

A young boy with brown hair and a blue hoodie is looking out of a car window. The background is dark and blurry, suggesting an urban environment at night. The boy's expression is serious and contemplative.

# MISSION AUSTRALIA

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## Understanding family homelessness and the implications for service design

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# Acknowledgements

This research project was conducted by Elizabeth Conroy and Chloe Parton at the Translational Health Research Institute, Western Sydney University, with assistance from the clients and staff of the Mission Australia Centre Kingswood. We are particularly grateful to the participants who generously shared their life stories and availed themselves to complete a survey on intimate areas of their lives.



# Executive summary

**The Mission Australia Centre Kingswood (MAC-K) provides both early intervention and specialist homelessness services for disadvantaged families in Western Sydney. The MAC-K Family Homelessness research project was conducted by researchers at the Translational Health Research Institute, Western Sydney University and looked to capitalise on the breadth of services offered by the MAC-K in exploring risk and protective factors related to family homelessness.**

The research explored similarities and differences across a range of risk and protective factors among participants who were both housed and homeless. As expected, some differences were observed between the two cohorts, with higher proportions of the homeless participants being considered to be 'below average' in terms of their social problem solving skills, lacking supportive social networks and feeling worried about their housing situation than housed participants. Importantly, however, the two cohorts were found to share a number of commonalities, including shared experiences of financial hardship, histories of chronic adversity, exposure to traumatic events and reliance on support services for assistance. Positively, both groups viewed becoming a parent as a pivotal opportunity to create a better life. Less positively, homelessness and housing instability were common experiences among all participants.

The formal support system was found to play an important role in:

- Providing information that clients are unable to gather from their social networks, enabling them to retain their self-reliance, while supporting them in their decision making as a parent;
- Acting as a source of emotional support, providing acceptance and understanding;
- Supporting family belonging during times of housing disruption, providing assistance in areas such as housing, education and employment (as needed), allowing individuals to invest in their family and its routine;
- Connecting clients with others, helping them to develop new social connections capable of meeting their informational and emotional support needs; and

- Building resiliency in clients in terms of developing their self-sufficiency, promoting positive relationships, providing support through validation and instilling hope that the future could be better.

One of the key achievements of the research was the development of a framework to support staff in shifting from a risk averse to resilience-based practice. While further post-implementation evaluation of the framework is required, it is hoped that the practice framework developed will result in staff having more resilience-building conversations, ultimately resulting in improved client outcomes. Importantly, this overarching framework promotes a consistent resilience-focused approach to practice across the various service offerings at the MAC-K, while recognising and respecting that each may have a different service delivery focus and method of interacting with clients.

While evaluation of the MAC-K model was not an intended objective of the project, the research revealed key benefits in co-locating low threshold services for disadvantaged families with a specialist homelessness response. This co-location of services allows for earlier identification of the risk of homelessness among families lightly connected to support. While these families may not be traditionally viewed as 'at risk', the current research project discovered that housing instability and homelessness are perhaps more prevalent and enduring risks for disadvantaged families than even staff within the MAC-K were initially aware. This type of single umbrella service model helps to create pathways into support without requiring clients to self-assess or pre-empt their future support needs. It also allows for continuity in the care and support of clients and the continued nurturing of clients' needs when referrals are made across teams, without requiring clients to start 'afresh' in building rapport with each change in service provider.

# Research background

**Mission Australia has been supported by a number of generous philanthropists to develop a purpose-built community services facility at Kingswood that provides a range of services for disadvantaged families in western Sydney. The services provided at the Mission Australia Centre Kingswood (MAC-K) include:**

- Early intervention services e.g. family day care, playgroups, family support services, parenting and life skills programs, juvenile justice family intervention service, literacy programs and support for unemployed people to start their own business.
- Specialist homelessness services – this includes two services: transitional housing for families that are already homeless and tenancy support for families that are at risk of becoming homeless (due to rental arrears and other tenancy problems likely to result in eviction or because their lease is not being renewed for other reasons, including the property being sold).

