



J2SI

**JOURNEY
TO SOCIAL
INCLUSION**

MARK II Research Study
SNAPSHOT BULLETIN NO.1
Chronic homelessness:
Pathways and impacts findings
from the baseline assessment

The Journey to Social Inclusion Program

The Journey to Social Inclusion Mark II (J2SI Mark II) program is an innovative homelessness program implemented and administered by Sacred Heart Mission (SHM) in Melbourne that aims to break the cycle of chronic homelessness by promoting housing attainment and providing support to improve the health, well-being and social outcomes of participants.

Support for participants in the J2SI Mark II program began in inner Melbourne in 2016. The program is an intensive, assertive case management and service coordination approach that is relationship-based, trauma-informed, and strengths-focused. Over three years, adults with a history of chronic homelessness will be supported to overcome individual, interpersonal, and system barriers that make exiting homelessness a challenge. The J2SI Mark II model follows a pilot study conducted by SHM with a smaller cohort in one location between 2009 and 2012.

This snapshot bulletin is the first in a series of bulletins from the Journey to Social Inclusion– Mark II research study. Detailed reports of the J2SI Mark II research study will also be available for the baseline, mid-term and end-point of the J2SI Mark II program.

The J2SI Mark II research study is undertaken by the Centre for Social Impact University of Western Australia and Swinburne University for Sacred Heart Mission and is led by Professor Paul Flatau, Centre for Social Impact, UWA. The research team comprises Professor Paul Flatau, Dr Monica Thielking, Assoc. Prof Lisa Wood, Assist. Prof Karen Martin, Ms Darja Miscenko, Ms Shannen Vallesi, Ms Elizabeth Whittaker, Dr Kaylene Zaretsky, Dr Jessica Mackelprang, Dr Leanne Lester, Ms Louise La Sala, Dr Kathryn Taylor, Dr Ryan Courtney and Dr Steve Quinn.

The Research Study

The research study is a three-year, mixed methods, multi-site randomised controlled trial to test the effectiveness of the J2SI Mark II intervention compared to standard service provision. Recruitment of research study participants began in January 2016 at SHM, VincentCare (Ozanam Community Care), and St Mary's House of Welcome in inner Melbourne. Following the completion of a baseline survey interview, 186 participants were randomly assigned to either the J2SI Mark II intervention or the standard care provision group.

Study Participants

Among the 179 research study participants, the average participant age is 40 years, and most are male (69%) and single (82%). Reflecting national patterns of significant overrepresentation of Indigenous people in the homeless population, 13% identified as being of Aboriginal or Torres Strait Islander origin, compared to 1% in the general Victorian population. One in three completed Year 12 in school, and only 5% were employed at the baseline assessment.

A third of respondents were sleeping rough (on the streets, parks, cars etc.) in the week prior to the baseline survey. Another third reported staying in emergency/crisis or transitional accommodation for those experiencing homelessness. The majority of the remainder were 'couch surfing' (staying temporarily with friends, acquaintances and relatives because you have nowhere else to go) or in temporary accommodation (caravans, boarding/lodging house, or hostels). A very small number were in public or community housing but were at direct risk of homelessness.

Participant Life Experiences of Homelessness

The J2SI Mark II study reveals long histories of homelessness among Melbourne’s chronically homeless population. As evident in Table 1, nearly all 179 research study participants reported experiencing sleeping rough at some point in their lifetime (96%). On average, those who reported ever sleeping rough had spent 13% of their lifetime sleeping rough, equating to an average of approximately 5 years. The majority of those who experienced sleeping rough also indicated that it occurred on four or more occasions in their lifetime (90%). Half of J2SI Mark II respondents first experienced rough sleeping before the age of 18. The vast majority of respondents had also lived in temporary accommodation over their lifetime, as well as living in institutional or residential settings (jail, alcohol and drug rehabilitation, residential mental health facilities) and couch surfing. At some point in their life, most had rented in the private rental market, but only a small proportion (13%) had ever been homeowners.

Table 1: Housing and Homelessness History of Participants

Of those who experienced the specified housing circumstance		
Type of housing circumstance	Ever experienced (%)	Relative duration in lifetime (%) ¹
Rough sleeping (sleeping on the streets, parks, cars etc.)	96.1	12.5
Couch surfing (temporarily staying with family and friends)	74.3	14.5
Crisis/emergency and transitional accommodation (supported housing for those experiencing homelessness)	54.2	11.5
Temporary accommodation (caravans, boarding/lodging house, or hostels)	86.6	10.2
Institutional or residential facilities (jail, alcohol & drug rehabilitation, mental health facilities)	88.3	5.2
Public or community housing (government and not-for-profit housing for low income people)	89.9	6.8
Private rental accommodation	81.0	7.9
Own home	12.8	19.4

(1) Relative duration in a lifetime was calculated as a proportion of respondent’s life spent in a specific housing situation. For example, 10% of a lifetime for a person aged 30 would be 3 years. (2) Percentage of respondents who reported experiencing a specific housing situation more than 4 times in their lifetime.

