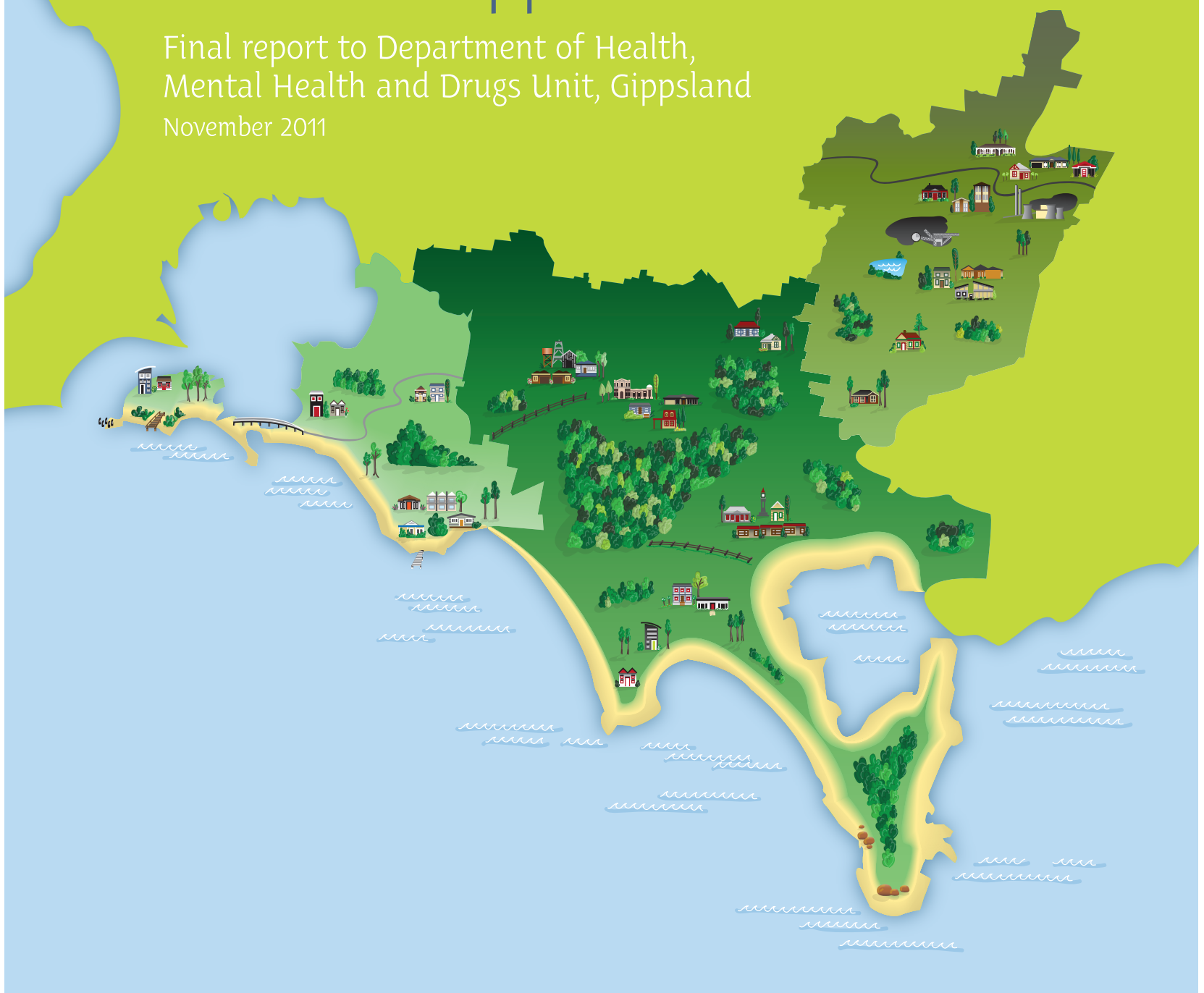


# Accommodation and support needs of people with mental health and/or alcohol and drug issues in Gippsland.

Final report to Department of Health,  
Mental Health and Drugs Unit, Gippsland  
November 2011



**MONASH** University  
Medicine, Nursing and Health Sciences



This report was prepared for Department of Health – Mental Health and Drugs Unit, Gippsland by staff of Monash University Department of Rural and Indigenous Health and Monash University Institute of Human Development & Counselling, Krongold Centre.

**Project Management:** Rebecca Jones and Darryl Maybery

**Conceptual Development:** Andrea Reupert, Darryl Maybery, Rebecca Jones and Keith Sutton

**Interviews:** Ian Andrews, Audra Glavas, Simon Jones, Theresa Jones, Rebecca Jones, Heidi Pinnuck and Keith Sutton

**Data Analysis and Report Preparation:** Rebecca Jones, Andrea Reupert and Keith Sutton

**Map production and Cover Design:** Sharon Harrup

**Suggested citation:** Jones, R., Reupert, A., Sutton, K., Maybery, D. (2012). Accommodation and support needs of people with mental health and/or alcohol and drug issues in Gippsland. Final report to Victorian Department of Health – Mental Health and Drugs Unit, Gippsland Region.



## CONTENTS

|                                                                                                     |           |
|-----------------------------------------------------------------------------------------------------|-----------|
| <b>EXECUTIVE SUMMARY .....</b>                                                                      | <b>1</b>  |
| <b>INTRODUCTION.....</b>                                                                            | <b>5</b>  |
| Defining the issue .....                                                                            | 5         |
| Causes of insecure housing.....                                                                     | 6         |
| Housing issues in Australia.....                                                                    | 7         |
| Parenting and housing issues .....                                                                  | 8         |
| Housing issues for those living in rural and remote areas .....                                     | 8         |
| What could be done?.....                                                                            | 9         |
| The study area: Bass Coast Shire, South Gippsland Shire and Latrobe City, Gippsland, Victoria ..... | 10        |
| <b>METHODS .....</b>                                                                                | <b>13</b> |
| Recruitment strategy .....                                                                          | 13        |
| Criteria for participation .....                                                                    | 14        |
| Interview procedure .....                                                                           | 14        |
| Data analysis .....                                                                                 | 15        |
| <b>RESULTS: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS.....</b>                                    | <b>17</b> |
| Response rate .....                                                                                 | 17        |
| Demographic characteristics of participants.....                                                    | 17        |
| <b>RESULTS: THEMATIC ANALYSIS.....</b>                                                              | <b>27</b> |
| 1. Participants' current experiences of unsuitable and/or unstable housing .....                    | 27        |
| 1a. Unaffordable accommodation .....                                                                | 28        |
| 1b. Temporary accommodation.....                                                                    | 29        |
| 1c. Poorly maintained accommodation .....                                                           | 30        |
| 1d. Small and/or overcrowded accommodation .....                                                    | 30        |
| 1e. Poor access to services and transport .....                                                     | 31        |
| 1f. Isolation from social and support networks .....                                                | 32        |
| 1g. Accommodation unsuitable for physical abilities .....                                           | 32        |
| 1h. Accommodation located in an unsafe or frightening area.....                                     | 32        |
| 2. Pathways into unsuitable/unstable housing .....                                                  | 33        |
| 2a. Cyclical nature of mental health/ substance abuse and housing difficulties.....                 | 33        |
| 2b. Prior history with housing services or real estate agencies .....                               | 36        |
| 2c. Lack of knowledge of services and agency supports.....                                          | 36        |
| 2d. Relationship and family breakdown.....                                                          | 37        |
| 2e. Single status.....                                                                              | 38        |
| 2f. Participants are perceived as 'undesirable' tenants by real estate agents and landlords.....    | 39        |
| 3. Parenting and housing.....                                                                       | 40        |
| 3a. Which comes first: child access or housing? .....                                               | 40        |
| 3b. Children are a motivator to being well .....                                                    | 41        |
| 3c. The impact of housing issues on children and parenting.....                                     | 41        |
| 4. Factors contributing to appropriate accommodation and accommodation stability .....              | 42        |
| 4a. Employment .....                                                                                | 43        |
| 4b. Personal relationships.....                                                                     | 43        |
| 4c. Agency supports .....                                                                           | 44        |
| Consultation regarding findings.....                                                                | 45        |
| <b>DISCUSSION .....</b>                                                                             | <b>47</b> |
| Considerations for future initiatives.....                                                          | 50        |
| Limitations of the research.....                                                                    | 51        |
| <b>REFERENCES.....</b>                                                                              | <b>53</b> |



# Executive Summary

## Context

This is the final report of the project “Accommodation and Support Needs of People with Mental Health and/or Alcohol and Drug Issues in Gippsland”. This report was commissioned in late 2010 by Department of Health, Mental Health and Drugs Unit - Gippsland, with the brief to identify the experiences of people who have mental health and/or alcohol and drug issues and who are also experiencing significant housing issues. The aim was to elicit the specific barriers and facilitators which these people were experiencing in obtaining or remaining in suitable accommodation. The study was limited to residents of three local government areas of Gippsland (Bass Coast Shire, South Gippsland Shire and Latrobe City).

## Methods

Data was collected and interpreted using a qualitative approach in which themes and issues were sought from participants through in-depth, semi-structured interviews. Participants were recruited with the assistance of mental health or alcohol and drug services operating within the three local government catchment areas.

## Results

### *Participants Demographic Data*

Demographic information about the 40 consenting participants was as follows:

- 17 participants lived in Latrobe City, 13 in Bass Coast Shire and 10 in South Gippsland Shire.
- 29 participants were female and 11 male.
- Ages ranged from 23 to 64 years. The majority (65%) were in the 35-54 age group.
- 39 participants reported having been diagnosed with a mental illness at some stage in their life. The majority of these indicated that the mental illness was an ongoing issue for them.
- 27 participants reported having had a problem with alcohol and/or other drugs at some stage in the past.
- 37 (92%) participants were not in a partner relationship and 24 (61.5%) lived alone.
- Just over 50% of participants reported that they had a dependent child or children.
- In the three years prior to the interviews approximately one third of the participants had moved on three or more occasions.
- The majority of moves in three years prior to the interviews reported by participants were within the Gippsland region.
- 63% of participants were residing in private rental accommodation.
- All participants were on some form of government support payment.
- 41% had access only to public transport, walking or taxis.

## ***Thematic analysis***

Participants' responses to the qualitative, open ended interview questions resulted in four interrelated themes and subthemes as outlined below:

1. Participants' current experiences of unsuitable and/or unstable housing
  - a. *Unaffordable accommodation*
  - b. *Temporary accommodation*
  - c. *Poorly maintained accommodation*
  - d. *Small and/or overcrowded accommodation*
  - e. *Poor access to services and transport*
  - f. *Isolation from social and support networks*
  - g. *Accommodation unsuitable for physical abilities*
  - h. *Accommodation located in an unsafe or frightening area*
2. Pathways into unsuitable/unstable housing
  - a. *Cyclical nature of mental health, substance abuse and housing difficulties*
  - b. *Prior history with housing services or real estate agencies*
  - c. *Lack of knowledge of services and agency supports.*
  - d. *Relationship and family breakdown*
  - e. *Single status*
  - f. *Participants perceived as "undesirable" by real estate agents and landlords*
3. Parenting and housing
  - a. *Which comes first; child access or housing?*
  - b. *Children are a motivator to being well*
  - c. *The impact of housing issues on children and parenting*
4. Factors contributing to appropriate housing or housing stability
  - a. *Employment*
  - b. *Personal relationships*
  - c. *Agency supports*

## **Discussion**

The findings from this study are compared to the wider context of housing issues and homelessness in Victoria, particularly in relation to Chamberlain and MacKenzie's *Counting the Homeless: Victoria* (2006). Despite demographic differences with previous research, the current study offers an important window into rural homelessness for people with mental health and/or substance use issues in three local government areas of Gippsland. A lack of affordable accommodation in coastal tourist areas; a lack of single person accommodation; and a lack of public transport were found to compound housing issues and service provision. In particular, there is a mismatch between the need and availability, with a lack of affordable accommodation for single people in the study area. Notably, most houses in the Bass Coast

and South Gippsland Shires are three and four bedroom houses with few houses of one and two bedrooms that are affordable to single people. A further key issue was that affordable accommodation in rural areas, such as low cost rental housing and caravan parks, tend to be located in areas less accessible to public transport. This means that those with least access to private transport experience most difficulty accessing services such as shops, health and support services, social and personal supports and recreational activities. Another key finding was the importance of mental health and drug and alcohol services to assist people with significant housing problems to obtain and remain in suitable accommodation. In particular, participants noted the importance of service agencies in providing practical assistance, advocacy and emotional support with housing issues. However the study also noted that greater co-ordination and co-operation between agencies could further assist in supporting people with significant housing issues to obtain accommodation. The findings can be summarised into three categories of future initiatives that might address the issues raised by participants. These are: practice issues, organisational linkages and provision of accommodation and support. While there are important limitations to this study, the information presented here provides an important window into the needs and experiences of an often neglected group of individuals.

## **Considerations for future initiatives**

The findings from this study can be summarised into three categories of future initiatives that could potentially address the issues raised by participants in this study. The categories are:

- practice issues
- organisational linkages
- provision of accommodation and support.



## Introduction

Vulnerability is an inherent characteristic of those who are homeless or living in unsuitable or unstable housing. This vulnerability is further exacerbated when an individual has a mental illness or substance abuse disorder (or both). Amongst people with mental health and/or alcohol and drug issues there are significant housing issues and yet the perspectives of these people are rarely heard.

This report documents the perceptions of 40 individuals living in the local government areas of South Gippsland Shire, Bass Coast Shire and Latrobe City who have mental illness and/or alcohol and drug issues and who also experience significant housing issues. Their perceptions were gathered using in-depth interviews conducted between March and September 2011. Participants' perceptions regarding what constitutes unsuitable housing, the various factors that lead to participants' housing difficulties as well as what they believe might lead to housing stability, are presented. The report concludes with a discussion of the issues and a reflection on their implications. Results were presented to a workshop of Gippsland mental health, drug and alcohol and housing services providers in November 2011. Prior to the results and discussion, a brief literature review is presented, that highlights recent, relevant national and international research regarding the experiences of those with housing difficulties.

This is the final report. Preliminary data, from interviews with 18 participants, was presented in an interim report in June 2011.

## Defining the issue

The aim of this study was to elicit the experiences of people who have mental health and/or drug and alcohol issues and are also experiencing significant housing issues. The range of housing issues might be classified according to the following living situations:

- *rooflessness* (without a shelter of any kind; sometimes referred to as “sleeping rough”)
- *houselessness* (with a place to sleep but temporary as in institutions or shelter)
- living in *insecure housing* (insecure because of concerns regarding tenancies, eviction, domestic violence)
- living in *inadequate housing* (such as might exist in caravan parks, in unfit housing and/or in overcrowding) (The European Typology on Homelessness and Housing Exclusion, n.d.)

Those who have housing issues are a diverse population, involving many and varied subgroups (Montgomery, Brown, Forchuk, 2011; Morrell-Bellai, Goering & Boydell, 2000). It is commonly argued that homelessness is a process (rather than a static outcome) that might affect many households and individuals at different points in their lives. Additionally, it appears that while some individuals might experience one isolated episode of housing difficulty, others

continue to experience ongoing problems obtaining and maintaining housing for an extended period of time (Breakey, 1997).

The issues which constitute housing difficulties are subjective. Accordingly, in this study “housing issues” are self defined, that is, participants are included if they have, in their own view, a significant housing problem. Therefore a range of housing issues are discussed in this report. Please refer to participant demographics for a full break down of participants’ current housing situation (see pages 16-25).

