Sustainable tenancy for Indigenous families: what services and policy supports are needed?

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EXECUTIVE SUMMARY

Introduction

This final report presents the findings of the Australian Housing and Urban Research Institute project “Sustainable Tenancy for Indigenous Families: What Services and Policy Supports are Needed?” This project was undertaken throughout 2003 with the aim of identifying the major factors that initiate and sustain iterative homelessness among Indigenous families, especially Indigenous women and children, in both urban and remote areas.

Project methodology

The research involved: 1) an extensive literature and policy review; 2) identification of, and consultation with key stakeholders and those providing support to Indigenous people to gain an overview of policy, best practice and practical issues associated with sustainable tenancy; 3) a structured questionnaire to elicit economic and cultural factors that are understood as initiating and sustaining homelessness, in conjunction with semi-structured interviews with Indigenous women who were in temporary accommodation at the time of interview; and 4) semi-structured interviews with service providers to identify key issues and service system factors that may initiate or sustain the cycle of homelessness evident in the Indigenous community, i.e. barriers to sustainable tenancy.

The extensive literature review identified that Indigenous women’s understanding of patterns of homelessness is missing from the academic literature, yet this is a vital link in helping to address their problems. Therefore, interviews with Indigenous women and their responses to the questionnaire form the core feature of the project’s methodology, as this enabled the women to describe their own housing histories, highlighting their pathways through homelessness and tenancy. It aimed to give them a voice in recommending policy change and best practice initiatives.

An Indigenous research assistant co-developed the questionnaire to ensure that the questions were culturally relevant for Indigenous women from traditional, rural and urban areas. Indigenous research assistants also played an important cultural and language role in speaking with the women.

Permission was obtained from the participating temporary accommodation centres’ administrators before residents were approached to participate. A total of 104 Indigenous women participated as co-researchers, possessing invaluable first-hand knowledge - 37 in Brisbane, and 67 in Darwin and other places in the Northern Territory. The women’s ages ranged from 19 to 63 years and 46.5% had children under 18 years staying with them.

All data were collated and summarised to establish links between factors identified as contributing to homelessness. The data were analysed in the light of recommending future directions for policy and best practice.
Summary of key findings

Interpretations of ‘home’ and ‘homeless’

- There are several interpretations of what ‘homelessness’ means, although most women and service providers identified ‘home’ as ‘having my own house’
- In the literature there is an identified incompatibility between European concepts of ‘home’ and Indigenous cultural norms such as sleeping, cooking and eating outdoors in public spaces, and legislation that prohibits this
- Despite ideas expressed in the literature that women are happy with a nomadic or itinerant lifestyle (with the ‘cultural norms’ described above), women in this study identified that they want and need good standard accommodation with furniture and necessary household items. It needs to be appropriate, safe, secure, stable and close to services, particularly because they want to remove their children from domestic/family and sexual abuse, and having to move constantly.

‘Hidden’ homeless

- Homeless Indigenous women and children are often ‘hidden’, due to their highly mobile lifestyle. Some drift, some are ‘itinerant’. Constant moving means they fail to meet social security requirements, thus making it very difficult to provide them with services to prevent homelessness. Those who do find their way into the system are constantly seeking accommodation in different places
- Most women did not recognise their experiences of living in the above situations as being ‘homeless’, while service providers identified their lifestyle as a ‘cycle of homelessness’.

Pathways into a cycle of homelessness

- Disempowerment, with its roots in colonisation, is a major factor in family violence, which is one of the main reasons for the cycle of homelessness among Indigenous women and their children
- Homelessness is one result of removing children from their families (Stolen Generation) – no sense of belonging, anger, drug and alcohol abuse, mental health problems – all impact on ability to sustain tenancy
- Overcrowding is a huge problem, exacerbating domestic and family violence, sexual abuse and property damage, often leading to women and/or children leaving ‘home’, or eviction
- Drug and alcohol abuse add to domestic/family violence and homelessness
- Intergenerational unemployment and poverty create a cycle of homelessness
• Although high levels of incarceration were cited in the literature as a contributing factor in homelessness, neither the women nor service providers identified this

• Intergenerational low levels of education create problems. Illiteracy means women cannot read information and complete forms necessary to obtain housing and services.

*Barriers to accessing support*

• ‘Shame’ prevents women from seeking help, reporting domestic/family violence, accessing services and attending training programs - women did not appear to access mainstream or Indigenous-specific services, which is a cause for concern

• Women live in a state of perpetual fear and chronic stress, affecting their physical and mental wellbeing, leading them to trust nobody, and hence not to access available services

• Lack of formal support for women in areas such as accessing relevant information, finance, transport, urban living skills and skills to access services

• Lack of resources to provide necessary supports – lack of funding, lack of education of staff in support agencies so that they are able to work effectively with Indigenous people

• Women have little access to legal redress to fight eviction or non-payment of debt

• Women suffer high amounts of racial discrimination when trying to access housing, particularly in the private rental market, but also in public and ‘black’ housing services. Having to prove that they are Indigenous is taken as an insult

• Discrimination against women and children in Cherbourg puts up huge barriers to sustaining safe tenancies. Men who perpetrate domestic violence or sexual abuse stay in the houses, forcing the women and children to leave to seek somewhere safe to live

• Debt, particularly ‘inherited debt’ means women are barred from accessing housing until the debt has been paid. This was one of the most common problems for women trying to sustain tenancy

• Housing stocks are inadequate in both number and condition – there is a lack of appropriate crisis and temporary housing, and long-term affordable housing. Women left temporary housing because it was substandard and bad for their children’s health – such as lack of hot water and holes in the walls

• The cost of providing suitable, safe housing in remote areas is high – service providers identified lack of funding for this
• There are long waiting lists for public housing, thus creating a cycle of ‘iterative homelessness’, with women and children staying with friends and family, or staying for short periods of time in often substandard, temporary accommodation.

Implications for support strategies and policy

• There is a need for culturally appropriate housing that does not demand abandoning traditions and provides for a large, fluctuating population under one roof

• There is a need for greater awareness of women and children at risk of homelessness

• There is a need for one-stop service centres incorporating all services (housing, finance, social security, legal, medical and education), and ‘outreach’ services to enable women and their families to access services, and to enable service providers to ‘find’ homeless women and children

• Policy makers need to adopt a ‘grassroots’ approach: listen to the people ‘on the ground’ – women and their families, and service providers – to find out what they want and need to ensure future policy and best practice address their real needs and the problems identified in this study

• Policy makers need to see policy as ‘healing’ – go back to the past, see what has happened, assess the current situation, and move forward to meet the longer-term needs of Indigenous women and children

• Approaches to service delivery should be based on acceptance of principles that acknowledge the right of Aboriginal people to have access to the same kinds of housing as other Australians - decent, safe and permanent

• A wholistic approach is needed in both policy and support strategies, as Indigenous women’s problems with family and housing cannot be treated in isolation – each one exacerbates another, with the end result that women and their children end up ‘with nowhere to go’, i.e. alcohol and drug use leads to family violence, sexual abuse and property damage, which leads to women leaving or being evicted, which leads to homelessness, which leads to temporary housing, which leads to overcrowding, which leads to family violence. Policy needs to address issues of low education levels, unemployment and poverty, and the historical dimension of Indigenous homelessness as part of the necessary wholistic approach to try and prevent, or at least minimise the resulting problems just outlined. Supports for all of these issues need to be incorporated into any housing strategy. Plus, policy and supports must include strategies for all family members, not just the women, in an attempt to end this cycle.
1 INTRODUCTION

An extensive literature and policy review has shown that little is known, or written about Indigenous women’s first-hand experiences of cycles of homelessness and what supports they believe they need to maintain tenancies. Also, Indigenous workers have identified a cycle of homelessness amongst Indigenous women in Darwin and Brisbane.

This project, therefore, seeks to find out from the women and service providers themselves what is happening ‘on the ground’ in Darwin and its surrounds, and Brisbane in relation to homelessness and sustainable tenancy, and what policy supports and services are needed to implement best practice in accommodating Indigenous families, in particular Indigenous women and children in safe, secure, stable ‘homes’. It identifies factors exacerbating iterative homelessness, including different interpretations and definitions of ‘home’, ‘homelessness’ and ‘overcrowding’, and barriers that prevent Indigenous families from sustaining tenancies. It examines the links between the factors identified, and makes recommendations about best practice and policy to improve sustainable tenancy for Indigenous women and their children.

1.1 Project focus and aims

This research focuses on Indigenous women and their children who are not able to sustain tenancy. It aims to:

- Examine pathways into and between homelessness and sustainable tenancy for Indigenous women
- Determine what structural and service barriers in the housing and welfare system hinder sustainable tenancy
- Establish best practice models to ensure service coordination and linkages between service providers and Indigenous people
- Specify what policy initiatives would enable Indigenous women to maintain sustainable tenancy.

1.2 Report structure and contents

Chapter 1. Introduction

This current chapter presents a general introduction, the research focus and aims, and the structure of the report.

Chapter 2. Background

Chapter 2 presents the background to the research, discussing the findings of the literature and policy reviews, and background information from Indigenous workers in Darwin and Brisbane. It discusses stakeholder and service provider identification of issues regarding policy and current practice, including the need for effective coordination between housing and support services. It also identifies models of best practice.
Chapter 3. **Key concepts**

Chapter 3 discusses the key concepts in this project. It compares policy perspectives and definitions with Indigenous perspectives, and in particular with the Indigenous women’s perspectives.

Chapter 4. **Research methodology and results**

This chapter presents the methodology used in the research, issues that affected the choice of method, participant characteristics, participants’ housing and family circumstances, and results from the questionnaire.

Chapter 5. **Findings: Insights from the Indigenous women’s interviews**

This chapter summarises issues identified by the Indigenous women as leading to, and continuing their iterative homelessness, and what they would like/need to help them escape this situation. Excerpts from the interviews illustrate these issues and suggestions for culturally appropriate service provision and policy supports. This chapter truly gives these women ‘a voice’. It identifies the structural and service barriers from the women’s point of view.

Chapter 6. **Findings: Insights from the service provider interviews**

Similar to Chapter 5, this chapter summarises issues identified by service providers in the semi-structured interviews. While their focus is more on policy and service provision, service providers identify many of the same issues as the women. Excerpts from their interview transcripts illustrate some of their frustrations with policies and a system that is not managing to provide the services required. It identifies structural and service provision barriers from the service providers’ point of view, and flags best practice strategies and policy changes that may help prevent homelessness among Indigenous women and children.

Chapter 7. **Discussion**

This chapter compares and contrasts the women’s and service providers’ insights, and findings from the literature, policy and best practice reviews.

Chapter 8. **Implications for service provision and policy supports**

Chapter 8 assesses the findings in light of current service provision and policy supports, and discusses their implications for future policy supports and service provision.

Chapter 9. **Summary and conclusion**

This final chapter briefly summarises all findings and presents recommendations for policy and support service strategies to provide enough appropriate housing for Indigenous women and children, and enable them to access this easily, in an effort to break the cycle of homelessness identified in this research.

References
2 BACKGROUND

2.1 Introduction to this research report

This research has been conducted in the context of the Housing Ministers’ Conference in 2001, at which they declared that their vision for Indigenous Housing was that Aboriginal and Torres Strait Islander peoples will have ‘access to affordable and appropriate housing which contributes to health and wellbeing’, and ‘access to housing which is safe, well-designed and appropriately maintained’. The research was carried out within the AHURI principles and guidelines for Indigenous research. It has taken into consideration the fact that Indigenous women belong to many different Indigenous communities, and each community may have different cultural characteristics.

The research is grounded in the experiences of Aunty Honor Cleary, an Aboriginal Elder who works at Yelangi Pre-School in Indooroopilly, Brisbane, and similar but different experiences of other Indigenous women told to the researchers in Darwin and Katherine during preliminary planning for the research. Aboriginal and Torres Strait Islander people such as Aunty Honor are aware of the factors that contribute to homelessness, how the organisation of the system maintains disadvantage, the consequences of this homelessness and the profound educational disadvantages for children.

This research acknowledges the Indigenous women’s practice wisdom and tacit knowledge, and their identification of a cycle of homelessness among Indigenous women in both urban and remote settings. For example, women subjected to family violence and alcohol abuse move from housing at Cherbourg to crisis accommodation at Cherbourg. From there they may move to various forms of temporary accommodation, including Aboriginal Housing on the outskirts of Brisbane, public housing, crisis accommodation, living with relatives, hostels or perhaps Musgrave Park, a meeting place for Indigenous people in West End, Brisbane. At some of these transition points, Yelangi staff are asked to assist in making connections with service providers and advocating for women. The staff’s frustrations in dealing with some of these mainstream service providers indicate systemic discrimination against Aboriginal women and children, barriers to service delivery and poor service coordination. All of these compound the difficulties these women and children face in sustaining tenancy, and must be addressed if the Housing Ministers’ declaration (2001) is to become a reality.

To complement the input of Aunty Honor Cleary and other Indigenous women during the preliminary phase of this research, a literature and policy review was undertaken to identify multiple pathways into and between homelessness and sustainable tenancy for Indigenous women and their children. This review formed part of the Positioning Paper for this project (accessible on the AHURI website, project no. 40158, 27/8/2003). It identified pathways into and between homelessness and sustainable tenancy for Indigenous women as:
• intergenerational poverty (Commonwealth Advisory Committee on Homelessness, 2001);
• unemployment (Ross & Mikalauskas, 1996);
• low education levels (Hunter, 1996);
• the cost of hostel accommodation and the requirement for up-front payment (Coleman, 2000; Keys Young, 1998; Memmott & Fantin, 2001);
• debt (Gordon et al., 2002; Memmott & Fantin, 2001; Tenants Advice Service, 2001);
• multi-generational family units with a substantial flow of visitors and itinerants (Smith & Daly, 1996);
• ‘family’ violence (Aboriginal and Torres Strait Islander Studies Unit, 2000; Lai, 2001; Loh & Ferrante, 2000; Robertson, 2000) – the Indigenous women’s use of the term ‘family violence’ rather than ‘domestic violence’ was identified as a key concept in this report;
• overcrowding (Anderson, 2003; Berry et al., 2001; Durkay et al., 2003; Paulson, 1999);
• historical factors, e.g. dispossession of land, forced removal of children, assimilation (Beresford, 2001; Fitzgerald, 2002; Walker, Ballard & Taylor, 2002);
• racial discrimination, particularly in the property market (Berry et al., 2001; Huggins, 1998; Morgan, 1999; National Aboriginal Community Controlled Health Organisation, 2001);
• the criminal justice system (Aboriginal Justice Advisory Council, nd.), police responses (Australian Domestic and Family Violence Clearing House, 2001), court processes (New South Wales Department for Women, 1996) and high rates of Indigenous incarceration (Cameron, 2001);
• lack of skills in accessing formal services (DATSIP, 2000; Keys Young, 1998);
• lack of home management, and urban living skills and resources (Gordon et al., 2002);
• disempowerment (men - Aboriginal and Torres Strait Islander Studies Unit, 2000; women – DATSIP, 2000; Lucashenko, 2002) and ‘cultural depression’ (Keys Young, 1998);
• sexual discrimination (DATSIP, 2000; Lucashenko, 2002);
• cyclical child sexual abuse (Lucashenko, 2002);
• child abuse (Bassuk, Perloff, & Dawson, 2001);
• poor health (Rothwell, 2003) - and its links to overcrowding (Paulson, 1999);
• anti-social behaviour (DATSIP, 2002; Memmott & Fantin, 2001);
• drug and alcohol abuse/dependence (Aboriginal and Torres Strait Islander Policy, 2002; Memmott & Fantin, 2002);
• mental illness and lack of culturally appropriate mental health services (Keys Young, 1998; Reser, 1991; Robinson, 2003).

Key concepts identified as having the propensity to affect service delivery and policy-making were the historical, cultural, gendered and Indigenous contexts of the meanings of ‘home’ and ‘homelessness’, and whose definitions of ‘overcrowding’ are used in relation to Indigenous housing. These are discussed in Section 3.

Structural barriers identified in the literature and policy review as hindering effective service delivery to Indigenous women and families included:

• the under-supply of housing (ATSIC, nd), particularly the lack of affordable, long-term safe accommodation (Lucashenko, 2002) and crisis accommodation that accepts children (Coleman, 2000);
• long waiting lists for public housing (Coleman, 2000);
• poor physical standard of available housing stock, particularly in remote areas (Donald, McGlashan & Leisser, 2001; Bailie & Runcie, 2001; Robertson, 2000);
• housing that is not suitable, i.e. does not meet cultural needs, is in the wrong location. (Berry et al., 2001; Durkey et al., 2003; Goldie, 2002; Manicaros et al., 1997; Walker, Ballard, & Taylor, 2002);
• lack of sufficient information to help women access existing services (Aboriginal and Torres Strait Islander Policy, 2002; Durkay et al., 2003; Fitzgerald, 2001);
• agencies, particularly mainstream ones, not delivering culturally appropriate services, thus seeming hostile to Indigenous people (Campbell & Goodall, 1999; Coleman, 2000; Finlayson, 1997; Grundy, Tyrell & Wakerman, 2001; McMichael et al., 2000; Keys Young, 1998).
• lack of effective inter-agency coordination (DATSIP, 2002; Dept. Family & Community Services 1999, SAAP III report);
• lack of a ‘whole-of-government’ approach (Dept. Family & Community Services 1999, SAAP III report; Keys Young, 1998; Walker et al., 2002)

The review concluded that there is a need for both government and non-government agencies to examine and reconstruct their current policies and modes of service delivery. Community development (Beer & Maude, 2002; Memmott & Fantin, 2001; National Aboriginal Community Controlled Health Organisation, 2001), healing frameworks (Coleman, 2000), case management (Memmott & Fantin), outreach services (Coleman, 2000), Minnery, Marcos and Lindfield’s (2000) model for remote Indigenous housing, and training, employing
and providing ongoing support for more Aboriginal staff (women, in particular) (DATSIP, 2000; Keys Young, 1998; McMichael et al., 2000) were identified as models of best practice within a broad, wholistic service delivery framework. The need for self-determination was highlighted as an overarching principle of effective policy development and service delivery for Indigenous people (ATSIC, 1997; Buchtmann, 2001; Cape/Gulf RAATSICC web site DATSIP, 1999) because, as stated by Ivanitz (2000, p.131), ‘if policy developed by non-Indigenous governments is not relevant to Indigenous circumstances at the local level, ...policy failure is the likely result’.

This project report is the result of research based on the above background information. The researchers sought to elicit what Indigenous women and service providers see as the factors that create pathways into and between homelessness and sustainable tenancy for Indigenous women, and the structural and service barriers in housing and welfare systems that they see as hindering sustainable tenancy. In order to achieve this, the researchers designed a questionnaire and focus group interview questions around the key concepts and key issues identified in both the Indigenous women’s preliminary input, and the literature and policy review. This research method was chosen because, as Coleman (2000, p.3) states, grounded knowledge ‘allow[s] insights into what was frequently common knowledge in the Indigenous community but rarely spoken outside the community, particularly at official consultations’.

This report presents and analyses the questionnaire and focus group findings in the light of, and in comparison to the literature and policy review, and the Indigenous women’s preliminary input.
3  KEY CONCEPTS

3.1  Introduction

Cultural norms, history and our values inform our understanding of homelessness. It is futile and perhaps dangerous to impose non-Indigenous norms onto Indigenous people. If Indigenous homelessness is to be addressed effectively, it must be understood in an historical and cultural context that takes account of past injustices. Without taking this historical perspective into account, and the sustained marginalised treatment of Indigenous people by the State, it is not possible to fully identify and address the barriers that prevent Indigenous people, and women in particular, accessing appropriate support services.

There is considerable diversity within and between Indigenous communities (Westbury & Sanders, 2000), and Indigenous homeless people have diverse needs (Department of Aboriginal and Torres Strait Islander Policy, 2002). There are more than 200 Aboriginal languages, 20 of which remain strong (although endangered), while other communities are reviving theirs (Nathan, 2003). Commonalities amongst Indigenous people were sought in this study as a means of compiling a useful framework for this discussion of Indigenous women’s homelessness and ways of ameliorating their circumstances. However, findings from the Indigenous women and service provider interviews highlight some major differences between their perceptions of home and homelessness and what the literature and policy define as homelessness, in particular ‘Indigenous homelessness’.

3.2  Home and homelessness

The historical and cultural context, especially dispossession of land and colonisation, provides an understanding of why homelessness is such an important issue for Indigenous people. Until recently, the image of homelessness was based on itinerant males who slept on the park bench. These views of homelessness excluded not only women’s (and children’s) experiences of not having a home but more importantly ignored the situation of Indigenous women living in urban and remote environments. Keys Young (1998, p. 4) identified five types of homelessness among Indigenous people:

- Spiritual forms of homelessness, which relate to separation from traditional land or from family
- Overcrowding, a hidden form of homelessness which is said to be causing considerable stress and distress to many Aboriginal and Torres Strait Islander families and communities
Relocation and transient homelessness, which results in temporary, intermittent and often cyclical patterns of homelessness due to transient and mobile lifestyles, but also to the necessity of a larger proportion of the Indigenous population (relative to the non-Indigenous population) having to travel to obtain services.

Escaping an unsafe or unstable home for their own safety or survival is another form of homelessness affecting large numbers of Indigenous people, especially women and young people.

Lack of access to any stable shelter, accommodation or housing - literally having 'nowhere to go' – is regarded as the worst form of homelessness by many of those consulted.

The views proposed by Keys Young (1998) are similar to National Youth Coalition practical definitions of homelessness, cited by Memmott and Fantin (2001, p. 34):

Homelessness, according to the National Youth Coalition, is an absence of shelter, threat of loss of shelter, high mobility between places of abode, existing accommodation considered inadequate because of overcrowding, lack of security of occupancy or inadequate support and unreasonable restrictions in terms of access to alternative accommodation.

The practical definitions taken by Keys Young and the National Youth Coalition for Housing in defining homelessness were used as a basis for this study.

3.2.1. Home

According to the literature, non-Indigenous definitions of home do not capture the complexity of the Indigenous concept. The English language lacks the vocabulary to convey the Indigenous cultural sense of home (Stanner, cited in Berry, MacKenzie, Briskman & Ngwenya, 2001, p. 34). Indigenous people point out that homelessness has a spiritual and physical dimension, and they may not see themselves as homeless if their connections to their home place and community are intact (Commonwealth of Australia, 2001, p. 41). Berry and colleagues (2001) state that tradition, values and an element of mobility (moving between residences) influence the Indigenous concept of ‘home’ to a greater extent than non-Indigenous understandings, while cooking and sleeping outdoors may not be a symptom of homelessness, but in line with cultural norms.

The meaning of home to Indigenous people encompasses obligations to extended family and attitudes towards ownership, possessions and disposal of income. It may also differ between and within communities. In this study, it was found to differ between genders, with men seeing it as ownership and women seeing it as a safe place to raise their children.
Keys Young (1998) identifies that many Indigenous people experience psychological and spiritual homelessness as a consequence of dispossession or forced removal from homelands. This is the most fundamental form of homelessness for Indigenous people, and one unparalleled in any other Australian group. The Aboriginal Housing Board of Victoria web site explains the meaning of home as: ‘Our Home is our Land, our Land is our Home’.

3.2.2. Homelessness

Chamberlain and Mackenzie (1992) provide a standard 3-tiered definition of homelessness: primary homelessness, where people do not have a roof over their head, and which covers sleeping out and sleeping rough; secondary homelessness, where people frequently move from place to place using various forms of temporary accommodation; and tertiary homelessness, where people live in a range of substandard accommodation such as caravan parks and boarding houses. More recently, Chamberlain and Johnson (2001) have argued that homelessness is a concept like poverty, having absolute and relative dimensions. Absolute homelessness refers to situations where people are literally homeless. Relative homelessness means that Australians are expected to have ‘particular types of accommodation in order to live according to the conventions and cultural expectations of a particular community’ (p. 44). People then become homeless when they lose this accepted standard of accommodation and move into a variety of temporary arrangements that include crisis accommodation, hostels and boarding houses, and living with relatives.

Watson (2001) argues that definitions of homelessness have a gendered terrain in which women’s needs are marginalised, making women’s homelessness more hidden:

If it is invisible it is not counted and therefore it is underestimated. Research and political action in the area of women’s homelessness have had to grapple with this problem for a long time. The issue of homelessness has to be identified as existing, and then drawn out of the shadows and illuminated before anything can be done to address it. (Watson 2001:161)

The women in this study tended not to identify themselves as ‘homeless’, thus adding to their invisibility. Service providers, however, used the term ‘homeless’ to describe their situation and also identified a ‘cycle of homelessness’.

Another view is that women’s homelessness is part of the ‘new’ homelessness (Adkins, Barnett, Jerome, Heffernan & Minnery, 2003). Changing economic and labour market policies that impact on women have exacerbated this homelessness. If this is true for women in general, the plight of Indigenous women’s homelessness is even more hidden, underestimated and in the shadows as a result of racism and associated marginalisation.
The experiences of the women in our study were in this category, citing examples of discrimination and racism when trying to access housing, particularly in the private rental market where there was not much housing available and prices were too high. Lack of low-cost private rental also meant a greater shortage of public and community housing.

3.2.3. Indigenous homelessness

Berry et al. (2001) point out that the element of mobility is a contemporary cultural norm for Indigenous people who, on important occasions, may move from their place of residence to an area which they call ‘home’. This may be where their relatives live or where their forebears lived, and going ‘home’ may entail a prolonged stay, with family expectations and responsibilities. However, our study has found that Indigenous women’s mobility is not so much a cultural norm but a necessity – a way of escaping domestic violence - and these women do not have the means or the support systems to secure permanent accommodation.

Indigenous homelessness is often found in close conjunction with a range of adverse outcomes. It may be useful, therefore, to view it as a highly visible manifestation of entrenched disadvantage and discrimination:

In remote and some regional areas the primary issue is a lack of sufficient housing and associated services, exacerbated by poverty and geographic isolation. The resulting and inevitable overcrowding leads to increased wear and maintenance needs, which are often not met, health problems and further overcrowding as homes become unliveable. In urban areas, Aboriginal people have difficulty obtaining housing in the private rental market because of poverty and discrimination, even though only a very small proportion of Aboriginal families could be described as problematic tenants. (Gordon, Hallahan, & Henry, 2002, p. 195)

3.2.4. Cultural norms, practices, values

Berry et al. (2001) draw attention to some of the incompatibilities between Indigenous cultural norms and the laws of mainstream society. For example, cooking and sleeping outdoors may be a matter of choice rather than homelessness, but these practices may conflict with laws that prohibit drinking and sleeping in public areas. Indigenous values associated with extended family may result in acceptance by an Aboriginal housing agency of three families living in one house, whereas a generic housing agency might classify such an arrangement as ‘overcrowding’.

Berry et al.’s (2001) comments may relate to ‘Itinerants’ or ‘Parkies’, who live outdoors in fringe camps or town camps and are known in the Northern Territory as ‘Long grass people’ or ‘Long Grassers’, and in Queensland as ‘park people’ or ‘Parkies’.
Morgan (2000) highlighted the futility of attempting to impose non-Indigenous norms and values on Indigenous people. The Aboriginal Resettlement Scheme that operated in New South Wales in the 1970s failed because it did not take account of Indigenous cultural norms and practices, or what the Indigenous people wanted. Indigenous applicants for public housing were expected to completely abandon their traditions to comply with non-Indigenous norms of nuclear family, hygiene, child-rearing, education and what it means to be ‘a good neighbour’. Large numbers of Indigenous tenants returned to their ‘homeplaces’ and the scheme closed in the early 1980s. While this was seen as Indigenous people’s ‘non-conformity’, it had a hidden cultural logic not apparent to outsiders.

3.2.5. Historical context

Indigenous homelessness and associated problems need to be understood in the context of Indigenous peoples’ histories:

Contemporary housing programs and priorities for Indigenous people need to be understood within a historical context that involves the dispossession of land and the forced break up of families and communities. (Walker, Ballard & Taylor, 2002, p.10)

Non-Indigenous policies and practices have contributed substantially to the disadvantage experienced by Indigenous people:

Until relatively recently the State’s bureaucracy controlled all aspects of personal and social life: the right to marry, care of children, place of living, employment, supply of food, safety of water, provision of medical attention, schooling, housing, community amenities, policing and justice. When Europeans moved into Queensland … countless families fell to starvation and disease as they were driven off fertile areas and denied access to water … payment [for work] was commonly in cast-off clothes, food scraps, or alcohol or opium dregs, with dependency ensuring a captive, malleable workforce. (Fitzgerald, 2002, p.10)

In our study, the women highlight the enormously distressing effects of being removed from their families as children. One woman in particular described how this destroyed her life.

