



Mission Australia  
TRANSFORM



# How homeless men are faring: Some initial outcomes from the Michael Project

SNAPSHOT 2011

## INTRODUCTION

Participation in the Michael Project is related to a range of improvements in life circumstances.

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; and
- providing an evidence base for policy and program development in the delivery of homeless services.

This is the second snapshot<sup>1</sup> examining the circumstances of participants in the Michael Project. It focuses specifically on how participants are faring after three months relative to their circumstances when they were initially engaged with the project. This report details a number of positive changes in a range of areas including:

- improvements in housing situation;
- improvements in income and employment circumstances;
- a decrease in social isolation, particularly with regard to family relationships;
- small improvements in the quality of life; and
- greater access to health services.

These changes are particularly significant given the profile of these men and the challenges they face as outlined in the first snapshot.

## THE MICHAEL PROJECT SERVICE MODEL

The Michael Project combines homeless and accommodation services, assertive case management and 11 specialist allied health and support services.

The Michael Project service model works to support participants to simultaneously address their health, accommodation and other issues such as daily living skills and literacy. The model combines three important elements in providing this support:

- homeless/accommodation services, ranging from mobile street-based outreach through to emergency, short-term and medium-term accommodation;
- assertive case management, including a consistent way of working with clients across service sites and designed to ensure the provision of enhanced, timely and integrated services; and
- 11 specialist and allied health services: dentist; podiatrist; psychologist; drug and alcohol counsellor; occupational therapy; recreation officer; barber; literacy and numeracy programs; computer literacy programs; and two street-based health and Aboriginal and Torres Strait Islander outreach services.

<sup>1</sup> For the first snapshot see - *Increasing our understanding of homeless men: The Michael Project*.  
<http://www.missionaustralia.com.au/downloads/social-policy-reports/245-michael-project-snapshot-aug-2010>

RESEARCH COLLABORATION

A research study is examining the outcomes achieved by the Michael Project.

A central component of the Michael Project is a research study which aims 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; and

- estimate the cost-effectiveness of the Michael Project.

The research involves quantitative and qualitative components, with the main quantitative instrument being a longitudinal survey that examines how participants are faring at three points in time: on entry into the project (baseline survey), at three months (Wave 2 survey) and at twelve months (Wave 3 survey).

THE THREE MONTHS (WAVE 2) SURVEY

147 men from the Michael Project completed the three month survey.

Three months after entry to the Michael Project 147 of the original group of 253 homeless men were located and agreed to complete a Wave 2 survey with a researcher. For the purposes of comparison, this publication draws only on the data from the 140 participants who completed in full both the baseline and Wave 2 surveys. This means that some of the figures which are reported as baseline results in this publication differ

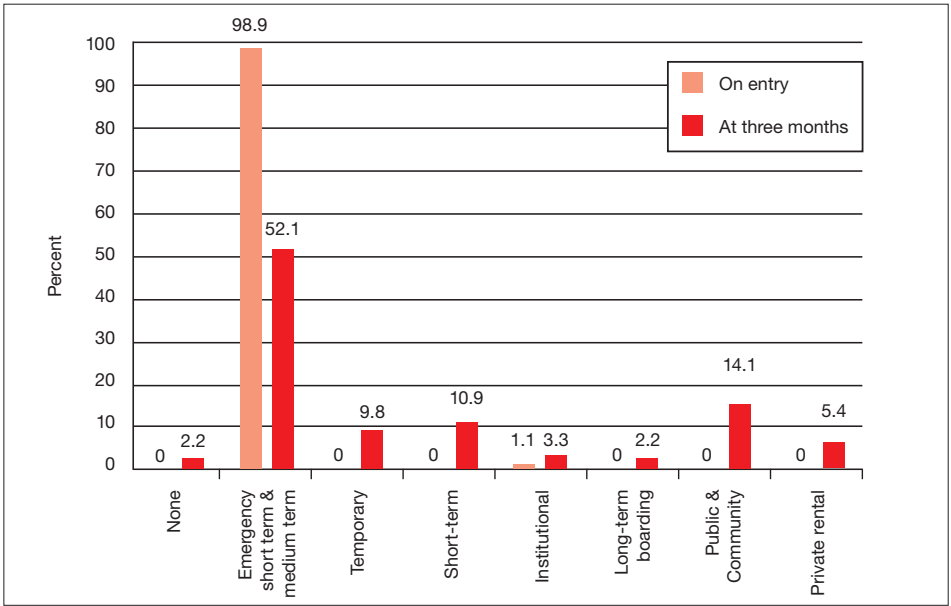
slightly from those reported in the earlier publication, *Increasing our understanding of homeless men* (Mission Australia, 2010). Participants receiving mobile outreach and emergency accommodation support completed a shorter survey than those receiving support in short and medium-term accommodation and therefore some results are only available for the latter group.

