HOMELESS CAREERS:
PATHWAYS IN AND OUT
OF HOMELESSNESS

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May 2003
EXECUTIVE SUMMARY

1 The central argument of this report is that homelessness should be conceptualised as a ‘career process’. Social scientists use the term ‘career’ to refer to the transitional stages involved in the development of any form of biographical identity (Goffman 1961; Becker 1963; Snow and Anderson 1993; Hutson and Liddiard 1994). The notion of a ‘homeless career’ draws attention to the process of becoming homeless as people pass through various phases before they develop a self-identity as a homeless person. The homeless career also highlights the factors that influence how people move from one stage of homelessness to another. We argue that there are three fundamental career paths, amid an enormous diversity and complexity of individual cases in the homeless population.

2 In one sense, homeless careers all point towards ‘chronic homelessness’. This is where homelessness has become a way of life or a long-term predicament. However, the ‘homeless career’ brings sensitivity in policy and practice to different types of intervention appropriate to different phases of the homeless experience – prevention, early intervention, crisis intervention and long-term support. Homeless typologies say as much about points of exit from homelessness as they do about pathways to chronic homelessness.

3 The data in this research came from two sources. In August 2001, during the second national census of homeless school students (Chamberlain and MacKenzie 2002), school welfare staff were asked to provide case studies of homeless students where they had detailed knowledge of what had happened. They were asked to ‘tell the story of why the young person left home’, what has happened since, and how they are managing at school. Schools returned 1,220 case histories. At about the same time, we contacted all SAAP services across the country
(N=1,238) and also invited them to take part in a case study project. The SAAP services provided 812 case histories of individuals, couples or family groups who were homeless.

4 In the post-war period, when there was full-employment and increasing prosperity, homelessness existed and seemed synonymous with a marginalised population of older, usually alcoholic homeless males who frequented certain areas and services. This group and the localities where they were to be found were called ‘skid row’. There are still older chronically homeless people. They typically have much higher levels of drug and alcohol abuse and mental illness.

5 The ‘youth’ career focuses on teenagers forced to leave their family home prior to securing an independent income or position in the labour market. The model makes explicit the phase where young people become homeless but remain at school. Early intervention involves providing assistance to young people who are obviously at risk or who are in the early stages of homelessness. In many cases, early intervention is about facilitating family reconciliation and it involves working with parents as well as young people. In particular, it involves working in schools because most teenagers have their first experience of homelessness at school.

6 Since 1995, the early intervention perspective has seen a number of significant policy and program initiatives. The 2001 national census of homeless students provided an opportunity to assess the issue of homeless students dropping out of school. Schools identified 8,400 homeless students in census week as well as another 3,800 who had been homeless within the past three months. They were now living as independent students, usually requiring welfare support. Almost two-fifths (37%) of the homeless young people in the case studies had been homeless for six months or longer. This suggests that schools manage
to retain a significant minority of homeless students. In other cases, students had managed to achieve independent living. They were no longer ‘homeless’, but neither had they returned to live with parents. There is some evidence that early intervention may be working.

7 We have identified three pathways into adult homelessness. The first is the ‘housing crisis career’. This draws attention to the fact that for many adults it is poverty – and accumulating debt – that underpins the slide into homelessness. There is no ‘in and out’ stage in the housing crisis career. Once adults lose their accommodation there is a sharp break and their problems usually get worse. Many move into the homeless population for a sustained period of time and some adapt to homelessness as a ‘way of life’. Early intervention is about providing assistance to people before they lose their accommodation. Early intervention might take a number of different forms, including financial counselling, emergency relief, or assistance with applications for public housing. Most importantly, people in housing crisis will need financial assistance either to avoid eviction or to secure alternative accommodation. Unfortunately, some people do not approach agencies until they are facing imminent eviction. The obvious site for the delivery early intervention services is at Centrelink, because most people who experience a housing crisis are also receiving a government pension.

8 The second career path into the adult population focuses on family breakdown, particularly as a result of domestic violence. This career trajectory has some similarities with the youth career, because it involves an ‘in and out stage’, but the policy implications for early intervention are different. In cases of family breakdown where domestic violence is involved, it is difficult to deliver ‘early intervention’ because many victims do not request assistance until they are forced to leave.
Friends and family who become aware of violence tend to feel there is nothing they can do because of ‘privacy’ concerns. Women escaping domestic violence may return to the family home a number of times to try to resolve family issues, and in this context, early intervention would mean providing family counselling to help couples work through their difficulties. Otherwise, a crisis response means supporting victims of domestic violence to move to alternative, secure accommodation. The more connected families are in the community, the more likely it is that internal discord will be exposed, support mobilised and help sought. Between broad prevention campaigns and crisis intervention, there is a service gap where early intervention should fit. Despite some important initiatives, this area is underdeveloped because there is no obvious institutional site – such as schools or Centrelink – to identify families at risk. Of the three careers, early intervention for the family breakdown model is the most problematic.

The third point of entry into the adult population is the transition from youth to adult homelessness. In our research, about half of the young adults aged 19 to 24 had entered the homeless population in this way. This is not a separate career typology, but a continuation of the youth homeless career into adult homelessness. There is no opportunity for early intervention with this segment of the adult population, because they are already chronically homeless. Most had become homeless in their early to mid teens. Many have issues with drugs, alcohol or mental health. A significant number have had contact with Juvenile Justice. All were unemployed, extremely poor and highly marginalised. At this stage, intensive support is required. This can take a long time, a lot of resources, and it is challenging and demanding area of practice for workers. It is also far more costly than early intervention, and the rate of success is lower. Nonetheless, good practice over a long period can yield positive outcomes for clients.
Homelessness is not a problem that is likely to go away. How early intervention can best be accomplished remains the central issue in the policy debate and a challenge for practice. There needs to be a continuum of support services for homeless people and supported pathways out of homelessness for people who will otherwise remain homeless for a very long time.
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1 Introduction

The central argument of this report is that homelessness should be conceptualised as a ‘career process’. Social scientists use the term ‘career’ to refer to the transitional stages involved in the development of any form of biographical identity (Goffman 1961; Becker 1963; Snow and Anderson 1993; Hutson and Liddiard 1994). The notion of a ‘homeless career’ draws attention to the process of becoming homeless as people pass through various phases before they develop a self-identity as a homeless person. The homeless career also highlights the factors that influence how people move from one stage of homelessness to another.

The ‘career’ processes discussed in this paper are a constructed typology or a simplified model of an otherwise untidy and complex reality. The test of a good typology is not how many cases fit the model, but how useful a typology is theoretically or for practical policy purposes.

In one sense, homeless careers all point towards ‘chronic homelessness’. This is where homelessness has become a way of life or a long-term predicament. However, the ‘homeless career’ brings sensitivity in policy and practice to different types of intervention appropriate to different phases of the homeless experience – prevention, early intervention, crisis intervention and long-term support. In this sense, homeless typologies say as much about points of exit from homelessness as they do about the pathway to chronic homelessness. We argue that there are three fundamental career paths, amid an enormous diversity and complexity of individual cases in the homeless population.

First, there is the youth homeless career where young people become homeless because of family conflict. We have written about this before (Chamberlain and MacKenzie 1998), and emphasised that early intervention involves providing assistance to young people who are imminently at risk or
who are in the early stages of homelessness. They will often be in the ‘in and out’ stage where they are running away from home, but have not made a ‘permanent break’ from family. In many cases, early intervention is about facilitating family reconciliation and it involves working with parents as well as young people. It also involves working in schools because most teenagers have their first experience of homelessness at school.

Then we identify three routes into the adult homelessness. The first is the ‘housing crisis career’. This draws attention to the fact that for many adults it is poverty – and accumulating debt – that underpins the slide into homelessness. In this context, early intervention is about providing assistance to people before they lose their accommodation. There is no ‘in and out’ stage in the housing crisis career. Once adults lose their accommodation there is a sharp break and their problems usually get worse. Many move into the homeless population for a sustained period of time and some adapt to homelessness as a ‘way of life’. We call this the ‘transition to chronicity’.

Our second route into the adult population focuses on family breakdown, particularly as a result of domestic violence. This career trajectory has some similarities with the youth career, because it involves an ‘in and out stage’, but the policy implications regarding early intervention are different. In some cases, early intervention may involve family reconciliation, but in others it involves supporting victims of domestic violence to move to alternative, secure accommodation. Many people who experience the family breakdown career have a sustained period of homelessness because they are poor. However, few make the transition to chronic homelessness.

Finally, we argue that there is a third point of entry into the adult population involving the transition from youth to adult homelessness. This is not a separate career typology, but a continuation of the youth homeless career into adult homelessness. There is no opportunity for early intervention with this segment of the adult population, because they are already chronically
homeless. In our research, about half of the young adults aged 19 to 24 had entered the homeless population in this way. Their homelessness had usually begun in their early to mid teens. We cannot be sure how representative the sample is, but this finding alerts us to the importance of effective early intervention strategies in schools – and to the consequences when we fail.

The data for our analysis were obtained from two different sources. In August 2001, we carried out the second national census of homeless school students (Chamberlain and MacKenzie 2002), and we asked school welfare staff to provide case studies of homeless students where they had detailed knowledge of what had happened. They were asked to ‘tell the story of why the young person left home’, what has happened since, and how they are managing at school. We also asked for information about age, gender, family structure and length of time homeless. Schools returned 1,220 case histories.

We also contacted all SAAP services across the country (N=1,238) and invited them to take part in a case study project. We asked them to provide accounts of individuals, couples or family groups who were homeless. This was around the time that the Australian Bureau of Statistics was conducting the fourteenth National Census of Population and Housing. The SAAP services provided 812 case histories. Half (55 per cent) were single person households, 34 per cent were families (with children), eight per cent were couples, and three per cent were extended families. Altogether, there were 1,500 people in these households. We use case histories to illustrate various points in the report. However, we have changed personal details to protect people’s privacy, including geographical locations, and all the names are fictitious.  

