeted towards tenants who were formerly homeless.

Mission Australia’s Michael Project. This focused on inner Sydney homeless men and offering services and support based on the individual’s needs. This project however did not always result in an offer of housing – normal allocation processes were used but there was no ‘reserved’ housing stock for Michael Project clients.

The ‘50 Lives 50 Homes’ project in Brisbane. This is a campaign to house and support Brisbane’s 50 most vulnerable homeless people (Micah 2012). Their vulnerability is determined by a number of factors including the length of time that they have been homeless and their healthcare and social support needs. The campaign takes a ‘Common Ground’ approach, aiming to permanently end their homelessness (Micah 2012).

Unlike in the USA, the Australian ‘Housing First’ programs do not receive financial support from large private funding sources (such as philanthropists and foundations). Agencies running programs have less flexibility in accessing housing (for example, little ability to use headleasing as a quick way of providing housing). There is no equivalent of the US ‘Low Income Tax Credit Scheme’ to source private sector rental stock. Australian ‘Housing First’ programs are mainly dependent on utilising existing social housing stock, primarily through the state housing authorities and non-Government housing stock, however much of this is geared towards non-permanent accommodation.

Both congregate and non-congregate models are being trialled, with the Camperdown Common Ground building being congregate in some ways (however not all residents were formerly homeless), and the Parramatta program being non-congregate. Some projects for example, the Michael Project (Mission Australia 2012), have adequate resources to offer support and casework, using multi agency teams to assist homeless clients, however may not have access to a sufficient amount of stock to house the clients, when they wish to move into permanent housing. Other programs, including this one, involve inter-agency agreements, specifically with Housing NSW who were able to allocate permanent housing to participants.

---

2 The Low Income Housing Tax Credit is a dollar-for-dollar tax credit in the United States for affordable housing investments. It was created under the Tax Reform Act of 1986 (TRA86) that gives incentives for the utilization of private equity in the development of affordable housing aimed at low-income Americans (Wikipedia).
3.1 Methodological approach

The aim of the study was to undertake a participatory action research project with people sleeping rough in Parramatta, with the aim of reducing this population via assertive outreach with rough sleepers themselves and by offering tangible benefits (housing) based on minimum conditions (participants agreed to be interviewed at regular intervals).

Certainly the voices of those who consented to participate are central to this report and it is the authors’ intentions to allow their observations to be ‘spoken back’ to the Council and agencies that work with homeless people.

Although the research was traditional insofar as the persons who consented to participate were interviewed and thereby subjects of research, they actively participated in the policy process by being encouraged to reflect on service provision, assistance to homeless persons, casework methods, Parramatta City Council’s strategy, and how things can be done better.

To achieve the study aim, there were four parts to the project.

5) Assertive outreach and recruitment of men sleeping rough in Parramatta
6) Interviews with participants pre and post housing
7) Regular debriefing interviews with the outreach caseworkers
8) Focus groups with participants.

As an action research project there was continuous review by the steering group of the methods and approach. This formed part of the research, especially in relation to processes.

3.2 Assertive Outreach and Recruitment

Parramatta Mission provided an outreach caseworker for three and a half days a week for 12 months. The outreach caseworker recruited participants via assertive outreach including attending Meals Plus, a Day Centre/Meals Service operated by Parramatta Mission. Other men were contacted in places such as Prince Alfred Park located in the Parramatta CBD.

Initially, Parramatta Mission identified 33 men eligible to participate in the program. These men were approached to join the program. Initially, two-thirds did not want to, however ten agreed and were recruited to the program. One of the ten did not wish to be interviewed. Another undertook one interview, before relocating to another area of Sydney. This left eight participants who were interviewed on multiple occasions.

It is estimated by Parramatta Mission that since the program has progressed, an additional ten people have indicated to the caseworker that they would now be willing to participate in a similar program. All of these men have been sleeping rough for more than five years.

3.3 Housing issues

Housing issues considered at the method stage included:
• location – it was important that social housing stock be located close to Parramatta CBD within a particular radius;
• start-up packages – it was important that a basic standard of furnishing be provided;
• dispersed vs. congregate – a dispersed approach was chosen;
• careful allocation choices resulted in greater satisfaction with accommodation in terms of physical form, and neighbours.

3.4 The outreach group and the control group

The participants comprised two groups – the outreach group (five participants, who had dedicated case management via Parramatta Mission), and the control group (three participants who were not given any formal case management support by Parramatta Mission).

Two other men approached were assisted to gain housing but did not want to participate in this study. A summary of the two groups, the outreach group and the control group, are below. The participants have been de-identified.

Of the nine participants, three were nominated ‘control group’. The control group were characterised by:
• Health issues. Two participants had health issues causing them to be rapidly housed.
• Self-selection. Two of the three self selected as ‘not needing that much assistance’.

Where a control group person was assisted, this was due to a direct request to the caseworker or a crisis arising, and the caseworker feeling ethically obligated to respond to calls for assistance, hence the data indicating that assistance was given. Some of the control group men had other caseworkers or parole officers.

The control group were all still ‘engaged’ with the system, whereas, the non-control group were totally disengaged or on the waiting list and needed help getting housed.

The intention of including a control group was to determine whether outcomes were the same or different depending on the amount and type of support given to the two groups.

Figure 2: Summary of study participants

<table>
<thead>
<tr>
<th>Outreach group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: 33</td>
<td>Age: 58</td>
</tr>
<tr>
<td>Slept rough</td>
<td>Slept rough</td>
</tr>
<tr>
<td>Age: 49</td>
<td>Age: 38</td>
</tr>
<tr>
<td>Slept rough</td>
<td>Slept rough</td>
</tr>
<tr>
<td>Age: 42</td>
<td>Age: 48</td>
</tr>
<tr>
<td>Slept rough</td>
<td>Homeless, but only slept rough very occasionally</td>
</tr>
<tr>
<td>Age: 31</td>
<td></td>
</tr>
<tr>
<td>Slept rough</td>
<td></td>
</tr>
<tr>
<td>Age: 51</td>
<td></td>
</tr>
<tr>
<td>Slept rough</td>
<td></td>
</tr>
<tr>
<td>Age: 46</td>
<td></td>
</tr>
<tr>
<td>Did not sleep rough</td>
<td></td>
</tr>
</tbody>
</table>

3.5 Interviews

A UWS researcher worked with the caseworker to monitor the participants over an initial eight month period. The interviews were conducted by the UWS researcher with the caseworker usually present.

Eight participants were interviewed three to four times each at approximately two-monthly intervals with the participants prior to being housed (where possible), and then after being housed. Interviews included questions about housing history, health and wellbeing, diet, education, the corrections system, social life, and the future. These topics were returned to at each interview in order to gauge any changes pre and post-housing. One participant was only interviewed once before he relocated to another
area, and could not be contacted again. The interviews took place at the Parramatta Mission or in participants’ new homes, and occasionally in coffee shops in Parramatta CBD. The interviewees were provided with a copy of the participation information sheet. This informed them of what the project would involve – specifically, that the researchers would ask the participants to provide feedback about the program at different stages of the research and that this would entail four interviews over six months⁵. Participants were also told they would be invited to attend focus groups throughout the research period. They were informed that both interviews and focus groups would be audio recorded. All participants were required to sign consent forms. This included the ability to identify the risks and benefits of participation. In regards to the interviews, participants were informed of their right to decline answering questions if they did not feel comfortable. Additionally, participants could request that the tape recorder be switched off if sensitive matters were being discussed. In practice, participants volunteered information freely, but on two occasions it was requested that the tape recorder be switched off, and this was done. The first interview focused on basic information (name, age, etc) and asked participants about their housing history, history of homelessness, experiences of rough sleeping, tenure types, and experience of trying to find permanent housing. Participants were also asked where they were from, where they grew up and their connection with the Parramatta area. They were asked about their housing aspirations (at this stage, most were not yet housed). They were also asked about their health, diet and other aspects of their lives. The subsequent interviews focused on key aspects of the participant’s housing experiences including questions about the process of being housed, about moving in, their health (including mental health), income, interactions with the criminal justice system, diet and cooking, use of services, drug and alcohol issues, employment and volunteering, the location of their housing and the neighbourhood, and connection with family members and friends. The same questions were repeated at the second, third and fourth interview in an attempt to track how each person was going in these different aspects of their lives – for example if their health was improving, their employment status had changed, if their diet had improved or not, etc. Interviews usually lasted from 20-45 minutes.

In order to add a more longitudinal element to the study, a follow up interview was conducted six months after the conclusion of the series of two-monthly interviews that took place at the time the participant was housed.

3.6 Caseworker support

The outreach caseworker participated in regular debriefing interviews with a UWS researcher and kept a diary that captured reflections of the process and support provided to participants.

The outreach caseworker undertook the initial recruitment and gained written consent from those who decided to enter the program, or be in the control group. Those in the program group were provided with ongoing casework support which is a key element to the ‘Housing First’ approach and follows from the approach that providing housing is but one step in assisting the chronically homeless – who have deeper underlying issues that contribute to their lack of stable housing such as ‘persistent trauma’ (see Robinson 2005).

The caseworker was in regular contact with clients talking to the men on average one to three times a week (either face to face or on the phone).

⁵ Some participants were interviewed only 3 times. The interview period varied but in general interviews were conducted every 2 months over a 6-8 month period.
Figure 3: Average weekly contact – caseworker and clients

![Average weekly contact - caseworker and clients](image)

C = Control Group; OG = Outreach Group

Figure 4: Type of assistance given (all men)

<table>
<thead>
<tr>
<th>Type of assistance</th>
<th>Total Participants assisted</th>
<th>Total Control Group assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal auth. to act signed form from client</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Assisted with Housing NSW application</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Assisted with housing inspection</td>
<td>100%</td>
<td>33%</td>
</tr>
<tr>
<td>Assisted with lease signing</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Assisted with utilities connection</td>
<td>80%</td>
<td>33%</td>
</tr>
<tr>
<td>Assisted with Centrepay form</td>
<td>80%</td>
<td>33%</td>
</tr>
<tr>
<td>Assisted with furniture package</td>
<td>60%</td>
<td>0%</td>
</tr>
<tr>
<td>Assisted with shopping for other furniture/appliances/furnishings</td>
<td>80%</td>
<td>0%</td>
</tr>
<tr>
<td>Referred to psychologist/psychiatrist/other mental health service</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Referred to counsellor</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Referred to job agency</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Assisted with Probation and Parole requirements</td>
<td>20%</td>
<td>66%</td>
</tr>
<tr>
<td>Attended at Court</td>
<td>0%</td>
<td>66%</td>
</tr>
<tr>
<td>Letter to Court</td>
<td>0%</td>
<td>66%</td>
</tr>
<tr>
<td>Advocated to Housing NSW on any other matter</td>
<td>80%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Casework continued to be offered by Parramatta Mission for an initial period of twelve months post-housing.
Parramatta Mission indicated that while it would not be able to offer funded ongoing casework support after the twelve months elapsed, they would explore options to ensure case coordination support remained in-place for those still in need.

