

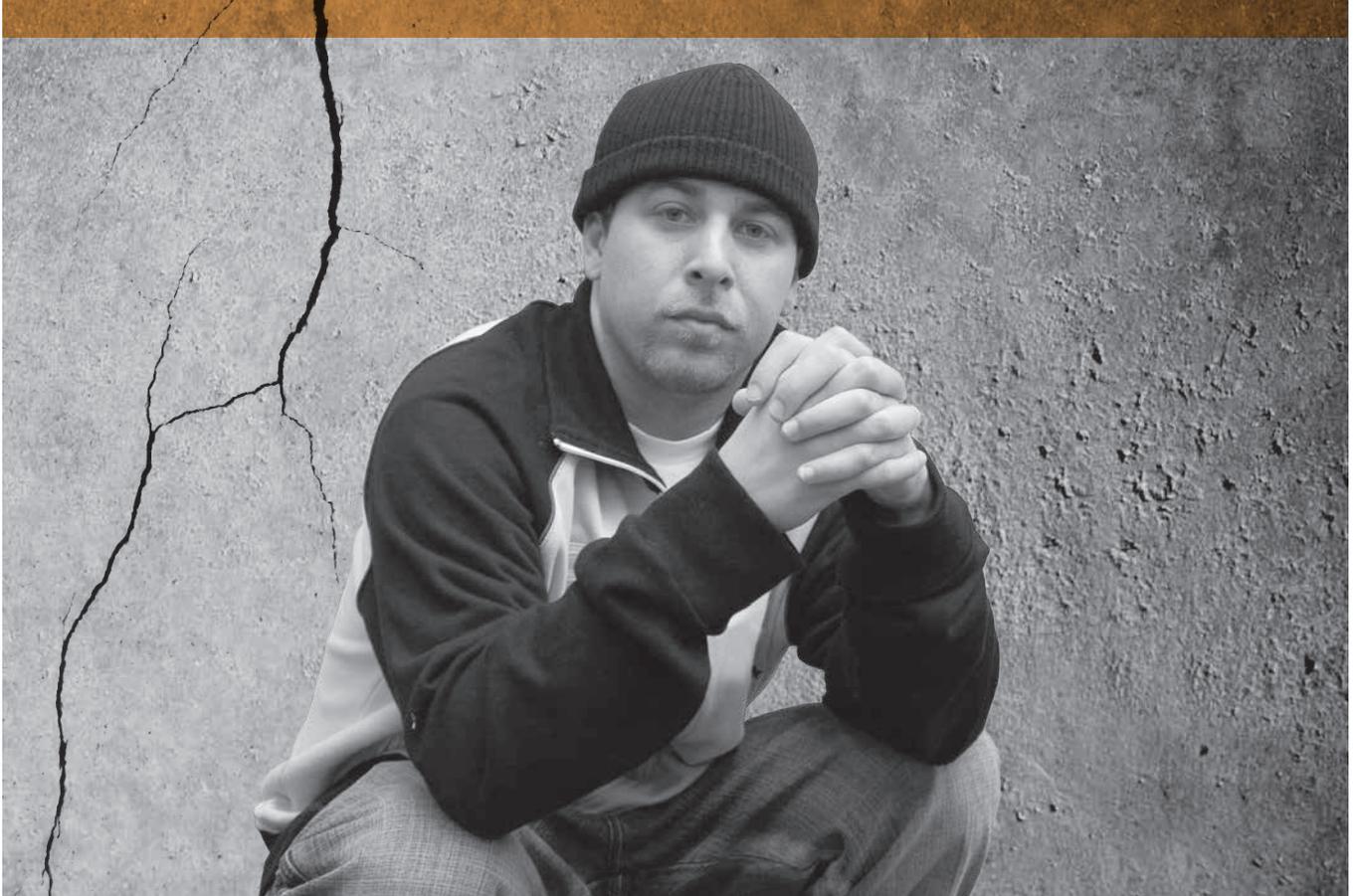


4

Number 4 July 2008

The Wesley Report

More than a bed:
Sydney's homeless
speak out





CHILD ABUSE

ADDICTION

SEXUAL ABUSE

FINANCIAL STRESS

HOUSING CRISIS

**THERE IS
NO QUICK FIX
FOR HOMELESSNESS ...**



UNEMPLOYMENT

MENTAL ILLNESS

PHYSICAL DISABILITY

DOMESTIC VIOLENCE

acknowledgements

Wesley Mission thanks the following other homeless services for their cooperation during the interview phase of research:

- Matthew Talbot Hostel
- Albion Street Lodge
- The Terrace
- Samaritan House
- Hope Street Compassion

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a note from Keith

Wesley Mission exists to serve and care for people in need, and there are few in greater need than the homeless. They are people for whom shelter, safety, health and loving relationships – all of which are recognised as basic human rights – can no longer be taken for granted. They are people with many complex problems, and people who can only overcome those problems with a great deal of support.

This report shows that a host of very serious issues contribute to the cycle of homelessness: mental illness, drug and alcohol abuse, trauma, financial stress, relationship breakdown, child abuse and more. The majority of homeless people experience at least two of these problems; it is clear that much more than a bed and a hot meal are needed to turn the lives of our homeless around.

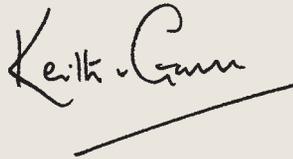
For too long we have worked in silos with ad hoc and piecemeal responses rather than in integrated, proactive and joined up ways. If we are to turn the tide against the ever-increasing problem of homelessness we need not only a whole of government approach to addressing social need and injustice – we need a whole of community approach that sees government, business and community organisations like Wesley Mission working together. We all share the responsibility and desire to make a difference, and we must all look at the bigger picture and find new ways to provide complete care to these most vulnerable members of our society.

I believe this report comes at a significant time. Our Prime Minister has made a firm commitment that this Government will take the issue of homelessness very seriously, and that they will be seeking new ideas, new solutions and new ways of responding to these challenges. I hope this report will provide some of the empirical evidence needed to inform discussion, and that both governmental and sector responses will emerge as we move forward together.

As a Christian agency, I believe we are called not only to care for people, but to give them a voice. I am particularly proud that this report has given the homeless a chance to speak out for themselves by reflecting upon their own subjective wellbeing and sharing their experiences. Rather than offering solutions and answers, we seek to ask questions – and allow the homeless to tell us what they really need, and how they really feel.

My hope is that we as a community will listen to their voices, and be guided as we work towards enduring, long-term solutions.

Warmly yours in Christ,



Keith V. Garner

We seek to ask questions – and allow the homeless to tell us what they really need, and how they really feel





executive summary

The plight of the homeless has long been an issue of deep concern for Wesley Mission, particularly in inner Sydney, where the Mission has been caring for people on the street for more than a hundred years.

The 2001 Census shows that approximately 2063 people were homeless in inner Sydney. Anecdotal evidence suggests that inner Sydney experiences an influx of homeless people from other places due to the concentration of services within the area. The high levels of homelessness in inner Sydney has driven Wesley Mission to undertake an investigation of the experience of homelessness in Australia's largest city.

This Wesley Report, *More Than a Bed: Sydney's homeless speak out*, explores the pathways and exacerbating factors in relation to homelessness and goes beyond these to also examine the subjective wellbeing of homeless persons. Subjective wellbeing is defined in this report as a general positive state of mind dependent on the total experience of life.

About the research

In October 2007, Wesley Mission commenced interviews of 206 homeless individuals selected at random in six homeless service centres located across inner Sydney. The sample was made up of residents and visitors of these centres.

The purpose of the survey was to:

- Examine the subjective wellbeing of homeless people and compare this to the wellbeing of the general population
- Explore the experience of homelessness in terms of pathways and exacerbating factors to homelessness
- Explore the link between these pathways and exacerbating factors to the subjective wellbeing of the homeless group.

Policy workshop

A policy workshop was held at Wesley Mission with the purpose of ascertaining the implications of the research findings. Participants included 12 various representatives from Wesley Mission, representatives from homeless services, academia and government officials. The observations that evolved within the workshop group fed the policy recommendations in this Wesley Report.

Some recommendations for policy also came from a meeting with representatives from Wesley Mission and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

Housing crisis as the major pathway

- The housing crisis remains the number one cause of homelessness. The incidence of homelessness through the housing crisis pathway jumped dramatically from 49 per cent in the original instance of their homelessness to 71 per cent in the current instance.
- Financial difficulty in terms of accumulated debt and unforeseen financial crisis was the major reason behind the housing crisis, increasing in incidence from 31 per cent to 88 per cent.

Multiple diagnosis: factors prolonging homelessness

- Most of the respondents (59 per cent) experienced multiple exacerbating factors that caused them to remain in homelessness.
- Drug abuse was the most frequently cited obstacle to exiting the homeless state, mentioned in 49 per cent of cases. Mental illness and alcohol abuse closely followed at 42 per cent and 32 per cent of responses respectively.
- The Wesley Report also identified depression and schizophrenia as the two primary types of mental illness experienced by the homeless sample.
- More than one-third of respondents (37 per cent) listed a supplementary factor contributing to their continued state of homelessness.

The very low wellbeing of the homeless population

- The Australian adult normative range for subjective wellbeing (measured using the Personal Wellbeing Index) is between 73.4 and 76.4 percentage points (Australian Unity Wellbeing Index: Survey 18).
- The mean wellbeing score for the present homeless people in inner Sydney is 55.2 percentage points. This indicates that this group contains a higher than normal proportion of people who are at risk of depression.
- Of those seven measures that comprise the wellbeing index, the lowest reported mean scores amongst this sample were satisfaction with personal relationships, achievement in life and standard of living. When compared to the Australian adult normative ranges for these measures of wellbeing, the level of satisfaction amongst the present sample was, on average, over 20 percentage points lower.

A misconception on access to food

- Contrary to the common notion that a primary problem or need of the homeless is access to food, this was not evidenced in the Wesley Report. In fact, satisfaction with access to food (82.6 percentage points) was greater than that observed in the general population.

An experience of child abuse as an influential factor of low wellbeing

The Wesley Report found that the trauma of childhood abuse had the greatest impact on overall subjective wellbeing.

- 19 per cent of respondents reported child abuse as a contributing factor to their cycle of homelessness
- 68 per cent of those who report child abuse had a disturbingly low wellbeing score between 0 – 45 percentage points.
- 65 per cent of the sample that experienced child abuse also reported a mental illness
- 50 per cent of homeless people that experienced child abuse also had a drug abuse problem.

