

MICAH PROJECTS INC



VOICES FROM THE MARGIN

Barriers to secure housing and why support services are so critical:
a snapshot of 31 of Brisbane's chronically homeless people and their needs

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Executive Summary

Micah Projects Inc requested a survey of a pool of people currently sleeping rough in Brisbane to inform the practice and services responses to people who are homeless and sleeping rough. Whilst Micah workers have contact with people in many different ways the organisation was seeking a point in time reflection of the issues of current rough sleepers.

Based on the findings of this survey comprising of 31 people the average chronically homeless person is likely to be a 41 year old non-Indigenous male who was born in Brisbane and has been homeless for more than ten years. He is likely to have mental health issues and be on medication or use alcohol or drugs. He is likely to attribute the cause or trigger for his homelessness to a major traumatic or grief and loss life event.

Thirty one chronically homeless persons were interviewed for this study. The barriers they identify to accessing the kind of housing that they want and need are diverse. While barriers such as lack of affordable, suitable secure housing in the right location are evident, some persons also cited as barriers a jail record, lack of references, their appearance, their race, gender or age, poverty, unemployment, debts, lack of photo ID, not being entitled to a Travel Concession Card and not knowing about available accommodation support services.

Overwhelmingly, though, the biggest barrier for the majority of chronically homeless people in Brisbane to accessing and maintaining secure housing is their poor mental health and/or heavy drug and alcohol use. These addictions and illnesses make the chronically homeless ineligible for or uncompetitive for some accommodation, reduces their ability to procure or afford other, more suitable accommodation and makes it difficult for them to follow the rules and maintain their tenancies when they do find housing that will take them and that is otherwise suitable for them.

Respondents reported difficulties in maintaining tenancies associated with their inability to control visitors, difficulties managing money and in a small number of instances, due to being unaccustomed to independent living.

Respondents were asked how important it was to them to find suitable housing. While two of the thirty one respondents prefer to remain on the streets, the overwhelming majority replied that housing was very important to them and that on a scale of one to ten, their need and desire for suitable housing was a "ten". A number also stated, however, that their addictions meant that although housing was very important to them, it was less important than procuring the drugs, alcohol or other substances they require to manage through each day.

Half the respondents want a one bedroom unit where they can do their own cooking and where they have privacy. A further sixteen percent stated that they would like to live in a share household or that they would be willing to live in a share household. Two respondents said they would like to live permanently at Pindari or Ozcare. Another two said they need high in-house support such as daily AA meetings and shared cooking. Five respondents said that they need a unit or house with more than one bedroom so that they can have their children stay over with them or their partner's children live with them.

Approximately half the respondents want to live inner city, either because this is where their friends and connections are or because they frequently access health and other services located in the inner city.

Introduction

Micah Homelessness Services offers a range of services to this group including accommodation assessment, referral and brokerage, transport, advocacy with mainstream services, family and individual support to access and maintain housing.

In order to continuously improve services and understand how the organisation can develop more focused early intervention responses for the chronically homeless, a survey was commissioned by Micah Projects Inc to provide data on barriers to housing this group. In all thirty one people were surveyed.

The group was opportunistically and randomly selected by Micah caseworkers and in collaboration with other service providers in inner city Brisbane, Roma House and Ozcare, which provide short term accommodation and meals, and the 139 Club which is a day-time drop-in centre. The interviews were conducted at quiet places on streets, in parks and at the day time facilities of the four organisations. Respondents were approached by workers known to them and in a small number of cases, not known to them, and invited to tell their story. While 31 agreed to participate, another five were approached and declined to speak with the interview team. The interviews were unstructured but a question guide (Appendices One) ensured that information from respondents was consistent.

The interview team was comprised of two anthropologists, Dr Annie Holden, who conducted the interviews, and Michelle Sheldrake, who recorded responses. In some instances the organisation worker stayed on to listen and also provided some clarifying information to the interviewers either during the interview or afterwards. On average the interviews lasted for around one hour each.

The interviews were conducted in February and March 2008.

