



Mission Australia  
TRANSFORM

## Increasing our understanding of homeless men: The Michael Project



SNAPSHOT 2010

### INTRODUCTION

One in every 105 Australians received support from a government funded specialist homelessness agency in 2008-09.

On Census night 2006, almost 105,000 people were homeless in Australia, an increase of almost 5 per cent over the previous five years. The majority of homeless people were single, 56 per cent were male, and two thirds were over 18 years of age (Chamberlain and MacKenzie, 2008). Recent data indicates that one in every 105 Australians received support from a government-funded specialist homelessness agency in 2008-09. The largest group of users of this support was single males aged 25 years and over, and the most commonly reported reason for this group seeking assistance was problematic drug, alcohol or substance use (14.6 per cent) (AIHW, 2010).

In 2008, the Australian Government set out a national approach to reducing homelessness, with targets of halving homelessness and offering supported accommodation to all those sleeping rough who need it by 2020 (Commonwealth of Australia, 2008). Despite the scale of the issue and the targets set, there is much that is not yet known about people who are homeless. Filling in knowledge gaps in areas such as the length of time people may have been homeless, the prevalence of drug dependence and the extent of trauma experienced, will help ensure policies and practice are tailored appropriately and thus most likely to contribute to achieving the targets set.

This publication reports on findings from new research into a nationally significant service innovation, *The Michael Project*, and adds to the body of evidence policy makers and practitioners can draw on.

### THE MICHAEL PROJECT

The Michael Project combines homeless and accommodation services, assertive case management and eleven specialist allied health and support services.

The Michael Project is a three-year, private donor funded initiative working with homeless men in the Sydney region. It began operating in October 2007 with the objectives of:

- improving the health, wellbeing and social and economic participation of homeless men.
- improving their access to stable, secure and long term accommodation.
- articulating and developing a new model of support.
- providing an evidence base for policy and program development in the delivery of homeless services.

The service model works to assist participants to simultaneously tackle their health, accommodation and other issues such as literacy and daily living skills, and combines three elements:

- homeless/accommodation services, ranging from mobile, street-based outreach, through

to emergency, short term and medium-term accommodation.

- assertive case management, a consistent way of working with clients which emphasises frequent contact and integrated, timely and appropriate support.
- 11 specialist allied health and support services: dentist; podiatrist; psychologist; drug and alcohol counsellor; recreation officer; barber; occupational therapy; literacy and numeracy; computer literacy; and two street-based health and Aboriginal and Torres Strait Islander outreach services.

The Michael Project provides a comprehensive network of support to homeless men across metropolitan Sydney with clients accessing the Project through a small number of homelessness service sites, run by Mission Australia and our Parramatta Coalition partners.

## RESEARCH COLLABORATION

A research study is examining the outcomes achieved by the Michael Project and the cost-effectiveness of the model.

A central component of the Michael Project is a research study, which seeks to examine the outcomes achieved by the Michael Project and the cost-effectiveness of the model. The research study's four aims are to:

- document the needs and backgrounds of clients on entry to the Michael Project.
- assess the effectiveness of the Michael Project in achieving positive outcomes with homeless men.
- understand the processes and mechanisms through which the Michael Project influences client outcomes.
- estimate the cost-effectiveness of the Michael Project.

The research involves quantitative and qualitative components, with the main quantitative instrument being a longitudinal survey which examines how participants are faring at three points in time: at baseline (ie, on entry to the Michael Project), at three months and at twelve months.

A significant amount of administrative and service data is also being collected so that outcomes can be examined in relation to the type and frequency of services received.

The qualitative research includes interviews and focus groups with clients, caseworkers, specialist providers of services and managers.

## FINDINGS FROM THE BASELINE SURVEY

This publication reports on findings from the Michael Project baseline survey, which was completed by a cohort of clients who entered the Michael Project between the end of 2008 and August 2009.

Respondents receiving mobile outreach and emergency accommodation support completed a shorter survey than those receiving support in short and medium-term accommodation. This means that some results are only available for the latter group.