These findings confirm results from the previous Wesley Report, *Beyond adversity: giving kids a chance to shine* which was published in 2007. The factors determining resilience after an adverse experience such as child abuse are similar to a number of the measures on the Personal Wellbeing Index.

Implications for policy

In the light of these findings and the discussions in the policy workshop, Wesley Mission identified priority areas for policy action. We call for urgent community and government action on the following recommendations (Full details of these recommendations are outlined in section viii).

1. Develop holistic and integrated approach

- 1.1 provide effective long-term support and full case management services
- 1.2 integrate services for the homeless
- 1.3 greater investment in programs with a holistic, full case management approach
- 1.4 employ case managers at homeless services with training in a number of disciplines who will provide accurate assessment and treatment programs for clients
- 1.5 employ staff in homeless services who are qualified in mental health (including trauma recovery) addictions rehabilitation, relationships counselling and occupational therapy.

2. Provide longer term transitional support

- 2.1 address the need for longer-term transitional support
- 2.2 increase funding into programs that provide for longer-term transitional support.

3. Improve employment support

- 3.1 increase funding for supported employment services.

4. Improve access to justice

- 4.1 provide greater investment in training case managers and homeless service workers to provide legal assistance to homeless individuals wanting to access legal services
- 4.2 investigate the reporting processes and the action taken related to reported cases of abuse and violence
- 4.3 provide social and legal services to engage collaboratively in the provision of services.

5. Address accumulated debt

- 5.1 institute early intervention for financial literacy
- 5.2 initiate legislative action to support responsible credit provision
- 5.3 address the lack of financial counsellors.

6. Change community perception

- 6.1 raise community awareness about the real issues confronting the homeless population
- 6.2 provide funding for existing programs that raise community awareness about these real issues.

7. Other recommendations

- 7.1 establish an independent Commonwealth Homelessness Task Force to review and evaluate Federal and State policies and services for the homeless
- 7.2 establish a Sustainability Task Force incorporating State and Federal Governments and the Not-for-Profit sector.

i introduction

The disturbing rise in homelessness, together with demands for increased and visionary services to help those in crisis, prompted Wesley Mission to undertake this research report on homelessness in inner Sydney. Anecdotal evidence from Wesley Mission centres serving the homeless shows that requests for help are rising sharply, prompting the need for urgent assistance for those who find themselves on the street. Wesley Mission is forced to turn away hundreds of homeless people every year because it lacks the resources to help them.

The experience of homelessness in Australia has been extensively analysed by researchers and community and welfare organisations. The multi-faceted nature of the issue has resulted in a focus on a variety of concerns. Some have been broad, looking at the causes or pathways and exacerbating factors to homelessness (Chamberlain and Mackenzie, 2003). Others have taken a micro perspective by analysing the impact of specific factors that prolong homelessness, such as drug abuse and mental illness, and the services required to manage these problems (Teesson et al., 1998).

This Wesley Report takes a more comprehensive view of the problem of homelessness in inner Sydney by examining not only the pathways and exacerbating factors to homelessness but also, for the first time, the subjective wellbeing of the homeless population.

The focus on subjective wellbeing was driven by the dearth of studies done on this aspect on sub-populations that are disadvantaged and marginalised.

International studies on the wellbeing of the homeless have failed to provide practitioners with a better understanding of the experiences of those who are homeless. In the Australian context, there have been no similar studies incorporating the subjective wellbeing of the homeless.

The value of using wellbeing as a lens on the experience of homelessness is that it illuminates the perceptions and life experience of homeless people. It is essential to take these subjective experiences into account when devising solutions for the care of the homeless in order for the solutions to have the greatest chance of success.

Aims and scope of the research

The study sought to:

- examine the subjective wellbeing of the homeless population using measures indicating their level of satisfaction on these life measures:
 - health
 - social connectedness or feeling part of the community
 - personal relationships
 - standard of living
 - achievement in life
 - safety
 - future security
 - spirituality or religion
 - ease in obtaining food
- compare the findings to the subjective wellbeing of the general population
- explore the experience of homelessness by examining the different pathways to homelessness as well as the factors that cause people to remain in homelessness, and;
- examine how these pathways and exacerbating factors link to subjective assessment of wellbeing by the homeless population.

Homelessness and wellbeing defined

The definition adopted in this study comes directly from the Supported Accommodation Assistance Program (SAAP). This program was established in 1985 to support homeless people as well as women and children escaping domestic violence (www.aihw.gov.au/housing/sacs/saap/index.cfm).

The Supported Accommodation Assistance Act 1994 (sect. 4) states that:

“A person is homeless if, and only if, he or she has inadequate access to safe and secure housing”.

A person is believed to have inadequate housing if the housing itself damages, or is likely to damage the person’s health; threatens personal safety; fails to provide adequate access to personal amenities and social and economic support generally associated with housing, and; places the person in a situation that is likely to threaten the security and affordability of housing (www.austlii.edu.au/au/legis/cth/consol_act/saaa1994359/s4.html).

Wellbeing is defined as:

“... more than the absence of illness or pathology; it has subjective (self-assessed) and objective (ascribed) dimensions; it can be measured at the level of individuals or society; it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth (McAllister, 2005)”.

The survey

The survey encompassed homeless individuals using crisis accommodation centres and other homeless services in inner Sydney. The inner Sydney locality was chosen for the study as a response to increasing awareness that this area is serving as a magnet for homeless people, largely due to a concentration of services and crisis accommodation centres in inner Sydney.

A total of 206 homeless individuals were selected at random for interview. For a more detailed discussion of the participants and the methodology, see Appendix.

Anecdotal evidence from Wesley Mission centres serving the homeless shows that requests for help are rising sharply, prompting the need for urgent assistance for those who find themselves on the street



ii the high incidence of homelessness in Australia

National and state figures regarding the incidence of homelessness have been extracted from the 2001 Census as this is the most recent account of the homeless experience. Although the data is a number of years old, it supplies a largely comprehensive and accurate framework for counting the homeless, particularly since the data is supplemented by the National Data Collection Agency (NDCA).

The inner Sydney data will also rely on this Census for the reasons given above.

The national experience: 53 in every 10,000

On Census night 2001, there were an estimated 99,900 people without safe and secure accommodation nationwide – 53 homeless people in every 10,000. This represented a slight decline from the preceding year of 59 per 10,000 of the population. However, the transient nature of the homeless makes it difficult to deliver a count with accuracy (Chamberlain and Mackenzie, 2001). It may well be that the number of homeless in Australia based on the 2001 Census is an underestimate.

The Australian Bureau of Statistics (ABS) classifies the homeless in these categories:

- “rough sleepers” or people who spend the night in “impoverished dwellings or tents, or in streets, parks, cars or derelict buildings” (www.abs.gov.au CATI no. 4102.0). There were 14,158 rough sleepers counted on Census night 2001
- people who are staying temporarily with friends or people who are living in boarding houses.
- on Census night 2001, there were 48,614 people who were staying with friends and another 22,877 who were living in boarding houses
- the group from SAAP-funded crisis accommodation of which there were 14,251 persons (Chamberlain and Mackenzie, 2001)
- an additional group referred to as the marginally housed: 22,900 individuals residing in caravan parks without security of tenure (www.abs.gov.au CATI no. 4102.0).

I'M NOT COLD ...
BUT I'VE BEEN GIVEN
THE COLD SHOULDER



iii the explosion of homelessness in inner Sydney

The socioeconomic profile provided in Table 1 is one-sided in portraying inner Sydney as a haven for professionals and employment growth. "Inner Sydney is characteristic of inner city areas of other large Western cities with a mix of poverty and gentrification and of prostitution, alcoholism, illicit drugs and homelessness" (Teeson et al., 2000:520).

Table 1: Socioeconomic profile of inner Sydney

Demographic characteristics	Comment
Population	156,573 in 2006 and is estimated to increase to 180,000 by 2009
Age	Just under 50 per cent of residents are between 20 – 40 years old
Education	Increase in number of Bachelor or higher degree holders by 13,326 to 31.3 per cent. Also 14.7 per cent with vocational training or a diploma
Job status	53 per cent employed as professionals 14 per cent in clerical and administration 9.2 per cent are community workers 8.1 per cent are employed in sales
Income	Highest individual income quartiles increased from \$27,045 and over in 1991 to \$51,040 and over in 2006

Source: <http://www.id.com.au/profile/sydney>
(City of Sydney: Community Profile link)

Homelessness amidst growth

A total of 2063 people were homeless in inner Sydney on Census night 2001 (ABS, 2001 & Chamberlain and Mackenzie, 2001). Of this total, 1528 (74 per cent) were men and 535 (26 per cent) were women (Hurni, 2004). Almost half of those in this state were relatively young (46 per cent were aged between 25 and 44 years). The ABS count for rough sleepers in inner Sydney was estimated at 324 individuals.

While there are studies that examine the causes and contributing factors to homelessness, there is a lack of information on inner Sydney despite the explosion of homelessness in the area (Chamberlain and Mackenzie, 2003).

I'M NOT THIRSTY ...
BUT I'M AN ALCOHOLIC
- THAT NEEDS HELP WITH
MY ADDICTION



iv the wesley report profile

Age, gender and marital status

The homeless in inner Sydney are:

- Mostly males
 - 87 per cent
- Mostly young
 - 38 per cent were between 26 years to 35 years of age
 - 24 per cent were aged between 18 years to 25 years
 - 5 per cent were under 18 years of age
- Never been married
 - 56 per cent
- Married at the time
 - 1.5 per cent
- Divorced or separated
 - 27 per cent
- High school education
 - 62 per cent
- Post-secondary qualification
 - 16 per cent
 - 9 per cent had technical or trade qualification.