## **Causes of insecure housing**

The causes of insecure housing are commonly identified in terms of the interaction between structural or macro-level as well as individual or micro-level factors (Fitzpatrick, et al., 2000; Morrell-Bellai, Goering & Boydell, 2000). Macro-level factors usually involve poverty, unemployment, the public housing processes, and the availability of both public housing and low-cost rental accommodation and the availability of support services. Anderson (2001) makes the point that almost all those who experience housing issues are poor and few are actively employed. Moreover, it has been argued that the economic impact of being homeless makes it difficult for individuals to find employment and subsequently, independent housing (Fitzpatrick, et al., 2000; Randall, 1998).

Individual factors include excessive alcohol and/or drug use, mental health difficulties, legal infringements, a lack of social support networks and debts, especially rent or mortgage arrears (Fitzpatrick, et al., 2000). Triggers that might move an individual into housing problems include a sharp deterioration in mental health or an increase in alcohol or drug use, financial problems, and the breakdown of a relationship, either violent or not (Fitzpatrick, et al., 2000). A common precipitating factor for housing issues and homeless in women is escaping from an abusive relationship (Morrell-Bellai, Goering & Boydell, 2000) though others have also found that for some men, homeless is associated with the loss of a significant support person through death or marital breakup (Cohen & Sokolovsky, 1989).

Individual and systemic issues are intimately interrelated. Forchuk and colleagues (2007) argue that mental illness and insecure housing serve to exacerbate each other as a “double jeopardy”. Similarly, problematic substance use and co-morbid dual diagnoses may also exacerbate each other and may also contribute to accommodation issues as well as be effected by accommodation issues (Johnson, et. al 1997). Snow and Anderson (1993) argue that mental health or substance abuse problems may undermine an individual’s ability to successfully negotiate the employment and housing markets, and to effectively use the welfare system. Conversely, as the experience of losing one’s home or experiencing housing difficulties is potentially traumatic, it has been argued that mental health issues might be the consequence, rather than the cause of housing insecurity, for some individuals at least (Morrell-Bellai, Goering & Boydell, 2000; Baker et. al, 1990). Long term homeless individuals may over time feel or become powerless to change their situation and/or assume

the identity of a homeless person (Morrell-Bellai, Goering & Boydell, 2000; Snow & Anderson, 1993). Such research highlights the interrelationship between systemic as well as individual issues that collectively highlights the pathways to experiencing housing difficulties.

## **Housing issues in Australia**

The National Survey of Mental Health and Wellbeing in Australia in 2007 (Australian Bureau of Statistics, 2007) highlights strong links between housing issues, mental health issues and problematic substance use. It found that 54% of people who reported being homeless at some time in their life have a mental health disorder, which is three times that of people who reported never experiencing housing difficulties. Additionally, 18% of people reporting homelessness had substance use issues. A large cohort study of clients at inner Melbourne agencies concluded that 60% of teenagers who become homeless subsequently develop substance use issues but only 14% of adults without prior substance use problems became substance abusers, after they became homeless (Johnson & Chamberlain, 2008). The same study found that people with substance use issues tend to have housing problems for longer than those without substance use issues and that a large proportion of people with substance use issues who returned to conventional housing had later or ongoing housing problems.

Freeman, Malone and Hunt (2004) surveyed clients and staff of high support accommodation services for people with chronic mental illness in New South Wales. They found that while existing services were meeting clients' practical needs (for example, providing food and emergency accommodation), gaps were found in addressing clients' social and psychological needs.

Predictably, much less research has been conducted into housing issues for people with mental illness and alcohol and drug issues in rural Australia. A survey of consumers of mental health services in rural New South Wales by Lambert, Ricci, Harris and Deane (2000) found that the housing situation of people with mental health issues was significantly different from that of the general population and was characterised by economic disadvantage. This study found that 87% of people with mental illness living in rural New South Wales were in the lowest two income quintiles (compared to 36% of the general population) and almost three quarters received some kind of government benefit. Compared to the general population, fewer people with mental health issues own or are buying their own home (29% compared to 70%), 17% (compared to 10% of the general population) are renters of public housing and 25% (compared to 18% of the general population) are renters of private housing. Of those people in the study group who indicated they were unhappy with their accommodation, economic factors were the most common reasons preventing them from moving to more suitable accommodation (Lambert et. al., 2000).

## Parenting and housing issues

Parental mental health and/or substance abuse combined with unsuitable or unstable housing further complicates the challenges for parents caring for dependent children (Paquette & Bassuk, 2009). The bulk of the research that has examined families who experience housing issues and caring for dependent children have focused on mothers (Kyle & Dunn, 2008; Montgomery, Brown & Forchuk, 2011; Park, Metrauz, Brodbar & Culhane, 2004; Nicholson et al., 2006; Trasher & Mowbray, 1995). Often mothers with children live intermittently with family and friends in overcrowded accommodation before “wearing out their welcome” and moving into shelters or emergency accommodation (Meadows-Oliver, 2003; Trasher & Mowbray, 1995). Women experiencing housing difficulties perceive themselves as “invisible” within the complex of services offered to the general population (Scheyett & McCarthy, 2006). Moreover, having children might not comply with an adult’s shelter policy (Montgomery, Brown & Forchuk, 2011) though conversely, without children, parents risk the loss of family benefits (Zlotnick, Robertson & Lahiff, 1998).

Barriers to accessing housing for families with dependent children are both individual and systemic as highlighted above. For example, a family’s lack of health care coverage and a mother’s fear of child removal often results in an underutilisation of support services (Page & Nooe, 2002). Organisations often lack the resources, staff or time to cope with the multiple needs arising from such families (Montgomery, Brown & Forchuk, 2011). Page and Nooe (2002) found that homeless women with and without children had high rates of mental illness though women with a dual diagnoses (co-existing mental illness and substance use disorder) had higher maternal-child separations than the other mothers. Such research highlights an important subgroup of the population experiencing housing issues.

## Housing issues for those living in rural and remote areas

Research in UK and USA has found that homelessness and accommodation problems are often perceived to be an urban rather than rural problem. However, these studies have found that although literal homelessness (“sleeping rough”) may be less visible in rural areas due to lower population density, it was a significant problem for rural populations, although one which was geographically uneven, with some rural areas experiencing higher rates of homelessness than urban areas, while others experience lower rates (Cloke et.al., 2001, Cloke et. al., 2003, Fitchen, 1992). A study of homelessness in rural areas of the UK has found that the causes of homelessness for rural residents are similar to those located in urban areas, namely, relationship breakdown, parents no longer willing to accommodate offspring and economic issues, although they found that economic housing issues such as inability to pay mortgage and loss of rental accommodation was significantly higher in rural than urban areas (Cloke et. al, 2001). A US study of rural homelessness in the early 1990s found similar causal factors with the addition of migration of low income urban people to rural areas at the same time as the quantity of low cost rental accommodation in rural areas was declining (Fitchen, 1992). While the form of homelessness may differ between rural and urban areas,

Australian Bureau of Statistics rates of homelessness in regional Victoria roughly mirror those of Melbourne (Chamberlain & MacKenzie 2008).

## **What could be done?**

Individuals experiencing housing issues in conjunction with mental health and substance use problems have lives that are complex and multifaceted, and unique to each household and individual. Nonetheless, the literature highlights several directions for government and non-government agencies. For example, the 2005 Review of Statistics on Homelessness in Europe of the European Observatory on Homelessness highlights three main elements to address homelessness, namely, prevention, accommodation and support. These three elements might be summarised in the following manner:

1. Prevention means that the causes of homelessness and the various pathways into homeless are understood and measures are put into place to prevent housing from becoming an issue, especially for identified at-risk groups.
2. The availability of emergency or temporary accommodation, transitional accommodation as well as permanent housing (with or without support).
3. Finally, support is required for those households and individuals experiencing homeless, in terms of support for individuals and households regarding access to, and maintenance in, adequate accommodation.

Anderson (2001) argues that while individual risk factors might precipitate housing issues, the barriers to moving out of homelessness are on the whole structural or systemic. These systemic factors include a lack of access to secure, affordable housing of a reasonable quality, lack of access to employment/structured activities, a lack of coordination between drug and alcohol and mental health services, gaps in temporary accommodation and an inadequacy in the structure and delivery of social security, including housing benefits (Anderson, 2001).

## The study area: Bass Coast Shire, South Gippsland Shire and Latrobe City, Gippsland, Victoria



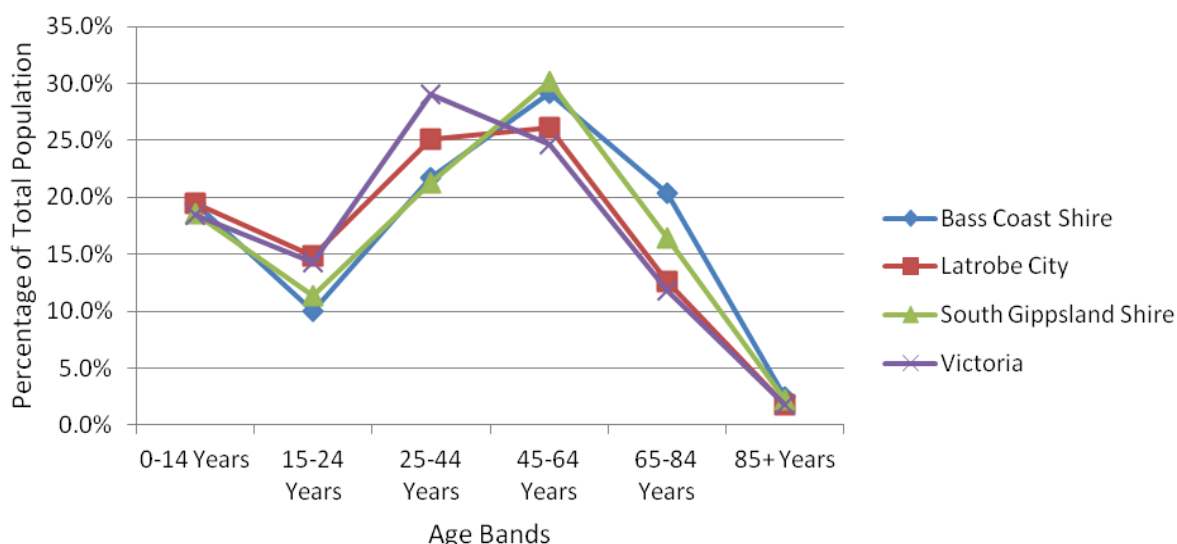
**Map of the study area**

The Gippsland region covers a large area of south eastern Victoria. It includes six local government areas stretching from the peri-metropolitan eastern fringe of Melbourne to the New South Wales border. The study area for this report includes three adjoining local government areas in central and southern Gippsland: Bass Coast Shire, South Gippsland Shire and Latrobe City (see map above). All three local government areas are classified as rural, with Bass Coast, Latrobe City and the western section of South Gippsland being classified as “highly accessible” and the eastern section of South Gippsland as “accessible”. The study catchment includes a large area of coast, the regional industrial area of the Latrobe Valley, agricultural land and forest areas.

Latrobe City has the largest population centre in Gippsland with a resident population of 75,259, concentrated in the three towns of Traralgon, Morwell and Moe, all on the Princes Hwy. Bass Coast Shire and South Gippsland Shire, with populations of 29,584 and 27,776 respectively, are considerably smaller in population than Latrobe City. Also, in contrast to Latrobe City, residents of the two southern shires are dispersed in smaller rural towns, all but

one with a population under 5,000. As displayed in Figure 1 below, all three LGAs, like most Victorian rural regions, have an older population than the State average.

**Figure 1:** 2009 Percentage of total population for age bands by Local Government Area (Department of Health, Victoria 2010)



Significant industries in the Latrobe City are power generation – the area is the major power generation area in the state – timber processing, brown coal mining and service provision. By contrast, Bass Coast and South Gippsland are characterised by agriculture and tourism. Both of these southern shires have extensive coastlines, attractive undulating terrain and national parks which draw a significant number of tourists. Both Bass Coast and to a lesser extent South Gippsland have significant tourist infrastructure and tourist accommodation. During peak summer holiday periods, Bass Coasts’ population more than doubles to exceed 60 000. The shire has amongst the highest growth rates in Victoria in the last ten years with an influx of retirees and sea-changers. South Gippsland Shire has also been experiencing population increase, although to a lesser extent than Bass Coast. It might be expected that within those areas, changes to population and demographics will impact on housing availability.

Unemployment rates differ across the three local government areas. South Gippsland has a lower unemployment rate, at 3.2% compared to the State average of 5.8%. Bass Coast’s unemployment rate at 5.6% is slightly below the state average while Latrobe City’s is slightly higher at 7.3% (using 2008 data).

There has been a decline in housing affordability throughout Australia in the 2000s due to population growth, increase in house prices and decline in affordable rental housing, with non-metropolitan areas having experienced greater decline than metropolitan areas (Department of Human Services, 2009). By the late 2000s, only 21% of new rental lettings throughout Victoria were considered affordable. Latrobe City, South Gippsland Shire and Bass Coast Shire continue to have more affordable housing than the Victorian regional average (Department of Human Services, 2009). Median house prices in the study area were

significantly lower than the Victorian average and Victorian regional average and a higher percentage of rental housing was considered affordable. The median weekly rent for a three bedroom house is \$210 in Latrobe City (Department of Health, Victoria, 2010 p 288), \$200 in South Gippsland Shire (Department of Health, Victoria, 2010 p 463) and \$285 in Bass Coast (Department of Health, Victoria, 2010 p 64), all of which are roughly equal to or lower than the regional Victorian average (which is in the mid-high \$200s) (Department of Health, Victoria, 2010 p 288; Department of Human Services, 2009). However, there has been a decline in affordability of rental housing in Bass Coast and South Gippsland since about 2005, with rents increasing (Department of Human Services, 2009). Between 70% and 80% of rental houses in these shires were considered affordable in 2009 (Department of Human Services, 2009). The commencement of the construction of the Desalination Plant near Wonthaggi resulted in the arrival of a number of contract workers to the areas. This has created additional pressure on rental housing in Bass Coast and an impact on the availability of affordable housing in the shire, not reflected in the currently available census data.

While South Gippsland and Bass Coast have less social housing (2.3% and 3.1% per number of dwellings compared to a State average of 4.3%), Latrobe City had more social housing (at 7.3%). There is less emergency and transitional housing in the study area than in Melbourne.

Both Bass Coast and Latrobe City had more clients of registered mental health services and alcohol and drug services than the Victorian average. South Gippsland has similar numbers of clients of mental health and alcohol and drug services than the state average. The percentage of the total population in each LGA who are on disability support pension is 3.8% for South Gippsland Shire, 4.6% for Bass Coast Shire and 5.8% for Latrobe City compared to 3.4% of the total Victorian population.

All of the LGAs in the study area have areas of relative wealth and areas of relative disadvantage. Latrobe City as a whole shows some disadvantage compared to the general Victorian population, with 52% of the population having an income of less than \$400 per week (compared to the Victorian average of 46%). Bass Coast has 55.4% of the population earning less than \$400 per week and South Gippsland has 51% of the population having a weekly income of below \$400. Therefore all of the LGAs have a higher rate of people living below \$400 per week than the Victorian average. However, the large number of retirees in Bass Coast and the fluctuating annual income of the agricultural population in both southern LGAs must be taken into account when viewing these figures. (Department of Health, 2010; Department of Planning and Community Development, 2010; Australian Institute of Health and Welfare, 2009).

## Methods

Data were collected and interpreted according to a qualitative or “discovery orientated” approach (Mahrer, 1988) in which themes and issues were sought from participants, rather than pre-determined hypotheses. Discovery orientated research aims to *“learn more... to answer a question whose answer proves something one wants to know, but might not have expected, predicted or hypothesized”* (Mahrer, 1988, p.697). Therefore, in-depth, one-to-one, semi-structured interviews with participants who fit the inclusion criteria were employed as the method of data collection. Interviews were conducted to allow for the negotiation of meaning between each participant and the interviewer, with the aim of reporting participants’ experiences as close as possible to their original constructions. Furthermore, interviews are considered a sensitive and representative way of ascertaining the experiences of mental health consumers (Rapp, Kisthardt, Gowdy & Hanson, 1994). Our goal across the interviews was to pursue the particulars of each case, then proceed to a cross case analysis (as per Stake, 2001).

