

Women Alone... Stepping Forward

**A report on homelessness
experienced by lone women**

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A report on homelessness experienced by lone women

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'Homelessness is not simply a welfare issue but is equally an issue of health, employment and training, housing and urban development.'

About Hanover

Hanover is . . .

an independent welfare agency, incorporated as a non-profit Company. The organisation is totally independent, having no structural links with governments, institutions or religious bodies. It is managed by a Board of Directors who are elected by its Members.

Hanover began . . .

in 1964, bringing together the work with Melbourne's homeless that had been carried out for almost a century by several charitable organisations, missions and churches. Hanover takes its name from its first location, Hanover Street, Fitzroy.

Hanover's mission . . .

is to empower homeless people to enable them to take greater control over their lives and to stimulate and encourage change in Australian society to benefit them. It achieves this by delivering services, conducting research, and through advocacy.

Hanover believes . . .

homelessness is being deprived of the normal supports of home - people who care and for whom one can feel responsible, private living space, security of self and belongings, a base from which to work, a secure environment for the development of self-confidence and personal competencies. It is not merely a lack of shelter.

Hanover's services . . .

assist over 400 people daily, involving the provision of meals, accommodation, financial and material aid, counselling, budgeting, medical assistance, work skills training, employment placement, and recreational opportunities.

Acknowledgements

This report has been written to ensure that the struggle of lone women who experience homelessness is not ignored. Quantitative analysis of service user data collections, whilst providing objective assessment of the issues, tends to hide the reality of the individual's personal struggle against poverty, disadvantage and violence. I wish to acknowledge their contribution.

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Michael Horn

Melbourne

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*'Women of any age and background
can and do become homeless'*

Summary of Findings, Issues and Policy Challenges

This report is based primarily on Hanover's experiences over the past 4 years in providing crisis assistance and support accommodation to women presenting as single and without dependants. A total of 1,745 lone women sought assistance (1992-4) with 52 provided with transitional housing.

Findings

- Two-thirds of lone women seeking crisis assistance made only one contact with any of Hanover's Services in the 3 years. Only 9% of women made 5 or more contacts.
- Seventy-two per cent of the women were aged between 19 and 44 years with the median age being 29 years. In comparison, clients of Victoria's SAAP Services are significantly younger with 68% under 25 years and the median age being 19 years.
- Over the past 3 years, there has been a 30% increase in the numbers of lone women seeking crisis assistance at Hanover.
- Thirty-four per cent were in receipt of Newstart or Jobsearch Allowances, 30% on Disability Pension and 13% on Sickness Allowance. Six per cent reported no income, whilst 2% were in some form of employment.
- Forty-two per cent were reported to have one or more special needs, including psychiatric disability/personality disorder (17%), personal violence (10%) and family/relationship breakdown (9%).
- In contrast, 75% of those accommodated in Hanover Women's Service over the past 2 years had a mental health need and 85% had experienced child abuse or domestic violence as an adult.
- The majority of women (61%) seeking crisis assistance (4,265 contacts) reported an inability to obtain or maintain safe and affordable housing, or insufficient financial resources as the reason for their homelessness.
- At least 20% of lone women became homeless due to relationship breakdown or violence in their previous living situation.
- Forty-five per cent were seeking accommodation, whilst 41% sought financial assistance or material aid. Twelve per cent of those seeking accommodation were coming out of health or institutional accommodation arrangements.

Findings (continued)

- Twenty-nine per cent of women seeking accommodation were able to be provided with either crisis or supported housing.
- A total of 30% of contacts were unable to be provided with a requested service. This high level of unmet need is reinforced by the available Supported Accommodation and Assistance program data.
- The average length of stay of women in supported housing has been 37 weeks.
- Forty-one per cent of women in supported housing were assessed as having a positive outcome and 47% a neutral outcome in terms of accommodation category. Two-thirds of all residents moved into independent housing on departure.

Issues

- The long term homeless comprise only a small minority, between 10-15%, of all lone women experiencing housing crisis.
- The experience of homelessness by lone women was significantly different to that of men. Women were younger on average than men, with 35% under 25 years compared with 25% of men.
- The single most common precipitating cause of women's homelessness is violence and conflict in the form of sexual, physical or emotional abuse in the home.
- Women from all socio-economic groups come to Hanover for help. However, the most vulnerable to long term homelessness are those living in poverty, the long term unemployed or those with some form of disability.
- The continuing structural disadvantage faced by women, in terms of access to housing, jobs and income parity, results in greater vulnerability to housing crisis and reduced chances of regaining secure housing after crisis.
- For those women experiencing homelessness, relatively minor illnesses are more likely to become chronic or debilitating illnesses. Homeless women have a range of gender specific health needs.

Policy Challenges

- The level of funding within the Commonwealth State Housing Agreement for public housing construction needs to be increased in real terms.
- Social housing options, including the Community Housing Program provide vital opportunities for lone women, who have experienced long term homelessness and need a level of ongoing support. This requires a sufficient operating allowance through partnership arrangements between housing managers and support Agencies.
- For rent assistance to be effective in assisting those in poverty to retain private rental housing, it needs to be sufficient to reduce the proportion of income paid in rental to acceptable levels. Allowances need to be increased to ensure that single women do not have to pay more than the accepted benchmark of 25% of income.
- The single most effective measure for improving the affordability of housing for the poorest members of our community is to substantially reduce unemployment. Unemployment, especially of young women, is perhaps the major social issue facing our community today.
- Changes in our community's attitude to violence, particularly in the family setting, and increased emphasis on a broad range of strategies for prevention and early intervention, are essential for reducing the incidence of violence and consequently homelessness of women.
- Many lone women living in the community are vulnerable to homelessness. The strengthening of personal support networks, through the provision of additional generic, community services, is essential to prevent their fall into a spiral of chronic homelessness.

'The continuing structural disadvantage faced by women, in terms of access to housing, jobs and income parity, results in greater vulnerability to housing crisis and reduced chances of regaining secure housing after crisis.'

1. Introduction

Hanover Welfare Services has been working for 30 years to assist people who experience homelessness or housing crisis in Melbourne. It operates a range of accommodation and support services across the inner and southern metropolitan suburbs.

For the past four years Hanover has maintained a comprehensive client database to provide more informed analysis of needs and service provision, which would enable better planning of future services. This report is based primarily on an analysis of that data.

One of Hanover's ongoing major concerns is that the complexities of homelessness are too often ignored in our community with the tendency to categorisation, generalisation and stereotyping. The commonly used imagery of bag ladies, old men (with bottle in hand) and street kids or gangs loitering in back alleys only serves to reinforce inaccurate stereotypes. There is however an inherent contradiction in that children, families and youth capture our attention and empathy and therefore are almost inevitably used by the sector to obtain funding. Single people are not marketable. This report seeks to redress this imbalance.

One of the key objectives of the report is to develop a greater understanding in the community of the complex nature of homelessness in general, and specifically to highlight the heterogeneity of homeless women using crisis services such as Hanover's. Despite increased awareness about the extent of violence against women, too little attention is paid to the homelessness experienced by women without dependent children.

The second objective is to encourage debate on the most appropriate strategies and policies for reducing the prevalence of homelessness through greater commitment to preventative and early intervention measures.

In particular, the Supported Accommodation and Assistance Program (henceforth SAAP) is in essence a program of last resort. Its focus is on the vital area of crisis support to those either homeless or at risk of becoming homeless. This study has sought to investigate, through an analysis of lone women using Hanover's services, the extent to which early intervention for women 'at risk' might prevent the trauma of homelessness. In an era of increasing homelessness both in Australia and abroad, it is imperative that the correct mix of preventative, early intervention and crisis strategies are maintained to reduce both personal harm to individuals, as well as overall social and economic costs to the community.

'In the 1970s, the issue of homeless women was little more than an afterthought in considerations on research into homelessness and service provision.'

'Just as the extent of domestic violence and child abuse went unrecognised a generation ago, the homelessness of lone women is largely hidden.'

2. Background

For much of the last decade, Hanover has been in the process of replacing Gordon House, its 300-bed multi-storey night shelter, with a range of more appropriate crisis accommodation facilities for meeting the needs of homeless people into the next century.

Although Gordon House was an innovative response at the time of its design in the early 1970s, it was developed primarily to provide shelter to single transient men. As greater numbers of women and children sought assistance through the 1980's, Gordon House was considered an inappropriate facility as it was unable to ensure the safety and security of the most vulnerable homeless.

In the 1970s, the issue of homeless women was little more than an afterthought in considerations on research into homelessness and service provision. According to a 1975 review of research on homeless women, the accepted view at that time was that homelessness was confined to 'skid row', and further that,

'Skid row has always been predominantly a male community, with only a small group of skid row women' (Hanover Welfare Services 1976, pp 61-62).

Although not explicit, the section in this work on women's homelessness suggested that about 10% of the 'skid row' homeless population were female. More significant was the acknowledgment of the lack of knowledge on "homelessness in women" and the final suggestion that,

'concepts of homelessness in women ought not to be confined to skid-row homelessness'. (Hanover Welfare Services 1976, p.70)

Five services operated to assist homeless women around that time. Whilst not wishing to detail the historical development of women's services in Melbourne, the language and conceptualisation of that period focussed on vagrancy, derelict women, loitering and prostitution.

In David Killingbeck's 'Homeless People in Melbourne' (1978), women were mentioned once, primarily because they did not access the agencies included in the study. The sole reference stated that there were four women respondents to a 1977 one night survey (2.5%) of Gordon House residents. These responses were therefore excluded from his analysis for valid statistical reasons (Killingbeck 1978, p.35, see also Edwards, et al, 1977 for a review of the services for women in the period).

Even though, at that time, 97 women stayed at Gordon House (11 months) and 77 women at Mary Anderson Lodge (12 months) to June 1977, studies were already becoming critical of the narrow definition of homelessness linked to notions of skid row. Interestingly, a Shelter statewide survey of demand for assistance at emergency housing services in 1976 found that 20% were single adult women and 35% were single parent families (quoted in Amort, et al, pp. 7). This suggests that women did then experience housing crisis, but did not utilise the very limited and inappropriate shelter accommodation available.

Both Hanover and services for homeless people have come a long way since then. The transformation in the extent and form of support to the homeless, from an ad hoc model providing basic needs (meals and shelter) funded by donations, to professional services accepted into the social welfare programs of governments, should not be underestimated. In the 1980 VCOSS Directory of Social Services, there were 12 services providing accommodation assistance specifically to women. In Victoria, there are over 250 services providing assistance funded under the Supported Accommodation Assistance Program with a budget in excess of \$40m. Over 40 target women (excluding family services).

A brief reference to the Victorian SAAP data serves to show the extent of the change in service user profile over the past 15 years. In 1994/5, 4,605 single women were accommodated and/or supported within Victorian SAAP services. This was half of the single adults, who comprised 58% of all adults provided with accommodation and/or support, excluding dependent children (data supplied by La Trobe University - Social Sciences Database projects).

Arguably, homeless women have become more 'visible' in our community, in the sense that they are utilising the range of services available, especially women's refuges providing for those escaping domestic violence. Certainly, the issue of violence in the home, and the broader issues relating to gender inequality, are now actively discussed.

However, it is equally evident from media portrayals that the complex and heterogeneous nature of homelessness for women is not understood. Indeed, there remains a considerable degree of ignorance and misunderstanding about the causes of women's homelessness and of their specific needs.

This situation is exacerbated by Agencies or Services - especially those without a focus on homeless women. As an example, a recent publication, 'The Homeless Handbook - A Medical Handbook for Support Staff of Homeless and Disadvantaged People', did not acknowledge specific women's health issues, and thus served to unwittingly perpetuate the stereotype of homeless people as predominantly destitute men living in night shelters (Melbourne Division of General Practice 1994 - note that a revised issue is in process).

In summary, there has been a substantial growth over the past decade in support services to those experiencing homelessness. This has included a range of services assisting women, notably women escaping domestic violence. Just as the extent of domestic violence and child abuse went unrecognised a generation ago, the homelessness of lone women is only now being revealed, as Services addressing their specific needs are established.

'...based on SAAP and Hanover data, it is estimated that between 16,000 and 17,000 lone women experience homelessness in Victoria over a 12 month period.'

3. Context

The number of lone women experiencing homelessness is not known. It is not the purpose of this report to discuss the definitional and methodological difficulties in enumerating the extent of homelessness (for an excellent summary of these issues, see Neil and Fopp 1992, pp.30-33). However, it is relevant to provide some indicator of its prevalence in Victoria in order to place the methodology and findings of this study in proper context.

On the basis of best information available, Hanover has estimated that 16,150 - 17,300 lone women experience homelessness over a 12 month period in Victoria. This estimate is explained following discussion of definitional issues.

Definitional Issues

Estimation of the number of homeless depends on the definition of 'homeless' adopted. Hanover believes that homelessness is not merely a lack of shelter. It is also being deprived of the normal supports of home - people who care and for whom one can feel responsible, private living space and security. This is a definition based on the experience of homelessness.

For the purpose of developing an estimate of the numbers of homeless lone women, a practical working definition is necessary. Homelessness will thus be considered to include the following groups:

- women using SAAP accommodation Services who present as single and without children
- lone women turned away from SAAP Services
- homeless lone women who are 'non-users' of SAAP Services

Whilst this definition focuses on those who have experienced loss of shelter and those at imminent risk of doing so, sufficient for them to contact agencies such as Hanover, it does have limitations.

