

# MISSION AUSTRALIA

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## Final Report of the Family Homelessness Project

Mission Australia Centre Kingswood

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Elizabeth Conroy and Chloe Parton  
Translational Health Research Institute,  
Western Sydney University

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## Abbreviations

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AIHW	Australian Institute of Health and Welfare
n	Sample size (number)
SPSI	Social Problem Solving Inventory
SHS	Specialist Homelessness Service
SHSC	Specialist Homelessness Services Collection

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## Executive Summary

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Families comprise a substantial proportion of the homeless population in Australia. While structural risk factors such as poverty are strongly associated with homelessness, not all families experiencing material hardship become homeless. The MAC-K Family Homelessness Project sought to understand how families were able to resist and/or recover from homelessness despite ongoing uncertainty with their economic and social circumstances. The project took advantage of the client population at the Mission Australia Centre Kingswood (MAC-K) and included disadvantaged families, only some of whom were homeless. This enabled a comparison of risk (material hardship, trauma exposure) and protective (social support, social problem solving skill) factors as well as measures of individual resiliency and family strength across participants with and without a history of homelessness.

### Method

A mixed methods approach was used involving the following:

- Thirteen narrative interviews with clients of the MAC-K to explore the impact of life events on family and housing and meaning making around resilience
- Five semi-structured, in-depth interviews with caseworkers who were nominated by client participants to explore strengths and challenges in the client's pathway
- Six semi-structured, in-depth interviews with staff to explore how they help clients to 'get through' life challenges (such as homelessness) and meaning making around resilience.
- Cross-sectional survey with MAC-K clients to measure resilience, social problem solving skills, social support, emotional distress, family strength, housing instability and homelessness, and material hardship.
- A series of workshops with staff to co-design a framework for practice based on the findings from the qualitative and quantitative components.

The study was undertaken over a three-year period, from November 2014 until November 2017. Recruitment of client participants was slow, primarily due to the challenge in prioritising time to participate in a research study against other concerns such as caring for young children and attending housing and other appointments. Attempts were made to support participation as much as possible including providing childcare and transport. The low sample size however limited the analyses that could be undertaken.

### Findings

Homeless participants appeared to be in a worse financial position than the housed participants, despite the housed participants showing significant indicators of disadvantage (i.e. education, employment, and income):

- Housed participants were more likely to perceive themselves as thriving while homeless participants more commonly appeared to be struggling.
- Compared to the housed participants, fewer homeless participants had completed Year 12; although, the proportion of the housed group with a year 12 qualification was lower than the Australian general population.
- There were similar proportions of homeless and housed participants that were part of single income households but more of the homeless households were entirely reliant on government benefits for their income compared to the housed participants.

- Compared to the homeless participants, more housed participants had worked in the past six months but the number of weeks worked was the same across both groups. Similarly, more housed than homeless participants had worked recently (i.e. last week) although this was still only one-third of participants in the housed group.
- Relative to the housed participants, the homeless participants were less likely to have \$500 in savings and more likely to have borrowed money which they are still to pay back.
- A greater proportion of the homeless participants had accessed housing or homelessness services in the past month, but there were still a substantial proportion of housed participants having done the same. Similar proportions of housed and homeless participants had sought assistance from charitable or community organisations in the past month.
- Accessing help for physical or mental health problems was common but higher among the housed than the homeless participants.

Homelessness and housing instability was common across the participant cohort, regardless of the service or programme through which they accessed the MAC-K:

- Compared to the homeless participants, housed participants felt more stable and worried less about their housing but had made more house moves in the past year.
- The most common reasons for moving were family circumstances changing and being unable to keep up with rent or mortgage repayments.
- Among the narrative accounts, four participants had avoided homelessness despite varying degrees of housing instability and the presence of other risk factors. All of these participants had stable family relationships that were able to support them in emotional and material ways. Additionally, one participant was able to access public housing at a time when it was still available to the working poor. For the younger participants this was no longer a viable housing pathway.
- Nine of the thirteen narrative interviews included accounts of homelessness; similarly, 81% of the survey participants had been homeless at least once. These included experiences of rough sleeping, couch surfing with friends or family, staying temporarily in crisis or supported accommodation, or living in a boarding house or caravan. All of these experiences were more common among the homeless than the housed participants.
- The majority of survey participants had experienced homelessness as an adult with about 40% of all participants having experiences in both childhood and adulthood. Childhood homelessness was more common among the housed participants than the currently homeless group. The homeless group more commonly experienced a longer duration of homelessness than the housed participants.
- Among the survey participants with any experience of homelessness, 65% had experienced family homelessness; the remaining participants had experienced homelessness as a single person. Experiences of family homelessness were more likely to have occurred recently but were of similar duration to experiences of single person homelessness.
- The most common reason for family and single person homelessness was relationship conflict and breakdown. Financial difficulties and family violence were additional reasons for family homelessness while employment problems and substance use were commonly cited among those that experienced single person homelessness.
- All of the participants that experienced family homelessness accessed support when they became homeless whereas less than half of those that were homeless as a single person did so.

The reasons that participants gave for not accessing support included not knowing what services were available or being able to find one, services being full and unable to take them, and deciding that they did not need support.

The overarching theme identified in participants' narratives was the experience of a difficult life and the aspiration of a good life. The problems experienced were described as 'never ending' and 'hurdles of bad stuff'. In getting through the difficult life, participants gave accounts of how they learnt to approach problems head-on and described their journey of personal growth and self-awareness that accompanied these experiences.

- Resilience was observed to be an iterative process involving strength and fragility. Periods of stability between the not-so-good times helped to consolidate personal resiliency.
- Personal resiliency involved a range of ways to approach problems, including the temporary use of avoidance, recognising the strength in them and having self-belief, (re)gaining composure and control over their emotional reactions to problems, and a sense of hope or optimism that things would work out. These accounts are similar to definitions of resilience that are described in the literature.
- Given the above accounts, it was not surprising to find the survey participants scored high on a measure of resilience. They appeared to have higher resiliency than a Canadian sample of homeless youth and compared favourably to an Australian community sample.
- Social problem solving skills were either average or below average when compared to normed data. A higher proportion of the homeless participants were considered below average in skill level whereas more of the housed participants were considered to be of average skill level. The social problem solving skills associated with resilience were those that described how a person approached a problem, rather than how they resolved it.

Wrapped around the process of 'getting through' were accounts of the availability and reliability of different support networks.

- Negotiating support sometimes involved moving between formal and informal support networks and while there was overlap in the type of support provided among the networks, they were also distinguished in the degree of support that was available.
- Perception of total support received across these different networks was high, with scores on a social support measure comparable to an Australian general population sample.
- Participants did however weigh up the difficulties inherent in some relationships and the type and degree of support they could leverage from these. Through early life experiences participants learned there was risk involved in relying on particular people. Gaining independence as an emerging adult brought with it the ability to choose social isolation as a means of protecting oneself against negative or disruptive relationships.
- Despite these experiences participants talked about the importance of fostering support within their own families. There was a shared understanding that family members should be consistently there for each other particularly when peer networks failed, understanding of decisions and forgiving of past mistakes, and encouraging during periods of self-doubt.

In addition to the support that they provide, families were equated with strength. This was described in terms of family members working together to get through difficult times and the commitment to each other to stay together.

- In the survey, family strength was measured using a family functioning scale comprising two domains – flexibility of relationships within the family and the closeness among family

members. The profile of participant families was similar to that of a healthy functioning profile although the overall scores on flexibility and cohesion were somewhat lower. While homeless families scored slightly lower than the housed participants on both dimensions, the low scores for both groups suggests that other shared experiences may have contributed to the pattern of functioning observed.

- Similar to the findings on resilience, the findings on family strength and functioning belie the difficult past experiences of participants. Many interview participants described childhood families characterised by conflict and disruption. In creating their own families, participants talked about differentiating themselves from the behaviour and relationships evident in their past family and sought information and advice about parenting from alternate sources. The interviews also revealed the opportunity that parenthood created for a different life and to become a different version of themselves.

## Practice framework

A key objective of this project was to develop a 'tool' to assist staff from across the different teams to work with clients at risk of homelessness. The tool was co-designed with a small group of staff through a series of workshops. These workshops involved an in-depth discussion of the research findings including the values underpinning client decisions, the impact of trauma on clients' decision making and the reticence of clients to engage in counselling to address trauma-related mental health problems. Constraints on practice imposed by the service system were also discussed, and in particular, the way in which this encouraged the adoption of a risk-averse approach. It was decided that a resiliency framework operating in this context needed to be flexible to fit with the focus of staff working in different settings and support staff to balance their responsibility to deliver programme outputs and a resilience-focussed practice with clients.

The practice framework and reflective tool that were developed through the workshops need to be road-tested. It remains to be seen whether the set of prompts works for staff in different roles across the organisation or for different staff relationships, and whether this translates into improved staff wellbeing and staff-client interactions. This will require ongoing evaluation and refinement, not only of the prompts but also of the framework in which it is embedded.

## Conclusion

This collaboration sought to understand the factors that increased the risk of homelessness and those that protected against it. While the findings have improved our understanding of how families develop resiliency against a background of poverty and material hardship, there is still further work to be done. A longitudinal approach with a larger sample would enable modelling of the interactions between risk and protective factors driving resiliency and adaptation over time. Regardless, this study has provided an indication of the shared and unique risk factors for family homelessness, demonstrated the association between specific protective factors (e.g. social support, family strength) and resiliency, and developed a framework to support staff to stay focused on a resiliency-building approach with clients.

## Background to the MAC-K Family Homelessness Project

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Families comprise a substantial proportion of the homeless population in Australia. In the years 2011 to 2017, families accounted for just over half of all presentations to specialist homelessness services (SHS)(1–6). This included sole parent families (29-35% of all presentations), two parent families (13%), and other family types (11-12%). However, this is likely to be an underestimate of the true rate of family homelessness as it reflects only those homeless families that seek support; the proportion of families living in cars or ‘doubled up’ with other families is unknown.

Homelessness is strongly linked to structural risk factors such as poverty. Although income-based poverty in Australia has remained relatively stable, experience of material hardship and social exclusion has been growing (7). Drivers of material hardship include a lack of housing affordability, the cost of living along with little or no growth in wages, and a shift to more casualised (and uncertain) forms of employment. While these factors are common to homelessness in general, they may operate differently for different cohorts. For example, young people – even if employed – may find it difficult to pay rent due to a lower earning potential relative to older adults. Families on the other hand, might have greater outgoing expenses relative to their income depending on the number and age of children. The burden of poverty and material hardship therefore varies depending on the particular circumstances of an individual or family.

Despite the vulnerability created by structural risk such as poverty and material hardship, not all families in these circumstances end up homeless. What is it that enables some families to resist homelessness? An obvious and commonly cited factor is the degree of support that people can leverage from their social networks. This could include material support such as providing meals or food packages, looking after children to enable a parent to work, or helping out financially when large expenses arise unexpectedly. Social networks can also provide emotional support and social companionship, both of which can help buffer the stress generated by poverty although there are limits to this (8).

There are several reasons why social networks are not always robust to adversity. This is the case where a person’s social network is made up of people in similar economic circumstances (9). Social networks may also be fragmented or comprised of negative or abusive connections. Thus networks differ in the amount of material or emotional support available to an individual (10). Individuals experiencing homelessness have also been described as having smaller networks compared to non-homeless individuals (11). Other research suggests that repeated or extended periods of homelessness can exhaust the capacity of an individual’s social network over time (12).

The preceding discussion highlights the decisions that families must make in navigating poverty and fraught social environments. In an 18-month longitudinal study of 57 homeless families in Melbourne, poverty was experienced as a dynamic process of destitution whereby resources were gained and lost including changes in social relationships (13). For example, being supported through hotels and motels had an additional cost burden of take-away food and commercial laundries and there was a loss of possessions through repeated moves as things were relinquished or stolen. Additionally some families took on debt to ensure their children were still able to participate in mainstream activities as this was considered important for children’s socialisation and wellbeing. Further social losses occurred when social networks were fractured as a result of homelessness and through repeated moves in response to conflict or violence in temporary accommodation or new neighbourhoods.

The present study sought to examine the interplay between poverty, social support, and social problem solving in explaining family homelessness. An ecological model suggests that homelessness arises from a dynamic interplay between risk and protective factors operating over time and across social, community and structural environments (14,15). This creates the opportunity for resilient

outcomes, as much as it accounts for adverse outcomes like homelessness. Thus this project approached the problem of family homelessness from a resilience perspective that encompassed both individual and family strengths. Previous research has primarily focused on families once they have become homeless. The MAC-K Family Homelessness Project took advantage of the client population of the MAC-K and included a cohort of disadvantaged families, only some of whom were homeless. This enabled a comparison of risk and protective factors among families with and without experiences of homelessness who nonetheless shared similar levels of material hardship.

## The Mission Australia Centre Kingswood

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) during the research period included:

- Early intervention services e.g. family day care, playgroups, family support services, parenting and life skills programmes, juvenile justice family intervention service, literacy programmes 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 homes, schools, at playgroups or local parks. They aim to assist parents in nurturing strong relationships with their children and in building strong community connections.

Due to the broad spectrum of service provision, MAC-K offers a unique opportunity to explore and develop a continuous and integrated approach to homelessness prevention.

## Research objectives

The specific objectives of the research were to:

1. Document the homelessness histories and housing circumstances of families experiencing disadvantage and material hardship;
2. Explore meanings of family and resilience and how these change over time for people experiencing disadvantage and material hardship;
3. Compare housed and homeless families on a range of risk and protective factors including perceived social support, social problem solving skills, family functioning, trauma exposure, and resilience;
4. Make recommendations regarding a 'resilience' practice framework for the prevention of family homelessness that can be adopted across the different MAC-K teams.

## Outline of report

This report contains a synthesis of the key findings from the MAC-K Family Homeless Project. Where appropriate, the qualitative and quantitative findings are presented side-by-side to generate a more complete picture.

The first two chapters of the report provide the context to the study and describe the experiences of participants in terms of homelessness and disadvantage.

- Poverty and material disadvantage
- Housing instability and homelessness

The following three chapters present the findings according to the themes identified in the qualitative data:

- Building resiliency through a difficult life
- Harnessing support from others
- Negotiating the meaning of family

The final chapters consider the implications of the findings for policy and practice, as well as the gaps in our knowledge and what is needed to further strengthen the evidence in this space.

- Development of a resilience practice framework
- Where to from here?

Before presenting the research findings, the next chapter describes the methodology used.

## Methodology

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This study used a mixed methods approach. In the first stage of the research, in-depth interviews were conducted with MAC-K clients and staff to better understand the lifetime experiences of the families that MAC-K was working with. The findings from stage 1 informed the development of a cross-sectional survey that was implemented in the second stage of the research. As the research progressed, discussion about how the findings could best be implemented into practice ensued. This initiated additional interviews with staff about how they support families to ‘get through’ homelessness and other life challenges. Ethics approval was received from Western Sydney University Human Research Ethics Committee for each stage of the research (protocol numbers: H10867, H11644, H11788).

### In-depth Interviews

#### NARRATIVE INTERVIEWS WITH CLIENTS AND SUPPORT WORKERS

Semi-structured, in-depth interviews were undertaken with 13 clients and 5 support workers. Client participants were recruited across the different services operating from the MAC-K and included transitional housing (n=4), tenancy support (n=1), young parents network (n=5), and parent support groups operating as part of the ‘school hubs’ programme (n=3). Table 1 gives a description of each client participant; pseudonyms have been used in place of their real names. Support workers were nominated by each client participant as someone who knew their story and could comment on their journey. Five client participants were selected as case studies and their nominated support workers were interviewed. These five client participants are indicated with an asterix in Table 1.

Client participants were initially approached about their study by their primary support worker and if agreeable, the support worker provided their contact details to the research team. A member of the research team then contacted potential participants to discuss their situation and their involvement in the research. Interviews were not undertaken with all participants referred to the research team; rather, participants were purposively selected to reflect a range of ages, gender, family types, cultural backgrounds and service involvement. Participants were also required to have the ability to provide informed consent and to tolerate a narrative interview. This was determined by the referring support worker in the first instance, and confirmed again by the researcher prior to the interview.

Interviews were conducted either on-site at the MAC-K or at a community venue where some of the MAC-K outreach services were delivered. Transport and child care were provided to client participants where necessary to ensure no one was inadvertently excluded from the research. Additionally, all client participants were reimbursed with a \$30 grocery gift card to thank them for their participation. Interviews were audio recorded with the participant’s permission and transcribed by a professional transcription company.

The interviews with client participants were initiated with an open-ended elicitation of ‘life stories’ followed by questions around participant meaning making of ‘family’ and ‘resilience’. The participants also constructed timelines in the interviews, representing – in some way that made sense to them – important events that had happened to them over time. These events could be positive or negative and their selection was entirely up to the participant. The timelines were also used as a discussion point in the interviews. Support workers were asked to reflect on the client’s journey, where they had come from and how they saw the client’s future unfolding. As part of these reflections, support workers were asked to identify those things (people, opportunities, services) that could help or hinder the client’s journey.

Participant narratives were organised and compared across three groups – that is, participants with experiences of family homelessness (n=6), those that had an experience of homelessness as a single person (n=3), and participants with no experience of homelessness (n=4). Thematic analysis was used to examine how ‘getting thru things’ was described in the participant narratives. Using the process described by Braun and Clarke (16), transcripts were read to identify accounts of life difficulties or challenges and participant responses to these experiences. This included descriptions of emotional or behavioural responses, decisions that were made in the context of difficult experiences, and supports that were accessed. An anecdotic reading of the individual excerpts was conducted and then codes were identified through an iterative process working within each group first and then across groups. The coded data was then summarised separately for the three groups and themes were identified by comparing and contrasting the data across the groups.

Cases were used to exemplify the identified themes. These included an account of avoiding family homelessness (Hannah), balancing self-reliance and social support (Tina), the importance of belonging to a family (Courtney), and parenthood as an opportunity to create a different future (Nathan).

Table 1 Profile of client participants for the narrative interviews (n=13)

Name	Service recruited from	Profile
<b>Anna</b>	Young parents network	21 y.o. female, Anglo-Australian background; not engaged in work or study; involved with MAC-K for 4 months; no history of homelessness; currently pregnant and residing in social housing with 2 year old son (partner unable to reside with them due to tenancy restrictions of social housing).
<b>Athena</b>	Transitional housing	56 y.o. female, Greek background; engaged in paid work; repeated periods of homelessness as a parent; currently living in transitional housing with 2 of her children.
<b>Courtney*</b>	Young parents network	20 y.o. female, Anglo-Australian background; engaged in paid work; involved with the MAC-K for 4 years; recurrent homelessness from the age of 14; currently living in private rental with partner and 2 young children.
<b>Hannah</b>	Young parents network	24 y.o. female, Anglo-Australian background; engaged in paid work; involved with MAC-K for 1 year; repeated moves back to parents’ house to avoid homelessness; currently residing in private rental with partner and has part-time custody of 3 year old son.
<b>Hayley</b>	Young parents network	20 y.o. female, Anglo-Australian background; engaged in volunteer work; involved with MAC-K for 4 months; recurrent homelessness from age of 14; currently residing in private rental with partner and three children aged 3-5 years.
<b>Kayla</b>	Young parents network	21 y.o. female, Aboriginal Australian; currently looking for paid work; involved with MAC-K for 7 months; no history of homelessness; currently residing in private rental with partner and 18 month old son.
<b>Megan*</b>	School hub parent support group	30 y.o. female, Anglo-Australian background; engaged in paid work; involved with MAC-K for 9 months; first homeless at aged 19 against a background of recurrent housing instability during childhood & adolescence; currently resides in

Name	Service recruited from	Profile
		private rental with partner and 2 children aged 5 years and under.
<b>Nathan*</b>	Transitional housing	43 y.o. male, Anglo-Australian and Maori background; not engaged in work or study; involved with MAC-K for 4.5 years; recurrent history of homelessness & housing instability since early adulthood; currently residing in transitional housing with 8 year old child (no contact with twin sons aged 24).
<b>Natia</b>	Transitional housing	29 y.o. female, Samoan background; not engaged in work or study; involved with MAC-K for 4 years; history of running away and being evicted or kicked out of homes since adolescence; currently living in transitional housing with partner and 2 children.
<b>Peter</b>	School hub parent support group	50 y.o. male, Anglo-European background; engaged in paid work; involved with MAC-K for <12 months; periods of housing instability as a parent resulting in emergency housing assistance; currently residing in social housing with partner and 2 children aged 5 and 8 (while 2 older children aged 20 & 23 live out of home).
<b>Rebecca</b>	School hub parent support group	28 y.o. female, Aboriginal Australian; not engaged in study or work; involved with MAC-K for <12 months; homeless as 17/18 y.o. and recurrent periods of housing instability since becoming a parent; currently residing in private rental with partner and 5 children aged 1-12 years.
<b>Samantha*</b>	Tenancy support	22 y.o. female, Iranian background; not engaged in study or work; involved with MAC-K for 12 months; history of homelessness unclear; currently residing in supported housing with 2 year old child (1 year old voluntarily given up for adoption).
<b>Tina*</b>	Transitional housing	45 y.o. female, Fijian background; engaged in study; involved with MAC-K for approx. 7 months; history of homelessness as a parent; currently living in transitional housing with youngest daughter (aged 17), 22 year old pregnant daughter and 3 year old grandchild.

*\*clients whose nominated support worker was also interviewed*

## SEMI-STRUCTURED INTERVIEWS WITH STAFF

In-depth, semi-structured interviews were undertaken with staff from the different services based at the MAC-K. All staff were eligible to participate in this part of the research. An email invitation was forwarded to staff who could then contact the research team if they were interested in participating. In addition, some staff were nominated by the Regional Manager to participate given their years of experience working with the population. Participation in the research interviews was voluntary (regardless of the recruitment pathway). Six staff were interviewed with a range of experience in the sector and from teams that have direct contact with homeless families (such as transitional housing teams) and those with indirect contact whose focus is on disadvantaged families more generally. This is shown in Table 2 below.

Table 2 Participant profiles for the semi-structured interviews with MAC-K staff (n=6)

Name	Target population of service	Years working for Mission Australia	Years Community Services Experience
<b>Lou</b>	Both homeless and Disadvantaged/at risk	10+	10-15
<b>Pat</b>	Disadvantaged/at risk	5-9	20+
<b>Jo</b>	Homeless	<5	10-15
<b>Kim</b>	Disadvantaged/at risk	10+	10-15
<b>Lee</b>	Homeless	<5	10-15
<b>Sam</b>	Homeless	<5	20+

All interviews were conducted on-site at the MAC-K. Prior to the interview commencing, staff were reminded that their work performance was not under evaluation and that the interview was designed to elicit their experiences of working with disadvantaged and homeless families. The interviews focused on how staff assisted clients to ‘get through’ homelessness and other life challenges, and also explored their meaning making around ‘family’ and ‘resilience’. Interviews took approximately 45-60 minutes to complete and were audio-recorded with the permission of each participant. They were then transcribed by a professional transcription company and analysed using descriptive thematic analysis as outlined by Braun and Clark (16). As with the narrative interviews, the analysis started with an enquiry around how participants described ‘getting thru things’. Transcripts were initially coded around descriptions of adversity and client responses, as well as accounts of how staff assisted clients in getting through these situations. Thematic analysis was then undertaken on these excerpts.