Staff at the MAC-K adapt to what works best for local families, providing flexible and accessible support through outreach services, meeting people in their

# Method

**The study was undertaken over a three-year period, from November 2014 until November 2017, and used a mixed methods approach. In the first stage of the research, in-depth interviews were conducted with 13 MAC-K clients and 5 support workers to better understand the lifetime experiences of the various families that MAC-K was working with. The findings from these interviews informed the development of a cross-sectional survey that was implemented in the second stage of the research.**

All clients attending one of the services provided by the MAC-K were eligible to participate in the quantitative phase of the research, however recruitment of participants proved slower and more challenging than expected, likely due to the multiple demands and stressors facing the families being approached. In total,

homes, at schools, playgroups or local parks. They aim to assist parents in nurturing strong relationships with their children and in building strong community connections.

Due its broad spectrum of service provision, MAC-K offers a unique opportunity to explore and develop a continuous and integrated approach to homelessness prevention. The MAC-K Family Homelessness research project was conducted by researchers at the Translational Health Research Institute, Western Sydney University and sought to understand what it is that enables some families to resist and/or recover from homelessness despite ongoing uncertainty with their economic and social circumstances. To achieve this objective, the research compared risk and protective factors across both housed and homeless participants, approaching the problem of family homelessness from a perspective that took account of both individual and family strengths.

While the research project did not set out to evaluate the MAC-K model, its findings have important implications for service design, delivery and funding that are highlighted in this paper.

a final sample size of 43 participants was obtained: 24 of whom were classified as 'housed' and 19 of whom were classified as 'homeless' (either residing in transitional housing, sleeping rough, in improvised dwellings such as cars, couch surfing or doubled up with other families).

As the research progressed, discussion about how the findings could best be implemented into practice ensued. An additional 6 interviews were conducted with staff about how they support families to 'get through' homelessness and other life challenges. This was followed by a series of workshops with staff to co-design a framework for practice based on the findings from the qualitative and quantitative research components.

# Key findings

## A comparison of risk and protective factors

Through developing an understanding of both risk and protective factors associated with family homelessness, key insights are able to be gained into how to improve the delivery of prevention and early intervention services. Importantly, if services are aware of the triggers for family homelessness and better able to identify those 'at risk' and adapt their service provision accordingly, then family homelessness may be able to be addressed before problems arise or homelessness becomes entrenched.

There were a few key differences observed between the housed and homeless cohorts:

- A higher proportion of the homeless participants were considered to be 'below average' in terms of their social problem solving skills compared to housed participants, who were more likely to have an 'average' level of social problem solving skills.
- Homeless participants were less likely than housed participants to have supportive social networks, such as family and friends, that they were able to rely on for assistance.
- Compared to homeless participants, housed participants felt more stable and worried less about

their housing, but had made more house moves in the past year. Their most common reasons for moving were family circumstances changing and being unable to keep up with rent or mortgage repayments.

Despite this, the two cohorts were found to share a number of commonalities:

- Both cohorts generally exhibited low levels of employment, low incomes and the majority were in receipt of a government pension.
- The narrative accounts of participants highlighted the chronic nature of adversity they had experienced. Accounts of a difficult life were portrayed by many of the participants who described experiences of repeated problems (e.g. family relationships, health problems, financial difficulties and legal matters). While these accounts were strongest among the participants that had experienced homelessness, a repeated cycle of good and bad, ups and downs, was a common theme across both cohorts.
- Survey findings revealed significant exposure to traumatic events across the cohorts, with approximately three quarters of all participants having experienced at least one type of potentially traumatic event, and most of these participants having experienced multiple trauma types.