First, current SAAP client data collections (either National or State) do not provide accurate figures on the numbers of individuals using or turned away from agencies.

Second, it is not possible to ascertain with any degree of certainty the number of individuals living in inappropriate or insecure housing. The definition in this case is subjective. For example, some residents in the former Gordon House night shelter told me that it was their *home*. It is equally not possible to quantify the number of women who have lost their home, but have temporarily moved in with friends or relatives.

Third, the above definition does not include those in the community who may be predisposed or vulnerable to homelessness by way of social or economic factors (for a full discussion on the definition dilemma, refer to Chamberlain and MacKenzie 1992a).

There are limitations to examining issues and drawing inferences about homeless people, based on non-representative samples from particular Services that focus on a specific sub-group of homeless people. For example, the fact

that 75% of lone women in Hanover's supported housing program have a psychiatric disability or personality disorder does not mean that 75% of all Hanover's female clients or that 75% of all SAAP clients have that disability.

Estimate of Numbers

The SAAP data collection provides a range of data on clients accessing funded services. In 1994/5, over 4,600 single women were provided with accommodation and/or support. This figure does not include users of the three Melbourne night shelters. However, only Gordon House and its replacement, Hanover Southbank, accommodated women. In its first seven months of operation, Southbank accommodated approximately 150 single women, which extrapolated to a 1 year period adds 250 women. This total figure of 4,850 does not tell the full story, as there is both a degree of under-counting (services not providing data) and duplication of individuals - those who may have used more than one service in the year.

Assuming an average service return rate of 80% (Victorian SAAP Client data Collection 1993-4), the number of women assisted becomes 6,060 (4,850/0.8).

Hanover data shows that 85% of crisis accommodation residents and 95% of supported housing residents stay once only. If the mid range of 90% is used, then the actual number of *individual* women may be estimated to be:

- single stay women: $6,060 \times 0.9 = 5,450$
- women making 2 stays: $(6,060 - 5,450) \times 0.9 = 305$

Thus, the estimate becomes 5,750 women presenting as single without dependents over the 12 month period, accommodated or supported by SAAP Services. This figure does not include two possibly substantial additional groups, that is,

- those in crisis who are turned away by SAAP Services due to lack of resources
- those in crisis who do not utilise SAAP Services at all.

It is not possible to be definitive about the number of individual women turned away by SAAP services due to limitations in current program data collections both in Victoria and nationally. Suffice to say that significant numbers of women in crisis are unable to be accommodated. An indicative figure derived by the Australian Institute of Health and Welfare (AIHW) suggested that only 21% of daily requests for accommodation are able to be met by SAAP Services. (Merlo, et al, 1994, p.145).

Over a three-year period (1992-4), Hanover's crisis assistance services provided on average 30% of all contacts (10,159 clients) with accommodation assistance. More significantly, over 5,200 contacts (22.3% of all contacts) were not able to be assisted with accommodation which had been requested (Horn 1995a, p.21).

Specifically, in 1994, 41% of requests for accommodation assistance from lone women were able to be met by Hanover services - significantly higher than the AIHW estimate. The most probable explanation for this is that Hanover has a

range of resources such as relief monies for assisting clients with accommodation, in addition to a stock of supported accommodation.

Using the more conservative Hanover figure, an estimate of lone women turned away from SAAP services in a single year would be 14,000. However, this figure would be an over-estimate of the numbers of *individual* women not receiving assistance, as an unknown proportion would be referred to other SAAP services and thereby possibly obtain assistance. There is no way of accurately deriving this figure from current collection data. However, based on Hanover's experience, an individual may need to make 3 to 4 referral contacts at different agencies. The 14,000 figure might represent 3,500 to 4,650 individual women not obtaining accommodation assistance.

A significant number of homeless people do not utilise SAAP services for a range of reasons. Some are alienated by the nature and conditions attached to becoming 'a client', whilst others drift in and around street culture. Many others are reluctant to access agencies until all other options have been exhausted. Chamberlain and MacKenzie (1992b) have examined this issue with a specific focus on youth homelessness. They concluded that approximately one quarter of young homeless will stay in SAAP Services. Whilst this figure may be accurate for young people experiencing short-term housing crisis, the same assumptions are not applicable to long-term homeless people, who because of a range of special needs, are more likely to access accommodation services over time (and therefore be included in service data collections).

Obviously a substantial proportion of young homeless are female. If we consider that 40% of homeless lone women are under 25 years (based on SAAP and Hanover annual data), this suggests that 2,300 young women represent one-quarter of all those homeless, and hence a total of 6,900 young homeless lone women may be assumed as non-users of SAAP Services.

The total estimate is therefore:

SAAP accommodated and supported:	5,750
Homeless, <25 yr. old non-users of SAAP:	6,900
Homeless turned-away from SAAP services:	<u>3,500 - 4,650</u>
Total lone homeless women in a year in Victoria:	<u>16,150 - 17,300</u>

In summary, no definitive figure on the number of lone women experiencing homelessness is available. However, based on SAAP and Hanover data, it is estimated that between 16,000 and 17,000 lone women experience homelessness in Victoria over a 12 month period.

This does not mean that this number are literally on the street on any single night. In fact using the most recent Victorian SAAP census data (for 25 May 1995) as a guide, 538 lone women were accommodated by SAAP Services on one night (data supplied by Faye Milligan, La Trobe Social Sciences Database projects). It is important to distinguish between census based figures and those based on extended periods. Both the profile and needs of the two groups are substantially different (Chamberlain and MacKenzie 1994).

'...the most vulnerable to long term homelessness are those living in poverty, the long term unemployed or those with some form of disability.'

4. Methodology

This above discussion and estimate of numbers provides an overall perspective for consideration of the following analysis. The analysis is based on lone women using Hanover's range of crisis assistance services located in metropolitan Melbourne. A total of eight services have been operating in the period from five locations. All but one of the services are located in inner urban suburbs (Carlton, Southbank, St. Kilda, South Melbourne) - the other is based in the southern suburb of Moorabbin.

In 1991, Hanover developed and introduced a client database to obtain a more complete and accurate profile of service users and provision. This initiative was in recognition of the need for more accurate information on patterns of utilisation of Hanover's resources to enable improved service delivery and planning. The database comprises three separate data sets:

- clients of crisis assistance services
- residents of Gordon House/Southbank
- resident clients of supported housing services.

As a consequence of the closure and redevelopment of Gordon House night shelter services, Hanover restructured to increase both its level of expertise and focus on the particular needs of families, women and young adults experiencing homelessness. Its range of services and outlets ensures that it sees a broad cross-section of the homeless population, although it does not operate women's or youth refuges.

Table 4.1 below provides a comparison between Hanover and SAAP data on the proportion of service users who present as single persons without dependents.

**Table 4.1 - Selected Homeless Client Data:
Comparison Between SAAP And Hanover Data Sets**

Data Set Source	Vict. SAAP ¹ Supported Accommodation (N=15,816)	Hanover ² Crisis Assistance (N=3,902)	Hanover ³ Supported Accommodation (N=296)
Collection Period	1994/5 (Annual)	1994 (Annual)	1991-4 (4 Years)
Single Persons	58%	57%	65%
Others ⁴	42%	43%	35%
Total	100%	100%	100%

- Sources:
1. Victorian SAAP Client Data Collection, data supplied by La Trobe University Social Sciences.
 2. Horn 1995 a.
 3. Horn 1995 b.
 4. Others includes couples, one and two parent families and other groupings.

Although the individual data sets have been collected by different methods over differing time periods, the data indicates that Hanover’s client group does differ from that of SAAP. Hanover sees a substantial number of people in housing crisis, covering the full range of presenting needs and issues. However, its historical development (philosophy, purpose and services offered) and the nature of its referral networks within the welfare sector, influence the profile of its service users. Table 4.1 indicates that Hanover’s supported housing has accommodated a greater proportion of single persons compared to the SAAP program - most probably due to the influence of the former Gordon House.

Table 4.2 examines the gender of single service users based on the same data sets. Lone women are under represented in both Hanover’s crisis assistance and supported housing client groups, partly for the reason already stated, but also because of SAAP’s emphasis on youth and domestic violence services. Subsequent analysis of Hanover data needs to take into consideration the above differences.

Table 4.2 - Selected Homeless Client Data: Comparison between SAAP And Hanover Data Sets - Gender of Single Persons

Data Set Source	Vict SAAP ¹ Supported Accommodation (N=9,136)	Hanover ² Crisis Assistance (N=2,204)	Hanover ³ Supported Accommodation (N=191)
Collection Period	1994/5 Annual	1994 Annual	1991-4 4 Years
Male	50%	65%	72%
Female	50%	35%	28%
Total	100%	100%	100%

Sources: 1. Victorian SAAP Client Data Collection, data supplied by La Trobe University Social Sciences.
 2. Horn 1995 a.
 3. Horn 1995 b.

At the outset, this analysis has made certain assumptions about what is meant by 'lone women' - that is, at the time of seeking and receiving assistance, each female service user presented alone, whether that assistance took the form of crisis or transitional housing, personal support or financial help.

However, in reality, many of these women may not have been single. It cannot be assumed that they have been or will be without a partner either before or during their housing crisis. Being 'single' need be no different for a homeless woman than for the rest of the community. For some women, their single status may be directly linked to their homelessness. Others may be in a relationship or have a partner, but not be living with that person. They may well also have children, who temporarily (or permanently) may be in the care of others. For this reason, the word 'lone' has been adopted in preference to 'single' in this report.

Homelessness is a dynamic situation precipitated by a range of structural or personal factors invariably in combination. It may be linked with the life stage of the individual or to changes in her living situation. For example, a younger woman suffering abuse from a parent may be left no choice but to escape, but without the financial means or personal supports to survive, will end up at the door of a community agency. Equally, a married/de facto woman may be forced to escape the crisis of family breakdown in a similar manner.

Even though the focus of this study is on lone women, there are many issues in common with those that concern women in single parent families, who present at Hanover or other agencies.

The following analysis of Hanover service user data will attempt to highlight the predominant causes of homelessness for women, but within a context of comparison with those for men, to assess the extent to which women's experience of homelessness is different.

The methodology adopted in this study has been to utilise Hanover's data over the past three years to look at the needs of homeless lone women, making comparisons with Victorian SAAP data where appropriate. The emphasis on quantitative analysis should be viewed as an attempt to ensure greater objectivity.

A selection of case studies, with details changed to ensure confidentiality, have been included to flesh out individual experiences. However, over reliance on qualitative methods, based on a small sample of service users (often with high needs and who make multiple contacts), runs the risk of stressing personal and immediate concerns whilst neglecting possible predisposing structural factors. It is hoped that this analysis provides a balanced view.

Section 5 details the main findings of the analysis of service user data by first profiling the women who presented as single at Hanover's Crisis Assistance Services over the 3 years to December 1994. Section 5.2 then focuses on the extent of service provision and outcomes achieved, utilising the data set of lone women provided with supported housing. Section 6 then examines the key issues coming out of the findings, followed by Section 7 which details the range of policy challenges confronting our community if we are serious in not only providing an effective safety net for those in crisis, but also in reducing the prevalence of homelessness for women.

'Over two-thirds of the women made only one contact with any of the Hanover services in the 3 years.'

'The long term homeless comprise only a small minority, between 10-15%, of all lone women experiencing housing crisis.'

5. The Findings

5.1 Crisis Assistance Service Users (1992-94)

Patterns of Service Use

Over the past 3 years (1992-1994), a total of over 23,000 contacts were made with Hanover's range of Crisis Assistance Services in inner and metropolitan Melbourne. A data collection form is completed for all 'significant' contacts, that is those who receive services or are assisted to obtain help from other agencies. Casual contacts are not included. Sixty-nine percent of all contacts were made by service users presenting as single people (16,140 contacts). Just over one-quarter of these contacts were female (26%). This group forms the basis of the following analysis.

Thus, a total of 4,265 contacts for assistance were made by 1,745 lone women. In 1994, 763 single women came to Hanover for assistance, a 30% increase since 1992. Table 5.1 summarises the patterns of use by gender for comparison.

**Table 5.1 - Patterns Of Crisis Assistance To Lone Service Users
By Gender (1992-94), %**

Number of Contacts in Period	Female (N=1,745)	Male (N=4,357)
1	68	60
2	14	15
3	6	7
4	3	5
5 +	9	13
Total Per Cent	100	100

Three significant points are evident from this data:

- Over two-thirds of the women made only one contact with any of the Hanover Services in the 3 years
- Only 9% of the women made 5 or more contacts over the period
- Women were less likely than men to make multiple contacts over the 3 years

The above profile runs counter to the commonly portrayed image of homeless women as chronically homeless or 'bag ladies'. The reality is very different. Based on Hanover's data covering a lengthy three year period, the majority of both lone men and women only used our Services once.

Analysis of contact dates for multiple contacts suggests that the majority of those women making multiple contacts did so over a period of less than 3 months. A relatively small minority of women made multiple contacts over extended periods (over 3 months). Thus, the great majority of multiple contacts took place within a timeframe of 12 months. A more sophisticated analysis of contact date data will be required to enable more definitive inferences to be drawn.

Whilst repeated use of crisis services is not a definitive measure of duration of homelessness, it does indicate that this minority of women are living in continual housing stress - unable to maintain secure housing - which results in episodes of crisis or homelessness.