## Cross-sectional Survey

### PARTICIPANTS AND RECRUITMENT

All clients attending one of the services provided by the MAC-K were eligible to participate in the study. This included participants with a range of housing circumstances. Participants that were currently residing in transitional housing or who were sleeping rough, in improvised dwellings such as cars or were couch surfing or doubled up with other families were classified as homeless. All other participants were classified as housed. Participants had to have the capacity to provide informed consent and to tolerate an hour-long survey asking about personal experiences. Participants with mental health problems were not excluded so long as their symptoms did not impede their ability to provide consent or tolerate the survey questions.

Potential participants were recruited via a number of strategies.

- Posters placed in the waiting area of the MAC-K that directed potential participants to contact a member of the research team or ask for further information from their support worker.
- Attendance by the researcher at support groups (e.g. Young Parents Network) where they were introduced to potential participants by the group facilitator. This provided an opportunity for the research to be explained and any questions answered. Study information sheets were then left with potential participants to consider the study before making a decision about their involvement.
- Transitional housing caseworkers distributed the study flyer to their clients and asked if they would be interested in being introduced to a member of the research team to discuss their

participation. The researcher would then meet with potential participants and organise a time to conduct the interview if agreeable.

- When appropriate (i.e. not during crisis visits), the Intake Officer would also introduce the researcher to new clients who were interested in potentially being involved. A member of the research team was co-located at the MAC-K a few days a week so to facilitate these introductions.

Despite these strategies, recruitment was slow and the target sample size of 60 (30 per participant group) was not reached. The final sample size of 43 participants represents just 14% of the total MAC-K client population during Jul-2016 to Jun-2017. The practicalities of participating were difficult for many families with competing commitments such as school and health and housing appointments. While every effort was made to fit the research around participants' schedules (including the provision of child care and the offer of home visits), it was often the case that clients agreed to participate only to miss or cancel their appointments due to changes with other commitments or mishaps with transport. It is also possible that some participants simply changed their mind, or that participation in a study of this size was beyond their capacity given all of the other stressors they were experiencing.

Table 3 shows the demographic profile of participants in the total sample and compares those that were classified as homeless versus housed. The majority of participants were female (with just five participants who were male), which is similar to the client population of the MAC-K. The mean age of participants in the total sample was 32 years. Participants in the homeless group were older on average compared to those in the housed group. This difference can also be seen in Figure 1 which compares the proportion of housed and homeless participants across different age categories. Almost half of the housed participants were aged 24 years or younger whereas the majority of the homeless group were aged 25-45 years. Most participants were born in Australia and spoke English at home; however, both of these characteristics were more common among the housed group relative to the homeless group. Aboriginal people accounted for less than one-fifth of the sample, with similar proportions in the housed and homeless groups. This is substantially lower than the 61% of the client population that identify as Aboriginal.

Table 3 Demographic characteristics of survey participants (n=43)

	Housed (n=24)		Homeless (n=19)		Total sample (n=43)	
	n	%	n	%	n	%
<b>Female (%)</b>	20	83.3	18	94.7	38	88.4
<b>Heterosexual (%)</b>	23	95.8	16	84.2	39	90.7
<b>Mean age (years)</b>	31 (range: 18-52)		34 (range: 21-48)		32 (range: 18-52)	
<b>Australian born (%)</b>	21	87.5	15	78.9	36	83.7
<b>Speak English at home (%)</b>	20	83.3	12	63.2	32	74.4
<b>Aboriginal person (%)</b>	4	16.7	3	15.8	7	16.3
<b>Ever married or de facto (%)</b>	19	79.2	15	78.9	34	79.1
- <b>Median number of times</b>	1 (range: 1-13)		2 (range: 1-4)		1 (range: 1-13)	
<b>Ever had children (%)</b>	23	95.8	17	89.5	40	93.0
- <b>Mean number of children</b>	2.5 (range: 1-5)		3 (range: 1-6)		2.8 (range: 1-6)	

Overall, there were similar proportions of housed and homeless participants that had either been married or had lived as a de facto with another person. In the total sample, half the participants had

only ever had the one live-in partner. Comparing the two groups, 63% of housed participants and 40% of homeless participants had just had the one partner. One participant in the housed group reported having 13 different live-in partners over their lifetime. Finally, participants had given birth to or fathered between one and six children. The most common number of children among parents in the homeless group was three, whereas there were almost equal proportions of parents with two and three children in the housed group. Moreover, a greater proportion of housed parents had a single child compared to homeless parents.

Figure 1 Age distribution of survey participants in the housed and homeless groups (n=43)

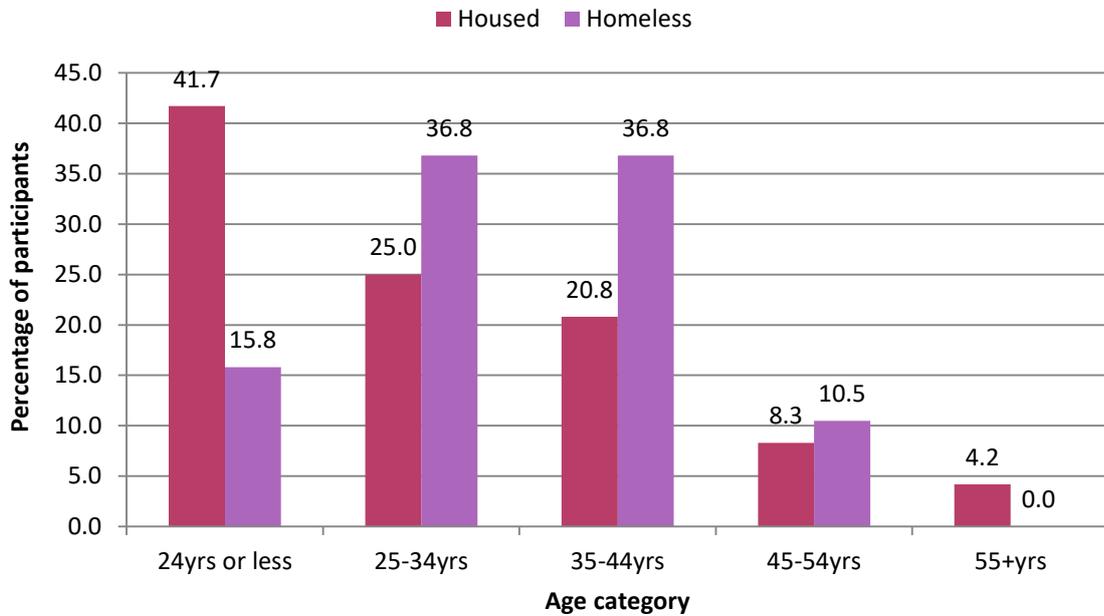


Figure 2 Number of children among the housed and homeless participants (n=40)



## SURVEY PROCEDURE

The survey was conducted face-to-face with participants to ensure comprehension of survey measures and manage the potential for psychological distress. Most interviews were conducted either at the MAC-K or at one of the community locations where MAC-K provided its services. A small number of surveys were conducted in the participant's home if transport was an issue. Regardless of location, all surveys were conducted in a private location to ensure confidentiality.

Written consent was obtained from all participants at the beginning of the survey and all participants were reminded that they could decline to answer a question or withdraw from the study at any time. Each survey took approximately 45 to 60 minutes. Most of the survey was conducted using a tablet however some measures were required to be completed using paper and pencil (Social Problem Solving Inventory and Social Network Analysis measure). The survey was designed to be interviewer delivered however some sections could be self-completed. At the completion of the survey all participants were offered a \$30 grocery gift card to thank them for their participation. The value of the reimbursement was increased to \$50 toward the end of the research to assist participants with limited contact with the service to participate. The increased value covered the additional costs of attending the service to participate in the research outside of any appointments or support services provided by the MAC-K.

A distress protocol was in place to manage any psychological distress that might arise from participation in the survey. All participants tolerated the survey well and thus the protocol was never enacted.

## SURVEY MEASURES

The survey comprised a number of measures across five domains. These are described below.

### 1. Homelessness and housing instability

- **Housing stability:** These items were designed specifically for the study and asked about self-perceived housing stability and safety, along with the number of residential moves in the past year and the reasons for these, and the expected duration of stay in their current accommodation.
- **Lifetime homelessness:** These questions were adapted from the Journeys Home baseline survey (17). A range of homeless situations were presented to participants who then indicated whether or not they had experienced each circumstance. More detailed questions were then asked about the number of times they had experienced any of these situations as a child and as an adult, the age of their first and most recent experiences of homelessness, and the type of support services they accessed when they became homeless.

### 2. Poverty and material hardship

- **Cantril Self-Anchoring Scale:** This scale is a measure of self-perceived hardship and is highly correlated with indices of poverty (18). It provides a pictorial presentation of a ladder where zero is at the bottom, representing the worst possible life and ten is at the top, representing the best possible life. Participants were asked to choose a number on the ladder for (i) how they perceive their current situation and (ii) where they see themselves after five years. The ratings were categorized in three distinct groups – thriving, struggling and surviving.
- **Economic resources** – A series of questions asked about participants' level of education and current training; employment including job changes and stability of hours worked; household income and number of financial dependents; and debt and savings.

- Service utilisation – This question recorded the types of services accessed by participants in the past month and their current preference for support services.

### 3. Households and family

- Household composition – This section asked about the size and composition of participants' current household, whether this was the same as 'family', and the number of children who may be living away from the household.
- Family Adaptability and Cohesion Evaluation Scale (FACES-IV) was used to measure family cohesion and flexibility (19). For the present study, an instruction was provided to participants to think about their current family, that is, the family they had created as an adult. While the FACES-IV sub-scales have been shown to measure the same characteristic of family functioning across different family types, the level of each characteristic differs for current family versus family-of-origin (20). Thus it was important that all participants were thinking of the same family type when answering these questions. Further details about this measure can be found on page 27.

### 4. Social functioning

- MOS Social Support Scale – This is a 19 item self-administered questionnaire that measures perceived support across four domains - emotional/informational support, tangible support, affectionate support, and positive social interaction. Scores can be generated for each domain as well as a total social support score. This has demonstrated good reliability and validity (21).
- Social Problem Solving Inventory: This is a 63 item self-administered questionnaire that measures global problem solving ability for problems that occur in the 'real world'. There are 5 sub-domains measuring how an individual orients to a problem and how they approach or respond to the problem. The scale demonstrates good validity and reliability (22).

### 5. Adversity and resilience

- Resilience: The Connor-Davidson Resilience Scale (CD-RS) was used to measure resilience. This is a 10 item self-administered questionnaire that generates a single score with higher scores reflecting higher levels of resilience. This measure has been used with a variety of populations including some disadvantaged groups (23) and demonstrates good reliability and validity (24).
- Trauma experiences: Exposure to potentially traumatic events was measured with the 13-item Stressful Life Events Screening Questionnaire (25). This was modified to exclude the onset and recency questions for each event to shorten the time taken to complete this instrument; onset and recency items were instead included at the end of the instrument to ascertain first and last exposure to any event.
- Psychological distress: Two measures were used to measure current levels of distress experienced by participants. The Distress Questionnaire 5 is a 5-item measure of psychological distress developed from an Australian general population sample (26). The Intolerance of Uncertainty Scale – Short Form (IUS-12) is a 12 item self-administered questionnaire that measures an individual's desire for predictability and capacity to cope with uncertain situations (27). Both measures have demonstrated good validity and reliability although neither has previously been used in a homeless population.

## Strengths and limitations of methodological approach

A mixed methods study has the benefit of bringing together different types of knowledge to understand a single topic. This is particularly useful for complex social problems such as homelessness and also where there is lack of documented knowledge about a phenomenon or practice. However it does provide challenges in terms of resources (e.g. skill set of personnel) particularly where the methods need to be undertaken sequentially (rather than concurrently) as in the present study.

When the findings from qualitative and quantitative evidence converge, this strengthens the findings of either approach alone. This is especially useful when the design of each component may not by themselves provide the best level of evidence. Qualitative accounts can also be used to provide context to quantitative findings and in this way help to elucidate how experiences are related over time. Overall, the quantitative and qualitative findings in the present study come together with little divergence<sup>1</sup>.

The narrative interviews with client participants were a safe approach to discuss potentially distressing and traumatic lives. It allowed participants agency to define the starting point of their narrative and to work backwards or forwards from this point, depending on what most made sense to them. This aspect of working narratively gave participants a sense of control over the pace and content of the interview and provided insight into the way participants organised their life story. Field notes documented how it also enabled rapport building and promoted a sense of ownership in the research process; this was evidenced by the sense of pride observed in many of the participants which grew over the course of the interview as the timeline was constructed and discussed. This is an important knowledge perspective if we are to produce research that will inform a client-centred approach, part of which involves services and practitioners coming to where the client is at. The drawback is that such interviews are time-intensive and this restricted the number of interviews that could be undertaken for the present study.

The staff interviews allowed us to tap into the expertise developed over several years working with homeless and disadvantaged families. While some staff had experiences in other organisations, their stories are shaped to some extent by the organisational structure and processes of Mission Australia. There may be other ways of working and this would mean interviewing professionals working in similar roles in other organisations. Thus, this project is limited to understanding the collective knowledge and expertise inherent within the MAC-K. This is not necessarily a problem for the present project where the objective was to develop a better understanding of how to work with disadvantaged families from a resilience perspective. Finding the commonalities and differences in how staff worked to support clients helped to create a tool that was relevant and applicable across the different settings within which MAC-K staff work. It does however mean that the findings may not be directly applicable to other organisations working with homeless families – although we would hope that sharing these findings helps in some way.

Finally the cross sectional survey allowed us to see how prevalent homelessness was among families commonly viewed as an 'at risk' group. It also allowed a comparison of factors across families that were homeless and those that weren't. However, as a cross-sectional study, this does not allow us to say anything about causality. That is, the finding that a particular risk factor – for example social support – is more common among the homeless group does not mean it causes homelessness. It could equally be the case that homelessness causes a loss of social support. To answer this question we would need a longitudinal study where we could measure social support and homelessness in a group of disadvantaged families and observe how these two things changed over time. Nonetheless, a cross-sectional study does allow us to compare the profile of families in different states of homelessness and

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<sup>1</sup> The findings for social support were the exception – see page 51.

housing. It can provide information on the nuanced differences within a population that is considered structurally to be at risk of homelessness. Understanding these differences can help shape prevention and early intervention programmes as well as identify those factors that need to be addressed once someone is homeless.

The final aspect that needs to be mentioned is the small sample size for the survey. As discussed above, a number of strategies were used to maximise recruitment and the research team worked in partnership with the MAC-K staff to achieve this. The sample size of 45 restricts the type of analyses that can be undertaken on the survey data. Thus much of the quantitative data contained in the report is descriptive. While simple correlational tests were undertaken wherever possible, the more sophisticated modelling of multiple relationships (e.g. types of social support, resilience and poverty) were not possible. This also restricts what can be said about the factors that differentiate disadvantaged families that are housed or homeless. As previous literature and the qualitative findings attest, it is the constellation of risk and protective factors occurring together that results in the risk of homelessness becoming a reality.

## Poverty and material hardship

Given a primary aim of the study was to explore resilience among disadvantaged families, it was important to document the experiences of poverty and material hardship among the sample. Poverty is a difficult construct to measure so a number of indicators were used to describe the breadth of the experience in the survey. Objective measures included participants' level of education and training, their household income and number of financial dependents, savings and debt, and use of services to supplement income. A subjective measure of hardship was also included in the survey.

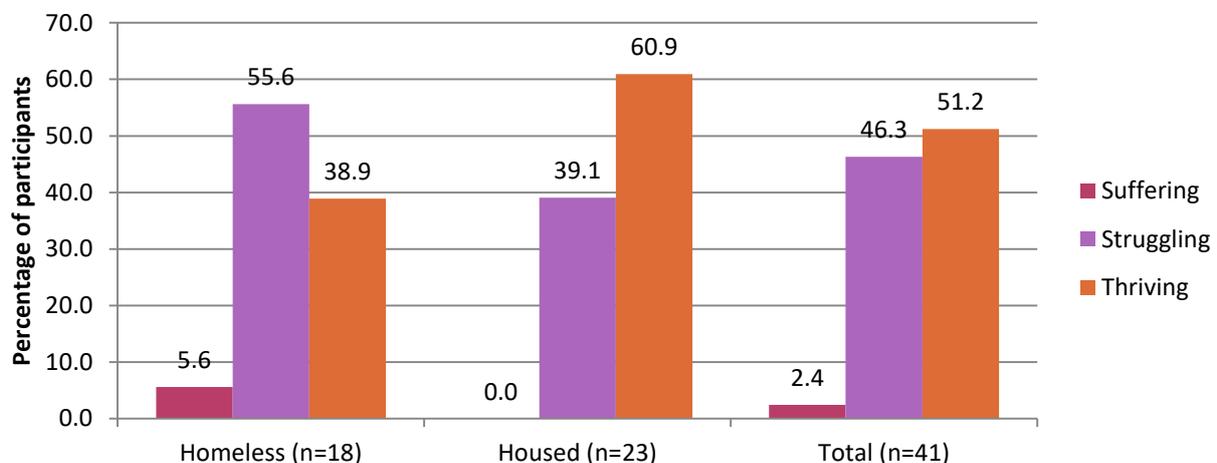
Poverty and material disadvantage was not identified as a strong theme running through the narratives of participants. It was primarily discussed in the context of family, such as negotiating and managing finances for the needs and wellbeing of children. It was also discussed in relation to housing such as obtaining financial independence from extended family and moving into your own space. Two participants, both of whom had never been homeless, specifically mentioned financial insecurity. For one participant this involved bankruptcy to clear debt accrued from credit card use while for another it was about superannuation not being sufficient for the family to retire on.

The sections following rely mostly on the survey data however wherever possible, the qualitative data is drawn upon to provide context.

### Self-perceived hardship

The Cantril Self-Anchoring Scale was used to obtain an overall measure of self-perceived hardship among survey participants. Participants were classified as thriving if they had a positive view of both their present and future circumstances. Figure 3 shows that about half of participants were classified as thriving, but a higher proportion of these participants came from the housed group. Few participants were classified as suffering which is defined as those that gave poor ratings for both their current and future lives. The remaining participants were classified as struggling. This category comprised participants who had mixed or inconsistent views of their present and future life. Within this category in the housed group, all participants (apart from one) envisioned their future life as positive regardless of their current appraisal. Among the homeless group, seven of the ten participants in the struggling category rated their future life as positive – despite most giving a poor rating of their current circumstances. Across the entire sample, 54% rated their current life as positive and 78% envisioned their future life as positive.

Figure 3 Self-perceived hardship – current and future circumstances (n=43)



Participants' sense of their future was also explored in the narrative interviews (n=13). Aside from one participant, all had a clear sense of their future which they expressed as: a happy life, staying together

as a family, children’s wellbeing, and attaining a job and their own home. For some participants there was a sense of optimism in their vision for the future. This was evident despite their narration of a challenging life thus far that involved a heavy reliance on government support, children with disabilities and health problems, and childhood experiences of family conflict and breakdown. These participants articulated an ambition for their family to stay together and of having a happy life. For example, Megan talked about what she wanted for her children’s future describing a family life that she had never had herself as a child. She summed her future aspiration as:

*I suppose the one word out of all this is just happy and content – or two words, happy and content.*

[Megan]

For a few participants, there was sense of difficulty in achieving what they wanted for their future but also a steadfast commitment to moving forward:

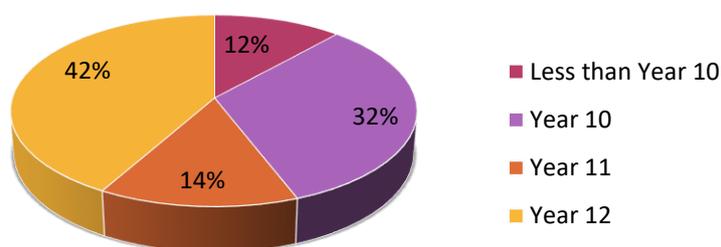
*Um, I’ve always wanted a home, yeah. And um, but I’ve just got to, I don’t know, hope, do my best, and you know, I can’t sit around and expect it, I’ve just got to do, do my bit, so the career change and into nutrition, um, yeah, just seeing things in a new, a new vision, that’s all. And just go with it. Yeah.*

[Tina]

## Education and training

The majority of survey participants had completed a minimum of ten years of schooling; only a small proportion (12%) did not complete Year 10. This is shown in Figure 4. The mean age of participants when they first left school was 16 years – 21% first left school prior to this age, 30% left school at age 16 and the remainder were aged 17-19 at the time they left school.

Figure 4 Level of schooling attained by participants (n=43)



A number of participants had achieved a post-school qualification, with 54% gaining a trade certificate or similar and 5% gaining a university degree. A number of participants had also received lower level certificates (16%).

In terms of current education and training, 23% of participants were enrolled in a course of study at an educational institution. This included 7% who were enrolled at a university, 9% who were enrolled at TAFE or technical college and 5% at a business college. Nine percent of participants were studying their course full-time.

## Financial circumstances

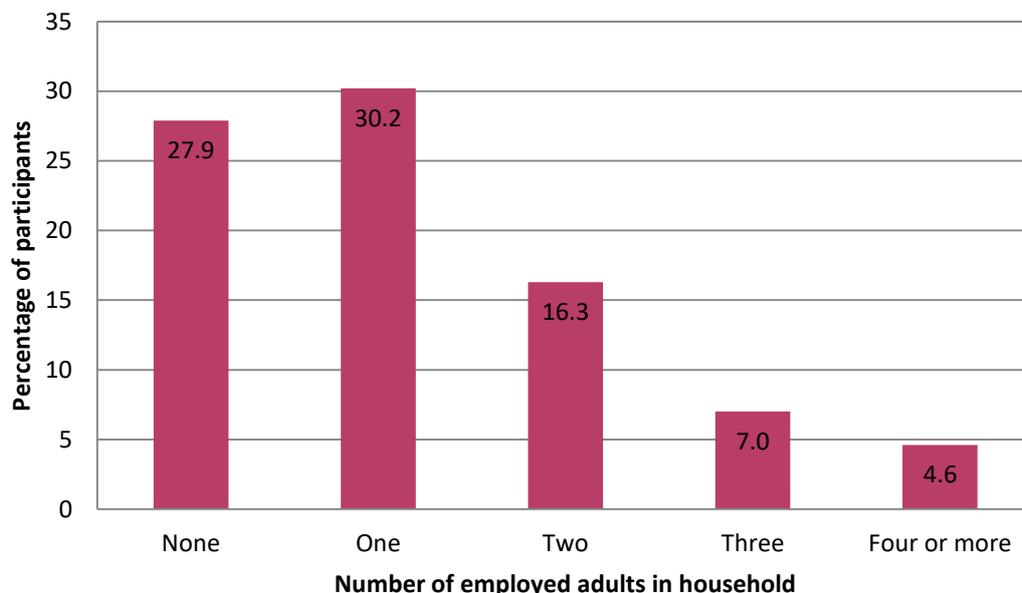
### EMPLOYMENT

One-third of participants (35%) were classified as not in the labour force (NILF) and this likely relates to caregiving roles with their young families. Just two participants were employed (5%) and approximately one-third (30%) were classified as unemployed. A further 25% were considered marginally attached to the labour force; that is, they were not currently looking for work but were available to work if a job came along. Twelve percent of participants worked 1-2 days in the past week and 9% had worked 3 or more days in the past week; otherwise participants had not worked. Looking at the preceding six months, 70% had no work at all. Among the remaining participants, 12% had worked the full six months, 9% had worked 3-4 months and 9% had worked 1-2 months. For the majority of these participants, they had worked at the same job during that period but almost 12% had worked two or more jobs over this period. Overall, this data suggests that most people are not involved in employment however those that are tend to have some consistency with their employment even if this is predominantly part-time hours.