3.7 Focus groups

In addition to the interviews, two focus group involving the participants, the caseworker and UWS staff members were conducted at Parramatta Mission after the conclusion of the initial round of interviews, and when the final report was in draft form.

The first focus group included a ‘mapping’ exercise which asked the men to map homeless services in Parramatta and to nominate a geographic location that they considered appropriate for permanent housing. This exercise was followed by a series of semi-structured questions (see Appendix 1 and 2).

The questions, unlike in the individual interviews, did not focus on individuals but rather were focused on the efficacy of outreach and this program in particular, and also the barriers to accessing housing faced by the participants in the past.

The focus group ran for about two hours and canvassed many issues including policy issues and questions about how best to ‘reach’ homeless people and what the best approaches were to accessing housing. The focus group was audio recorded. The formalities were followed by a BBQ.

The second focus group presented the main findings of the report to the participants, and included discussion about policies and programs, which was audio recorded. Hard copies of the report were made available to the participants so they could comment on it if they wished.

3.8 Analysis of interviews

The interviews and focus group audio recordings were transcribed and then analysed in the following manner: a series of codes were developed in different subject categories relating to different aspects of the participants’ experiences – for example, sections included health, housing, social life, employment/volunteering, education, and other meta-topic headings. Within these general categories, sub-categories were developed.

Interview audio recordings were logged and participants’ remarks were ascribed a code or codes. These codes were later used to organize quotes under subject areas. This forms the basis of the structure of the section that presents the findings from the interviews with participants.

3.9 Report

Throughout the process regular steering committee meetings were held in order to review processes and progress. Reflections of practices and evaluation were continuous. A draft report was produced in September 2012.

The interim findings of this project were presented to the participants at a second focus group in October 2012. This included a presentation outlining interim findings.

Copies of the draft report were made available to participants and partner organisations including Parramatta City Council.

At the final interview, participants were asked for feedback on the draft report. One person gave comprehensive commentary, some provided minor commentary and others either could not be contacted or had not read it (for various reasons). Parramatta City Council also gave feedback on the draft.
4.1 Summary of results

Creating a home is an ongoing work in progress for many people. Homeless people are not just without permanent housing (although access to permanent, stable, affordable housing cannot be underestimated), there is often a problematic relationship to ‘home’ or a lack of a sense of home. Moore (2005) cites Smith’s observation that a lack of personal freedom and privacy and a lack of permanence is part of the absence of home (Smith 1994 cited in Moore, 1997).

While this small group was selected primarily on the chronic nature of their homelessness, more than 60% of participants had been in a stable tenure form at some time(s) in their adult lives—either in a mortgage situation or in a social housing tenancy. However for various reasons – the break-up of a relationship, an addiction or a combination of factors which could also include mental illness – they had been unable to re-establish a stable housing situation. For others, there was a long history of transitory housing, going back to childhood involving multiple moves and an early itinerancy in young adulthood, often combined with gaol.

In the case of former rough sleepers and people who had experienced long periods of temporary housing situations, supporting them in relation to underlying issues (Robinson 2005) is paramount to maintaining tenancy and stability.

The combination of secure housing and casework seemed to work. At the final interview, 100 per cent of participants were still housed. At this time, some of the men had been housed for 18 months or more.

4.1.1 Demographics

Firstly, some basic demographic details are provided along with key characteristics that are correlated with homelessness. Details were supplied by participants and the caseworker.

All were male as this was the target group.
Ages ranged from 31 (youngest) to 58 (oldest).
Eight of the nine were Anglo-Celtic. One of the nine identified as Aboriginal.

4.1.2 Characteristics

All of the men identified themselves as being from the western suburbs of Sydney or Blue Mountains or had spent significant parts of their lives there. Some had also lived in NSW country towns, and one had spent some time interstate.
4.2 The process of housing

The outreach caseworker identified interested persons who indicated they were willing to participate in the program. A list of names was then provided to Housing NSW. The Housing NSW worker indicated which persons had an active T-number4 and which did not. For those who did not, the outreach caseworker assisted the person to make an application using the normal Housing NSW forms. This entailed establishing income, liaising with banks and Centrelink. In some cases the outreach caseworker received an authority from the person to take care of the paperwork.

Applications were completed and given to Housing NSW. Housing NSW confirmed that applications were accepted and the person issued a ‘T number’.

Housing NSW then sought appropriate housing within the ‘target area’—postcodes supplied to Housing NSW of the areas within and adjacent to Parramatta CBD.

When Housing NSW identified properties that could be allocated, the normal allocation procedure was applied and the person was contacted and offered two potential

---

4 The ‘T File number’ is a number allocated to a Housing NSW tenant’s or social housing applicant’s file.
dwellings. The outreach caseworker accompanied the person to inspect the premises. If the person agreed the offer was accepted. Following this, the lease was signed and keys issued.

4.3 Moving in

The outreach caseworker assisted with the other arrangements such as signing Centrepay\(^5\) forms and payment of first rental payment as required. Some did not need any assistance with this after the initial set-up.

Parramatta Mission organised furniture packages valued at $1989 on average per person. These consisted of furniture, bedding, kitchenware, whitegoods and appliances (see Appendix 3). Participants were also supported to go to choose their own furnishings, crockery, linen, etc.

Some participants decided to authorise Centrepay to make bills deductions as well as rent. However most opted to pay bills as they came in.

\(^5\) Centrepay is an authorisation from the tenant to allow their rent to be automatically deducted from their Centrelink payments. Bills deductions can also be made. Centrepay can be stopped by the tenant at any time if they choose.
As Parsell (2010) and Robinson (2005) emphasise, people are more than ‘homeless persons’ and participants did not necessarily identify as ‘homeless’ – they had many aspects to their lives and lack of stable housing was often one aspect that formed their identities.

The cohort had varying experiences of rough sleeping (some had done many years of rough sleeping while two had never slept on the street), differing outlooks, different educational backgrounds and different aspirations.

They also had come to homelessness for different reasons – for some, drug or alcohol addiction was identified as the key factor, while for others, reasons were more diverse and clustered.

Generally all described a fractured upbringing causing trauma (see Robinson 2005), had mental illness and/or drug and alcohol addictions and these factors combined to prevent them from being able to sustain a stable housing situation for long periods of time (although some had been in stable housing for periods of time). However ‘the homeless’ is not a category that really assists in understanding homelessness as it has limited explicatory power – people are homeless because of ‘x, y and z’ and these can be complex clusters of reasons – some reasons are internal to the person and related to trauma, and some are part of the external world such as inadequate income, lack of affordable housing opportunities, and systems failure.

5.1 Housing history and homelessness

5.1.1 Housing history

Many participants had been through a variety of housing types – ranging from owning their own place, to private rental or social housing, temporary housing, boarding houses and rough sleeping. Housing history was varied however a minority were from a background with stable tenures. The majority had experienced multiple moves, and transience.

Many of the participants had been members of a family living in ‘Housing Commission’ (now known as Housing NSW) homes, and had in adulthood been Housing NSW or community housing tenants themselves but had not maintained the tenancy.

At least three had been in a mortgage situation. One person had been in a home ownership situation in an ex-Housing Commission house in the past:

[Interviewer: So you were a home owner – what happened?] Relationship break up. We had a... business and it was all intertwined in that, so it was a franchise, my pest control business, and so I ended up having to liquidate it, because of that I had to sell the property and go into the rental market again. (P4)

Some had been in private rental at some stage – from boarding houses to rental houses or units:

[Interviewer: How come you didn’t go into private rental?] I did – several times. But that’s the thing - you go through this vicious cycle of not being able to afford it, living so close to the edge, that all it takes is one tiny little hiccup, and you end up back out on the streets again. (P4)

5.1.2 Homelessness

The self-reported causes of homelessness were varied. Some common issues emerged: the death of parents at a young age was a factor for about half the participants. Relationship break up, drugs and alcohol and mental

6 The participants will be referred to as Participant 1 (P1), Participant 2 (P2), etc.
illness were further reasons. Housing cost in the private market was a very real factor as a slight drop in income could lead to loss of rental housing. Missing one rental payment when on a statutory income can trigger a return to the streets due to rents being set at around $180 a week in boarding houses and hotels (at the time of writing Newstart was about $220 a week) leaving little room for variations in income. Others had been in social housing but had to leave, either because of conflict with neighbours or death of parents. Usually a series of coalescing events were cited as leading to the loss of housing, such as a relationship break up:

I spent 30 years going to work, then I come back, and whatever marriage I had, which wasn’t much of a marriage, all fell through then I fell on the street. (P2)

However there were usually a combination or cluster of factors occurring, and a long history of housing instability stretching back to childhood for most. Seven of the nine participants had slept rough regularly or on a semi-permanent basis, some for over ten years. For one participant, this had started at a young age. Two had hardly ever slept rough, but had been in a variety of temporary accommodation over a long period.

Participants had slept in a variety of places in the Parramatta area including Parramatta Park, Prince Alfred Park, under bridges, in garages and in the occasional empty building. One even reported sleeping in a dog kennel:

...if I have to, when it’s pissing down raining. It’s amazing how warm a dog can keep you of a night. (P3)

One of the reasons people slept around the Parramatta area was to be close to services. The street services and meals were cited as one reason why Parramatta was a better area for rough sleepers than for example Liverpool and Fairfield, which were identified as having less support available.

After years of rough sleeping, prior to being housed, some had accepted themselves as permanently homeless:

I’d got it into my head that I was going to stay on the street and that was it. (P2)

5.1.3 The decision to exit homelessness
For some, the years of living on the street were something they were “over” and did not want to return to, especially as they aged or developed an illness:

[Rough] sleeping by its name is a little bit rough to handle and as I have gotten older it’s a little bit hard to take ‘especially if it’s like if it’s in winter time. (P4)

I’m sick of it, sick of being on the street. I’m over it. 15 years is – you know – I want my own place, get back into work and just move on. (P9)

I’ve had enough of sleeping rough and I’ve had enough of shared accommodation, you know, it’s my quiet time now. I’m too sick to worry about anything now. What I want to do is just be left alone, be able to do what I want to do. But as it is the way it is now, I can’t. (P8)

Some reported positive experiences – the kindness of strangers (especially in country towns) and the feeling of freedom from being outside.

I’ve had some really great experiences on the street. It wouldn’t take much for me to go back on the street again. Real easy. You know it was that hot last night I was determined last night I wasn’t going home. And I just slept out last night and I loved it. I had an absolute ball. (P8)

While not all reported negative experiences from rough sleeping, most had seen violent incidences and some had experienced it personally. Participants reported being bashed, stabbed, or attacked by another homeless person. A minority of participants had been perpetrators of violence themselves and one was on parole related to a violent crime.

5.1.4 Temporary accommodation
Apart from rough sleeping, temporary accommodation was the common experience of all the participants, virtually as the norm, when they were not sleeping rough.
Temporary accommodation was seen as institutional by several people especially the inner city congregate services such as Matthew Talbot hostel.