Due to the absence of comprehensive inter-agency data collections, it is difficult to assess the possible extent to which women have to make use of more than one agency during a particular episode of homelessness or housing crisis. Hanover's data suggests that approximately 15% of contacts were referred by workers to other agencies due to the lack of resources within Hanover at the time of contact. The extent to which this group would not try Hanover again in a subsequent crisis is not known. However there is no reason to suppose that they would not do so.

Homelessness is a process with temporal dimensions. For some it may be a single occurrence of loss of home due to a one-off crisis. Once resolved it is unlikely to occur again. For others, a combination of structural and personal factors may result in their living in a state of extreme vulnerability to homelessness. Their experience of homelessness, and hence their use of community services, may be episodic over longer periods of time. For a proportion of this group, episodic homelessness may become permanent as links with the community (in its broadest sense) are lost. It is critical to effective service provision that this process of adaptation to long term homelessness is understood. In most instances they have adapted to a homeless lifestyle as a response to a long series of traumatic experiences which have gone unresolved.

Current data collections do not permit a definitive enumeration of women in each of the above categories. In reality the categories do not have natural boundaries because homelessness is a dynamic situation necessitating subjective judgements on definitional issues. Further consideration of these more theoretical issues is beyond the scope of this report. For an excellent consideration of the temporal aspects of homelessness, refer to Chamberlain and MacKenzie (1994).

It is evident from the Hanover data that the majority of women, even allowing for a significant level of inter-agency referral, experience a one-off crisis which is subsequently resolved (either with Hanover or another agency's help) to the extent that they do not become long term homeless.

The long term homeless comprise only a small minority of all those women experiencing housing crisis.

Kathy...

Although she is still only 20, Kathy had been living away from home for the past 6 years when she came to Hanover Southbank for help. When she first left home, Kathy moved into a youth housing program, later she moved into a boarding house, from which she was eventually evicted.

When Kathy first arrived at Hanover Southbank she had no money. She was very angry about the breakdown of her previous living arrangements and also at the fact that she didn't have a job.

Initially Kathy was unwilling to work with the case worker assigned to help her, probably because she seemed to believe that most people were against her. However gradually, while she continued to live at Hanover Southbank, she slowly built a good relationship with her worker and she began to look at her housing options and budgeting issues. In addition, Kathy wrote a resume and applied for several jobs.

After an arduous search for houses and flatmates, Kathy ran into an old acquaintance and, with the help of her caseworker, they continued the hunt together. Kathy and her caseworker developed a budget plan for Kathy and her friend to ensure they could both manage to live on their unemployment benefits.

Some months later, Kathy moved into a flat which she and her friend could afford to share.

Table 5.1 also showed that lone women made fewer multiple contacts than single men over the 3 years. Possible explanations would include:

- gender differences in the causes of homelessness
- the type and extent of services available
- women's experiences of services provided

We do not have sufficient information on outcomes to explain this difference. It is self evident that all of the above influence the patterns of service utilisation.

Service User Age

The age profile of the women (Figure 5.1) reflects the fact that Hanover is a cross-target agency. The average age of lone women was 32 years, with the modal category being the 25-34 year olds (29%). Women were significantly younger than men, with 35% under 25 years, compared to one-quarter of men.

Figure 5.1 - Age Profile of Lone Women (1992-94)

Hanover's client group are older than that of Victorian SAAP services. Table 5.2 compares annual data for Victorian SAAP and Hanover service users. Nearly half of the lone women in SAAP were under 19 years old - a significant difference to Hanover's service users. The average age of lone female SAAP service users was 25 years in 1994/5. This difference is partly because Hanover operated the night shelter, Gordon House, until June 1994 with a higher proportion of older long term, lone residents. In addition, Hanover does not run either a women's or youth refuge, both of which make up a significant portion of SAAP Services.

Table 5.2 - Age Profile Of Lone Women (1992-94)

Dataset Source	Hanover	Victorian SAAP
Population	Crisis Assistance	Supported Accommodation
Period	92-94 (N=1,464)	94/5 (N=4,605)
Median Age (Yrs)	29	19
Mean Age (Yrs)	32	25
Age Categories (%):		
Up to 18 years	12	45
19-24	23	23
25-34	29	13
35-44	20	7
45-54	9	6
55-64	5	3
65+	2	1
Missing data	n/a *	2
Total Per Cent	100	100

* Missing age data: 281 women. Whilst this is higher than for the SAAP data, experience does not suggest it would skew the age profile significantly.

With the continued growth and development of crisis and transitional supported housing over the past 5 years, substantial change in the demographic profile of SAAP service users has occurred. Hanover has experienced a substantial **decrease** in the age profile of its service users. Although the numbers of middle-aged lone women have remained steady between 1992 and 1994, there has been a 60% increase in young women (under 25 years) coming to Hanover.

Whilst the age of Hanover's service users is becoming younger, this trend is not replicated across the Program. The actual numbers of lone women assisted by SAAP appear to have increased significantly over the 3 years (Table 5.3). However, the data collection was amended in 1993 to include those clients supported but not accommodated within or by agencies. It is therefore more appropriate to compare numbers of clients **accommodated** in 1993/4 and 1994/5 against the 1992/3 figure. In 1993/4, a total of 3,401 lone women were accommodated, whilst in 1994/5, this had risen to 4,232 - a substantial 47% increase over the period. A good part of this increase may be attributed to the increase in the number of agencies (and hence support capacity) in the Program. However the overall proportion of lone clients who were female has also increased significantly (39% in 1992/3, 46% in 1993/4, 49% in 1994/5). A closer examination of these trends across specific agency categories, taking into account length of stay data, would be required to be more definitive about the reasons for this increase. In summary, there has been a significant increase in the number of lone women supported by the SAAP program in the period.

This increase is not evenly distributed across age categories. The proportion of under 19 year olds has decreased from 53% to 45%, although the number of this group assisted has increased from 1,530 to 2,072 over the period. At the same time, the proportion of 25-34 year olds has increased from 10% to 13%, representing a doubling in actual numbers of women. This may be partly due to an increase in the number of funded agencies, changes in data collection

methods or improved response rates. Equally, it may reflect service delivery factors such as length of stay, support or bed capacity. It is also likely that a proportion of the increase is due to greater public awareness of resources available to assist those experiencing violence or conflict in the home. Hopefully, it also reflects an increased level of empowerment of women to escape violence.

Table 5.3 - Trend in Age Profile Of Lone Women Assisted By SAAP

Period	92/3 (N=2,885)	93/4 (N=3,742)	94/5 (N=4,605)
Median Age (Yrs)	18	19	19
Mean Age (Yrs)	23	24	25
Age Categories (%):			
Up to 18 years	53	46	45
19-24	21	23	23
25-34	10	13	13
35-44	7	8	7
45-54	4	5	6
55-64	2	2	3
65+	1	1	1
Missing data	2	2	2
Total Per Cent	100	100	100

Source: Victorian SAAP Client Data Collections, data supplied by La Trobe University, Social Sciences.

The reason for Hanover's client group becoming younger is more apparent. The redevelopment of services with the replacement of Gordon House has increased resources which focus on youth and women. Whereas previously, agencies would be reluctant to refer vulnerable clients to Gordon House, this is no longer the case.

In addition, unmet demand from lone women has been high across the Program. Recent analysis based on the National SAAP two week Census data by AIHW for 1993 (May/June) has indicated that youth specific service outlets received both the highest level of requests for accommodation and had the highest turnaway rate (over 90% of arrivals) of Victorian SAAP target groups. Outlets targeting lone women could only accommodate 15% of new arrivals. (Merlo, et al, 1994, pp.144-146). Although this does not provide a longitudinal picture, it suggests an extremely high level of unmet demand for accommodation assistance from young lone women.

In summary, Hanover is a cross-target agency, which, because of its historical roots in inner Melbourne, and its operation of the only cross-target night shelter (the former Gordon House), has become an agency of last resort, with a focus on those who experience long-term homelessness. The average age of its client group has therefore been older, compared to SAAP service users, although the difference is reducing.

Cultural Background

Over the 3 year period, 1.9% of women coming to Hanover were recorded as of Aboriginal background, whilst 8.5% were of non-Australian background. For each group, there has been an upward trend over the period - from 1.4% (1992) to 2.0% (1994) for Aboriginal women and from 6.1% (1992) to 10.9% (1994). The extent to which this trend reflects possible increased prevalence of housing crisis amongst these groups, rather than other factors relating to service delivery (for example, accessibility through interpreter services), is not able to be determined.

Income Source

The main source of income of lone women reflects their life situation at the time of contact with Hanover. One third (34%) were on unemployment allowances and twenty-nine per cent were on Disability Pension (see Figure 5.2). Although 6% reported no income, this is thought to be under-reported, taking into consideration the level of missing data.

Figure 5.2 - Main Income Source of Lone Women (1992-94)

The 3 year profile for women was broadly comparable to that for lone men, except that women were more commonly on Austudy (3% of women, 1% of men), Sole Parent Pension (5% of women, 0.1% of men), Sickness Allowance (13% of women, 10% of men), or without income (6% of women, 4% of men).

Due to the relatively high level of missing data, it is not possible to draw firm conclusions concerning trends over the period. However, three issues are worth noting:

- an increase in the proportion of lone women without income, from 4% to 7% (between 1992-1994)
- an apparent doubling of the proportion of women on Austudy in 1994 from previous years (not so for single men), from 2% to 4%
- a decline in the proportion of women on Sickness Allowance, from 16% to 11%.

The Victorian SAAP data for 1994/5 is shown in Table 5.4. This data is based on women accommodated and/or supported who presented as single at SAAP Services. Although the Hanover data is for all crisis assistance clients (not just those accommodated) over 3 years, comparison indicates significant differences between the two populations.

Table 5.4 - Main Income Source Of Lone Women: Comparison Between Victorian SAAP and Hanover Data, %

Data Source Period	Vict. SAAP ¹ 1994/5 (N=4,416)	Hanover ² 1992-4 (N=1,431)
No Income	21	6
Sole Parent Pension	3	5
Newstart	13	22
Jobsearch	24	12
Austudy	12	3
Aged Pension	2	3
Sickness Allowance	5	13
Disability Pension	9	29
Wages/Working	6	2
Other	5	5
Total Per Cent	100	100

¹ Data Source : Victorian SAAP Client Data Collection - data supplied from La Trobe University, Social Sciences. Missing data: 189 cases excluded.

² Missing data: 314 cases excluded.

The largest proportion of lone female SAAP clients were on Jobsearch (24%), followed by those reported as having 'no income' on arrival at agencies (21%). SAAP clients were significantly more likely to be without income, to be on Austudy or Jobsearch, than Hanover's crisis clients. Clearly this reinforces the age profile differences and reflects the fact that Hanover does not operate refuges specifically for women or youth. In addition, as previously explained, Hanover has tended to work with long term homeless women. This is evident from the higher proportion of Hanover clients on Disability Pension and Sickness Allowance (42%) compared to SAAP (13% in 1994/5). It is evident from this profile that Hanover's lone women client group is over-represented by a particular sub-group of those experiencing homelessness.

Special Needs

Hanover's Crisis Assistance data collection gathers information on the special needs of those coming to its Services. A summary of the range of special needs is provided in Table 5.5 for both single women and men. Under half (47%) of lone women were reported to have had one or more special needs, compared to 49% of males.

**Table 5.5 - Special Needs Of Service Users
By Gender (1992-94),%**

Special Needs *	Female (N=1,745)	Male (N=4,357)
Disability :		
Psychiatric Disability/Personality Disorder	17.3	13.8
Intellectual Disability	3.6	2.8
Physical Disability	2.8	2.4
Drug Dependence :		
Drugs	6.1	6.2
Alcohol	6.4	14.9
Conflict :		
Family/Relationship Breakdown	8.5	5.2
Domestic Violence	6.4	0.6
Other Violence	3.4	1.4
Health :		
Physical Ill Health	5.3	7.7
Brain Damage (Alcohol Related)	0.6	2.1
Other :		
Aged	0.9	1.4
Cultural	1.4	2.2
Institutionalised	1.1	2.5
Other	4.4	4.1
Total Per Cent	68.2	67.3

* Multiple responses possible

Comparison between genders indicates significant differences in the prevalence of specific needs. Lone women were more likely to have a disability and to have suffered conflict in a previous living situation. However, compared to men, they were less likely to have a special need relating to alcohol abuse.

An unknown level of special needs are not disclosed at the time of the crisis assistance. In general a special need is recorded either on disclosure, when self evident from the referral source, or by the nature of assistance requested. The above figures tend to underestimate the prevalence of some issues.

Multiple Disabilities

Further analysis provides an indication of the extent of multiple needs and more specifically, disabilities (Figure 5.3). Whilst 53% were recorded as having no special need, 16% of women (n=272) had 2 or more needs. Although these figures possibly underestimate the prevalence of multiple disabilities due to the brief nature of crisis assistance interactions, they should dispel the commonly held misconception that all women experiencing homelessness have a disability or other special need.

**Figure 5.3 Number of Reported Special Needs
Of Lone Women (1992-4)**

Even though the extent of reported multiple special needs is relatively low in proportional terms (16%), a substantial 272 individual women reported 2 or more needs. The most common combinations of needs are shown in Table 5.6 for those reporting 2 special needs.