HOUSING

After three months men were moving into longer term accommodation.

After three months there was an overall improvement in housing outcomes for participants in the Michael Project, though these differed for the two groups. For men in a short or medium-term accommodation service on entry into the project the results were encouraging. Figure 1 shows that for these participants the trend was to move out of crisis accommodation and into long-term housing. On entry into the project almost all of these men (98.9%) were living in specialist homelessness accommodation<sup>2</sup> but after three months only half of these men (52.1%) were still in this form of accommodation. Of those who had moved out of specialist homelessness accommodation, around one in five had entered long-term housing, including public or community housing (14.1%), private rental accommodation (5.4%) or long-term boarding house accommodation (2.2%). Other participants had moved into short-term<sup>3</sup> (10.9%) or temporary<sup>4</sup> (9.8%) accommodation and only a small number reported that they were without shelter (2.2%).

Figure 1: Accommodation outcomes for short and medium-term accommodation respondents, On entry and At three months.



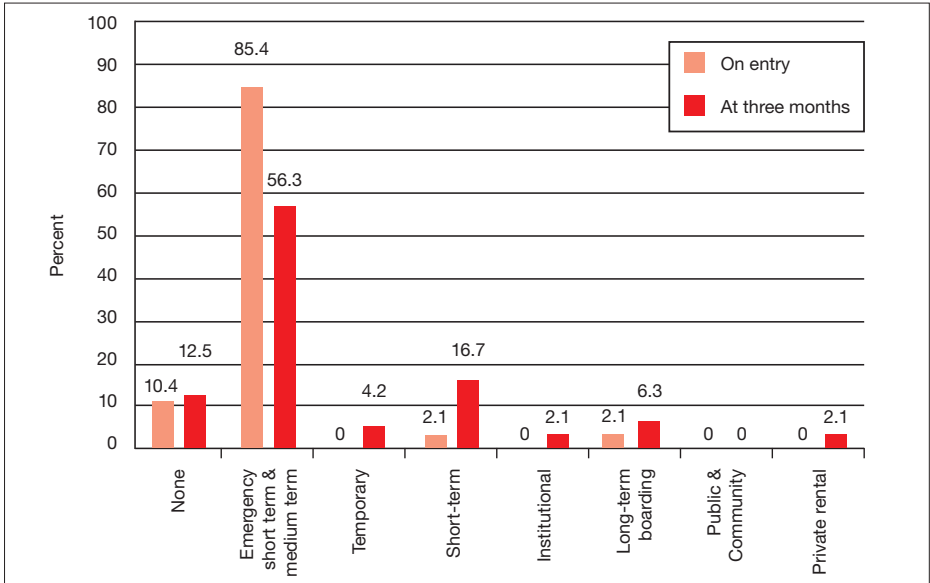
Figures exclude participants who did not respond to the relevant questions.

<sup>2</sup> Emergency, short and medium-term accommodation formerly referred to as SAAP/CAP accommodation.  
<sup>3</sup> Caravan, boarding/lodge/rooming house (non long-term tenure) hostel, hotel or motel.  
<sup>4</sup> Living with extended family member, friend or acquaintance excluding holiday stays.