Figure 2: Gender of respondents N=206

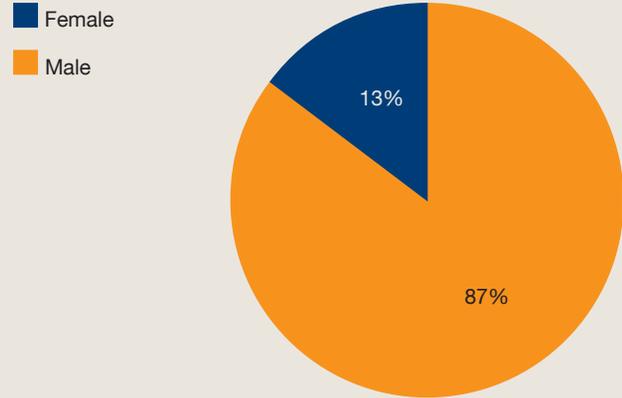


Figure 1: Age of respondents N=206

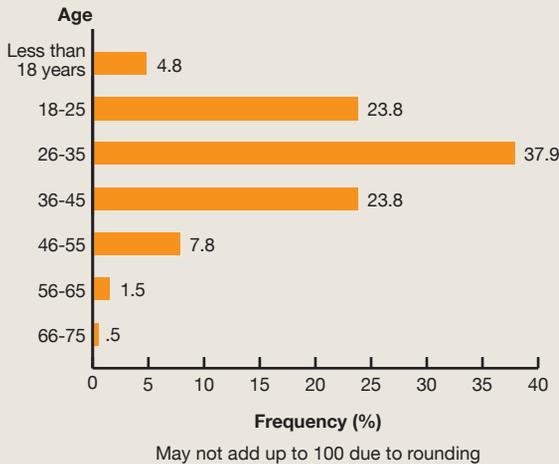
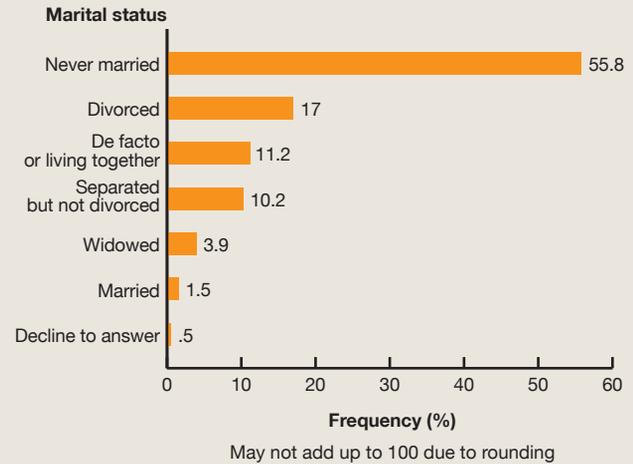


Figure 3: Marital status of respondents N=206



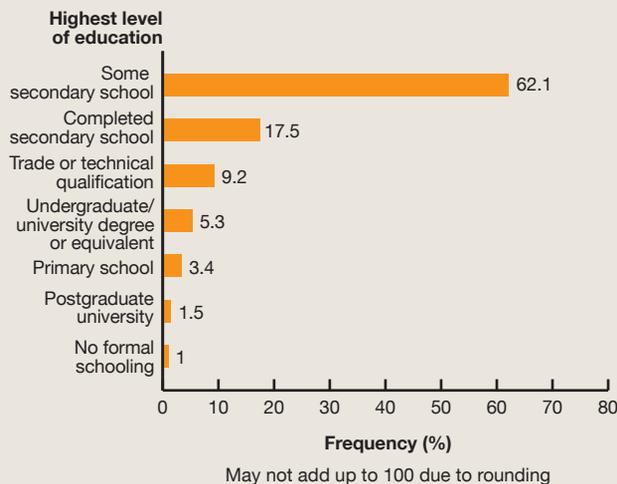
The Wesley Report shows that inner Sydney's homeless match the national profile in terms of age, sex and marital status.

Education

Most of the respondents had some secondary schooling (62 per cent) while only 16 per cent had technical or post-secondary education.

This confirms many prevalence studies showing that the risk of homelessness is higher in poorly educated people (St Vincent's Mental Health Service and Craze Lateral Solutions, 2005). Hurni (2004) also found that homeless individuals in inner Sydney had left school at the end of year 10.

Figure 4: Level of education N=206



Inner city drift

- Only 27 per cent of respondents originally resided in inner Sydney
- 48 per cent were from other urban areas of NSW
- The remaining 25 per cent came from rural NSW, interstate or were from other countries.

The Wesley Report shows that most of our inner Sydney homeless respondents had originally come from elsewhere. Only one-quarter (27 per cent) had lived in inner Sydney prior to becoming homeless. This statistic supports the argument that the majority of those who are living homeless in inner Sydney have not been generated by the existing population but have drifted in from other areas.

A possible reason for this is the high intensity of services on offer to the homeless in inner Sydney. In addition, anecdotal evidence suggests that homelessness rehabilitation services in inner Sydney are hamstrung by factors such as the following that impede their effectiveness in promoting independent living:

- there are hardly any jobs in inner Sydney (only 10 per cent of available jobs in Sydney are within the inner city)
- rents are exceedingly high
- there is a high concentration of drug use and trafficking.

It is relevant to note, in this context, that the price of land in inner Sydney radically limits the impact of Wesley Mission services for homeless people.

v experience of homelessness

The pathways into homelessness explored in this report were adopted from the research conducted by Chamberlain and Mackenzie (2003). There were three key pathways:

- the housing crisis pathway
- the relationship breakdown pathway, and
- youth to adult transition.

The housing crisis pathway

Housing crisis remained the major pathway to homelessness.

The Wesley Report reveals that the housing crisis was the major reason for homelessness whether from the perspective of the respondents' first experience of homelessness or in their current instance of homelessness.

The magnitude of change of the housing crisis as the trigger to homelessness should be of significant concern to policy makers. The increase is staggering. The housing crisis as a pathway to homelessness increased by 22 percentage points, from 49 per cent to 71 per cent.

Table 2: Pathways to homelessness

Pathways to homelessness*	Original pathway (per cent)	Current pathway (per cent)
Housing crisis pathway	49	71
Relationship breakdown	39	14
Youth to adult transition	6	2

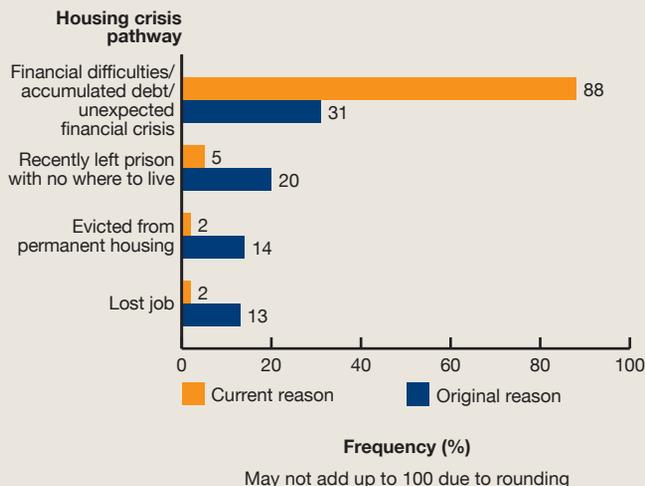
*multiple response allowed

Financial difficulty as the precursor

- financial difficulty was the major reason behind the housing crisis
- 88 per cent of the respondents had experienced accumulated debt or unexpected financial crisis.

Financial difficulty was the primary reason behind the housing crisis. For the purpose of this survey, financial difficulty implied accumulated debt and unexpected financial crisis. The change was significant, with 31 per cent to 88 per cent of respondents citing this as the major cause. The Wesley Report shows that the effect of financial problems in creating long lasting homelessness is painfully clear: where 31 per cent found that a financial crisis had plunged them into homelessness, 88 per cent said that financial problems kept them homeless.

Figure 5: Primary reasons for the housing crisis pathway N=155



The relationship breakdown pathway

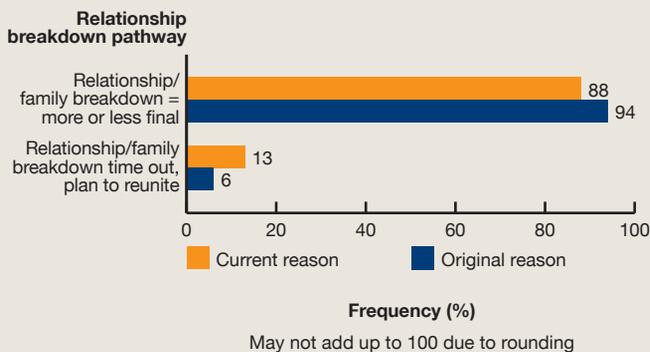
Relationship breakdown was the second most frequently cited cause of homelessness.

Relationship or family breakdown as a pathway to homelessness declined in importance from 94 per cent in the original case to 88 per cent in the current instance of their homelessness. This was particularly true for those who saw their relationship breakdown as final, rather than a temporary separation.

Youth-to-adult transition pathway

Very few respondents cited youth-to-adult transition problems as the cause of homelessness.

Figure 6: Relationship breakdown pathway N=127



Housing crisis was the major reason for homelessness whether from the perspective of the respondents' first experience of homelessness or in their current instance of homelessness

vi factors that prolong homelessness

In terms of factors exacerbating homelessness, The Wesley Report found that:

- 97 per cent of the respondents had an exacerbating factor for remaining homeless
- The main factors that exacerbate homelessness are drug abuse, mental illness and alcohol abuse
- 59 per cent were victims of multiple exacerbating factors.

Drug addiction was the biggest hindrance to moving out of the cycle of homelessness. 49 per cent indicated that this was their problem. Mental illness was cited as the main obstacle by 42 per cent while 32 per cent named alcohol abuse as the primary exacerbating factor.

Table 3: Exacerbating factors of homelessness in inner Sydney

Exacerbating Factor	Yes*(n=199)
Drug abuse	97 (49 per cent)
Mental illness	83 (42 per cent)
Alcohol abuse	64 (32 per cent)
Other trauma	58 (29 per cent)
Physical disability	42 (21 per cent)
Victim of childhood abuse/neglect	38 (19 per cent)
Gambling	33 (17 per cent)

N.B. n=199 as 7 people had no response/declined to answer
*multiple response

Depression and schizophrenia were the two primary types of mental illness, with 16 per cent and 15 per cent of the respondents experiencing depression and schizophrenia respectively.

Table 4: Number of exacerbating factors experienced

No. of exacerbating factors	Frequency	Percentage
1	77	37.4
2	63	30.6
3	29	14.1
4	21	10.2
5	8	3.9
6	1	0.5
No response	7	3.4

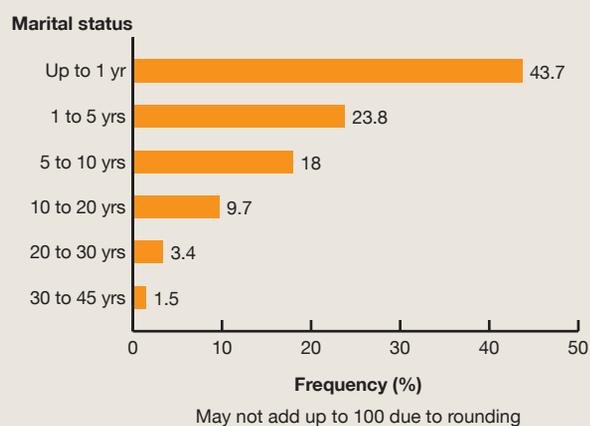
A sizeable number (59 per cent) of respondents mentioned having multiple exacerbating factors.

