



**New models of interagency support
For long term homeless men**

Final Report

**A research project for Wesley Mission
funded by the SAAP Coordination and Development Committee**

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Abbreviations

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
FaCS	Commonwealth Department of Family and Community Services
DoCS	NSW Department of Community Services
HATSOS	Homelessness Action Team Support and Outreach Services
HPIC	Homeless Persons Information Centre
NDC	National Data Collection
NDCA	National Data Collection Agency
SAAP	Supported Accommodation Assistance Program

Executive Summary

Background

This research was initiated by Wesley Mission's Edward Eagar Lodge in conjunction with the University of Western Sydney. It follows a much larger project conducted by Catherine Robinson (2003) entitled *Understanding iterative homelessness – the case of people with a mental illness*, funded by the Australian Housing and Urban Research Institute (AHURI). Funding for this current research was made available by the SAAP Coordination and Development Committee administered by the federal Department for Family and Community Services.

The research focussed on homeless men in inner Sydney, who were clients of the four main SAAP funded crisis accommodation hostels. The NSW State government has initiated interagency coordination through the Partnerships Against Homelessness framework. This framework enabled an Inner City Homelessness Action Plan to be produced which provides opportunities for greater interagency cooperation to be explored and piloted. It was envisaged that this research would contribute to that process. It was also envisaged that the research would provide some insights for Wesley Mission in its deliberations about future directions for service provision at Edward Eagar Lodge.

Aims

The aim of the research was to investigate new models of inter-agency cooperation and coordination for homeless services available to long-term single homeless men. The research design aimed to build upon the existing knowledge of the nature of homelessness and provide insights to practical ways in which service collaboration and integration could be implemented.

Methodology

This research examined the experience of housing and support for long term homeless men. A small sample of 16 single adult men who had experienced multiple episodes of homelessness participated in in-depth semi-structured interviews. The participants were currently using the services or residing in three of the main crisis accommodation hostels inner Sydney, Edward Eagar Lodge, Matthew Talbot Hostel and Foster House.

A series of agency consultations were held involving 11 meetings with management and staff of the hostels, the Homeless Persons Information Centre and Missionbeat.

Key findings

- An examination of SAAP data revealed that the rates of clients who were previously accommodated in institutional settings immediately before their support at the four hostels are notably higher than the state average indicating these agencies are being relied upon as exits point from prison and psychiatric wards.

- Many of the client participants had previously maintained private and public housing tenancies, but changes in circumstances resulted in a return to the streets.
- All client participants had stayed at, at least one of the other three main hostels for homeless men on previous occasions.
- Client participants expressed consistent opinions about their experiences of the hostels where they had stayed, indicating that they exercise a certain degree of choice about where they seek services and support based on, sometimes intangible, factors such as the hostel rules, attitude of staff, sense of safety and companionship.
- All agencies identified as a priority the need for longer term supported accommodation for their clients with complex needs.

Conclusions

There are many initiatives being developed at a local level in the inner Sydney region to create and enhance pathways out of homelessness for the many men and women on the streets and in the hostels. Many of these involve partnerships between hostels and other agencies. Others have been developed internally. Sharing information between agencies about such initiatives will be important for their continued development and adoption by others where appropriate.

Apart from referral of clients, the main model of interagency support between the hostels themselves, however, is ReLink, a network formed among staff at the various hostels who are responsible for living skills and recreational activities for clients. ReLink provides a program of excursions and activities open to clients from all of the hostels made possible through shared resources, pooled expertise and ideas. ReLink activities are highly valued by the clients.

An opportunity exists within the framework of the Partnerships Against Homelessness, for the crisis accommodation agencies involved to acknowledge that the group of clients with high and complex needs is common to all of them. Concentrating specialist resources in one hostel alone runs the risk of excluding access to those who prefer stay elsewhere. It is necessary, therefore, that support structures for this group need to be developed collaboratively and provided equitably, to ensure these clients have the support they need, whichever place they choose to stay.

Recommendations

The research highlights the need for increased long term support options for long term homeless men, particularly those with a mental illness. It shows that the main hostels are the points of stability and familiarity that these men often return to, even after extended tenancies in other housing. The criteria that crisis accommodation be time-limited to three months of support increases the risk of repeated homelessness for this group of individuals who may require a higher level of support over a much longer time.

Because many of these clients are concurrently clients of the health system, in particular receiving assistance for mental health issues, it is recommended that, through the Partnerships Against Homelessness, NSW Health explore how to expand

and enhance the specialised support services, especially mental health and drug and alcohol services, provided to clients of crisis accommodation hostels. In particular, it is recommended that increased specialist health resources are allocated to provide:

- Common assessment of clients of hostels identified by staff as having higher level/complex support needs
- Joint case management for clients during their support periods at crisis hostels
- A contact point for staff in hospitals seeking to discharge patients where referrals would otherwise be made directly to the hostels or HPIC
- Linkages between hostels and other mental health services as individuals progress to transitional and/or longer-term housing
- Support for welfare staff in SAAP services to assist clients with mental illnesses.

It will be important that the protocols, resourcing, roles and responsibilities of such a team be negotiated with the key charitable agencies executives and managers of hostels, and the current health service providers.

Edward Eagar Lodge could consider designating a proportion of their beds to establish a medium term transitional accommodation program within the hostel for clients presenting with complex needs. Funding would need to be sought for adequate staffing to enhance initial assessment processes, implement intensive individual support (case management) and provide an outreach program to support clients upon exit.

Given that the client profile is similar in all four crisis accommodation hostels, it is recommended that the Partnerships Against Homelessness initiate discussions on the development of adequate, needs-based rather than submission-based funding. In other words, moving towards a funding model where client to welfare staff ratios are more standardised across the hostels. It will be important, however, to ensure that the autonomy of each agency is retained so that a degree of choice for clients is maintained.

A substantial body of research in recent years has increased awareness and understanding of the complexity of needs and circumstances that result in, and prolong cycles of homelessness for a group of men who make up a large proportion of the clients of SAAP crisis accommodation services in inner Sydney. This research concurs with staff reports that these men make choices about the support they seek and receive. Further research into effective intervention strategies will be important to continue to improve service provision and outcomes for long term homeless men.

1. Introduction

Recent research on the causes, nature and extent of homelessness in Australia, such as Mackenzie and Chamberlain (1992), Buhrich, Hodder and Teeson (1998) and Robinson (2003) have greatly increased the understanding of the complexity of needs and circumstances that lead to, and perpetuate, cycles of homelessness. These studies have pointed to the need for greater coordination between services to provide a continuum of support for homeless people to create pathways out of homelessness.

Governments have responded by establishing cross-agency partnerships, such as in NSW, the Partnerships Against Homelessness, but an identified gap has been the lack of effective cross-sectoral communication and coordination between government agencies and non-government service providers.

Alternatively described as chronic¹, primary², repeat³, incipient⁴, prolonged⁵, and long term⁶ homeless, or as having adopted homeless as a way of life⁷, a significant proportion of people seeking assistance from crisis accommodation services have been moving chaotically through various forms of tenuous housing and periods of living on the street over many years (Robinson, 2003). They typically have much higher levels of drug and/or alcohol abuse and/or a mental illness, and the largest number of them are men (Chamberlain and Mackenzie, 2003).

Service providers, like the four agencies interviewed in this research, that provide crisis accommodation and support express difficulty in trying to cope with clients with multiple and complex needs. These agencies, which have for many years been funded to provide short term (typically three months) accommodation, meals and welfare support, have increasingly been relied upon to provide support for men requiring specialist services such as drug and alcohol detoxification and rehabilitation and psychiatric treatment and others who are released from prison.

On the ground, the agencies have made various linkages and partnerships to bring together the specialised support for their high need clients. Some have been funded to provide specialised services within their hostels. Some have established inter-agency agreements. Often though, such linkages are reliant on resources and on the knowledge and capacity of agency staff to find solutions to meet the individual needs of their clients. There are no simple, or single, solutions, however, reflecting upon the experiences of the support services used by long term homeless men, as a specific client group, may provide insights into new models of interagency support that could

¹ Chamberlain, C. and MacKenzie, D. (2003) *Counting the Homeless 2001* Australian Bureau of Statistics Cat. No. 2050.0.

² Chamberlain, C and MacKenzie, D. (1992) Understanding Contemporary Homelessness, in *Australian Journal of Social Issues*, Vol 27, No. 4.

³ Pawson, H., Third, H., Dudleston, A., Littlewood, A. and Tate, J. (2001) *Repeat Homelessness in Scotland; Edinburgh: Scottish Homes*

⁴ Kearns, R.A, Smith, J.S, Abbott, M.W (1992) *The Stress of Incipient Homelessness Housing Studies* Vol 7 No. 4, pp280-298.

⁵ Crane, m. and Warnes, A.M. (2000) Evictions and Prolonged Homelessness, *Housing Studies*, Vol.15, No. 5, 757-773, 2000.

⁶ Horn, M. (1995), 'The Changing Face of Homelessness - An Agency Perspective' in *National Housing Action*, II, I, April 1995, National Shelter, Canberra, pp. 5-10.

⁷ MacKenzie, D. and Chamberlain, C. (2003)

help build the continuum of support required for them. This is the purpose of this research.

1.1 Background to the research

This research was initiated by Wesley Mission's Edward Eagar Lodge in conjunction with the University of Western Sydney. Funding for the research was made available through the SAAP Coordination and Development Committee. It was envisaged that this research would also provide some insights for Wesley Mission in its deliberations about future directions for service provision at Edward Eagar Lodge.