Additionally, most participants had longstanding connections to the labour force. Only one participant had never had a job. The largest proportion of participants (40%) obtained their first job when they were 15 or 16 years of age and a further one-third (33%) obtained their first job prior to age 15. In contrast, ten percent of participants did not hold their first job until they were at least twenty years of age.

If we consider other adults in the household who might be working, just over one-quarter lived in a household where there were no adults that worked. Approximately one-third of participants lived in households where just a single person was employed. This is shown in Figure 5. Sixteen percent of participants lived in households where two people were employed and 12% lived in households with three or more people employed.

Figure 5 Number of employed adults in each household (n=37)



In the narrative interviews with clients, participants talked about finding ways to negotiate work with parenting. There were accounts of stopping work before childbirth and re-entering the job market while children were quite young. Going back to work was viewed positively because it provided participants with more money and as a consequence, greater independence. However, it also meant being away from children and the trade-off between providing financially for their children versus

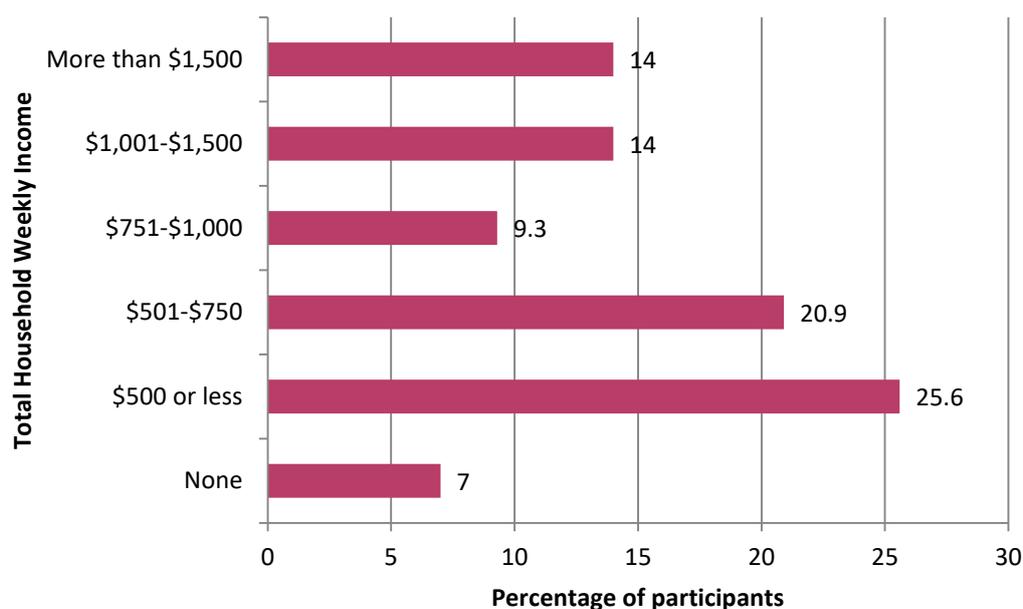
other important aspects of parenting. Thus many participants talked about wanting to find jobs that fit with their caring responsibilities.

Working did not always bring sufficient funds to sustain a family. Relatedly, the type of work participants were involved in (i.e. hospitality or retail) did not suit all participants with some finding it emotionally draining. A number of participants were entirely dependent on their partners for income, and for some this was not an acceptable situation but they were finding it difficult to get back into the workforce.

### HOUSEHOLD INCOME

Consistent with the reporting of employment, the majority of participants (63%) were not receiving money in the form of wages or salary. However, 81% of participants received some income every fortnight in the form of government pension, benefit or allowance. One-quarter of participants (25%) were also receiving child support payments. None of the participants were receiving income from superannuation, workers compensation or other sources. The average weekly income of participants (before tax or other payments were taken out and including all income sources) was \$571, however this ranged from \$185 to \$2350 per week. The different income amounts of participants are shown in Figure 6. It can be seen that the almost half the participants (47%) were living on \$750 per week or less compared to 37% whose household income was higher than this<sup>2</sup>.

Figure 6 Total household weekly income among participants (n=43)



When examining income, it is also important to consider outgoing expenses. Not counting the three participants without children, participants had an average of two economic dependents, that is, someone who relies on them for financial support. Additionally, one quarter of participants (25%) provided some form of support to at least one child who was under 18 years of age and lived outside the household.

### SAVINGS AND DEBT

Approximately one-quarter of participants (26%) had savings of up to \$500 in case of an emergency. Among these participants, only two were employed however none of the participants with savings were entirely reliant on government benefits. For most of these participants, there was another

<sup>2</sup> NB Seven percent of participants lived in households with no income and nine percent had missing data.

member of the household earning income in the form of wages or salary and the others were in receipt of child support payments from a partner.

Approximately two-thirds of participants (67%) had asked to borrow money from family or friends in the past year. This included 5% that had asked to borrow money but their family or friends refused. Nine percent had already paid back the amount in full, 23% were in the process of paying it back, and 9% were unable to pay back the loan. About one-fifth (21%) of participants were not expected to pay back the debt.

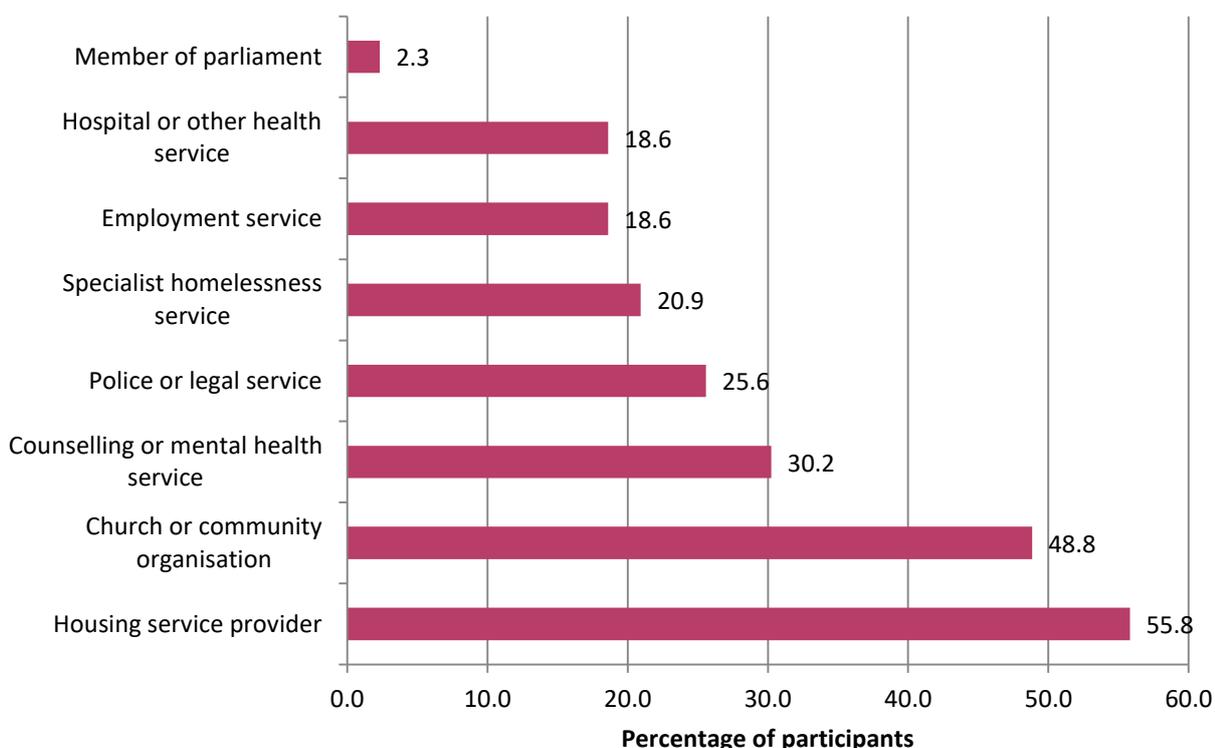
Approximately one-third of participants (33%) had not sought any financial support from family or friends in the past year. This was predominantly because these participants did not require any financial assistance (23%). The remaining participants stated that they were either uncomfortable in asking for assistance (2%) or their family/friends were unable to provide any financial support (7%).

## Reliance on support services

Participants were asked about their use of services in the past month. This is shown in Figure 7 below. A little over half of the participants (56%) had sought assistance from housing services and 21% had accessed support from a homelessness service. Approximately one-half (49%) had accessed support from a church or other community organisation. Help for a physical or mental health problem was sought by 49% of participants. Some participants also sought assistance from police and legal services and employment services.

Participants were also asked about the type of service they would like to have in an ideal world. Participants responded that they desired to have 'cheaper education', 'child support for mothers who are studying', 'counselling services and advocacy for children', 're-education of single parents', and financial help.

Figure 7 Types of services accessed by participants in the past month (n=43)



## Summary

Table 4 compares housed and homeless participants on a sub-set of poverty indicators. Overall, the group that was currently homeless appeared to be in a more disadvantaged position based on several objective measures of poverty.

Compared to the homeless group, although a higher proportion of housed participants had initially left school before age 16, more of them attained their Year 12 qualification indicating some had returned to complete their studies. Similar proportions of the housed and homeless participants had gained a trade or other certificate-level qualification. However some of the housed participants had university degrees which meant overall, more of them had a post-school qualification.

Although similar proportions in the housed and homeless groups were single income households, a greater proportion of the homeless group were entirely reliant on government benefits for their income. Fewer homeless participants had been recently employed, although those that had been employed worked for a similar number of weeks in the past six months as the housed participants. Compared to the homeless group, a greater proportion of the housed group had \$500 savings and fewer were in debt to family or friends.

Not surprisingly, more participants in the homeless group had accessed housing or homelessness services in the past month but similar proportions had sought assistance from church or other organisations. More housed participants had accessed support for physical or mental health problems compared to participants in the homeless group.

Table 4 Comparison of poverty indicators among housed and homeless participants (n=43)

Poverty indicator	Homeless (n=19)	Housed (n=24)
Self-perceived hardship: proportion 'thriving' (%)	38.9	60.9
Proportion first left school before age 16 (%)	15.8	25.0
Proportion with Year 12 school qualification (%)	36.8	45.8
Proportion with no post-school qualification (%)	31.6	20.8
Proportion of single income households (%)	31.6	29.2
Proportion of households entirely reliant on government benefits for income (%)	47.4	25.0
Proportion employed in past 6 months	36.9	41.7
- Median number of weeks worked in past 6 months	8.0	7.5
Proportion employed in the past week (%)	10.6	29.2
- Median number of hours worked past week	25.0	5.5
Proportion with \$500 savings in case of emergency (%)	10.5	37.5
Proportion that borrowed money and were yet to pay back the amount (%)	42.1	29.2
Proportion that accessed housing or homelessness services in past month (%)	84.2	39.1
Proportion that sought assistance from church or other community organisation in past month (%)	47.4	50.0
Proportion that accessed help for physical or mental health problems in past month (%)	42.1	52.4

## Housing instability and homelessness

The narrative interviews with the client participants demonstrated the ubiquitous experience of housing instability and homelessness, even for those participants that were presently housed and who considered their housing circumstances to be stable. This suggested that homelessness was an ever-present threat for many of the MAC-K clients, regardless of the programme that they were connecting with. The survey data confirmed this finding.

This section first describes participants' experiences of unstable housing and lifetime homelessness. The data is drawn from the survey however qualitative case studies are used to illustrate some sections.

### Housing instability

Although participants were in various accommodation circumstances at the time of being surveyed (including transitional housing for the homeless), the majority perceived their current housing situation as stable (72%). This can be seen in Figure 8<sup>3</sup>. A small number of participants perceived their housing as unstable (21%) or stated they were homeless (7%).

Participants were also asked how much they worried about their housing. As can be seen in Figure 9, about half of the participants were not worried at all (47%). In contrast, 42% of participants had worried about their housing most or all of the time in the past 30 days; while 11% worried a little or some of the past 30 days.

In terms of perceived safety of their current housing, most generally felt safe where they were currently staying. Participants were asked to rate their degree of felt safety on a scale between 1 (worst) and 10 (best); the mean rating reported by participants was 7.7.

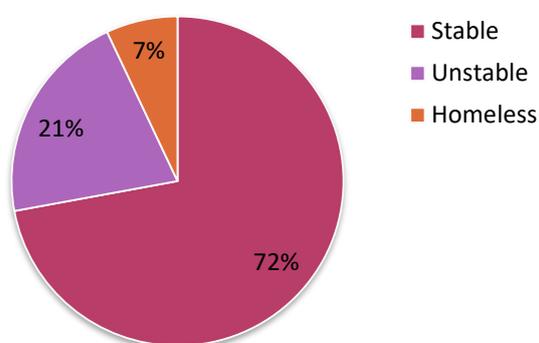


Figure 8 Self-perceived housing stability (n = 43)

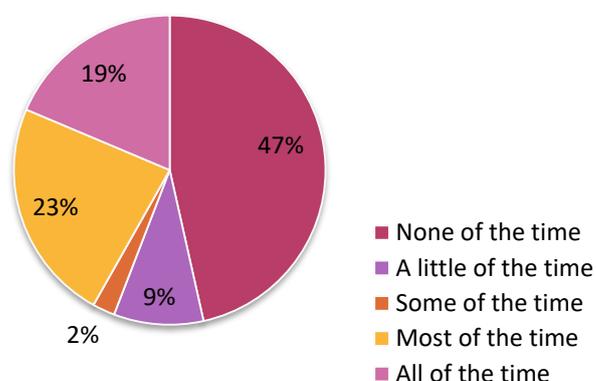


Figure 9 Self-reported housing stress past 30 days (n=43)

Participants were also asked about the number of times they had moved in the past year. Six in ten participants had moved at least once in the past year. Nine percent had only moved once whereas 51% had moved multiple times. On average, the participants that had moved multiple times had made three moves in the past year.

<sup>3</sup> One participant nominated both 'homeless' and 'unstable' to describe their current circumstance; this was recorded as 'homeless'.

Table 5 compares the above findings for the housed and participant groups. It shows more participants in the housed group perceived their current circumstances as stable and fewer participants worried about their housing compared to participants in the homeless group. While both groups reported frequent moves over the past year, this was more common among the housed participants compared to the homeless participants. This highlights the precarious housing positions that many of the participants were in and the potential for homelessness among the currently housed.

Table 5 Comparison of housing instability among housed and homeless participants

Housing/homelessness indicator	Housed (n=24)	Homeless (n=19)
Proportion self-perceived housing stability (%)	87.8	52.6
Proportion worried about housing most/all of the time (%)	25.0	63.1
Proportion moved 2+ times in past year (%)	83.3	63.2

The reason for participants' last move is shown in Table 6. The two most common reasons reported were: i) that family circumstances had changed which necessitated a housing move; and ii) having difficulty keeping up with house/rent payments. This was followed by a lease or support period not being extended, wanting to be closer to family, and being asked to leave because of a disagreement or conflict. Only one participant had worn out their welcome or moved to be closer to family activities.

Table 6 Causes of moving to a new place (n=26)

Reason for moving	n	%
My family circumstances changed (e.g. children moved back in) and the accommodation was no longer appropriate	5	19.2
I was unable to keep up with the rental/mortgage payments.	5	19.2
I came to the end of my current arrangement and it couldn't be extended (e.g. end of lease or support period)	4	15.4
To be closer to family.	3	11.5
I was asked to leave because of a disagreement or conflict	3	11.5
Myself and/or my family weren't safe there.	1	3.8
I had worn out my welcome and decided to move on	1	3.8
To be closer to my children's school or their other activities (e.g. sport)	0	0

## AVOIDING HOMELESSNESS

There were four narrative interview accounts that did not involve homelessness. Each of these participants had longstanding experiences of stability even if there were stressful or traumatic life events that had occurred. Typically this stability occurred in the form of family relationships that were dependable and able to provide a range of supports such as emotional and material support as well as advice and information.

Peter, an older participant, avoided homelessness as he was able to access public housing at a time when he had to stop working to look after his wife and three children. Prior to this, he had both a property and savings however life circumstances (family health problems) meant these assets were eroded over time. Although he had been living in the same property for the past 13 years he described his housing position as unstable because of the threat of redevelopment of government housing. He was also the sole provider for his family and this financial precariousness was strongly linked to his

perceived housing instability. Overall though, he had a safe housing position and was able to work to support his family. He also had a stable upbringing with strong family role models who demonstrated coping skills in the face of adversity (e.g. death of a sibling, mental illness of his mother).

The housing instability for two of participants was minimal and more about a delayed exit from their family home after becoming young parents. This delay appeared to be related to their young age, and the associated difficulties in obtaining a rental property on a low income and without a rental history. Both of these participants were well supported by their mothers, and one described a scaffolded entry into independent housing with CentrePay set up to ensure rent and utilities were paid on time.

For one young woman, her housing instability was more extensive and linked to relationship breakdown and being dependent on extended family for financial support. She did however have a strong support network to help during times when she needed temporary places to stay or to move into a new place. This participant's story is relayed below.

### HANNAH: HOUSING + RELATIONSHIP (IN)STABILITY

*Hannah* was a single mother with a new partner and was living in a two bedroom private rental with her three year old son.

Hannah grew up with both parents until they separated when she was 11 years old. Her brother moved out with their father and she remained at home with her mum. The separation was difficult and there was significant conflict between her parents during the divorce period. Hannah moved in with her grandparents to get away from the conflict and focused all of her energies on her school work. Hannah describes this as a period of personal growth. The trust and support of her grandparents meant she made new friendships and made a few mistakes and this helped her to discover who she was. Once the divorce was finalised, Hannah moved back in with her mum. She describes this as an opportunity to develop a different relationship with her mum. The time apart had given them both the space to find out who they were.

Hannah finished school and moved to Queensland with a boyfriend. Initially things were going well – Hannah was studying and working and enjoying both. However her partner became increasingly controlling and violent. After a weekend away with her partner, Hannah was feeling particularly unsafe and contacted a friend who came over and helped move her out. Once again, Hannah found herself living with her mum for a short period before moving into a share house when she started at university to study music.

Hannah started travelling with her band, going on tours and then returning to live with her dad in between. She also started a relationship with a band member and became pregnant when she was 22 years old. She describes this as a shock and while she attempted to adjust to the new role of becoming a parent, her partner continued to live the 'bachelor lifestyle'. Touring stopped however and they moved into a granny flat at her in-laws' place. This lacked privacy however, so they moved into a three bedroom house just before her son was born. There were significant issues with the property (e.g. leaking water and damp), so they moved again when her son was about six months of age. Both properties were not far from her in-laws who visited a lot. Along with her partner's reluctance to give up the partying lifestyle, these intrusions eventually wore her down. She described finding it difficult to assert her values and be the mother she wanted to be without support from her partner and space from her in-laws and eventually made the decision to leave. In the initial aftermath of the decision, Hannah stayed in the spare room in the same house 'because I didn't have anywhere else to go'. She soon realised this was an unfeasible situation and with the help of her dad, she moved back in with her mum.

Things were difficult living with her mum again. This time around her mum had a partner, her brother was living there as well, and Hannah had a child. Space and privacy were an issue and there was

conflict within the household. Moving into her father's place wasn't an option as it was too far from childcare and her ex-partner which would have affected access to his son. After six months, Hannah moved into a small granny flat with her son.

Hannah found work and was able to move into a two bedroom property with her son. This was an important move as it meant her son had his own bedroom. She says of this move, 'the apartment was good, I thought it was great because it was the most space I've ever had to myself and it was really something that I did on my own.' Helping her during this time was her new partner. He helped her move into the granny flat and then move out into the apartment. He also helped out with furnishings, buying a table and a couch. Hannah acknowledges that 'I probably would have been worse off without him.'

Hannah is looking toward the future, focused on developing her career and creating a family with her partner. She still holds some reservations though, explaining that it took some time for her settle into her new place 'because um I just felt a bit afraid that everything was going to fall to pieces, like I had gotten so much of what I wanted that it would just all go down the drain at any minute.' She has however developed a greater appreciation for family and her contact and connections with extended family are her priority going forward.