The survey's main purpose is to increase understanding of the backgrounds and needs of clients, particularly regarding their physical and mental health, current economic circumstances, labour market outcomes, accommodation histories and experiences of social exclusion.

## CLIENT BACKGROUNDS

253 homeless men completed the Michael Project baseline survey. 8.9% are of Aboriginal or Torres Strait Islander background. Around half the participants have children; close to a third have two or more children.

Two hundred and fifty three homeless men completed the Michael Project baseline survey. They were from a diverse age range with the greatest number aged 25 to 34. More than three quarters of respondents were aged between 25 and 54. Around half of the participants have children; close to a third have two or more children.

Overall, 8.9 per cent of participants are of Aboriginal or Torres Strait Islander background. A greater proportion of Aboriginal and Torres Strait Islanders accessed the Michael Project through the mobile outreach and emergency

accommodation services (13.8 per cent) compared to those in short and medium-term accommodation (5.9 per cent). Approximately three quarters of the total sample were Australian born. Of those who were not, the vast majority reported they could speak English well or very well and most arrived under the family migration visa category.

Among respondents in the short and medium term supported accommodation, around two-thirds left school in Year 10 or below. However, a quarter had completed a diploma and around one-fifth had a trade certificate.

## HOMELESSNESS AND HOUSING HISTORY

The cumulative time spent sleeping rough was over four years for the outreach and emergency accommodation participants.

Around half of the short and medium term accommodation participants had spent time in jail.

Table 1 shows that over a quarter of all participants were sleeping rough immediately prior to entering the Michael Project. This figure rose to almost 40 per cent for those accessing the mobile outreach and emergency accommodation support options. Many others were living in temporary accommodation, including in a boarding house, or were in hospital or jail. On commencement of support, 93.9 per cent of participants in the research study were housed in emergency, short term or medium term accommodation.

**Table 1: Accommodation immediately prior to and on entry to the Michael Project, Baseline Survey Michael Project**

	Prior to the Michael Project		At commencement of the Michael Project	
	No.	Per cent	No.	Per cent
No shelter (rough sleepers)	65	27.4	8	3.3
Emergency, short term and medium-term accommodation	66	27.8	231	93.9
Temporary accommodation (eg caravan, boarding house etc.)	49	20.7	2	0.8
Institutional residential (eg hospital, prison etc.)	36	15.2	2	0.8
Long-term boarding/lodging tenure	1	0.4	1	0.4
Public and community housing	5	2.1	0	0.0
Private rental accommodation	10	4.2	1	0.4
Family home (rent free)	4	1.7	0	0.0
Home ownership	1	0.4	1	0.4
Other	0	0.0	0	0.0
<b>Total</b>	<b>237</b>	<b>100</b>	<b>246</b>	<b>100</b>

Figures exclude participants who did not respond to the relevant questions.

Table 2 reports on the men's experience of homelessness over their lifetime<sup>1</sup>. The findings show that 94.7 per cent of the outreach and emergency accommodation participants have slept rough at some point over their lifetime as have 77.5 per cent of those from the short and medium-term accommodation services. Data from the baseline survey also shows that the cumulative time spent sleeping rough was much longer for outreach and emergency accommodation participants, a little over four years, compared with around a year and half for other participants in the study. Around a half of short and medium term accommodation participants had spent time in jail, spending, on average, a cumulative three years in prison.

**Table 2: Homelessness experienced by participants over their lifetime, Baseline Survey Michael Project**

	Clients of Outreach and Emergency Accommodation		Clients of Short and Medium Term Accommodation	
	No.	Per cent	No.	Per cent
Ever slept rough	90	94.7	117	77.5
Ever spent time in crisis accommodation	88	92.6	129	85.4
Ever lived with relatives/friends as no other accommodation available	53	56.4	99	65.6
Ever lived in boarding/rooming house	75	80.6	102	67.5

Figures exclude participants who did not respond to the relevant questions.

<sup>1</sup> Self-reported lifetime experiences of homelessness are likely to be an under-estimate.

## HEALTH AND WELLBEING

Around half of all respondents indicated they had been diagnosed with a mental health disorder other than a substance use disorder.