The research follows a much larger project conducted by Catherine Robinson (2003) entitled *Understanding iterative homelessness – the case of people with a mental illness*, funded by the Australian Housing and Urban Research Institute (AHURI). Research prior Robinson's (2003) work has also provided important quantitative evidence of the complex needs and traumatic lives of homeless people including the definitive *Down and Out in Sydney* (Buhrich, Hodder and Teeson, 1998) and the descriptive analysis by Chamberlain and Mackenzie (1992 and 2003). This has led to studies of different groups among the homeless and appropriate housing and support responses such as early intervention and prevention of youth homelessness (Chamberlain and MacKenzie, 1998) and investigating the needs of older people who are homeless (Judd, Kavanagh, Morris and Naidoo, 2003). The current research examines the experience of housing and support of a small sample from the largest group of homeless people, single adult men, in three of the main crisis accommodation hostels inner Sydney.

1.2 Aim

The aim of the research was to investigate new service and community models of inter-agency co-operation and co-ordination for homeless services available to long-term single homeless men. By interviewing providers and clients it aimed obtain insights into how service providers may improve their engagement with long-term homeless men. The research design aimed to build upon the existing knowledge of the nature of homelessness and provide insights to practical ways in which service collaboration and integration could be implemented.

1.3 Methodology

This research was intentionally qualitative, using in-depth, semi-structured interviews as the primary data collection method. However, because the sample size is limited, some examination of available statistical data was used to corroborate the evidence emerging from the interviews.

The methodology involved the following steps:

Step 1 - a review of policy and practice in the provision of integrated support for long-term homeless men and an analysis of SAAP data relevant to the study.

Step 2 - a focus group consultation with staff at Edward Eagar Lodge to identify common issues arising from assisting long term homeless clients and the barriers to pathways out of homeless for this group.

Step 3 – semi-structured interviews with service providers including management and staff of Edward Edgar Lodge and other similar service providers to explore their

experiences of working with other agencies: what works, what doesn't work and what models they think might improve coordination and cooperation.

Step 4- semi-structured interviews with long term homeless men who are clients of Edward Eagar Lodge and the other agencies. The client interviews will explore experiences of accessing the range of accommodation and support agencies.

The first step involved conducting a literature review to search for existing government policies and agency models of co-ordination and co-operation for long term homeless people. As part of the initial stage a focus group consultation was held with staff at Edward Eagar Lodge to engage their participation in the project and explore some common barriers and pathways in the provision of service for their clients. This provided useful background information into the realities of trying to provide assistance to clients with complex needs.

It was envisaged that there would be 10-15 semi-structured interviews with homeless men (25 to 55 years of age) and approximately 10 to 15 interviews with support workers from agencies, which provide accommodation and/or support. The interviews followed a loosely structured format of broad topic areas.

For agencies' support workers: experiences of working with other agencies: what works, what doesn't work, and questions around what type of models they think might improve co-operation and co-ordination of services.

For long term homeless men: experiences of accessing the range of accommodation and support agencies, which agencies they have found easy to access and use and those that they have found hard.

Sample

The sample was selected from clients at three of the main emergency accommodation hostels in inner Sydney, namely Edward Eagar Lodge, Matthew Talbot Hostel and Foster House. These hostels were among those that were involved in the previous definitive study, *Down and out in Sydney* by Hodder, Teesson and Buhrich, (1998) which revealed the prevalence of mental disorders, disability and health service use among homeless people in inner Sydney.

Staff at each of the hostels assisted in the sample selection by identifying clients who were considered to have been long term homeless men with complex needs. These clients were approached by staff in the first instance and invited to participate in the interviews. No-one who was approached refused the invitation. All interviewees received a \$20 participation fee at the completion of the interview. A total of 16 male clients were interviewed.

Ethics

Approval was received from the University of Western Sydney Research Ethics Committee for the conduct of the project, methodology and interview schedule.

Policy Context

Supported Accommodation Assistance Program (SAAP)

The *Supported Accommodation Assistance Program (SAAP)* is Australia's main service delivery response to homelessness, established in 1985. It is a cost-shared program funded jointly between the Australian and State/Territory governments.

SAAP is now in the fourth five-year agreement for the program setting out policy and strategic themes for the period 2000-2005. The strategic themes for SAAP IV are:

- Client focussed service delivery
- Integration and collaboration between SAAP and other service systems
- Increasing performance, knowledge and skills
- Working together

The aim of this research project is consistent with the aim of improving service integration and collaboration. This theme continues an emphasis on strengthening links between programs and services identified in the previous (SAAP III) agreement. In 1999 the National Evaluation of SAAP III reported that "the impact of poor cross-program linkages upon the capacity of SAAP agencies to meet the needs of the homeless people has been a perennial issue in SAAP since its establishment in 1985 providers, and one of the main barriers to timely and appropriate service delivery of support to the homeless" (SAAP 1999, page 133). Since 2000 increased resources have been devoted to developing whole of government approaches and cross agency collaboration in most States and territories.

The National Evaluation of SAAP IV, as required by the SAAP Act 1994, is currently underway and the consultants' report is due to be discussed by Community Services Ministers at their meeting at the end of July 2004.

National Homelessness Strategy

The National Homelessness Strategy, announced in May 2000, has brought together a number of initiatives directed at preventing and reducing homelessness. Progress made in the development of the Strategy included the publication of a discussion paper (FaCS, 2000), the appointment of the Commonwealth Advisory Committee on Homelessness and the release of a consultation paper (FaCS 2001). Funding was made available to build the knowledge base on homelessness. Funding was also made available for a number of demonstration projects. Among the demonstration projects were strategies to improve access for homeless people to the Job Network and Centrelink. Centrelink provides a weekly outreach service to each of the hostels involved in this research.

State government homelessness strategies

A number of state and territory governments have developed their own strategies and responses to homelessness. In an examination of the roles of these strategies, Wright-Howe (2003) has identified common themes within these strategies that are focussed on the response to, rather than the causes of, homelessness. All emphasise taking a whole of government approach, improving data collections process, redesigning or

reconfiguring the homelessness service system and developing partnerships across agencies and sectors.

The NSW Government Partnerships Against Homelessness Strategy is a collaboration of ten state government agencies, established in 1999. Under the Strategy the NSW Department of Community Services convened a forum of community and government partners to improve services for homeless people in the inner city of Sydney. The forum prepared a Strategic Implementation Plan in consultation with service providers and community.

Inner City Homelessness: Strategic Implementation Plan (DoCS, 2001) identified a number gaps in the delivery of services to homeless people, namely:

- Services being delivered in a fragmented way
- There is no comprehensive information source to assist both homeless people and agencies. At the same time there is a lack of information about the needs of specific groups especially Indigenous people
- A need for preventative strategies especially for young people
- A shortage of crisis accommodation because it gets taken up (for lack of other options) by people who need either permanent accommodation or high level support to help them live in the community.
- A need for health care services which recognise the specific needs of homeless people particularly with regard to accessing mental health and detoxification services and the need for continuity of care
- A need for coordinated strategies that promote cooperation between agencies particularly with regards to the 'magnet effect' that draws homeless people and people at risk to the inner city.

Associated with this plan is the **Inner City Homelessness Action Plan (2002/03 to 2005/06)**. Improved interagency coordination is consistent with the objectives of the intended outcomes of this plan.

Phase 1 of the Action Plan is focussed on assisting rough sleepers. A Homelessness Action Team Support and Outreach Service (HATSOS), funded and auspiced by the Department of Housing on behalf of the Partnership, is a key initiative within the Action Plan. HATSOS provides a support service to homeless people sleeping rough in the inner city suburbs of Sydney (ICHAP, 2003). A similar service, the City of Sydney Street Outreach Service, is funded by the Sydney City Council and operated by the Independent Community Living Association Inc.

Both services provide monthly reports on client data and operational issues to the Street Outreach and Support Services Committee (SOSSC), a committee made up of government and non-government agencies established to monitor the implementation of the Action Plan. Meetings of the SOSSC were a useful source of background information for this research. There is representation from each of the service agencies in this research at this meeting which could provide one opportunity to discuss collaborative approaches.

There is also a **Western Sydney Strategic Plan Against Homelessness**, which is being developed under the NSW Government's Partnership Against Homelessness. There are, however, no formal links between the Plans of the two adjoining regions.

This is despite recognition of the ‘drift’ of homeless people from outer areas to the inner city area, referrals from hospitals and correctional centres in the Western Sydney region to inner city hostels and the location of some of the community and public housing options for clients of inner city hostels being in the Greater Western Sydney region. Analysis of the relationship between the two Strategic Plans and the impact of service changes in one region upon the adjoining region is beyond the scope of this research but worthy of further investigation by the agencies involved.

Definitions of homelessness

Two widely used definitions of homelessness are relevant to this study. Firstly, the cultural definition of homelessness, developed by Chamberlain and McKenzie (1992), is used because it has been widely adopted by service agencies and is used as the basis for the Census counts since 1996 (Chamberlain and MacKenzie, 2003). This definition identifies three segments in the homeless population:

Primary homelessness

People without conventional accommodation, such as people living on the streets, sleeping in parks, squatting in derelict buildings, or using cars or railway carriages for temporary shelter.

Secondary homelessness

People moving frequently from one form or temporary shelter to another, such as between hostels, refuges or using boarding houses on an occasional or intermittent basis.

Tertiary homelessness

People who live in boarding houses on a medium to long-term basis, where their accommodation is not self-contained and they do not have security of tenure provided by a lease.

Under this framework the homeless men in the sample for this study, drawn from the clients living in hostels like Edward Eagar Lodge, are considered to be experiencing “secondary homelessness”. However, men who have experienced repeated episodes of homelessness or who have been homeless for some years are more likely to have oscillated between the three levels as demonstrated by Robinson (2003).

A second definition that is relevant to this study is the one contained in the *Supported Accommodation Assistance Act (1994)*, which states that:

A person is homeless if, and only if he or she has inadequate access to safe and secure housing. A person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:

- a) damages, or is likely to damage, the person’s health; or
- b) threatens the person’s safety; or
- c) marginalizes the person through failing to provide access to:
 - i) inadequate personal amenities; or
 - ii) the economic and social support that a home normally affords; or
- d) places the person in circumstances which threatens or adversely affect the adequacy, safety, security and affordability of that housing.