The Human Ethics Committees at Monash University and Latrobe Regional Hospital provided ethics approval for this study (Monash University: CF10/2589-2010001444, Latrobe Regional Hospital: 2011-01).

## Recruitment strategy

Staff of the Department of Health Gippsland Mental Health and Drugs Unit approached all of the mental health and drug and alcohol agencies in the participating shires. The agencies which agreed to participate in the project were:

- Bass Coast Community Health Services (Alcohol and Drug Services)
- Latrobe Community Health Service (Alcohol and Drug Treatment Services and Creative House)
- Latrobe Regional Hospital Mental Health Service
- Mental Illness Fellowship Victoria
- mind Australia (Wannik Gunyah and Insight)
- Ramahyuck (Nindedana)
- The Salvation Army GippsCare
- SNAP Gippsland (Leongatha)

Participation in this research by clients of these agencies was voluntary. Staff of the agencies gave clients an explanatory statement about the project, discussed the project with their clients and with the consent of the clients, passed on contact details of those clients interested in participating or interested in receiving more information, to the research team. To ensure that the clients did not feel under obligation to participate, where possible, the agency staff who discussed the project with clients were not the clients’ usual service provider or support worker. The research team then contacted participants, discussed the project further and, if the participant was interested, arranged an interview. To further protect the confidentiality of

participants the agencies did not know which of their clients agreed to participate (unless the clients themselves informed agency staff) and as the reply paid envelopes were unmarked, researchers did not know through which agencies participants had been recruited.

## **Criteria for participation**

For inclusion in this study, participants must:

1. Have a mental health issue, a alcohol/drug issue, or both
2. Have significant housing issues, for example be living in unstable or unsuitable accommodation or be homeless
3. Be over eighteen years of age
4. Be attending one of the participating agencies
5. Be living in Latrobe City, Bass Coast Shire or South Gippsland Shire

Clients were excluded from participating in the study if they did not fit the above criteria or were judged by agency staff to not be in a position to give informed consent, for example if they were unable to understand, speak or read English, had severe mental impairment or were extremely unwell.

While most participants reported alcohol and drug issues and/or mental health issues (either past or present), it needs to be noted that all participants presented in a lucid and coherent manner throughout the interviews.

## **Interview procedure**

Interviews were conducted by Monash University researchers using an interview guide developed by the researchers in consultation with the Department of Health. All of the interviews were undertaken in a public place convenient to the participant, such as a café, library, community house or support service.

At the beginning of the interview, researchers discussed the project with participants who were then asked to sign the consent form. Participants were subsequently invited to discuss their perceptions as someone who was experiencing housing instability, or unsuitable housing as well as mental illness and/or substance use issues.

Questions were structured into five specific areas.

1. Basic demographic and personal information (such as age, family status, main source of income, main form of transport)
2. Current housing situation and housing aspirations
3. Service and support needs
4. Housing history
5. Perceived barriers to obtaining suitable accommodation.

Although most of the interview questions were structured, there were also opportunities for participants to discuss any issues they considered salient, in relation to housing, mental illness, and alcohol and/or drug issues. Interviews were audio taped (with consent) and then transcribed for data analysis.

Participants were given a \$50 nominal honorarium (in the form of a gift voucher) in acknowledgment of their time and inconvenience in attending the interview.

## **Data analysis**

The demographic data of patient characteristics was analysed using descriptive statistics.

The answers to the open ended questions were analysed by the research team using thematic techniques. Throughout the data collection phase the project team meet regularly to discuss the evolving data set. Themes were identified independently by members of the research team, who subsequently met to discuss and reach a consensus. Data analyses proceeded in two stages, the first within each case or individual transcript and the second, across all transcripts or cases (Stake, 2001). We then examined results across cases to identify overall themes, as presented in this report. The thematic analysis was conducted in a six phase process as outlined by Braun and Clarke (2006). Rather than a linear process, this recursive data analysis involved familiarising ourselves with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and writing the final set of themes as presented in this report (Braun & Clarke, 2006). In this way, the shared experiences of participants are presented here, as well as unique but salient occurrences in relation to housing needs and supports. In line with giving voice to our participants, we relied on direct quotes as much as possible to ground our findings as well as interpretations (Lather & Smithies, 1997).



## Results: Demographic characteristics of participants#

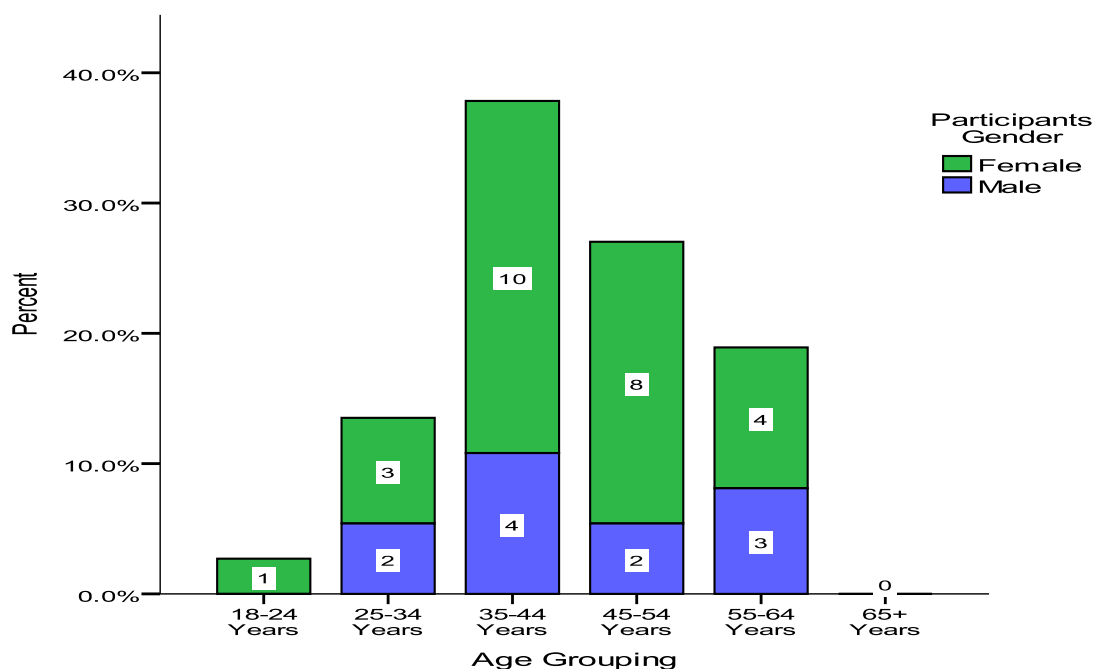
### Response rate

Forty interviews were conducted with participants, the details of which were discussed below. In addition to these interviews, responses were received from a further nine potential participants interested to receive information about the project. Five of these respondents were contacted by researchers and initially agreed to be interviewed but then subsequently cancelled the interview on two or more occasions. (If a participant cancelled an interview on more than one occasion they were not contacted further by the researchers). Three respondents could not be contacted despite repeated attempts by researchers and one respondent declined to be interviewed. One of the forty completed interviews was conducted with a participant and their spouse. The spouse was not a client of one of the service providers in the area therefore data relating to the spouse has been excluded from the findings reported below. All but three of the participants agreed for the interview to be recorded and transcribed. Handwritten notes were taken during the three unrecorded interviews. Some interviews failed to elicit responses to all of the questions designed to collect demographic data, the response rate for specific questions is indicated as “n=#” in the title of each of the graphs reported below.

### Demographic characteristics of participants

Twenty-nine participants were female and 11 were male. Participants’ ages ranged from 23 to 64 years, the distribution of ages are indicated in Figures 2 below (note three interviews did not clarify the participants’ age). Two participants identified themselves as Indigenous, however Indigenous status was not disclosed in seven (17.5%) interviews.

**Figure 2:** Age distribution of participants (n=37)



Thirty-nine participants reported having been diagnosed with a mental illness at some stage in their life (one participant did not provide this information), and 23 (60%) of these participants reported that the mental illness was an ongoing issue for them at the time of the interview. The self-reported primary diagnoses in order of frequency included depression, bipolar affective disorder, schizophrenia, traumatic stress disorder, drug induced psychosis, anxiety disorder and borderline personality disorder. Twenty-nine participants (72.5%) reported two or more diagnoses of mental illness in their lifetime.

Twenty-seven participants (67.5%) reported having had a problem with alcohol or other drugs at some stage in their life, however only five of these participants indicated that this was currently an ongoing issue. Of the participants who reported using substances, six-teen (59.3%) reported having used a single substance, ten (37%) reported having used two substances and two (7.4%) reported a history of using three or more substances. The most commonly reported substances in order of frequency were alcohol, marijuana and amphetamines. Less frequently reported substances included cocaine, codeine, heroin and Gamma Hydroxy Butyrate (GBH).

Thirty-nine participants reported that they were currently receiving support from one or more services (one participant did not offer this information). As shown in Figure 3 (below), thirty (77.0%) participants reported that they received support from two or more agencies. Four participants indicated that they currently received support from four services, two from five and one from six.

**Figure 3:** Number of support services accessed by participants (n=39)

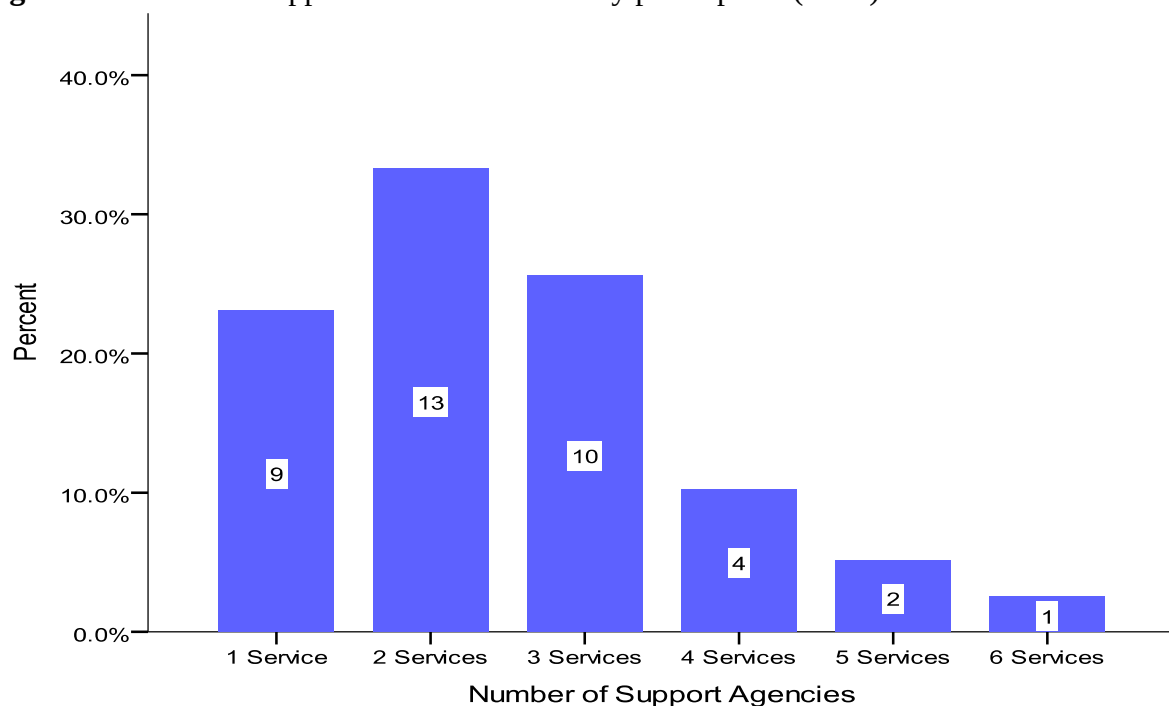
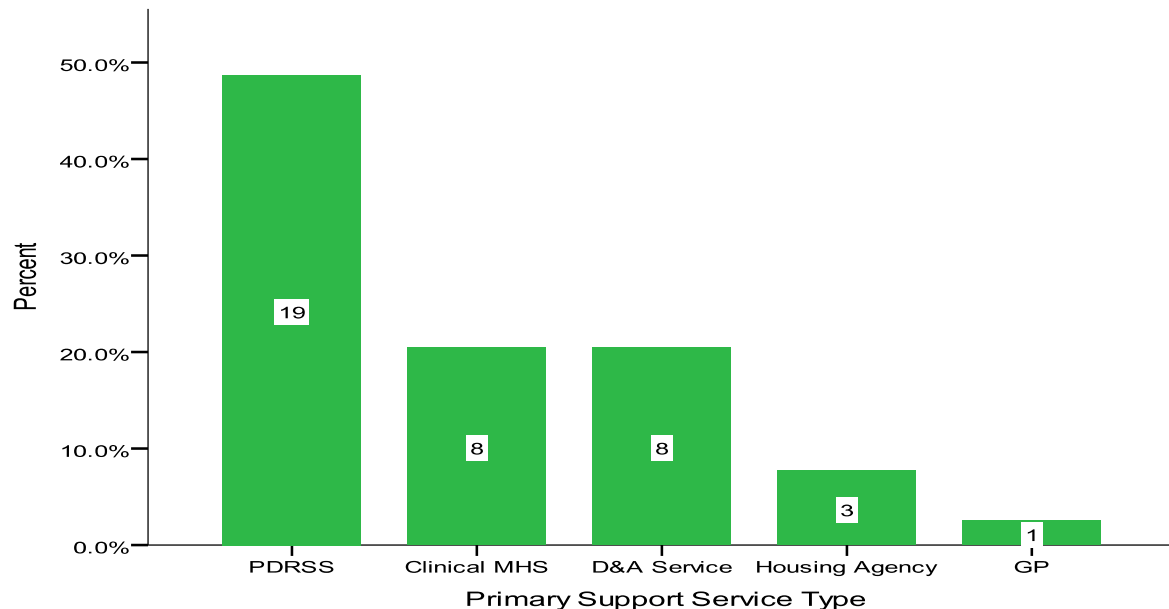


Figure 4 below indicates the types of services informants reported as their principle support service. Other support services mentioned were private psychiatrist, private psychologists, counsellor, child protection, Department of Justice, neighbourhood house, adult education, local shire, employment agency and St Vincent de Paul.

**Figure 4:** Primary support service (n=39)



Thirty-seven (92.5%) of participants were un-partnered. Over half of the informants described themselves as single, about a third as divorced, separated or widowed and only three (7.5%) as married or in a de-facto relationship (see Figure 5 below). Figure 5 below (see page 19) indicates that the majority of the participants reported living alone, a small number lived with their parents, with a partner or partner and child or children, with their children, with friends or with others in shared accommodation (e.g. accommodation for people undertaking an alcohol and drug treatment program).