The vast majority of Michael Project survey participants showed high to very high levels of distress.

95% of Michael Project participants had experienced one or more traumatic events.

Participants reported a range of longstanding health conditions, in particular musculoskeletal problems (25.5 per cent), vision problems (21.5 per cent) and infectious diseases (20.5 per cent). Two-thirds of respondents had been knocked unconscious in their lifetime.

Around half of all respondents indicated that they had been diagnosed with a mental health disorder other than a substance use disorder. One third reported that they had been diagnosed by a health professional for an anxiety disorder; a third a mood disorder; and close to one fifth a psychotic disorder.

Of particular note were the findings regarding psychological distress and trauma. Study participants were screened for current psychological distress (ie occurring in the past 30 days). Psychological distress, which

includes symptoms of depression and anxiety, has an impact on individual wellbeing and a major effect on a person's ability to work, study, and manage their daily activities. People experiencing very high levels of psychological distress are likely to utilise medical services at far greater rates than the general population (Manning and Wells, 1992). The vast majority of Michael Project survey participants showed high to very high levels of distress (see Table 3). This is in sharp contrast to the Australian general population where the vast majority of males fall within the low to moderate distress categories. These findings are consistent with the international literature in which consistently high levels of psychological distress have been found among homeless people compared to the general population (Robertson, 1992).

**Table 3: Psychological distress, Baseline Survey Michael Project**

	Michael Project participants		Australian male population 18 yrs+*
	No.	Per cent	Per cent
No/low distress (score range: 10-15)	3	1.2	71.8
Moderate distress (score range: 16-21)	8	3.3	18.6
High distress (score range: 22-29)	36	14.8	6.8
Very high distress (score range: 30-50)	197	80.7	2.8
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>100.0</b>

Figures exclude participants who did not respond to the relevant questions.

\* ABS 2007-08 Australian Health Survey, ABS 2009

Figure 1 shows the level of exposure to traumatic events experienced across their lifetime by Michael Project participants from the short and medium-term accommodation services. Although exposure to traumatic events is common in the general population, the rate of exposure among these Michael Project participants is higher still. In a study based on the 1997 Australian National Survey of Mental Health and Wellbeing, lifetime exposure to trauma was 65 per cent among males (Creamer et al., 2001), whereas almost all of the Michael Project participants (95 per cent) had experienced one or more traumatic events. The most common were witnessing another person being seriously injured or killed (69.8 per cent), being physically assaulted (65.8 per cent), being threatened with a weapon or held captive (60.4 per cent), and being involved in a life-threatening accident (55.7 per cent). The average number of traumatic events experienced was 4.2 events<sup>2</sup>.

**Figure 1: Lifetime exposure to different traumatic events, Baseline Survey Michael Project\***



\* Short and medium-term accommodation respondents.

Figures exclude participants who did not respond to the relevant questions.

<sup>2</sup> While the trauma questions were not asked of participants from the outreach and emergency accommodation services, the longer spells of rough sleeping experienced by this group suggest the prevalence of traumatic events may be even higher among this group.

## HEALTH AND WELLBEING (CONTINUED)

Participants were typically in early adolescence when they experienced their first traumatic event.

20% of Michael Project survey participants screened positive for Post Traumatic Stress Disorder.

Half of all participants indicated a substance use disorder diagnosed by a health professional.

Participants were typically in early adolescence when they experienced their first traumatic event, while their worst exposure occurred in early adulthood. This indicates that the trauma history of many homeless people is well established by adulthood. Exposure to traumatic events is associated with a range of interpersonal and mental health problems including relationship difficulties, substance use problems, depression and post traumatic stress disorder (Clark 2001, Herman 1992, Dube et al., 2006, Breslau et al., 2000).

