

# International Commentary: The Implications of the Family Options Study for Family Homelessness in Australia

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## Abstract

*Prior to the 1980s, family homelessness was rare in Australia. Since then, homelessness has become part of the lives of many families, but we know little about what interventions work. In this article, we assess the extent of family homelessness in Australia and then describe the main program responses. We then turn our attention to the Family Options Study, a randomized controlled trial that examines the impact of three interventions on 2,000 homeless American families in 12 locations during a 3-year period. We conclude that, despite substantial social and economic differences between the United States and Australia, similarities in key aspects of program design mean that results from the Family Options Study are important for Australian policymakers to consider. Indeed, the study raises challenging questions as to whether the current emphasis in Australia on transitional approaches is the most effective way of tackling family homelessness.*

## The Prevalence of Family Homelessness in Australia

Australians tend to view homelessness as an issue confined to single people living on the streets who have drug or alcohol problems, mental health issues, or a combination. Families, and the issues they face, are rarely mentioned. The exclusion of women and families from public perception and debate is, however, at odds with the empirical evidence. Two sources of data in Australia provide information on the size and composition of the homeless population, and each confirms that women, families (particularly those headed by women), and children make up a sizable proportion of the homeless population.

The first comes from the Australian Bureau of Statistics (ABS). Every 5 years, the ABS conducts a population census. Since 1996, the ABS has undertaken a special enumeration strategy to estimate the number of individuals experiencing homelessness on census night. In the 2011 census, when the most recent data were collected, 105,237 individuals were deemed to be homeless (ABS, 2012). In Australia, homelessness is often broadly defined, and the ABS's operational definition is no exception. The ABS counts people as homeless if, on census night, they are without any shelter, living in emergency accommodation, staying temporarily with other households, living in boarding houses, or living in severely crowded dwellings (exhibit 1).

The census reveals that women make up 44 percent of the homeless population, with most living in severely crowded dwellings (44 percent) or in emergency accommodation (23 percent). Relatively few women live on the streets (5 percent). According to the ABS, 17,845 people ages 12 years or younger (17 percent of the homeless population) were homeless on census night in 2011. Census results have been influential in Australia. Targets to reduce homelessness, as well as policy decisions about the allocation of funding, have been based on census results (Council of Australian Governments, 2009). The census provides useful information on the age profile and gender composition of the homeless population. However, it only counts individuals, not households, and thus tells us nothing about families.

The second source of quantitative data about the homeless population is the Specialist Homelessness Service (SHS) system data collected by the Australian Institute of Health and Welfare (AIHW). The SHS database collects information from all persons who request assistance from homelessness services across the country during a 12-month period. From 2015 to 2016, slightly more than 279,000 Australians accessed SHS across the country. Women accounted for 59 percent of all service users. This profile is different from the census. SHS data show that families account for nearly half (47 percent) of all presenting households, and nearly three-quarters of the families are sole-parent families, with women heading the majority (70 percent).<sup>1</sup> Although data from the SHS system tell us more about family homelessness than the census, it reflects only those households that use homelessness services. This distinction is important, as nearly 40 percent of the people who experience homelessness at some point in their lives do not use homelessness services (ABS, 2014).

### Exhibit 1

Homeless Operational Groups in Australia, by Gender

| Operational Group            | Overall        | Men           | Women         |
|------------------------------|----------------|---------------|---------------|
| Literally homeless           | 6,813          | 4,602         | 2,210         |
| Emergency accommodation      | 21,258         | 10,519        | 10,742        |
| Other households (temporary) | 17,369         | 9,725         | 7,643         |
| Boarding houses              | 17,721         | 13,246        | 4,475         |
| Severely overcrowded         | 41,390         | 21,036        | 20,353        |
| Other temporary lodgings     | 686            | 296           | 390           |
| <b>Total</b>                 | <b>105,237</b> | <b>59,424</b> | <b>45,813</b> |

Source: ABS (2012)

<sup>1</sup> All data are drawn from the AIHW Supplementary Tables at <https://www.aihw.gov.au/getmedia/a743a506-f350-40af-82d5-d81cc8242f77/national-supplementary-tables-shs-2015-16.xls.aspx>.

Homelessness agencies also collect information on the reasons people seek assistance. Although there is good reason to be cautious about data derived from open-ended questions “that do not define key terms like ‘reason’ carefully” (O’Flaherty, 2009: 4), domestic and family violence was the most commonly cited reason for women to present to a homelessness service. Although data on presenting reasons cannot be broken down by household, given that women head most families, we think it is reasonable to assume that domestic violence is one of the main factors driving family homelessness.