HOUSING (CONTINUED)

Figure 2 shows that the housing outcomes for participants who had accessed the Michael Project via outreach or emergency accommodation services were not quite as positive as those from the short or medium-term accommodation services. While many of these men had moved out of specialist homelessness accommodation they were less likely to have moved into long-term accommodation. The proportion of those staying in specialist homelessness accommodation fell from 85.4 per cent on entry into the program to 56.3 per cent after three months. There were however, increases after three months in the proportion of these men staying in short-term accommodation (from 2.1 to 16.7%), long-term boarding (2.1 to 6.3%) and temporary accommodation, institutional accommodation and private rental.

Figure 2: Accommodation outcomes for outreach and emergency accommodation respondents, On entry and At three months.



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

ECONOMIC PARTICIPATION:  
EMPLOYMENT AND INCOME

Labour force participation was improving and more men had commenced employment.

After three months, employment outcomes had also improved but varied between the two groups of Michael Project participants. As Table 1 shows there was a significant improvement in labour force status over the three month period for those who entered the project through the short or medium-term accommodation services. The proportion of these men who were employed increased from 6.5 per cent to 19.6 per cent. Among the remaining 80.4 per cent of this group who were not employed a significant proportion had moved from being not engaged in the labour force at all to actively seeking employment. On entry 72.1 per cent of those from the short or medium-term accommodation services were not in the labour force and 26.7 per cent were unemployed. At three months the proportion not in the labour force had decreased to 59.5 per cent while the proportion who were unemployed increased to 37.8 per cent. This is a positive development showing an increased readiness to work among participants from the short and medium-term accommodation services.

Employment circumstances for those entering the Michael Project through mobile outreach or emergency accommodation services did not change over the three months.

Table 1: Labour force status among participants, On entry and At three months.

	Clients of outreach and emergency accommodation*		Clients of short and medium-term accommodation	
	On entry %	At three months %	On entry %	At three months %
Employed	14.6	14.6	6.5	19.6
Not employed	85.4	85.4	93.5	80.4
Of those not employed				
Unemployed	-	-	26.7	37.8
Not in labour force	-	-	72.1	59.5
Missing	-	-	1.2	2.7

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

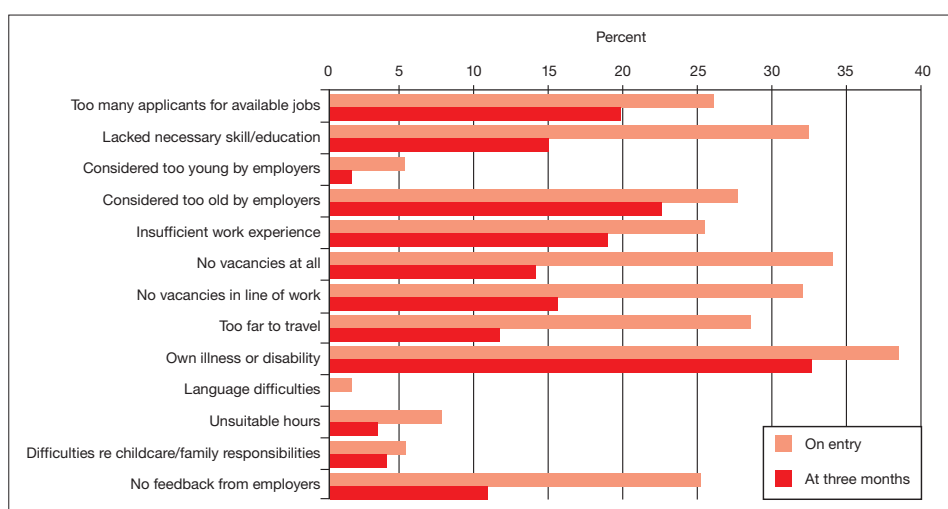
\*Information on whether participants were unemployed or not in the labour force was not collected for clients of outreach and emergency accommodation.

## ECONOMIC PARTICIPATION: EMPLOYMENT AND INCOME (CONTINUED)

There was a substantial reduction in the number of men who thought they lacked the necessary skills or education to find a job.

