

Evaluation of the Inner City Drift Project

Final Report – March 2015

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
ATSI	Aboriginal or Torres Strait Islander
CSNSW	Corrective Services New South Wales
DfACS	Department of Family and Community Services
GWS	Greater Western Sydney
HAP	Homelessness Action Plan
HILDA	Household, Income and Labour Dynamics in Australia Survey
HPLS	Homeless Persons Legal Service
HNSW	Housing NSW
HPIC	Homeless Persons Information Centre
ICDP	Inner City Drift Project
LGA	Local Government Area
SA 1-4	Statistical Area Levels 1-4
MACSIMS	Mission Australia Community Services Information Management System
NAHA	National Affordable Housing Agreement
NPAH	National Partnership Agreement on Homelessness
NRAS	National Rental Affordability Scheme
RHAP	Regional Homelessness Action Plan
SHS	Specialist Homelessness Service
TAP	Temporary Accommodation Program

EXECUTIVE SUMMARY

Inner city drift was identified as a key service system issue in the Regional Homelessness Action Plan for Coastal Sydney 2010-2014. Historically, the inner city service system had been funded to meet increasing demand and was thought to have had the unintended consequence of drawing people in from western Sydney where support services were fewer and more fragmented. In response, the NSW Government provided funding to Mission Australia to deliver an early intervention service based in Western Sydney with the objective of identifying those at risk of drifting into the city and providing support to enable them to remain in their community of origin. The service model was a short-term case management, referral and brokerage service that worked with 'first to know' agencies (such as Housing NSW and Centrelink) – that is, agencies that first come into contact with people at risk of becoming homeless. The focus was on single adults as anecdotal evidence suggested families were less likely to 'drift'.

The main purpose of this report is to present the findings from an evaluation of the Inner City Drift Project (ICDP). This is one of the first projects to empirically examine the construct of 'drift' and to attempt to measure the likelihood or propensity of 'drift' among people accessing a specialist homelessness service in Australia. The evaluation aimed to address five objectives:

1. Develop a better understanding of the concept of 'drift' as it pertains to greater western Sydney;
2. Assess the implementation of the ICDP across the target population;
3. Document the factors that facilitated or impeded the ability of the ICDP to sustain tenancies in GWS;
4. Demonstrate the impact, if any, of the ICDP on the 'drift' of homeless persons from GWS into the inner city; and
5. Consider the role of the ICDP in the broader service system.

METHODOLOGY

The project utilised a mixed methods approach and was undertaken in several stages.

Phase 1 involved a review of the literature on the migration patterns and geographical movement of the homeless population. Information was also collated from meetings and workshops held during the development of the ICDP. Additionally, a small qualitative study was undertaken with people accessing inner-city homelessness services and who had originally resided in greater western Sydney. This study tracked peoples pathways into the inner-city service system, including the reasons for each move and the type of support accessed along the way. The output from Phase 1 was the development of a risk assessment tool for drift.

Phase 2 involved a process evaluation of the ICDP that aimed to understand the implementation of the ICDP and the factors that may have contributed to the success or otherwise of the service. This included in-depth interviews with ICDP staff, focus groups with external stakeholders, and a brief on-line survey with 'first to know' agencies (such as Centrelink, Housing NSW and Corrective Services).

Phase 3 was an outcome study that was designed to determine whether the ICDP met its objective of establishing and sustaining tenancies for people in GWS and preventing the subsequent 'drift' of people into the inner-city to access services. A 6-month, longitudinal survey was undertaken with a sample of 100 clients that accessed the service between November 2012 and July 2013. This data was supplemented by secondary data analysis of administrative data collected by the ICDP, including the assessment tool

developed in Phase 1. Additionally, data was obtained from the Homeless Persons Information Centre for calls originating from Bankstown and Fairfield. These two sites have similar populations of people needing support for housing problems however the ICDP only operated in Fairfield.

Phase 4 of the evaluation included a retrospective assessment of clients using the assessment tool developed in Phase 1. Clients that accessed the ICDP during the period Jul-Sep 2013 were included in the sample. The assessment was based on file notes made at the time the client first accessed the service. Clients were then followed up by telephone 6-9 months later to ascertain whether their housing issues had been resolved.

OVERVIEW OF FINDINGS

Understanding of inner-city 'drift'

Inner-city 'drift' was found to be influenced by a range of processes and factors, including personal vulnerabilities such as: i) substance use and other mental disorder and ii) an erosion of social support; as well as systemic factors such as: iii) the funneling of clients into the city where there was increased capacity and assumed expertise in dealing with clients with complex needs, and iv) a lack of knowledge among services regarding options within the GWS region.

Type of homelessness did not appear to be a discerning factor in 'drift' risk nor did the factors associated with the current homelessness episode. Some of these factors might still prove useful in predicting risk however they were not answered consistently across the client population and hence were unable to be independently examined in relation to 'drift' risk. Drawing upon both the qualitative and quantitative data, two findings emerge: 1) there are likely four categories of 'drift' risk; and 2) risk of 'drift' appears to be most usefully defined in terms of an individual's needs outstripping the resources available to them. The next step would be to validate a smaller set of indicators and quantitatively assess their ability to discriminate across the proposed four categories of 'drift' risk.

Implementation

For the most part the ICDP was implemented as originally envisaged, apart from the development of satellite sites within HNSW and Centrelink and the failure to establish a 'complex needs' panel. The satellite sites enabled the ICDP to more effectively capture referrals and identify clients early in their trajectory of risk. This was strongly linked to the success of the ICDP in achieving positive housing outcomes for clients. The effectiveness of the ICDP for clients with high and complex needs was somewhat limited. There are several alternative implications for the future development of the ICDP from these findings: 1) that a complex needs panel be established to assist the ICDP in achieving better outcomes for this group and case coordination delegated to another service provider (e.g. health in cases where mental health problems are deemed to be the critical issue affecting housing); 2) that the focus of the ICDP be limited to those deemed to have low-moderate needs; and/or 3) a separate team within the ICDP be established to focus on clients with moderate-high and high needs, including a smaller case load and the ability to provide a longer-term intervention.

Tenancy outcomes

The ICDP demonstrated an ability to work with all clients and across a wide range of needs. The key drivers of success can be summarised in terms of system-wide integration and a client-centered approach. This included an ability to comprehensively assess a client's needs, make the appropriate referrals, and coordinate access to services. This was achieved through the development of strong partnerships and a trustworthy and expert reputation within the service system. Moreover, the ICDP was seen as resourceful and responsive to client needs, and this appeared to be driven by a focus on longer-term solutions rather

than crisis responding. Finally, the ICDP practiced client-centered care by delivering the earliest intervention possible and persisting with clients despite numerous setbacks.

The poorest outcomes observed were for clients identified as having high and complex needs, particularly those with serious mental illness or a substantial forensic history. In part this appeared to be driven by a lack of formal partnerships and information sharing arrangements with health and corrective services. This limitation could be addressed through the establishment of a complex needs panel.

‘Drift’ outcomes

The most striking finding of the evaluation was that no participant followed-up at six months had ‘drifted’ into the inner-city. Given the follow-up group was similar to the total sample it is likely that the participants not retained in the evaluation did not drift either. Although there was no existing data on the rate of inner-city ‘drift’, it was anticipated that some ‘drift’ would occur within the sample. It is possible that the follow-up period of six months was not long enough to detect ‘drift’. The lack of a comparison group makes it difficult to determine whether the ICDP actually prevented ‘drift’ or simply slowed down the trajectory of ‘drift’, particularly given that some participants were assessed to have escalated ‘drift’ risk at follow-up.

The second major outcome achieved by the ICDP was the high rate of new and sustained tenancies among participants at follow-up. This outcome was observed across all categories of ‘drift’ risk. Additionally, contact with HPIC declined for all three risk groups between baseline and follow-up. This is significant given HPIC may be considered one of the last stops on a person’s ‘drift’ into the inner-city.

Service system

The impact of the ICDP on the service system was two-fold. First, the early intervention focus and case management expertise of the ICDP filled a gap in the service system. Second, the resourcefulness of the ICDP improved the capacity of the service system to respond to the needs of clients in the GWS and prevent an overflow of clients into the inner-city service system.

CONCLUSION AND RECOMMENDATIONS

The ICDP has demonstrated the benefit of an early intervention and client-centered approach to reducing inner-city drift and improving tenancy outcomes for residents in greater western Sydney. In this regard, it sits firmly within the strategic directions of both the national and NSW frameworks for the prevention and resolution of homelessness.

The key recommendations arising from this report are:

1. Any expansion of the ICDP should only be undertaken with a concomitant increase in funding. Currently the ICDP is operating at capacity and predominantly focused on the Parramatta and Liverpool service systems. There is interest from existing stakeholders for the capacity of the ICDP to be increased to meet demand within their services. This would need to be balanced against the merits of expanding the geographical reach of the ICDP.
2. There is opportunity for the ICDP to target its services to other ‘first to know’ agencies, such as general practitioners and private real estate agencies. This would need to be considered in light of the overall capacity of the ICDP to accept new referral sources given the numbers of new clients through existing referral pathways remained steady during the two year study period.
3. The ability to create connections between services was critical to the success of the ICDP. The level of investment in this activity needs to be recognised and sufficient resources allocated to support the ICDP’s role in bringing about system integration.
4. The findings indicate that an integrated service focused on delivering long-term solutions (rather than crisis responding) can have a significant impact on preventing the drift of people from western

Sydney to the inner-city. Future research that includes a longer follow-up period and a non-intervention comparison group is needed to confirm this finding.

5. The prevalence of 'drift' remains unknown. This can only be addressed by tracking clients through the service system and would require either a) a large cohort study; or b) inclusion of a place-based variable in administrative databases.

1. INTRODUCTION

This report presents the findings from an evaluation of the Inner City Drift Project (ICDP) by a team of researchers at the Centre for Health Research, University of Western Sydney in collaboration with consultants, Dr Tim Marchant and Sean Lappin. The evaluation commenced in November 2012 and was completed in March 2014.

The present chapter begins with an overview of the policy arena which gave rise to the development of the ICDP and the early sector development work that informed the implementation of the service. This chapter also describes the service development model as it was originally conceptualised as a starting point against which to compare the findings that emerged from the evaluation. Finally, an outline of the structure of the report is presented.

HOMELESSNESS REFORM

Following the release, in 2009, of the Australian Government's White Paper on Homelessness, 'The Road Home', a new National Partnership Agreement on Homelessness (NPAH) was established. This agreement marked the beginning of reforms in the cooperation between the Commonwealth and State and Territory governments to reduce the incidence and prevalence of homelessness in Australia. The NPAH was a blueprint for change in the homelessness sector. The agreement outlined three key objectives against which the funding and delivery of services in the sector were to be oriented. These were:

1. Prevention and early intervention to stop people becoming homeless
2. Breaking the cycle of homelessness
3. Improving and expanding the service response to homelessness

Each State/Territory was responsible for developing a strategy to address these objectives, relevant to the particular needs of their own communities. The ICDP developed out of the NSW response to the NPAH. This is described in the next section.

NSW Policy Setting

Prior to the release of the White Paper and the subsequent establishment of the NPAH, the NSW Auditor-General commissioned a review of the homelessness sector in the State. The 2007 Responding to Homelessness Report (New South Wales Auditor-General, 2007) that resulted from this process described the homelessness service system as comprising an abundance of services but which were poorly integrated. The development of a strategic framework for responding to homelessness was one of the key recommendations arising from this review and led to the development of the NSW Homelessness Action Plan (HAP) 2009-2014 (Housing New South Wales, 2009). This was timely given the policy shift that was occurring at the Commonwealth level. The strategic targets outlined in the NSW HAP mirrored those agreed to in the NPAH (described above). The overall strategic direction of the NSW HAP was to re-orient the service system from crisis responding to prevention and long-term planning efforts. The plan outlines three strategic directions each with a specified set of priorities:

1. Preventing homelessness: to ensure that people never become homeless
2. Responding effectively to homelessness: to ensure that people who are homeless receive effective responses so that they do not become entrenched in the system
3. Breaking the cycle: to ensure that people who have been homeless do not become homeless again

These directions were locally implemented via Regional Homelessness Action Plans (RHAP). The RHAP Coastal Sydney 2010-2014 (Housing New South Wales, 2010) identified inner-city homelessness 'drift' as a

key service system issue for the area. Coastal Sydney had significant numbers of people who were homeless, comprising 37 per cent of the NSW homeless population in 2006. This equated to a rate of 49 per 10,000 compared to 42 per 10,000 for NSW in total. Historically, there had been a deliberate intention to build capacity of the inner-city service system to meet the significant and growing demand for accommodation and other support. In contrast, specialist homelessness services in other regions were fewer and more fragmented. This was thought to have the unintended consequence of encouraging people experiencing homelessness in greater western Sydney (GWS) to 'drift' into the inner-city to access services. The need to block or prevent 'inner city drift' and support people in their community of origin was thus identified as a key objective in the RHAP Coastal Sydney.

Service development work

Mission Australia undertook a broad consultative process with the inner-city and western Sydney service systems. As part of this engagement with key stakeholders, Mission Australia held two focus groups with practitioners and managers from the inner-city service system. One of the focus groups was conducted with stakeholders from women's services, the other with stakeholders from men's services. Additionally, Mission Australia held a workshop with members of the Parramatta Homelessness Interagency. Both the focus groups and workshop were designed to better understand the nature of inner-city 'drift' and the systemic issues interfering with services' capacity to respond to this issue.

The discussions with key stakeholders highlighted the following key issues:

- The lack of affordable housing options in GWS placed serious limitations on pathways out of homelessness within the region.
- There was a tendency for people to become displaced when they entered residential facilities for the treatment of mental health or drug and alcohol problems or when they were incarcerated and subsequently released without adequate support.
- There was a lack of coordination between services in GWS for homeless people with complex needs (such as those with mental health problems) and also Indigenous Australians who were homeless.
- There was a lack of capacity within the service system to respond to the demand for women (with and without children) as well as recent migrants (including refugees).

Following the focus groups and workshop, a service model was developed – *Inner City Drift Project: Service Approach* – and finalised in consultation with key sector representatives from both the GWS and Coastal Sydney regions. A steering committee was then convened comprising of representatives from Mission Australia, The Haymarket Foundation, City of Sydney, Centrelink, Housing NSW, Parramatta City Council, and Homelessness NSW. This group met quarterly during the implementation phase of the project to ensure the project remained in scope and focused on its objectives, as well as to trouble shoot any systemic issues that arose.

SERVICE DELIVERY MODEL

In 2010 Mission Australia received funding from the NSW Government to deliver an early intervention service designed to prevent the drift of homeless persons from GWS into the inner-city – the Inner City Drift Project (ICDP). The ICDP was listed under 'Priority 3: Breaking the Cycle' of the RHAP Coastal Sydney and was funded under the NPAH. The service, based in Harris Park, delivered services across GWS including Fairfield, Liverpool, Parramatta, Blacktown, Mt Druitt and Penrith. The service opened in July 2010 with a case management team of three (fulltime equivalent) positions and was fully operational (including the final complement of outreach sites) by July 2011.

Project objectives

The project objectives identified by the Department of Family and Community Services (DFaCS) were to:

- 1 Reduce the number of first time homeless people being placed in homeless support services in the inner-city;
- 2 Identify sustainable models in sites where large numbers of homeless people originate who drift to the inner-city;
- 3 Establish partnerships with mainstream services to generate integrated support plans for first time homeless people¹;
- 4 Establish links with specialist services for mental health and drug and alcohol to target key factors in the homeless population who drift to the inner-city.

Target population and catchment area

The target population was identified as single adults (male and female) residing in western and south-western Sydney. This demographic was chosen because those who drifted into the inner city were predominantly single adults owing to the plethora of single adult accommodation services in that area. The service development work and pilot studies indicated that services for families or adults with children were severely limited in the inner-city thus these clients were considered less likely to 'drift'.

Although the ICDP was a Coastal Sydney RHAP initiative, the service itself was located in Western Sydney. Data on the number of people calling the Homeless Persons Information Centre (HPIC) indicated that people from a broad range of GWS suburbs were seeking assistance with accommodation and that many of these individuals were being referred into the inner-city accommodation services where there were vacancies. Thus the ICDP was based in Parramatta but its catchment included almost the entire western and south-western Sydney region with satellite sites situated in key areas. This region stretched from Liverpool in the south-west to Penrith/Blacktown in the north-west. Initially the service aimed to include Bankstown however following discussions with DFAC it was agreed that this suburb would not be included in the ICDP catchment area due to staffing and logistical reasons.

It was expected that the ICDP would serve 200 clients per year with just 20 per cent of clients being families. It was also expected that the ICDP would work with clients with a range of needs, including those with high and complex needs (although there was no specified breakdown of clients across the low, moderate and high needs levels).

The ICDP Model

As it was originally conceived, there were six core elements of the ICDP model including a focus on early intervention, a triage process linked with the intake system, case coordination and brokerage to address the immediate issue and underlying risk factors, and transition to alternative services for ongoing support. These are summarised in Figure 1 (over page). Implementation of these core elements is reviewed in Chapter Four and their effectiveness in achieving positive outcomes for clients is discussed in Chapter Nine.

As the initial aims of the ICDP were preventative, the early intervention and triage focus were critical elements and necessitated a need to work with 'first to know' agencies. 'First to know' agencies were defined as those services that were likely to first come into contact with people who are at risk of homelessness and before they are engaged with the specialist homelessness service (SHS) system. Additionally, the ICDP was conceived of as a case management, referral and brokerage service that would

¹ Early in the implementation of the ICDP the focus expanded from 'first time homeless' to include all people experiencing homelessness; this shift occurred early in the implementation of the service and hence is unlikely to impact on the evaluation findings

work *with other agencies* to facilitate housing and support options for clients in GWS. This was to be achieved via a two-stage approach where the ICDP would negotiate with private and public sector agencies (e.g. Housing NSW) for someone to remain in their current property wherever possible and then subsequently link the client into other services that could provide ongoing case management and hopefully prevent a recurrence of the housing crisis that initiated contact with the ICDP. An overview of the service model as conceived is shown in Figure 2.

Early intervention

- Timely referrals to the ICDP facilitated by partnerships and collaborative arrangements with 'first to know' agencies

Triage

- Preliminary assessment of all referrals to determine appropriateness and subsequent facilitated referrals to other relevant services are made as necessary

Intake

- Referral mechanisms to be established with Housing NSW (HNSW), Homeless Persons Information Centre (HPIC), institutional care providers, 'first to know' agencies, and other specialist homelessness services.

Case Coordination

- Case conferences to be convened with key stakeholders, a lead agency for support identified, and action plans developed in collaboration with clients.
- The development of a process that promotes timely and responsive access to necessary services (either through linking in with existing services or creating a Complex Needs Panel).

Brokerage

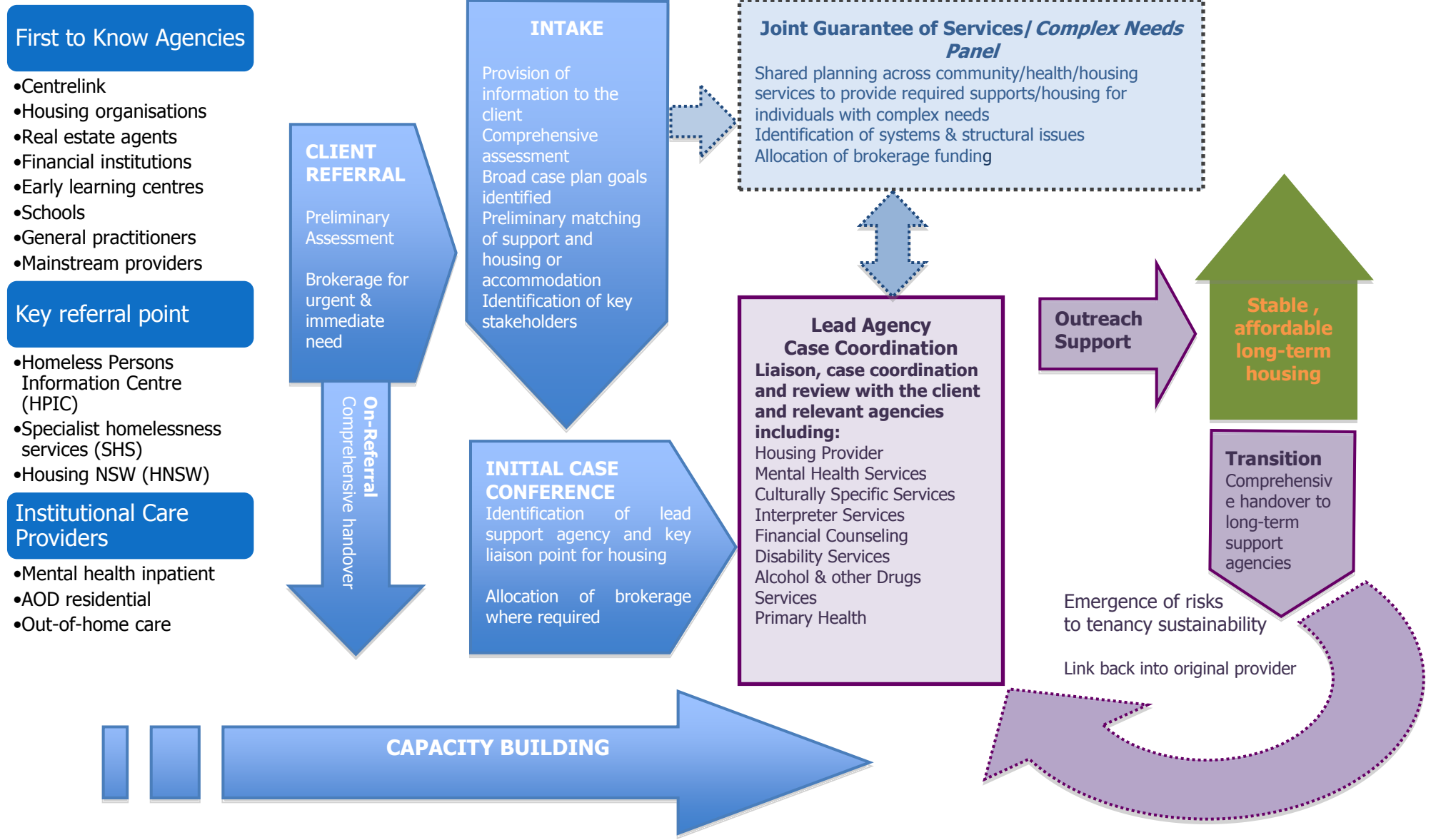
- Financial support to be provided to meet immediate needs identified at intake in order to prevent someone becoming homeless.
- Additionally, funds are to be provided in collaboration with other agencies supporting a client to ensure the most efficient utilisation of brokerage available for that individual.

Transition

- Comprehensive handovers are provided to all agencies subsequently engaged to support the client and contingency plans established to reduce the risk of tenancies / accommodation options breaking down.

Figure 1 Service elements of the Inner City Drift Project (ICDP) model

Figure 2 Service Approach Flow Chart



THE IMPORTANCE OF EXAMINING ‘DRIFT’

Researchers have suggested that the experience of homelessness represents a process of *disaffiliation* and *re-affiliation*, involving the loss of connections to family, friends and mainstream society and the subsequent development of new connections and self-identity with the homeless population (Chamberlain and Mackenzie, 2006, Grigsby et al., 1990). Moreover, it has been argued that the process of disaffiliation is accelerated among those who move into a new community in an attempt to resolve housing problems (Grigsby et al., 1990). Researchers have also suggested that greater disaffiliation results in poorer engagement with treatment and other support services and hence more difficulty in exiting out of homelessness (Zlotnick et al., 2003). This suggests then that the resources required to address entrenched homelessness are much greater than that required at earlier stages of homelessness, before the process of disaffiliation from previous communities has become firmly established.

The movement of homeless people from outer suburban regions into inner city areas could be conceived as a stepping stone in the process of disaffiliation. This assumption is based on the high concentration of services and greater density of homeless people in the inner city and the assumed loss of social capital associated with the movement away from a person’s community of origin. A better understanding of the process of ‘drift’ can inform the development of appropriate services that not only reduce demand on inner city services but might also reduce the entrenchment of an individual in the homelessness service system and contribute to successfully preventing future episodes of homelessness.

Pilot work undertaken to inform the development of the ICDP and the Assessment Tool, found that most individuals from western Sydney who ended up in the inner-city services, would have preferred to remain in their community of origin. The pilot work, involving a series of in-depth interviews with clients and staff of SHS in the inner city, noted that some individuals maintained connections to their community of origin despite being accommodated in inner-city services. Thus, from a client-centered perspective, assisting clients to either remain in, or return to, GWS represents an important case management goal.

As will be demonstrated in the next chapter, there is limited evidence on the factors that encourage or facilitate inner-city ‘drift’, or the type of individual most likely to do so. Thus, the present evaluation also serves to improve our understanding of the propensity for ‘drift’ in the homeless population. It is hoped that the findings of the evaluation will have implications beyond the future direction of the ICDP and inform service development across the sector.

STRUCTURE OF REPORT

This introductory chapter has described the policy environment and conceptual framework that informed the development of the ICDP. In the next chapter, we review the literature on the geographical movement of the homeless population, including the differing concepts of transience, ‘drift’ and migration. Chapter Three provides an overview of the evaluation framework, including the aims of the evaluation and the methodologies used to address these.

The next four chapters summarise and discuss the findings from the different components of the evaluation. Chapter Four describes how the ICDP was implemented while Chapter Five reviews the characteristics of the clients assisted by the ICDP and whether the ICDP was successful in accessing its target population. The three key outcomes assessed by the evaluation – sustained tenancies in GWS, reduced level of ‘drift’ risk at follow-up, and reduced number of calls to HPIC originating from GWS – are presented in Chapter Six. Chapter Seven presents the quantitative findings on the prevalence of the risk factors across the three different categories of ‘drift’ risk. Chapter Eight presents case studies that serve to illuminate the characteristics of clients with different levels of ‘drift’ risk and the difference that the ICDP

was able to make in the trajectories of these individuals. Finally, Chapter Nine presents the key themes to emerge from the focus groups and in-depth interviews with key stakeholders on how the ICDP was able to achieve the outcomes documented in Chapter Five.

In the final chapter, Chapter Ten, we pull together the findings from the different parts of the evaluation and make practical recommendations for the evolution of the ICDP and similar programs.

2. A REVIEW OF THE LITERATURE

Throughout most of human history people have experienced some form of homelessness, and modern day Australia is no exception (Snow and Anderson, 1993). During 2011-12, nearly one in every one hundred Australians received some form of assistance from the 1,500 specialist homelessness services operating across the country (Australian Institute of Health and Welfare, 2012). After Victoria, New South Wales had the highest number of people accessing specialist homelessness services (Australian Institute of Health and Welfare, 2012).

More is known now than ever before about homelessness in Australia. Yet despite the fact that a wealth of knowledge exists on the risk factors associated with homelessness, there remains a paucity of literature on the geographical movement, migration patterns and inner-city ‘drift’ of people who are homeless. Past international literature has had an inherent focus on ‘rough sleepers’ or persons visibly living on ‘skid row’; however, Hall and Maza (Hall and Maza, 1990) highlighted that much of the less visible homeless population were not being included in the major studies on homelessness, primarily because they were “on the move”. The last decade has seen relatively few published articles that have systematically analysed the relocation and mobility patterns of the transient homeless (Parker and Dykema, 2013, Rahimian et al., 1992). Interestingly, none of three large-scale homelessness research projects recently conducted in Australia—*Journey to Social Inclusion* (Johnson et al., 2011), *The Michael Project* (Flatau et al., 2012) and *Journeys Home* (Scutella et al., 2012) —have sought to explore the geographical movement of people who are homeless or at risk of homelessness. Relevant literature does however emerge from different academic disciplines such as geography, economics and psychology, as well as from different global contexts. Therefore, taking a spatial and geographical focus towards the study of homelessness appears to be an emerging area of Australian research (Australian Housing and Urban Research Institute, 2010). Before we can explore the concept of mobility and drift, attention must first be directed to the definition of homelessness and the risk factors associated with its occurrence.

WHAT DOES IT MEAN TO BE HOMELESS?

Cultural & Temporal Definitions

Many researchers, policy makers and specialist service providers have engaged in a long running discussion surrounding the definition of homelessness (Chamberlain and Mackenzie, 1992). The lack of consensus on the parameters of this phenomenon has in turn not only made it increasingly difficult to estimate the rates of homelessness but to also develop and implement targeted programs and effective policies (Chamberlain and Johnson, 2001). Alternative approaches to defining homelessness have emerged in recent years in an attempt to overcome these past limitations.

Three influential definitions of homelessness often used by Australian academics and policy makers include the ‘literal’ or ‘conservative’ definition, the ‘subjectivist’ or ‘radical’ construction, and the ‘cultural’ definition (Chamberlain and Johnson, 2001). The ‘literal’ or ‘conservative’ definition equates homelessness with ‘rooflessness’ and has an inherent focus on the stereotypical and highly visible elderly homeless man or ‘street kid’ (Clove et al., 2003). Since this is generally how homelessness is portrayed in the mass media, it is often considered the dominant or ‘community’ definition, despite the fact that it severely understates the true rate of homelessness (Chamberlain and Johnson, 2001). In contrast, the ‘subjectivist’ or ‘radical’ conception of homelessness may exaggerate the homeless population as it is based on an individual’s perception of the adequacy of their housing and may therefore not only include persons who *are homeless* but also those who are *at risk of becoming homeless* (Chamberlain and Johnson, 2001, Chamberlain and

Mackenzie, 1992). Even so, this broader approach is preferred by many Australian practitioners and is the underlying principle in the *Supported Accommodation Assistance Program Act (1994)* and the more recent National Affordable Housing Agreement (NAHA). The third conceptualisation of homelessness is in direct opposition of the subjectivist framework and has become more prevalent in local and international literature in recent years. The ‘cultural’ definition is inherently objectivist, for it defines homelessness as “a relative concept that acquires meaning in relation to the housing conventions of a particular culture” (Chamberlain and Mackenzie, 1992; p. 290). For the past two decades, Australian homelessness has been regarded as a socially constructed concept assessed against the minimum ‘cultural’ standard of adequate housing within our given society at a particular point in time; usually equating to a one bedroom rental unit with private amenities and security of tenure.

Under this ‘cultural’ definition, the homeless population can be sub-categorised into three groups: ‘primary’, ‘secondary’ and ‘tertiary’. The ‘primary’ homeless or ‘absolute’ homeless are the highly visible ‘rough sleepers’ without conventional shelter (Kauppi et al., 2009). ‘Secondary’ homelessness refers to people who ‘couch surf’ with friends and family, or move between other various forms of temporary accommodation. People are classified as ‘tertiary’ homeless when their accommodation is deemed to be “without security of tenure, unsafe or inappropriate to their needs” (City of Sydney, 2007; p. 5) and thus below the minimum community standard—such as those residing in boarding houses with shared facilities. The broader literature also refers to a fourth group of ‘marginalised’, ‘vulnerable’ or ‘at risk’ people who are less visible because they are “doubled up, in hiding or hyper-mobile” (Lee and Price-Spratlen, 2004, Chamberlain and Johnson, 2001).

Compared with the ‘literal’ and ‘subjectivist’ conceptions of homelessness, the ‘cultural’ approach has emerged as the dominant definition and has been adopted by the Australian Bureau of Statistics (ABS); however, that is not to say it is without limitations. Arguably, the ‘cultural’ definition appears to reduce the complex phenomenon of homelessness to an issue solely reliant on housing, as well as “imply a linear progression between the [three] types” of homelessness (City of Sydney, 2007; p. 6). This is despite evidence suggesting many people actually move *within* and *between* all three groups over time, often in a non-linear fashion (Australian Institute of Health and Welfare, 2012, Australian Housing and Urban Research Institute, 2010).

To better embrace this dynamic whereby people move between different states of homelessness, international researchers have increasingly come to distinguish between different temporal groups. For example, a study of shelter users in the USA identified three categories of homeless persons: a *transitional* group that typically used shelters for a short period of time in response to a temporary emergency; an *episodic* group that alternated their shelter stays with episodes of rough sleeping, hospitalisation and incarceration; and a *chronic* group that lived in shelters long-term (Kuhn and Culhane, 1998). Using a broader sample of homeless people that included both ‘rough sleepers’ and shelter users, another USA study found four groups that were differentiated along a dimension of disaffiliation: the recently dislocated, the vulnerable, the outsiders and the prolonged (Grigsby et al., 1990). Similarly, other researchers have distinguished between the recently homeless, chronically homeless and formerly homeless as a means of structuring appropriate service responses (Wesley Mission, 2011, City of Sydney, 2007, van Doorn, 2005). However, the literature warns against developing too rigid a typology as it may obscure the movements within and between categories of homelessness and marginal housing, and ultimately result in the inaccurate perception of a homogenous homeless population (Scutella et al., 2012).

Pathways into Homelessness

The causes behind each individual’s experience of homelessness are commonly described as complex and multidimensional (Darcy et al., 2010, Robinson and Searby, 2006). More often than not, homelessness is a

result of the interplay between ‘structural’ or ‘macro’ drivers—for example, shortages of affordable housing—and ‘personal’ or ‘micro’ factors—such as the comorbidity of mental health and substance abuse issues. The combined effects of these drivers can either unfold slowly over a long period of time, or result from an unanticipated adverse life-event that acts as an immediate trigger for homelessness (Australian Government, 2008, Rahimian et al., 1992, Robinson, 2002).

Although experiences of homelessness are unique and diverse, a number of commonalities can be observed. A comprehensive summary list of risk factors from the Australian literature was compiled by Wilson and Spoehr (2003); the Australian Government’s White Paper *The Road Home (2008)* also acknowledged a similar set of precipitants of homelessness. These included:

- Mortgagees ability to remain in home ownership
- Living in caravan parks on low incomes
- Illicit drug use
- Housing stress
- Rising cost, availability or adequacy of housing
- Being a refugee on a Temporary Protection Visa
- Being Indigenous and living in a public place
- Being a young person in independent housing disadvantaged by structural and situational factors
- A lack of, or sudden decrease in, income
- A recent change in family structure
- A large family
- Domestic violence (particularly among women)
- Family conflict
- Any event that leads to further marginalization.

Furthermore, recent research by Scutella and others (Scutella et al., 2012) proposed a number of historical risk factors particularly associated with longer-term or ‘chronic’ episodes of homelessness:

- Having been in foster care
- Having experienced trauma
- Having been exposed to abuse/violence as a child (including sexual abuse)
- Having a mental illness or substance abuse problem
- Having been in adult prison or juvenile detention
- Having endured poverty in childhood

Beyond these risk factors, past research reveals there are myriad trajectories into homelessness. Findings from Wesley Mission’s (2008) report on Sydney’s inner-city homeless population revealed 71 per cent of participants identified housing crisis as the primary reason behind their current episode of homelessness. In addition to living in marginal, insecure or inadequate housing, participants identified financial difficulties such as accumulated debt and unexpected financial emergencies as precursors to their housing crises (see also Australian Institute of Health and Welfare, 2012, Whynes, 1991). A more recent study on homeless persons in Parramatta also reported the overwhelming majority listed financial hardship as one of the main factors contributing to their present homelessness (Darcy et al., 2010).

The impact of family conflict, relationship breakdowns and the erosion of social capital are considered other common causes of contemporary homelessness (Hudson and Vissing, 2010); however they may have a larger impact on some groups more so than others. For instance, a recent study compared the experiences of single homeless people and homeless families and found families were more often than not forced into homelessness by their relationship issues, whereas this was not the major cause for

homelessness among single people (Wesley Mission, 2011). Research has also revealed domestic and family violence can play a considerable role in the onset of homelessness experienced by many women and children, particularly when becoming homeless is considered a safer option than remaining in a violent home (Australian Government, 2008, Rukmana, 2008, Wesley Mission, 2013). Homelessness literature surrounding the experiences of children warns stressful episodes of homelessness can exacerbate underlying issues and have detrimental effects later in the life course (Hall and Maza, 1990). In an Australian study on intergenerational homelessness, almost half the participants reported that their parents had also experienced homelessness throughout their life time (Flatau et al., 2013a), reaffirming the notion that homelessness can result in a “cycle of intergenerational disadvantage” for children who have directly or indirectly experienced multiple episodes of homelessness at an early age (Australian Government, 2008). Personal issues that emerge later in life, such as mental health or substance abuse issues, may then act as obstacles that make it increasingly difficult to exit homelessness (Kirkman et al., 2010, Lee and Price-Spratlen, 2004, Wesley Mission, 2008).

In addition to the housing crisis and family breakdown pathways discussed above, Chamberlain and Johnson (2011) reviewed case files for a specialist homelessness service and noted three additional pathways. The substance misuse pathway involved an increasing focus on obtaining money to fund a dependency on alcohol or other drugs. This was often accompanied by a loss of employment as well as the diversion of money from critical expenses like rent and ‘running out’ of family and/or friends prepared to lend money. Mental health problems characterised the second pathway. For young people, the behaviour associated with mental illness often caused significant stress to other family members resulting in the young person leaving home early. Where the onset of mental illness occurred in adulthood, the precipitant of homelessness was often the death of a parent who had been that person’s primary caretaker and where there were no other family members able or willing to take on that role. The final pathway identified by Chamberlain and Johnson (2011) was the ‘youth to adult’ pathway whereby a person became homeless during adolescence and continued along this pathway into adulthood. This pathway was characterised by experiences of child maltreatment, family violence, out-of-home care, and parental substance misuse.

The next section considers the geographical movement of people once they become homeless.

HOW MOBILE IS THE HOMELESS POPULATION?

Australia has one of the most mobile populations in the world (Duffy-Jones, 2012, Maher, 1994, Wilkins et al., 2009). A recent survey of the Australian general population found almost half (43%) of participants aged 15 years and over were considered “recent movers”, having changed their usual place of residence at least once in the past five years (Australian Bureau of Statistics, 2010). Nearly half (46%) of these “recent movers” had made only one move, while approximately one in ten Australians (11%) had made a total of five moves in the preceding five year period. This study also found that mobility throughout the life course was largely dependent on age and personal circumstance; 25-35 year olds without dependent children were the most mobile age group, with many moving either because they had purchased their own dwelling, moved in with an intimate partner, or for employment opportunities (see also Lindquist et al., 1999). By contrast, older citizens were the least likely to have made a recent move. With the exception of those relocating for education or employment opportunities, most Australians did not make long distance moves. In another study of the Australian general population, the majority (60%) of participants had only moved between 0-9 kilometres away from their previous residence (Wilkins et al., 2009).

There appears to be a general consensus among those who have explored the concepts of transience or ‘drift’ that a considerable proportion of the contemporary homeless population is ‘on the move’. This has led some academics to argue “the experience of homelessness cannot be separated from the experience of movement and the dependence on institutional settings” (May, 2000, Pollio, 1997, Rukmana, 2011: p.

96, Jackson, 2012). Few studies however have actually documented the migratory patterns of the homeless population thus it is difficult to assess the extent to which the homeless population differs from the 'housed' population in terms of residential mobility and migration. In a study on migratory patterns among 'rough sleepers' in Los Angeles, USA, the majority of participants had resided in the area for five years or longer (43%), had not made any moves in the past year (53%), and had no plans to move in the future (71%) (Rahimian et al., 1992). There was however a significant minority that were more mobile – 35 per cent of participants had recently moved into the area in the preceding 12 months and 22 per cent had moved three or more times in the past year.

Other researchers have disputed the myth that homelessness is synonymous with 'perpetual movement' by suggesting that homeless people are severely constrained in their migration patterns because they are resource poor (Lindquist et al., 1999). In most societies, mobility is generally associated with privilege since an elevated socioeconomic status provides freedom of choice and movement (Lindquist et al., 1999). On the other hand, it has also been argued that the definition of 'migration' (i.e. residential mobility) used for housed populations may not be applicable to understanding migration among homeless persons. Unlike the general public, a homeless person may move to another community for a month or two but not perceive or label this as a migratory move (Rahimian et al., 1992). It is also important not to treat mobility negatively in an environment or culture in which it is a norm. Particular nuances exist around the mobility of Indigenous people (Habibis, 2011, Kauppi et al., 2009) as well as refugees and asylum seekers (Taylor and Bell, 2004). In a Canadian study on the urban migration of First Nation peoples, many 'urban nomads' who had migrated to the inner-city were in fact semi-nomadic when they were on their 'home' reserves, having moved back and forth between urban to rural settings as a result of being ostracised from mainstream society (Letkemann, 2004).

The literature warns that assuming migration among the homeless is random and without purpose will result in an incorrect representation of the homeless population as being comprised of 'drifters', 'transients' and 'tramps' with no real connection to place or space. This perceived "nomadism" has stigmatised the homeless and allowed societies to differentiate them as the 'other' (Jackson, 2012, Tsai et al., 2011, Wolch et al., 1993).

Reasons behind the geographical movement of the homeless population

Homelessness research has a history of investigating the intra-urban micro-geographies and daily migratory patterns of the inner-city homeless population (May, 2000, Rahimian et al., 1992, Rowe and Wolch, 1990). From this, we can gather that opportunities to access vital resources and social networks are a stronger indicator of daily mobility and intra-urban migration than individual characteristics such as physical or mental disabilities or substance abuse (DeVerteuil et al., 2007, Tsai et al., 2011, Wolch et al., 1993). Recent discussions have also focused on longer periodic geographical movements of homeless persons in an attempt to understand what drives them from their communities of origin and results in migration into new areas. An analysis of the existing literature reveals that homeless persons tend to move for the same reasons as domiciled persons, and that migration among the homeless is ultimately a coping strategy motivated by the desire to enhance quality of life through housing, employment, social relationships and support services (Lindquist et al., 1999, Rahimian et al., 1992, Wolch et al., 1993).

Pollio (1997) summarised three profiles of transient individuals that are commonly depicted in the homelessness literature. The most frequently cited profile is that of a young, highly transient male with a mental illness who is said to be likely to travel in order to access the vital resources, health care and supported accommodation services available to him (see Solarz and Bogat, 1990, Tsai et al., 2011). The second profile is that of someone with substance dependence who moves around to avoid dealing with their substance use problems (Koegel and Burnam, 1987, Pollio, 1997). Pollio's (1997) own research

provided some evidence to support this profile, but generally there has been no significant relationship between transience and substance abuse found by previous studies.

From the literature on poverty emerges a third common profile of transients—the ‘economic relocators’. As discussed above, geographic mobility among those on low income is constrained by poverty, thus any moves must be purposeful and capable of improving quality of life (Pollio, 1997, Wolch et al., 1993). Historically, people have been required to move due to casual or part-time work, seasonal employment, demand for migratory labour, and the overall economic conditions at the time (Canadian Welfare Council, 1961). In a USA study on homeless families, the majority (46%) of those that were from out of the local area were found to have migrated to enhance their employment prospects (Hall and Maza, 1990). Unfortunately, some had based their move on false or misleading information and were therefore left even further disadvantaged once they discovered the lack of job opportunities in the area.