Pubs provided a source of temporary accommodation, and two participants had stayed in the Woolpack Hotel in Parramatta:

I’m really frustrated at the Woolpack, I’m like ‘get me out of here’...it’s very claustrophobic in that room, it’s hot, like I said. It’s just not the way to live. Like, in a room, no kitchen. (P1)

Others had stayed in boarding houses - not accommodation of choice but an accommodation of necessity, and not a particularly affordable option:

They know $180 to $190 bucks is about the maximum they can squeeze out of you regularly. All it takes is in my case, I had a drug and alcohol issue, you go out and have a bust, it’s not like the old days when I had money and I could go out and have a bust, all you got to do is go out and blow $20 bucks and that’s bingo, that’s your food budget gone...you’re out a week, you’re gone. They know that there is a queue of people...there is never a room empty in that joint for more than a day [of a Harris Park boarding house]. (P6)

Boarding houses, often running illegally and used as brokerage accommodation by Housing NSW, were seen as a waste of Housing NSW’s money. Boarding houses were not seen as ‘homes’ or even as a tenure form that should count as ‘being housed’:

You are not housed when you’re in a boarding house. You’re in a tent with walls. (P6)

One participant commented negatively on the government’s refusal to regulate the boarding house industry7.

Temporary accommodation was seen as less desirable than a permanent housing solution, and one person felt accepting temporary accommodation resulted in them being removed from the ‘priority’ list:

Going into the hostel for three months, they can’t do anything for you in three months, so you’ve got to go to another place that will give you accommodation for 12 months. As soon as you move there, your priority moves, changes, because you’re in community housing, you’ve only got two years there so you’ve got to get a two year extension there, and if your circumstances change... (P4)

It’s just a band-aid over a gaping wound. (P4)

However sometimes the temporary accommodation did provide a bridge to a more permanent situation – such as staying at Hope Hostel where a caseworker could work with the person to find permanent housing.

5.1.5 Public Housing

Nearly all the participants had had previous contact, if not a tenancy, with Housing NSW, or their parents did. Previous Housing NSW properties that participants had lived in were located in Mt Druitt, Green Valley, Mt Pleasant, Blacktown, Granville, and Liverpool.

Many, prior to being recruited into the program, had ‘given up’ on Housing NSW and did not have an active application file. One even said that it was the “Department of Housing!” (P4) stopping them from being housed. However most recognised that Housing NSW rents were much more affordable and that Housing NSW had responded to requests for assistance and housed the participants in the past. Sometimes a health crisis precipitated an offer of social housing - this was the case for two of the participants.

I went to see a cardiologist, and I went back and I went to see Housing and said ‘I’ve got problems’ and they seen my medical report and in a week they had me in a house... (P8)

Some people who were being recruited to the program had already been offered housing via the usual Housing NSW processes. However several people had not received a response or the waiting period was seen as lengthy:

I had an application number with Housing, but their basic estimate was if you get housing in the

---

7 This participant may not have been aware of the Boarding Houses Act 2012 or its purpose, which is to regulate boarding houses.
next three or four years consider yourself lucky.  
(P6)
When you’re going to Department of Housing, 
and they’re saying ‘listen it’s going to be 20 
years before we can house you...’  
(P4)

Debts from previous rental arrears were seen as an 
impediment and waiving or dealing with debts was seen 
as something done arbitrarily, if the applicant dealt with a 
‘good’ client service officer.

For rough sleepers, staying in contact was seen as 
difficult:

I was on the list but they couldn’t find me, 
because I used to move around. I was in all 
different places. So, if it came up, no one could 
contact me. That’s mainly one of the biggest 
reasons.  
(P8)
Every time I went to see them, cos I didn’t have 
a fixed address, they put me on the bottom of 
the list or they wiped me off completely. Letters, 
I received them late cos I didn’t have a postal 
address...  
(P5)

There was a particular dislike of the ‘bedsitters’ which 
two people had been allocated to by Housing NSW: 
I didn’t like the size of the area cos it was a 
confined space. They said alright I’d have to 
wait. Cos usually they give you two options. 
They gave me the first option then they said we 
don’t know how long before the other option is 
going to come about, so why go back to the 
street. So I said fuck yeah just take it...  
(P3)

He continued, commenting on the pressure to accept an 
offer of housing:

It was like ‘yep have a shoebox, if you don’t 
want it now forget about it then’. You might get 
something smaller later. When you feel under 
pressure to take something it gets your arse off 
the street but it’s, as it said it’s a shithole and I 
don’t like it. If I can get out of there, the sooner 
the better. Cos I’m prepared to walk out.

Small bedsits were seen as institutional and two people 
who had been in gaol likened them to ‘gaol cells’:

I would rather sleep under a bridge than live in a 
bedsit because I’ve done my time wearing 
green, I know what cells look like, I have 
absolutely no intention of living in one. 

[Interjection by another participant: It’s a 
dogbox! You wouldn’t put a dog in one!] It’s a 
cell with your own set of keys.  
(P6)

Some people had difficulty filling in the forms due to 
literacy issues and needed assistance with forms and 
paperwork, or reported having to fill in the same form 
‘two or three times’ because it got ‘lost’.

There was a feeling from several participants that their 
demographic put them ‘down the list’ compared with 
other applicants, who perhaps had children or had 
advocates:

It’s not whinge, it’s just a statement of fact, that 
being white, male and over the age of 25 you 
are at the absolute bottom of the bottom of the 
priority...  
The reality is that without her [the 
outreach caseworker’s] intervention, I can only 
speak for myself, I’d still be doing the same thing 
[Interjection by another participant: ‘A lot of us 
would’]. I was told straight up by housing, ‘look 
we’ll put you on the list, we’ll put you on our 
accelerated program for a bedsit, and we should 
be able to do something for you in the next three 
to five years’. Well, that’s great, I should be able 
to get into a bedsit by the time I’m 40. Great.  
(P6)

Another person commented on the importance of social 
housing as an ‘asset’ that government should recognise 
as important.

All of the men were housed in Housing NSW (7) or 
community housing (1) properties as a result of the 
normal allocation process (the control group) or as a 
result of being part of the program. Most believed that 
without the program, they would still be homeless and on 
the waiting list, removed from the list due to the regular 
‘clean ups’ of the list by Housing NSW, or not on the 
waiting list at all due to the perception that there was little 
point.
5.1.6 Moving in and adjustment

Most felt relief or happiness when they moved in:

- My living conditions are 100 per cent better, 100 per cent. (P1)
- I’ve settled in a little bit, I’ve relaxed a lot more, yeah I just feel a lot better in myself, having a place. (P7)
- [Interviewer: So are you fairly happy?] Oh, I’m ecstatic. I’ve dialled it down to the point where I’m not skipping around like a garden gnome on Ecstasy but I’m still quite happy about it. (P6)

Some felt it was a way of ‘getting back to normal’ or finding some stability in their lives, and hopefully an end to moving around:

- You know getting my life back on track, get some decent clothes for a change, instead of wearing rubbish sometimes.... [Interviewer: Is it part of getting older – looking after yourself a bit more?] I’m 58, holy hell, I can’t do the things I used to do. (P8)
- I was thinking about it over the last three days or so. I’ll have my own oven, I can cook, yeah my own space, normal living, just a little unit or a little bedsitter, living normally, not being cramped up in a pub. (P1)

All but one person reported that they liked their housing. The two that were in bedsits either didn’t like it or pointed out that the size was too small. For one person who had been allocated a relatively spacious flat, he was very pleased with the accommodation:

- And the first place she [the outreach caseworker] brought me to was here. And I remember walking through and every time I opened a door, there was another room behind it. Yeah it was great. I was like a kid for a fortnight coming round and giggling. ’What are you doing?’ ’Sitting at my place’. I still like saying that. (P6)

Generally after moving in, and consistently in the following months, participants reported their housing was going ‘good’, ‘well’ or as ‘well as it could be’. At the end of the initial study period, all were still housed, and one person had been housed for 12 months.

For rough sleepers the transition to being housed had its challenges. Some had been sleeping outside for a number of years. For some, sleeping in a bed took getting used to:

- Couldn’t get used to being in a house for the first couple of weeks. Had to get out and sleep on the floor, couldn’t sleep on the bed. (P8)
- Getting my life back to somewhat normal. I’m getting used to staying inside. (P2)

Adjusting to not moving around was significant and this affected the participant’s sense of the future:

- About the only problem I’m having with it is just getting used to the security of having a place. I was sitting back down the other night and wondering to myself what it was going to be like in two years time cos I haven’t stayed in one place for that amount of time. (P4)

5.1.7 A sense of home

All participants were asked about their sense of ‘home’ and what their plans for their housing were. Some were more enthusiastic than others and some expressed a like for their housing whilst others (mainly those in bedsits) did not like their accommodation but had still put effort into furnishing it. However as mentioned above, they did not like the physical form of the housing if it felt ‘institutional’:

- [Interviewer: And the bedsit is very small – does that depress you?] Oh it does your head in. It does my head in big time. (P3)

The neighbourhood also affected the sense of home. The same participant, even after bringing in some new furnishings to his bedsitter flat, mentioned the negativity of the neighbourhood as undermining a sense of home:

- All the idiots round here. I can’t stand it that’s why I stay in most of the time by myself. They come and talk to me but I try and stay away from them. (P3)
One participant created a sense of home by doing projects around the house:

Yeah the house is in my control. It’s wonderful...I want to put pictures up. You know work of art sort of like. Those water fountains you know those bubbly things, all that stuff. Cos I’m on a pension it’ll take time. But bit by bit. A bit every week. I bought a coffee table at the Sallies the other day. Expensive but...I’ve got a washing machine on order too [from the Salvation Army]. (P1)

This participant also made his own curtains. He reported that he liked the physical environment around his flat, which was leafy and peaceful. He enjoyed doing little things around his home and tried to do one small thing every day.

The program participants received a furniture package from Parramatta Mission and most had bought a TV and had plans to buy other items. Another person decided to try the No Interest Loans Scheme to buy a lounge.

Planning for the future was a part of feeling more settled:

I thought to myself ‘maybe I should look around for another lounge and get it on the NILS scheme - gee that’s 12 months of paying off something’. Trying to plan for 12 months is strange, it’s a strange feeling. (P4)

Others struggled with living on their own:

I’m still sort of getting used to the place. I think I’ve settled in, but I don’t, I’m not used to being, living alone, I’m not used to being alone...I haven’t got used to it that’s all cos I have always lived with someone or been with someone....just get a bit bored and lonely sometimes. (P7)

Having a lease gave ‘proof’ of permanency and the continuity of tenancy was fundamental to working on creating a sense of home:

...if you’re living in a home that you know is yours and isn’t going to be taken away or isn’t going to be put at risk because you fuck up once, then you get into the habit of actually believing you have a home...that’s a much more profound change than people give credit to. (P6)

5.2 Money and employment

All participants were on statutory benefits, however three had done some formal paid work by the end of the first round of interviews. Six participants were on the Disability Support Pension. Three were on Newstart Allowance. One person on Newstart regularly complained of a lack of money. Those on DSP said that their income was manageable but had difficulty with unexpected expenses, for example medication not covered by the Pharmaceutical Benefits Scheme.