In this context, all of the sample would fit this definition, having been accommodated in SAAP services like Edward Eagar Lodge crisis accommodation.

Profile of people experiencing homelessness

In a major research undertaking the report *Counting the homeless 2001* provides a profile and enumeration of the homeless population across Australia using 2001 Census data supplemented by information from the SAAP National Data Collection Agency (NDCA) and the Australian Institute of Health and Welfare (AIHW) (Chamberlain and MacKenzie, 2003). The report uses the cultural definition outlined above.

For Census night 2001, the total number of persons in different sectors of the homeless population were estimated to be 99,000 nationally as shown in Table 1.

Table 1: Persons in different sectors of the homeless population, Census night 2001.

	Australia Number	Australia Percent	NSW Number*	NSW Percent
Boarding houses	22 877	23	7 736	29
SAAP accommodation	14 251	14	4 001	15
Friends and relatives	48 614	49	12 004	45
Improvised dwellings, sleepers out	14 158	14	2 934	11
Total	99 900	100%	26 676	100%

*Derived from applying the reported percentages and total number.

Source: Chamberlain and Mackenzie, 2003 ABS *Counting the Homeless 2001*.

The report estimated that in Australia overall there were more men in the homeless population (58%) than women (42%). There were, however, more women than men in SAAP services possibly due to availability of services. Almost three quarters (72%) of boarding house residents were men compared with one quarter (28%) who were women, and just over 60% of people in improvised dwellings were male.

New South Wales has the largest population of homeless people with 26,676 people counted on Census night, which is 27% of the national homeless population. On the other hand, the rate of homeless persons per 10,000 in NSW is 42.2, which is the second lowest nationally after the ACT. The proportional breakdown of the NSW homeless population into the different sectors is similar to the national average.

It is also recognised that Indigenous people are more likely to experience homelessness than other Australians. They are over represented in all segments of the homeless population. Overall 2% of the total population identify as Aboriginal and or Torres Strait Islanders, but 9% of the homeless population were in this group (Chamberlain and Mackenzie, 2003). The need to research and develop specifically targeted services and culturally appropriate approaches for men and women of differing age groups within the Indigenous homeless population warrants specific research.

Profile of SAAP clients

As a subset of the total population of people who are homeless, the statistical profile of clients of SAAP services is different. The SAAP National Data Collection Agency (NDCA) collects client and service information supplied by SAAP agencies on SAAP Client forms. In NSW for 2002-03, 91% of agencies provided data (AIHW 2003). The general forms include information on the main reasons for seeking assistance and the circumstances of clients before and after support. High volume agencies use a shortened form that does not collect this information. There is a higher prevalence of older single men in high volume agencies. Just under three quarters of all high volume agencies, nationwide, either target single men or are general agencies. The agencies involved in this research are considered high volume agencies but for many cases the more complete information was been provided. There are changes underway to make data collection more consistent through the use of a single form but at the time of this research there were variations between agencies in their data collection and reporting.

In NSW single men make up the majority of SAAP clients with 58.5% of all SAAP support periods in 2002-03 being provided to single men (AIHW, 2003, Table 5.1). The average age for male SAAP clients in 2002-03 was 33 years, slightly older than for female clients (28 years). Single men aged over 25 years comprised 34.2% of all SAAP clients, and 68% of male clients. Men with children and couples, as client groups comprised less than 4% of all SAAP support periods in NSW in 2002-03. (AIHW, 2003, Table 4.1).

A higher proportion of SAAP clients, both male and female, are Australian-born with 85% of SAAP clients in NSW being Australian-born compared to 75% of the New South Wales population generally (AIHW 2003, Table 4.3).

The main reasons reported for single men, aged over 25, seeking assistance from SAAP agencies in NSW in 2002-2003, were for:

- drug/alcohol or substance abuse related reasons (16.9%),
- usual accommodation not available (16.0%)
- financial difficulty (13.9%) and
- being recently arrived to the area with no means of support (10.9%).

For women, on the other hand, the primary reason for both single women (38.6%) and women with children (50.9%), is domestic violence (AIHW 2003, Table 5.3).

Because of the high number of closed support periods in which clients were accommodated for men over 25 years (15,350 closed support periods), this client group has the shortest average length of accommodation. The mean length of accommodation for male alone clients aged over 25 was 21 days compared to the mean of 31 days for all support periods and 47 days for single women over 25 (AIHW, 2003, Table 6.2).

Almost one quarter (24.7%) of clients in SAAP accommodation had been accommodated in other SAAP or other emergency accommodation immediately before their current support period as shown in Table 2. Almost a fifth of clients (19.7%) move onto other SAAP accommodation after the support period. However, the main type of accommodation accessed by 26.6% of clients after their support is private rental. Community or public housing is accessed by 17% of clients after their

support period compared with 7.0% who had that type of accommodation before being supported in SAAP.

Table 2: SAAP close support periods: type of accommodation immediately before and after a support period, NSW 2002-03 (per cent)

Type of accommodation	Closed support periods in which clients needed assistance to obtain/maintain independent housing		
	Before	After	Percentage point change
SAAP or other emergency housing	24.7	19.7	-5.0
Living rent-free in house or flat	11.4	8.0	-3.4
Private rental	16.4	26.6	10.2
Public or Community housing	7.0	17.1	10.1
Rooming house/hostel/hotel/caravan	8.5	7.8	-0.7
Boarding in a private home	17.6	13.0	-4.6
Own home	2.0	1.0	-1.0
Living in a car/tent/park/street/squat	6.2	1.6	-4.6
Institutional	4.8	2.9	-1.9
Other	1.4	2.2	0.8
<i>Total (%)</i>	<i>100.0</i>	<i>100.0</i>	
<i>Total (number with valid data)</i>	<i>6,900</i>	<i>5,450</i>	
Number with missing data	400	1,850	
Total (number)	7,300	7,300	

Source: SAAP Client Collection (AIHW, 2003, Table 8.2)

Profile of homelessness in inner Sydney

Estimates of homelessness in the inner Sydney area vary according to the boundaries used. South East Sydney Area Health Service has compiled the 2001 Census data used for the *Counting the Homeless* report by local government area (LGA) in that region. Combining part of the South Sydney and Sydney LGAs provides some indication of the extent and nature of homelessness in the inner Sydney area.

This data shows that there were a total of 2063 people who were homeless on Census night in 2001, of whom 1,528 (74%) were men and 535 were women (Table 3). The largest proportion (46%) of these homeless people were between 25 and 44 years of age. Approximately 20% of the men were housed in hostels for the homeless whereas the largest numbers were accommodated in boarding houses or private hotels and there were 226 men who were sleeping rough. This compares to only 12% of women who were housed in hostels for the homeless with the largest proportion being accommodated in hotels or motels.

Table 3: 2001 Census homeless persons by accommodation and sex for LGAs of South Sydney (part) and Sydney (part)

	Sleepers out	Hostels for homeless	Boarding Houses/ Private hostels	Hotels/ motels	Visitors in private dwellings with no permanent address	Total
Men	226	313	601	334	54	1528
%	15%	20%	39%	22%	3%	100%
Women	54	65	141	213	62	535
%	10%	12%	26%	40%	12%	100%
Total	280	378	742	547	116	2063

Source: Australian Bureau of Statistics 2001 Census of population and housing data compiled by South East Sydney Area Health Service

These statistics, although demonstrating the large numbers of homeless men and women in the inner Sydney area, only present part of the picture. Survey research outlined in the reports, *Down and Out in Sydney* (Hodder, Teesson and Buhrich, 1998) and *Tom Uren Place* (Jansohn, F. and Robinson, C, 2000) and more recently, *Living on the outside* (Robinson, 2002) provide a more rounded profile of homelessness in the area. Typically, homeless people in inner Sydney are men who are:

- 35 years of age
- Australian born, with a higher proportion being Indigenous compared to the general population
- From interstate or rural NSW, with
- Low levels of education, left school at age 14 or 15 years
- Erratic work history generally in labouring or trades
- Chronic dependency (either drug abuse 34%, alcohol abuse 42%, or gambling 28%)
- Less than satisfactory physical and mental health, (28% depressive disorder, 17% schizophrenia)
- Little or no income and no assets
- In receipt of Newstart allowance (33%) or the Disability Support Pension (28%)
- Family background characterised by the experience of multiple trauma events
- Previously married or in a de facto relationship (67%) (Robinson, 2002).

In the earlier research for *Down and Out in Sydney* a comparison was made between homeless men who were residents of hostels (those that had slept there the night before) and those who were not. Importantly, they found that male hostel residents and non-residents are very similar with regard to demographic characteristics and diagnosis of mental disorders (Hodder, Teesson and Buhrich, 1998).

Homeless persons services

There are some 1,290 agencies receiving grants under SAAP IV funding nationally and 397 (30%) receiving recurrent funding in New South Wales (AIHW, 2003).

The development of particular services funded through SAAP has largely been an outcome of submission-based funding, influenced state level planning priorities and specific target and interest groups (AIHW, 2003a, 403). As a result, the mix of SAAP

services varies from state to state. The majority of agencies in five of the eight states and territories, including New South Wales, target young people.

The number of clients supported by SAAP per 10,000 population also varies considerably across jurisdictions and does not correspond to the number of clients overall. In 2001-02 New South Wales had the lowest level of 46 clients per 10,000 population compared to the national average of 56 clients, and the second highest number of clients overall (26,400 clients) after Victoria (29,200) (AIHW, 2003a). In NSW in 2002-2003 the number of clients declined to 25,450 clients, a rate of 44 clients per 10,000 population (AIHW 2003, Table 3.1). Despite this agencies report increasing unmet demand. All this means is that the rate of increase in the general population is greater than the rate of increase in the numbers of homeless, not that the numbers of homeless are decreasing.