In a survey of mobility amongst single homeless individuals in Nottingham, England, approximately one-third of respondents had migrated to Nottingham from other locations, a pattern that was fairly consistent over the 15-month duration of the survey (Whynes, 1991). When asked why they chose to migrate to Nottingham specifically, many participants listed the readily available support services in the area, while some claimed to have social networks there, and others were drawn by the prospect of employment. Moreover, the reasons behind participants’ homelessness differed for locals and migrants. Migrants were more likely to report housing instability or prolonged unemployment as a reason for their homelessness, while the local homeless cited relationship breakdown, loss of tenancy, or inability to continue to ‘couch surf’ with family and friends. This evidence suggests there is a relationship between the risk factors associated with homelessness and mobility behaviour.

Some researchers have argued that given homelessness is often a result of family conflict and/or relationship breakdown, the experience of homelessness must therefore weaken one’s social capital and ties to support networks (Kauppi et al., 2009). However, research has shown that homeless participants can maintain vast social networks. One study found this network consisted of a *homed* network and a *homeless* network, both of which provided the individuals with much needed “material, logistical, and emotional support” and greatly influenced their mobility routines (Wolch et al., 1993: p. 160). Furthermore, studies have shown the periodic journeys made by homeless persons in order to be closer to their friends and family are associated with a desire to maintain a connection with their social support networks in their communities of origin (Hall and Maza, 1990, Wolch et al., 1993). In this sense, migration could be considered as a means of *sustaining* personal relationships rather than *disrupting* them (Clove et al., 2003).

What does the transient homeless population look like?

While acknowledging that the homeless population is not entirely comprised of transients, some researchers have emphasised that migration status is commonly used to classify the homeless population (Lindquist et al., 1999, Snow and Anderson, 1993). Thus studies have focused on the differences and similarities between the ‘movers’ and ‘stayers’ that comprise the homeless population in order to understand who is most likely to migrate and why.

A study of homeless people in Ontario, Canada used adaptations of Pollio’s (1997) definition of transience as well as the temporal classifications provided by Rahimian and others (1992) to distinguish between ‘recent migrants’, ‘intermediate-term migrants’ and ‘stayers’ (Kauppi et al., 2009). The study found that migrants were the most disadvantaged of the homeless population; they were more likely to be ‘absolute’ homeless, unemployed and experiencing problems relating to their mental and physical health. Similarly, a UK study found, compared to ‘stayers’, the migrant homeless were much more likely to be older, unemployed males who had spent the previous night in an unsheltered environment (Whynes, 1991).

In contrast, earlier research in the United States found that, relative to 'stayers', 'movers' were of younger age, Caucasian, never married and were more likely to have *better* physical health and be newly or cyclically homeless (Rahimian et al., 1992). Another USA study similarly found that 'migrants' fared better than the 'stayers' (Parker and Dykema, 2013); 'stayers' were more likely to be chronically homeless African American males with lower socioeconomic status, lower levels of social capital, and poorer mental and physical health that limited their geographical movement.

An empirical study that focused on the psychological consequences of migration among the homeless found more similarities than differences among 'movers' and 'stayers' within the sample:

Migrant and non-migrant homeless persons had remarkably similar demographic characteristics, psychological and social resources, stressor levels associated with homelessness, and levels of depressive symptomatology. In many ways the two groups appeared sociologically identical: homelessness took its toll on both migrants and non-migrants with equal force. Moving did not reduce distress for migrant homeless, nor did non-migrant homeless benefit from remaining in their communities. (Lindquist et al., 1999: p. 704)

The researchers maintained that a higher level of mastery of fate and stronger sense of control over one's own life would be incredibly beneficial for the migrant homeless population as these psychological resources would enable them to adapt better to new environments and avoid mental distress. In this sense, voluntary mobility is associated with exercising autonomy and freedom of choice (see also DeVerteuil, 2003). While this study did not find 'movers' possessed better inner locus of control than 'stayers', the results did suggest that those 'movers' who did possess higher levels of mastery of fate were more likely to report lower levels of depression (Lindquist et al., 1999).

A FOCUS ON INNER CITY 'DRIFT'

'Drift hypothesis' or 'social selection hypothesis' contends that disadvantaged homeless people tend to migrate towards highly concentrated inner-city areas or "service-dependent ghettos" (Rukmana, 2011). The stereotypical view of the mid-twentieth century was that the homeless population was solely comprised of single men on 'skid row'—an American term for rundown inner-city suburbs where the homeless tend to congregate. While Chamberlain and Mackenzie (1992) argue in comparison to America, "skid row districts were never so clearly defined in Australian cities" (p. 275), practitioners from inner-city Sydney have noticed a similar migration pattern identified to that identified in the international literature. There is limited data to examine this phenomenon however. Indicative data gathered by the Homeless Persons Information Centre (HPIC) confirms that many callers to the telephone helpline did not reside in inner-Sydney prior to their current episode of homelessness (City of Sydney, 2007). In the only Sydney study to specifically examine inner-city drift, just over a quarter (27%) of the 206 participants sampled had originally resided in Sydney's inner-city, whereas almost half (48%) were from other urban areas of NSW, and the remaining quarter (25%) originated from either rural NSW, interstate or international countries (Wesley Mission, 2008).

This section explores the phenomenon of 'drift' and the factors that push and pull a person towards the inner-city. Although the literature is sparse in this area, it does provide an initial understanding of the processes that contribute to the occurrence of inner-city 'drift'.

Density and composition of the service system

A myth surrounding homelessness is that it is a phenomenon that only occurs within metropolitan cities (Wesley Mission, 2011). In part, this is promulgated by data on the service-using homeless population that shows an unequal distribution across metropolitan, regional and rural areas. The majority (60%) of persons that accessed Specialist Homelessness Services across Australia in 2011-12 did so in major cities (Australian

Institute of Health and Welfare, 2012), indicating that people travel to where the bulk of services operate when they are in need of them. Similarly, international research found the homeless population of the United States was overrepresented in metropolitan/urban centres, with more than 90 per cent residing in inner cities compared with 78 per cent of the broader population (Lee and Price-Spratlen, 2004).

Although the GWS area is often perceived to be affordable and have a large number of available, subsidised housing properties, the reality is that housing costs have continued to increase and social housing waiting lists have continued to get longer as a result of the general housing stress experienced across all of Sydney (Robinson and Searby, 2006). Government or public housing is therefore only considered to be realistically available for individuals or families with very high or complex needs, leaving those in lower income households to settle for substandard living conditions (Darcy et al., 2010). Many western Sydney suburbs have also experienced accelerated growth and change in recent decades; Parramatta in particular is quickly becoming Sydney's second CBD and central hub for homelessness, displaying all the features of the inner-city including a high number of people sleeping rough (Darcy et al., 2010, Robinson and Searby, 2006). Research exploring the high demand and low supply of emergency accommodation services within GWS has concluded that the rising number of calls to HPIC from western Sydney suburbs indicated it was becoming increasingly difficult for the service system in GWS to provide appropriate support to the local homeless population (Darcy and Laker, 2001, Maher, 1994). Furthermore, the 'not in my backyard' opposition to homelessness experienced both locally and internationally is "motivated by concerns that an increased homeless presence will lower property values, increase crime, and otherwise harm the affected neighbourhoods" and quality of life of its local residents and business owners (Lee and Price-Spratlen, 2004: p. 4). This state of denial that homelessness only exists in inner-city areas has resulted in a severe shortage of specialist homelessness services in outer suburban areas (Cloke et al., 2006, Robinson and Searby, 2006, Whitzman, 2006).

In addition to differences in the density of services, the service systems in the inner-city and outer-suburban areas also differ with respect to the type of specialist homelessness services that are available. Ultimately, the mobility patterns of the homeless population are dictated by the support services they use and rely on (Jackson, 2012). Sydney's inner-city has "historically been an area in which charities, churches and NGOs have established accommodation, drop in and food services for the destitute and homeless" (City of Sydney, 2007: p. 9). Although the literature is sparse, there is some suggestion that the complement of services in the inner-city versus outer-suburbia impacts different segments of the homeless population in different ways.

A recent report on the "forgotten women in Western Sydney" highlighted the shortages of emergency accommodation and crisis services in the greater western Sydney for women (Robinson and Searby, 2006). Furthermore, the lack of affordable and subsidised housing for single people within the lower income bracket in 'family-targeted' outer suburban areas has resulted in women at risk of homelessness in western Sydney having no choice but to pack up and move into the inner suburbs. Thus both the housing and service system make it easier for single adults to 'drift' into the inner-city. In contrast, overseas research suggests families are more likely to 'drift' from outer-suburban areas which had less affordable housing and support services to inner-city areas where these services were readily available (Rukmana, 2011). For example, a Canadian study found homeless women and their children migrated from rural areas to the inner city primarily because of the lack of safe houses, shelters and support services in their local communities (Hrenchuk and Bopp, 2007).

It has also been argued that due to the de-institutionalisation of psychiatric hospitals and lack of outpatient care, people with a mental illness are more inclined to migrate into inner city areas in order to access services that are able to accommodate their complex needs (DeVerteuil, 2003, DeVerteuil et al., 2007,

Rukmana, 2011). In contrast, de-institutionalisation was not found to be a primary reason for the high prevalence of schizophrenia² among a random sample of people accessing inner-Sydney homelessness services (Buhrich et al., 2003). Other factors were thought to be responsible, such as the severity of thought disorder (a defining feature of schizophrenia) or the comorbidity of other, non-psychotic mental disorders.

Narrowing of personal choice

It is important to recognise that while a significant portion of the homeless population is highly mobile, not all movement may be voluntary. Bauman distinguished ‘tourists’ and ‘vagabonds’ by the degree of choice they possessed: “the tourists travel because *they want to*; the vagabonds because *they have no other bearable choice*” (1998: p. 93 original emphasis; cited in Jackson, 2012). Formal and informal forms of surveillance heavily restrict movement in public spaces, while local business owners and law enforcement officers have the ability to force homeless persons to ‘move on’ (DeVerteuil, 2003, Jackson, 2012, Lee and Price-Spratlen, 2004, Wolch et al., 1993).

Another form of forced mobility is one in which individuals and families who are in need of crisis accommodation or subsidised/affordable housing are forced to relocate to metropolitan service-rich areas that are usually quite far from their school, place of employment and existing support services. An Australian study on homeless families found 20 per cent of participants were currently accommodated 20 or more kilometres from their ‘home/support network’ (Wesley Mission, 2011). It has been argued that such homeless people, who are pushed toward the inner city by under-resourced service practitioners, are best described as “forced migrants” (Lee and Price-Spratlen, 2004). This was underscored in a recent American study on the geographical migration of formerly homeless persons in supported housing. The study observed that participants’ housing improved but not their connection to the community as they were all housed in lower socioeconomic areas (Tsai et al., 2011). Furthermore, such housing interventions that equate homelessness with houselessness do not make any progress in addressing the underlying causes of homelessness (City of Sydney, 2007).

Many would agree the homeless are among the most powerless groups in our society, as they are often forced to rely on others – family and friends, specialist homelessness services or Government agencies – to fulfill even the most basic of human needs such as food, shelter and personal safety (Wenzel, 1992, Saade and Winkelman, 2002). In turn, the inability to acquire these necessities without assistance may contribute to an overwhelming sense of failure, loss of control, and negative view of the self (Miner, 1991). It has been further argued that, as a consequence of these perceived failures, many of the homeless population begin to view the world “as a place where bad luck and fate prevail” (Morris, 1998: p. 243, Belcher and Dilasio, 1993). For example, a USA study found a perceived loss of control over the crisis shelter environment was related to homeless individuals exhibiting passivity and giving up on finding work and secure accommodation of their own (Burn, 1992a). Some researchers have suggested that an actual absence of personal control has the potential to engender dependency, passivity and indifference among the homeless (Goodman et al., 1991). It is plausible that through the process of forced migration and the experience of repeated or prolonged homelessness, individuals may develop a poor sense of agency or control regarding their future actions, thereby contributing to inner-city drift.

Erosion of social support

A substantial amount of research has been conducted into the relationship between homelessness and social support, although findings have been inconsistent. Some studies have found homeless populations

² Schizophrenia and related psychoses accounted for the majority of hospitalisations at the inner-Sydney Royal Prince Alfred Hospital during 2006/07 to 2010/11 (Population and Public Health Division, New South Wales Admitted Patient Report 2012. Sydney: NSW Ministry of Health).

have impoverished social support networks relative to housed populations (Toro et al., 2008, Wesley Mission, 2013) while other studies have failed to find any relationship between the two phenomena (Goodman, 1991). Some researchers have suggested these discrepant findings are due to differences in the timing of measurement of social support along the trajectory of homelessness, suggesting there is a dynamic relationship between homelessness and social support networks.

Two different theories have been proposed to account for these discrepant findings (Eyrich et al., 2003). One thesis contends that there is a decreasing size and reliability of social networks with increasing time spent homeless. In this model, a person's social resources are eventually used up as homelessness continues, resulting in increasing reliance on formal support systems (Shinn et al., 1991). Alternatively, a 'housed' social network may be replaced by a 'homeless' social network, which could be considered weaker because it is not as resource-strong as the 'housed' network. A study examining these two hypotheses found some support for the 'replacement' model; compared to participants that had been homeless for one year or less, longer-term homeless participants had similar sized friend networks but smaller sized family networks (Eyrich et al., 2003). Additionally, the social networks of longer-term homeless participants were considered as less reliable with respect to the amount of resources associated with network participants and this was true for both the family and friend networks.

This process of replacement has been described in terms of a continuum of affiliation-disaffiliation and linked to entrenchment in homelessness. It has been argued that while a homeless network is a legitimate source of emotional support, it is limited with respect to material support and this can make it difficult for a person to exit out of homelessness (Grigsby et al., 1990). A US study of homeless persons sleeping rough and residing in shelters found four clusters of homeless persons – recently dislocated, vulnerable, outsiders and prolonged homeless – that were associated with increasing time spent homeless but variable social network characteristics. The 'vulnerable' cluster had almost no social supports, the 'recently dislocated' and 'prolonged homeless' groups had small networks and the 'outsiders' had large social networks. Moreover, the 'recently dislocated' were the least likely to access formal supports (e.g. food vouchers) while the 'prolonged homeless' were most likely to accept formal support.

The emergent relationship between declining social supports and increasing disaffiliation and entrenchment in homelessness lends itself as an explanatory model of inner-city drift, although this has rarely been explicitly examined. One study measured social support among people accessing an accommodation service and found eight client profiles, three of which were defined in terms of transience (Solarz and Bogat, 1990). Network size was highest among the 'criminal transient' ($\mu=6.9$), the size of which was similar to the non-transient homeless groups, and lowest among the 'psychiatric transient' ($\mu=1.8$); the 'general transient' group had an intermediate network size ($\mu=4.2$). There were also differences in the composition of the social networks across the three groups. The social networks of the 'psychiatric transient' group were predominantly comprised of friends, whereas the 'general transient' and 'criminal transient' groups had more equal proportions of family and friends in their networks. There was no difference between the three groups with respect to personal satisfaction with social networks.

Research also suggests however, that people experiencing housing instability and homelessness attempt to sustain their social support networks as far as possible and in this sense may counter mobility. For example, a western Sydney study found that many homeless people rejected crisis accommodation in the inner-city in favour of retaining their connections with their current community (Darcy and Laker, 2001). Similarly, a study of single homeless women from western Sydney found many women chose to remain in their insecure and unsafe accommodation rather than travel into the inner-city which was deemed to be an 'alien environment' (Robinson and Searby, 2005). Additionally, a number of these women who had recently relocated to the inner city regularly returned to western Sydney to access support services that they had a

pre-existing relationship with and hence felt connected to. This suggests that individuals actively preserve formal support networks as well as informal support networks.

Attractiveness of the inner-city

Inner Sydney is characteristic of inner city areas of other large Western cities with a mix of poverty and gentrification and of prostitution, alcoholism, illicit drugs and homelessness.

(Teesson, et al. 2000: 520 cited in Wesley Mission, 2008: 14)

There are many 'pull' factors that contribute to people leaving GWS and heading toward the inner-city and evidence from researchers and service practitioners helps to understand why certain cohorts may be more inclined to migrate than others. Some homeless persons choose to move to the inner city simply because of its perceived anonymity and "longstanding reputation as a haven of tolerance" (Lee and Price-Spratlen, 2004, City of Sydney, 2007). Additionally, Sydney's inner-city transport hub also ensures getting to services is a lot easier (City of Sydney, 2007).

Others travel in pursuit of excitement and adventure. Inner-city areas such as Kings Cross are often regarded as buzzing entertainment hubs and therefore appeal to the younger homeless population (Jackson, 2012, Robinson, 2002). Robinson (2002) identified a number of key reasons why young people choose to congregate in the inner city, among which she lists "Sydney's warm coastal climate, a large already transient population of tourists and international visitors and the perceived availability of more work and life opportunities. The unfortunate reality for these young people is that employment opportunities are limited while rent and living expenses are quite costly (Wesley Mission, 2008) (Wesley Mission, 2008: 17).

POLLIO'S 'DRIFT' CONSTRUCT

It is misleading and inaccurate to assume that all homelessness has been transposed to the inner city, as less visible forms of homelessness exist within suburban, regional, rural and even remote parts of Australia (Australian Government, 2008, Australian Institute of Health and Welfare, 2012, Cloke et al., 2003). Hence, Lee and Price-Spratlen (2004: p. 3) argue there is a "spatial dispersion rather than concentration" of the homeless population. With this in mind, the focus of future research needs to be identifying those within the homeless population most likely to drift, and the circumstances under which they may do so. As the review above has demonstrated, there are many gaps in our understanding, such as the role of institutionalisation and formal versus informal support networks in contributing to inner-city 'drift'.

Nevertheless, a construct of transience for the homeless service-using population has been put forward by Pollio (1997). This construct is defined by four factors:

- *Migration*: A key element separating transient from non-transient homeless persons (e.g. the individual has moved from their community of origin)
- *Duration*: Relates to the individual's level of stability (e.g. length of time in current community)
- *Intention*: Concerns the reasons behind each migratory move
- *Involvement*: Evidence of connection to support networks and meaningful activity within the current community

This transience construct was found to be significantly associated with daily use of alcohol and other drugs, housing and service utilisation. Specifically, the migration factor was associated with daily drinking while the duration factor was associated with daily drug use. With regard to housing, both the local homeless and the in-state homeless were more likely to be currently housed relative to the out-of-state migrant homeless. Service utilisation was related to both the migration and involvement factors, indicating that the local homeless were more likely to use homelessness and other support services compared to the in-state

migrant homeless. Pollio (1997) argues that the findings provide support for the profile of a 'substance-using transient' but not for the two other profiles of the 'mentally ill transient' or the 'economic re-locator' (see earlier discussion on reasons for geographic mobility in the homeless population).

CONCLUSIONS

While there have been a number of reports containing anecdotal evidence published by SHS providers in the homelessness sector (e.g. Wesley Mission) in relation to broad matters of migration, transience and drift, there still remains a paucity of peer-reviewed empirical research in this area. Due to the lack of primary literature, at present only assumptions can be made as we are unable to provide a quantum of how many homeless people actually drift and why. However, based on what is available, we can conclude that the extent to which an individual undertakes geographical migration will greatly impact upon their experience of homelessness (May, 2000). As discussed above, mobility can provide better access to employment, support services and social capital, however it can also "isolate and alienate" individuals from their existing support networks, reduce a person's sense of agency or control over their environment and create a greater reliance on formal support systems (Rukmana, 2011, Shinn et al., 1991, Toro et al., 2008, Miner, 1991). The literature reviewed herein highlights "the positive/enabling versus negative/constraining role of mobility in the subsistence patterns of homeless people" (DeVerteuil, 2003: p. 362, Jackson, 2012, Rahimian et al., 1992) and indicates that policy makers and specialist service providers may need to tailor their support depending on the individual's migration patterns (Rahimian et al., 1992).

3. EVALUATION FRAMEWORK

The evaluation utilised a mixed methods approach and was conducted in four phases (see Figure 3). The first phase involved the development of an assessment tool to better identify the target population and focus resources on those most likely to drift into the inner city. This phase of the evaluation was lead by Dr Tim Marchant and funded by the NSW Department of Family and Community Services.

The second phase comprised the process evaluation and included an appraisal of the way in which the ICDP was implemented, the extent to which it was able to recruit the intended population (i.e. program reach) and the strategies and mechanisms through which client needs were addressed. There were four components to Phase Two: a 'first to know' agency survey designed to measure program reach; focus groups with key stakeholders within the Liverpool and Parramatta service systems; in-depth interviews with Mission Australia managers involved in the development and implementation of the ICDP; and a series of case studies with ICDP caseworkers that aimed to elucidate the approach taken with clients and differences among clients with respect to complexity of need and outcomes achieved.

The third phase of the evaluation focused on documenting the outcomes at both an individual client level and a service system level. This phase included: 1) a 6-month longitudinal survey of clients accessing the ICDP between November 2012 and July 2013; 2) secondary data analysis of administrative data routinely collected by the ICDP including demographic and assessment information; and 3) secondary analysis of administrative data held by HPIC for two localities: one in which the ICDP had a strong presence (Fairfield) and a comparison site where there were no formal partnerships or referral mechanisms with the ICDP (Bankstown). Phases two and three of the evaluation were both undertaken by the research team at the Centre for Health Research, University of Western Sydney and funded by Mission Australia.

The final phase of the evaluation included a retrospective assessment of all clients that accessed the ICDP between July and September 2012, prior to the implementation of the Assessment Tool (mentioned above). It also included follow-up contact to ascertain whether clients' housing issues had been resolved and identify the need for further assistance. This phase was undertaken by a Project Officer employed by Mission Australia and funded by the NSW Department of Family and Community Services.

The University of Western Sydney Human Research Ethics Committee approved the conduct of phases two and three of the evaluation (protocols H10070 and H10085, respectively) as well as the use of data collected by Mission Australia during phases one and four.

This chapter begins with a summary of the objectives that the evaluation set out to achieve. Subsequent sections then describe in detail each phase of the evaluation.

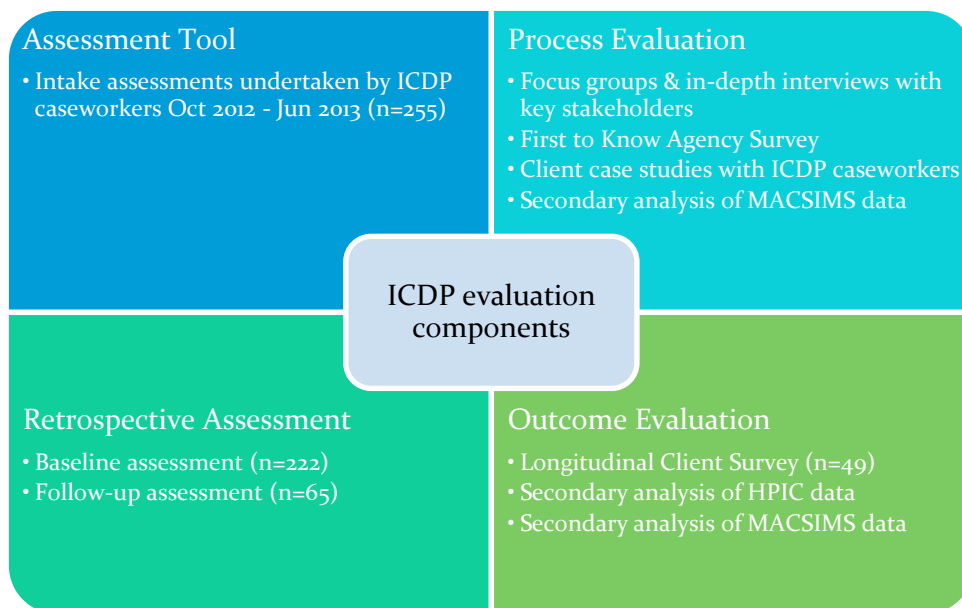


Figure 3 The four phases of the ICDP evaluation

EVALUATION OBJECTIVES

The evaluation sought to demonstrate the outcomes achieved by the ICDP with a view to informing service reform in GWS. Specifically, the evaluation aimed to:

1. Develop a better understanding of the concept of drift as it pertains to GWS:
 - 1.1. Describe the characteristics of the ICDP clients classified with low, moderate and high risk of 'drift'.
 - 1.2. Compare the baseline characteristics of ICDP clients who remained in GWS and those who 'drifted' into the inner-city at six month follow-up.
2. Assess the implementation of the ICDP across the target population:
 - 2.1. To what extent were 'first to know' agencies in the GWS region aware of the ICDP?
 - 2.2. What was the geographic distribution of referrals to the ICDP – were they evenly distributed across GWS or concentrated in particular locales?
 - 2.3. What level of service integration was achieved among the formal partners of the ICDP (i.e. Centrelink, HNSW, and Liverpool TA Triage Project)?
 - 2.4. What alterations were made to the initial conceptualization of the ICDP and what factors were critical in determining these changes?
3. Document the factors that facilitated or impeded the ability of the ICDP to sustain tenancies in greater western Sydney:
 - 3.1. What strategies were used to overcome structural/systemic issues and how effective were these?
 - 3.2. What role did brokerage play in sustaining tenancies?
 - 3.3. What characteristics define someone as having 'complex needs' and was the approach different to that taken with non-complex needs clients?
4. Demonstrate the impact (if any) of the ICDP on the 'drift' of homeless persons from GWS into the inner-city:
 - 4.1. What proportion of ICDP clients remain accommodated in GWS at six month follow-up?
 - 4.2. What proportion of ICDP clients at six month follow-up had a lower level of 'drift' risk relative to their baseline assessment?
 - 4.3. Was there a reduction in the proportion of calls to the Homeless Persons Information Centre (HPIC) generated from Fairfield (intervention site) in the period July 2012 to June 2013 relative to the proportion of calls generated from Bankstown (comparison site) over the same time period?

5. Consider the role of the ICDP in the broader service system:
 - 5.1. To what extent did the ICDP fill a gap in service provision in GWS?
 - 5.2. What impact did the ICDP have on service provision by other agencies in GWS and the inner-city?
 - 5.3. Did the ICDP improve knowledge/awareness of, and/or promote the use of, existing support services in GWS across the sector (i.e. including the inner-city service system)?
 - 5.4. How well situated is the ICDP in the broader service system? Should it be expanded or replicated?

ASSESSMENT TOOL

As previously mentioned, the intent of the Assessment Tool was to identify the target population of the ICDP and direct the appropriate level of intervention to reduce the risk of 'drift'. The objective of the ICDP on preventing 'drift' sharpened the focus on individuals within the homeless population that were most likely to migrate to the inner-city in order to access services. In this sense it differed from early intervention and prevention services designed to prevent homelessness per se. It is however difficult to operationalise and measure 'drift' risk without also assessing homelessness risk.

The development of the Assessment Tool was undertaken in four steps. First, a review of the literature was conducted to appraise current understanding on the extent to which the homeless population is geographically mobile and the factors that contribute to this geographic movement. This literature review was previously discussed in Chapter Two. Second, administrative data on clients accessing the ICDP in the initial year of operation was analysed to establish a profile of needs among clients. Third, a pilot study was conducted to a) document the trajectories of individuals originally from western Sydney but who were being accommodated in one of the inner-city homelessness services; and b) explore the relevance of 'drift' construct among service providers in inner-Sydney. Finally, the Assessment Tool was drafted and road-tested with ICDP caseworkers before becoming operational in October 2012. An overview of the pilot work and Assessment Tool domains is presented below.

Pilot case studies

A series of interviews was conducted with first-time service users in the inner-city who had recently come from GWS. A total of 20 participants were interviewed, of which seven (35%) were female. Participants ranged in age from 20 to 84 years with a mean age of 42 years. Six participants left school prior to Year 10, two had completed year 11 and five participants had completed year 12; additionally, two participants had completed post-school education. Two participants identified as Indigenous Australian and five participants were born overseas. Participants were recruited from Foster House (n=5), The Haymarket Foundation (n=2), Edward Eager Lodge (n=6) and A Woman's Place (n=4). An additional three participants were using the inner-city services but were residing elsewhere – one participant was living in a boarding house in the inner-city and two participants had recently secured social housing properties on the city fringe. Four participants had been in their current accommodation for one week or less; a further four participants had been in their accommodation for two to four weeks; and ten participants had been there for one to six months. Two participants had been at their current accommodation for longer than six months.

Participants were asked about the different places they had lived, how long they had stayed there, their reasons for leaving each place, and the type of assistance that would have been helpful during those times when they were at risk of becoming homeless. These case studies revealed that many participants were corralled into the inner-city because of systemic factors, despite their desire to remain in their community of origin. This finding was incorporated into the Assessment Tool as a fifth dimension of drift – structural determinants – and reflected the constrained personal choice often evident in people's decision to move into the inner-city.

Assessment domains

The Assessment Tool was designed to be completed by the caseworker at the end of their usual assessment process. This approach was taken, in part, to minimise any negative impact of assessing 'drift' risk on the client-caseworker relationship, particularly for clients that presented with narrow needs and were reticent to engage fully in the specialist homelessness service system. Additionally, there was a dearth of data and other evidence upon which to select the critical predictors of 'drift' thus it was important not to constrain the assessment process in the early developmental phase of the tool.

The Assessment Tool comprised the following three domains:

- Historical risk factors that create long-term vulnerability, particularly childhood factors
- Homelessness risk factors that create immediate vulnerability for homelessness
- Drift risk factors that increase the likelihood that someone will move away from GWS, informed by Pollio's conceptualisation of drift (1997)

The homelessness and drift risk factors were mandatory in that they were typically reviewed or assessed for every client. The historical risk factors were considered sensitive and required a certain level of rapport with the client before being addressed by the caseworker. Thus, the historical risk factors were typically assessed only for those clients with significant longstanding needs and who required multiple service contacts in order to address these.

Based on the findings from the pilot studies and the practice wisdom of the ICDP caseworkers, a risk matrix was developed to classify clients as having either low, moderate or high propensity to 'drift'. This risk matrix was constructed as a guide to be used by the caseworkers as without strong research evidence on the thresholds of individual factors associated with increasing 'drift' risk, it was not possible to specify the different levels of risk with any degree of certainty. The implication of this for detecting change in level of risk over time is discussed in Chapter Seven.

The Assessment Tool was introduced in November 2012 with the aim that caseworkers would complete the Tool for all clients presenting to the ICDP from that date onwards. There were some difficulties experienced in using the Tool for clients at the low end of the spectrum of risk where the initial contact was brief; these clients can be identified in the Mission Australia Community Services Information Management System (MACSIMS) but do not have a corresponding Assessment Tool completed.

PROCESS EVALUATION

The Process Evaluation was designed to provide a basis for understanding the results to emerge from the Outcome Evaluation. By examining the way in which the ICDP was implemented, how it was received and understood by external stakeholders, and the challenges faced by the ICDP staff in securing positive housing outcomes for clients, the outcomes achieved by the project can be understood in context. A process evaluation also serves to illuminate areas for future service development.

The following sections provide a brief overview of each component of the Process Evaluation.

'First to know' agency survey

The 'first to know' agency survey was designed to measure the extent to which the ICDP tapped into its target population (i.e. program reach). A short questionnaire was developed for this purpose and included measures on a) the extent to which 'first to know' agencies identified homelessness in their client group; b) their usual or typical response when presented with a client who was homeless; c) their awareness of the ICDP; and d) any changes in their ability to manage homeless clients since the ICDP was established.

'First to know' agencies were defined as those who had contact with individuals who were homeless or at risk of homelessness and before they had accessed the specialist homelessness system. A detailed list of all 'first to know' agencies within western and south-western Sydney was compiled from a search of the internet and in consultation with key stakeholders who attended a stakeholders workshop in December 2012. This list included Centrelink, HNSW, psychiatric inpatient facilities, residential drug and alcohol services, Corrections NSW Community Officers, community housing providers, real estate agents, gambling support services, financial counselling services, crisis support services, money lenders, legal support services, and meal services. A contact person was identified at each agency and was responsible for forwarding the survey invitation to all relevant staff within their department/team. The anonymous survey was completed online via Survey Monkey. Because of formal approval processes in some agencies, there were three rounds of data collection: the first was conducted in April 2013, the second in June 2013, and the final round in November 2013.

Focus groups

Two focus groups were conducted, one within the Liverpool service system and the other within the Parramatta service system. The focus groups included frontline workers and management staff from a variety of organisations who were familiar with the ICDP and had been involved in either referring clients to the service or else had received referrals from the ICDP for accommodation and/or ongoing case management. The Liverpool focus group had six participants and the Parramatta focus group had ten.

The focus groups were designed to stimulate discussion regarding: the relationship between the ICDP and other services in GWS, the role of the ICDP in the broader service system, the impact of the ICDP on service provision by other agencies in GWS, the target population of the ICDP, the effectiveness of the ICDP model, and the gaps and priorities for future service delivery.

The focus groups were audio recorded and transcribed to enable thematic analysis of their content.

In-depth interviews

In-depth interviews were held with Mission Australia management staff involved in the development and implementation of the ICDP. These interviews were designed to clarify the timeline for the roll-out of the ICDP, document any changes in the ICDP model and the reason for these, and reflect on the achievement of the ICDP and lessons learned, particularly with regard to future service delivery.

Additional in-depth interviews were conducted with two key stakeholders that were unable to attend either of the focus groups. These interviews followed the same discussion prompts and questions as the focus groups.

As per the focus groups, the in-depth interviews were audio recorded and transcribed to enable thematic analysis of their content.

Case studies

The case studies were designed to identify the factors that contributed to the success or failure of tenancy outcomes for ICDP clients. This included a discussion of the strategies used to overcome any barriers identified, particularly for clients identified as having 'complex needs'. Additionally, a narrative approach was used in order to elucidate the client's history of homelessness and risk of 'drift' as a way of clarifying where (and how) the ICDP was most effective in intervening to reduce this risk.

Case studies were undertaken for nine clients who were selected to have a range of backgrounds and differing levels of 'drift' risk. ICDP caseworkers were interviewed individually about three of their clients and were asked to discuss these clients anonymously. The interviews were audio recorded and transcribed and then analysed in two ways: 1) according to a pre-determined framework so as to compare strategies

used for clients with differing levels of need and 'drift' risk; and 2) for discourse relating to the key themes that emerged from the focus groups and in-depth interviews.

Secondary data analysis: MACSIMS

Every client contact with a Mission Australia service is recorded in the Mission Australia Community Services Information Management System (MACSIMS). The dataset includes demographic information as well as information on the type and duration of client contacts, identified needs and type of support provided. This centralised data collection is administered by the National Office.

Data for all client contacts with the ICDP between 01/07/2011 and 30/06/2013 were requested with respect to demographic characteristics such as age, sex, ATSI, CALD, disability type, place of birth, English proficiency, living arrangement, employment and income status. The data was provided to the research team in de-identified form and was used to examine the program reach of the ICDP.

OUTCOME EVALUATION

The Outcome Evaluation was designed to measure the extent to which the ICDP had achieved its stated goals and objectives. These have been summarised into the following three key objectives:

1. Reduce the number of people from GWS drifting into the inner-city
2. Lower the risk of drift for clients accessing the ICDP
3. Assist clients to sustain tenancies in GWS

A number of different data sources were utilised to assess these outcomes, including: routinely collected information by ICDP such as MACSIMS (described above) and the Assessment Tool (previously described); routinely collected data held by the Homeless Persons Information Centre (HPIC); and a Client Survey. Some of this data was collected at a single point in time while other data was longitudinal. Further detail on the Client Survey and secondary analysis of the HPIC data is provided below.

Longitudinal Client Survey

A longitudinal client survey was undertaken with a sub-sample of clients who presented to the ICDP between October 2012 and June 2013. Clients were invited to participate in the baseline survey by an ICDP staff member at the end of their initial assessment interview. Participation was voluntary and did not affect access to support. Participants provided written consent to have their survey linked to ICDP administrative data and to be followed-up at six months. The majority of participants self-completed the survey however those who had difficulty with reading or comprehending the survey questions (e.g. clients from non-English speaking backgrounds) were given the option of having the survey read aloud by a member of staff. Participants were re-contacted at six months by a member of the research team and invited to participate in the follow-up survey which was conducted by telephone. All participants were reimbursed with a \$20 gift voucher for each survey completed.

The baseline survey was designed to be self-completed and took approximately 15-20 minutes to complete. The survey included the following measures:

- Kessler 6 Psychological Distress Scale (Kessler et al., 2002)
- Rosenberg Self-Esteem Scale (Rosenberg, 1989)
- Relationship Questionnaire for attachment style (Bartholomew and Horowitz, 1991)
- Locus of control items adapted from the Locus of Control Measure (Huntley et al., 2012) and the Levenson Multidimensional Locus of Control Scales (Levenson, 1981)
- Financial strain, developed specifically for use in the present study
- Use of crisis support services, developed specifically for use in the present study.

Both the follow-up Client Survey and follow-up Assessment Tool were modified slightly so that they could be conducted via telephone but otherwise contained the same measures as per the baseline instruments.

A total of 99 clients completed the baseline survey: 97 consented to have their administrative data linked to their survey data and 96 provided contact details for the follow-up survey. The majority of surveys were completed during the latter half of the data collection period (see Figure 4). The client survey sample had a follow-up rate of 49%. All participants were contacted a minimum of five times and at different times of the day to improve the likelihood of successful contact. At the end of the data collection period, a final attempt was made to contact all clients previously unable to be contacted. Additionally, the contact details for these participants was checked on MACSIMS in case participants had re-presented to the ICDP and provided new contact information. The various reasons for non-follow-up included participants who did not initially provide any contact details, had since disconnected their telephone number, or simply stated they no longer wished to participate in the survey upon being re-contacted. In the time between baseline and follow-up, one client died and another was incarcerated.

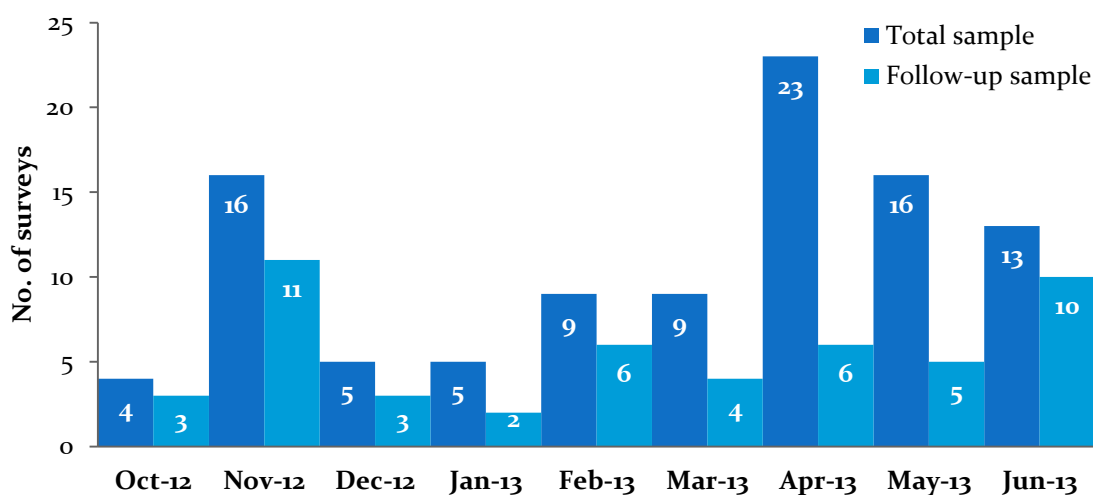


Figure 4 Number of baseline surveys completed between October 2012 and June 2013

Secondary Data Analysis: HPIC data

External stakeholder data was obtained and analysed to build up a picture of need/demand in two western Sydney LGA's – Bankstown and Fairfield. These two areas were chosen because they had similar service configurations with respect to Centrelink and HNSW (e.g. Case Coordination Teams being piloted at both Centrelink sites). The ICDP operates an outreach service at HNSW and Centrelink offices in Fairfield but not Bankstown, hence Bankstown served as a comparison site against which to measure the impact of the ICDP on homelessness need in Fairfield.

The Homeless Persons Information Centre (HPIC), part of the City of Sydney, operates a state-wide telephone-based information and referral service for people who are homeless or at risk of homelessness. HPIC routinely collects administrative information on all callers in terms of their demographic characteristics, presenting issues, current location, last permanent suburb, accommodation needs and outcomes.

HPIC data was obtained for the calendar years 2011-2012. The following data was provided to the research team in September 2013:

1. The total number of HPIC calls originating from select GWS Local Government Areas (LGAs): Bankstown, Blacktown, Campbelltown, Fairfield, Holroyd, Liverpool, Parramatta and Penrith.

2. Monthly data on the number of calls to HPIC originating from the Bankstown and Fairfield LGAs
3. Monthly data on the characteristics of individual clients calling from Bankstown and Fairfield LGAs:
 - a. 'First time' callers
 - b. Family group
 - c. Last permanent suburb within GWS
 - d. Presenting issues
 - e. Primary reason for homelessness
 - f. Immediate accommodation requirement
 - g. Crisis accommodation outcomes
 - h. Other outcomes

The postcodes for 'last permanent suburb' were collapsed into LGAs for ease of analysis. Where a postcode was attributed to two or more LGAs, land area sizes were used to determine the proportion of the suburb that fell in each LGA (using the website profile.id.com.au) and this proportion was then used to determine how many clients/calls were to be allocated to that LGA. For example, if n=10 calls originated from Guildford and 60 percent of Guildford fell under Holroyd LGA and the remaining 40 percent fell under Parramatta LGA, then 60 percent of calls would be allocated to Holroyd (n=6) and 40 percent of calls would be allocated to Parramatta (n=4). When these land sizes were not available, an estimate was made based on geographic maps of the area (using Google Maps).

RETROSPECTIVE ASSESSMENT

Clients who presented to the ICDP just prior to the implementation of the Assessment Tool were retrospectively assessed based on the notes in their client file. This was undertaken by an ICDP Project Officer using the Assessment Tool (described previously) and included a review of both paper and electronic files. The retrospective assessment of clients commenced in March 2013. Each retrospectively assessed client was then contacted approximately 6-9 months post their initial presentation to the ICDP, using the same process outlined above for the Client Survey. This follow-up contact aimed to determine the adequacy of accommodation for the client and whether the client required any further assistance. The Assessment Tool was used to ascertain level of need and 'drift' risk at follow-up (as previously described for the Client Survey). If clients required further assistance, a new episode of care was instigated by a member of the casework team.

A total of 222 individuals presented to the ICDP for assistance between 1 July and 30 Sep 2012, all of whom were retrospectively assessed to determine baseline 'drift' risk (see Figure 5). Unfortunately, Figure 5 also shows that the majority of these clients were not contactable at follow-up. There were a number of reasons for this including: no contact details being provided, phone number disconnected, or simply not returning the follow-up calls and text messages they received. Twenty-nine percent of the total retrospective sample was successfully re-assessed.