Being on the pension was seen as a way to gain priority standing for housing eligibility as those on Newstart were not considered to be in this category by Housing NSW. Both payments were inadequate for the private rental market and landlords had good knowledge of payments and set rents accordingly.

It averages about $180 a week [rent in the boarding houses] which is a fair slug...I’ve only been on Disability Support Pension for about 18 months now and that y’know was like the difference between me being able to afford it or not – Newstart allowance, it basically takes all of your money... (P4)

I wish I was on the pension cos I’d have a shitload more money. On Newstart, I’m left with $100 bucks a week...$86 rent. I got child support coming out of that... (F3)

However others said they could cope on Newstart as a Housing NSW tenant:

I’m not going to be buying any original Rembrandts soon, but at the same time it’s a livable amount, a manageable amount [Newstart, less rent]. (P6)

Rough sleepers who manage to receive a statutory income do not have the expenses of rent and bills (Darcy et al 2010: 41) associated with being housed. For some, paying expenses such as rent plus bills was a challenge. In addition to having to pay rent and bills, at least two participants had fines and/or rental arrears to pay off,
such as rail offence fines and court fines. Some had to juggle money when bills came in:

The first one [bill] was $93 odd dollars and this one’s $80 something dollars...that’s due in a couple of weeks [Interviewer: are you budgeting in anticipation of these bills coming in?] I might pay half-half. [Interviewer: It’s manageable?] I’m just managing. I am just coping with everything... When I don’t, I’ve got a house to sit in and watch TV and sleep in. (P7)

One participant had built up over $500 rent arrears after a few months tenancy, having requested a termination of Centrepay payments:

I had that and I took it off,...I stopped it because I was going to court Tuesday. I thought ‘why pay 2 weeks rent’. I’ll just pay a weeks’ rent cos I thought, I’m going to gaol. And that didn’t eventuate. (P3)

At least two participants self-identified as having gambling problems and often ran out of money prior to the next pay day. Of the participants who developed financial problems in the first few months, none actually lost their tenancy, but did require support to manage financial issues.

Housing NSW policy is that having arrears from a previous tenancy does not prevent someone from being housed by NSW Housing again, however if a tenant left a former tenancy with arrear arrears, Housing NSW can negotiate a reasonable repayment arrangement with the tenant. A debt can be repaid whether in full or by instalments (Account Management Policy, Housing NSW, 2011).

5.3 Food, diet and cooking

Diet was variable amongst the participants. For those who were used to meals services, sometimes they were not cooking and having a balanced diet. Others were enjoying cooking and shopping for food.

Rough sleeping was identified as leading to a poorer diet both due to low income and not being able to cook:

Out there on the streets, we were eating shit. You couldn’t go and buy a steak and cook it. Many times I’d buy steaks and go over to the BBQ areas and there was no gas in the BBQ areas...and you’re not allowed to light a fire... (P2)

There were mixed views on the food supplied by the services from ‘slop’ to healthy and good to eat. However two people who had stayed in hostels said they enjoyed the three meals a day and provision of healthy foods:

I’m not fed like I was at the Hope Hostel, I miss their food heaps. Like that was really nice and good food there....nice roast dinners, it’s really healthy food, all day there’s things that you can pick at, and fruit and stuff. (P7)

Nearly all participants reported that their diets had improved or were as good as before:

Last night was the first night I’ve had steaks in my diet and I feel 100% better today. (P2)

Some of the eating properly has resulted in the fold of fat that’s starting to appear around the midsection. (P6)

Prior to being housed (and after), the food services were important for homeless people and this was acknowledged by all who had used them. Nearly all, except one person who volunteered at a service, used the services less or not at all, once housed. If there was a shortage, food vouchers for shopping were an alternative to the food services. Others were still regularly eating at food services (but generally, less than before). However for one person who was having trouble cooking:

My fridge is empty; it’s got a tub of butter in it. And some milk. (laughs) [Interviewer: What do you do for dinner?] I sometimes just don’t have dinner...I rarely cook. I might cook once a week or something... (P7)

He later commented:

If it wasn’t for this place [Meals Plus] I’d probably starve to death...I do eat at home but I don’t cook very much, that’s all. (P7)
Even though some felt less need to eat at meals services once housed, there was a social aspect to eating at the food services. For one participant, meal time was a chance for him to do outreach with others (as a volunteer). Others stayed away from the food services in an effort to ‘try to break the homeless label’. If they did go it was to catch up with friends.

### 5.4 Health and wellbeing

#### 5.4.1 General health and wellbeing

In the past, during phases of homelessness, most of the participants identified that there had been major problems in their life due to addiction, mental illness, and that they at times had a negative outlook on life:

But there before I didn’t care. I didn’t care whether a truck hit me. If I could find a high enough building, I would of jumped out of it. But now...it’s worth getting up of a day now. (P8)

Nearly all participants claimed their sense of wellbeing had improved. Some hoped this was a new chapter in their lives. One person after being housed, said of their feeling of wellbeing:

Well say last time I was a two out of ten now I would give it a nine out of ten. Yeah. I won’t give it a ten out of ten til I start jogging around the park. [laughs]... (P1)

Two people described themselves as happier:

Couldn’t be happier! It’s the first time I’ve been so happy the 16 years that I’ve been living off and on the street, and it’s really great. (P6)

If nothing else I am happier and more content in who I am and what I do now that I probably have been in ten years. If nothing else, that’s gotta be a success. (P6)

After around 4-6 months post being housed, self-reported wellbeing was still fairly good:

I’m a lot happier and I’ve got a lot more stable, I feel a lot better, I’m getting along well... I have a routine. (P7)

Prior to being housed, several had experienced illness or injury as a result of sleeping rough. This included broken bones, incidences of pneumonia and recurring flu from sleeping in wet and cold conditions:

I’d been sleeping in a damp sleeping bag for 3 or 4 nights and one of those nights was quite cold and in the morning I woke up and felt like someone was sitting on my chest. Had the shakes and the shivers, [Interviewer: Did you go to hospital?] Yeah I was in there for three days, they had me on an IV, antibiotics, then they sent me on my merry way with a bag full of antibiotics and a pat on the head, but you know, that did the job, I’m still here. (P6)

In addition others had sought medical assistance for other ailments such as hepatitis, cardiac disease and pancreatitis. Others reported they were in fairly good health, and didn’t get sick often, however the majority were seeking treatment from doctors for a variety of conditions.

About half the participants reported insomnia and ‘pain’. This was not assisted by living near noisy main roads or by disruptive neighbours:

[Interviewer: Are you sleeping any good?] Nah, just the same....still getting pain running through......mostly on the couch. It’s too noisy in the bedroom...all the trucks start, got the revheads racing around. (P5)

Some participants had developed dental problems from rough sleeping and suffering violence. Being housed had led to participants addressing health issues including their dental health. The Commonwealth grant program for dental work financed one participant’s dental work. One person had a chronic joint pain from the years he spent doing manual labour and had been advised he may need a hip replacement. All the participants had received ongoing health care of some sort after being housed.
5.4.2 Mental health

Mental health was also a significant issue. The researchers did not explicitly ask participants about their mental health; some participants identified mental health issues. Johnson and Chamberlain (2011) argue that mental illness is overstated in prevalence\(^8\) in research on homeless persons and estimate the rate to be 31 per cent. Other studies have claimed much higher rates, especially when substance abuse is included in the definition of mental illness. In this study, 50 per cent of the participants self-reported some form of diagnosed mental illness such as an anxiety disorder, depression, and undisclosed mental illnesses that meant they had previously or were currently being treated by a psychiatrist and were on medication. A minority exhibited more florid signs of mental illness or reported they had been treated in a forensic hospital or a psychiatric facility in the past. Homelessness was seen as exacerbating these problems:

...back in 2007 I had a bit of a depressive breakdown and again in late 2008 and I basically put that down to the stresses of having to move around and not being able to establish myself, not being able to have a stable life, now my whole outlook is changing and I’m looking forward to getting back into the workforce... (P4)

Another person identified that he wanted to see a psychologist. By the next interview he was seeing a psychologist and reported:

[Of psychologist:] She asks me a lot of personal questions, it’s an ongoing thing...I’ve seen her twice [at Cumberland Hospital] she said she’s going to put me onto a psychiatrist and maybe I can get some medication... [Interviewer: Is that helpful for you?] ...they sort of dig into your head, your thoughts, deeper sort of thing and get out things you probably wouldn’t tell other people....I was sort of referred from my parole officer. (P7)

Participants generally had a good awareness of the outreach psychiatric care service provided via Hope Hostel and other agencies. However some mentioned a lack of hospital places or that Cumberland Hospital might be closed. One participant also mentioned the ‘cycling’ of a homeless man through Cumberland Acute Care unit back to the streets.

Some mentioned housing as assisting in managing these issues but the issues were ongoing as was social isolation. For one person with anxiety, the physical environment of the flat was felt to be beneficial:

It’s tranquility now where I live. The balcony you know [trees]... It’s like a rainforest. That’s very good for anxiety and depression to get away from that area down there [Parramatta]. (P1)

The same person was seeing a psychiatrist and reported feeling better since he moved into his new flat and reported that over time he had developed techniques for managing panic attacks.

Drug and alcohol abuse (which is not synonymous with mental illness) was also identified by some as contributing to homelessness. Drug and alcohol use was significant in impacting on some of the participant’s health. Six of the nine participants had active issues with drugs or alcohol. All smoked tobacco. At least two smoked cannabis. Four had addictions to heroin or cocaine in the past. At least two had been through drug or alcohol rehabilitation programs.

Two participants identified alcohol or drug addiction as a key factor in their homelessness.

Well mine was all through drink. The whole lot of it. It was drink put me on the street and that was it. Nothing more. (P8)

I had a solid middle class upbringing, I went to catholic schools, primary school and secondary school, finished secondary school, had a very typical middle class upbringing, didn’t really start having any social issues until my mid to late 20s.