1. Characteristics of the Survey group

Of those interviewed, males represented 83% (n=26) while 17% (n=5) were female.¹

Twenty nine percent of respondents (n=9) were Indigenous. This is consistent with the over-representation of Indigenous people amongst the homeless population.

All but six of the 31 respondents described serious or heavy alcohol and/or drug use. Of those six who said that they do not drink alcohol or use drugs or other substances, two were Indigenous males who reported extended or recent jail terms, and four either reported or were clearly experiencing mental health problems with only one not currently on medication.

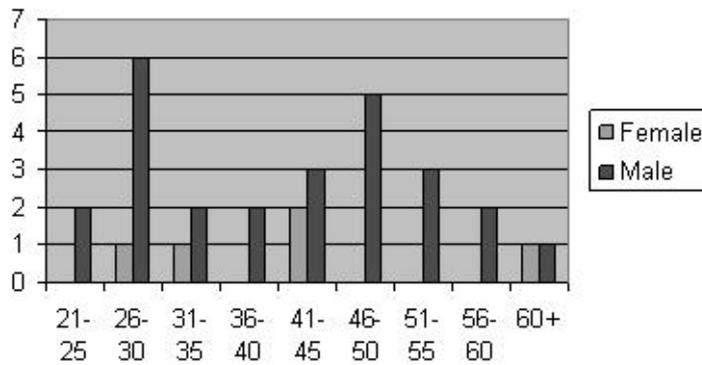
A significant number of respondents reported trauma and/or grief and loss either in childhood or as a cause or trigger for their homelessness – serious car accident, death of spouse, divorce, witness to traumatic events such as murder, domestic violence, miscarriage, separation from children (eg loss of children to Child Safety), suicide of a family member, and sexual abuse and family violence while children. In a small number of cases homelessness was triggered by hospitalisation due to illness or accident and unemployment.

¹ This is consistent with the overall representation of women sleeping rough but not consistent with women who are chronically homeless. In other words, women's chronic homelessness is more hidden because they have more options for finding housing, even if it is not with whom or where they would prefer to be housed. A future study focussing on hidden homelessness amongst women in Brisbane is planned.

In almost all cases respondents were experiencing multiple compounding factors – for example, major loss or grief event, followed by substance abuse and/or mental and/or physical illness, in some instances followed by imprisonment for assault, followed by loss of job, followed by loss of house, followed by homelessness, etc not necessarily in that order. Their current homelessness is now being compounded by substance abuse and/or reliance on medication, unemployment and/or debt, (in some instances due to gambling), jail record, poor rental history and so forth.

The average age of respondents was 41 for males and 42 for females, while the median age was 43 and 42 respectively. There was highest representation of males in the 26-30 and 46-50 age cohorts.

FIGURE 1: AGE PROFILES MALE AND FEMALE RESPONDENTS



Thirty three percent of those surveyed, (n=10), had been sleeping rough for more than ten years, 13% (n=4) had been sleeping rough for five to ten years, 13% for three to five years and, and 26% (n=8) had been sleeping rough for 1-3 years. 13% had been homeless for less than one year in each group. One respondent did not state.

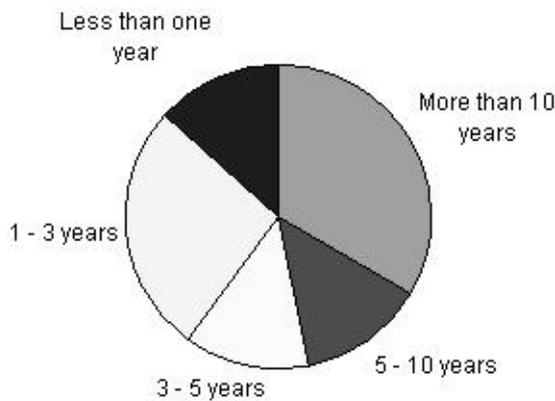


FIGURE 2: LENGTH OF TIME HOMELESS

Thirty two percent of the group was born in Brisbane. Five respondents were born overseas, one each in New Zealand (Maori), Fiji, China, Argentina and Gambia. All these had good English language skills. Another twenty five percent were born in Australian southern cities such as Sydney, Newcastle and Melbourne, and 25% were born in country areas in Queensland and elsewhere and migrated into Brisbane city.