**Figure 5:** Participants' partner-relationship status (n=40)

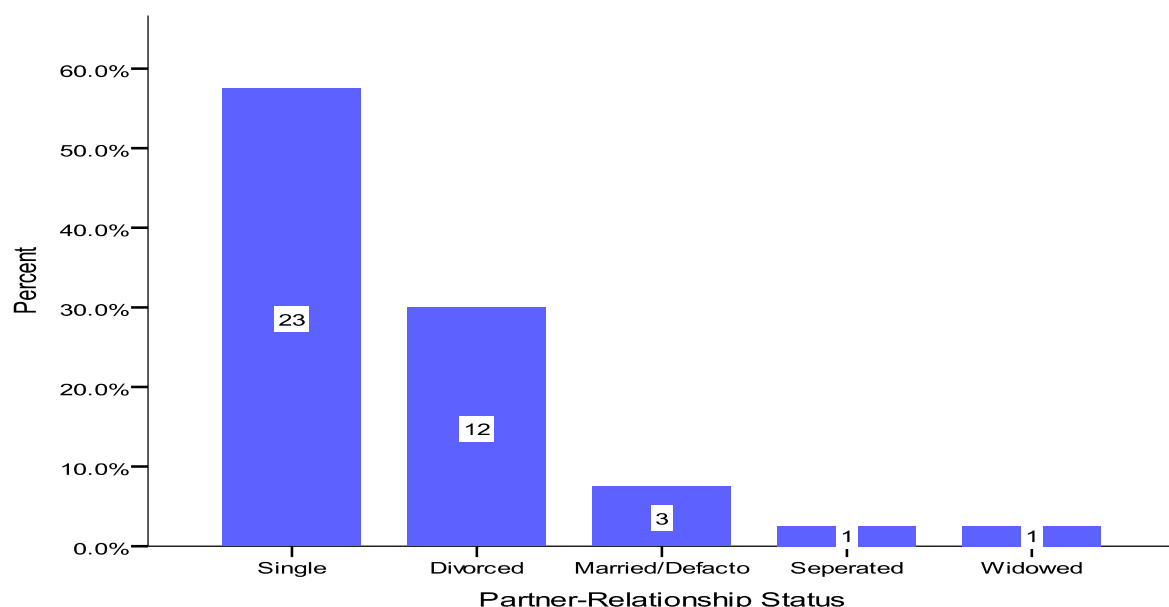
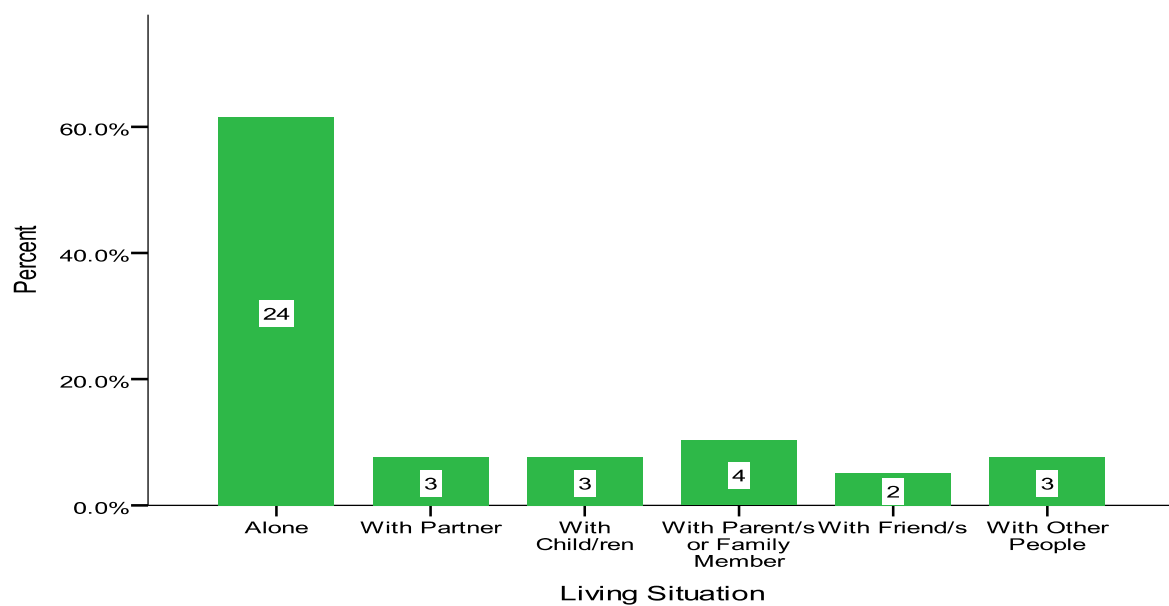


**Figure 6:** Participants' living situation (n=39)



Just over a quarter of the participants reported that they had a dependent child or children. It is important to note that participants did not interpret dependency as a function of age, for example one informant reported having a dependent child who was 42 years old and suffering from a serious mental illness and another two participants had dependent children over 18 years of age. A little over a third of these parents reported that their dependent child/children lived with them. Dependent children not in participants' care were living with the other parent, grandparents of the child or children, uncle or aunt of the child, in foster care or independently.

**Figure 7:** Living arrangements of dependent children (n=11)

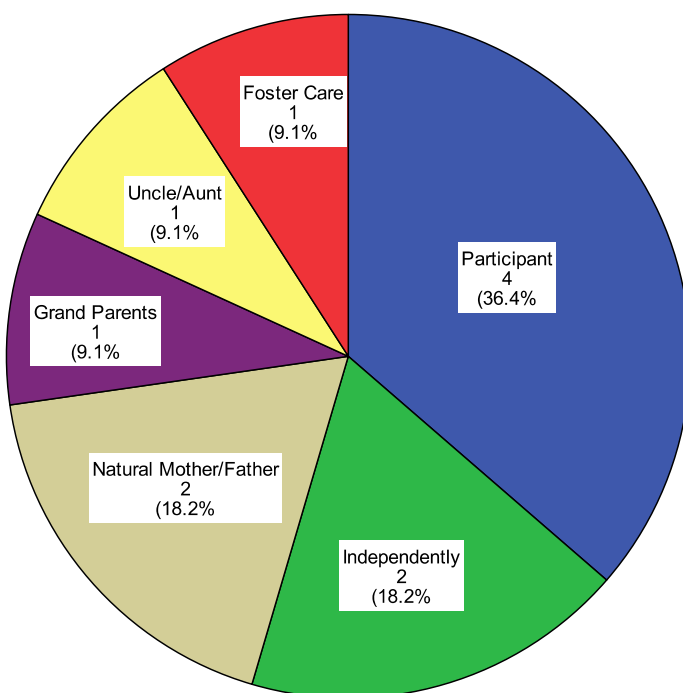


Figure 8 (below) indicates the Local Government Area that participants were living in at the time of the interview. Figure 8 (below) indicates that just over half the participants had lived in the Local Government Area for more than 5 years.

**Figure 8:** Participants' residence by Local Government Area (n=40)

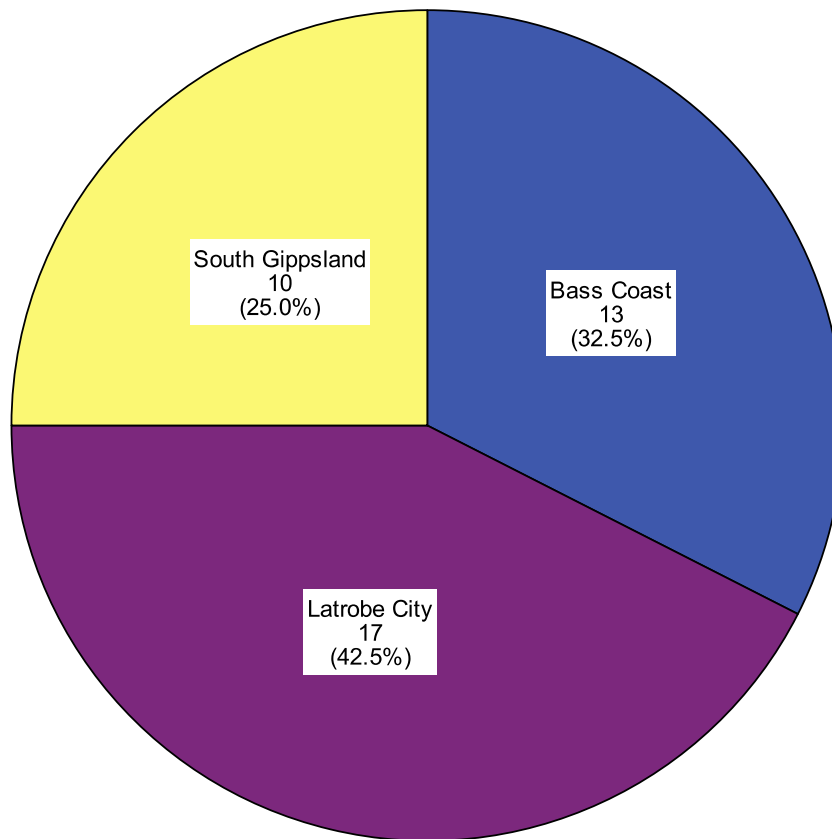


**Figure 9:** Length of time resident in the LGA (n=40)

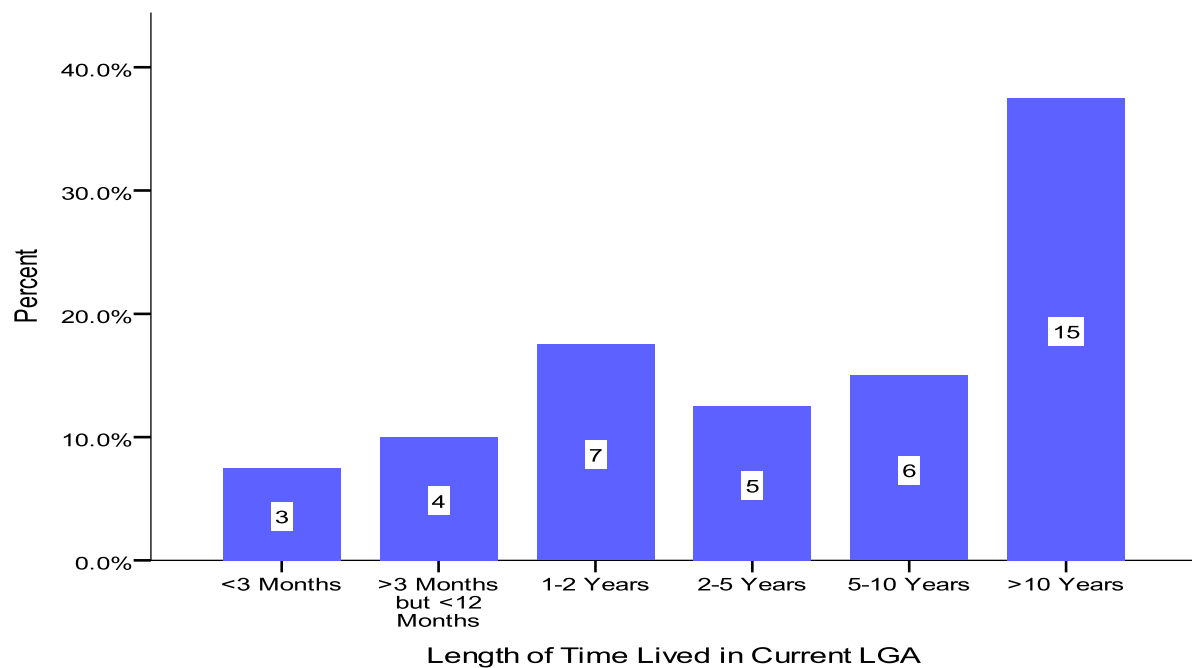
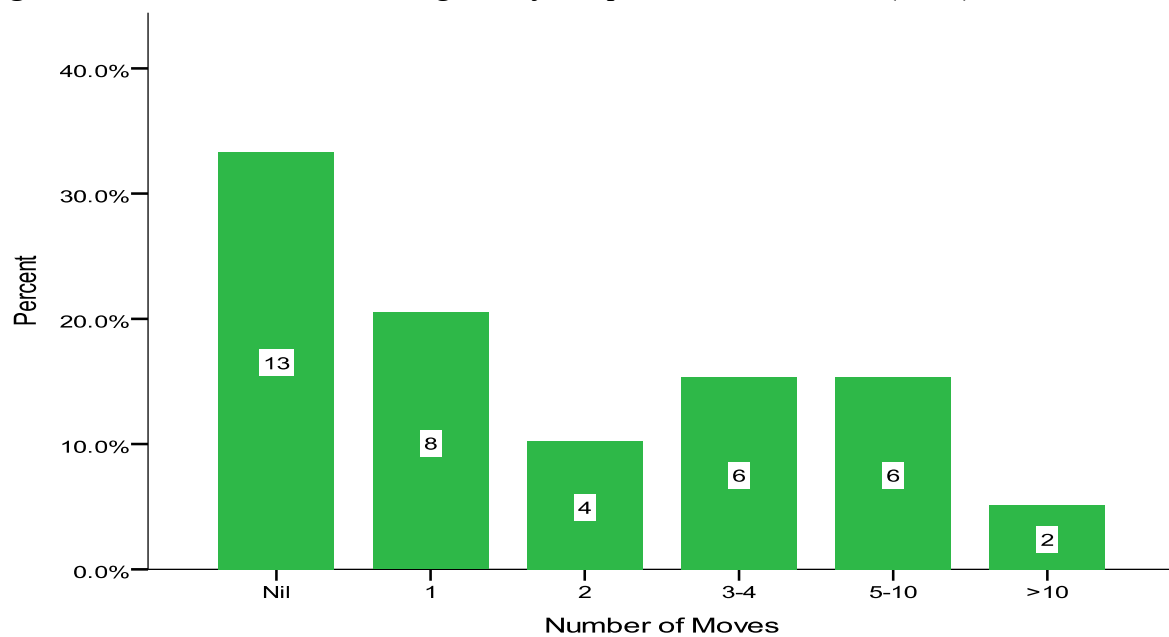


**Figure 10:** Number of moves during three years prior to the interview (n=40).

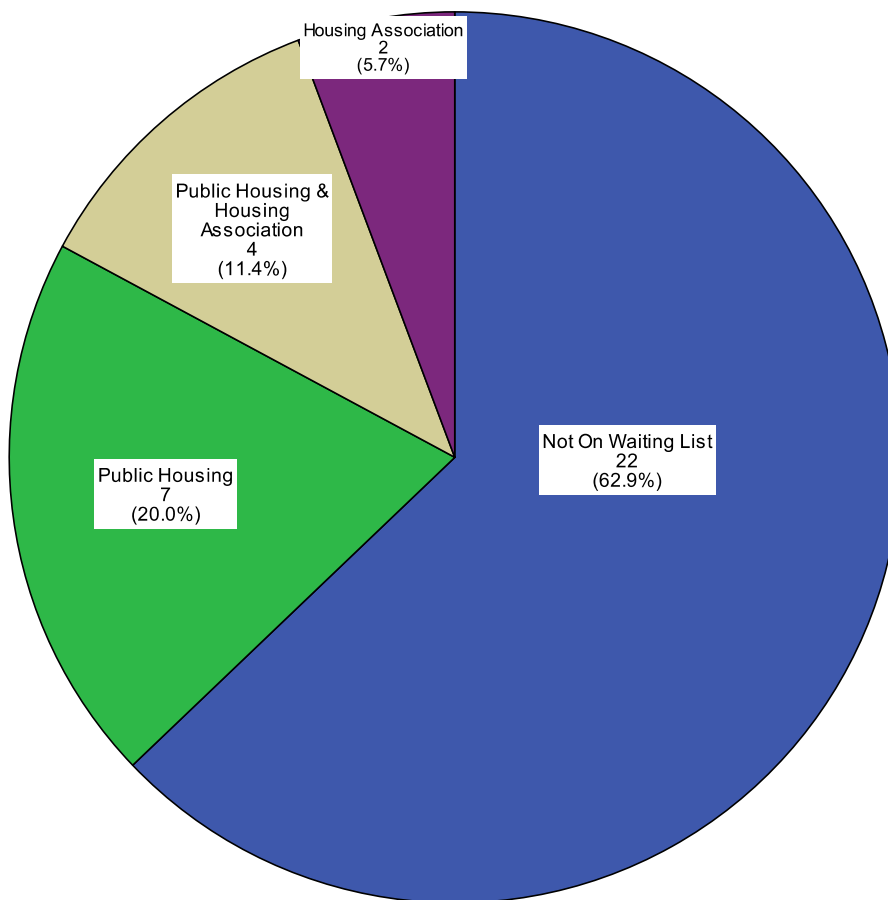


When asked how many times they had moved in the last three years, a third of participants reported that they had lived at the same location during that period of time, a little less than a third had moved once or twice and just more than a third had moved on three or more occasions (see Figure 10 above for details). One informant's response to this question was *"too many to remember"*. The majority of the participants reported relocating within the Gippsland region. Locations reported by the small number of participants who had resided outside of Gippsland included other rural/regional areas in Victoria, metropolitan Melbourne, interstate and overseas.