\(^8\) Johnson and Chamberlain state: “While there will always be debate over sampling and definitional approaches, we believe that clinical studies consistently overstate the link between mental illness and homelessness. They referring to studies by Reilly et all 1994 and Hodder et al 1998 do not make it clear what criteria are used to categorise someone as alcohol or drug dependent, and they appear to make the dubious inference that regular alcohol or marijuana consumption is in of itself evidence of mental illness (2011: 32).
Most of those issues—all of those issues—were related to some pretty heavy drug use. (P6)
The same person said this took up a lot of their money to the detriment of maintaining any housing. Being gaolied was no respite:

[Interviewer: When you were in gaol, did that help you at all with having a break from drugs?] Noope. [Interviewer: Were there drugs readily available in there—including cocaine?] Yep. Once you get over where it comes from. It’s a lot more expensive. But once you get over how it gets in and out not a problem…. It took me about 3 or 4 weeks to work out a) How to get it and b) how to pay for it and c) how to get that whole system nice and consistent. (P6)

Two participants identified as having been to drug and alcohol ‘rehab’ facilities and both said that this had a positive effect:

...that 12 months I had in rehab really helped. It was great….plus my determination that I wasn’t going to drink anymore. Cos when it happened that I was putting myself in rehab, I was in the pub, I had my first beer sitting in front of me, and something says to me, “what are you doing here?” and I just went straight around to William Booth [drug and alcohol rehabilitation program], they had a vacancy. When they seen how bad I was, they took me in straight away. (P8)

However another had been through rehab but still had self-identified alcohol problems. While most participants seemed to have their addiction issues under control, they acknowledged that if they got out of control again this could lead to a relapse. However having stable housing was absolutely vital for not wanting to return to that:

For me, that was the keystone. The arch that is the rest of my life can rest quite easily on that keystone. Without it, pardon the French, it’s a fucking shambles. It’s just a bunch of bricks…the accommodation is the keystone. (P6)

5.5 Criminal justice system

All eight participants had been to gaol, for varying periods. For some it was related to petty theft and other minor offences while others had been gaolied for major offences. Offences ranged from armed robbery, to drug-related fraud, to assault, theft and other non-disclosed offences.

The participants were well aware of the link between homelessness and gaol.

[Interviewer: What percent of the people who come here [to Meals Plus] would you say have been to gaol?] I’d say a good 60% ….mainly because it’s drug and alcohol related. (P4)

First contact with gaol happened in the more distant past for some, when they were younger:

Went to gaol, done some time, mixed with the wrong crowd, all the usual. (P5)

None of the participants said they intended to go back to gaol.

I’m not going back to gaol ever again. I’ve finished it. I’m 31 and I’ve had enough. I just want my own place, do my own thing, not get hassled by the police everywhere I go. (P9)

At least two participants were subject to Probation and Parole requirements during the study period. During the course of the first round of interviews, the caseworker went to court with three participants—two for breaches of parole and one for another matter. In all three cases the caseworker submitted a letter to the Court regarding the defendant’s involvement in the program and the magistrate found that the persons should not go to gaol. For one person being housed was a condition of their parole but there were ongoing compliance issues resulting in a breach and court appearance, and, at the time or writing, possible incarceration. The other finished his parole with few incidences. The other seven participants either were not on parole or had finished parole some time ago. The parole officers did refer people to courses and psychologists. One participant did not get along with his parole officer and ended up back in court necessitating a support letter from the outreach
caseworker. This participant was not given a sentence (the magistrate gave consideration to his enrolment in the housing and support program), and was re-assigned to another parole officer and encouraged to comply with parole requirements (however, later committed an offence). Another person on parole also went to court for a breach, and was referred to a psychologist at Cumberland Hospital. While he complained about parole, he said of one course he had to do: ‘It’s taught me a lot actually’. Probation and Parole seemed to be generally disliked or seen as an annoyance, but the referrals to courses and clinicians were not necessarily regarded as negative.

For one person on parole, the area they were living in was not felt to be conducive to keeping to his conditions:

There’s been two stabbings... this is a very high risk area for me to break my conditions. I could have broken them the other day when there was a stabbing. You know what I’m like. (P3)

This participant was also aware of a murder that occurred close by. He complained of noisy and drug and alcohol affected neighbours and that someone had tried to break in. Other participants in quieter complexes were less exposed to potential and actual criminal activity.

5.6 Education

At least three participants discussed doing a TAFE course. Two who were both heavily involved in volunteering, advocating for the homeless and sat on various committees were interested in a social work or community work course. Another person was considering a whole new career in electrical engineering. He attended a pre-TAFE course which his caseworker helped organise:

That got me into the habit of going to a course. I’ve only done four weeks of it and it starts again next week. ...as superficial as all of it is, it’s a step. It’s something that I can go into my Job Network member and say see that little bit on the form there that’s been formerly blank, put that in there, and you can put that he will be doing this in future....it’s another aspect of who you are rather than just ‘I’m an ex-junkie, an ex-prisoner’. (P6)

He then intends to go to Granville TAFE to move towards his goal. He was clear about the value of education "because I don’t want to be washing trains when I’m 50" (referring to his casual job) (P6). However this participant identified having a ‘good education’ in his childhood and thus had a different starting point perhaps to some of the other participants whose educations had been more sporadic.

One participant felt he was too old to go to TAFE:

I’m 43; I’m set in my ways (laughs). Education, what do you mean, I don’t know! [Interviewer: What about TAFE?] I want to get my RSA, I reckon. I want to work in the hospitality industry. (P7)

5.7 Employment

Participants had varied employment histories. Some had sporadic work, warehouse work, or itinerant agricultural work. Others had been in trades or in their own business.

Some mentioned the sporadic nature of work and how this affected eligibility for social housing:

...you might find work and you might be there for only three months or so, you might get the job, well, they might tell you there’s no more work and you’re put back on the end of the list and then you’ve got to start again, so that’s a big barrier. (P4)

For those on the pension there was less emphasis on working and more on volunteering or just gaining more stability. However, most wanted to be involved in ‘something’.

In terms of employment aspirations several people had clear aspirations wanting to go into a new career or gain the necessary qualifications to essentially do what they were already doing, outreach work with homeless people, and go further:

I’m looking forward to getting back into the workforce, it’s part of my goal to get off the DSP
and get into long term employment again...it gives me the opportunity to be able to look at a long term plan...so I do make sure I get into something more stable. (P4)

Being housed was key to thinking about employment: It’s given me a lot more stability, what I want to do now is just get back on track with employment, get back into the workforce......I’ve always thought you’re a whole person when you have a job. (P7)

It was also about doing something to keep busy: “I’ll do anything at the moment to keep my mind occupied” (P7); “If I don’t keep busy I’m screwed. I’m my own worst enemy” (P3). Apart from formal employment, two people were busy with volunteer work at services for the homeless, served on committees and were active in the Street Count and Street Care.

At the moment I’m actually working on a Street Care committee with Homeless Persons Legal Service, we’re meeting once a month at the moment...I may be getting on to the Interagency committee too, [name of agency worker] over at Mission Australia at Harris Park asked me to come over onto that one. (P4)

One person gave talks in various places:

Sometimes Parramatta City Council rings me and asks me to go in and talk to them about the situation. Some men’s sheds ask me out to talk to them and tell them about being homeless. I go to some schools, talk to teenagers. Cos that’s where I believe that’s where homelessness starts. Get them off the drugs and alcohol. Let them see somebody who’s been there and done it. (P8)

Both of the men who were engaged in this way reported being happy and busy and felt their knowledge and contribution was valued. In particular, Parramatta City Council was identified as having integrated the men onto various committees and valued their knowledge.

5.8 Social and family

Nearly all of the participants identified a troubled family life or had experienced the death of parents at a young age. Some of their parents had problems, causing transience or loss of housing:

With the old man, it didn’t work out. He turned into an alcoholic. He just couldn’t take care of all us kids. So you know the alcohol got to him and the house was sold from underneath us....he was heavy handed and that. That’s what happens when there’s alcohol. (P5)

Death of parents had occurred at a relatively young age for a significant number of participants:

I moved around then I kind of settled down for a few years. As I say just before I went to geol that’s when my mum died. I just couldn’t focus through all that time. (P5)

I lived in Department of Housing in 2001....my parents and my sister we all lived together in that house and they all passed away so pretty much I wasn’t too well in that house so I got out of there... (P1)

Some were not in touch with some members of their family due to addictions. For those with addictions, previous past behaviour was an issue but one person was back in contact with his family regularly:

[of his sister/family]: I don’t know that I’d be so forgiving....I’ve got the utmost gratitude in that regard... but I don’t know that I’d be as flexible in spirit as it were, to get past some of my more exciting antics. (P6)

Some did not want to get back in touch with family members at all and were identified as a negative influence or as abusive. Others had re-established contact with members of their family. One had been in contact with his sister:

[Of sister] She’s been round, she’s brought all the furniture round, her and her husband.

[Interviewer: If you needed her help with something would you call her?] Yeah she might come round with some food or something if I asked her.... Yeah she [his mother] hasn’t come round yet. I’m just hoping she does before it’s too late. (P7)
Another person increased contact with family once he moved into the flat:

I've probably spoken to my father more in the last month than I probably have in the last year, and that's one of those exponential growth scenarios, you know I didn't speak to him for five years, spoke with him a little bit over the previous year and I think with Dad he's been burnt that many times...you've got to earn his trust again. (P6)

He felt regret over missing time with them and wanting to make up for some of the time he missed. He started regularly babysitting nieces and nephews.

One person started regularly seeing his son:

I'm doing well and seeing my son a lot more now...pick him up from school and drop him off from school. (P7)

Having a home was also identified as a place to have friends over without any restrictions (like in some of the hostels and boarding houses):

Cos then I can have friends over and you know where I am I'm living with a friend yes but I can't have visitors there. I've got to come in to meet everyone here [in Parramatta]. (P8)

Also as a place to show off:

That's a goal, the house. If people walk in I want them to think wow...yeah I've had friends around, I walk around, show them the verandah. (P1)

Once housed, some people would often accommodate other homeless persons for varying periods of time. One person had several people staying in his flat to help them out:

Well from the day I come up here I haven't had--I think I've had one week when I've been on my ownsome. You just can't separate yourself from the people on the street that you've lived with...you just can't separate, they're like a family of some kind... Of a night, let 'em come up cos you know what it's like out there. (P2)

Others treated their home as a refuge and restricted who they had around. Some also avoided Parramatta on purpose. Especially for people who had had substance abuse problems, their home became a way of escaping those circles:

There's about eight people who know where I live, and I don't really want more than that to know....I know some of my old friends and associates would take one walk through here and go 'ah that patio's good for a party'. (P6)

In terms of relationships, many had been with a partner but had broken up with them. This was sometimes identified as leading to homelessness. For one person, a former relationship was linked to him offending:

...being with that ex she was like a kleptomaniac and she got me into trouble like stealing a bottle from the bottle shop and something like that. I wouldn't do... stuff like that on me own, like, I sort of, I can't blame her, but I can in a way, because I'm not, I'm really not like that. (P7)

Some aspired to a relationship in the future:

When I moved into my bedside I thought 'my life's complete, it's about complete now'. I've got a place to live, all I needed was another three things in my life and my life would have been complete. And that was love, happiness and a partner to share the rest of my life with. (P8)

Another important aspect of social life was neighbourhood. This was mentioned by many participants as an important aspect of exiting chronic homelessness and remaining housed. This finding has particular relevance for policy makers in terms of debates around congregate versus dispersed housing. For many formerly homeless people, moving into a place of their own in a ‘quiet area’ was seen as moving on from homelessness, and perhaps also from a certain lifestyle. Some areas were seen as ‘worse’ than others although two people living in the same area had different perceptions of the same area. One person knocked back
a first offer of housing because of perceived drug use in the area:

I would much rather just go and sleep on the street go and jump on the train and go up to Maitland or somewhere, and sleep in a park at night and at least I know I’m going to be the only person there, rather than be living in an environment where my next door neighbour is offering me bongs every morning. Cos you know there’s going to be the day when I’m not going to wake up feeling happy, and that sounds like a bloody good option. (P6)

Another commented that the environment wasn’t helping him:

If I’m round those sorts of people I fall in the same rut...I know I wouldn’t be doing half the stuff I’m doing now [if in Parramatta]. At least you know not every second man is a junkie. (P3)

Certain neighbourhoods were felt to be ‘worse’ than others - for example, South Granville was not viewed positively, nor Dundas. Of Telopea, one person identified positive aspects to the area:

They are called the ‘Three Sisters’, they are three, eight-storey buildings side by side, there’s a community hall in one of the buildings and ....it’s own little stand alone community, there’s a lot of people around there, they are older people, you can be pretty sure that those people aren’t going to be drug addicts and alcoholics and things like that, it’s nice and quiet, there’s support there if you need it. (P4)

For another person it was a disruptive ‘drug addict’ neighbour that caused him to give up his Housing NSW tenancy. Despite his complaints to Housing NSW, nothing happened.