Length of time homeless in current instance

- 44 per cent for one year or less
- 18 per cent for five to ten years
- 14 per cent for ten or more years.

The respondents varied in terms of length of homelessness although most (44 per cent) had been homeless for one year or less.

Figure 7: Length of time homeless N=206

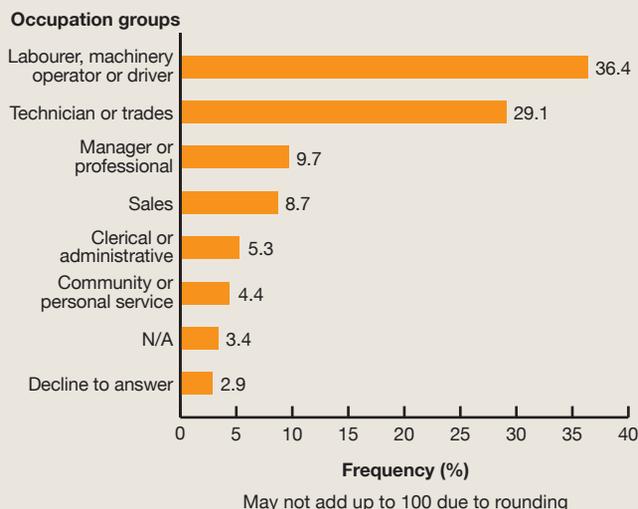


Employment history prior to homelessness

- 96 per cent had held a job
- 40 per cent in paid employment for 1 – 5 years
- 21 per cent in paid employment for 5 – 10 years.

More than one-third of respondents were employed either as a labourer or machinery operator (36 per cent) or as a technician or tradesperson (29 per cent), earning a weekly income of \$385 – \$673 for 31 per cent of the respondents and \$674 – \$961 for 24 per cent of the respondents.

Figure 8: Type of work prior to homelessness N=206



Centrelink as the primary source of income

- 89 per cent derived income from Centrelink benefits
- Current weekly income: \$220 – \$384.

Although Centrelink was the primary source of income for 89 per cent of the respondents, 11 per cent supplemented this by doing part-time or casual work. Other sources of income include crime and prostitution (5 per cent), and financial support provided by family and friends (3.4 per cent). Most of the respondents received an income of \$220 – \$384 per week.

Intent to move out of homelessness

- 65 per cent had received crisis accommodation on more than six occasions
- 82 per cent had an intent to find permanent housing
- 47 per cent were actively searching for work.

Most of the respondents had a desire to find permanent accommodation, and a significant proportion (47 per cent) was actively searching for work. Modal analysis indicates that the majority of respondents who were not on active job search at the time of interview had problems that hindered them. These included physical disability, mental illness, trauma from child abuse and other exacerbating factors.

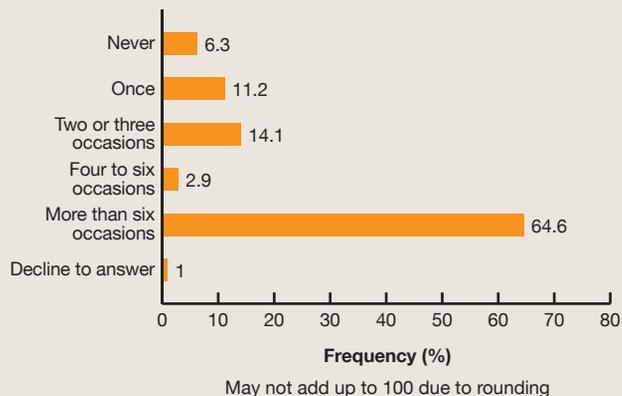
Table 5: Exacerbating factors and intent to look for work

Exacerbating factors and intent to look for regular work (N=206)

Exacerbating factor	Total	Yes (per cent)	No (per cent)	Decline to answer (per cent)
Mental illness	83	36	63	1
Physical disability	42	24	74	2.4
Gambling	33	64	36	0
Drug use	102	45	54	1
Alcohol abuse	64	47	52	2
Childhood abuse and neglect	38	34	66	0
Other trauma	58	59	40	2

*May not total due to rounding. multiple response

Figure 9: Number of times received crisis accommodation N=206



This chart indicates that a significant number of clients (65 per cent) are continually moving between homeless services in inner Sydney. This lack of stability severely diminishes the impact of services in addressing the issues underpinning their homelessness.

vii subjective wellbeing of the inner Sydney homeless

Emmanuel, 30, has spent almost half his life on the streets. He has now left the gangs, drugs and violence behind him.

I've done a lot of things in my life I'm not proud of. I've been homeless and hopeless, feeling that my life was worth nothing. I have a lot of shame and guilt, but no regrets, because it's all contributed to who I am today, and after a long journey, I like who I'm becoming.

I spent my childhood in Papua New Guinea after my Filipina Mum re-married. There were huge problems with tribal wars; everyone lived in fear. I was a happy kid, though – outgoing, playing all over the place. My Mum used to call me “Bulldozer” because I was always in the dirt!

When I was eight years old, I was sexually abused by a close family friend. He ordered me not to tell anyone. From then on I became an introvert; I was always hiding. I was frightened and confused.

We came to Australia when I was eleven, and by that time I was a very troubled kid. I learnt about racism very quickly, and I was bullied a lot at school.

Life can so easily spin out of control

At high school I met other people like me who didn't fit in, and we stuck together. It was only then that I started to understand the sexual abuse I had suffered – the grooming, the secrets. I was sick with rage. My friends introduced me to alcohol and drugs, and I thought they were the best thing in the world; they relieved me of that pain.

From then on things started to get pretty bad. I developed a high tolerance for the drugs so I needed more, and it was affecting my relationships with my family and friends. My parents were noticing my mood swings, so I got into the habit of staying with friends, or even sleeping in the park. I got involved with a local gang, and while I'm not naturally an aggressive person, I soon adapted and became that way so that it became normal for me to beat people up, carry a knife with me all the time, stab people.

Leaving home may seem the best option

Life for me then was about two things: selling drugs and training. I knew I had to be training myself physically to fight, especially in case I went to prison. The older gangsters became my role models because they looked so strong and in control. The way they talked, the stories they told, the fights they'd been in, the power – it really appealed to me.

Eventually I ran out of friends to stay with.

I told myself that no one could do anything for me anymore, least of all my family, and that it would be better to leave home altogether and make my own way in the world.

That was one of the biggest mistakes I'd ever made. At that time I needed nurturing; I needed someone to be there for me. By the time I realised what I'd gotten myself into, I was stuck.

I used to sleep by a creek near my parents' house, and when they were gone I'd break in and eat. Sometimes I slept on the slippery dip at Maccas; I had to make sure I woke up in time to leave before the staff arrived in the morning.

For me, homelessness is having nowhere to go and having no support. It was a very dark time in my life. All you can think is, "Where can I get money? Who can I rob? Where am I going to sleep?" You really regret the situation you're in. It's always "I wish I could have done this, I should have done that".

A life of crime is never far away

Crime is the only option you think you have. The thing is, if you get caught, you go to jail where you get three meals and a bed anyway. If you get away with it, it's just a bonus. So I had no problem with it; it was just the logical next step.

I've been to jail 10 times or more, including juvenile detention. There's too much emphasis on discipline but no self-development, no real services.

Sometimes I think you can make more money dealing in jail than you can in the outside world. You spend all your time talking to other criminals, and the conversation turns to what people did and tips on how to do things better – steal cars quicker, open cash registers. You always come out more determined to do the wrong thing. You hook up with all the people you met on the inside.

Mental illness compounded Emmanuel's problems

When I was 24 I developed schizophrenia and drug-induced psychosis, then depression. I can't even remember how many times I was in and out of psych wards – it'd be at least twice a year. My family used to visit me and I'd promise them the world, saying "it's never going to happen again," but of course it did.

What people say is true: you've got to hit rock bottom before you can get up.

About 16 months ago I woke up in a psych ward and I couldn't remember any of the past three weeks. I felt dead. I realised that my only options in life at that point were ending up in jail, in a psych ward or dead, and that I was going to lose everything that mattered to me, like my little niece. I cried out to God and asked for help.

I had been in rehab several times before, but it never got me anywhere. I'd tried methadone, bupomorphone, you name it – nothing had worked. A case worker put me in touch with Rob at Wesley Rehabilitation Services who was running a program called Turnaround House. I thought, "that's exactly what I want to do, I want to turn my life around." Lots of other rehabs wouldn't take me on because of my mental health issues, but Wesley Mission welcomed me with open arms – I've never felt so welcome in my life.

I told myself that no one could do anything for me anymore, least of all my family, and that it would be better to leave home altogether and make my own way in the world. That was one of the biggest mistakes I'd ever made.

After a long journey, the future looks brighter

I'd like to tell you that I'm cured, but I'm not. I still have a lot of resentment but I'm learning to deal with it better. I need to step up my maturity. But today I've got an awareness of my feelings; I talk on an emotional level, which I've never done before.

One of the few things I've found total satisfaction in is helping people. I've worked at Reiby Juvenile Justice Centre in Campbelltown a few times as a volunteer. I thought it would be really difficult because I know what it's like to be a troubled teen – they're not really going to be interested in you unless you've got something they want – but I've gone up there and shared my story, and they've appreciated it.

I see kids there who are exactly like me; I can see it in their eyes, the way they behave. I remember what it was like for me and I just want to be there for them. I've got no paperwork that says I'm an expert in counselling or drug and alcohol work – I'm not in a position to advise them – but I can listen and be there for them.

vii subjective wellbeing of the inner Sydney homeless

The Personal Wellbeing Index is an internationally accepted instrument that specifically assesses subjective wellbeing. Cummins and Lau (2006: 18) outline the appropriate method of interpreting the Personal Wellbeing Index Scores (PWI). They argue that:

“data derived on the Personal Wellbeing Index (PWI) scale items may be used either at the level of individual domains, or the domain scores may be aggregated and averaged to form the PWI”.

- The acceptable wellbeing range for Australia is 73.4 – 76.4
- The total subjective wellbeing score for the homeless population in inner Sydney was 55.2.