**Table 5.6 - Multiple Special Needs of Women
With 2 Special Needs (1992-94)**

Combination of Special Needs	% (N=195)
Psychiatric disability + Alcohol abuse	13
Psychiatric disability + Drug abuse	11
Psychiatric disability + Physical Ill Health	11
Psychiatric disability + Violence	8
Psychiatric disability + Intellectual disability	6
Intellectual disability + Violence	5
Intellectual disability + Physical ill health	3
Intellectual disability + Drug abuse	1
Intellectual disability + Alcohol abuse	1
Family/Relationship Breakdown + Violence	12
Drug Abuse + Physical Ill Health	10
Alcohol Abuse + Physical Ill Health	9
Other Combinations	10
Total Per Cent	100

This data shows that most combinations of special needs are represented. More important, a substantial number of lone women are suffering the double trauma of homelessness and disability. The brevity of most crisis assistance contacts does not permit detailed information on the nature of their disabilities. It is often inappropriate to collect more detailed data. However, such information is gathered as part of casework practice over time for those accommodated by Hanover Women's Service in its supported housing program. A profile of the extent and range of this group's needs is provided as a contrast to the crisis assistance profile shown above.

In general, Hanover is only able to provide supported housing to 1-2% of the women seeking assistance in a given year. Thus, workers are forced to make difficult decisions primarily on the basis of client needs and availability of resources. The following profile of 46 women (Table 5.7) accommodated over a 2 year period serves to highlight the range of disabilities and disorders faced by women who contact Agencies such as Hanover.

Table 5.7 - Special Needs Of Women Accommodated At Hanover Women's Service (July 1993 - August 1995)

Special Needs *	Number of Women (N=46)
Mental Health :	
Schizophrenia	12
Depression	11
Personality Disorder/ Borderline P.D.	10
Differential Diagnoses	8
Eating Disorders	7
Schizo-affective Disorder	3
Neuroasthenia	2
Bipolar Affective Disorder	2
Schizophreniform Psychosis	1
Anxiety Disorder	1
Total Number of Issues	57
Drug Dependence :	
Alcohol	15
Poly Drug Abuse	15
Abuse of Prescribed Drugs	11
Illegal Drug Abuse	10
Recreational Drug Abuse Leading to Risk-taking Behaviours	6
Alcohol Related brain Injury	2
Total Number of Issues	59
Intellectual Disability	4

* Multiple responses possible

Three-quarters of the women accommodated had a mental health issue. Over half of the women (54%) had either 2 or more mental health issues, 2 or more drug dependence issues, or a combination of mental health, drug dependence issue or intellectual disability. In addition to the above, almost all the women exhibited a range of challenging behaviours, risk-taking activities or deliberate self-harm. As a consequence of these disabilities, the majority required assistance with daily independent living skills in the areas of medication, personal hygiene, shopping and room cleaning.

Equally significant was the high prevalence of violence experienced by these 46 women either in their past or more recent living situations (Table 5.8).

Table 5.8 - Experience Of Violence By Women Accommodated At Hanover Women's Service (July 1993 - August 1995)

Special Needs *	Number of Women (N=46)
Violence :	
Survivor of Childhood Abuse or Incest	21
Survivor of Domestic Violence	20
Experienced Recent Sexual Assault	19
Recent Violence/Threatened Violence by Other	17
Ongoing Abuse by Male/Female Partner	17
Escaped Torture in Country of Origin/ Race Specific Violence	4
Total Number of Issues	98

* Multiple responses possible

Forty-six per cent of those accommodated reported childhood abuse or incest, 43% domestic violence, and 41% had experienced recent sexual assault. These women had experienced on average at least 2 categories (not episodes or incidents) of violence.

It is shockingly apparent from this profile that the high level of disability is invariably accompanied by extreme vulnerability to violence. The extent to which the former preceded the latter or vice-versa is difficult to quantify. Certainly, women with organic or genetic disabilities are more vulnerable to homelessness. Their experience of institutions and in-patient services often involves abuse and violence (Graham 1994, p.46).

However, a substantial proportion of the women (85%) experienced abuse and violence in childhood or early adulthood, which may have contributed to mental illness (in its broadest sense), drug dependence and homelessness. In many cases, the unresolved trauma of that initial experience has left them extremely vulnerable to further violence.

It should not be concluded from this profile that all women who experience homelessness have experienced this high level of violence. Before making such inferences, we must be sure that the sample is representative of the homeless population, which in this case it is not.

The story of Mandy's experience perhaps typifies the complex nature of these issues and illustrates in a tragic way the consequences of our community's inability to provide timely and appropriate support.

Mandy...

Mandy is a 38 year old mother of four children. At age 12 she ran away from home, following countless episodes of physical and sexual abuse from her stepfather and other male relatives. Initially Mandy sought refuge with other family members and friends. When this failed, she developed a itinerant lifestyle. Over the ensuing years, Mandy had many admissions to psychiatric institutions as a result of injuries she inflicted on herself. She also began to use drugs as a way of coping with her distressing memories and feelings.

When Mandy was in her twenties, she married a man who was violent towards her and her children. Her four children were taken into protective care and although she left her violent partner, she continued to use drugs heavily.

To support her drug habit, Mandy became involved in crime. Her addiction meant she was constantly struggling to pay her rent and consequently she was evicted from one house after another. Sometimes she stayed with friends for short periods of time.

When Mandy first came into contact with Hanover she had been admitted to psychiatric hospitals and prison many times and she had not lived in any one place for longer than 2 months at a time. The support and encouragement of staff at Hanover Women's Service helped Mandy cope with some of the trauma that she had endured throughout her life. For the past 8 months she has been living in Hanover Supported Accommodation and this has enabled her to stabilise her life without re-admissions to hospital. It has also helped reduce the stress she was suffering as a result of her traumatic and nomadic lifestyle.

Mandy is struggling to commit herself to stay off drugs. She is on the methadone program and attends Narcotics Anonymous regularly. In the meantime she finally has the opportunity to develop a sense of 'home'. She now has a pet cat which is a great source of company and pleasure to her and recently she saved up enough money to purchase a second hand stereo system. These are important elements of 'home' which most of us take for granted.

Reasons for Being Homeless

The reasons for being homeless recorded for lone women contacts is shown in Table 5.9. The predominant reasons relate to the lack of affordable, safe or secure housing and insufficient financial resources to obtain or retain housing. Together, they indicate that poverty was the predominant predisposing factor

Table 5.9 - Reasons For Being Homeless (1992-94), %

Reason *	% (N=4,265)
Unable to Obtain Affordable Housing	11
Unable to Maintain Stable Accommodation	18
Unable to Find Safe/Secure Accommodation	21
No money	17
Eviction	5
Family Breakdown	9
Relationship Breakdown	9
Violence	6
Itinerant/Time for a Change	7
Interstate	5
Intra State	1
Ex. Prison/Institution	2
Hospital Discharge	4
Barred Elsewhere	1
Other	6
Total Per Cent	122

* Multiple responses possible

It is important to focus on the relative prevalence of specific reasons to gain a more definitive insight into the causes of homelessness for lone women. Examination of the 3 reasons - family breakdown, relationship breakdown and violence - indicates that **at least one in five** lone women contacts became homeless due to breakdown or violence in their previous living situation. The trend over the past 3 years has been for a significant increase in women reporting family breakdown or relationship breakdown as a reason for their homelessness. It should be restated that the above figures are an underestimate because of an unknown level of non disclosure of 'personal issues' at the time of the crisis contact.

Over the same period, the proportion of women reporting one of the housing related reasons has decreased significantly, perhaps reflecting the improved affordability and relatively high vacancy rates of private rental housing in the post-recession period. The private rental vacancy rate in Melbourne was over 4% between 1991 and early 1994 (DPD Rental Report, 1995, p.4).

The trend data also suggests an increase in the number of women reported to be homeless as a consequence of leaving prison, institutions or hospital (up from 3.8% in 1992 to 7.2% in 1994). In 1994, 84 women came to Hanover for housing assistance for this reason. Although this is a relatively small number of women, they often have a high level of needs.

Approximately 5% of contacts were recorded as homeless as a consequence of coming from another State. Very few lone women came to Hanover having become homeless in country Victoria (0.7%).

Accommodation at Contact

The data form collects information on women's current accommodation status at contact. One third of the women were in private rental, 13% in emergency shelter/refuge accommodation and 10% were staying with friends. Accommodation status is summarised in Table 5.10 for both lone women and men.

**Table 5.10 - Accommodation Status At Contact
By Gender (1992-94), %**

Accommodation at Contact	Female (N=1,475)	Male (N=5,349)
Private Rental	33	22
Own Home	1	0
Public Housing	7	7
Private Boarding House	5	7
Special Accommodation House	1	1
Hotel	5	7
Emergency Shelter/Refuge	13	24
Community Supported Accommodation	2	2
Hospital/Psychiatric Unit	6	3
Prison/Detention/Institution	1	1
Drug/Alcohol Rehabilitation	2	2
Parental Home	6	3
Staying with Friends	10	7
Sleeping Out/Squat	5	11
Caravan	1	1
Other	2	2
Total Per Cent	100	100

Note: Missing data for 653 service users (270 female, 383 males) excluded

Significant differences in accommodation status are apparent between genders. Lone women were almost half as likely to have stayed in emergency shelter/refuge accommodation. This points to the lack of appropriate crisis accommodation services that offer the degree of privacy and personal security sought by lone women. Women were less likely to utilise 'risky' or unsafe housing options. Only 5% of women were sleeping out or in squats, compared to 11% of men. Women were less likely to have used private hotels or boarding houses.

The data also suggests that women have greater access to personal supports when in crisis compared to lone men, since nearly 10% of lone women were staying with friends (7% for men), and they were twice as likely to be staying with parents (6% for women, 3% for men).

It is of concern that women are more likely to come to Hanover direct from prison, institutions or hospital (predominantly psychiatric services) compared to men. It is more worrying that there has been an upward trend over the period, even though the numbers are small. In 1992, 19 women (3%) were in this predicament, rising to 42 women (5%) in 1993 and 56 (7%) in 1994.

This trend reinforces Hanover's experience that increasing numbers of people are being sent back into the community from institutional arrangements without secure housing or appropriate support. The vast majority of this group were discharged from psychiatric services with inadequate consideration of their housing and support needs. The lag between the introduction of responsive community based psychiatric services and reduction in hospital based services (ie shorter length of stay and reduced overall bed capacity) is resulting in serious disadvantage to increasing numbers of lone women.

Nearly one third of women had been staying at their current accommodation for under one week at the time of contact with Hanover. One quarter had been staying for 1 week to 1 month, 22% from 1-6 months, 7% from 6-12 months and 14% for over 1 year.

The length of stay of women in hotels and emergency shelter/refuge accommodation was shorter than for men. A higher proportion of these men were older and long term homeless, who would in fact call their hotel or shelter room 'home'.

The great majority (over 83%) of those staying with friends had been staying for less than 1 month - clearly a temporary option in response to housing crisis. The length of stay profile for those staying with parent(s) was polarised between women returning temporarily and those who had been staying for over 1 year, although the latter may still consider their living situation as temporary.

Table 5.11 focuses on accommodation status differences between women seeking accommodation and those wanting financial assistance/material aid. Not all the women were literally homeless - in fact approximately 18% were considered not to be homeless.

**Table 5.11 - Accommodation Status By Primary Reason
For Seeking Assistance (1992-94), %**

Accommodation at Contact	Primary Reason for Seeking Assistance	
	Accommodation (N=1,627)	Financial Assistance/ Material Aid (N=1,602)
Private Rental	13	41
Public Housing	6	10
Private Boarding House	4	5
Special Accommodation House	2	0
Hotel	9	7
Emergency Shelter/Refuge	27	22
Community Supported Accom.	3	2
Hospital/Psychiatric Unit	9	0
Prison/Detention/Institution	1	0
Drug/Alcohol Rehabilitation	2	0
Parental Home	6	3
Staying with Friends	8	5
Sleeping Out/Squat	7	3
Other	4	2
Total Per Cent	100	100

Note: this table is based on contacts, not individual women, being more relevant to the control variable- hence the data is not comparable to that in Table 5.10.

Those contacts seeking financial assistance/material aid were over twice as likely to be in **independent** housing options, that is, private rental, public housing or boarding house (56% in total). However, over one quarter were in a hotel or emergency housing (29%).

As expected, those seeking accommodation assistance were more likely to be in temporary housing situations, with less than one quarter in independent housing options (23%). Cross-tabulation of this group with reasons for being homeless showed that the great majority had either been evicted or had moved out because of family/relationship breakdown or violence.

A significant 12% of women seeking accommodation were coming from institutional arrangements.

Rani...

Rani is a middle aged woman from Asia who left her country of birth to escape a society that she says undervalues women, especially women like herself who have been divorced. Her two adult children were living lives of their own and she hoped to start a new life in Australia.

For some time prior to coming to Hanover Southbank, Rani had been sharing a flat with a friend. This arrangement broke down when she became unemployed and could not contribute enough to the household budget. Rani left her job because she had regularly been sexually harassed.

Staff feared Rani would be vulnerable in the mixed gender setting at Hanover Southbank. Although she was accommodated there for several days, finding alternative accommodation for her was considered a priority. With the help of her caseworker, Rani found a small rooming house into which she decided to move.

Recently Rani returned to Hanover Southbank to thank her worker for the help she had been given. She is very happy in her new accommodation and is now actively seeking work.