I just went to the Department of Housing and I said I can’t put up with this anymore, I’m getting out. And I thought they might have done something. I thought they might have said ‘OK something’s wrong here’. A couple of people who worked there that I spoke to said ‘Oh something’s gotta be done’ Nothing. (P6)

This person then surrendered their tenancy, went to a hostel, and then received another offer of housing in a different location.

Experiences of neighbourhood were also positive - nearly half commented that they liked a neighbour or neighbourhood:

We all got on great. ....One lady she used to come down and bang on my door and ’come on...I’ve just cooked lunch, you’re coming up to my place for lunch’...they gave me a washing machine when I first moved there, they gave me a TV, they were all terrific to me. (P8)

The flat’s great. The two neighbours are really good, I’ve had to help them out...so I look after the neighbours too, I bring in the bins for them and put them out for them. I like the place cos I like the area. I’m glad I’m in this, sort of out of the way, I’d hate to be living in Telopea... I’m just happy I’m in this area. (P7)

Part of the aim of the program was to house people close to Parramatta CBD. Participants close to Parramatta and in areas such as North Parramatta or Westmead were very happy with their location:

Coles is up there, Woolworths is up there, it’s central to everything, I don’t even have to go into the evil empire and see the Westfields people if I don’t want to. (P6)

[Interviewer: What do you like about Parramatta?] Everything. The heritage, I like the multicultural Parramatta too and all that. I just feel so much at home here cos I’ve just been here all my life, it’s just like, yeah. I lived out at Greystanes for a while many years ago and I was very depressed out there. (P1)

5.9 The future

Participants were regularly asked what they would be doing in two month’s time (i.e. at the time of the next scheduled interview). Most replied that they would still be housed. By the end of the first round of interviews, 100
per cent\(^9\) were still housed. Significantly, two participants with extensive rough sleeping history were settled and managing well. At the final interview, when some of the men had been housed for a year or more, 100 per cent were still housed.

At the beginning of the study, some participants were more ambivalent about their housing and future than others:

I’ll die in this unit if I can...but as I say if I get any ounce of spare money or a win on the lotto or something I’ll be straight out to St Albans tomorrow and I’ll be building a place out there....

(P2)

[Interviewer: Do you think you’ll stay here?] I don’t know. (P5)

At two months, then at four months, nearly all agreed they would still be there at the time of the next interview:

I’m just plodding along slowly at the moment. Things can only get better I think, happy as I am with the place. (P7)

One participant explained that the ongoing experience of having a ‘home’ allowed him to build on other aspects of his life and increase stability:

It goes back to that investment thing. The more fibres that I weave into the fabric, the less I want to damage it, the less I want to put it at risk. (P6)

Most agreed they would probably not go back to being homeless, with some qualification about managing risk factors. Most claimed they would not ‘go back’ to where they were before:

I could pretty confidently say I wouldn’t imagine myself [going back to homelessness], yeah. I’m trying to maintain my life in Department of Housing... (P4)

At the last of the first round of interviews, participants were asked if they would still be housed in 6 months time.

[Interviewer: So in six months time where do you think you will be?] Probably still here. Just haven’t really thought on it, you know.... It all depends how I feel. Sort of like, how things go. (P5)

[Interviewer: Where are you going to be in six months time?] Hopefully in a job. Hopefully employed...I’ll still have my house. No, there’s no way I want to go back to that situation at all....I just want to keep myself in check and focus on a future, cos I do have kids and I do want to – I don’t want to be a loser in front of my kids. (P7)

One appreciated the chance to make a new start:

Life’s good. People who are homeless just...need... a shot at life. That’s what I’ve been given and I love it. Appreciate it. (P1)

Notably most of the participants were chronic rough sleepers however there was a sense that trust, and the lack of conditionality (apart from the usual ones of paying the rent) were key to staying housed.

### 5.10 Services and support

Support from a caseworker was appreciated however the key was that the person be ‘out there’, contacting people outside of the office environment, and able to offer support in a non-judgemental way. This was felt to be absolutely key to the success of the program, especially in the recruitment phase.

The caseworker related that in her first few months in her position, she was in the office and did not meet any homeless people. It was only after she started visiting places where people congregated and gained the trust of some homeless people and was introduced to others.

Having an outreach caseworker who was out on the streets and a conduit to other services, and in the case of this program, could offer a tangible benefit such as housing, was identified as very important:

\(^9\) The ninth person had lost contact with the research team and caseworker but was reportedly living in social housing as an occupant.
People like [the outreach caseworker] are very important. Cos without [the outreach caseworker] half of us don’t get a chance to get a place. A lot of rough sleepers now through [the outreach caseworker] and Mission are getting places to live, and we’re getting off the street. (P8)

Another important factor was that the outreach caseworker made the approach then offered support in the housing process. The outreach caseworker was a consistent person from recruitment, housing and case management and many felt they would not have been housed without an active approach and support from the outreach caseworker.

The nature of the support was also identified as non-bureaucratic and informal. The places of contact were identified as places where homeless people go rather than the office environment:

You don’t go and sit and talk in an office with [the outreach caseworker]. [The outreach caseworker] sees you round in the mall or outside in the courtyard there, she talks to you. [Interjection from another participant: ’It’s a little less formal’]. [Interjection from another participant: ’And you’re not being ostracised, ’sit down, you sit there, I sit there’] and that bit of paper like [another participant] said, ticking boxes, that doesn’t work. It doesn’t. (P8)

’Going out onto the street’ was seen as all-important:

...if you want credibility, get your arse out of an office and go and see how we live. (P6)

Non-judgemental approach to casework was also identified as important, in maintaining trust and rapport:

a lot of other case workers from whatever agency are like [sternly] ’you’ve been drinking on the weekend’. [Interviewer: How does that make you feel?] I’m not in control of my own life. Like I’m single too, so I can go out and have a drink and not have to answer to anyone. I’m miles over the age of 18 unfortunately.....I’m free with [the outreach caseworker] to say I put twenty bucks in the poker machine. She’s not judgemental. When people make you feel relaxed, that’s the best. (P1)

Generally having a caseworker was not seen as an imposition provided that the caseworker was empathetic and some appreciated the encouragement to do certain things as long as this was done in a sensitive manner, giving a hand rather than judging, and giving a little ‘kick up the arse’ when it was needed.

Increasingly homeless or formerly homeless people have become part of the outreach efforts themselves, for example as part of the Parramatta Street Count, and assisting other homeless people as volunteers and advocates.

5.10.1 Programs

The participants identified that the program had been offered to them and that word of mouth meant that others became aware of it and thought about getting involved when they heard someone had been housed:

I got out of gaol and come back and I’m looking for all me mates and ’Where are they’? ’Oh go here man – you can get a place’ I said ’I can’t get a place’, I said ’they won’t give me a place– cos I owe them money’, they said ’go and see [the outreach caseworker]’ and she’ll organise it for me, so I’ll go and try it. (P9)

In terms of future programs, at least two participants were engaged in local processes with government and aware of conversations going on and the homelessness strategy within Parramatta City Council:

They’re trying their best to do things for the homeless. In December last year they invited me to a Council meeting where they were handing down their homeless report and they wanted me there so I could hear it, and [the outreach caseworker] came with me, and one of the Councillors said they had some land down the bottom of George St that they’re not using, and
he said how about we give that to the homeless for something to be built there, whether that’s going to eventuate or not, I don’t know. (P8)

All thought that programs could definitely help but the homeless would always be around:

Convincing them that it’s always going to be an ongoing problem. That’s not a reflection on the programs that have gone before it. It doesn’t matter how successful a program is. The problem is going to go on; you’re always going to have homeless people. (P4)

You’ll never have enough. If you’ve got 30 houses I guarantee very quickly you’ll have 60 people wanting them. (P6)

In regards to this program, it was generally seen as positive although there were comments on not having dedicated housing stock ready to go, causing some delays in housing people.

When asked if future programs should provide congregate housing, or, as this program had done, house people in dispersed locations, one person commented:

[Congregate vs. dispersed] I prefer where I am, but if that happened, I’d try to keep to myself I think. You’d try to keep to yourself....I think you’re better off making it more sporadic...they’d all be in one place, they’d all still be having a cask of wine, yeah, I don’t know if that would work, I don’t know. (P7)

Generally the program was seen as successful for the individuals that had been housed:

So how many is that, but [that you’ve housed?] [Outreach caseworker: seven.] That’s all right.

Seven happier people. (P7)

There was a perception, which accords with the results of the 2012 and 2013 Street Count, that some former rough sleepers have been housed:

A lot of the people I knew from my time on the street, they’ve got houses now. (P8)

However it was identified that there was more ‘demand’ out there for housing:

[Interviewer: Are there a lot of streetsies there who could benefit from a program like this?]

Yeah...yeah... [Interviewer: Do you have to want help?]....there are some out there that do want help and that. There’s only so much you can do.

It’s a forever ongoing thing I guess, like, homelessness. (P7)

5.11 After six months

After the first series of interviews, which occurred at approximately two months apart, a final interview with each participant was conducted after six months. By this stage, most of the men had been housed for approximately 12 months or more. All of the men were still in situ in their dwellings. All were up to date with rental payments. Although some had been in rental arrears, the arrears had by this time been dealt with.

I’m actually up to date with my rent. I went to the Housing Commission yesterday [and saw his CSO] and she’s happy with me there...she said as long as you pay your rent you’re there as long as you like. (P7)

However those not using Centrepay for bills were behind on utility bills. Lack of income was a major issue for at least one person (on Newstart) whilst those on the pension reported coping slightly better with their money. Most participants did not range far beyond the Parramatta areas, however two had intra- or interstate travel plans (to use their pension cards to purchase cheap train tickets). One participant had overseas travel plans.