The figure of 55.2 for the homeless population of inner Sydney is a cause for concern as it falls well below the normal range for Australia. See Figure 10.

The only other low group score that comes close to this refers to the research conducted by Deakin University on the wellbeing of carers where the total subjective wellbeing for this group was recorded at 58.5 (Cummins et al., 2007).

The 55.2 score gives a concrete foundation to the generally held perception that to be homeless is to be low in spirit: the low score is a certain indicator that this group contains a higher than normal proportion of people who are at risk of depression.

Access to food is not a problem

- The inner Sydney homeless were exceptionally satisfied with their access to food, scoring 82.6.

Access to food scored relatively high and was the only score that was above the subjective wellbeing average for Australia. The satisfaction level over access to food was not affected by the type of accommodation used by the homeless respondents. In the initial stages of consultation with Wesley Mission’s Surry Hills crisis accommodation centre, Edward Eagar Lodge, it was discovered that this crisis accommodation centre provides three meals a day not only to homeless residents but people off the street or from other homeless services.

This result closely resembles the outcome from research conducted in the US by Biswas and Diener (2006). They found that the homeless population scored relatively high in reference to their access to food despite their predicament.

Figure 10: Subjective wellbeing of the homeless (satisfaction measures)



Source: Wellbeing survey section B and Unity wellbeing

Critically low life satisfaction measures

- Personal relationships – 41.6
- Current achievements in life – 45.1
- Standard of living – 48.3

Focusing on satisfaction measures other than food exposes some very low individual wellbeing scores for the homeless population in inner Sydney. The three above-mentioned measures of satisfaction are of particular interest as their scores indicated more than a 20 point gap from the acceptable level for Australia.

Child abuse as an influential factor of low wellbeing

- Abuse during childhood had the greatest impact on total wellbeing
- 68 per cent of those who experienced abuse had a disturbingly low wellbeing score between 0 – 45
- One in five (19 per cent) listed experience of child abuse
- Mental illness and drug abuse had no impact on the respondents' own assessment of their wellbeing

68 per cent of those who experienced abuse had a disturbingly low wellbeing score between 0 – 45



Table 6: Factors impacting low wellbeing scores

Exacerbating factors	Significance Level (Pearsons Chi Square)
Mental illness	0.428
Physical disability/illness	0.540
Gambling	0.527
Drug abuse	0.785
Alcohol abuse	0.886
Victim of childhood abuse/neglect	0.023
Other trauma	0.594

Source: Inner Sydney Wellbeing Survey.

N.B: Pearson's Chi-Square is significant if score is less than 0.05.

The extremely low total subjective wellbeing scores for the homeless in inner Sydney were explained in terms of the exacerbating factors (i.e. factors causing a continuation of homelessness). The results were unexpected as child abuse/neglect was the only exacerbating factor out of seven identified factors to have a significant influence on wellbeing. This is illustrated in Table 6.

vii subjective wellbeing of the inner Sydney homeless

Table 7: Composite wellbeing of the homeless in inner Sydney and victim of child abuse or neglect

Subjective wellbeing	Factors that prolong homelessness – victim of childhood abuse/neglect			Total
	No	Yes	No response	
0 – 15	6 (3.7 per cent)	3 (7.9 per cent)	0 (0 per cent)	9
15.01 – 30	13 (8.1 per cent)	9 (23.7 per cent)	2 (28.6 per cent)	24
30.01 – 45	34 (21.1 per cent)	14 (36.8 per cent)	1 (14.3 per cent)	49
45.01 – 60	43 (26.7 per cent)	7 (18.4 per cent)	2 (28.6 per cent)	52
60.01 – 75	37 (23.0 per cent)	3 (7.9 per cent)	1 (14.3 per cent)	41
75.01+	28 (17.4 per cent)	2 (5.3 per cent)	1 (14.3 per cent)	31
Total	161 (100 per cent)	38 (100 per cent)	7 (100 per cent)	206

Source: Inner Sydney Wellbeing Survey

Table 7 suggests that the majority of victims of child abuse or neglect scored quite low with very few responses falling within the acceptable Australian standard.

As discussed earlier, only 38 out of 199 or 19 per cent (refer to Table 3) of respondents listed child abuse as a factor that prolonged homelessness. Thus the lowest report factor prolonging homelessness had the strongest pull on the homeless population's wellbeing scores.

Dual diagnoses among child abuse victims

- 66 per cent of victims of child abuse/neglect had a drug abuse problem
- 50 per cent of child abuse/neglect victims had a mental illness
- 42 per cent listed all three as the factors that prolong homelessness

As previously stated, drug abuse and mental illness were the most frequently cited reasons for remaining homeless by the homeless population of inner Sydney. However, while these two factors did not have a great impact on wellbeing scores, they were present in a large proportion of respondents who experienced child abuse/neglect.

Further analysis of these results revealed that almost half the number of homeless individuals who had experienced abuse/neglect in childhood had both a drug abuse and a mental health problem. This is highlighted in Table 8.

Table 8: Child abuse or neglect and other exacerbating factors

Name of exacerbating factor (*multiple response)	Yes (n=38)	No (n=38)
Mental illness x child abuse	19 (50 per cent)	19 (50 per cent)
Physical disability x child abuse	12 (31.6 per cent)	26 (68.4 per cent)
Gambling x child abuse	4 (10.5 per cent)	34 (89.5 per cent)
Drug abuse x child abuse	25 (65.8 per cent)	13 (34.2 per cent)
Alcohol abuse x child abuse	13 (34.2 per cent)	25 (65.8 per cent)
Other trauma x child abuse	9 (23.7 per cent)	29 (76.3 per cent)
*Mental illness x child abuse x drug abuse	16 (42 per cent)	22 (58 per cent)

Source: Inner Sydney Wellbeing Survey. *Cross-tabulations result of highest two exacerbating factors against child abuse/neglect



I'M NOT HUNGRY
BUT I'M HUNGRY TO
LEARN NEW SKILLS
AND FIND SOME WORK

viii comparison of subjective wellbeing across inner Sydney

Seven life satisfaction measures were used in calculating total wellbeing for the homeless population to be rendered comparable with Deakin University's general population data.

The total wellbeing for the general population in inner Sydney of 71.6 was high, although it fell below the accepted range for Australia of 73.4 – 76.4.

The Wesley Report found that a 20-point gap registered between the general inner Sydney population's state of wellbeing and the wellbeing of the target area's homeless population.

It is not surprising that the homeless population's total wellbeing is lower than that of the general population. In this respect, we have highlighted three domains where the largest gaps in wellbeing occur between the homeless and general population of inner Sydney.

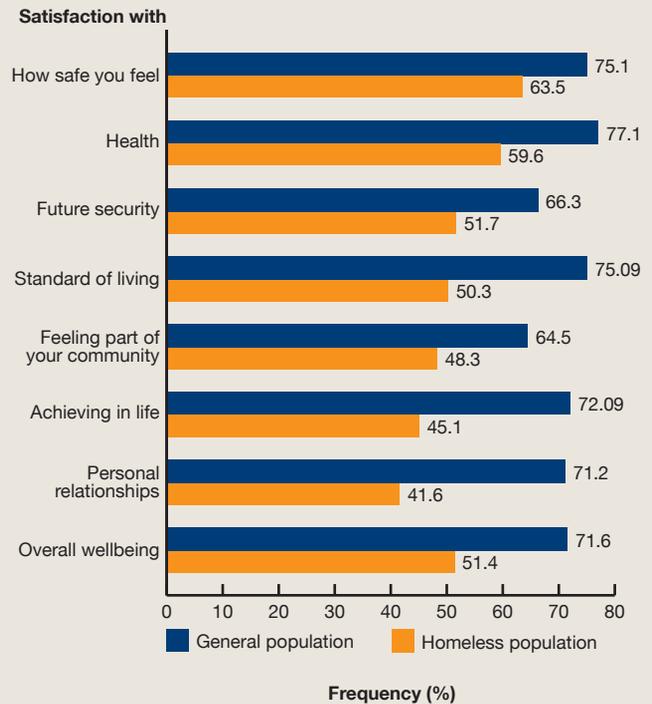
These gaps occur in the following measures of wellbeing:

- Personal relationships – a 29.6 point gap
- Standard of living – a 24.79 point gap
- Currently achieving in life – a 26.99 point gap

The Wesley Report found that a 20-point gap registered between the general inner Sydney population's state of wellbeing and the wellbeing of the target area's homeless population



Figure 11: Comparison subjective wellbeing of inner Sydney and general population



Source: Wellbeing survey section B and Unity wellbeing

Explaining the low individual scores

Satisfaction with personal relationships

- level of satisfaction was influenced by employment and marital status
- 56 per cent of the inner Sydney homeless sample had never married
- 62 per cent of this group score between 0 – 50.

For the general population, satisfaction with personal relationships was found to be largely influenced by both marital and employment status. Those in the general population who were employed full time had personal relationship satisfaction scores of 60 – 100. Similarly, the result showed higher scores for married individuals or those in de facto relationships, with 50 per cent of those widowed and 29 per cent of those never married scoring low, between 30 – 50 on the average.

However, the fact that almost all of the homeless in the sample were unemployed and that the majority had never been married in combination provide a cause for the low scores for personal relationships attributed to this group.

It also serves to explain the large gap between the homeless sample and general population of inner Sydney.

Satisfaction with standard of living

- for the general population, satisfaction with the standard of living is influenced by income and age
- with reference to the homeless population, 52 per cent of the homeless sample earning between \$220 – \$384 weekly had a wellbeing score of 5 or less
- furthermore, 82 per cent of the homeless sample earning less than \$220 a week also scored 5 or less.

For the general population, satisfaction with standard of living was significantly influenced by income and age. The results show that satisfaction with standard of living scores increase in line with income.

The majority of the homeless in inner Sydney were on Centrelink payments, receiving no more than \$384 per week. As such, the disparity in scores between the two populations is understandable.

Achievements in life

The large variance in scores associated with this satisfaction measure is better explained through its relationship to the experiences of child abuse/neglect. However, secondary data assists in filling this gap by linking this satisfaction measure to child abuse. This is discussed further below.

Child abuse and achievement in life

- not one pathway or exacerbating factor proved to significantly influence achievement in life
- the experience of abuse proved to be linked to the satisfaction measure of achievement in life.

The previous Wesley Report, *Beyond adversity: giving kids a chance to shine*, predicted determinants of resilience (Wesley Mission, 2007: 47). The study concluded that the individual's achievement in life was one of the factors in building resilience after adverse experiences.