Not all people exposed to trauma subsequently develop post traumatic stress disorder (PTSD). Although exposure to trauma is common in the general population, only 1 per cent of Australian males in the 1997 National Survey of Mental Health and Wellbeing exposed to trauma were diagnosed with PTSD in the past 12 months (Creamer et al, 2001). The proportion of Michael Project survey participants who screened positive for PTSD, however, is much higher at 20 per cent. A key determinant of risk for PTSD is exposure to a single assault-related trauma or to multiple traumatic events (Breslau et al., 1999). Both of these are evident among the participants surveyed and could explain their higher rate of PTSD relative to the general population.

Substance use was very prevalent among the homeless men surveyed, with a half of all participants indicating a substance use disorder diagnosed by a health professional, over a half indicating they had tried heroin at some time in their life and close to 80 per cent indicating they had ever tried cannabis. Table 4 indicates the number of clients who had used a particular drug in the past month and of these, the percentage who were assessed as dependent on that drug. Twenty clients from the outreach and emergency accommodation services, for example, and 16 from the short and medium term accommodation services reported that they had used heroin in the past month. Of those, 50.0 per cent and 81.3 per cent respectively were dependent on the drug.

**Table 4: Substance use and dependence, Baseline Survey Michael Project**

	Clients of Outreach and Emergency Accommodation			Clients of Short and Medium-Term Accommodation		
	No. used in the past month	No. dependent*	Per cent dependent**	No. used in the past month	No. dependent*	Per cent dependent**
Heroin	20	10	50.0	16	13	81.3
Opioids other than heroin	12	7	58.3	15	10	66.7
Alcohol	58	31	53.4	78	41	52.6
Cannabis	47	25	53.2	31	23	74.2
Amphetamine	20	13	65.0	13	7	53.8
Cocaine	12	9	75.0	5	2	40.0
Tranquillisers	15	8	53.3	10	3	30.0
Hallucinogens	3	0	0.0	2	2	100.0
Inhalants	2	0	0.0	2	1	50.0

Figures exclude participants who did not respond to the relevant questions.

\* The number of those who had used the drug in the past month and were dependent on it.

\*\* The percentage of those who used the drug in the past month and were dependent on it.

## ECONOMIC PARTICIPATION: EMPLOYMENT AND INCOME

Whilst over 90% of respondents were not employed at the time of the baseline survey, around half of those from the short and medium-term accommodation had held a full-time job some time in the last two years.

Over 90 per cent of respondents were not employed at the time of the baseline survey. Among short and medium-term accommodation respondents, 5.9 per cent were employed at the time of the baseline survey, 26.5 per cent were unemployed (that is, they were not employed and looking for work and available to start work) and 67.5 per cent were not in the labour force (that is, they were not employed but also did not fit the criteria to be classified as unemployed). Discouraged job seekers - those who are available to start work, but are not currently looking for work - comprised 4.9 per cent of the not in the labour force group.

Table 5 shows the last self-reported full-time employment position of participants from the short and medium-term accommodation services. While only six participants stated that they were working at the time of the baseline survey, around half had held a full-time job some time in the last two years.

**Table 5: Last full-time employment position, Baseline Survey Michael Project\***

	No.	Per cent
Currently in a full-time position	6	4.1
Within the last two years	76	51.4
Two to five years ago	30	20.3
More than five years ago	33	22.3
Never	3	2.0
<b>Total</b>	<b>148</b>	<b>100.0</b>