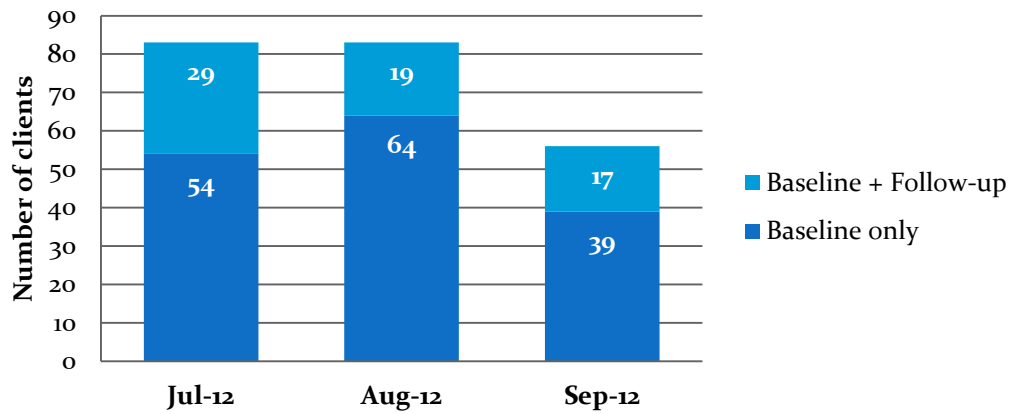


Figure 5 Number of clients presenting to the ICDP during July-September 2012 that were retrospectively assessed on their baseline information (n=222) including the proportion that were subsequently followed up (n=65)

RESEARCH LIMITATIONS

The evaluation will provide a comprehensive assessment of many aspects of the ICDP, including both *process* and *outcome* appraisal. Specifically, the evaluation will be able to meaningfully answer:

- The extent to which clients have a tenancy and either remained in, or returned to, their community of origin
- The level of program reach as evidenced by agency awareness of the ICDP and the number and characteristics of client referrals
- The aspects of the program that worked well, and those that didn't

The evaluation will not be able to determine whether the ICDP prevented 'drift' per se, as the methodology does not include a comparison group to measure 'drift' risk in the absence of an intervention. Additionally, there is no pre- and post-intervention data on client geographic movement within the service system as this type of information is not routinely collected by specialist homelessness services. The evaluation will also not be able to determine the extent to which the intended target population accessed the ICDP. Again, this is due to the absence of a comparison group that would have enabled the measurement of client awareness of the ICDP and barriers to access among the broader 'at risk' population.

The next chapter provides an overview of the implementation of the ICDP.

4. ICDP IMPLEMENTATION

This chapter addresses the second aim of the evaluation concerned with the implementation of the ICDP. It draws upon stakeholder perspectives expressed in the focus groups and in-depth interviews as well as reflections from a series of case studies of clients with successful and not-so-successful outcomes.

The chapter comprises three sections. The first section describes the referral pathways that were established during the implementation phase; the second section discusses the combined effectiveness of the case management and brokerage components; and the third section considers how the project was understood by the external stakeholders.

ASSESSMENT AND REFERRAL PATHWAYS

The service model developed at the outset of the project identified assessment and referral pathways as critical to the early intervention and prevention focus of the ICDP (see Chapter One, Figure 2). The impetus to work with the 'first to know' agencies came out of the service development work undertaken when the project was being established (see Chapter One, 'Homelessness Reform'). Two key 'first to know' agencies were identified as being HNSW and Centrelink, since most people with financial and/or accommodation difficulties will have contact with one or both of these services. Thus significant effort was applied to developing referral pathways between the ICDP and these organisations. This involved a process of implementation and review, all the while adapting procedures to ensure accessibility for clients that were the intended target population of the service. The outcomes of this process are reviewed below.

Agency versus self-referrals

The ICDP received some self-referrals from clients but this was not a major referral source as originally anticipated. When the service commenced, the ICDP distributed postcards which were intended to increase awareness of the ICDP amongst both services and potential clients. The postcards highlighted the status of the ICDP as an early intervention service in western Sydney in terms that were brief, relevant, and could be easily understood, and encouraged clients to get in contact if they felt that they had financial and/or accommodation concerns. It was suggested by one stakeholder that whilst the postcard did a very good job of clearly explaining the intention of the service, it was one of many resources being advertised to the target population. People in need are thus bombarded with written information and this may make it difficult for someone to identify the most appropriate service for themselves without receiving a formal referral.

Predominantly, the ICDP received referrals from 'first to know' and other SHS agencies. Awareness of the ICDP was created by attending inter-agency forums and meetings, visiting agencies to discuss the services provided by the ICDP, distribution of a postcard (mentioned above), and word of mouth amongst services. The ICDP received regular referrals from local agencies including services which provide support to those in financial difficulties, community housing providers, Community Corrections Officers, non-government drug and alcohol services, and the Homeless Person's Legal Service (HPLS).

In addition to the targeted marketing of the ICDP to first-to-know agencies and SHSs, the ICDP developed a relationship with a private real estate agency in Fairfield. This developed opportunistically in the process of assisting clients to find a rental property. The support provided by ICDP caseworkers was viewed positively by the real estate agents who subsequently were more likely to accept a client into a property. The fostering of this relationship resulted in a small number of new referrals, whereby some real estate agents

referred to the ICDP other tenants who were struggling with their rent. They also notified ICDP caseworkers of properties coming onto the market that would be suitable for ICDP clients.

Outreach: Satellite sites within Housing NSW and Centrelink

A major way in which the service delivery of the ICDP differed from the way it was envisioned was in regards to outreach. The operations of the ICDP were originally expected to take place largely within the Mission Australia office at Harris Park. HNSW and Centrelink facilitated referrals to the ICDP however clients did not always follow through with these referrals. As a result, several outreach sites were established within HNSW and Centrelink – Figure 6 depicts the timeline for the establishment of these satellite sites. As a consequence, the ICDP caseworkers spent much more time seeing clients at these locations than was originally expected. Furthermore, the original intention for the outreach services in Centrelink and HNSW offices was that the ICDP caseworker would take referrals on-the-spot. The level of demand, however, resulted in an appointment system being implemented.

At the time of writing the ICDP had outreach offices in HNSW offices at Liverpool, Blacktown and Parramatta. The ICDP commenced operations in the Liverpool and Fairfield HNSW offices in July 2012 (coinciding with the establishment of the Liverpool TA Triage Project – see next section below) and at the Parramatta office in September 2012. Liverpool and Fairfield HNSW operations ceased in April 2013 when the caseworker responsible for these two satellite sites left the ICDP to take up employment with Liverpool HNSW. ICDP recommenced operating at Liverpool HNSW in August 2013.

With regard to Centrelink, the original plan was for the ICDP to work only within the Parramatta office, but this partnership was expanded to include Fairfield, Penrith and Merrylands offices. These offices were chosen from the approximately 10 Centrelink offices located in GWS through consultation with Centrelink staff regarding the locations servicing clients with the greatest need. The ICDP commenced operation in the Parramatta, Blacktown, Penrith and Fairfield Centrelink offices in April 2012; the Merrylands office commenced operation in March 2013. At the time of writing, ICDP was awaiting approval to begin operating out of Liverpool Centrelink.

Within Centrelink, the process for referral was linked into the Case Coordination Pilot Project when that commenced in 2012. Customer Service Officers (at select Centrelink Offices where the pilot project was taking place) referred clients to the Case Coordination Team if they suspected homelessness and/or the client required more assistance to resolve their issues. The Case Coordination Team would then undertake a general assessment of homelessness and other issues and, if necessary, refer on to the ICDP to conduct a more specific assessment of the person's housing needs. The assessment of clients at Centrelink was sometimes undertaken with the Centrelink staff member sitting in. If assessments were undertaken by an ICDP caseworker on their own, they typically provided feedback to the Centrelink worker regarding the support plan negotiated with the client.

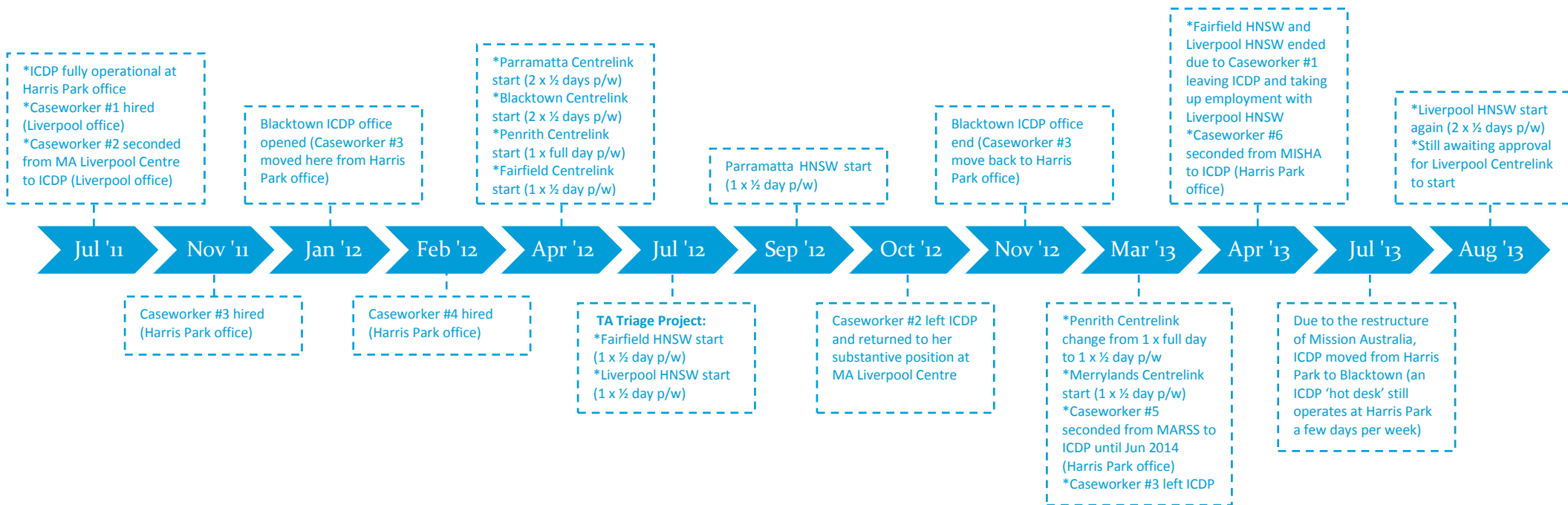


Figure 6 Inner City Drift Project timeline

Liverpool TA Triage Project

So that started as a really little thing and Western Sydney Community Forum started the thinking of a TA triage. So we were really well placed to be the first point of contact with the TA triage. And so how that works is, when somebody presents at Housing New South Wales who are homeless, they put them in TA - temporary accommodation for three days in a motel. Now what we do, is we ring them within 24 hours of them going into temporary accommodation and engage with them.

A need was also identified for people accessing the Temporary Accommodation (TA) program through HNSW to gain access to support services as soon as possible, rather than being referred to a service once their maximum amount of TA had been exhausted. In response to this need, the Liverpool TA Triage Project was established in September 2012 as a partnership involving 14 agencies, including the ICDP. The other partner agencies were: Bonnie's Women's Refuge, Cabramatta Community Centre (GITS), Centrelink Liverpool, Housing NSW Liverpool, Hume Community Housing, Joan Harrison Support Services for Women, Liverpool Youth Refuge, Liverpool Youth Accommodation, Lotus House, South West Women's Housing, and Muslim Women Association. Eligible clients were those who were first time homeless or had re-experienced homelessness after a period of two years of stable housing and presented to HNSW requesting assistance via the TA program.

The ICDP undertook the triage role in the project with the aim of assessing clients within 48 hours³ of referral and providing rapid support. This included identifying and arranging appropriate housing in the private and social housing markets or through supported housing programs as well as facilitated referrals to relevant support services to assist the client in sustaining their accommodation.

CASE MANAGEMENT AND BROKERAGE

In the original conceptualisation of the ICDP service model, case management and brokerage were considered complementary aspects of service delivery, with each enhancing and increasing the effectiveness of the other. The aim of case management was to sustain or re-establish clients' housing and to link in with other organisations to manage long-term vulnerability or risk. The following sections describe the challenges and successes in implementing the case management and brokerage components of the ICDP.

Case coordination and duration of support

As anticipated, some clients only required one-off assistance, while others required more intensive and ongoing case management to prevent them from ending up in the same situation again. There were a small number of clients who were still being case managed after one year, and these were predominantly families. Part of this was due to the longstanding issues inherent in some families that required long-term case management in order to support lasting behaviour change. It was also somewhat driven by the establishment of partnerships with community housing providers to make available two and three bedroom properties for families. The allocation of these properties was on the condition that ICDP would provide case management support for the first six to twelve months to assist families transitioning into these properties.

The role of the ICDP in case coordination was not always clear. There was a belief among some service providers that the ICDP had the capacity to provide case management where other services could not but as one stakeholder explained, that was never an objective of the service.

³ Although the ICDP typically responds within 24 hours

We would do some, but other organisations, it was about trying to get the existing services to work more collaboratively and to have partnerships in performing these roles.

A few stakeholders felt there was inadequate feedback regarding shared clients assessed by the ICDP. These comments were typically made by stakeholders from the Liverpool service system which appears to be less well developed than the Parramatta service system (this is discussed in more detail in Chapter Nine). Other stakeholders, predominantly from the Parramatta service system (but also including some stakeholders from Fairfield) felt the ICDP played a valuable role in coordinating and following up on referrals to ensure client needs were met. One stakeholder commented:

I think there's a bit of coordination from them from my experience 'cause I think [stakeholder] was saying at the start there's no - we can assess in housing, can assist with housing but that case management support – and I think they kind of coordinate that, from my experience, really well and they will follow up with certain referrals that they make to our services. Have you been able to support them? If so, how have you supported them? Well, we kind of referred them onto another service that's willing to assist as well. So just someone that actually looks after the individual or the family group a bit better than what we were, I guess, doing before.

Approach taken with complex needs clients

It was generally understood among stakeholders that clients with complex needs were those with a multiplicity of needs, consistent with understandings documented by other researchers (McDermott and Bruce, 2010). These types of clients were certainly present in the ICDP client population. Specifically, these clients were defined by the ICDP caseworkers as those who had at least one of the following: a history of homelessness, contact with the criminal justice system or Family & Community Services, a drug and alcohol problem, family conflict/domestic violence, diagnosed/undiagnosed mental health issue such as depression or posttraumatic stress disorder, and some difficulties with daily tasks such as keeping appointments with services. These clients often needed a lot of assistance to get to appointments and a lot of advocacy from ICDP to ensure other support services persisted and didn't give up on the client.

There were several examples given by stakeholders highlighting the breadth of the approach taken with complex needs clients. This is demonstrated in the quotes below:

I just worked with them as per their needs. I don't think I really worked with him any differently. He just needed a little bit – a couple of extra hours of my time than another client. But, case plans and stuff were all done in the same way.

And:

I think part of effective case management with somebody that has complex issues and does not keep appointments, is to be able to take the client places.

And:

Well, complex needs clients need, I guess, a lot more patience and understanding and a lot more follow-up. [...] it's often three steps forward, two steps back because you'll get to a certain point and she won't make a phone call or she'll have her phone turned off and then you receive a call from another agency [saying], "We can't contact her". So it's that patience surrounding trying to track her down and explaining, "you should have had your phone on, on this particular day". Whereas, with non-complex needs clients, they are able to have their phone – well, first of all, keep the same phone number all the time and actually receive calls from other agencies and then they can ring you back. [...] Unfortunately, people that have really complex needs like this particular client, that doesn't happen.

At one level, these examples suggest there was no difference in the approach taken with complex needs clients. This level is at the initial phase of assessment and case planning. That is, the approach of case management used was the same whether the client was considered as having complex needs or not. However, the difference was in the intensity and time required to provide the case management. The ICDP caseworkers utilised their case management skills equally with all clients, completing an assessment, writing up a case plan, advocacy, using a non-judgmental, patient, flexible and client-centered approach. However, all of these skills were used more frequently and with greater intensity for clients with more complex needs.

Strategic use of brokerage

The brokerage component of the ICDP was conceived with a degree of flexibility so as to enable the ICDP to meet the urgent needs of clients, particularly with respect to averting imminent risk of homelessness. Additionally, the model also allowed for collaboration with agencies in the expenditure of brokerage. In many ways, the flexible application of brokerage within a triage framework placed the ICDP in a unique position to respond to a range of client needs (including potentiating factors of homelessness, not just an impending homelessness crisis).

Many of the examples provided by stakeholders highlighted the limitation of existing brokerage funds and the collaboration between services, including the ICDP, to meet an individual client's expenses.

So say, for example, somebody who's moving into a private rental, they need four weeks bond and two weeks up front. Now at the very best, they can get three weeks bond assistance. So that means they're three weeks short. Now people who are homeless or people living in motels haven't got three weeks in advance to get in anywhere. So we tend to fit – yeah, we're the gap. So they might have a week, we might be able to assist for two weeks. Or we might assist with one week, they have one, and [another agency] might assist with one. So it's a bit of a shared thing.

Decisions regarding the expenditure of brokerage were considered by many stakeholders to be sensible, in that they were focused on long-term sustainable outcomes (and thus consistent with ICDP objectives and principles). Moreover, these expenditures were viewed as difficult decisions in the existing fiscal climate, as demonstrated by the following quotes:

The thing about Inner City Drift is as examples are given, [ICDP] is not scared to spend a dollar whereas my previous experience with brokerage was they got frightened off, they would need a fair bit of money thrown at them but [ICDP] doesn't hesitate with the calls. So for me, yeah, I saw Inner City Drift as a godsend for what I was doing.

And:

.... [ICDP's] not afraid to spend a dollar and not afraid to justify that dollar [that's] spent. Whereas if you ring up and want particular maybe other organisations, they might say, "Well they don't fit my criteria." Shut the door.

These quotes underscore the role of brokerage, when applied flexibly, in providing a client-centered approach. It was apparent that the arbitrary restrictions on the use of brokerage (commonly in place by other agencies) were not necessary because the focus on long-term housing stability for clients provided the framework for all case management decisions. This point is taken up again in Chapter Nine.

UNDERSTANDINGS OF THE OBJECTIVES OF THE ICDP

As previously stated, the ICDP was conceived as a case management, referral, and brokerage service that would work with other agencies to facilitate housing and support options for clients in GWS – and, in doing so, *prevent* the ‘drift’ of homeless people into the inner-city service system. The following sections describe some of the challenges in keeping the project within scope so that it could deliver on its stated objectives.

Preventing Drift versus Addressing Need

As discussed in Chapter One, the impetus for the ICDP came from inner-city stakeholders who had identified a need to reduce the pressure on the inner-city service system due to an overflow of clients from the GWS service system. One participant reflected on the contradiction of the ICDP being funded as a Coastal Sydney project but delivered in western Sydney. This stakeholder questioned whether inner-city ‘drift’ was seen as a priority in GWS to the same extent that it was seen as such in Coastal Sydney, although the region appeared to have ‘been thankful for it’. One of the consequences in having a project funded by one region and delivered in another seems to have been confusion regarding the objectives of the project as it was rolled out. As one stakeholder explained, the intention of the project was to address inner-city drift but it was often misunderstood simply as a new service to address the needs of vulnerable people in GWS and therefore to create a system to support these people.

Now, unfortunately, outside of the inner city everyone thinks that it’s about working with their cohort. Whether that be NGOs, whether that be government agencies, Centrelink, Housing NSW, FaCS itself, they all think that the Inner City Drift was set up to examine the needs of the clients of the vulnerable, the about-to-be homeless, the homeless people out in their area, and to work a system that was going to support those people.

Additionally, in the process of developing and delivering the project, a more nuanced understanding of the level and type of need in GWS emerged. This had implications for how the project managed this demand, not just within the project itself but by leveraging its position within the service system. This is discussed further in the next section (and is picked up again in Chapter Nine).

Breadth of the target population

As previously mentioned, the contractual obligations restricted the target population of the ICDP predominantly to single adults but with a small portion of families where there was a clear risk of ‘drift’ into the inner-city. This decision was made, in part, to contain the anticipated demand for support in the area, as explained by one key stakeholder:

And that was some of the pre-work, and we just knew that there was going to be – it was going to be difficult just looking after men and women.

Additionally, it was argued that there were a number of existing services for families in GWS and that families were less likely to ‘drift’ than single adults because of the inherent difficulty in physically moving a group of people and the lack of family services in the inner-city. Hence the logical focus was on single adults.

This decision against including a larger focus on children or families was initially met with frustration by GWS services but resolved with time given the breadth of clients actually received by the service. For example, while adults presenting with children were not a focus of the ICDP they were seen as a priority for early intervention so as to avoid the mandatory notification to child protection services in the event that a child becomes homeless. The notion of ‘family’ has also been challenged by the number and type of referrals the ICDP has received; many single adults have children who may not currently reside with them

but who are, nevertheless, an important part of the client's motivation for seeking assistance to remain housed in GWS.

So the mere fact that we have gone into, perhaps, a larger percentage than the 20% we negotiated with the funding body that we would spend with family groups, single men, single women and their children, blended families, whatever is the meaning of family, we actually do, I think, more than 20% of families. So the fact that there is so much need outside of the inner city was not part of what this project was about.

The ICDP was able to manage this conflict between organizational values, contractual obligation, and client demand by being clever in the way referrals were screened and directed to other parts of the service system. Partnerships and networks were critical to this and are discussed in detail in Chapter Nine.

SUMMARY

This chapter provided an overview of the challenges and successes in the implementation of the ICDP. With regard to the establishment of referral pathways, the ICDP established satellite sites within HNSW and Centrelink, two key 'first to know' agencies. This ensured the accessibility of the services to the target population particularly given self-referrals were lower than expected. Additionally, the relationship that developed with a Fairfield real estate agent is a promising partnership and identifies another referral pathway into ICDP as well as providing more housing options for ICDP clients. Finally, the ICDP played a core role in the establishment and success of the Liverpool TA Triage Project.

ICDP often took a lead role in case coordination and while this was meant to be negotiated between the partner agencies, some services saw it as a primary role of the ICDP. These expectations had to be managed by the ICDP, particularly for clients that were identified as having high and complex needs. While the ICDP caseworkers took a client-centered approach with all clients, those with high and complex needs required greater investment in terms of caseworker time and advocacy with other services. Finally, brokerage was used flexibly and collaboratively with other agencies to prevent homelessness and a cascade into 'drift'.

5. PROGRAM REACH

This Chapter addresses the second aim of the evaluation with regard to the implementation of the ICDP across the target population. Specifically, it aims to answer the following questions:

1. To what extent were ‘first to know’ agencies in the GWS region aware of the ICDP?
2. What was the geographic distribution of referrals to the ICDP?
3. To what extent did the client presentations reflect the intended target population?

The first part of the chapter presents a profile of GWS residents in comparison to residents of Sydney’s inner-west and inner-city. This serves to document the differences in need across these areas. The second part of the chapter presents the data pertaining to the specific research questions outlined above.

DEMAND WITHIN GREATER WESTERN SYDNEY

Demographic data was obtained from the 2011 ABS Census in order to provide a point-in-time snapshot of GWS; this data is shown in Table 1 and Table 2. For comparison purposes, Table 2 also shows the corresponding data for Sydney’s inner-west and inner-city localities. Data is reported at Statistical Area Level 3 (SA3) (Australian Bureau of Statistics, 2011). These SA3 localities represent the western and south-western corridors of Sydney through to the inner-west and inner-city areas. The selection of SA3 localities was undertaken in two steps. First, all localities where the ICDP directly provided services were included. Second, all intervening localities between these areas and the inner-city were selected. Geographically, this represents a narrowing of localities from western and south-western Sydney through to the inner-west areas of Strathfield-Burwood-Ashfield and Marrickville-Sydenham-Petersham and then the inner-city. This is consistent with findings on the geographical movement of former GWS residents accessing inner-city services from the pilot work undertaken at the outset of the project.

Across all regions, the proportion of male and female residents was similar and approximately 1:1. The proportion of residents identifying as Indigenous Australian was highest along the western Sydney corridor (Table 1) – 4.5 per cent of the population in Mount Druitt, and approximately three per cent in St Marys and Penrith. Along the south-western corridor (Table 2), the highest proportion of Indigenous Australian’s resided in Campbelltown but in general, the population was one per cent or less across south-western Sydney. This compares to approximately two per cent or less in the inner-west and inner-city localities (Table 2). The age distribution across the different localities was fairly similar with a few exceptions. Blacktown North and Mount Druitt (in western Sydney) had a higher proportion of people aged under 25 years whereas there was a relatively higher proportion of young adults (25-34 years) residing in Auburn and Parramatta in western Sydney and also in the inner-west and inner-city. Across western Sydney, Auburn had the highest proportion of residents born outside of Australia (57%), followed by Parramatta (48%), Merrylands-Guildford (42%), Blacktown (39%), Mount Druitt (37%) and Blacktown North (36%). Similarly high proportions of non-Australian born residents were found in south-western Sydney (range: 37-56%) and the inner-west (range: 35-47%) and inner-city (42%). Across all localities, Campbelltown had the smallest proportion of residents born outside of Australia (28%).

Among those aged 15 years or older, Blacktown North, in western Sydney (see Table 1), had the highest proportion of residents that were employed (68%) followed by the inner-west area of Marrickville-Sydenham-Petersham (63%) and then St Mary’s (61%) in western Sydney. The lowest proportion of employed residents was 47 per cent for the locality of Fairfield, in south-western Sydney (Table 2). Conversely, Fairfield had the highest proportion of people classified as not being in the labour force (43%),

followed by Auburn and Merrylands-Guildford (both 40%). Overall, south-western Sydney localities had a higher proportion of people classified as not being in the labour force compared to localities in western Sydney or the inner-west and inner-city.

The proportion of residents living in private dwellings was similar across western and south-western Sydney localities and slightly lower than that observed for the inner-west and inner-city localities. Among those residing in private dwellings in western and south-western Sydney, the majority of residents in outer western (range: 60-76%) and south-western (range: 60-68%) Sydney owned their properties (either outright or with a mortgage). This was slightly lower in the western (55-62%) and inner-west (55-59%) areas of Sydney but was lowest for the inner-city, with property ownership at just 24 per cent.

Among those renting, renting from a real estate agent was the most common type of tenure, followed by a State/Territory housing authority. The proportion of residents with a private rental was highest for Parramatta (28%); while this compares favourably to the 28-30% range observed for the inner-west and inner-city, the majority of western and south-western localities were in the range of 13-16%. Mount Druitt, in western Sydney, (Table 1) had the highest proportion of government housing, followed by Campbelltown (11%) and Bankstown (9%), both in south-western Sydney (Table 2) and Blacktown (8.5%) and Merrylands-Guildford (8.5%), both in western Sydney (Table 1). The proportion of people residing in government housing in all other localities was low and in the range of 4-5% (except Blacktown North which was 1%).

Migration patterns across the different regions varied to some extent. The inner-city had the highest rate of recent migration, with approximately one-quarter (24%) having lived at a different address one year prior to the Census. This compares to 15-16 per cent of residents in the inner-west localities and 10-12 per cent of residents in south-western Sydney. Within western Sydney, some localities (i.e. Parramatta, Auburn and Blacktown-North) had recent migration rates similar to that of the inner-west, whereas others had migration patterns similar to south-western Sydney.

Table 1 Demographic profile of western Sydney (ABS 2011 Census data, Statistical Area Level 3)

	Penrith		St Mary's		Blacktown		Blacktown North		Mount Druit		Auburn		Merrylands Guildford		Parramatta	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total persons	124,673	-	52,065	-	125,022	-	74,777	-	103,728	-	74,421	-	135,913	-	124,775	-
Male	61,179	49.1	25,872	49.7	61,989	49.6	37,656	50.4	51,099	49.3	38,568	51.8	67,635	49.8	62,717	50.3
Aboriginal and/or Torres Strait Islander	3,585	2.9	1,658	3.2	2,503	2.0	1,007	1.3	4,699	4.5	448	0.6	1,114	0.8	1,038	0.8
Age groups																
0 – 14 years	27,402	22.0	11,192	21.5	26,384	21.1	18,942	25.3	26,697	25.7	14,634	19.7	29,443	21.7	22,965	18.4
15 – 24 years	17,749	14.2	8,203	15.8	16,707	13.4	9,743	13.0	16,192	15.6	11,606	15.6	19,544	14.4	15,165	12.2
25 – 34 years	18,445	14.8	7,575	14.6	19,902	15.9	12,627	16.9	14,457	13.9	15,204	20.4	21,676	15.9	27,833	22.3
35 – 44 years	18,041	14.5	6,997	13.4	17,749	14.2	13,237	17.7	14,544	14.0	10,576	14.2	18,311	13.5	18,946	15.2
45 – 54 years	16,432	13.1	7,693	14.8	16,416	13.1	9,415	12.6	13,299	12.8	9,405	12.6	16,715	12.3	14,223	11.4
55 – 64 years	14,249	11.4	5,835	11.2	13,811	11.0	6,346	8.5	9,746	9.4	6,614	8.9	13,694	10.1	11,130	8.9
65 years and over	12,355	9.9	4,569	8.8	14,054	11.2	4,466	6.0	8,793	8.5	6,382	8.6	16,529	12.2	14,513	11.6
Birthplace																
Australia	95,855	76.9	35,913	69.0	70,172	56.1	45,600	61.0	59,176	57.0	26,727	35.9	70,159	51.6	57,888	46.4
Elsewhere	23,180	18.6	13,414	25.8	49,124	39.3	26,844	35.9	38,383	37.0	42,310	56.9	56,840	41.8	59,012	47.3
Labour force status (persons aged 15+ years)	106,924	85.8	40,873	78.5	98,638	78.9	55,835	74.7	77,031	74.3	59,787	80.3	106,470	78.3	101,810	81.6
Employed	62,064	58.0	24,748	60.5	56,950	57.7	38,062	68.2	39,923	51.8	29,162	48.8	51,738	48.6	58,881	57.9
Unemployed, looking for work	3,320	3.1	1,712	4.2	4,260	4.3	2,030	3.6	4,100	5.3	2,743	4.6	4,703	3.5	4,136	4.1
Not in the labour force	27,547	25.8	12,280	30.0	32,855	33.3	13,991	25.1	28,420	36.9	23,487	39.3	43,056	40.4	32,159	31.6
Housing type (private dwellings only)	42,329	34.0	16,928	32.5	41,346	33.1	22,508	30.1	30,618	29.5	22,280	29.9	42,810	31.5	43,715	35.0
Owned outright	11,283	26.7	4,439	26.2	11,495	27.8	4,435	19.7	6,017	19.7	5,591	25.1	12,919	30.2	10,340	23.7
Owned with a mortgage	18,679	44.1	7,526	44.5	16,209	39.2	12,690	56.4	12,308	40.2	7,168	32.2	13,843	32.3	13,759	31.5
Rented - Real estate agent	6,742	15.9	2,585	15.3	6,125	14.8	3,331	14.8	4,926	16.1	5,847	26.2	7,170	16.7	12,121	27.7
- State or territory housing authority	1,876	4.4	756	4.5	3,512	8.5	303	1.3	4,377	14.3	841	3.8	3,683	8.6	2,492	5.7
- Person not in same household ^b	2,016	4.8	884	5.2	2,039	4.9	859	3.8	1,410	4.6	1,442	6.5	2,310	5.4	2,350	5.4
- Housing co-operative/community group	206	0.5	91	0.5	246	0.6	61	0.3	180	0.6	129	0.6	430	1.0	497	1.1
- Other landlord type ^c	260	0.6	86	0.5	219	0.5	301	1.3	174	0.6	242	1.1	431	1.0	415	0.9
- Landlord type not stated	179	0.4	68	0.4	170	0.4	67	0.3	141	0.5	125	0.6	264	0.6	222	0.5
Other tenure type ^d	199	0.5	61	0.4	228	0.6	89	0.4	183	0.6	136	0.6	296	0.6	463	1.1
Migration																
Lived at same address 1 year ago	103,701	83.2	43,351	83.3	104,296	83.4	60,289	80.6	85,155	82.1	59,096	79.4	110,800	81.5	95,305	76.4
Lived at different address 1 year ago	14,258	11.4	5,673	10.9	14,069	11.3	10,485	14.0	11,904	11.5	10,990	14.8	15,193	11.2	19,903	16.0
Lived at same address 5 years ago	71,148	57.1	31,407	60.3	71,842	57.5	35,522	47.5	59,069	56.9	33,891	45.5	74,943	55.1	56,093	45.0
Lived at different address 5 years ago	38,397	30.8	14,167	27.2	38,114	30.5	29,311	39.2	29,981	28.9	28,156	37.8	41,307	30.4	51,083	40.9

Source: ABS 2011 Census of Population and Housing: Basic Community Profile based on place of usual residence (cat. 2001.0) and ABS 2011 Census of Population and Housing: Estimating Homelessness (cat. 2049.0)

Table 2 Demographic profile of south western, inner-west and inner-city Sydney (ABS 2011 Census data, Statistical Area Level 3)

	Campbelltown		Fairfield		Liverpool		Bankstown		Canterbury		Strathfield Burwood Ashfield		Marrickville Sydenham Petersham		Inner City	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total persons	147,164	-	175,637	-	104,189	-	159,072	-	125,426	-	137,207	-	50,613	-	174,572	-
Male	71,984	48.9	86,534	49.3	51,682	49.6	78,234	49.2	63,067	50.3	67,285	49.0	25,275	49.9	92,089	52.8
Aboriginal and/or Torres Strait Islander	4,747	3.2	1,237	0.7	1,363	1.3	1,258	0.8	596	0.5	785	0.6	794	1.6	2,268	1.3
Age groups																
0 – 14 years	32,165	21.9	35,409	20.1	23,969	23.0	34,576	21.7	25,900	20.6	21,332	15.5	7,419	14.7	12,622	7.2
15 – 24 years	22,765	15.5	26,355	15.0	14,351	13.8	21,891	13.8	16,219	12.9	19,168	14.0	5,712	11.3	27,713	15.9
25 – 34 years	20,838	14.2	23,450	13.4	16,125	15.5	21,624	13.6	20,296	16.2	26,277	19.2	10,707	21.2	56,718	32.5
35 – 44 years	19,298	13.1	23,949	13.6	15,814	15.2	21,375	13.4	18,317	14.6	20,024	14.6	9,655	19.1	30,431	17.4
45 – 54 years	20,626	14.0	25,444	14.5	13,734	13.2	20,947	13.2	16,358	13.0	18,610	13.6	6,706	13.2	19,246	11.0
55 – 64 years	17,726	12.0	20,124	11.5	9,898	9.5	16,703	10.5	12,076	9.6	13,647	9.9	4,817	9.5	14,299	8.2
65 years and over	13,747	9.3	20,907	11.9	10,298	9.9	21,955	13.8	16,261	13.0	18,149	13.2	5,596	11.1	13,543	7.8
Birthplace																
Australia	97,114	66.0	74,623	42.5	54,847	52.6	90,620	57.0	55,238	44.0	63,341	46.2	29,166	57.6	78,134	44.8
Elsewhere	41,438	28.2	92,179	52.5	42,403	40.7	58,515	36.8	61,219	48.8	64,715	47.2	17,794	35.2	73,441	42.1
Labour force status (persons aged 15+ years)	115,006	78.1	140,227	79.8	80,224	77.0	124,502	78.3	99,526	79.4	115,877	84.5	43,197	85.3	161,950	92.8
Employed	65,495	56.9	65,184	46.5	43,317	54.0	61,734	49.6	48,671	48.9	63,398	54.7	27,085	62.7	100,214	57.4
Unemployed, looking for work	5,197	4.5	6,825	4.9	3,188	4.0	4,931	4.0	4,436	4.5	4,461	3.8	1,583	3.7	6,109	3.5
Not in the labour force	37,865	32.9	60,994	43.5	28,265	35.0	49,307	39.6	39,022	39.2	36,109	31.2	11,379	26.3	34,504	19.8
Housing type (private dwellings only)	47,557	32.3	52,107	29.7	32,481	31.2	50,324	31.6	40,459	32.3	48,338	35.2	19,422	38.4	75,347	43.2
Owned outright	11,573	24.3	17,239	33.1	7,689	23.7	16,988	33.8	12,734	31.5	14,395	29.8	4,675	24.1	10,581	14.0
Owned with a mortgage	20,078	42.2	17,026	32.7	12,947	39.9	16,747	33.3	11,767	29.1	14,076	29.1	6,104	31.4	17,634	10.1
Rented - Real estate agent	6,499	13.7	8,038	15.4	6,035	18.6	6,520	13.0	9,572	23.7	13,337	27.6	5,680	29.2	29,754	29.5
- State or territory housing authority	5,275	11.1	3,574	6.9	2,240	6.9	4,676	9.3	1,610	4.0	1,035	2.1	619	3.2	6,580	8.7
- Person not in same household ^b	1,985	4.2	2,655	5.1	1,214	3.7	2,338	4.6	2,093	5.2	2,847	5.9	1,434	7.4	6,856	9.1
- Housing co-operative/community group	264	0.6	361	0.7	219	0.7	430	0.9	278	0.7	472	1.0	195	1.0	799	1.1
- Other landlord type ^c	223	0.5	652	1.3	752	2.3	425	0.8	417	1.0	320	0.7	109	0.6	567	0.8
- Landlord type not stated	166	0.3	298	0.6	169	0.5	258	0.5	219	0.5	254	0.5	102	0.5	465	0.6
Other tenure type ^d	352	0.7	349	0.7	179	0.6	349	0.7	246	0.6	324	0.7	93	0.5	416	0.6
Migration																
Lived at same address 1 year ago	121,638	82.7	149,927	85.4	83,484	80.1	132,628	83.4	101,741	81.1	106,442	77.6	38,512	76.1	107,649	61.7
Lived at different address 1 year ago	16,205	11.0	16,620	9.5	12,918	12.4	15,597	9.8	14,191	11.3	20,611	15.0	8,105	16.0	42,656	24.4
Lived at same address 5 years ago	85,270	57.9	110,017	62.6	54,757	52.6	93,354	58.7	68,756	54.8	67,343	49.1	23,563	46.6	51,113	29.3
Lived at different address 5 years ago	43,008	29.2	45,978	26.2	34,217	32.8	44,248	27.8	38,480	30.7	52,603	38.3	20,216	39.9	93,761	53.7

Source: ABS 2011 Census of Population and Housing: Basic Community Profile based on place of usual residence (cat. 2001.0) and ABS 2011 Census of Population and Housing: Estimating Homelessness (cat. 2049.0)

Table 3 presents data on social housing properties for 2012/13 (Housing New South Wales, 2013). Sydney had the highest allocation of properties (7,749), followed by Bankstown (7,018) and Campbelltown (6,749). Across the ICDP catchment area, Liverpool had the highest number of social housing properties (5,669) followed by Fairfield (5,577) and Mount Druitt (5,454). Studio/one-bedroom and two-bedroom properties were the most common property type for the Sydney, Leichhardt-Marrickville, Inner West, Auburn-Granville and Bankstown areas. The majority of properties in the Holroyd, Parramatta and Canterbury areas were two-bedroom properties while three-bedroom properties were the most common property type for the outer western (Penrith, Blacktown, Mount Druitt) and south-western (Campbelltown, Fairfield, Liverpool) regions. Overall, four bedroom properties were relatively rare with the highest proportion observed for Mount Druitt (22%). This pattern indicates that the most suitable social housing properties for single adults without children (the main target population of the ICDP) are predominantly located in the inner-city and inner-west areas of Sydney.

The most number of applicants housed during 2012/13 was in the allocation zone of Sydney (n=537), followed by Parramatta (n=305) and Liverpool (n=305). The majority of those housed were priority applicants; the exceptions were Campbelltown and Bankstown where less than 50 per cent of all applicants housed were priority applicants. The last two columns in Table 3 show the total number of applicants on the social housing register and the proportion of these that are priority applicants. Holroyd (n=97) and Canterbury (n=64) had the smallest number of applicants housed during the 2012/13 (n=715) period and also the smallest number of applicants registered and awaiting a social housing property (n=967). The localities with the highest number of applicants on the social housing register were Fairfield (n=4,165), Bankstown (n=3081), Liverpool (n=2,862) and Parramatta (n=2,662). Across western and south-western Sydney, the proportion of priority applicants awaiting a property was small (10 per cent or less).

Table 4 shows the rate of homelessness per 10,000 of the total resident population across the different Sydney localities (Australian Bureau of Statistics, 2012a). Not surprisingly, the highest rate of homelessness was found for the inner-city (3,307 per 10,000 persons) and this locality had the highest rate for all operational categories except 'other temporary lodging' and 'severely crowded dwellings'. Strathfield-Burwood-Ashfield had the second highest rate of homeless persons, comprising substantial numbers of people in the 'supported accommodation' and 'boarding house' categories. Fairfield had the third highest number of homeless persons across all localities, predominantly driven by the substantial number of people in the 'severely crowded' category. The key difference in the profile of homelessness in western and south-western Sydney compared to the inner-city and inner-west areas is the smaller rate of boarding house residents and higher rate of severe overcrowding in GWS. Potentially, the homeless population in GWS is likely to remain more hidden and less likely to come into contact with the SHS system. It is also conceivable that the 'severely crowded' group are at high risk of losing their housing and subsequently experiencing a more severe form of homelessness. This has important implications for the way in which the ICDP has evolved (e.g. recruitment of clients via 'first to know' agencies, see Chapter 2) and opportunities for future service development (this will be discussed further in Chapter 10).

Other types of homelessness, however, remain substantial issues for the GWS area. The number of persons in the operational category of 'improvised dwelling' was highest for Parramatta (58 per 10,000 persons) and Penrith (45 per 10,000 persons), and higher than that observed for the two inner west localities. Similarly, approximately half of the western and south-western localities had rates of people residing in supported accommodation that were similar to the rates observed for the two inner-west localities. Within GWS, this was highest for Fairfield (171 per 10,000 persons) followed by Parramatta (142 per 10,000 persons), then Campbelltown and Penrith (both 128 per 10,000 persons). Finally, Penrith, Campbelltown and Bankstown also had relatively high rates of persons staying temporarily with other households, and again, these were higher than the rates observed for the inner-west.