3.3 Overcrowding

Overcrowding was another key concept that arose as our research progressed. The women and service provider accounts indicated that most women either had lived in overcrowded accommodation, with several families and large numbers of children; were currently living in overcrowded conditions; or were in temporary housing because they had left overcrowded conditions due to family violence, health issues, drug and alcohol issues or sexual abuse.
Statistical definitions of overcrowding do not truly reflect the situation of the Indigenous women in this study. They are based on the government’s ‘proxy occupancy standard’ that ‘compares the number of bedrooms with the number of people in a dwelling to determine overcrowding; however, particularly in larger households, the numbers of bathrooms and toilets, and the size of kitchens, bedrooms and other living spaces may be as important as, or more important than the number of bedrooms. Both the Census and the Australian Housing Survey (ABS 2001) data on overcrowding use the number of bedrooms to define overcrowding’ (Productivity Commission, 2003, 10.3, p. 10.22). Women in our study identified the need for separate toilet facilities and appropriate bathroom facilities when there were a large number of people in the household.

The proxy standard (ABS 2001) is:

- single adult only: 1 bedroom
- single adult (group): 1 bedroom per adult
- couple with no children: 2 bedrooms
- sole parent or couple with 1 child: 2 bedrooms
- sole parent or couple with 2 or 3 children: 3 bedrooms
- sole parent or couple with 4+ children: 4 bedrooms

Another shortcoming of the proxy occupancy standard in relation to Indigenous households is that it only takes into account the ‘usual residents of the household’. Thus, it is unlikely to give a true reflection of the overcrowding identified in our study. Even so, the 2001 census found that 18.9% of people living in households with at least one Indigenous person were overcrowded, compared with only 3.4% of people in non-Indigenous households (Productivity Commission, 2003, 10.3, p.10.24).

3.4 Family violence

Research has indicated that Indigenous women prefer the term ‘family violence’ to the term ‘domestic violence’ because it is more appropriate to their experience (Aboriginal and Torres Strait Islander Studies Unit, 2000; Oberin, Sinnappan & Tamanisau, 2001). The term ‘family violence’ also implies violence among family, whereas the term ‘domestic violence’ carries connotations of spousal violence, or adult violence towards children. The women related incidents of sibling violence and violence from children toward parents and other relatives.

3.5 Summary

Concepts of home and homelessness have been explored from a general, gendered and Indigenous perspective.

Several aspects of homelessness discussed here are particularly relevant to this research, including spiritual homelessness, absence of shelter or threat of loss of shelter, overcrowding, relocation and transient homelessness, and the importance of safety and lack of access to stable shelter (see model of pathways
to unsustainable tenancy for Indigenous women, indicating demographic details of participants: see Section 8, Discussion). Cultural and historical factors that influence concepts of home and homelessness have also been considered when undertaking this research, together with other linked factors that exacerbate inability to sustain tenancy, such as unemployment.

Women, especially Indigenous women, have been historically neglected as part of research into homelessness, hence we place great importance on Indigenous women’s views of home and homelessness, the causes and reasons for homelessness, factors that determine where they live, and what they think would improve their situation. The women’s understandings of home and homelessness provide the background for understanding sustainable tenancy.
4 RESEARCH METHODOLOGY

4.1 Focus

Both qualitative and quantitative approaches were adopted in this project to identify the major factors that initiate and sustain iterative homelessness, which Robinson (2003) describes as the cyclical process of losing and acquiring accommodation predominantly, but not solely within the marginal housing sector. A myriad of multi-faceted psycho-social barriers that contribute to unsustainable tenancy were evident in the literature (see Positioning Paper), and this project examined a range of these barriers that prevent and/or obstruct Indigenous women from establishing and maintaining permanent or semi-permanent housing.

The research was undertaken in two major capital cities (Brisbane and Darwin) in order to determine if a common causal pathway to homelessness is evident for Indigenous women. Importantly, the research seeks to give a voice to Indigenous women who are without sustainable tenancy – to ask them first hand about their experiences and to value these experiences as building blocks toward sustainable tenancies in the future.

In addition to examining pathways to homelessness, the present research also investigated various aspects of homelessness and barriers to sustainable tenancy for Indigenous women. One of the primary concerns was the difficulty in accessing homeless Indigenous women. Homeless people are known to access a number of marginal housing options, including ‘Long Grass camps’. Obtaining a representative sample of homeless Indigenous women is beyond the scope of this research, primarily due to the time and effort needed to conduct such research, as well as the unpredictable nature of homelessness. Therefore, it was considered appropriate to approach organisations such as the Aboriginal Hostels Ltd and SAAP for their support and input, as they are key stakeholders in the provision of temporary and crisis accommodation. In addition, women accessing these services are likely to have experienced other forms of non-sustainable accommodation such as refuges and shelters provided by charitable organisations, as well as living in overcrowded households and sleeping in open spaces.

4.2 Method

Eight consultative meetings were arranged with the key stakeholders (Aboriginal Hostels Ltd and SAAP) who had knowledge of Indigenous services in Brisbane (Yelangi, Centrelink, Premier and Cabinet, Yumba Hostel, Aboriginal Health and Welfare Services) to discuss various issues, including the nature and purpose of the overall project. Two focus groups were also facilitated with health agencies and domestic violence services in Cherbourg. Two meetings were held with stakeholder and service provider groups in Darwin, and three informal focus groups were held with women in temporary accommodation – two in urban Darwin (Ozman House, Danilla Dilba, St Vincents, and Aboriginal hostels Pty Ltd) and one in Nhulunbuy.
At these meetings, the stakeholders and service providers participated in semi-structured, tape-recorded focus group interviews, in which open-ended questions enabled them to give the researchers some valuable insights into the accommodation and welfare facilities currently available, and factors perceived to be antecedents of homelessness. A number of accommodation and support services indicated strong support for the project.

This qualitative, focus group research method was used for this part of the research because it ‘capture[s] the voices and opinions of a small group of individuals who share common interests’, allows detailed exploration/discussion of ideas and opinions, enables the researcher to interact with participants to seek clarification or expansion of concepts, and provides a rich source of data for analysis (Cooper, Lawson & Orrell, 1997, p. 7).

A semi-structured questionnaire (quantitative method) was considered the most appropriate research instrument for achieving our objectives in relation to gathering the opinions of Indigenous women who access the service providers. It was necessary to engage the services of an Indigenous research assistant to co-develop the questionnaire to ensure that the questions were culturally relevant for Indigenous women from traditional, rural and urban areas. Throughout development of the questionnaire, the Indigenous research assistant was consulted constantly to ensure the appropriateness of language and the relevance of the questions. A further consideration was the length of the instrument. It was necessary to keep the questions to a minimum in order to avoid participants becoming bored or restless during the interview. Many of the questions were drawn directly from the Western Australian Aboriginal Child Health Survey (Zubrick, Eades & Silburn, 2000), the Child Health Questionnaire (4-18 years) and the Carers Questionnaire, with a few minor modifications. The TVW Telethon Institute for Child Health Research at the Princess Margaret Hospital for Children in Perth developed these instruments specifically for Indigenous Australians. A number of scales were also included to measure various psychological constructs, and assess both general and psychological wellbeing (see Appendix 1).

The questionnaire elicited economic, psycho-social and cultural factors that are understood as initiating and sustaining homelessness. These factors include:

- personal demographic data
- knowledge of, and access to support services
- employment history
- income security
- accommodation history
- social support
- physical health and wellbeing, including drug and alcohol abuse
- psychological wellbeing, including life satisfaction
• legal issues and incarcerations
• isolation and marginalisation
• education
• family violence.

The questionnaire was designed for completion by individual participants or for use within the context of a semi-structured interview, preferably in a private location. Despite the relatively high educational levels reported by the women, literacy was identified as a major issue, as many women were unable to read and/or understand the questions. In these cases, the questions were read to the women in the form of a semi-structured, informal interview.

In addition to the questionnaire, the women were asked to describe their own housing histories (qualitative method), highlighting their pathways through homelessness and tenancy.

4.2.1. Procedure

Temporary accommodation services in which participants resided in Darwin and Brisbane included Jundah Hostel, Dawn House, Oakley House and Stanley House, which provide crisis accommodation, and Daisy Yarmirr Hostel, Galawu Hostel, Silas Roberts Hostel, Yumba Hostel and Ngandji Ngandji Ba Hostel, which provide normal temporary accommodation for Indigenous men and women. Permission was obtained from these centres' administrators before the residents were approached. An Indigenous researcher visited each of the Indigenous hostels that had agreed to take part. The researcher briefed women residents about the nature and purposes of the study, and invited them to take part in a semi-structured interview in which a structured questionnaire would be completed and open-ended questions would be asked concerning participants' personal demographic history, pathways to transience, perceived wellbeing, self-esteem and life satisfaction.

Participants were advised that should they experience discomfort during the interview, they were able to withdraw from the study at any stage and all existing data would be destroyed. Participants were also advised that all information they provided would be kept confidential and would be used only for the purposes of the study, thus no information would be provided to any of the temporary accommodation centres.

Most of the hostels were revisited at least twice, while the researcher returned to a couple up to five times. The return visits were scheduled for meal times when residents were most likely to be on the premises. It was extremely difficult to make contact with the women, as most of the time they were off the premises, unavailable or simply not interested in participating. Also, a large number of women did not complete the interviews because they were too distressed.
In the Darwin sample, all of the questions were read out during the interview and the women’s responses were recorded carefully. Many of the women were hesitant about answering questions directly from the questionnaire but were more relaxed about disclosing personal information when engaged in general conversation. On the occasions when English language was perceived as a barrier, the research assistant spoke in either Kriol or the local dialect to ensure there were no misunderstandings. All of the women who participated in the study could speak at least one of the three languages. It was common to take 3.5 hours per interview, as the researcher often had to go and get the women tea and biscuits to keep them on task, and allowed for cigarette breaks and breaks for looking after kids and kin who would interrupt.

In the Brisbane sample, it took about 30 minutes to do the questionnaire if the researcher stayed with the women, but much longer if she wasn’t present. Questions were read to the women if they had difficulty reading them for themselves. It took up to one hour plus for the interviews. However, it did not take 3.5 hours even for those who were most distressed.

This illustrates that in any research, it is important to remember that no two groups are the same.

4.3 Data analysis

Qualitative analysis (service provider focus groups and interviews with Indigenous women)

Qualitative data (consultation meetings/focus groups and women’s descriptions of their housing histories) were analysed using a procedure similar to that of Strauss (1997). Data were transcribed and coded into broad themes, then coded again into sub themes. Observation notes taken by the researcher, recording such things as body language during the interviews were analysed in conjunction with the spoken data. Major themes and sub-themes identified as those most commonly mentioned by the service providers are presented in Section 5. Similarly, major themes and sub-themes identified from the women's qualitative data are presented in Section 6.

Quantitative analysis (Indigenous women’s questionnaire)

Participants’ questionnaires were collated, then coded and entered into SPSS (Version 11.5). The data were screened for errors, and to ensure that all means and standard deviations were plausible. The reverse coding of negatively worded questions on the Self-esteem, General Wellbeing and Hopelessness scales was conducted prior to calculating total scores for each wellbeing scale (Appendix 1).

Missing data were analysed for any missing non-random patterns. No patterns could be identified and missing values were considered random. Visual inspection of histograms revealed that skew and kurtosis levels for each of the distributions were within the limits of normal distribution. Results of the questionnaire are presented in Section 7.
It was felt there was no need to integrate the qualitative and quantitative data, as findings from both data sets were consistent. Links between the two have been made in the discussion in Section 8.

4.4 Participants

One hundred and four Indigenous women participated in the study. They were recruited non-systematically from Cherbourg and Brisbane (N=37), and Darwin (N=67). The Darwin sample consisted of 14 participants from the Rapid Creek Long Grass camp or who said they were living in a Long Grass camp, 4 participants staying with friends or family, and 46 participants accessing official temporary accommodation services. Three women indicated multiple accommodations (e.g. family and hostel). Participants ranged in age from 19 years to 63 years (M=35.8, SD=10.9). Seventy-six women indicated that their children (under 18) were living with them. The majority of these women (25.5%) had two children, 14% had four children and 7% had five or more children residing with them in the temporary accommodation.
5 FINDINGS: INSIGHTS FROM INTERVIEWS WITH THE WOMEN

5.1 Introduction

This chapter looks at the issues identified by the Indigenous women that impact on their need for temporary accommodation. It highlights constant moving, mostly as a result of family violence (32%), sexual and physical abuse (2%), debt (10%), drug and alcohol issues (30%), discrimination, racism, lack of suitable housing stock, overcrowding (41%) long waiting lists and the substandard state of housing (26%) they manage to get. While the women’s statements indicate a cycle of homelessness, they do not readily identify it as such, instead talking about their predicament of trying to find appropriate housing. Two of their greatest concerns are the lack of safe, secure, stable, not-overcrowded housing and how this impacts on their children. This chapter also gives insight into how the women define ‘a home’. All names used in the excerpts from both women’s and service providers’ transcripts (Chapter 6) are fictitious to ensure anonymity.

5.2 Definition of a home

All of the definitions of ‘home’ from the literature fail to capture the meaning of ‘home’ to the Indigenous women and service providers in this study. Most of the women identified ‘home’ as ‘having my own house’, and service providers identified this concept as being what their clients wanted. Perhaps the reason for this is that the women are trying to escape the problems inherent in the literature definitions, so that they and their children can break the cycle of homelessness.

Women say that they do not want to live in overcrowded situations but want a house for themselves and their children. Most women expressed this common need, but they live with families in overcrowded situations because there is nowhere else to go:

You feel better when you are living on your own, instead of staying with other people, the kids can do their own thing too, you know. Your own house.

Other women said that they had never experienced a home, or if they had it was a long time ago when they were living with their family:

Home means being close to my Mum, she helps out a lot.

One woman described her understanding of what a home would be like:

All rooms would have cupboards and you didn’t have to buy your own cupboards.

Having built-in cupboards and furniture was an issue for many women (17%) because they arrive in a house without any furniture and very few possessions.
Only one woman described going back to traditional ways. She added that she would only do this if she could be warm and comfortable:

A real home for me is back to my tradition. I would like to go bush and do the traditional ways for a while. With my kids and re-teach, re-learn and then maybe come back into society.

5.3 Homelessness

Researchers and policy makers are slowly recognising that families, women and children are made homeless for a variety of reasons. All forms of homelessness were observed, including sleeping out and sleeping rough, frequent moving from place to place, and using various forms of temporary accommodation and substandard accommodation. Interviews with participants suggest that most women were homeless just prior to this interview. These women did not use the term ‘homeless’ to describe their situation, however, as only 35% of women described themselves as homeless. It became apparent as they completed the survey in Brisbane, Darwin and Cherbourg that they seemed to equate homelessness with ‘rooflessness’. What they did discuss was having nowhere to go. As Keys Young (1998) notes, this is probably the worst form of homelessness.

5.3.1. Having nowhere to go

Lack of stable accommodation, not having a home, an itinerant status and not having supportive relationships is evident in the following statement from a woman with several children, but without a partner:

At the moment I have nowhere to go. I have been touring Queensland for the last 13 months.

This next example of a woman who does not have access to stable accommodation for herself or her children highlights another problem - being homeless means that this mother is separated from her children:

I got no house. I got removed out of my house. I stay with my auntie during the day and go somewhere else to sleep (at night). My auntie has my child.

(This woman is not able to stay with her auntie as the house is overcrowded. Her other children have been farmed out to relatives in the local community.)

5.3.2. Moving: street life and substandard accommodation

In the following extract, an Aboriginal woman describes the escalation from having a roof over her head to being out on the streets with her children and partner. They have a transient lifestyle and live in what are considered substandard forms of accommodation:
I sold all the furniture that I had and gave everything away that we couldn’t sell. We organised to go to Bundaberg and stay in a caravan park. It turned out that the people were racist that owned the caravan park and they told us, because we did nothing wrong, we’re pretty quiet people, and they told us that we could leave if we wanted to, we knew that they meant. So we ended up staying in a room, with my boys, above in a pub, and that didn’t work out because that’s when he got violent with me again and he got kicked out and we had no money so we couldn’t stay there any longer, we ended up sleeping out in the streets with the kids.

5.3.3. Homeless without possessions

Women are itinerants, drifting from place to place with few possessions (43% of women reported itinerancy as a lifestyle). This next example relates to a woman, her partner and their children. If this woman and her children are fortunate to access permanent accommodation, she will begin with nothing (i.e. no bedding, furniture, white goods or eating utensils):

We were only there for four days, but no food and nothing to sleep on really. Dragging six bags, all our life, around. So we waited until we got money so we could catch a train back to... I don’t know where we went then – Gympie? Yeah and his brother lived near Gympie and we stayed with him for a night. Then we were looking through phone book for another caravan park and we went to Yandina and that was okay there. But there are a lot of drug addicts and it was pretty bad. Like the end of the earth kind of place. So I told him I didn’t want to stay there, because he was really strict about everything I did and why. I couldn’t handle being locked in like that.

5.3.4. Drifting

Immediately prior to the current period of homelessness, Indigenous women lived in a variety of places. Sometimes they were with their partners but often they were alone with their children. These prior living arrangements were unstable, undesirable and unsafe (43% reported safety as a causal factor in their homelessness) locations for children and ongoing residence was uncertain:

I was living down the Gold Coast in a revolting caravan park with a lot of drugs and paedophiles all living in it. And before that I was on the Gold Coast in a two bedroom flat which I thought he was paying rent but he wasn’t so we got kicked out on New Year’s Day.

(Many women have lived in caravan parks and a common comment was concern about paedophiles and drug dealers who resided in these areas. They were concerned about the impact on their children and said that they were vigilant ‘24/7’.)
In the following extract, one woman describes drifting from place to place, and the links between homelessness and drug abuse:

So I came here with my clothes in a garbage bag, on a bus, in the middle of the night, near the street my friends lived in and just walked in and they happened to be standing on the balcony, and that was my first episode. I was in Cairns prior to that, living on someone’s floor. So I sort of drifted, I had a place and then yeah. I had two accommodations that I actually lived in and then once we started smoking and everything we all threw our jobs in and then moved town and drifted.

Another woman described where she lived with her children:

I was sleeping at a mate’s place.

Went back to Toowoomba, stayed in a tent in the backyard of his sister’s place for a while.

Women and their children (74% of women had one or more dependent children) are effectively itinerants and basically homeless:

I lived in Cherbourg. Then with a friend in Murgon. Then I went to my cousin’s for a couple of weeks. I didn’t like it there so I moved back to Cherbourg and stayed with friends, they stayed with other friends until I moved here. I have been homeless for the past five years.

5.3.5. Temporary accommodation

Some women in this study were staying at Yumba Aboriginal Hostel in West End in Brisbane. This is temporary accommodation providing board and lodging on a short-term basis. The quality of the hostel is good but the rooms are small and it is not suitable for children, especially those staying on a longer basis. There is little space for children to play and no fences:

I am at Yumba hostel and have been living here for eight months waiting for accommodation.

5.3.6. Recognition of homelessness

Only two women used the term ‘homeless’ to describe their living arrangements:

I’m homeless at the moment. I want my own place for my children. I reckon if we get our own place, we’ll be happy because we can do our own thing but now it’s like we are caged in. Where we are staying at the moment is not our home.

5.3.7. High mobility

Prior to their current living arrangements, women and their children moved great distances from both regional urban centres and Aboriginal Communities, which involved several moves and suggests unstable living arrangements. There was no place they identified as their ‘home’ or ‘traditional place’. Moving from place to
place using various forms of accommodation is regarded as a form of homelessness. Moving from place to place was a constant in their recent life. One woman described how she moved from Darwin to Brisbane to Cairns and back to Brisbane. Some examples of high mobility have been provided already in an earlier section, i.e. homelessness. Here are additional examples:

I moved from Townsville to Cherbourg to Murgon.
I moved from Cherbourg to Brisbane to Sydney and then back to Cherbourg.
I moved from Woorabinda to Cherbourg. (*Woorabinda is outside Rockhampton*)
I have moved from Toowoomba, to Bundaberg, then to the Sunshine Coast staying at several caravan parks. In Brisbane I have lived at Stafford Heights, Wavill Heights and at the Aboriginal Hostel in West End.

One woman now living at Cherbourg said:

I have done a lot of moving from house to house. It’s not very nice, not for myself and not for the children. I would like somewhere where I can call home. I am currently living with a friend but before that I was living at the Shelter for two or three months. I came from Hope Vale (north of Cairns).

**Reasons for high mobility**

Women also found that generally, the housing was not located near services (25%) and they were without transport:

I had a house of my own in Townsville but it was too far from the school and shopping centres and the phone booth, far from the hospitals and doctors.

**5.4 Impact of homelessness on children**

It is not surprising that being homeless, highly mobile, constantly relocating and experiencing transient homelessness impact on children, especially their care, education and health. There was little awareness of the long-term social, health, educational or welfare consequences of homelessness on children. Darwin women were very aware of this and it was a major factor for their depression. The consequences of homelessness for some meant that the Department of Families removed children from mothers:

My kids are not with me at the moment until I get my own home.

One woman described how she needed a home for herself and her children. She was in a ‘catch-22’ situation and has lost her children because she was not able to provide shelter and care, and is unable to have the children returned until she is able to obtain accommodation:
I really need a home. I've been asking, I've been ringing them, I've actually rang down to Toowoomba, I've rung the Department of Families to ask if they could help me, they came around here once and that's not good enough. They are here and they give me custody of the children but they need to do their part too, they need to help too. Because there are a lot of children out there in the community that have got no home, and no love.

The constant moving has a financial impact on families and children’s education:

I had a partner who was in jail so I visit him and give him money and with my children, all the things they need all the time when they are changing schools and they need new uniforms. Just trying to catch up with these debts in between makes it pretty difficult.

5.5 Quality of current housing

Some women were living in substandard housing (26%). Others had been living in substandard housing but were not able to remain because it was no good for their health or that of their children. Substandard housing suggests that women are not willing to sustain the tenancy, preferring to live with other families.

In the following extract, a woman describes the housing she was offered, and why she chose to leave and have her children reside with her family until she could find permanent accommodation:

It was falling to pieces, there was nothing done to it whatsoever. The yard was gross, the bin was full and hadn't been emptied for weeks. There were locks on both doors but no key for the house. There were two windows and they were broken on the veranda part. I had to get my kids to climb in the windows so that we could open the door. The oven's buggered but the stove, two plates were broken but the other two were going. The main sink in the kitchen, every time you turn the tap, the water is leaking underneath the sink and all the stuff started forming out of the bench.

A similar picture was evident in Brisbane:

The house was not good. The floors was still bare and things. There were no locks on the doors. The windows were broken. There were no linen cupboards just where the sink was. No fences to keep the kids in. I asked for linen cupboards and they said that it would take five years. And the rain comes in through the roof.
This woman decided to live in this substandard building because there were three bedrooms and a sleepout for herself and her seven children. This is a situation where a family has the double jeopardy of substandard housing and moderate to severe overcrowding:

This house is not worth living in but we had to take it because we had nowhere else to go. There are a lot of things that are broken in the house and we had to pay to get fixed like the hot water and the shower system. The hot water system lasted for two baths and it was cold again so we ended up with a regular hot water system. Everything was smashed here before we moved in and there are holes in the walls of the house too. There are a lot of things that are not really good, but we needed something for the children. The windows to the front room are boarded up with plywood. There are holes in the fibro walls and in the wooden panel to the front of the house and that’s just what I can see.

5.6 Overcrowding

In commenting on overcrowding, women only discussed the total number of people in the household. They did not mention the number of families, nor the ages, gender and relationships of people, all of which are taken into consideration in assessing overcrowding. In addition, the size of bedrooms, kitchens and eating areas needs to be taken into account. The number of bathrooms and toilets, and their location (inside or outside) is an important issue. None of the women in these qualitative interviews thought that living in overcrowded situations was a desirable arrangement. This was the only accommodation available. In a latter section, it is clear that women prefer to live with their children in secure, stable accommodation.

Overcrowding was a factor common for the women interviewed for this study (41%). All had lived in overcrowded situations at some stage. Many women were currently living in overcrowded situations because they could not access any other form of accommodation. Some women preferred substandard housing, where they could keep their family together, to residing with family groups where there is substantial overcrowding. Only one woman indicated that she was not living in an overcrowded situation before her present period of emergency accommodation.

Women move from overcrowded situations to women’s shelters and hostels in the hope of obtaining more stable and permanent accommodation:

Before I came to the shelter, I was living with my family. The house had four bedrooms and there were 14 people living in that house.
There were numerous examples of overcrowding.

I was living with my friend and her husband and their seven children. I came with my four children and this made 11 living in a four bedroom house.

In the house I was living in there were 11 people. *(This house had three bedrooms.)*

Women not only moved from overcrowded family situations, they moved to overcrowded situations (25.5%). One woman and her children are currently living in a house with 12 other people. There are four smallish bedrooms and one toilet in the bathroom. The co-location of the toilet in the bathroom was a common criticism of housing stock, especially where the household size was large. In another situation, a woman described how three families were living together under one roof:

There were three bedrooms, like in Mum’s house, there was three bedrooms and six or seven people. In Auntie Mary’s house there were three bedrooms and three families, Cody and Manda had five children, me and Bob had two, there was Fiona and her husband, Auntie Mary, Uncle Peter and their boy, there was a lot of us. Overloaded yeah. But we had to live that way because there was nowhere else to go.

5.6.1. *Impact of overcrowding*

There were very few comments about the impact of overcrowding on health, especially communicable diseases, children’s education, personal safety, or the increased likelihood of sexual abuse. This may suggest a lack of awareness of the range of consequences. In the case of sexual abuse, there is possibly shame and stigma associated with disclosure.

Sexual abuse is one of the consequences of overcrowding, especially when mixed with the loss of inhibitions associated with drug and alcohol abuse. Sexual abuse of women and children remains a taboo topic for many women (Indigenous and non-indigenous), current media reports notwithstanding. Nevertheless, an older woman described how a 15-year-old relative sexually assaulted her:

I had been drinking down the road, drinking at someone’s place. I wanted a sleep because I had enough to drink and she just said, to go in the room and have a sleep, so I went into the room and didn’t think nothing of it. Then he came along and sexually assaulted me. This caused me to drink more and threw me out of balance sort of thing.

One mother said:

It is much better to live on your own, instead of staying with other people. And the kids can do their own thing too.
Sensitivity to the impact of overcrowding on the children was apparent to one mother. If staying impacts on her girls, she asks her family to move along. She said:

My children have their own room, no one is allowed to sleep in their rooms, we’ve got extended family. I have family come down from up north. I’ve got traditional families up in Darwin and Northern Territory who, when they come to town for, usually medical reasons, they’re here for a month or two with operations, so I have them at home. But I have got my own rules, my girls have to go to their own environment, it’s their home. They don’t move out of their beds. I have a futon in the lounge room, that’s where they stay.

5.7 Domestic and family violence

Domestic and family violence is one of the factors contributing to homelessness. Men, other family members and adult children perpetrate violence (see Table 4.4.3h). Violence is often associated with alcohol abuse. Some of the women’s stories about their experiences are:

I have been in the shelter at Cherbourg many times. He bashed me up and I came here but then I would go back to him.

I was in Townville and was getting bashed. I had my kid’s father coming around drunk, abusing me, trying to stand over me and all this stuff and I just couldn’t hack it anymore.

I left because he was drinking, there were fights and they thought that I was interfering too much.

My de facto wallops...whips me.