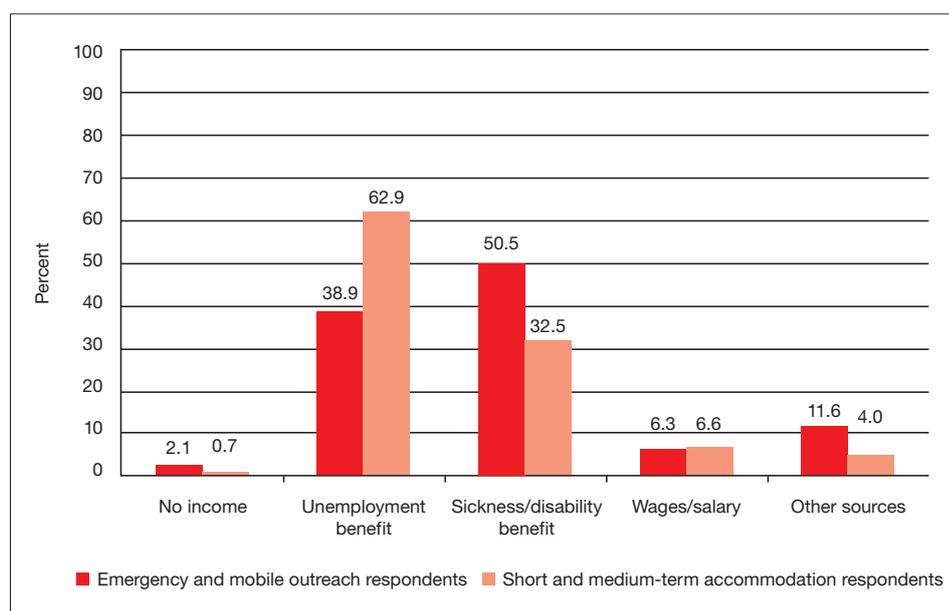
\*Short and medium-term accommodation respondents only. Figures exclude participants who did not respond to the relevant questions.

The most significant difficulty cited by participants in finding work was their health. Lack of skills/training and experience, transportation problems and lack of vacancies were also prominent barriers cited.

Figure 2 shows the sources of income reported by all respondents to the baseline survey. The vast majority reported they received some form of income with unemployment or sickness/disability benefits being the major sources. Short and medium-term accommodation respondents were less reliant on sickness/disability benefits than those from the mobile outreach or emergency accommodation group, possibly reflecting the greater incidence of physical and mental health related problems among the latter.

Participants were also asked to assess how well they were able to manage on their current income. A high proportion (around 35 per cent) reported that they did not have enough to "get by on" (see Figure 3). Of those who reported they did have enough, the majority felt that it was only "just enough" or "enough to get by but not back on track".

**Figure 2: Current sources of income, Baseline Survey Michael Project**

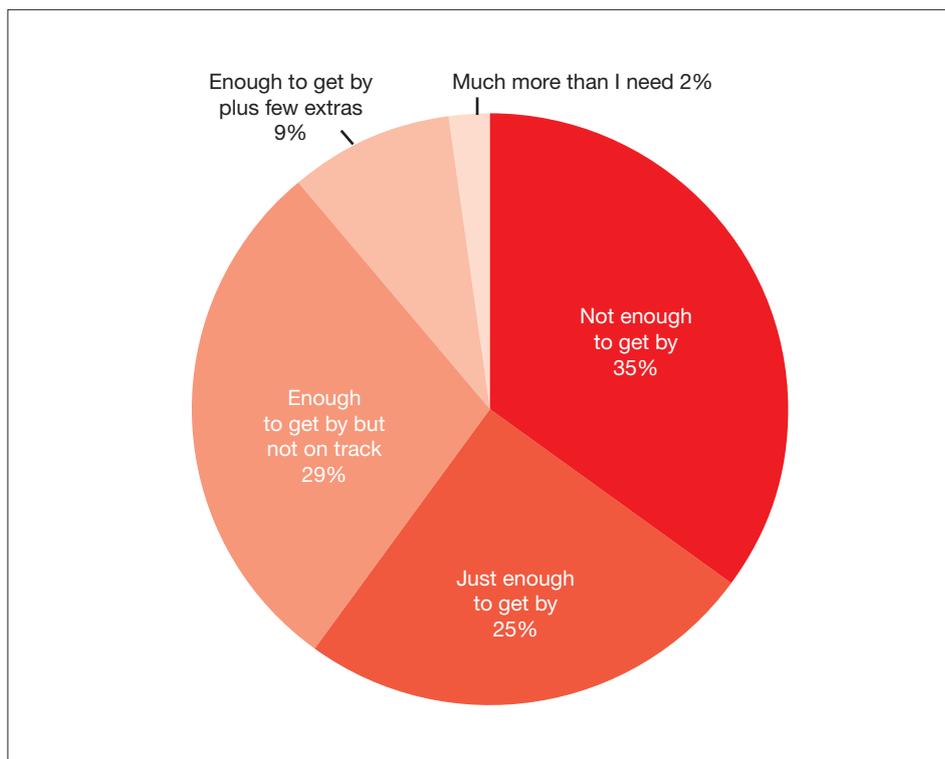


Figures exclude participants who did not respond to the relevant questions.