While a minority still used meals services, most were not using the services at all, or only intermittently (usually when money ran low). Most reported accessing food parcels or shopping wisely and cooking at home.

No participant reported worse health however some had chronic conditions that they were seeking treatment for. Some reported improved physical health and doing more
exercise. Two reported putting on weight since being housed. However two had sustained serious physical injuries – one from being physically assaulted and another in a fall while intoxicated.

All participants, except one person, reported seeing a psychologist or psychiatrist or GP for mental health issues and reported positive or neutral feelings about this. Some were taking anti-depressant medications, others felt they suffered depression but had coping mechanisms.

However being housed was not a ‘magic bullet’ – drug and alcohol use, and gambling, was still impinging on several participant’s incomes leaving them with little money by the end of the week. However most claimed they had reduced their smoking or drinking slightly.

Parole conditions had expired for two persons while one was still required to visit his parole officer and had been caught committing offences however had not been incarcerated. He had said previously that he was now “98% sure” he would not return to gaol.

One person had commenced a TAFE course but had switched to short course training and another was enrolled at TAFE in a trades course and working casually.

Two had started in employment and had to rationalise the hours they worked in order to maintain Centrelink benefits, health care card entitlement and their housing eligibility. Work was also giving them something to do:

[Of working] Nice to know I don’t have to lie in bed staring at the ceiling...keep my mind busy on something that’s good. (P7)

Connection with family had changed. Some had increased contact with family members and children. Some persons reported loneliness and were aware that social contact was important to their state of mind. Some were on friendly terms with some of their neighbours or chatted with older folks at the club. All were in touch with the Parramatta Mission caseworker weekly or bi-weekly.

Seven of the eight participants were certain they would be housed in 5 years time.

[Interviewer: In 5 year’s time you reckon you’ll still be in your house?] Yep. If I’m still breathing I’ll still be there. (P7)

One person was ambivalent and said it was too early to tell after 12 months and was unsure about the future:

[Interviewer: Will you still be housed in 5 years – if you had a transfer?] I don’t know. 5 years is a long way down the track.... (P5)

One person rated their housing stability as ‘ten out of ten’. Two persons wanted a bigger unit or a less noisy location, and if offered a transfer, they would take it. Two wanted a detached house with a yard rather than a flat.

Most reported adjusting to being inside and as one participant commented, self-esteem is a part of feeling ‘deserving’ of a home.

You don’t want to be homeless but then it becomes a way of life. (P8)

As time went on participants felt more settled:

[Interviewer: Is that restlessness still there?] No not really. Maybe to the point that I’d love to go away for a holiday but that’s about it. (P4)

One person virulently insisted he would keep his tenancy and not return to homelessness:

[Interviewer: Is there anything that could lead to the loss of this tenancy?] My life. They’d have to shoot me at the moment. Think I like being out on the street? I was out on the flaming street for a period of time and I had - you seriously think I liked being out on the flaming street? (P8)

Participants had clear views on congregate versus dispersed housing. All favoured dispersed housing due to the perceived negative effect homeless persons could have on each other:

[Interviewer: Congregate vs. dispersed?] To use the vernacular, it’s a no brainer. The reality is, is
that if you congregate any group of people with similar backgrounds, all you’re doing is perpetuating that set of circumstances. So when people come from a homeless background but have other issues you might solve the homeless issue temporarily, all you’re doing is creating a breeding ground for those other issues... (P6)

In terms of this project, all of the participants endorsed it except one person who said it was too early to tell.

I recommend that it was a good project what youse did. Very thankful that you’ve housed me and that you’ve been thinking of me and looking after me, I’m grateful for getting my life back on track. Thank you both. (P7)

I just love being in my place and I don’t worry about how long I’ve been there, just happy to go home of a day and [close] the back door and know I’m not going to be kicked out. (P8)

It really has been a life changing experience. I’m grateful to both of you and I’m grateful to everyone who’s been involved to allow it to happen. (P6)

One person urged decision-makers to expand the program from ‘pilot’ to ‘full blown’:

I cannot think of anything that had more potential for success than the program that I went through. It caters for a broad enough sector of the homeless community and it focuses on the things that need to change for individuals to go ahead and make their changes. It’s the old debate about nature versus nurture. Well, if you can change the environment, then you allow for the nurturing to have some kind of effect. ...Anyone listening or reading this report and is in a position to make a real decision – give it a go. Spend the bloody money. It will get you the results you want. (P6)
6.1 Discussion of Findings

Housing First as an approach is successful generally in transiting people into permanent accommodation if certain approaches are taken: rapid rehousing, into permanent accommodation, with support. However as Johnson et al (2012) observed it is not necessarily a magic bullet. Once persons are housed, while there may be cost savings (for example if they avoid going to gaol), there may also be other costs, for example if a person starts seeing a health professional. The literature in relation to costs shows modest yet real net savings (Perlman and Parvensky 2006)\(^\text{10}\). However the ethical question of whether housing is a right and good in and of itself is clear, as are the self-reported benefits for individuals.

\(^{10}\)Perlman and Parvensky’s 2006 study with Colorado Coalition for the Homeless found a reduction in use of emergency services, hospital admissions, temporary shelter, and incarceration rates. “When the investment costs of providing comprehensive supportive housing and services through the Housing First Program are factored in, there is a net cost savings of $4,745 per person” (p.2).

Notwithstanding the constraints, this project has demonstrated that rough sleepers can be permanently housed, and stay housed. While this was a small group of only eight people the successful rehousing of all the participants supports the housing plus case work formula.

The Australian policy context seems to be afflicted by a sort of ‘pilotism’ – a preference for the small scale, demonstration project that despite showing signs of success is rarely ‘rolled out’ on anything like the scale required due to funding constraints. The structural changes necessary for widespread implementation of such programs rarely materialize, despite the multiple ‘strategy plans’ and commitments to a housing first approach. This is in no way reflective of the work and effort of local officers in government and NGOs – often local co-operation and collaboration produces good outcomes. However these local initiatives do not become necessarily embedded in the broader homelessness action plans and taken to other areas. However clearly we know from studies of the Housing First model and the assessment of this project what the key elements are of reducing rough sleeping.

6.2 Outreach and engagement

One of the clear findings from this project was the importance and success of a non-judgemental assertive outreach approach. Most of the men in the program had disengaged from both mainstream and homeless service systems, with the exception of food services. Some of the men believed they were waiting on the housing priority list while others had accepted a future of rough sleeping. Most had experienced difficulties accessing and navigating the service system and many had ‘given up’.
The men were very clear about why the program “had worked” identifying the importance of outreach: “get your arse out of an office and go and see how we live”. However it wasn’t simply a matter of being out there. Fundamental to the success of this project was the ability of the outreach caseworker to develop rapport and trust with the men who were rough sleeping. The development and continuation of the relationship between the outreach caseworker and rough sleepers from recruitment, housing, transition and integration was important to the process and outcomes.

6.3 Available, appropriate and local housing

Housing NSW was an integral part of the implementation of the program as they allocated social housing to the men. Housing NSW used its ordinary housing stock as the source of allocations however the participants in the program were priority approved and matched to suitable accommodation, when suitable properties became available. However sometimes this method was not fast enough, with delays of months between notification and allocation.

One of the stipulations for allocation of housing was that the housing needed to be located near Parramatta. This acknowledged the men’s connection with the city, community and services. The men reinforced the importance of location after being housed.

6.4 Casework and ongoing support

Parramatta Mission allocated an outreach caseworker to the project for 12 months who recruited, housed and provided ongoing case management to the men. This involved regular appointments (usually home visits), and the development and monitoring of a case management plan which included referrals to other services (such as job network providers, drug and alcohol counsellors, psychologists, etc).

Although support from the caseworker was targeted at the study group, the data supplied from the outreach caseworker shows that the control group had almost as much contact (if not the same) as the non-control group – however this was not always about assistance but more likely to be “a chat”.

To some extent, the control group were those who were in touch with services and had already taken steps to secure housing. In that sense, the comparison between the two groups is significant insofar as the non-control group was in fact the more vulnerable group whereas the control group were able to secure their own housing without too much assistance.

Parramatta Mission also provided start up packages consisting of furniture, kitchenware, bedding and appliances. This was vital to the success of the moving in and ‘home-making’ process.

All of the men considered casework to be a significant factor in remaining housed and liked the support. The non-judgemental approach of the outreach caseworker was also identified as important, in maintaining trust and rapport.

6.5 Interagency co-operation

Having key ‘go to’ people in each agency is important for the case management process. While anyone could be in contact with Centrelink, Housing NSW, Probation and Parole and a hospital or clinic, having a formal agreement with designated contact people in each agency would assist in maintaining the tenancy and dealing with problems as they arise and before a crisis develops.

In particular, a Housing NSW staff member with carriage of program participants’ case files, and who could be the contact person for issues that arise, is considered optimal, in order to avoid participants transiting into housing having to deal with different customer service officers who do not understand their circumstances, every time they go into Housing NSW. This can lead to frustration and even missing out on a tenancy offer.

Although the program was of a modest scale, the approach succeeded in housing men who had a history of rough sleeping. The provision of case management and the
approach of the outreach caseworker had supported the men to maintain their tenancies for 12 to 18 months, and a number of positive non-housing outcomes were also identified.

6.6 The effects of being housed

The participants provided a range of responses about the effect of being housed. Some were enthusiastic about their new accommodation, while a few were ambivalent about any positive effects of being housed. However the ambivalent responses were in the minority and were in relation to undesirable, small units referred to as ‘bedsitters’, or to repairs that had not been carried out. The caseworker’s perception was that positive changes had taken place even with the less enthusiastic.

6.6.1 Diet and cooking

Nearly all participants reported eating better although the results were mixed. About half did indicate they were cooking for themselves but for the other half, this was not something they did regularly. Most however did indicate that their diets had improved or that they were eating less junk food. Some participants indicated having a kitchen had improved their diet and they were cooking – things like steaks, rissoles, vegetables or heat-up meals in a microwave. All participants had the basics such as tea and coffee but some did continue to struggle with feeding themselves adequately. Two participants considered that their diets were better in agency hostels – eating three meals a day plus fruit. A minority were still visiting the meals services\(^{11}\) or getting food packages.

6.6.2 General health and wellbeing

General health and wellbeing on the streets was reported to be generally fair for most participants. Only two people said living outside was ‘healthy’ in some ways and that they were more physically active due to being ‘on the move’ a lot. After getting housed, health was generally reported as ‘good’ by five of the participants.

In terms of wellbeing, some reported a major improvement in how they felt after being housed. One person seemed unsure about how he felt, but intended to stay in the dwelling. Those who were the most enthusiastic liked their home’s physical attributes and wanted stability. Those that were less enthusiastic did not like their dwelling or neighbourhood or both, due to small size or disruptive neighbours, or had money issues.