5.8 Violence as part of life and over a lifetime

In the following extract, one young woman explains the long history of violence. All her partners have been violent. This was confirmed by the researcher, as in the middle of this interview, the participant was involved in a heated and abusive exchange with her current partner on her mobile phone:

I was in my first domestic violent relationship at 16 years. He used to hit me across the face. Then I meet my kid’s father and had a domestic violence relationship with him for 10 years. I tried to separate from this man but I would be flogged all the time, black and blue. Just wanted to protect my face. I used to get my clothes ripped off down the main street. He would chase me down the road, because we were living in West End and he grab me from behind and rip and I’d end up standing there with my knickers on and I’d have to run back. I looked like a rape victim a few times. People used to call me cabs because he’d flog me while we were out in the main street, drag me around by
the hair and I’d have to run in somewhere and get them to call me a cab. Then I would get home and hide. Now I am in the third violent relationship.

This domestic violence continues even after the separation takes place.

The kid’s father was ringing me up and abusing me over the phone. He was trying to come back to me and wanting money from me.

Violence may stop when a partner goes to jail but it recommences when the relationship resumes.

My partner was in jail and he got out four months ago. I took him back, then fell pregnant. (She has since left and was in temporary accommodation).

Women were concerned that their children saw them being hit but none discussed the consequences of them being exposed constantly to this level of violence:

I was really nervous at that stage, even though he was continually bashing me in front of the kids, I still wanted to be with him because I felt safe with him in a silly way.

5.9 Sexual and physical abuse

Domestic violence and sexual violence are linked closely. Generally, the young women in this study did not talk about abuse of themselves or their children (2% reported sexual assault). Sexual abuse is a taboo topic and all women were reluctant to discuss it. In fact, many denied that it had happened at all. There is shame and stigma in admitting to abuse. Women perceive that they are to blame for it.

Other women in this study were not so inhibited and it was apparent that they were trying to deal with long-term, sustained abuse. One woman and her mother described not only a history of domestic violence but also systematic sexual abuse of both women and men within her family, who were in dispute about whether to come out about the extent of the abuse or keep it hidden and not discuss it at all. The young woman who participated in this study and talked openly about the sexual abuse has since died of a drug overdose.

In the following extract, a woman who has a long history of domestic violence described her background of sexual abuse:

Physically, I was sexually abused at the age of 4 or 5 by my uncle, Mum’s uncle. Didn’t tell her until I was 25 and I was pregnant with my first. Then it’s come out through the family line that he was doing it to a couple of others. And then I was raped at 15, lost my virginity.
Yeah, going from sexual abuse and then…but I’ve been abused heaps. Fucking, almost sodomised, nearly raped that many times. I’ve put myself in situations through drug and alcohol.

I wouldn’t give sexual favours, when I was young. I’ve been harassed by policemen here, when I was younger, because I was walking from Spring Hill…they followed me, calling me all the filthy names under the sun, out the window. And I ended up in the Valley in fucking tears. I asked them for directions. All that crap, you have no idea. Uncles! By marriage, you know, sticking their tongue down your throat as you’re growing up when they kiss you. Things like this, you know, your cousins even. White cousins!

5.10 Family Violence – Impact on kids

Violence impacts on children (98% of children witnessed at least two violent incidents against their mother). This may be through fear, anxiety or even protective behaviour towards their mother when she feels under threat. When subjected to violence, women attempt to escape and in this process, children have to change schools, thus interrupting their educational development as well as breaking and then renewing friendships:

So then I stayed here and settled a bit with the boys. Then I got a house, Brisbane Borders. He came out and started getting violent again and we had to move again and change my son’s school again. So in all that time that I moved I was keeping my son in school near the place that I lived.

I just didn’t want to take the chance of keeping him in the school because he knew I was going to be there morning and afternoon, so I just changed my mind one weekend and said sorry, I knew I wasn’t going to change the school again, but I did it. So I mean we feel good there but currently he’s back in town and now he’s dragged me into all his stuff and I’ve got threats from CIB and from him.

Another woman talked about the long-term impact of family violence on her as an adolescent. She has experienced both sexual abuse and domestic violence. This violence was a catalyst to leaving. She is still trying to talk to her father about the abuse:

No I left, because my father started hitting me around the age of 12. Like, I didn’t experience even being hit, I’ve got memories of trying to be hit probably twice from mum and a couple of times from dad prior to that. At the age of 12 I think stress with him and I was growing up and he just started taking it out on my and me being my personality type, I always answered back. So he started hitting me with rolled up newspapers I remember, and then it increasingly got worse.
By the time I was 17, like and I started hitting dad back from 16. I mean I used to go out with handprints on my back. He’s slap me that hard I’d have a handprint of a bruise, a bruise of a handprint on my back. He’s in denial.

(Later in the interview she described how she was belted when she was naked).

5.11 Waiting list for housing

One of the common complaints from women was accessing housing and the quality of housing at Cherbourg. Most of our women said they didn’t even bother going to the agencies – the data shows 65% of women were getting no help in locating more permanent housing. Although some women got housing at Cherbourg, they complained about its quality. One woman described how she had been living in four houses in Cherbourg:

There was one house I moved into and it wasn’t like living conditions, then I moved in across the road, and that house wasn’t good living conditions. There were a few things done to it while I was there but after I left they done it up real good. Then I moved into another house down here because I moved out of that house because of my relationship. I was due to have my second youngest then and the police carried me out of there and reckoned I wasn’t part of the tenancy agreement, reckon I never signed it. So they moved me out of there and I moved into a shelter. When I moved out of that house they did it up. And I still have a broken down old house. It’s been here a long time before I was.

Women at Cherbourg complained that they had to wait a long time for housing. They believed that the housing allocation process was not equitable. Women with families who had suffered domestic or family violence were at the end of the waiting list and they saw this as evidence of gender bias. Women provided numerous examples of the way housing is allocated:

It’s sort of not right because the people that are waiting for a house at Cherbourg, they have only got one child. They get housing ahead of women with several children wanting housing.

5.11.1. Management of the housing waiting list

In a small community like Cherbourg, Indigenous women were aware of when housing was vacant and how the important people in the community privileged their own families so that they got immediate access to it. Even when housing became available, it was often unsuitable for the family circumstances. An older woman described being given a one bedroom flat when she cared for many of her grandchildren. Housing so many in a one bedroom flat is overcrowding.
Another woman complained about applying for housing.

I applied about a month ago, but I never got a reply back saying I am on the waiting list.

The women do not say that this is discrimination but they know it is 'disrespectful'.

The management of the housing at Cherbourg was of concern:

They reckon that they lost the letter that I wrote them a couple of years ago. Soon as I moved into (the sub-standard one) they reckon they lost it.

5.12 The allocation of housing

Several women elaborated the unfairness of the housing allocation process. One woman described how she had put her name down on the waiting list at Cherbourg:

I know that there are people on the waiting list but I think that people with families and boarding with them should take priority. I just keep on going back and asking.

This woman said that housing was allocated to advantage the better off people in the community:

People get housing at Cherbourg because the housing people think they have got jobs and can pay the rent. Women with DV don't get good houses. The bigger homes are given to people that got jobs here and no children.

5.13 The suitability of housing stock

Many houses in Cherbourg have four bedrooms but these are not always available for women with children:

We are not able to find housing. We have been to real estates, Cherbourg housing, but we are just on the waiting list there but there is not accommodation for a family as big as ours.

5.14 Queensland Housing

Women made comments about Queensland Housing. All women were in debt to Queensland Housing but only a few made an effort to put their name on the waiting list. Many of these women had not been in touch with housing offices for a very long time. Those who did enquire were despondent about the likelihood of getting accommodation:

I can go for my bond on it. I paid all of that off, I'm paying this debt off, but their waiting list here near on 5 years.
Other women describe how the waiting list is from:

Two to five years. Until then I can’t live here. I’ve only got until end of next month to find something, because I’ve stayed over.

You’re on a Queensland Housing waiting list, and that’s a two to five year wait, and that’s what you’re told.

Women were aware of the housing arrangements provided by Queensland Housing but there appeared to be a reluctance to make contact with them. One woman said that she did not have a debt to Queensland Housing, but her first preference was to go to Black Housing:

I was going to put my name down with the Housing Commission, but just haven’t got around to it, you know?

### 5.15 Lack of furniture

Many women (17%) mentioned that they lost their furniture when they escaped from particular living arrangements. It was simply not feasible to take furniture, as they drifted and moved great distances. Therefore, when temporary accommodation becomes available, they do not have furniture, white goods, bedding or eating utensils, nor do they have these when they move into more permanent accommodation. Women waiting for housing reminded the researcher that they have to save up for furniture.

### 5.16 Support for women

Women interviewed in this study indicated that they got little support and assistance to find and obtain suitable housing (see Table 7.1.1.2). In Brisbane, most women talked about the support provided by Aunty Honor and Kim at Yelangi. At Cherbourg, staff at Jundah, the women’s shelter, assisted. Families and friends provided support for many women. Apart from the minimal support provided by mainstream agencies, there is little evidence of formal support provided to women with their wide ranging housing, social, health and welfare issues. Women do not appear to access mainstream or Indigenous-specific services, which is a cause for concern.

Aunty Honor was of great assistance in Brisbane, using her contacts in Queensland Housing and her knowledge of the housing system to ensure that women got their rights:

If it wasn’t for Aunty Honor ringing up this man this morning, I wouldn’t have any accommodation. And it is hard when you don’t know anyone like Aunty Honor and Aunty Kim to assist.

Kim and Aunty Honor have helped.
5.16.1. Formal support

MICA was another highly regarded organisation in Brisbane. MICA is associated with St Mary’s Church in West End. (The researcher attempted to find this agency in the telephone book but in the end had to resort to contacting another similar agency. If this is the situation for a researcher familiar with the health and welfare system, it must be impossible for Aboriginal people who arrive in Brisbane for the first time):

People, mostly from a place called MICA projects, they’ve put me in touch with a lady who looks after Indigenous women.

She’s (MICA’s Indigenous worker) helped me through a lot, like I’m leaving stuff, helping me get to appointments, any kind of support I’ve needed to help me get furniture because I had nothing for a house. We’ve still pretty much got bare minimums, but at least we’ve got beds.

The Women’s Shelter at Cherbourg also provided women with information necessary to get housing:

Jundah get housing forms for me to fill in.

5.16.2. Family and friends

Table 4.4.1.2 in the Methodology chapter provides analysis of this. One young woman said that her mother and father provided the most support. Another woman living at Murgon said that her friends were most helpful in obtaining housing. These friends are generally the same age as the woman.

The following extract elaborates one of the reasons for not accessing mainstream agencies. Indigenous people do not trust services. Nor are the services immediate. Friends are more trustworthy and reliable:

Friends, actually! I’ve got a lot of friends, like heaps. And I’ve always had them to go to. That’s why I’ve never really used agencies. I’ve used St Vincent de, you know, the regular, Lifeline, St Vincent de Paul. I’ve used the Royal, I’ve walked in there trying to seek help for my drug problems and they were like…I wanted it then and there, I wanted to talk to someone then and there because I knew if I sat down I’d get up and walk out, if I was left to sit there. I’d think twice, and I’d double think it because you think the cops are going to come and target you, they’re in liaison with the cops and they’re going to send them around and bust you and the girls still have that fear today.
5.16.3. Limitations in using formal support

The capacity to use even basic services may well be limited by literacy skills and the ability to use the white pages. An Indigenous woman with high literacy skills told us about how women at the Aboriginal Hostel were told to call Queensland Housing and other housing organisations. She said that this was of little help, as these women were not able to use a telephone directory. She provided this assistance for other women at the hostel:

    Sometimes support is limited to providing women with a list of phone numbers. This does not equate to assistance as many women are simply not savvy enough to understand how to access and demand appropriate levels of support.

The dependence on accessing referral services is evident in the following statement:

    And they didn’t have any emergency housing. So he found us here at the hostel. We moved here, in end of March we moved here and we’ve been here since.

Many women had never been in touch with any agencies or had been to them and refused to go back:

    I have never been near any of them, just never have (housing or welfare agencies).

It is evident from this extract that women believe that they are discriminated against because of their particular social problem:

    I find most of them not helpful. They just turn a blind eye. As soon as you say that you’re from domestic violence. They just automatically think, you know, they either wonder or something, something’s wrong with you, and being Indigenous it doesn’t help, you get to that switch off point. Like, what do you do, where do you go from? Who can you turn to for help? The only ones that have helped is Yelangi. Since my girls have been there.

This discrimination was confirmed by Aunty Honor, who indicated that Yelangi staff had tried to get immediate assistance for one woman suffering from domestic violence. They were told that the mainstream agency could not help because they did not employ an Indigenous worker. They did, however, courier brochures to Yelangi as an alternative!

Where services can be accessed, frustration exists:

    Just the dead ends I have been running into. Everybody I have called have said we can’t help you but will give you six other numbers that can. And after I have rung all them I get three further numbers from them. It’s like everyone you call they put you on to someone else.
5.17 Support required by women

Women do want more assistance (60.6%). An Aboriginal woman at Cherbourg wanted to have more support so that she could go and find help. They acknowledge the need for help but that help does not go far enough. One woman said ‘the extent of help was very limited’.

Getting support to manage money was an issue expressed by several women:

I want help with my money to get my arrears down.

If women were assisted in this area, they could then access mainstream state housing. Women acknowledge that they have a need for services but they are unable to access these because they are single parents with young children and have inadequate access to transport:

No, I’m supposed to go to counselling and I’m just so busy with everything I can’t get there.

Women do try to get help but they want help immediately, for example:

I tried to get psychological help for my problems, but they wouldn’t see me then and there, made me wait and I took off. And they didn’t give a shit and I never went back. Then I went private and I went to one session and spun out.

5.18 Dormitories at Cherbourg

Many older women living at Cherbourg experienced the dormitories. Younger women had parents who had lived in the dormitories. Under these living arrangements, children were separated from their parents and thus did not have the opportunity for bonding and the support of close relationships with their parents. The impact of these experiences is profound and long-lasting, and may contribute to a range of current social problems, including family dysfunction. The woman in the case study described below said that she had been homeless for the past five years, and had an itinerant lifestyle and a history of alcohol abuse:

I did not even know I had a mother until I was 13. I did not know I had a mother and I didn’t even know I had a father.

This is how this woman found out about her mother:

She came to the dormitory one day and they said, ‘Your mother’s outside and she’s come to visit you’, and I looked and she was with this man and a lot of other kids. I ran away. She came back and took us for holidays and tried to get to know us but I had all this hatred and resentment toward her and when I left school I went to Brisbane to work, then to Sydney where my daughter was born. And she came down there one day and I just couldn’t stand her, couldn’t have her in the house. Then she came back into my life and I was getting to know her and
starting to understand her and where she was coming from. Because it was very hard in those days to look after kids because she knew that I would be well off in the dormitories so that's why she left me.

Next the police came knocking on my door and said she was shot.

The hardest part for me is that when I was beginning to get to know her, I didn’t tell her that I loved her.

The consequences of this experience are enormous, and include mental health problems and alcohol addiction for which the woman is receiving rehabilitation.

5.19 Racism and discrimination

Concerns were expressed about racism amongst private real estate agents. At times this was referred to as ‘discrimination’ because women believed they were discriminated against for not holding jobs or due to their gender and family status. On other occasions, women referred to their treatment as ‘racist’ behaviour.

The following example illustrates the private real estate market's treatment of black people:

The fact that there was a real estate over on Henley Road that I walked into, and the lady was going, ‘Yes this house is ready go to move into today. Here's the key, go and have a look at it’. I went and had a look at it and said ‘I like it’. I had the money to put the bond down, and whatever, and we were there ready to sign papers and this bloke sang out from across the hall, ‘Hang on, the owner, I have just been on the phone to the owner, and he said they are going to put that house up for auction. It is going to be sold’, and the lady looked at bit dumbfounded, like as if, hang on a minute what in the hell is going on here. So, you know, basically what happened there, was obviously the lady was willing to help me out and give me a house, but they saw that I was black and that I was Aboriginal and that he was going to make up a story here so he doesn’t get a house. That happened at a couple of places.

Aboriginal women believe they get asked more private questions than white people and are discriminated against because they do not have a job:

You get knocked back because you haven’t got a job. They ask who's staying with you, who’s going to be moving in with you and just about your income, the income you are getting. Mainly they knock you back because you haven’t got a job.

In the following extract, a woman contemplates the basis of the discrimination:

I am not sure if I am having difficulty in obtaining housing because of the size of my family or the colour of my skin.
The racism means that it is very difficult to access accommodation. One woman wished real estate agents were not so racist:

They don’t like the colour of your skin. I wish they would give you a chance instead of knocking you back straight away.

In another situation, a woman compared her behaviour in the real estate agency with that of white people:

If I walk into a real estate, you have to switch off, you’ve got to dress, you know? The nicest clothes you’ve got, your hair done nicely, to even get a house, and these other people just walk in, with holes in the shirt and holes in their shorts and dirtier, and they can get a house just like that. And here we are we’ve got to do role models, not role models but just switch on and off who we are.

She is angry at having to demonstrate that she is decent person capable of caring for a rental property:

It’s beyond a joke now, I refuse to do the switching. Either take me as I am or don’t bother.

Another woman compares her situation to that of white people:

When you walk in there they look at you. You’ve got to dress yourself up really nice, you dress yourself up to a tee, and you walk in there and they look straight at you and then here comes someone else in ripped pants, ripped shirts, whatever, to fill in an application for a house then they get approved. It’s pretty slack.

Even when women have homes and pay the rent regularly, they still feel on tenterhooks:

The bullshit you have to go through, the house inspection, tenants have no rights! They come out every 3-4 months, I’ve had nothing fixed in that place, I’m going to go through the floorboards in the bathroom and they’ve done nothing and I’ve just said, ‘I’ll sue your arse off.’ Yep, I’ll sue him.

But you feel paranoid you’ve got to keep the house immaculate. I scrub my place until 11 o’clock every Thursday night. I pull everything out, I mop, I dust, I clean, and they come and go, ‘Oh, you live so cleanly, ra ra ra…’ I’ve also got three kids, but that’s how I’ve become, because of housing, that you get targeted. I’m paranoid when I go in to get real estate. I peek. Because I need security and I hate going in to… and the questions they ask you! And it’s like you’re lying, when you say, ‘I am only moving because they sold the house I was in’. ‘Yeah

Indigenous people have to resort to legal strategies and assertive behaviour to get access to the private rental market. One woman sought legal redress and won:

I tried three different real estates and I got knocked back because I believed it was racist and the last one I went to, she...
I could hear a lot of prejudice then I fought out for human rights and I won that and they said that I could have accommodation anywhere.

Not all Indigenous people are partnered with Indigenous people. Many women send their white partners in to get assistance:

Because my partner’s white, you want to send them in… that you’ve got to be ashamed of your colour! Your nationality! You’ve got to send your bloody white partner in to sign the paperwork and then introduce, the Aboriginal partner, because of how real estates and shit are!

This humiliation has an impact on women:

It’s disgusting. They don’t give us any credit. I don’t know. How are you ever supposed to gain respectability and confidence and everything when you’re treated that way? And I mean, shit, I’ve been mainstream, I’m educated, I work for my kids, the whole lot, and yeah, you still feel like a piece of shit at the end of the day because of how you’re treated by certain agencies and stuff.

The next extract presents another example of confronting racism and asserting rights:

The person with me was actually a white person and we were trying to get a house together, and I walked into (named real estate agent) and said, ‘I have been searching all day for a house, I have got money to pay for a house and every house I have been interested in so far has been actually changed all of a sudden become unavailable, or to be sold or something, and I am starting to think it is because I am black. And David who was standing beside me said, ‘Yes, I think it is because I am white too!’ But it was like, and then he said, ‘Well look to be honest with you’, that is what David said, ‘Every time myself and Ellie have walked in somewhere to get a house they have said yes, and someone has made up an excuse and I think it is because of Ellie is black’. The lady behind the counter said, ‘Oh no, we are not like that here’. I said, ‘Well do something then, show me some of your houses’. So, they ended up showing me
a place and at this stage, I was like I don’t care where I live as long as it is fully furnished because I have got no furniture.

Racism is not confined to private real estate agents. One woman believed that people in mainstream agencies do not want to assist Indigenous women:

... they don’t like working with Indigenous people. Sometimes I think they don’t want to help, don’t want to or can’t, can’t relate to who we are and the way we are.

5.20 Drug and alcohol abuse

Drug (23%) and alcohol abuse (33%), domestic violence (64%) and homelessness go hand in hand (see Table 7.1.4). Many of the women’s partners had problems with drug or alcohol abuse. Some women acknowledged their own participation in drinking.

One participant described how she was evicted due to alcohol abuse:

Yes, domestic violence and also I had a drinking problem and violence. When he used to leave I used to go and drink in my house. The neighbours complained about the noise and that young people came into my house. They wrote to the council and the council gave me a warning, the warning ended up turning into an eviction, a breach.

Smoking dope or ‘yandi’ is also very common:

I mean I started using pot at 15 and that was through family members, you know, aunties and stuff, feeding it to you.

I’ll have a smoke occasionally, socially, yes. But I know if I was to do it, you know like, more than occasionally, I’d be hooked. It wouldn’t take me long. I’ve given up numerous times in the past and gone back to it. Friends around, you get high, excited, old times, you know. This is when I used to relapse, go back into smoking, it wouldn’t take long. I’d have a cone a day or something for a week and next minute, before I know it, I’m coning every day.

Smoking dope is used as an escape:

I used to escape and go to my Grandfather’s a lot out at the farm and just chilled out that way. Or then go over to my mate’s place and end up drinking and smoking yandi and whatever else.

Drug and alcohol abuse is combined with other personal issues:

More or less domestic violence now but other personal issues that we tried to sort out but couldn’t do it. He had a drug and alcohol problem but he’s gone to sort himself out to try and help himself.
5.20.1. Impact on children (of drugs and alcohol)

In some situations, drinking gets out of control. In the following example, the young mother describes how her drinking was so bad that her mother took her children away from her as a wake up call:

I drank 3 days per week until I was drunk. When I was drinking my mother used to tell me to stop but I would still look after my children even though I was drinking. They would say ‘Knock it off now’, but I would never listen. I did all the good things, I party, you know. Then all of a sudden my mother took my kids from me. She took the two girls and said to me, ‘Wake up girl otherwise you won’t get the kids back. I’ll keep them with me’. So I had to come to rehab.

5.21 Debt

Most of the women interviewed had debts because of personal loans, unpaid rental in the private market and debt to Queensland Housing. The debt was because of unpaid rental and/or property damage. The outstanding debts for many women were in the thousands:

I owe money (to Cherbourg Council). I would not have a clue about how much money I own them. I have been out of a house for a year and a half now.

The same woman indicated that she also had a debt to Queensland Housing.

Debt may be incurred because of ignorance. In this situation, a woman did not appear to understand how the system worked because she said that she moved out of the house without telling Queensland Housing:

I didn’t know that I had to ring up and tell them I was moving out and my arrears went up so that’s about $800 and something. I haven’t paid it back because I am not stable at present.

Women find repayment difficult when they reside in Aboriginal Hostels:

I am TICA-listed and have a debt to Queensland Housing of $1600. The repayment is very difficult living in this Aboriginal Hostel because it costs so much to live here.

Another long-stay resident at Aboriginal Hostels said:

My debt is $1200. I am a single mother trying to raise four kids. I’ve got to buy school uniforms, clothes, whatever and I am paying back the debt at $80 per fortnight.

Women are not aware of their rights and how the housing system works:

After two or three months after I was evicted from my house, I found out that they could not have removed me from the house unless they had a good reason. If I had known that I would have stayed there and paid the arrears.
Repayment of debt is essential for women to access permanent housing. They readily acknowledge this:

I have to pay the money back before I can get a house at Cherbourg or with Queensland Housing.

This same woman acknowledged that it was pointless going to the private market because ‘they ask about your housing background. And they check’.

Women find the debts overwhelming:

Yeah, I just can’t because my rent, even with a place like this is $160 a week. And that’s just a huge amount out of my pay and I’ve got fines that I pay. I’ve got nearly $2000 worth of fines.

But other women know that paying off the debts does come to an end:

I have to pay off the rest of this money and then I am able to apply for any house I like.

5.21.1. Inherited debts

Some of the women’s debts are in fact previous partners’ debts or caused by their partners’ violent behaviour. Women inherit these debts, which then prevent access to mainstream housing until they are paid off. Some examples of the women’s inherited debt are:

I lived in my house in Bundaberg. My ex came through, smashed up the whole place and everything, damages, we went to court over that, he was told he had to pay it. He didn’t pay it. I am now paying it off. I’m doing $80 a fortnight, then last week I went in and paid $140 on it so it gets me down. Because I can’t be housed, my blacklisting name’s there. And all I want to do is get a house.

They reckoned that although I had nothing to do with the tenancy agreement, that I still have to pay his rent arrears and we had to go after that rent arrears thing and when I got locked up that night they reckon that I had nothing to do with the house.

I left him five years ago. I had a house and it was in my name and he come. And I had a DVO on him. He came to my house and beat me and raped me. And just wrecked my house. And it was all in my name and now I’ve got to pay the bill. The bill was $1800 and I’ve got it down to, there’s only $380 owning.

Well because there was alcohol, drug abuse, the whole neighbourhood was pretty much involved in that kind of stuff. He did some illegal stuff, so it involved me in a way because I was his partner. And when we left the house got squatted in and the bill went up to nearly $2000 because of damage they did to the property. But because it’s in my name it’s my debt.
Just take into consideration that sometimes it’s not our fault, it’s someone else’s fault but we’re left with the bill, then we can’t get house and we’re the ones that have either got the kids and we’re trying to survive. And what, living in hostels and refuges? It ain’t fun. It, honestly, it sucks.

5.22 Safety and security

Even when women are accessing hostel accommodation, safety is an issue (33% report they didn’t feel safe). This is a description of one family’s response to safety issues. This woman is currently staying in a hostel and has been there for some time:

Sometimes we just stay home and lock ourselves in our tiny room, we’re in there from when they get in from school and then we go down to tea which is half an hour then we go back up there. We have weekends, breakfast at 8.00, back upstairs by 9.00, we go to the park and just try to keep to ourselves, basically we’re locked in the room for the whole weekend.

Women want good residential areas in which to bring up their children. This woman described a housing arrangement which she left because of safety issues:

I had a unit in a violent neighbourhood. A lot of violence and ambulance and police are coming late at night. The music was loud. It is apparent that these people are on drugs, especially yandi and speed.

The woman complains that they come up to her and ask her to buy the stuff.

The same woman also worries about her security when she leaves:

I went away. People sold my bin, my pegs, my rake, my hose so when I go away I can’t leave clothes on the line or my son’s toys outside.

This woman was adamant that she would not raise concerns about this situation with Queensland Housing. She was also fearful about the parks, saying that she wouldn’t take her son to the park because of needles and broken bottles.

Safety is a problem for Indigenous women who appear white but have been brought up in an Aboriginal culture. They see that they are not safe because they are attacked by both sides - black and white:

Oh they didn’t know, because a lot of them I’m related to in Toowoomba, but the ones I didn’t know, they give me a hard time because I take their black man. Then the white ones, I’d go home, you know. I copped it from both sides there. And Toowoomba is very racist, it is, I found it really difficult there.
Many women, even when housed in temporary accommodation, do not feel secure in their tenure. They worry about the amount of noise that the children make. When this is combined with living in a racist neighbourhood, they fear the worst:

You know, you’re halfway between each house. You’re frightened how much noise... who was saying, she was saying yesterday about the neighbours, well I’ve experienced that too, you’re frightened your kids are making too much noise in the yard because I’ve got an old people’s home, you know, units at the back of me. But they’re okay actually, but mind you I’ve heard them a few times, ‘Ah shut them kids up!’ They’re only kids, they’re in a small bloody yard, you shut up, you know?! Kids can’t have the fun and everything they used to be able to have, they can’t play in their yards, people complain about the noise, it makes you stress, because you’re frightened about what they’re hearing next door, and the kids are out in the yard arguing. It’s normal.

5.23 Demeanour – indicative of depression

During the qualitative interviews, most of the women were in tears as they described their circumstances. In Cherbourg, some asked for the tape to be turned off and information disclosed has not been reported. In Darwin the women refused to be taped at any time and often terminated the interview by simply walking away. Others indicated that the information that was being told to the researcher had not been disclosed to other people before, including professional helpers. The researcher is not a psychiatrist and is not able to diagnose depression, but these women had a range of behavioural characteristics associated with clinical depression. It is hardly surprising that women were teary, as most of their basic human needs - housing, security, nurturing, food and health - are compromised. There is little fulfilment in their lives. They referred to:

... being stuck, I am kinda stuck.