**ECONOMIC PARTICIPATION:  
EMPLOYMENT AND INCOME  
(CONTINUED)**

35% reported they did not have enough income to “get by on”.

**Figure 3: Self-reported ability to manage on current income, Baseline Survey Michael Project**



Figures exclude participants who did not respond to the relevant questions.

**SOCIAL DEPRIVATION  
AND ISOLATION**

Around 17% were not able to buy medicines prescribed by a doctor.

Participants from the short and medium-term accommodation services were asked to indicate, from a list of 12 items, the types of problems they experienced due to a shortage of money in the previous 12 months. The most commonly cited problems were having to ask a welfare agency for assistance, not being able to afford their own place, being unable to go out with friends, and going hungry.

Table 6 shows that the vast majority of participants (87.2 per cent) could not raise up to \$500 in an emergency, one in five could not afford dental treatment if needed, and around 17 per cent were not able to buy medicines prescribed by a doctor. This contrasts strongly with the broader Australian community where 76.1 per cent had up to \$500 in savings for an emergency, 81.3 per cent could access dental treatment if required and 95.7 per cent were able to buy medicines when needed (Saunders et al., 2007).

**Table 6: Relative deprivation experienced, Baseline Survey Michael Project\***

	Don't have it		Because can't afford	
	No.	Per cent	No.	Per cent of those who don't have it
Up to \$500 in savings for an emergency	130	87.2	107	82.3
Dental treatment if needed	31	20.8	24	77.4
Able to buy medicines prescribed by a doctor	25	16.8	20	80.0

\*Short and medium-term accommodation respondents.  
Figures exclude participants who did not respond to the relevant questions.

## SOCIAL DEPRIVATION AND ISOLATION (CONTINUED)

70% of participants experienced social isolation because of an absence of supportive family members.

Table 7 shows the specific reasons given by short and medium-term accommodation participants for feeling isolated during the previous 12 months. A large number of factors cause social isolation for homeless men, with most feeling isolated because of a lack of money, a lack of paid work and a lack of transport. Physical and mental health conditions and a disability also caused social isolation for well over a quarter of participants.

Also of significance was the absence of supportive family members and friends reported by approximately 70 per cent and 60 per cent of participants respectively. Family-related problems were a cause of isolation for a majority of participants (65.3 per cent). In contrast, around 90 per cent of the broader Australian community indicate they have supportive family relationships (Saunders et al., 2007). Taken together the responses of homeless men indicate significant material and social deprivation.

**Table 7: Causes of social isolation, Baseline Survey Michael Project\***

	No.	Per cent
Lack of paid work	105	70.9
Lack of money	120	81.1
Lack of own transport	105	70.9
Irregular/expensive public transport	73	49.7
Lack of friends to provide support	88	59.5
Absence of supportive family members	102	69.4
Family-related problems	96	65.3
Lack of access to children	51	34.5
Lack of involvement in community/sport	72	48.6
Problems with physical access due to disability	38	25.9
Physical health condition(s)	47	31.8
Mental health condition(s)	54	36.7

\* Short and medium-term accommodation respondents.