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1 Names were not recorded on the case histories.
2 ‘Down and Out – Then and Now’

… Central Residential is far worse … filthy, lice-ridden, pervaded by the
stench of stale urine. The peculiar inhumanity of the Hostel lies in its
enforced anonymity, its odour of charity with the implication that the ‘guests’
are less than human. Rooms are searched for alcohol or stolen goods; bags
are sometimes opened when men are out. The manner of the manager is
suspicous and offhand … by robbing a man of his dignity, regarding him
as condemned by his very presence, they contribute to his dehumanisation.

(de Hoog 1972, p.3)

In the sixties and early seventies, homelessness in Western countries was
characterised in terms of people living in a particular lifestyle, sometimes
known as ‘skid row’ (Bahr, 1973; Bahr & Caplow, 1974; Blumberg et. al.,
1973; Bogue, 1963; Jordan, 1994). Homeless people were commonly referred
to as ‘bums’ or ‘stiffs’. John de Hoog’s classic ethnographic study of
homeless people in Sydney describes grim locations in and around the city:

Skid row is a grimy semi-circle around the city of Sydney, containing an
unknown number of homeless men and women. There are indications,
however, that the missions ‘accommodate’ about thirteen hundred men at
night. The Police Department, the Department of Corrections, the
hospitals, the asylums and the clinics cater for a few hundred. Some drunks,
kids, the bewildered and a few old women sleep in lanes, doorways, crypts in
the graveyard, empty boxes and factories.
Their number is about one hundred per night. For, the majority, the night is a stretcher in some cheap 'snore', flea house, cubicle hotel, single room (clothes tangled on the floor, bottle of plonk by the bed). The size of this legion is unknown, perhaps three or four thousand. There are still others – in work camps, fruit picking, cotton picking, and mining, lumbering, fishing or bootlicking in army camps. Fewer stiffs go to the country each year; the squeeze of technology is leaving them obsolescent like rusty wrecks along a country road (de Hoog, 1972, p.57).

Reflecting on his months spent wandering amongst the homeless, de Hoog summed up their situation as:

... a career of bars, loneliness, self-pity, an occasional night with a worn-out barlot, hangovers, guilt, a succession of dreary jobs lost through booze or insanity or boredom, and compromises. Lifelessness, mental oblivion, is at the end of the career as can be demonstrated by a favourite definition of the word stiff: “a bloke who’s got nothin’ and never will have nothing” (de Hoog, 1972, p.58).

The term ‘stiff’ is used throughout the book, but the homeless themselves used this term, as well as many of those who worked with them, and in the press.

The picture presented was of a marginalised population trapped in a lifestyle of homelessness. They were mainly older men, and alcohol abuse was a reoccurring theme. Bahr (1970) summarised the American skid row districts as places which traditionally have sheltered ‘a pre-dominantly male, predominately adult population made up of several distinct elements: 1)
vagrants, wanderers and seasonal labourers – hoboes, in the now-obsolete term; 2) chronic inebriates, some partly employed and others unemployed; 3) old men retired from manual employment and living on meagre pensions or savings; 4) steadily employed men without family or community affiliations’ (p.4).

Typologies are widely used in the social sciences to abstract the salient features of a phenomenon from a myriad of individual cases and the diverse variation of individual experience. In the early literature on the homeless, there was a widespread consensus amongst researchers, city authorities and social workers that the typical homeless person was male, with a long history of deteriorating social relationships, and unemployed or only a marginally attached to the labour force. He also suffered chronic alcoholism and was frequently in contact with the criminal justice system. The homeless gravitated to distinct localities in the major cities sometimes called ‘skid row’ ‘an oasis within the larger community where subsistence cost of living was lower than anywhere else and the ordinary norms of behaviour were suspended’ (Bahr, 1972, p.5).

Homelessness was not thought of as a process of people entering and exiting the population. The people who congregated on ‘skid row’ were engaged in a lifestyle of chronic homelessness - men and some women who constantly required charitable support and seemed destined to remain incapacitated. The cause of their homelessness was generally identified as either chronic alcoholism, or disaffiliation from the broader community, but it was accepted that homelessness for most of them was a ‘permanent’ way of life.

There are no longer districts in Australian cities, referred to as ‘skid row’. The older dormitory accommodation for homeless men in the sixties and seventies has been largely redeveloped and reorganised and dispersed across the inner urban and inner suburban areas of the capital cities.
However, there are still homeless people who have been homeless for long periods of time and who seem to have adapted to a life of ‘chronic homelessness’. The case of an older homeless man in Sydney evokes stereotypical images of the sixties.

The gentleman concerned in this instance could be termed 'classic' homeless.

He has been a client of this service for over 13 years. The cause of his homelessness is alcoholism. Over that time numerous attempts have been made to gain sobriety and also obtain/maintain independent housing. For the past few years he has been staying at the hostel almost constantly.

He is now approx 60 years and his health is failing. Last year he was diagnosed with lung cancer and an attempt was made to contact relatives. Surprisingly, I was able to contact one sister quite easily. She advised that his mother and two other sisters were still living and glad to hear from him. They hadn't heard from him for 13 years. Attempts to contact him when his father died had been unsuccessful. Christmas 2000 was spent with his family.

He returned to us mid Jan 2001 although I had hoped that he would reunite with his family. The alcoholism had got in the way again. He was married but had no children. He continues to live mostly with us although the cancer has spread and he will soon have to access more appropriate care.

[886]
There is little information in the case note about how his homelessness began or when exactly. The worker simply records that ‘the cause of his homelessness is alcoholism’.

Alcohol consumption is a reoccurring theme in the cases of chronically homelessness older man and women.

_A 64 year-old male who has been homeless for at least the past 15 years.
He is an alcoholic who refuses to change his ways. He came under our attention due to the fact no other place would accommodate him. His homelessness is due entirety to his alcoholism. We here have worked very hard to get him to break the cycle he has established without success. [115]

The frustration in the worker’s report is palpable - all their efforts to encourage and support life style changes appear to have failed.

The next case of a 46 year-old man makes no mention of alcoholism, but alludes to mental illness, and describes an itinerant life-style and marginalised existence.

_This person comes through our service usually twice a year and has been on the past 10 years. He is under the care of the protective commissioner and is allowed $25 a day allowance. He travels around from place to place staying awhile. Many times he sleeps out in the bush because his money doesn’t allow him to set up a settled existence. He stays for the allowed time at various St-Vinnies and the like. He does put a little out on poker machines and buys fast food, which is his only choice of food._
We have obtained him a tent one-time - once he would have had a settled home in a boarding type care facility, which would have allowed him warmth, comfort, food and cleanliness. As it is, he is at the mercy of the elements and the unscrupulous people in our society. He is becoming more marginalised - it will be a very unsuitable old age for him. He actually is only 40 plus, but looks a lot older [188].

Mental health issues are also a reoccurring theme for this group. One woman has been heard ‘shouting obscenities to herself in the night’; Some have diagnosable illnesses such ‘schizophrenia’ or ‘bipolar disorder’, but others are described as having had ‘nervous breakdowns’ or non-specific ‘psychiatric issues’. There are some who have had a history of drug and alcohol issues, but alcohol is reported as the more common issue. With most of the chronically homeless persons, the origins of their homelessness and the sequence of events are no longer reported.

There are cases of homeless women. A 48-year woman described in the case record as ‘chronically itinerant’ was known to have been homeless for at least twelve years:

Her family (parents) have now died and remaining brother refuses to assist her any longer. She has a mild intellectual disability and is on a disability support pension. She roams from boarding houses to sleeping on the streets, to acquiring SAAP accommodation. There is a possibility of mental illness as she has been heard shouting obscenities to herself in the night (when not asleep). Substance abuse does not appear to be a problem but much of her money goes on taxis, as she does not understand or trust public transport.
She resists CentrePay systems whereby she could be helped and supported in long-term housing. She has at times become violent and had to attend court for such behaviour, which is brought about mostly by her inability to 'cope' with other people's snide remarks and their intolerance of her.

Again the information provided about this woman could describe a typical case three to four decades ago. The worker finished the account on a hopeful but resigned note: 'we are still persisting to find a longer term/ holistic solution to this poor lady’s life style. We fear she will not survive another winter under these conditions'.

Homelessness has increased since the sixties and early seventies, although quantifying this claim has been difficult. It is also evident that the homeless population is now more diverse than the marginalised ‘skid row’ group from the late sixties and early seventies. Data is collected nationally on all clients seeking services from SAAP agencies. About 22% are older men and women over the age of forty, about 37% are young people under the age of 25 years, leaving 41% between 25 and 40 years of age. Some 72% are accepted into SAAP services as individuals, while 27% present as couples or an adult with accompanying children (AIHW, 2000). The above age breakdown figures provide a crude measure of the diversity of the homeless population seeking assistance.