Reasons for Contacting Service

Over the 3 years, just under half the women (45%) contacted Hanover for accommodation. A similar percentage (41%) sought financial assistance/material aid (Table 5.12). Counselling or emotional support was requested by one in five contacts (19%). This reinforces the previous finding that the majority of women were either in need of accommodation or financial help to retain their housing, once again pointing to poverty as the underlying cause of their situation.

Table 5.12 - Reasons For Contacting Service (1992-94)

Reason *	% (N=4,265)
Accommodation	40
Dry House Accommodation	1
Women Only Accommodation	4
Housing Advice/Information	11
Financial Assistance/Material Aid	41
Counselling/Emotional Support	19
Advocacy	7
Ongoing Issue/Follow Up	14
Total Per Cent	137

* Multiple responses possible

Comparison with the equivalent data for lone male contacts indicates that women were more likely to seek accommodation and personal support, but less likely to seek financial assistance/material aid. The type of assistance requested reflects both their prior housing situation and reasons for becoming homeless. The higher level of need for counselling and emotional support may be linked to the greater prevalence of conflict and violence suffered by the women.

Summary

The above profile shows that lone women, homeless or in housing crisis, cover a broad range in terms of age, background and living situations.

Women of any age can and do become homeless. The popular image of homeless women represented as 'bag ladies' is in fact a myth. The great majority experiencing housing crisis who come to Hanover, make use of its resources and do not return subsequently. The above analysis of Crisis Assistance Service users shows that Hanover's lone women client group are on average older and more likely to be on Disability Pension or Sickness Allowance than those using other SAAP Services. Even so, only 10-15% could be considered long term homeless.

The findings indicate that poverty, in the form of inadequate income and the shortage of affordable housing, is the underlying cause of homelessness. Certain groups of women are particularly vulnerable to homelessness because of their economic situation, lack of education and job skills, and long term unemployment.

The single most common *specific* cause of women's homelessness (in contrast to that for men) is violence and conflict. The violence may have been experienced as a child, or later in life as an adult, from parent, partner, relative or others.

Some women suffer disability or ill health, often accompanied by low self-esteem and a lack of personal supports, which together with a low income, leaves them extremely vulnerable to housing crisis.

Whilst a single factor may be sufficient to precipitate a crisis of homelessness - for example, domestic violence - the coexistence of other contributory or predisposing factors will invariably hinder or prevent the woman's ability to regain stable and secure housing, and to re-establish a home environment.

The main factors contributing to women's homelessness are therefore:

- low income
- the lack of affordable housing
- conflict with partner or family
- disability and ill health

For lone women who have experienced long term homelessness, the same range of predisposing factors are applicable. The vital difference for these women is that resources were not available sufficiently early to resolve their initial crisis and to ensure adequate support, thereby preventing the onset of long term homelessness - invariably accompanied by a range of physical or psychological illnesses and substance abuse.

The clear lesson is that without appropriate early intervention strategies that are readily accessible and responsive to women when they first experience crisis, a significant proportion will fall into the spiral of chronic homelessness such as exemplified by the case studies. Approximately 10-15% of lone women using Hanover's Services may be considered to be long term homeless. Whilst this is a small proportion of all those women in crisis over a 12 month period, it is evident that this group consume the majority of support funds.

Appropriate levels and effective targeting of early intervention resources should enable a significant reduction in the prevalence of long term homelessness and hence in both the personal and economic costs to the community. Homelessness is perhaps the key performance indicator of modern society. The existence of long term homelessness shows the extent to which we, as a community, are failing.

5.2 Service Provision and Outcomes

Crisis Assistance Service Users (1992-94)

Over the 3 year period, a total of 6,800 services were provided to the 1,745 lone women who made 4,265 contacts. A summary of the various types of service provided is shown in Table 5.13 below. The equivalent data for men is included for comparison.

**Table 5.13 - Services Provided To Lone Service Users
By Gender (1992-94), %**

Service Provided *	Female (N=4,253)	Male (N=11,859)
Crisis Accommodation	11	20
Long Term Accommodation Costs Accommodated by Service	8	7
Locating Accommodation	1	1
Housing Advice/ Information	5	4
Counselling/ Support	20	19
Advocacy	24	19
Referral	7	9
Financial Assistance/ Material Aid	30	24
Ongoing Support/ Follow Up	20	28
Drug/Alcohol Advice	20	23
Other	2	2
Total Per Cent	11	11
	159	167

* Multiple responses possible

On average, women received 1.6 services per contact, with over 98% reported as receiving 1 or more services. The most commonly provided service to women was in fact referral (30%) to other Agencies or specialist Services depending on the nature of presenting need. In most cases (69%), referral was not the only service provided, but was accompanied by direct accommodation assistance, financial assistance, housing advice, counselling or personal support.

There are two main reasons for making referrals. First, the Service does not have adequate resources in terms of bed capacity and financial aid. Second, initial assessment of the individual's needs may suggest a more appropriate Agency that has specialist resources or skills to better assist the individual (for example, a psychiatric Service).

Twenty per cent of women were provided with direct accommodation assistance, with half given crisis accommodation (predominantly in Gordon House/Southbank). Just under 8% were provided with money to help with either retaining or obtaining long term accommodation. Although only 1.3% of all women were provided with supported housing, it is more accurate to say that 3% of those requesting accommodation were able to be provided with supported housing. Over the 3 years, 29% of lone women who were in need of accommodation were able to be provided with either crisis or supported housing.

The other main types of assistance were counselling/ personal support (24%), ongoing support/ follow up (20%) and financial assistance/ material aid (20%).

Comparison between genders indicates significant differences in service provision. Women were less likely to be provided with crisis accommodation or to be given financial assistance. However, women were more likely to be referred to other Services and to be provided with counselling or personal support. Staff experience points to the following reasons for these differences:

- the lack of safe, appropriate crisis accommodation for lone women (2 out of 3 night shelters in Melbourne do not admit women)
- the inappropriateness of the former Gordon House and most inner city low cost hotels for lone women who are vulnerable in a mixed gender setting
- the unavailability (lack of beds) or inappropriateness (eligibility conditions) of refuges for many women
- the fact that lone men are provided with higher levels of material aid or financial assistance to pay for immediate needs because, on average, they are older and more likely to be long term homeless than women
- the substantially higher prevalence of violence or conflict as the reason for women's housing crisis compared to men results in greater emphasis on counselling and personal support

The data collection also provides information on the extent to which services are requested but are unable to be provided. Table 5.14 shows that the main services unable to be provided were accommodation and financial assistance. Ten per cent of contacts were not able to be helped with their long term accommodation costs, generally payment of rent arrears. Ten per cent of those requesting financial assistance were not assisted. A total of 30%, that is 1,280 contacts, were unable to be provided with a requested service. This is a significant level of unmet need.

Table 5.14 - Services Requested But Not Provided To Lone Women (1992-94)

Service Requested but not Provided *	% (N=4,265)
Crisis Accommodation	5
Long Term Accommodation Costs	10
Accommodated by Service	8
Locating Accommodation	2
Financial Assistance/ Material Aid	10
Other	2
Total Per Cent	37

* Multiple responses possible

Comparison of the annual data for the 3 years shows a significant increase in the number of contacts unable to be provided with accommodation which they needed. In 1992, 21.9% of contacts (n=249) were unable to be assisted with accommodation compared to 29% (n=343) in 1994.

Not only are significantly higher numbers of lone women coming to Hanover for help, but Hanover is increasingly having to turn women in crisis away by referring them elsewhere. To what extent the latter's needs are being met, or how many Services they have to contact, is not possible to determine from current data collections. However it is self evident that it is detrimental to those vulnerable and in crisis to be turned away.

Compared to men, women were less likely to have received a requested service. Thirty per cent of female contacts did not receive a requested service compared to one quarter of males. Specifically, women were nearly twice as likely *not* to be accommodated within Hanover's supported housing (8% compared to 4% of men), and significantly *less* likely to be helped with long term accommodation costs (10% compared to 6% of men). The turnaway rate for women has been higher than for men.

In instances when workers are unable to provide accommodation assistance, they are asked to note the reason. Over the 3 year period there are clear gender differences in the reasons given. One quarter of women were unable to be accommodated because of a lack of vacancies compared to 20% of male contacts. The second main reason was that the accommodation was judged inappropriate to the needs of 23% of women - over twice that of men (11%). This reflects the inappropriateness of congregate style night shelters such as Gordon House. These are a very real risk (both perceived and actual) to the personal safety of women, either escaping violence or conflict in a previous living situation or who for other reasons are vulnerable in a mixed gender setting.

It is thus gratifying that Gordon House has been both closed and replaced with a range of crisis and supported housing, a significantly higher proportion of which is set aside for women. Whereas on average between 10-15% of the 285 beds at Gordon House were occupied by women, in the redeveloped service network 45% of single accommodation is for women.

In summary, the above analysis shows that significant numbers of women in housing crisis are unable to be assisted by Hanover due to the lack of resources. A substantial number are referred elsewhere. The outcomes for this group are not known. Both the Victorian and National SAAP data point to high levels of unmet needs. The actual extent of unmet need is not able to be ascertained with any certainty from current data collections. However it is relevant that over two-thirds of all lone women, who had need of a Hanover Service, did so once only in the 3 year period. Either their needs were met by Hanover, or those referred elsewhere received effective assistance, or possibly they resolved their crisis themselves.

The earlier analysis of patterns of use suggested that about 10-15% of the women could be considered as long term homeless or at least to have significant barriers to maintaining stable housing. Another sub-group of women made multiple contacts over periods up to 12 months and might be described as intermittent homeless. Such generalised typologies have obvious limitations. The point is that Hanover's Service network, and more broadly the SAAP Program, has been unable to fully meet the needs of women in crisis. There is ample evidence by way of case studies that the pathway to chronic homelessness is a downward spiral from initial housing crisis in the absence of effective community supports and early intervention strategies.

Lone Women Accommodated in Supported Housing

This section provides a summary of what Hanover has been able to achieve over the past 4 years for those it has been able to accommodate in transitional housing. This analysis is based on data collected for SAAP for those accommodated within Hanover's Supported Housing programs. It has been extracted from a previous analysis of 329 residents (excluding children) who exited supported housing over the 4 year period from April 1991 to March 1995 (Horn 1995). It should be noted that it does not include those staying in crisis accommodation. The intention is to provide a profile of the 1.3% of Crisis Assistance contacts able to be accommodated in ***supported housing*** (refer to Table 5.13 above).

Just under two thirds of this group (65%, 191 residents) were accommodated as single people. Of these, 52 (27%) were female. It is necessarily a small sample due to the number of beds available and the relatively long length of stay.

Age Profile

Figure 5.4 shows that the women accommodated were on average somewhat older than the larger Crisis Assistance group, with a greater concentration in the 25 to 44 age categories. The mean age of those accommodated was 35 years compared to 32 years for those provided with crisis assistance.

Figure 5.4 - Age Profile of Lone Women: Comparison Between Accommodated and Crisis Assistance Groups

Income Source

Sixty-three per cent of the women were either on Disability Pension (48%) or Sickness Allowance (15%), compared to 42% of women seeking crisis assistance. Those accommodated were half as likely to be on Newstart or Jobsearch (15%).

Prior Accommodation

The prior accommodation status of the women (Table 5.15) differs from that of the Crisis Assistance group (Table 5.10), even though the questions in the two data collections do not include identical response categories. The majority of those accommodated came from rooming/boarding houses, crisis or supported accommodation, or institutional arrangements (69%).

As might be expected, the majority were either living alone (29%), in a share/group arrangement (23%), or with friends/non-related family (15%). Seventeen per cent had been living with family (11% with partner and children and 6% with parents or relatives).

**Table 5.15 - Accommodation Status Of Lone Women
Provided With Supported Housing (1991-94)**

Accommodation on Arrival	% (N=52)
Private Rental	15
Public Housing	2
Rooming/Boarding House	27
Emergency Shelter/Refuge	12
Support Accommodation	12
Hospital	2
Psychiatric Unit	8
Prison	2
State Residential Arrangement	6
Other	12
Unknown	2
Total Per Cent	100

Special Needs

The special needs of the women accommodated at Hanover Women's Service were discussed previously, with Tables 5.7 and 5.8 demonstrating the high level of ill health, drug dependence and violence suffered by these women. Approximately 75% of those accommodated had a psychiatric disability or disorder, and over 80% had experienced violence or abuse either as a child or adult.

A significant number of the women were mothers but had either lost or relinquished responsibility in the past. In most instances, this experience resulted in grief and trauma which had not been resolved. Invariably, coming to terms with this loss and dealing with related issues (for example, contact with children) requires support from casework staff.

Provision of Supported Housing

The above profile indicates that Hanover's Supported Housing programs are focussing on those in most need, that is, women who are itinerant or long term homeless and unable to maintain stable housing, often with disabilities or special needs. In a situation of scarce resources in which not everyone in need can be helped, the priority has to lie with those in most need of support.

Hanover's supported housing takes the form of self-contained flats, bedsit units or houses in the inner urban suburbs. Residents generally pay up to 20% of their income in rent. The average length of stay in this housing for the 52 women was 37 weeks, with the median stay 29 weeks.