Clients accessing SAAP services in New South Wales, along with the ACT and the Northern Territory, had relatively high repeat use rates of more than two support periods per client in each year for the past five years. Although the repeat use rate in New South Wales has shown a slight decline it is an indicator of the possible need for greater connection in service pathways for SAAP clients (AIHW, 2003a).

SAAP service provision and unmet needs

Of the total of unmet requests for SAAP services, the largest proportion (48.9%) were requested by single men. The main broad type of service requested by 38.2% of single male SAAP clients, and neither referred or provided by SAAP services in NSW 2002-03, were for specialist services such as psychological, psychiatric services, intellectual or physical disability services and drug and alcohol support or intervention (AIHW 2003, Table 7.2). Such services were least likely to be provided by SAAP services generally, whereas requests for housing or accommodation and basic support services or advocacy were able to be met in more than 95% of cases (AIHW, 2003 Tables 7.1Part a. and b).

SAAP Crisis accommodation for men in inner Sydney

Inner Sydney is the inner urban region of Sydney includes the suburbs of Kings Cross, Elizabeth Bay Potts Point, Surry Hills East Sydney, Darlinghurst, Woolloomooloo, Paddington, Darling Point Woollahra, city of Sydney and Millers Point. This area replicates the defined location for the previous major study on homelessness by Hodder, Teesson and Buhrich, (1998). There is a concentration of hostels offering crisis accommodation in the inner Sydney area, with eight major hostels offering more than 400 beds for men and women. Four of these hostels that accommodate the largest proportion of homeless single men were the focus of this research. These four are Edward Eagar Lodge, Matthew Talbot Hostel, Foster House and Campbell House. There are also a range of other charitable and non-profit organisations offering shelter and food in the area, which were not included.

Each of the four hostels is operated by a large Christian charitable organisation: Wesley Mission, St Vincent de Paul, Salvation Army and Mission Australia. Within each organisation there are a range of other accommodation services for homeless people and therefore there a number of 'in-house' pathways to transitional housing that exist for clients of each hostel including rehabilitation services and community

housing options. Because all such transitional accommodation offers fewer places for longer a bottle-neck often occurs at the crisis accommodation stage.

Edward Eagar Lodge

Edward Eagar Lodge is a crisis accommodation hostel located in Darlinghurst. It provides hostel accommodation for 76 people over 18 years of age. It accommodates 13 women and 63 men on a crisis short-term basis in single rooms for up to 3 months. Additional services include a Day Centre serving meals, providing clothing, shower and laundry facilities, counselling, welfare referral and recreational activities. Welfare workers are on duty 24 hours a day, 365 days a year. The service also employs a Skills Educator to encourage and support clients to develop self-help and life skills, an Assessment Officer to work with clients towards obtaining long term housing (Wesley Mission, 2004)

In 2000-2001 Edward Eagar Lodge assisted 1,588 homeless persons, including 852 who were accommodated at the Lodge. There has been an increase in the number of homeless persons assisted at the Lodge in each year from 1997-98 to 2000-01 and a total increase in those 3 years of 511 persons.

There is a large demand for the services provided which cannot be met. A total of 2248 were turned away in the year 2000-01 because no beds were available. Of those turned away, 71 percent were men (Wesley Mission, 2001).

Mathew Talbot Hostel

The St Vincent de Paul Society operates Sydney's largest hostel for homeless men, the Mathew Talbot Hostel. It has 200 beds in a dormitory arrangement. This provides accommodation for up to 3 months. The hostel also provides meals, laundry and bathroom facilities for both residents and non-residents and incorporates a medical clinic and a recreation program.

In the period 2002-03 there were 196 new clients who were attended to by the clinic, and 127 known clients who have returned to the Talbot. Most of these people suffer from a diagnosed mental illness (St Vincent de Paul Society, 2003).

Mathew Talbot Hostel also offers a range of outreach services that are focussed on providing pathways from homelessness to independent living. In 2001 the Charles O'Neill House Program was established working within a new concept for breaking the cycle of homelessness. It offers full accommodation services for up to 40 men who undertake specially designed education, vocational training courses as well as life skills education. The program takes between 9 and 12 months to complete. The main criterion for assessing potential residents is their willingness to become part of a structured environment. There are three intakes per year to Charles O'Neill House and referrals are mostly sourced from Matthew Talbot hostel but can come from other agencies.

Foster House

Foster House is a purpose built hostel operated by the Salvation Army that incorporates 70 beds in single rooms, a 20 bed dormitory, an intoxicated persons unit (IPU) and a detoxification unit. Foster House caters for single men over 18 years of age. Foster House provides residents with all meals and laundry and offers an onsite

living skills and recreation program. It also has a medical clinic that is open on weekdays and a visiting barber.

Clients usually stay in the Detoxification unit for seven days. Progression is then possible to the Salvation Army operated rehabilitation program at William Booth House which is located nearby.

Campbell House

Campbell House is the residential accommodation service for homeless men aged 18 years and over operated by Mission Australia. Like the other hostels, it offers crisis accommodation for up to three months. Campbell House has 57 beds including an intoxicated persons unit (IPU), which provides overnight accommodation for intoxicated men. It offers intensive individual assistance, advocacy, referral, meals, clothing and laundry services to residents.

A recent development has been the establishment of the Special Needs Dental Service in partnership with the South Eastern Sydney Area Health Service providing oral health care for men and women experiencing homelessness, drug and or alcohol issues or mental illness four days per week. In 2003 the residential service helped 720 clients and between April 2003 and January 2004 the dental service assisted 130 clients (Mission Australia, 2004).

Service redevelopment

Campbell House, Matthew Talbot and Edward Eagar Lodge are all considering a reconfiguration of their services and redevelopment of their properties. Each centre is at a different stage in this process.

Campbell House already has plans for a new facility that will feature a crisis accommodation unit accommodating 38 men in single rooms, nine affordable housing units and a facility for social, education and employment training programs and health and dental services. Mission Australia is seeking to raise \$7 million to fund the redevelopment, which they intend to focus particularly on younger men and generally experiencing homelessness for the first time (Mission Australia, 2003).

Matthew Talbot is also preparing to redevelop its main hostel to provide single room accommodation facilities. Having achieved considerable success with the development of the program at Charles O'Neill House (see Robinson, 2001), the aim is to provide a similar approach at Matthew Talbot, emphasising education and personal development for residents (Saint Vincent de Paul, 2003).

SAAP Funding to agencies

Recurrent SAAP funding to agencies has increased in the past six years but demand still outstrips available resources. In 2002-03 mean funding per support period in NSW was \$2,140 or \$4,040 per client (AIHW, 2003 Table 10.1) but distribution to agencies and across service types varies considerably. This variability is exacerbated by the amount of donated funds available to, and allocated by, the non-profit and charitable organisations that operate the SAAP services.

The legacy of this variable distribution of SAAP funding is evident in the different staffing levels at the four main inner Sydney hostels as shown in Table 4. This

variability is a fundamental structural constraint on the capacity of agencies to provide equivalent service levels. Most notably, Edward Eagar Lodge is not resourced to provide the intensive individual assistance, commonly known as case management that exists in the other three hostels. Rather case management is offered as part of their community housing options, but for many clients this option is not available.

Table 4: Staffing, services provided and client capacity for selected agencies.

Organisation	Welfare support staff	Services provided	Capacity	
			M	F
Wesley Mission Edward Eagar Lodge	Senior welfare officer Housing officer Recreation Officer Welfare officers Volunteers	24 hour crisis accommodation Male and female accommodation 76 beds in single rooms Day centre meals Laundry Living skills Recreational activities	63	13
St Vincent de Paul Mathew Talbot Hostel	Case managers (4) Outreach workers (6) Homereach workers (2) Welfare officers Volunteers Cleaners Catering staff Laundry	24 hour crisis accommodation For men only aged over 25 yrs 200 beds in single rooms and dormitory arrangement Day centre meals Medical clinic Laundry Recreational activities	200	-
Salvation Army Foster House	Case managers (4) Welfare officers Outreach workers (8) Living skills trainer Recreation officer Volunteers Catering staff Cleaners Laundry	24 hour crisis accommodation For men only aged over 18 years 70 beds in single rooms 20 bed dormitory Detoxification unit Intoxicated Persons Unit (IPU) Medical clinic Living skills Recreational activities	70	
Mission Australia Campbell House	Case managers (3) Welfare officers Dental Service Liaison worker Catering staff Cleaners	24 hour crisis accommodation Male only accommodation 57 beds in single rooms Dental clinic	57	-

Source: Agency interviews.

A specific request to the NDCA provided information on the circumstances before and after support for male clients over 25 years at the four main crisis accommodation hostels in inner Sydney for men for the period 2002-03 as shown in Table 5. There is a high level of omissions with the reporting of circumstances after support and the figures shown in Table 5 should be regarded as general trends indicative of the pathways for clients at these hostels. Rounding has been applied to maintain confidentiality.

The NDCA data shows that all of the four agencies had a high proportion of clients who had previously been accommodated in SAAP or other emergency accommodation, and an equally high proportion move to other SAAP or other emergency accommodation after their support period.

There are some differences between the agencies. Matthew Talbot Hostel had the highest proportion of clients who had been living on the streets, while Foster House had the highest proportion of clients who had previously been living in private rental. Although the count for Edward Eagar is too small to compare directly, the largest

proportion of its client group had previously been institutionalised (either prison or hospital).

The rates of clients who were previously accommodated in institutional settings for all of these four agencies are notably higher than the state average (4.8%) indicating these agencies are used as exits points from prison and psychiatric wards. Determining the degree to which such institutions are making referrals directly to these SAAP crisis accommodation hostels was not within the scope of this project, but would be worth further exploration.