Positive changes in the labour force status of short and medium-term accommodation participants were accompanied by a decrease in the proportion reporting particular difficulties in finding work (see Figure 3). There was a substantial reduction in the proportion of men reporting that they lacked the necessary skills or education to find a job, from 32.6 per cent on entry into the project to 15.2 per cent at three months. There was also a decline in the proportion reporting their own ill health or disability as a barrier to work, from 38.0 per cent to 32.6 per cent, and those identifying travel as an issue, from 28.3 per cent to 12.0 per cent.

Figure 3: Difficulties experienced in finding work, On entry and At three months.\*



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

\* Short and medium-term accommodation respondents.

At three months there was also an increase in the number of participants who were receiving wages or a salary. On entry 6.5 per cent of all participants identified wages/salary as an income source compared with 11.4 per cent at three months.

Table 2: Sources of current income for all participants, On entry and At three months.

	Michael Project respondents*	
	On entry %	At three months %
No income	0.0	0.7
Registered/awaiting benefit	0.7	0.7
Unemployment benefit	55.4	51.4
Sickness/disability benefit	37.4	35.7
Wages/salary	6.5	11.4
Own business	1.4	0.0
Spouse's/partner's income	1.4	0.7
Worker's compensation	0.7	0.0
Other sources	7.2	12.9

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

\*Sources of income are not mutually exclusive.

After three months participants were reporting an increased ability to manage on their current income. On entry into the project, nearly a third (30.1%) indicated they did not have 'enough to get by on' and this had decreased to less than a quarter (23.6%) at three months.

HEALTH AND WELLBEING

Participants' health issues remained high after three months.

28% of the men who were living in short or medium-term accommodation at the start of the project had experienced a traumatic event over the next three months.

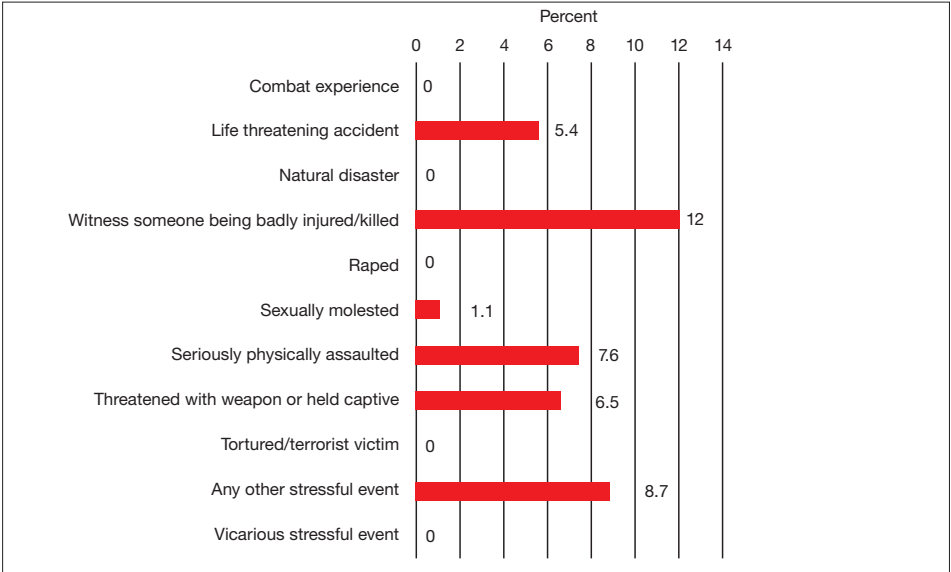
The proportion of men with Post Traumatic Stress Disorder declined slightly.

On entry close to 60.0 per cent of all participants indicated that they had a longstanding physical health condition, including in particular musculoskeletal problems, vision problems, and infectious diseases. Generally, participants' experience of a range of health issues remained high at three months, which is not surprising given the longstanding and chronic nature of many of the illnesses identified on entry.

The vast majority of Michael Project clients had very high levels of psychological distress when they commenced with the project and they experienced distress at much higher levels than the general Australian male population. As would be expected over such a short period of time, this did not change significantly over the three months.