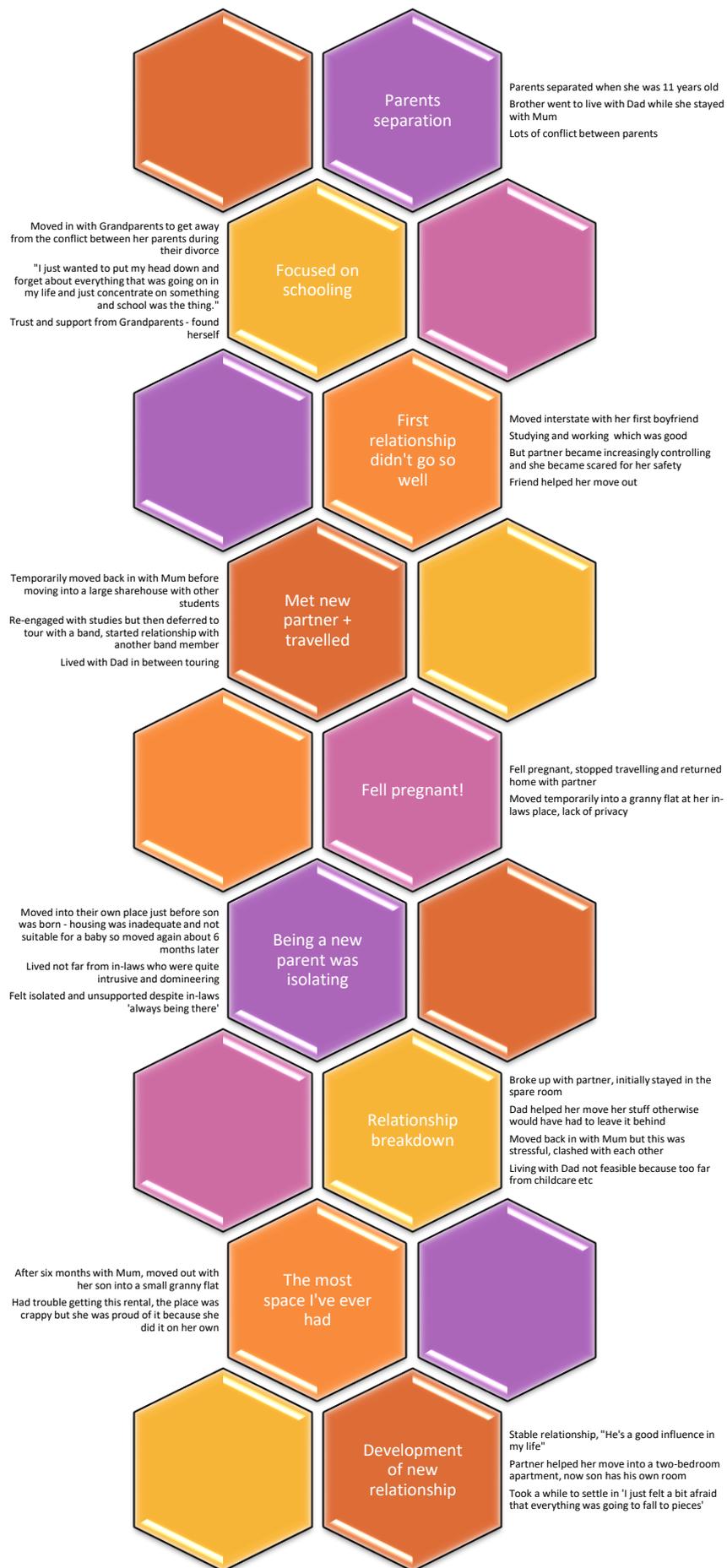


Figure 10 Case 1: Hannah's pathway through housing instability

## Experiences of homelessness

Homelessness was a common experience among survey participants with 81% of the total sample having experienced homelessness at least once. Among participants in the housed group, 67% had a previous experience of homelessness with most being homeless just once. In contrast, the majority of participants in the homeless group had experienced homelessness on multiple occasions. This is shown in Figure 11 below.

Figure 11 Number of episodes of homelessness experienced by participants (n=39)

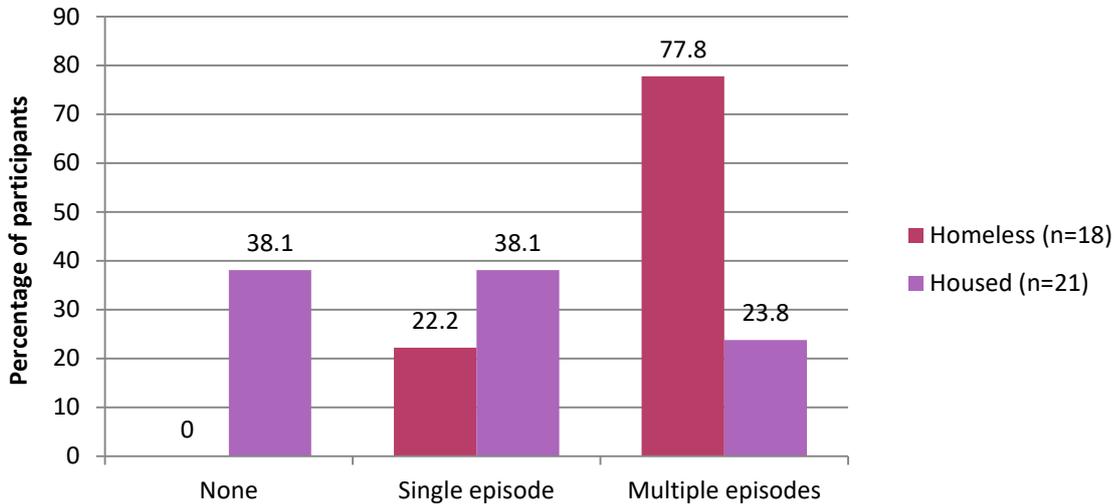
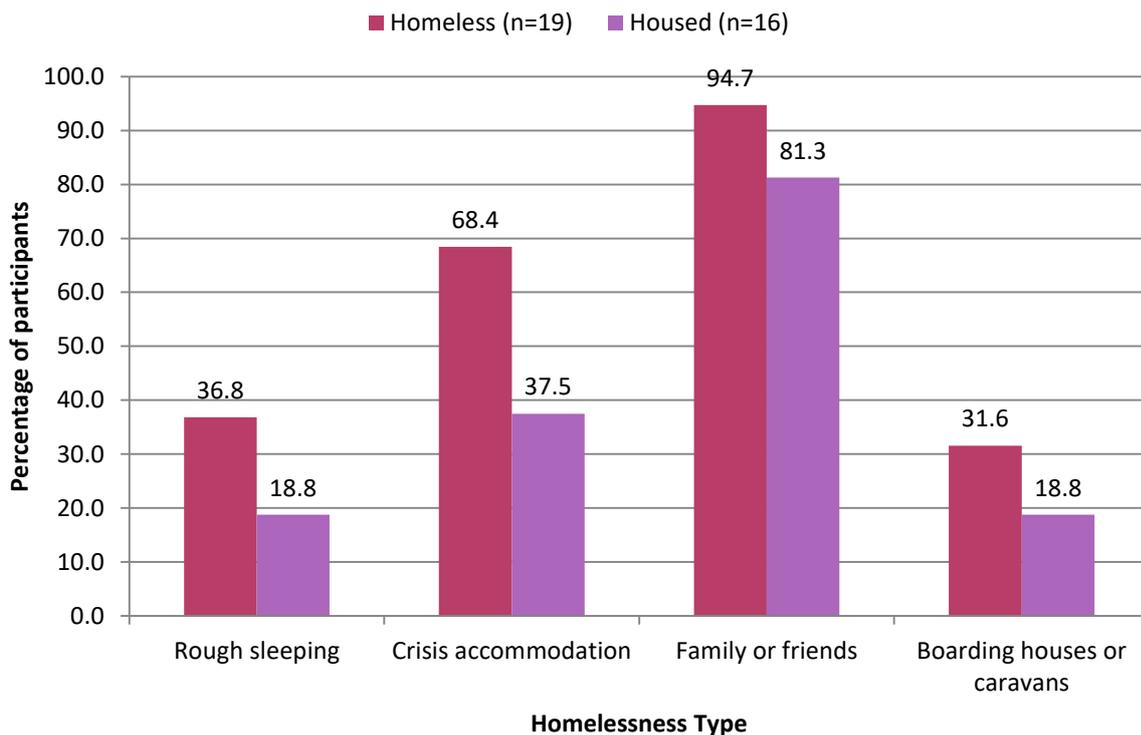


Figure 12 shows the different types of homelessness among those that had ever been homeless (n=35). Staying temporarily with family or friends was the most common type of homelessness. Just under one-third (29%) of participants had ever slept rough, the majority of who were from the homeless group.

Figure 12 Type of homelessness experienced by participants that had ever been homeless (n=34)



Among those that had ever been homeless (n=35), almost half (46%) had their homelessness experiences after turning 18 years of age. Approximately one-third (31%) had been homeless in both childhood and adulthood, while just the one participant (3%) had been homeless in childhood only (i.e. before age 18). This is shown in Figure 13 below. Note: seven participants, all of whom had a history of homelessness, had missing data and could not be classified.

Figure 13 Experiences of homelessness across childhood and adulthood (n=28)

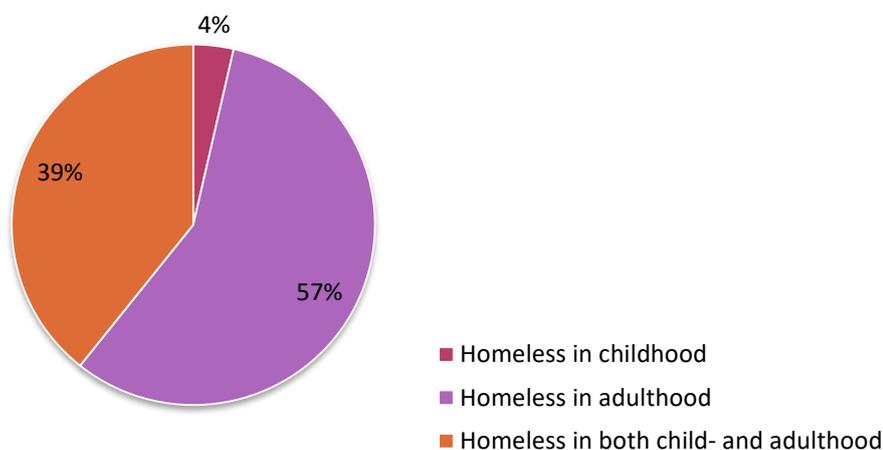


Table 7 compares participants in the housed and homeless groups on their last experience of homelessness. The homeless group were older at their most recent experience of homelessness and all had been homeless in recent years, consistent with their current involvement with a homelessness service. They were also fewer that were homeless in childhood. In contrast participants in the housed group more commonly experienced homelessness in childhood, were younger at their most recent of homelessness, and half had been homeless more than 5 years ago. This finding is consistent with the qualitative data where the housed participants gave accounts of homelessness as adolescents or young adults prior to becoming parents. It should be noted however that almost one-third of the housed group had experienced homelessness within the past 12 months. This underscores the recency of risk experienced even among participants who presently have housing. The final difference between the housed and homeless participants was in the duration of homelessness with the majority of the housed participants experiencing a shorter duration relative to the homeless group.

Table 7 Characteristics of last episode of homelessness among housed and homeless participants (n=35)

	Housed (n=16)	Homeless (n=19)
<b>Proportion ever homeless in childhood (%)</b>	56.3	26.3
<b>Mean age last homeless (yrs)</b>	23.3 (range:1-38)	32.6 (range:19-47)
<b>Proportion last homeless:</b>		
- Past 12 months (%)	31.3	36.8
- 1-5 years ago (%)	12.5	63.2
- 5+ years ago (%)	50.0	0.0
<b>Median duration of last episode of homelessness (weeks)</b>	2.0 (range:0-156)	8.0 (range:0-572)
<b>Duration of last homelessness:</b>		
- Up to 1 month	81.2	36.8
- 1 to 3 months	6.3	42.1
- 3 to 12 months	6.3	5.3
- More than 1 year	6.3	15.8

## FAMILY HOMELESSNESS

This section compares participants that had last experienced homelessness as a single person (n=10) or as a family unit (n=19)<sup>4</sup>. As can be seen in Table 8, there were several differences between the two groups. The family homeless group were older, had a more recent experience of homelessness but a generally shorter duration of homelessness, and fewer had an experience of homelessness in childhood.

Table 8 Recency of single adult and family homelessness (n=27)

	Single person (n=10)	Family (n=19)
<b>Proportion ever homeless in childhood (%)</b>	50.0	42.1
<b>Proportion currently homeless (%)</b>	40.0	63.2
<b>Mean age last homeless (yrs)</b>	23.0 (range:15-41)	31.2 (range:20-47)
<b>Proportion last homeless:</b>		
- <b>Past 12 months (%)</b>	10.0	52.6
- <b>1-5 years ago (%)</b>	20.0	47.4
- <b>5+ years ago (%)</b>	70.0	0
<b>Median duration of last episode of homelessness (weeks)</b>	5.5 (range:0-156)	4.0 (range:1-572)
<b>Duration of last homelessness:</b>		
- <b>Up to 1 month</b>	50.0	57.9
- <b>1 to 3 months</b>	30.0	26.3
- <b>3 to 12 months</b>	10.0	5.3
- <b>More than 1 year</b>	10.0	10.5

The reasons for participants' homelessness are shown in Figure 14. The most common reason among both groups was relationship conflict and breakdown. The family group more commonly cited financial difficulties and family violence and abuse as reasons for their homelessness. In contrast employment problems, physical health problems and substance use were more common among the group of single persons.

Only four of the ten single persons accessed support during their period of homelessness whereas all of the participants in the family group did so. The types of services they accessed were housing and homelessness support, charitable organisations and mental health services. This is shown in Figure 15. Participants homeless as a family had a much higher use of housing services relative to those homeless as a single person. They also sought support from charitable organisations and mental health services more commonly than the single group.

The reasons the single participants gave for not accessing support included not knowing what services were available or being able to find one (20%), services being full and unable to take them (10%) and deciding they did not need the support (30%).

<sup>4</sup> There were 6 participants with missing data and hence these participants were excluded from all analyses

Figure 14 Reasons for single person and family homelessness (n=29)

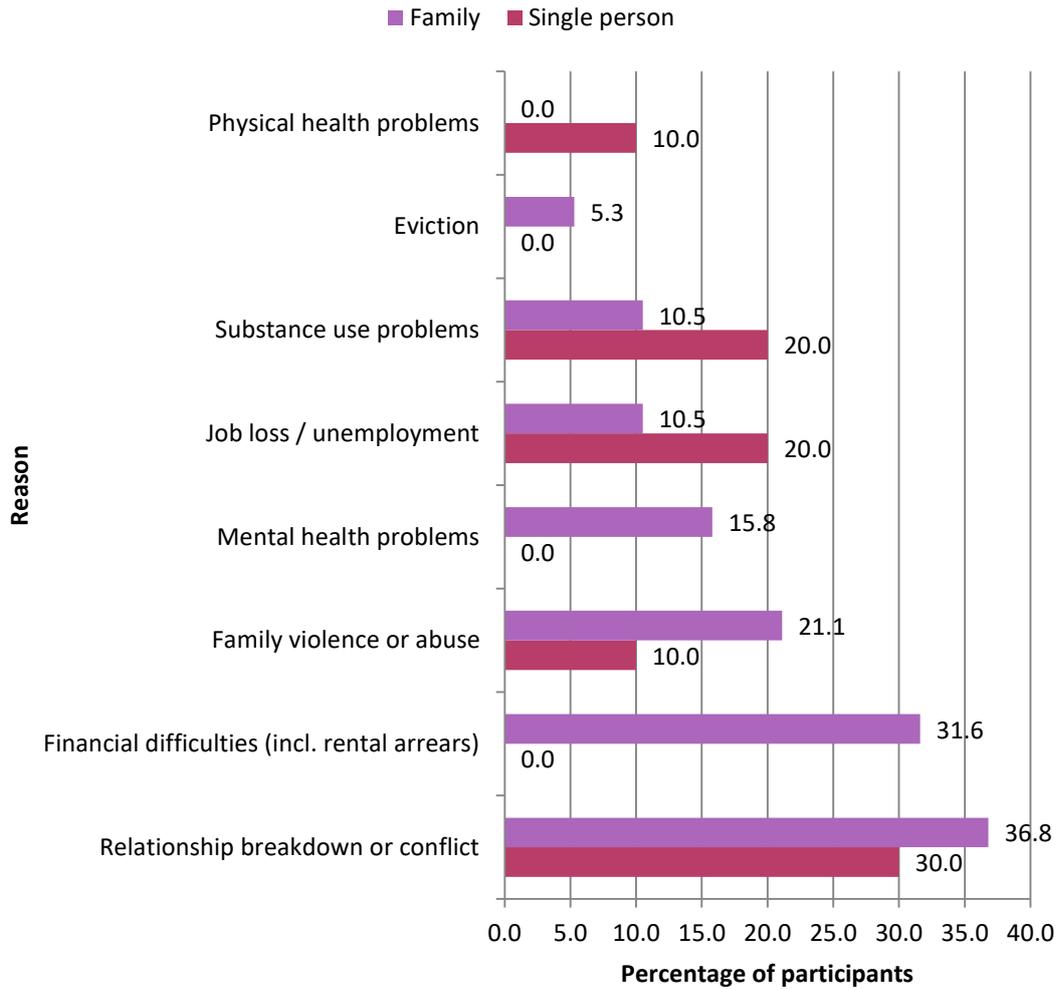
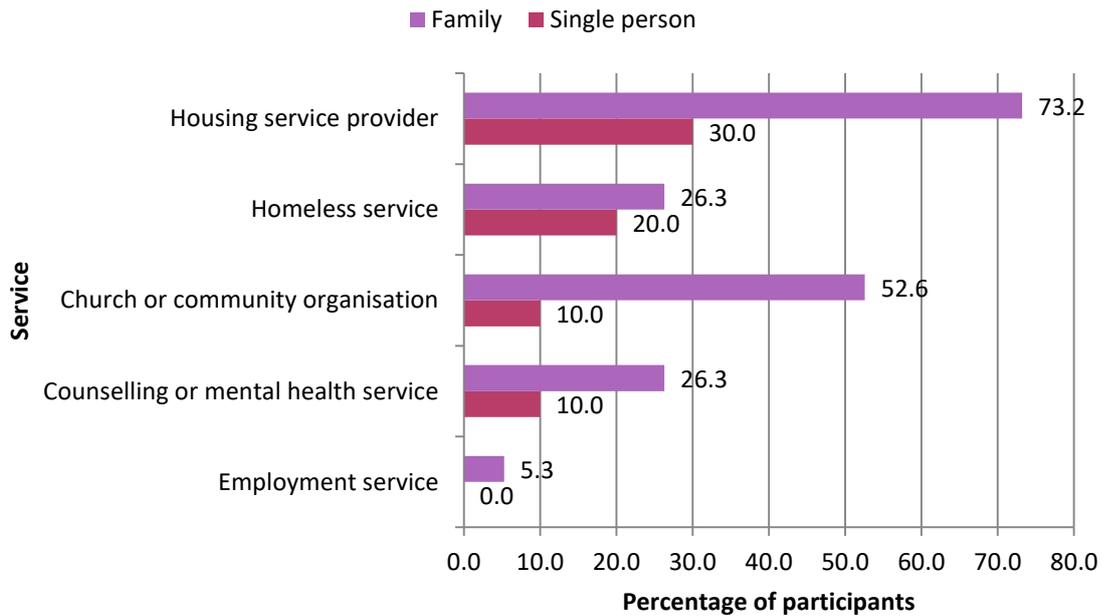


Figure 15 Services accessed during single person and family homelessness (n=29)



## ‘Getting through things’

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*That’s life. Isn’t it nice, eh, what we done, eh, my life story? – Athena*

This chapter integrates the findings from the narrative interviews with clients and the client survey. The findings are organised around the overarching theme of ‘A difficult life, a good life’. Within this theme were accounts of the way in which participants approached life challenges (such as homelessness) and the corresponding measures of adversity and social problem solving contained within the survey. Participants talked about gaining personal growth out of such challenging experiences. While not examined directly within the survey, the aspect of emotional distress that is part of this process is reported.

### A difficult life, a good life

The overarching theme that was identified in participant’s narratives was the experience of a difficult life and the aspiration for a good life.

Accounts of a difficult life were portrayed by many of the participants. These accounts were strongest among the participants that had experienced homelessness, whether this was as a family or as a single person. Participants described experiences of repeated problems (e.g. family relationships, health problems, financial difficulties, and legal matters) which they considered were more than what most people experienced. For example, Nathan commented ‘it’s just never ending’ and Natia described her life as ‘hurdles of bad stuff’. Some participants talked about the problems occurring in a short period of time, with one participant describing these problems like a domino effect through her whole life. The repeated cycle of good and bad was commonly described as an up and down life or likened to a roller coaster, with the down times being described as hitting rock bottom and the up times as periods of calmness and stability. Some participants described a succession of down times as ‘like a tornado’, everything ‘unravelling underneath me’, and as a ‘fucking hell’. Getting back up again was variously talked about as picking yourself up, getting back on your feet or bouncing back – however it was also acknowledged that sometimes this was not always possible.

One participant (in the non-homeless group) described a flatter life trajectory of plodding along and not really getting ahead. This same participant gave an account of this ‘battling through’ giving way, resulting in their family ‘falling down under’ when his partner experienced a significant health problem. This account – like many other client narratives – underscores the reduced capacity of people in a disadvantaged position to respond to acute life events. Previous research has also described the vulnerability of families to homelessness in such circumstances (28).

Fewer participants talked about the aspirational ‘good life’ – just two participants in the family homeless group and one participant in the single person homeless group; none of the participants in the non-homeless group expressed this idea. Difficult experiences were seen as preparing you for the good life. In part, this related to developing the necessary attributes (such as perseverance and gratitude) to enable a happy life. However it was also about the type of people you meet through adversity and the genuine nature of these relationships. For one participant it was the attainment of a material possession (buying a new car) that indicated ‘we were leaving the old crappy life behind and getting ahead in life, finally’ [Rebecca]. Although these accounts were few, evidence from the survey suggests such aspirations were not uncommon. As reported in an earlier chapter, when specifically asked about their future, the majority of participants held an optimistic view that things were going to be better.

## BUILDING RESILIENCY

Looking across participant accounts, similar descriptions of a process of resilience was evident among those with experiences of family homelessness, single person homelessness, and no homelessness. Resilience was observed to be an iterative process involving strength and fragility and both of these states were described within individual accounts of 'getting thru'. Periods of stability in between the not-so-good times helped to consolidate personal resiliency. 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. Many participants expected these challenges to keep coming. This was partly recognition that this was the nature of life and it was not possible to control everything but for some participants it was also a learned wariness they would never have a safe and stable life given their past experiences.

Two sub-themes around building resiliency were identified. The first was concerned with the different ways of responding to difficult circumstances and the personal resources used to do this. The second was concerned with a secondary process of personal growth and 'moving on' from a difficult life. The following sections present the qualitative findings for each of these, as well as the survey data where relevant.

### Approaching and resolving difficulties

Regardless of participants' experiences of homelessness, all of them indicated they had used avoidance strategies in responding to difficult circumstances. Avoidance was sometimes described as helpful in times of stress, for example distancing oneself from an overbearing family relationship when becoming a parent for the first time, re-directing your focus elsewhere (such as focusing on school studies and avoiding a conflictual home environment), or avoiding places where you might run into the perpetrator of your sexual abuse. Avoidance was also used to try and contain past memories or current worries. Sometimes avoidance was used as a way of opting out of a situation which could be construed as either positive or negative depending on the nature of the situation. For example, running away or using drugs were both used as a way of escaping family conflict and abuse but they were also resorted to when the participant could no longer cope. Suicide attempts were also couched in similar terms when participants felt they had reached their limit.

There was also recognition however that avoidance as a strategy provided a temporary fix. One participant commented that problems had a way of rearing up again if not addressed the first time around, while another participant talked about the repeated 'failings' strung out behind her. A few participants reflected on learning to face their difficulties rather than using avoidance. This involved re-focusing their attention on what they could control, such as the way they responded to life events, or to other areas of life that were going well. Another participant talked about facing life head on and not shying away from commitment. For this participant, the value of commitment regardless of what life threw at you was handed down to him from his own father.