Table 5: SAAP Closed Support Periods (unweighted and rounded by 10) for single males at specific agencies, Client Collection 2002-2003 (per cent).

Type of accommodation	Edward Eagar Lodge		Matthew Talbot		Foster House		Campbell House	
	Type of housing before support %	After support %	Type of housing before support %	After support %	Type of housing before support %	After support %	Type of housing before support %	After support %
SAAP or other emergency housing	41.7	16.7	23.8	22.5	33	39.9	34.7	34.1
Living rent-free in house or flat	0	8.3	4	3.4	5	4.7	11.1	16.4
Private rental	0	29.2	6.4	7.4	19.2	11.3	5.9	11.8
Public or Community housing	0	29.2	8.7	15.1	2.5	9.4	1.5	3.4
Rooming house/ hostel/hotel/caravan	8.3	4.2	9.4	10.7	6.3	5	11.1	12.7
Boarding in a private home	0	0	2.3	3.4	6.3	4.7	4.6	5
Own home	0	0	0	0.7	0.3	0.6	0.6	0.3
Living in a car/tent/ park/street/squat	4.2	4.2	38.6	26.8	9.1	4.7	20.4	3.7
Institutional	45.8	8.3	6.7	10.1	18.2	19.5	9.9	12.7
Total (%)	100	100	100	100	100	100	100	100
Total number 'in scope' support periods (rounded by 10)*	20	20	300	300	320	320	320	320
Total number reported support periods (rounded by 10)**		670		1,950		940		510

*'In scope' support periods are those that were 'closed' and had both 'before' and 'after' details for the accommodation type.

'After' support details have a large non-response rate (due to errors and omissions).

**Includes 'in scope' and not 'in scope' support periods.

Source: SAAP National Data Collection, customised tables. Australian Institute of Health and Welfare, 2004.

Other services for the homeless

Homeless Persons Information Centre (HPIC) Missionbeat are two other key services for homeless people based in the inner Sydney area. The Homeless Persons Information Centre is a call-centre that acts a central point of information about available accommodation. The service is auspiced by the City of Sydney Council and partly funded by Department of Housing and partly by Department of Community Services. They take calls from across the state. Also where clients walk in off the street to hostels seeking shelter, and due to demand or suitability they are unable to be accommodated, they are commonly referred to HPIC.

Missionbeat is an outreach and transport service operated by Mission Australia. It provides crisis intervention for homeless people on the streets and uses HPIC to access accommodation and support. It also responds to calls from hostels to assist clients with transfers between hostels or to other services, especially the intoxicated persons units.

There are also a number of specialised health services, including drug and alcohol detoxification and rehabilitation services that support homeless people. The Darlinghurst Mental Health Crisis Team are most frequently called upon to assist with clients experiencing psychotic episodes at hostels.

Centrelink also provides a regular outreach service to each of the hostels, for clients receiving, or in need of, income support.

Sample Profile

The characteristics of the sample conform generally to the profile of the homeless men in inner Sydney. A total of 16 clients were interviewed from three of the four hostels, excluding Campbell House. Originally it was intended to interview four clients from each of the four hostels however, a decision was made to focus on the three larger hostels given the reform directions already underway by Campbell House.

The final interviews numbers were as follows:

Table 6: Number of clients interviewed per hostel

Hostel	No of client interviews
Edward Eagar Lodge	5
Matthew Talbot Hostel	6
Foster House	5
Total client interviews	16

Age and country of birth

The age range of interviewees was from 25 to 55 years and the average age of the sample group was 33 years.

Table 7: Age of client participants by hostel

Age	EEL	MTH	FOS	Total number of interviewees
25-29	0	1	2	3
30-39	3	1	2	6
40-49	1	3	1	5
50+	1	1	0	2
Total	5	6	5	16

Three of the 16 clients interviewed were born overseas but only one of these in a non-English speaking country.

Education

All interviewees had low levels of education and had left school by the end of year 10. One client had left school before high school. No one in the sample had post-school qualifications although one client had a forklift licence and was currently enrolled in a TAFE course.

Employment

All bar one client participant had worked in low skilled, casual jobs, mostly labouring. A quarter had never worked.

Table 8: Client participant employment history by hostel

Employment history	EEL	MTH	FOS	Total number of interviewees
Farm hand/ Fruit picking	1	1	0	2
Factory hand	0	1	1	2
Labourer	2	1	2	5
Office worker	0	0	1	1
Other*	1	1	0	2
Never worked	1	2	1	4
Total	5	6	5	16

*Includes one interviewee who is musician and another who worked in a supported accommodation employment program.

Income source

Eleven of the 16 client participants were receiving Disability Support Pension, including two who had their incomes managed by the Protective Commissioner. The other five were receiving the Commonwealth Newstart Allowance.

Table 9: Client participant income by hostel

Reported income	EEL	MTH	FOS	Total number of interviewees
DSP	5*	3	3	11
Newstart	0	3	2	5
Total	5	6	5	16

*Includes two interviewees whose incomes are managed by the Protective Commissioner

Origins

All except two participants were Australian-born, but none identified as indigenous. Of the two overseas born participants one was born in a non-English speaking country but migrated here at age 13 and was proficient in English.

Half of the participants had moved to Sydney from other areas. Four participants had moved to Sydney from interstate and another four had moved to Sydney from regional NSW. One client participant described the benefits of moving to Sydney:

“I’ve been on the streets on and off many times over the years, mostly on the Central Coast but it’s much easier down here with the food vans and soup kitchens. There’s plenty of food and places to go.” Craig, 35, Foster House.

Reported circumstances leading to homelessness

Seven of the participants had been hospitalized with a mental illness and an equal number reported having a current or past drug or alcohol addiction. Two of the sample

had a combination of both a mental illness and a drug addiction. Problem gambling was cited by one participant as the circumstances that lead to homelessness.

Table 10: Client participant reported circumstances leading to homelessness

Reported circumstances	EEL	MTH	FOS	Total number of interviewees
Hospitalised for mental illness	3	2	2	7
Current or past drug/alcohol addiction	1	2	2	7
Illicit drug user with a mental illness	1	0	1	2
Problem gambling	0	1	0	1
Other	0	1	0	1
Total	5	6	5	16

Type of accommodation before current SAAP service support

Just over half of all clients interviewed had been living on the streets immediately prior to accessing the service of the hostel in which they were interviewed. All of the clients interviewed at Matthew Talbot Hostel had been living on the streets, and two of these were currently living in Talbot Lane and using the hostel for meals and showers. Three participants had stayed at another crisis shelter or SAAP service prior to their current accommodation, which is relatively consistent with NDCA records for clients at these hostels.

Table 11: Client participants' accommodation status prior to current hostel stay

Accommodation status immediately prior to SAAP service	EEL	MTH	FOS	Total number of interviewees
SAAP or other emergency housing	1		2	3
Living rent-free in house or flat			1	1
Private rental			1	1
Public or Community housing				
Rooming house/hostel/hotel/caravan	1			
Boarding in a private home				1
Own home				
Living in a car/tent/park/street/squat	2	6	1	9
Institutional (Hospital)	1			1
Total	5	6	5	16

Method of referral

The most common method of referral was by word of mouth or through a friend, this generally means through the network of homeless people on the streets. Almost all of

the clients interviewed at the Matthew Talbot Hostel had been referred through their own contacts on the street. As one client put it: “*everyone knows the Talbot.*”

Self referrals were made in a quarter of cases where the men had previous experience with a hostel and had sought assistance again on this occasion and the two clients who had direct referrals from either the mental health crisis team or a hospital were made to Edward Eagar Lodge. One participant had been referred through HPIC.

Table 12: Client participants reported method of referral to hostel

Method of referral	EEL	MTH	FOS	Total number of interviewees
Mental Health Service (crisis team or hospital)	2	0	0	2
Through a friend/ Word of mouth	2	5	1	8
Homeless Persons Information Centre (HPIC)	0	0	1	1
Other SAAP Service or crisis shelter	0	0	1	1
Self*	1	1	2	4
Total	5	6	5	16

*Includes self referral from previous contact with hostel, or using the phone book.

Agency consultations

Agency consultations involved a total of 11 interviews including individual meetings with hostel managers at the four hostels, a staff focus group with five welfare staff at Edward Eagar Lodge followed by interviews with the senior welfare officer and the recreation officer at Edward Eagar Lodge, a meeting with three welfare staff at Matthew Talbot Hostel and interviews with Assistant Divisional Social Program Secretary of the Salvation Army Sydney East and Illawarra Division, the Senior Project Coordinator for Homelessness at the Council of the City of Sydney and the Team leader of Missionbeat, Mission Australia.

Discussions with staff

A focus group of five welfare staff at Edward Eagar Lodge provided an introduction to the realities of working with homeless people and reflections on possible interventions and interagency coordination and support. A discussion with a group of three staff from the assessment team at Matthew Talbot Hostel provided reflections on their experiences of working with clients with complex needs and interagency support. At both hostels there are some staff who had been working there for many years and others who had been there for less than 3 years. Their comments emphasised the interaction between individual circumstances and structural barriers that often blocks the pathways out of homelessness for long term homeless men.

Individuality of client circumstances

Staff discussions emphasised the point that it is very difficult to define “success” in the context of outcomes or pathways for people experiencing chronic homelessness – often depression and related low self-esteem are the primary factors that inhibit any

intervention. Meeting the practical needs of providing food and shelter for people living on the street should not be considered the only measure of progress. For some clients, if they speak or acknowledge a welfare worker, this may be considered a breakthrough.