The types of accommodation participants reported using in the last three years included private rental, public housing, private house, transitional housing, caravan park, boarding house, sharing with family, sharing with friends and acquaintances, couch-surfing, their car, motel, crisis accommodation, emergency accommodation, hospital, Prevention and Recovery Care (PARC) Service and living on the street.

All participants reported experiencing homelessness at some point in their life. Thirty eight participants reported that they were dissatisfied with their current accommodation and indicated an interest in moving to accommodation that more suited their desire or needs. As shown in Figure 11 (below), the majority of participants were not currently registered with a housing waiting list (note those registered on a waiting list includes two participants who had moved to new accommodation within two weeks of their interview).

**Figure 11:** Housing waiting list status of participants



About a quarter of participants were unclear or did not indicate their preferred type of accommodation, while the majority of participants indicated that their preferred accommodation was a house, flat or unit. Informant responses included a preference from one person to remain in their current accommodation, others wanted somewhere suitable for pets, others for a garden and others for an additional bedroom to allow children, family or friends to stay. Only one informant expressed a preference for accommodation outside Gippsland.

As indicated in Figure 12 below (see page 23), at the time of the interview over half of participants lived in private rental properties and slightly more than a quarter resided in Public Housing. About 38% of the participants had resided at their current address for less than a year and over half had lived at their current address for less than two years (for details see Figure 12 on page 24 below).

All of the informants reported that their principle income source was some form of Centrelink payment (for details see Figure 14 page 25). Three informants reported supplementing their income through part-time work.

**Figure 12:** Type of accommodation at time of interview (n=38).

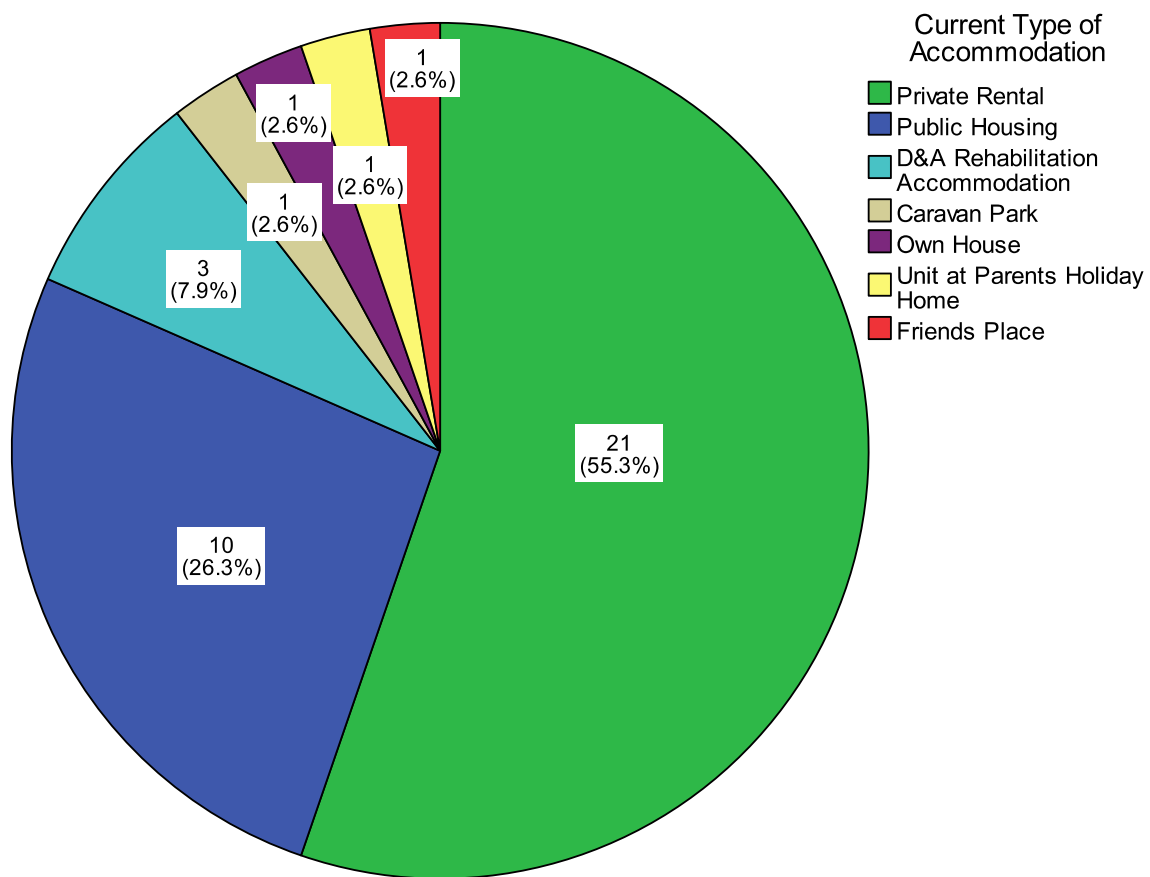


**Figure 13:** Length of time participants had lived at their current accommodation (n=40).

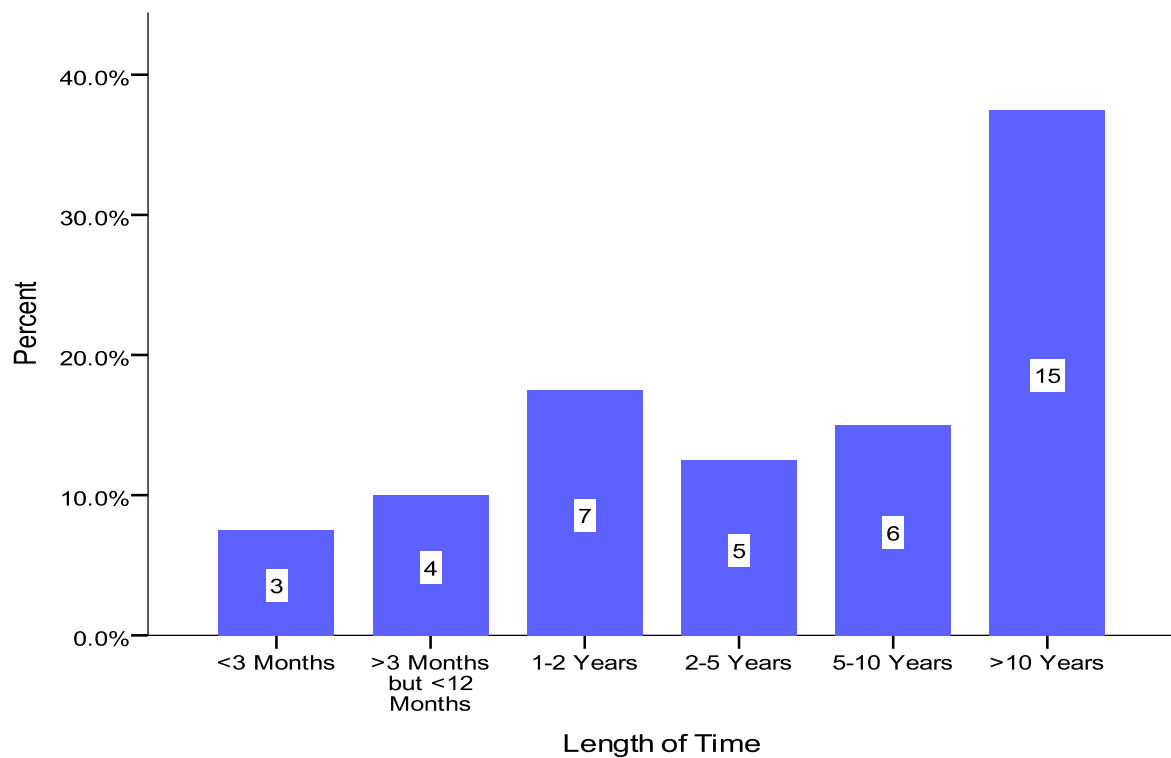
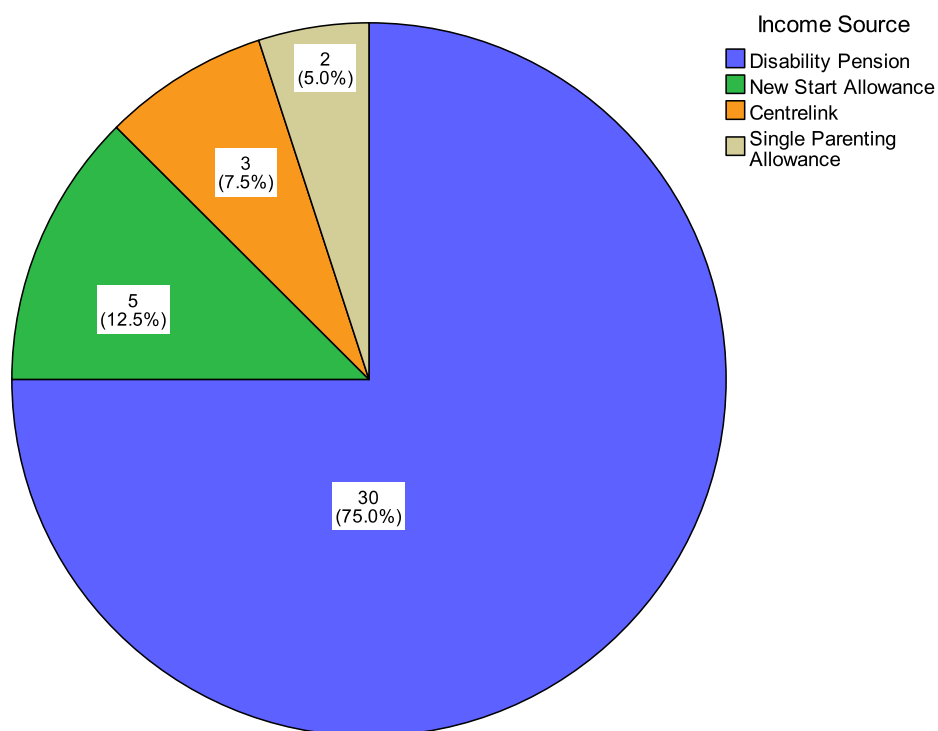
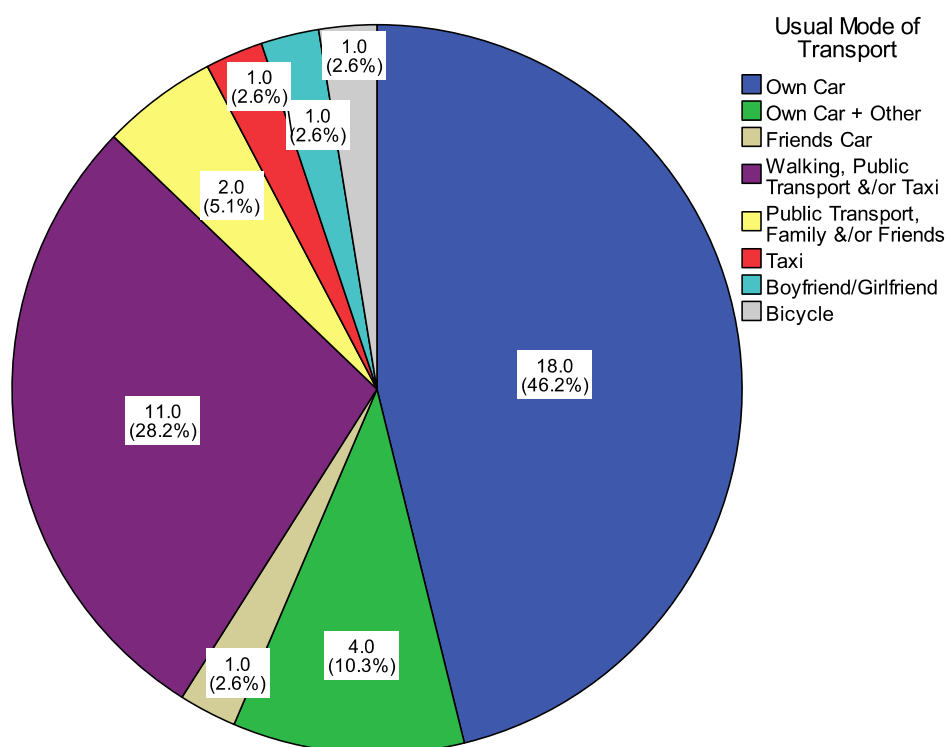


**Figure 14: Principle Source of Income (n=40)**



More than half the participants reported using a car or car and other transport as their main form of transport. Just over 43% of participants used public transport (including taxi) and walking. The informant who reported only using taxis held a taxi concession card due to a physical disability.

**Figure 15: Usual Mode of Transport (n=39)**





## Results: thematic analysis

Participants' responses to the qualitative, open ended interview questions resulted in four interrelated themes as outlined in detail below:

- **Participants' current experiences of unsuitable and/or unstable housing**
- **Pathways into unsuitable/unstable housing**
- **Parenting and housing**
- **Factors contributing to appropriate housing or housing stability**

The order in which the themes and sub-themes are presented in this report is not intended to ascribe any greater importance to a theme or sub-theme relative to any others. Each theme and sub-theme has been judged to capture and express something of significance in relation to the focus of this study (Braun & Clarke, 2006) and does not hold any greater or lesser weight than any other theme/sub-theme. Statements such as 'some participants', 'the majority of participants' or 'most participants', in the results section below, are used for descriptive purposes only and are not intended to ascribe weight to a particular theme or sub-theme (Braun & Clarke, 2006).

### **1. Participants' current experiences of unsuitable and/or unstable housing**

Participants nominated various factors that according to them made their current housing either unsuitable and/or unstable. These ranged from immediate concerns (such as their current accommodation being temporary) to longer term chronic issues such as inability to find accommodation at an affordable rent. These current experiences can be summarised as:

- a. Unaffordable accommodation*
- b. Temporary accommodation*
- c. Poorly maintained accommodation*
- d. Small and/or overcrowded accommodation*
- e. Poor access to services and transport*
- f. Isolation from social and support networks*
- g. Accommodation is unsuitable for physical abilities*
- h. Accommodation is located in an unsafe or frightening area*

## 1a. Unaffordable accommodation

Many of the participants explained that they experience rental costs which are unaffordable for a person on a disability pension or Newstart allowance. A 48 year old female, living in a caravan park remarks:

*I honestly thought when I moved in here I was only going to be in here for a month but as I say, I can't afford rental.*

A 51 year old man found that rent assistance did not keep up with rental increases:

*When they put the rent up last year and it stretched, you know, it was like they only give you so much extra in rent assistance, like \$10 whereas the rent was an extra \$50.*

Most participants report that they are struggling financially both with rental payments and bills:

*We're struggling, just put it that way. We struggle fortnight to fortnight. (57 year old male)*

Related to a lack of affordable housing, was a general unavailability of affordable housing.

*People in the know have said pretty much that there's nothing available...and I need something fairly soon like within the next month.... I'll probably end up back at the Caravan Park for a while... it's not the best but it's, you know, it's full of blokes, and yeah most of them are alcoholics or drug addicts... it's not good for someone's soul. (40 year old male)*

*I look for private rentals and they're just out of my league price range wise. You know I tend to end up back at my parents' house if I can't find anything suitable and that really isn't a workable situation. The older I get the less workable that becomes. (female, unspecified age)*

There was a perception among many participants – sometimes based on hearsay rather than on direct experience - of unavailability of affordable public housing and long waiting lists. This perception is summed up by a 34 year old male:

*Maybe you might have to apply for public housing but I know that's almost not possible I think to get into from what I've heard. Long wait and you don't always get to go to the area you want to. You're kind of offered whatever it is and you might get moved away from your family and everything.*

A lack of availability of affordable rental houses was reported across the shires but especially in coastal tourist areas of Bass Coast such as Inverloch, Cape Paterson, Phillip Island and San Remo.