In general, self-reported wellbeing increased after being housed. The caseworker also noted that even those who had been rough sleepers the longest, were managing well and showing improvement in their sense of wellbeing. However, mental health issues – such as anxiety or depression, did not go away. However having permanent housing allowed participants to cope better with these issues and enjoyed a more tranquil environment.

Rough sleeping was associated with severe illnesses due to sleeping outdoors or with injury caused by accident or violence. At least two had been hospitalised due to pneumonia or injury whilst rough sleeping. Most complained of the cold and damp and being bitten by insects. Following being housed, some with ongoing conditions had sought medical treatment or were thinking about treatment options. About half of the participants reported seeing a doctor during the period whether a specialist or GP. Two said their health was very good or that they did not often get sick, the majority indicated that their health was reasonable but at least four had ongoing conditions, some more serious than others, some linked to lifestyle factors, age, or former occupation. Generally, those who had a mental illness or other disorder were seeing a psychologist or psychiatrist however there were exceptions to this. For two, seeing a counselor was a condition of their parole. Four reported suffering from insomnia.

\(^{11}\) Although this was for mixed reasons – volunteering, socialising or when money ran short.
6.6.3 **Prisons and parole**

In regards to offending and the criminal justice system, prior to being housed, all eight participants had spent time in gaol, some in the past, and some more recently. Some had been released into homelessness and remained rough sleepers. One other had been housed as part of the post-release process.

Participants stated that they had no intention of going back to gaol. However this was a threat to at least three participants during the study period due to a breach of parole or committing an offence. One participant identified the area he lived in as criminogenic.

Some participants had reduced or cut off associations with persons they felt may induce them to re-offend. At least one person kept his address confidential to only a few for this reason. Another participant avoided Parramatta for this reason also.

Two participants were required to attend Probation and Parole and both had a breach and appeared at court. However both agreed to comply with conditions and were attending interviews and going on courses.

No participants were gaoled after being housed during the study period although one has broken parole.

6.6.4 **Education**

Education was an aspiration for about a third of participants. Three were enrolled in TAFE or wanted to go to TAFE. Being housed meant that they could enroll and had somewhere to study, or, they had plans to do so in the future. Two others were less enthusiastic about TAFE but wanted to obtain certain certificates associated with specific jobs. Although TAFE fees were not a barrier (due to concessions being available) most required access to a computer and some money for textbooks, where resources were not available freely. One person had undertaken training with NGOs.

6.6.5 **Money and Work**

All participants were on statutory payments. Out of these, the three on Newstart experienced the most financial pressure, due to having a lower income. However one of the participants on the Disability Support Pension complained he did not have enough income and could not afford certain things like insurance. Three incurred rent arrears after moving in, which in one case, were significant. Paying utility bills was something some struggled with by juggling other expenses or making part-payments, but others managed bills well.

Employment was part of the past experiences of most of the participants. Some had extensive work histories in various industries ranging from trades, agriculture, to the financial sector. None of the participants were engaged in employment when recruited to the program. Of the three men on Newstart, all did do some sort of work during the study period. Two persons started working regularly and declaring income to Centrelink. One other had done some formal paid work but this was not ongoing.

Those on the Disability Support Pension were not required to look for work. About a third said they wanted to work and wanted to be occupied; the majority wanted to concentrate on creating stability for themselves and were not required to work. For those who were working or studying, aspirations for the future included gaining more qualifications and moving into social work or trades.

Two participants were heavily involved in volunteering, for homelessness services, the Street Count, the Street Care committee, and part of various interagency groups. They had a wide variety of contacts and gave talks in schools, at men’s sheds and at the council to educate the public about homelessness. These two persons reported being ‘busy’ and generally reported good levels of wellbeing. Those who did not undertake any particular activity such as education or volunteering were more likely to report being bored or unstructured and less likely to report positive sense of wellbeing.
6.6.6 **Social Life**

Social contacts were varied. Prior to being housed, most participants had lost contact with family members. However, many did have social contact with other homeless persons and more than once these were described as ‘family’. Some stayed away from Parramatta and previous associates, partially to stay away from drug-affected people. Some continued to associate with friends by visiting Parramatta and meal services. Two participants offered other homeless people temporary accommodation in their homes.

After being housed, three participants regained contact or increased contact with family members. For the other five, they had no contact and did not wish to renew contact, as they did not get on with family members or they had suffered abuse from family members. In three cases, the parents were deceased.

Social life was limited for most. Few reported travelling far from Parramatta although one person said he wanted to go overseas. Some wanted to go to sporting events. About a third regularly went to clubs to eat, to play bingo or gamble.

6.7 **Tenancy outcomes**

At the time of writing, tenancy was maintained in all the participant’s cases, after the initial round of interviews – a period of between 12 to 18 months depending on when the participant was housed.

The program has been successful for this cohort.
7.1 Offer permanent housing

The assessment of this program concluded that the approach was successful – all of the men were housed and at the time of writing, continue to be housed. Although the program cohort was not large, they had all previously been assessed as chronically homeless and ‘hard to reach’. The evidence indicates that the approach results in transition into permanent housing and, with the appropriate support, maintenance of tenancy.

7.2 Make housing stock available via earmarking

Being able to offer permanent housing, in a timely manner and in the right location, may require that social housing stock is earmarked so that it is available at short notice for rough sleepers. This could be done by each agency participating in a program.

7.3 Make housing stock available via headleasing

Headleasing could also be used to source housing rather than being limited to existing social housing stock. Community housing providers in particular have a role here as they use more headleased properties than Housing NSW. Headleasing can provide good locational flexibility but may require building up relationships with real estate agents in order to source properties.

7.4 Rapid transition into housing

Housing NSW were able to offer priority allocation via matching with suitable housing via the normal allocation process within a specified area. However in some cases allocation was slower than optimal. International studies of the ‘Housing First’ model show that rapid housing is key to transiting people into permanent accommodation. A target of offering housing within two weeks should be set.

7.5 Keep it local

Rough sleepers are most comfortable when housed in an area they know or value. Local housing is best. A finding of the Street Counts was that the homeless population in Parramatta overwhelmingly identified themselves as local people from Western Sydney. This was also true of the study cohort. Housing should be offered in a certain radius around Parramatta.

7.6 Housing first, paperwork second

Where appropriate, a decision should be made to waive the normal requirement to have an active and complete application (and T file number) before housing could be offered. Paperwork could be provided post-housing within a reasonable timeframe. An identified staff member should be nominated as the contact point and should manage allocations. This would remove some of the bureaucratic barriers that some rough sleepers face to being allocated housing and significantly reduce the lead time to occupancy.

7.7 Set targets

It is for Parramatta City Council, Government, via its Homelessness Strategy, and agencies (Housing NSW, other community housing agencies and support services) to decide if targets should be set. However targets can assist in setting and meeting goals if they are realistic. A target of offering housing to at least 25 rough sleepers a year could be set for the Parramatta area. If targets are set, then resources need to be available – housing, casework, and other support services.
7.8 Assertive and persistent outreach

Assertive outreach is absolutely key to the success of the program. This approach works. Assertive outreach by the caseworker – in places where rough sleepers congregate – is key to building trust and recruiting people to permanent housing.

7.9 Ongoing casework

Ongoing and consistent casework is absolutely key to the success of the program, as threats to tenancy arise especially in the initial period after being housed. A non-judgmental and non-bureaucratic approach is essential. The development and continuation of the relationship between the outreach caseworker and rough sleepers from recruitment, housing, transition and integration was important to the process and outcomes. Ongoing casework is crucial. Although the support needs of the clients may diminish over time post-housing, this is not an argument for time-limiting case management. Case management should be consistent - high staff turnover is not preferable.

7.10 Engaging people in meaningful activity

After being housed, some people can become isolated once they are off the streets. Meaningful activity for people - anything from volunteering to encouraging the pursuit of an interest - adds to the person’s sense of self and assists in their engagement with mainstream society. Those experiencing boredom and social isolation do not seem to report as positive results as those who are engaged in volunteering, education or other activities. Wherever possible, formerly homeless persons should be involved as advisors and outreach workers in programs, and encouraged (not forced) to pursue education and voluntary activities, and employment (if they have the capacity).

7.11 Interagency Co-operation

Key also to the success of the program were strong channels of communication and co-operation between agencies to ensure housing and casework services were delivered. It is essential that key people from agencies are engaged and have ownership of the program within their organisation.

7.12 Build on results

Other rough sleepers have observed the results of this program. Others have approached the caseworker indicating that they would be willing to enter into a similar program. If the program is to be expanded, this second pool of potential recruits needs to be engaged and housed.

Environmetrics (2007), further details unavailable.


Shelter NSW (2005), authored by Blunden, H. with Johnston, C. Public housing and nonhousing outcomes—a background paper. Sydney: Shelter NSW.


9.1 Focus Group structure

Introductions and expectations

Focus on project and program

Ice-breaker exercise (“I have just got off the train at Parramatta and I am homeless- where would you recommend I go”?
Participants asked to identify services/locations on a map of Parramatta)

Discussion about the importance of place and where participants wanted to be housed (capture location- where are people who have lived in Parramatta CBD prepared to move to? Are there areas you wouldn't go to? - capture this on map)

When you were rough sleeping what stopped you from accessing housing?

What made you decide to join the program?

Could you have been housed without the project?

How has this been different to previous attempts to be housed?

BREAK for 20 minutes

What services do you currently access? Is this different to when you were rough sleeping?

What are your views on the requirement to participate in case management?

What was it like being part of the research?

How could this project be improved?

Timeliness (Housing NSW, furniture packs)

Has this program, improved your ability to access (exploring non-housing benefits)

- Employment
- Education
- Volunteer work

What do you need to keep you housed? What would make you return to the streets?

Do you know other people who are rough sleeping who want to be housed?

BBQ
9.2 Mapping exercise

Figure 6: Locations of housing.

Westmead, North Parramatta, Northmead, Dundas, Telopea, Granville. Locations are approximate.
9.3 Furniture Package

Summary of furniture and appliance assistance from Parramatta Mission
Note: items supplied varied slightly amongst clients.

Standard furniture packages

1. double bed and mattress
2. 5 piece dining suite
3. TV stand
4. bedside draws
5. Lowboy draw set
6. Lounge chair

Cost: $1250.00

Furniture was put together for $295.00

Additional items:

1. Washing machine
2. Vacuum

Cost $439.00

Shopping

It was the client’s discretion what they brought with the $300.

Typical items

1. 2x towels
2. 2x sheets
3. Doona
4. Doona cover
5. 2x pillows
6. Bathmat
7. Face washer
8. Hand towel
9. Bin
10. Pegs
11. Crockery set
12. Cutlery set
13. Kitchen starter pack
14. Mugs
15. Glasses
16. Bucket
17. Dust pan
Broom

Totalling approximately $1989.00 per person housed.