There is a continuing debate about the causes of homelessness (Baum and Burnes 1993; Neil and Fopp 1992; Blau 1992; Crago 1991; Fopp 1995; Jencks 1994; Roleff 1996), and the reasons for the increase in the number of homeless in the past twenty years or so. Some writers emphasise the lack of affordable housing (Neil and Fopp 1992); others focus on the de-institutionalisation of mental health and cite the prevalence of mental disorders amongst the homeless (Hodder, Teesson and Buhrich 1998);
another argument points to the decline of ‘skid row’ (Hoch and Slayton 1989); and finally the spread of hard drugs has been identified as a major contributor to homelessness (Baum andburnes 1993). Proponents for structural cause arguments that focus on macro-features of social life and society, face off against arguments about individual capacity or disability, which emphasise individual action and responsibility. Given the diversity of the contemporary population of homeless people, and the complex and multiple needs of homeless people, it is unlikely that explaining homelessness can be reduced to a single factor causal theory. Our focus is not causal explanation arguments for homelessness, but the processes whereby some people become homeless or indeed successfully achieve secure and stable accommodation after being homeless.
3 Youth Career Revisited

It is widely accepted that it is useful to think about youth homelessness as a ‘career process’, or as a series of biographical transitions from one stage of the experiential process to another (Chamberlain and MacKenzie 1998, Ch.5; National Evaluation of the Supported Accommodation Assistance Program 1999, Ch.7; Thomson Goodall and Associates 1999, Ch.2). This is the foundation stone underpinning arguments about the importance of ‘early intervention’.

The homeless youth career was first articulated by Chamberlain & MacKenzie, (1995). The argument traced an ideal-typical model from young people at risk to chronic homelessness – as depicted in media images of ‘street kids’ - drawing on phenomenological notions of subjective identity (Strauss, 1987; Schutz, 1976; Sorokin and Merton, 1937; Weigert, 1981). The impetus for a young person becoming homeless was usually a breakdown in family relations. As family conflict becomes apparent, welfare teachers identified young people as increasingly ‘at risk’.

The term ‘at risk’ is widely used to refer to a range of different problematic conditions (see, for example: Dryfoos 1990; Carter 1993; Department of Employment, Education and Training 1994; Batten and Russell 1995; Withers and Batten 1995), and the concept is used in somewhat different ways and for different purposes. Our concept of ‘at risk of homelessness’ is based partly on the literature, but mostly on how experienced welfare professionals discerned that young people might be ‘at risk’.

When workers judge that a young person is ‘at risk’ of homelessness, they usually take into account a number of factors. They may give consideration to what the young person tells them about their family situation - for example, are they living with both parents, or in a blended family, or with
a single parent. They will probably take into account information provided by
the young person about the character of their family relationships - for
instance, that they get on well with their mother, but not with their stepfather.
Most importantly, they will consider the reasons why the young person came
to see them at that time. In addition, they may notice clues provided by a
young person’s body language, or they may have noticed changes in their
demeanour over time.

In some cases, a welfare teacher will also have information about how a
young person is going at school - perhaps their school work has started to
deteriorate, or they have been getting into a lot of conflict with other students,
or they have become ‘withdrawn’. Occasionally, they may have knowledge of
what has happened to older brothers or sisters. Sometimes, they will have
anecdotal information provided by other teachers, or they may have formed
impressions of parents whom they may have met on previous occasions. In
daily welfare practice, experienced workers judge that a young person may be
‘at risk of homelessness’ by taking into account a complex body of qualitative
information. This is provided most directly by the young people themselves,
but it also comes from a range of contextual sources.

The second phase on the youth career model highlights the initial
process of detachment from the family situation. The first tangible indicator
of ‘homelessness’ is when a young person leaves home for at least one night
without their parent’s permission. This is a ‘tentative break’ and it may be a
once only experience. But in cases, where underlying family problems
remain unresolved, some teenagers begin to move in and out of home.
Running away from home is usually for relatively short periods. One 15
year-old male student was reported to be frequently running away:
Running away when things don’t go right ... some of the temporary accommodation has lasted only 29 hours ... lives on the streets for days at a time ... attendance erratic ... high levels of support needed [1091].

This young man was still attending school and the pattern of running away had evidently been going on for some months. A sixteen year-old girl in Year 11 had been kicked out of home following four years of escalating conflict between mother and daughter. Prior to being ‘kicked out’ the girl had run away several times:

Student reports running away from home approximately four times over the last few years.

This can happen at younger ages. The case note on a fourteen year-old boy states:

Student has regular fights with parents, particular father. Student clears out for several nights and sleeps at friend’s places. He feels parents don’t care about him as they make no effort to find him ... violence at home ...

nothing has changed ... the problem is on-going [1650]

Some students move through the ‘in and out’ stage quickly, whereas for others it happens over a sustained period of time. This is a critical time to engage in early intervention where it is possible to facilitate family reconciliation. The ‘in and out’ pattern identifies a pattern of episodic leaving home by young people for relatively short periods of time, from a few days to a week. Typically such young people stay with friends in their community of origin.
The permanent break signifies the emergence of an identity independent of familial relations of dependence. In the past young people would often leave home at 16 or 17 years of age without problems, because they had moved into the labour market as an apprentice or an unskilled worker. These days young people stay at home for longer and after moving out often return several times as they sort out a fully independent lifestyle.

**Figure 1: Homeless Youth Career**

Figure 1 summarises the youth career model. There are five phases and four transitions. The development of the career model makes explicit the phase where young people become homeless but remain at school. The phase of ‘homeless student’ is particularly important because the possibilities of early intervention are contained in what can be achieved at this stage.
Young people may literally be kicked out from their family home, or else they may feel compelled to leave due to unacceptable circumstances. When sexual or physical assault is involved, most readily agree that the young person was forced to leave, but where conflict is at a lower level and involves disagreements about what is acceptable in the life of the family, opinion and valuations are more likely to be divided.

One 16 year-old girl reported being kicked out by her mother who appears to suffer from a mental health condition:

*Girl indicated she had been kicked out of home as mother has gone crazy. When mother takes her medication she is OK, but she often doesn’t remember to take medication - stepfather can sometimes control her. Girl lived with her aunty for a while, but that was not successful - now lives with another student’s parents - but moving as necessary to other families. She is interested in getting a house next year [1107].*

This young woman evidently intends to remain at school into the next year. A 15 year-old boy was kicked out after conflict with the mother’s boyfriend:

*... kicked out of home due to conflict with mother’s boyfriend. he was the third sibling that has been told to leave.*

In another case, a 16 year-old girl was kicked out a number of times by her mother:
She is 16 yrs old and has been living with her mum. Every now and again she goes back and she gets kicked out again. Has lived with her boyfriend and friends houses. Boyfriend now kicked out by his father, so both have nowhere to live. Her father lives locally, but has a new family. He is an alcoholic and becomes violent [1668].

In some cases, teenagers are ‘kicked out’ or abandoned, but in most cases they feel compelled to leave because of an unbearable situation. A 16 year-old female student left home because she was unhappy and stressed. There is a suggestion that the father’s controlling behaviour might be due to depression.

Left home due to psychological stress caused by excessive control of male parent who is suffering from depression. The general atmosphere in the home also contributed to the stress and unhappiness in the student. Parents argue frequently and a disruptive climate has existed. Difficulties with travel, time management and access to school and friends have all also contributed to a decision to leave home [1285a].

The school welfare worker, who wrote the case report, also noted that changes in the student’s behaviour seemed to be linked to contact with parents on weekends.

The student is quite disturbed, agitated and distressed and exhibiting excessive mood swings. Some bizarre behaviour has also been reported by the student, with evidence of self harm. Temporary weekend visits to the parents have resulted in intensification of behaviour described.
Some conflict is inter-cultural where the young person is growing up in an Australian context but dealing with parents from a different background. A 15 year-old student of Lebanese background:

... has been homeless on many occasions, resulting from excessive conflict at home. Parents are immigrants to Australia ... Lebanese descent ...
Mum suffers from a mental illness and dad has cancer.

Dad is very violent at times and the large family live in a small housing commission house ... Dad is very harsh at home and his demands are harsh and unreasonable ... has slept on streets, gone to friends on many occasions ... School is trying to mediate and maintain contact with home while setting up appropriate support [927].

In most cases, teenagers will leave home first and then later leave school. Chamberlain and MacKenzie (1998, Ch.5) point out that there are a number of studies, indicating that teenagers usually have their first experience of homelessness while they are still at school (O’Connor 1989, p.14; Crane and Brannock 1996, p.40; MacKenzie and Chamberlain 1995). What happens at this stage is fundamental. Here is the opportunity for early intervention with a range of possible positive outcomes. Homeless students may reconcile with parents and return home, or they can be supported at school as independent students living apart from the family home. There is an increasing number of young people in this situation. Some go into alternative education and training program, while at the same time they are assisted into independent accommodation. This is a difficult prospect for young teenagers but more possible for older teenagers.

The debate about early intervention has been underway since 1995 with a number of significant policy and program initiatives. Is there any evidence
that early intervention might be having an effect? Following the first census of homeless school students in 1994, we visited 100 secondary schools to learn more about what was happening on the ground. We discovered that ‘in almost all of the 100 schools we visited … (the) homeless students had dropped out’ (MacKenzie & Chamberlain, 1995, 26). Most of these visits were undertaken in the eight weeks following the census. The recurring advice from teachers and welfare counsellors was that ‘homeless students drop out’ or as one Principal told us: ‘it’s a one-way street’. We estimated that perhaps ‘between two-thirds and three quarters do not complete the school year’. Earlier, on the basis of national consultations, Commissioner Brian Burdekin (1989) had suggested that becoming homeless and leaving school happened almost ‘simultaneously’.

The data gathered in 2001 provided another opportunity to assess the issue of homeless students dropping out of school. Schools identified 8400 homeless students in census week as well as another 3800 that had been homeless within the past three months, but were now living as independent students. Table 1 shows that just under two-fifths (37%) of the young people identified in the case studies had been homeless for six months or longer. This suggests that schools manage to retain a significant minority of homeless students.

<table>
<thead>
<tr>
<th>Duration</th>
<th>% Homeless School Students (N=1,094)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 4 weeks</td>
<td>13</td>
</tr>
<tr>
<td>1 – 2 months</td>
<td>24</td>
</tr>
<tr>
<td>3 – 5 months</td>
<td>26</td>
</tr>
<tr>
<td>6 months or longer</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
In following case, the 17 year-old had been homeless for eighteen months, when the case record was filled in.