Importance of recreational activities

It was noted that, while there are opportunities for people to get support from staff, some people don't leave their room or don't seek any help. Some clients get involved in many of the activities. Having a range of recreational activities available for clients was highly regarded by staff as these provided opportunities for informal engagement with clients and encouraged some clients to discuss their experiences and identify their needs. It also created opportunities for clients to make friends.

The recreation/living skills staff at the three hostels and other agencies have their own network known as Realink. The network develops and conducts a program of activities from year to year. The program includes regular bus trips to the beach, sports days and picnics. The staff involved try to have regular meetings and include other agencies but time and resources limits the capacity of this program and it relies on the interest of the workers to sustain it.

Limitations of crisis accommodation

The staff emphasised that the limitations of crisis accommodation services, the constraints on resources and length of stay, which mean that they are not able to do more than meet immediate needs of clients such as requests food, shelter, financial assistance. This was particularly problematic for some older homeless men who had been residents of the hostels for a many years, "the old timers" and while being no longer physically able to be considered for independent living, are not old enough to be accepted into nursing homes within Aged Care criteria.

Staff at Edward Eagar Lodge also acknowledged that systematic case management is not possible because of limited resources, but noted that, "we all do bits of the case management process". Case notes are more like incident reports, however, and there were only "2 staff to hear everyone's problems." It was suggested that another service was needed to provide case management.

Need for specialised services for clients with a mental illness

All staff expressed concern about the difficulty of working with clients who have mental disorders, particularly those referred directly from hospitals. The staff stated that these clients need specialised support and that they were not equipped to provide it. Referrals from nearby hospitals, St Vincent's hospital and Caritas, generally have support provided by associated mental health services, however, staff reported that some clients have "turned up at the door in a taxi after being discharged from hospitals in other areas and just given a cabcharge." One staff member reported having received a request to refer a patient from a hospital in Melbourne.

Post-support follow up

It was noted that a lot of people come back – after losing some other form of housing. Some don't stay the three months and then don't come back at all. Staff at Edward Eagar Lodge expressed a desire to have some follow up and feedback about clients'

progress. At Matthew Talbot Hostel there are outreach workers who provide support to clients who obtain medium term housing in the associated community housing.

Information sharing

Staff also reported that they felt they had limited knowledge of other services but that HPIC is a key source of information about changes in the service network. All had positive comments about their experience of using HPIC. There was a desire to have more opportunities to interact with staff at other services for professional development.

Interviews with service management

Interviews with service management involved a discussion of the structure of their service, thoughts about the nature of the needs of their clients and appropriate responses.

Need for specialised services

Management from all agencies expressed concern about the difficulty of supporting clients with complex needs, especially those with mental illnesses combined with behavioural problems and or drug or alcohol addictions. Referrals directly from hospital psychiatric wards was acknowledged as a regular occurrence and considered at times to be inappropriate. However, for Matthew Talbot Hostel and Foster House, where there are medical clinics available referrals generally included the provision of information to the clinic staff. What was acknowledged by all agencies is the need for longer term supported accommodation for this group.

Referrals from prisons were also a frequent occurrence, but prison discharge procedures were considered generally reasonable, with advance notice and information. Edward Eagar Lodge reported that because of high demand on their service it was less likely that rooms could be “reserved”. Campbell House also commented that the nature of the offence was important consideration as they were located close to a primary school and would not take anyone with convictions for sexual assault related offences.

Limitations of crisis accommodation

A second common theme emerging from the interviews with service management was the limitations of crisis accommodation structure given that their experience with clients with complex needs showed that the length of time for these clients to be ready to make the transition to more independent living was usually up to 2 years.

Most hostel managers reported that they exercised flexibility in this regard, allowing clients to stay beyond the three month period where necessary but none had in place a more systematic approach. Campbell House, in discussing the redevelopment proposals, suggested that they would identify these clients in their initial assessment and take a different approach with this group in a dedicated unit within the new building. Edward Eagar Lodge suggested that a triage system would be an appropriate means to allocate staff and support to particular groups more effectively.

It was noted that in Samaritan House, a crisis accommodation hostel for women, rooms within a single floor of the building have been designated for a transitional program which allows women with high needs to remain at Samaritan House for up to

a year or more but make the progression from crisis accommodation to an arrangement that allows them more independence, such as a share kitchen to cook for themselves, while still providing ongoing support.

Value of shared services

All agencies' managers expressed strong support for the value of HPIC and of Missionbeat. HPIC was considered a pivotal link between services that is used frequently by all the agencies. The HPIC service, however, has not had any growth funds for a number of years, although they are responding to up to 50,000 callers a year from across the state, with a growing minority of frequent callers.

Missionbeat was described by staff and management of the hostels as a valuable service for clients. Agencies reported that referrals tend to be made to Missionbeat to transport clients between hostels and to specific services such as Intoxicated Persons Units. Missionbeat manager noted, however, that staff shortages meant that Missionbeat is having difficulty responding to increasing demand.

Access to detoxification, rehabilitation and intoxicated persons units

The availability of places in detoxification and rehabilitation services was a concern expressed by most agencies. The point made was that number of places need to be increased to reduce waiting times because if clients expressed a desired to "get clean" it was important that that window of opportunity was available to offer an immediate entry point and clear pathway to recovery.

Post-crisis accommodation support

The need to support clients once they move beyond short and even medium term accommodation is seen as critical to helping them make successful transition to independent living. This is particularly important where clients move directly from the hostel to Department of Housing tenancies, private rental or boarding houses. Matthew Talbot Hostel has initiated a Homereach program with 2 staff and 12 volunteers who provide ongoing contact and support for men who move into Department of Housing tenancies. In the two years that this program has been operating only 2 out of 31 men have lost their tenancies.

Interviews with clients

Current accommodation and support

Number of times to the hostel

The majority of clients had stayed at the hostel where they were interviewed on a previous occasion. There was a slight variation in between the hostels in terms of the number of times the interviewees had accessed the service on a previous occasion. All of the clients interviewed at Matthew Talbot Hostel had stayed there on more than 3 occasions, whereas for four out of five clients of Foster House this was their first stay. The younger age of the client participants at Foster House may explain this variation.

Table 13: Client participant reports of number of times clients had stayed at hostel

Number of previous occasions clients had stayed at current hostel	EEL	MTH	FOS	Total number of interviewees
Never before	1	0	4	5
Once	1	0	0	1
2-3 occasions	2	0	1	3
More than 3 occasions	1	6	0	7
Total	5	6	5	16

Length of time at hostel on this occasion

Some clients interviewed at Matthew Talbot and Foster House had stayed beyond the three months normally allocated to clients of SAAP crisis accommodation one had stayed for 25 years. Interviews with staff at Edward Eagar Lodge also reported that there were a few “old timers” still residing there.

Table 14: Client participant reported length of stay at current hostel

Length of stay at current hostel	EEL	MTH	FOS	Total number of interviewees
Less than one week	0	0	1	1
1-4 weeks	2	0	1	3
1-3 months	3	2	1	6
More than 3 months	0	4	2	6
Total	5	6	5	16

Experience of service provided at hostels

A common theme in the client interviews about their current accommodation and support experience was that the help and support offered by staff was highly valued. With a slight variation between hostels, the positive remarks about staff at Matthew Talbot emphasized their non-judgmental attitude, while at Foster House the helpful support provided by the caseworkers was acknowledged by all interviewees there.

“The staff here are fantastic, they’re genuinely caring, not judgmental and offer lots of support.” Patrick, 39, Matthew Talbot Hostel.

“You can come here and you’re not looked down upon.” Bruce, 28, Matthew Talbot Hostel.

“My caseworker is really helpful.” Gerry, 25, Foster House.

“My caseworker is very helpful. The other staff are helpful, too.” Craig, 35, Foster House.

A second theme from the interviews was that the clients valued the recreational opportunities available at the hostel. This was particularly noted by clients interviewed at Matthew Talbot Hostel and Edward Eagar Lodge.

“There’s lots of things to do, creative workshops.” Daniel, 35, Edward Eagar Lodge.

“They have a good educational and craft centre. Some blokes here have real talent.” Damien, 43, Matthew Talbot Hostel.

There was also some unanimity among clients interviewed about what was good about where they were currently staying. This provides some indication of the qualities of the hostel that clients preferred over other places.

All interviewees at Edward Eagar Lodge expressed satisfaction with having their own room, for privacy and security for their belongings, as well as the freedom movement without curfews.

*“It’s good having a bed and own room and the freedom to come and go.”
Jack, 39, Edward Eagar Lodge.*

For those at Foster House, having a private room was also considered a benefit, but it was the cleanliness of the facility that was remarked upon by all clients there.

“The place looks clean, that’s why I like it I guess.” Gerry, 25, Foster House.

At the Matthew Talbot, almost all interviewees provided positive comments about the opportunities to do art and craft but also about the companionship they find there.

*“They have a good community here. I have friends in the lane.”
Derek, 43, Matthew Talbot Hostel.*

Having opportunities to make friends was also valued by clients of Edward Eagar Lodge.

It’s a nice place here, I’ve found a few friends who I’d like to keep in touch with.” Alex 30, Edward Eagar Lodge.

*“You can’t take visitors to your room but you can meet women here.”
Noel, 55, Edward Eagar Lodge.*

Services accessed by clients

Clients accessing a range of services

Most (11) of the clients interviewed regularly used some form of health service, predominantly for medication for mental health problems. None, however, were currently accessing any counselling services. This is consistent with SAAP NDCA figures for services not provided. Housing services were second most commonly used service by the sample group, followed by Centrelink. Few were accessing education, training or employment related services.