*[town name] is just like a holiday tourist destination you know, it's very expensive here. (40 year old female)*

*Being in [town name] as well the rents are just so extreme. (35 year old female)*

*It's either permanent residences or holiday homes. There's not a lot of rental. (female, unspecified age)*

*... there's sort of a lack of houses too in the bracket.... there was only like three places in the whole Bass Coast under the \$200 range. (40 year old male)*

Participants living in Bass Coast Shire believed the construction of the desalination plant had contributed to housing shortage in the area

*It's just so hard to get the accommodation to start with anywhere at the moment. ... It's the lack of accommodation and especially down here with like the desal plant and that and rent rises are just sky high. (40 year old male)*

*When I first moved down to [town name] it wasn't unusual to find a small house in the area for under \$130 a week... [but] the place I moved out of in [town name] is now around \$200-220 a week and it is a very old holiday house with incomplete floor, the lino in it is curled up from age in the corners and it is quite an average sort of place to live but yeah its very expensive... I think it's the housing inflation that happened a few years ago. The price of property went up, rentals went up, Wonthaggi in particular is the desalination. (42 year old male)*

## **1b. Temporary accommodation**

Some of the participants were on notice to vacate private rental accommodation. One couple aged in the 50s reported that their current rental property was on the market, and that their lease was due to expire at the end of the year. They were not sure what would happen then, whether they would be asked to vacate whether the lease would be renewed or whether new owners would let them stay, or in their words “We just don't know”.

Similarly, a 44 year old male reported that he was “in transit”:

*I'm actually just sharing with a friend... I didn't have anywhere to stay actually so she just said you can come and stay with me until you can find a place and I've sort of been in transit.*

A 43 year old woman with two dependent children described living in a caravan which she had to vacate once a month so that she was not classified as a permanent resident:

*We had to, every 60 days, go to a motel. They had too many permanent people staying there so they would have got fined. Yeah after 60 days [for] about 2 weeks and then we could legally come back again and we weren't classed as permanents.*

A young woman (age not specified) living in a unit behind her family holiday house notes that she is required to vacate when the family are in residence:

*My brothers, sisters come and that – they prefer if I'm not hanging around. Usually they ask me to stay elsewhere or just make sure I don't come into the house so I sort of get a bit displaced.*

Many participants note the effect of constant moving.

*Stresses of constant shifting [is] physically, emotionally and financially draining [and] triggers/aggravates health issues – CFS, anxiety, depression. (42 year old female)*

*I spend half a week with mum and the other half a week with him... So I'm a real gypsy because I've really got no particular roots where I'm settled in one spot and I'm having to take bags of stuff with me wherever I go.... I am so physically tired and mentally tired... I don't call any of them my home... I haven't got a home really. (55 year old female)*

### **1c. Poorly maintained accommodation**

Many participants, residents of both public housing and private rental accommodation, described what they considered to be unsuitable living conditions in their current houses with issues such as damp, cold, flood-prone, and poor general maintenance mentioned. A 64 year old female in public housing reported that:

*All I'm asking is the house to be painted through, some decent flooring put down and some basic maintenance.*

Others in private rental also reported problems with maintenance:

*... In winter it's like living in an igloo and in summer it's just that hot it's not funny. (57 year old male)*

*The place is falling down around my ears; it's a dump...my house leaks, mould's two inches thick. (49 year old female)*

*I got flooded. Water from underneath the unit, water was coming up to the carpet ... it's all black. (57 year old female)*

*It's a very old, very basic house. Really run down and unattractive... A very small water heater. Like to complete a shower I have to have three small showers a day. I feel disgusting. (40 year old female)*

*No heating at all, no oven. Anyone can just open the door because it's a really old house. Yeah I don't sleep a lot of the night because I'm a bit nervous. (47 year old female)*

### **1d. Small and/or overcrowded accommodation**

Some participants reported being unhappy about sharing a room or facilities. One 57 year old woman was living with two other unrelated adults in a two bedroom house and therefore had to share her bedroom and bed:

*I want my own room... I need my own room back...My place isn't big enough. You have three people in a little unit. Someone is in your bedroom, in your bed. Where do I go? No, it's not my room no more.*

Another younger woman (age not specified) living in a unit behind the family holiday house remarked:

*It's very small and there's no privacy from my brothers and sisters.*

A 43 year old woman described living in a caravan with young children:

*... so they managed to get us into a caravan... but no hot running water or anything, just cold water, tiny little sink to work with. We've got the three of us and me crammed in the tiny little caravan that's meant for probably two people and just, it was shocking. Having to go to the toilet in the night in the pouring rain and ... across backwards and forwards from the toilet block.*

Another 48 year old woman living in a caravan also did not like sharing bathroom facilities with strangers:

*I really need my own bathroom, toilet. Yeah, to be able to have the space where I can call mine rather than sharing. You are in the caravan park and you've just people all the way around you. It's not that comfortable.*

## **1e. Poor access to services and transport**

Many participants indicated that a lack of public transport left them with poor access to services. A woman living in a small town in Latrobe City comments:

*The only disadvantage is it is very remote, there's nothing out here and it's a good, yeah, 10 to 15 minute drive in.*

Another, living in a caravan park on the edge of town describes:

*... we're at least a kilometre out of town. Up hill, a really steep hill and I don't have transport either so, and me and the kids were walking up and down that to town with the shopping, lugging backwards and forwards and it was just too hard. (43 year old woman)*

Another 35 year old participant, without private transport and living approximately one kilometre away from a small town and approximately 12 km from a major town, discussed the difficulty she had getting to town services.

*I hate it. There's not much public transport down here at all. It just makes it hard getting out full stop. I do actually have a taxi card which gives me half price but still when you're on a pension you can't afford to be catching the taxi all the time. I normally go in to [regional town] twice a fortnight and that's on the community bus... Other than that I go out on my payday and come down to the street and do what I have to do and that's it.*

## **1f. Isolation from social and support networks**

Some participants were unhappy with the location of their accommodation because they felt isolated from social and other support networks.

*I am so isolated and I am so far out, you know transport challenged. If I was to be able to get affordable accommodation closer into town and close to resources and you know closer even to social organisations... I could participate and you know integrate back into society on some sort of level. That would be really helpful.*  
(female, unspecified age)

A 35 year old female participant commented that all her social supports were in Melbourne where she would prefer to live:

*I have a good friend support up there...*

Another male participant also struggles with social isolation

*You know I do tend to be isolated you know? it's a bit of an issue... it is a big issue with me.* (51 year old male)

## **1g. Accommodation unsuitable for physical abilities**

Participants commented that affordable and available housing was not always suitable for their physical abilities:

*Because of my weight, getting something that you know that's not like on the second floor... the weight is a challenge to get something that's suitable and getting something that's kind of appropriate as well. Even the one bedrooms are just like very compacted and to be able to like use the facilities in the unit would be a challenge so it would be the matter of getting something that I can move around in alright.* (35 year old female)

*The place I'm in, big yard and with me disabilities and that I find that difficult. The maintenance, I have to do it myself and I've got a chronic back complaint and it takes me a week to mow the lawn.* (51 year old, male)

## **1h. Accommodation located in an unsafe or frightening area**

A 43 year old woman living in a caravan park feels unsafe.

*We were copping abuse from the rough tenants, the drunk and you know I didn't like the kids being in that sort of environment at all.*

Similarly, a 60 year old male commented that although he felt safe within his house.

*...outside it gets a bit traumatic sometimes.*

A 51 year old woman finds her neighbours intimidating:

*The houses are very close together... on both sides I've got those two men that I'm most challenged by. With their alcohol so that I find they could be good one day and the next they're not nice... This guy had been really abusive. .. And I was called in by the police to give a statement... How I see it's like the Shawshank Redemption where there's a pecking order and they want to make sure you know they're boss... drunken parties that are next door to me, right next door to me and they slam the door, and I'm sure they're doing it on purpose so yelling abuse at... even their dogs.*

## **2. Pathways into unsuitable/unstable housing**

Many of the participants discussed at length the longer term factors which contributed to being homeless. For most, this was a long-term, complex series of interrelated events, circumstances and issues. For this participant group, the most important factor was the interrelationship of accommodation issues with mental illness and/or drug and alcohol issues. A number of other factors were also cited which contributed to participants' difficulty in obtaining and remaining in suitable accommodation. These have been summarised as follows:

- a. Cyclical nature of mental health, substance abuse and housing difficulties**
- b. Prior history with housing services or real estate agencies**
- c. Lack of knowledge of services and agency supports**
- d. Relationship and family breakdown**
- e. Single status**
- f. Participants are perceived as "undesirable" tenants by real estate agents and landlords**

### **2a. Cyclical nature of mental health/ substance abuse and housing difficulties**

Many participants described how their mental health and/or alcohol and drug issues led to housing difficulties and in turn, that housing problems exacerbated the mental health issues, often involving unemployment or financial difficulties. This cyclic nature of these issues was summed up by one 49 year old woman:

*You've virtually got to break and fall and then it's a long way back, I'm still trying to get back...Mentally it's bad if you were sitting around knowing that your place is going to be sold in six months time you're not going to settle into it, you're constantly in the flight mode, everything's is all packed up in case you have to move... Simple, if I had housing ten years ago when I went looking for it and my doctors told me and wrote reports and everything, that's all I needed, ten years down the track, what's the problem now, I'm on disability, mental health issues, suicidal, alone.*

The cyclic nature of mental health and housing was also articulated by a 57 year old female who indicated that her current housing situation makes her depressed (living in a cold, mouldy, prone to flooding unit) but that being depressed made it difficult for her to initiate change:

*This is getting me depressed, living like I am living... I don't want to leave the house but I just sit in my pyjamas and cry....I need a room of my own because I've got nowhere to go for time out. I just sit in the back yard for time out for myself.... It's not good me sitting home, I won't even shower, I won't even get dressed, I'm just in a little world on my own and I got nowhere to go.*

Living in an unsuitable overcrowded unit was further exasperated for this participant because someone in the house had previously died whilst she was living there.

*... he died and he was with me for three weeks in the unit but I have a lot of trouble now... seeing him.... so, its... it effects me that unit... no one understands me but it does.*

Similarly, a female participant (unspecified age) reported that her mental health difficulties made it a challenge to remember and keep up with the regularity of meeting payments:

*I had sort of memory problems and like the real estate – I think they would be a bit worried if I would remember to pay the rent and stuff like that...*

The downward spiral through mental illness and housing issues is described by a 47 year old woman:

*I was in a permanent home however couldn't afford to pay the rent and I had to hand over custody of my children to my ex-husband due to financial and health concerns and that led me into the spiral... You move from place to place trying to find yourself... but you end up in a situation where you're going downhill further and further until you can't reach any lower. The spiral of homelessness, yeah you get into this situation where you go to one place; it's not suitable, so you go no I'm not happy with the situation of drugs and alcohol so you go and find somewhere else, you get robbed, you know, etc, etc that's the spiral I'm talking about that ends up with people being homeless and going bugger it, I'll go and live under a bridge.*

Alcohol and drug issues exacerbated problems holding on to accommodation. For instance, one 33 year old male reported that the “lifestyle” associated with his alcohol and drug intake lead to “the destructive stages of addiction”, which in turn lead to obtaining “black marks” from the department, making it difficult to subsequently obtain housing. A 40 year old male reported that because of his drug and alcohol use he was

*... not being able to hold down employment, which in turn means you've got a lack of funds, legal issues associated with that, yeah... the list goes on.*

Another 51 year old male reported that because of his alcohol and drug issues, his resulting behaviour meant that people “gave him a wide berth” which in turn made him isolated. This came as a result of

*... if you're down and ended up in hospital... [I ended up] berating people, I just was at a stage where anyone in the slightest way tried to put me down or anything, I would just lash at them.*

Given his mental health issues, this same participant found it difficult to seek out appropriate accommodation:

*... coming up with the bond... it overwhelms me, applying and interviews and all that sort of stuff and then people tend to see this bit of a problem...*

A 42 year old woman had similar experiences battling for accommodation while effected by mental and physical illness

*With the mental health and having a stroke I wasn't able to fight for myself, like I was told 'no' and I'd just say, oh and walk away. So I couldn't do it. And so yeah, that made it really hard.*

Many participants described the financial difficulties associated with mental illness, drinking and/or drug use that then led to accommodation problems. For instance, one 51 year old female reports that her housing problems arose through losing money as a result of mental illness

*I was undiagnosed. I had a breakdown when I was 28, yes for ten years from 28 just not good to go round in circles. I'd worked for awhile and I worked full-time but again I had an episode and I just had to have three months off. So gradually my money widdled away. Then I'd worked full-time for three years and then had another episode. I was paralysed; I couldn't even get out of bed... so I literally lived on my savings so that's why I went downhill.*

A 42 year old male found that heavy alcohol use contributed to his housing issues.

*.. drinking too much and not being able to afford where I was living.*

Similarly, a 48 year old female reported that

*I was into gambling in a big way and I was doing drugs so that self abuse that I did which led to me having to move around a bit.*

## **2b. Prior history with housing services or real estate agencies**

Participants noted that their prior history with housing services or with real estate agents contributed to their inability to obtain accommodation. For example, one 33 year old male with drug induced psychosis reported that

*... it's going to be hard for me to get a house now with a black mark against my name...I have three to four black marks against my name...*

This participant reported obtaining a “black mark” because of damages caused to previous rental properties which in turn, lead to a tribunal hearing. He was most pessimistic about obtaining adequate housing.

A 42 year old male recalled a real estate agent who:

*...wanted to know your history; asked questions – wanted even the landlord details that that they could contact them so that may be an issue that I was constantly behind in rent.*

A 49 year old woman had similar concerns:

*I'm facing a real big battle, \$4750 rent arrears as a result of not having a dog permit on the property.*

One 49 year old man found it hard to obtain accommodation through real estate agents because of his criminal history:

*I've got a criminal history. Well basically I'm on the sex offender's register. I go around real estates every week... Well like one of them told me look, don't bother, because we're not going to give you one.*

This participant also believes that his criminal history has also contributed to his current notice to vacate.

*I think because of my criminal history alright because actually one of my neighbours abused me and like moving out... Just that my neighbours recognised me off the news and well I assume that's where they recognised me from.*

## **2c. Lack of knowledge of services and agency supports.**

Many participants didn't understand what was available in the housing sector nor know what they needed.

*I really don't know at the present point of time [what support I need]... I don't know what's out there to be honest... I wish I did but yeah, it's all sort of new to me and it depends on where I'm living too, I suppose so I'm not too sure of the services. (33 year old male)*

*I have no idea what's available... the only sort of help I have had like that in the past would be the Salvation Army paid a week's rent for me when I moved into a place a few years ago. (42 year old male)*

*...there's not really a lot of places to reach out for help unless you know where to go. (48 year old female)*

They spoke of the frustrations of dealing with services without adequate knowledge.