Table 3 Number of properties, applicants housed and registered, and expected waiting times for Housing NSW properties in Sydney (as at 30/06/2013)

Allocation zone	All social housing properties					Applicants housed in 12 month period		Applicants on the social housing register	
	Bedrooms					Total (n)	Priority (%)	Total (n)	Priority (%)
	Total (n)	Studio/One (%)	Two (%)	Three (%)	Four Plus (%)				
Penrith	3,439	18.4	28.0	43.4	10.1	176	82.4	1,811	9.8
Blacktown	4,555	20.5	22.0	48.8	8.6	194	77.8	1,851	8.3
Mount Druitt	5,454	10.9	8.0	59.0	22.0	225	58.2	1,433	4.4
Auburn/Granville	2,827	32.3	39.8	23.9	4.0	134	56.0	1,483	6.1
Holroyd	2,784	19.2	54.5	23.2	3.0	97	68.0	715	10.1
Parramatta	5,123	29.0	40.7	24.8	5.4	305	63.3	2,662	7.1
Campbelltown	6,749	7.5	12.0	67.6	12.9	289	43.9	1,923	4.5
Fairfield	5,577	22.3	23.1	46.4	8.2	146	77.4	4,165	4.2
Liverpool	5,669	22.9	27.0	37.5	12.6	305	64.6	2,862	6.2
Bankstown	7,018	31.3	33.9	28.7	6.0	275	37.5	3,081	4.0
Canterbury	1,699	22.4	49.2	21.6	6.8	64	60.9	967	7.8
Inner West	2,360	43.7	34.0	18.0	4.3	105	68.6	1,357	12.1
Leichhardt-Marrickville	5,200	32.9	41.4	19.3	6.3	195	84.1	1,380	24.9
Sydney	7,749	38.0	45.6	13.7	2.7	537	84.5	1,898	26.0

Source: *Expected Waiting Times for Social Housing 2013: Overview (Housing New South Wales, 2013)*

Table 4 Prevalence of homelessness in selected Sydney localities (Statistical Area Level 3) - rate per 10,000 of the total resident population

SA3	Improvised dwellings, tents or sleeping out	Supported accommodation for the homeless	Temporarily with other households	Boarding houses	Other temporary lodging	Severely crowded dwellings	All homeless persons
Penrith	45	128	142	-	0	-	413
St Mary's	0	-	37	-	0	88	166
Blacktown	-	100	75	-	-	353	575
Blacktown North	-	13	36	-	-	85	152
Mount Drutt	-	46	89	-	-	542	688
Auburn	10	-	-	31	0	522	629
Merrylands-Guildford	9	80	58	36	0	646	829
Parramatta	58	142	71	61	15	264	611
Campbelltown	-	128	126	-	5	370	645
Fairfield	-	171	64	-	0	1,034	1,303
Liverpool	-	117	69	-	0	310	512
Bankstown	10	56	106	88	6	376	642
Canterbury	0	37	59	108	0	459	663
Strathfield-Burwood-Ashfield	-	188	-	786	9	373	1,430
Marrickville-Sydenham-Petersham	3	102	40	670	0	95	910
Inner City	490	677	165	1,486	31	458	3,307

Source: Census of Population and Housing: Estimating Homelessness, 2011 Statistical Area Level 3 (Australian Bureau of Statistics, 2012a)

Summary

The GWS area has a similar demographic profile to the inner-west and inner-city areas with respect to the age and sex of its residents. The highest proportion of ATSI residents was found for outer-western Sydney whereas the lowest proportion was found for south-western Sydney. In general, the proportional range of persons born outside Australia was similar across all Sydney localities. Western and south-western Sydney had a greater rate of unemployment and of people classified as not being in the labour force. Overall, this would suggest that the ICDP service population would also be ethnically diverse and comprise a significant number of persons not earning an income through employment.

The highest rate of home ownership was found for western and south-western Sydney while the inner-city had the lowest proportion of residents with home ownership. While private rental was the most common type of tenure across all localities, this was typically less common in GWS relative to the inner-west and inner-city. Overall, the proportion of people renting from a government housing agency was low; the

highest rates were found for the inner-city and south-western Sydney with only a couple of localities in western Sydney having similar levels of non-private tenure. A similar pattern of results was seen in the HNSW data on the distribution of social housing properties across Sydney, with the highest number of properties found in the inner city and south-western Sydney localities. The majority of properties in the inner-west and inner-city areas cater to single adults without children whereas a higher proportion of properties in western and south-western Sydney could accommodate families.

The most prevalent form of homelessness in western and south-western Sydney was severe overcrowding suggesting that much of the homeless population in GWS may be hidden and unlikely to present to traditional homelessness services. However, this should not obscure the fact that some GWS localities had relatively high numbers of people sleeping in improvised dwellings or temporarily staying with others and almost all GWS localities had substantial numbers of people residing in supported accommodation. Overall, this suggests the profile of homelessness in GWS is as diverse as that seen in the inner-city, with the exception of the boarding house community. One would expect then the breadth of client presentations to the ICDP to be similarly diverse.

Finally, recent migration was relatively low across all Sydney localities. While approximately one-quarter of inner-city residents had lived at their current address for less than a year, the rate of recent migration among residents in western and south-western Sydney was typically less than 15 percent. This information represents an important comparison for the data on the recent migration patterns of ICDP clients that is presented later in Chapter Seven.

The next section examines the characteristics of the clients that presented to the ICDP from mid-2011 to mid-2013.

CLIENT CHARACTERISTICS

So, you know, we deal with some very high needs, perhaps some people who are in the middle and just need a little bit of support to get them going and others who may need one-off support. So there's a whole bag, there's a whole mixture.

Number and source of referrals

A total of 651 referrals were received by the ICDP during the 2011-12 financial year and a further 624 in 2012-13; this reflects a much greater demand than originally anticipated (see Chapter One). Table 5 shows the breakdown of referral sources for both years⁴.

In 2011-12 the largest proportion of clients (34%) was received at the ICDP office in Harris Park by self-referral. Fourteen percent were referred directly by Centrelink and HNSW, the majority of these referrals being received at the satellite sites in these agencies. Approximately one-third of referrals were direct referrals from other agencies, including 3 per cent from specialist homelessness services, 1 per cent from community housing providers, and 28 per cent from other agencies such as disability services, community corrections services, and family services. Internal referrals from Mission Australia support services (including housing and employment services) constituted 6 per cent of the total number of referrals.

The following financial year saw a considerable decrease in the proportion of on-site referrals at the ICDP head office (from 34% in 2011-12 to 15% in 2012-13) as well as an increase in direct referrals from Centrelink (35%) and Housing NSW (27%). This increase in government agency referrals is likely due to the outreach services the ICDP had implemented within a number of Centrelink and HNSW customer service

⁴ This data is based on information collected as part of the Assessment Tool. An Assessment Tool was unable to be completed for some clients hence there is a discrepancy between the total number of referrals presented in Table 4 and the number of clients referred to in subsequent Tables and Figures under 'Demographic Profile'.

centres across GWS throughout that year (see Chapter Four, Figure 6 for ICDP timeline). It might also, to a lesser extent, reflect greater accuracy in the recording of self-referrals in MACSIMS. Some clients may have been referred to the ICDP by another agency but presented on their own at the Harris Park office. Originally, these presentations were classified as self-referrals even though the client may have presented at the advice of another agency.

Table 5 Number and source of referrals to the ICDP for 2011-12 and 2012-13 (Source: Assessment Tool)

Referral source	2011-12		2012-13	
	(n)	(%)	(n)	(%)
On-site at Harris Park	218	33.5	95	15.2
Centrelink	92	14.1	220	35.3
Housing NSW	94	14.4	154	26.7
Mission Australia (all support services)	41	6.3	26	4.2
Specialist homelessness services	17	2.6	21	3.4
Community Housing Association	8	1.2	11	1.8
Other agency	181	27.8	97	15.5
TOTAL	651	100.0	624	100.0

Demographic profile

The ICDP had a total intake of 683 new clients between 1 July 2011 and 30 June 2012 and a further 615 new clients between 1 July 2012 and 30 June 2013. Figure 7 shows the age distribution of all clients presenting across the two years. The age distribution across both years was relatively similar, as was the average age of 38 years. The age distribution of ICDP clients however was different to the general population of GWS (see Table 1, this chapter). The ICDP client population was predominantly aged between 25 and 54 years whereas the GWS population had a higher proportion of residents at the tail ends of the distribution (i.e. <25 years and >54 years). This is consistent with the mandate of the ICDP to target single adults.

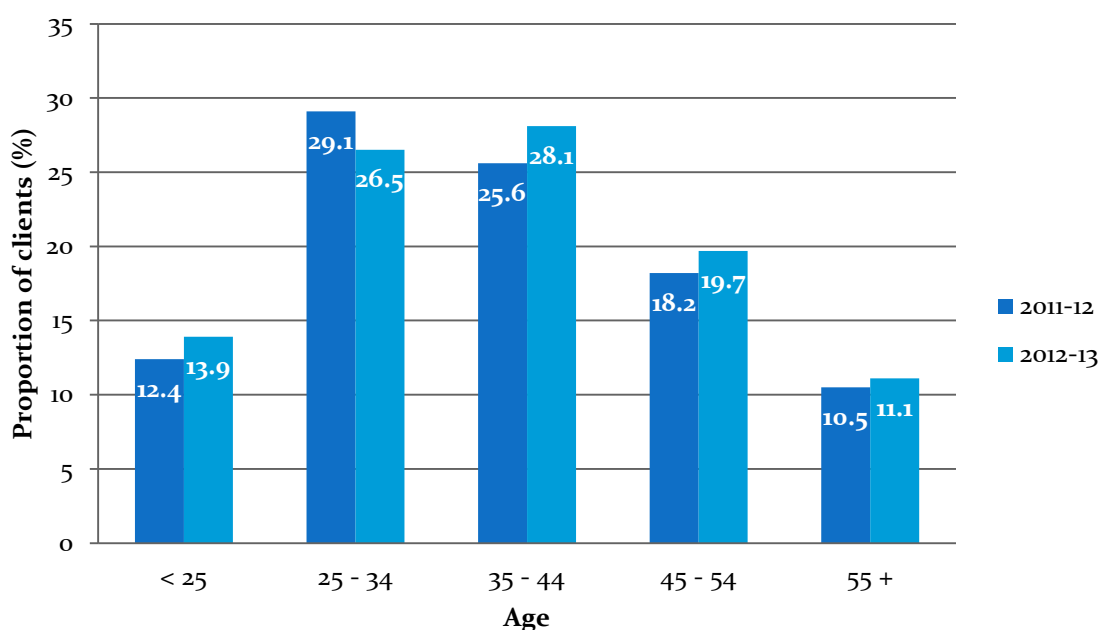


Figure 7 Age distribution of the ICDP client presentations 1/07/2011-30/06/2013 (Source: MACSIMS)

Table 6 compares various demographic characteristics of clients presenting to the ICDP across the two financial years. In comparison to the general GWS population, the ICDP client group had a larger proportion of males (67% compared to a range of 49-52% across GWS localities; see Table 1). The majority of clients presented as single adults, which is in line with the scope of the ICDP service aim to target unaccompanied adults. The proportion of clients who identified as ATSI was 7.0-8.0 per cent, higher than the rate in the GWS general population. Across both years, the majority of clients were Australian-born. Of those who were born in a non-English speaking country, a small number were classified as having poor English proficiency. Just under half of all clients in both 2011-12 and 2012-13 had a disability (40% and 45%, respectively). The most common type reported was a mental health/psychiatric disability (14%).

Table 6 Demographic characteristics of clients presenting to the ICDP during 2011-12 (n=683) and 2012-13 (n=615)

	2011-12 (%)	2012-13 (%)
Male	69.0	63.9
Marital status		
Single	43.8	41.1
Separated	3.7	6.5
Divorced	1.8	6.0
Married	1.6	1.3
De facto	0.9	2.3
Widowed	0.4	0.8
Employed	5.6	3.3
Aboriginal and/or Torres Strait Islander	7.0	7.9
Australian born	59.7	54.6
Poor English proficiency ^c	6.4	7.6
Disability type		
Mental health/psychiatric disability	14.3	13.5
Medical disability	9.5	9.3
Physical disability	2.6	1.6
Cognitive disability	1.6	2.1
Other disability	0.4	0.3
Unknown	11.7	2.0

(a) A country of birth was recorded for each client on MACSIMS. Using the ABS Standard Australian Classification of Countries these countries of birth were reclassified into the 'major groups' shown in this table

(b) Excluding Australia and New Zealand

(c) Only for clients born in a non-English speaking country 2011-12 (n=222) and 2012-13 (n=250)

A non-English speaking country was defined as any country other than Australia, New Zealand, Canada, the United States of America, the United Kingdom, England, Ireland, Scotland and Wales.

Not surprisingly, only a small proportion of clients were employed, substantially lower than the rate for the general population of GWS. Moreover, the rate of employment among ICDP clients decreased from six percent in 2011-12 to three per cent in 2012-13 (see Table 6). Of those who were unemployed or not in the labour force, the majority listed government payments or benefits as their primary source of income. This is shown in Figure 8. The Newstart Allowance was the most commonly received payment, followed by the Disability Support Pension (DSP). A small proportion (3%) of clients in both years reported receiving no income at the time of their initial contact with the ICDP service.

Given that the majority of clients for both 2011-12 and 2012-13 presented as single adults (44% and 41%, respectively), it is not surprising that the most common current living arrangement reported was one in which they lived alone. Furthermore, the total proportion of clients living with children was quite small: 9

per cent in 2011-12 and 8 per cent in 2012-13 (see Figure 9). As previously mentioned, this is consistent with the original scope of the ICDP to focus on single adults and refer clients with dependent children to other support services specifically designed for assisting families/groups.

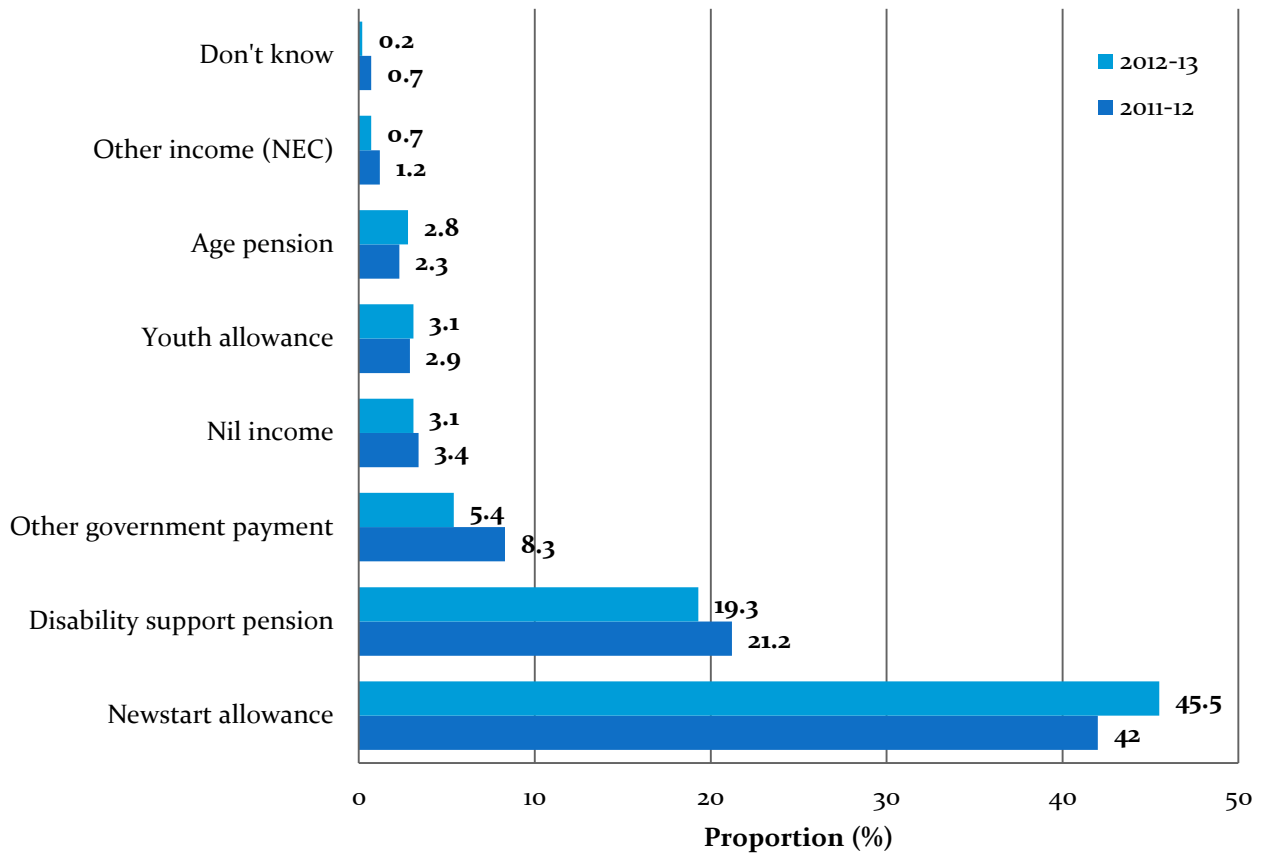


Figure 8 Income source of unemployed clients presenting to the ICDP during 2011-12 (n=683) and 2012-13 (n=615)

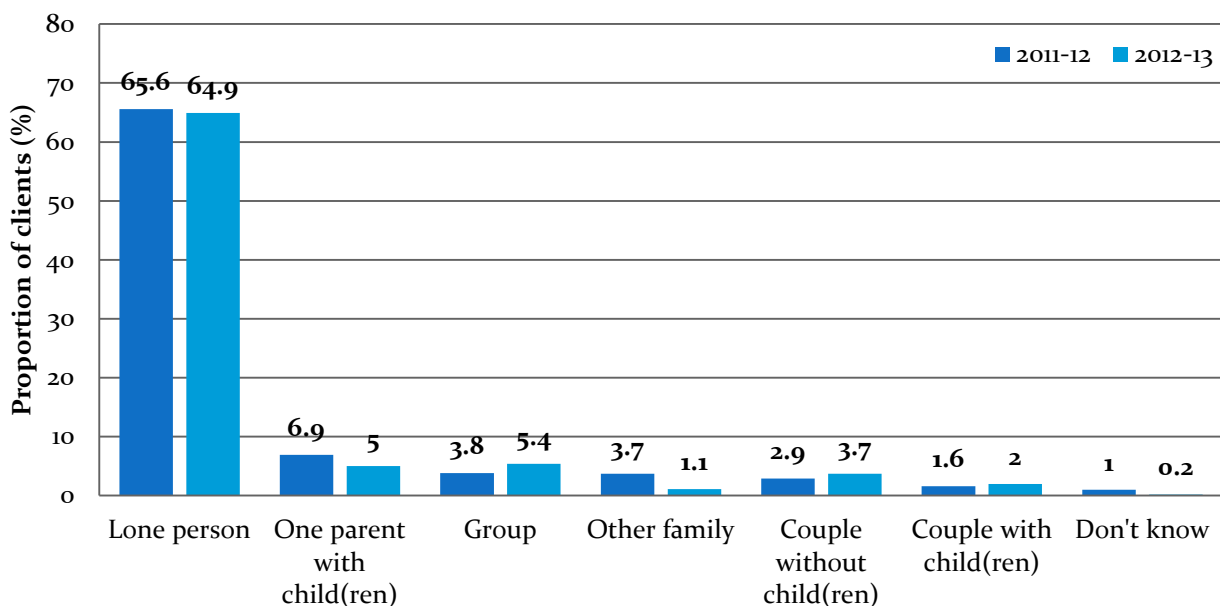


Figure 9 Living arrangement of clients presenting to the ICDP during 2011-12 (n=683) and 2012-13 (n=615)

Geographic distribution of referrals

Table 7 shows the proportion of ICDP clients across the different Sydney LGAs during 2011-12 and 2012-13. This data is based on the postcode variable contained within MACSIMS. ABS standards (Australian Bureau of Statistics, 2007) were used to collapse postcodes into LGAs. In cases where the postcode fell across two LGAs, the one with the largest proportion was selected. For example, postcode 2190 is divided between two LGAs – 92.2% in Bankstown LGA and 7.8% in Strathfield LGA. Postcode 2190 was therefore coded as Bankstown.

Table 7 Local Government Area recorded on MACSIMS for presenting ICDP clients

LGA	2011-12 (n=611)*	2012-13 (n=545)#
Penrith	4.4	8.1
Blacktown	8.7	13.9
Auburn	1.3	1.7
Holroyd	4.4	7.7
Parramatta	33.1	30.5
Western Sydney sub-total	51.9	61.9
Campbelltown	2.3	1.5
Fairfield	11.1	12.7
Liverpool	24.9	15.0
Bankstown	2.3	1.7
Canterbury	0.5	0.2
South-western Sydney sub-total	41.1	31.1
Canada Bay	0.2	0.0
Leichhardt	0.2	0.0
Strathfield	0.5	0.2
Ashfield	0.0	0.2
Marrickville	0.3	0.4
Inner-west sub-total	1.2	0.8
Botany	0.0	0.0
Bondi	0.0	0.0
Randwick	0.3	0.0
Sydney	2.3	0.9
Inner-city sub-total	2.6	0.9
Rockdale	0.0	0.2
Sutherland Shire	0.2	0.4
Ryde	0.3	0.2
Hornsby	0.0	0.2
Manly	0.0	0.4
Warringah	0.0	0.2
Baulkham Hills	0.3	1.3
Hawkesbury	0.0	0.4
Other Sydney sub-total	1.1	3.5
Regional NSW	2.0	2.4
Inter-state	0.5	0.0

*n=72 missing; # n=70 missing

As can be seen in Table 7, the majority of clients that accessed ICDP during 2011/12-2012/13 were residing in GWS. Within the GWS region, the largest proportion of clients came from the Parramatta area, followed by Liverpool and Fairfield. Comparing across the two years, there was a decline in the proportion of clients accessing the ICDP from Liverpool (25% in 2011/12 to 15% in 2012/13) and a concomitant increase in the proportion of clients accessing the ICDP from Blacktown (9% in 2011/12 to 14% in 2012/13) and Penrith (4% in 2011/12 to 8% in 2012/13); otherwise the distribution of clients across GWS localities was stable.

Interestingly, this shift in geographic distribution of clients corresponds to the further expansion of the ICDP to Fairfield, Liverpool and Blacktown. The decline in referrals from Liverpool LGA however is not in the expected direction given the increased outreach activity of the ICDP in this same locality. The involvement of the ICDP in the Liverpool TA Triage Project commenced July 2012 and corresponded with the establishment of satellite sites in Fairfield and Liverpool HNSW offices (see Figure 6 in previous chapter). These satellite sites continued until April 2013 when they were temporarily ceased owing to a change in ICDP staff.

Only a small number of clients came from the inner-west and inner-city. Finally, 2 per cent of clients had reported coming from LGAs in regional NSW. This is consistent with findings from the pilot work that suggested the migration of some homeless people into the inner city began farther out than GWS (see also Chapter Six).

Summary

The ICDP accepted a higher number of referrals than originally anticipated, representing approximately 13 per cent of the total estimated homeless population for GWS. Moreover, the majority of ICDP clients originated from within the GWS area, in line with the objectives of the service.

The age distribution of clients was different to that of GWS but this is not surprising given the target population of the ICDP. Proportionally, however there were fewer female clients. This may indicate a need for better targeting of females with homelessness issues; alternatively, it is possible that many homeless women have dependent children and hence are referred to more appropriate services. Consistent with this explanation, the majority of ICDP clients were single adults and few had dependent children. The ICDP client population also had a much lower employment rate relative to the GWS population, which is to be expected of a population that is homeless or at risk of homelessness. Conversely, the ICDP had a much higher proportion of clients identifying as ATSI relative to the GWS residential population suggesting effective targeting of this highly marginalised population.

The next section presents data on the level of awareness of the ICDP among the broader service system.

FIRST TO KNOW AGENCY SURVEY

The 'first to know' agency survey aimed to measure the extent to which 'first to know' agencies in GWS were aware of the ICDP. A total of 72 responses were received; 8 from private sector organisations, 15 from non-government organisations, and 45 from government organizations. Approximately 45 per cent of participants worked in the legal sector (e.g. Corrective Services), one-fifth (19%) worked in the community services sector (e.g. Centrelink), and 12 per cent worked in the housing sector (e.g. HNSW). A smaller proportion worked in the homelessness (9%) and health (2%) sectors. The occupation of the respondents is shown in Figure 10.

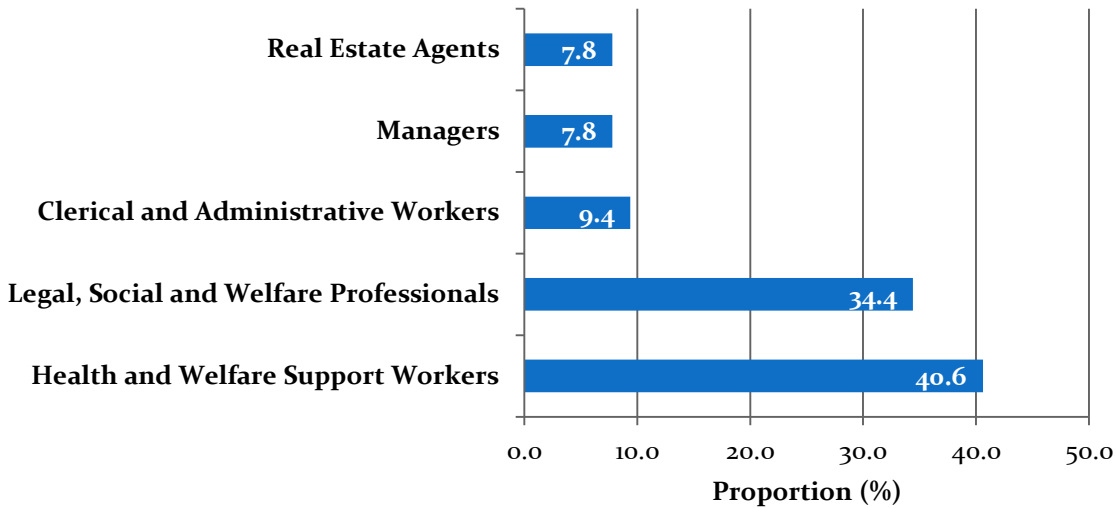


Figure 10 Occupation of respondents for the 'first to know' agency survey

Figure 11 shows the degree to which the respondents come into contact with people who were homeless or at risk of homelessness in their role. Almost two-thirds of respondents (60%) had substantial contact with homeless persons; a small proportion (4%) had no contact at all. The majority (82%) of respondents regularly screened for homelessness among their clients while 4 per cent screened for it only if indicated (e.g. via feedback from financial institutions or a client being accompanied to an appointment by a support worker).

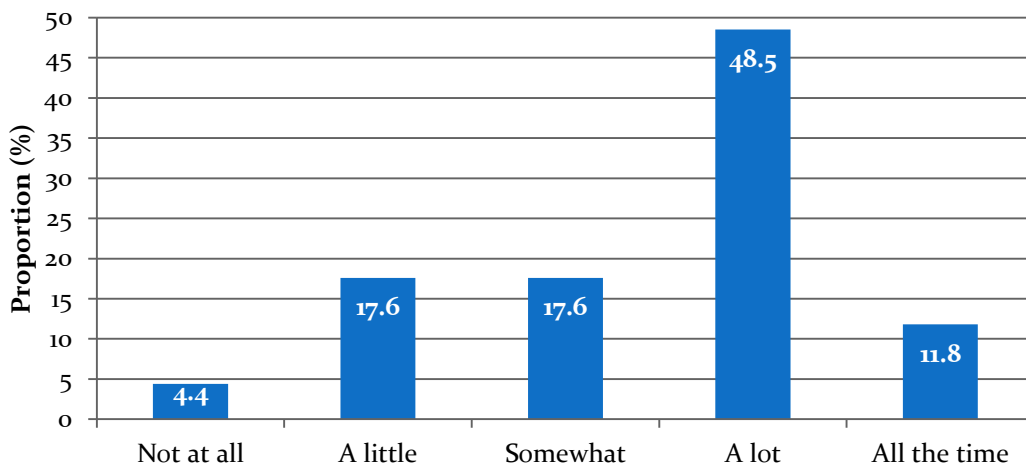


Figure 11 Level of contact with individuals who are homeless among respondents

The typical response by participants when confronted with a client who is homeless or at risk of homelessness is shown in Figure 12. Consistent with the findings above for level of contact with homeless persons, 9 per cent indicated it was outside of their job description. One-fifth (21%) of respondents typically contacted a specialist homeless service to arrange accommodation, while 17 per cent referred to a charity organization for assistance. The largest proportion (30%) of respondents stated they referred to HPIC, while the smallest proportion (2%) referred to other financial support and legal advice services. Twenty-one per-cent of respondents nominated 'something else'; many of these involved case management that included referrals to specialist homelessness services (including ICDP) as well as HNSW (and the Temporary Accommodation (TA) Program in particular).

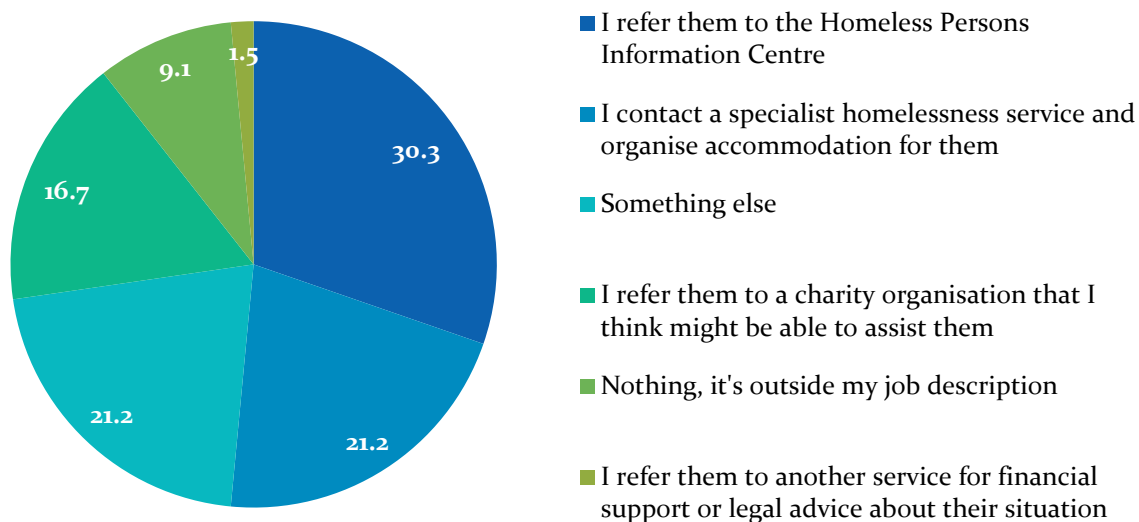


Figure 12 Typical response by participants when a client is identified as homeless

Approximately 46 per cent of respondents had heard of the ICDP and one-third (33%) had referred someone to the service. While 39 per cent said the ICDP made no difference to the way they work with clients, this is consistent with the proportion of respondents that had none or limited contact with homeless individuals. Over one-third (36%) of respondents indicated they now had somewhere to refer clients, 8 per cent said they had a better understanding of homelessness and 16 per cent said the ICDP was an additional resource to more effectively achieve outcomes for their clients.

SUMMARY

This chapter presented information regarding the reach of the ICDP into its intended target population. Awareness of the ICDP among 'first to know' agencies was moderate, with just under half of all participants surveyed having heard of the ICDP. Approximately one-third of participants had referred a client to the service. This is despite 60 per cent of participants having substantial contact with the homeless population and 82 per cent of participants regularly screening for homelessness among their clients. Approximately one-third of participants identified the ICDP as a new referral option for their agency and a further 16 per cent stated that the ICDP was an additional referral option. A substantial proportion of participants identified HPIC as a main referral point for their homeless clients. Taken together, these results suggest there is room for the ICDP to increase awareness of its services among 'first to know' agencies in the sector. These results, however, need to be considered within the limitations of the survey sampling frame; although an exhaustive recruitment strategy was undertaken, only a small number of agencies participated in the survey and hence the findings may underestimate the level of awareness of the ICDP in the sector.

The majority of clients seen by the ICDP resided within GWS with only a small proportion of clients originating from the inner-city. This could be interpreted to mean that the ICDP operated within scope to sustain clients in GWS and reduce the risk of 'drift' into the city. Unfortunately there is no routinely collected data by services on the community of origin of clients or the length of time they have been in the inner-city. Thus it is difficult to ascertain whether recent 'drifters' might be an appropriate target population for the ICDP.

Within GWS, Parramatta and Liverpool accounted for the majority of referrals to the ICDP, almost 60 per cent in 2011/12 and approximately 45 per cent in 2012/13. This reflects the effort invested in these two areas. In particular, the physical presence in Parramatta and growing outreach presence in Liverpool is likely to have facilitated the relationships critical to sustaining referral networks. The impact of having a physical presence is discussed further in Chapter 10.

6. PREVENTING DRIFT

This chapter presents the key findings from the evaluation in terms of the effectiveness of the ICDP in achieving its stated objectives. The information provided in this chapter seeks to answer the fourth aim of the evaluation by demonstrating the impact of the ICDP on:

- Minimising the number of clients 'drifting' into the inner-city
- Improving the number of clients with new or sustained tenancies in GWS
- Reducing clients' risk of drift
- Curtailing the number of calls to HPIC originating from Fairfield (intervention site) and from Bankstown (comparison site)

Each of these outcomes is discussed separately in the sections following and examined with respect to two samples: 1) a sample (n=49) of participants in the Client Survey who were successfully followed up at 6 months; and 2) a sample (n=65) of clients retrospectively assessed using the case files and successfully followed up and re-assessed 6-9 months after their initial presentations. The data for these two samples is presented separately because of slight differences in the methodology at baseline – see Chapter Three 'Outcome Evaluation' and 'Retrospective Assessment' for a description of the methodology for the Client Survey and Retrospective samples, respectively.

OUTCOME 1: PREVALENCE OF 'DRIFT' AT FOLLOW-UP

None of the 49 participants followed up as part of the longitudinal client survey had 'drifted' into the inner city. Eight participants had moved out of the GWS area but these moves were purposeful, the majority of which were made to be closer to family or for employment opportunities. Of these eight participants, only one was residing in the inner-city at follow-up and they had moved directly into stable accommodation thus by-passing the inner-city service system.

The Client Survey participants that were able to be followed up did not differ significantly from those that weren't (see Appendix B). Hence there is no reason to expect that the rate of 'drift' would be any different among participants not retained in the sample.

OUTCOME 2: IMPROVED TENANCY OUTCOMES

A client was classified as being 'housed with a tenancy' if their current accommodation was either a private rental, public housing property, community housing property or if they owned their own home. Homelessness was defined according to Chamberlain and Mackenzie's cultural operationalisation of the construct (see Chapter Two).

At entry to the ICDP, the majority of Client Survey participants were classified as either secondary homeless (47%) or housed with a tenancy (35%). Primary and tertiary homeless participants both accounted for less than one-tenth (8%) of the sample; information on current accommodation was unavailable for a small proportion of participants (2%) in this sample. At follow-up, the proportion of Client Survey participants that were primary or tertiary homeless remained stable at 8 per cent. In contrast, the proportion of participants that was housed increased to 55 per cent while the proportion that was classified with secondary homelessness declined to 27 per cent. These data are shown below in Figure 13.

A similar profile was observed for the Retrospective sample (see Figure 14) although there was a greater proportion of participants that were housed at follow-up. This possibly reflects the longer follow-up period

(up to 9 months) for the Retrospective sample compared to the Client Survey sample (approximately 6 months).

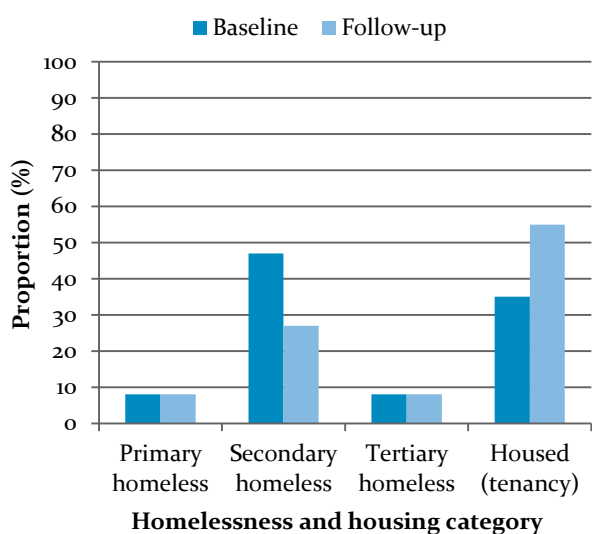


Figure 13 Tenancy status of Client Survey participants at entry to the ICDP and at 6 month follow-up (n=49)

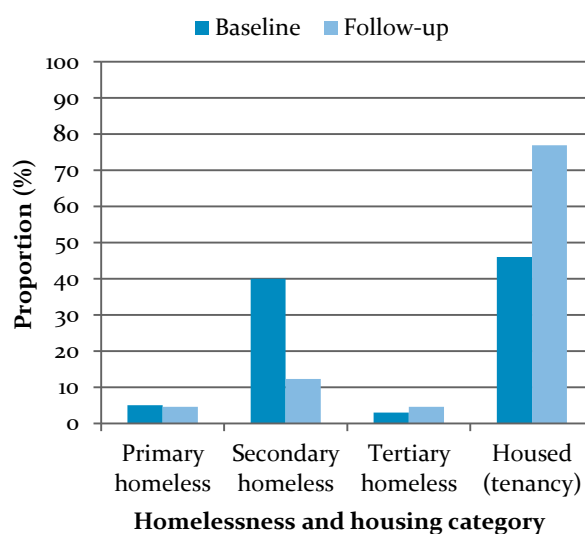


Figure 14 Tenancy status of Retrospective participants at entry to the ICDP and at 6-9 month follow-up (n=65)

Table 8 presents the same data stratified by participants' initial tenancy status. Importantly, among those who accessed the ICDP with an existing tenancy, the majority of these participants still had a tenancy at follow-up (88% in the prospective sample and 93% in the retrospective sample). Among participants classified as being secondary homeless at baseline, 44 per cent of those in the Client Survey sample and 68 per cent of those in the Retrospective sample had secured a tenancy at follow-up. As previously indicated, the higher proportion of participants in the Retrospective sample with tenancy outcomes may reflect the longer follow-up period of this group (up to 9 months).

The number of participants classified as either primary or tertiary homeless at entry to the ICDP was very small for both the Client Survey and Retrospective samples. The proportions reported in Table 8 therefore cannot be reliably interpreted.

Table 8 Proportion of participants with a new or sustained tenancy at follow-up, according to their tenancy status at baseline

	Client Survey sample		Retrospective sample	
	Participants in each category at baseline (n)	Proportion with tenancy at follow-up (%)	Participants in each category at baseline (n)	Proportion with tenancy at follow-up (%)
Primary homeless	4	0.0	3	33.3
Secondary homeless	23	43.5	26	68.0
Tertiary homeless	4	50.0	2	50.0
Housed (tenancy)	17	88.2	30	93.3
Unknown /other	1	0.0	5	0.0
TOTAL	49	-	65	-

Table 9 compares participants' housing status at baseline and follow-up according to the different categories of 'drift' risk. For both samples, the proportion of participants that were housed at baseline decreased with increasing 'drift' risk. There was a corresponding increase in the proportion of participants

classified as homeless with increasing 'drift' risk. At follow-up, a similar pattern was found – the proportion of participants with housing decreased and the proportion that were homeless increased with increasing level of 'drift' risk. Relative to the baseline, there was an overall increase in the proportion of participants housed at follow-up and this was evident for both the Client Survey and Retrospective samples and for each level of 'drift' risk.

Table 9 Accommodation circumstances at entry to the ICDP among the Client Survey and Retrospective samples, stratified by baseline level of 'drift' risk

	CLIENT SURVEY SAMPLE			RETROSPECTIVE SAMPLE		
	Low (n=13)	Mod (n=14)	High (n=22)	Low (n=19)	Mod (n=18)	High (n=28)
Baseline						
Housed (%)	61.5	50.0	9.1	94.7	50	10.7
Homeless (%)	30.8	50.0	90.9	5.3	44.4	78.5
Follow-up						
Housed (%)	76.9	64.3	36.4	94.7	88.9	59.3
Homeless (%)	23.1	28.5	59.1	5.3	11.2	40.7

OUTCOME 3: REDUCED LEVEL OF 'DRIFT' RISK AT FOLLOW-UP

Client Survey sample

Figures 15 and 16 show the number of participants classified with each level of 'drift' risk at baseline and follow-up, respectively. At baseline, similar proportions of participants were deemed to be at low (27%) and moderate (29%) risk of drift while just under one-half were considered to be at high risk (45%). This distribution shifted slightly at follow-up where just under one-fifth of participants were considered to be low risk (18%), slightly less than one-half were considered to be moderate risk (43%) and just over one-third were considered to be high risk (39%). Thus there appears to be a reduction in risk for some participants and an increase in risk for others; however, the key finding is that the most prevalent level of 'drift' risk shifts from high risk at baseline to moderate risk at follow-up.

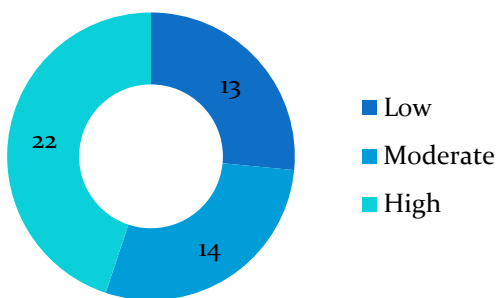


Figure 15 Number of Client Survey participants classified with different levels of 'drift' risk at entry to the ICDP

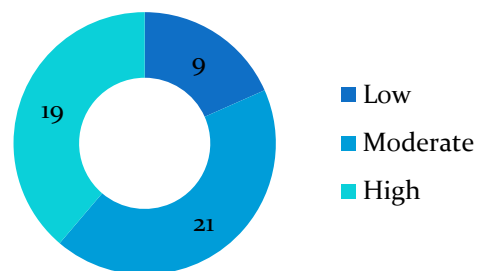


Figure 16 Number of Client Survey participants classified with different levels of 'drift' risk at 6-month follow-up

Figures 17-19 examine this same data with respect to the proportional change in 'drift' risk for each baseline risk group. Note, the sample size for each category of risk is small and as such, this data is shown for descriptive purposes only. Among those classified with low risk of 'drift' at baseline (n=13; Figure 17),

approximately one-third (31%) retained this status at follow-up while almost one-half (46%) had increased their level of risk to moderate and almost one-quarter (23%) were re-classified with high 'drift' risk. Thus, the majority of participants initially classified with low risk at baseline had elevated risk at follow-up.

Looking at the moderate risk category (n=14; Figure 18), the majority of participants in this group retained their initial risk classification (64%) and only a small proportion had elevated risk at follow-up. Additionally, there was a decrease in risk for almost one-third (29%) of participants. Among those initially classified with high drift risk (n=22; Figure 19), the majority of this group were still found to be at high risk (68%). Approximately one-third however had reduced their level of 'drift' risk at follow-up, most of who were re-classified with moderate risk (27%).