An interesting point is that the study also mentioned the important contribution of personal relationships in building resilience. These two factors turned out to be the lowest scoring wellbeing domains for the homeless population in inner Sydney.

viii comparison of subjective wellbeing across inner Sydney

A regular visitor to Wesley Mission's Edward Eagar Lodge, Nichole*, 31, first hit the streets at the age of 12. She came from Gosford to Sydney where she lives at a women's shelter, Samaritan House.

I left home because my mother used to push me off onto men since I was little. She wasn't there when I got sexually molested but she made me go to them.

When I was about 15, a girl brought me to Kings Cross. She said, "You can always get a feed and a bed and money here." She took me to Darlinghurst Road and I think that two years later I hadn't even stepped off that street.

Kings Cross was full-on, all glamorous and there were masses of people everywhere. If you were a prostitute you could make \$1000 – \$2000 a day. When I became one, I would put all that money in poker machines or drink it or put it up my arm.

If young homeless women don't get off the streets in a year, all of them will get into prostitution although they won't admit it.

When I came to Sydney, it wasn't too difficult to find food and somewhere to sleep in different youth refuges.

Someone told me you couldn't get addicted to speed so after a few months I started on that. People along the street gave me free drugs for three months. Then one day I started spewing up all this white foam. My friend says, "I'll take you to this guy." The guy said, "You're addicted." I go, "I can't be – you told me I won't be!" He laughed and said, "That's the last freebie – after this you're going to have to score points." He goes, "There's a guy down there at the leather shop. I'll ring him up and make an appointment. You'll get a hundred bucks and a leather skirt out of him." And that was it: I was a worker. That was six months after I hit the street.

Every time I did it, it became just too hard to deal with it; it only takes 15 or 20 minutes but it's two or three weeks of depression. To do it without drugs is hard so I don't do it any more.

*Photo changed



Friendship, trust ... these are just dreams for the homeless

It is heaps hard to trust people. It's hard to make a true friend. Even if you get on really well with someone, there'll come a point where they choose between your friendship and a hit, and they'll choose the hit. In these places [homeless centres] the first person to come up to you is the last person you want to know.

Do I trust the system? No. But there're certain forces of the system that I trust. I come back here [to Edward Eagar Lodge] and my mail comes here and when I need someone to talk to I come here and see Mim [a case-worker]. I say, "I've had it up to here" and she's like, "Well, relationships are hard, Nicky." She's just there. She'll ask me if I'm okay and even if I lie and say "I'm fine", it's just nice that she asked. So I trust this place.

If I got a job, it would bring me hope that I can do something about my situation. And it would give me more financial leverage so I could get a house and try and get my kids back. I'm confident but I won't even apply for a job because I know they'll knock me back.

I've got a friend where I'm staying now, at Samaritan House. She's the first female friend I've had in years. Most of the girls there have stories just like mine. We sit and talk about our kids. At first, no-one was talking about their kids but then I came home from a [n access] visit and I was, like, la-la-la [Nichole spins in a circle with a smile] and then other people started to tell me and show their kids' photos.

The link with mental illness

I have bipolar disorder. It was diagnosed two years ago. I'm on lithium now and it keeps the suicidal thoughts at bay. I couldn't tell you if the mental illness or the drugs came first. I started taking drugs but I also started becoming emotionally unbalanced.

I used to have feelings of extreme sadness – crying and crying. I would howl like a wolf. I had such big pain inside me. I used to get into highs where people thought I'm on drugs. I'm amplified emotionally.

Work would be good but Nichole's confidence is ebbing

I'm busting my gut trying to get a job. You can't get a job in a normal office when you don't have a stable address.

I was put on PSP [the government-funded Personal Support Program for job-seekers who have problems that hinder them from finding work] but the PSP people said I was too sick, had too many problems, and they put me on pension and classified me as unemployed.

If I got a job, it would bring me hope that I can do something about my situation. And it would give me more financial leverage so I could get a house and try and get my kids back.

I'm confident but I won't even apply for a job because I know they'll knock me back. That's why I keep asking Wesley to give me my first real job because I can trust you guys not to expect too much of me too soon because I'm dead afraid.

Nichole had her first child when she was 17 years old; the father kept the child

Nichole's boyfriend was beating her up and she shrank from letting her daughter see her with black eyes; the visits waned. Nichole later had two sons: one is 13 and one is five years old. Both have been in care for two years. They only let me see them once every second month.

I've met so many single mothers on the street lately. They've given their children up to their ex-partners, their mothers or to DoCS [Department of Community Services] when they don't have a family, like me. After two years my kids still need me and no-one's going to love them with complete abandon like I do.

I don't have any control over which day I see them, but it doesn't matter what day it is, what the weather is, whether I've got no money, I'll bloody well be there and I'll have money in my pocket.

Homeless people need skills for life, Nichole says

Everyone goes, "Get a counsellor." It's not that easy. Anyway, counselling is like an AA meeting. You just can't send someone to counselling if it's not what they want.

Counselling is useless if it's just talking; homeless people need tools for life. Advice like, "You keep doing this, and this keeps happening. How about you try doing this instead? It may not work but try it. Then we'll talk about it again."

That's why we're on the street. We didn't have that kind of nurturing. I think that's what people are expecting out of counselling.

I wish there was a place where I went in and they just bossed me about a bit, said, "Do this, do that," until I got into a good habit of living life normally.

At 31, Nichole is "old" for a homeless person – and a bit safer

Because I've been around the streets for a lot of years I have a certain level of protection. I have a certain level of respect just through being old. Other street people don't think to rob me. Well, they might sit beside me and steal my purse but they wouldn't bash me.

Haven't you heard about old men being set on fire and pissed on? These are not street people that do it, these are ring-ins, people who went out for a good night, have good jobs, nice cars, wives and kids, they do it. They have contempt for us. There's a guy in that big building across there – they haven't caught him yet – who has a slug gun and fires ball bearings at the homeless people here. He doesn't do it very often. A friend of mine got hit in the head last year.

I know one guy that gets beat up regularly. We call him Shaky because he's been hit in the head so many times.

ix implications for policy

This Wesley Report shows the complex problem of homelessness, its causes and underlying issues. It also reveals that the wellbeing of the homeless population in inner Sydney is well below the acceptable range for Australia. It is important to note that previous studies on wellbeing have highlighted the need to address the subjective wellbeing of disadvantaged groups such as the homeless. This serves as the catalyst for improving the wellbeing scores for people at the top end of the wellbeing spectrum. Research on wellbeing has also shown that the only way to raise the wellbeing of the general population is by improving the wellbeing of these sub-populations (Cummins, 2000).

The Report identifies areas for policy action. Wesley Mission conducted a policy workshop to tackle these key issues in depth. The policy workshop brought together representatives from:

- Department of Social Inquiry, University of Technology Sydney
- Community and Corporate Relations Department, St Vincent de Paul Society NSW
- Shelter NSW
- Homelessness Unit, Housing NSW
- Australian Centre on Quality of Life, Deakin University
- Wesley Mission

Some recommendations for policy also came from a meeting with representatives from Wesley Mission and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

1. Integrated approach

1.1 Provision of full case management in an integrated approach

The Wesley Report showed that homelessness is a multi-faceted problem that goes beyond the provision of short term accommodation. It cannot be tackled by a single or short term intervention or a fragmented approach.

- **Wesley Mission recommends the provision of effective long term support and full case management services**
- **Wesley Mission calls for an integration of services for the homeless.**

It is the provision of key tailored and yet integrated services brought to the client in their supported accommodation (such as mental health, addictions rehabilitation and occupational therapy) that will facilitate long term change and provide pathways out of homelessness.

- **Wesley Mission calls for greater investment in programs that use this holistic, full case management approach**
- **Wesley Mission recommends the employment of case managers and staff in homeless services who are qualified or trained in mental health (including trauma recovery) addictions rehabilitation, relationships counselling and occupational therapy.**

1.2. Bring multi-disciplinary case management services to homeless accommodation centres

The exacerbating factors of mental illness, trauma and addiction can prevent the homeless person from attending a meeting at a job network office or an appointment with a counsellor.

Most homeless people find having to attend a formal office interview very confronting. Given these barriers, they run the risk of losing their Centrelink benefits which is premised on attendance at these meetings. Anecdotal evidence suggests that payment breaches do occur.

- **Wesley Mission calls for funding approaches to homeless services that allows services to bring multi-disciplinary case management to clients in their supported accommodation so that the array of needs of homeless clients can be addressed in situ rather than requiring clients to travel to these services.**

2. The need for longer term transitional support

2.1 Provide longer term transitional support

The Wesley Report shows that the homeless suffer from dual diagnosis (30.6 per cent) and in some cases more than two (28.7 per cent). The research further reveals that an experience of abuse and neglect during childhood is particularly related to a lower general wellbeing.

- **Dual diagnoses highlight the need for longer term transitional support. At the same time as long term housing and employment issues are being addressed, addictions and mental illness need also to be treated so that a harmonious collaboration between housing, occupation and mental/emotional functioning can occur.**
- **Wesley Mission advocates for increased funding into programs that provide for longer term transitional support such as Wesley Rehabilitation Services.**

Wesley Rehabilitation Services, which assists homeless men and women, targets the problems of drug and alcohol addiction, experience of abuse and trauma and the mental health problems of the homeless. Clients participate in a structured program which includes long term accommodation, vocational training, self-help groups and social support and activities. (<http://www.wesleymission.org.au/Centres/homeless/rehab.asp>).

3. The need for employment support

3.1 Provide supported employment services

To help people move out of homelessness, supported employment is critical alongside the treatment of mental illness, trauma, addictions and other exacerbating factors. Having an occupation of some kind greatly assists homeless people in overcoming isolation and social exclusion. When homeless people feel connected to the community through employment, they are greatly assisted in overcoming addictions and mental ill health.

- **Wesley Mission advocates increased funding for supported employment services.**

Wesley Mission supports the Personal Support Program through Wesley Uniting Employment. The Personal Support Program is a Commonwealth Government Initiative that helps people overcome personal barriers to employment.

Wesley Mission also supports the Council of Australia Governments (COAG) initiative to allocate \$39.8 million over five years for the provision of 2500 additional placements in the Personal Support Program (Howie, 2006).

To help people move out of homelessness, supported employment is critical alongside the treatment of mental illness, trauma, addictions and other exacerbating factors



ix implications for policy

4. Improve access to justice

4.1 Investing in legal training of case managers

Homeless people have a right to access justice, just like the rest of the community. Both anecdotal evidence and empirical research (e.g. Forell et al., 2005) have found that homeless people are least likely to access a legal service.