# Key findings

- The narrative interviews with participants demonstrated the ubiquitous experience of housing instability and homelessness, even for those that were presently housed and who considered their housing circumstances to be stable. This suggests that homelessness is an ever-present threat for many of the MAC-K clients, regardless of the program that they are connecting with. The survey data confirmed this finding, with 81% of participants reporting they had been homeless at least once.
- While a greater proportion of the homeless participants had accessed housing or homelessness services in the past month, a substantial proportion of housed participants had done the same. Similar proportions of housed and homeless participants had sought assistance from charitable or community organisations in the past month.
- Similar descriptions of a process of resilience were evident across the cohorts, with resilience observed to be an iterative process involving strength and fragility. Periods of stability in between the not-so-good times helped to consolidate personal resiliency, although it was apparent that for some people these

in-between times were very short which sometimes prevented them from re-building their personal strength in readiness for the next challenge.

- Regardless of participants' experiences of homelessness, all of them indicated they had used avoidance strategies in responding to difficult circumstances.
- Unanimously, the experience of becoming a parent was viewed as a pivotal opportunity to create a better future, with participants commenting on the importance of fostering support within their own families.

## The role of the formal service system

Knowing that formal support was available was important to participants, although some expressed difficulty in knowing how to access such support. The formal support system was seen to play an important informational role, as well as acting as a source of emotional support, described specifically in terms of providing acceptance and understanding.

Consistent across both family-of-origin and peer relationships was the inability of social networks to reliably provide the kind of support that participants needed. This void was filled by the formal support system through the provision of information that enabled participants to retain their self-reliance and supported them in parental decision making. The formal service system was also found to play an important role in supporting family belonging during times of housing disruption, providing assistance in areas such as housing, employment and education, freeing individuals up to invest in family routine and activities.

In addition to the above, the support system provided opportunities for participants to develop new social connections capable of meeting their informational and emotional support needs e.g. through parenting and life skills programs, literacy programs and playgroups.

A key role for the service system identified through the MAC-K research project was that of building resilience. Building resilience in clients was defined in terms of developing self-sufficiency, promoting positive relationships, providing emotional support through validation, and instilling hope in clients that the future could be different.

## Developing a practice framework

In order to support staff in maintaining a resilience-focus given the challenges in working with disadvantaged families – which partly relate to the nature of the issues that families present with but also relate to the constraints imposed by funding – a key outcome of the MAC-K research project was the development of a practice framework to support staff in supporting clients.

It was decided that this tool needed to be co-designed with staff to ensure it was useful and to increase the likelihood that it would be implemented. In support of this, a series of meetings were planned with a small group of staff to workshop the content and format of the 'tool'.

Discussion with staff centred on client decision making as a risk factor for homelessness and how the service might shift from a risk-averse to resilience-focused approach. Obstacles to changing practice were also discussed.

Three categories of risk were described. Structural risk factors included the time-consuming process of juggling poverty, severely constrained choices around housing, and the longstanding vulnerability created by debt. Social risk factors included relationship breakdown due to stressful circumstances (e.g. financial or housing problems), violent or abusive relationships, and social networks that were unable/unwilling to support the client. Finally, staff participants identified risk in client presentations including a panicked response to stress that undermined their capacity to think through problems; a sense of shame and demoralisation that prevented them from accessing and engaging with support; and a 'learned helplessness' that resulted in a dependence on the formal support system.

In response to these different categories of risk, staff utilised a number of support strategies (as shown in Figure 1). For example, the direct provision of informational or material support was undertaken in response to both structural and client risk. Other times support was more facilitative as in helping clients to establish or maintain positive social connections, developing problem solving skills or encouraging self-sufficiency. This facilitation was framed in terms of patience, encouragement, hope and strength. Emotional support was described as listening to, and validation of, clients' circumstances and was distinguished from advice giving or informational support; it was also described in terms of being genuine and reassuring.