Residents are provided with a comprehensive range of assistance by support staff. The various types of support are collected on the SAAP data forms, although the extent of effort in terms of time spent with residents in direct casework is not collected. Table 5.16 summarises the assistance provided to the women residents. On average, over 5 different types of assistance were provided.

Table 5.16 - Assistance Provided To Residents (1991-94)

Assistance Provided *	% (N=52)
Counselling	75
Referral To Specialist Agencies	60
Assistance In Obtaining Housing	46
Personal Support	42
Recreation	40
Assistance In Obtaining Medical Services	37
Transport	37
Retrieval/Removal Of Belongings	31
Assistance In Obtaining Financial Assistance	25
Assistance With Drug/Alcohol Problems	23
Training With Living Skills	19
Employment And Training	17
Assistance In Obtaining Pension/Benefits	15
Outreach And Follow Up	14
Family Reconciliation	12
Assistance In Obtaining Legal Advice	10
Total Per Cent	503

* Multiple responses possible

A total of 31 referrals were made to specialist Agencies, including 9 residents to Psychiatric Services, 7 to Domestic Violence, Sexual Assault or Incest Services and 2 to Intellectual Disability Services. These are additional referrals which workers initiated - most clients were already connected to specialist Services before coming into the Service.

The above overview gives some indication of the extent of need for support necessary to assist residents to first stabilise their housing and address the underlying issues, as a relationship of trust develops. The focus of the effort for this particular group of women is very clearly on resolving personal issues which act to prevent the individual from maintaining independent housing. The standard funded caseload for support workers enables an average of between 2 and 3 hours per week to be spent with each resident.

April...

April is a 36 year old women who suffers from manic depression. She also has a drug addiction. Several years ago April separated from her husband and, at the time she came to Hanover, her 13 year old son was living in foster care.

Prior to seeking help from Hanover, April had sought refuge at an inner city shelter but she felt vulnerable in the mixed gender setting and was keen to move to the Hanover Women's Service. Prior to this, April had been in prison on drug related charges and had been forced to relinquish her son. Her main aim on moving to Hanover Women's Service was to regain custody of her son. She knew this was not possible until she obtained stable housing and stopped using illegal drugs.

While staying at Hanover Women's Service, April was able to re-establish contact with her son and have him visit her at her Hanover managed house. With the support of staff, she was able to continue with a methadone maintenance program.

April lived at the Hanover Women's Service for 5 months, then with help from her support worker, she found a flat which was suitable for her and her son to live in together.

She has had little contact with Hanover Women's Service over the past year, but has managed to live independently and care for her son over that time.

Outcomes

For many of the women, the primary outcome has been to stabilise their housing for a significant period of time. This is a form of supported respite from an itinerant lifestyle with all its associated risks. The value of this time in a safe environment cannot be underestimated.

The SAAP data collection specifically seeks departure status of 3 variables collected on arrival, that is, income source, accommodation and living situation. At best these can be only considered as crude indicators of outcomes from a program perspective.

Income Outcomes

Table 5.17 summarises the income source outcomes for the women. Since the great majority of the women were on government allowances at arrival, little change would be expected, when comparing before and after income source on a case by case basis. In fact, 90% were assessed as having no effective change in income source. A positive change was recorded for 6% of residents, including those moving off benefits into employment. Two residents were assessed as having had a negative outcome in that they had lost employment and moved onto government benefits.

Table 5.17 - Income Status Outcomes

Outcome	Residents, % (N=48)
Positive Outcome :	
No Income to Some Income	2
Other Positive Change	4
<i>Total Positive Change</i>	<i>6</i>
Unchanged :	
No Change in Category	84
Changed category but Assumed Neutral	6
<i>Total Unchanged</i>	<i>90</i>
Negative Outcome :	
No Income (before and after)	0
Other Negative Income	4
<i>Total Negative Outcome</i>	<i>4</i>
Total Per Cent	100

Note: data excludes 2 deceased and 2 into prison

Accommodation Outcomes

Table 5.18 summarises an assessment of accommodation outcomes for 44 of the 52 women for whom both arrival and departure accommodation was known.

Table 5.18 - Accommodation Status Outcomes

Outcome	Residents, % (N= 44)
Positive Outcome :	
Changed Category	32
Same Category but Positive change in Living Situation	9
<i>Total Positive Change</i>	<i>41</i>
Unchanged :	
No Change in Category	29
Changed category but Assumed Neutral	18
<i>Total Unchanged</i>	<i>47</i>
Negative Outcome:	2
Other Outcome :	
Resident into Prison	5
Resident Deceased	5
Total Per Cent	100

Notes: Positive Outcome: move from temporary or insecure category to a more independent category, eg. SAAP service to public housing. A positive change in living situation was assessed on the basis of those who had left violent situations.

Neutral Outcome: category changed but cannot be judged as positive or negative, eg. public housing to private rental.

Negative Outcome: Move from an independent to a more temporary or insecure category, eg. public housing to caravan.

A substantial 41% had a positive outcome, whilst 47% were assessed as having a neutral accommodation outcome. Considering the type and extent of needs of the women, this is a significant achievement. The analysis of departure housing type shows that 67% of women accommodated moved into **independent** housing options. This compares with 46% who came from independent housing categories. A significant proportion moved to other supported accommodation categories - 8% into generalist accommodation Services and 11% into specialist arrangements (psychiatric unit/hospital/prison).

The above analysis provides some indication of housing outcomes based on the change in accommodation status of residents. However it is limited in that basic judgements are made, which do not take into account either the individual's perception as to whether her housing situation has improved or even the specific details of before and after housing.

For example, a woman evicted from private rental because of financial problems, stays in Hanover's housing, then moves into private rental again. The above methodology would assess such a case as a 'neutral' outcome. However, it might well be a *positive* outcome if the woman had resolved her financial problems and/or found somewhere with a reduced rent.

Only a case by case analysis, as part of casework support, would be able to provide a more definitive assessment of outcomes. Such an analysis has to assess achievements across the full range of life domains or issues (for example, well-being, budgeting, life skills) that impact on the individual's overall housing outcomes. The development of such outcome measures has to take into consideration the extent to which changes in these areas lie outside the influence of casework.

An additional limitation of the current method of measuring outcomes is that the accommodation status is recorded ***at the time of departure*** from the program. Therefore there is no longitudinal assessment of key issues such as security of tenure or stability of that housing.

Summary

Over the 3 years, 29% of lone women in need of accommodation were able to be provided with either crisis or supported housing. Not only are significantly higher numbers of women coming to Hanover for help, but Hanover is increasingly having to turn women in crisis away by referring them elsewhere due to a lack of resources. The data also shows that women were less likely to have received a requested service over the 3 year period compared to single men. The turnaway rate for women has been higher than for men due to the shortage of appropriate options.

One important consequence of this situation has been the further reconfiguration of Hanover's service delivery to ensure the needs of women coming to Hanover are more equitably met. The development of the new Women's Centre in East St. Kilda has been driven by the presenting needs of lone women. In addition, Hanover Southbank has allocated an accommodation wing specifically for this group.

It is apparent from the profile of the women accommodated that Hanover's Supported Housing program has developed a focus on assisting women who are long term homeless (often for periods up to 20 years). Most of these women have experienced violence and abuse as well as mental illness, in contrast to the majority of lone women in housing crisis. Considering the extremely high level of special needs of this group and the limited resources available, the outcomes achieved are viewed by Hanover very favourably.

'Lone women are at significant disadvantage in accessing and maintaining private rental housing.'

'As both availability and affordability decline, without alternative options, lone women on low incomes will be excluded from private rental in increasing numbers.'

6. The Issues

Women of all ages and backgrounds can and do become homeless. However, those on low incomes, including those who are unemployed or disabled, are predisposed to housing crisis because of their poverty and the lack of affordable housing. The existence of homelessness is fundamentally due to the structural factors of inadequate income, entrenched unemployment, and the shortage of affordable housing (public and private). Whilst these factors do not account for all homelessness, they are invariably predisposing elements which render the individual or family vulnerable to housing crisis.

Poverty and Housing

The findings of the study show that the most frequently reported reasons for lone women's homelessness were shortage of money and the inability to retain housing. Over 90% of Hanover's Crisis Assistance clients were on Government allowances or benefits. Twenty per cent of lone women accommodated in Victoria's SAAP Services (1994/5) were without an income on arrival, with an additional 65% on Government allowances.

National Shelter's Cost of Housing Report (1995) has shown that, of all household income unit categories, sole parent families (who are predominantly female headed) and single women pay the largest proportion of gross income on housing costs (Shelter's analysis is based on NATSEM modelling using 1994 income data).

Those on low incomes (lowest 40% of gross incomes) are estimated to be paying 33% of income on private rental housing costs. Single women in private rental are paying a higher proportion of their income on their housing compared to men.

Even for those in their own homes, single women are at a significant disadvantage when paying off their mortgage. Shelter's analysis indicates that single women on low incomes pay the highest proportion of their income (37.7%) on housing costs compared to all other household income unit categories, including single males (33.5%).

Although women's participation in the labour force has increased substantially since the 1970's, this has not led to increased security of tenure in housing. The benefits of this change have been concentrated in couples with or without children.

Differentials both in income levels, as well as employment status, between genders - whether single or sole parents - adversely affects women in obtaining secure housing either by way of home purchase or private rental (Cass 1991, pp.15-19).

Equally important in the context of this study, Cass's analysis for the National Housing Strategy makes it clear that women who leave relationships with or without children, are far more likely to move to private rental. Achievement of home ownership after separation and divorce is reliant on favourable settlement of financial and property arrangements.

It remains true that, 'women are reliant for the attainment of owner-occupation on a partner's income and wealth, reflecting the continued earnings gap in the Australian labour market, as well as the division of labour associated with women's work in domestic life.' (Cass 1991, p.14).

Women escaping domestic violence are, of course, doubly disadvantaged in that they often have little or no financial resources, and are less likely to find work in a tight labour market, which puts a premium on recent work experience and current job skills.

Thus, women at all stages in their lives are generally more vulnerable to housing crisis. Indeed this is borne out by the Hanover data on prior accommodation status. Lone women were significantly more likely to have come from private rental than men (Table 5.10). Specifically, women seeking financial assistance/material aid were twice as likely to be in private rental compared to men.

The above serves to show the relative disadvantage for women trying to both obtain and retain secure housing. This points to the vital importance of public housing and other forms of social housing as a tenure for women. The reality, however, is that private rental is the most common tenure for women (single or sole parents).

Yet consultations with women have shown that private rental is perceived poorly because of its relative lack of security compared to home ownership. (Barclay, et al 1991, pp. 38-42). To a large degree, their responses reflect both the Australian ideal of home ownership and the stigma attached to public housing. Nevertheless, lone women, especially survivors of domestic violence, place the highest priority on security of tenure as a prerequisite for establishing a home.

It may be argued that the long waiting list for public housing and the increased emphasis on rent allowances by the Commonwealth Government act to further discriminate against women. Certainly, there is ample evidence that private rental housing is less accessible and that landlords and agents discriminate against women - especially women of non-English speaking backgrounds, Aboriginal women, young women and those with disabilities (for example, see Barclay, et al, 1991, pp. 95-6).

Once in housing crisis or homeless, women have fewer options for obtaining safe, secure housing. Low cost hotels, boarding houses and hostels are often perceived as being of significant risk to a woman's personal safety. However, they are relatively cheap, accessible and anonymous. The continued decline in stock in inner Melbourne due to gentrification threatens to remove even this option.

For a single woman leaving the parental family home on government allowances, access to private rental housing is dependant on finding someone to share to reduce the costs. In reality, for those without strong friendship networks and those with disabilities, this is next to impossible.

The Hanover data indicates a link between availability of private rental housing at affordable levels and housing crisis for lone women. Over the 3 year period studied, the proportion of lone women reported as homeless due to financial or housing factors, significantly declined. At the same time, housing indicators showed improved affordability and higher vacancy rates in the private rental market (Department of Planning and Development, 1995).

The private rental market is a residual housing sector in which people require adequate income and status to compete for vacant properties. Homeless people in general, and particularly lone women, are least able to access private rental housing due fundamentally to their lack of income.

The majority of those leaving supported housing programs are assisted into private rental as the only practical option. Lone women are at significant disadvantage in accessing and maintaining private rental housing. Indeed, the 1995-6 Commonwealth budget changes to Rent Assistance will leave single people relatively disadvantaged compared to families, with eligibility limits increasing from March 1996. (National Shelter, 1995).

With the slump in new private housing construction, residual public concern over interest rates and other economy related factors, vacancy rates in Melbourne's private rental stock have declined dramatically over the past two years to 1.9% at June 1995 (REIA data quoted in DPD 1995, p.4). According to DPD analysis, rents are increasing at rates higher than incomes, making private rental housing less affordable (DPD 1995, p.7). To quote a Melbourne estate agent,

'A year ago we had more than 200 flats vacant. The list is now down to 35. Renters are facing an increasingly difficult task to find suitable accommodation and for the first time in five years, rents are going up.'

(Property Age, 4 October 1995, p. 3)

In addition to the financial disadvantage faced by lone women, as vacancy rates decline, the competitive nature of private rental tenure acts to discriminate against those on government allowances, those without personal support networks and those with disabilities or special needs. Housing which is accessible to women in such circumstances is invariably of poor quality, with possible adverse effects on tenant health.

As both availability and affordability decline, without alternative options, lone women on low incomes will be excluded from private rental in increasing numbers.