So I don’t know what is going to happen after, because I’m having this baby and it’s a bit nervy.

I’ve got no choice really, with my accommodation and I don’t want to end up back in a hostel.

It is too daunting trying to get a home.

They wanted to protect their children from their worries and stress:

So we’re living pretty much on the edge all the time. My boys don’t really know how I feel, because I’m trying to feel good about this pregnancy, instead of being stressed all the time, yeah. But it’s hard to keep it all together and when I talk about it, it upsets me. When I think about it, it’s only the last year, I’ve been through so many moves in my life, I’m just sick of it.
Especially in front of the boys I don’t want to cry in front of them because they get really worried about me, especially my older son, because he knew something was wrong when the CIB rung again. He’s so scared because I’m the only one he’s got. *(Crying)* And I don’t want him to think that I’m going to go away. Can you turn it off for a minute? *(referring to the tape recorder)*.

I left my three children with my Mum and Dad, and I went for six months and did huge drinking, smoking, trying to just get through life. And when I knew I was pregnant it all changed. I had to stop everything. Even when you get depressed and that here, I know now to say no, to find something else to substitute it, so let’s go for a walk or let’s go down the park and play. I just sort of do my own rehabilitation. To get myself, keep myself on that track of being a single mum. So that’s the way, I have to be.

Then I cried to her on the phone, saying you know, ‘We’re never going to reconcile. Can’t even have a fucking decent family and be happy with your own family, let alone reconcile with the rest of the bloody world and society.’ It kills me. Because I want peace and harmony for everybody and it’s not going to happen.

### 5.24 Researcher’s dilemma

In the researcher’s view, the qualitative results presented here are the tip of the iceberg, as much of the information can not be reported. The researcher was a social worker who worked with homeless people and with a range of women subject to domestic violence before she began her academic career. In this capacity, the researcher developed skills in asking sensitive personal questions. The two Indigenous research assistants in Darwin experienced similar problems, including knowing the women and their families – not to mention their history and circumstances – but they couldn’t report the data as it was not freely given by the women, who tended to paint a relatively rosy picture of themselves. The dilemma confronting the researcher was how far to go in asking penetrating personal questions, as asking even basic questions about the women’s life provoked tears and depression. It is easy to understand their responses if we ask ourselves what white person has one family member who has experienced all of the issues described in this qualitative section before they were in their early twenties, yet this is the ongoing reality of the women interviewed for this research.

A more extensive interview would have provided more extensive information but these women may have regretted their disclosure at a later time. In the researcher’s opinion and on the basis of conversations that were not recorded, the situation described in the results section is not nearly as bad as the actual reality.
These women have little access to support or counselling to assist with their personal issues, nor are they willing to access mainstream services, as evidenced in an earlier section of these results. Although the researcher could, and did provide some support, this was very limited and is clearly not a research role. The researcher wanted to stay in the research role and not move into counselling. Thus, she refrained from asking further, deeper questions, as to do so would have resulted in researcher-induced harm.

5.24 Summary

The women’s stories highlight their daily struggle to escape violence, alcohol and drug abuse, sexual abuse, and to find and sustain safe, good standard housing for themselves and their children. What they don’t say directly, but is evident in all their stories, is the state of constant fear in which they live twenty-four hours a day. Their references to drugs and alcohol are not only related to the problems within their families (either themselves or other family members have these problems), but state that from their experience, some emergency/temporary housing tends to be in unsafe environments, where they cannot let their children out to play for fear of them standing on discarded needles.

Most poignantly, the women’s stories indicate that they want a stable lifestyle away from itinerance and away from extended family, in a ‘house of my own’ where they have control over who stays and who doesn’t. This way they will not be living in overcrowded conditions or constantly face the prospect of eviction due to property damage or unpaid rent. Most of the women worried more about their children’s safety than their own, indicating they want to break the cycle of homelessness, poor education, drug and alcohol abuse and poverty so their children can live in safety, go to school regularly and have regular friends.
6 FINDINGS: INSIGHTS FROM INTERVIEWS WITH SERVICE PROVIDERS

6.1 Introduction

Service providers – staff in agencies working directly with Indigenous women in providing housing and other supports [as listed in Chapter 4] were interviewed in focus groups (after consultation) to gain an understanding of what they see as reasons for cycles of homelessness amongst Indigenous women and their children in Darwin and surrounding areas, and Brisbane. They also commented on the strategies they use to overcome identified problem areas, what they see as best practice and how policy affects service provision.

This section summarises the key issues arising from the service provider interviews. Transcript excerpts are used to provide insights into their experiences of working with homeless Indigenous women and their families. The service providers identified many of the same pathways into homelessness and barriers to sustaining tenancies as the Indigenous women, as well as additional issues such as the effects of the ‘Stolen Generation’, chroming, and lack of parenting and urban living skills. They have identified ‘a cycle of homelessness’, and what they see as structural, social and policy factors preventing women from maintaining tenancies. They also suggest changes to service delivery and policy supports to enable best practice to assist women to maintain tenancies.

The following transcript excerpts highlight some of the similarities and differences between the service providers’ views of the situation, and the Indigenous women’s views, and also show some of the frustrations service providers encounter in relation to policy and funding. A full discussion of the comparison between the women’s views, the service providers’ views and findings from the literature and policy reviews is presented in Chapter 7.

Key issues identified in this chapter are presented in the context of pathways into homelessness, barriers to sustaining tenancies, strategies to sustain tenancies (services), best practice and policy.

6.2 Definition of a ‘home’

The discussion of key concepts in Chapter 3 has elaborated the different perspectives or definitions of what is a ‘home’ and what it is to be ‘homeless’, as applied in this research. Despite some perceptions that Indigenous families do not want to live in ‘European style’ housing/homes, service providers indicated that from their dealings with Indigenous women:

... if you ask any, you know, any of the individuals, they certainly want their own place and that as well.
6.3 Pathways into homelessness

6.3.1. Nowhere to go

Again the words ‘nowhere to go’ were used, this time by the service providers. However, the providers spoke more in terms of pathways into a ‘cycle’ of homelessness. The following extract not only illustrates clearly the cycle of homelessness, but also expresses the provider’s frustration at not being able to break that cycle:

I can see long ago that they run away from domestic violence, so that they can become homeless. As I said, it is like a merry-go-round. We put them in shelters and then put them back on the path again to go back into mainstream accommodation and that, and then they get into the situation of alcohol, fighting and all that. So they go back around again and then back into the shelter, part of the homelessness as well.

One provider stated that some women returned to their own places, despite the risks, because they had nowhere else to go.

6.3.2. Leaving a sheltered, contained community for urban living

As identified in Chapter 2, many Indigenous women leave their ‘home’ communities to escape domestic/family violence. They arrive in urban centres with no urban living skills, no money, nowhere to go, no transport, few possessions and no family support system. Service providers identify this situation as a pathway into homelessness:

Like being on a mission, adjusting to outside, after growing up here. Like there wouldn’t be so much financial situation, their financial, finding it difficult in the finance side of it. Because they don’t have to catch a bus. They don’t have to catch a train to go to a medical centre, or to, you know to make appointments, everything is in walking distance.

Another provider also highlighted the struggle Indigenous women face when they find themselves in temporary accommodation without the support systems they are used to:

Leaving supportive Aboriginal communities for unsupportive urban centres. That is probably a bit daunting as well, especially if you are coming from communities and staff, and sort of, say if the hostels, left sort of fend for yourselves, whereas communities there is family all around you, support structures in place, you go to the hostels sort of set up they are sort of one room for you, it is a bit of a struggle.
One provider described the differences between ‘outside’ urban living rules and Indigenous community living rules as creating pathways to homelessness, because Indigenous people may have trouble adjusting and get evicted for not being acceptable tenants:

It is all about learning how to use transport, and then like, knowing that there are different rules living in a housing commission home to living in a house in the community. Like they can smash a house up here and sometimes council won’t come down hard on them. They can have parties, as many parties as they can. But if you are living outside there are different rules and they find it hard to adjust to them rules too, so...

6.3.3. Children having children

The issue of children having children, but lacking parenting skills to look after them was also identified as a pathway to a cycle of homelessness, as it leads to overcrowding:

You have got your own kids having children and that’s a battle in itself, because you have got, you’re the grandmas rearing the kids, therefore, no sort of parenting skills being looked at by the mums...

6.3.4. Chroming

Providers linked chroming to the above situation, saying that parents and children were now using this more than drugs and alcohol as ‘an escape’ from overcrowding, family violence and sexual abuse:

Chroming is now an issue for kids and adults.

[It’s] cheaper than grog.

Parents are doing this earlier

6.3.5. Sexual abuse

While few of the Indigenous women in the study made direct reference to sexual abuse, as it is a taboo topic in their culture, the service providers highlighted this as a major pathway to homelessness, as it is an intergenerational problem. One generalised that:

Sexual abuse is a whole problem within the Indigenous community.

Several providers talk about mothers ‘doing a runner with the kids’ to escape sexual abuse, not only of themselves but also of their children:
It may be sexual abuse, not just with mum, but with the kids also, and the mums are usually at a stage where ‘I can protect myself’, but when it gets to a stage of ‘this is happening to my children’ she will do a runner and take the kids with her to protect the kids.

The following excerpt expresses the mothers’ dilemma of choosing between loyalty to other members of the family, or leaving for the sake of her children’s safety:

Mums are starting to rather take their kids and then again you have got that loyalty issue with other members of the family or perpetrators and they will do a runner with the kids. Definitely sexual abuse has a lot to do with it.

The full sadness of the situation of homelessness brought about by sexual abuse is expressed in relation to young girls in the family basically becoming homeless and drug addicted because they cannot face going home where they will be sexually abused:

Young girls that don’t want to go home because of sexual abuse, and things like that as well and a lot of them are chroming and getting into drugs. It is their release.

Equally daunting is one provider’s statement that:

The perpetrators of that sexual abuse have usually been sexually abused themselves.

This emphasises the enormity of the problem, as it will continue until the cycle can be broken.

**Overcrowding and sexual abuse**

While not mentioning overcrowding on its own, service providers discussed it in relation to women and their children having to leave home to avoid domestic/family violence and sexual abuse, and in relation to overcrowded conditions in temporary accommodation, illustrating that leaving one housing option for another often did little to overcome the problem:

There was a family who came up from New South Wales, and she had about seven children, and then there was another family staying there and that is when we picked it up. The little boy came to kindy with blood on his underpants and she denied all of that and it took Families two days to come out to check this little fella. But that wasn’t just crowded, just leaving the children with anybody there. Another lady she had lots of little children and when I used to take them home of an afternoon to drop them off, there was always somebody different coming out.
6.3.6. Drug and alcohol abuse

Like the women, service providers identify drug and alcohol abuse as ‘a problem’, contributing to pathways to homelessness. Their comments infer that the introduction of alcohol into Aboriginal communities has created problems in the way Indigenous people interact (violence) with each other:

I spoke to my cousin, who is a male, but he talks about drugs and alcohol is a big problem even on the missions. They never had alcohol. If there was a situation they dealt with it. They all got together and dealt with it, and it was left as it is.

Another provider also mentions that traditional ways of dealing with problems no longer apply, either because alcohol has become the replacement, or because the community members seek solace in alcohol and drugs for the loss of their autonomy:

I guess one of the things is that one, traditionally aboriginal people didn’t have alcohol, and secondly, there were traditional ways of solving problems or righting wrong.

Together with drug and alcohol abuse:

...gambling and other addictions lead to eviction due to non-payment of rent/mortgage.

6.3.7. Debt

Service providers, like the women, identified debt as a pathway to homelessness. Providers discussed this more in relation to being a barrier to sustaining tenancies, as will be illustrated later in the section ‘Barriers to sustaining tenancies’. However, the extent of Indigenous women’s debt is expressed clearly in this excerpt from the provider interviews:

Many women seen at AICHS are both TICA listed and have a bill to Queensland Housing.

Three of the reasons women end up with so much debt, resulting in eviction or inability to access housing are:

When a partner leaves, poverty walks in the door, debt is often left with he woman, women are left with the responsibility, not the asset.

Women will get a home on their current income [but] costs for the family impact on their ability to maintain rental.

Women get into private rent at high levels and are unable to maintain that, resulting in debt and eviction.
6.3.8. Domestic/family violence

Domestic and family violence were identified as major reasons for Indigenous women and their children leaving ‘home’ in search of a safe place to live. The following example of family violence at Cherbourg illustrates vividly the prevalence of family violence as a pathway to cyclical homelessness, as women seek temporary shelter until they feel it is safe to return, then leave again after the next episode:

Yes, the sisters might be fighting. We have had that in Jundah where mother might take up for that daughter against the other daughter. So, sometimes there are some of the issues. The brothers fight, between brothers. We have had even had that where a mother and a sister come in there because they are scared of their son, because the son was really violent, you know. And you get some of those fellas who will stand over their mothers, eh in regard to chasing them out of their own home and they would rather just go into the shelter just to get away until they cool down, you know.

Unlike the women’s first-hand accounts of their experiences of domestic/family violence, the service providers identify not only that this violence is a pathway to homelessness, but also elaborate on what causes it. Relationship breakdowns were identified as one trigger for domestic violence, resulting in women having to move constantly for their safety and the safety of their children:

Relationship breakdown. The partner’s not happy with the situation and violence, you know, where they’ve hit them, and I guess threats from the partner.

There is a situation we have got at the moment where we are transferring one family to another house because a partner, an ex-partner that is threatening, you know, to kill a lady. What we can do there in that situation is to transfer if the house is available, transfer to another place for their own safety, and yes, it is all different types of situations, as I say, it’s mainly the violence thing, it’s domestic violence that you get with partners that are unhappy with splits who continue to threaten the ex-partner, and which is going on right now.

Financial stress and other stressors related to providing family needs are also identified as precipitators of domestic violence and pathways into homelessness:

Yes, they are stressing out because they can’t get money, may be to have some wardrobes, or to have some more brawls, they are stressed out over it and the arguments starts.

The following excerpt illustrates the reasons for indiscriminate domestic/family violence, where men vent their anger on their partners or families because they have had problems with ‘their women’ or other community members:
Well, in the situation where we are talking about like, where the fellow chased his mother and his sister, he would have had a blue with his woman, see? Sometimes they have a blue with their woman, sometimes they have a blue with other people in the community and they will just come and just start on anybody who come in their path.

**Property damage**

Property damage resulting from domestic/family violence can lead to eviction or unsuitable housing conditions, forcing women to leave without any possessions and nowhere else to go. One service provider explained how a woman wanted to save some of her possessions by leaving them at the shelter:

Because some of the men, women want to bring their TV and everything brought down to the shelter, because in his rage he wants to smash things, so you know, and he wants the TV and stereo, or something – leave it here.

**Impact of domestic/family violence on kids**

Service providers reinforced the women’s concerns about children missing out on education due to constant moving precipitated by domestic/family violence. They also identify the generational disruption to education, which creates a self-fulfilling cycle of poor education resulting in poor employment prospects, which in turn has been identified as a pathway to homelessness:

A lot of our young mothers come from up here, and they’re just kids themselves. It’s so sad. This is where we are breaking down in the mainstream when they are going to school. They haven’t had the schooling to help their own children, and they find it terribly hard. Our little Aboriginal children are behind the mainstream, and they need that, little 3-year-olds, need kindy five days. At least we know they are learning and being looked after.

**6.3.9. Family breakdown**

Two different situations were mentioned re family breakdown, but both were seen as pathways to homelessness. The first involved generational breakdown between older and younger members of the family, which may result in either group leaving:

Lack of discipline – break down in communication and higher expectations of youth regarding their rights which lead to family breakdown.

The second form of family breakdown involves parents bringing new adults into the family:

...where parents remarry or bring new partners into the relationship, causing disharmony within the family unit.
6.3.10. Discrimination against women and children

Service providers spoke about discrimination against women in domestic violence situations, and also in terms of who controls housing. The query kept arising: Why is it the women and children who have to leave their homes? Why not the men? Providers identified discrimination against women and children at Cherbourg:

When you look at it, they don’t take into consideration the whole issue of what a woman is going through, and their children, you know. It would be easier for a woman and children to stay in the house than the man himself stay. Maybe the man himself could go and move in with a family member because that is only taking up one space, and that’s his, but when you are throwing a woman and five kids out, and yet they are going to live with family, there are a lot of spaces that have to be made for them.

The following excerpt illustrates the issue of who has the right to be in a house, from the men’s point of view. It also makes the point that Indigenous women seem reluctant to go to the police to report domestic/family violence, and reinforces earlier concerns about children not having a stable home:

One of their little girls, little la sses that came there and she cleared out of the house because she had gone through this domestic violence. He was in the house and she had no rights being there. She was going into a caravan. I said, ‘Why don’t you go and get an order out on him?’ I said ‘You take them away from school, from their bedroom and everything’.

Seeking refuge in temporary housing can create overcrowding, with its inherent health and relationship problems. Discrimination that forces women and children into this situation can also create a pathway to homelessness, as once a woman leaves secure housing, she may never be given another chance:

I had a mother with six children, seven children, and she moved into Yumba hostel, into a one bedroom room, two bedrooms with all those children. And I said to her look you left your home. ‘I got you that home through Aboriginal Housing’, and she said, ‘Honor, I can’t afford to go and get another house again’ she said, ‘because I am paying two hundred and something a week here with me and all the children, that’s for food and everything covered’, and she said, ‘I can’t save any money to go and find another house’. See there’s little things like that that they just pack up and go instead of a lot of them just going to ring the police or anything like that, too.
6.3.11. Stolen Generation

The legacy of the Stolen Generation is that many women present to services with behaviours/characteristics that are not beneficial when trying to secure housing. Service providers have identified that women may present as ‘angry and confrontational’, ‘passive aggressive’, and having ‘low self-esteem’, ‘low literacy skills’ and ‘clinical depression’, although:

...they will not admit to this because they are proud people.

These women may also have ‘a history with the juvenile justice system’, ‘may be attending courts’ and may be ‘using drugs and alcohol’. Each of these issues individually has been identified as an indicator for homelessness, so when all of these issues are present together, there is a high probability of homelessness.

6.3.12. Support for women

Service providers, while acknowledging that lack of support can lead to homelessness, also identify that there is a lack of formal support for Indigenous women who are seeking temporary accommodation:

Until we teach the girls about Brisbane itself and the organisations that exist there and what the organisations are about. There’s not a lot, actually.

I put them onto white women that I know.

6.4 Barriers to sustaining tenancies

6.4.1. Nowhere to go

Service providers identified many of the same barriers as the women to sustaining tenancies with regard to issues around housing stock: lack of stock, suitability of stock, quality and maintenance of housing, accessing public housing, waiting lists, Queensland Housing, priority housing at Cherbourg and the private rental market.

Insufficient suitable housing stock

Service providers identified the main issues as a lack of funds to acquire more houses, and the lack of accommodation large enough to house families with a lot of children:

We need more money. I know that for the past year in this organisation, the need for houses because we have got a waiting list.

No, we haven’t the support for the amount of kids. Not even new, not even black housing.

No. We’ve got no five bedroom homes, nor anything bigger, or anything. It is just mainly three bedrooms or four bedrooms.

One provider highlighted the fact that there are not many families these days with a lot of children, and this in itself becomes a barrier to sustaining tenancy, as housing stocks are built to cater for average-size families:
You know, that there’s not a lot of people around, like families around with a lot of kids.

And when you mean a lot, you don’t mean 2.4, do you?

No, I mean about eight. My own cousin has got about 11, which is very unusual these days.

As mentioned in Chapter 2, determinants of overcrowding depend on the number of bedrooms, but providers highlight the point that a lack of adequate bathroom facilities rather than bedrooms can be a barrier to sustaining tenancy:

How many bathrooms do you have?

One. Yes, it’s a problem when it is not repaired I guess, when it needs maintenance, like a few outhouses.

**Difficulties maintaining housing stock**

Again, service providers identified the issue of insufficient money to properly maintain the public housing stock as a barrier to sustaining tenancies. Similar to the women, they talked about empty houses, but explained why they were empty – they needed maintenance but there was no money to carry out the necessary repairs. They also talked about the high rate of breakages and thus the need for higher levels of maintenance and funding:

I have seen Besser block homes and some of them are quite nice, when they are done up properly. You can hide the Besser blocks and things like that and Perspex windows yes, definitely for stopping breakages, you know because working here we have a high repairs and maintenance bill. Well, that one house that is sitting vacant at the moment, there are a couple of houses, one out at Woodridge which squatters are living in. I have done everything. I have put security screens up on the windows even the closed windows, so they can’t break it. But they still broke it. But because we can’t get funding we can’t do anything about it right now. And another house over here which was vacated over Christmas and there is a hole in the wall, and before the tenants moved in we had it painted, new vinyl put down in it, to make it look nice.

**Difficulties accessing public housing**

One service provider indicated that it is harder to get houses in Brisbane than elsewhere, and that unless a woman or service provider ‘knows the system’, they will have even more difficulty. Again the issue of non-paid rent acts as a barrier to accessing housing:
I’d say in Brisbane, they find it harder getting houses. I get mothers they come to me and they say, I am over at Jane Arnold or I am over at Yumba, and the first thing I know is that you were living over at Woodridge you had a house. They don’t pay their rent and I get into heaps of trouble. They have got to go down, or you have to go with them, and sign something at the bank, to have so much taken out of their pension.

Waiting lists

Service providers again flagged the need for ‘more money for more housing’, as waiting lists can be anywhere up to four years and there is very little turnover:

- Three years, four years. Accommodation is more the same. Some of our tenants have been in our houses over 20 years (and no turnover of houses).
- We do need more houses because we have got a long waiting list. But definitely more money for more housing. I would love to be able to build Besser block homes with Perspex windows.

Allocation of housing

Not being in emergency accommodation can be a barrier to gaining housing. One provider identified that putting women into shelters virtually ensured that they would be allocated housing more quickly than if they go on a waiting list.

A lot of them, by going into shelters in Brisbane, they have got a good chance of getting houses, that’s why we put them onto women’s shelters. In fact they can get them houses quicker than they do waiting.

This raises the question of what happens to those women and children who are not in shelters, but who need housing. Several of the women spoke about ‘just being put on a list’.

Queensland Housing

Service providers identified similar waiting lists for Queensland Housing, depending on the area sought. These comments are consistent with the women’s with regard to length of waiting time:

How long does it take to get a house?

- Two years. If they can get Woodridge and Inala, you can walk into a house straight away like that.

Into a Queensland House?

- They give them the option of buying their homes now, the Housing Commission. But Northside is very hard out where I live at Lawton. They have got about two to three years waiting list for those places.
Another barrier identified by service providers is the Indigenous women’s lack of confidence to speak and/or lack of knowledge about how to speak to housing providers, as illustrated by this example of the processes for putting women in phone contact with Queensland Housing:

Now when do the women themselves make the phone call to House, or do you do it on their behalf?

Yes, but I have them sitting there with me. They won’t do the first introduction.

The issue of phone skills is addressed in the section on ‘Strategies/services to address barriers to sustaining tenancies’.

The perception that Queensland Housing is racist in its dealings with Aboriginal people is also a barrier to accessing their services, as identified in these examples from service provider transcripts:

Queensland Housing are racist in the way they work with Aboriginal people.

I think racism plays a big part still. People don’t want to put Aboriginal people into houses.

**Priority housing at Cherbourg**

Service providers expressed their frustration with the use of emergency housing at Cherbourg. While there is housing available, the way it is used presents barriers to other families in genuine need:

I think with our own local council here they should look at that kind of form, because I reckon that if that somebody should be able to be brought to the top of the list in a genuine issue or, you know, like homeless, you know, in a crisis. Their emergency home is not used properly. Cherbourg Council has got an emergency home – they have three or four emergency homes, but the tenants seem to stay in there longer, now with who they have got employed there, the Housing Office, I reckon, part of their role, should be out there in the community. They haven’t even got a time limit on how long you are in the crisis home for, and here some tenants take over and refuse to move out. Some even swap homes there.

**Barriers in the private rental market- racism and cost**

Service providers and women identified racism and discrimination in the private rental market as two of the biggest barriers to obtaining housing:

A lot of our people out there they are finding it very hard in the mainstream by going into real estate and that, they are finding it very hard. As soon as they see they’re black, and they want the white straight away.
Certainly issues around the real estates and stuff is certainly an issue about racism, and you know. It has been a battle for the last few years and is going to be a battle until, you know, I don’t know, until things start to bloody change, you know, within the real estate sort of area, you know.

Service providers’ main aim is to ‘get a roof over their head’. However, they encounter racism when trying to find secure accommodation for some of their Indigenous clients:

Yes, we, I know, a lot of our people out on the ground, especially the DV type issues, the alcohol and drugs issues. Like our specialists are often having to sort of chase, like hostels and things like that, if there is problems around the housing type things, or accommodation type stuff, our hostels you know, as well.

Besides discrimination and racism, service providers identified cost as a major barrier, especially since ‘women are often not the main income earner or have nil income, leading to difficulties in renting accommodation’:

In the private homes, look at the bond they put up. You need at least nearly 2,000 to get yourself into these private homes. They want a bond, then they want two weeks in advance rent or four weeks in advance, and our people they are only on pension they haven’t got that money there.

**Cultural barrier - itinerance**

The importance of understanding Aboriginal culture is stressed by service providers, who present the scenario where the entire extended family comes to stay with whichever family member has a house. This presents a barrier to sustaining tenancy due to the likelihood that damage will ensue and the family could be evicted:

It is important to understand aboriginal culture. If one person gets a home, then all the relatives will come to stay. Department of Housing do not like this and want to charge a higher rent. All this means that people do not tell housing who is staying.

They also identify that:

Indigenous women particularly have a lower ‘power’ base and cannot prevent family members staying, causing overcrowding and damage to property often leading to eviction.

Also:

...women from lower economic groups have less authority to men in the same group which disempowers women to maintain their rights.
6.4.2. Lack of basic urban living skills

Service providers identified the lack of basic urban living skills as one of the main barriers to Indigenous women sustaining tenancies. Issues raised included:

- not knowing about cleaning and the importance of health and wellbeing
- not having access to, or knowing how to use a washing machine
- not having access to a refrigerator (and therefore they make adaptations to eating and shopping habits to adapt to this lack, for example they have a lot of tinned food because this keeps)
- not pegging clothes on the line because they do not have enough money to pay for them
- lack of parenting skills.

Most comments related to cleanliness (housework), the importance of good personal hygiene and learning to budget/manage money:

General cleanliness I think, I mean in the sense, of keeping the children, keeping the house clean, keeping the kids clean, you know how to budget the money.

Possibility the majority (would not know what Handy Andy or Ajax are) because I know for a fact, that a few wouldn’t probably have a clue because they haven’t been taught you know, how to keep a house, and how to budget their money.

Limited or no assistance with budgeting skills leading to debts, often the outcome is eviction rather than assistance with managing money.

Several providers also identified that these women do not have family to support them or teach them, which is a significant barrier to learning urban living skills to help them escape the cycle of temporary housing, poverty and homelessness:

I suppose, when you look at us younger growing up, we knew what it was like to sweep a floor, how to wash up. Not like the young ones. Not taught to be responsible and they’re not taught at that age.

A lot of them haven’t got families to support them or teach them.

Women are not taught housing skills, parenting by their own families. They are then caught in a cycle of poverty.

The emphasis on parenting skills is important in looking to the future, to try and help future generations maintain and sustain tenancies, thus escaping from the current cycle of homelessness:
They just get too dependent and you know by the time they are 25 they are still dependent, and 30 they are still dependent, and you have to get and start everyday type of thing, to try and get in and talk about a lot of the parenting skills, life skills type stuff.

One provider identified probably the most succinct barrier in relation to learning urban living skills – embarrassment:

I think that would be the only barrier; is the embarrassment of being told, or taught.

Services strategies to overcome this and the other issues identified here will be presented in the section titled ‘Strategies/services to address barriers to sustaining tenancies’.

6.4.3. Physical wellbeing

One service provider identified the fact that the women are hungry when they come to the agency. This presents a barrier as they will not be receptive to help while in this condition:

Women come to the centre and they are hungry.