Participants who accessed the Michael Project through the short and medium-term accommodation services were asked about their exposure to traumatic events. On entry, 95 per cent reported having experienced at least one traumatic event across their lifetime and the living circumstances of these men highlights that exposure to violence remains an ongoing issue. After three months 28.3 per cent of the short and medium-term accommodation participants indicated they had experienced a traumatic event since entry, with 8.7 per cent being exposed to multiple traumas. Figure 4 shows the range of traumatic incidents experienced by participants within the three months since entry into the Michael Project. Twelve per cent had witnessed someone being badly injured or killed, 7.6 per cent had been seriously physically assaulted, 6.5 per cent had been threatened with a weapon or held captive and 5.4 per cent had been in a life-threatening accident.

Figure 4: Exposure to traumatic stress in the three months after entry.\*



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

\* Short and medium-term accommodation respondents.

The extent to which men screened positive for Post Traumatic Stress Disorder (PTSD) declined after three months. On entry, around 20.9 per cent of short and medium-term accommodation participants had screened positive for PTSD and three months later this had decreased slightly to 15.3 per cent of participants. At three months, however, these figures are still extremely high compared to the 1 per cent of all Australian men with PTSD (Creamer et al., 2001).

At three months, substance use remained much higher among clients who were living on the street or in emergency accommodation services when they commenced with the project compared to those who were living in short and medium-term accommodation services. Overall, the proportion of participants who had used substances within the past month either remained largely unchanged or had increased slightly.

SOCIAL PARTICIPATION,  
DEPRIVATION AND SOCIAL  
ISOLATION

The extent to which  
men were socially  
isolated declined.

Far fewer men  
reported isolation due to  
family-related problems.

At three months participants who accessed the project through the short and medium-term accommodation services were experiencing less social exclusion and fewer instances of relative deprivation than they had on entry into the project. Table 3 shows there was a decrease in the proportion experiencing isolation, particularly in the areas relating to support provided by family and friends, and paid work. Far fewer participants reported isolation due to family-related problems, declining from 65.2 per cent on entry to 44.6 per cent after three months. The proportion who indicated an absence of supportive family members declined from 67.4 per cent to 56.5 per cent and the proportion for whom a lack of friends contributed to their social isolation fell from 57.6 per cent to 42.4 per cent. The proportion experiencing isolation due to a lack of paid work also declined from 66.3 per cent to 52.2 per cent and those experiencing isolation due to lack of money declined from 78.3 per cent to 72.8 per cent.

Table 3: Causes of social isolation, On entry and At three months.\*

	Clients of short and medium-term accommodation	
	On entry %	At three months %
Lack of paid work	66.3	52.2
Lack of money	78.3	72.8
Lack of own transport	69.6	60.9
Irregular/expensive public transport	48.9	26.1
Lack of friends to provide support	57.6	42.4
Absence of supportive family members	67.4	56.5
Family-related problems	65.2	44.6
Lack of access to children	35.9	34.8
Lack of involvement in community/sport	43.5	35.9
Problems with physical access due to disability	25.0	18.5
Physical health condition(s)	27.2	27.2
Mental health condition(s)	39.1	34.8

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

\* Short and medium-term accommodation respondents.

SOCIAL PARTICIPATION,  
DEPRIVATION AND SOCIAL  
ISOLATION (CONTINUED)

The proportion of men who did not have a decent secure home fell from 91.3% to 63.0%.

After three months in the project, men were much more likely to report that they had been in recent contact with family but there was little difference in the proportion reporting contact with others.

Participants who had been living in short and medium-term accommodation services when entering the project were also asked to indicate, from a list of items, the types of problems they experienced due to a shortage of money. Table 4 shows that the proportion reporting problems with money declined substantially over the three month period. For example, the proportion of men who reported that they did not have a decent and secure home of their own fell from 91.3 per cent to 63.0 per cent, and those unable to buy medicines prescribed by a doctor decreased from 16.3 per cent on entry to 7.6 per cent at three months.

Table 4: Relative deprivation experienced, On entry and At three months.\*

	On entry		At three months	
	Don't have it %	Because can't afford it %	Don't have it %	Because can't afford it %
Decent and secure home of your own	91.3	83.7	63.0	55.4
Up to \$500 in savings for an emergency	81.5	65.2	75.0	57.6
Dental treatment if needed	21.7	17.4	16.3	14.1
Able to buy medicines prescribed by a doctor	16.3	13.0	7.6	6.5

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

\* Short and medium-term accommodation respondents.