*Dealing with departments can be exhausting and it feels like they try to flick past you only another agency ASAP. Housing authority to Quantum to community housing to real estate. Obtaining accurate information is challenging and time frames involved when trying for help is frustrating. (42 year old, female)*

A 47 year old woman knew very little about housing waiting lists and had not been able to obtain helpful information because her support worker (either mental health or alcohol and drug worker) did not support clients' housing needs or followed up on their housing queries. When asked what accommodation wait lists she was currently on she explained:

*I asked [support worker] – I know that [town name] has got public housing ... but she wasn't really helpful when I asked. She just said "Oh you just got to ring up" or something like that but I just – I'd like to go on the list for sure. Don't really discuss where you're living do they? At that like ... they don't really help you know... Well, they don't really openly sit down and talk about our house and stuff or anything, which would be good if we did that, if we had like a little meeting or perhaps one on one because then I would put my name down. (47 year old female)*

A 51 year old woman spoke of the consequences of lack of information:

*I didn't even know that there was Centrelink; I didn't even know that I could do Centrelink. So I literally lived on my savings, so that's why I went downhill. In 2006 I went on Centrelink, all the other times [I had episodes of mental illness] I'd saved up enough money to live off. If only I'd known I could be a touch bit better off.*

## **2d. Relationship and family breakdown**

Both men and women mentioned relationship breakdown as one of the principle pathways into unsuitable or unstable housing. For example, a 40 year old male believed that his accommodation problems began when his relationship broke down:

*Breaking up with the ex, yeah... like with the arguing with the ex, I'd spend a week at mum and dad's or something like that, or, ... on friends couches for a couple of nights. That's because I had nowhere to go anymore.*

A female participant (unspecified age) recalls that a period of relative stability in her life ended with the end of a relationship:

*A relationship uprooted that, yeah... They're always the killers those relationships and put your life in a blender.*

For some of the women, relationship breakdown involved domestic violence.

*Relationship breakdown and violence. Yeah domestic violence. (female, unspecified age)*

The younger women in their 20s interviewed for this report had been forced to leave home as teenagers. One 23 year old woman recalled:

*Well I got kicked out of home when I was like 17 so I moved from friend's place to friend's place to friend's place.*

This participant disclosed that she had a mental illness herself and that there also issues with mental illness with her family.

*Kicked out of home... I had a lot of mental illness in my home.*

Another woman, now 47 years old, recalled being kicked out of home as a teenager:

*There were times when they didn't care about me, so they left me on the streets and looking after myself and doing things and trying to get myself organised, end up in caravan parks and things like that because the family wouldn't take me in.*

## **2e. Single status**

Some participants believed that as a single male it was more difficult to find affordable and appropriate accommodation. This was an issue for many men in this study. One 42 year old male indicated that

*[It's] a big ask if you are a single person ... to rent a three bedroom house.*

He disliked sharing so for him:

*The main issue for me is not wanting to share and finding something affordable.*

Some men believed that they would not be eligible for public housing or their single status would push them “too far down the list”. Specifically, some believed that if they were elderly or a single parent with children they would find it easier to obtain accommodation. In discussing a new housing commission development in Wonthaggi, a 51 year old male participant reported

*... there's a lot more applicants than there was [housing] and you know, single mums and elderly people are probably going to be ahead of someone like me...*

Some women expressed similar beliefs:

*It's all geared up for the young, the family and the children. You take people like me or divorced people that are on their own, they want to get out there and do things, they want to get secure housing but there's no hope anymore. (49 year old female)*

*Because I am a single person I am only really entitled to a one bedroom unit and there isn't many of those. (42 year old female)*

## **2f. Participants are perceived as 'undesirable' tenants by real estate agents and landlords**

Participants felt that many real estate agents and landlords viewed them as 'undesirable' tenants because they had mental health issues were on a disability pension.

*Whenever I present myself to real estate agents I find I get this really strange response from them like I'm ripping off the system by being on a pension and they don't want to lease to me because I'm not employed and yet I look like I'm well enough to be employed and so they're not very empathetic about the fact that my condition is changeable and I get a lot of discrimination I find. (female, unspecified age)*

*There is a stigma with mental health and it's automatically, you must have taken drugs, or you must have done something – 'we don't want that sort of person in our house'. (42 year old female)*

Some participants found that owning pets, which they considered crucial for their mental wellbeing, made them ineligible or "undesirable" for rental accommodation.

*The animals [cat and dog] are a major barrier, unfortunate that, because they're great therapy. (female, unspecified age)*

*I've noticed being homeless and the homeless issue, every bit of paper you've got they ask you about children, never about animals and animals are such a direct link to mental health.... We just need our animals for our mental wellbeing and it is not being acknowledged. (49 year old, female)*

*The kelpie dog is limiting my options but he is a 'must' for security and companionship and is not negotiable. (42 year old, female)*

### 3. Parenting and housing

For the participants who were parents and were experiencing housing issues, several subthemes were identified namely,

- a. *Which comes first: child access or housing?*
- b. *Children are a motivator to being well*
- c. *The impact of housing issues on children and parenting*

#### 3a. Which comes first: child access or housing?

Many of those with children were clear that because of their housing issues they were unable to gain access to their children. For example, one male reported:

*Well obviously I don't get them to have them. (49 year old male)*

However, at the same time, many believed without children in their care they moved down public housing lists.

*.. because I haven't got the kids with me, there's a good chance that I won't, being a single bloke, you just don't get the public housing, you just don't get it... if I was a single dad, then I'd probably almost walk straight into one, but yeah, just a single bloke by themselves, it's hard. (40 year old male)*

Similarly, because of housing issues, both men and women reported difficulty in gaining custody and obtaining visiting rights for their children, but on the other hand, because they didn't have their children living with them, they believed that they were pushed down the waiting list for public housing.

*... there's a lot more applicants than there was [housing] and you know, single mums and elderly people are probably going to be ahead of someone like me... (51 year old male)*

*I was looking for public housing, but they will only give me a one bedroom unit – because they say the kids aren't with me long enough... so, the foster carer system is saying, no they can't come [because you do not have adequate housing]... and the housing commission are saying, well you can't have a three bedroom house because you don't have your kids with you... (42 year old female)*

Another described not being able to move in with friends because “if you have kids people don't want you in their house”. (47 year old female)

### 3b. Children are a motivator to being well

For many, the hope of gaining access to their children was a significant motivator to get better, access services and/or maintain medication. One female participant described feeling suicidal but:

*So, for me, I think the thing that has always kept me going is my two children. No matter how low I felt, sometimes it's sort of over the depression, etcetera, it's overridden that, but always, in the back of my mind were my two children of going, no, come on mum, you can do it, you know? (47 year old female)*

In a similar way, some described being a role model to their children in terms of obtaining adequate housing.

*I think it [having children] motivates me more to get to find somewhere so you can have them more and be that role model of the parent. (33 year old male)*

One male participant spoke of his commitment to rehabilitation because

*I've gained so much with the kids, like I see them every weekend, I went from having supervised access, and then now since January I've got unsupervised access, so I can actually be alone with my own kids. And I want to keep it that way. (40 year old male)*

One female participant summarised the family dynamics in her family in the following manner:

*If the kids are happy, mum's happy. If mum's happy, the kids are happy. (47 year old female)*

### 3c. The impact of housing issues on children and parenting

Many described the impact of having inadequate or no housing on their parenting and on their children. One mother reported that the difficulties associated with trying to find suitable accommodation meant:

*I felt personally, that physically and mentally, I was not capable of looking after them.... [Not] fully looking after them. (42 year of female)*

Others emphasized how unsuitable crisis accommodation was for children.

*Where I was actually staying and house sharing and stuff, they didn't feel comfortable obviously, staying overnight with other people in the home, and things like that...*

*When I was house sharing [I] was moving around from place to place, and none of them were actually suitable for my children to be able to be staying there overnight, and I knew that, and they knew that...(47 year old female)*

*And, yes it certainly affects me ability to effectively parent my children when I've got no stable accommodation, how on earth can I, if I'm in a room full of people that are all on drugs, how can I effectively parent them even when I'm not on drugs. And they see these other people and go, ooh yuck, I don't want to stay here. (42 year old female)*

Similarly, one participant, who had lived in a caravan park reported:

*... it's not the best, you know, it's full of blokes, and yeah most of them are alcoholics or drug addicts, like I lived there for three months... I didn't even have a kitchen table in it but it's all you can afford, it's all you can afford. (40 year old male)*

Accordingly, one male participant concluded that his children were better placed with others given his circumstances.

*Well I'm unable to care for them either, look [the] reality is I might not have a house, or, you know, I haven't got a car, I haven't got a job, moving kids in there is not an option, so yeah, I just couldn't have the kids because of my housing situation, which is, yeah, which is a bugger, but at least I see them every weekend and they're safe. (40 year old male)*

One participant was not necessarily able to specify how housing difficulties impacted on her parenting but did emphasize:

*... as a mother it's been a very, very difficult time over the last few years, very difficult and heart breaking for me not to be able to parent in the way that I know I could have, if I had have had that stable accommodation issue going, and kept it. (47 year old female)*

For one mother, trying to find suitable accommodation for herself and her children resulted in

*... there's stress in the family and that reflects onto the children I suppose. Just stress in the house.... [and] if you're stressed out you can't be the best parent you can be. (55 year old female)*

#### **4. Factors contributing to appropriate accommodation and accommodation stability**

Participants were asked to nominate factors which they felt had contributed to stable accommodation in the past or which they believed to contribute to stability in the future. Across the interviews these can be divided into personal factors and circumstances such as employment and successful relationships and “external” factors such as suitable agency supports. These factors have been summarised as:

- a. Employment**
- b. Personal relationships**
- c. Agency supports**

#### 4a. Employment

The common theme for stable accommodation for men was related to having a job, with a stable income.

*I was working flat out, in my 20s and things like that. (33 year old male)*

*[When I had stable accommodation] I was working; yeah pretty much I was working and had a car and a licence. (40 year old male)*

At the same time this participant added “*because of personal issues... I haven’t been able to hold down a good job*”.

Some women also commented that periods of stable employment were associated with stable accommodation.

*I had to put roots down and you know form a network of stability. I was able to get a job, maintain a job for a period of time. Do well for a little period. (female, unspecified age)*

#### 4b. Personal relationships

For women participants, but also some men, stable accommodation was associated with times when they were in a relationship. For men, stability was associated sharing two incomes. When asked what factors contributed to stable accommodation a 51 year old man recalled

*Just two incomes, you know myself and my ex, yes and that sort of routine.*

Similarly, a 44 year old male commented:

*Yeah I can identify a time – when I’ve been in a relationship... We were both working so, yeah, income definitely made it more stable, really important part of that.*

Thus, it would appear as outlined earlier, partner relationships potentially contribute to, as well as undermine stable accommodation.

Some participants felt that parents and grandparents had contributed to stable housing in the past. Indeed, some participants continued to receive practical and emotional support from their parents.

*... when I went to meet the landlords for the first time and apply for the property I asked my dad to come along with me so they got a bit of a sense of a family and that. (34 year old male)*

When asked if she could identify a time in her life when she didn’t have accommodation problems a 49 year old woman nominated when she was living at home with her mother. Another 40 year old woman recalled living with her grandfather for seven years:

*I think our relationship was very good... and he supported me and I was very lucky. I didn’t have to pay rent, I could just receive disability support pension, I could go to a psychologist of my choice. I was like a normal citizen, not an inferior public citizen. Since I left my grandad’s it’s been pretty revolting. .. yeah, I think the relationship with my grandad really made a difference.*

One 60 year old male felt that friendships contributed to housing stability.

*I've got one friend but that's it. Probably just someone to come in and help, like sometimes you get into a thing for a couple of weeks where you can't do anything. It'd be nice to get someone in to give you a hand... do a few things like that, not that I want much. Sometimes you get a bit bedridden.*

#### **4c. Agency supports**

Given the selection and recruitment of participants in this study, all people interviewed were clients of a alcohol and drug or mental health service, and many were clients of more than one agency (see Figure 3, page 18). Participants identified agency and service supports as factors which had, or could contribute to stable housing.

*I think what helped me was the fact that they visit you at your house or they visit you where you are. (49 year old female)*

For many participants, the assistance they believed could help them obtain suitable accommodation was very practical, such as providing money to help with removal or practical assistance in finding accommodation.

*Support workers at least they could take me up and look at places and help me apply for them and stuff like that so yeah it's not so much of a long day... I'm horrible when it comes to filling out forms but I normally had my [support] worker do all that for me. (35 year old female)*

Support workers were also advocates for participants.

*I find that support workers tend to hold a little bit more credibility than family or friends. They just have a little bit more weight behind them. So support workers for me are always really great advocates. (female, unspecified age)*

For others, agency workers were essential in providing emotional support, encouragement and confidence.

*When I came up here [Latrobe City] I was lost, I had one suitcase literally, one suitcase of cloths and I thought my goodness me, the support I've had up here has just lifted me so much and given me the realisation that it's alright, okay you will survive this, you will get through it, you will climb out of this black hole of depression and all that sort of thing... You can fall into the blackness but there's always this little tiny white spot that you can climb up through and that's what the support services up here have done for me. (47 year old female)*

*Someone that can help me push to get me what I want... [Because I] don't think I could do any more than what I am doing... unless there is someone push, push, push for me to realise about my depression and all that. (57 year old female)*

*[Support workers] helped me make the step, the breakaway. And they held my hand virtually as I took the actual step, the jump, 'here I go out into the wide world all on my own' and I made it. (55 year old female)*

One 34 year old male felt that having agency rather than parental support was about gaining independence.

*My Dad was my main sort of support person for looking after my house and that. If it got out of control with it getting untidy and that my Dad would help me clean it up and things like that but I wanted to become more independent. That's my goal is to be able to live as much on my own as I can, so I ended up paying for home help to come out so I wouldn't have to rely on my dad so much, I just thought if I was getting someone from outside, not someone I knew that would make we more want to get this together. (34 year old male)*

Charities such as the Salvation Army and St Vincent de Paul were also mentioned as providing furniture, utensils and other household goods and Community/Neighbourhood Houses were mentioned as providing useful practical skills.

While most of the women interviewed felt they would need support on an ongoing basis many men felt that they would need support only until they “got back on their feet”.

*I'm hoping once I get work... I like to try and be pretty independent and if I'm working then I won't, I'll try and do it by myself, just for the fact that there's people out there that are more in need than me, like I'll try and use services at a bare minimum, unless I'm really up against the wall. (33 year old male)*

## **Consultation regarding findings**

Following analysis of the interview data, the demographic and thematic findings from this study were presented at a workshop of Gippsland mental health, alcohol and drug and housing agency representatives. These agencies confirmed and validated the results of the study as against their “on-the-ground” experience and these findings.



## Discussion

The findings of this study can be placed in a wider context of housing issues and homelessness in Victoria by comparing results with other research studies, the most notable being Chamberlain's and MacKenzie's *Counting the Homeless*, a study that summarised the prevalence and characteristics of homeless people in Australia based on 2006 ABS census data. While comparison with other wider studies is important, it is also necessary to note that definitions such as "homelessness", "mental illness" and "substance use" differ between studies (Chamberlain & MacKenzie, 2008; Johnson & Chamberlain, 2011). For example, housing issues or "homelessness" is defined more narrowly in *Counting the Homeless* than in the current Gippsland study.

The demographic background of participants in the current study varies considerably compared to Chamberlain's and MacKenzie's profile of homelessness in Victoria (Chamberlain & MacKenzie, 2008). For example, the gender mix of the current study includes 27.5% male participants compared to 72.5% female participants whereas in the all-Victorian homeless population men predominate 56% to 44% (Chamberlain & MacKenzie, 2008). In addition, the age cohorts of the present study also vary compared to Victoria-wide data. Twelve percent of Victorian homeless people are in the 18-24 year old age group compared to only 2.7% in the present study and 63% of Victorian homeless people are under 34 years of age compared to only 16% in the present research. Equally, only 7% of *Counting the Homeless* participants are in the 55-64 age group compared to 19% in the current study. In comparison, women and older people are over represented in the present study.