Figure 1: Risk factors identified by staff and ways of responding



## Key findings

**Through conversations with staff, the idea of planting a seed and nurturing this as a client moved along their journey was adopted. This analogy highlighted a cooperative approach to addressing underlying issues as a client continued their journey rather than a service taking responsibility for fully resolving issues within a single episode of care. Importantly, the approach focused on identifying moments to plant or nurture a seed mapped to where the client was at in their resilience process.**

It therefore required staff:

- 1) to recognise when a client was primed to talk about trauma or other underlying issues; and
- 2) be authentic and present, balancing this against the need to meet program outputs.

The tool developed through the co-design process described above acts as a framework for staff, providing guidance on how to have reflective conversations that build relationships with both clients

and colleagues, with the ultimate goal of improving practice and client outcomes.

It is important to acknowledge that across different programs offered by the MAC-K, staff wear different 'hats'. For example, staff facilitating the school hubs program necessarily have a 'softer' approach to engaging with clients because the service is supportive rather than problem-focused; in contrast, the specialist homelessness program is clearly problem-focused with a defined intake and assessment process. This means that the practice framework had to be flexible enough for each program to continue to work with their clients in the most appropriate way.

While further research is required into how effective the framework has proven since its development and implementation, it aims to unite MAC-K's various teams and programs through promoting a consistent resilience-focused approach to client interactions and service provision, whilst recognising and respecting differences in service delivery focus.



# Implications for service design – a single pathway of support

**A key finding of the research project was that homelessness and housing instability were common experiences among both 'housed' and 'homeless' participants. At the start of the project, the risk of homelessness was unknown among families not directly involved with the specialist homelessness team. Indeed, staff from the non-homelessness program areas initially did not see themselves as doing 'homelessness' work. However, by the end of the project this had changed and there was a greater acknowledgement among the different teams that homelessness was part of everyone's work.**

While the project did not set out to evaluate the MAC-K model, it is clear there is benefit in co-locating low threshold services for disadvantaged families with a specialist homelessness response. A co-location model maps well to the resilience framework developed as it facilitates:

- An early identification of risk of homelessness among disadvantaged families lightly connected to support (e.g. in the case of MAC-K, via the School Hubs program); and
- Continued nurturing of clients' needs when referrals are made across the different teams.

A single entry point into the formal support system opens up further support options for those 'at risk'. The co-location of non-homelessness and specialist homelessness support within a single umbrella service helps to create pathways into support without requiring clients to self-assess or pre-empt their future support needs. It also overcomes difficulties that may arise from misinformation from within social networks about what support is available.

Referral pathways that involve integrated and continuous care are an important part of a resilience-promoting support system. Such referrals may go some way towards ameliorating any negative impact from 'bite-sized' support periods that arise out of current funding models. The carving up of the formal support system often means that clients receive a series of short support periods from a range of organisations, compromising the ability of any individual service to address underlying client issues. This works against the premise of a strength-based approach which relies on having adequate time to build rapport. Instead, the process has to begin anew with every change in support agency, thereby leaving less time for in-depth support work with clients, with likely negative impacts on client outcomes.



## Conclusion

**The MAC-K Family Homelessness research project has provided some important insights into differences and similarities across a range of risk and protective factors between housed and homeless disadvantaged families.**

**Importantly it revealed that homelessness and housing instability were common experiences across both groups, with homelessness hovering as an ever-present threat for many, regardless of the service or program they were currently accessing at the MAC-K.**

The findings of the research provide support for two key recommendations:

- The co-location of non-homelessness and specialist homelessness support within a single umbrella service; and
- The adoption of a resilience-focused (as opposed to risk-averse) approach.

In combination, these elements promote early identification of the risk of homelessness among disadvantaged families lightly connected to support, as well as continued nurturing of clients' needs when referrals are made across teams or programs. Through allowing for continuity of care, with the benefits of pre-established client rapport, trust and knowledge, services should be better placed to address client need and ultimately improve client outcomes.

**We stand together  
with Australians in  
need, until they can  
stand for themselves**

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