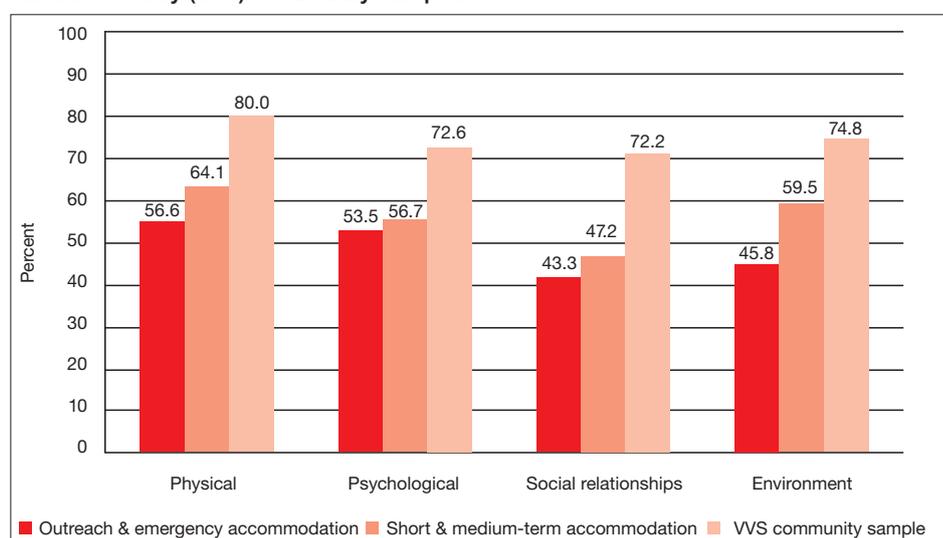
Figures exclude participants who did not respond to the relevant questions.

## QUALITY OF LIFE

Participants from the outreach and emergency accommodation services had an even lower quality of life than those in short and medium term accommodation.

Quality of life measures seek to assess the fit between an individual's hopes and their current experience. A lower quality of life points to the present reality being distant from an individual's expectations or hopes. Overall, the quality of life of all those surveyed for the Michael Project, as assessed by the World Health Organisation Quality of Life Bref (WHOQOL-BREF) survey, was lower compared to a sample of the general Australian population as shown in Figure 4. Participants from the outreach and emergency accommodation services had an even lower quality of life than those in short and medium-term accommodation, particularly in the environmental domain, highlighting the precarious and unsatisfactory living conditions in particular of this group.

**Figure 4: Mean scores on the World Health Organisation Quality of Life Bref instrument, Baseline Survey Michael Project, compared with mean scores for the 2000 Victorian Validation Study (VVS) community sample.**



Figures exclude participants who did not respond to the relevant questions.

Findings on the 2000 Victorian Validation Study are reported in Murphy et al. (2000, p.26).

## SERVICE USE

On average participants from the outreach and emergency accommodation services spent a total of over 23 nights in a health care facility over the past 12 months.

More than a quarter of all participants had an overnight stay in a justice facility in the previous 12 months.

22.7% of those from the outreach and emergency accommodation services had been in contact with the police over the past 12 months because they were victims of an assault.

The lives of those participating in the Michael Project are characterised by a lack of economic participation, insecure and unsatisfactory living conditions, high levels of physical and mental health problems and social isolation, and this has an impact on their use of health and justice services. In the previous 12 months over half the participants had an overnight stay in a health care facility (see Table 8). This is not surprising given the high prevalence of both physical and mental health conditions and the high rate of chronic ill health reported by participants. On average, participants from the outreach and emergency accommodation services spent a total of close to ten (9.94) nights in a general hospital, 3.36 nights in a psychiatric facility and 11 nights in a drug health facility over the past twelve months, or over 23 nights in total. Around half reported a presentation to the accident and emergency department of a hospital over the last year.

**Table 8: Contact with health services in the preceding 12 months, Baseline Survey Michael Project**

	Clients of Outreach and Emergency Accommodation	Clients of Short and Medium Term Accommodation
Respondents reporting any overnight stay in a health care facility ( per cent)	58.1	55.3
Total average no. of nights spent in general hospital per participant	9.94	3.5
Total average no. of nights spent in psychiatric facility per participant	3.36	5.07
Total average no. of nights spent in drug health facility per participant	11.00	32.85

Figures exclude participants who did not respond to the relevant questions.

Contact with justice services was also high, with just over 50 per cent of outreach and emergency accommodation participants and almost 40 per cent of short and medium accommodation participants being stopped by police on the street in the past 12 months. Around a third of all participants had been apprehended by the police and approximately 40 per cent had made a court appearance. More than a quarter of all participants had an overnight stay in a justice facility in the previous 12 months (see Table 9). A significant proportion had also been in contact with the police because they were victims of an assault – 22.7 per cent of those from the outreach and emergency accommodation services and 12.2 per cent of those from the short and medium term accommodation services.