This boy left home in February 2000, because of domestic violence by his stepfather. His stepfather is extremely physically abusive towards him and his mother was not willing to intervene.

He is currently living with friends. At school, he is completing year 12, although he has had many days off school and has wanted to leave many occasions. Constant counselling and support are provided at school [715].

It is not clear whether his accommodation is fairly stable or temporary. He continued Year 12 studies with ‘constant counselling and support’.

In another case, the boy had been living apart from his family for two years.

Male student has lived away from his family since he was 14. Eight years significant on-going conflict in family (single mother) led to student leaving mother’s home to live with maternal grandfather - after 4 months this arrangement broke down. With support from Centrelink and his grandfather, accommodation since has been with friends of the student, but no longer family - “friends” he stays with change every - 6 months.

Currently in level 10, seeking a traineeship or TAFE course. Assisted by Jobs Pathways Officer and Student Welfare Coordinator [1703].

It is evident that his accommodation remained insecure during this time. He continued at school while homeless and may reach the end of Year 10, after which it seems likely that he will leave school for vocational training.
A third example is an 18 year-old male student who was reported to have been homeless for 34 weeks.

_Student lived with single parent mother. Younger sister became pregnant whilst still at school. Mother chose to leave Victoria to live with new partner in South Australia, as she believed her daughter needed to accept responsibility - the pregnant sister moved into assisted accommodation through a Youth Housing agency. The male student moved into a house with an older sister. This arrangement broke down eight months ago. He currently lives in a house with a male friend, living on ‘unable to receive live at home allowance’ through the youth allowance scheme. Local St. Vincent De Paul assisted the College SWC and Centrelink. He is now completing his VCE, and will finish Dec. 2001 [1703]._

Not only was he being supported by several agencies, but the case writer felt confident the student would successfully complete his VCE at the end of 2001. This case is similar to many others, where a student has remained at school with support and made progress. There are also cases where students became homeless for a time but reconciled with their family after early intervention by the school and community agencies.

One 15 year-old left home at his fathers behest after an argument, but was reconciled with his family after early intervention work by a community agency at the school’s request.

_Croatian. Parents disapproved of son’s friends. Verbal fight between son and father. Father told him to leave._
Boy stayed with a friend’s family. School involved Crossroads Reconnect program, which worked with family. Boy returned home after a week [1625].

In another case, a 16 year-old girl had left home 10 weeks prior to the case report being filed. Schoolwork was noted as ‘satisfactory’, but it was clear that the school was providing support once they had identified her as homeless.

There have been issues for about a year but the student has only recently identified as homeless. Prior to Year 9, she was a successful student, but Mum and Dad split. There was a lot of animosity, especially between the girl and Dad. Financial issues worried the girl, and Dad appeared unresponsive to her issues. About 10 weeks ago the student said she was homeless. Mum was contacted, but Mum denied the information and said student was lying to us. Student has now moved out of home and is living with friends. Studies at school are satisfactory, but she is often late with assignments. Needs lots of extra help and extensions [916].

There are secondary students who live independently of their immediate family and most seem to have experienced a period of homelessness at some point prior to their more stable position. One young woman, 17 years of age, was continuing her schooling and according to the school, she had been homeless during a three-year period. The succinct case note stated:
This student left home at 13 years old when family disintegrated. Has lived with various family members but is currently living in shared housing unsupported by any family. Has part time work, gets support from Centrelink [605].

These cases illustrate that while becoming homeless presents a host of difficulties for any young person, and many do eventually drop out, schools are more aware and more capable of supporting at risk and homeless students than in 1994. The fundamental policy argument is that schools are sites for early intervention where it is possible to provide young people with assistance at the earliest stages of the ‘homeless career’.

If a young person no longer thinks of him- or herself as belonging to the family unit, and then he or she is unlikely to return ‘home’ on a continuing basis. The concept of the ‘permanent break’ is used in a metaphorical sense to denote a major transformation in a young person’s sense of personal identity. Once young people have made this break, the opportunity for ‘early intervention’ has passed. However, schools still have a critical role to play because they can support young people who want to remain at school and make the transition to independent living. Some young people experience emotional turmoil as they try to come to terms with family breakdown and need ongoing counselling. Others need practical assistance with applications for income support, help with accommodation, and assistance with budgeting. This is ‘early intervention’ in a broader sense of the term and it is equally important.

Since 1995, early intervention has received considerable attention in policy making and there has been an increase in early intervention capacity. Several states have invested significantly in school welfare counsellors. There are several specialist programs in Queensland and Victoria (Queensland Department of Families, Youth and Community Care, 1999). The
Commonwealth has recurrently funded a national early intervention program known as Reconnect (Prime ministerial Youth Homeless Taskforce, 1996). There is a higher level of awareness about student homelessness than in 1994, and evidence of a more engaged welfare support capacity, as well as developing links between schools and local services. It may be that the effect of early intervention is evident in the school case studies.

Students who drop out may quickly become transient, and if so, they are more likely to become involved in the homeless sub-culture. Once this happens, they more likely to make the ‘transition to chronicity’ where homelessness becomes a taken for granted way of life (Chamberlain and MacKenzie, 1994; Tait, 1992 and 1993; Visano, 1990). As experienced workers know, it is much more difficult to assist young people who have made the transition to chronicity. The cases of homeless young people provided by SAAP services at the time of the school census give many examples of young people who have left school behind and been living a transient homeless lifestyle for many months or years.

Jenny is a sixteen year old who has been living out of home ‘since the age of twelve’. The extensive case note records her history:

*At the age of 12, Jenny, her sister and brother were left on the street, by their mother telling them that she would be back in five minutes. Well five minutes soon turned into four years of very hard independent living on the streets.*

The agency had only had contact with Jenny for three and a half weeks. However, her transient and chronic lifestyle went back years.
We found her squatting in a vacant property. Jenny had been staying with friends on a night to night basis before this, Jenny had told me that she had been living on a bag of rice and half a bag of potatoes for the past two and half months due to being breached on Centrelink payments.

Intervention by the agency produced some positive results – back payment of benefits, and they also managed to provide her with access to supported accommodation.

After some negotiation with Centrelink, they decided they would in fact reconnect her benefits immediately and also back pay her $1000. Centrelink also arranged counselling and placed her on the intensive assistance program so that she is exempt from the normal duties that are required.

Another 16 year-old young man, 'Joe', had been homeless since the age of fourteen, and during that time, had been ‘in and out of supported accommodation houses’. He had lived with his father and stepmother until the age of fourteen, but then left home ‘due to the continual physical and psychological abuse’.

Joe has behavioural issues that are often difficult to deal with, suffers from depression, has a short attention span and runs away from his problems. His schooling stopped at age 14 as he was asked to leave both high schools in his geographic area. He says he is interested in finding work, but he makes no effort to look for work.
Joe had been staying in supported accommodation but left after ‘an attempt at suicide’. The case record ends by noting that Joe has ‘no definite plans regarding accommodation and little cash’. The last comment is that this young man departed their agency ‘to find a mother he has not seen for eight years who lives somewhere in NSW’. Joe and Jenny have both been homeless for several years and adapted well to living at a subsistence level, regularly reliant on welfare and homeless agencies. Joe simply moved on continuing his transient pattern, however the outlook for Jenny looked more positive. Whether this led to more stable independent living we don’t know.

Chronic homelessness in one sense is the end of the homeless career at least in terms of the theoretical model. However, homeless young people may continue this way for very long periods of time. In some cases, this takes the form of episodic homelessness where they move in and out of the population many times, and where homelessness is interrupted by relatively short period of stability. In other cases, they become itinerant, remaining homeless for many years.
4 Adult Careers

We know that the population who use Supported Accommodation Assistance Program (SAAP) services is diverse. There are teenagers, young adults, family groups, and older men and women. There is not one single adult career. Our analysis provides a model with two core adult career pathways, but also a third entry point where the youth career continues into adulthood.

In one sense, all homeless careers point towards chronic homelessness as the ultimate destination. The career models delineate the key phases along the way and the transitions that demark the progressive changes towards chronic homelessness. The career lays out the journey, but many people who become homeless will find ways of returning to secure accommodation, often with help from support workers and other welfare agencies. Thus, a complete discussion needs to consider not only the transition to chronic homelessness, but also the exit pathways at each stage.

The sheer diversity of adult experiences of homelessness presents a challenge for typology development. We have identified two dominant types, in addition to the youth career. The first is the ‘housing crisis’ model. This was first outlined in Chamberlain and Johnson (2002), and we draw on this paper to illustrate some aspects of our account. Their research was carried out at a Housing Information and Referral (HIR) service in Melbourne. It included information on 1,960 households who were homeless and 960 households who were at risk when they contacted the service. Our SAAP data set mainly includes information on people who were homeless, and we have used some of the Chamberlain and Johnson data to illustrate the early stages of the housing crisis account.

The second model focuses on family breakdown, particularly as a result of domestic violence. There were 183 women escaping domestic violence in our SAAP data set and the career trajectory of this group is different from the
housing crisis career. This model was not identified in Chamberlain and Johnson (2002), because their research was done at a service dealing with only a small number of domestic violence cases. There are 148 cases of young adults aged 19 to 24 in the SAAP data, but at least half (52 per cent) had entered the homeless population in their early to mid teens. Finally, we argue that a third point of entry into the adult population involves the transition from the youth to adult homelessness. There is no opportunity for early intervention with this segment of the adult population, because they are already chronically homeless.