The under-representation of younger people in the current study compared to the Victoria-wide homeless population may be explained by a number of factors. The Gippsland study included only those individuals who were engaged with adult mental health and/or alcohol and drug services, youth-specific and housing services were not approached to participate in this study. Representatives from these adult services suggested that most of their clients are in the 30-60 age group; therefore the participants of this study may be representative of the clients of the services rather than of the 'homeless' population in the targeted areas. No participant in the Gippsland study was over the age of 65 years, which may be explained by the fact that many of the services participating in this study focus on adults under the age of 65 years. Additionally, the population of the Gippsland study area is older than the general Australian/Victorian population (as was discussed in the study area profile - see page 11) which may influence the age range of participants recruited into this study. Finally, participation in this study was necessarily voluntary and young adult clients (18 – 25 years) may be less responsive to participating in a research-based study.

The under-representation of males in the current study compared to the general homeless population may also be explained by the voluntary nature of the study, with women being

more willing to participate and perhaps being more comfortable with, and placing greater importance on, speaking about their problems.

Most studies focusing on housing issues target the total population of homeless or focus on urban areas where the sample size is significant. In comparison, this current study focused on Gippsland and therefore provides an important window into rural homelessness. This refined focus raises a number of specifically rural, regional and local issues including the lack of affordable accommodation in coastal tourist areas; lack of affordable single person accommodation; and lack of public transport which compounds housing issues and, finally, service provision. These issues will be discussed below.

Participants in this study remarked on the lack of availability of affordable housing<sup>1</sup>. This point has been discussed by other studies of homelessness in rural Australia which note the challenges for rural housing agencies when placing homeless people in suitable private rental accommodation (Argent & Rolley, 2006; Beer et. al., 2006). The lack of affordable housing was particularly noted by participants in coastal tourist areas, such as Phillip Island and Inverloch. Bass Coast Shire and to a lesser extent South Gippsland Shire are experiencing gentrification with an influx of sea-changers, retirees and city-dwellers purchasing holiday homes. Due to this phenomenon, Bass Coast has had amongst the highest population growth rates of any Local Government Area in Victoria in the last ten years (Department of Health, 2010). In addition, during summer, Bass Coast has a doubling in population due to the influx of holiday makers (Department of Health, 2010). These seasonal and permanent increases in population have also placed considerable pressure on housing affordability in the area.

Moreover, median house prices have risen in the Bass Coast Shire and the affordability of rental accommodation has declined, particularly since 2007 (Department of Human Services, 2009). Median rent for a three bedroom house in the Shire is now \$285 (Department of Health, 2010) which is unaffordable for a person on a disability support (single rate of \$344 per week) or Newstart allowance (single rate of \$243 per week), even including rent assistance. The affordability of rental housing in Bass Coast Shire is further compounded by the predominance of three and four bedroom detached homes which are more expensive to rent. The lack of available affordable accommodation in Bass Coast Shire must be seen in the context of 48% of houses in the Shire (i.e. holiday homes) being unoccupied for most of the year (Australian Bureau of Statistics, 2007b). In tourist areas such as Inverloch, Phillip Island and San Remo, this percentage is even higher. The commencement of the construction of the Desalination Plant near Wonthaggi in late 2009/early 2010 and the arrival of contract workers to the Wonthaggi/Inverloch area has further increased pressure on rental affordability.

---

<sup>1</sup> 'Affordable housing' is a complex and multi-faceted concept that relates to the standard and location of housing, the cost of housing allowing a household to meet other basic living costs (e.g. less than 30% of household income), targeted at middle- and lower-income households (e.g. bottom 40%); and includes "public", "community", "social" and "high-need" housing (Disney, 2007; Milligan et al, 2004). Although the term is used in public debate and policy documents, currently in Australia there is no universally accepted definition and what "constitutes an affordable housing dwelling" (Milligan et al, 2004 p 4).

While differences in the Gippsland and *Counting the Homeless* study are noted above, the majority (69%) of homeless people in Victoria are adults without children (Chamberlain & MacKenzie, 2008) and a similar figure as was found amongst our participants (61%). A study of rural homelessness in mid north coast New South Wales in the late 1990s and early 2000s reported similar findings (Argent & Rolley, 2006) and a recent study of homeless people with mental illness also confirms these findings (Johnson & Chamberlain, 2011). These studies suggest that the majority of single adults with housing difficulties have a history of housing problems and a major issue for this group is the lack of affordable, suitable accommodation, with poverty and poor housing conditions evident (Chamberlain & MacKenzie, 2008). The findings of the present study similarly suggest that most participants have a long history of housing problems and are seeking affordable, suitable accommodation appropriate to a single person on a disability pension.

Despite the preponderance of single adults in unsuitable and unstable accommodation there is a mismatch between need and availability, with a lack of affordable accommodation for single people in the study area, as has been noted by participants in this study. As noted earlier, most houses in the Bass Coast and South Gippsland Shires are 3-4 bedroom houses, with a corresponding dearth of one and two bedroom houses which are relatively more affordable to single people. Again, the construction of the desalination plant in Bass Coast Shire with the associated influx of contractors has increased pressure on the already low supply of accommodation suitable to a single person.

The findings of this study indicate that significant housing issues may be compounded by access issues in rural areas. Just over 43% of participants in this study have no ongoing access to private transport (namely a car) and rely instead on a combination of public transport, taxis and friends or family. And yet, in the study area as with many rural areas of Victoria, public transport is inadequate. While the Department of Health 2010 Local Government Area Statistical Profiles identifies that 72% of the total Victorian population live close to public transport, only 53% of the population in Latrobe City can be described as close to public transport. This percentage falls even lower in southern Gippsland with 32% of the population of Bass Coast Shire living near public transport and only 25% in South Gippsland Shire. Affordable accommodation in rural areas, such as low cost rental housing and caravan parks, tend to be located in areas less accessible to public transport, such as on the edge of town and in small rural communities. Thus, those who have limited access to private transport experience difficulty accessing services such as shops, health and support services, social and personal supports and recreational activities. Their lack of transport may also affect their access to real estate agents and house hunting opportunities making finding alternative accommodation more challenging.

The importance of mental health and alcohol and drug services in assisting people with significant housing problems to obtain and remain in suitable accommodation is highlighted by the results of this study. Participants noted the importance of service agencies in

providing practical assistance, advocacy and emotional support with housing issues. However, the results of this study also suggest that greater co-ordination and co-operation between agencies can further assist in supporting people with significant housing issues to obtain accommodation. Johnson and Chamberlain's (2011) recent study of homeless people with mental illness similarly confirms the importance of support services in assisting people with housing problems, specifically the importance of delivering mental health services in conjunction with housing services. This suggests that service providers, whose primary intervention focus might be a client's alcohol/drug issues and/or mental health, need to consider also providing housing information, support and advocacy.

## **Considerations for future initiatives**

The findings from this study can be summarised into three categories of future initiatives that could potentially address the issues raised by participants in this study. These categories are: practice issues, organisational linkages and provision of accommodation and support. Below are some examples of initiatives in each of these three categories

### **1. Practice Issues**

- improve housing and support sector literacy in the alcohol and drug sector and mental health sector workforce;
- improve alcohol and drug literacy and mental health literacy in the housing and support workforce;
- ensure the individual client assessment and review processes include an accommodation needs section and a service involvement section;
- adopt and develop evidence-informed practice interventions to intervene as early as possible in the cyclical process of substance use and/or mental illness and homelessness.

### **2. Organisational Linkages**

- develop and maintain regular and strong linkages between mental health services and/or alcohol and drug services and housing support services (both public and private);
- develop and maintain strong linkages and care co-ordination between mental health services, alcohol and drug services and housing providers in the region.

### **3. Provision of Accommodation and Support**

- improve the availability of appropriate affordable long term accommodation;
- link support services to accommodation (with a focus on securing and maintaining tenancy).

## Limitations of the research

The purpose of this study was to elicit the experiences of people who have mental health and/or alcohol and drug issues and are also experiencing significant housing issues. This is both a strength and limitation. It is a strength, as it elicited the perceptions of a group of people whose voices are sometimes overlooked. However, it is a limitation in that different stakeholders will have different perceptions on an issue. Therefore, a study which had focused on more than one stakeholder position (for example the carer, mental health worker or real estate agent) may have elicited different issues.

As has been mentioned earlier, all participants were recruited from mental health and/or alcohol and drug service agencies. Therefore, the participant cohort does not include those who are unconnected to any services or supports, many of whom may be at the extreme end of the homelessness spectrum and who might well have different perspectives on the issues highlighted here. Additionally, as housing issues are dynamic and change over time, another limitation is that the data presented is static and offers individuals' perspectives at one point of time only. Further research is required to track pathways out of housing insecurity in order to identify what is effective for different individuals and what agencies are being successfully utilised. Such research might also ascertain what personal and support factors individuals consider assist them in obtaining and remaining in suitable accommodation.

Finally, it also needs to be acknowledged that research with these populations requires a great deal of time and effort for relatively small sample sizes. At the same time, the information presented here provides a window into the needs and experiences of an often neglected group of individuals.



## References

- Argent, N. & Rolley, F. (2006) Inhabiting the margins: a geography of rural homelessness in Australia, *International Perspectives on Rural Homelessness*, Milbourne, P & Cloke, P.(eds.) UK: Routledge.
- Anderson, I. (2001). *Pathways through homelessness: Towards a dynamic analysis*. Urban Frontiers Programme. University of Western Sydney, Research Seminars. Retrieved April 1, 2010 at [http://www.urbancentre.utoronto.ca/pdfs/elibrary/Anderson\\_Pathways-Homeless\\_.pdf](http://www.urbancentre.utoronto.ca/pdfs/elibrary/Anderson_Pathways-Homeless_.pdf)
- Australian Bureau of Statistics (2007a) *Census of population and housing*. Australian Bureau of Statistics; Commonwealth of Australia.
- Australian Bureau of Statistics, (2007b) *National survey of mental health and wellbeing*, Australian Bureau of Statistics, Commonwealth of Australia.
- Baker, F. & Douglas, C. (1990). Housing environments and community adjustment of severely mentally ill persons. *Community Mental Health Journal*, 26(6), 497-505.
- Beer, A., Delfabbro, P., Natalier, K., Oakley, S., Packer, J. & Verity, F. (2006), Homelessness amongst young people in rural regions of Australia, *International Perspectives on Rural Homelessness*, Milbourne, P & Cloke, P.(eds.) UK: Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Breakey, W. (1997). It's time for the public health community to declare war on homelessness. *American Journal of Public Health*, 87(2), 153-155.
- Cloke, P., Milbourne, P., & Widdowfield, R. (2001). Homelessness and rurality: exploring connections in local spaces of rural England, *Sociologia Ruralis*, 41(4), 439-453.
- Cloke, P., Milbourne, P., & Widdowfield, R. (2003). The complex mobilities of homeless peoples in rural England, *Geoforum* 34, 21-35
- Cohen, C., & Sokolovsky, J. (1989). *Old men of the bowery: Strategies for survival among the homeless*. New York: Guilford Press.
- Chamberlain, C. & MacKenzie, D. (2008) *Counting the Homeless 2006*. Victoria. Canberra: Australian Bureau of Statistics.
- Department of Health, Victoria (2010) *Local Government Area Profiles*. Department of Health, Victoria: <http://www.health.vic.gov.au/modelling/planning.htm>
- Department of Human Services (2009) *Rental Report*. Department of Human Services; State Government of Victoria.
- Department of Planning and Community Development (2010), *Socio-economic indices for areas (SEIFA) maps*. Department of Planning and Community Development, Victoria.
- Disney, J (2007). *Affordable Housing in Australia: Some key problems and Priorities for Action*. Retrieved on January 16, 2011 from [http://www.ahuri.edu.au/downloads/2007\\_Events/AHURI\\_Conf/Julian\\_Disney.pdf](http://www.ahuri.edu.au/downloads/2007_Events/AHURI_Conf/Julian_Disney.pdf)
- European Federation of National Organisations working with the Homeless, n.d. The European Typology on Homelessness and Housing Exclusion (ETHOS). Retrieved on April 19, 2011 from <http://www.feantsa.org/code/en/pg.asp?page=484>
- Fitchen, J. (1992). On the edge of homelessness: Rural poverty and housing insecurity. *Rural Sociology*, 57(2), 173-193.
- Fitzpatrick, S., Kemp, P., & Klinker, S. (2000). *Single homelessness: An overview of research in Britain*. Bristol: Policy Press.
- Freeman, A., Malone, J., & Hunt, G. (2004). A statewide survey of high-support services for people with chronic mental illness: Assessment of needs for care, level of functioning and satisfaction. *Australian and New Zealand Journal of Psychiatry*, 38, 811-818.

- Forchuk, C., Jensen, E., Csiernik, R., Gorlick, C., Ray, S., Berman, H., et al., (2007). Diversity and homelessness: Minorities and psychiatric survivors. *Canadian Journal of Nursing Research*, 39, 191-193.
- Johnson, G. & Chamberlain, C. (2011) Are the homeless mentally ill? *Australian Journal of Social Issues*, 46(1), 29-48.
- Johnson, G. & Chamberlain, C. (2008). Homelessness and substance abuse: Which comes first? *Australian Social Work*, 61(4), 342-356.
- Johnson, T., Freels, S., Parsons, J. & Vangeest, J. (1997). Substance abuse and homelessness: Social selection or social adaptation. *Addiction*, 92, 437-445.
- Johnson, G., Gronda, H. & Coutts, S. (2008). *On the outside; pathways in and out of homelessness*. Melbourne: Australian Scholarly Press
- Kyle, T., & Dunn, J. (2008). Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: A review. *Health and Social Care in the Community*, 16, 1-15.
- Lambert, G., Ricci, P., Harris, R., & Deane, F. (2000). Housing needs of consumers of mental health services in rural New South Wales, Australia. *International Journal of Social Psychiatry*, 46(1), 57-66.
- Lather, P., & Smithies, C. (1997). *Troubling the angles: Women living with HIV/AIDS*. New York: Westview.
- Meadows-Oliver, M. (2003). Mothering in public: A meta-analysis of homeless women with children living in shelters. *Journal for Specialists in Pediatric Nursing*, 8, 130-136.
- Milligan, V., Phibbs, P., Fagan, K., & Gurran, N. (2004). *A practical framework for expanding affordable housing services in Australia: learning from experience*. Final Report. Melbourne: AHURI.
- Montgomery, P., Brown, S., & Forchuk, C. (2011). A comparison of individual and social vulnerabilities, health and quality of life among Canadian women with mental diagnoses and young children. *Women's Health Issues*, 21(1), 48-56.
- Morrell-Bellai, T., Goering, P., & Boydell, K. (2000). Becoming and remaining homeless: A qualitative investigation. *Issues in Mental Health Nursing*, 21, 581-604.
- Nicholson, J., Finkelstein, N., Williams, V., Thom, J., Noether, C., & De Vilbiss, M. (2006). A comparison of women with co-occurring disorders and histories of violence living or separated from minor children. *The Journal of Behavioral Health Services & Research*, 33, 225-243.
- Paquette, K., & Bassuk, E.L. (2009). Parenting and homeless: Overview and introduction to the special section. *American Journal of Orthopsychiatry*, 79, 292-298.
- Randall, G. (1998). *Rough sleeping: A review of the research*. London: HMSO.
- Scheyett, A.M., & McCarthy, E. (2006). Women and men with mental illnesses: Voicing different service needs. *AFFILIA: Journal of Women and Social Work*, 21, 407-418.
- Snow, D., & Anderson, L. (1993). *Down on their luck: A study of homeless street people*. Los Angeles, CA: University of California Press.
- Stake, R. (2001). Case studies. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed., pp. 435-454). Thousand Oaks, CA: Sage.
- Trasher, S., & Mowbray, C. (1995). A strengths perspective: An ethnographic study of homeless women with children. *Health and Social Work*, 20, 93-102.
- Zlotnick, C., Robertson, M., & Lahiff, M. (1998). A longitudinal perspective on entitlement income among homeless adults. *Psychiatric Services*, 49, 1039-1042.