## **Service Responses**

Australian responses to homelessness, generally, and family homelessness, more specifically, are based on a continuum model. Families are (theoretically) initially assisted into short-term crisis or refuge accommodation and then moved into transitional accommodation. Caseworkers provide support to families in transitional accommodation, which is typically dispersed throughout the community and heavily subsidized. With the assistance of support workers, households are expected to exit into permanent accommodation within a specified timeframe (generally 9 months), but due to limited affordable accommodation options bottlenecks are common. The logic underpinning the Australian transitional model is very similar to the U.S. model. As in the United States, Australian supporters of a transitional approach view family homelessness as a consequence of both poverty and pathology—that is, families become homeless because they have a range of complex problems “that make it hard for them to maintain and secure housing” (Gubits et al., 2015: xxi).

In recent times, the emphasis on transitional accommodation has been questioned from two directions. First, key advocacy groups have argued that many families have the skills to live independently and do not need the support that is an integral part of the transitional model (Council to Homeless Persons, 2015). For these families, rapid re-housing would be more suitable. Key features of proposed rapid re-housing models are taken directly from the U.S. approach. Although tentative steps have been taken toward developing rapid re-housing programs in Australia, progress is slow.

A second challenge to the transitional model reflects recent policy and cultural shifts toward recognizing the impact of family violence on homelessness and the importance of holding perpetrators responsible for their behavior. Most notably, this recognition has occurred through the Victorian Royal Commission into Family Violence (State of Victoria, 2016), the first inquiry into family violence of this scope worldwide. A key finding of the Royal Commission was that the service system has traditionally operated under the assumption that women and their children will respond to family violence by leaving home. This commonly requires them to move to a refuge or transitional accommodation in a location far from their community and social supports or having to stay in emergency accommodation that often consists of rooming houses, caravan parks, or motels—locations that are also often unsafe for women (Chamberlain, Johnson, and Theobald, 2007; Murray, 2011; Watson, 2018). The Royal Commission has responded to this situation by recommending the implementation of a housing “blitz”—highlighting a move toward rapidly re-housing women and children who are forced to leave their homes and are stuck in crisis or transitional accommodation (State of Victoria, 2016).

Although the current configuration of service responses in Australia has caused much debate, reliable evidence indicating optimal program configuration is limited. Indeed, the Australian evidence base around family homelessness is thin. Few studies explicitly focus on family homelessness, and extant studies are typically cross-sectional, small, and most often focused solely on family violence (Bartholomew, 1999; Tually et al., 2008). Where longitudinal studies have been undertaken, families are an explicit focus in only one (Hulse and Sharam, 2013). Similarly, robust evidence of the efficacy of interventions designed to end family homelessness is virtually nonexistent. Australia has nothing like the Family Options Study in terms of sample size, geographical scope, or methodological rigor. The key question is: can we learn anything from the Family Options Study?

## **The Family Options Study: Implications and Issues for Australian Policy**

Although the details of the Family Options Study methodology are well covered elsewhere, from an Australian perspective, the study is distinguished not only by its size, scope, and relatively high retention rate (71 percent) but also by the random allocation of households into different interventions. Randomized controlled trials (RCTs) are a powerful methodology that, if done well, can provide robust evidence on the causal impact of an intervention relative to other interventions. In Australia, however, the use of RCTs to evaluate the impact of social interventions is exceedingly rare—high costs and ethical concerns are two commonly cited reasons for that. In the area of homelessness, we could only find two RCTs and both have limitations (Borland, Tseng, and Wilkins, 2013; Johnson et al., 2014).

Randomization presents distinct challenges for researchers evaluating social interventions. One issue is that the social world is inherently messy. Individuals are active agents who make decisions based on what they view as their best interests. Families involved in the Family Options Study clearly viewed permanent housing subsidies as the most attractive option. Indeed, fully 83 percent of the families who were given priority access to the housing subsidy (the SUB group) used it. In contrast, only 59 percent of families assigned to community-based rapid re-housing (the CBRR group) used it, and the corresponding rate for families assigned to project-based transitional housing (the PBTH group) was 53 percent.

The study deals with the different takeup of priority access to the three programs by employing an approach known as intention to treat (ITT). ITT is a tricky concept but, as it influences the magnitude of any estimated effects, it is important to understand. Put simply, using ITT, the estimated impact of the three interventions is derived from the results of families assigned to a particular intervention, “regardless of whether or not the family received the intervention” (Gubits et al., 2016: xviii). The application of ITT thus raises a number of issues for policymakers and service providers.