**Housing Crisis**

The housing crisis model is shown in Figure 2. It draws attention to the fact that for many people it is poverty – and accumulating debt – that underpin the slide into homelessness. The typology identifies three major transitions. First, there is the gradual accumulation of debt which signals that the household is increasingly at risk of eviction. This can often take place over a considerable period of time and during this time early intervention has to be done. The loss of accommodation is typically a sharp break, after which the household’s position is much worse and the opportunity for early intervention is over. Finally, there is the transition to chronicity, which denotes that the person has adapted to homelessness as a way of life. However, a significant minority of adults resist the transition to chronicity, even when they have been homeless for a sustained period of time. This offers further opportunities for intervention, but it is more difficult to assist people who have a long-term problem.

Here, the notion of ‘at risk’ refers to people who are in housing crisis, usually associated with the accumulation of debt or a lack financial resources to move to alternative accommodation. In some cases, it is an ongoing crisis

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2 This section draws on Chamberlain and Johnson (2002). Our thanks to Guy Johnson for permission to use this material.
lasting many months. In other cases, the problem can be resolved with some short-term assistance.

The first pattern is where households are ‘at risk’ because of an unexpected financial crisis which results in mounting debt. This usually occurs when the main income earner loses his or her job. A financial crisis will be averted if alternative employment is found quickly, but in many cases this does not happen, and sometimes there may be other reasons why the person cannot return to work. Many people who lose their employment do not go to an agency for the homeless, but they may contact a housing worker if they are in public housing or generic support workers in community agencies.
Chamberlain and Johnson (2002, p.30) cite the case of a couple in their late twenties, with one child and another on the way. The husband lost his job and within weeks they were facing imminent eviction:

Rent $823.33 per calendar month. Paul was working full-time ... but he lost his job and they are now six weeks in arrears ... There is also an outstanding car loan ... as well as other debts.

In our SAAP data set, a man in his thirties:

... had been working at One-Tel since January 2001, however when it collapsed, he was owed a months pay, but never received it, added to the fact that he was already behind in rent ... was evicted from his tenancy before he received a Newstart payment.

A single parent, 35, was receiving support from a SAAP service in Queensland. She wrote her own case history, explaining how she had lost her job, followed by eviction:

We slept in a furniture storage shed, in a park, we squatted, and we had absolutely nowhere to go. I have a teenage son and two younger children.

I’ve already been involved with Family Services and was frightened to admit I was homeless. They might separate us, and send my son to a shelter, or take the younger children into care. I didn’t know what to do. It was terrible. I felt such a failure to my kids

These households have no significant financial reserves and substantial outgoings. After the income earner loses his or her employment, rental arrears begin to accumulate quickly. Single person households are particularly
vulnerable to the impact of unexpected financial crises because they have only one income. But unexpected financial crises are not confined to this group.

A second group are people vulnerable to losing their accommodation because of extreme poverty. This is probably the largest group. In these households, the main income earner is either outside of the labour market or long-term unemployed. A single mother on a supporting parent’s benefit requested assistance a week before Christmas:

… just paid $500 worth of fines to the sheriff’s office … three weeks in arrears with her rent … the landlord has taken her to the tribunal before, so she’s acutely at risk of eviction … also has a $400 phone bill … her son is six years old. (Cited in Chamberlain and Johnson 2002, p.31)

A couple with three children were receiving support from a SAAP service in Western Australia. They had originally owned a small business, but they fell into poverty after their business collapsed:

The man set up in business as a vegetable grower. While repairing a fence a tree fell on the man causing severe injuries. The man spent three months in hospital … The family had no insurance … eventually they went bankrupt … The family have been homeless for two years … staying with friends, using caravan parks, sleeping in their car. We have assisted them into emergency accommodation.

Mary, 54, worked as a cleaner for much of her life. Nowadays, she has a number of medical conditions, including severe arthritis. She is no longer in the labour force:
She had a flat in the private rental market for $600 per month. This broke down when the person she was sharing with moved out and she could no longer afford the rent.

These households are at risk because they are poor and are vulnerable to losing their accommodation if they suffer any relatively minor financial setbacks, such as a fine, a flatmate moving out, or a modest increase in rent. These are the kinds of financial setbacks that middle class families can absorb, but poor families often have to make choices about which bills to pay.

A third pattern is where households are experiencing significant problems with neighbours, but they cannot afford to move because they do not have establishment costs. Finally, there are households at risk because of gentrification. Most vulnerable are the elderly who rent flats. The immediate issue is finding alternative accommodation when the block is sold off. These households are at risk because the elderly person is no longer working and has meagre resources with which to compete on the private rental market.

The first major biographical transformation is when adults lose their accommodation and realise that they are homeless. This is qualitatively different from the beginning of the teenage homeless career which is often marked by uncertainty, and tentative detachment, as the young person begins to move in and out of home (Chamberlain and MacKenzie 1998, Ch.5). In contrast, when adults lose their accommodation there is a sharp break, and homelessness is an unambiguous predicament. Adults living independently generally have no other home base to return to on a permanent basis.

When adults first become homeless, most cling to the idea that this will be a temporary state of affairs, but in many cases their problems get worse. They often face practical issues such as what to do with their furniture, or where to send children to school. Other people experience new problems,
such as how to keep the family unit together and how to get access to children.

Colin, 34, lost his job and was subsequently evicted. He lived in his car for some weeks, before moving to a boarding house. He has one son from a previous relationship:

Five year-old son, the heart and soul of his life is not permitted to stay at the rooming house with him. Custody hearing only now allows him daytime access. They go to parks, beaches, swimming pools, and films – all at higher cost than their own home.

He is currently behind with his rent and at risk of losing his single room.

Many people want to return to conventional accommodation, but they face a range of practical problems. They are usually in debt, so they do not have sufficient funds to rent a new property in their own right. Or they have been evicted and do not have appropriate references.

Louise is a single mother with three children. She was employed as a secretary at a local school, but left her job when she was diagnosed with a serious illness. Then her landlord issued a notice to quit:

To her surprise she encountered considerable discrimination. Real estates were reluctant to rent a property to a single parent who was not employed.

She has been moving from place to place, trying not to outstay her welcome.

One option for single people is to move into shared households, and some people manage to do this. Another possibility for homeless people is to access public housing, but there is an acute shortage of these properties in most states, and long waiting lists for most categories of people. There are
many factors, which impede the return to secure accommodation, but the underlying reasons are poverty and a lack of affordable housing.

Finally there is the transition to ‘chronic homelessness’ (Chamberlain and MacKenzie 1994). As with the youth career this denotes homelessness as a way of life. However, a significant minority of adults resist the transition to chronicity, even when they have been homeless for a sustained period of time.

Frank was staying at The Florida (boarding house) with his wife and two children:

Frank is very unhappy at The Florida. He said it’s totally unsuitable for a family … The kitchen is filthy … there are too many drugs around … the kids are scared to go to the bathroom on their own … last night there was a fist fight … (quoted in Chamberlain and Johnson 2002, p.34)

There is a tendency for families to cling to the ideal of living in their own flat or house – even after being homeless for six months or longer. This residual motivation to live a better life is an expression of the resilience in human beings that makes it possible to effect change for even the most disadvantaged or marginalised person. But, for adults with long-term problems, it is difficult to achieve positive outcomes for a number of reasons.

Many households cannot re-enter the private rental market because real estate agents are reluctant to offer accommodation to people who have an insecure housing history. In a competitive real estate market, there are many applications for each property and agents give preference to those who have full-time employment.

There are long waiting lists for public housing because demand exceeds supply. The application process can take many weeks or months. A minority
become disillusioned with the complexity of the process and drop out. Others do not complete and submit their application form because they are preoccupied with immediate issues, such as where to stay each night. Another group do not receive official communications because they have moved on. It is always more difficult to provide assistance to homeless people who have a long-term problem.

There are a number of characteristics required of a successful early intervention strategy for people in housing crisis. First, it is easier to provide assistance to households when they are first at risk, because their problems are highly likely to get worse over time. And, many people do not approach agencies for assistance until they are facing imminent eviction. With young people, most of the at risk youth will be still attending school and can be reached at this institutional setting. For adults in housing crisis, early intervention is more problematic. The important site for early intervention is Centrelink, because people at risk are usually in receipt of a government pension. Support services either need to be closely coordinated with Centrelink or provided as a function within Centrelink. Hanover Welfare Services (2000) has reported that Centrelink’s policy of ‘breaching’ clients on benefits by stopping or reducing their income, has placed a large number of households at risk of homelessness. In 1999-2000, there were an estimated 300,000 breaches. Thus, one strategy for early intervention would be to locate housing assistance workers in Centrelink or build strong cooperative links between Centrelink and local housing agencies, to ensure that breaching does not force households into homelessness.

A second approach might be to build stronger links with local real estate agents who are always aware when tenancies are in jeopardy. Stronger links between housing agencies and other services where vulnerable and at risk households routinely visit and contact would help create a stronger community safety net. Where communities formalise their cooperation this
will improve the coordination of support between general and specialist services and the government and non-government sectors.

Early intervention is about providing assistance to adults before they lose their accommodation. Once people lose their home, their problems always get worse. Assistance may involve emergency relief, financial counselling to help with budgeting, or employment services to help with job seeking, or it may be support to obtain affordable housing. However, housing support for low-income families remains a problematic area. In Australia, the provision of public housing has declined over many years. There are long waiting lists in most states because demand exceeds supply, and priority allocations are managed using complex screening criteria. Finally, early intervention involves the provision of emergency financial assistance. Most at risk households need financial support either because they have substantial rent arrears or because they cannot afford to move to alternative accommodation. The resources for this relief are insufficient.

**Family Breakdown**

The second model traces a pathway phases and transitions in which it is the breakdown in the relations between partners (married or defacto) which sets in train a dynamic which can lead one or both to become homeless. Commonly this is referred to as ‘domestic violence’, which highlights issues of protection against abuse and illegal assaults by one person against another.