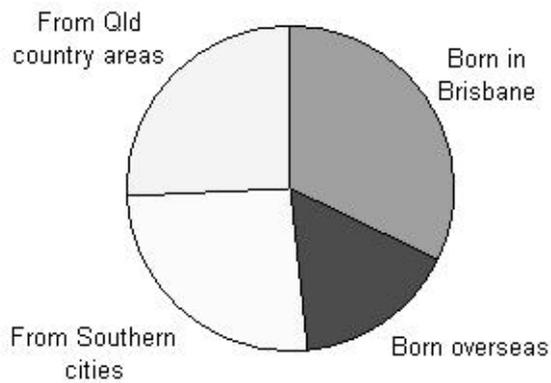


FIGURE 3: PLACE OF ORIGIN

Half the respondents have lived in Brisbane for ten years or more. Sixteen percent have been in Brisbane for less than 12 months. The remainder has lived here for varying lengths. A number of respondents reported being itinerant and moving regularly between towns and cities. Some move to a different town staying the maximum 12 weeks at different facilities.

2. Stories

The advantage of the methodology used in this study is that those surveyed had the opportunity to sit with a small group of empathic listeners and to tell their story at their pace and in their own way. These stories showed tremendous diversity in some respects in that in the detail almost everyone's story was unique. But with time, 'saturation' was achieved, and some common elements emerged. These commonalities included alcohol and drug use and addiction, mental health issues and, importantly, trauma or major loss and grief.

In addition respondents disclosed having grown up as 'Wards of the State' or had histories of institutionalisation such as periods in the Army or jail, this was not universal. Others described growing up in violent homes, or where there was high substance abuse, or where the family moved around a lot, and others described their homes as children as 'normal' and 'stable'. In these latter cases drug addiction to heroin or other hard drugs, mental illness such as schizophrenia, and injury including Acquired Brain Injury due to accidents, appear to be contributing causes of their homelessness.



"I had a life in Western Australia. I was a bricklayer. I had my own home until I got divorced. I never lived on the streets down there. I came back to Brisbane to bury my brother who committed suicide after ending up on the streets when his marriage ended and he lost his job as a result of alcohol and drug use. I just never got back on my feet here and have been homeless since I came back four years ago." (50 year old male).

"I got divorced. I had a stillborn baby. I lost the plot after that and hit the grog. I never used to drink before that. Now I don't stop." (30+ year old Indigenous female).

"I grew up in a normal family, went to a private boy's school and to uni. I've been homeless since I came back to Brisbane in 2006. I'm a drug addict so I can't pay the rent especially now in Brisbane because the rent is so out of proportion with social security benefits. Before the rents went up I would manage addiction and rent. I worked for years. Now I travel around, stay in hostels for 3 months at a time. I'm on the methadone program so I have to go places where I can get on the program" (45 year old male.)



"Micah gave me a good place for over 2 years then I was asked to leave because I collect things in bags so I had a few hundred bags in the house. I have a lot of junk but it's not stinky. I was going to clean it up but the big boss yelled at me, we had a fight and I left. I've been homeless on and off for over 2 years. I won't look for help." (70 year old migrant male).

"I had a flat but my cousins came over and it got trashed. I'm not firm enough. I went to jail so I lost the flat." (44 yr old male.)

"I lived with my parents until they died. I had a housing commission place for awhile and then I left there." (50 year old male on medication.)

3. Barriers to secure housing

Chronically homeless people experience multiple barriers to secure housing. Furthermore, one barrier may be masked by another barrier and only become evident when the first barrier is removed. Respondents cited various reasons for why they were unable to acquire or maintain housing.

These included barriers associated with the supply of housing such as (1) affordability, (2) lack of suitable housing, (3) lack of housing co-located with services they need to access, and (4) no housing where they wanted to live.