The difficulties that participants faced very often involved dysfunctional relationships. Becoming resilient in these circumstances involved standing up for oneself and one's values. This was variously described as requiring strength, courage or confidence. Participants talked about recognising their strength or courage either through feedback from others or it showing unexpectedly in challenging situations – for example, in their ability to suddenly stand up for themselves or another person. Strength was sometimes talked about in terms of having a strong mind or a fighter's mentality and described as developing in response to 'taking hits'. One participant described her strength developing in a similar way to recovering from broken bones, because after each hit, your spirit/mind rebuilds stronger than before. Strength was also described as being able to have an emotional response that

didn't stop you in your tracks. For example, some participants talked about being strong enough to withhold their emotions during difficult situations.

Relatedly, participants across the different groups talked about the importance of self-belief, particularly in the absence of support. Sometimes this was talked about as having blind faith that everything would work whereas for other participants self-belief was about doing everything possible even if the outcome could not be guaranteed. Participants talked about countering self-doubt with self-belief when they were unsure of how to get through something or when the future presented as uncertain.

The above accounts are concerned with the way participants approached or responded to difficult situations. Less emphasis was given in the client narratives as to how participants resolved these circumstances. Being able to think through problems or having goals to work towards was seen as helpful in responding to difficulties and this was identified by participants with and without experiences of homelessness. Arming yourself with knowledge was described by one participant as better than pretending everything was okay because it prepared you for things to come, even if these were uncertain or outside your control. Correspondingly, there were a number of accounts of seeking information and advice from reliable sources; these accounts are discussed in the next chapter 'Harnessing support from others'.

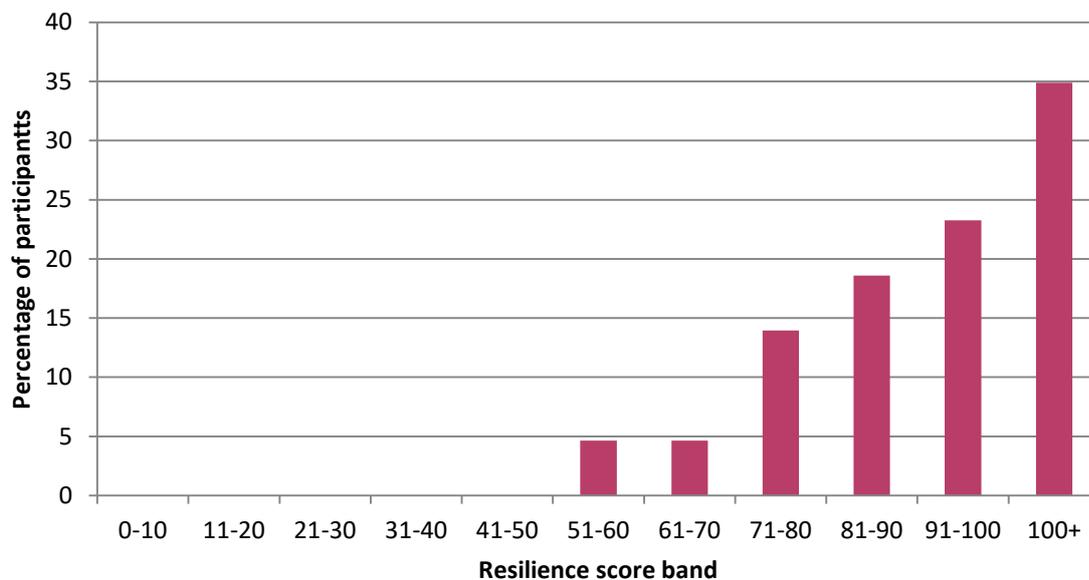
The next few sections utilise the survey data to explore two aspects of resiliency covered in participants' narrative accounts. The first is the degree of adversity experienced by participants; the second is participants' social problem solving ability including the way in which participants approach problems and how they resolve them.

## MEASURING RESILIENCY

A general measure of resiliency was used in the client survey (Connor and Davidson, 2003). This scale taps into various aspects of resiliency such as viewing change as a challenge, goal setting, commitment and responsibility in dealing with stress, ability to endure stress, confidence or self-belief, social problem solving skills and previous experiences of success and achievement. Higher scores on the scale indicate higher levels of resiliency. The mean score for the total sample was 91 (SD=16; range: 55-124) out of a total possible score of 125. There was little difference in resiliency scores between the two groups of housed and homeless participants. The mean score for the housed participants was 93 (SD=16; range: 55-115) compared to a mean score of 90 among the homeless participants (SD=17; range: 56-124). The distribution of scores for the total sample is shown in Figure 16.

The MAC-K participants compare favourably to a community cohort of Australians who had a similar average resiliency score using the same instrument (29). In the only other study of homeless persons, the MAC-K participants appeared to have greater resiliency compared to a Canadian sample of homeless young people where the mean score was 53 and 60 for females and males, respectively (23). This may be due to different experiences of homelessness as the study also found a longer duration of homelessness was associated with lower resiliency scores. Additionally, the young people in the Canadian study were either sleeping rough, couch surfing with friends, or staying in youth refuges and hence were still in crisis. In contrast, the MAC-K homeless sample was in transitional or supported housing and experiencing a period of relative stability. The difference may also reflect the different age of the Canadian sample (15-21 years). Resiliency is known to vary with age, possibly as a result of maturational changes (29) but perhaps also in relation to life experiences (discussed in the next sub-theme 'personal growth').

Figure 16 Distribution of resilience scores among participants (n=43)



### ADVERSITY AND RESILIENCE

The narrative accounts of participants highlighted the chronic nature of adversity they had experienced. This was also demonstrated in the client survey which measured exposure to potentially traumatic events. Approximately three-quarters of participants had experienced at least one type of potentially traumatic event with most experiencing multiple trauma types – this is shown in Figure 17. Among the trauma-exposed group (n=33), the mean age they first experienced trauma was 14 years while the mean age of their most recent trauma was 26 years.

Figure 17 Number of participants exposed to none, single or multiple types of trauma (n=43)

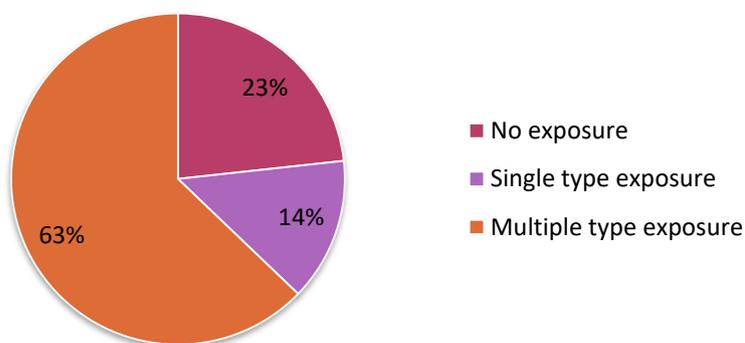
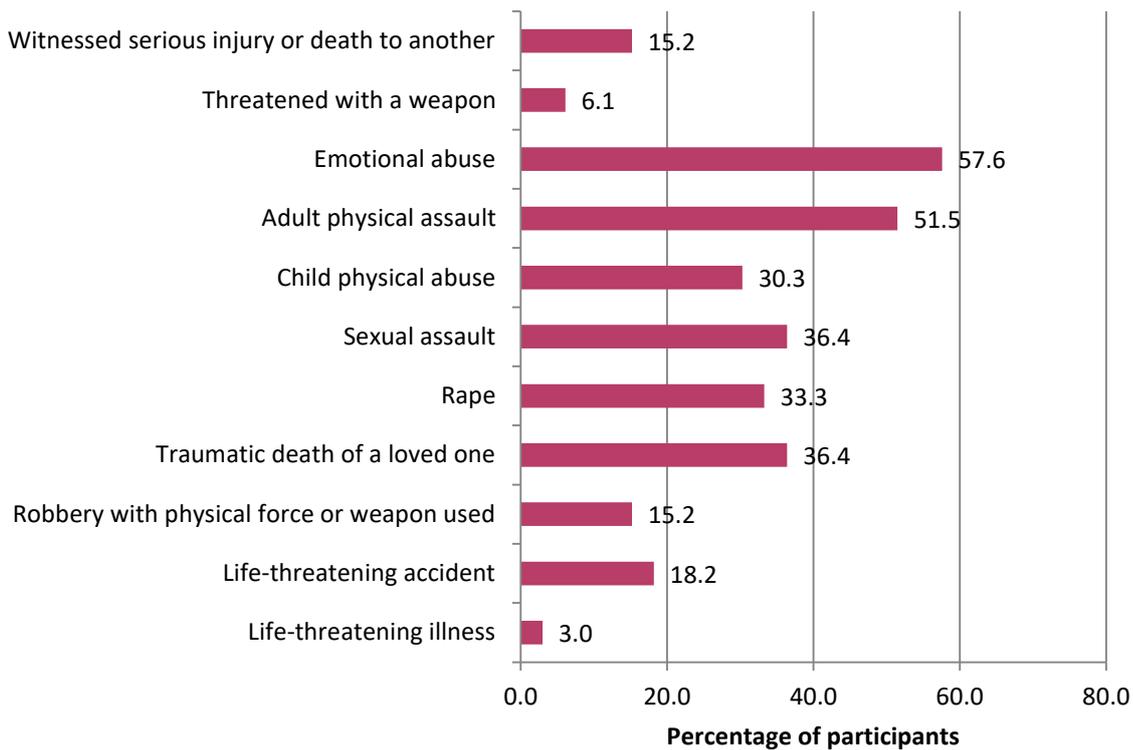


Figure 18 shows the different type of potentially traumatic events experienced by participants (n=33). The two most common events experienced were emotional abuse and adult physical assault; these were experienced by more than half of all participants. The vast majority of the trauma-exposed participants (82%) had experienced at least one interpersonal trauma (i.e. robbery, rape, sexual assault, child physical abuse, adult physical assault, threatened with a weapon).

Figure 18 Proportion of participants exposed to different traumatic events (n=33)



Resilience scores were compared for participants with no trauma exposure, exposure to interpersonal trauma, and exposure to other trauma types. This is shown in Table 9 below. There appears to be some differences among these three groups. Participants exposed to trauma that was not interpersonal in nature, had a higher average resiliency score compared to participants that had never experienced trauma. Participants with experiences of interpersonal trauma had a lower mean score relative to these other two groups. While we need to be careful in interpreting these differences (given the small number of participants in the ‘no exposure’ and ‘other exposure’ groups), the findings are consistent with our understanding of the greater insult of interpersonal trauma and the longer time required to recover from such insults. These findings are also consistent with the notion that resiliency develops in response to challenging or stressful life events. It is not necessary that such events need to be extreme in order for resiliency to develop however recovery from trauma potentially contributes to a greater increase in resiliency than less aversive events.

Table 9 Mean resilience scores for participants exposed to none, interpersonal and other trauma (n=43)

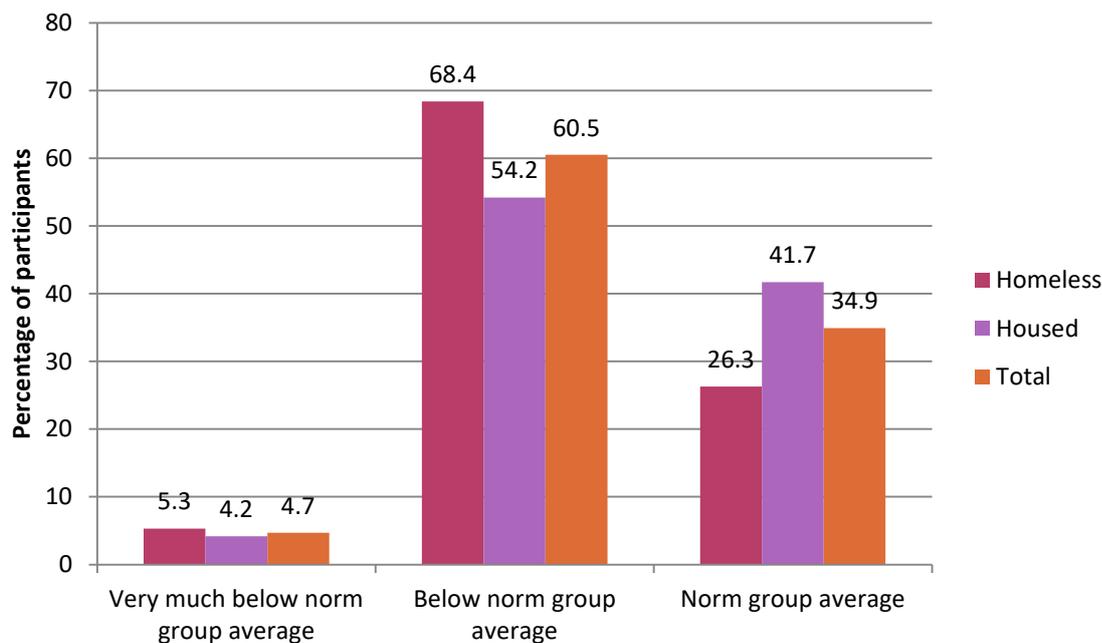
	Mean score	Range
<b>No trauma exposure (n=10)</b>	92.0	77-147
<b>Interpersonal trauma exposure (n=27)</b>	89.5	55-124
<b>Other trauma exposure (n=6)</b>	98.3	70-115

### SOCIAL PROBLEM SOLVING AND RESILIENCY

In the client survey, this way of approaching and resolving difficulties was measured using the construct of social problem solving. Social problem solving reflects how people deal with life challenges, both in terms of how a person orients to a problem (i.e. their approach) and how they then respond to that problem (i.e. their resolution). The Social Problem Solving Inventory which was used in the client survey yielded 5 sub-scales as well as a total problem solving score.

The average standardised score for social problem solving was similar for both groups: 84.5 (SD=7.4; range: 68-104) among the housed group and 84.1 (SD=7.9; range: 70-105) among the homeless group. This reflects skill level below the average for the general population of adults. The standardised scores were collapsed into seven categories for interpretation, ranging from 'extremely below the normed group average' through to 'extremely above the normed group average'. As is shown in Figure 18, the MAC-K participant scores were typically on or below par with the normed scores for the adult population. Approximately one-third of participants had average problem solving skills whereas most had below average problem solving skills.

Figure 19 Proportion of homeless and housed participants across standardised categories on the Social Problem Solving Inventory (n=43)



To understand which aspect of problem solving participants were doing well or not so well in, the means for the five subscales were examined. These are shown in Table 10. The scores were in the average range for all sub-scales and similar for both the homeless and housed participant groups.

Table 10 Mean standardised scores for Social Problem Solving sub-scales among housed and homeless participants (n=43)

	Housed (n=24)	Homeless (n=19)	Total (n=43)
Positive problem orientation	101.4	99.6	100.6
Negative problem orientation	106.3	106.3	106.3
Rational problem style	100.7	101.2	100.9
Impulsivity-carelessness style	101.0	104.5	102.6
Avoidance style	99.2	101.0	100.0

The first two sub-scales reflect the way a person orients to a problem. Higher scores on this subscale indicate that individuals are more likely to see a problem as a 'challenge', have optimism that a problem is solvable and self-belief in their ability to solve it, understand the time and effort required to solve a problem, and are committed to doing so. In contrast to this, negative problem orientation reflects dysfunctional problem solving ability (22). Individuals having higher scores on the negative

subscale are more likely to see their problem as a threat, are pessimistic about it being solvable, have self-doubt in their ability to do so, and demonstrate a low frustration tolerance.

The remaining three subscales describe how a person responds to a problem. The first of these is the Rational Problem Style Scale, which assesses the ability of an individual to solve problems by using appropriate logic and resources in a systematic manner. Higher scores on this scale indicate that an individual can perform more efficiently in problem solving. The present sample had a mean of 45 on this sub-scale indicating, on average, participants were moderately efficient in responding to problems. In contrast, the Impulsivity/Carelessness Style Scale indicates an *inability* to use available resources efficiently and reflects more impulsive and careless behavior. The final subscale is the Avoidance Style Scale, which assesses the tendency of an individual to avoid a situation or problem. Higher scores on this subscale indicate that a person is passive and waits for a problem to get resolved rather than proactively responding to the problem.

The association between social problem-solving skills and resilience was tested using a multiple regression analysis. This enables several factors to be considered together to test their unique contribution to an outcome. For the present purpose, the five problem solving subscales were included together in a single model with resilience as the outcome. Collectively the individual scales accounted for approximately 48% of the variability in resilience scores ( $R^2=0.48$ ,  $p<.001$ ). The two orientation subscales were significantly associated with resiliency scores. The Positive Problem Orientation score was positively associated with resiliency ( $t=2.13$ ;  $p=.05$ ) while the Negative Problem Orientation score was negatively associated with resiliency ( $t=-2.24$ ;  $p=.03$ ). The three subscales measuring problem resolution were not significant. This pattern of result suggests that the way a person orients themselves to life challenges is more strongly related to resiliency than how they resolve these same challenges.

## Personal growth

The second sub-theme identified in participant accounts was the personal growth that occurred in response to difficult experiences and which was part of building resiliency. There were a number of ways that personal growth occurred – learning through making mistakes, learning about oneself through taking on responsibility and gaining perspective on past experiences, and learning through others.

Having the space to make your own mistakes or make your own decisions was considered to be an important part of learning and personal growth. Mistakes were described as being a normal part of life with one participant describing failure as building resilience. Another participant commented on the need for personal space to experience things and learn from this experience, and of the importance in providing others with the same opportunity.

Learning about oneself involved gaining perspective through distance from one's experiences. For example, one participant who had resolved her family homelessness, made a number of comments about reflecting on her experiences and coming to a realisation of her values. She described this as a continuous exploration of self. In this sense, gaining perspective was a cumulative process. Another participant explained that although there was a particular point in life 'where it clicked' this understanding came about from more than 'one particular moment'. A number of participants commented that difficult past experiences (including relationships) had shaped the person they had become.

Sometimes this self-reflection was also helped by maturational processes. For example, some participants talked about self-acceptance developing as they matured while others linked maturity to better decision making. In retrospect, difficult periods sometimes reflected a lack of maturity to deal

with what was going on. Being able to adjust to changing life circumstances meant stepping-up and taking on responsibility. This was a reciprocal process as taking on responsibility (e.g. as a parent) meant learning about yourself. For example, one participant recounted being forced to take on responsibility for the parenting of her child when her mother (who was her main support) moved away. Previously she had avoided this responsibility because her mother always stepped in when she found some parenting tasks difficult.

Participants also talked about the importance of role models in showing the way, and of learning being passed down the generations within a family. For a number of participants this was also about bad role models showing you how *not* to be. For example, one participant described being more determined to make her own family work given the failures inherent in her family-of-origin. Another participant talked about the lack of role models in her family and being the most mature person in her social network at a time when she was young and still needed guidance. Other participants talked about becoming a role model for their children, such as Tina. She described leaving an abusive husband because she did not want her children to grow up thinking it was okay to treat people that way. This intergenerational learning of 'how to be' will be discussed further in the chapter on family.

### LETTING GO AND MOVING ON

A number of participants gave accounts of moving on from difficult past experiences with this a necessary step for personal growth to happen. It was defined by some participants as no longer feeling upset by the past. For example, one participant described moving forward as no longer breaking down into a bubbling mess. Similarly, another participant gave an account of initially 'bawling' in a counselling session and then pulling herself together:

*"but now it's more like, you know, working through it all and 'right, time to put your big girl undies on' and you know, let's got on top of this because crying ain't gonna help it." [Rebecca]*

Moving on was also described in terms of an ongoing journey and of picking up the pieces and finding the easiest way forward. In this sense, it was similar to the notion of 'a difficult life' however the emphasis was on letting go of the emotional pain and looking forward. For example, Tina spoke about her move to transitional housing after the loss of financial support from her sons. She commented:

*"And I just see it as a season change or another journey, you know, that you know, where being with my boys on that journey, it was a painful ending you know, I've just to see things in a different way now, yeah."*

This required acceptance of what had happened rather than continual rumination of the past. In this sense it was described as letting go.

There were a number of aspects to the accounts of emotional distress in participants' narratives, including emotional responses to difficult experiences (sometimes involving self-harming behaviour) followed by the resolution of distress, and future emotional reactions being shaped and curtailed by the personal growth process. It was difficult to measure this process in the survey however two measures were included to describe the emotional distress experienced by participants. The first was a measure of general psychological distress (26). This was found to be common across the two participant groups but more so among those that were currently homeless – see Table 11. On average, the homeless participants experienced a significantly higher level of psychological distress compared to the housed participants ( $t=2.45$ ;  $p=.019$ ).

The second indicator of emotional distress was a measure of anxiety for uncertain situations. The inhibitory subscale of this measure describes inaction in the face of uncertainty while the prospective subscale describes fear in anticipation of anxiety. The two participant groups were similar on this

measure and had similar scores to an Australian sample of individuals accessing treatment for anxiety disorders (30). This suggests that the MAC-K participants were experiencing some anxiety in response to the uncertainty of their situations that was not related to current homelessness. Instead, this may be related to previous difficult experiences (e.g. trauma) or current experiences of material hardship.

Table 11 Mean scores for emotional distress among housed and homeless participants (n=43)

Wellbeing indicator	Housed (n=24)	Homeless (n=19)	Total sample (n=43)
Psychological distress			
- Mean score (possible range: 5-25)	12.5	16.0	14.0
- % classified as high/very high	50.0	89.5	67.4
Intolerance of Uncertainty			
- Mean total score (possible range: 12-60)	35.0	35.7	35.3
- mean Prospective anxiety subscale (possible range: 7-35)	21.7	21.8	21.8
- mean Inhibitory anxiety subscale (possible range: 5-25)	13.5	14.0	13.7

## Harnessing support from others

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Wrapped around the process of 'getting through' were accounts of the availability and reliability of support within participants' networks. For many participants these networks were sparse and fragmented and the nature of support accessible to participants varied across the sample. Descriptions of accessing support often involved isolated incidents perhaps suggesting that participants did not have many examples to draw upon. More evident in client narratives were participant accounts of negotiating support from others and maintaining self-reliance.

### Accessing support from a fragmented network

#### FORMAL SUPPORT SYSTEM

A number of interview participants had experiences with the formal support system, most of which were positive. For example, two participants talked about accessing a range of services (e.g. employment, housing, counselling, and parenting support) and the importance of having these fit your needs at different life stages. Another participant said that knowing formal support was available was important. Negative accounts of formal support were less common but had significant impacts on participants. For one participant, the support provided by a caseworker in helping her to negotiate a challenging situation with another agency helped to minimise the impact. The support from the caseworker was a validating experience and shored up confidence in her ability to make her own decisions. Poor experiences with the formal support system sometimes had lasting effects. An account of seeking assistance for emergency housing left one participant feeling insulted and undermined as a young parent. While this experience frightened her from seeking further support for some time, her more recent experiences of formal support were positive.

The formal support system offered a number of different types of support. A few participants with experiences of single person homelessness commented on the important information role of the formal support system. However some participants acknowledged the difficulty in knowing how to access such support, particularly for those participants who came from disruptive family backgrounds. The formal support system was also a source of emotional support described specifically in terms of providing acceptance and understanding. In addition, acceptance and understanding was also received from peers through the various parenting support groups facilitated by the MAC-K staff.