A woman – “Jan” -with three small children (11 months, 7 years and 9 years) was living in public housing, but she fled a violent situation on the night of the census. Her partner had been attacking her violently and the matter had gone to court. The man, referred to in the case study only as “The perpetrator” was given bail and he immediately ‘went to her home and threatened both mum and the kids lives’. Her response was to abandon her public housing placement. The case record describes the night she left:
Mum had spent the night driving around with the kids in the car embarrassed to contact family or friends for help in the middle of the night.

She eventually went to her friend’s house early in the morning and contacted us. Mum was exhausted and distraught when she called - she also suffers from severe asthma and the more upset she became the harder it was for her to breathe. Mum was very worried that her children’s school would be disrupted. Her two older children went to the local school and were in the advanced classes. The family had only the clothes on their backs and were really concerned that they would not be able to get their possessions from the house [504].

The family group was admitted to a women’s refuge, and the woman was advised that she could be assisted by the local police to remove her belongings from the house. Also, given the threats against her, she was told she could request a transfer from the Department of Housing to another area.

When the case study was compiled, Jan had been homeless for less than a month; however, the problem of violence assault in her family situation had been going on for some years.

This family had fled the situation for the first time 5 years ago and have left and returned many times in the interim. The mum has said that this is the last time she is leaving, as she is not going back [504]

During the five-year period since the conflict and violence started, Jan had apparently left and returned many times.
Figure 3 summarises the typology referred to as the ‘family breakdown’ model. In some respects, this process resembles the youth career but there are differences.

**Figure 3: Family Breakdown Model**

- **PHASES**
  - At Risk – increasing high levels of conflict and discord between partners
  - In and out pattern
  - Long-term homelessness
  - Chronic homelessness

- **TRANSITIONS**
  - Violent conflict begins
  - Permanent break
  - Transition to chronicity

A family ‘at risk’ is where there is a pattern of discord and conflict with extreme threats and acts of violent confrontation. In such a situation, the violence is usually directed against the female partner. It is the female partner who is most at risk of becoming homeless but both partners may end up homeless. Such conflict and ‘domestic violence’ may go on for a years before the victim finally leaves.

Prior to a final break, the ‘in and out phase’ acknowledges that in many cases women leave and return. Intimate relationships especially when
children are involved are not easily abandoned. Reconciliations take place and unacceptable behaviour is forgiven. Problems reoccur.

This phase is common, but does not always happen. Sometimes the abused partner thinks of leaving and even plans their escape perhaps many times over, but does not actually take the step of making a break. In the ‘family breakdown’ typology, this is an ‘in and out’ phase, similar to the ‘in and out’ phase in the youth career. Other cases refer also refer to this phase.

As the violence escalated we had numerous contacts and provided crisis accommodation for client and children, but she always returned to the relationship [134].

… she is another example of a client who is going and coming from the service; with no obvious changes taking place … (but) … this woman is getting stronger and clearer each time she comes [189].

Partner had been violent for quite some time towards her and the children.

She has left this partner before and wants to stay away [417].

Client has been homeless so many times due to husband’s behaviour towards her and the kids. She has been in and out of our shelter so many times that we can’t keep a track of her comings and goings [882].

The extensive research literature on domestic violence describes ‘cycles of violence’ and the episodic nature of violent abuse alternated by pleas for forgiveness and expressions of remorse. Relationships become stressed and deep emotions played out. The in and out pattern reflects a series of unsuccessful attempts by the parties to repair the situation.
The permanent break is a definitive act of leaving the household never to return and leads directly to a period of insecure accommodation and transience. Where someone has a source of income or where problems are resolved quickly, the aggrieved partner may fairly quickly re-establish an independent lifestyle but a woman without a job and on government benefits with children may experience a long period of homelessness. While fewer women than men seem to gravitate through to a lifestyle of chronic homelessness, this is possible and does happen.

At some point, the abused partner, usually a female, leaves resolved never to return. When this transition finally happens it is analogous to the permanent break in the youth career. The violent conflict can lead to serious physical injuries requiring hospitalisation. A woman aged 32 with a 12-year-old daughter and 6-year-old son reported experiencing domestic violence over some three years. The family lived in a remote location.

*This woman had been severely bashed and beaten and required medical attention upon admission. The children had also witnessed this violence and presented in a state of trauma. The family had been living in a very isolated part of the state and had been unable to escape, as the male perpetrator had held them virtually as prisoners in his house and property* … the escape finally occurred one Sunday morning when the mother was able to drive herself, the children and their dog to a nearby town and phone the refuge for help [61].

There was no detailed information about whether they lived on a rented or owned property. However, the woman was the dependent with no resources and by fleeing the situation became homeless. The refuge workers not only provided protection and accommodation, but also linked her into a range of
other support services including counselling and Centrelink, as well as assisting her to apply for public housing. Nevertheless, the case note stated that a placement ‘may not occur for several months’.

The violence in some cases can be extreme and the actions of the violent partner persistent. One 30-year-old woman close to the birth of her fourth child suffered:

*extreme constant physical and emotional abuse from her male partner who continues to search for her and breaks restraining orders to assault her and her children. Police have not been able to find the perpetrator to arrest him.

Options for long-term housing are not safe — until his arrest, tenant may have to keep moving to “safe” houses [130].

One of the consequences of extreme violence is that protection issues are raised, possibly police involvement and legal action through the courts. The women’s refuge model was designed to provide high security protection as well as accommodation. Women’s refuges are not publicly identified and the addresses of refuges not obtainable from agencies. Husbands and de facto partners will often go to great effort to find their former partners. Women will sometimes move to a different area or even interstate in an attempt to get away from the conflict, violence and continuing intimidation.

One 29 year-old woman with several young children lived in a rural setting with a de facto. After almost a decade of domestic violence she finally left him. She moved a long distance from the community where she had previously resided – ‘left him inland and moved to he coast with her children … however, he soon followed, but again became abusive … has returned inland’ [47]. Another woman with young children ‘arrived in area escaping domestic violence from interstate … homeless on arrival’ [661]. A 34 year-
old woman with a 12 year-old boy and 16 year-old girl was reported as ‘escaping domestic violence for six years’ continually moving on as the ‘son’s father always finds then, forcing them to move on and become homeless again’ [338]. Relocation may provide temporary relief. However, a woman with children on low income and a stranger in her new community with no support network faces a raft of new problems.

Domestic violence as a social problem has a profile in the social policy field. There have been prevention programs in the form of public campaigns and awareness raising initiatives to promote the unacceptability of domestic violence, encouraging the victims, their neighbours and friends not to remain silent, but to seek help. The Commonwealth Office for the Status of Women conducted the *Break the Silence* campaign in 1989. This was followed by the *Zero Tolerance* campaign in 1992, which used a crime prevention approach in an attempt to dispel common myths about DV and change social attitudes.

In more recent times, the national policy response to domestic violence has principally been addressed through the National Crime Prevention program in the Attorney-General’s department that deals with violent crime in the community, including domestic violence, and Partnerships Against Domestic Violence [PADV] through the Office for the Status of Women. PADV was the outcome of a national summit on domestic violence in 1997, and about $25m per year has gone into arrange of community projects at state and Commonwealth levels. The six priorities for PADV are working with children and young people to break the cycle of violence, working with adults including perpetrators, community education, improved protection under the law, information about good practice and support for people in rural and remote communities.

Between broad prevention campaigns and crisis intervention principally through the refuge model there is a service gap where early intervention should fit. There is no obvious institutional site – such as schools or
Centrelink – to identify families at risk. In cases of family breakdown where domestic violence is involved, it is difficult to deliver ‘early intervention’ because many victims do not request assistance until they are forced to leave. Friends and family who become aware of violence tend to feel there is nothing they can do because of ‘privacy’ concerns. Women escaping domestic violence may return to the family home a number of times to try to resolve family issues, and in this context, early intervention would mean providing family counselling to help couples work through their difficulties. The more connected families are in the community, the more likely it is that internal discord will be exposed, support mobilised and help sought. Of the three careers, early intervention for the family breakdown model is the most problematic.

**Youth to Adult Homelessness**

In the SAAP data set, there were 148 case studies of young adults aged 19 to 24. There were young women who had become homelessness following family breakdown and there were other cases, which had experienced a housing crisis. However, a closer examination of the case data revealed that at least half (52%) of these young adults had become homeless during their teenage years. One group appears to have been chronically homeless for the entire duration, sometimes for years. Another group has moved in and out of the homeless population on a number of occasions and we call this ‘episodic homelessness’.

The case of ‘Jenny’ exemplifies episodic homelessness. She is 22 with a child aged six. Jenny was known to the service since she was 18. The case record notes that ‘she has been “homeless” since the age of 15’. No reason was given about the very beginning of her homeless career when she separated from her parents. When she first presented to the SAAP service in 1998 she had lost her accommodation due to financial hardship and was
'moving between friends and family'. She stayed with the service for 6 months.

The client left our housing, but presented again eight months later. This time she went into the long-term program. She presented with similar issues, but this time she had a partner and domestic violence issues. This client is still in a long-term housing program, but is plagued with financial problems, domestic violence issues, her age and inexperience. She is on the TICA database as well as having a large debt with the Housing Department. She is on a small income and has very little chance of repaying her debts and therefore little chance of moving out of our housing.

Like many in her situation, she has a multitude of issues that seem to get worse instead of better even though she is receiving support.

Jenny has moved in and out of the homeless population a number of times. She had secure accommodation on a number of occasions including public housing, but lost this after getting into debt. On at least one occasion she seems to have become homeless due to domestic violence. She was having a lot of difficulty achieving more stable housing because she has a low income and little chance of repaying her debts. The worker’s prognosis was that things ‘seem to be getting worse instead of better’.