First, knowing who does and who does not take up a specific intervention, and why, is important information for policymakers. The relatively high takeup rate in the SUB group makes intuitive sense—disadvantaged families know that a long-term subsidy provides better protection than a short-term intervention against any future social and/or economic “shock.” With respect to the lower takeup rates in the CBRR and PBTH groups, the study shows that PBTH had the highest

proportions of ineligible families and families who choose not to take up the assigned program. Pointedly, the study shows that PBTH screened out more complex families—those with substance use problems, criminal histories, and other problems (Gubits et al., 2015: xx). It strikes us as important information that a program underpinned by a view that families who become homeless do so because they need assistance to address a range of personal and relational problems is more likely to exclude families with such problems.

Second, and related to the previous point, evaluations can overestimate the impact of an intervention if certain groups are systematically excluded—for example, people who have more complex behaviors and needs and who are less likely to succeed. ITT can help to address biases of this sort. Clearly, the reasons for employing ITT are valid. Equally, however, understanding the impact of an intervention on those who actually receive it is important information for policymakers. The authors signal their intention to do such an analysis, subject to sufficient sample size and statistical power, and we certainly encourage them to do so.

With respect to the intervention that had the largest impact during the 3 years and across the five key domains—housing stability, family preservation, adult well-being, child well-being, and self-sufficiency—permanent housing subsidies generated the most substantial benefits for families relative to usual care. However, the SUB intervention was also the most expensive, its availability in the *real world* was limited, and it was not designed specifically to address homelessness. As Australia has no directly comparable program, and is unlikely to in the near future, the most relevant results of the Family Options Study relate to the impact of the two interventions designed specifically to end family homelessness, and which are also available in Australia—PBTH and CBRR.

The study found that, across the five domains, neither program performed much better than usual care. A few minor effects on child well-being were observed in the CBRR group. The study also pointed out the lack of impact on adult and child well-being observed in the PBTH intervention, despite the “emphasis that PBTH programs place on delivering supportive services in these areas” (HUD, 2016: 7).

However, because complex patterns of service utilization will always make it difficult to precisely define what constitutes usual care, the report also presents pairwise comparisons—that is, the study compares each intervention against the others. We found these results particularly informative. When we examined the pairwise results comparing CBRR against PBTH, the picture that emerged was different and more nuanced.

Although no evidence indicated that either intervention had an impact on housing stability and family preservation, the study did find significant effects in some areas for those families assigned to CBRR compared with those assigned to PBTH. Both alcohol and drug abuse were lower, as was the amount of psychological distress for family heads among those assigned to CBRR. Similarly, the study observed fewer childhood behavioral problems and a decline in food insecurity among the CBRR group. The report also shows that families assigned to the CBRR group had the lowest average costs for all programs used, and nearly \$10,000 less in average costs, compared with comparable families in PBTH. Overall, the results of the pairwise comparisons favor those families assigned to CBRR. In the context of emerging interest in rapid re-housing in Australia, these results are important.

## Conclusion

The Family Options Study makes a unique contribution to knowledge about family homelessness and the impact of three interventions. Despite some concerns about the ITT approach, the study's conceptual and methodological frameworks are strong. Although we have focused on only a limited set of results, the Family Options Study goes far deeper and further, and we encourage policymakers and service providers outside of the United States to consider the reports more closely. Nevertheless, even with our limited focus, it is clear to us that the Family Options Study provides valuable material for policy makers. Although the configuration and delivery of transitional and rapid re-housing vary across Australia, as no doubt they do in the United States, the results of the Family Options Study emphasize that poverty, not pathology, lies at the heart of family homelessness in the United States. Whether that is also the case in Australia is difficult to tell with the data we currently have available, but clearly we need to know this if we want to determine the optimal program configuration. As much as the study raises questions about the overall impact of transitional housing and rapid re-housing, it raises direct questions about whether we are over-investing in transitional accommodation in Australia, which is more expensive to run and has less impact compared with rapid re-housing. Further, inasmuch as transitional programs are families' least desirable option, the Family Options Study draws attention to designing programs that meet people's needs as they define them. The Family Options Study is a complex study that attempts to shed light on complex interventions. Although it does that well, perhaps if one clear message is to be had from the study, it is that providing ongoing security against the vicissitudes of poverty is the most effective way of addressing family homelessness.

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