Half the interview participants had accessed counselling support at some point in their lives. Among the participants with experiences of family and single person homelessness, counselling support was not accessed until much later in their trajectories. This was different to the participants with no experience of homelessness who were linked into counselling during childhood or adolescence by a caregiver. For all participants, counselling helped them to move on from the past by providing acceptance, a space to talk through things and to gain a different perspective. Counselling was distinguished from the information and advice role of other formal supports. It was also seen as providing a different type of support than that provided by families. This difference was described by Hannah as providing a supportive space to talk through the shades of grey in a situation rather than seeing things as black and white:

*"So I just think in general, the value of talking to a counsellor or psychologist or anything should probably be noted for people through things. You might talk to family but they might be biased. I could talk to my mum about [new partner] and she goes 'well he shouldn't be treating you like that' and that's not what you need to hear."*

## INFORMAL SUPPORT NETWORKS

The social support network of participants was talked about in terms of community, friends and family. There was some overlap with the formal support system in the type of support provided. For example, community networks were seen as a trusted source of information. Community also provided a sense of belonging and being cared for, similar to that experienced in other networks such as family and friends. As discussed above, this was also experienced in the counselling environment.

One participant talked about connecting with others in the community through an identified need; the solution to establish a local laundromat also had the effect of reducing social isolation among community members. Other participants talked about support received through the school community including the value of information sharing among parents. Being connected to professionals with expertise (such as child health and education professionals) was an important part of belonging to these communities. One participant also commented on the value of the school community as a young person, where adults cared enough to comment when behaviour fell short of expectations. This was particularly important when the family role in this space was lacking.

Among participants with experiences of homelessness there was a general recognition of the value of peer support with regard to the sense of belonging, acceptance and understanding that it imparted. Many of these participants however lacked close friends they could confide in or who could be relied upon to meet their social needs. Thus much of this need was met through the formal support system. In contrast, participants with no experience of homelessness talked of having friends who helped at critical points in their life story. For example, friends were there to support Anna when she was afraid to leave the house during her recovery from sexual abuse, to help move Hannah out when she felt unsafe in an abusive relationship, and to support Kayla when she was going through a rough patch at school.

Accounts of support from within families varied. There were some accounts of family support not being there either because they were geographically located far away from family (in order to access affordable housing) or because family relationships were unreliable. In particular there were a number of accounts of ambivalent or conflicting relationships, for example, where tangible support was packaged up with psychological abuse (including aggression, blame, indifference, blackmail, shame and dismissal). These accounts were typically amongst participants with experiences of family homelessness. On the other hand, participants with no experience of homelessness tended to describe their families as strongly supportive, characterised as being 'my rock' and providing material assistance when in need.

Despite these contrasting accounts, there was a shared understanding across client participants that support within families should be unconditional, understanding and supportive of your decisions, encouraging during periods of self-doubt, and consistently there for you even when other support networks failed. It was described as different to going outside the family unit for support because of the shared bond between family members.

It is clear from the above accounts that the various support networks did not always provide the necessary support for participants. Participants exercised agency in weighing up the difficulties inherent in some relationships and the type and degree of support they could leverage from these, sometimes opting to go without support. This is discussed further under the sub-theme of balancing self-reliance and social support. Participants also exercised agency in looking across networks to meet their total social needs. The next section examines this.

## MEASURING SUPPORT FROM SOCIAL NETWORKS

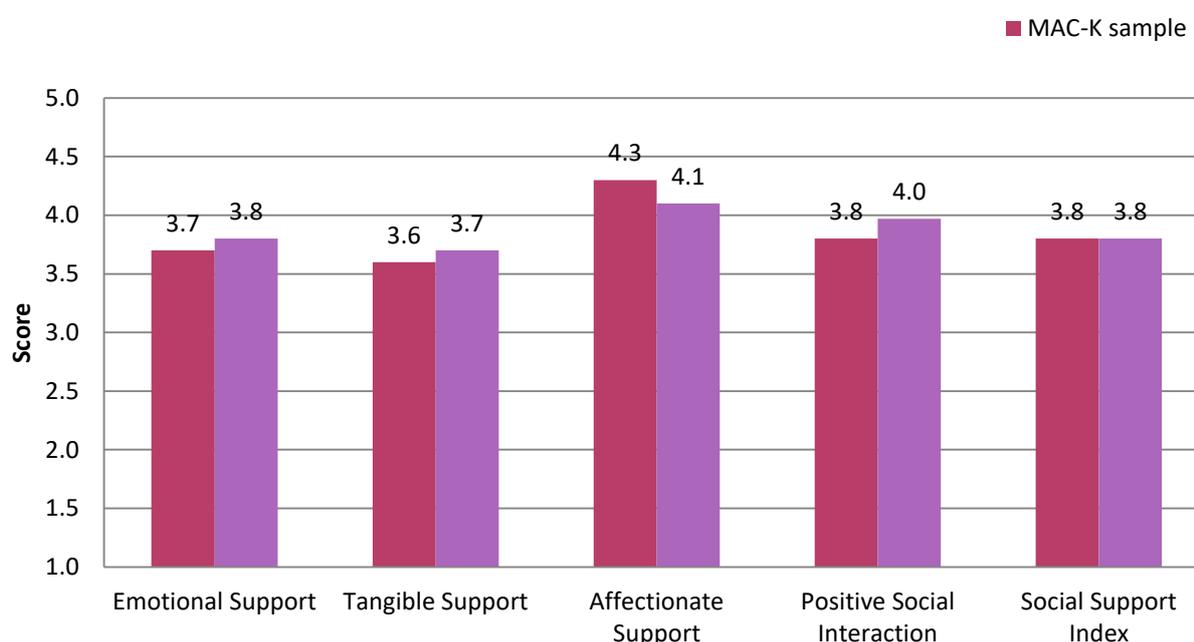
In the survey, four types of social support were measured: emotional support, tangible support, affectionate support and positive social interaction. Participants were asked to respond to these items

with regard to their informal network and not include support from service providers such as the staff at MAC-K.

Figure 20 shows the mean scores for the different forms of support and the total social support index, with higher scores indicating greater levels of support. These are compared to those reported for the Australian Longitudinal Study of Women’s Health (ALSWH), an Australian general population sample. The MAC-K participants demonstrate a similar level of social support as found in the ALSWH sample. The total social support scores were similar for both the housed (mean score = 4.0) and homeless (mean score = 3.6) participants ( $t=-1.85$ ;  $p$ -value = 0.07).

The four social support subscales were then compared together in a multiple regression model to examine their individual contributions to resilience. Together these four subscales accounted for 23.5% of the variability in resiliency scores among participants ( $R^2=0.235$ ,  $p=0.05$ ) however only emotional support was independently associated with resiliency ( $t=2.20$ ;  $p=.034$ ).

Figure 20 Level of social support among the MAC-K participants (n=43) and a comparative sample



The survey findings are somewhat surprising given the interview data suggested networks were sparse and fragmented. However it may be that overall levels of support were perceived as adequate by participants, even if these were pieced together from a fragmented network. Moreover, participants’ past experiences sometimes made it difficult for them to trust others and perhaps participants attempted to meet all of their support needs through their partner. This tension between trust, support and isolation is discussed next.

### Achieving the right balance of self-reliance and social support

Many participants talked about the importance of being self-reliant in terms of both their housing and their parenting. In part this was because of the freedom and personal agency it afforded people. Participants talked about how it was easier to plan and manage tenancy, finances and parenting responsibilities in the absence of negative, unreliable or overbearing relationships with family and friends. Being self-reliant also released them from accruing social and financial debt. As one participant explained, “I don’t ask anyone for anything ‘cos then always end up owing someone something”. Self-reliance was also viewed as important because of the sense of pride and happiness it generated, as well as enhanced confidence with parenting.

The emphasis on self-reliance over social support can be understood in terms of participants' early and ongoing experiences with their family of origin. Many of the participants described multiple disruptive incidents and behaviours in their family. This included parental separation, multiple changes in parental partners, family violence (physical and sexual), frequent residential moves, and the to and fro of arguments and reconciliation among different 'factions' within the family. Through these experiences participants learned there was risk involved in relying on particular people. Sometimes this risk was due to a parent or caregiver being absent when the participant needed their support or protection; other times this risk was actual harm – physical, sexual, emotional. Gaining independence as an emerging adult brought with it the ability to choose social isolation as a means of protecting oneself against negative or disruptive relationships.

Despite these experiences participants talked about the importance of fostering support within their own families. Participants talked about the value of family members being there for each other and learning from each other. For participants who were partnered, partners were often identified as their most important source of support. For example, these participants talked about sharing parenting decisions and responsibilities and learning how to parent together; they also talked about balancing work and parenting as a team in order to provide a home and opportunities for their children. Most of these participants were renting in the private market at the time of being interviewed. Some participants had experienced violent relationships and were single parents as a result. Un-partnered participants alluded to the precariousness of 'being on their own' in relation to providing their children with a home and opportunities. At the time of being interviewed, these participants were residing in transitional housing supported by Mission Australia. Regardless of their past and present circumstances, all participants recognised the importance of family as a source of social support and they garnered this support wherever this was feasible.

Although support workers identified the need to expand participants' social networks, fostering social connections outside the family was undertaken by participants with a degree of caution. Few participants identified enduring friendships and although overall some social connections were described as positive or helpful, only two participants described having someone (other than a partner) to confide in. More often social networks were described as problematic (for example, where they involved substance use or criminal behaviour) or as unsafe (for example due to violence or being taken advantage of). This sometimes necessitated a move into a different residential area, including interstate.

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. The support system also provided opportunities for participants to develop new social connections capable of meeting their informational and emotional support needs.

#### TINA: SELF-RELIANCE, FAMILY STRENGTH AND SUPPORT FROM OUTSIDE

*Tina* was a single mother and grandmother in her late 40s. She had raised four children, the youngest of whom was 17 years old, and had one grandchild and a second on the way.

Tina began her story with the reconciliation with her husband after a period of separation because of domestic violence. He was being deported and she made the decision to reunite their family – at the time they had two sons together – and move with him to his home country. Unfortunately her husband's violent behaviour returned and Tina described being 'in fear all the time'. She was pregnant with her fourth child when she made the decision to leave with the support of colleagues from work. She moved her family in with theirs and after a little while her parents were able to pay for their return flights to Sydney.

Arriving back in Australia, they first moved in with Tina's parents – an over-crowded small house – and then into a refuge for 6 months, during which time she gave birth to her fourth child. The refuge assisted Tina to access social housing. This was a turning point for Tina and her family. Through stable housing Tina could support her children's education and sporting interests. She gained employment after completing further education. Over the next 12 years Tina developed a strong sense of self-reliance.

As her family's needs changed over time, Tina gave up her social housing property and moved her family into a private rental property in another area. Tina wanted to be able to support her children's activities and the location of their social housing property had made this difficult. The consequence for Tina was a loss of financial self-reliance – Tina had to give up her job when she moved out of area and rely on a government benefit. Unable to meet her rental payments on her own, Tina became reliant on her sons to contribute financially to the household. For Tina, this was a natural part of what it meant to be a family: "We don't owe each other back, you know, because we're family, that's what we do."

This arrangement lasted five years before growing tension between Tina and her sons precipitated her most recent episode of homelessness. Her sons wanted their independence. This meant that Tina was unable to continue to rent privately and needed to find another home for her two daughters and grandson. Tina eventually confided in a 'really good friend' who told her about Mission Australia. Reaching outside of her family for support was a difficult experience for Tina. She is meeting this challenge, like all others she has faced, as 'a season change or another journey'. Through the support provided by Mission Australia, Tina has come to realise 'there are other resources that can fit to our needs'.

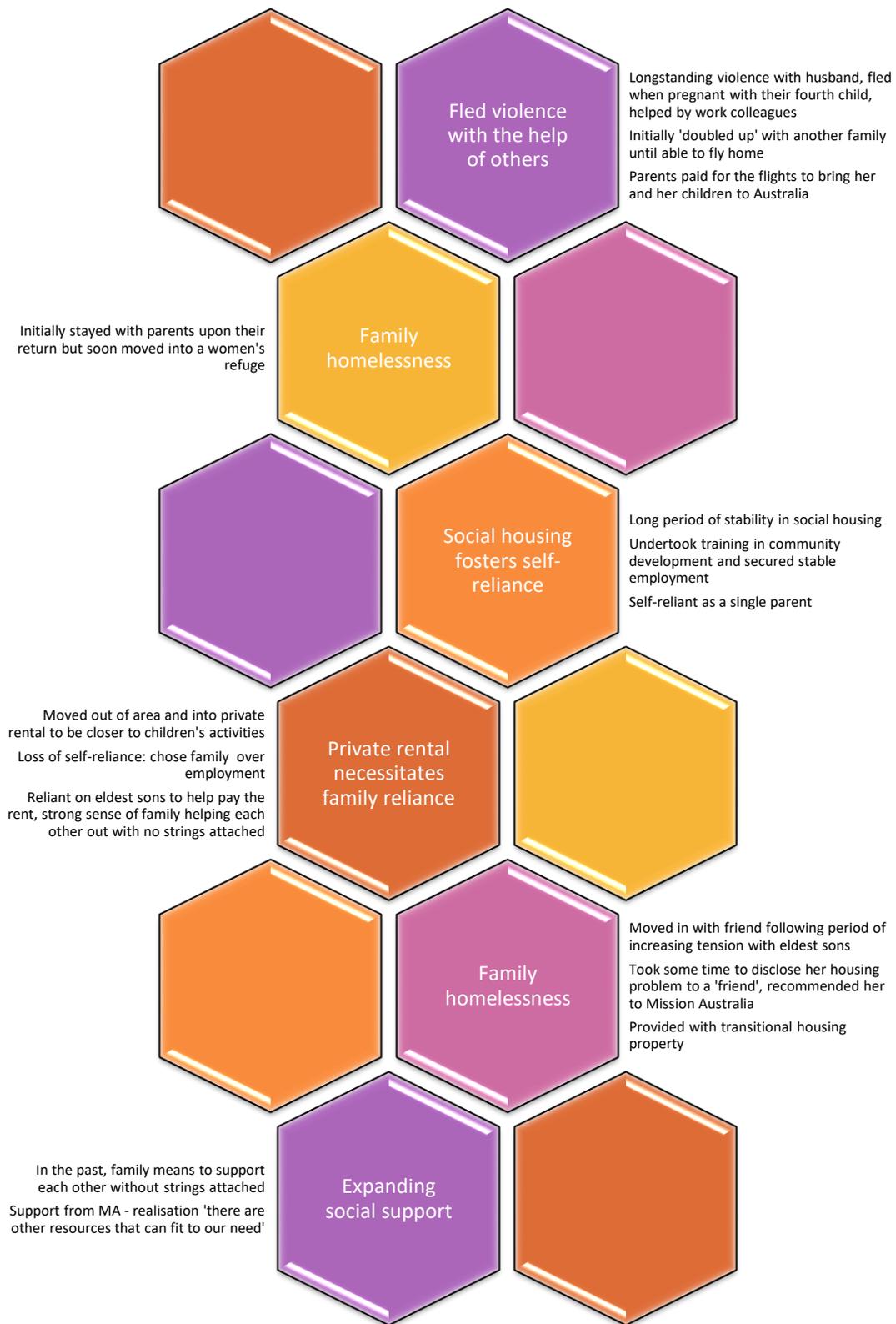


Figure 21 Case 2: Tina's pathway to a better balance between self-reliance and support from others

## What does it mean to be part of a family?

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This chapter explores the meaning of family (using the narrative interview data) and compares family functioning for participants in the housed and homeless groups (using the survey data). The overarching theme was the strength inherent in being a family which was derived from a sense of belonging and having a 'circle of caring' around you. Participants who missed out on this experience within their family-of-origin talked about creating this when they started their own family.

### Strength in being a family

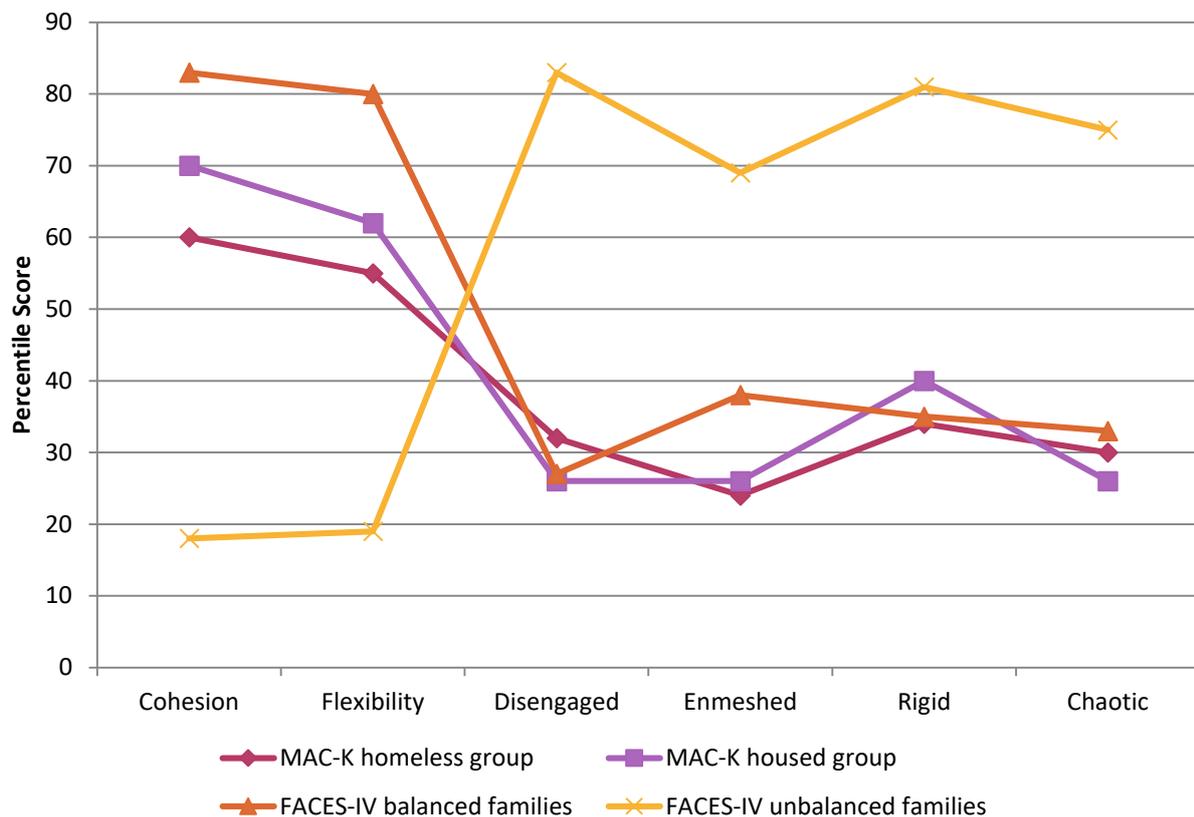
All participants – regardless of their experience of housing instability and homelessness – acknowledged there was strength in being a family. This was described in terms of family members working together to get through things, solving problems and making decisions together. It was recognised that both trust and compromise were necessary for a family to do this. It was also commented that being part of a family meant commitment to each other, sticking together through difficult times and not giving up on one another. Staying together meant forgiving each other, mending relationships, and coming back together.

There were some accounts of participants experiencing rejection and abandonment from their families – all of these accounts were from participants with a history of homelessness (either as a family or a single person). This involved being moved from one part of the family to another and never feeling like you belonged. The creation of participants' own family was a turning point in this regard. Before these two sub-themes are discussed, survey data on family strength and functioning is presented.

### MEASURING FAMILY STRENGTH

Family strength was measured in the client survey using the FACES-IV which considers two core dimensions of family function. Cohesion is the degree of connection and bonding among family members and can range from disengagement (too little connection) to enmeshment (too much connection). Flexibility is about leadership and the role structure of the family and can range from chaos (a lack of structure) to rigidity (too much structure). Either end of each scale is less healthy whereas the middle reflects balance within the family system and a healthier level of functioning. The mean percentile scores for the MAC-K sample are shown in Figure 22 below, alongside the scores for balanced and unbalanced family systems reported in the FACES-IV validation study. Overall, the MAC-K sample has a similar profile to the healthy, balanced family profile. Although the percentile scores for cohesion and flexibility are lower than the FACES-IV data they do indicate that families function in a connected and flexible manner that is at a healthy level. The scores for the four unbalanced scales indicate low levels of disengagement and rigidity and very low levels of enmeshment and chaos.

Figure 22 Profile of family functioning among homeless and housed participants (n=41)



Ratio scores were also calculated for cohesion, flexibility and the total family system. Ratio scores less than 1 indicate imbalance within the family system and are associated with problematic family functioning. In contrast, the higher the ratio score is above 1, the more balanced and healthier the family system (19). Table 12 shows the average ratio scores for both housed and homeless participants. The average total ratio score for participants was 3.3 indicating overall balance and healthy family functioning within most families. It can also be seen that families are more balanced with respect to cohesion (or connection) than they are with respect to flexibility (leadership and roles). However this may reflect the developmental stage of the MAC-K families with many participants having young families where flexibility might expect to be lower. It might also reflect the impact of homelessness on family functioning, with the transient and uncertain experience of homelessness necessitating less flexible structure and function. While homeless families scored slightly lower on all scores, the low scores for both group suggests that other shared experiences (e.g. material disadvantage, difficult family-of-origin) may have contributed to the pattern of functioning observed.

Table 12 Mean ratio scores for family functioning among housed and homeless participants (n=41)

	Housed (n=23)	Homeless (n=18)	Total
<b>Cohesion ratio score</b>	2.0	1.8	1.9
<b>Flexibility ratio score</b>	1.5	1.4	1.5
<b>Total ratio score</b>	3.4	3.1	3.3

Similar to the findings on resilience, the findings on family strength and functioning belie the difficult past experiences of participants. Many participants described childhood families characterised by conflict and disruption. In creating their own families, they talked about differentiating themselves from the behaviour and relationships evident in their past family and sought information and advice

about parenting from alternative sources. The interviews also revealed that opportunity that parenthood created for a different life and to become a different version of themselves. These two themes are discussed next.

## The importance of belonging to a family

Participants' sense of family was identified as the most prominent organising influence in their life. Two 'families' were identified and talked about by participants: 1) their *original family* comprising parents and siblings and including members of their extended family such as grandparents, aunts, uncles, cousins; and 2) their *own family* which was created when they became a parent.

In terms of participants' own family, experiences of housing went hand-in-hand with experiences of family belonging. This did not, however, operate in the same way for everyone. For some participants, staying together as a family regardless of their housing circumstances was important. For example, one participant explained that family was about doing things together and described how routine activities like Sunday dinner fostered a sense of belonging and connectedness. This participant stressed the importance of maintaining these activities regardless of changes in their housing or other personal circumstances. For other participants, having a stable home facilitated family belonging and identity. It provided them with the space to define what it meant to be a family, away from the influences and scrutiny of their original family or their partner's family.