After three months, participants who accessed the Michael Project through the short and medium-term accommodation were experiencing less social exclusion and fewer instances of relative deprivation than on entry into the Michael Project. In particular, their relationships with family members had improved. Far less information related to issues of social exclusion was collected from participants from the outreach and emergency accommodation services and their results are more equivocal.



QUALITY OF LIFE

There were small improvements in participants’ quality of life.

The findings suggest that small improvements in participants’ quality of life was being achieved after three months including, for both groups, improvements in the social relationships domain. While the results reported in Table 5 show that the quality of life for these men was still well below community averages, the small increases that are evident can be meaningful in the context of very low scores when they entered the project. For both groups, small improvements can be seen in the social relationships domain. Participants from the outreach and emergency accommodation group experienced slight improvements in the environment domain, and those from the short and medium-term accommodation experienced some improvement in the psychological domain.

Table 5: Mean scores on the World Health Organisation Quality of Life Brief instrument, On entry and At three months, compared with mean scores for the 2000 Victorian Validation Study (VVS) community sample.

	Clients of outreach and emergency accommodation		Clients of short and medium-term accommodation		VVS
	On entry	At three months	On entry	At three months	
Physical	59.8	58.5	66.0	66.2	80.0
Psychological	56.2	56.5	57.5	59.5	72.6
Social relationships	46.3	49.1	47.2	53.8	72.2
Environment	46.3	50.5	60.3	60.1	74.8

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 ACCESS AND USAGE

After three months there was a substantial improvement in men being able to access dental and podiatry services.

The proportion of men receiving support from mental health services increased in three months from 36.4% to 45.0%.

Participants were asked, when they entered the program and again after three months, about their access to health services and their usage of publicly-funded health and justice services. At three months there was a substantial decrease in the proportion reporting an inability to access, when needed, dental and podiatry services. The proportion of clients from the short and medium-term accommodation who needed but did not access a dentist fell from 54.3 per cent to 31.5 per cent after three months with the project. There was also a small decline in those needing but not seeing a podiatrist (from 20.7 % to 15.2 %).

After three months, a greater proportion of the men, who had been living in short and medium-term accommodation at the start of the project, were accessing mental health services (an increase from 36.4% of these men to 45.0%). These findings suggest that the Michael Project has helped increase access to these services for a number of participants. At the same time however, on entry, 25.7 per cent of these men recognised a need for mental health services but were not accessing this support and after three months 32.1 per cent of participants indicated they needed mental health services but were not accessing it.

Participants’ contact with publicly-funded health and justice services generally declined over the three month period since commencing with the project. However, the different reporting timeframes in each of the surveys – the previous three months as opposed to the previous year in the baseline survey – mean that caution is needed in interpreting these results. Service usage of publicly-funded health and justice services will be fully discussed in the next report.



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## DISCUSSION AND IMPLICATIONS

Positive outcomes have been achieved by Michael Project participants in housing, income, employment, access to services, and in decreasing social isolation.

Positive outcomes have been achieved by Michael Project participants in the three months since entry, especially by those men who accessed the project through the short and medium-term accommodation services. These short-term changes are important as they occurred while participants were likely to have had their most intensive interactions with the three integrated components of the Michael Project - accommodation, assertive case management and access to the eleven specialist providers.

In summary, the short-term changes for Michael Project participants included:

- **Improvements in housing.** A number of participants from the short and medium-term accommodation services had moved into stable, long-term housing including public or community housing or private rental, at three months. While a substantial proportion of those from the outreach and emergency accommodation support services also moved on from specialist homeless services, this was largely due to movement into short-term or boarding house accommodation.
- **Improvements in income and employment.** There was a significant increase in the proportion of men from the short and medium term accommodation services (re)engaging with the labour force – both in terms of employment but also, for some men, actively looking for work. These data, together with the finding that on entry over half of the short and medium-term accommodation participants had been in full time work within the previous two years, suggests that attachment and re-attachment to the labour force among some homeless men is stronger than had been expected and that better employment outcomes may be possible than is often anticipated.
- **A decrease in social isolation, particularly with regard to family relationships.** Positive family relationships and other social connections are vital to personal wellbeing, and the indicators at three months suggest that homeless men are able to build or rebuild their relationships with family and others in the community.
- **Small improvements in quality of life.** The small improvements in quality of life achieved by the men participating in the Michael Project may be significant in the context of their challenging life circumstances. Improvements in the 'environment' area for the outreach and emergency accommodation support participants may reflect the benefits of transitioning from emergency accommodation to other housing, even though that housing may only be short-term. The increase in the 'social' area for the short and medium-term accommodation participants is congruent with other results for this group which demonstrate improvement in family and other social relationships.
- **Greater access to dental, podiatry and mental health services among those who needed support.** The decline in the number of people who needed dental and podiatry services but did not access them indicates the value of providing homeless men with direct and timely access to needed specialist services. An increase in the proportion of men both receiving mental health support but also needing but not accessing this support reflects that access has been facilitated for some homeless men. Given the significant proportion of men with mental health issues, ensuring all who need support are able and encouraged to access it remains a challenge.

It is evident that outcomes for the two groups of participants – those who were using outreach or emergency accommodation services and those who were living in short or medium-term accommodation services at the beginning of the project – differ over the short term. Those in the latter group were more likely than those from the outreach or emergency accommodation services to have moved into stable housing and have reduced their social isolation. Early indications are that they also are less likely to have had contact with the most expensive parts of the health and justice systems. In part, this probably reflects the longer term and more intensive support available to the short and medium-term accommodation participants, but is also likely to reflect the high and more complex needs of participants from the outreach and emergency accommodation services.

## DISCUSSION AND IMPLICATIONS (CONTINUED)

Positive outcomes were achieved in the social and economic circumstances of homeless men.

The length of time spent with a service has a material impact on outcomes for homeless people. A recent study has shown that clients who had longer periods of contact with a support service felt they had moved further along the path to self-reliance than those who had only been in contact with a service for a short period of time (Social Policy Research Centre, 2008). Data from specialist homelessness services suggests that better housing, income and employment outcomes are achieved for clients with longer periods of support (Australian Institute of Health and Welfare, 2010). The emerging evidence from the Michael Project supports these research findings.

Overall, the evidence emerging after three months of contact with homeless men involved in the Michael Project indicates that enhanced, timely and integrated support is a key contributing factor to improving circumstances for these men. This type of service provision enables people to simultaneously address their needs across a number of areas and improve accommodation, employment, health and social outcomes in the short term.

The Michael Project research, in reporting on initial outcomes for homeless men after three months, is already providing practical evidence on how to achieve some of the key interim targets set in the Australian Government's White Paper on homelessness (Commonwealth of Australia, 2008) – namely the reduction of the overall rate of homelessness by 20 per cent, primary homelessness by 25 per cent and the proportion of people seeking specialist homelessness services more than three times in 12 months by 25 per cent.

In particular, the positive employment outcomes identified at three months provide an indication of what can be achieved in terms of ongoing economic participation. Taken in the context of the overall Michael Project model, the findings can inform interventions aimed at the 2013 interim target of increasing by 50 per cent the number of people engaged in employment and/or education/training after presenting at homelessness services.

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## WHERE TO FROM HERE

Data collection for the Michael Project has now been completed and findings from the whole project, including the integration of the final 12 months (Wave 3) survey, administrative and service use data, qualitative research and cost benefit analysis, will be released in 2011.

These findings will significantly contribute to the Australian evidence base for policy and program development aimed at reducing and preventing homelessness. The final report will enhance the understanding of the longer-term impacts of an intensive intervention for homeless people, and in particular the processes and mechanisms through which these impacts are achieved.

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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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Thanks also to FlowConnect who developed the research database. A significant number of government and non government organisations have also provided support and resources to the project. Finally, thanks to the Michael Project staff and participants who have enabled this nationally significant project to be undertaken, thereby contributing to an increased understanding of the needs of homeless men and the policies and practices required to better support them.