Stephen, 24 had been placed in state care from the age of 10. He left his foster placement when he was 15 and stayed in a number of SAAP services. He has also been episodically homeless:

This service has had contact with Stephen for about four years. During this time we have supported him to set up several households but they have all fallen apart. He was in regular contact with the juvenile justice system when
be was younger. We have also assisted him to go into drug and alcohol services at least four times. He has two siblings, one of whom was in care with him.

The agency helped Stephen into share households but these have all failed. His exit each time from homelessness may have been associated with getting some help with his D&A issues.

There are many cases of cases of young adults who have remained chronically homeless most of the time, although sometimes they have managed short periods of housing stability. Tim, 20, filled out his own case history at a service in Queensland:

I have been on the streets and in and out of squats and shelters for about six years. I arrived in Cairns from the South running from another stuffed relationship … I don’t get into relationships much because you can’t afford to get too involved – people will just hurt you. I have attempted suicide on three occasions … I owe money everywhere ‘Down South’ and there’s all these guys after me with baseball bats for drug debts … If I could stay here it would be OK because you look after us pretty well … I’m just going to be in and out of these places until I overdose.

Shirley, 20, was a sex worker in inner Melbourne. She had been involved with a range of services since childhood including the Department of Human Services (Child Protection), Juvenile Justice, foster care and a SAAP youth housing program:

Her mother died of an overdose when Shirley was 12. Shirley stayed in foster care until she was 16.
Then she opted to stay in a DHS residential unit. When this broke down she began staying in boarding houses. At one point she accessed a SAAP youth housing program but she was evicted due to non-payment of rent. Along the way she began using heroin and prescription pills. This lead to sex work to support her habit. Our service initially arranged transitional housing for the young woman and two friends which they shared … until she was given a custodial sentence in a Youth Training Centre for burglary.

After Shirley was released from the training centre, she needed more help to find accommodation. There was a brief period of stability when she lived in an Office of Housing property for three months, but she left because of domestic violence. At the time of the census she was homeless again.

Peter, 20, had also been in a series of foster care placement in his early teens, as well as having contact with the Juvenile Justice System. He had moved around extensively, but in 2001 he approached a SAAP service to assist him with a public housing application:

*We applied to Centrelink for Peter’s accommodation history with his permission. He was listed by Centrelink as having had 29 different addresses between November 1997 and November 2001. He has no recall of most of the places he stayed in. He uses amphetamines and has been diagnosed with psychosis. Most of the places he stayed in were refuges, private boarding houses and crisis accommodation services. His public housing application was rejected on the grounds that his housing history was too transient. He is currently moving between different friends and casual acquaintances.*
We suspect that most of these young people left school at the earliest opportunity, often moving into the homeless population at about the same time. The opportunity for early intervention is long gone. In many cases, they appear to have subsequently developed problems with drugs and alcohol, and a minority have mental health issues. A significant number of the young women have children, and many of these young adults have been in contact with Juvenile Justice. All of these young people are unemployed, extremely poor and highly marginalised. Typically, they have multiple issues to deal with and high needs. At this stage, intensive support is required but this will be time and resource intensive as well as challenging for the workers. There are, however, successful outcomes from patient hard work.

Kelly, 20, has been homeless for six years. She lived with her father and his de facto wife until she was 14, when she was ‘kicked out’. At the time of the census she was in a refuge:

Kelly is a previous resident of this refuge, as well as many others. She has had a heroin addiction for five years and has sought treatment for this on numerous occasions.

In the past, her attempts to get off heroin have failed. However, she is trying again and her caseworker believes that this time she will succeed:

She is an intelligent, highly motivated young woman who has organised a placement with a drug rehabilitation unit in the Northern region. From there she hopes to go into a long-term rehabilitation program so that she can start a ‘normal life’.

Her caseworker is responsible for ongoing support and they appear to have a close relationship. Kelly has disclosed personal issues about her health and
they have discussed other private matters. Her caseworker has a high opinion of Kelly:

*She is creative and attends day programs as well as groups. She is relieved that this refuge allows residents to stay in during weekdays. She has spent much of her time working on her issues and creative projects. Her health issues are a priority at the moment, as is rebuilding her relationship with her mother. Her long-term goals are to move into independent living, gain employment and, most importantly, to stay off heroin.*

We do not know the final outcome of the case. However, all the indicators are that Kelly is ‘ready’ to change her life and this inner motivation is very important. If she completes the drug rehabilitation program, is given assistance with supported housing, and continues to receive long-term support, then she may well succeed in rebuilding her life.

Nick’s case is an established success story. He is a 21 year old whose mother died when he was 12. He went to live with his father, with whom he had no previous contact. This did not work out and his father ‘threw him out’ when he was 13:

*Nick started living on the streets in Sydney, using drugs, staying in squats, crisis accommodation services … he became addicted to heroin.*

Nick’s life continued like this, in and out of services, until he was 18. He was ‘ready’ to change his life and he moved in to longer-term supported accommodation. He stayed for three years:

*Nick has stayed off heroin … he has a few beers now and again. He has been in and out of jobs over the years.*
At present, he has been in the same job for eight months. Recently, he moved into a private rented flat with a mate. He still comes in to see me for a chat – but he’s going fine.

Nick was chronically homeless for five years - a stereotypical ‘street kid’. SAAP provided stable supported accommodation for several more years and during that time he seems to have gained part-time or casual work. This led to full-time work and he has established himself in a share flat. Not a lot is said about the amount of support given to Nick over this time, but the outcome of that effort was a successful transition to independent living.

For a significant group, the youth career is a pathway into adult homelessness. These are cases, which have slipped through early intervention net and despite a good deal of supported accommodation these young people remained entrenched in their problems. One policy response would be to further strengthen early intervention. Despite some major investments by government, the community’s early intervention capacity has yet to match the scale of the problem. On the other hand, the difficulties of working with the chronically homeless are often underestimated. However, as the cases of both Kelly and Nick show, patient effort by experienced workers can achieve positive outcomes. One of the issues for the service system is that it does not cope well with high needs clients with multiple issues such as mental illness and drug addiction. Where Supported Accommodation and Assistance Program [SAAP] agencies and Job Placement, Employment and Training [JPET] programs work closely together, the result seems to be promising outcomes for highly disadvantaged and homeless youth. Effective inter-agency coordination and new combinations of service models may need to be considered.
5 Drugs, Alcohol and Mental Illness

It is common for people who are chronically homeless to have a range of serious problems. In the SAAP case studies, there is often mention of drugs, alcohol or mental health issues, sometime all three. There is also research evidence that the incidence of drug abuse, alcoholism and mental illness amongst the chronically homeless is much higher than in the broader population. Herman et. al. (1988) found that about fifty per cent of the homeless in her Melbourne sample had symptoms of at least one ‘severe mental disorder’. Hodder and her colleagues (1998) reported that 75 per cent of their Sydney sample had a mental disorder (including drug and alcohol misuse), compared with 18 per cent for the general population. However, these assessments are susceptible to sample bias and the results will depend on the mix of new entrants to the homeless population and the chronically homeless. Others have argued that the de-institutionalisation of the mentally ill has been the major factor contributing to the growth of homelessness (see Jencks 1994, Ch.3).

These arguments have entered the broader public discourse in a simplified form. There is a common stereotype that most homeless people are either mentally ill, drug addicted or alcoholic. This is often interpreted to mean that various human frailties or disabilities are the primary causes of homelessness, and there is little that can be done if homeless people are ‘mad’, ‘bad’ or ‘addicted’. This way of thinking is not always explicit, but rather an unstated assumption parked in the background. In this chapter, we examine these arguments and investigate whether mental illness, drug addiction and alcoholism constitute a distinctive ‘career path’ into homelessness. Our view is that this is not the case.

In a minority of cases drug and alcohol issues and mental illness are implicated in the events leading up to homelessness. Many young people experiment with risky behaviour during their teenage years including binge
drinking and illicit drug use. In a minority of families this can lead to major conflicts. John, a 16 year-old student, was ‘thrown out’ after a series of misdemeanours:

John is a heavy user of drugs and alcohol and regularly stole money from his father and older sister with whom he lived. He has a long involvement with the juvenile justice system for drug related thefts …he stole his sister’s car with a group of friends after a drinking session … his father asked him to leave.

In another case, a young couple aged 20 and 24 were living in a shared household. Both had diagnosed psychiatric disorders, and they were using various drugs to self-medicate. This brought them into conflict with the other tenants:

They became homeless because they were kicked out of a share household

… they had been abusing drugs.

In these cases, mental health issues as well as drugs and alcohol are implicated in the reasons why the young people became homeless. There are cases in the adult population where these factors are also involved.

However, there are cases where it is another member of the family who has the mental health or drug and alcohol issues, and it was their behaviour that forced the person to leave. Mandy, 16, was living with her father and stepmother:

Student’s stepmother has a diagnosed mental illness … she is paranoid at times but calm at other times. Student has had eight weeks off school looking after her younger sister while her stepmother was ill … stepmother turned against the student and insisted that she leave.
In this case, it is the parent’s mental illness that contributed to the breakdown in the relationship with her daughter.

Paul, 14, had run away from home. The case notes report that he was doing well at school and had no drug and alcohol issues of his own:

Parents are separated … both were heroin addicts, however they are now on a methadone program. Father had custody but student left because of physical abuse. Mother is alcohol dependent and misuses other drugs. There have been several violent incidents where student’s safety was under severe threat.

Maggie, 16, became homeless after her parents split up. Initially, she remained with her father who took little responsibility for her welfare:

Her father and stepmother want little to do with her. They both drink heavily and abuse substances [924].