6.4.4. Sexual abuse

The biggest barrier in overcoming this problem and helping Indigenous women and children sustain safe, secure tenancies is the taboo nature of the topic among the women. If women do not tell service providers the full story, it makes it very difficult to help them. For example, the case of the kindy boy who was sexually abused but whose mother denied it. This also creates barriers for the workers, who need to cover their own backs when working in such an environment:

Another lady she had lots of little children and when I used to take them home of an afternoon to drop them off, there was always somebody different coming out. Then I had to make a rule then I couldn’t, I wouldn’t leave the children unless she rang me and gave me permission, and I would make them sign for it and everything because we knew that he was being interfered with.

6.4.5. Debt

Shame as a barrier

Indigenous persons’ shame about debt (‘shame job’) is one of the main reasons service providers have difficulty securing housing for some of their clients, as the clients do not tell them about the debt/s. Many clients have debts to Queensland Housing, which act as a barrier to them receiving further housing. Service providers state that they need to take a forthright approach in assessing whether clients have debts in order to help them access housing:
We ask them straight up have they got a housing debt, because that is important. It is the only way you can help them, you know to get houses, to ask them about that housing debt.

Lack of communication between the client and Queensland Housing is also seen as a barrier, with the providers' perception that Indigenous clients:

...are still frightened sort of to go in and clear the air or something.

**Property damage as a barrier**

Service providers identify debt due to property damage as another barrier to securing housing for clients. Again, the Indigenous clients do not mention this:

The first thing they go through, they go through their file. Oh yes, you have been in the Housing Commission. You were in there; you owe such and such a rent. That's the first. Or you have smashed your house up and walked out and left the house like that. All that written down. They forget it is all on their record, and they don't tell you this because you go ahead and take them.

**Lack of information about help with debt/s**

In the interviews, service providers acknowledge that supports are available, but that few people know about these. One example they mentioned was the Queensland Housing supportive letter, which is sent to tenants who have fallen behind in rental payments. This letter offers the tenants support to help them manage their finances to enable them to sustain their tenancy. Lack of knowledge about such supports is thus a barrier to sustaining tenancy:

I guess whether they publicise it a bit, letting people know exactly about it. Not only the people out in the communities and stuff, the customer, you know, letting other networks know as well there is this option, then people can use it.

6.4.6. *Domestic/family violence*

The service providers identify that women at Cherbourg in domestic violence situations could take legal action, but the fact that this has never been done put up barriers to them maintaining a stable home.

**Legal redress**

Providers identify another barrier in that the Cherbourg Council does not want to get involved in domestic violence disputes, or in having the men removed instead of the women leaving:

The council doesn't move on that because they don't want to come into it. For you to in those times, to have a man taken out of the house, he would have to consent to having his name taken off the tenancy agreement.
He won't do it. But today, we have never done it. Under the Residential Tenancy Authority we can actually take him to court in the Small Claims Court in regard to have him removed and to have him charged under the Domestic Violence, but we have never gone down that track to do that.

**Indigenous women's response to the legal and welfare system**

The Indigenous women's mistrust of the legal system puts up another barrier between themselves and their ability to sustain tenancy. They live with the constant threat of repeated domestic violence, but are not willing to talk about this to non-Indigenous persons, especially not men:

> They probably, like, they don't want to be a part of that, because of that intimidation, and it was ingrained in a lot of them. They feel a lot easier talking to someone of their own culture, like an Indigenous person, rather than a non-Indigenous person.

**6.4.7. Discrimination**

Discrimination at all levels is identified as a huge barrier to Indigenous women sustaining tenancy. Some of the service providers' observations include discriminatory ‘body language’, ‘long waits for black people in many housing offices’ and women being asked, ‘Why can't you go and live with your sister?’ They also recount a ‘pack ’em in like sardines’ attitude to providing housing, and:

> Waiting in line, ‘Hey you woman go to the end of the line’.

**Inequities between men and women at Cherbourg**

The providers draw attention to the inequitable situation in Cherbourg, where discrimination against women and children puts up huge barriers to sustaining safe tenancies. Men who perpetrate domestic violence or sexual abuse stay in the houses, forcing the women and children to leave to seek somewhere safe to live:

> There are men around here living in five bedroom homes by themselves. The women move and the blokes stay in the house.

> Men believe they have the right to stay because the rent is deducted from their wages:

> Even if there are two names on the tenancy agreement, but because the deduction is being taken out of his wage, he thinks he has got all the say.

> Thus, women feel they have no choice but to leave.

**Inequities in Black Housing**

Service providers also draw attention to discrimination on the basis of income:

> Women find it more difficult to become home owners, becoming trapped in a rental cycle. Men are still seen as the traditional power broker and income earner.
The lot that run the Black Housing they are on a higher wage, both partners can be registered with them organisation, a higher wage. They're the ones who can afford to pay to live in a private house.

**Having to prove your Indigenous background**

Service providers are acutely aware of the barriers put in the path of Indigenous people applying for public housing. Special paperwork must be completed to prove Aboriginality, which is an insult for the clients:

Having to prove that you are black when you are black and look Aboriginal is insulting.

To make matters more difficult, there are several different forms for different agencies:

There's not one common Aboriginal consent form?

No, they've all got their own and you got to get it done at a different, at a meeting. It's a bit of a pain. Especially if you've got one, but they won't accept that because it's not on their form. Sometimes you've got to wait for a month for a meeting.

It's annoying especially when you know that you are Aboriginal.

And you still have got to show this documentation because it has to be through like a meeting to get signed.

A formal meeting of an Aboriginal organisation to say that you know, you are accepted as such in the community. But it needs to be there, I guess, because there is a lot of people that have tried to use those documents to get you know, away as Aboriginal, Torres Strait Islanders, but when you know that you are it is really annoying, you know, but I can understand why it is there, because people want to claim to be Aboriginal, because they think they are getting all these wonderful things.

The issue of ‘fair’ Aboriginais is also raised in relation to the ATSIC form, together with the importance of keeping an original of the form to avoid further hassles:

Yes, like take ATSIC form, like if you are applying for like house rental or something like that they have their own Aboriginal consent form that you need to fill out, get filled out, and take back there. I mean, I have had one done here for me and my kids, so that I will have that all the time and that is something like you know, my way of thinking, is that I will save the original and give the photocopy to, because this is an important document now to Aboriginal people. And a lot of Aboriginal people are getting fairer as well.
6.4.8. **Support**

Overall, service providers identified a lack of support for Indigenous people in general, and Indigenous women in particular, outside of that provided by their families. There seems to be an assumption that:

> They come down here and they have got their families, so obviously, they have support structures in place, that is certainly one issue.

The sporadic nature of support offered by services was also identified as a barrier to sustaining tenancy, as this focused only on short-term solutions, not long-term sustainable solutions:

> That's definitely right. There is no continual service. It's one of short, bang, and that is all the time I can spend with you. It is get them in, get them out, get them moving again.

> There are little services to get them into even emergency situation, and furthermore nothing much to sustain them, because it seems to be that there’s great influx of women.

6.4.9. **‘Not knowing’**

Providers identified lack of information as a key barrier to helping women sustain tenancies. If they do not receive and understand the information available about services, they cannot access these:

> Once you tell them all that they’re right, but you know I think it is more harder when they find out you know, after, when they are already in the trouble. Where really I suppose when any women leave they should have a lot of that information given to them regardless of the situation. Help them.

6.4.10. **Lack of resources**

Finally, service providers identified inadequate resources as a major issue that obviously frustrates them and acts as a barrier to helping women sustain tenancies:

> Organisations really sort of restricted in resources, you know, can’t go the extra yard for some of the people that are coming through the doors, which is often required as well.

> Agencies restricted in what they provide.

6.5 **Strategies/services to address barriers to sustaining tenancies**

Service providers made the following suggestions for service provision strategies to help Indigenous women and their families maintain tenancies. These are either already in practice, or have arisen from providers identifying what might be useful for resolving the issues discussed so far in this section. The Indigenous women did not make any suggestions or talk in terms of supporting the service providers’
suggestions – rather, they talked in their own words about their personal concepts of ‘home’ and their experiences of trying to find safe, secure housing for themselves and their children.

6.5.1. Nowhere to go

Public/private partnerships - positive discrimination

Providers suggest developing public/private partnerships in real estate so that Indigenous women can be given a fresh start in suitable housing:

Positive sort of stuff, like one of the Housing Trust at Worby has a really good relationship with real estate agents. He’s in there doing a lot of work, putting Indigenous people into the real estate, so there is that sort of story as well.

One provider suggested that a marketing campaign should be undertaken to make rental agencies:

more aware of the rising income and power level of women. ...they would not let me sign my lease until Rob signed as co-tenant. It took a very heated phone call and the threat of legal action to ‘allow’ me to sign it in my name only.

Another suggestion was to ‘empower women to be home owners through mortgage assistance schemes’.

6.5.2. Basic urban living skills training

Providers identified that women need to learn appropriate living skills if they are to maintain a tenancy. The most important issue in addressing the women’s need for these skills was identified as actually getting them to attend sessions. One provider suggested that the women would respond to another Indigenous woman demonstrating the skills in a friendly way to overcome the women’s embarrassment at having to be taught:

Maybe if there was some way to show us, like an Indigenous person, to show us, you know, like in a relaxed atmosphere, maybe with a little bit of laughter. Like, get a few people in, I don’t know. Just getting them there would be hard because of that embarrassment. It is not that they don’t want to.

Another provider identified ‘transport, childcare and follow-up (home visit)’ as major issues in getting women to attend programs.

Some of the strategies providers suggested for helping the women gain urban living and parenting skills were:

- Housework
  ... teach them to become mums themselves or young women, how to keep the house clean, and like, that sort of, you know.
- Provide lessons in personal hygiene
When kids come to puberty, many women ask about personal hygiene and access to sanitary pads. Workers find that women ask the older women about these sorts of issues.

- **Parenting**
  
  ...so you need, you know, you need to put in place some sort of structure, some sort of training structure, for you know, for young parents, around the parenting type stuff, you know.

- **Training in using the phone**
  
  They even ring up and say my hot water service is not working. Get on the phone and ring up.

One provider stated that:

...awareness of life skills should start in primary and high school, prevention rather than cure – empowerment.

Although no specific living programs are available currently:

AICHS will run support programs where some of these issues are discussed. Support is available. In the support program at AICHS, they teach the women to sew and also to make simple, cheap and nutritious food. They have a dietitian assisting women to make nutritious food.

Thus, this program helps the women and their families maintain their health through good nutrition.

Another suggestion is to **educate the women about their rights to renting**:

...rights and obligations, this could cover off on what their rights are and what their obligations are as well so people are aware of implications of overcrowding and property damage.

### 6.5.3. Proactive approach to debt management

Debt was shown to be a huge barrier to sustaining tenancies for many of the women in this study. This is because the women are ashamed to mention the debt and also feel discriminated against when they deal with public housing authorities. Also, their transcripts indicate that they have inherited much of the debt, so do not see it as fair that they should have to pay it. So it has built up until they are in real financial difficulty:

You know, one gets you know, probably five or six years ago, and have not even gone back and try to talk to them about repayments whatever.

The service providers therefore suggest the need for

... someone that can go in and talk on [the women’s] behalf, or you know, or negotiate, and work through the issue with public housing and stuff, is a real issue as well.
This may help the housing provider and the women come to some flexible arrangement for payment of the debt, and enable the women to become eligible for housing once again. The service providers in this study felt very strongly that they must do something to help:

You know it is easy to say that you have got a debt, and then you don’t see the customer for 10 years, but what has happened to the customer? What sort of impact does that have on the community and on the customer’s lives? Well they can’t go for public housing. Not just leave it at that, follow it up and see what other assistance we can provide to them, not just leave them out there and let them bloody wander.

Another suggestion is that:

In subsidised housing (govt) there should be a budget or money management program to empower people to make choices regarding payments.

6.5.4. Better supports for women and men

Supports for women

Getting information out

Suggestions to help get services out to women who may not know about them, and to gain their trust when they do come to agencies include:

Have a support day for women

Ensure women are not hungry during information sessions/programs

...feed the women before they undertake counselling otherwise it is an ineffective process.

Provide accommodation and services (e.g. legal) under one roof

Legal service for women as well attached to it. Organisation for women. Having legal advice, I guess as well as accommodation, all those types of the family, and, who do you call them refuge accommodation and, you know to be able to help them to be housed, and things like that.

Supports for men

Providers expressed the view that if supports were provided for men, especially in domestic violence situations, women would not have to leave the family home – men could leave instead and ‘cool off’:

‘Cooling-off’ supports alternative to lock-up for violent men

Rather than the women and children on the run, the men leave the home.
I think if they had a group or a place where they could go to cool off rather than go get locked up for that couple of hours, you know.

There was also a suggestion of getting young men together to form such a support group, thus giving them a sense of empowerment:

I think some of the young men around here need to pull their weight and form this group to support men.

6.6 Best practice

While the Indigenous women in this study did not identify any best practice ideas, the service providers identified the issues, dos and don’ts of what they believe is required for best practice in helping Indigenous women and their children sustain tenancies. In this context, the ‘dos’ and don’ts provide the recipe for what the providers suggest as best practice. The ingredients for suggested best practice, as identified by the service providers, are:

6.6.1. A wholistic approach to service delivery

A wholistic sort of approach to the wellbeing of a person. It is not just the house over the head, it is the food on the table, the education sort of issues, the health issues, so those sorts of things we need to focus on the wholistics of the stuff, and working through those. Not directly working with people.

6.6.2. ‘Grassroots’ approach – ask families what sort of housing they want

Let’s be user friendly and get out and mix with them.

Going to the community and people.

Going to places where Aboriginal people hang out.

We do the visits out.

We do the organisations.

We do the customer service centres, individuals, in their homes.

We open all the doors.

6.6.3. Be realistic about housing

Be realistic about housing, especially the structure and size of Aboriginal families (i.e. one parent and 4 to 5 kids, plus an extended family).

Don’t try and put 5 kids and one parent into a 3 bedroomed house with the toilet located in the bathroom!
6.6.4. **Internal education of white staff about Indigenous issues**

At least with customers coming through the door, you try to work through the issues with them as well, not just palm off as quickly as possible.

6.6.5. **Use personal advisors**

That sort of personal approach, talking through the issues and letting them know what you are on about and what you can provide.

So the personal advisors might be a person in Centrelink who has got a longstanding relationship with an Indigenous person?

6.6.6. **Best practice model**

- The best practice model would be developed by these women specifically.
- It would have a safe place for them ‘just to chill out with no time limit on that - how much time can you say that you need to get over, not just the outside, but the inside?’
- They ‘need a place for [their] children too, and a safe place’.
- They ‘need mentoring’.
- They need ‘support to get to that healing stage, and then step by step move on to what do you want to do with the rest of your life, because what you literally is doing is making a whole change’.

6.7 **Policy**

The service providers in this study indicate that:

...policy needs to start listening to what people are saying, what the women are saying, women, children, family.

State governments need to work with Indigenous groups on housing design.

[Policy needs to take into account] the rising income and power level of women.

Policies need to be put in place to ensure that:

Housing allocation is better managed to prevent ‘ghettos’.
6.7.1. Policy as healing

Policy needs to ‘work firstly to heal’, which means:

- going back...
  - looking at the situation, what has happened in the situation.
- About stuff that is very private, and is very hurtful.
- The thinking out there is still that it is the woman’s fault.

New policy needs to shift blame away from the women, and adopt a wholistic approach to help meet the longer-term needs of Indigenous women and their children, and also of service providers. As identified in this chapter, new policy will need to incorporate additional funding for provision of more housing that is appropriate to the women’s and children’s needs in the short-term, while it works toward the long-term goal of enabling Indigenous women and their children to live in safe, secure, stable housing that will in turn enable them to gain education and employment, thus helping them step off the merry-go-round of illiteracy, unemployment, poverty, domestic and family violence, drug and alcohol abuse, sexual abuse and homelessness.

6.8 Summary

The service provider interviews elaborate on the women’s stories, providing a provider view as to why women find themselves in the situation of iterative homelessness. They identify discrimination against women within their own Indigenous communities, as well as systemic discrimination and racism in the wider community as exacerbating their problems when seeking permanent, safe, good standard housing, and express their frustrations at not being able to help the women more within the system as it stands. Their ideas for best practice and policy changes reflect the necessity to include the women as ‘advisors’ to ensure policy and practice reflect the real needs of those they are set up to provide for.
7 QUESTIONNAIRE RESULTS

7.1 Women’s background

As stated in Section 4, 104 Indigenous women participated in this research. When asked how many times they had stayed in a shelter or hostel, nearly one-third (32%) responded that they had used this type of temporary accommodation at least five times. Most (63.7%) relied on welfare payments as their main source of income, while 13.7% were employed.

7.1.1. Demographic profile

Family history

The impact of colonisation has been a major contributing factor in the social disintegration and cultural disruption of Indigenous lifestyles, and hence is responsible for the feelings of loss, grief, identity confusion, a diminished sense of self-esteem, and alienation amongst Indigenous people (Dudgeon, Garvey & Pickett, 2000; Reser, 1991). The prevailing view is that the psychological stress implicated from the rapid socio-cultural change of colonisation has caused the high prevalence of psychological problems including alcohol abuse, depression, suicide, family instability, interpersonal violence and delinquency – factors associated with homelessness (Reser, 1991). In order to gain some insight into the family history of the women, and potential causes of distress and dysfunction, the women were asked to report any experience of removal from family or country. As N=100, only percentages are reported.

Table 7.1.1.1: Frequency of removal from family or country

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No/Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed from family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Mother</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Father</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>Removed from homelands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth parents</td>
<td>16%</td>
<td>82%</td>
</tr>
<tr>
<td>Self</td>
<td>3%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Social support

Social support refers to people who can be relied upon to provide physical and emotional support when required. A number of studies have identified social support as a significant factor in homelessness (e.g. Saade & Winkelman, 2002). More specifically, social support was found to be a key factor in helping disadvantaged women on low incomes to maintain long-term accommodation (Bassuk & Rosenberg, 1988), as it provides a stabilising influence in people’s lives. Table 7.1.1.2 summarises the level of social support the women could access.
Table 7.1.1.2: The level of social support the women (N=100) indicated they were able to access

<table>
<thead>
<tr>
<th>Number of people that can help</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Nobody</td>
<td>15.8</td>
</tr>
<tr>
<td>One person</td>
<td>20.8</td>
</tr>
<tr>
<td>Two people</td>
<td>29.7</td>
</tr>
<tr>
<td>3 or more people</td>
<td>28.7</td>
</tr>
<tr>
<td>5 or more people</td>
<td>5</td>
</tr>
</tbody>
</table>

Do you wish you had more social support

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60.6</td>
</tr>
<tr>
<td>No</td>
<td>36.4</td>
</tr>
</tbody>
</table>

The majority of women reported they had one or more persons for social support (84.2%) but were generally dissatisfied with the level of support – 75% of women reported being less than satisfied with the level of support while 60.6% believed they needed more support from family and friends.

7.1.2. Educational profile

The following tables provide a summary of the demographic data. The number of respondents varies due to missing data, as some women were not able or chose not to answer one or more of the questions.

Table 7.1.2a: Highest level of education

<table>
<thead>
<tr>
<th>Education level</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary School</td>
<td>10</td>
<td>9.9</td>
</tr>
<tr>
<td>Secondary School</td>
<td>72</td>
<td>71.3</td>
</tr>
<tr>
<td>Post secondary</td>
<td>15</td>
<td>14.9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Table 7.1.2b: Reason for leaving school

<table>
<thead>
<tr>
<th>Reason for leaving</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Own decision</td>
<td>92</td>
<td>90.2</td>
</tr>
<tr>
<td>Forced</td>
<td>5</td>
<td>4.9</td>
</tr>
</tbody>
</table>

The majority of women reported attending Secondary School (71.3%) and leaving school by choice (90.2%). Fifteen percent of women reported post-secondary education. While the data indicates a relatively high level of education, caution must be exercised when interpreting the data, as concomitant low levels of literacy were also observed, suggesting attendance at school does not necessarily equate to literacy and numeracy skills being acquired.
7.1.3. Homelessness profile

Previous research has linked factors associated with homelessness to the number of times women are homeless and the relative duration of their homelessness. Kuhn and Culhane (1998) refer to the *transitionally* homeless as those who experience homelessness on one or two occasions. The *episodic* homeless are people who have experienced multiple episodes of homelessness with increasingly shorter duration. Finally, the chronically homeless are people who experience several long periods of homelessness (Calysyn & Roades, 1994). Table 7.1.3a presents the frequencies of both duration and the number of times the women have experienced what they perceived and identified as homelessness.

**Table 7.1.3a: Homelessness demographics**

<table>
<thead>
<tr>
<th>Duration of Homelessness</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one month</td>
<td>12 (17.1%)</td>
</tr>
<tr>
<td>One to six months</td>
<td>15 (21.4%)</td>
</tr>
<tr>
<td>Six to twelve months</td>
<td>9 (12.9%)</td>
</tr>
<tr>
<td>More than one year</td>
<td>29 (41.4%)</td>
</tr>
<tr>
<td>Number of times in temporary accommodation</td>
<td>N (%)</td>
</tr>
<tr>
<td>1 time</td>
<td>11 (12.2%)</td>
</tr>
<tr>
<td>2-4 times</td>
<td>22 (24.4%)</td>
</tr>
<tr>
<td>5 times or more</td>
<td>30 (33.3%)</td>
</tr>
</tbody>
</table>

The majority of participants were homeless for more than six months (54.3%) and had experienced homelessness 2 or more times (57.7%). To explore the reasons for repeated homelessness, the women were asked if they were ever refused, or evicted from temporary accommodation. Thirty two percent had been evicted, while 27% were refused accommodation. The women reported refusal was predominantly due to lack of available space (22%).

As the majority of participants had stayed in temporary accommodation on more than one occasion and had dependent children living with them, it was considered important to identify factors the women considered were positive and negative in relation to their temporary accommodation.
Table 7.1.3b: What women like about temporary accommodation

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>Low cost</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Meals</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>Quiet/privacy/not overcrowded</td>
<td>15</td>
<td>30.0</td>
</tr>
<tr>
<td>Assistance</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>Shelter</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>With family members</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Safety and meals</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 7.1.3c: What women don't like about temporary accommodation

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost</td>
<td>10</td>
<td>21.3</td>
</tr>
<tr>
<td>Overcrowded/no privacy</td>
<td>12</td>
<td>25.5</td>
</tr>
<tr>
<td>Loneliness/ homesickness</td>
<td>12</td>
<td>25.5</td>
</tr>
<tr>
<td>Don't like food</td>
<td>4</td>
<td>8.5</td>
</tr>
<tr>
<td>Not enough water</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Accommodation is OK</td>
<td>4</td>
<td>8.5</td>
</tr>
<tr>
<td>Non specific response</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>Boring</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Not surprisingly, as evident from Table 7.1.3b, the women identified quiet/not overcrowded, safety and low cost as attractive features of temporary accommodation, which is consistent with the causes given for transience. Interestingly for some women, the opposite was the case. They identified high cost and overcrowding as features they did not like about temporary accommodation.

The women were asked if they were currently receiving help from anyone to find more permanent accommodation. Approximately two-thirds of the women reported no assistance.

Table 7.1.3d: Getting help to find permanent accommodation

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30</td>
<td>30.9</td>
</tr>
<tr>
<td>No</td>
<td>63</td>
<td>64.9</td>
</tr>
<tr>
<td>No reply</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 7.1.3e: The length of time women considered it would take to find permanent housing

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One to six months</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>Six months or more</td>
<td>9</td>
<td>16.1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>44</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Not surprisingly, given the majority of women were receiving no help in locating more permanent housing and the self-identified pattern of homelessness, the majority of women could not estimate if and when they would be able to move into a more permanent home.

As the study examined factors associated with transience for women in both Darwin and Brisbane, the self-reported medical, psycho-social and homelessness data were compared. In addition to identifying differences between the locations, this method of analysis allows a more general examination of the characteristics of the total sample and the perceived causes of homelessness.

Table 7.1.3f: Reasons given by women in Cherbourg and Darwin for seeking temporary accommodation

<table>
<thead>
<tr>
<th></th>
<th>Darwin</th>
<th>Brisbane</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family violence</td>
<td>20 (37%)</td>
<td>8 (25%)</td>
<td>28 (32%)</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>0 (0%)</td>
<td>2 (6%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Overcrowding</td>
<td>23 (42%)</td>
<td>13 (40%)</td>
<td>36 (41%)</td>
</tr>
<tr>
<td>No rent money</td>
<td>2 (3%)</td>
<td>7 (21%)</td>
<td>9 (10%)</td>
</tr>
<tr>
<td>To access services</td>
<td>19 (35%)</td>
<td>3 (9%)</td>
<td>22 (25%)</td>
</tr>
<tr>
<td>Cultural reasons</td>
<td>16 (29%)</td>
<td>7 (21%)</td>
<td>23 (26%)</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>30 (55%)</td>
<td>7 (21%)</td>
<td>37 (43%)</td>
</tr>
<tr>
<td>Hospital/jail</td>
<td>1 (1%)</td>
<td>2 (6%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>18 (33%)</td>
<td>8 (25%)</td>
<td>26 (30%)</td>
</tr>
<tr>
<td>Disability</td>
<td>4 (7%)</td>
<td>3 (9%)</td>
<td>7 (8%)</td>
</tr>
<tr>
<td>Argument with co-tenants</td>
<td>9 (16%)</td>
<td>10 (31%)</td>
<td>19 (22%)</td>
</tr>
<tr>
<td>Didn’t feel safe</td>
<td>20 (37%)</td>
<td>9 (28%)</td>
<td>29 (33%)</td>
</tr>
<tr>
<td>Poor conditions</td>
<td>16 (29%)</td>
<td>7 (21%)</td>
<td>23 (26%)</td>
</tr>
<tr>
<td>Lack of services</td>
<td>10 (18%)</td>
<td>7 (21%)</td>
<td>17 (19%)</td>
</tr>
<tr>
<td>Lack of furniture</td>
<td>8 (14%)</td>
<td>7 (21%)</td>
<td>15 (17%)</td>
</tr>
</tbody>
</table>

The two locations evidenced similar trends, with the exception of arguments with co-tenants and no rent money being more common causes of homelessness in Cherbourg whereas the need to access services and lifestyle were more commonly reported in the Darwin sample. Independent of location, the most common reasons given by the women for homelessness were lifestyle (43%) and overcrowding (41%), followed by family violence (32%) and drug and alcohol
(30%). It is likely the safety issues identified as reasons for unsustainable tenancy (family violence, sexual assault, don’t feel safe, argument with co-tenants, are a consequence of overcrowding.

As the majority of women reported several occasions of homelessness, they were asked if they could identify the reasons for their need to access temporary accommodation and any pattern to this occurrence. Of those that responded and could identify a precipitating factor, violence, substance abuse and high mobility were the most common causes. The contribution of these issues to the cycle of homelessness and unsustainable tenancy is depicted in Figure 8.1

Table 7.1.3g: Self-reported pattern of precipitating factors to homelessness

<table>
<thead>
<tr>
<th>Pattern</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>11</td>
<td>21.6%</td>
</tr>
<tr>
<td>Overcrowding</td>
<td>3</td>
<td>5.9%</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>6</td>
<td>11.8%</td>
</tr>
<tr>
<td>Hambuggling</td>
<td>2</td>
<td>3.9%</td>
</tr>
<tr>
<td>Violence/trouble</td>
<td>9</td>
<td>17.6%</td>
</tr>
<tr>
<td>Inability to communicate needs</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Department of housing waiting list</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Moving around</td>
<td>6</td>
<td>11.8%</td>
</tr>
<tr>
<td>Alcohol &amp; violence and &amp; moving around</td>
<td>5</td>
<td>9.8%</td>
</tr>
<tr>
<td>Alcohol &amp; violence</td>
<td>3</td>
<td>5.9%</td>
</tr>
<tr>
<td>Irrelevant response</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Medical reasons</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Money</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Forty of the six five women who self identified as having been homeless were able to identify a pattern to their cyclical homelessness while eleven women who had been homeless were not able to articulate a causal pattern. The remaining fourteen women were not able to identify a major contributing factor. To examine safety issues, in particular family violence, frequencies were calculated to identify its sources. Table 7.1.3h indicates that nearly two thirds of the women had been hit while their partner was drinking. Over half the women had been hit by their partner, while 22% had been hit by a relative or friend.
Table 7.1.3h: Sources of violence towards women

<table>
<thead>
<tr>
<th>When were you hit by husband/partner?</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit while pregnant</td>
<td>24</td>
<td>30.4%</td>
</tr>
<tr>
<td>Hit while he was drunk</td>
<td>53</td>
<td>65.4%</td>
</tr>
<tr>
<td>Hit while he was on drugs</td>
<td>25</td>
<td>31.3%</td>
</tr>
<tr>
<td>Partner jealous</td>
<td>47</td>
<td>58.0%</td>
</tr>
<tr>
<td>Who acts violent towards you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband/partner</td>
<td>51</td>
<td>53.1%</td>
</tr>
<tr>
<td>Birth children</td>
<td>9</td>
<td>9.9%</td>
</tr>
<tr>
<td>Relative/friend</td>
<td>20</td>
<td>22.4%</td>
</tr>
</tbody>
</table>

7.1.4. Factors contributing to transience

The results presented thus far indicate a consistent set of factors associated with transience. Without exception, the women who participated in this study reported multiple causes of homelessness and a general resignation to this lifestyle. A summary of the major contributing factors is presented below. As N=100, only the percentage is reported.