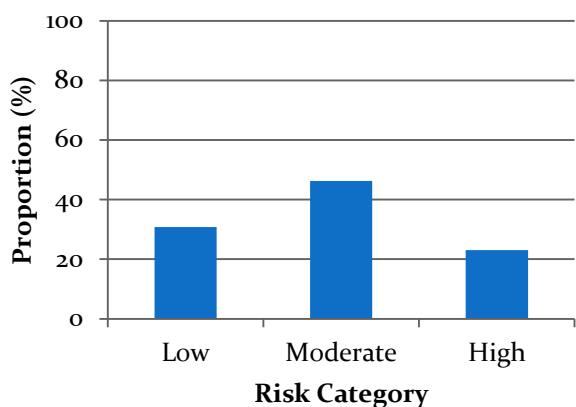


Figure 17 Level of 'drift' risk at follow-up among those initially classified with low risk at baseline (n=13)

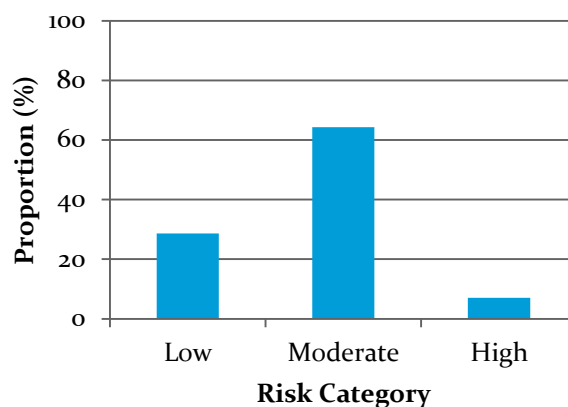


Figure 18 Level of 'drift' risk at follow-up among those initially classified with moderate risk at baseline (n=14)

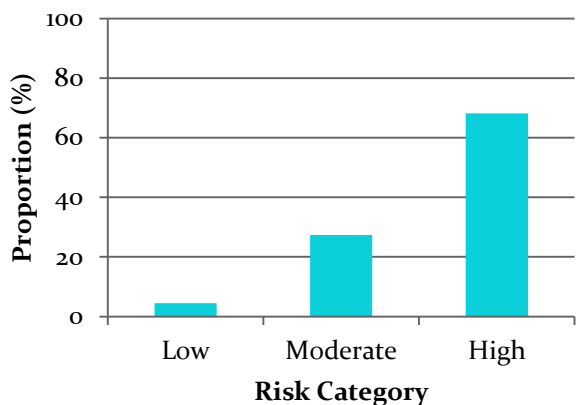


Figure 19 Level of 'drift' risk at follow-up among those initially classified with high risk at baseline (n=22)

Retrospective sample

The data on risk levels for the retrospective sample is shown in Figures 20 (baseline) and 21 (follow-up). At Slightly less than one-half of participants (43%) were retrospectively classified with high risk of 'drift' at baseline; approximately one-third were classified with low risk (29%) and just over one-quarter were classified with moderate risk (27%). Overall, there was a substantial reduction in risk at follow-up with approximately one-half of retrospective sample participants being classified as having low 'drift' risk. Approximately one-quarter of participants were classified with moderate (24%) and high (26%) 'drift' risk at follow-up.

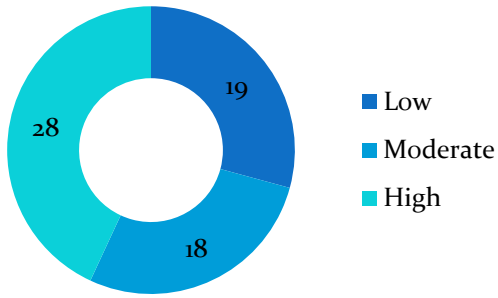


Figure 20 Number of Retrospective Sample participants classified with different levels of 'drift' risk at entry to the ICDP

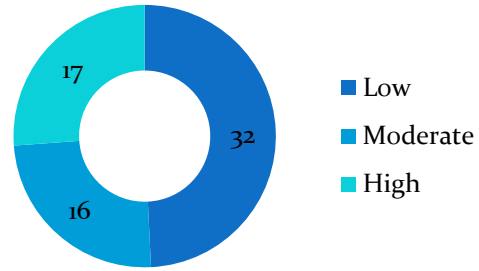


Figure 21 Number of Retrospective Sample participants classified with different levels of 'drift' risk at 6-month follow-up

The next three figures examine this same data with respect to the initial category of 'drift' risk. Among the retrospective participants initially classified with low 'drift' risk (Figure 22), almost all remained in this category at follow-up. Only a small proportion (16%) had elevated risk (moderate) at follow-up. Figure 23 shows the results for participants initially classified with moderate 'drift' risk – there was a reduction in 'drift' risk for approximately half of this group (56%) and an increase in 'drift' risk for a small number (n=3; 17%). Among participants deemed to be at high risk of 'drift' at baseline (Figure 24), half retained this same level of risk at follow-up. Almost one-third (29%) were re-classified as being at moderate risk of 'drift' and a further one-fifth (22%) were re-classified with low 'drift' risk.

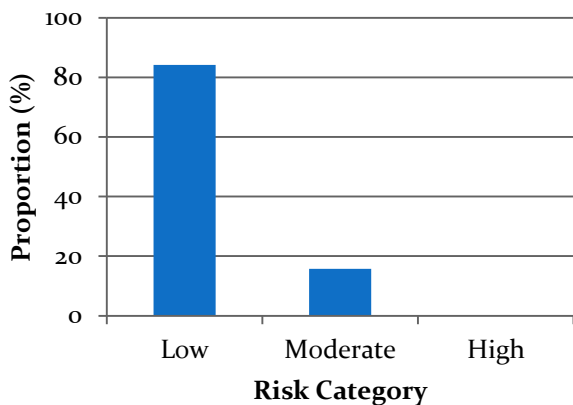


Figure 22 Level of 'drift' risk at follow-up among those initially classified with low risk at baseline (n=19)

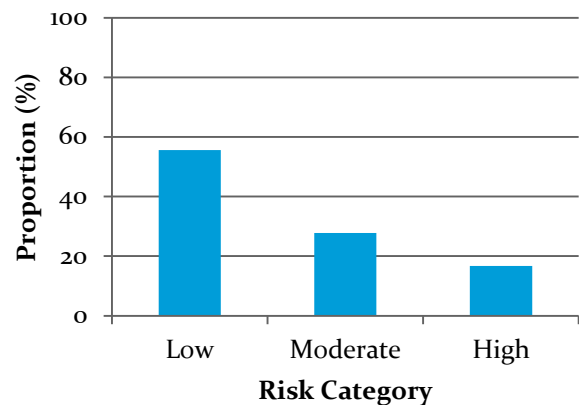


Figure 23 Level of 'drift' risk at follow-up among those initially classified with moderate risk at baseline (n=18)

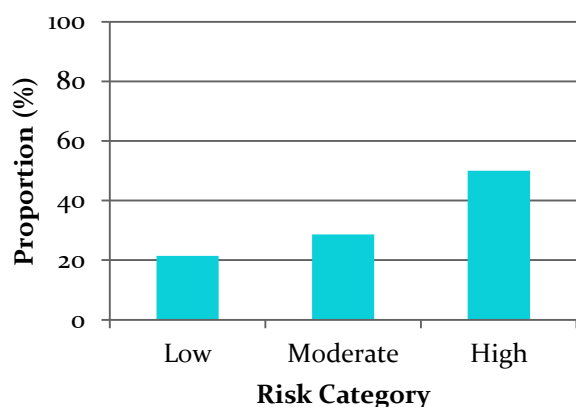


Figure 24 Level of ‘drift’ risk at follow-up among those initially classified with high risk at baseline (n=28)

Reliability issues in the assessment of ‘drift’ risk

As can be seen in the preceding sections, there were differences in the proportional change in risk levels between baseline and follow-up for the Client Survey and Retrospective samples. Comparing the two samples, there was an overall greater escalation in risk for the Client Survey sample relative to the Retrospective sample. This could reflect methodological differences – both the baseline and follow-up assessments for the Retrospective sample were conducted by the ICDP Project Officer whereas the Client Survey sample was assessed by the caseworker at baseline and the re-assessed by the ICDP Project Officer at follow-up. Thus the risk matrix may have been more consistently coded at both time points in the Retrospective sample. Alternatively, the Project Officer may have underestimated the level of ‘drift’ risk at baseline for the Retrospective sample given this was based on case notes and not directly assessed.

Additionally, the increased risk found for the Client Survey participants initially classified with ‘low’ drift risk suggests that an escalation in risk can occur quite quickly. It is not clear why this increase in risk occurred however, this is the group that would likely have received a ‘light touch’ in terms of an intervention from the ICDP. There may have been extraneous factors that occurred in the intervening period to increase ‘drift’ risk, for example, exhausting all of their financial support options as a result of further financial stress or a faster-than-expected erosion of social supports (which likely depends on the initial capacity of the social support system). It is also possible that the Assessment Tool has only a coarse ability to discriminate between different levels of risk. The risk matrix was developed as a guide with the determined level of risk based on factors identified from the literature; there was no pre-existing information upon which to determine risk thresholds. As such, they are indicators of risk levels and not exact. The data provided in this report is one of the first attempts to measure – both qualitatively and quantitatively – the characteristics of clients with varying levels of ‘drift’ risk. This is discussed in more details in Chapter Seven (quantitative analysis) and Chapter Eight (qualitative analysis).

OUTCOME 4: REDUCED NUMBER OF HPIC CALLS ORIGINATING FROM WESTERN SYDNEY

As outlined in earlier chapters, one of the key contributors to ‘drift’ was referral into the inner city service system via the Homeless Persons Information Centre (HPIC). Administrative data held by HPIC was the only source of routinely collected data on suburb of origin for people accessing specialist homelessness support; thus it was considered an important source of information on ‘drift’. It is important to note that this data is based on callers’ *current* postcode or suburb. Depending on where in their trajectory of ‘drift’ a client was when they called HPIC, their current postcode may or may not correspond to their community of origin.

As an adjunct to the administrative data collected by HPIC, a measure of HPIC access was included in the Assessment Tool and the longitudinal Client Survey. This data is presented first followed by data on the number of calls to HPIC originating from different localities within GWS and finally, a comparison of HPIC data for Fairfield (ICDP satellite site) and Bankstown (comparison site).

HPIC access among Client Survey participants

Contact with HPIC was assessed across two time periods. The Assessment Tool measured use of HPIC over a 12 month period while the Client Survey measured use of HPIC in the preceding month. As assessed by caseworkers, 23 per cent of participants had contact with HPIC in the year prior to entry to the ICDP. When re-measured for the intervening 6 month follow-up period, this had declined to 18 per cent. Past month access was reported by 43 per cent of participants at baseline and 10 per cent at follow-up. This data is shown below in Figure 25.

There is a clear discrepancy in the baseline data measured by the Assessment Tool and the Client Survey. This suggests that caseworkers did not routinely assess client contact with HPIC. The self-report data from the Client Survey suggests a greater use of HPIC among ICDP clients. At six month follow-up, the Assessment Tool and the Client Survey were both conducted by a researcher and hence provide a more consistent picture of HPIC access during the follow-up period.

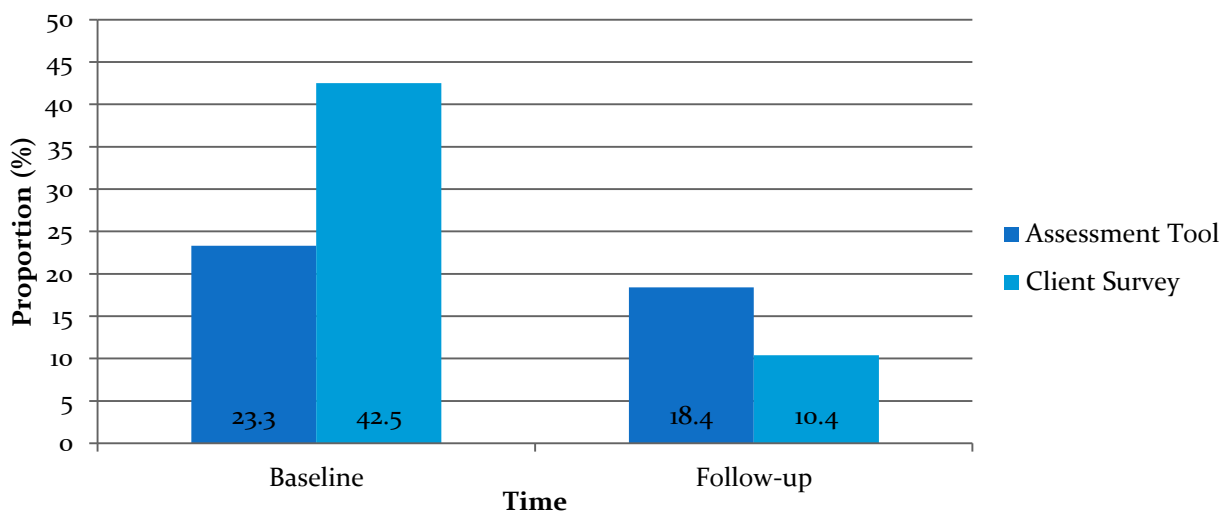


Figure 25 Proportion of the Client Survey sample that had contact with HPIC measured via two methods – Assessment Tool and Client Survey (n=49)⁵

HPIC calls originating from GWS

Figure 26 shows the total number of HPIC calls originating from various LGAs within the GWS region during 2011 and 2012. The highest number of calls for both years originated from the Parramatta area, whereas the lowest number of calls came from Penrith in 2011 and Fairfield in 2012. For most localities there was little change in the number of HPIC calls across the two years. The main exception was Fairfield, where there was a 58 per cent decline in the number of calls in 2012. Smaller changes were seen for Campbelltown (4% decrease), Blacktown (6% increase) and Penrith (4% increase).

⁵ The Assessment Tool measured contact over 12 month (baseline) and 6 month (follow-up) periods; the Client Survey measured contact in the past month at both baseline and follow-up.

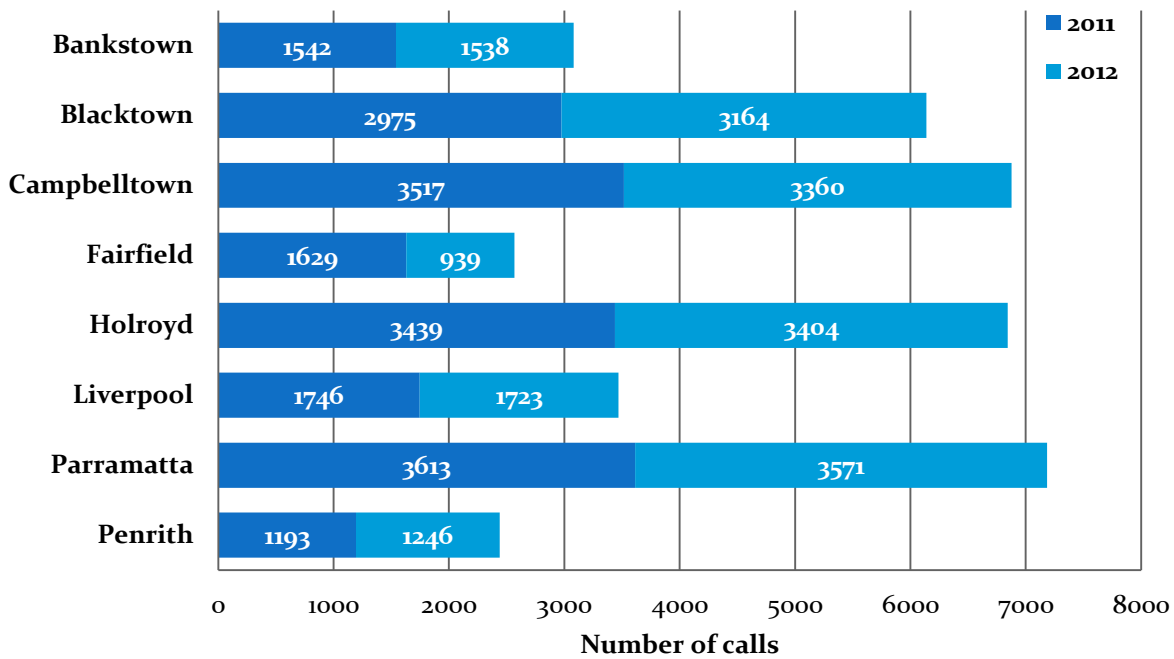


Figure 26 Total number of HPIC calls originating from Greater Western Sydney Local Government Areas in 2011 and 2012

Bankstown and Fairfield comparison

During 2011, HPIC received a total number of 1,542 calls from 712 clients originating from the Bankstown LGA, and a similar number of calls and clients were recorded in 2012 (1,538 and 753, respectively). In contrast, calls originating from the Fairfield LGA decreased from 1,629 in 2011 to just 939 in 2012, despite the number of clients remaining relatively similar across both years. For comparison purposes, Figure 27 displays the monthly call data for Bankstown and Fairfield. The time series for each locality were fairly similar during 2011 but diverged in the beginning of 2012 wherein the number of calls was lower for Fairfield relative to Bankstown. The time series' appear to converge again at the end of the second year. Figure 27 also shows when the satellite sites at HNSW and Centrelink commenced in Fairfield. The divergence between the two time-series occurs approximately six months following the full operational capacity of ICDP is attained but four months prior to the establishment of the first satellite site.

It cannot be conclusively stated that the ICDP is responsible for this reduction in demand in Fairfield, as the ICDP had a strong outreach presence in Parramatta and yet there was no corresponding decrease in the number of calls during 2011-2012 in this locality (see Figure 26). It is possible that there is a continual influx of new people into the homeless population in Parramatta that offsets any potential reduction due to people exiting homelessness. This is supported by evidence from key stakeholders that suggested some clients already had a 'drift' trajectory by the time they accessed the ICDP. Stakeholders reflected on the fact that western Sydney is, for some, a step in a process of drift. They were aware of numerous clients who had recently come from regional and rural NSW and interstate into western Sydney, often in search of employment and/or because of social upheaval in their community of origin (e.g. damaged relationships from crime or drug and alcohol use). Often these clients were seeking to establish themselves in western Sydney, but if their finances became tenuous they were then likely to progress into the inner-city services.

The location of a prison in GWS was also thought to have an impact on the number of individuals seeking affordable housing in the area without the concomitant and necessary social support structures in place. One stakeholder explained:

Quite often they don't want to go back, particularly if they've had connection with the justice system. They don't go back. And, quite often – and that's why I think you get a lot of people who've been discharged from prison in Western Sydney, then stay in Western Sydney because you've got all the jails in Western Sydney. So they might come out from Silverwater and then go to Parramatta, maybe sleep rough for a couple of days or get some temporary accommodation and then stay.

Another consideration in understanding the impact of the ICDP on calls to HPIC is changes in the availability of affordable properties, for example, through the National Rental Affordability Scheme (NRAS). Bankstown was allocated 104 NRAS properties as at June 2011 (Australian Government, 2011), just prior to the ICDP becoming fully operational. Fairfield also received an allocation of NRAS properties, starting at 58 properties in June 2011, increasing to 81 properties one year later and increasing again to 139 total allocated properties by June 2013 (Australian Government, 2013). Perhaps the ICDP was effective in the context of increasing availability of NRAS properties in Fairfield. However, comparing the input of NRAS properties for other localities in GWS, there does not appear to be a consistent correlation between the allocation of NRAS properties and a reduction in HPIC calls across the two year time period. This data is shown in Figure 37 and Figure 38 in Appendix B.

Approximately one-half of all clients were categorised as 'first time' callers to HPIC (Figure 28) and this appeared to be stable across the two year study period, with little difference observed between Bankstown and Fairfield. This would suggest that the decline in demand for HPIC from Fairfield occurred equally for existing clients as it did for new presentations.

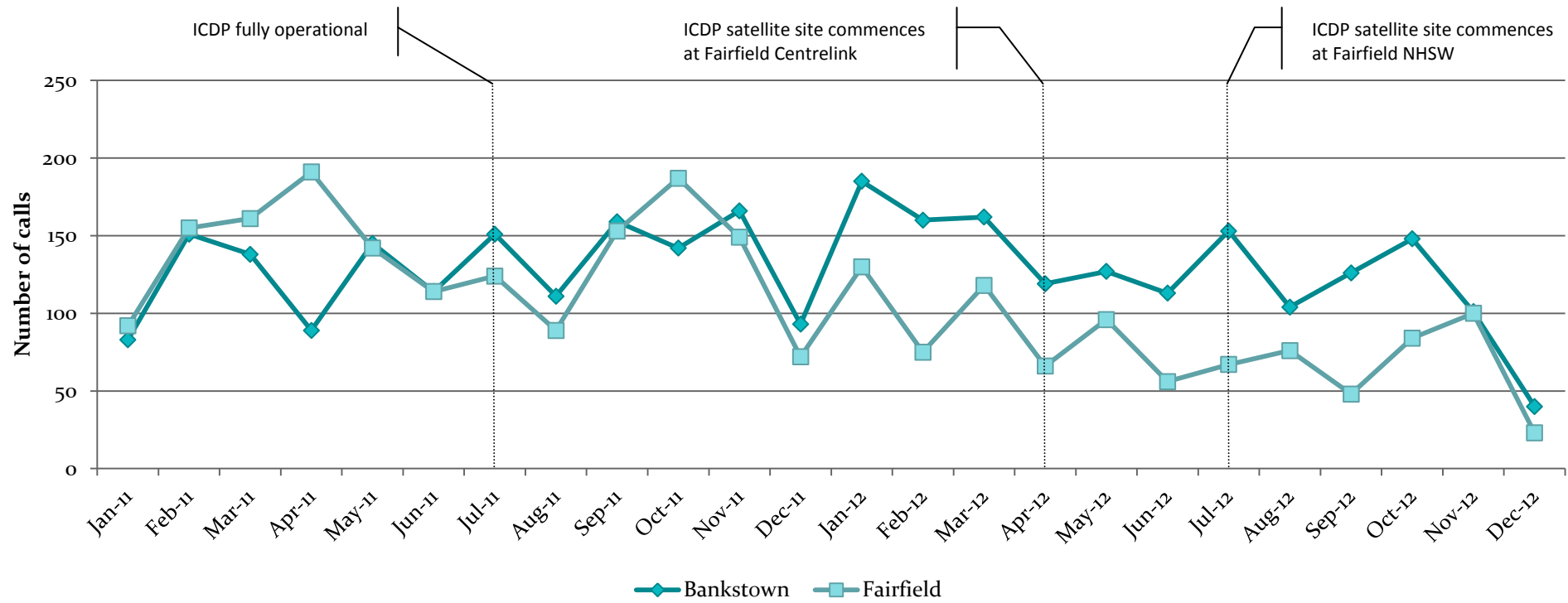


Figure 27 Number of calls to HPIC originating from Bankstown and Fairfield during 2011-2012

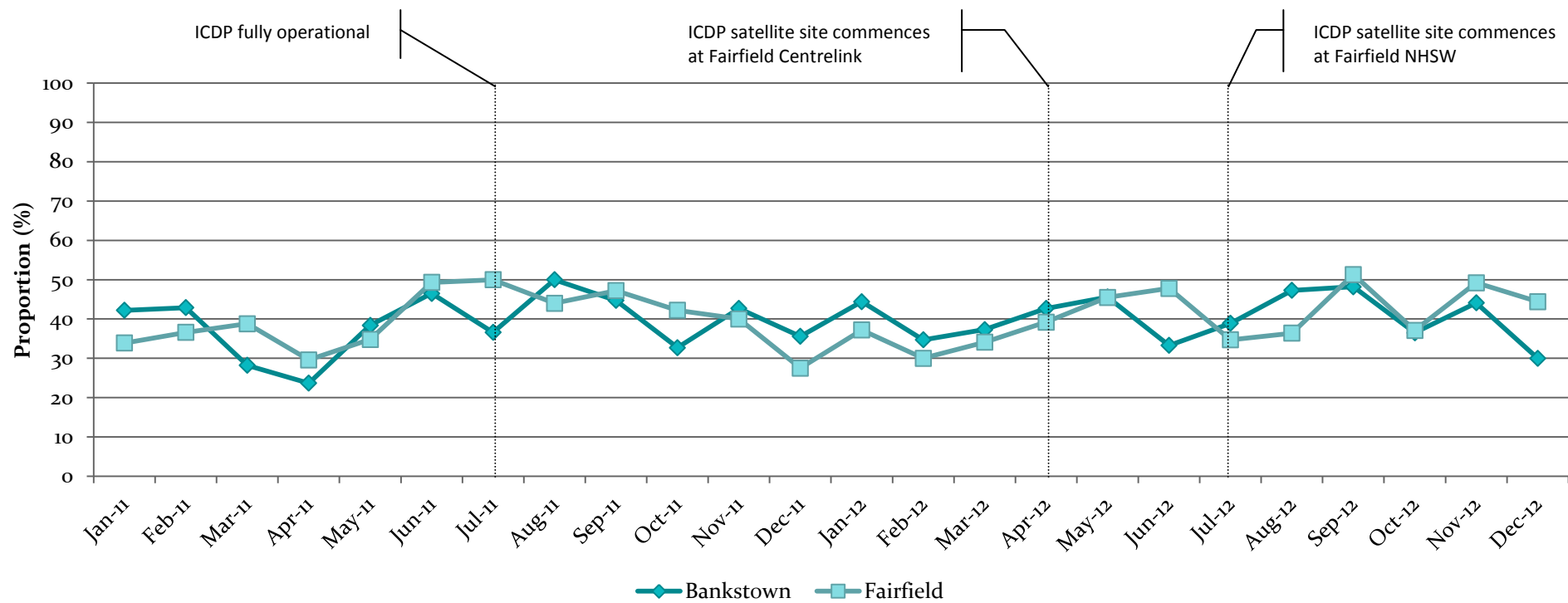


Figure 28 Proportion of people that were 'first time' callers to HPIC whose suburb of origin was Bankstown or Fairfield during 2011-2012

SUMMARY

This chapter presented evidence on the effectiveness of the ICDP in reducing drift and improving tenancy outcomes among ICDP clients. First, none of the participants followed up at six months had 'drifted' into the inner city. Second, there was a very high rate of sustained and new tenancies among participants. The majority of those who had a tenancy at baseline were also found to have a tenancy at follow-up and approximately half of the participants classified with secondary or tertiary homelessness at baseline had a tenancy at follow-up. Unfortunately there is no publically available data on the number of lost tenancies in GWS and the subsequent migration of people out of the area. Thus there is no benchmark against which to compare these outcomes. Regardless, the results are strongly suggestive of the effectiveness of the ICDP in keeping people housed in GWS.

With regard to changes in the level of 'drift' risk over time, there was high stability in the determination of risk at baseline and follow-up for participants in the moderate and high risk categories. However, approximately one-quarter of the sample classified with moderate and high 'drift' risk at baseline had a lower level of 'drift' risk at follow-up. In contrast, participants in the low risk categories showed escalation in risk over time. The majority of those classified with low 'drift' risk at baseline were re-classified as having moderate or high 'drift' risk at follow-up. This finding may reflect the focus of the ICDP in addressing the needs of clients deemed to be at moderate or high risk of inner-city drift. Additionally, further refinement and calibration of the risk categories (based on the outcomes of this research – see Chapters 7 and 8) would likely contribute to improved ascertainment of risk by caseworkers.

Finally, this chapter presented HPIC call data for an intervention site (Fairfield) and a comparison site (Bankstown). There was an apparent decline in the number of calls originating from Fairfield across the time period with no corresponding decrease in the number of calls originating from Bankstown. This suggests that the ICDP has had an impact on demand for crisis accommodation however this finding needs to be interpreted with caution as there was no statistical testing of these two time series and alternative explanations have not been considered. Additionally, the pattern of HPIC calls originating from the different localities in GWS suggests that the ICDP did not have a uniform positive effect on lowering demand across the region indicating that other factors, such as fluctuations in the size of the homeless population, are likely to influence these results.

7. PREDICTING DRIFT

The present chapter presents the quantitative data collected during the evaluation with a view to developing a better understanding of ‘drift’ risk; that is, the propensity that an individual is likely to follow a ‘drift’ trajectory and become entrenched in the inner-city service system. To examine this properly, it is necessary to sample a broad cross-section of individuals at different stages of homelessness (i.e. people ‘at risk’ of homelessness, experiencing their first episode of homelessness, or those who have been chronically homeless) and follow these individuals over time. A comparison of those that ‘drifted’ and those that had not would provide some evidence of the risk factors for inner-city drift. As discussed in the previous Chapter, there was no evidence of ‘drift’ in the follow-up sample. This is a very good outcome from a service perspective; however the consequence is that it is not possible to empirically determine which baseline characteristics are predictive or associated with a ‘drift’ outcome.

The present chapter therefore provides a profile of participants classified with different levels of ‘drift’ risk when they first presented to the ICDP. It should be borne in mind that the assessment of ‘risk’ was based on (subjective) clinical judgment rather than objectively defined categories of ‘drift’ risk. Thus, any conclusions drawn from the data presented in this Chapter should be considered tentative. The need for further research on these potential indicators is discussed in Chapter 10.

The data presented in this chapter is taken from three sources – ICDP administrative data (MACSIMS), the Assessment Tool, and a Client Survey. Although the Assessment Tool was designed to examine the precipitants of homelessness and specific dimensions of ‘drift’, the pilot work undertaken during the development phase of the project indicated there were additional factors that could be important to our understanding of ‘drift’ trajectories. These were addressed via the Client Survey and included the following:

- *Mental disorder*

During the developmental work with services in GWS, there was an assumption that the inner-city service system was better placed to deal with homeless persons with a mental disorder. Hence, the referral options for this group were more likely to involve accommodation services in the inner-city rather than those in GWS. This was borne out in the pilot study where a number of participants staying in the inner city were receiving assistance for mental health problems, substance use and disability that had not previously been provided when they were in GWS. Because of this, some of these participants did not want to return to GWS despite having previously strong connections to the area.

- *Relationship style*

The pilot work suggested that some of the social dislocation that contributed to inner-city drift was a consequence of relationship breakdowns. The coverage of this within the Assessment Tool was, however, cursory as the aim was to provide a brief but overarching assessment of ‘drift’ risk. Relationship problems were identified by caseworkers as a strong feature of their case management plans with clients; thus it was decided to include a general measure of relationship functioning as part of the Client Survey to more fully explore the contribution of this factor to ‘drift’ risk.

- *Perceived control*

The pilot case studies demonstrated the narrowing of personal choice as people exhausted their options in GWS and finally arrived in the inner-city. This was also an observation made by the service managers that were interviewed as part of the service development work. It was thought that an individual’s sense of control over their situation might be eroded as the experience of homelessness continues.

Presumably this would make it more likely that someone would move with less purpose through the service system and find themselves in the inner-city. Previous research has also documented the role of perceived loss of control in the amount of support people require to find solutions to their unemployment and housing predicaments (Burn, 1992b).

The chapter begins with a description of the homelessness risk factors, followed by the specific ‘drift’ risk factors identified by Pollio (1997), and finally the three psychosocial risk factors mentioned above. The data contained in this chapter is for the baseline Client Survey sample only. Comparing the Client Survey sample to the total ICDP client population, the Client Survey sample had fewer male participants and those identifying as Indigenous Australian, a higher proportion aged less than 25 years and aged between 35 and 44 years, a greater proportion of participants who were single and with poor English proficiency, but a similar proportion that were born overseas. A detailed description of the Client Survey sample can be found in Appendix A.

HOMELESSNESS RISK FACTORS

The rationale for examining risk factors for homelessness in relation to ‘drift’ was that there may be certain precipitants of homelessness that are more common among people with high ‘drift’ risk. For example, family breakdown or conflict might be more strongly associated with inner-city ‘drift’ because people who are disenfranchised from their family may lose a strong motivation for remaining in the community. This section reviews current accommodation status, financial difficulties, housing problems, unemployment, family conflict, and health concerns.

Accommodation status

Table 10 compares the baseline accommodation circumstances for participants across the different risk categories. Among the total sample, the most common type of accommodation was secondary homelessness (50%), followed by housing (34%). Only a small number of Client Survey participants were classified as either primary (9%) or tertiary homeless (6%). This is consistent with the prevalence of these forms of homelessness in Western Sydney as reported by the Census of Population and Housing (see Table 4; Australian Bureau of Statistics, 2012a).

Among participants classified with low ‘drift’ risk, most were living in some form of housing and this was typically either private rental or community housing. The remaining low ‘drift’ risk participants were classified with secondary homelessness and were either couch surfing or being accommodated through HNSW TAP. In the moderate category of ‘drift’ risk, almost half of the participants were residing in housing. Most of those that were homeless were classified with secondary homeless with only a few participants experiencing primary or tertiary homelessness. In the highest category of ‘drift’ risk, the majority of participants were homeless and only a handful of participants were housed. As with the other categories of ‘drift’ risk, a substantial proportion of the homelessness was categorised as secondary homelessness.

Table 10 Accommodation circumstances at baseline among Client Survey participants, stratified by level of ‘drift’ risk (Source: Assessment Tool)

Type of accommodation	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Primary homeless (%)	0	0.0	1	3.4	8	16.0	9	9.1
- Rough sleeping (street/park)	0	0.0	1	3.4	8	16.0	9	9.1
- Improvised dwelling (e.g. car)	0	0.0	0	0.0	0	0.0	0	0.0
Secondary homeless (%)	5	25	11	37.9	33	66.7	49	49.6
- Couch surfing	3	15.0	4	13.8	11	22.0	18	18.2

- Temporary accommodation (HNSW TA)	2	10.0	3	10.3	15	30.0	20	20.2
- Accommodation service	0	0.0	2	6.9	3	6.7	5	5.1
- Motel/Hotel (excluding HNSW TA)	0	0.0	2	6.9	4	8.0	6	6.1
Tertiary homeless	0	0.0	3	10.3	3	6.0	6	6.1
- Boarding house	0	0.0	3	10.3	2	4.0	5	5.1
- Health and justice programs	0	0.0	0	0.0	1	2.0	1	1.0
- Caravan	0	0.0	0	0.0	0	0.0	0	0.0
Housing	14	70.0	14	48.3	6	12.0	34	34.4
- Department of Housing property	0	0.0	4	13.8	1	2.0	5	5.1
- Private rental	9	45.0	6	20.7	3	6.0	18	18.2
- Community housing property	5	25.0	2	6.9	1	2.0	8	8.1
- Family home	0	0.0	2	6.9	1	2.0	3	3.0
Unknown	1	5.0	0	0.0	0	0.0	1	1.0

Precipitating factors

The prevalence of precipitating factors for the current episode of support is presented in Figure 29. Among the total sample, financial (88%) and housing (83%) issues were identified for the majority of participants and this was replicated for each category of 'drift' risk. Just over half of participants had identified employment issues (60%) while approximately one-third of participants had identified personal (32%) and family (30%) issues. Very few participants had recently left an institutional setting (8%).

Comparing the three categories of 'drift' risk, there were similarly high proportions of participants with identified financial and housing issues. Differences emerged between the three groups for the remaining risk domains. Among those with low 'drift' risk, personal issues were more common relative to family and employment issues. Among the moderate 'drift' group, family and employment issues were equally common and more common than personal issues. In the highest 'drift' category, employment issues were more common than personal and family issues.

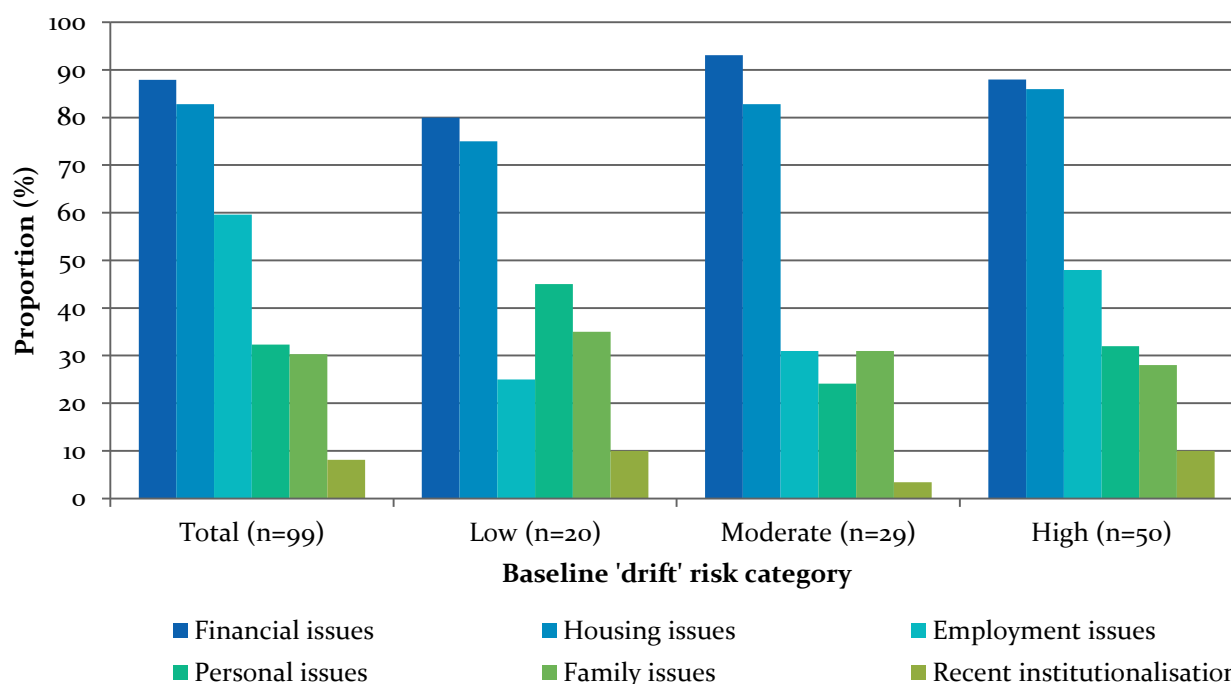


Figure 29 Prevalence of homelessness risk factors among the Client Survey participants at entry to the ICDP, stratified by baseline 'drift' risk (Source: Assessment Tool)

‘DRIFT’ RISK FACTORS

This section examines the risk factors specifically associated with drift. The first section focuses on service-level determinants while subsequent sections summarise the risk factors based on Pollio’s (1997) conceptualisation of drift – migration, duration, involvement and intention.

Service-level determinants

Table 11 shows the service-level determinants of ‘drift’, measured at baseline, across the three ‘drift’ risk categories. In the total sample, only one participant had been excluded from the social housing register. Just over half (55%) of the participants had contact with HNSW in the preceding 12 months, the majority of whom had contact within the past week. Almost one-quarter of the sample had contacted HPIC in the past year.

There was some evidence of difference in contact with the service system across the different categories of ‘drift’ risk. For example, equal numbers of participants had contact with HNSW and HPIC within the low ‘drift’ risk category. In contrast, contact with HNSW was more prevalent than contact with HPIC for the moderate and high ‘drift’ risk groups. The proportion of participants that had past year contact with HNSW was found to increase as ‘drift’ risk increased.

Table 11 Service-level risk factors for inner-City drift among the Client Survey follow-up sample, stratified by baseline ‘drift’ risk category (Source: Assessment Tool)

	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Excluded from Social Housing Register	0	0.0	1	3.4	0	0.0	1	1.0
Contact with HNSW past year	4	20.0	16	55.2	34	68.0	54	54.5
- Less than 1 week ago	2	10.0	7	24.1	19	38.0	28	28.2
- 1 – 4 weeks ago	1	5.0	7	24.1	9	18	17	17.1
- More than 1 month ago	0	0.0	0	0.0	3	6.0	3	3
Contact with HPIC past year	4	20.0	3	10.3	15	30.0	22	22.2
- Less than 1 week ago	2	10.0	2	6.9	5	10.0	9	9.0
- 1 – 4 weeks ago	0	0.0	0	0.0	4	8.0	4	4.0
- More than 1 month ago	2	10.0	1	3.4	5	10.0	8	8.0

As previously discussed in Chapter 6, there was substantial missing data for these risk factors indicating that caseworkers did not routinely assess contact with HNSW or HPIC (see Figure 20). Hence this data should be interpreted cautiously.

Migration

With regard to migration (Table 12), most participants had lived outside of GWS in their lifetime. A little over one-quarter had moved either one to two, or three to four times in the year prior to entry to the ICDP, and one-fifth had not moved at all. For the majority of participants, the last move they had made occurred within the past six months.

Among participants classified with low ‘drift’ risk, approximately half had ever lived outside of GWS and half had moved at least once in the past year. Similar proportions of the moderate and high ‘drift risk groups had lived outside of GWS but the number and recency of these moves differed. While the majority of those in the moderate group had made either none or up to two moves in the preceding year, many of the participants in the high group had moved three or more times. Many more participants in the high ‘drift’ risk group had last moved in the past month compared to participants classified with moderate ‘drift’ risk.

Table 12 Migration patterns among the Client Survey sample, stratified by baseline ‘drift’ risk category (Source: Assessment Tool)

	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Ever lived outside GWS	11	55.0	18	62.1	32	64.0	61	61.6
Number of moves in the past year								
- No moves	10	50.0	9	31.0	1	2.0	20	20.2
- 1 or 2 moves	9	20.0	9	31.0	9	18.0	27	27.3
- 3 or 4 moves	0	25.0	7	24.1	21	42.0	28	28.3
- 5 or more moves	1	5.0	3	10.3	9	18.0	13	13.1
Timeframe of last move								
- Less than 1 month ago	4	20.0	11	37.9	29	58.0	44	44.4
- 1-6 months ago	4	20.0	6	20.7	9	18.0	19	19.2
- 6-12 months ago	1	5.0	0	0.0	1	2.0	2	2.0
- 1 – 5 years ago	8	40.0	6	20.7	1	2.0	15	15.2
- More than 5 years ago	3	15.0	2	6.9	0	0.0	5	5.1

Duration

The measures pertaining to the duration risk factor are shown in Table 13. There was substantial missing data for these factors suggesting that questions of duration were not routinely asked. For example, duration of couch surfing was reported for just 6 participants despite 18 participants being identified as couch surfers (see Table 10). Similarly, the most common response for duration of residence in GWS was that of the longer-term resident. Approximately one-fifth of participants had lived in GWS more than five years and there was no evidence of new residents to GWS (i.e. in the past month). Given the low response rate to these questions it is very difficult to make any sense of these factors in relation to the categories of ‘drift’ risk.

Table 13 Duration lived in GWS among the Client Survey follow-up sample, stratified by baseline ‘drift’ risk category (Source: Assessment Tool)

	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Length of time lived in GWS								
- Less than 1 month	0	0.0	0	0.0	0	0.0	0	0.0
- 1-12 months	0	0.0	0	0.0	3	6.0	3	3.0
- 1-5 years	2	10.0	3	10.3	1	2.0	6	6.1
- More than 5 years	5	25.0	4	13.8	12	24.0	21	21.2
Duration of current couch surfing episode								
- None	12	60.0	12	41.4	22	44.0	46	46.5
- 1 month or less	0	0.0	0	0.0	1	2.0	1	1.0
- More than 1 month	1	5.0	1	3.4	3	6.0	5	5.1

Involvement

The indicators for involvement in the GWS area are shown in Table 14. In the total sample, two-thirds of participants had exhausted their social support networks. The majority of participants were unemployed and among the small numbers that were employed, most were employed outside the GWS area. Approximately one-third of participants had children also residing in their current community.

A similar profile is seen for each category of ‘drift’ risk – the majority of participants are unemployed and approximately one-third have children residing in their current community. The only difference observed is in relation to social support networks. The proportion of participants that have exhausted their social support networks increases with increasing ‘drift’ risk.

Table 14 Level of involvement in GWS among the Client Survey follow-up sample, stratified by baseline ‘drift’ risk category (Source: Assessment Tool)

	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Social support exhausted	7	35.0	17	58.6	36	72.0	60	60.6
Employment								
- Unemployed	18	90.0	27	93.1	47	94.0	92.0	92.9
- Employed within GWS	2	10.0	1	3.4	1	2.0	2	2.0
- Employed outside GWS	0	0.0	1	3.4	2	4.0	5	5.1
Has children in current community	6	30.0	9	31.0	14	28.0	29	29.3

Intention

The last factor in Pollio’s (Pollio, 1997) conceptualisation of drift is intention and refers to the reason for recent moves by the individual. This was measured in the evaluation with respect to the purpose of the last move and plans to move in the next three months. This data is shown in Table 15. In the total sample, the majority of participants had last moved to seek a new beginning; relationships, service access and employment opportunities were the purpose of moves for a small proportion of participants. Almost 40 per cent of participants had plans to move in the next three months.