**Table 9: Contact with justice services in the preceding 12 months, Baseline Survey Michael Project**

	Clients of Outreach and Emergency Accommodation	Clients of Short and Medium Term Accommodation
Respondents reporting any overnight stay in a justice facility ( per cent)	30.4	25.2
Total average no. of nights held by police per participant	1.68	0.38
Total average no. of nights incarcerated in prison per participant	11.79	9.78
Total average no. of nights detained in other justice facility per participant	4.97	5.54

Figures exclude participants who did not respond to the relevant questions.

## PRELIMINARY ANALYSIS AND IMPLICATIONS

The levels of psychological stress, trauma and mental health conditions require ways of working with homeless men which emphasise long-term and more sophisticated support.

The picture emerging from the data is of a group of homeless men who have historically poor accommodation outcomes, significantly poorer health and wellbeing than the general Australian population, who are not economically engaged and whose social participation is marginal.

Some findings are particularly stark:

- Sleeping rough is a common experience with the mean cumulative time of rough sleeping (among those reporting at least one instance of it) more than four years for participants from outreach and emergency accommodation and one and a half years for other participants.
- The prevalence of mental health conditions, and in particular the high levels of substance misuse, psychological distress and post traumatic stress disorder, with the last at levels twenty times those of the Australian male population.
- A large proportion are currently not employed but conversely there is a more recent attachment to the labour force among a significant number of homeless men than might have been expected, with around half of those in short and medium term accommodation having held a full time position in the last two years.
- Participants often lack sufficient income to “get by on” and more especially to “get their life back on track”.
- A majority have children but lack supportive family members and friends, which contributes to their social isolation as does a lack of paid work, money, access to transport and poor health.
- Participants have low levels of quality of life compared to the general population, particularly in terms of social relationships and their living environment.
- There are high levels of health service use and contact with justice services.

This profile of homeless men, drawn from a significant number of clients (253), has

important implications for service delivery and policy, particularly at a time when national, state/territory and regional action plans to reduce homelessness are being developed and rolled out across Australia.

The fact that participants from the mobile outreach and emergency accommodation services are faring even worse than those from short and medium term accommodation services, supports current policy directions geared towards ‘Street to Home’ type initiatives (assertive outreach programs targeting rough sleepers). It does, however, raise the question of how best to support those who are not living on the street, but whose recent past and lifetime experience is complex and challenging. Aligned to this, given that about 50 per cent of short and medium-term accommodation participants have been in jail some time in the past is the need to re-think the relationship between the prison and homelessness systems.

The prevalence and significance of mental health conditions is notable and has clear implications for practice and policy. In the overwhelming number of cases, trauma preceded the first homeless episode. The levels of psychological distress and trauma require ways of working with these men which emphasise long term and more sophisticated and specialised support. This support needs to be grounded in a thorough needs assessment and individualised treatment plans supported by a multidisciplinary team approach, including psychologists. There are major implications for specialist homeless services and other services working with this population, in terms of the range and skills of staff required and the level of ongoing training needed. This in turn has funding implications.

Overall, the evidence to date from the Michael Project suggests that homeless men are a diverse group in terms of background and personal histories but there are many shared experiences and challenges.

## WHERE TO FROM HERE

In the next few months, the Michael Project research team will report on the wave 2 survey, which was completed by participants three months after they entered the project. It will explore how these men have fared since their initial engagement with the Michael Project, particularly in the areas of health and

wellbeing, quality of life and economic and social participation. In the longer term, findings from the whole project, including the wave 3 (12 months) survey, will be released, significantly adding to the Australian evidence base for policy and program development in the delivery of services to homeless men.

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Inspired by Jesus Christ, Mission Australia exists to meet human need and to spread the knowledge of the love of God. Our vision is to see a fairer Australia by enabling people in need to find pathways to a better life.

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