Source: J2SI Mark II Baseline Survey

Mental and Physical Health and Well-Being

The J2SI Mark II baseline assessment highlights the poor mental and physical health of those experiencing chronic homelessness in Melbourne. Nine in 10 participants in the study reported a chronic mental or physical health condition, with both being reported by a larger proportion of women than men. Dental problems; chronic pain; breathing difficulties; vision problems; and blackouts, fits or loss of consciousness were all common physical health concerns reported by study participants.

The majority of study participants had witnessed verbal or physical aggression between their parents during childhood. Most reported experiencing moderate or serious problems with mental health and well-being issues such as feeling depressed, anxious or stressed (83% ever, 67% last month) and being lonely (67% ever, 58% last month).

As illustrated in Figure 2, three quarters of J2SI Mark II research study participants reported experiencing high (23%) or very high (54%) levels of psychological distress using the K10 measure (Kessler et al. 2002). These are dramatically higher numbers than reported by the general Australian public (12% high or very high psychological distress) (Australian Bureau of Statistics 2015). Using the DASS21 instrument, female respondents recorded mean scores for each of the depression, anxiety and stress sub-scales consistent with ‘severe’ depression, anxiety and stress levels (see Lovibond and Lovibond 1995), whereas men recorded mean scores consistent with ‘moderate’ levels. In the case of both male and female respondents, mean scores were well above ‘normal’ levels. Trauma is a known significant issue among those experiencing homelessness (O’Donnell et al. 2014). Using the abbreviated PTSD Checklist-Civilian version (Short PCL-C), 70% of respondents had a sum score of 14 or greater (i.e., positive for post-traumatic stress), with a higher proportion of females screening positive (80%) than males (65%) (Lang et al. 2012). Over half (56%) of J2SI Mark II respondents reported seeking professional assistance for coping with traumatic experiences.

Tobacco, alcohol, and other drugs were used by the vast majority of participants in the three months prior to the study, with 84% reporting use of substances other than tobacco and alcohol. More than half of all respondents (58%) had high-risk level use of tobacco, alcohol and other drugs according to the ASSIST instrument. When alcohol and tobacco were excluded, 41% of respondents reported a high-risk level of other substance use.

The majority of J2SI Mark II respondents (92%) reported having contact with doctors, hospitals, or health workers in the past year, with half reporting visits to the emergency department (3 visits on average), and over a third (40%) being admitted to hospital overnight in the last 12 months. Of those, the average number of nights in hospital was 14 nights. Other overnight stays at health service providers included mental health facilities (13% of respondents; average nights spent: 19) and alcohol and drugs detoxification or rehabilitation facilities (10% of respondents average nights spent: 79).

The brief version of the World Health Organisation (WHO) Quality of Life tool (WHOQOL BREF) assesses respondent's quality of life in four domains: physical health, psychological, social relationships, and the environment. Overall, respondents were less satisfied in all four domains compared with both the Australian general population and with the broad population of those experiencing homelessness. This finding highlights the adverse impact of chronic homelessness on quality of life and underscores the importance of developing and evaluating interventions to improve outcomes for these individuals.

Summary

The needs of individuals experiencing chronic homelessness in Melbourne are multifaceted and complex. It is, therefore, important to consider the lifetime histories of homelessness and trauma, and the health, economic, emotional, physical, and social wellbeing of chronically homeless people when designing and delivering services. Ongoing assessments and interviews will track the progress of participants in the J2SI Mark II intervention and the standard care provision to evaluate the effectiveness of the intervention.

Read more about the J2SI Mark II intervention and the baseline findings of the research study at the Sacred Heart Mission website: sacredheartmission.org

The research team would like to thank the individuals participating in the J2SI Mark II research study, who gave so generously of their time to complete the Baseline Survey.



A TYPICAL J2SI CLIENT



69%

ARE MALE WITH AN
AVERAGE AGE OF 40



5%

ARE EMPLOYED



96%

HAVE SLEPT ROUGH DURING THEIR LIFETIME
AND FOR THIS GROUP THEY HAVE SPENT
13% OF THEIR LIFE SLEEPING ROUGH



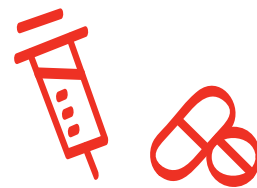
90%

HAVE A CHRONIC MENTAL OR
PHYSICAL HEALTH CONDITION



87%

HAVE EXPERIENCED PSYCHOLOGICAL
DISTRESS. 70% HAVE EXPERIENCED POST
TRAUMATIC STRESS



84%

REPORT USING SUBSTANCES OTHER
THAN TOBACCO OR ALCOHOL



92%

REPORT HAVING CONTACT WITH THE
HEALTH SYSTEM IN THE LAST YEAR



50%

REPORTED TO EMERGENCY
IN THE LAST YEAR

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