Across the three categories of ‘drift’ risk, moving on for a new beginning remained the most common reason for participants’ last move. The proportion of participants who planned to move in the near future appeared to increase with increasing ‘drift’ risk.

Table 15 Prevalence of ‘intention’ factors among the Client Survey follow-up sample, stratified by baseline ‘drift’ risk category (Source: Assessment Tool)

	Low (n=20)		Mod (n=29)		High (n=50)		Total (n=99)	
	n	%	n	%	n	%	n	%
Main purpose of last move								
- Moving closer to family or relationship	0	0.0	3	10.3	3	6.0	6	6.1
- Leaving a relationship	2	10.0	2	6.9	4	8.0	8	8.1
- Employment opportunities	0	0.0	1	3.4	2	4.0	3	3.0
- Moving on for a new beginning	12	60.0	18	62.1	27	54.0	57	57.6
- Moving to access more services	1	5.0	1	3.4	5	10.0	7	7.1
- Fleeing because of a lack of safety	2	10.0	3	10.3	3	6.0	8	8.1
Plan to move area in next three months	2	10.0	10	34.5	27	54.0	39	39.4

PSYCHOSOCIAL RISK FACTORS

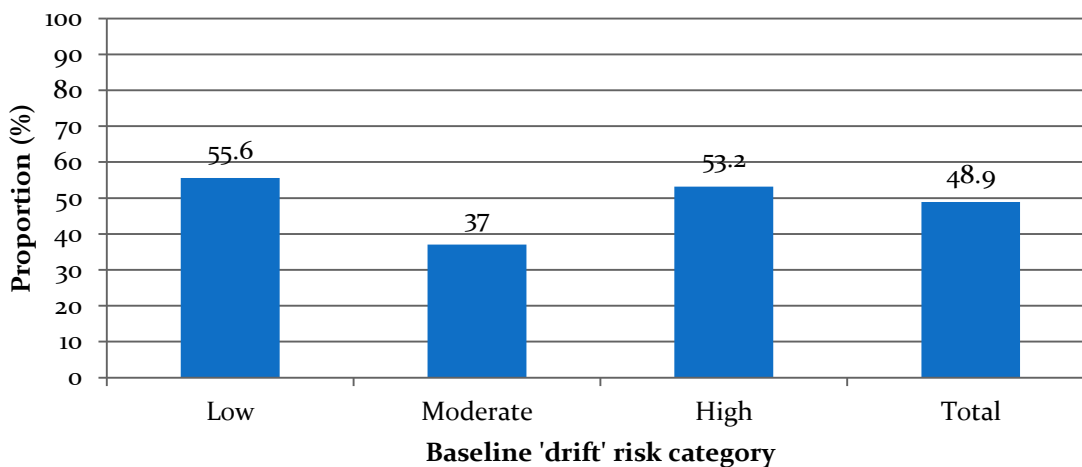
As previously mentioned, it was felt that certain psychosocial vulnerabilities such as mental disorder, self-esteem, relationship style and personal control might distinguish between those at different levels of 'drift' risk. The sections following present the data on these four factors.

Serious Mental Illness

Serious mental illness was estimated using the cut-off values suggested by the Australian Bureau of Statistics (Australian Bureau of Statistics, 2012b) for the Kessler 6 (K6) Scale (Kessler et al., 2002), a measure of non-specific psychological distress. Serious mental illness refers to severe symptomatology and psychiatric disability. Indicators of psychiatric disability include previous suicide attempt, role or functional impairment due to mental health problems, and physiological dependence on alcohol or other drugs. Thus those classified with serious mental illness represent a subgroup of mentally ill persons that require significant investment and targeting by mental health services.

The likely prevalence of serious mental illness among participants is shown in Figure 30. In the total sample, almost half the sample was classified as likely to have a serious mental illness. There is limited comparative data for the Australian population, however a conservative estimate of 9 per cent has been reported for a clinical sub-population of the National Survey of Mental Health and Wellbeing sample (Sunderland et al., 2011). Looking across the categories of 'drift' risk, approximately one-half of participants classified with low and high 'drift' risk had indicative serious mental illness; this compares to just over one-third of participants in the moderate 'drift' risk group.

Figure 30 Proportion of the Client Survey sample with probable serious mental illness at baseline, stratified by 'drift' risk



Relationship style

Relationship style was measured using the Relationship Questionnaire (Bartholomew and Horowitz, 1991). This questionnaire comprises four statements representing secure, dismissing, ambivalent and fearful relationship styles. Participants were asked to rate the extent to which they agreed with each statement on a 7-point likert scale. A total score was derived by subtracting the 'positive expectations of others' score (secure + ambivalent) from the 'negative expectations of others' score (fearful + dismissing). Scores on this measure range from -12 to +12 with higher scores referring to more positive expectations of others as trustful and supportive. This data is shown in Figure 31.

Overall, participants had a slightly negative expectation of others (-1.0). Relationship expectations did not appear to greatly discriminate between the different categories of 'drift' risk as had been expected.

Participants classified with high 'drift' risk had the lowest score (-1.7), followed by those with low 'drift' risk (-0.7) and moderate 'drift' risk (0.0).

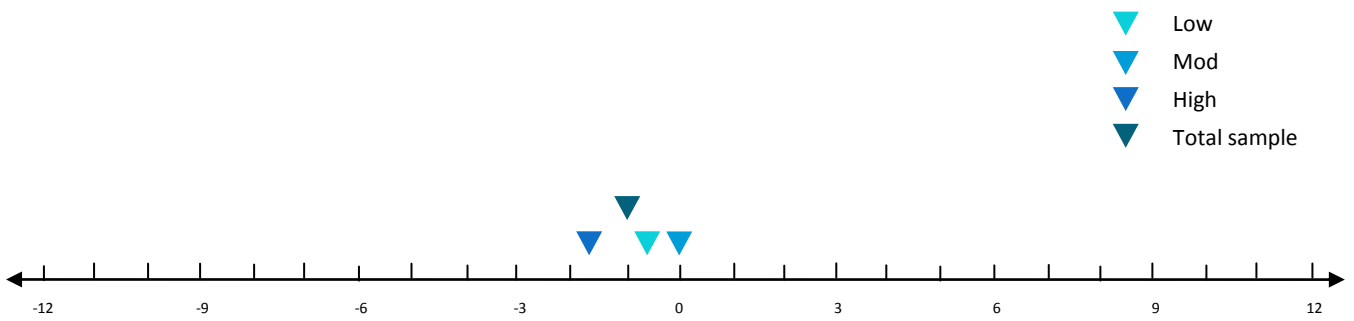


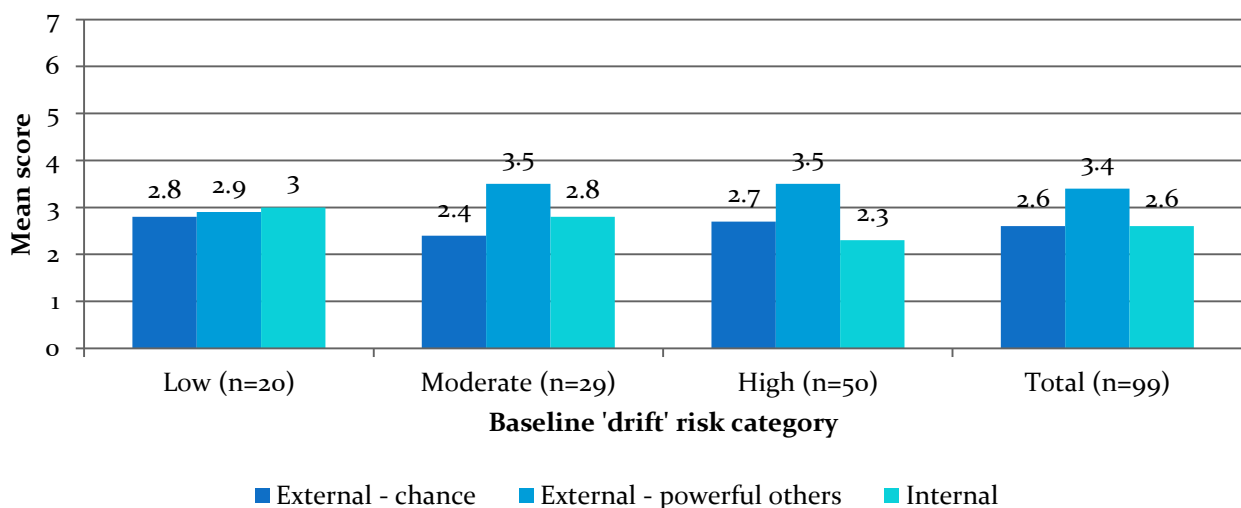
Figure 31 Mean score regarding positive expectations of others among the Client Survey sample stratified by 'drift' risk (Source: Client Survey)

Personal choice

Participants were also asked several questions regarding their perception of control or agency. These questions were designed to tap into the idea that some of the most vulnerable individuals are those who have limited choice, whether this reflects a sense of hopelessness and futility based on past experiences or because of structural or systemic issues that narrow the range of choices open to them. As reviewed in Chapter Two, locus of control refers to an individual's attribution of the relationship between their own actions and the events that occur in their life. This attribution is generally described as being: 'internal', where outcomes are believed to be contingent on their own action; 'chance', where outcomes are deemed to be dependent on factors external to themselves such as chance or fate; and 'powerful others' where outcomes are dependent on others who exert significant control over what happens to someone.

Participants were asked to rate their level of agreement with three items measuring attribution of control due to 'chance', 'powerful others' and 'internality' using a 7-point likert scale where 1 referred to 'not at all', 4 referred to 'moderately' and 7 referred to 'definitely'. The data for these three items is shown in Figure 32. In the total sample, the highest mean score was for external-chance. Comparing the profiles for the three categories of 'drift' risk, there appeared to be little difference between the groups with all scores hovering between 2.5 to 3.5. This suggests that participants' attribution of control was low-moderate for both internal and external factors.

Figure 32 Mean locus of control ratings among the Client Survey sample, stratified by baseline 'drift' risk category



SUMMARY

This chapter sought to review the profile of risk factors for the three categories of 'drift' risk, as assessed by the ICDP caseworkers. Table 16 summarises the six indicators that showed an apparent positive trend with increasing 'drift' risk. Of note, there were no indicators for the duration dimension as these indicators were poorly assessed by caseworkers. In Pollio's construct of drift, duration was measured as the proportion of an individual's life spent in their current community (Pollio, 1997). Clearly indicators for this dimension need to be revised such that they better identify those with a pattern of instability, particularly given the high mobility of the Australian community.

Likewise, none of the three psychosocial indicators assessed through the Client Survey appeared to discriminate between the baseline categories of 'drift' risk. Although this data was not specifically made available to caseworkers as part of their assessment of 'drift' risk, there were similar indicators included in the domain of homelessness risk factors. Apart from current homelessness status, there was no clear pattern associated with 'drift' risk for any of the risk factors within this domain. Financial, housing and family issues were prevalent at similar levels for each of the 'drift' risk groups. Personal issues, such as mental health or substance use problems or the capacity to function independently, were more commonly endorsed for participants in the low category of 'drift' risk.

Table 16 Summary of indicators that best discriminated between the different categories of 'drift' risk

Domain	Indicator
Homelessness risk factors	Housing
Service-level risk factors	Contact with HNSW in the past year
Psycho-social risk factors	-
Migration	3+ moves in past year Moved at least once in the past 6 months
Duration	-
Involvement	Social support exhausted
Intention	Plans to move area in next three months

It is clear that more work needs to be done to establish a clear set of indicators pertaining to 'drift' risk. The next step in this process would be to articulate a more definite set of questions and trial this new assessment tool with both an ICDP client group as well as a comparison group of non-service users with similar risk profiles. Potentially there would be evidence of 'drift' in the comparison group (as none was detected in the sample for this evaluation, suggesting that the ICDP at least delays inner city 'drift'). This would allow analysis of risk factors across persons who do and do not 'drift' to assess the relative contribution of each indicator to 'drift' risk.

The next chapter provides an alternative assessment of 'drift' risk, based on the case studies undertaken as part of the developmental pilot work and the evaluation.

8. UNDERSTANDING DRIFT

The present chapter builds on the understanding of ‘drift’ in the literature and is based on the narratives derived from a series of case studies conducted with ICDP caseworkers. Although the Assessment Tool (designed at the outset of the ICDP and before the evaluation was undertaken) describes three categories of risk, the analysis of the case study data indicated there was an additional risk category. This new risk category – moderate-high – reflects the upper part of the original ‘moderate’ risk category.

This chapter presents eight case studies⁶, two for each level of ‘drift’ risk – low, moderate, moderate-high, and high. These have been chosen as those that best demonstrate an example of someone at each of the four levels of drift risk. For each pair of case studies, one represents a client that accessed the ICDP and one represents someone who had already drifted into the inner-city. Each case study pair has been matched on similar precipitating factors and hence one case study represents what happened when ICDP intervened, and the other what potentially could have happened without that support. These narratives highlight the complex interplay of ‘push’ and ‘pull’ factors that may result in someone transitioning into the inner-city.

LOW LEVEL DRIFT RISK

ICDP case study: Michael

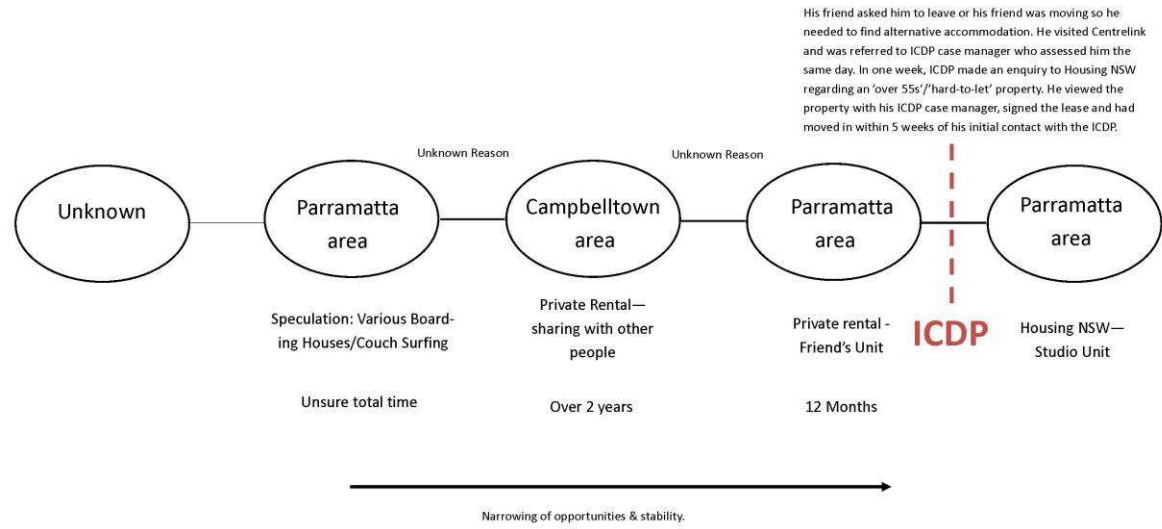
Michael is a 55-year-old man with no reported children. He is linked in with an employment agency, has a social network of friends, is in contact with his sister who lives in western Sydney, and has no significant physical or mental health concerns.

The earliest information regarding Michael’s accommodation history begins a few years prior to his initial contact with the ICDP. At the time Michael was circulating through a variety of boarding houses and couch surfing with friends in the Parramatta area. Afterwards, he moved into the Campbelltown area and lived in private rental, likely with friends, for approximately two years. At this point, Michael was either asked to leave or had to leave when his friend gave up the lease and moved out. Michael then moved back to the Parramatta area and was couch-surfing at a friend’s private rental unit for around twelve months. Again, Michael was either asked to leave or had to leave when his friend gave up the lease and moved out. At a subsequent visit to Centrelink Michael was referred to the ICDP for assistance; he was assessed the same day and on-site at Centrelink. Michael was described by his ICDP caseworker as easy to engage. The ICDP caseworker confirmed with HNSW that Michael was on the NSW Social Housing Register but the length of time on the register was difficult to determine. Thus the ICDP caseworker enquired about a hard-to-let property (studio apartment) in the Parramatta area that was available for people aged 55 years or older. The ICDP caseworker drove Michael to pick up the property keys and view the property. Michael accepted the property and signed the lease just five weeks after his referral to the ICDP.

Michael was deemed at low risk of drift into the inner city for a number of reasons. From a systems perspective, Michael had not yet accessed the supported accommodation system. He had lived within GWS for a minimum period of approximately five years, increasing the likelihood that he had well-established ties to the local community. This included connections with family and friends in GWS who provided him with emotional and tangible support, and he was also linked in with an employment agency in the area. There were two key factors that placed him at risk of ‘drifting’ into the inner-city: 1) the extended period of

⁶ Please note, all real names and identifying details in the following case studies have been changed to protect clients’ privacy. Specific suburbs have been replaced by their corresponding Statistical Local Area – Level 3; specific countries have been replaced by the UN Geographical Sub-region (<http://unstats.un.org/unsd/methods/m49/m49regin.htm>).

couch-surfing; and 2) the number of residential moves in recent years, particularly as these appeared to be involuntary moves. Together these factors hinted that Michael may have been close to expending his available accommodation options in GWS, pushing him into the inner-city.



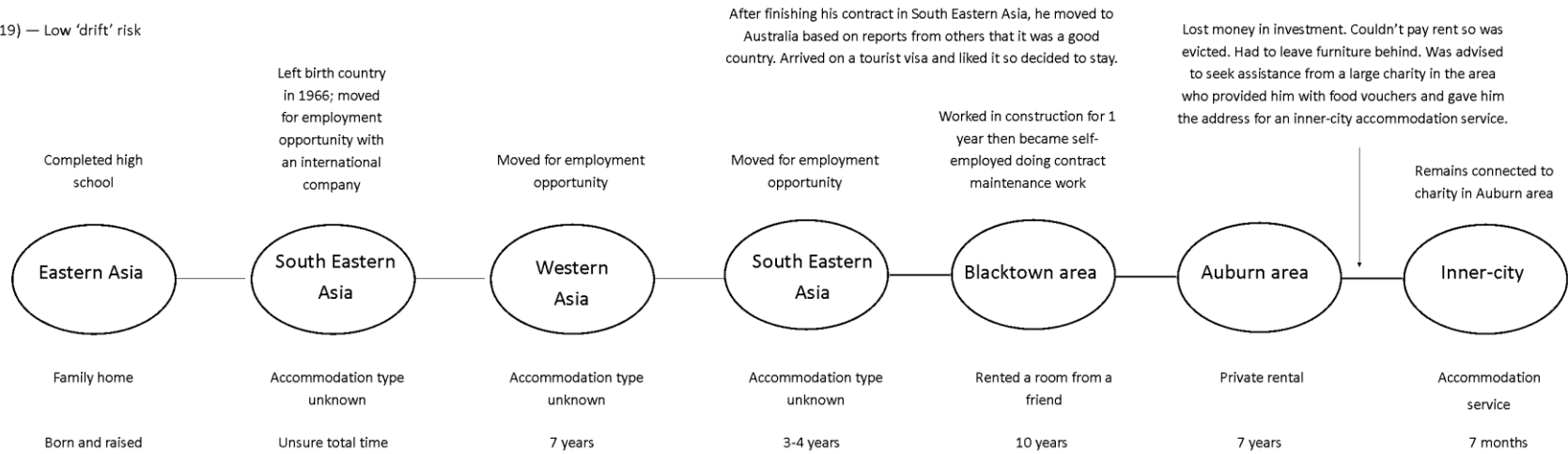
Inner-city case study: John

John is a single male in his early 80s currently accommodated in the inner-city. He has a history of physical health problems but no reported mental health concerns. He reports having three children who he has not seen in over 20 years. His main source of income is the aged pension.

John was born overseas where he completed high school and technical college. His employment in construction took him to numerous countries across Asia. After hearing positive views about Australia, John, then in his mid-sixties, relocated to Australia. John settled in the Blacktown area and rented a room from a friend for ten years. During this time he continued his work in construction as a contractor. Later, John moved into his own private rental unit in the Auburn and resided there for seven years. John's ability to pay rent was severely compromised following a substantial loss in an investment coupled with difficulty finding employment due to his age. Consequently, he was evicted and because he had no place to move into, he had to leave his furniture behind. He sought assistance from a large charitable organisation in the Auburn area that referred him to one of their accommodation services located in the inner-city. John moved into this accommodation and had been there for 7 months at the time of the interview. John remained strongly connected to the Blacktown area, his community of origin in Australia, and was resolute in his intention to return. While residing in the inner-city accommodation service he continued to visit friends, regularly attended the same church he had attended when he lived there and also spent time at the local RSL.

Based on his pre-'drift' circumstances, John was classified as low risk owing to his strong community ties in GWS. Since arriving in Australia 17 years prior, John had only ever lived in GWS. John had a stable accommodation history had only moved accommodation once in the preceding 12 months. He had no previous contact with Housing NSW and was not excluded from the Social Housing Register. He still had a strong social support network and was attempting to find accommodation in the Blacktown area with every intention of moving back there. This case study demonstrates that even people with low 'drift' risk will eventually succumb and find their way to the inner-city once all options are exhausted.

Inner-city Case Study (#19) — Low 'drift' risk



MODERATE LEVEL DRIFT RISK

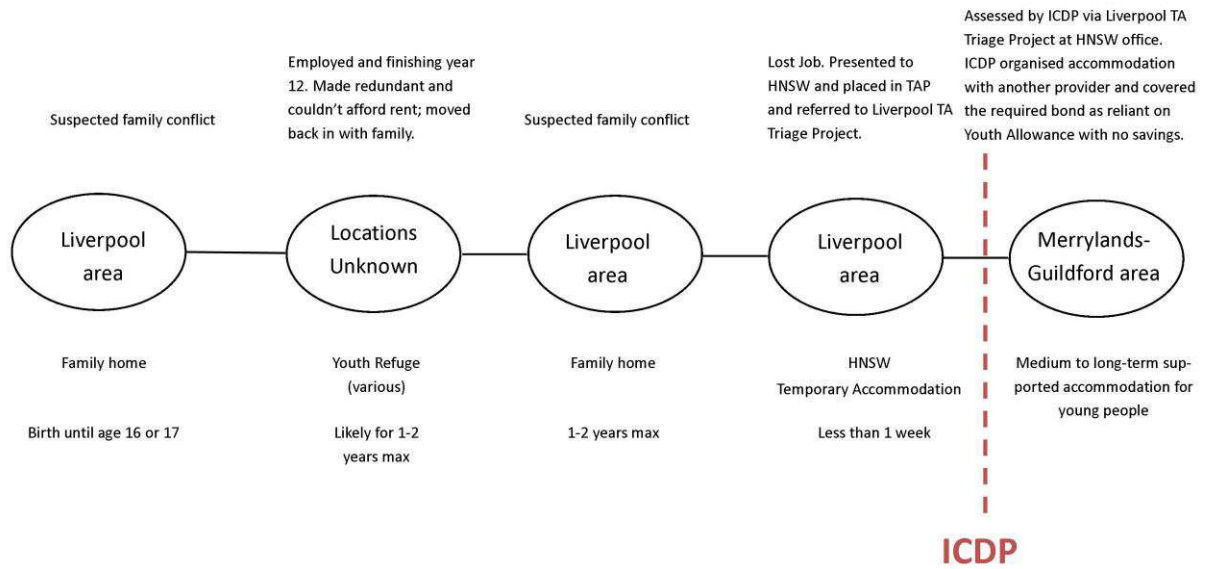
ICDP case study: Anna

Anna is a 20 year old female with no reported physical or mental health issues. Her main source of income is the Youth Allowance. Anna is in contact with her family and has no children of her own.

Anna grew up in the family home in the Liverpool area. She left home early, around 16 or 17 years of age, owing to conflict within the family. While completing Year 12 Anna lived in various youth refuges (locations unknown) and worked part-time to support herself. When Anna was made redundant and could no longer afford to pay rent she moved back into the family home in the Liverpool area. She resided there for one to two years until family conflict again led her to move out. After losing another job, she sought assistance from HNSW who placed her in temporary accommodation nearby and referred Anna to the ICDP via the Liverpool TA Triage Project. An ICDP caseworker conducted an assessment at the HNSW office on the same day. It was determined that Anna was eligible for bond assistance (given her income of Youth Allowance) and that she was capable of living independently with some support. The day after the assessment, the ICDP caseworker contacted another NGO in search of accommodation vacancies. They were able to successfully identify a medium to long-term supported accommodation property in the Merrylands-Guildford area. The bond assistance provided by the ICDP enabled Anna to move into the property as soon as she was accepted (which occurred seven days after her initial assessment with the ICDP). Linking Anna in with supported accommodation enabled the ICDP to transfer the case management to another service that could provide her with on-going individual assistance with employment, reconnecting with family as well as learning how to apply for and maintain a private tenancy.

Anna was deemed at moderate risk of drifting into the inner city. A key factor that determined her level of drift risk was her history of living in refuges and her previous contact with the service system. Additionally, the presence of ongoing family conflict meant Anna did not have the necessary social support a young person needed when transitioning from school to employment and into independent living. It also meant there was little to keep her connected to the GWS. Without the assistance of the ICDP, Anna may have been bounced around the service system; instead, the ICDP was able to identify a supported accommodation option for her and importantly, link her into long-term case management support.

ICDP Case Study (#5) —Moderate Drift Risk



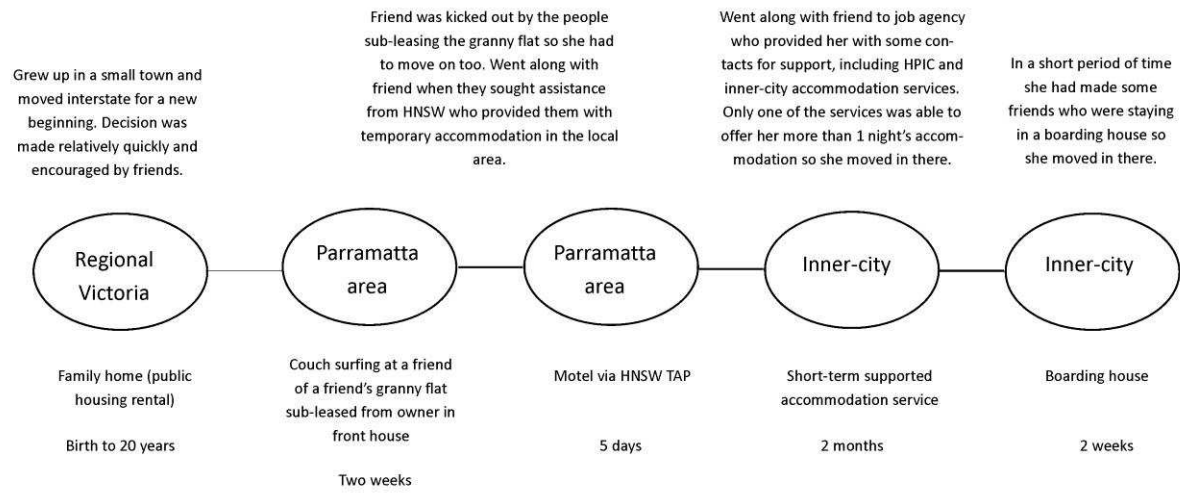
Inner city case study: Bella

Bella is a female in her early 20s who completed Year 12 and was receiving Newstart payments as her main source of income. She was in a relationship and had no children. She reported having no significant health concerns. She was born and raised in a regional Victorian town, and was previously living with her mother in the family home which was a public housing rental property.

Bella moved to Parramatta at the encouragement of her Sydney friends and also because she felt there was nothing for her in her home town due to it being so small. She spent two weeks couch surfing with her friends who themselves were staying with other friends that were sub-leasing a granny flat from the owners who lived in the front house. These friends then kicked out Bella's friends, and consequently Bella had to leave too. Her friends were already familiar with HNSW, so she went along with her friends when they sought assistance from HNSW. HNSW placed Bella and her friends in a motel in the Parramatta area. Bella also made contact with a job agency (that her friends were also engaged with) and the employment officer gave her some phone numbers to call, including HPIC and a crisis accommodation service in the inner-city. Bella moved into the inner-city - she reported that the inner-city vacancy sounded more appealing because it was for three months as opposed to single night stays in the Parramatta area. Bella stayed at the crisis accommodation service for two months. Toward the end of her stay at the accommodation service, Bella decided to move into a boarding house where some friends were staying. At the time of being interviewed Bella had been living at the boarding house for two to three weeks. Bella did not wish to return to her home town in regional Victoria; she had started to feel some connection to Sydney, with a growing group of friends, a new relationship and undertaking skills training to assist her employment prospects. However, Bella's preference was to move out of the inner-city and back to western Sydney. At her request, the inner-city job agency transferred her back to their Parramatta office.

Bella shared similar characteristics to Anna in that her biggest issue was related to not wanting to be in her family home anymore. Both girls had completed Year 12 and were pursuing employment and had contact with HNSW. The support provided by the ICDP however, allowed Anna to remain housed (with support) in the GWS area while Bella found herself in the inner-city despite her desire to remain in GWS.

Inner-city Case Study (#5) — Moderate 'drift' risk



MODERATE-HIGH LEVEL DRIFT RISK

ICDP case study: George

George is a male in his mid-30s who grew up in the Liverpool area with his family and had no prior history of homelessness. However, he had a long history of offending behaviour and drug and alcohol issues, starting when he was a juvenile, and cycling in and out of custody over a period of 15 years. In between periods of incarceration, George returned to his family home in the Liverpool area.

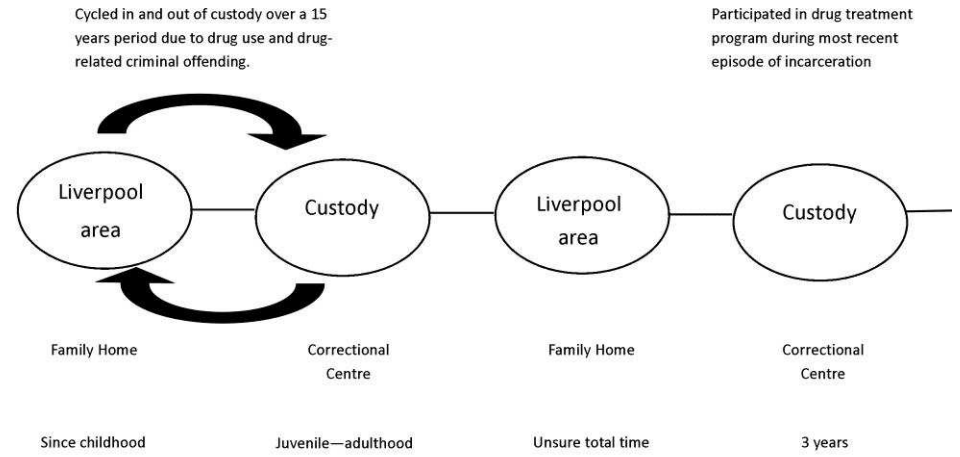
George's most recent incarceration was a three year custodial sentence during which he participated in drug and alcohol treatment. When George was released from custody on parole he moved back in with his family and started working for his father in the Liverpool area. After about 2 months George moved out owing to a disagreement in the family home. His Community Corrections Officer placed him in a Community Offender Support Program (COSP) in north-western Sydney (the only place with a vacancy). George stayed for one to two months whilst still working and visiting family in south-western Sydney. One day he missed his 4:30pm curfew and panicked. Frightened that he would be sent back into custody he decided against returning to his accommodation and met up with someone who he then used drugs with. When he did return to his accommodation, he tested positive to a urine drug screen and was evicted. Community Corrections re-allocated George to one of their offices in south-western Sydney so that he could again reside near his family. Through the local HNSW office he was allocated TA in a nearby suburb, where he stayed for two nights. It was at this point that Community Corrections also made a referral for George to see a psychologist to address problems with depression and anxiety that were thought to be contributing to his substance use.

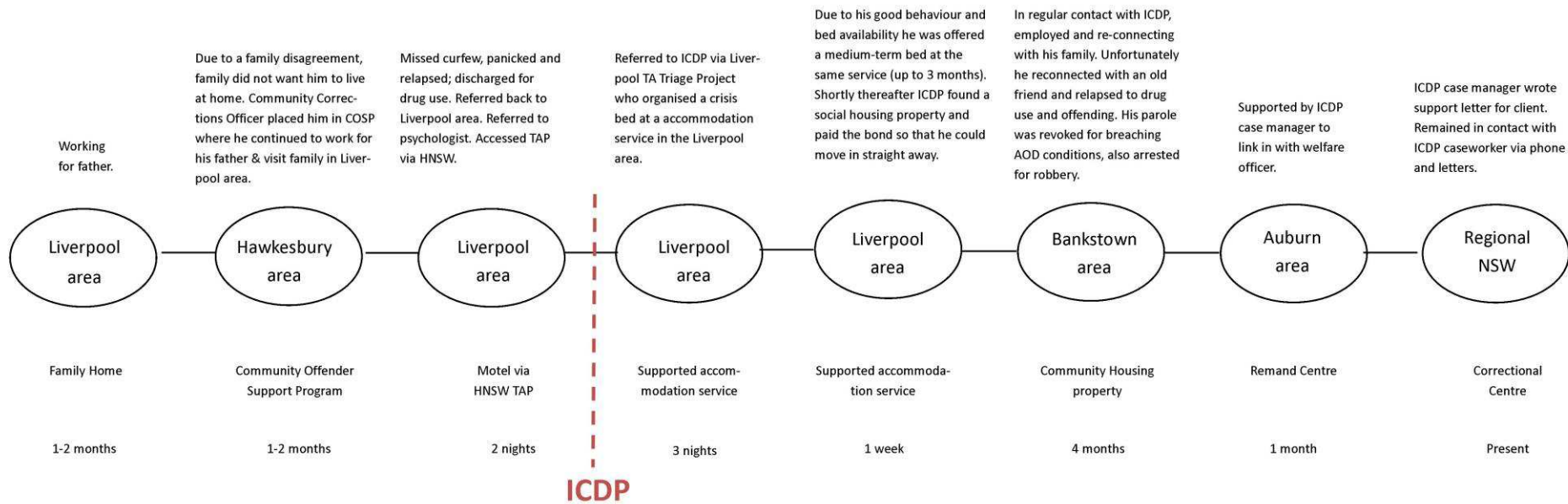
HNSW referred George to the ICDP as part of the Liverpool TA Triage Project. The ICDP caseworker organised for George to stay at an accommodation service in the Liverpool area; initially this was for three nights (in a crisis bed) but it was shortly extended to three months when a medium-term bed became available. George only stayed for a week however because a community housing property became available in the Bankstown area and he moved in there. The ICDP used brokerage funds to cover the cost of the bond for this property. George remained at this property for four months, initially meeting weekly (or twice weekly, once by phone) with his ICDP caseworker. As George settled into employment he maintained regular contact with his ICDP caseworker although this was predominantly via telephone owing to his irregular shift hours. During ICDP's initial contact with George, ICDP's priorities were to obtain a suitable property, assist him to find work, and keep him linked in with his Community Corrections Officer and psychologist (specialist for ex-offenders with AOD problems). ICDP also provided George with food vouchers and food parcels, clothes for work and referred him to a low-cost fitness network. Despite this support, George initially felt very lonely because of the lack of contact with his family.

As time progressed, George was doing well and his family started to welcome him back. Unfortunately, he ran into an old friend and started to use drugs again (after 4-5 months of abstinence). George's drug use was detected during a random drug test and his parole was revoked. He also re-offended and was subsequently charged with a robbery offence. George was sent to a Remand Centre for one month (and later moved to a Correctional Centre) where his ICDP caseworker visited him and encouraged him to link in with a welfare officer. This was also when the caseworker was informed of the client's suspected brain injury (previously undisclosed by Corrections). George remained engaged with his ICDP caseworker whilst in custody (via telephone and letters) and requested a support letter from the ICDP to attend a drug rehabilitation service in lieu of his custodial sentence.

At entry to the ICDP, George was deemed to be at moderate-high risk of drift into the inner city. This was due to his mental health issues (depression, anxiety, possible trauma history), drug and alcohol issues, and

previous incarcerations. All of these lead to challenges in terms of sustaining a tenancy independently without substantial support. However, due to his hope of reconnecting with his family in Liverpool, he didn't have plans to leave the Liverpool area.





Inner city case study: Jason

Jason is a divorced man in his late fifties. He is currently unemployed and in receipt of the Newstart benefit. Jason has three adult children aged between 20 and 35 but does not have contact with them (and a fourth child deceased by suicide). Jason reports a history of depression.

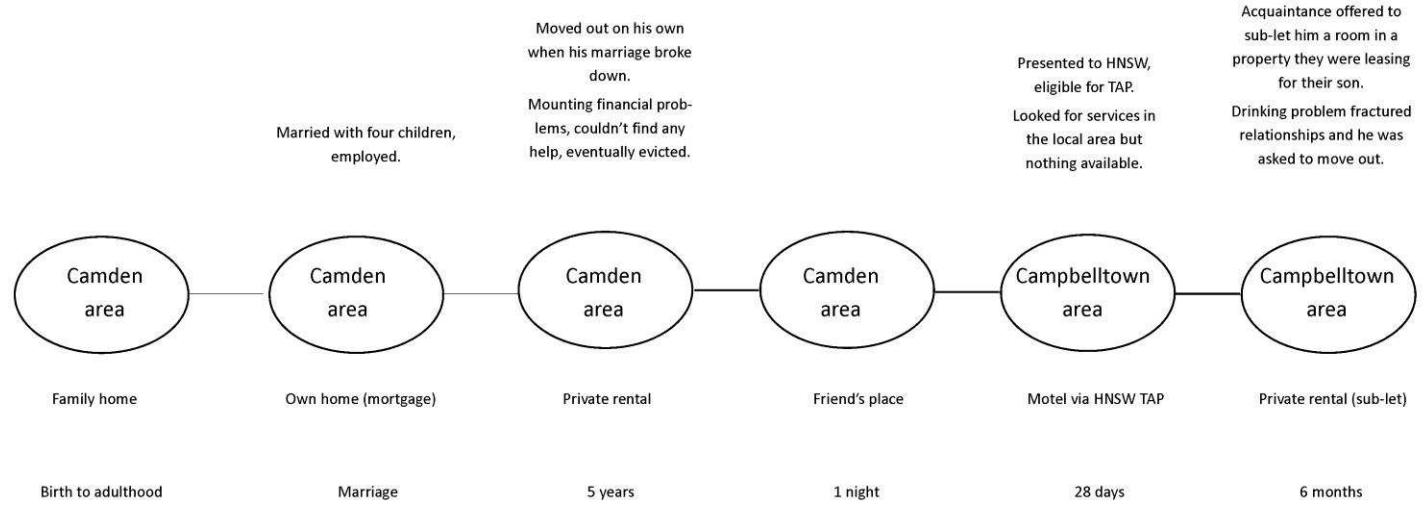
Jason was born and raised in the Camden area with both parents. The family home was provided through the organisation that his father worked for. After leaving school in Year 10, Jason found employment, met someone and married, and eventually bought his own home in the Camden area. After a number of years Jason's marriage broke down and he moved out of the family home and into a private rental in the same area. After five years Jason was evicted, brought about by an accumulation of financial problems. The first night after being evicted he slept at a friend's place in the Camden area. The next day he approached HNSW and, eligible for the TA program, was placed in a motel in the Campbelltown area. Despite his daily attempts to find suitable accommodation, Jason used up his full entitlement of 28 days of TA support.

On his last day of TA support, an acquaintance offered to sub-let him a room in a property she was renting in the Campbelltown area. He moved in there straight away and stayed for approximately 6 months before he was kicked out. Jason had developed a drinking problem and although he felt he had resolved this prior to being evicted, it was apparent that the relationship with the woman from whom he was sub-letting had broken down. Having nowhere else to go, Jason spent three nights sleeping rough at a local fast food restaurant. He was removed by the Police who tried to help find him somewhere to stay in the Campbelltown area (which was his preference) however there was nothing available. Finally when he called HPIC he was advised there was a bed available in an inner-city accommodation service.

"I did ring up places to stay but there wasn't anything. It was all in Sydney. The only shelter out there was for women and children."

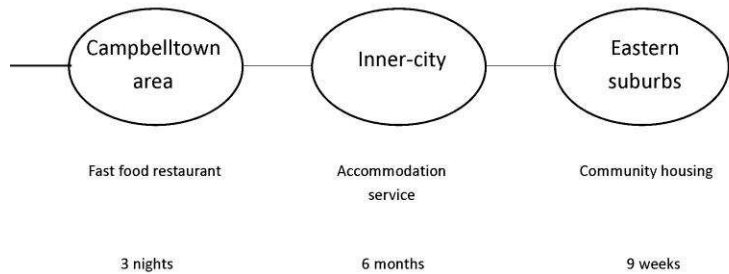
Jason spent six months at the supported accommodation service in the inner city. He was provided with a caseworker who linked him in with a GP and counsellor. The caseworker also linked him in with community housing organisation who found him a property in eastern Sydney. At the time of being interviewed Jason had been living there for about nine weeks and had no plans to return to GWS. Although he did not yet have employment or friends in the inner-city, he had housing and support and he felt neither of these would be available to him if he moved back to GWS.

Inner-city Case Study (#8) — Moderate-High 'drift' risk



Moved on by police, tried to help him find somewhere to stay locally. Called HPIC who found an available bed in an inner-city service.

No plans to return to GWS. Getting the help he needs from the inner-city service system (caseworker, GP, counsellor, housing). Believes he will be homeless if he returned to GWS.



HIGH LEVEL DRIFT RISK

ICDP case study: Alice

Alice is a 45 year old female originally from western NSW with six children to three different partners. She has a history of contact with the criminal justice system, and undisclosed drug and alcohol and other mental health concerns.