Nearly all of the participants talked about conflict within their families. This had the effect of both disrupting family connections and dislodging participants from their homes and was evident in both participants' original families and their own families. Some participants described their original families as completely broken or non-existent. This included experiences of parental separation and family violence that resulted in frequent moves between parental homes, the splitting up of siblings, different periods residing with extended family, couch surfing with friends, and stays in refuges and crisis accommodation. This dislocation and fracturing of both home and family negatively impacted these participants' sense of self-worth. Participants that had such experiences described not finding any part of their family where they fitted in or were accepted. For many of these participants, this loss of belonging was mitigated somewhat when they met partners who made them feel valued and accepted by another. Parenting also provided them with this same sense of being valued and of being part of something important. Thus their own family came to replace their original family as their main source of connectedness and belonging.

Similar to conflict within original families, conflict within own families typically precipitated housing moves. The challenge for participants in these situations was maintaining connectedness among family members. As mentioned earlier, sometimes violence necessitated the breaking up of a family and hence the challenge was in rebuilding family belonging and strengthening relationships among the family members that remained. For some participants this was an intergenerational challenge, having experienced separation and violence in both their original family and then again in their own family. A further challenge experienced by participants was in keeping a sense of belonging across family change. As their own families evolved, this created tension between the physical space of a home and the meaning and identity of family. The loss of family members from a household meant participants had to find different ways to maintain the connectedness and sense of belonging that was important to being a family.

### COURTNEY: FROM 'NO FAMILY' TO A 'FAMILY FOREVER'

*Courtney* was a 20 year old Anglo-Australian woman who had been attending one of Mission Australia's parenting support groups for the past 3-4 years.

Courtney's parents separated when she was young. She grew up primarily with her mum and step-dad and spent weekends with her dad 'because it was court ordered'. Courtney talked about not feeling that she belonged. She didn't feel wanted by her mum or step-father, or feel comfortable at her dad's because of the different girlfriends he had over the years. Courtney didn't have a good time of things at school either. Courtney moved from one school to another before leaving at 13 and taking a job at a local fast-food outlet. The next two years were quite chaotic with Courtney repeatedly running away from home, spending time in refuges and foster care, and drinking and using drugs with an older group of 'friends'. During this time she also missed a lot of work.

At 15, Courtney moved in with her Nan who became her legal guardian. This was the first period of stability where family and home were one. Courtney describes this as a time where she felt she was able to develop her independence and make better decisions. This included going back to her old job, reducing her drug and alcohol use and choosing different activities and friends.

It was during this period that Courtney met her partner and father of her two children. Courtney had their first child when she was sixteen. Nan and other family members were critical of her becoming a mum at such a young age and her partner wasn't welcome at Nan's place. Feelings of not belonging to her family-of-origin resurfaced for Courtney; it also made it extremely difficult for them to be a family in their own right. When their first child was 9 months old Courtney moved in with her partner and his parents. While they were able to live there together as a family, Courtney found it difficult to parent without being scrutinized by her in-laws. This meant getting their own place became a priority. However, they experienced discrimination in the rental market because of their young age and the fact they had two small children by this stage. It took 18 months for them to find a place of their own.

At the time of interview, Courtney and her small family had been living in their own private rental property for over a year. Courtney works night shifts to help support her family and be available to look after her children during the day while her partner is at work completing his apprenticeship. They are saving as much as they can hopeful that one day they will be able to buy their own home and secure a future where their family can thrive.

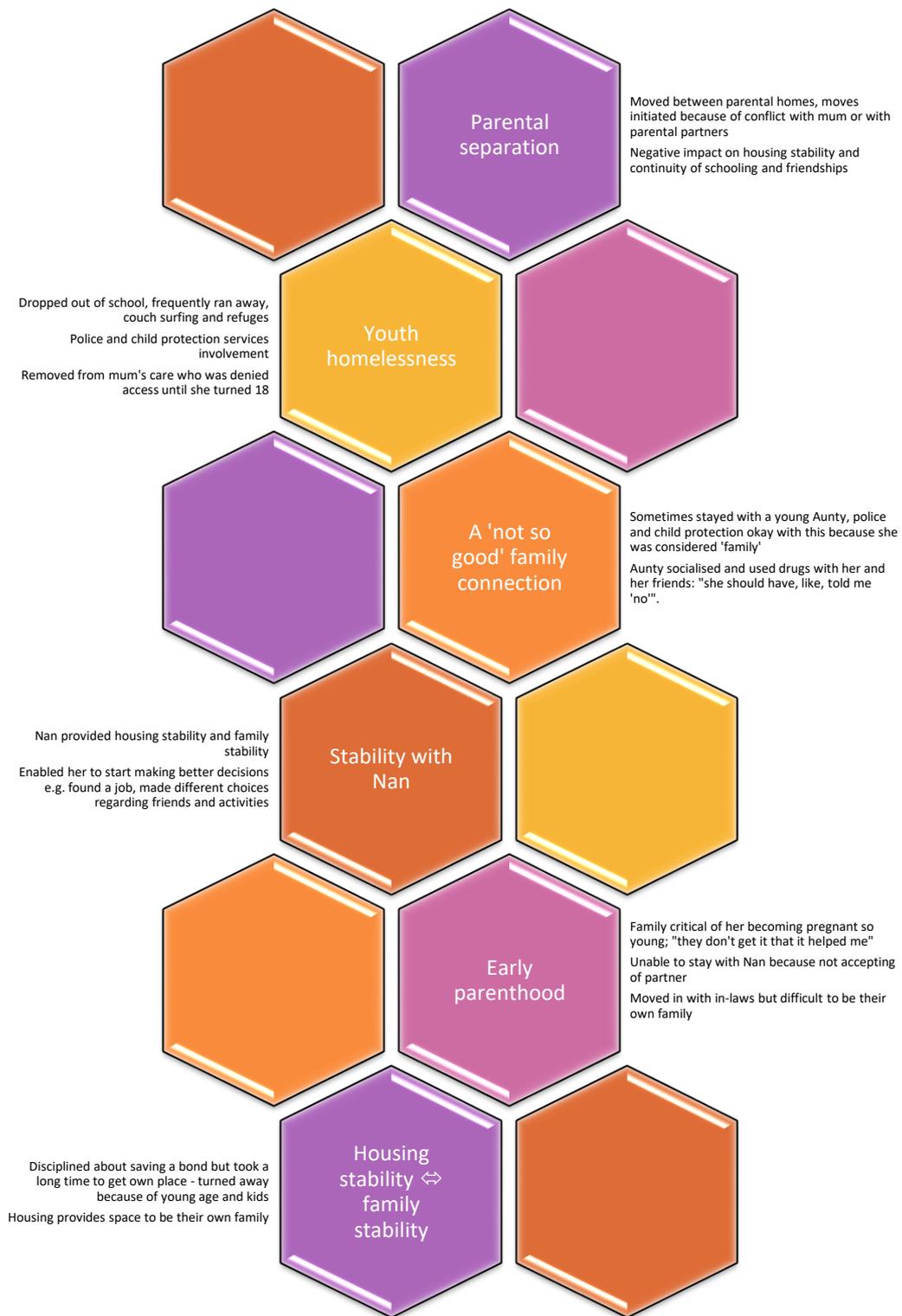


Figure 23 Case 3: Courtney's pathway from 'no family' to a 'family forever'

## Parenthood as an opportunity to create a different future

The creation of their own family was identified by all participants as a turning point in their lives. This experience was bound up with agency and making different choices.

For nearly all participants, becoming a parent became the motivation to create a good life and a better future. Part of having a better future was seeking out particular *kinds* of relationships. This involved re-evaluating existing relationships with both family and peers and making different decisions about the fit of these relationships in their lives. It was also about wanting children to have better experiences than they might have had within their own families. Participants talked about wanting to create security for their children and this was articulated as involving appropriate housing, consistent parenting and family routines, access to good education, and ensuring good health.

Participants were highly motivated to be the best parent they could be. In part this meant being a good role model for their children. Sometimes this involved making decisions to stop engaging in less desirable activities (like drinking or using drugs) and pursue other activities (like employment and education) to demonstrate a successful pathway for their children. Other times it was reflected in decisions to walk away from violence (and thus leave particular relationships behind) because they wanted to instil values of respect and tolerance in their children. Many of the participants also wanted to differentiate themselves from their own parents, particularly when parents did not provide them with good role models. Some participants talked about being the opposite of their parent and trying not to repeat the same mistakes they perceived their own parents to have made. Participants were active in seeking out alternative models of parenting. For example, one participant drew upon cultural values to help guide them as a parent; another had a close and supportive relationship with one parent that compensated for the negative relationship with the other; and yet another participant read as much as she could about parenting from websites and books. More often than not it was the formal support system that provided participants with the information and advice they needed to be the type of parent they aspired to be.

Critically, having safe and stable housing was tied up in this idea of being a good parent and creating a different future. Moreover, providing a home for their children was seen by some participants as a long-term responsibility. Perhaps because of their own experiences of homelessness and lack of family belonging, many of these participants wanted to make sure they had a physical space that encapsulated home as a place where family would always belong. While participants hoped their children's futures would be happy and successful they also wanted the capacity to accept their children back into a stable household if the future necessitated this.

### NATHAN: BEING A DAD 'MADE ME A BETTER MAN'

*Nathan* was a 43 year old single father to a 9-year-old son. Nathan described having his son as 'the best thing that happened' to him.

Nathan's life had been intertwined with violence, starting from a young age. His father was a violent man and as a consequence Nathan and his mother fled their home country when Nathan was young. Nathan's mother later remarried and the three of them became a close family.

Nathan's experiences with violence continued, however. His personal relationships were tied up with substance use, criminal behaviour and aggression. He described numerous altercations and physical assaults including one that left him hospitalised for months and requiring a blood transfusion. This assault had a significant impact – he became addicted to the morphine he was given for pain relief and was transferred to a methadone maintenance programme upon discharge from hospital. He also contracted hepatitis C through the blood transfusion. This experience occurred around the time he first became a father. Unfortunately, the relationship with his wife and first child broke down.

Some years later when he became a parent for the second time, Nathan started to make a stand against violence. He was living with his second wife and second son in a social housing property. Family life was difficult. Nathan talked about needing support from his mother to provide food for his son. His wife was also heavily involved in illicit drug use and the lifestyle that went with this. He described coming home to find his son alone or with bruising and feeling unconvinced by his wife's explanations for these. Nathan started sleeping in the same bed with his son to prevent his wife taking him during the night when she went out to score. After issuing his wife an ultimatum, Nathan finally fled their family home and moved in with his mother and her husband. Living conditions were cramped but the strength and safety afforded by his extended family was invaluable. During this time Nathan sought full custody of his son which was granted without contest from his ex-wife.

Despite having a safe home with his mother, Nathan continued to be harassed and threatened with violence from his ex-wife and her associates. Taking out an AVO against his ex-wife made little difference. He made the decision to move interstate, describing it as one of the hardest decisions he had ever made because it meant moving away from his primary support person: his mother. However he wanted safety and a secure future for his son and felt that it was not possible while they lived in Sydney. The relocation was relatively smooth as Nathan and his son were able to move straight into a share-house with an ex-partner. Nathan described the period living interstate as happy – his son settled into a routine and had his own room and belongings with him.

When his mother's husband died, Nathan returned to Sydney with his son to support her. They moved back in with his mother, a temporary arrangement until Nathan could sort out a place of their own. This proved more difficult than expected. Despite repeated attempts to access social housing it was five years before Nathan and his son were able to move into their first home together – a transitional housing property through Mission Australia. Although the threats of violence continue, with the additional support of Mission Australian and the ongoing support of his mother, Nathan is providing his son with a safe and stable home. He stressed the importance of maintaining a routine for his son, prioritising his son's education and accessing counselling to help his son cope with the violence he had been exposed to. Having recently been approved for a social housing property, Nathan is looking forward to a better future with his son.

Nathan's life focus was his son: "Everything I do, I do it for me son and me son has changed me into a better person." He was conscious of making the right choices, seeking advice from his mother and his caseworker on matters of parenting, schooling, and housing. Managing his income was also an important part of him being a good father. This included putting aside money for his son's future, taking advantage of cheap public transport days to take his son on outings, and accepting donated and second hand goods to furnish his house. Most critical was the continuous choice he had to make to walk away from violence even when surrounded by it and to instil a different set of values in his son.

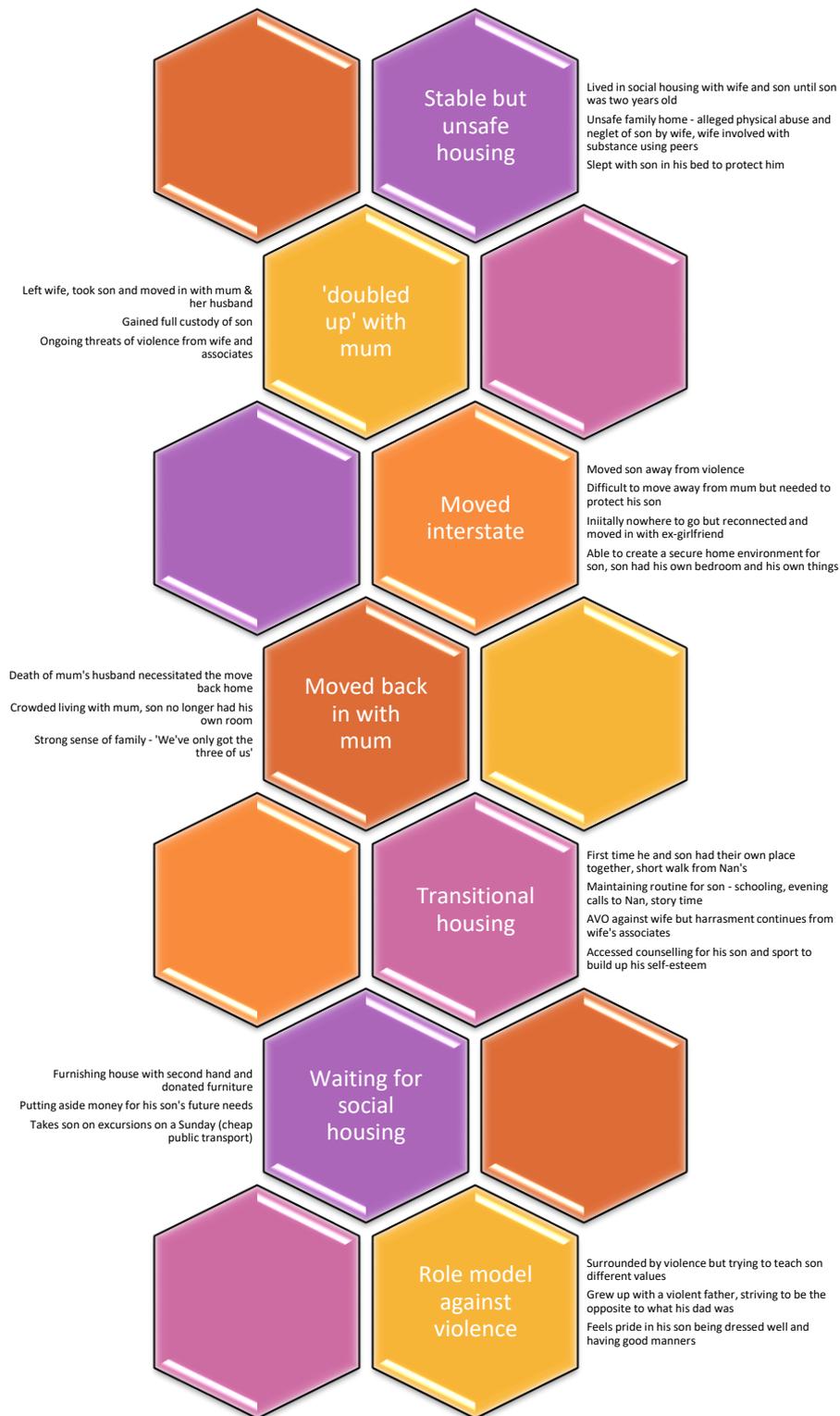


Figure 24 Case 4: Nathan's pathway to becoming 'a better man'

## How do we best respond?

The previous chapters established a number of findings in relation to the attributes, resources and experiences of client participants in getting through adversity. These are summarised in the text box to the right.

Staff perspectives were also ascertained on how they supported clients to get through life challenges such as homelessness. This was first explored via semi-structured, in-depth interviews with individual staff across the various programmes and teams. The data from both clients and staff participants was then collated and workshopped with a smaller group of staff that reflected those working in the universal support programmes through to the crisis response teams. From this, a practice framework was developed that encompassed the strengths in current practice and extended or embedded this practice with resilience in mind.

This chapter begins with a summary of staff accounts of identifying and responding to risk in clients. It then goes on to describe the process of co-designing a resilience practice framework with staff.

### Identifying and addressing risk

During the data collection phase, staff participants identified several risk factors that were linked to particular ways of responding. These are summarised in Figure 25 over the page.

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.

#### Summary of key findings:

- Experiences of material hardship, housing instability and homelessness were common among survey participants. Relationship breakdown and conflict was a shared risk factor for homelessness experienced as a single person or as a caregiver within a family unit. Other risk factors differed for these two homeless groups. For example, family homelessness was more often precipitated by financial difficulties and family violence while single person homelessness was precipitated by problems with employment and substance use.
- Interview participants gave accounts of a difficult life but also an aspiration of a good life – underlying this was a resilience process involving both vulnerability and strength. Relatedly survey participants had high distress levels but also high resiliency scores and moderate social problem solving skills; these attributes were dynamic in that they interacted with the structural and social environment and also varied over time.
- The support networks of interview participants were fragmented and in response participants attempted to piece together the support they required. Overall levels of social support among survey participants were adequate. Self-reliance was sometimes considered a safer option than trying to leverage support from an unreliable or dysfunctional social network.
- Belonging to a family was important and provided participants with a sense of purpose and meaning. The preservation of family during periods of high life stress was a strong motivating force in the resilience process.

In response to these different categories of risk, staff utilised a number of support strategies. 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.

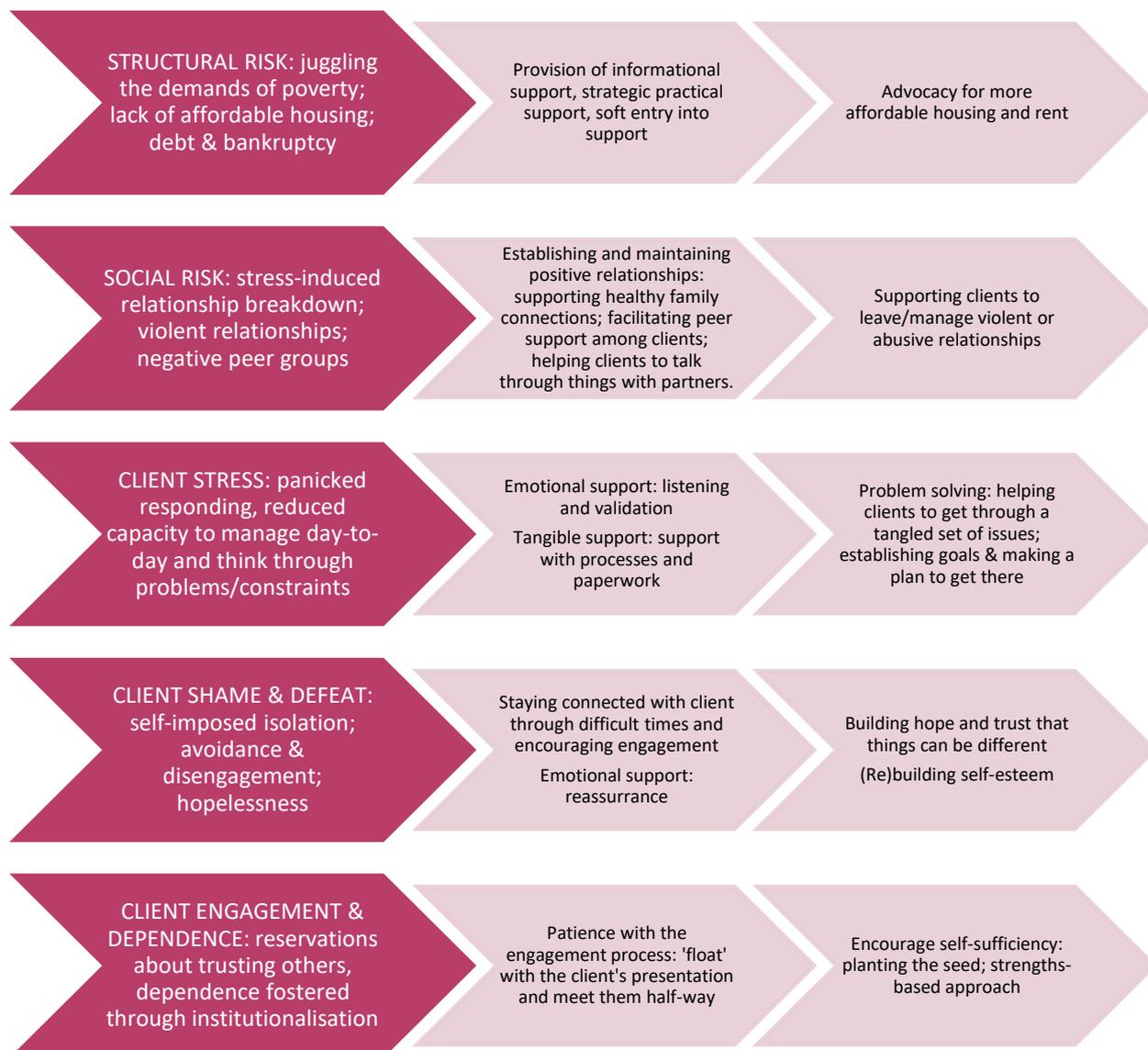


Figure 25 Risk factors identified by staff and ways of responding

Comparing client and staff accounts of 'getting through' pinpointed where service responses could be better aligned to clients' phase of resilience. It was clear that staff utilised strategies consistent with building resiliency however this did not appear to be uniform across staff in different teams. Nor were these strategies necessarily linked together within an overarching framework to enable support to be targeted (both within and across programmes and teams) to the specific stage of a client's journey. With the existing strengths of staff as a starting point, a series of workshops were held to explore how the research findings could be used to consolidate and improve the way support was provided to

clients so as to be more influential in preventing homelessness. This process and the outcomes achieved are described next.

## Articulating a 'resilience practice framework'

At the outset, a key objective of the MAC-K project was to develop a 'tool' to assist staff from across the different teams to work with clients at risk of homelessness. It was decided the tool needed to be co-designed with staff to make sure 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'.

The following sections describe the discussions that took place as part of these implementation meetings. Discussion centred on client decision making as a risk factor for homelessness and how the service might shift from a risk-averse approach to a focus on resiliency. Obstacles to changing practice were also discussed. Following these discussions the group agreed on a reflection tool that could act as an anchor point for individual practice.