"I can't afford the rent."

"Everywhere is full."

"There are not enough houses available."

"There's nothing suitable in the area that I want to live."

"I don't like living in boarding houses".

"I want to live in a house with my friends and we can't find a house we can all live in."

"I have high medical support need. The nurse only came out every three weeks (when I was housed in an outer suburb) and that wasn't enough. I see the doctor who is in the city so I need housing innercity which is hard to come by and expensive."

Some respondents also identified (5) racism, (6) ageism and (7) gender bias, and (8) the difficulties around looking presentable to agents:

"Real estate agents just look at me and they don't want to rent a house to me. I don't think I'd get one looking like this."

"I'm Aboriginal. I've got no hope of getting a house."

"I'm a single young guy without references. Agents don't want to house me."

"I believe that my prison record is a barrier."



(9) Poverty, (10) debt and (11) unemployment were barriers for some:

"I owe money to the Department of Housing."

"I have other debts."

"I can't come up with the bond and two weeks rent."

"I want to live in a house with my girlfriend and her children and we can't afford one."

"I don't have a job."

"I have no furniture and no money to put on the electricity."

"I ended up in hospital and didn't pay my rent in time and got evicted while I was in hospital."

"My benefits got stopped and so I had to go back on the street."

No chronically homeless person reported being on the TICA list in Brisbane.



Others cited difficulties in maintaining tenancies (12) due to inability to control visitors, (13) difficulties managing money or (14) because they are unaccustomed to independent living:

"I've had bad luck with rental places in the past. My friends have come and trashed the joint and I got kicked out."

"My relatives come and damage the place and have a party when I'm not there. So I just leave."

"I've had bad luck with flatmates. I've been ripped off in the past."

"I need some one to take my rent out of my pay because otherwise I spend it on alcohol or drugs."

"I come out of jail and I just couldn't settle down in to something else."

"I'm having enough trouble staying sober let alone trying to find a house to live in."

A number of people explained that they had (15) no photo ID and that this prevented them from accessing services of putting their name on a list for housing. Others said that (16) not being entitled to a Travel Concession Card compounded their poverty and so their ability to afford suitable housing in the right location.

However, overwhelmingly, the biggest barrier for the majority of chronically homeless is their ongoing drug and alcohol use which makes them ineligible for some accommodation options and reduces their ability to afford other, more suitable options.

4. Needs

Respondents were asked how important it was to them to find suitable housing. Two respondents prefer to remain on the streets; however, the overwhelming majority of respondents replied that housing was very important to them and that on a scale of one to ten, their need and desire for suitable housing was a “ten”.

“I want somewhere to call home. I’ve been like this for years and it’s hard to get out of, but I just want somewhere to go back to and live.” (43 year old male)

“I’ve had four jobs since I’ve been homeless. You’ve got to have a shower; you need clean, dry clothes. When you are working and you are staying at a hostel, you miss out on breakfast lunch and tea because of the work hours or you just get sandwiches for dinner.” (21 year old male).

“I like to sleep there because it is not too far from the Police Beat. But the public toilet is about 500m from where I sleep and because I have to pack up my blankets I don’t always make it in time and wet myself. People steal your blankets.” (62 year old female).

“I just hate it when it is raining and everything is wet and cold. That’s when I really wish I had a place.” (48 year old male.)

“I’m living in a stinking tent down by the river. The tent stinks. It’s getting mouldy. It makes me feel sick going in it at night. We get stuff thrown at our tents every night.” (30 year old male).

“When you live in the street there is no privacy. Youth can come and kick your head. I’ve been attacked a few times but not as many as some. I choose safe places to sleep like the Catholic Church.” (70 year old male).

Although most respondents said that housing was important, a number also stated, however, that their addictions meant that housing was less important than procuring the drugs or alcohol they require to manage through each day. In these cases respondents said that housing was around a “7” or “8” and that their drug supply was a “10”.

Respondents were also asked what sort of housing would suit their needs. Approximately half (n=15) stated that what they wanted was a one bedroom unit where they could do their own cooking and where they had privacy.