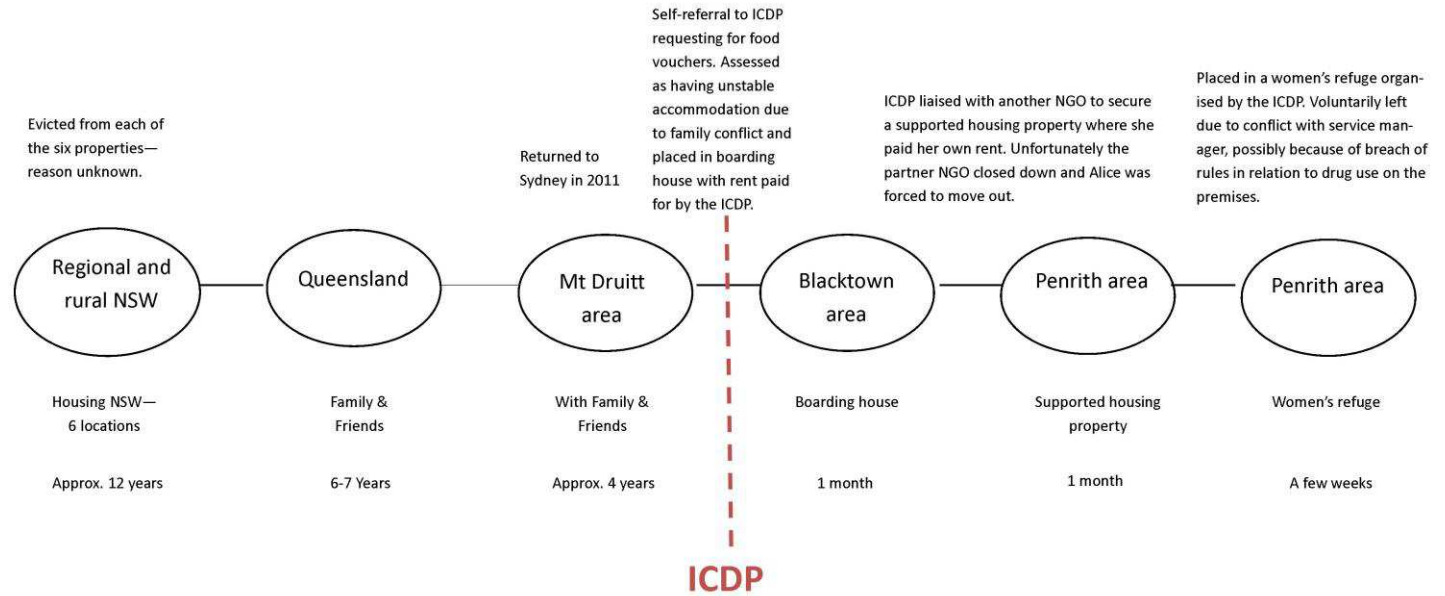
The earliest information regarding Alice's housing history is during her 12 year relationship with her third partner, Frank. During this period the family was placed in six different HNSW properties in regional and rural NSW and each time they were evicted (for reasons unknown). It is thought that Alice subsequently moved to Queensland for approximately six years before returning to Sydney in late 2011. At this time, Alice made a self-referral to the ICDP requesting food vouchers and it was ascertained that her housing circumstances were unstable owing to family arguments. At the time of her presentation she had been living with her adult daughter, Chelsea (22 years), in the Mt Druitt area and possibly with other friends nearby. The ICDP placed Alice in a private boarding house in the Blacktown area where she stayed for one month, with rent paid for by the ICDP. The ICDP worked with another agency to move Alice into a medium-term transitional housing property where she was paying her own rent. Unfortunately, the agency closed the lodgings and Alice was forced to move after just one month. ICDP then worked together with a women's refuge to move Alice and two of her daughters (Debra (20 years) and Francine (16 years) who were now living with her) into supported accommodation in the Penrith area. Alice was asked to leave this accommodation after just a few weeks, possibly because Alice and her adult daughter Debra had been using drugs in their room. Afterwards, Alice and her two daughters, Debra and Francine, likely stayed with family and friends in the Mt Druitt area as well as western NSW for a couple of months, moving between these two places. Whilst in western NSW, Alice's daughter, Debra, got into trouble and was incarcerated. Alice then lost her accommodation in the Mt Druitt area; the landlord applied for an AVO against Alice because of the frequent fights between her and her adolescent daughter, Francine. Alice reconnected with the ICDP and was placed back into the private boarding house in the Blacktown area (where she had previously been placed by the ICDP). Alice remained at this boarding house for approximately two months. During her time there, ICDP received numerous phone calls from the boarding house stating that Alice and her adolescent daughter, Francine, had been arguing and fighting and breaking things. ICDP then found Alice and Francine alternative temporary accommodation in the St Mary's area through HNSW where she stayed for three weeks.

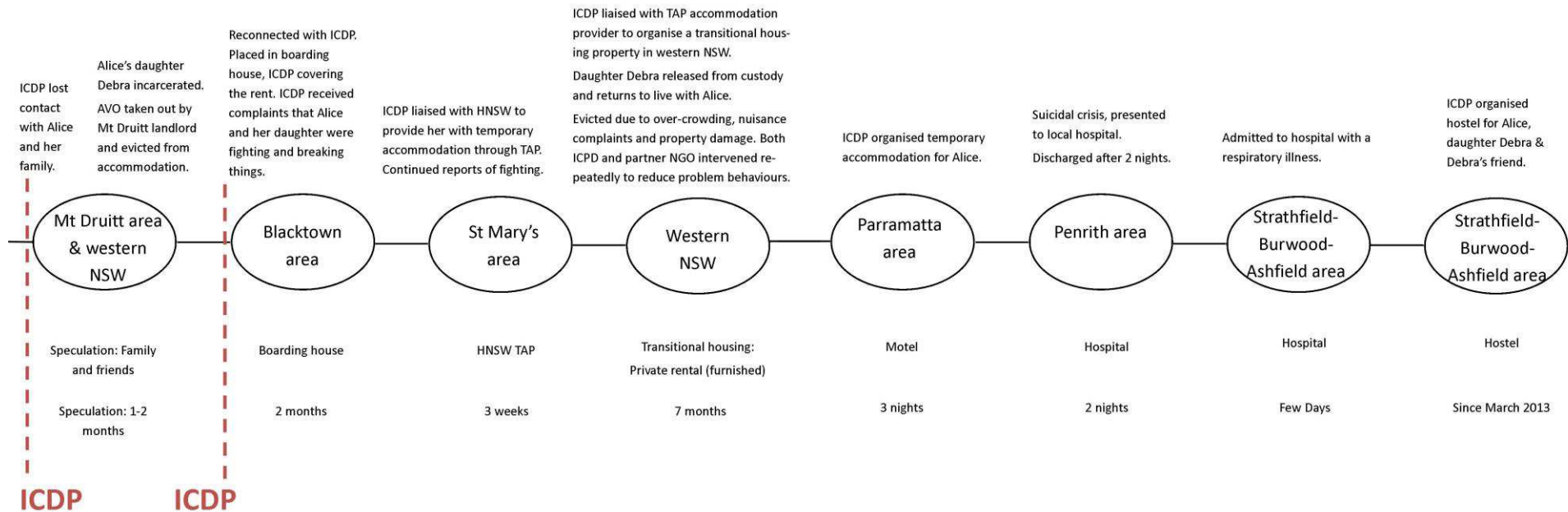
Once again, there were reports of fighting. ICDP continued to work with the agency providing the temporary accommodation to move Alice into a transitional housing property. Eventually a furnished, two-bedroom unit was found for her in her hometown in western NSW. Alice stayed in this property for seven months. When Debra, Alice's 20 year old daughter, was released from custody she moved back in with Alice and Francine in the western NSW property. After a few months, Debra also brought a friend of hers to live with them. During Alice's stay in western NSW, there were reports of damage to the property that occurred during family arguments, such as internal doors and the foyer glass doors being smashed. During the last few weeks of Alice's tenancy there, Alice's eldest daughter, Ashley (26 years), also moved into the western NSW property, along with Ashley's five children. This caused additional issues, including a breach of the tenancy agreement which was for three people to live at the unit. Alice's adolescent daughter, Francine, made contact with child protection services who placed her in a youth refuge. ICDP and another agency attempted to intervene and advocate for Alice when the nuisance complaints arose however, despite their efforts Alice and her family were evicted from the western NSW property. ICDP then housed Alice in a temporary accommodation (motel) for a few nights in the Parramatta area. Shortly thereafter Alice presented herself to the Emergency Department in a suicidal crisis. She was admitted to the psychiatric

ward and discharged after two nights. She was then re-admitted to the general ward of another hospital because of a respiratory illness. From there, ICDP organised for Alice to stay at hostel in northern Sydney with her adult daughter Debra and Debra's friend.

Alice was deemed at high risk of drift into the inner city. Although she had demonstrated some capacity to sustain a tenancy, this was only for a period of seven months and she made frequent moves, often as a result of neighbor complaints about fighting. Together with Alice's offending history, suspected drug and alcohol and mental health issues, this would likely have resulted in a continued erosion of her social supports. Additionally, she was excluded from the Social Housing Register due to poor engagement with HNSW and her previous evictions. This meant she was more likely to make accommodation decisions based on availability rather than location, despite the fact that she had lived in GWS for a period of 17 months and had children nearby. Given the complexity of Alice's case, it is anticipated her situation could have been supported through the involvement of a 'complex needs panel' to enable timely access to substance use treatment and mental health services to augment the tenancy support, case management and practical assistance she was receiving from the ICDP.

ICDP Case Study (#3) — High 'drift' risk





Inner city case study: Lewis

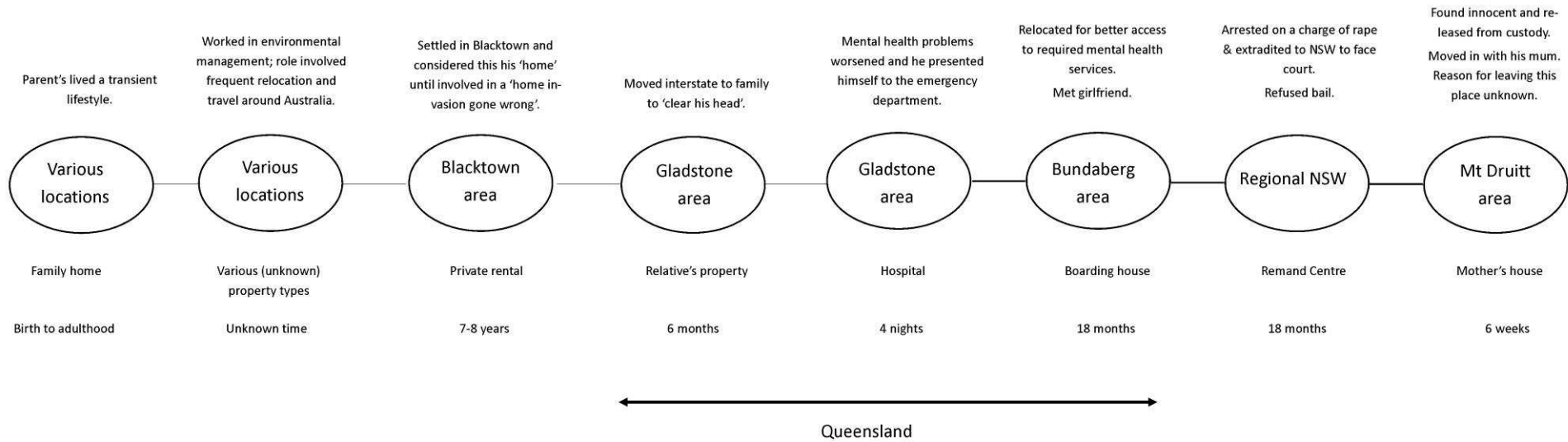
Lewis is a 41 year old single Anglo-Australian born male who completed Year 10 and a traineeship and is currently receiving the Disability Support Pension. He has diabetes, arthritis and several mental health issues, including bipolar disorder and posttraumatic stress disorder. He reports an unstable childhood, including frequent residential moves.

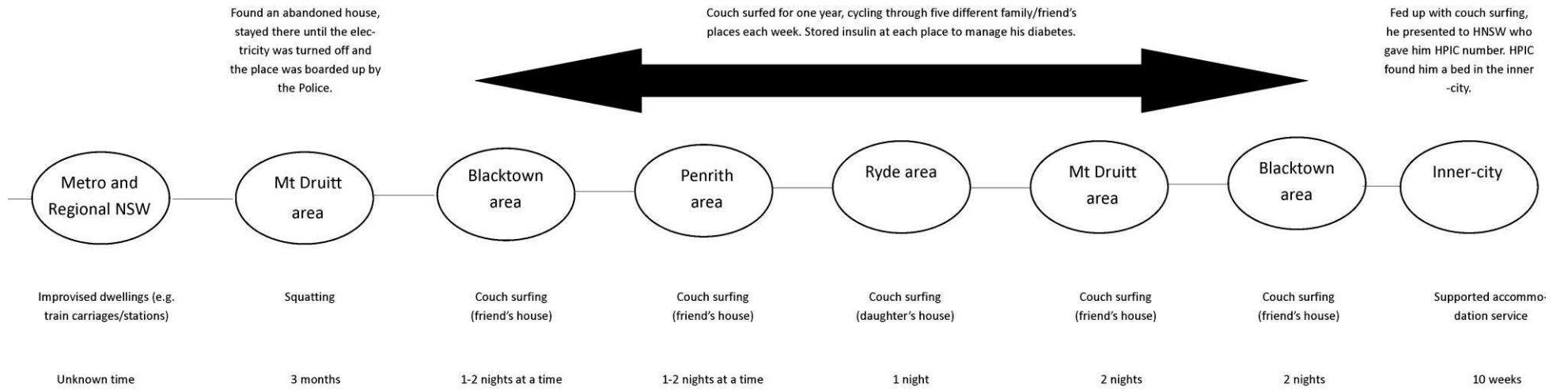
After leaving the family home, Lewis worked in land care which required him to travel around Australia. After a number of years he settled in the Blacktown area and lived sometimes in private rental but also with friends. Lewis' housing was relatively stable for approximately 7 or 8 years until he was involved in a 'home invasion gone wrong'. Lewis was assaulted during this incident which he found highly traumatic. He moved to a relative's farm in regional Queensland for six months to recover. During this time his mental health deteriorated and he presented himself to hospital. He was diagnosed with a mental disorder and admitted as an inpatient for four nights. At this point Lewis' decisions regarding housing revolved around his need for mental health treatment. The distance between his relative's farm and the hospital made access difficult and there was a lack of affordable accommodation near the hospital itself. As a result, Lewis moved further north to live in a large regional city and rented a room at a boarding house for males to get better access to the services he needed. He engaged with a community mental health team and met someone with whom he began a relationship.

Lewis was later arrested on rape charges and extradited to NSW to face court. He was initially placed in a remand centre before being transferred to a correctional centre. He was released from custody after 18 months when he was found innocent at trial. The first night following his release from gaol, Lewis returned to his mother's place in western Sydney and stayed there for six weeks. Lewis later slept in train stations, on trains, at his daughter's house for a couple of nights and once squatted in a house in western Sydney for three months before it was boarded up by police. He then cycled between staying with friends at various locations in western Sydney and his daughters place. He ensured that each house he was staying in had insulin and needles so that he could manage his diabetes. He cycled through accommodation like this for about a year. After becoming fed up with couch surfing, Lewis made a self-referral to HNSW who referred him to HPIC. HPIC advised Lewis of a bed available at an accommodation service in the inner-city. Lewis accepted this offer and had been at the service for ten weeks at the time of being interviewed.

Lewis claimed that he did not want to be in the inner-city but that it was a safer place to be homeless, compared to the suburbs. (He disclosed that he had been physically assaulted when he stayed in the suburbs). He also stated that had there been beds available at an accommodation service in GWS he would not have come into the inner-city. He is now linked into health and other support services in the inner city. Lewis still has a desire to move back to GWS, although his social connections there are now limited.

Inner-city Case Study (#7) — High 'drift' risk





SUMMARY

Among the exemplars deemed to be at low risk of 'drift', the eventual outcome of moving into the city typically resulted from a lack of accommodation options in GWS. These people were characterized as self-sufficient, had strong connections to the GWS area, and had a good network of friends and/or a supportive family. These case studies highlight the inability of some social networks to provide ongoing support and/or accommodation for an individual who otherwise would be capable of independent living. The eventual 'drift' of these individuals was predominantly due to restrictions in the existing service system.

Individuals classified with moderate level of 'drift' risk demonstrated a capacity to be self-sufficient, particularly if provided with a degree of formal support (e.g. limited financial support, access to safe and secure housing). In the two case studies presented in this report, family conflict contributed to the young women leaving home at an early age. Lack of employment and a lack of family support meant they were more vulnerable to instability in their housing circumstances. The two women had also become familiar with the service system and this was a strong contributing factor to their risk being designated as moderate as they made accommodation decisions based on where they could obtain the best support within the system.

Moderate-high 'drift' risk was reflected in a cluster of vulnerabilities – such as incarceration, substance misuse, and mental disorder – that made it more difficult for an individual to sustain a tenancy. They had a history of substantial contact with the HNSW TA system and were socially isolated and lacked family support. Exemplars in this risk category had a reduced capacity for self-sufficiency, and appeared to be more dependent on the formal support system. This meant they were also more vulnerable to the 'whims' of the system, such as being kicked out of supported accommodation due to a drug relapse or breaking curfew.

At the highest level of risk there was an accumulation of vulnerability to the extent that a severe narrowing of choices resulted as an individual became more involved with institutional service systems. Consequently these exemplars required intensive cross-sectoral support that is commonly provided by the inner city service system and was difficult to access in the GWS area. Similar to the previous level of risk, individuals in the high 'drift' risk category had a history of incarceration, substance misuse and mental disorder (including psychiatric hospitalisation). Additionally, they had a disruptive family background, with frequent household moves and/or instability in the family system, with the movement of caregivers or children in and out of the family unit. Those with high 'drift' risk also had longstanding and unstable history of social housing, transitional housing and supported accommodation, including frequent moves, evictions and exclusion from the Social Housing Register. This unstable housing history co-occurred with family violence, physical fighting among household members and/or visitors, and property damage. A further defining feature of this cohort was the repeated contact with the service system and multiple interventions by a range of service providers.

These case studies suggest that as an individual moves up in risk there is a corresponding decline in social supports, particularly stable and supportive connections with family. At the lowest level of risk, people remained connected to their social support network; at the next lowest level, connections were disrupted or fractured but had the potential to be repaired with adequate support; as the level of risk increased, individuals expressed a desire to reinstate family relations but were effectively disenfranchised from the family unit; at the highest level of risk, social supports were essentially eroded. This erosion of social support was accompanied by an escalation from family/relationship conflict to family/relationship violence.

Additionally, as level of drift risk increased, there was an escalation in both the number and severity of presenting issues – substance misuse, mental disorder, and incarceration. This made it increasingly difficult

for an individual to sustain a tenancy in the private rental market or to adhere to the rules of supported accommodation or transitional housing. In particular, such individuals were more likely to 'wear out their welcome' with family and friends and become more dependent on the service system. However, without the timely involvement of other specialist support services, general homelessness services may find it difficult to sustain their involvement with a client who has multiple and chronic needs.

Finally, GWS appears to be one step in the trajectory of 'drift' for some individuals. Thus preventing drift is not simply a matter of supporting people in their community of origin but also resettling newly arrived residents in the area.

9. ADDRESSING DRIFT

The present chapter addresses the question of how the ICDP achieved the results outlined in Chapter Six. That is,

- No participants ‘drifting’ into the inner-city during the six month follow-up period;
- The establishment of new, and sustainment of existing, tenancies in GWS for a substantial proportion of participants; and
- Differential impact on ‘drift’ risk over time, involving an escalation in risk for some participants but de-escalation in risk for others.

Chapters Seven and Eight described the key processes and factors in determining risk of inner-city ‘drift’ among participants. These included individual vulnerabilities such as substance use, mental disorder, an erosion of social support, and reduced capacity for agency or self-sufficiency. There were also substantive structural determinants of risk such as the funneling of clients into the city where there was greater availability of crisis accommodation and a presumed greater capacity to manage clients with complex needs across different specialist service sectors. Additionally, Chapter Two identified serious gaps in the availability of affordable housing as well as supported accommodation options for particular sub-groups of the GWS population, making it more likely that some individuals would end up ‘drifting’.

The ICDP addressed these individual vulnerabilities and structural determinants primarily by enhancing the effectiveness of the service system to better meet the needs of clients. The two key determinants of this process that emerged from the focus group and case study discussions were fostering system-wide integration and adopting a client-centered approach. Both of these ideas feature strongly in the Australian Government’s White Paper on Homelessness (Australian Government, 2008) and the NSW HAP (Housing New South Wales, 2009). As one stakeholder commented:

The Government is talking about all this stuff – no wrong door, flexible service delivery, early intervention, doing whatever it takes, outreach is vital, and personal contact with the service provider. I mean there’s the notes I’ve written down from my perspective. It’s a living example of what the Government wants to do but it needs a bit of extra resourcing out here.

As will be argued in the sections following, the ICDP was able to translate the rhetoric of ‘integration’ and ‘client-centered’ into actual practice and it is this that was critical in achieving the outcomes documented in Chapter Six.

SYSTEM-WIDE INTEGRATION

So they’re sort of like the putty that helps us create a whole service

A major theme to emerge from the focus group discussions was that the early intervention and case management focus of the ICDP allowed it to fill a key gap in the service system. Additionally, the flexible approach adopted by the ICDP enabled it to act as an inter-agency bridge to connect existing services so as to holistically address the needs of clients. Underlying this was a set of drivers or enablers of integration, similar to those documented in previous research (Flatau et al., 2013b). These included specialist skills in assessment and referral (which speaks directly to the gap that the ICDP filled in the service system) as well as resourceful and flexible service delivery, strong partnerships and communication and leadership in case coordination. Each of these is discussed in turn in the sections following.

Specialist skills in assessment and referral

The expertise of the ICDP caseworkers to undertake a comprehensive assessment was considered by many stakeholders as a major strength of the service. One stakeholder also commented that clients were likely to be more honest and forthcoming with an ICDP caseworker because they sometimes feared that disclosing such things to a government representative would have repercussions for the financial support they received. The comprehensive nature of the assessments undertaken by the ICDP was directly linked by one stakeholder to the ability of the service to save tenancies. This was explained in terms of the assessments leading to better follow-up and support of clients.

An example of this was a male client who was in temporary accommodation through HNSW TAP. He was initially assessed by an ICDP caseworker on-site at HNSW. From this assessment the ICDP caseworker established that the client had recently completed a detoxification program and had a strong desire to continue with treatment and address his substance use problems. The ICDP caseworker liaised with HNSW to extend his TAP (as this was due to cease) and assisted the client to find a place in a residential rehabilitation program which he commenced one week following his initial assessment. This example illustrates the benefit of a comprehensive assessment in: a) identifying the underlying issues that may be contributing to a person's homelessness; and b) planning the most appropriate type of accommodation and support that will result in a sustained exit from homelessness. Securing an extension of TAP gave this client some stability while they waited for the next step in their drug and alcohol treatment to be arranged. This likely would have allowed the client to better prepare himself for the treatment program and consequently to more fully engage with treatment.

It was also apparent that the ICDP caseworkers had specialist knowledge about the homelessness service system in GWS that other agencies could draw upon. In particular, this was true for mainstream 'first-to-know' agencies such as HNSW and Centrelink which had their own case management teams but not necessarily the same level of knowledge of the specialist homelessness service system. There were numerous examples of staff from other agencies contacting the ICDP regarding a client, knowing that their client wasn't within the scope of the ICDP but nevertheless seeking advice as to what to do. The following quotes illustrate this:

A lot will say, "Look, I know this. You mightn't be able to, but we didn't have anywhere else to go. We haven't got anyone else to ring. Is there any way you can support this?"

And:

I find it very helpful. I ring up just to – a lot of the times, just to get advice because I do a similar thing. I refer the clients out on it as well and sometimes I just ring to say, hey, this is what I've got and I have a chat with them and they say, 'well, you should ring this place and this place and this place.' So I find they've got a lot of knowledge in like for different services.

This specialist knowledge increased the capacity of the sector in GWS to respond to homelessness and as a consequence, prevented the over-flow of homeless clients into the inner-city service system. One of the reasons identified as contributing to the 'drift' of people into the inner-city was the lack of awareness among service providers of relevant homelessness services in western and south-western Sydney. The specialist knowledge and assessment skills of the ICDP caseworkers appeared to have been an important factor in retaining people in GWS and preventing inner-city drift.

Partnerships and communication

Networks were considered vital to the effectiveness of the ICDP, both within the organisation of Mission Australia, as well as with other agencies through networks such as the Parramatta Homelessness Interagency. This was partly related to the level of resources that the ICDP could gain access to. For

example, one stakeholder commented that the ICDP, as a service of Mission Australia, brought with it a wealth of resources and this was important to the overall effectiveness of the ICDP.

And I think the thing with Inner City Drift is partly the network that it comes with. As a standalone project it may not be quite as effective as being part of Mission. The fact that it is part of Mission means it has the capacity to draw on other resources.

Having a physical presence, such as the satellite sites at Centrelink and HNSW strengthened the partnerships because it allowed personal relationships to develop. These personal relationships were considered integral to the effectiveness of the partnership by a number of stakeholders:

And I think seeing the face of the person makes a humungous difference. If we didn't know [caseworker] and [caseworker] by seeing them, the relationship wouldn't have been as strong as it's gotten to.

And:

So [the ICDP caseworker is] able to build the relationships with people, and our staff aren't afraid to go over and talk to [the ICDP caseworker] and just run a question by [them] and say, 'I've got this situation, what do you think?' Sometimes [they'll] say yeah, refer them over to me and sometimes say, 'just tell them to contact this, this and that'.

These partnerships had many benefits including: a) timely referrals to the ICDP which facilitated an early intervention approach; b) greater uptake of referrals by clients, some of which involved same-day assessments; c) improved communication between the ICDP caseworker and the referring agency, such as feedback to the referring agency about the case management plan; and d) reduced the likelihood that someone would be referred to HPIC and subsequently offered a bed at an inner-city accommodation service.

The reputation of the ICDP caseworkers also contributed to their ability to sustain tenancies and prevent people from being 'bounced' around the system. The ICDP caseworkers came to be seen as trustworthy advocates for clients, as explained by one stakeholder:

Yeah, a hundred per cent and we will need to work and comply with [caseworker] requests if they need a leeway with us and we're like yeah, okay, well we'll keep putting them in the motel because they know they've got a plan, they've got something coming up.

Thus the ICDP caseworkers were there to vouch for clients and this was particularly important for the relationships with both the private and social housing sectors. Knowing that clients were being supported by the ICDP reduced the liability for real estate agents as well as community housing providers. It gave them an intermediary to talk through any tenancy problems that arose but also meant there was someone else there to deal with issues impacting on a tenancy that were outside the expertise of the real estate agent or tenancy manager. There were many real estate agencies in the region that were initially unwilling to accept ICDP clients, particularly those whose sole income source was a government benefit. The poor reputation attributed to individuals with low income by real estate agents was explained by one stakeholder:

Look, I think they've probably had their fingers burnt a few times. And there have been some real estate agents that won't take people on Centrelink, that aren't interested in taking people that are on Centrelink payments.

Developing the relationships within the private and social housing sectors opened up more possibilities for people to remain housed in GWS and out of boarding houses or other non-tenanted housing typically found in the inner-west and inner-city.

Despite the efforts made by the ICDP to develop and strengthen relationships with other services, there is scope for improvement, particularly in the Liverpool service system. Although the Liverpool TA Triage Project was a formal partnership, there appeared to be a limited understanding and cohesion among some stakeholders who attended the focus groups. For example, one stakeholder commented on a lack of feedback about when a client had been assessed by the ICDP. There also seemed to be some confusion about the role and the timing of ICDP involvement, particularly where other services also provided case management support. This can be seen in the following exchange between two focus group participants:

A. When you asked about the support, what I'm trying to say that we didn't notice any involvement from Inner City Drift after we get customers into the program. That's us then coordinating with you and referring customers to other services like Salvation Army or whoever, not Inner City Drift. They don't follow up on customers with us later, after the customers are in the program, our program.

B. Okay. Well that's interesting. They come back to us and I know that they're dealing with clients still in your service.

A. Yeah, so that's what I

B. So maybe that's something we need to make sure we're keeping the loop open.

It was evident from the focus group discussions that the Liverpool stakeholders were highly motivated to develop referral processes and to improve coordination within their network of agencies. Indeed, some participants attended the focus group hoping that this would be one of the aims or an outcome of the meeting. In contrast to the Liverpool service system, the Parramatta service system has had many years of interagency development. Thus the ICDP were able to tap into an existing network of services and assume an effective case coordination role within this system. When participants from the Parramatta focus group were asked to comment on whether the ICDP could be replicated elsewhere, the establishment of partnerships was seen as a critical first step. Together these findings suggest two things: 1) the potential of the ICDP in the Liverpool service system has not yet been fully realised; and 2) the necessity of a longer lead time to develop interagency collaboration across the Liverpool service system in addition to the specific relationships developed between the ICDP and other agencies. Ultimately these findings demonstrate that a program like the ICDP cannot be reproduced as is; rather it needs to be nuanced to reflect the maturity of the service system that exists in each area.

Resourceful and responsive

Very resourceful. It's not just about hotels and accommodation and paying rent, they're resourceful in so many aspects.

There was strong consensus among stakeholders with regard to the ability of the ICDP to respond flexibly to whatever needs a client presented with. Moreover, they were seen to be able to manoeuvre in a space that government agencies could not. By necessity, government agencies have strict criteria and the ICDP were able to provide services for people who fell outside the usual criteria or had used up their quota of support within the government services.

They've got the capacity. Government agencies have tighter range on their capacity to be flexible.

To this end they filled a gap in the service system. There was a suggestion by one stakeholder that perhaps the funding provided to the ICDP might be better re-invested within the government agencies, thereby eliminating the gap and the need for a second organisation to be involved. This suggestion was criticised by other stakeholders mainly because of the conflict of interest in having a single agency being both the administrator of a program and an advocate for client needs. The ICDP was able to assist clients, not simply

because they had access to a larger brokerage fund, but because ICDP staff were able to use the brokerage strategically, to assist with long-term solutions for a client's homelessness. This created stability for clients because it avoided the crisis responses typical of other parts of the service system. Hence it was not simply a 'band-aid' to solve a short-term crisis but part of an intervention plan designed to reduce the number of transition points to secure housing for the longer-term.

Beyond brokerage, the ICDP caseworkers were seen by other agencies as being knowledgeable about services and businesses that people on a low income could afford. Sometimes this was critical to the client being able to make use of government or other agency support, as illustrated by the quote below.

If it's something as simple as finding a removalist, we rang around a few places for somebody. They [ICDP] didn't pay for the removalist but they knew of a place that was very, very affordable and a person that was on income support payment was able to afford moving her belongings from one property to another utilising the service.

In this example, the referring agency was able to assist the client with a property but was unable to assist the client to move into the new property. Without the consultation provided by the ICDP this client might have had to relinquish the property being offered to them.

Case coordination

This section discusses the role of the ICDP in case coordination. Case coordination has been described as the ability and authority to bring in other services as needed. In this sense, it "plays a significant role in identifying individual needs and mapping those needs to the relevant part of the system in order that the system can be most effective in doing what it is meant to do (i.e. address need)" (Flatau et al., 2013b; p. 83). There are several facets to this role, one of which has previously been discussed, that is, the reputation of the ICDP as having the expertise to conduct comprehensive assessments and the knowledge that enabled them to connect services to meet client needs. Good coordination is resource intensive, and the time required for case management was not always equivalent to the level of need that a client presented with. Often, the lack of appropriate services or narrow eligibility criteria for a service increased the amount of time required to resolve a client's issues, irrespective of whether that client was deemed to have high and complex needs.

To this end, the ICDP caseworkers were seen as having the time to spend with clients that other agencies didn't have and this was considered by a number of stakeholders as critical to the success of the model. It filled a void within the service system both for clients identified as having complex needs as well as those who found themselves in a challenging situation and simply needed some assistance to avoid becoming homeless.

Well, the main thing before, apart from the brokerage money, was the case management. Okay. They bought the 'I've actually time to sit with this client and spend some time with them' and we work with them to doing more and get, and I mean, for the more complex ones at my office, they'd end up on my desk and I'd be spending some time with them. But, on an average day, I've got three homeless officers and they're doing several appointments each which is a maximum of an hour that they can be spending. By the time they do the assessment for eligibility for temporary accommodation and all the paperwork and their computer work, they don't have a lot of time to actually do case management and referral and that sort of thing. So that was the big advantage for us.

Another stakeholder commented on the benefit of the ICDP undertaking the case coordination role within a network of supported accommodation providers:

... what I saw in having Inner City Drift in Triage program, that was very, very good – that they could follow up, they could concentrate on the case, then they can touch [base] with customers, establish the contact with them and then decide what service would be the best for that customer

For clients with low to medium needs, the extent of the ICDP's relationships with other agencies seemed to be sufficient to leverage the requisite level of support from within the system. In contrast, the ICDP appeared to be less effective in securing good outcomes for clients with more severe problems, primarily mental health and offending behaviour. In part, this appears to be due to a lack of pre-release planning by psychiatric and correctional facilities and a lack of partnership between these agencies and the specialist homelessness system in GWS. Although clients with high and complex needs did not constitute a large portion of the total ICDP client population, there was some contact with clients who were discharged from psychiatric or correctional facilities into temporary accommodation and who were then later referred to the ICDP when this temporary accommodation was coming to an end. As previously discussed, a lack of discharge planning from psychiatric and correctional facilities was identified by stakeholders as a key driver of inner-city 'drift', combined with a lack of integrated and timely specialist services.

In addition to early discharge planning, there appears to be scope to improve communication between the ICDP and specialist services such as community mental health teams and community corrective services. In the case study example of George (see Chapter Eight, p. 98), who was being co-managed by the ICDP and Community Corrections, improved communication between the two agencies may have resulted in a better outcome for this client. It was only during an impromptu meeting between the ICDP caseworker and the Community Corrections Officer that the ICDP became aware of a suspected brain injury. Unfortunately, this meeting occurred because the client breached their parole conditions. If an agreement on information sharing (such as a Memorandum of Understanding) had been established earlier, this information could have been incorporated into the client's case management plan thereby improving the likelihood of a positive outcome.

The original model of the ICDP included a Complex Needs Panel that would provide case review and case planning for clients whose needs required greater interagency collaboration to address (such as the client reviewed above). This speaks not only to the *intensity* of support required for such clients but also to the *specialist* nature of the support needed to address particular needs. This is clearly beyond the capacity of any small team of caseworkers, who may have specialist knowledge and skills with respect to homelessness and housing but not the requisite drug and alcohol, mental health and disability expertise typically provided by health services. Although funding was sought from the NSW Government Department of Family and Community Services, this submission was unsuccessful. Without this type of expert case review and the requisite resourcing for an adequate level of case coordination, the success of the ICDP with this sub-population of 'complex needs' clients will remain limited.

CLIENT-CENTERED APPROACH

The idea that the client should be at the centre of the service response features heavily in the case management literature (e.g. Schmuttermaier et al., 2011, Novotny, 2000, Flatau et al., 2013b). Some of the key aspects of this approach, as implemented by the ICDP, are discussed below.

No wrong door

The idea of a 'no wrong door' approach was commonly discussed in relation to the assessment and referral processes of the ICDP, as well as their reputation for specialist knowledge and expertise. As the quotes below illustrate, the ICDP essentially accepted all referrals even if they didn't go on to deliver a service to the client directly.

Yeah, and I think Inner City Drift kind of [have] an open door policy as well, they're open – they do have their specific criteria but if we happen to refer someone that doesn't fit their criteria, they're able to refer them onto a service that's able to help them as well. They don't just say, 'oh no, this person is not male, single, over 18'.

And:

And they're well resourced because if they're not able to help, they'll make sure they find someone that can help. So it never ends up coming back to us and being our problem.

All referrals were triaged and other service options canvassed before making a follow-on referral or providing advice back to the referring agency. This practice aligned with the organisational values of Mission Australia to provide services and solutions for all people in need. Additionally, it contributed to the experience of a seamless service delivery for the client because the negotiation of services occurred at the level of the referring agency and the ICDP. By embodying a 'no wrong door' approach, the ICDP was able to work together with the referring agency to find a solution to the client's presenting issues.

Earliest possible intervention

The ICDP demonstrated that they were effective with individuals that were already homeless as well as those who were housed but at increasing risk of homelessness. Stakeholders commented that the early intervention focus of the ICDP was instrumental in preventing homelessness among this latter group. This finding, in and of itself, is neither surprising nor innovative however the ability of the ICDP to engage with 'first to know' agencies and to identify and recruit this cohort of the homeless population is exemplary. Moreover, the early intervention approach prevented the dislocation of people from their homes, family and community; this dislocation being one of the key drivers of inner-city 'drift' identified in the literature and through the pilot and service development work.

First-to-know agencies also identified people further along in their trajectory of homelessness. Timely referrals to the ICDP meant that an intervention could take place to bolster or recover stability for the client and prevent their entrenchment into homelessness and, in particular, their further use of homelessness services. As the case studies attest (see Chapter Eight), the ICDP were able to formulate an appropriate case management response regardless of the level of homelessness or 'drift' risk that a client presented with. The effectiveness of this case management plan was however limited for clients with high and complex needs (for the reasons discussed previously under 'case coordination').

The notion of the earliest possible intervention is illustrated in the following example. Clara was referred to the ICDP by HNSW for assistance in obtaining housing. At the time of her referral, Clara was 38 weeks pregnant with twins. Her partner had left her soon after finding out she was pregnant. Although Clara had a consistent employment history, she had to stop working when she developed medical complications related to her pregnancy. Additionally, one of the twins had been identified as having a serious health problem that was likely to need continuing medical treatment after birth. Clara sought assistance from HNSW who provided her with temporary accommodation. During this short time she found a rental property but was told it was unaffordable, reliant as she was on Newstart Allowance with a rental subsidy. HNSW were unable to assist her with this property despite the fact that she would soon receive a substantial increase in income on the parenting allowance and the one-off 'baby bonus' payment. The ICDP was able to provide brokerage so that Clara could obtain the property immediately rather than her relinquishing the property and having to find another. She gave birth less than one week after she moved into the accommodation. The ICDP also helped Clara to liaise with Centrelink so she received all entitlements as soon as she gave birth. From a case management perspective, the intervention period was very short but it gave the client some stability and allowed her to prepare for the birth of her children. Had

Clara not received support when she did, she may have been homeless at the time she gave birth, which would have resulted in a mandatory child protection notification.

Persistence

The evidence provided through the case studies underscored an important feature of the ICDP case management approach – persistence. This can be described as the repeated attempts by the ICDP caseworkers to assist a client regardless of the number of setbacks the client experienced. Other research on homelessness has also found that persistence is important in both engaging with clients and facilitating their access to health services, particularly for those considered to have high and complex needs (Flatau et al., 2013b).

Related to this idea of persistence is the notion of ‘continuity of care’. This term features strongly in the integration language of health providers. Three types of continuity have been defined (Adair et al., 2003):

- Informational continuity is the sharing of information between agencies involved in a person’s care and can include knowledge about a person’s values and preferences as well as the specific needs that are the focus of the service provision
- Management continuity is the coordination of services across different providers to address the multiple (and potentially complex) needs that a person might have.
- Relational continuity is the establishment of a consistent relationship with a service provider and provides coherence and predictability for the client

The first two types of continuity are frequently cited aspects of integrated care, both in the health services and case management literature. The third type – relational continuity – is rarely identified as a separate component but is often evident in client perceptions of integration (e.g. Davis et al., 2012, Flatau et al., 2013b).

In the case study example of George (see Chapter Eight, p. 98), the ICDP were a continuous presence even during periods of incarceration. Although the short-term outcomes for George were poor (he had relapsed to drug use, re-offended and was re-incarcerated), the longer-term prospects were likely to be better with the relational continuity provided by the ICDP. Despite being under the care and management of Corrective Services, George maintained his engagement with his ICDP caseworker and sought their assistance in applying for residential drug rehabilitation in lieu of his custodial sentence. Similarly, the ICDP maintained engagement with Alice despite frequent geographic moves and numerous failed accommodation options (see Chapter Eight, p. 104). During this protracted engagement period, the ICDP had to liaise with several different agencies as each accommodation arrangement failed and a new one needed to be established. Both George and Alice had high and complex needs that were unlikely to be resolved easily or in a timely manner. Thus the relational continuity provided by the ICDP is likely to be critical to their sustained exit from homelessness in the longer-term.

SUMMARY

This chapter discussed the two key determinants of the ICDP’s success, namely fostering system-wide integration and the adoption of a client-centered approach. The ICDP caseworkers were viewed by the other stakeholders as having expertise in assessment and referral, strong partnerships and personal relationships with key agencies in the sector, the capacity to take on a case coordination role with clients, and were resourceful in responding to a wide range of needs. These characteristics were proffered as explanations for why the ICDP was successful in preventing homelessness among ‘at risk’ clients as well as assisting those already homeless to attain more secure and long-term housing. Underlying this was the centrality of a client’s needs and this was evident in the ‘no wrong door’ approach to referrals, undertaking

the earliest possible intervention with a client, and the persistence or relational continuity regardless of the number of setbacks experienced in a client's journey out of homelessness. All of these conditions work to reduce the number of short-term transitions and focus on the attainment of a long-term solution to stabilise the client within their local community.

In addition to (or perhaps as a consequence of) the client-centered and integrated approach of the ICDP, it also improved the capacity of the service system to respond to the needs of clients within GWS and prevent overflow to the inner-city service system. This was achieved by filling a gap in the service system (case management/coordination) as well as increasing inter-agency awareness within the sector. These findings are consistent with the results from the 'first-to-know' agency survey that were presented in Chapter Five where more than one-third of respondents indicated that the ICDP provided them with a referral option that was previously absent and almost one-fifth reported that it was an additional resource.

Critical to the success of the ICDP was the strong partnerships that were developed and this was most evident in the Parramatta service system. The findings suggest that the Liverpool service system is less integrated or connected and hence the ICDP likely needed a longer lead time to establish similarly strong relationships with agencies in that region. Finally, there is a need to develop better partnerships with other large systems such as health and corrections.

10. DISCUSSION AND CONCLUSION

This report presented emerging findings from an evaluation of the Inner City Drift Project – an early intervention service designed to prevent the migration of homeless people from western Sydney into the inner-city. This was one of the first projects to explore the construct of ‘drift’ and to measure the likelihood or propensity of ‘drift’ among people accessing a specialist homelessness service in Australia. The present chapter discusses the implications of this formative research with regard to the phenomenon of ‘drift’ and service design and delivery in the homelessness sector.

The key finding from the evaluation was that none of the participants followed up at six months showed evidence of a ‘drift’ trajectory. That is, while some participants had moved away from GWS, this was typically into another region of NSW or interstate. The single participant that had moved into the inner-city was residing in share accommodation and was not receiving support from the inner-city service system. The lack of a comparison group however raises the question of whether the ICDP completely prevented ‘drift’ or simply slowed down the trajectory of ‘drift’ among participants. Answering this question would require not only an appropriate comparison group but also a follow-up period of sufficient duration to detect ‘drift’. The case study data would suggest that for some people this trajectory could take two or more years to eventuate. The case study data also highlighted the potential to circumvent or derail this trajectory when the service response was tailored to the specific needs of the individual wherever they happened to be along this journey. This finding is not new; numerous studies and reports have expressed similar sentiments with regard to matching the service response to the needs of the individual (for example, Flatau et al., 2013b, Friedmann et al., 2004).

While the evaluation was unable to definitively answer the question of whether a service model such as the ICDP can prevent inner-city ‘drift’, it has contributed to our understanding of this phenomenon in the Sydney region. The next section considers the findings of the evaluation in the context of the international literature and draws together the knowledge gained through the qualitative and quantitative methods. Subsequent sections discuss the recommendations for future service delivery and lines of inquiry for future research.

MEANING AND RELEVANCE OF ‘DRIFT’

As reviewed in Chapter Two, there was limited research on the phenomenology of inner-city ‘drift’ and related concepts of migration and mobility, particularly in relation to the Australian homeless population. This presented unique challenges in undertaking a service evaluation, particularly with regard to the measurement of client-level outcomes. The mixed methods study design, however, has produced a breadth of data. Bringing these different perspectives together can inform a better understanding of the meaning and relevance of ‘drift’ in an Australian context.

The sections following revisit the qualitative and quantitative findings using the framework provided by Pollio (1997) before considering the legitimacy of service-level determinants and individual vulnerabilities in explaining inner-city ‘drift’.