Table 15: Types of services used by client participants

Service types	Number of clients who reported using service
Doctor (GP)	1
Health clinic	7
Dental clinic	1
Other (including supervised Injecting rooms and methadone clinics)	2
Counselling	0
<i>Total health related services</i>	<i>11</i>
Centrelink	6
Employment service	1
Education/Training	1
<i>Employment related services</i>	<i>2</i>
Dept of Housing	5
HATSOS	2
HPIC	1
Missionbeat	1
<i>Total housing related services</i>	<i>9</i>
Recreation	2
Other (police/legal)	1

Commentary on their experience of using these services was almost all positive. Only one (younger) client expressed the opinion that these services were of no help to him. Specific comments on the use of services included:

- Centrelink outreach service at hostel: *“It’s good because I don’t have to queue.” Matthew, Foster House.*
- HPIC and Missionbeat: *“HPIC and Missionbeat are good services, especially when its raining.” Warren, Edward Eagar Lodge.*
- Intravenous drug injecting rooms: *“It’s really helpful big time. It puts you in touch with other services and the staff are really supportive.” Patrick, Matthew Talbot Hostel.*
- Detox. Units: *Detox staff are good and will help you with other needs but there’s not much support after detox and you have to wait 6-12 months to get into it.” Patrick, Matthew Talbot Hostel.*
- Rehabilitation services: *“There’s not much help with housing after rehab. I think there should be some outreach support with a halfway house for people who have finished rehab.” Daniel, Edward Eagar Lodge.*

Past accommodation experiences

Accommodation history

Consistent with the description of iterative homelessness in Robinson’s (2003) research, all of the men in the sample had moved between in various forms of accommodation often many times and over many years.

- Five participants had been hospitalized with a mental illness and two had been directly referred to Sydney from regional NSW following hospitalisation.
- Four participants reported that they still had some contact with their parents or other family, two younger participants had recently been living in their parents’ home.
- Five of the seven participants who reported to have a history of drug addiction had been through detoxification and rehabilitation programs. Two have returned to using drugs, one is on a methodone program. A concern expressed by these clients was the lack of support following rehabilitation. *“There’s not much help with housing after rehab. I think there should be some outreach support with a halfway house to live with other people who’ve finished rehab.” Daniel, 35, Edward Eagar Lodge*
- Two participants had been in prison for drug related offences, one had been in prison seven times.
- Five participants have previously had NSW Department of Housing tenancies but these had been terminated in most cases for failure to pay the rent.
- Those who had previously rented privately had been evicted with a change of landlord or had left because of difficult relations with other tenants. In two cases violence was involved.

- Only one participant had ever owned his own home, but after living there with his wife for ten years, and he returned to an itinerant lifestyle following the breakdown of the relationship, and started using heroin again and has been living in Talbot Lane for 8 months. As this client described his experiences of homelessness: *“It’s one big merry-go-round. Addiction is the biggest part of homelessness, you become so paranoid and isolated, but if you’ve got a drug habit it costs less to be on the streets.”* Patrick, 39, Matthew Talbot Hostel.

The findings from the accommodation histories of these participants are consistent with those in the larger survey by Robinson (2003) that suggest that securing stable, long term accommodation, such as Department of Housing tenancies, does not prevent future episodes of homelessness.

Client reports of hostels where clients have stayed on previous occasions

All clients had stayed at least at one of the other crisis accommodation hostels on a previous occasion. All clients interviewed had experience of the accommodation and services at Matthew Talbot Hostel. This is not surprising given the size of the centre. Only one of the interviewees from Matthew Talbot and Foster House had stayed at Edward Eagar Lodge.

Table 17: Client participant reported stays at other hostels

Previous accommodation	Current accommodation		
	EEL	MTH	FOS
Edward Eagar Lodge		1	1
Matthew Talbot Hostel	5		5
Foster House	3	4	
Campbell House	1	1	0
Not stated	0	1	0

There was more variation in the feelings that interviewees of each hostel had about the other hostels where they had stayed on previous occasions. The movement from one hostel to another is sometimes regarded as ‘churning’ where clients are moved on when their time runs out or are rejected for breaches of hostel regulations or for violent behaviour. Only 1 client talked about being “thrown out” from a hostel for violence and one for breaching hostel rules. The more common response indicated that clients were making some self-selection about where they preferred to stay, in a few instances opting to return to live on the streets.

There was a tendency among those participants at Matthew Talbot who had previous experience at Foster House to make the comment that they didn’t like the rules at Foster House and preferred the greater freedom they had at Matthew Talbot. On the other hand, the group at Foster House who had previous experience of Matthew Talbot Hostel tended not to like the dormitory arrangement and the associated risk of theft. Contrary to the view that clients are simply going where there is a place available, it seems that clients, within a very limited range, are exercising some choice about which homeless service they will use, based on their experience and on preferences in regards to such factors as a philosophy, structure and/or facilities.

Future pathways

Desired outcomes

The pathways described by the participants as their desired direction are at one level completely individual. Some prefer to live alone, some prefer to share, some wish to stay close to the inner city where they have contact with the services and networks they are familiar with. Others wish to move out of the city altogether, to move interstate and even travel overseas. A number expressed a desire to stay at the hostel for longer, one participant had stayed at the hostel for 25 years and had no intention of living anywhere else. Having a place with their own bathroom and kitchen was mentioned by about a third of the participants.

At another level, the desired outcomes expressed by participants were similar in that they sought independence, security and opportunities for companionship.

Issues affecting outcomes

Two key factors were reported as likely affect the long term prospects for the participants. First, recovery from drug addiction and/or mental illness was recognised as an ongoing issue which would necessarily require ongoing support. The second was the availability and affordability of suitable housing options. Securing suitable housing and support requires considerable time, and this highlights the need to have some support structures in place during that transition period.

Models of interagency support

During the late 1990s there was increasing recognition of the often high level and complex needs of people who are homeless and the need for a greater coordination and integration between services to respond to these needs. A national case management strategy was developed and most SAAP services have adopted a case management approach to focus service provision on the needs of clients in order to secure appropriate outcomes for each individual.

In 1997 the SAAP Coordination and Development Committee commissioned the Ecumenical Housing Inc. in association with Thomas Goodall Associates Pty Ltd to undertake a national study to research the role of SAAP in working with homeless people whose needs require a high level or complexity of service responses. The report noted that the success of case management depends on the efficacy of linkages between SAAP and other relevant services such as mental health and drug and alcohol services (Bisset, Campbell and Goodall, 1999).

The converse may well also be true: that creating successful linkages between SAAP and other services depends on coordinated case management. Edward Eagar Lodge does not have case managers as such, clearly puts it at a disadvantage in terms of establishing and enhancing linkages for individual clients. The existing model where case managers are assigned to clients in community housing excludes this intensive support from the group of clients who are not able to access community housing.

The national study provides a useful backdrop for considering new directions in interagency support for inner Sydney. It identified some critical gaps in the allied service provision which impact upon SAAP service delivery. Some of these have been

addressed in the inner Sydney context while other gaps remain. The service gaps identified in 1999 and the current services responses available in inner Sydney as described in the interviews with hostel management and key agencies are shown in Table 18.

Table 18: Service gaps for homeless people with high and complex needs identified in 1999 and current service responses in inner Sydney.

Service gaps for homeless people with high and complex needs identified in 1999	Service responses in inner Sydney 2004
A crisis response to people with personality disorder	All of the hostels in this research have access to, and have used on occasion, the Darlinghurst Mental Health Crisis team. The response of the Crisis team was considered favourably by both management and staff.
Specialist services which can respond to homeless people with dual/multiple problems	This was a main area of concern reported by staff and management in interviews.
Health and mental health services which are appropriate for homeless people	Foster House, Matthew Talbot and Campbell House all have a medical clinic which provides specialist services to residents and other homeless people. Campbell House has a specialist dental service. Edward Eagar Lodge does not have specialist medical services but residents are referred to other health services such as provided through St Vincents Hospital and the Haymarket clinic. Mental Health services accessed by clients tend to be hospital based.
Specialist and generic services that can respond to and/or accommodate people with disruptive behaviour.	This remains one of the concerns described by service managers. Robinson (2002) estimates there are upwards of 100 people who are barred from one or all SAAP services currently for periods ranging from a few days to life.
Ongoing support for people with high needs to enable them to retain accommodation successfully in the community.	Matthew Talbot and Foster House have both developed outreach services where outreach workers who regularly visit clients who have secured longer term accommodation, such as Department of Housing tenancies to support them in their transition to independent living.

Source: (Bisset, Campbell and Goodall, 1999) and service provider interviews.

Along with the service gaps, a number of internal barriers to effective service delivery were identified across the board in SAAP services including:

- Increased emphasis on doing more with the same resources
- Lack of clarity with respect to SAAP's role in providing ongoing support to the chronically homeless
- Lack of information to inform the development of good models of practice
- Inadequate service mix to respond to clients with high and complex needs
- Lack of a common assessment framework
- Inadequate resources (Bisset, Campbell and Goodall, 1999)

The interviews with service providers and staff suggest that these barriers remain relevant in the inner Sydney context to a varying extent. Robinson's (2002) study of homelessness in the South Sydney Local Government Area found little coordination or shared information between homelessness services in both the SAAP and unfunded sectors. He noted that:

“Some front-line workers have developed networks and cross-refer people but on a systems level there is, in some cases, more competition than cooperation. Government agencies like community mental health teams are often slow to respond and regularly fail to intervene either with hostel residents or those on the street... Similarly drug and alcohol services do not offer timely interventions. There is a frequent shortage of detoxification and rehabilitation beds particularly when the need is immediate. Those with dual diagnosis are often unable to access either mental health or drug/alcohol services.”

(Robinson 2002, 27)

Interviews with service management and staff suggest that, in general, at a management level there are opportunities for collaboration and interaction. Opportunities for frontline staff to interact with other agencies, however, are more limited. The shortage of detoxification and rehabilitation beds and the associated waiting times, was indeed, a concern that was expressed by both staff and clients.

There are, however, some examples of models of service delivery in Sydney and in other States and Territories that are tackling these service gaps and structural barriers.