Table 7.1.4: The frequency of participants (N=100) who experienced factors considered contributory to transience

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>29.7%</td>
<td>70.3%</td>
</tr>
<tr>
<td>Emotional</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Drug problem</td>
<td>23%</td>
<td>72.5%</td>
</tr>
<tr>
<td>Alcohol problem</td>
<td>33%</td>
<td>65%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>64.6%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Help to find accommodation</td>
<td>30.9%</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

These findings are of concern, as these factors can be remedied with adequate services and appropriate educational programs. In relation to the present study’s aims, over two-thirds of the women reported that no-one is currently helping them obtain more permanent accommodation, that domestic violence is a causal factor in their homelessness and they report experiencing emotional problems. The category ‘emotional problems’ encompasses findings from measuring the women’s responses against psychological wellbeing scales (see Appendix 1).
7.2 Summary

One of the aims of analysing the chosen sample was to determine whether there were differences between the women in Darwin and Brisbane in the factors that initiate and sustain iterative homelessness. No differences were observed in any variables except psychological wellbeing, which can prevent/obstruct Indigenous women from establishing and maintaining permanent or semi-permanent housing. Women in Brisbane reported higher levels of dysfunction, more stress, lower self-esteem and a greater sense of hopelessness than those in Darwin.

Results of the questionnaire indicated that:

- Most women feel they need more social support
- Most women have been homeless for more than six months
- Most women have been in temporary accommodation more than twice
- Most women were not receiving any help to find permanent accommodation
- The women identified lifestyle, safety, family violence, and drug and alcohol as the most common reasons for seeking temporary accommodation
- The women identified violence/trouble, alcohol abuse and moving as the main precipitators of periods of homelessness
- A high percentage of women identified being hit by their husband/partner while he was drunk, and that their husband/partner or relatives/friends were the most frequent perpetrators of violence against them
- A high percentage of participants experienced emotional problems, and the majority also experienced domestic/family violence
- The majority of women indicated that they had attended secondary school, but their literacy skills did not match this level of education
- Data related to what the women either liked or disliked about temporary accommodation were contradictory, indicating that the women may not have understood the distinction between the two questions.

The researchers used this data, together with data from the service provider focus group interviews and interviews with the Indigenous women to identify factors that initiate and sustain iterative homelessness. All findings have been combined in an attempt to describe the cyclical process of losing and acquiring accommodation.
8 DISCUSSION

8.1 Introduction

Comparison of the findings from the literature and policy review, the Indigenous women’s survey responses and interviews, and service provider interviews indicates that future policy and best practice strategies need to be based on input from the providers and the women who struggle with the problems of iterative homelessness on a daily basis.

While the women gave first-hand accounts of individual experiences of individual incidents, and service providers gave their interpretations of the reasons behind the women’s experiences, both identified that what these women needed and wanted was ‘to have [their] own house’. Policy makers and housing providers need to heed both the women’s wishes for safe, secure, stable, good standard, affordable housing where they are in control, and the service providers’ insights into how women get into a cycle of iterative homelessness.

Researchers noted a sense of frustration in the service provider interviews, as providers expressed the dilemma of being able to see and understand the women’s problems but having to work with fragmented support systems that were clearly inadequate and often discriminatory or racist, thus creating structural barriers to sustainable tenancy. The service providers’ call for a wholistic support system, in which all services the women need would be available in one place or offered to women and children as outreach services, may stem some of the problems that have been identified as pathways to homelessness. This would reduce the heavy demand for crisis and temporary housing, thus making more housing available for long-term tenants.

Different undercurrents were observed in the women’s interviews. Some women seemed almost resigned to their way of life, perhaps because they had become accustomed to continually moving. This resignation may be identified as an individual barrier to sustainable tenancy, but it has its roots in structural (institutional) barriers created by both the Indigenous and mainstream cultures, such as gender bias in providing housing (issue identified by the women of men controlling housing in Cherbourg), and discrimination and racism in the mainstream housing market: ‘we are free to move around our country and live where we wish – provided the landlord says it’s okay to have blacks there’ (Huggins, 1998, p. 136).

Other women sounded angry that they had never really had a ‘home’, and many seemed depressed by their situation. This is in keeping with Keys Young’s (1998, p. 60) reference to ‘cultural depression’. Several had turned to alcohol and marijuana (‘yandi’) to kill their emotional and often physical pain (resulting from dispossession, separation and family/domestic violence). While mental health issues were not discussed as such, they were inferred through the women’s traumatic life experiences and their demeanour when recounting incidents (as observed by the researchers). Alcohol, drug and mental health issues may seem
to be individual barriers to sustainable tenancy, but they may be the result of structural barriers such as lack of appropriate support services (the women may not regard mainstream mental health services as culturally appropriate [Keys Young, 1998]), lack of sufficient, suitable housing stock (ATSIC, nd; Baillie & Runcie, 2001; Berry et al. 2001; Coleman, 2000; Donald et al., 2001; Durkey et al., 2003; Goldie 2002; Lucashenko, 2002; Manicaros et al., 1997; Robertson, 2000; Walker et al., 2002), and historical and ongoing discrimination and racism (Beresford, 2001; Berry et al., 2001; Huggins, 1998; Fitzgerald, 2002; Walker et al., 2002).

While the effects of domestic/family violence/abuse on these women (as evidenced in their questionnaire responses and interviews) may be seen as individual issues leading to the use of alcohol and drugs and constant moving, the literature has highlighted how colonisation has disempowered Indigenous men (Aboriginal and Torres Strait Islander Studies Unit, 2000) so that the only power they have is over the women and children, in the form of violence and abuse (as described by the women): ‘If you’re an Aboriginal women, nobody listens’ (DATSIP, 2000, p. 288). While the Aboriginal and Torres Strait Islander Studies Unit (2000) identified that women often will not disclose family violence because of ‘shame’, fear of the perpetrator, fear of ostracism for causing trouble, wishing to maintain the relationship and reluctance to go to the police because they do not want their partner jailed, it also identified that these seemingly individual reasons for remaining in a violent situation are exacerbated by lack of access to culturally appropriate services, which is a structural barrier to receiving help.

As noted in the SAAP III report (Dept. Family & Community Services 1999, p. VIII), in relation to housing disadvantage of Indigenous people, ‘causal factors do not operate in isolation; rather they reinforce and complement each other’. Analysis of the women’s and service providers’ data indicates that individual and structural barriers to Indigenous women sustaining tenancy have a similar connection – they reinforce and complement each other.

Only two Indigenous women used the term ‘homelessness’ during the interviews, whereas service providers used the term freely to describe women and children who, although they had temporary accommodation at the time, did not have any stable housing history. This difference in terminology may be due mainly to differences between the Indigenous women’s culture and the mainstream Australian governing culture, whose definitions and terminologies are used by the service providers. Differences between Indigenous women’s concepts of ‘home’ and those of the predominant culture, the women’s matter-of-fact descriptions of transience as part of their lifestyle and the non-Indigenous definition of homelessness in relation to overcrowding imposed on the women’s multi-family/extended family living situations led to differences between the women’s and service providers’ interpretations and use of the word ‘homeless’. Most of the women did not use this term, as this concept did not fit with their perception of their lifestyle. The women did not see themselves as ‘homeless’, but as constantly moving from one place to another as necessary, whereas service
providers identified and described this situation as a ‘cycle of homelessness’ (constantly moving from one house to the next, staying with friends or relatives, staying in emergency or temporary accommodation, and having periods of living outdoors or in cars when there was no housing available).

8.2 Common factors identified

8.2.1. Home

Women and service providers identified ‘home’ as ‘a house of [my] own’. Their experiences and descriptions of different states of homelessness were also similar, although women stressed the lack of cupboards and furniture as part of this, as they felt a house without these was not a home. While Berry et al. (2001) stated that cooking and sleeping outdoors may not be a symptom of homelessness, but in line with cultural norms, and Coleman (2000) reported that some women who sleep out want accommodation but others see accommodation as less important than maintaining area or community ties, none of the co-researchers (the Indigenous women) in this project indicated a wish to live outdoors. The women indicated that they wanted a roof over their heads in good standard accommodation where they and their children could feel safe.

8.2.2. Housing

Service providers and women identified substandard housing conditions as precipitating homelessness. Their description of housing that lacked basics such as hot water highlighted the problems encountered by the women and their children. This finding substantiates Donald et al’s (2001) statement that many remote communities have no access to hot water or flushing toilets. Conditions described by the providers and the women were well below the standards in the national principles for the design, construction and maintenance of Indigenous housing (Commonwealth of Australia, 1999, pp. 3-4). Both providers and women also identified lack of affordable, appropriate housing and long waiting lists as major factors affecting the women and children. These factors were identified by Lucashenko (2002) and Coleman (2000) as structural barriers affecting service delivery, and hence affecting women’s and children’s access to housing.

8.2.3. Overcrowding

Although neither group gave a lot of specific information in regard to overcrowding, both mentioned it and it was inferred in most of the women’s descriptions of their experiences. The women’s lack of talking about ‘overcrowding’ may have been due to them not recognising their situation in those terms, but rather talking about either having kin/family members staying with them, or themselves and their children staying with other family members/kin when they had nowhere else to go. Women spoke about having ‘too many people in the house’ rather than ‘overcrowding’.

8.2.4. Property damage

Service providers and women both mentioned property damage in relation to overcrowding and particularly in relation to debt.
8.2.5. Debt

Debt was identified as a major barrier to housing by both the women and the service providers. Inherited debt was highly problematic for the women. This was also identified as a contributing factor by the Tenants’ Advice Service (2001) and Memmott and Fantin (2001), who pointed out that a ‘prior debt to a housing authority may be an insurmountable barrier to obtaining future housing’, ‘tenants are not able to return to public housing until the debt has been repaid’, and ‘debts often accrue because of damage to the dwelling’ (Cooper & Morris, 2003, p. 19).

8.2.6. Domestic/family violence

Family violence was a major issue for all participants in this research. The women’s stories and service provider reasons for women’s and children’s homelessness identified this as the main reason why women took their children and left home. This was consistent with Lai’s (2001) research finding that 44% of SAAP clients gave domestic violence as a reason for seeking assistance. While service providers spoke about domestic/family violence explicitly in regard to its effects on children, this was implicit in the women’s stories. It is interesting to note that the Aboriginal and Torres Strait Islander Task Force on Violence (Aboriginal and Torres Strait Islander Studies Unit, 2000, p.26) identified that more women than men wanted to address the problem of family violence, which had been ‘institutionalised in [some] Indigenous communities across generations’.

8.2.7. Sexual abuse

Although only one woman named sexual abuse, it was inferred in many of the stories. Service providers identified that sexual abuse resulted from overcrowding and multi-generational co-habitation. This was similar to Lucashenko’s (2002) finding, linking sexual abuse to lack of safe, affordable housing, drunken parents and overcrowding.

8.2.8. Lack of support

Women relied on their friends and family for support as many were unaware of, or did not trust formal support services and systems. Durkay et al’s (2003) Perth study produced similar findings about lack of awareness of services, and Coleman (2000) identified that women may not use mainstream services because they may not be culturally appropriate.

Service providers openly stated the need for more and better support systems for these women and their children, as well as support services for men to try and reduce/prevent domestic violence.

Both the women and service providers mentioned lack of transport as a problem.
8.2.9. Drug and alcohol abuse

Women and service providers identified drug and alcohol abuse as a major factor in the women’s homelessness. It was seen as precipitating family violence, property damage and debt, and also eviction. One woman explained how she had lost her children because of her alcohol addiction. Both groups spoke about the impact of drug and alcohol abuse on children.

The Aboriginal and Torres Strait Islander Policy (2002) also identified alcohol dependence as a major issue in Indigenous homelessness.

8.2.10. Racism and discrimination

The women’s accounts of racism and discrimination were very similar to those of the service providers. The main issue seemed to relate to accessing housing, with public and community housing authorities as well as the private rental market discriminating against Indigenous women and children. These opinions echoed Berry et al. (2001) and Huggins (1998), and Gordon et al’s (2002, p. 195) argument that ‘Aboriginal people have difficulty obtaining housing in the private rental market because of poverty and discrimination’.

8.2.11. Safety and security

Both groups identified the need for safe, secure housing. However, with the women it was more a ‘wish’, whereas with the service providers it was a provision and policy issue.

The Aboriginal and Torres Strait Islander Studies Unit (2000) Taskforce on Violence noted a serious shortage of ‘safe houses’ for Indigenous women and children escaping domestic/family violence, while Gordon et al. (2002) identified the difficulty of re-housing women leaving domestic/family violence at a safe distance from the perpetrator.

8.2.12. Family breakdown

The women spoke about family breakdown, although not in those terms. Their stories inferred this from talking about partners just released from jail. Service providers stated this more clearly, describing how having new adults coming into a household can precipitate family violence and child homelessness.

In the literature, Paulson (1999) described family breakdown as resulting from overcrowding, with children leaving home to escape arguments, drinking and abuse.

8.2.13. Lack of household goods

Both identified lack of household goods as a problem, with women focusing on cupboards and furniture, and service providers focusing on utensils and products needed to maintain a clean house. Service providers explained why the women had nothing – they had either just come to an urban area from a remote area with nothing, or had left a domestic/family violence situation where their partner or other family members had damaged all of their possessions.
8.2.14. Health issues

Women and service providers identified the detriment to health of living in substandard housing. This is a different focus on health issues from that identified in the literature. Paulson (1999) raised the issues of the spread of communicable diseases through overcrowding, while Rothwell (2003) suggested that poor Indigenous health was a ‘metaphor for [their] relative poverty, changing lifestyles, disempowerment and sense of spiritual crisis’ (Cooper & Morris, 2003, p.18).

8.2.15. Priority housing

Both women and service providers questioned the use of priority housing. Although looking at this issue from different perspectives, both identified that it could be used more fairly and effectively. Priority housing was not discussed in the literature review.

8.3 Different factors identified

Service providers identified and described a broader range of issues than the women, probably due to their greater knowledge of the issues that cause homelessness (from working with the women), and their use of provider terminologies to describe these issues. The women, on the other hand, described their personal experiences from a personal perspective in their everyday language.

8.3.1. Recognition of homelessness

Generally, the women did not recognise their situation of having to keep moving from place to place as ‘homelessness’ and did not use this term, whereas service providers described them as ‘homeless’.

8.3.2. Dormitories at Cherbourg/Stolen Generation

While women recounted stories about children being separated from their parents at Cherbourg, service providers talked about the effects of the ‘Stolen Generation’. This highlights the different focus of the two groups – the women speaking about their personal experiences, the service providers talking from a wider view, as they try to provide services and supports for many Indigenous women and children.

Beresford (2001) also notes that problems that result in eviction have their origins in historical factors such as the forced removal of children and assimilation (Cooper & Morris, 2003, p.15).

8.3.3. Shame

The service providers identify shame as a barrier to women speaking to services and agencies about their debts, about seeking help and about participating in education programs. The Aboriginal and Torres Strait Islander Studies Unit (2000) Taskforce on Violence also identified this.
8.3.4. Children having children

Service providers identified ‘children having children’ as exacerbating problems of overcrowding and homelessness. This was neither openly expressed by the women nor discussed in the literature, although Ross and Mikalauska (1996) identified a large number of children per sole Indigenous parent compared to the number in the non-Indigenous population.

8.3.5. Chroming

Women did not mention chroming, whereas service providers identified this as reaching epidemic proportions among children and young parents. This was not mentioned in the literature.

8.3.6. Gambling

Women referred to alcohol and drug addictions as problematic, but did not mention gambling. Service providers recognised this as a factor in debt and eviction. Gambling was not mentioned in the literature.

8.3.7. Lack of urban living skills

Service providers emphasised this as a contributory factor to women being unable to gain or maintain tenancy. Keys Young (1998) also identified this as a barrier to sustaining tenancy, particularly when Indigenous people had been used to having their money organised for them (e.g. automatic deductions from their pension/benefit) and they were suddenly left to control their own budget without any experience or support.

8.3.8. Hunger

One service provider identified that women were hungry when they came to service providers. The women did not mention hunger, but perhaps they were too ashamed. While hunger was not mentioned per se in the literature, poverty was discussed in some detail. It is logical to assume that hunger goes hand in hand with poverty.

8.3.9. Not knowing

Service providers acknowledged the lack of information women receive or can access as a major barrier to them sustaining tenancies. They stress the point that if women do not have or understand the necessary information, they are unable to access services. This was borne out in the literature ( Aboriginal and Torres Strait Islander Policy Unit, 2002; Durkay et al., 2003; Fitzgerald, 2001).

8.3.10. Lack of resources

Service providers identified inadequate resources as a major issue that obviously frustrates them and acts as a barrier to helping women sustain tenancies. Inadequate resources were identified in the literature and policy review as structural barriers to effective service delivery (see p.14 this report).
8.3.11. Impact on children of constant moving/homelessness

Women emphasised separation, with children being farmed out to other family members, always living in overcrowded conditions and not being anywhere long enough to make friends or get an education. The women’s emphasis on their children getting a good education indicates their awareness that their children need this if they are to break out of the cycle of poverty and unstable housing conditions. Hunter (1996) identified that ‘education alone explains most of the difference in employment outcomes between Indigenous and non-Indigenous Australians’ (Cooper & Morris, 2003, p.13).

8.3.12. Strategies/services to address barriers to sustaining tenancies

Service providers identified strategies for service provision, best practice and policy revision, whereas women told their individual stories. Strategies are presented in Section 9.

8.4 Summary

The issues identified by the Indigenous women and service providers paint a graphic picture of what is happening ‘on the ground’ in relation to cycles of homelessness among Indigenous women and children. Many of the issues tend to feed into one another, with overcrowding, one of the least mentioned problems, being a product of, and catalyst for the other problems, thus creating a seemingly inescapable cycle of homelessness. As identified by Anderson (2003), chronic overcrowding can impact on families through:

- increased likelihood of violence among family members
- impact on children’s health – parents cannot keep children clean
- limits educational opportunities through lack of any quiet, secure place for children to do homework or for parents to support kids’ development in other ways.

In line with the service providers’ statements about lack of funding for housing provision, maintenance and services, Anderson (2003) identifies that ‘it would require an extra $2 billion to address the Indigenous overcrowding problem’.

What is clear from the women’s stories is that myths and stereotypes identified in the literature and policy review add to the barriers they must overcome in their struggle to attain and sustain safe, secure, stable, good standard housing for themselves and their children, away from family violence, in areas where they have easy access (no need for transport) to support services and schools. The women’s stories indicate that they are desperate to escape family violence and sexual abuse, which they identify as resulting from too many people living in the same space and too many people affected by alcohol and drugs. They do not find it ‘acceptable...for large numbers of family members to share accommodation’ (Berry et al. 2001, in Cooper & Morris, 2003, p.14). The women’s stories illustrate the disadvantage they experience in all facets of life, contrary to the widespread non-Indigenous myth that they are not disadvantaged (Australian Council of
Social Service, 2002). This myth exacerbates the discrimination and racism they encounter, particularly when trying to access mainstream housing services or private real estate agents. Discrimination in the housing market may also be exacerbated by the inference that all Indigenous people are bad tenants, yet Gordon, Hallahan, and Henry (2002, p. 195) identified that only a very small proportion of Aboriginal families could be described as ‘problematic tenants’.

Indigenous women find it highly intimidating to take legal action against perpetrators of violence when, apart from their expressed general distrust of formal services and their fear of what will happen to their partner/other family member who is the perpetrator, they are confronted with the myth that they are ‘unsophisticated, vengeful and morally corrupt in the courtroom’ (New South Wales Department of Women, 1996, p.2). While this remains the situation, family violence will continue to be one of the major pathways into homelessness for Indigenous women and their children.

The questionnaire results indicated that children witnessed an alarming rate of violence (physical and verbal) as well as substance abuse (drug and alcohol) (see Table A7). While not utilising the legal system to help them escape family violence, the women expressed a fierce determination to protect their children from violence and abuse, which was not possible in overcrowded housing situations. Durkay et al’s (2003, p.2) explanation that ‘living with family, no matter how crowded, is acceptable because it provides everyone with a place to sleep, call their own or gives a sense of belonging’ does not equate with the women’s descriptions of the distress such a situation creates for themselves and their children. Nor does it equate with their attempts to escape to a safe place that is not overcrowded and where they are in control:

My children have their own room, no one is allowed to sleep in their rooms, we’ve got extended family. I have family come down from up north. … But I have got my own rules, my girls have to go to their own environment, it’s their home. They don’t move out of their beds. I have a futon in the lounge room, that’s where [visitors] stay.

This quote infers the woman’s concerns about other family members sexually abusing her daughters, and highlights the women’s and children’s need for ‘structural’ privacy (separate living spaces).

If the cycle of Indigenous homelessness for women and their children is to be broken, service providers advocate supports not only for the women and children, but also for the men (e.g. suggested ‘cooling off’ rooms or groups, or young Indigenous men’s peer support groups) in an attempt to stem the alcohol and drug abuse, and resultant family violence, sexual abuse and property damage that the women identify as the main reasons for them ‘having nowhere to go’: they either leave to escape, or get evicted for property damage, which is usually ‘not our fault’.
The women’s and service providers’ interviews illustrate how no single problem can be treated in isolation from the others in seeking ways to help Indigenous women maintain tenancy. Thus, a wholistic view (whole of person, whole of government, cross-departmental, cross-jurisdictional and cross-service-provision) needs to be adopted in both policy and action, taking note of the historical context of Indigenous homelessness, disempowerment as a contributing factor in violence and drug and alcohol abuse, and in particular listening to the women who are trying to escape a ‘cycle of homelessness’ and establish a stable, safe life for themselves and their children.

Figure 8.1 (next page) illustrates the identified pathways to unsustainable tenancies for Indigenous women, thus identifying issues that need to be addressed to attempt to create pathways to sustainable tenancies for these women and their children.
Figure 8.1: Pathways to unsustainable tenancy for Indigenous women

Identification of antecedent factors and protective factors (e.g. family and domestic violence (32%), substance use (drug & alcohol) (30%), overcrowding (41%), no rent money (10%).

Emergency Accommodation
57% used temporary accommodation more than 2 times clients

Shelters & Short-term tenancy
60% reported by service providers as being homeless for 6 months or more

Identification of barriers (e.g. safety, debt, discrimination, wellbeing, life skills)

Service providers, Policy, Legislation

Sustainable tenancy
Factors, policy and services facilitating sustainable tenancy

Initial Residence

Nowhere else to go

Hostels and longer-term tenancy

Consequences of cyclical homelessness on women and children
Decreased: psychological wellbeing (80%); missed education opportunities for children; and socio-economic status (63.7% on welfare payments)

Increased: domestic and family violence (65% report violence; anti-social behaviour/incarceration; substance use/abuse (with 35% suffering substance abuse); and 22% of children physically fight
9 IMPLICATIONS FOR POLICY SUPPORTS AND SERVICE PROVISION

9.1 Introduction

This research has revealed that Indigenous women interviewed and their children are homeless or have recently sustained a period of homelessness. They are mobile, living in temporary accommodation, overcrowded conditions or substandard accommodation. In fact, many say they have nowhere to go and often have few possessions. They have not been able to sustain their tenancies and their future capacity to do so is questionable. Despite this state of affairs, Indigenous women generally do not want to live this way and prefer their own homes where they can be safe and secure with their children.

Indigenous women face multiple disadvantages, including poverty, unemployment, poor educational background, the consequences of colonisation and discrimination based on race, gender and economic status. It is not surprising that they have limited personal support systems, little or no access to formal support networks and negative past experiences with mainstream services that have failed to address their needs. These women acknowledged multiple problems, including domestic and family violence, mental health issues, alcohol and drug abuse, and housing difficulties. They attract the attention of the state child welfare authorities because of their highly mobile lifestyle. Some have had their children placed in foster care until more permanent accommodation is assured.

It is not surprising that these multiple problems pose challenges to policy and service providers. The needs of homeless Indigenous women and children cross many policy and service areas including housing, health, child protection, mental health, criminal justice, women's services and income security. A variety of non-government organisations that provide these services can be found in urban, rural and remote locations, and cross-state and commonwealth jurisdictions, operating within different state government departments. Our service systems are fragmented at best and are not able to respond to the complex needs of women with families.

These homeless women and their children are disconnected from community life due to their mobile lifestyle. Many are also detached from their Aboriginal families and communities. Children fail to attend school on a regular basis. Women do not use mainstream services, instead relying on word of mouth for accessing any services. Engaging with those services is generally for emergencies only, so contact is transitory.

9.2 Principles

Any approaches to service delivery should be based on acceptance of principles that acknowledge the right of Aboriginal people to have access to the same kinds of housing as other Australians - decent, safe and permanent. O'Brien et al (2002), in their study of people with mental illness, acknowledged the need for
continuity of housing facilities that includes crisis housing, emergency shelters, residential facilities for those who need treatment and short-term accommodation, temporary housing where transitions can be made to more permanent housing, and permanent housing where people are available to live independently.

Some Aboriginal service providers complained that when new services were planned, they were not consulted about whether this approach fitted with the needs of Indigenous people. Indigenous people have the right to fully participate in making decisions about what housing and support services are delivered to their people. This right is embodied in concepts of self-determination for Indigenous people and autonomy for individuals. If policy makers and service providers do otherwise, they are in danger of acting paternalistically and maintaining colonial attitudes.

Services and policies should take account of, and be responsive to the overall needs of Indigenous women and their families. Service providers spoke of the importance of wholistic services and policies. These ideas have been incorporated into the services outlined later in this section. In delivering services, the focus should be on the person (or family) and not on a specific problem, e.g. mental health or domestic violence. For example, child protection complaints should be seen in the context of other social issues such as domestic violence and drug and alcohol abuse. Health concerns should not be compartmentalised so that a woman has to go to one service to have her ears examined and another health service to have her eyes examined. This compartmentalisation means that women and children cannot access services because of distances, lack of transport, lack of disposable income and lack of child care.

Whilst this research found that many Indigenous women and children were resigned to their situation and circumstances, many have remarkable courage and strength. They have successfully asserted their rights and responded proactively to personal trauma. We recognise that all people have innate strengths and a capacity to respond positively to new challenges. This belief should be at the basis of working with Indigenous people.

9.3 Sustaining tenancies – prevention as a core strategy

The concept of prevention comes from the public health area and refers to forestalling disease by hindering the development of undesirable behaviours such as obesity or smoking. Whilst it has origins in health care, it is an important concept in working with homelessness.

The feasibility of prevention is based on an understanding of causation. If we know the cause then we are in a better position to devise preventive programs. In discussing social phenomena, it may not be possible to determine the aetiology but this should not prevent development of intervention strategies. The social, economic and historical context for homelessness is very complex, as illustrated by factors identified at the beginning of this report. Indigenous women's homelessness has many interlinking causes, therefore various preventive strategies are required.
The objective of primary prevention is to prevent something from starting, beginning with elimination of causes or strengthening people and the environment. Primary preventive interventions can occur at a range of levels to help Indigenous women sustain tenancies. In the case of women's and family homelessness, it may mean strengthening women's education from childhood to adulthood and ensuring literacy skills, ensuring that women obtain experience in the labour market and maintain employability, and improving the housing stock so that overcrowding is not necessary. These actions may help women and their families sustain tenancy, as lack of education, unemployment and shortage of appropriate housing stock have all been identified in this study and the literature review as factors precipitating homelessness. While the ideal is primary prevention, secondary and tertiary preventive strategies also need to be applied to the current situation of Indigenous women's homelessness to break the intergenerational cycles of poor education, unemployment, poverty and violence illustrated in this study to enable primary prevention in the long term.