### SOCIAL PROBLEM SOLVING AND MENTAL HEALTH

The first theme discussed by the group was the disparity between the assessment of social problem solving skills in the client survey and staff observations of these skills, particularly the caseworkers from the specialist homelessness programme. Generally the group felt that client decision making was a critical part of homelessness risk. This was challenging to address within a strengths-based approach because clients often saw themselves as making good decisions whereas staff may have viewed those same decisions as risky. Underpinning these 'poor decisions' were the values held by clients, for example, prioritising relationships over other obligations like rent. An example was given of a client spending all of their money on celebrating their child's birthday and then requesting brokerage support to cover the rent. This behaviour was interpreted by staff as being driven by past experiences of loss and trauma, particularly in childhood. Thus, the client's own experiences of childhood shaped the value they placed on providing a better life and future for their own children. This desire to provide a better life for their children was also identified as a theme in the narrative interviews with clients.

Clients were also observed by staff to make decisions that addressed immediate concerns rather than making decisions for the future in a planned way. This was also evident in the way that clients managed relationships with staff, by simultaneously asking for help while avoiding any real involvement of staff in their issues. For example, a client might reveal *just enough* information for staff to help them with their needs in the present moment. Part of this presentation was the deflection of blame from themselves to problems with services and the victim mentality or 'learned helplessness' that some clients adopted in order to have their needs met. While it was acknowledged that a resilience-focused or strength-based conversation was indicated in these circumstances, typically staff responses were directed to more practical support. Driving this response was the fact that these clients often only brought issues to staff when they were at crisis point.

When issues with decision making or problem solving arose with clients, the general response was to refer them to practical skills training such as financial counselling or parenting groups. Although the emotional response to adversity was acknowledged as a contributor to poor decision making in the staff interviews, responding to the underlying mental health issues was not identified as a core strategy. The group discussed that it was difficult to connect clients to mental health services, in part because there was a lack of awareness by clients that their present decisions and social functioning were related to past experiences of trauma and adversity. Clients did not necessarily see trauma as impacting on mental health and commonly held stigmatising beliefs about mental health problems. Along with the reticence to talk about past traumatic experiences, clients were not generally receptive

to suggestions by staff to see a mental health professional. This resonated with the findings from the narrative interviews with clients where some participants described their initial hesitation in accessing counselling. The benefits of counselling subsequently experienced by these participants were described as worth the risk but prevailing misperceptions and anxiety about accessing mental health support remain an important barrier. The group additionally discussed concerns about compromising their engagement with clients if they pushed this issue too hard. It is clear the way staff broach the topic of mental health with clients and the timing of these conversations is critical.

The second reason for why mental health treatment was not part of the response to problem solving skill deficits was the way in which services were funded. Early intervention programmes were not funded to provide mental health support but instead were funded to provide support around budgeting, parenting and life skills activities. Additionally, funding was typically short-term and linked to outputs and targets. This was a particular constraint for the specialist homelessness programme in which it could perhaps be argued had the greatest need to address underlying mental health issues. Some group participants felt the inability of their programme to adequately address underlying issues led to their clients re-experiencing homelessness after they left support.

The responsibility of staff to address mental health problems was debated. Mental health was discussed not simply as a lack of illness but also as positive health and wellbeing. In this way staff were seen as having the potential to foster the building blocks of good mental health – their ability to do this however differed across programmes depending on funding constraints and the nature of the staff-client interactions. Additionally, support workers and caseworkers were viewed more appropriately as ‘accidental counsellors’ and should not be expected to provide specialist mental health support (especially trauma counselling). Thus partnerships with the mental health system are imperative. Critically though, referral pathways into mental health services were not always timely and able to be realised within a client’s support period.

### MOVING FROM RISK-AVERSIVE TO RESILIENCE-FOCUSED

Overall, it was agreed that the typical funding model with its focus on outputs almost encouraged the adoption of a risk-oriented form of practice. In moving away from this approach, it was identified that the MAC-K was often just one organisation working with a client. In particular, it was felt that the carving up of the formal support system meant clients received a series of bite-sized support periods which compromised the ability of any individual service to address underlying client issues. Relatedly, it was noted that a strength-based approach relied on having adequate time to build rapport, and this had to be done anew with every change in support agency, thereby leaving less time for in-depth support work.

From the perspective of the MAC-K, it was felt to be beneficial to have an overarching framework that could bring the approach of the different teams and programmes together while still recognising their unique service delivery focus. It was commented that staff wore different ‘hats’ in different programmes meaning a practice framework needed to be flexible enough for each programme to continue to work with clients in the way that was most appropriate to the setting. For example, staff facilitating the school hubs programme necessarily had a ‘softer’ approach to engaging with clients because the service was supportive rather than problem-focused; in contrast, the specialist homelessness programme was clearly problem-focused with a defined intake and assessment process.

#### *The analogy of planting a seed: building resiliency*

The idea of planting a seed and nurturing this as a client moved along their journey was adopted. This analogy highlighted the cooperative approach to address underlying issues as a client continued their journey rather than a service taking responsibility for fully resolving issues within a single episode of care. This 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 and to balance this against the need to meet programme outputs. Thus the first part of the resiliency practice framework drew upon aspects of a trauma-informed approach:

- Acknowledging the client's desire to have a conversation about trauma or mental health wherever this comes up, recognising that client disclosure can be subtle and occur at seemingly inappropriate times (e.g. on the way to a housing appointment or in the middle of completing paperwork for financial or housing support).
- Setting aside time to have a proper conversation about the client's concerns and identifying the most appropriate referral pathway – which could include the possibility of no referral being made. A client may need to sit with a conversation for some time and it may be the next programme or service provider is better placed to assist the client into action about an issue.
- Confidently and compassionately initiate a conversation with clients about mental health concerns with the aim being to increase awareness of the link with past experiences and diffuse the fear around talking about personal problems.

### SUPPORTING STAFF TO HAVE RESILIENCY-BUILDING CONVERSATIONS

Caseworkers and support workers were identified as the most important resource for implementing a resilience-focused practice framework. While management could provide leadership, the effectiveness of implementing a change in practice was heavily reliant on the experience and skills of staff along with their motivation to do things differently (especially when working unsupervised). Thus reaching consensus about the need for resiliency-building conversations with clients raised the issue of how best to support staff to do this. It was recognised that some staff had learned to be task-focused in order to meet contractual outputs, or else had become demoralised in their practice. It was also identified that even the most highly skilled worker can become disengaged and routine in their work. The key question for the group then became how to shift from an output or task-focused approach to an optimistic but realistic approach.

The group decided the most useful tool would be something that helped anchor them back to their practice, in a non-prescriptive way. The tool began to take shape as a conversation guide – a conversation that could be undertaken with oneself, or with a colleague, or between a team manager and their staff. Having a conversation was seen as a way to embed a strength-based approach as well as the values of Mission Australia into practice at all levels. In this sense it was described as a framework for how to have *conversations that build relationships*, not just with clients but also between colleagues.

Creating self-awareness in staff regarding their practice was identified as important to this process but also challenging. Feedback on work practice can be confronting and thus it was considered imperative that it be undertaken in a way that acknowledged the value and contribution of individual staff members and respected differences in approaches. It was also commented that the framework needed to be more than 'hidden rules'. Conversations about practice were already happening to some extent, however the type of conversations staff engaged in with each other depended on the closeness of the work relationship and whether the practice issue of concern was ongoing or situational. It was also acknowledged that different types of conversations were happening for different staff relationships and for different purposes.

Thus, the second part of the resiliency practice framework emphasised respect and honesty as critical for reflective conversations:

- A reflective conversation is designed to encourage purposeful thinking; as such it is distinguished from a staff member brainstorming referral pathways or venting their frustrations with a colleague that knows them well.
- Reflective conversations among staff need to be respectful of differences in approaches, that is, the particular attributes and understandings that workers bring to their practice. At the core, practice needs to be driven by a commitment to growth and development to ensure a unified commitment to promoting and supporting resilience in clients. The tool therefore is a vehicle for honest (but respectful) conversations about workers' attitudes and practices.
- This respectful tone needs to be the same for all reflective conversations, whether they happen between a team leader and staff member, between staff members at a similar level, or between a staff member and a client.

## Next steps

The tool developed as part of the framework practice comprises a set of prompts to challenge, discuss and self-reflect. It is hoped this will bring about a reflective model of practice that will help to reduce demoralisation among staff as well as prevent practice from becoming routine. In so doing, it will support staff to work with clients in a manner that contributes to their resiliency.

The next step in the development of the tool is to put it into practice. It remains to be seen whether the set of prompts works for staff in different roles across the organisation or for different staff relationships, and whether this translates into improved staff wellbeing and staff-client interactions. This will require ongoing evaluation and refinement, not only of the prompts but also of the framework in which it is embedded. This framework is not intended to replace particular case management approaches such as strength-based or trauma-informed practice. Rather it sits above these approaches to support staff to engage in a reflection of their practice and maintain fidelity to approaches that promote resiliency among clients.

*Balance being human with your professional boundaries*

## Where to from here?

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Homelessness and housing instability were common experiences among survey and interview 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 programme 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.

This shift in viewpoint was one of several lessons that emerged in the process of undertaking this research. These learnings are outlined here alongside recommendations for policy and practice and future research.

### Identifying families 'at risk' of homelessness in an 'at risk' population

All of the clients at the MAC-K were considered at structural risk of homelessness due to their level of disadvantage and material hardship. As previously discussed, experiences of poverty, housing instability and homelessness were common among both survey and interview participants. This was true irrespective of whether participants were accessing support through the specialist homelessness programme or another programme within the MAC-K.

There was evidence of a different pattern of risk and protective factors among participants with experiences of single person and family homelessness, and with participants who had no experience of homelessness. These factors overlaid and interacted with experiences of disadvantage.

In the survey, relationship breakdown and conflict was found to be a shared risk factor for homelessness experienced as a single person or as a caregiver within a family unit. Overall the findings suggested relationship breakdown and conflict was both a *precipitating* and *contributing* risk factor for homelessness. That is, instability in family relationships during childhood was part of the background of every interview participant that experienced homelessness and was often linked by participants to relationship difficulties in adulthood (which in turn were linked to episodes of homelessness).

Interview participants were also observed to renegotiate relationships, including expectations of support, in an attempt to positively influence their circumstances. As such, social isolation, while commonly seen as a risk factor for homelessness, was observed as a protective response to abusive or problematic relationships. Managing difficult relationships – whatever support they may hold – while also dealing with material hardship was a significant challenge for many participants. When the interplay between the two became too far imbalanced homelessness risk was heightened.

Other risk factors differed for family versus single person homelessness. For example, family homelessness was more often precipitated by financial difficulties, while single person homelessness was more commonly precipitated by problems with employment. This suggests there are different drivers of poverty that are related to homelessness for single persons and families which may reflect different points in an individual's life trajectory<sup>5</sup>. Financial difficulties may further reflect difficulties with social problem solving skills. Although survey findings were inconclusive, making better decisions was identified by some interview participants as part of developing resiliency through life experiences and gaining maturity. Decision making was also identified by staff participants as an important risk factor and was related to the early life experiences of clients. Addressing this risk however was identified as a significant challenge by staff in the workshops.

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<sup>5</sup> As all of the participants were caregivers and episodes of single person homelessness were historical, not current

Mental health was also implicated in participants' experiences of housing and family, sometimes as problematic and indicative of 'not coping' and other times as strength and resiliency. As stated previously, supportive counselling was found to be helpful by the interview participants that had tried it. Moreover, use of mental health services was higher among the housed survey participants relative to the homeless group. This suggests that counselling support may contribute to resiliency. Staff also linked past adversity to problems in current functioning and identified counselling or mental health support as important in addressing ongoing risk of homelessness.

- ⇒ **Further research is needed to confirm the risk and protective factors for family homelessness.** Although the literature has often differentiated between single-person and family homelessness (thereby implicating the need for a different service response), this study is the first to explicitly compare the two experiences. Unfortunately, this study achieved only a modest sample size and the results need to be confirmed with a larger sample that enables more sophisticated analyses to be undertaken.
- ⇒ **Ensuring everyone has an adequate income is essential to addressing homelessness risk.** At a policy level this means ensuring families have access to adequate levels of income support or financial assistance for child-related expenses (e.g. childcare, healthcare, education) – especially where these are elevated due to children having special needs. It also means there is a need for continued government intervention to improve employment opportunities and retain young people in education particularly where family despite problems with family and substance use.
- ⇒ **Interventions to improve social problem solving skills may be beneficial.** Further research however is needed to clarify and inform this. In particular longitudinal research is needed to examine how social problem solving skills might develop over time in response to poverty and homelessness.
- ⇒ **Promoting the benefits of counselling to disadvantaged populations could support individuals to develop resiliency.** This would mean addressing the stigma associated with accessing mental health support perhaps through peer-based approaches that normalise the association between past adversity and current difficulties.

Some of the risk and protective factors identified in the survey and interview could be described as broad in their reach. That is, homelessness was not the only outcome they influenced nor was it inevitable. In order to recruit participants at different points in the homelessness trajectory, the project needed a way of identifying families that were at immediate risk of homelessness. Initially it was expected that participants recruited from transitional housing would be classified as homeless, while those contacting the tenancy support programme or attending the young parents network would be classified as 'at risk', and participants from the remaining services would be considered stably housed. As the research progressed it became clear that homelessness was impending for some clients across all teams and programmes. As a result, a set of criteria was needed to ascertain imminent risk. This took several conversations with staff to develop and was not confirmed until late in the research process. Thus there was no validation of these indicators against the risk and protective factors measured in the survey.

Six indicators of imminent risk were defined as occurring within a 3-month timeframe. These were:

1. Need to leave current accommodation within the next 3 months.
2. Could not afford to make a rent or mortgage payment.
3. Could not afford to pay the electricity or another bill.
4. Ran out of food and couldn't afford to buy more.
5. Received help with food, rent or other expenses from a charitable or community organisation.
6. Borrowed money from friends or family to buy small items.

⇒ **Further research is required to confirm the utility of the six indicators of imminent homelessness.** This would require a longitudinal study that could document incidents of homelessness associated with endorsement of a varying number of indicators.

## A single pathway of support

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

- An early identification of risk of homelessness among disadvantaged families lightly connected to support (e.g. via the School Hubs programme)
- Continued nurturing of client's needs when referrals were made across the different teams

As previously described, there was increased recognition by staff of homelessness pathways among their clients and the need for multiple soft entry points to more specialist support to lessen risk. When it worked well, a single entry point into the formal support system opened up further support options. In contrast, when support was denied or misdirected, client participants were less inclined to seek support in the future. Seeking support was also made difficult because of misinformation from within their social networks about what support was available. Thus co-location of non-homelessness and specialist homelessness support within a single umbrella service helped to create pathways into support without requiring clients to self-assess or pre-empt their future support needs.

One of the most valued forms of support was that of reliable and expert information, particularly when this was not available through participants' family of origin. Informational support included housing and parenting information, assessment of intellectual disabilities and behavioural problems in children, and financial literacy. The findings highlight the role that families play in passing down life skills and life knowledge. When families were dislocated or comprised of conflicting or ambivalent relationships, this process was disrupted and participants had to look elsewhere for this knowledge. Participants sometimes described frustration or regret in not having specific types of knowledge at times when they needed it. Thus services, particularly early intervention services, have an important role in providing informational support to families.

While important, the provision of informational support can promote a task-focused practice. The practice framework aimed to shift practice towards a focus on building resiliency among clients. In doing so it built on existing good practice across the teams. Building resiliency 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. The key contribution of the framework to existing practice was in how to support staff to maintain a resilience-

focus given the challenges in working with disadvantaged families – which were partly related to the nature of the issues that families presented with but also related to the constraints imposed by funding. Thus the framework describes a way to support staff to support clients.

- ⇒ **The support system has a particular role in providing informational support and scaffolding social networks until they are self-sufficient.** Thus interventions need to be multi-pronged to assist in resolving difficulties within current relationships, renegotiating relationships to limit risk, or developing new positive relationships in addition to filling gaps in support such as a need for reliable information.
- ⇒ **Referral pathways that involve integrated and continuous care are an important part of a resilience-promoting support system.** Such referrals might ameliorate (somewhat) any negative impact from 'bite-sized' support periods that arise out of current funding models. This would also be supported by implementation of the outcomes framework being developed by NSW Department of Family and Community Services.
- ⇒ **The practice framework needs to be road-tested and evaluated against client outcomes.** The tool needs to make sense to staff across the different teams and programmes and also be appropriate for different staff relationships. In particular, it needs to be demonstrated that the tool results in more resiliency-building conversations which in turn needs to be linked to an improvement in client outcomes. This includes further reflection on the places or spaces where people are comfortable sharing their stories and hence most receptive to resiliency-building conversations.

## Forming a family can be protective

Common to many participants with experiences of homelessness (either as family or single person) were experiences of a difficult or broken family during their childhood and adolescence. Creating their own family as a young adult provided a sense of belonging and personal meaning to participants and offered an opportunity to reshape their future. Children were also a source of hope and strength and in this way contributed to the individual resiliency of participants in getting through difficult times such as homelessness. Thus while being a young parent was associated with some risk (e.g. discrimination in the rental market) in many other ways it could be described as protective. Understanding the strength and resiliency derived from being part of a family is related to but separate from the resiliency of families to function well through stressors such as poverty and homelessness.

Finding ways to support family strength or capability in the context of ongoing hardship and uncertainty is therefore crucial. Family strength was measured in the survey as family cohesion and flexibility and conceptualised as a protective factor linked to resiliency. The small sample size meant analysis of risk and protective factors within a single model of resiliency was not possible. However in future research the factors considered in such a model need to be revisited. In particular, as attested by the qualitative findings, measures of individual and family resiliency need to be explored. Additionally, the present study focused on a narrow set of family demands, primarily around financial stress. In contrast, the qualitative findings suggested there were other key demands that contributed to risk such as child disability and parenting self-efficacy in the context of domineering extended family.

Overall, the survey sample in this research demonstrated high resiliency. This is consistent with the process of adaptation and growth described by participants in the qualitative interviews but also highlights the limits of taking a snapshot of resiliency at a particular point in time – vulnerability and capability were part of a single process of resiliency and co-existed within each individual. This learning was translated into the framework developed with staff to re-anchor their practice to a strength-based, resilience-focused way of relating to clients. It is also possible that the participants involved in this study happen to be a ‘less risky’ group of families overall. In particular, it might be that only participants who were in a relatively stable point in their life trajectory were prepared to participate in this study. It is not known how the risk and protective factors might compare for parents who have lost custody of their children. There are also additional family groups that need to be further explored in future research, including different family structures, parents in same-sex relationships and Aboriginal families.

- ⇒ **While the project set out to include a range of family types, grandparent households and single fathers were few in number.** From a funding perspective, families eligible for transitional housing were defined as parents with the care of a child under 16 years of age or a woman in her second trimester of pregnancy. There are no such restrictions regarding family for some of the early intervention services. Despite this, most family types were conventional and consistent with past homelessness research where samples typically comprise single mothers and young parents. This suggests that these characteristics may be risk factors for family homelessness. It may also reflect the geographic area in which the study was undertaken and type of services provided by the MAC-K.
- ⇒ **Most of the sample identified as heterosexual and thus same-sex partnerships were not well represented.** Studies on family homelessness among same-sex couples could not be located however LGBTQI individuals have been identified at greater risk of homelessness relative to heterosexual individuals (31,32). Thus it will be important for future research to include a more diverse sample to ensure service responses are relevant to all family types.
- ⇒ **The relevance of the findings for Aboriginal families needs to be established.** Around 15% of the survey and interview samples included participants that identified as Aboriginal indicating that Aboriginal people were underrepresented in this study compared to the MAC-K client population. Aboriginal families appear to have elevated risk for homelessness (33,34). For example, an Australian study found a lack of cultural knowledge of Aboriginal family relations and practice among social housing providers and tenancy support programmes placed Aboriginal families at greater risk of tenancy breakdown (35). Kinship values and spirituality need to be considered in understanding not only risk and resilience but also in developing appropriate service responses. While the narrative interviews were considered appropriate to Aboriginal experiences of family and trauma across the lifespan, the survey may have included measures that were less appropriate. The project also did not have any Aboriginal representation within the research team. Thus this research does not speak specifically for or on behalf of Aboriginal families that experience homelessness. Research led by the Aboriginal community is needed to address this gap, particularly given the proportion of the MAC-K client population that identify as Aboriginal.

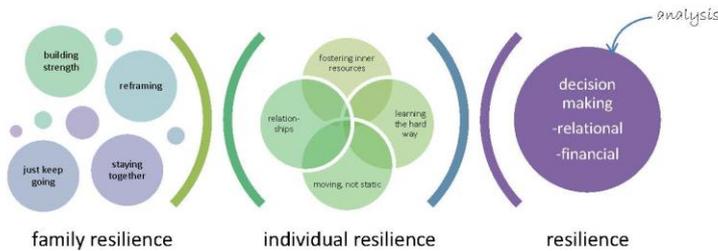
## Conclusion

This collaboration sought to understand the factors that increased the risk of homelessness and those that protected against it. While the findings have improved our understanding of how families develop resiliency against a background of poverty and material hardship, there is still further work to be done. A longitudinal approach with a larger sample would enable modelling of the interactions between risk and protective factors driving resiliency and adaptation over time. Regardless, this study has provided an indication of the shared and unique risk factors for family homelessness, demonstrated the association between specific protective factors (e.g. social support, family strength) and resiliency, and developed a framework to support staff to stay focused on a resiliency-building approach with clients.

# Appendix 1: Summary of ideas from first implementation workshop

## WHY DO SOME DISADVANTAGED FAMILIES BECOME HOMELESS BUT NOT OTHERS?

Themes from client interviews

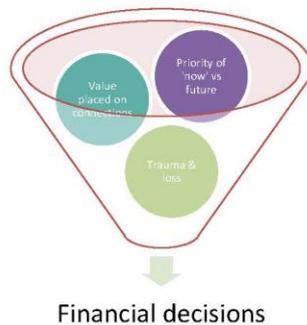
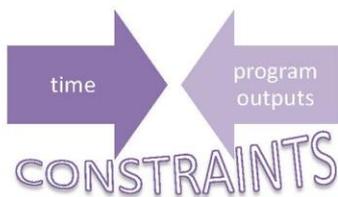


MAC-K makes a strong contribution to resilience via building external resources e.g. service integration; broadening social networks ⇐ this is evident across the teams. Working with internal resources (e.g. decision making) is less consistent.



- integrity
- perseverance
- compassion
- celebration
- respect

### BUILD AWARENESS OVER TIME



- ⊗ The concept of planting a seed is useful across teams but the different contexts mean the conversations might look different.
- ⊗ Question: when and what to plant within each team? Expectation that the seed planted by one team will be watered and nurtured by the next.
- ⊗ Cultivating a MAC-K landscape – using the framework to guide discussions with staff about ‘resilient’ practice.

## FRAMEWORK FOR CONVERSATIONS WITH CLIENTS + WITH EACH OTHER

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