The school caseworker described the support this girl was receiving at school and observed that:

She attends as regularly as she can and let’s us know her movements … she had not given up on herself and apart from some casual dope, she does not abuse alcohol or drugs.

In these cases, there are mental health or drug and alcohol issues implicated in the reasons why the young person became homeless, but it is parents who had the problem.
Maggie was thrown out by her stepmother who suffered from mental illness, Paul's father was a reformed heroin addict who was violent, and Maggie’s parents drank heavily and used other drugs.

The argument that mental health issues, substance abuse and alcoholism cause people to become homeless misses the point that some people become homeless because they are escaping from these issues. It also misses the point that many people who become addicted to drugs or alcohol develop their addiction after they have become homeless, not before. In the previous chapter, we met Nick, 21, who is now employed and has his own flat. After Nick’s mother died, he went to live with his father. This did not work and his father threw him out when he was 13. Nick went on the streets in Sydney, staying in squats and crisis accommodation. He started using various drugs and later developed an addiction to heroin - but this happened after he became homeless, not before.

Jill became homeless when she was 15, following a long period of conflict with her mother and stepfather:

Dropped out of school when she was 15 and then ran away from home …

Got into an abusive relationship with an older man who introduced her to alcohol … sold herself on the streets and started using heroin.

Her heroin use started after she was homeless.

Tania, 19, was abandoned by her mother when she was 15 and left to fend for herself. After she became homeless, she started using drugs,
eventually becoming addicted to heroin. Her drug use became a factor in her continuing homelessness over some years.

The enormous cost of maintaining her use of certain drugs (both financially and physically) left her unable to maintain her shared accommodation …

When she was 19 she was diagnosed with ‘drug induced psychosis’ and spent time accommodated by an agency for people experiencing mental illness. Again, the mental illness occurred in her late teens whereas she first became homeless at 15. Mental illnesses, such as schizophrenia, typically develop in the late teens or early twenties.

The argument that drug addiction, alcoholism and mental illness constitute a distinctive ‘career path’ into homelessness misses that some people are escaping from these issues, and that many develop these problems after they have become homeless. Where these issues were evident prior to homelessness they either contribute to a breakdown of relations between young people and their parents (youth career), the disintegration of a family unit (family breakdown model) or lead to mounting debt and financial crisis (housing crisis model). What is important is that the occurrence of these issues increases the likelihood that a person will make the transition to chronicity. If homeless people develop a metal illness or a serious problem with drugs or alcohol, they find it much more difficult to extricate themselves from their predicament, even with support.

Finally, services find it difficult to cope with clients who have multiple serious issues such as drug and alcohol abuse or mental illness. It is a major challenge for generalist agencies to deal with the extreme problems of some clients who have multiple high needs. A SAAP agency is designed to provide support and accommodation, but does not have the capability to deal with detoxification or mental illness. A mental health facility may be equipped to
deal with mental illness, but may not provide long-term support and accommodation. On the ground, agencies make links and attempt to bring together the specialised supports that high needs clients will require. The service system has systemic difficulty supporting people who present with multiple issues such as mental illness, drug addiction or alcoholism. Greater coordination and inter-agency cooperation always helps, but new service and community models are probably needed.
6 Conclusion

There have been significant changes in the homeless population over the last 40 years. There are no reliable statistics on the number of homeless people in the 1960s, but the major empirical studies from that time suggest that the homeless population was overwhelmingly male, and disproportionately in the older age groups (de Hoog 1972; Jordan 1973/1994). The 1996 census identified 105,000 homeless people on census night (Chamberlain 1999). There are now more women in the population, more young people, and a significant minority of families – although there are still homeless people who conform to the old skid row stereotype. It is not possible to identify all the factors that account for the increase or the changes, but three issues should be mentioned.

The first two factors largely account for the emergence of youth homelessness as a ‘new’ social problem (Chamberlain and MacKenzie 1998, Ch.11). One is the contraction of the youth labour market, and the other is the increase in family breakdown. The restructuring of Australia’s economy over the last 20 years has resulted in a major contraction in the youth labour market. The labour force participation rate for 15 to 19 year olds has fallen to about 30 per cent, and many of them are either unemployed or in part-time work. More young people complete Year 12, and school retention rates have risen sharply – from about 35 per cent in the late 1970s to close to 75 per cent in recent years. This has made young people financially dependent on parents for longer. It also means that young people who leave home because of family conflict are unlikely to get full-time employment if they drop out of school. In the 1960s, most of them avoided homelessness because they got jobs. Now they cannot.

The second change that accounts for the increase in youth homelessness is a major cultural shift in attitudes towards marriage. There is now a widespread acceptance of divorce as a normal fact of life and the
Australian Bureau of Statistics estimates that two-fifths of marriages now end in divorce. There are now more divorced parents, ‘blended’ families, and single parent households than 40 years ago (Boss, 1995). Young people in ‘alternative family types’ are seven times more likely to become homeless than teenagers in nuclear families (Chamberlain and MacKenzie 1998, pp.167-169). Forty years ago alternative family types were a small percentage of the population. These days they amount to 30 per cent of all families. It is the contraction in the youth labour market, combined with the increase in alternative families, which underpin the rise of youth homelessness.

Thirdly, during the long economic boom from the early 1950s to the early 1970s, the unemployment rate averaged about 1.5 per cent. This was followed by a sustained period of high unemployment. Throughout the 1980s and 1990s the unemployment rate was never less than five per cent and for much of the time it hovered between seven and 10 per cent (ABS 1978-1999). The proportion of people below the Henderson poverty line has increased since the mid 1970s, although there is debate about the exact extent of the increase and how poverty is best measured (Saunders 1994, King 1998). This has increased the number of people who are potentially at risk of becoming homeless. Some poor households can survive financial crises, because they have relatives or friends who assist them, but a minority tip over into the homeless population. The increase in the number of households below the poverty line is the structural factor underpinning the increase in homelessness over the past two decades.

The ideal type models proposed in this paper imply different patterns of causation, but they were not primarily constructed as causal models. They are ‘career models’ which emphasise the major processes whereby people become homeless. They focus on ‘how’ not ‘why’. Amid the diversity and idiosyncrasy of individual cases across the homeless population, we have identified three dominant career patterns. First, there is the youth career
where teenagers become homeless because of family conflict. Second there is the housing crisis career. This draws attention to the fact that for many adults it is poverty – and accumulating debt – leading to eviction and homelessness. Third, there is the family breakdown career, which is often associated with domestic violence.

The ‘homeless career’ is a heuristic device that identifies points of intervention along a time continuum. It draws attention to the notion that at risk should be understood in different ways for different groups. For young people, indications of worsening conflict with parents signal increased ‘risk’. For adults, the accumulation of financial debt is the harbinger of a housing crisis leading to homelessness. For couples, it is deteriorating relationships often involving violence, which signal family breakdown and possible homelessness.

The career models highlight that early intervention involves several different forms of practice. For young people, it implies interventions when they are either imminently at risk of homelessness or in the ‘in and out’ stage, before they have made a permanent break from family. Early intervention may involve facilitating family reconciliation or working with parents as well as teenagers. It usually means working in schools because most young people have their first experience of homelessness while still at school. Here it is possible to provide support and to explore the possibility of family reconciliation on a case-by-case basis. If this is not an option, then the young person can be supported to become an independent student. This is ‘early intervention’ in a broader sense of the term and it is equally valuable.

If early intervention does not succeed, then homeless students drop out and join the ranks of the unemployed. When this happens they are more likely to become involved in the homeless sub-culture and some make the transition to chronicity. For chronically homeless teenagers crime, substance abuse, drug dealing and prostitution become a normal part of their everyday
life (O’Connor 1989; HREOC 1989; Hirst 1989). As we have seen, some will become homeless adults.

For adults at risk becoming homeless due to an impending housing crisis, a different form of early intervention is implied. Here, early intervention is about providing assistance to people before they lose their accommodation. There is no ‘in and out’ stage in the housing crisis career. Once adults lose their accommodation there is a sharp break and their problems always get worse once they have entered the homeless population. Early intervention might take a number of different forms, including financial counselling, emergency relief, or assistance with applications for public housing. Most importantly, people in housing crisis will need financial assistance either to avoid eviction or to secure alternative accommodation. Unfortunately, some people do not approach agencies until they are facing imminent eviction. The obvious site for delivering early intervention services is to provide them at Centrelink, because most people who experience a housing crisis are also receiving a government pension.

In cases of family breakdown where domestic violence is involved, it is difficult to deliver ‘early intervention’ because many victims do not request assistance until they are forced to leave. Friends and family who become aware of violence tend to feel there is nothing they can do because of privacy concerns. However, it is common for women escaping domestic violence to return to the family home on a number of times. In this context, early intervention could mean providing family counselling to help couples work through their difficulties, or services for men (and women) who have problems with anger management. There are prevention programs which take the form of public campaigns and awareness raising initiatives to promote the unacceptability of domestic violence, encouraging the victims, their neighbours and friends not to remain silent, not to stay silent. Between broad prevention campaigns and crisis intervention principally through the refuge
model there is a service gap where early intervention should fit. There is no obvious institutional site – such as schools or Centrelink – to identify families at risk.

Finally, about half of the 19 to 24 year old young adults in the case data have made the transition from youth to adult homelessness. In these cases the opportunity for early intervention is long gone. In many cases, they have multiple issues with drugs, alcohol, or mental health. A significant number of the young women have children, and many of these young adults have been in contact with Juvenile Justice. All of them are unemployed, extremely poor and highly marginalised. At this stage, intensive support is required. This can take a long time; a lot of resources, and it is challenging and demanding area of practice for workers. It is also far more costly than early intervention, and the rate of success is lower. Nonetheless, there are successful outcomes for some clients.
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