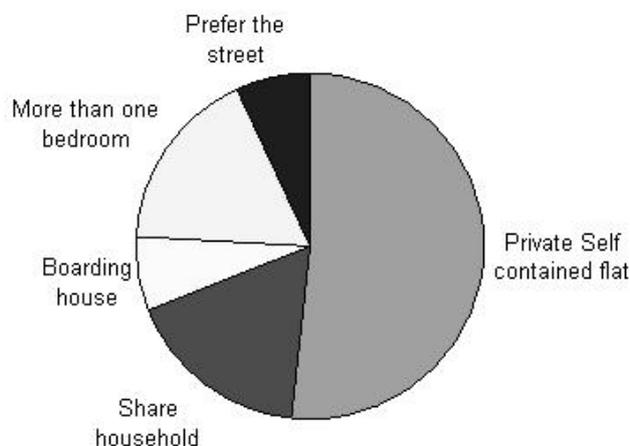


FIGURE 4: PREFERRED HOUSING SOLUTION

A further sixteen percent (n=5) stated that they would like to live in a share household or that they would be willing to live in a share household.

² The Department of Child Safety will not allow children to have overnight visits when there is only one bedroom in the house.

Two respondents said that they would like to live permanently at Pindari or Ozcare. Another two stated that they needed high in-house support such as daily AA meetings and shared cooking.

"I loved Pindari – you get your own room, somewhere to lock up your things, two meals a day and lunch if you pay, powerpoints. There's no cooking; they do the dishes; change the linen. There are showers, washing machine and powder. I would live there for ever if I was allowed." (29 year old male.)

Five respondents said that they need a unit or house with more than one bedroom so that they can have their children stay over with them or their partner's children live with them.

Two stated that they prefer to live on the streets.

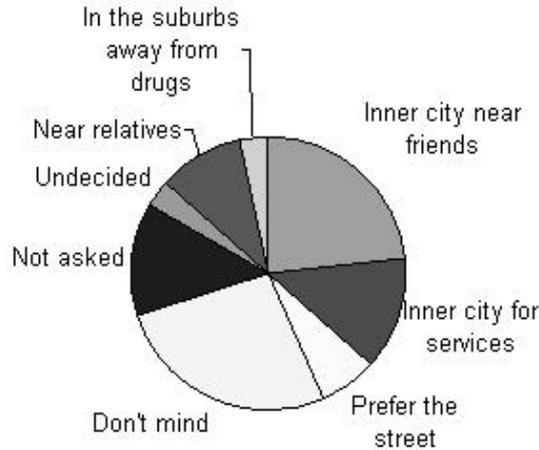


FIGURE 5: PREFERRED PLACE OF RESIDENCE

Seven respondents stated that they need or prefer to stay around West End because this is where their friends and connections are. Four need to live innercity because they regularly access innercity services and prefer not to travel. This was compounded by their ineligibility for a travel concession card which means that transport is very expensive where they need to travel into the city daily or often to access the clinics or hospitals.

Two respondents stated they could live in suburban areas provided they were close to public transport. One respondent said he needed to be out of the city to avoid alcohol and drugs.

Eight respondents do not mind where they live. Four respondents were not asked and one had not yet decided where he preferred to live.



Three want to live near their relatives (one innercity, one country, one outer suburb).

Two prefer to live on the streets:

“My daughter says she’s coming down to get me, but I don’t want to go back there. I like this spot here (bus stop). It’s my spot...though I don’t like it when kids bash me at night.” (58 year old Indigenous male).



When asked what other supports they would need in addition to housing for that housing to be successful, a number of respondents stated they needed supports such as daily access to a nurse or clinic for medication (n=6); a support worker to assist them because they are disabled (n=2); assistance to keep their house or unit clean (n=2); meals to be delivered (n=1); assistance to manage unwanted visitors (n=2); assistance to get off and/or stay off drugs or alcohol (n=4); counselling (n=3). One younger respondent stated that he would need a job to be able to maintain a tenancy. Others said that direct debiting was necessary to ensure that they paid their rent (n=2) and another needed financial management assistance in relation to all aspects of her money. Two stated that they needed to be housed with friends. A number of respondents who had reported that their housing had failed in the past because of a bad relationship with managers of boarding houses said that good management was important.