The objective of secondary prevention is interruption of the severity of the phenomena to disrupt its course. In helping Indigenous women increase their chances of sustaining tenancies, useful secondary prevention strategies would be to identify what factors contribute to the risk of homelessness and how we can find and identify at risk women and children in the early stages, and put in place strategies to prevent exacerbation of their situation.

The final concept is that of tertiary prevention, where there are few cures or curtailment measures. In this study’s context, its aim is the provision of health, welfare and housing services that actively support homeless Indigenous women and their families to increase their ability to sustain tenancy.

9.3.1. Secondary preventive strategies for sustainable tenancy - finding homeless women and families

Prevention, especially at the secondary and tertiary level, is only feasible when practitioners can find and meet Aboriginal women and children who are homeless. One of the difficulties faced by the researchers, even with Indigenous consultants’ local knowledge and personal contacts, was finding women and children to recruit for this study. As the research indicates, they are highly mobile and not often in contact with formal welfare agencies. When women and their children are chronically homeless, they are very difficult to access.

There is no single agency with sole responsibility for assisting homeless women and children. Many services share the responsibility of assisting Indigenous women with housing and associated support services, but these women and children may be largely invisible across such a wide range of services, and the impact of their needs may be diluted. Given the irregular contact with these women, many agencies may not even be aware of the seriousness of this situation.

Before they become homeless, these women are in contact with formal services because of debts, requests for temporary accommodation, complaints
about domestic violence or family violence, investigations of their failure to care adequately for their children, substance abuse or offending. The range of formal services they access is very large and may include any of the following emergency services: St Vincent de Paul; Aboriginal Hostels; black housing organisations; state or territory housing authorities; hospitals and community health bodies; the education system or welfare organisations concerned with the care and protection of children. The question posed is, ‘What action do these agencies take to help the women gain and sustain tenancies to try and prevent their slide into homelessness?’

The research team debated whether there should be active monitoring of women who have difficult tenancies or who are living in various forms of temporary accommodation to try to help them sustain tenancy. This was seen as a very intrusive strategy and could only be done with Aboriginal people’s acceptance and involvement. Furthermore, it would need active involvement and coordination of many organisations, and has the potential to breach Commonwealth Privacy Principles if not handled sensitively or with the necessary protocols. (The issues of interagency coordination are discussed later). We are not proposing active monitoring but rather greater awareness of women and children at risk of homelessness, and provision of outreach services to find these women and children to implement prevention strategies with the aim of increasing their ability to sustain tenancy.

9.3.2. Increasing awareness of women and children at risk – case management

There is extensive knowledge amongst Aboriginal organisations, state government organisations and the non-government sector about who is at risk of homelessness but few mechanisms for actively using this information to engage women and prevent homelessness. For example, Cherbourg Council may have a list of women who want priority housing because of overcrowding and domestic violence, and Aboriginal Hostels have names of women and families who have accessed temporary accommodation. Whilst active monitoring may not be desirable, it may be necessary for these organisations to be alert to the plight of these women and to take steps to actively assist them if they present for help. Case management appears to be the best way to do this, as it would enable ongoing contact with the women and would be a useful best practice strategy when used in conjunction with other strategies identified by service providers as successful in helping these women. Case management may include provision of practical services, taking women to services and providing advice about where to go for help. In urban and city locations, outreach services could visit the places homeless women are known to attend.
9.3.3. Preparing a homelessness strategy - devising a system to help Indigenous women sustain tenancies

As part of the Homelessness Bill, the British Government requires that local authorities develop their own homelessness strategy. This entails local authorities creating a strategy based on consultation with other service providers, a needs assessment, an audit of services including assessment of resources, and a program for planning and implementing the strategy (Office of the Deputy Prime Minister, UK, 2002). Findings from this AHURI research project indicate that a homelessness strategy based on the UK model would be useful for the Indigenous women’s situation, as many women are living in overcrowded situations in Aboriginal communities within Aboriginal Council areas such as Cherbourg. Clearly places such as Aboriginal communities are not the size of local authorities in the UK, but exploring a modified version of the UK model is warranted. This strategy would incorporate provision of outreach services.

Outreach services

While it is ideal to prevent homelessness, the reality is that currently many Indigenous women and their children are homeless. When they become homeless, they are less likely to access formal health and welfare services, thus becoming ‘invisible’ and preventing service providers from finding them to help them. One way of connecting with women and families is provision of an outreach service. This means that workers go to places where women and children are likely to be found rather than waiting for women to come to them. This outreach may go to the parks, caravan parks, boarding houses, Aboriginal hostels and various other forms of temporary accommodation. This service should operate 24/7. If this is not possible it would be preferable to have after-hours service, especially during early morning, evening and weekend operating times. An outreach service could operate in conjunction with, or independent from information and advice services, or could be part of specialist services.

Women at risk

Any outreach services would aim to identify women who are homeless or have a tenancy at risk. Identifying people who are at risk of homelessness is at the level of secondary prevention and can be achieved as part of this research. Risk refers to the likelihood of an adverse event or outcome. It is a threat to the security and safety of individuals or groups, including families. In this research, antecedent risk factors have been identified in both the quantitative and qualitative research. The antecedent factors identified in the quantitative survey include family and domestic violence, substance abuse, overcrowding and poverty. Other writers have presented a broader range of issues that need consideration, including crisis points in people’s lives.

Risk factors contributing to homelessness among Indigenous women and children derived from the research are now identified. Other risk factors that need to be taken into account from the literature and qualitative interviews are also outlined.
9.3.4. Risk factors for homelessness

As identified in the literature and policy review, and analysis of data gathered from the service providers and Indigenous women in this study, the major risk factors for homelessness appear to be:

- Family violence
- Domestic violence
- Alcohol and drug abuse
- Overcrowding
- Poverty

9.3.5. Other risk factors for homelessness

Other risk factors for homelessness identified in the literature and policy review, and from analysis of the data gathered from service providers and Indigenous women include:

- History of unstable accommodation
- Anti-social behaviour (noise, drinking, mental illness)
- Mental illness
- Contact with the criminal justice system

9.3.6. Factors contributing to tenancy failure

In addition to these risk factors for homelessness, risk factors identified as contributing to a failure to sustain tenancy, thereby placing women at risk of homelessness, include:

- Debt (personal)
- Partner debt
- Racism in the private rental market and amongst mainstream service providers
- Discrimination based on race, gender and economic circumstances
- No formal supports
- Few informal supports
- Safety issues
- Few life skills
- Poor housing living skills
- Literacy skills
9.3.7. **Suggested measures to support sustaining tenancy**

**Information and advice services for Indigenous women**

Many women in this research received informal advice and information from Aunty Honor and Kim at Yelangi, and Aunty Gracie and Aunty Sandra at Jundah. These women used their contacts to assist homeless women, even though this is not some of these Elders’ employment responsibility.

The key purpose of an information and referral service is to engage Indigenous women to assist them to work on their complex health, social and housing issues. Women who are mobile are difficult to assist, as their lifestyle means they incur debt, move regularly and make minimal contact with a variety of services in different localities. Services must go beyond the provision of a brief meeting where information and a list of contacts and phone details are provided, as this perpetuates a typical response to itinerants. It is assumed that workers in such a service would take a case management approach, working actively with Indigenous women on a longer-term basis, assisting them to set goals and then setting about providing the necessary services and supports. A core feature is a detailed assessment of their health, welfare and housing situation, and a housing plan. An example of such an assessment plan has been provided by the Victorian Government, Department of Human Services (1996). Based on this, it may be appropriate to incorporate the outreach service discussed previously into the information and advice service.

An advice and information service could include the following range of health and welfare services (including specialist services such as drug and alcohol, mental health, domestic violence, women’s services, men’s services, children’s services), housing services (including bandaid/crisis/emergency services) and other services (on-the-spot services such as childcare, transport and training staff) based on findings from the literature and policy review, data from the service providers and Indigenous women in this research, and strategies modified from the British Homelessness Bill (Office of the Deputy Prime Minister, UK, 2002). Its main emphasis would be on collaboration between service providers to address the ‘whole’ person and ‘whole’ range of needs Indigenous women and their children may have.

**Health and welfare services**

- A specialist team providing an outreach service
- Regular contact with prisons, mental health services and emergency hospital departments
- Provision of advice on housing, health and welfare services
- Priority access to drug and alcohol services, domestic violence services, family violence services and mental health services
- Specialist staff with knowledge of social security benefits and a capacity to advocate for women and children
• Assisting women to access pre-schools, and primary and secondary schools for their children
• Working with mothers and the relevant state government department that is concerned with the protection of children
• Dispute resolution services including responding to disputes between family members and on request in temporary accommodation facilities.

_Housing services_

• Contact with previous housing agents or providers
• Access to temporary accommodation facilities
• Provision of information about tenancy rights in public housing, social housing and the private housing market, and if necessary advocating for women and families
• Assisting with evictions, including access to legal advice
• Dealing with rent arrears and debts to public, social and private housing
• Re-housing in public and private housing
• Mediation between tenants and housing providers
• Services to sustain tenancy (detailed later).

_Other services_

• Assisting women to respond to racism and discrimination
• Access to specialist legal advice, ensuring the representation of women at courts for minor offences or for assistance in responding to orders against children (child protection or guardianship of children)
• Transport services to visit specialist health, welfare, or housing services
• Child care
• Storage of belongings
• Advice regarding the care of animals, especially in rural and remote areas.

It is suggested that the three different types of services described above be co-located to enable access and reduce fragmentation. In addition, practitioners may need to adopt a service philosophy where keeping an open door is more important than insistence on specific treatment interventions. The treatment of such conditions as alcoholism/drug abuse may only be feasible when women are reintegrated into the community and are housed with their children.

_Training staff_

Working with women who are highly mobile presents enormous challenges for service providers. The capacity of specialist and Indigenous staff to work across
health, welfare, housing and legal domains suggests additional and specialist training to ensure workforce competence.

9.4 Specialist services

There is sufficient evidence from this research that Indigenous women experience a greater range of health, mental health and family violence problems than other populations. Whilst this research did not specifically examine primary health care services, it is assumed that these are already addressing Indigenous families’ health needs. There is a need for outreach specialist services (health and welfare), and ongoing care and treatment for women.

9.4.1 Drug and alcohol services

Substance abuse is a major problem and a factor contributing to, and perpetuating homelessness. Being homeless and having the responsibility and care of young children makes drug and alcohol services difficult to access. Also, some women may present with chronic drug and alcohol problems and while it may be simple to insist on a referral to a detoxification unit, such a referral may alienate the person from the service. As part of targeting women and men at risk, it is important that interagency protocols are developed to ensure that referrals are made. Drug and alcohol services need to be part of any outreach program to women and children in at-risk locations, and in temporary and semi-permanent accommodation. It is assumed that these specialist services would be in close contact with agencies that work closely with these families, and that there would be access to detoxification and rehabilitation programs planned specifically to work with women and children. This means inpatient facilities for women and their families. Specialist services would also need to be provided after women have been re-housed in permanent accommodation so that there is continuity of care and women can continue to sustain their accommodation.

9.4.2 Mental health services

Mental health and homelessness are linked closely (Keys Young, 1998; Reser, 1991; Robinson, 2003), as are mental health and domestic/family violence. The accumulation of life stresses and traumatic experiences may affect the individual's ability to initiate and maintain behaviours that will enable them to attain and sustain long-term housing. As part of this study, the survey sought to measure the women’s psychological wellbeing. Its findings that a high percentage of women experienced emotional problems, and the majority also experienced domestic/family violence indicate the need for non-mainstream mental health supports for these women, as they may not regard mainstream mental health services as culturally appropriate (Keys Young, 1998).

The women and service providers did not talk about mental health problems as such, but this may be because mental health is a taboo topic, similar to sexual abuse, and hence the women did not talk about it, instead inferring mental health issues through describing the trauma they have experienced, and also through their demeanour. Researchers observed signs of mental health problems in the
Indigenous co-researchers, particularly among those who spoke of separation, family violence and their slide into drug and alcohol abuse.

As identified in the literature review for the AHURI project ‘Housing People with Complex Needs’ (Cooper, Verity & Masters, 2004, p. vi), when women with mental health disorders are living in temporary accommodation, they frequently present with challenging behaviours such as aggression, anti-social behaviours, self-injurious actions, offending, impulsive behaviours and property damage, which lead to ‘non-maintenance of tenancy’. Sometimes these behaviours occur because women are not able to control their thoughts and emotions associated with their illness. On other occasions, housing providers do not understand how to work effectively with people who have these disturbances. These interactive patterns impact on women’s capacity to sustain accommodation or accept assistance.

It is important that mental health services focus on the person, not the illness. Women can easily be alienated from mental health services if the focus is only on monitoring medication, giving depot injections and compliance with drug treatment regimes. As O’Brien identifies (2002, in Cooper, Verity & Masters, 2004, p. 23), ‘support, medication and/or treatments that they trust, accept and find helpful’ are needed.

Mental health services might be expected to assist not only with treatment services but also with the social impact of mental illness in areas such as accommodation, family violence and domestic violence, and drug and alcohol abuse. If behavioural disorders are apparent, mental health services also need to work closely with housing providers to assist in understanding these behaviours and their management (Cooper, Verity & Masters, 2004). Therefore, mental health services also need to be part of any outreach program where practitioners can assess any mental health problems and provide appropriate treatments.

9.4.3. Family violence and domestic violence support services

Violence is one of the risk factors for homelessness in this research. Earlier, we have suggested that supports for Indigenous men such as ‘cooling off rooms or groups’ and peer support groups for younger men may be useful strategies in preventing or at least lessening family violence. Providing enough appropriate housing to prevent enforced overcrowding could also act as a preventative against family violence. However, the focus of this research is on the current situation of homeless Indigenous women and their children, and the supports they require now to help them back to sustainable tenancies. It is evident that when family violence occurs it is the woman and her children who leave a home, rather than the perpetrator/s. This means up to five or six people may be made homeless. When women and their children escape, they need access to a range of support services, including:

- Crisis accommodation and access to temporary accommodation
- Medical care if there has been physical or sexual violence
• Assistance with income support and personal counselling
• Legal and financial advice regarding housing and previous tenancy
• Access to support services to enable children to transit to new schools
• Mediation to prevent the escalation of family conflict.

9.4.4. Assistance for children

If women are homeless, so are their children. Children also have special needs because they have witnessed violent attacks on their mothers and others in the household. They have been exposed to substance abuse and in some situations encouraged by their relatives to smoke dope at a very early age. In overcrowded situations, there is a high likelihood of exposure to sexual abuse or rape from family or friends. There is contact with many infectious diseases that can impact on cognitive development and developmental milestones. Their schooling is compromised by inconsistent attendance, changes of schools and the ever-present racism. All these factors impinge on their emotional wellbeing, their relationships with peers and adults, and their capacity to form lasting relationships. Children need specialist services that take account of their health, educational, social and emotional needs. There is a need for Education Departments, in collaboration with health and welfare services, to monitor Indigenous children’s progress to ensure they receive the support required to meet cognitive, social and health development milestones. When considered together, this background reduces future life opportunities. Specialist education support services need to be incorporated into the overall outreach services to help break the cycle of poor education, unemployment, poverty, violence and homelessness.

9.4.5. Assistance for men

Women who are made homeless have partners and husbands. Whilst this research describes the plight of women and children, men are also subject to the same risk factors and have similar needs for services, including health, substance abuse, mental health services, and services that assist men to deal with their violence. Hence, specialist Indigenous men’s services need to be incorporated into any outreach service.

9.5 Intergovernmental work

Homeless Indigenous women and their children are likely to access a wide range of state government services. These include departments concerned with housing, education, health and children, especially their protection. These government departments are more likely to provide specialist services stipulating particular outcomes rather than comprehensive, wholistic services. Within these governmental agencies, it is not known if any attention is paid to the issue of Indigenous homelessness when allocating or funding services. Indeed, it is not known if government departments have any systems in place to establish women and children who are homeless at any particular time.
Obtaining services can be daunting for a confident consumer but challenging for people who feel alienated and/or impaired. Staff at Yelangi described the difficulty in accessing services for women and children who are homeless (living in temporary accommodation). They have children who present with a range of health, medical, educational and child protection issues, and dental work. Whilst parents are responsible for their children’s health and medical care, many mothers are not able to access these services because of cost, lack of confidence and lack of knowledge of travelling in Brisbane. Yelangi staff assists parents to access these services, as a failure to do so would impact negatively on educational outcomes. Yelangi is located in Indooroopilly, an inner Western suburb. Table 9.5 specifies the possible range of services required by children whose mother is homeless and indicates that there is very little co-location of health or welfare services for Indigenous people. Services are fragmented and dispersed all over Brisbane. Eligibility is difficult to understand. In accessing specialist health services, Yelangi finds that eligibility is determined sometimes by where a child lives, sometimes where a specialist service is located and sometimes by the particular medical condition. If accessing services is difficult for savvy agencies, it must be almost impossible for consumers operating in isolation. It is not surprising that services are not used.

This case example illustrates some of the issues for government and non-government agencies who want to actively put in place services to help homeless mothers and children. Table 9.5 reveals the fragmentation of health and welfare services for homeless Indigenous children. Homeless women and children do not have a car and rely on public transport to access services, a costly exercise for a woman if she has to travel from one side of town to another to receive even basic services. None of the services described above are outreach services. Therefore, this fragmentation implies the exclusion of Indigenous people from access to basic services, because if the consumers cannot go to the service, it is not provided at all.

Another issue of concern illustrated in Table 9.5 is the differential eligibility requirements, particularly for specialist medical assistance. Accessing some Indigenous services is complicated by the need to demonstrate Aboriginal identity before a service can be provided. This case illustration supports the position taken in Western Australia, where it was stated that:

It is evident that a number of government departments and practices contribute to minimising the demand from people in need of services and/or accommodation. This involves policies that focus on targeting specific groups, stricter eligibility criteria for services and practices that diminish waiting list demand through strategies such as not having systems in place to count those people that are known to be homeless. (*WA Govt., 2002, p.37*)
Another barrier to a wholistic approach is the silo approach to service delivery. Here the funding and service focus mean that government departments and non-government organisations operate in isolation from each other. The Commonwealth Privacy Act complicates this lack of service coordination. Practitioners are not able to contact other agencies without the client’s consent, and then they can only do so for a specified period of time.

**Table 9.5: Disbursement of services for Indigenous women in Brisbane**

<table>
<thead>
<tr>
<th>Health or welfare problem</th>
<th>Name and location of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Indigenous Health Service, Prince Charles Hospital, Wooloongabba</td>
</tr>
<tr>
<td>Dental service</td>
<td>Aboriginal and Islander Community Health Service, Wooloongabba</td>
</tr>
<tr>
<td>Sex abuse and rape</td>
<td>Brisbane Rape and Incest Centre, Wooloongabba</td>
</tr>
<tr>
<td>General health issues (rashes)</td>
<td>Local community health centre, Indooroopilly</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Not able to access this service</td>
</tr>
<tr>
<td>Counselling for abused children</td>
<td>Abused Children’s Trust, Albion</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>Not able to access this service</td>
</tr>
<tr>
<td>Housing</td>
<td>Queensland housing, Fortitude Valley</td>
</tr>
<tr>
<td></td>
<td>MICA, West End</td>
</tr>
<tr>
<td></td>
<td>Sherwood Neighbourhood House, Sherwood</td>
</tr>
<tr>
<td></td>
<td>Brisbane City Council (variety of locations)</td>
</tr>
<tr>
<td></td>
<td>Aboriginal Hostels, West End and Fortitude Valley</td>
</tr>
<tr>
<td>Death in family</td>
<td>First Contact, Mt Gravatt</td>
</tr>
<tr>
<td>Specialist health services (depends on the condition, specialty area and where the parent lives)</td>
<td>Royal Brisbane Hospital, Herston</td>
</tr>
<tr>
<td></td>
<td>Mater Hospital, Wooloongabba</td>
</tr>
<tr>
<td></td>
<td>Princess Alexandra, Wooloongabba</td>
</tr>
<tr>
<td>Emergency health services for children</td>
<td>Logan Hospital, Logan City</td>
</tr>
<tr>
<td>Clothing, furniture, white goods and transport</td>
<td>Local 24 hour service accepting Medicare rebate, Taringa</td>
</tr>
<tr>
<td></td>
<td>Link up, Woodridge</td>
</tr>
<tr>
<td></td>
<td>Social Justice Group, Indooroopilly</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Hospitals (Royal Children’s, Mater, Logan Hospital</td>
</tr>
<tr>
<td></td>
<td>Department of Child Safety</td>
</tr>
</tbody>
</table>

Despite these impediments, services to homeless people require joint approaches. These suggestions taken from a United Kingdom publication titled *Homeless Strategies: a good practice handbook* (p. 20) provides good examples.
9.5.1. **Mechanisms for joint work**

- Agreed principles of joint work, including the roles and responsibilities of all partner agencies
- Improving information between agencies about their work and staffing
- Joint training and visits between agencies
- Clarity about the role of interagency bodies, their membership, roles and responsibilities
- Organisational and not just individual commitment to any joint projects
- Clear and timetabled work plans by joint bodies which specify who will do what
- Explicit acknowledgement that agencies might be in competition for funds and agreeing how to deal with such occurrences
- Keeping the size of joint groups appropriate to their purposes
- Capacity building for voluntary agencies
- An agreed individual officer or agency who will facilitate and drive the process of joint work.

Joint work may be necessary in the area of housing assessments, dealing with ongoing family and domestic violence, mental health and assisting with the re-establishment of children in schooling and communities.

9.6 **Obtaining and sustaining tenancy: tenancy support**

It is apparent in this research that women and children have obtained public or community housing, then lost it because of those factors identified previously. As part of maintaining future housing, women will need support. The word support can be very confusing and subject to different interpretations. In the context of this research, there are several meanings. Firstly, support means assistance with practical tasks that can enable women to achieve goals. Secondly, support is enabling activities to occur so that the focus is more on the enabling process of how practitioners work with homeless women. In this enabling process, practitioners affirm and encourage. They stand by, and with women as they learn new ways of living and managing their lives. When we talk about housing support, social support and personal support, the two meanings of support just described are closely interwoven.

9.6.1. **Making the transition to a new house**

As this research demonstrates, women and children make the transition to a new tenancy with a history of severe social problems. The support required is practical but also a personal form of support that sustains, enables and affirms women to manage in these new arrangements. Assisting with ongoing personal, social and family matters is necessary.
9.6.2. Preparing for tenancy

Before women are provided with long-term housing, they may be living in temporary accommodation. Housing officers and outreach workers would make regular contact with these women to ensure they are safe, not experiencing any difficulties with rent or debt, and that they are maintaining their physical and mental health.

Many service providers commented that Indigenous women did not have the life skills to cope alone or the urban living skills to manage a household. ‘Life skills’ refers to such things as budgeting, cooking, accessing services, child care and parenting skills, and accessing community services, including using a telephone directory. Urban living skills are directed more to women coming from remote communities. Teaching material would include that previously discussed plus such things as maintaining a rental house, changing light bulbs, cleaning floors (especially if dogs are present in the house and women and children are sleeping on the floor in close location of animals), repairing fly screens, cleaning bathrooms and toilets, understanding how household cleaning products are to be used and making minor repairs. In searching for reasons why women did not have these skills, service providers said that some women had little or no experience of an urban housing environment, they were not taught by their parents and in many instances the women were very young parents themselves. Some had their first child in their early teens. Service providers in remote and rural communities made similar comments. Teaching life skills and urban living skills may be done formally as a TAFE certificate or more informally in small women’s groups (Aboriginal and Islander Community Health Services, Wooloongabba), but whatever approach is chosen, it needs to be done with respect and sensitivity. An alternative to teaching life skills may be to teach these skills in a trainee household with appropriately trained support staff.

9.6.3. Establishing the household

In this research, it was apparent that women had few personal and no household items. In urban areas such as Brisbane, women were able to access a variety of household items including refrigerators, washing machines, beds, linen, crockery and cutlery. In more remote communities, Indigenous women were not able to access these items. There was anecdotal evidence of women being provided with only the keys to the house, and not assisted to acquire the necessary furniture and white goods. In establishing a household, women may need assistance with any of the following:

- Notification to Centrelink re change of address
- Making arrangements for Centrepay to deduct money for rent
- Connection to gas, electricity, telephone and water
- Budget and financial advice
- Knowledge of rights and responsibilities of tenants
- Assistance to acquire furniture, white goods, household items (brooms, mops, detergent, cleaning agents), linen (towels, sheets, blankets), crockery, cutlery, pots and pans, and other furniture
- Assistance with removal from storage of any personal or household items
- Assistance with basic items such as milk, fruit, bread and meat
- Distribution of emergency food and clothing
- Other forms of practical assistance.

9.6.4. Ongoing personal and social support

Ongoing personal and social support will be necessary. Loneliness is a common concern when women move from an overcrowded household in a familiar Indigenous community to living in a house with their children in an unfamiliar neighbourhood. It is important that practitioners understand that women and children will need some help to integrate into their local community and school.

9.7 Housing

Many women were not able to access either mainstream housing or private sector housing because of debt and were thus forced to live in unstable, overcrowded situations. A shortage of permanent housing, temporary housing and crisis accommodation is a characteristic of this research. Some women preferred the mobile lifestyle but many wanted to have a house of their own. This was particularly evident in South East Queensland. More housing and a greater variety are needed.

9.7.1. Type of housing

There were many comments about the type and quality of permanent housing. Large families are disadvantaged and overcrowding was a major issue. In many homes, there were insufficient bedrooms and toilets, and concerns about the co-location of bathrooms and toilets. Consultation with Indigenous people, including women, about housing design and location is considered essential.

9.7.2. Shame

Women felt a sense of shame because of their debts. This shame may explain their reluctance to contact housing providers and to access services to which they are entitled. Whatever the reasons for embarrassment, these women feel the social stigma of debt and community attitudes about debt (’bludging off the system’). These attitudes result in women being effectively socially excluded. Social, community and public housing providers might consider reaching out to these people to remove barriers. Understanding the structural and service barriers experienced by Indigenous women is a first step in this process. This would be preferable to an approach that depends on the applicant presenting to housing offices.
9.7.3. Waiting lists

Whilst having debts to housing authorities, women perceived that there were long waiting lists for public housing. This made them despondent. Unfortunately, these women did not maintain close contact with housing providers, nor did housing providers make contact with them. These waiting lists may provide valuable information about the extent of Indigenous homelessness. Reviewing waiting lists and applicants’ circumstances, and making contact with applicants may be necessary. A similar approach might be necessary for women who have debts to public housing providers and who are not on waiting lists.

9.7.4. Temporary accommodation

Temporary accommodation refers to crisis accommodation and short-term accommodation whilst women are waiting for a permanent home. There were few comments about crisis accommodation, although women in Cherbourg did use the Women’s Shelter. Many women had difficulty accessing affordable short-term temporary accommodation. This was acute in Brisbane and Cherbourg, as discussed previously. Women in short-term temporary accommodation also had difficulty in then accessing public or private housing.

Some women and their children in this study were living with Aboriginal Hostels for long periods of time. The purpose of Aboriginal Hostels is to provide quality temporary accommodation, and they are not all designed to accommodate women and their children for long periods. Aboriginal Hostels are in a unique and trusted position to assist homeless women, and could provide advice, information and access to a wider range of services.

Additional short-term temporary accommodation may need to be provided in the Aboriginal communities to meet the needs of women and children running from family violence and living in overcrowded situations. Wherever possible, it is important for temporary accommodation to be available as close as possible to where people live. The only exception to this would be a situation where women are escaping violence and need to be located at a distance from the perpetrators for their own safety.