- **Wesley Mission calls for greater investment in training case managers and homeless service workers to provide legal assistance to homeless individuals wanting to access legal processes.**

Wesley Mission joins the Law and Justice Foundation in this advocacy (Forell et al., 2005).

4.2 Improving reporting of cases for victims of abuse and violence

Anecdotal evidence from workshop participants indicate that while the incidence of abuse and violence is high within the homeless community, the reporting of cases is low.

- **As a matter of urgency, Wesley Mission calls for an investigation into the reporting processes and the action taken related to reported cases of abuse and violence.**

Social exclusion, lack of intimate/ personal relationships, low sense of self (of having achieved something in life), sense of safety and security are among the life satisfaction indicators that are of pressing concern



4.3 Creating links between legal services and social services

It is also important to ensure that the other needs of the homeless are met while they are going through a legal process. A homeless person may go through a number of difficult situations at the same time.

- **Wesley Mission calls for social and legal services to engage collaboratively in the provision of services. These services should effectively respond to the legal needs of the homeless while at the same time addressing their social needs.**

Hence, Wesley Mission supports the Victorian initiative in which the Magistrates Court of Victoria developed a process that linked homeless people attending the Court to other social services, so that both legal and social service needs are met at the same time (Forell et al., 2005).

Wesley Mission affirms the pro bono work that the Homeless Persons' Legal Service provides. Homeless Persons' Legal Services connects lawyers with welfare organisations and the clients of welfare organisations. Thus, by doing this, legal services are provided to homeless people and people at risk of homelessness in NSW.

Wesley Mission supports innovative programs overseas to improve access to the courts such as the Homeless Court Program which is operating in a number of states across America, specifically in California. This program aims to resolve the outstanding misdemeanour charges against homeless people. The program aims to assist homeless people through an alternative sentencing structure that includes participation in life-skills programs and counselling. (see http://www.abanet.org/homeless/homeless_courts.shtml)

5. Addressing the issue of accumulated debt

The Wesley Report found that accumulated debt and unexpected financial crisis is the primary pathway to homelessness. Wesley Mission produced a research report entitled *Financial stress and its impact on the individual, family and the community* and a White Paper on financial stress in 2007. It called for early intervention on financial literacy, responsible credit provision, provision of more financial counsellors among others in order to address financial crisis and accumulated debt of Australian households (see The Wesley Report: Financial Stress and its Impact, Wesley Mission, 2006).

6. Beyond housing and food: changing community perception

Anecdotal evidence points to the fact that the public usually equates homelessness with hunger as well as a lack of housing. The Wesley Report indicates that access to food is not a problem for the homeless population in inner Sydney.

Wesley Mission recommends raising community awareness about the real issues confronting the homeless population.

- **Initiate programs that raise community awareness about the real issues confronting the homeless population**
- **Provide funding for existing programs that raise community awareness about these real issues.**

Social exclusion, lack of intimate/personal relationships, low sense of self (of having achieved something in life), sense of safety and security are among the life satisfaction indicators that are of pressing concern.

Further anecdotal evidence suggests that clients attend Edward Eagar Lodge to engage in social activities with other homeless people in similar situations. This issue has been referred to in previous literature which represents a constant need for social activities at centres that promote positive social interaction (Wright, 1984).

7. Other recommendations

Homelessness is one of Australia's most challenging social problems. The Commonwealth Government has made it a policy priority. Wesley Mission is conscious that the recommendations outlined above sit within a broader social, political and economic framework.

- **Wesley Mission calls for the establishment of an independent Commonwealth Homelessness Task Force to review and evaluate Federal and State policies and services for the homeless. This Task Force, made up of members of the Not-for-Profit sector and Australian business leaders, would meet regularly to:**
 - review Government policies and service funding decisions;
 - set measures and benchmarks for success of policies and service funding;
 - continually evaluate the success; and,
 - provide an annual report and scorecard on the progress of policies and funding decisions.
- **Wesley Mission calls for a Sustainability Task Force to be established incorporating State and Federal Governments and the Not-for-Profit sector. This Task Force would ensure that there is an appropriate funding stream available for key services, so that they can be assured of continuity and meet agreed outcomes.**

references

- ABS (2004). Australian Social Trends, CATI no. 4102.0. Accessed 27/12/07.
<http://www.abs.gov.au/ausstats/abs@.nsf/7d12b0f6763c78caca257061001cc588/...>
- AIHW (2007). *Supported Accommodation Assistance Program (SAAP)*. Accessed 27/12/07. <http://www.aihw.gov.au/housing/sacs/saap/index.cfm>
- American Bar Association. Accessed 28/03/2008.
http://www.abanet.org/homeless/homeless_courts.shtml
- Biswas, R.D & Diener, E (2006). "The Subjective Wellbeing of the Homeless and Lessons from Happiness", *Social Indicators Research*, Vol.76: 185 – 205
- Casey, S (2002). "Single Women and Homelessness – Which Way is Home?", *Occasional Paper No. 11*, Catholic Commission for Justice, Development and Peace, Melbourne, March 2002.
- Casey, S (2001). *Snakes & Ladders – Women's pathways into & out of homelessness*, prepared for The National Social Policy Conference University of New South Wales Sydney, Australia
- Chamberlain, C & Mackenzie, D (2001). *Counting the Homeless*, Australian Bureau of Statistics (ABS): 1 – 65
- Chamberlain, C & Mackenzie, D (2003). *Homeless Careers: Pathways in and out of Homelessness*. http://www.salvationarmy.org.au/reports/Homeless_Careers_2003.pdf: 1 – 81
- City of Sydney (2007). *Overview of Homelessness*.
<http://www.cityofsydney.nsw.gov.au/Community/HomelessnessServices/Information...>
- City of Sydney (2007). *Sydney at a Glance*. <http://www.cityofsydney.nsw.gov.au>
- City of Sydney (2006). *City of Sydney Community Profile*.
<http://www.id.com.au/profile/sydney>
- Commonwealth Consolidated Acts (1994). *Supported Accommodation Assistance Act (1994)*.
http://www.austlii.edu.au/au/legis/cth/consol_act/saaa1994359/s4.html
- Cummins, R.A & Lau, A (2006). *Personal Wellbeing Index – Adult Manual*, The International Wellbeing Group.
- Cummins, R. A. (2000). Objective and Subjective Quality of Life: An interactive Model. *Social Indicators Research*, 52, 55 – 72.
- Cummins et al., (2007). *The Wellbeing of Australians: Carer Health and Wellbeing – Summary Report*. Accessed 04/04/08.
<http://www.innersydney.org.au/uploads/documents/CarerResearchsummary.pdf>
- Cummins et al., (2007). Australian Unity Wellbeing Index: Survey 18.0. *The Wellbeing of Australians – Changing Conditions to Make Life Better*.
- Cummins, R. A. (1995). On the trail of the gold standard for subjective wellbeing. *Social Indicators Research*, 35, 179 – 200.
- Cummins, R. A. (1998). The second approximation to an international standard for life satisfaction. *Social Indicators Research*, 43, 307 – 334.
- Cummins, R. A., Gullone, E., & Lau, A. L. D. (2002). A model of subjective wellbeing homeostasis: The role of personality.
- In E. Gullone, R. A. Cummins, R.A., & A. L. D. Lau (Eds.), *The universality of subjective wellbeing indicators*. Social Indicators Research Book Series (2002). Dordrecht: Kluwer.
- Ferris (2006). "The Hidden World of Aussie Street Kids". Accessed 22/01/08.
http://neovox.journalismaustralia.com/the_hidden_world_ern.php
- Forell et al., (2005). "No Home, No Justice – The legal needs of homeless people in NSW", *Access to Justice and Legal Needs*. Law and Justice Foundation.
- Graham, R (2005). "Homeless shelters are the community defacto mental health institutions", *Wesley Mission Release*: 1 – 2

Hanover Welfare Services (2006). *Quantitative Research Report*, Maurice, Blackburn, Cashman Lawyers.

Homelessness and Mental Health Linkage: Review of National and International Literature 1.
<http://healthconnect.gov.au>

Howie, D. W (2007). *An Australian Blueprint to Reduce and Eliminate Homelessness*. Council to Homeless Persons.

Howie, D. W (2006). Council of Australian Governments (COAG) Initiatives Regarding Mental Health and Homelessness 2006 – 2011. Council to Homeless Persons: 1 – 11

Hurni, A (2004). *New Models of Interagency Support for Long Term Homeless Men*, Department of Family and Community Services, SAAP and Wesley Mission: 1 – 41

Lam, J. A. and Rosenheck, R. (1999). "Social support and service use among homeless persons with serious mental illness", *International Journal of Social Psychiatry* vol.45, no. 1, pp.13 – 28.

McAllister, F. (2005). *Wellbeing Concepts and Challenges*. Sustainable Development Research Network: 1 – 22

National Homelessness Strategy (NHS) 2005 – 2009. Demonstration Projects and Communication Activities

O'Dwyer, B (1997). "Pathways to Homelessness: a Comparison of Gender and Schizophrenia in Inner Sydney", *Australian Geographical Studies*, 35(3): 294 – 307

Public Interest Advocacy Centre. Accessed 04/04/08.
<http://www.piac.asn.au/legal/hpls.html>

Rew, L (2002). 'Relationships of Sexual Abuse, Connectedness and Loneliness to Perceived Wellbeing in Homeless Youth', *Journal for Specialists in Pediatric Nursing*, Vol.7, No.2: 51 – 63

Reynolds, F (2007). *Homelessness Strategy 2007 – 2012*. Community Support and Access.
<http://www.cityofsydney.nsw.gov.au/Community/documents/Homelessness/HomelessnessStrategy2007.pdf>

St Vincent's Mental Health Service (Melbourne) and Craze Lateral Solutions (2005). *Homelessness and Mental Health Linkages: review of National and International Literature*, Prepared for the Australian Dept of Health and Ageing, May 2005

Tacchi, M.J. and Scott, J. (1996). "Characteristics of Homeless Women Living in London Hostels", *Psychiatric Services* vol. 47, no. 2, pp. 196 – 198

Teesson, M et al., (1998). "Down and Out in Sydney: Prevalence of Mental Disorders, Disability and Health Service Use among Homeless People in Inner Sydney", *Research Group in Mental Health and Homelessness*: 9 – 77

Teesson, M et al., (2000). "Prevalence of Cognitive Impairment Among Homeless People in Inner Sydney", *Psychiatric Services*, Vol.51, No.4: 520 – 521

Thornicroft, G. and Breakey, W.R. (1990). "The Costar programme 1: Improving social networks of the long-term mentally ill with a mobile case management service", *British Journal of Psychiatry*, vol. 159, pp. 245 – 249

Tully, D (2003). "Childhood Sexual Assault and Homelessness", Paper presented at the 3rd National Conference, *Beyond the Divide*, convened by the Australian Federation of Homelessness Organisations

Wesley Mission (2007). *Beyond adversity: giving kids a chance to shine*. Wesley Mission

Wesley Mission web page,
<http://www.wesleymission.org.au/Centres/homeless/rehab.asp>,
Wesley Rehabilitation Services

About the research

Geographic area

For the purposes of the current study the inner Sydney region is taken to encompass all the suburbs included within the 26.15 square kilometre radius. These areas are listed below:

- Alexandria
- Beaconsfield
- Camperdown
- Centennial Park
- Central Business District
- Chippendale
- Darlinghurst
- Darlington
- Elizabeth Bay
- Erskineville
- Forest Lodge
- Glebe
- Kings Cross
- Millers Point
- Newtown
- Pyrmont
- Redfern
- Rosebery
- Rushcutters Bay
- Surry Hills
- The Rocks
- Ultimo
- Woolloomooloo
- Waterloo
- Zetland

Methodology

A structured survey template was designed to assess the subjective wellbeing of the homeless population in inner Sydney (see www.wesleymission.org.au/homeless). The survey was also geared towards capturing their experiences of homelessness. Face to face interviews of 206 purposively selected homeless individuals were undertaken in various crisis accommodation centres and other homeless services in inner Sydney.