Pollio’s framework of ‘drift’

Migration

Pollio’s first dimension of ‘drift’ relates to whether an individual has moved from their community of origin. As reviewed in Chapter Two, Australians are a highly mobile population. Additionally, the pilot work undertaken for the evaluation indicated that ‘drift’ trajectories sometimes started beyond GWS and that

people moved several times within GWS before moving into the inner-city. It was not surprising therefore that the majority of Client Survey participants had lived outside their western Sydney community and this item in the Assessment Tool did not discriminate between the three levels of 'drift' risk. Two additional questions aimed at measuring migration were included in the Assessment Tool and these indicated that those with higher drift risk had moved a greater number of times in the past year and also more recently. This was also evident in the case studies, particularly in relation to the recency of the participant's last move. Together these findings suggest that it is the frequency of moves in a person's recent past that are suggestive of 'drift'.

Duration

The second dimension in Pollio's construct of 'drift' is duration, which refers to an individual's level of stability, specifically with regard to the length of time residing in their current community. This dimension proved difficult to measure in the Assessment Tool where there was a very low response rate. Response rates were adequate in relation to whether someone had always lived in their current community or whether they were presently couch surfing but the duration of these two experiences was rarely recorded. This could reflect the assessment process itself which differed depending on the presenting needs of the client; those that presented for assistance with an existing tenancy typically had a shorter assessment and were less likely to have ongoing contact with the ICDP relative to those that presented without accommodation. This was evident in the case studies where details about couch surfing and current residence were better known for those classified as having higher 'drift' risk and where there had been multiple meetings and ongoing contact with the participant.

Involvement

The third dimension in Pollio's concept of 'drift' is the degree to which an individual is connected to their current community through support networks and meaningful activity. In the original conceptualisation of 'drift' this was measured by the presence of a social network comprised of homeless peers and/or a separate network that existed beyond homelessness service system (Pollio, 1997). In the present research this dimension was reconceptualised in terms of a change in the capacity of the social network to provide support. This change was made in response to the findings from the pilot and service development work that preceded the evaluation. Erosion of social support networks featured strongly in the drift trajectories for both the pilot interviews and the evaluation case studies. Additionally, a positive linear trend with 'drift' risk was observed for the indicator of social capital included in the Assessment Tool.

Feedback from the ICDP caseworkers during the piloting of the Assessment Tool also suggested that having children residing in GWS was a critical factor in the residential preferences of clients. This did not however prove to be a useful indicator of 'drift' risk. Other indices of involvement that were thought to reflect the degree of connection to a community were local employment opportunities and affiliations to social and community groups. The latter was not well answered while the former was unable to discriminate between the different categories of risk because of the ubiquity of unemployment in the total client population. Similarly, none of these indices – children, employment or social groups – appeared to contribute to 'drift' risk in the evaluation case studies. Rather, these factors appeared to be important in determining the case management plan for all clients, regardless of their level of 'drift' risk. This finding is similar to that observed for the next dimension of 'drift' – intention.

Intention

The intention or reason behind a move is the final dimension in Pollio's construct of 'drift'. In the original conceptualisation of 'drift', family and employment opportunities were the only two reasons measured. The literature however indicates that people experiencing homelessness move for many of the same reasons as people who are not homeless (see Chapter Two). Based on this, as well as feedback from ICDP

caseworkers and findings from the pilot work, additional motivations for residential moves were included in the Assessment Tool. Overwhelmingly, most participants were recorded as moving on for a new beginning. The lack of endorsement for reasons such as greater service access, safety from violence or to be closer to family was contrary to what was expected based on the pilot work, particularly the perspectives held by service providers in the inner city.

An individual's future intention to move was also assessed as part of the Assessment Tool. This measure appeared to have a positive linear trend with 'drift' risk such that a greater number of Client Survey participants were recorded as having intent to move with each increasing category of 'drift' risk. A similar relationship, however, was not apparent in the case studies suggesting that caseworkers relied on other indicators to assess a client's level of 'drift' risk. In particular, the voluntary versus involuntary nature of past moves featured more strongly in the case studies with higher numbers of forced or involuntary moves associated with a higher assessment of 'drift' risk. This is consistent with previous research showing the limited degree of choice afforded to people who are homeless (Jackson, 2012, Lee and Price-Spratlen, 2004, DeVerteuil, 2003). Additionally, the pilot work undertaken as part of the evaluation suggested there was a narrowing of personal choice and a greater reliance on the service system with increasing likelihood of a 'drift' outcome. This is discussed further in the next section.

Service-level factors

The Assessment Tool measured three key indicators relating to service access. The first was exclusion from the social housing register but this did not appear to be a significant issue. This did not feature at all in the evaluation case studies and it was a rare occurrence as measured by the Assessment Tool. The second indicator was contact with HNSW, and the TAP in particular. The Assessment Tool data showed increasing contact with HNSW with increasing 'drift' risk. The data for TAP was less reliable but suggested that this was an important factor among participants in the highest category of 'drift' risk.

In contrast to HNSW contact, there was no clear pattern evident for contact with HPIC, the third indicator of service use included in the Assessment Tool. It is possible HPIC contact was poorly assessed by case workers. The Client Survey – which was self-completed by participants – demonstrated a higher rate of HPIC contact at baseline than that observed for the Assessment Tool. Additionally, the findings from the pilot case studies and interviews with inner-city service providers were strongly suggestive of a role of HPIC in corralling people into the inner-city to access accommodation support. This appeared to be an unintended consequence of the helpline in directing individuals to available services, many of which were located in the inner-city service system.

The pilot case studies also indicated there was a significant lack of appropriate service responses in GWS that contrasted to the well coordinated service response people found once they arrived in the inner city. As a consequence, some participants did not wish to return to GWS despite initially having a strong desire to remain in their community of origin. This highlights the importance of addressing not only the immediate housing needs of an individual but also the psychosocial factors contributing to their homelessness. As the findings from the focus groups and evaluation case studies attest, the success of the ICDP in addressing inner-city 'drift' was the undertaking of a comprehensive needs assessment and the leveraging of resources within the GWS service system to provide a timely and flexible service response for the individual. In doing so, it was also clear that this was most effective where the potential for a well connected service system was easily realised. Thus, the structure and operation of the service system appear to contribute substantially to the likelihood that an individual who is homeless will 'drift' into the inner-city.

Individual vulnerabilities

Notwithstanding the role that service-level attributes enacted in inner-city 'drift', there was some support for the contribution of individual vulnerabilities to this risk. The evaluation case studies demonstrated the complicating presence of mental disorder among those with higher levels of 'drift' risk. At the highest level, mental health problems tended to co-occur with periods of incarceration, family breakdown accompanied by violence, and interpersonal difficulties that impaired relationships with peers, neighbours, and service providers. This constellation of risk factors severely undermined informal and formal support networks and necessitated an intensive, persistent and coordinated service response.

During the service development and pilot work, the difficulties inherent in working with people with severe mental illness was proffered by some stakeholders as a key determinant in the referral of people into the inner-city. It was perceived that the inner-city services were better equipped to deal with comorbid presentations. The evaluation was unable to confirm whether this was indeed the case. What did emerge however was the significant challenge to the service system that this population represents and the demand that they placed on the service system. Whilst it is clear that the ICDP attempted to do the best it could for this particular group of clients, questions remain regarding whether the ICDP is the most appropriate service model to address the entrenched issues facing this particular cohort. Certainly the case studies suggested that those at the highest level of 'drift' risk presented with challenges that were too large for a single homelessness service to address on their own. As noted in the section on future service directions, there is a need for an integrated service response in collaboration with the health sector. One form this could take is a complex needs panel.

In contrast to the evidence provided through the interviews, focus groups, and case studies, there was no clear pattern of individual vulnerabilities associated with 'drift' risk as measured by the Assessment Tool or the Client Survey. In particular, serious mental illness was equally prevalent among Client Survey participants classified with low 'drift' risk as it was among those classified with 'high' drift risk. In the Assessment Tool, personal factors such as substance use and mental health problems and capacity to function independently were more commonly endorsed for participants in the low 'drift' risk category. Given the increased 'drift' risk at follow-up among those initially classified with low 'drift' risk, the findings perhaps suggest the need to screen for mental disorder among all clients regardless of the presence of other 'drift' risk factors or the reason for presentation. The findings also suggest the need for further training and support for caseworkers in assessing mental health issues among clients at different points on the housing-homelessness continuum.

The other two postulated individual factors – relationship style and perceived control – failed to demonstrate a clear association with 'drift' risk. Relationship expectations indicative of trust and openness to support did not discriminate between the three risk groups. Likewise, attributes of control were neither strongly external nor internal.

Summary

The service system appears to be a strong determinant of inner city drift, more so than individual factors such as mental illness, substance use and criminal involvement. Notwithstanding this finding, individual factors appear to make it more likely that a person will develop a greater reliance on the service system. As such, inner-city drift appears to be a probable outcome of unrelenting adversity in the absence of ameliorating factors provided through support mechanisms. Inner-city drift appears to result when an individual's needs exceed the capacity of the formal and informal support systems they have access to.

FUTURE RESEARCH

The present evaluation has improved our understanding of who is likely to drift into the inner-city and how these people might be identified so that resources can best be garnered to prevent such 'drift'. There

remain however, significant gaps in our knowledge. Foremost among these is that the prevalence of inner-city 'drift' remains unknown. The analysis of the HPIC data combined with the case study investigations provide *indicative* evidence of the size of the problem however there is no reliable data upon which to reasonably estimate this. Tracking clients who end up in the inner-city service system would provide a better enumeration of the problem and verify the need for a referral mechanism between inner-city specialist homelessness services and the ICDP or similar services in western Sydney.

Additionally, the timeline for inner-city 'drift' appears to be variable. The six month follow-up period used in the present evaluation may not have been long enough to detect 'drift'. As previously mentioned, the case studies suggested that some people had 'drift' trajectories that started beyond GWS, involved multiple moves within GWS over a period of one to two years, and was often dependent on the location of the available social capital and formal support services. Future research would benefit from a longer follow-up period as well as the inclusion of a non-intervention comparison group to establish the natural trajectory of inner-city 'drift'. It would also be insightful to explore the potential for 'drift' among homeless populations in the geographic regions to the north and south of Sydney.

Further research is also needed to verify the determination of 'drift' risk as measured by the Assessment Tool. At the outset of the evaluation, three categories of 'drift' risk were defined. The pilot work undertaken to inform the evaluation and the review of the literature on migration patterns in the homeless population provided a basis for defining the opposite ends of this spectrum. The low and high 'drift' risk categories naturally defined a middle ground however there was little to guide us in terms of the characteristics of this 'in-between' group and the extent to which it reflected a homogenous population. In ascertaining 'drift' risk, we were therefore somewhat reliant on the practice wisdom of the ICDP caseworkers. An important aspect of this was maintaining an open dialogue between the research team and ICDP staff to ensure there was a collective approach to assessing and recording 'drift' risk. Given the lack of empirical testing, the data collected by the Assessment Tool might simply reflect the way in which the ICDP caseworkers assessed 'drift' risk (although the use of Tool is also likely to have guided caseworkers through the assessment process).

In contrast, the case studies provided a more nuanced understanding of 'drift' and from these four categories of 'drift' risk emerged. The indicators or measures of 'drift' risk contained in the Assessment Tool and Client Survey didn't always map neatly to the dimensions that emerged in the qualitative data. Some of this discrepancy is likely due to inconsistent assessment by caseworkers and could be addressed by further training in the use of the tool. The qualitative data also suggests that the response categories for some indicators might need to be adjusted to better discern the experiences of people at different levels of risk. Finally, some of the proposed dimensions – such as mental disorder and social capital – need further exploration to determine their utility in predicting 'drift' risk.

FUTURE SERVICE DEVELOPMENT

The primary objective of the ICDP was to reduce the number of people from western Sydney being placed in homelessness support services in the inner-city. While the evaluation was unable to confirm this objective was met, the findings have clearly demonstrated the benefit of an early intervention and client-centered approach to improving tenancy outcomes for residents in GWS. In this regard, the ICDP sits firmly within the strategic directions of both the national and NSW frameworks for the prevention and resolution of homelessness. Based on this alone, there appears to be strong merit in the continuation of the ICDP. Nonetheless, both the successes and the challenges faced by the ICDP highlight opportunities for further development. These are in relation to the geographical reach of the service, the range of first-to-know agency partnerships and the confines of the target population.

Most stakeholders saw merit in an expansion of the ICDP however this was qualified with a caution that any such expansion would need to be accompanied by an increase in human and financial resources. The qualitative findings suggested the ICDP was already operating at capacity and that any further increase in the number of satellite sites or the total catchment area within its existing budget would significantly dilute its effectiveness. In particular, the focus group discussions highlighted a possible need for an increase in the operating hours of the existing satellite sites. It is difficult however to ascertain the level of unmet demand within the existing catchment area without examining waiting lists or the number of referrals not taken up by the ICDP. Additionally, there was consensus among stakeholders of considerable demand in areas other than the Parramatta and Liverpool service systems which has been the predominant focus of the ICDP. These other locales included Blacktown, Penrith and Campbelltown. The benefits of expanding the catchment area and establishing new satellite sites would need to be considered against the benefits of increasing the capacity within the existing satellite sites.

Related to this is the question of whether there is scope to expand the reach of the ICDP by increasing awareness among, and establishing partnerships with, other 'first to know' agencies. At the time of writing the ICDP worked predominantly with HNSW and Centrelink. The Client Survey findings revealed high utilisation of primary health care among participants thus increasing awareness of the ICDP among general practitioners across GWS might be a useful strategy in the early identification of the target population. Another potential focus of the ICDP in expanding program reach would be to grow the network of real estate agents sympathetic to the objectives of the ICDP. As suggested by one stakeholder, this could involve real estate agents including the ICDP postcard in communications with tenants regarding rental arrears or termination of a lease. There also appears to be scope for better collaboration between the ICDP and the mental health and corrections systems. This could be realised via increasing awareness of the ICDP as a referral option within these two systems, developing formal partnerships with mental health and corrective services within GWS or through the establishment of a complex needs panel.

Finally, the findings of the evaluation clearly demonstrate that the effectiveness of the ICDP is in part reliant on the connectivity of the service system and the strength of partnerships between the ICDP and other agencies. In particular, these partnerships appeared to be effective because of the physical presence and personal relationships that the ICDP fostered and this has repercussions for a number of operational decisions that the ICDP might make going forward. Firstly, future investment in the Liverpool service system would improve the effectiveness of the ICDP in the south-west corridor of Sydney but this would require leadership from the ICDP (and potentially a redirection of resources) if no there is no other agency suitably placed to take on this role. Secondly, re-focusing effort to improve partnerships within another zone of GWS without a concomitant increase in resources might simply have the effect of shifting the epicenter of the ICDP in the service system. This is because sustaining partnerships requires a consistent, physical presence and the resources required to maintain this presence would need to be factored into the overall operation of the ICDP. Thirdly, the service system needs to be primed before an expansion of the ICDP into new segments of GWS takes place if the outcomes of the ICDP are to be successfully replicated. Thus there would need to be a significant lead-time to develop the requisite 'integration mindset' among services prior to the ICDP becoming operational in a new area.

CONCLUSION

Given time, all people experiencing homelessness appear to be at risk of 'drifting' into the inner-city. The findings from this evaluation did not support the presence of a distinct profile of a homeless 'drifter'. Rather, it appears that service-level factors interact with individual vulnerabilities to accelerate the trajectory of 'drift' for some people. These are additional to the dimensions initially proposed by Pollio

(1997), whose framework was generally supported by the findings of this evaluation. Further research is needed on the operationalisation of these dimensions to support caseworkers in assessing 'drift' risk.

There is a strong rationale for preventing inner-city 'drift'. From a service perspective, it makes sense to identify individuals early in their trajectories of risk so as to divert people to the most appropriate part of the service system. This would also include connecting individuals to services closely aligned with homelessness risk, such as the health care system. More importantly, from a client perspective, there appears to be a strong desire to maintain community connections and to have local community responses to the precursors of homelessness, such as mental illness, substance use and family breakdown. The ICDP proved to be effective in leveraging the service system to deliver good tenancy outcomes for most clients. This was largely achieved by applying the principles of integrated practice, although further work is needed to realise this fully for clients with high and complex needs.

The present evaluation had several limitations, not least the lack of a comparison group against which to compare both the risk factors and the outcome of 'drift'. Further research is needed to establish the prevalence and typical duration of inner-city drift and to confirm the thresholds for 'drift' risk and the factors associated with these. Finally, more effort is needed to improve the autonomy and self-determination of people during periods of homelessness.

APPENDIX A: CLIENT SURVEY SAMPLE

DEMOGRAPHIC PROFILE

The total sample size for the Client Survey was n=99, half (n=49) of whom were followed-up at six months. The two samples were similar with respect to sex and age. Males accounted for 61 percent of the total sample and 59 percent of the follow-up sample. Both samples had an average age of 36 years and, as can be seen in Figure 33, similar age distributions. The key difference between the two samples is the higher proportion of participants aged less than 25 years in the total sample and the corresponding higher proportion aged 25 to 34 years in the follow-up sample.

There were also some differences between the Client Survey sample and the client population that accessed the ICDP during 2011-2013 (see Chapter Five). Compared to the age distribution of ICDP clients, the total survey sample had a higher proportion of participants aged less than 25 years (20% versus 12% in 2011/12 and 14% in 2012/13) and aged 35 to 44 years (31% versus 26% in 2011/12 and 28% in 2012/13). The total survey sample also had less participants aged 55 years or older compared to the total ICDP client population (5% versus 11% in 2011/12 and 11% in 2012/13). Differences were also noted for the follow-up survey sample with respect to those aged 25 to 34 years (37% versus 29% in 2011/12 and 27% in 2012/13) and those aged 35 to 44 years (33% versus 26% in 2011/12 and 28% in 2012/13).

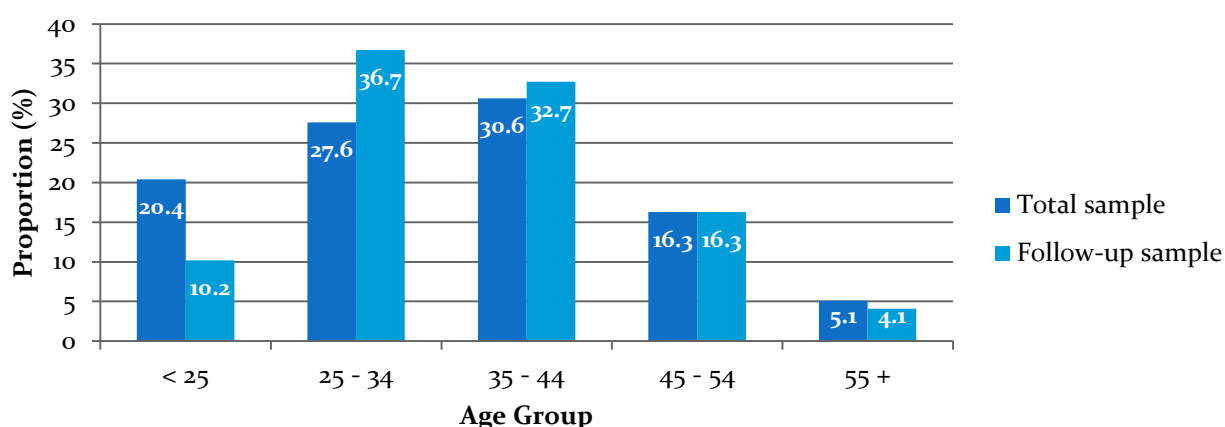


Figure 33 Age distribution of the total survey sample (n=99) and the follow-up survey sample (n=49) (Source: MACSIMS)

Further demographic characteristics of the two Client Survey samples are shown in Table 17. MACSIMS records show the majority of clients in both samples listed their marital status as single at the time of their initial presentation and there was little difference in the proportion of the total and follow-up samples reporting single versus other marital status. The proportion identifying as single was higher in the two Client Survey samples relative to the total client population served by the ICDP (44% in 2011/12 and 41% in 2012/13; see Chapter Five). The two Client Survey samples were similar with respect to the proportion identifying as Aboriginal and/or Torres Strait Islander (4% for both samples) but this was lower than that reported for the total client population of the ICDP (7% in 2011/12 and 8% in 2012/13). The proportion of participants born overseas was similar for the two survey samples (38% and 40% for the total and follow-up samples, respectively) however the level of English proficiency among those born overseas (as rated by the ICDP caseworkers) was poorer in the total survey sample suggesting that retention in the Client Survey

sample was higher among those with better English ability. The follow-up sample however was more similar to the ICDP client population than the total client sample with regard to English proficiency despite both Client Survey samples having a slightly greater proportion of Australian-born participants relative to the total client population of the ICDP (60% in 2011/12 and 55% in 2012/13).

Table 17 Demographic characteristics of the total and follow-up Client Survey samples (Source: MACSIMS)

	Total sample (n=99)	Follow-up sample (n=49)
Marital status		
Single	57.8	55.6
Divorced	13.3	8.9
Separated	5.6	6.7
De facto	5.6	8.9
Married	1.1	2.2
Widowed	0.0	0.0
Aboriginal and/or Torres Strait Islander status	4.4	4.4
Place of birth^a		
Australia	62.2	60.0
Oceania and Antarctica ^b	5.6	0.0
North Africa and the Middle East	4.4	0.0
Sub-Saharan Africa	4.4	6.7
South-East Asia	3.3	4.4
New Zealand	3.3	4.4
Southern and Central Asia	3.3	4.4
Southern and Eastern Europe	2.2	4.4
The Americas	1.1	2.2
North-West Europe	1.1	2.2
North-East Asia	0.0	0.0
Unknown	0.0	0.0
Poor English proficiency^b	12.9	6.3
Employed	2.2	4.4

(a) A country of birth was recorded for each client on MACSIMS. Using the ABS Standard Australian Classification of Countries these countries of birth were reclassified into the 'major groups' shown in this table

(b) Excluding Australia and New Zealand

(c) For clients born in a non-English speaking country (total survey sample (n=31), follow-up survey sample (n=16)). A non-English speaking country was defined as any country other than Australia, New Zealand, Canada, the United States of America, the United Kingdom, England, Ireland, Scotland and Wales.

Only a small proportion of Client Survey participants were employed when they first approached the ICDP for assistance and this was slightly higher for those in the follow-up sample (4%) compared to the total sample (2%). This compares to an employment rate of 6 percent in 2011/12 and 3 percent in 2012/13 for the total client population of the ICDP (see Chapter Five). Of those who were unemployed, Figure 34 shows the majority of Client Survey participants listed Newstart Allowance as their main source of fortnightly income, followed by the Disability Support Pension. A small proportion of clients reported receiving no income at all. Again, the two samples are very similar with regard to their main source of income. Although the overall pattern of income sources is similar between the Client Survey participants and the total ICDP client population, a greater proportion of Client Survey participants were in receipt of Newstart Allowance relative to the total client population of the ICDP (42% in 2011/12 and 46% in 2012/13).

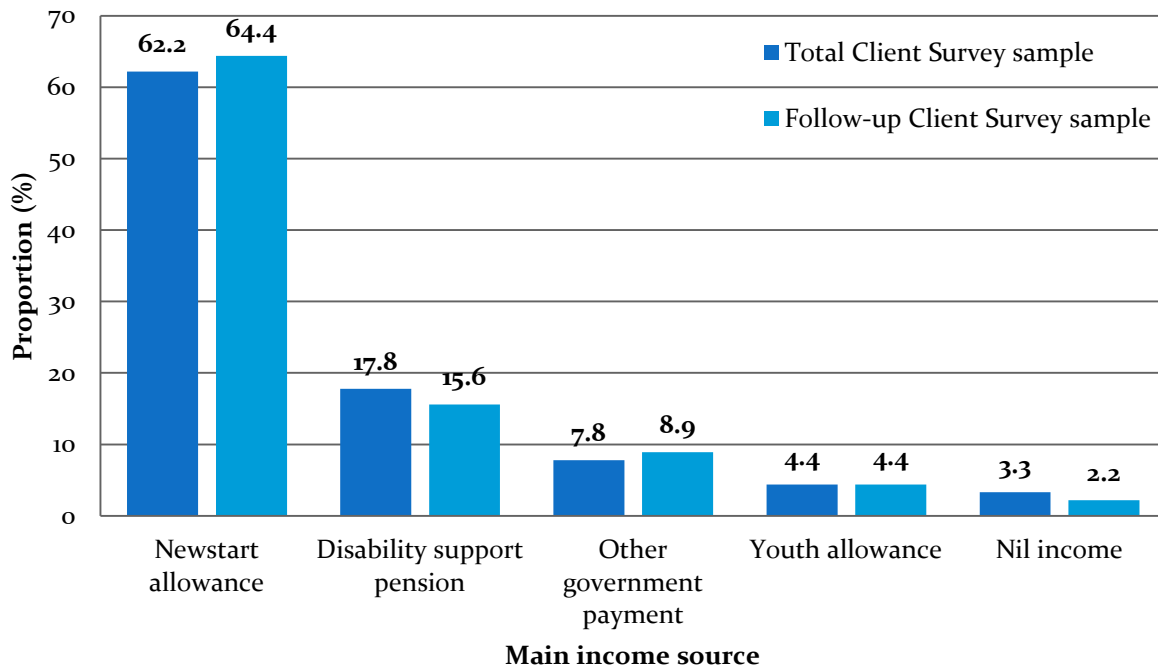


Figure 34 Main source of income among Client Survey participants who were unemployed, stratified by sample type (Source: MACSIMS)

REFERRAL AND INTAKE

The majority (76%) of participants completing the Client Survey presented as single adults. A further 14 percent were classified as ‘couple only’ and 10 percent had dependent children in their care. The distribution of client type was slightly different in the follow-up sample where single adults accounted for a lower proportion of presentations (63%) and a greater proportion of participants presented as a couple (20%) and with dependent children (16%). This data is shown in Figure 35.

Overall, there was a low level of disability identified by ICDP caseworkers, as can be seen in Figure 36. Less than one-fifth (16%) of the total Client Survey sample and just 13 percent of the follow-up Client Survey sample were recorded as having a disability in MACSIMS. The most prevalent disability for both samples was a psychiatric disability, with 10 percent of the total sample and 7 percent of the follow-up sample with this disability type. This compares to 14 percent of the total ICDP client population, for whom psychiatric disability was also the most prevalent type of disability identified. The proportion of Client Survey participants with a medical disability was lower than that reported for the total ICDP client population (2% and 4% for the total and follow-up samples, respectively; compared to 10% in 2011/12 and 9% in 2012/13 for the client population). The prevalence of other disability types was similar across the Client Survey samples and ICDP client population. Together these findings suggest that the Client Survey sample had a lower overall level of disability compared to the total client population of the ICDP.

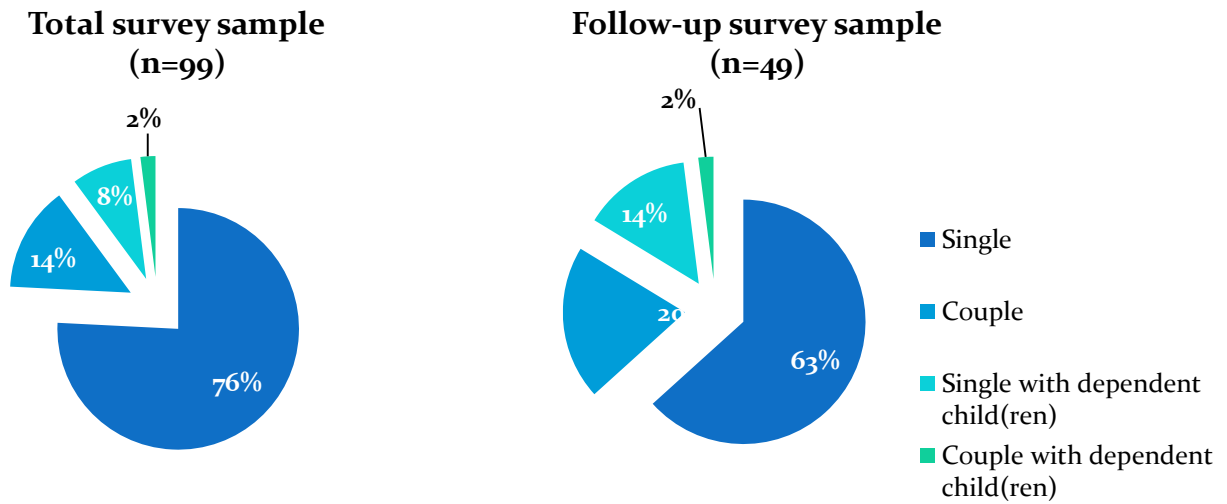


Figure 35 Presentation type among Client Survey participants in the total and follow-up samples (Source: Assessment Tool)

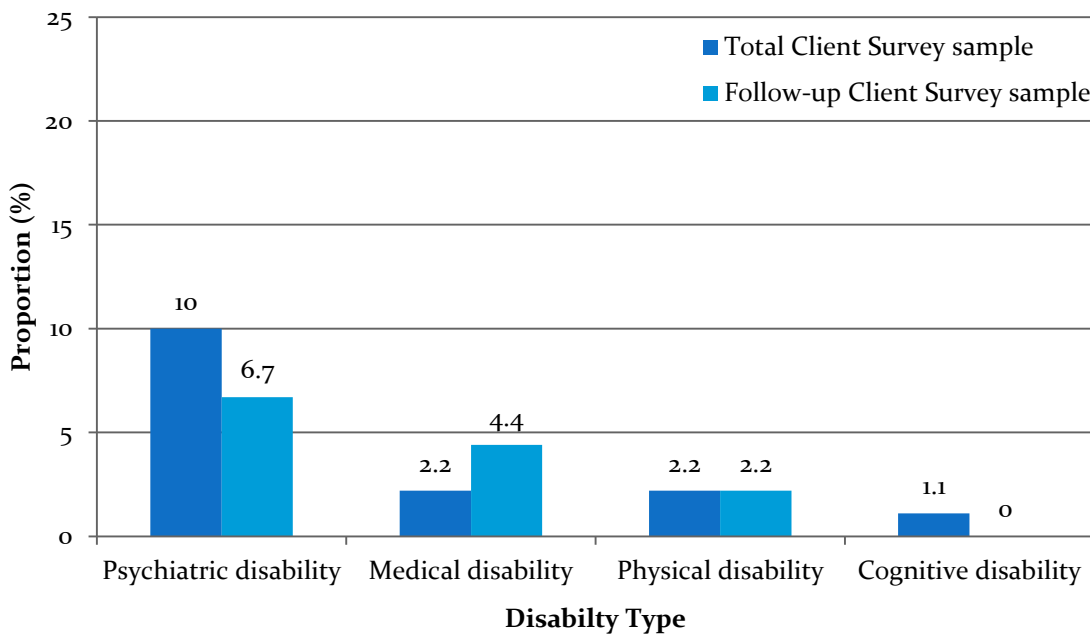


Figure 36 Prevalence of disability (as rated by the ICDP caseworker) among Client Survey participants in the total and follow-up samples (Source: MACSIMS)

The data in Table 18 shows the distribution of Client Survey participants across the LGAs, indicating the locality of clients when they first sought assistance from the ICDP. The majority of participants were residing in GWS, although the proportion among the follow-up sample (78%) was slightly lower relative to the total sample (83%). This compares to approximately 9 out of 10 clients in the total ICDP client population residing in GWS. Similar to the total ICDP client population, Parramatta LGA was the most common locality of Client Survey participants within GWS. The Client Survey sample had a higher proportion of participants residing in the inner-West and other Sydney suburbs but similar proportions residing in the inner-City and regional NSW, relative to the total ICDP population (see Chapter Five).

Table 18 LGA residence of Client Survey participants at entry to the ICDP (Source: MACSIMS)

LGA	Total sample (n=99)	Follow-up sample (n=49)
Blacktown	9.3	7.3
Campbelltown	1.3	0.0
Fairfield	8.0	9.8
Liverpool	6.7	2.4
Holroyd	8.0	9.8
Parramatta	38.7	41.5
Auburn	5.3	4.9
Penrith	5.3	2.4
<i>GWS sub-total</i>	82.6	78.1
Bankstown	4.0	7.3
Canterbury	1.3	0.0
Strathfield	1.3	0.0
Ashfield	1.3	2.4
<i>Inner-West sub-total</i>	7.9	9.7
Marrickville	1.3	2.4
Sydney	1.3	0.0
<i>Inner-City sub-total</i>	2.6	2.4
Baulkham Hills	2.7	4.9
Hawkesbury	1.3	2.4
<i>Other Sydney sub-total</i>	4.0	7.3
<i>Regional NSW</i>	2.7	2.4

The source of referral and location of assessment for both the total and follow-up Client Survey samples is shown in Table 19. Close to one-third of the total sample self-referred to the ICDP, with almost all having presented to the Harris Park office for assistance. Referrals from Centrelink accounted for a similar proportion, the majority of which were assessed on-site at Centrelink. On the other hand, approximately one-quarter of the total sample were referred from HNSW, yet the majority of these participants were initially assessed at the ICDP office and not on-site at HNSW. A smaller number of participants were referred to the ICDP from another support agency, all of which were assessed on-site at Harris Park.

A similar pattern was observed for the follow-up sample except that there was a slightly higher proportion that self-referred and a slightly lower proportion that were referred to Centrelink. Otherwise the distribution of referrals across the different referral sources was unremarkable between the two samples.

Table 19 Source of referral and location of initial assessment for total and follow-up survey samples (Source: Assessment Tool)

	TOTAL SURVEY (n=99)				FOLLOW-UP SURVEY (n=49)			
	Source of referral		Location of assessment		Source of referral		Location of assessment	
	(n)	(%)	ICDP office (%)	Agency office (%)	(n)	(%)	ICDP office (%)	Agency office (%)
Self-referrals	29	29.3	93.1	6.9	17	34.7	88.2	11.8
Centrelink	30	30.3	16.7	83.3	12	24.5	16.7	83.3
- Parramatta	15	15.2	33.3	60.0	5	10.2	40.0	60.0
- Blacktown	7	7.1	0.0	100.0	3	6.1	0.0	100.0
- Penrith	4	4.0	0.0	100.0	2	4.1	0.0	100.0
- Merrylands	3	3.0	0.0	100.0	1	2.0	0.0	100.0
- Fairfield	1	1.0	0.0	100.0	1	2.0	0	100.0
- Other Centrelink	0	0.0	-	-	0	0.0	-	-
Housing NSW	25	25.3	64.0	36.0	14	28.6	64.3	35.7
- Parramatta	14	14.1	64.3	65.7	7	14.3	71.4	28.6
- Liverpool	6	6.1	33.3	66.7	4	8.2	25.0	75.0
- Fairfield	2	2.0	100.0	0.0	0	0.0	-	-
- Other HNSW	3	3.0	100.0	0.0	3	6.1	100.0	0.0
Other agency	14	14.1	100.0	0.0	6	12.2	100.0	0.0
- Specialist Homelessness Services (SHS)	8	8.1	100.0	0.0	3	6.1	100.0	0.0
- Community services	4	4.0	100.0	0.0	1	2.0	100.0	0.0
- HPIC	1	1.0	100.0	0.0	1	2.0	100.0	0.0
- Legal/justice services	1	1.0	100.0	0.0	1	2.0		
Unspecified agency	1	1.0	100.0	0.0	0	0.0	-	-

APPENDIX B: NRAS ALLOCATIONS

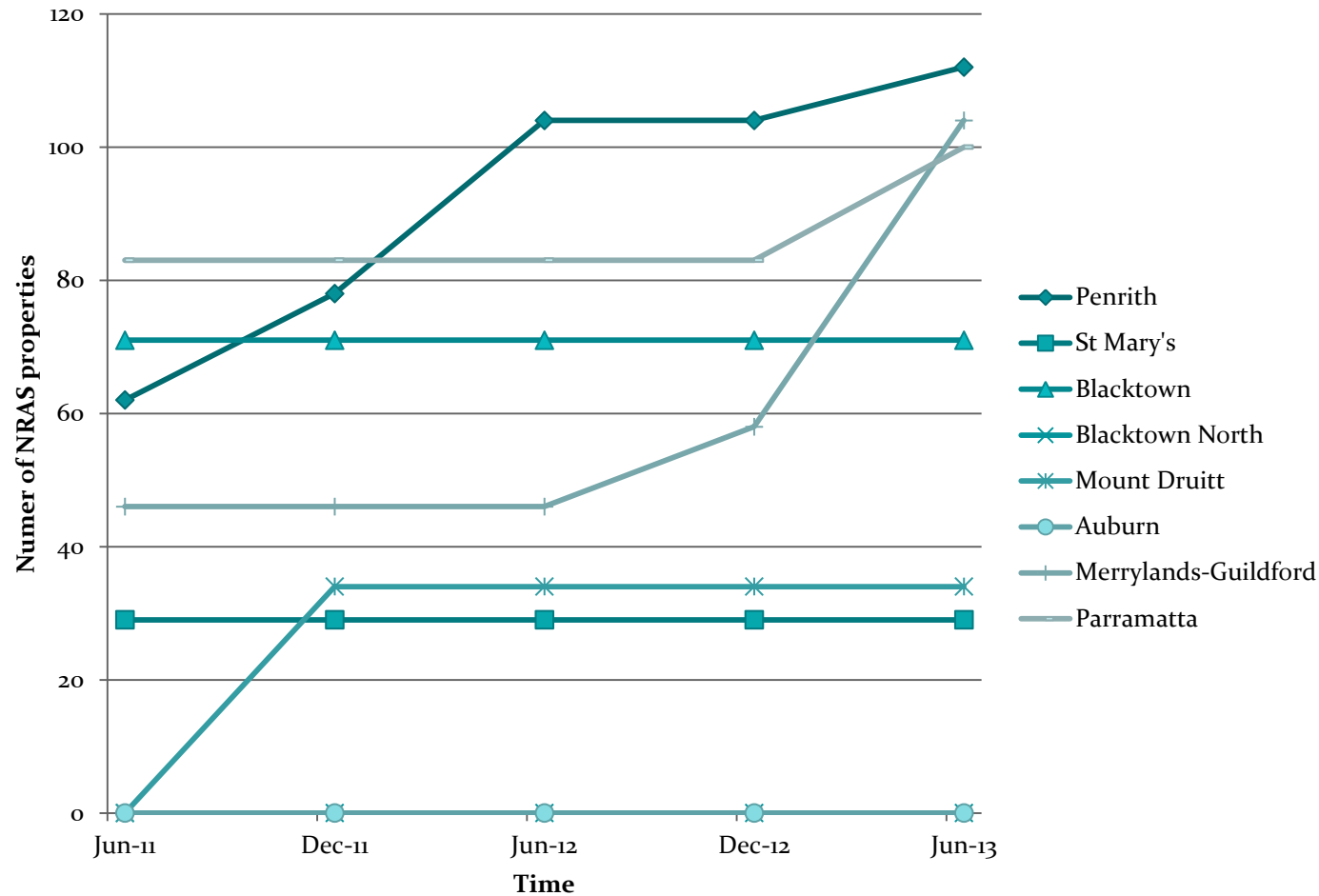


Figure 37 Number of NRAS properties allocated across western Sydney localities (Statistical Area Level 3) (Source: NRAS Monthly Performance Report Jun-11, Dec-11, Jun-12, Dec-12, Jun-13)

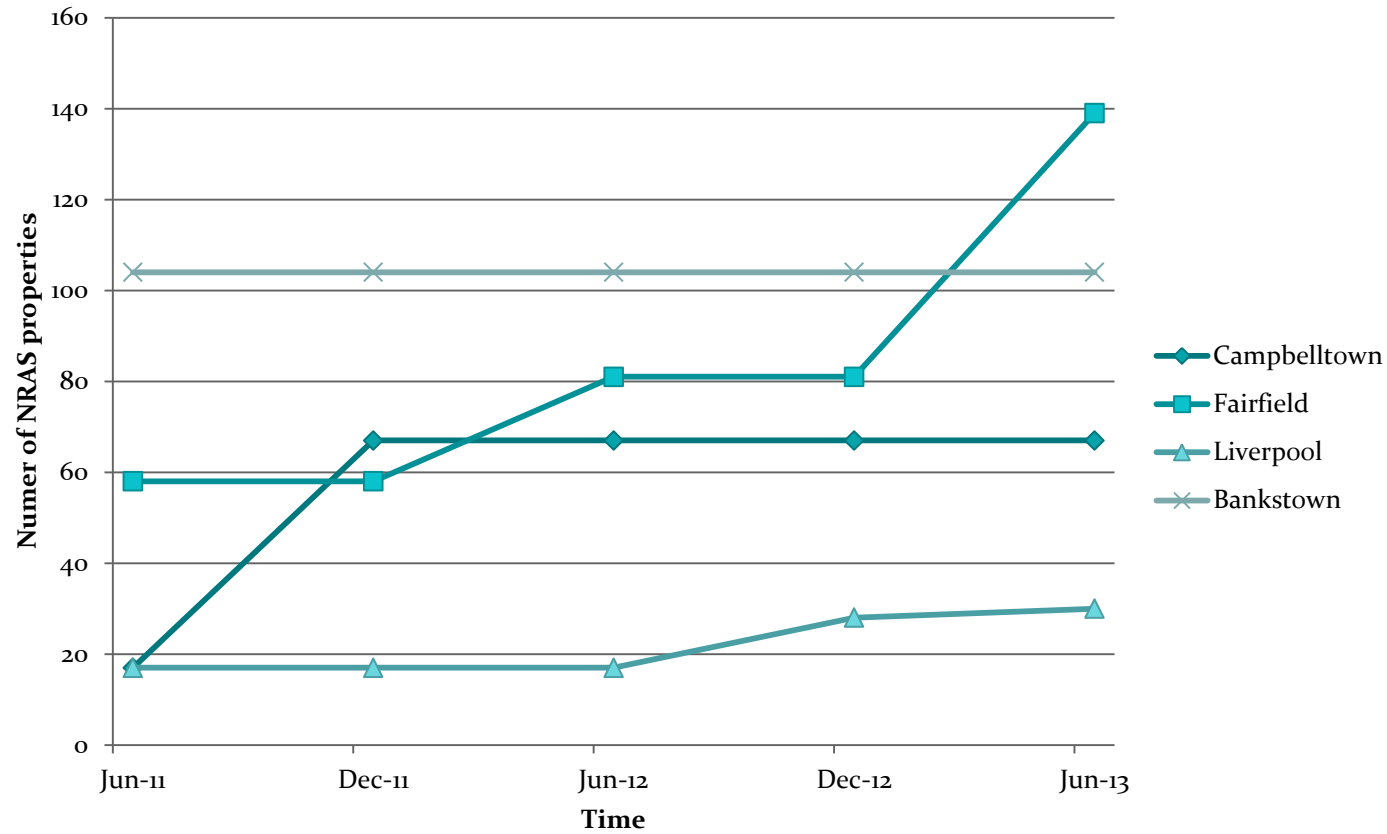


Figure 38 Number of NRAS properties allocated across south-western Sydney localities (Statistical Area Level 3) (Source: NRAS Monthly Performance Report Jun-11, Dec-11, Jun-12, Dec-12, Jun-13)

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