Common assessment and referral tools

Government agencies responsible for SAAP services in Victoria, Tasmania and South Australia have all initiated projects to introduce common assessment and referral procedures.

In Victoria, the Department of Human Services funded a state-wide Assessment and Referral in Homelessness Services Project in 2001. The aim of the project was to develop an assessment and referral framework and related processes to enable people experiencing, or at risk of homelessness, to immediately access the most appropriate assistance. Examples of system-wide models applied there include:

- The Primary Care Partnerships (PCP) Program, which has a central focus on assessment processes, initiated from local health services and incorporating integrated assessment and streamlined referral practices. This involves detailed consideration of information management and privacy protection.
- The Community Connection Program (CCP), which seeks to provide more effective cross-program service responses for vulnerable people living in unsupported private rental, such as Special Residential Services. It incorporates Home and Community Care funds and is designed to provide flexible, case-managed responses (Thomas Goodall Associates, 2001).

In Tasmania, the Department of Health and Human Services in a restructure of SAAP services established an Integrated Continuum of Support that incorporates local and regional level responses as well as service system development. A common assessment tool has been introduced to provide consistent assessment processes regardless of where they enter the SAAP system. A protocol between SAAP services and mental health services was also revised in 2003 (Department of Health and Human Services 2003). This includes steps for staff of both SAAP and Mental Health Services to make referrals from one service system to the other and includes specific references dealing with case conferencing and client rights to privacy and confidentiality.

In South Australia a Linkages and Protocols project was funded in 1999 to introduce systems level change and introduce a protocol and joint guarantee of service among agencies supporting the homeless. What evolved, however, was a “bottom up community approach” in which service agencies substantially developed their own Multi-agency Referral form, Joint Case Planning tool and set of Good Practice Guidelines (Department of Human Services, 1999).

All of these approaches rely on agency commitment to implement the common assessment tools developed and on training and development for staff in their use. Common assessment tools have yet to be developed among services in inner Sydney,

although some work in this area has begun among a small group of services focusing on homeless people in the Central Business District (CBD). This CBD Coordination Group was initiated by the City of Sydney council and is establishing formal protocols between the agencies involved.

Because it seems that a significant proportion of the clients of the main four city hostels have stayed at one or more of the other three hostels, some progress towards common assessment and referral processes would be a logical progression. Evidence from the other states suggests that this would require high-level commitment by all involved over a period of a year or more.

Specialised support

At a local level, more specific cross-agency approaches to assist homeless people with a mental illness have been developed in South Australia and the Northern Territory. In South Australia, the Department of Human Services has developed a Service Coordinated Framework for Vulnerable Adults in the Inner City, which has funded an outreach team to assist homeless people in inner Adelaide who have mental health or substance abuse issues (AIHW, 2003).

In a similar vein, two pilot projects supporting homeless people with a mental illness are currently being trialled in Darwin, Northern Territory by the Top Mental Health Association a non-government organisation that provides accommodation and support for people with a mental illness and education and information about mental health issues. The two pilot projects are complementary in that one of the projects is aimed at identifying people who are homeless among the psychiatric wards in-patients and facilitating housing outcomes and the other provides mental health resources, training and case consultancy and support for SAAP clients with clients who have mental illness to promote effective collaboration between the Mental Health Services and SAAP services (McGuinn and Champion, 2003).

Providing support to clients with a mental illness is a major concern for the SAAP agencies in the inner Sydney area. Staff report that they receive referrals of patients discharged directly from psychiatric wards in hospitals, sometimes without any information about their condition, frequently from hospitals outside the area. SAAP data and client interviews confirm this. It is suggested that a specialised service is required to improve the links between mental health services and SAAP hostels. Similarly specialised services could be developed to support clients with drug and alcohol addiction especially in providing support during the time that clients wait for places in detoxification and rehabilitation.

Shared services and support for long term homeless men in inner Sydney

The Darlinghurst Mental Health Crisis Team, Missionbeat transport and City of Sydney Homeless Persons Information Centre (HPIC) and Centrelink are all examples of external agencies providing services to each of the SAAP crisis accommodation hostels.

Interviews with service managers, staff and clients who had used these services were consistently positive in their experience of them. Missionbeat and HPIC have a broader cross-agency perspective on the services available within the inner Sydney

area. With adequate resourcing and they could provide an enhanced information sharing role for staff in hostels such as through email newsletters, or, in the case of Missionbeat, providing orientation for new staff to the sector.

As the SAAP data shows many of the clients of the hostels seek and secure longer term accommodation through Department of Housing. Current links between hostels and the Department relating to individual clients tend to be either through informal liaison at staff level or at the office/hostel manager level. A more systematic approach would be for the Department of Housing to consider providing outreach services to the hostels in a similar way to Centrelink.

The example of Matthew Talbot Hostel's Homereach program which provides ongoing support for clients who obtain Department of Housing tenancies could be replicated by the other agencies with appropriate resources. Alternatively, the program could be enhanced at Matthew Talbot to enable it to support clients exiting to Department of Housing properties from the other hostels as well.

Conclusion

The findings from this research are consistent with previous research that shows that the impact of drug and alcohol addiction and mental illness among long term homeless men means that securing accommodation alone will not necessarily prevent future iterations of homelessness.

The high repeat use rates indicated in SAAP data and illustrated in the client interviews confirms the notion of iterative homelessness described by Robinson (2003) where long term homeless men have passed through several forms of inadequate housing. High repeat-use is sometimes negatively described as 'churning' or alternatively as a positive opportunity for clients, especially those with high needs, to re-engage with SAAP services over time (AIHW 2003, 407). Comments by the clients participating in this study, however, suggest that they are making choices as to the services they use based on their own preferences towards the more intangible characteristics of the hostel, rather than simply on the availability of a bed or particular service. This suggests that each hostel needs to be able to readily access and offer a full range of services to their clients including detoxification, medical and mental health services.

High repeat-use rates and the fact all of the clients interviewed had stayed at least at one of the other hostels on a previous occasion clearly points to the need for executive level discussions to establish common assessment and referral tools or protocols between these agencies. There is also a clear need for enhanced resources to Edward Eagar Lodge to enable it to provide comprehensive case management support at the hostel.

Processes and protocols for referrals to these inner city hostels from psychiatric hospitals, particularly those outside the South Eastern Sydney Area Health Service is also clearly an issue that needs further investigation and would be addressed at a systems level rather than through separate agreements between individual hostels and hospitals.

Information sharing between hostels could be achieved with enhanced resources to HPIC. Greater opportunities for staff development and interagency exchange need to be supported.

There are many initiatives being developed at a local level in the inner Sydney region to create and enhance pathways out of homelessness for the many men and women on the streets and in the hostels. Many of these involve partnerships between hostels and other agencies. Others have been developed internally. Sharing information between agencies about such initiatives will be important for their continued development and adoption by others where appropriate.

Apart from referral of clients, the main model of interagency support between the hostels themselves, however, is Reclink, a network formed among staff at the various hostels who are responsible for living skills and recreational activities for clients. Reclink provides a program of excursions and activities open to clients from all of the hostels made possible through shared resources, pooled expertise and ideas. Reclink activities are highly valued by the clients.

An opportunity exists within the framework of the Partnerships Against Homelessness, for the crisis accommodation agencies involved to acknowledge that the group of clients with high and complex needs is common to all of them. Concentrating specialist resources in one hostel alone runs the risk of excluding access to those who prefer stay elsewhere. It is necessary, therefore, that support structures for this group need to be developed collaboratively and provided equitably, to ensure these clients have the support they need, whichever place they choose to stay.

Recommendations

The research highlights the need for increased long term support options for long term homeless men, particularly those with a mental illness. It shows that the main hostels are the points of stability and familiarity that these men often return to, even after extended tenancies in other housing. The criteria that crisis accommodation be time-limited to three months of support increases the risk of repeated homelessness for this group of individuals who may require a higher level of support over a much longer time.

Because many of these clients are concurrently clients of the health system, in particular receiving assistance for mental health issues, it is recommended that, through the Partnerships Against Homelessness, NSW Health explore how to expand and enhance the specialised support services, especially mental health and drug and alcohol services, provided to clients of crisis accommodation hostels. In particular, it is recommended that increased specialist health resources are allocated to provide:

- Common assessment of clients of hostels identified by staff as having higher level/complex support needs
- Joint case management for clients during their support periods at crisis hostels
- A contact point for staff in hospitals seeking to discharge patients where referrals would otherwise be made directly to the hostels or HPIC
- Linkages between hostels and other mental health services as individuals progress to transitional and/or longer-term housing

- Support for welfare staff in SAAP services to assist clients with mental illnesses.

It will be important that the protocols, resourcing, roles and responsibilities of such a team be negotiated with the key charitable agencies executives and managers of hostels, and the current health service providers.

Edward Eagar Lodge could consider designating a proportion of their beds to establish a medium term transitional accommodation program within the hostel for clients presenting with complex needs. Funding would need to be sought for adequate staffing to enhance initial assessment processes, implement intensive individual support (case management) and provide an outreach program to support clients upon exit.

Given that the client profile is similar in all four crisis accommodation hostels, it is recommended that the Partnerships Against Homelessness initiate discussions on the development of adequate, needs-based rather than submission-based funding. In other words, moving towards a funding model where client to welfare staff ratios are more standardised across the hostels. It will be important, however, to ensure that the autonomy of each agency is retained so that a degree of choice for clients is maintained.

A substantial body of research in recent years has increased awareness and understanding of the complexity of needs and circumstances that result in, and prolong cycles of homelessness for a group of men who make up a large proportion of the clients of SAAP crisis accommodation services in inner Sydney. This research concurs with staff reports that these men make choices about the support they seek and receive. Further research into effective intervention strategies will be important to continue to improve service provision and outcomes for long term homeless men.

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