In conclusion, the continuing structural disadvantage faced by women results in greater vulnerability to housing crisis and to reduced chances of regaining secure housing after crisis. Madeleine Stoner, writing of the plight of homeless women in America in the early 1980's, stated that,

'Homeless women do not choose their circumstances. They are victims of forces over which they have lost control.'

(Stoner 1988, p.138)

Whilst the experience of homelessness is very different in the U.S.A, her words are still applicable in Australia today.

Violence and Abuse in the Home

Hanover's data shows that the single most common *precipitating* cause of women's homelessness (in contrast to men) is violence and conflict in the form of sexual, physical or emotional abuse by parent or partner. At least one in five lone women coming to Hanover reported conflict, in the form of family or relationship breakdown or violence, as a reason for becoming homeless. Due to the brief duration of crisis assistance, this figure underestimates the extent of conflict experienced by women coming to Hanover.

As stated previously, compared to the crisis assistance client group, those accommodated by Hanover would generally have a higher level of need for housing and support. The analysis of women accommodated showed that nearly 1 in 3 had suffered abuse or violence and that, more broadly, over half had experienced conflict in their previous living situation which led to their housing crisis (Horn 1995b).

Considering that Hanover does not operate a refuge specifically for those women escaping violence in their home, the extent of this conflict and violence is of grave concern. Comparison with recent analysis of Victorian SAAP data reinforces the above conclusion. Nearly half (42%) of females accommodated in 1992-93 reported partner conflict as a reason for seeking accommodation (Merlo, et al, 1994, p. 43).

The nature of the conflict is dependent on the living situation and life stage of the individual. Many women are forced to leave their home due to conflict with partner or de facto. In addition, sexual, physical or emotional abuse by parent or relative, forces substantial numbers of young women to leave home. Over one third of young women (18 years or younger) coming to Hanover reported becoming homeless because of conflict or breakdown within the family home. This does not include those whose experience of violence or conflict was further in the past and therefore would not have been considered directly linked to their 'current' crisis.

The SAAP data (Table 5.2) shows the high proportion of young women being assisted (45% under 19 years). The prevalence of abuse and violence amongst young women experiencing homelessness is difficult to accurately quantify. Individual agencies and studies have often focussed on a particular sub-group which may not be representative. Some reports have suggested that 90% of homeless young women are escaping abuse (Salvation Army 1993). A more recent study based on a non-representative sample of 104 long term homeless indicated 30% reporting sexual or physical abuse (Smith 1995, p.1). The commonly cited earlier study, Forced Exit, of a larger sample of 200 young, long term homeless in 1989 found that, "nearly half of the young women left home as a direct result of sexual abuse." (Hirst 1989, p.3).

In contrast, analysis of reasons for requesting accommodation reported for young people accommodated by SAAP Services (1991-92), point to much lower prevalence. Eleven per cent of under 16 year olds reported abuse by parent(s), 3% incest, 1% abuse by others and 2% by partner. These are not exclusive categories as multiple responses are possible. The equivalent figures for 16 -24 year olds were of the same order (Merlo et al 1994, p. 62). Wherever the actual rate lies, it is a significant factor leading to homelessness.

Sharon...

Since being diagnosed as having a psychiatric disability over 10 years ago, Sharon has moved her accommodation over 70 times. Often she booked herself into a low cost boarding house and tried to settle, but her illness made her a noisy and disruptive resident and she was usually asked to leave after a few weeks. Other times she woke in the night yelling, terrified she was being pursued. The only way she felt she could escape her 'tormentors' was to up and leave. Her alcohol problem exacerbated her mental illness and between more 'formal' accommodation (night shelters and boarding houses), there were many times when Sharon lived on the street, where she was often the victim of physical abuse.

The Hanover Centre Outreach Team met Sharon in the Fitzroy Gardens one evening. She was incoherent and obviously distressed. After many meetings and after considerable encouragement, Sharon finally agreed to go to the Hanover Centre 'just for something to eat'. Gradually her trust in the staff at the Centre increased. Eventually she agreed to meet the staff at the Hanover Women's Service, and subsequently moved into one of their houses.

The house provides Sharon with a safe, stable and supportive environment. She trusts the staff member who works with her and who encourages her to keep appointments with the Homeless Person's Psychiatric Team and, when she fails to do this, the team is able to visit her at the house. This means that, for the first time in many years, Sharon is regularly receiving the medication necessary for controlling the erratic symptoms of her illness.

When she first moved into the Women's House, Sharon had little concept of budgeting and a major problem with alcohol. Staff worked with her to help her manage her money so that she had enough left for food at the end of each fortnight and they encouraged her to limit her alcohol intake. While she will always have a psychiatric disability, and probably an alcohol problem, the support and encouragement of both Hanover staff and the Homeless Person's Psychiatric Team has enabled Sharon to live a 'normal' life in the general community. Sharon is living her life with dignity and amongst friends.

With the introduction of mandatory reporting in late 1993, the number of notifications to protective services in Victoria has risen dramatically by 63% from 1992-3 (19,344) to 31,557 in 1994-5. With one quarter confirmed as involving serious abuse, that amounts to over 7,000 children in crisis (Health and Community Services Victoria 1995, p. 4). Based on our experience and the strong correlation between child abuse and subsequent homelessness of women, a significant proportion of these are likely to experience homelessness as adolescents or adults.

The number of lone women accommodated or supported by SAAP (Victoria) has increased dramatically over the past 3 years. It is likely that a large proportion of this increase is due to greater public awareness of resources available to assist those experiencing violence or conflict in the home. Hopefully, it also reflects an increased level of empowerment of women to disclose and escape violence when it first occurs. Certainly, assuming a stable incidence of violence against women, if efforts that encourage women to report and escape conflict are successful, then the numbers of women counted as homeless will increase, putting greater pressure on accommodation and support resources. The extent and trauma of violence linked to homelessness is becoming fully apparent with the development of refuges and crisis facilities over the past decade that are responsive to the needs of these women.

Responses in the shape of services for women escaping conflict or violence must be adequately resourced to meet their particular needs. These include the higher level of need for specialist support as the women invariably come to Services with few or no support networks, and unacquainted about relevant legal, social security and housing bureaucracies. The high level of unmet demand and turnaways from SAAP Services, which act as 'last resorts' for women in crisis, can only be considered obscene. Delay in meeting support and accommodation needs in a responsive manner ultimately costs both the individual in personal terms and the community financially, as evident from the case studies.

The SAAP reform agenda stresses the need for effective planning of service delivery (Commonwealth DHRD 1993, p. 10). This requires a more thorough understanding of the links between socio-economic indicators on abuse and violence in the home and the prevalence of homelessness.

Disability and Homelessness

Disability (predominantly intellectual and psychiatric) is a significant factor leading to homelessness. Both lone women and men with psychiatric or intellectual disabilities are over-represented amongst homeless populations. But the links are much more complex than reports in the media commonly portray.

Sixty-eight lone women with an intellectual disability (4%) have utilised Hanover's crisis services over the 3 years. Women with intellectual disability are arguably most vulnerable to the 'culture' of homelessness (Paterson and Hunter 1993, p.36). The development of specific responses to this group (SHIFT) has gone some way to ensure they receive services. However the relatively high proportion using Hanover still suggests a level of unmet need.

Mental illness and psychiatric disability can be direct causes of homelessness. Hanover's data shows that a significant number of lone women are inappropriately discharged from hospital with no consideration of their broader needs, that is, their housing situation and availability of support networks. Either inappropriate housing or a lack of support is more likely to result in further crisis and readmission. It is of concern that increasing numbers of women are being referred to Hanover from hospital, putting at jeopardy their successful rehabilitation.

Those with high levels of disability have greater difficulty in both obtaining and retaining independent housing. For many, employment is not possible and their dependence on government allowances leaves them vulnerable to housing crisis. In addition, the private rental market discriminates against people with disabilities and those on government allowances, especially when vacancy rates are low (Robson 1995). Readmission to hospital also makes it more difficult to retain independent housing.

Apart from increased vulnerability to housing crisis, those with disabilities invariably are more isolated in our community. Lengthy periods of hospitalisation weaken or break support networks. One of the adverse outcomes of mental illness can be the loss of personal supports. The majority wish to live in 'independent' housing, but require appropriate but flexible levels of support to do so (Horn 1991).

Hanover has recently expressed concern over the growing perception in the community that deinstitutionalisation has led to substantial increases in mentally ill people using homeless persons services. Hanover's client data over the past 3 years showed that this was not so, and that overall about 10% of its crisis assistance clients were reported as having a psychiatric disorder of some type. However, it is critical to understand that its prevalence varies considerably across Service outlets and Agencies (Hanover Welfare Services 1995).

Specifically, the above analysis of Hanover Women's Service residents (Table 5.7) indicates a high prevalence (75%) *within that Service*. This figure cannot be generalised across other Services or Agencies. For example, the figure for women using Hanover's crisis assistance Services is 17%. Some clients will be depressed, others will be acting out or exhibiting challenging behaviours. But, the majority of lone women coming to Hanover do not have a psychiatric disability.

For some homeless women, specific personal life experiences such as abuse, family breakdown, long-term unemployment or housing crisis, may in fact have led to mental illness. It is beyond the scope of service user data collections to provide definitive information on the extent of the association between these factors. Suffice it to say that there is a growing body of research pointing to psychological harm as a consequence of each of the above experiences. It is hardly surprising that many long term unemployed or homeless people will exhibit signs of depression, anger and frustration.

The data in Table 5.8 shows that a significant number of long term homeless women are survivors of violence as a child or adult, and that many of these women have subsequently suffered violence. Transience and inappropriate housing situations makes them more vulnerable to further incidents of abuse or personal violence. In some instances, the housing renders the women vulnerable to victimisation, for example in psychiatric institutions and night shelters (see Graham 1994). There is sufficient evidence that unresolved initial trauma results in repeated victimisation (Herman 1992, p.111), and mental illness often diagnosed as some form of personality disorder (Table 5.7 for example). Herman has argued persuasively that prolonged, repeated trauma, which she defines as 'complex post-traumatic stress disorder', results in different behaviours and symptoms from personality disorders. More importantly, such a diagnosis requires a different treatment approach that takes into account the underlying traumas (Herman 1992, p.118). For these women, violence has resulted in mental illness and homelessness.

There is strong evidence that, in many cases, on disclosure either as a child or adult, the survivor is not believed or adequately supported (Graham 1994, pp.22-24). Feminist and psycho-social analyses of service provision point to the failure of 'medical' models of diagnosis and treatment to understand the underlying causes of trauma and mental illness for many women, that is, sexual assault, abuse and personal violence in all its forms (see for example, Herman 1992, Buckner 1993, Browne 1993). Certainly the recent report, 'Certified Truths', indicated the lack of sensitivity and support to survivors of sexual assault who were using psychiatric services in Victoria through an undue reliance on medical modes of intervention. The sexual assault - invariably central in the women's minds - was ignored as merely a symptom (Graham 1994, p.51). The experiences of the women supported by Hanover reinforces those documented in 'Certified Truths'.

Assisting a woman to come to terms with severe personal trauma is not a simple process of dealing with the presenting need of homelessness. Indeed the effects of trauma are carried through life:

'Resolution of the trauma is never final; recovery is never complete. The impact of a traumatic event continues to reverberate throughout the survivor's life-cycle. Issues that were sufficiently resolved at one stage of recovery may be awakened as the survivor reaches new milestones of development. Marriage or divorce, a birth or death in the family, illness or retirement, are frequent occasions for a recurrence of traumatic memories.' (Herman 1992, p. 211)

The effects of severe trauma stigmatise and isolate the individual from the community (Herman 1992, p.214). Undisclosed abuse, overlaid with mental illness, poverty and housing crisis all multiply the impact of the original trauma. For this group, the prime objective is to ensure basic needs are met, including stabilisation of accommodation. Longer term resolution of their homelessness requires intensive support in which a trusting relationship is a prerequisite for validating their experiences before considering their other needs.

Often disclosure of traumatic experiences in itself takes considerable time to occur. It is hardly surprising that, for this group of women, positive outcomes are measured in terms of:

- reduction in instances of self-harming behaviours
- reduction in hospital admissions
- stabilisation of housing
- disclosure of experiences

The dilemma faced by support workers is the extent to which they take on the role of therapist in order to assist women in supported housing programs. A generalist agency such as Hanover is not trained or resourced to provide the degree of specialist support required. However the reality is that staff have a duty of care which pressures them to cross the boundary in the absence of other options. There is thus a need for specialist trained personnel for specifically assisting the survivors of severe personal trauma.

The compounding effect of multiple experiences of violence invariably leads to a sense of hopelessness, isolation, loss of coping skills and, as Brown has stated, of being

'... unable to imagine a condition of safety: the idea of choice is thus rendered virtually meaningless because they cannot conceive of any true improvement in their lives.'
(Browne 1993, p.375)

It is thus not surprising that Hanover's data should show such a high correlation amongst this group of long-term homeless women between past experiences of trauma, drug abuse and challenging behaviours.

Many of those with long-term illnesses or disabilities resort to the use of alcohol and/or drugs to relieve the symptoms or effects of their situation. Compared to men, lone women are less likely to have alcohol problems. Hanover's casework experience suggests that women are more likely to use prescription drugs than men. The extent of drug abuse is clearly evident in Table 5.7 for Hanover's client group.