“I like being here (Roma House) because there is a boundary on the door. I can’t bring anyone here and I am starting to get on top of drugs. I have a great case manager, setting a daily plan, making small changes, small steps. It is safer here than out there or staying at someone’s house where I have to have sex.” (28 year old female).

In the interviews, a number of respondents stated that they had had problems with friends or relatives damaging their houses in the past and so lost their tenancies. When asked, they agreed that a concierge/security service would assist them to keep out or remove unwanted visitors and that this could be a valuable service to help them maintain a tenancy.

Respondents were also invited to offer their suggestions for what needed to happen to address chronic homelessness:

- A lot of people need counselling because of the shame and the addictions – not just some one to talk to but real counselling, addressing childhood issues and abuse, for instance.
- People need support to manage money and help them with budgeting, like visits once a week because when people have been on the streets so long, they really need that.
- Centrelink could be a bit more lenient.
- Department of Housing could make it easier with their requirements.
- The tenancy people could be supportive instead of prosecuting.
- Caravan parks should have a long term facility. They are low cost but you have your own space and you don't have to share like in boarding houses.
- A block of units for people on the streets.
- Build a 200 person homeless shelter in Brisbane where you can stay longer than three months.
- Close the big hostels. They are detrimental in the long run. People get used to them and it would be better for people to learn how to care for themselves, cook and manage a house. They are not friendly environments and are not homely.
- Better information about what is available in terms of support and short term housing.
- Have more places out in the suburbs where there is a more friendly environment.
- Give the homeless Transport Concession Cards.



Conclusion

In the case of those interviewed, overwhelmingly, the choices and opportunities for suitable, secure housing and access to support services currently available to them from government, community housing and the private rental market in Brisbane do not meet their needs.

Realistically, these are not easy people to house. They are the ones that neither bureaucracies nor the private sector market can cope with. They make mistakes and appear to make poor choices; they have addictions and illnesses and high needs generally; they have painful histories and can get easily frustrated and angry; they have special needs and have difficult, noisy friends; some of them smell and swear and throw up at inopportune times; some of them fight and nearly all of them have less tolerance than others for following rules and meeting the day to day challenges of sharing facilities.

Specifically, these people require housing that has adequate and appropriate support services on-site or nearby. They need housing that addresses their high safety and security needs. They also need accommodation which does not come with rules that they do not have the capacity to abide by. And this housing needs to cost no more than 30% of their available income.

This snapshot provides insights consistent with the experience and growth of the Supportive Housing Movement in United Kingdom and United States of America. It is clear that current challenge in Australia is to look further at how we integrate affordable social housing by creating and building up communities of people who can have the right balance for them between autonomy and safety, individuality and community, as well as social, health and economic connection to resources, opportunities and services grounded in the community in which they live.



Interview Guide

1. How long have you been sleeping rough this time?
2. Have you had this experience before?
3. How come are you sleeping rough this time?
4. How do you feel about that? (to establish attitude)
5. Can you tell me a bit about your other experiences of sleeping rough? What happened those other times? (ie - What have been the circumstances that have lead you to be on the street other times?)
6. Were you born in Brisbane, if not where have you come from? When?
7. What kind of housing did you have growing up? (inter-generational pattern?)
8. Where would you like to be living now? (need to establish a goal)
9. What sort of housing do you need?
10. What can you afford to pay?
11. What gets in the way of that happening? (what are the barriers to the goal)
12. What would help to make that happen? – (problem-solving to achieve the goal) – personal and systemic.
13. Recap some of the barriers – and recap some of the solutions – so for “such and such” to be fixed you think that “such and such” would fix the problem and you could be housed?
14. How important is it to you that you are housed? (Scale one to ten).
15. Demographics – gender, age, ethnicity, place of birth.