9.7.5. Increasing the stock of temporary housing

In major changes to housing provision in the UK, local authorities are exploring a range of ways to provide an increased stock of temporary housing. They are considering:

- Increased hostel accommodation
- Use of bed and breakfast accommodation
- Targeted provision for particular groups, and this includes homeless women with children
- Increasing the availability of social housing for homeless people
- Leasing homes from the private sector.
9.7.6. Accessing information about housing

Both principal researchers had difficulty in accessing housing providers using the white pages. The Brisbane researcher could not find Claire Homes and MICA using the white pages, the internet or written lists of welfare services held by an Indigenous organisation. Both these organisations provide housing support and access to housing. The research also identified women who were unable to use the white pages. Given this difficulty by both researcher and consumers, access to accommodation and support could be more visible.

9.8 Racism and discrimination

Indigenous women and organisations experienced racism and perceived discrimination based on their gender and economic status. This occurs in the private sector and in mainstream agencies. Clearly all individuals and organisations have legal obligations to avoid racism and discrimination, but additional training may be necessary. Black writers argue that white people are not aware of the extent to which our colonial past seeps into our institutions and practices. Racism exists in institutional spaces, in our language and the extent to which we marginalise those who are a different colour or illiterate.

9.9 Summary

The implications for policy and service provision supports addressed in this research indicate that policy makers and service providers need to take stock of the past history of Indigenous homelessness, going right back to the beginnings of colonisation when Aboriginals were removed and barred from their homelands, and removed from their families, to try and work together with Indigenous people to heal the past rifts and concentrate on a cooperative future. It is obvious from this research that policy and service provision needs to heed the women’s stories and work with them to design and implement policy and practice that best serves their needs. This appears to be the best strategy if Indigenous women are to attain a standard of housing and quality of life to which they have a human right – to live in safe, good standard, affordable housing, within easy reach of all services, and away from family violence, sexual abuse, drug and alcohol problems, and to have good education and employment to stem the current intergenerational poverty.
This study has identified the needs of Indigenous women and children in Cherbourg, Brisbane and Darwin in relation to factors affecting their ability to sustain tenancy. It has also identified service providers’ views on what is needed to break the cycle of homelessness among this marginalised population.

It is hoped these findings, in particular the identified implications for policy and service supports, will be considered by Governments and service agencies if they are truly concerned about stemming homelessness within both urban and remote Indigenous communities.

Finally, it is hoped that in future, Indigenous women and children will be helped to sustain safe, affordable, good standard, appropriate tenancy through policy in line with Recommendation 73 from the Reconciliation and Social Justice Library, *National report, Volume 2 – 18.3 Housing and cultural values*:

‘That the provision of housing and infrastructure to Aboriginal people in remote and discrete communities, including the design and location of houses, take account of their cultural perceptions of the use of living space, and that budgetary allocations include the provision of appropriate architectural and town planning advice to, and consultation with the serviced community’ (p. 2).

However, ‘consultation with the serviced community’ must ensure that all community members have a say, without fear of shame or victimisation of any kind, as this study has shown great differences between men’s and women’s attitudes and ‘rights’ within Indigenous communities. This was highlighted in the service providers’ statements regarding the situation of men owning the housing in Cherbourg and women having no place to go when they and/or their children are abused, and the women’s views on inequitable and unsuitable allocation of housing, and perceived corruption amongst those controlling housing and waiting lists in Cherbourg:

Provider: There are men around here living in five bedroom homes by themselves. The women move and the blokes stay in the house.

Thus, it is vitally important that the women are consulted away from the men, as if a general consultation process were implemented involving men and women together, the women may be too intimidated to talk (especially those who have suffered family violence and other abuse).

Children also need a voice in the consultation process, as the survey, the providers and the women’s stories have identified effects on them of overcrowding, family violence and constant moving, the harshest of which is children leaving home and becoming homeless themselves, thus perpetuating the cycle. As one woman identified:
... there are a lot of children out there in the community that have got no home, and no love.

Education was also a major issue raised by providers and the women. While women wanted their children to have an education, they had to keep moving and changing schools in their attempts to escape family violence:

Provider: This is where we are breaking down in the mainstream when they are going to school. They haven't had the schooling to help their own children, and they find it terribly hard.

Woman: He came out and started getting violent again and we had to move again and change my son's school again. So in all that time that I moved I was keeping my son in school near the place that I lived.

If the current situation is to be prevented in the future, children need access to a stable, safe environment in which they can attend the same school regularly (not constantly moving), meet developmental milestones, build a social network of friends and participate freely and actively in society outside of their families to break the cycle of homelessness identified in this study:

... awareness of life skills should start in primary and high school, prevention rather than cure – empowerment.

It is also imperative to identify whose 'cultural perceptions of the use of living space' are included in the word 'their', as 'their' implies homogeneity of culture among Aboriginal people. Again, gender distinctions need to be considered, as there seems to be a divide between Indigenous men's culture and Indigenous women’s culture. Our study has shown that most of the women do not want to either have to stay with relatives in overcrowded conditions, or want relatives staying with them when they have housing, as this leads to problems with alcohol abuse, and males perpetrating family violence, sexual abuse and damage to the women’s housing and possessions.

Distinctions also need to be made between the different ‘preferred’ lifestyle options among Indigenous people. Those who prefer to live outside should not be forced into suburban-type housing (e.g. The ‘Parkies’ and ‘Long Grassers’), while those who prefer European-style housing and an urban/suburban lifestyle, with access to education, health, housing, social security, employment and legal services need to be supported to sustain this. This will require more than just providing housing and support services for the women. There will also need to be support services for men, such as ‘cooling-off rooms’ to remove them from their families when violent, as if women were not subjected to family violence, they could stay in the homes they have, thus alleviating some of the pressure on the current inadequate supply of housing and support services.
APPENDIX 1: WELLBEING SCALES

Scales of wellbeing that were used in conjunction with the questionnaire were the Satisfaction with Life Scale, the General Health Questionnaire 12 (GHQ 12) Scale, Bachman and O’Malley Self-esteem Scale, and a modified Hopelessness Scale. Indigenous concepts of wellbeing differ from Western views, to the extent that it does not only entail personal wellbeing but refers to the social, emotional and cultural wellbeing of the whole community (Reser, 1991). The wellbeing of Indigenous Australians has also been described as a ‘qualitative index of the integrity and strength of the individual relationship with one’s natural spiritual and social world’ (Reser, 1991, p.222). Hence, in attempting to understand the impact of transient homelessness on Indigenous Australians, one must consider that the women’s personal wellbeing is compromised as a result of being transient, as well as the respective impact of leaving her own community and also how she may perceive the community’s reaction to her situation (Keys Young, 1998).

Scales - rationale

One of the aims of the current study was to explore the impact of homelessness on the psychological and emotional wellbeing of Indigenous women, as the accumulation of life stresses and traumatic experiences may affect the individual's ability to initiate and maintain behaviours that will enable them to attain and sustain long-term housing. As such, psychological wellbeing may be instrumental in promoting the cyclical nature of homelessness. It is within the concerns of this study to determine which psycho-social factors are associated most commonly with transient homelessness, and subsequently impact on the wellbeing of Indigenous women. Four general dimensions have been selected to measure global self-evaluations – level of hopelessness or attitudes about the future; self-esteem which may be influenced by social relationships as well as personal success in the areas that are important to the individual; life satisfaction, which involves the degree of contentment with current circumstances and includes evaluations of past life experiences; and the General Health Questionnaire, which is designed to assess minor psychological disturbances.

Hopelessness Scale

The Hopelessness scale was designed to measure the degree of negative expectancies of individuals. The scale consists of 20 pessimistic statements towards the future. Participants respond to these statements as either ‘true’ or ‘false’. The alpha co-efficient for internal consistency has been reported as .93. Item-total correlation ranges from .39-.76. For the purposes of the study, the Hopelessness Scale was adapted to only 5 questions and scoring was changed to a 4-point Likert scale, ranging from Always to Never. Questions were omitted due to the complexity of the language provided in the statements, as well as relevance to Indigenous people. The questions employed in this scale were:
1. Do you look forward to the future with hope and enthusiasm?
2. When things are bad, does knowing that they can’t stay that way forever help you?
3. When you look ahead to the future, do you expect to be happier than you are now?
4. Does the future seem uncertain to you?
5. Are you afraid of the future?

*Bachman O’Malley Self-esteem Scale*

The Bachman O’Malley Self-esteem Scale (1977) has been adapted from the Rosenberg Self-esteem Scale. It was originally developed to measure global feelings of self-acceptance and self-worth. It consists of 10 statements: 6 positive and 4 negative. Respondents rate statements on a 4-point true or false Likert scale, according to how they believe the statements reflect their true self. Responses range from 1 (almost always) to 4 (never true). Statements on the Bachman O’Malley Scale were adapted for participants in this study. Indigenous people may experience difficulty responding to statement-type questions as opposed to questions that are phrased specifically for them, therefore the statements were personalised for participants. The beginning of each statement was changed to ‘Do you feel that you…?’ A high reliability has been reported for this scale, with an alpha coefficient of .91 (Tiggemann & Crowley, 1993). The items in this scale were:

1. Do you feel that you are a person of worth?
2. Do you feel that you have a number of good qualities?
3. Are you able to do things as well as most other people?
4. Do you feel as if you don’t have much to be proud of?
5. Do you have a positive attitude towards yourself?
6. Do you think that you are no good at all?
7. Do you think that you are a useful person to have around?
8. Do you feel as if you can’t do anything right?
9. When you do something, do you do it well?
10. Do you feel that your life is not very useful?

*The GHQ12 (also referred to as General Health)*

The GHQ was originally developed by Goldberg (1972, cited in Banks et al., 1980). It consists of 60 items. This instrument has been researched extensively and is recognised as one the most practical and reliable ways of detecting minor psychological disturbances in a range of populations. The current modified version (GHQ 12) has 12 items and a 4-point Likert scale ranging from 0 (Better than usual) to 3 (Much less than usual). The GHQ12 was employed in the current
study, as previous research has consistently identified poor mental health as an underlying factor associated with homelessness. Banks and colleagues (1980) have found the shortened GHQ12 to be useful and reliable for participants who prefer not to fill out long questionnaires. They conducted three studies with three different population samples (employees in an engineering plant, recent school-leavers and unemployed men) to examine the instrument's psychometric properties. The instrument was shown to be psychometrically sound across the three groups, with Cronbach alphas ranging from 0.82 to 0.90. Factor analysis studies have evidenced two or three factors relating to depression, anxiety, mixed depression and anxiety, and a factor identified as 'social functioning'. Items in the GHQ include:

Have you recently

- Been able to concentrate on whatever you’re doing?
- Lost much sleep over worry?
- Felt that you are playing a useful part in things?
- Felt capable of making decisions about things?
- Felt constantly under strain?
- Felt that you couldn’t overcome your difficulties?
- Been able to enjoy your normal day-to-day activities?

The Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS) was developed by Diener and colleagues (1985, cited in Evans, 2002). Once again, this instrument was selected as it is relatively short and has been proven a reliable measure of global satisfaction. It consists of 5 questions that are rated on a 7-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). The initial validity testing on undergraduates showed a reliability coefficient of .87. A recent study on a sample of elderly African Americans produced a Cronbach alpha of .72 (Utsey, Payne, Jackson & Jones, 2002), indicating the scale is suitable for cross-cultural applications. The five items included in the scale were:

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

Validity is critical to any study and few scales actually have external validity. This scale’s validity shows it is culture fair.
Perceived Stress Scale

The Indigenous researcher involved in the study developed the Perceived Stress Scale, which was composed of two questions: ‘Do you feel that you have many worries?’ and ‘Do you feel that too many demands are being made of you?’ These questions arose from concerns that Indigenous women face a number of recurrent stressors in their environment that may cause them to be transient.

Results

Data analysis

Participants’ questionnaires were collated, then coded and entered into SPSS (Version 11.5). The data were screened for errors, and to ensure that all means and standard deviations were plausible. The reverse coding of negatively worded questions on the Self-esteem, General Wellbeing and Hopelessness scales was conducted prior to calculating total scores for each wellbeing scale.

As suggested by Tabachnick and Fidell (2001), missing data were analysed for any missing non-random patterns. No patterns could be identified and missing values were considered random. Visual inspection of histograms revealed that skew and kurtosis levels for each of the distributions were within the limits of normal distribution.

A Comparison of Sample Populations

One of the aims of the present sample was to determine if there were differences between the women in Darwin and Brisbane in the factors that initiate and sustain iterative homelessness. No differences were observed on any variables, with the exception of psychological wellbeing. Although the women did not differ on the reason for, number of instances or duration of homelessness, or on the frequency of violence or level of support, the consequences of this lifestyle vary between the two groups of women. While equally satisfied with their life, women in Brisbane reported higher levels of dysfunction, more stress, lower self-esteem and a greater sense of hopelessness than their counterparts in Darwin. While only speculative, this may be a result of the greater capacity of Darwin women to access their traditional lands, culture and family than women in Brisbane. Independent of the cause, the impact of homelessness for the women in Brisbane is manifested in a greater level of psychological dysfunction than was evident in the Darwin women.
### Table A1: The results of the comparison of psychological wellbeing between women in Darwin and Brisbane

<table>
<thead>
<tr>
<th>Where</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin</td>
<td>58</td>
<td>20.68</td>
<td>1.64</td>
<td>.10</td>
</tr>
<tr>
<td>Brisbane</td>
<td>32</td>
<td>18.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin</td>
<td>62</td>
<td>4.99</td>
<td>4.35</td>
<td>.00</td>
</tr>
<tr>
<td>Brisbane</td>
<td>33</td>
<td>6.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin</td>
<td>57</td>
<td>32.70</td>
<td>4.81</td>
<td>.00</td>
</tr>
<tr>
<td>Brisbane</td>
<td>33</td>
<td>28.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hopelessness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin</td>
<td>58</td>
<td>8.87</td>
<td>9.85</td>
<td>.00</td>
</tr>
<tr>
<td>Brisbane</td>
<td>34</td>
<td>14.325</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin</td>
<td>50</td>
<td>55.400</td>
<td>8.61</td>
<td>.00</td>
</tr>
<tr>
<td>Brisbane</td>
<td>27</td>
<td>68.18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reliability and Inter-correlations

It was also important during the data analysis stage to determine the reliability of the respective self-report wellbeing scales in relation to the Indigenous women’s responses, as the scales had been modified to make them culturally relevant.

Table 2 shows that the Cronbach alphas for the respective wellbeing scales were above .7, indicating strong reliability measures for each scale, in turn indicating accurate assessment of the underlying construct.

The observed scale reliabilities were similar to those reported by the developers of the Hopelessness (.93 vs. .87), Self-esteem (.91 vs. .89), Life Satisfaction (.87 vs. .88) and General Wellbeing scales (.82 & .92 vs. .95), indicating that each of the scales were reliable measures of wellbeing for the Indigenous population and thus appropriate for use in cross-cultural settings.

The inter-correlations are significant and in the predicted direction. For example, as the women’s level of self-esteem increased, their level of stress, psychological dysfunction and hopelessness decreased while their perceived life satisfaction increased.
Table A2: The reliability co-efficients for wellbeing measures

<table>
<thead>
<tr>
<th></th>
<th>Hopelessness</th>
<th>Self-esteem</th>
<th>Satisfaction</th>
<th>Stress</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>90</td>
<td>90</td>
<td>87</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td><strong>Hopelessness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.458(**)</td>
<td>-.299(**)</td>
<td>.505(**)</td>
<td>.656(**)</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.005</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>92</td>
<td>90</td>
<td>87</td>
<td>91</td>
<td>89</td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td>-.458(**)</td>
<td>1</td>
<td>.327(**)</td>
<td>-.117</td>
<td>-.427(**)</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.000</td>
<td>.002</td>
<td>.275</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.002</td>
<td>.275</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>90</td>
<td>90</td>
<td>87</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td><strong>Satisfaction</strong></td>
<td>-.299(**)</td>
<td>.327(**)</td>
<td>1</td>
<td>-.335(**)</td>
<td>-.270(*)</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.005</td>
<td>.002</td>
<td>.001</td>
<td>.275</td>
<td>.011</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.005</td>
<td>.002</td>
<td>.001</td>
<td>.275</td>
<td>.011</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>87</td>
<td>87</td>
<td>90</td>
<td>88</td>
<td>87</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>.505(**)</td>
<td>-.117</td>
<td>-.335(**)</td>
<td>1</td>
<td>.527(**)</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.000</td>
<td>.275</td>
<td>.001</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.275</td>
<td>.001</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>91</td>
<td>89</td>
<td>88</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>.656(**)</td>
<td>-.427(**)</td>
<td>-.270(*)</td>
<td>.527(**)</td>
<td>1</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.000</td>
<td>.000</td>
<td>.011</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.011</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>89</td>
<td>88</td>
<td>87</td>
<td>90</td>
<td>92</td>
</tr>
<tr>
<td><strong>Cronbach alpha</strong></td>
<td>.87</td>
<td>.89</td>
<td>.88</td>
<td>.82</td>
<td>.95</td>
</tr>
</tbody>
</table>
Reasons for transience

An exploratory factor analysis was conducted to examine whether there were any underlying factors to explain the Indigenous women’s reasons for transience. Factor analysis is a data reduction technique designed to reduce a large number of variables to a smaller set of underlying factors that summarise the information contained in the larger set. This procedure was employed to examine if the reasons women gave for seeking temporary accommodation could be summarised or grouped into identifiable categories.

Principal components analysis was selected as the statistical measure for factor analysis. When the data were analysed using Principal Components Analysis (PCA) and Varimax rotation, four components with eigenvalues all exceeding 1 accounted for 36.92%, 13.21%, 10.69%, and 9.34% of the variance respectively. These components (see Table 3) represent the major factors associated with transience. The PCA is stable at N=100, particularly as the sample is relatively homogeneous.

Table A3: The four components identified by Principal Components analysis and the reasons given for seeking accommodation associated with each factor

<table>
<thead>
<tr>
<th>Cultural reasons</th>
<th>Psycho-social reasons</th>
<th>Structural/financial reasons</th>
<th>Medico-legal reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcrowding</td>
<td>Drug and alcohol</td>
<td>No public services</td>
<td>Just released from jail/hospital</td>
</tr>
<tr>
<td>In-town for services</td>
<td>Family Violence</td>
<td>Lack of furniture</td>
<td>Physical disability</td>
</tr>
<tr>
<td>Part of my lifestyle</td>
<td>Not feeling safe</td>
<td>Previous house was in poor condition</td>
<td>Sexual assault</td>
</tr>
<tr>
<td>Lifestyle</td>
<td></td>
<td>No money for rent</td>
<td></td>
</tr>
<tr>
<td>Cultural reasons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argument with people who live with</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As seen in Table 3, six variables loaded on Factor one. These were identified as ‘cultural reasons’ for transience. Factor two had three variables, which can be distinguished as ‘psycho-social reasons’ for transience. Factor 3 had four variables, which can be explained as ‘structural/financial reasons’ associated with transience. Finally, Factor 4 had three variables, identified as ‘medical-legal reasons’
After identifying the four factors underlying the reasons associated with transience, it was appropriate to determine which of these factors would be the best predictors of overall wellbeing. Hence, a step-wise regression was selected as the statistical measure.

Prior to conducting regression analysis, the total number of reasons provided for transience was calculated for each participant in accordance with the types of reasons or factors provided, i.e. a score on each of the four factors identified in the factor analysis was calculated for each participant. As reported earlier in Table 2, the respective wellbeing scales were all correlated significantly with each other and it was therefore possible to attain a global measure of wellbeing. In order to calculate a global measure of wellbeing, the Hopelessness and General Wellbeing scales were reversed and total scores were summed across the scales.

Regression analysis requires a sizeable sample. Coakes and Steed (1999) suggest a minimum of at least five times as many cases as independent variables. This study far exceeded the expectations of a sizeable sample. Through the inspection of residual scatter plots, it was verified that assumptions for normality were not violated, and that residuals were independent. Inspection of the correlation matrix indicated that independent variables were not significantly correlated with each other, and were well below .7 respectively. This indicated that assumptions for multi-collinearity were not violated.

Table A4: The results of step-wise regression to predict the factors influencing the wellbeing of Indigenous women

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Beta</th>
<th>R change</th>
<th>F change</th>
<th>Sig. F change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Psycho-social</td>
<td>.371</td>
<td>.138</td>
<td>7.360</td>
<td>.009</td>
</tr>
<tr>
<td>2</td>
<td>Medical</td>
<td>.469</td>
<td>.082</td>
<td>4.747</td>
<td>.035</td>
</tr>
</tbody>
</table>

The results of the step-wise analysis indicated that two factors (psycho-social and medical) were entered. The final model was statistically significant - adjusted R= .186, F=6.353; p<0.0005. Hence, the results of the regresional analysis indicated that psycho-social and medical reasons were predictive of Indigenous women’s global wellbeing. These results indicate that processes should be implemented and policies developed to improve issues such as the women’s safety in order to increase the likelihood of tenancy sustainability.

Measuring the differences in the self-report wellbeing measures for Indigenous women

A series of independent sample T-tests were employed to determine whether there were any differences in the perceived wellbeing of Indigenous women who preferred a transient lifestyle in comparison with those who did not.
Table A5: The mean and standard deviation scores for each measure of wellbeing for the transient preferred and transient non-preferred groups

<table>
<thead>
<tr>
<th></th>
<th>Preferred (N=33)</th>
<th>Not Preferred (N=58)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Health</td>
<td>17.98</td>
<td>7.37</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>20.93</td>
<td>5.80</td>
</tr>
<tr>
<td>Stress</td>
<td>5.88</td>
<td>1.45</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>31.51</td>
<td>3.75</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>11.71</td>
<td>3.93</td>
</tr>
</tbody>
</table>

M=Mean; SD=Standard deviation

There were no significant differences in health, life satisfaction, self-esteem or hopelessness scores between women who preferred a transient lifestyle and those who did not. In contrast, the perceived level of stress was significantly higher for women who perceived themselves as homeless (t(93)=2.218, p>.05) than for women who did not. These results suggest this sample of women is relatively homogenous as far as these constructs are concerned. While the results may indicate an acceptance of, or resignation to their life circumstances, it is equally as plausible that concepts such as self-esteem, hopelessness and life satisfaction may not be salient in how Indigenous Australians conceive of themselves or their experiences.

**Impact of Homelessness on Children**

**Measuring the wellbeing of Indigenous children who share a transient lifestyle**

In addition to obtaining information on factors that may initiate and maintain homelessness in women, the present study also examined the wellbeing of children who share the experience of a transient lifestyle. It should be noted that children were not requested to participate. Rather, we asked women who had children between the ages of 7 and 13 to complete the questions.

Table A6: A comparison of psycho-social constructs for children whose primary caregiver considers themselves homeless and those that do not perceive themselves as homeless

<table>
<thead>
<tr>
<th></th>
<th>Perceived self as homeless</th>
<th>Do not perceive self as homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Child behaviour</td>
<td>2.01</td>
<td>.82</td>
</tr>
<tr>
<td>Acculturation</td>
<td>4.30</td>
<td>.62</td>
</tr>
<tr>
<td>Socialising</td>
<td>5.37</td>
<td>.64</td>
</tr>
</tbody>
</table>

Note – scale range 1-6
Acculturation experience is the mother’s perception of her child’s identification with primary or dominant culture. There were no significant differences between the groups on any of the child variables (t (range) = .41 to 1.14, p<.05). As such, the effects of a transient lifestyle do not differ between children whose caregiver prefers the lifestyle and those whose caregiver does not. It is interesting to note the low level of dysfunctional behaviour (M=2.01), indicating that the children never or seldom behave inappropriately (e.g. yell, steal, fight). This result is in contrast to the behaviour of children observed during interviews, in which a variety of the target behaviours were observed - children constantly cried, screamed, clung to their mother, appeared sad and fearful. In terms of acculturation, the children, on average, identified more easily with Western culture than with their traditional culture and experienced little difficulty socialising in a multicultural society (M=5.37). In order to examine the impact of a transient lifestyle on children, the mother was asked how often children witnessed a number of violent and/or anti-social incidents involving their mother. The incidents and the percentage of children who witnessed these at least ‘sometimes’ are presented in Table 7.

Table A7: The incidents involving their mother and reported percentage of children who witnessed the incidents

<table>
<thead>
<tr>
<th>Incident</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>People yelling and screaming at each other</td>
<td>96.2%</td>
</tr>
<tr>
<td>People punching, kicking or hurting each other</td>
<td>86.5%</td>
</tr>
<tr>
<td>People hurting each other with weapons</td>
<td>25%</td>
</tr>
<tr>
<td>Police arresting or taking people away</td>
<td>40.4%</td>
</tr>
<tr>
<td>People drinking too much kava or alcohol</td>
<td>74.4%</td>
</tr>
<tr>
<td>People using too much speed, ecstasy or heroin</td>
<td>2%</td>
</tr>
<tr>
<td>People using too much dope</td>
<td>55.8%</td>
</tr>
<tr>
<td>People sniffing petrol, glue or paint</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

The majority of children witnessed an alarming rate of violence (physical and verbal) as well as substance abuse (drug and alcohol). Consistent with the rate of domestic violence, it is likely children are exposed to this level of anti-social and/or violent behaviour as a consequence of antecedents to homelessness (overcrowding, debt, domestic violence).

The figures are disturbing: 96.2% have witnessed ‘people yelling and screaming at each other’, 86.5% have witnessed ‘people punching, kicking or hurting each other’, 74.4% have witnessed ‘people drinking too much kava or alcohol’ and 55.8% have witnessed ‘people using too much dope’.

Correlations were employed to examine whether the caregiver’s psycho-social wellbeing is related to their children’s behaviours and wellbeing. Many of the horrific conditions of homelessness directly contribute to physical, mental and emotional harm. For example, infants and toddlers who are homeless are at extreme risk of developmental delays and health complications, and are
diagnosed with learning disabilities at much higher rates than other children. In addition, there is evidence that experiencing homelessness as a child is associated with experiencing deep poverty and homelessness as an adult (The Better Homes Fund, *America’s New Outcasts: Homeless Children*, 1999).

**Table A8: Correlation matrix examining the relationship between child and caregiver constructs**

<table>
<thead>
<tr>
<th></th>
<th>Satisfaction</th>
<th>Stress</th>
<th>Self-esteem</th>
<th>Hopelessness</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>-.12</td>
<td>.06</td>
<td>.30*</td>
<td>-.13</td>
<td>.32*</td>
</tr>
<tr>
<td>Witness violence</td>
<td>-.10</td>
<td>-.03</td>
<td>.04</td>
<td>-.13</td>
<td>.22</td>
</tr>
<tr>
<td>Child behaviour</td>
<td>-.13</td>
<td>.58*</td>
<td>-.18</td>
<td>.43*</td>
<td>-.68*</td>
</tr>
<tr>
<td>Socialising</td>
<td>-.03</td>
<td>-.07</td>
<td>.16</td>
<td>-.18</td>
<td>.10</td>
</tr>
</tbody>
</table>

* p>.05

As expected, as the level of maternal psychological distress increases, there is a concomitant increase in the level of dysfunctional behaviours exhibited by the child. Similarly, there is a positive relationship between the maternal caregiver’s level of self-esteem and the child’s successful socialising. Of interest, there is a significant positive relationship between good health outcomes and acculturation, while poor health is associated with an increase in dysfunctional behaviour expressed by the child.

A step-wise regression was again selected as the statistical measure to determine the best predictor(s) of behaviour in the children. The same processes and verifications applied as for the regression analysis to predict the factors influencing the Indigenous women’s wellbeing. Importantly, assumptions for multi-co-linearity were not violated.

The results of the step-wise analysis indicated that two factors (health and stress) were entered. The final model was statistically significant, indicating that these two factors were predictive of 54% of the variance in children’s behaviour. No other factors attained significance.

**Table A9: The results of step-wise regression to predict the factors influencing the behaviour of children residing in temporary accommodation**

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>R</th>
<th>R change</th>
<th>F change</th>
<th>Sig. F change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health</td>
<td>.66</td>
<td>.44</td>
<td>37.13</td>
<td>.00</td>
</tr>
<tr>
<td>2</td>
<td>Stress</td>
<td>.74</td>
<td>.54</td>
<td>9.49</td>
<td>.00</td>
</tr>
</tbody>
</table>
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accessed 14/5/04

18.7 Housing, Infrastructure and Environmental Health


18.3 Housing and cultural values
Institutional racism


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