In summary, both government departments and community agencies must take on board the reality of these women's experiences. It is not appropriate to expect such survivors of violence to be able to access social security, health or employment services in the same way as others in our community. A more flexible and sensitive response is required to meet their needs.

Support Options

One of the most important characteristics of the long term homeless is their lack of personal supports, eroded over time through transience, ill health or trauma. When we have a significant adverse life event, we often make use of family and/or external support networks to help us through the crisis. Invariably, women who have experienced long term homelessness do not have such networks.

Community based support activities can provide a range of opportunities for developing personal support networks. For these women, their past experiences and lifestyle act to inhibit them from actively seeking out what might be available in the general community. An outreach service that facilitates participation in community self-help groups, neighbourhood houses and other community activities is required.

The pressure of active case loads within supported housing services precludes ongoing outreach and community development to women with low or no support networks. In addition, it may be argued that such a support program should be based within the local community (local government or community health centre) in order to more effectively link the individual into a range of activities.

Physical Health Issues

Over 5% of lone women using Hanover's Crisis Assistance Services were reported as having serious physical health problems. Invariably these relate to women who are long term homeless. Their health issues may be linked to a transient lifestyle and the range of issues described above, that is trauma and mental illness, drug and alcohol use and poverty.

To stress the importance of responsive health services, the following profile of the health needs of lone women staying at Hanover Southbank (crisis accommodation) is provided. Over a recent 3 month period (June-September 1995), 62 women made 231 contacts with the RDNS nurse. Whilst all the women presented for physical illnesses or tests, the predisposing factors are more enlightening.

Over one third were drug related problems involving infections, detox options and poor diet. Between 40-50% of the women were engaged in sexual activities for material gain or by coercion, resulting in specific health issues (sexually transmitted diseases and pregnancy). Four of the 8 contacts by women with intellectual disability were for sexual health issues. Approximately half had a psychiatric disability or personality disorder.

The above serves to reinforce the interrelationship of previous mental illness, trauma, drug and alcohol abuse and adaptation to a lifestyle of homelessness which include poor physical health.

For people experiencing homelessness, relatively minor illnesses are more likely to turn into chronic or debilitating illnesses. Homeless women have a range of gender specific health needs. These include gynaecological issues, cancer (cervical and breast), and medical needs relating to violence and sexual assault. However, they are reluctant to seek treatment or check-ups due to more pressing demands and their lack of confidence in the medical system. Responsive and accessible women's specific services are essential to improving their health.

The Continuum of Homelessness

There have been several typologies developed for categorising the experience of homelessness as an aid to helping our understanding of the issues (see for example, McCaughey, 1992, on families and Chamberlain and MacKenzie, 1994, on youth). It is hoped that the above analysis has served to show that homelessness is a complex social issue in that a combination of structural or predisposing factors and personal events lead to housing crisis. In most instances, homelessness is caused by the lack of income and shortage of affordable housing. The specific crisis is generally resolved by the individual with help from personal support networks or community services.

For others, the degree of poverty and underlying issues (for example, child abuse) may not be addressed for a whole range of reasons, including non-disclosure at the time of initial housing crisis, unresponsive services or lack of any services available at the critical time. In such cases, the individual may be unable to retain stable housing and experiences intermittent homelessness. A minority of these women will become long term homeless as further adverse experiences lead to gradual disaffiliation from the community, the development of adaptive behaviours and/or drug dependence.

There are two key points that emerge from the above typology. First, SAAP services such as Hanover will see women seeking assistance who lie on a continuum of homelessness - from 'at risk' at one end, through the first occurrence of literal homelessness, 'intermittent' or 'episodic' homelessness to long term or chronic homelessness at the other end. Service response in terms of crisis assistance or casework support is dependent in some sense on the individual's position on the continuum. Arguably in the past, night shelters such as the former Gordon House provided the same response whatever the presenting needs.

Second, it is clear from the above analysis of lone women seeking Hanover's assistance, and especially from the case studies, that a significant number of women experiencing housing crisis for the first time are at serious risk of 'graduating' over time into chronic homelessness.

The point of this typology is to show that a comprehensive range of community responses is essential. This will ensure that those experiencing homelessness (wherever they are on the continuum) have their needs met by way of readily accessible, responsive and adequately resourced services.

Just as important, however is the need for greater emphasis on both preventative and early intervention strategies that will identify and resolve the specific issues leading to women's homelessness.

Finally, it hardly needs reiterating here, but, the predisposing structural factors relating to poverty generally, and specifically to disadvantage and inequality faced by women, need to be redressed if our community is serious about the goal of reducing homelessness.

The range of causal factors resulting in homelessness are both complex and diverse. It is essential that a balance be struck between preventative measures, early intervention and crisis assistance.

In developing policy directions, it is essential that due weight is given to the fact that,

'Individual factors can account for WHO becomes homeless, but do not explain WHY homelessness exists as a major social problem in the first place.' (Buckner, et al, 1993, p. 391 - their emphasis)

'Homelessness is a key performance indicator of modern society. The existence of long term homelessness shows the extent to which, we as a community, are failing.'

7. The Policy Challenges

Public Housing

The impact of broad trends in Commonwealth housing outlays (decreases in real terms) in combination with economic trends (anticipated growth rate and unemployment levels) will only result in increased numbers of women in housing stress.

The level of funding within the Commonwealth State Housing Agreement for public housing construction needs to be increased in real terms in order to significantly reduce the waiting lists. This does not mean that reform to the public housing sector is not also required. Certainly, there are three main areas that require reform:

- the growing imbalance between tenant household type and property size (for example, number of bedrooms)
- the inflexibility of housing stock location in maximising access to job opportunities
- increased efficiency through greater devolution of responsibility to the community sector.

The forthcoming Commonwealth Government initiatives as part of the new CSHA will be welcome if they enable substantial reductions in State public housing waiting lists, whilst not compromising the fundamental objectives of 'social' housing, that is, security of tenure and affordability. Safe, secure and affordable housing is a fundamental right of citizenship. We need to resist shifts in public policy that consider housing as a welfare response rather than as a basic right. As Bettina Cass recently said, housing provision is an issue of citizenship and justice (Talk given at 'A Place to Call Home' Conference, Sydney, August 7 1995).

The lack of public housing stock and long waiting lists have meant that single people have a relatively low priority, unless they meet the specific 'priority' list criteria. In terms of meeting the needs of women who have experienced long-term homelessness, public housing provides an essential secure, affordable housing option. Women with special needs invariably suffer discrimination in the private rental market, especially when vacancy rates are low. To enable those with special needs to live in public housing, generic, flexible support is required which is accessible (for example, tenancy services, community health, maternal and child health).

Community Housing

The increased funding to the Community Housing Program (CHP) over coming years is to be welcomed as an opportunity to broaden the range of housing options available to those in poverty and with special needs.

The housing options for this group need to be targeted to meet individual needs, aspirations and abilities. Whilst independent housing in the community is the preferred option, it is important to accept that often a level of ongoing support is necessary for them to maintain stable housing. The shortage of viable housing options for those exiting SAAP services acts to reduce positive outcomes and limits the efficiency of the program. The CHP should enable those exiting transitional supported housing programs to obtain secure housing which will more appropriately meet individual needs. However, realistic operating subsidies are essential if quality housing is to be maintained in the long term.

Participatory co-operative housing models rely on the active commitment of residents to ensure their successful and sustainable operation. For lone women with high needs, this level of participation is not always realistic. Social housing options can provide vital opportunities subject to a sufficient operating allowance for resident support being included in the project budget through partnership arrangements between housing managers and support Agencies. The level of support should enable residents with special needs or disabilities to retain their housing, whilst maximising their independence, encouraging community participation and the development of support networks.

The Community Housing Program provides Hanover Women's Service with an opportunity to develop an additional housing option for lone women with ongoing support needs.

Private Rental Housing

The decline in the Commonwealth Government's commitment to public housing as a genuinely alternative tenure has not been offset by adequate rent assistance payments to lift the poorest sections of the population out of housing related poverty (Industry Commission, 1993).

For rent assistance to be effective in assisting those in poverty to retain private rental housing, it needs to be **sufficient** to reduce the proportion of gross income paid in rental to acceptable levels. Allowances need to be increased to ensure that single women do not have to pay more than the accepted benchmark of 25% of income.

The discussion alluded to the increased prevalence of discrimination in the market that accompanies low vacancy rates. The discrimination affects those at most disadvantage in our community. Government housing policy, which increasingly relies on rent assistance to ensure Australians have housing, will arguably fail those in most need unless measures for minimising discrimination against disadvantaged groups are successful.

Income and the Labour Market

For those in receipt of Government pensions and benefits, raising their income through rent assistance is one policy strategy for, in theory at least, increasing access to private rental housing.

However, arguably the single most effective measure for improving the affordability of housing to the poorest members of our community is to substantially reduce unemployment. Changes to the Australian economy over the past two decades have resulted in entrenched unemployment.

It is a sad comment on our society that we have accepted high unemployment and that we do not have the will to put in place measures for reducing unemployment to say 2-3% **at most**. The disadvantaged, long term unemployed and the homeless have no voice. Helen Hughes recently stated that we are able to put in place measures for achieving such a target (quoted in *Employment Age*, 23 Sept. 1995, p.1). We apparently do not have the collective foresight to do something about it.

A range of social and economic indicators are warning us about the consequences of ignoring unemployment (for example, youth unemployment, youth suicide, homelessness). At a recent conference, Bettina Cass estimated that over 400,000 15-24 year olds were both unemployed and not studying (quoted in *The Australian*, 30 August, 1995, p.6). These young people are at serious risk of not being able to obtain work even with the current economic growth rates. ***Youth unemployment is perhaps the major social issue facing our community today.***

The consequences of high unemployment have been disastrous, both at a personal level, and for the community in terms of the obvious social costs and less obvious waste of human potential.

Training Strategies

Women experiencing homelessness may be confronted with multiple barriers in their attempts to return to work. Alcohol or drug dependence, intellectual and physical disabilities, mental illness, trauma associated with violent relationships and prolonged periods of a transient life-style, require a high degree of complexity and integration of service responses if the strategies to help these people back to work are to be successful. Under its Working Nation initiatives, the Commonwealth Government has allocated the resources necessary to do the job. However, the experience of Hanover and some of its colleague non-government Agencies suggests that, without refinement and the adoption of particular strategies to direct these resources, there is a significant risk that they will not reach the most disadvantaged homeless people. A joint project between Government Departments and non-government Agencies is currently examining ways in which this may be achieved. Adequate recognition of the degree of disadvantage suffered by homeless women in the labour market and better targeting of the strategies to overcome them is urgently required, if they are to share in the benefits of economic growth.

Confronting Violence

Violence in the form of physical, sexual or emotional abuse is arguably the most significant precipitating factor leading to women's homelessness. The major challenge for the community is to accept the critical importance of preventative and early intervention strategies, rather than rely on crisis responses.

The impact of structural socio-economic factors on the level of conflict and stress should not be ignored. Youth and long term unemployment, and the cost of housing, for example, undoubtedly contribute to family and social conflict.

It is outside the scope of this report and the experience of the author, to detail specific strategies that will reduce the incidence of violence against women. Sufficient resources, however, are essential to enable increased emphasis in the following key areas:

- community education and awareness programs that will reduce the level of child abuse
- early intervention strategies for detection of 'at risk' children prior to abuse in families (H&CS Early Intervention Linkages Project is a welcome first step)
- strategies that encourage potential perpetrators of abuse to seek help
- family support and mediation programs
- school based initiatives that focus on self-esteem and the rights of the individual to live without fear or threat.

For those who experience child abuse or domestic violence, it is vital that responsive support is available that ensures safety, minimises psychological harm and establishes recovery. The crisis response within SAAP must be adequately resourced to avoid having to turn away women in need and to ensure effective relevant support.

It is of grave concern to Hanover, that the Commonwealth Government budget reduced the allocation for Emergency Relief by 24%, based on an inappropriate funding formula (using unemployment rates). Hanover's experience, like that of colleague Agencies, shows that relief for basic needs is frequently provided to those on pensions or other benefits. This situation needs to be rectified as a matter of priority.

Special Needs

In order to effectively assist women who are long term homeless and have special needs, gender specific programs and services with adequate levels of support are essential for achieving positive outcomes. Specific strategies are required to address the underlying issues related to previous violence, including responsive linkages to specialist Services and sensitive personal development programs. In addition, this high needs group often experience relapse and crisis. Too often, specialist services will not respond until the crisis has occurred.

The availability at short notice of more intensive support options, in the form of a monitoring outreach role, and of respite beds in specialist Services would enable earlier intervention in the individual's crisis. Hanover is concerned that the redevelopment of Psychiatric and Drug & Alcohol Services will result in inadequate levels of respite bed capacity to enable early intervention. Early intervention would reduce the risk of harm to the individual, the severity of the relapse and consequently the cost to the community of more intensive support later.

Finally, for those women living in the community in housing stress, the strengthening of personal support networks is essential to prevent their fall into a spiral of chronic homelessness. This is best achieved through the provision of additional generic, community based services, such as neighbourhood houses and community health centres. It is essential that such services are adequately resourced to enable those with disabilities to be supported in full participation of programs. Specifically, for those long term homeless with disabilities, personality disorders or post-traumatic stress disorders, a coordinated approach between homeless persons Services and Psychiatric Services needs to develop a comprehensive approach for support and intervention.

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