The general population data: The Deakin University – Unity Data

A major aim of the study involved a comparison of the subjective wellbeing of the homeless population to the general population of inner Sydney. In order to ensure a direct comparison, composite scores of wellbeing for the general population of inner Sydney were required.

The Personal Wellbeing Index was developed by Australian Unity (a national health, financial services and retirement living company) and the Australian Centre on Quality of Life located at Deakin University (Cummins & Lau, 2006). It measures the subjective wellbeing of the total Australian population through the use of Quality of Life (QOL) indicators (Cummins & Lau, 2006). There are seven indicators of satisfaction in total also referred to as life domains. These life domains capture the respondents' level of satisfaction with regard to the issues concerning:

- standard of living
- level of health
- current achievements in life
- personal relationships
- how safe you feel
- feeling part of your community
- future security.

Since 2001, a total of 17 surveys had been completed involving a sample of 2000 adults for each survey from a cross-section of the population.

The Deakin University and Unity data were classified according to cities and states. However the purposes of our study required this to be re-classified to inner Sydney alone. Hence, aggregate scores were computed over 17 surveys to obtain a sample of 223 respondents in inner Sydney. This was done by adding the scores from each indicator of life satisfaction per individual and dividing this total score by the number of indicators (Cummins & Lau, 2006). This now allowed the researchers to compare subjective wellbeing of the general population of inner Sydney to the homeless sample.

The inner Sydney wellbeing of the homeless survey

For a full copy of the survey please go to www.wesleymission.org.au/homeless

PART A: Subjective assessment of wellbeing

An essential component of this survey was the inclusion of the same indicators of satisfaction outlined in the subjective wellbeing for the general population. However, there were two modifications made as their satisfaction with access to food and spirituality was also included. Satisfaction with food had been analysed in previous studies, particularly in the United States (see Biswas and Diener, 2006), yielding interesting results. Spirituality was also included as this indicator of satisfaction had become a permanent part of the Personal Wellbeing Index in recent years.

PART B: Experience of Homelessness

This research also looked at the pathways into homelessness and the factors causing a continuation of this situation. It follows the framework provided by previous research such as Chamberlain and Mackenzie (2003) and Teeson et al (1998) regarding the causes of homelessness and the factors contributing to them remaining this way.

However, the current survey breaks away from previous studies as it seeks to analyse not only the current reason for homelessness but the original reasons as well, thereby allowing for a trend analysis.

Data collection

The survey was piloted at Edward Eagar Lodge by the Wesley Mission research team on a random sample of seven homeless people at the shelter. The remaining interviews were completed over a three week period. A total of 206 respondents were interviewed across five other crisis accommodation centres and services apart from Edward Eagar Lodge.

Participating crisis accommodation centres

Name of homeless shelter/ service	Number of respondents
Edward Eagar Lodge	107
Matthew Talbot Hostel	63
Albion St Lodge	19
Tom Uren Place (Woolloomooloo)	11
The Terrace	2
Samaritan House	1
Total	206

appendix

Data cleaning and coding

At the completion of the interviews the data was collated onto both an SPSS file and an Excel file by I-view. I-view is a market and social research data collection agency with over 20 years experience in data collation and processing. The research team developed a coding framework and decision rules in preparation for analysis. The wellbeing data for the homeless was also transformed into a composite for each case in line with the general population of inner Sydney so as to allow for a direct comparison. The individual scores for each measure of satisfaction were converted to percentages for each case. They were then totalled and divided by the total number of measures, that being seven, to produce a composite figure that could be compared to the general population. The total score was divided by seven instead of nine because the Deakin Unity composite data excluded the satisfaction measures of food and spirituality in the 17 surveys under consideration.

While the coding of the wellbeing data for both the general and homeless population allowed a direct comparison per case, it became evident that a comparison per measure of satisfaction together with overall wellbeing could be useful to the current study. Hence, the scores were once again converted to percentages. However, the totals were divided by the number of cases in this instance to obtain a composite for each satisfaction measure.

To get a total wellbeing score for both populations, the wellbeing composites for each satisfaction measure were added together and divided by the total number of satisfaction measures also being seven.

how you can help

Wesley Mission's services and programs for homeless people

Wesley Mission provides a wide range of services for the homeless and for those at risk of homelessness. More than 600 people are directly cared for and accommodated each day.

Emergency accommodation

Edward Eagar Lodge at Surry Hills provides crisis accommodation for 63 men and 13 women for up to three months. Edward Eagar Lodge also has a Day Centre supplying lunch, showers and washing facilities for 100 people five days a week.

Independent Living Programs

The Independent Living Programs are for young people in Sydney or on the Central Coast. The programs provide medium term accommodation for 16 to 22 year olds, who are unable to reside at home. The programs are also an excellent starting place for young families who need assistance to move into independent living. The aim of the programs is to assist young people to gain confidence and learn living skills.

Community Housing Program

The Community Housing Program aims to provide a range of medium term accommodation options as the next step on from hostel accommodation. This program caters for 130 homeless people across 25 suburbs. Support workers are employed to help clients develop a Personal Futures Plan. They also assist clients to access services and exercise free choice and personal rights, thus developing a personal social network in order to live more effectively independent and stable lives in the community.

Noreen Towers

The Noreen Towers Centre at Ashcroft in south-west Sydney provides accommodation for families. Families can stay for up to nine months receiving case worker support, learn life skills, budgeting, computer and employment skills, play groups, homework clubs – all with the aim of helping people towards independent living and esteem.

Greenacre Supported Housing

Greenacre Supported Housing provides permanent accommodation for the elderly who are homeless or at risk of becoming homeless. It comprises 10 accommodation units with the support of a care worker once a week or more regularly if necessary.

Assistance with Care and Housing for the Aged (ACHA)

ACHA is designed to assist elderly people who are in insecure accommodation to access more secure accommodation, in Western Sydney.

Wesley Dalmar

Wesley Dalmar Short Term Units Carlingford provides four fully furnished, three bedroom homes in a secure location for families in urgent need of accommodation. The service also provides one flat suitable for use by a small family.



YES, I want to help provide long-term, integrated support to the homeless in our community ...

I would like to give:

- \$45** to help provide emergency food and accommodation for a family in crisis
- \$68** to help fund counselling, relationship-building and parenting skills workshops
- \$105** to link homeless people to employment, mental illness and employment services to help them regain independence
- \$270** to help provide intensive case management for a homeless family with a range of complex needs
- My choice \$** _____

Donation:

- I have enclosed my cheque/money order (made out to Wesley Mission) OR
- Please charge my:
 - Mastercard
 - Visa
 - Diners
 - Amex

Card no.

Signature _____

Expiry date / _____

Title (Rev/Dr/Mr/Mrs/Miss/Ms/Other) _____

PLEASE PRINT

First name _____

Surname _____

Address _____

Postcode _____

Ph. (H) _____ (M) _____

Email _____ DOB _____



DONATION LINE: 1800 021 821
FAX: (02) 9267 1022
www.wesleymission.org.au/donate
Wesley Mission, PO Box A270,
Sydney South NSW 1235

DONATIONS ARE TAX DEDUCTIBLE

ABN 57996964406

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Wesley Rehabilitation Services

Grace Manor

Grace Manor is a 16-bed residential rehabilitation program for women. Grace Manor clients are homeless women severely dependent on alcohol and/or other substances which places them at risk of being harmed or hurting others as well as themselves.

Turnaround Program

The Turnaround Program is a 26-bed residential rehabilitation program at two properties for men severely dependent on alcohol or addictive substances. Turnaround clients are homeless men whose use of alcohol and/or other substances places them at risk of damaging their own health or the wellbeing of their family or others.

Wesley Newcastle Supported Accommodation

Wesley Newcastle Supported Accommodation provides more than 120 single bed-sit units across Newcastle.

Wesley Newcastle MacKenzie Day Centre

Wesley Newcastle MacKenzie Day Centre provides a wide variety of support in the one location. It also acts as a centre where homeless people can access other providers and specialist services such as counselling and legal services. The centre provides food gift cards, food parcels, EAPA vouchers for electricity and gas, and telephone vouchers. The Soul Café is a modern venue where homeless and disadvantaged people can enjoy a meal in pleasant surroundings.

Wesley Uniting Employment

Wesley Uniting Employment runs programs such as Second Chance and Inside Out aimed at providing newly released prisoners with secure housing and counselling so that they can stabilise themselves and become productive individuals in mainstream society.

WESLEY MISSION

220 Pitt Street, Sydney NSW 2000 Australia
PO Box A5555, Sydney South NSW 1235
PH. (02) 9263 5555 FAX. (02) 9264 4681
EMAIL. wesleymission@wesleymission.org.au
WEB. www.wesleymission.org.au

Superintendent: Rev. Keith V. Garner MTh (Oxon)

For a PDF copy of this report visit
www.wesleymission.org.au/homeless

For all other enquiries please contact
Communications Assistant
PH. (02) 9263 5398



Wesley Mission is a part of the Uniting Church in Australia.

