

Looking through the service lens: case studies in Indigenous homelessness in two regional Australian towns.

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Abstract

Indigenous homelessness is over-represented in regional and remote Australia and under-resourced support services are challenged by the number of people with complex problems leading to homelessness and also the lack of housing. In this context, the Jimaylya Topsy Harry Centre in Mt Isa in North-western Queensland and the Tennant Creek Women's Refuge in the Barkly region of the Northern Territory stand out as examples of services which despite pressure of demand, offer critical support for Indigenous people in crisis and at risk of homelessness.

Drawing on preliminary ethnographic investigations, we profile good practice with respect to Indigenous homelessness services in the two support centres. Each centre acts as a lens to view the homelessness forces operating in the whole town where good practice is interpreted locally in terms of core principles: harm minimisation, accommodation and building social capital and Indigenous staff and management. By identifying aspects of social networks at the community and individual levels, this chapter highlights some distinctive structural and cultural connections which are integral to the effective operations of the Centres. Our research also suggests that an understanding of the social and cultural constraints on Indigenous people's paths into and out of homelessness can valuably inform policy, based on evidence from two local support services in regional Australia.

Introduction

Although empirical research studies on Indigenous homelessness in Australia are relatively sparse, recent work has investigated the effects of available accommodation and other socio-cultural pressures on Indigenous people. The main purpose of this research has been to understand how crisis responses can be more appropriate and how the pathways in and out of homelessness can be most effectively serviced. Where case studies have been undertaken, there are strong indicators that best practice crisis management is contributing to better outcomes and reduced homelessness (Memcott & Nash 2012; Memcott et al 2013b). Also better methods have been developed to estimate the number of Indigenous homeless and those 'at risk' of homelessness (ABS 2012b). Other analyses of the continuing problems regarding Indigenous homelessness draw on a range of viewpoints including post-colonial theory concerning the impacts of dispossession (e.g. Biddle 2012) and homelessness as a significant indicator of social exclusion (e.g. Australian Government 2008). The relevance of social capital to an understanding of the dynamics of Indigenous social exclusion is a matter for general debate (Hunter, 2008; Mignone 2009) but nevertheless our research focuses on the potential for established local networks to effect pathways out of homelessness for Indigenous people who are appropriately linked to institutions responsible for service delivery.

This chapter aims to define 'good practice' in regional Indigenous homelessness service delivery in Australia from our profiles of the Jimaylya Topsy Harry Centre (JTHC) and the Tennant Creek Women's Refuge (TCWR) (see Memcott & Nash 2012; Memcott et al 2013b), and to explore the social networks of the Centres at both individual and community levels, particularly in terms of potential impacts of services on client groups. The chapter begins with an overview of Indigenous homelessness. We offer further cultural context through an introduction on the distinctive features of alcohol consumption with particular reference to the study regions of Mt Isa in Queensland and Tennant Creek in the Northern Territory. The concept of social capital provides an analytical framework for the chapter and foregrounds the later discussion of social networks in the towns.

Following this we present our findings on good practice at the Centres by exploring the relationships between the institutions, the roles of managers and the impact on client pathways into and out of homelessness. These networks contain locally defined social and cultural aspects of Indigenous homelessness which tend to be overlooked. Our analysis draws on the concept of social capital as it applies to our preliminary qualitative/ethnographic investigations. More specifically, the concept of linking capital effectively highlights some aspects of good practice and so can lead to better and more informed policy for Indigenous people.

Indigenous homelessness in regional Australia: an overview

Homeless Indigenous Australians can be accurately described as over-represented and under-enumerated in official records. As 2.5% of the total Australian population, Aboriginal and Torres Strait Islander peoples comprise 25% of the homeless with a rate nearly 14 times that of non-Indigenous Australians (adapted from Table 1.1, ABS 2012a). Much of the debate on Indigenous homelessness in Australia has centred on definitions and estimates of homelessness on the one hand and effective delivery of services on the other.

While there are differing views on 'what works', clearly the solutions remain elusive. Overall, the provision of more affordable and accessible housing to Aboriginal and Torres Strait Islander people is most important, however, it also needs to be stated that housing is seldom the full answer for Indigenous people. Homelessness can involve a wide range of problems and service needs which may be specific to cultural groups and their geographic location.

Although limited in number, empirical qualitative studies of Indigenous homeless people over the last 25 years highlight some of the specific multiple causes, conditions and implications of Indigenous homelessness. In previous research, Memmott et al (2003; 2012b) developed and later refined a set of homeless categories to fit the specific conditions of Indigenous homelessness, which we argue is more relevant and useful for policy makers and service practitioners than other definitions, such as suggested by the ABS (2012b). The categories aid understanding of people's movements along complex pathways into homelessness and so include those at risk of homelessness (Memmott, Birdsall-Jones & Greenop 2012, pp.24, 25). In particular, the categorisation differentiates between (i) public-place dwelling persons, (ii) housed people but who are at risk of homelessness; and (iii) spiritually homeless persons. Within this categorisation, homeless people may be either voluntary or involuntary, and short term or long term homeless. The categories have been described in detail earlier (Chapter X in this book) and elsewhere by the authors (Memmott et al 2012b). These categorisations were expanded to account for the influence of cultural motivations on mobility that result in various forms of homelessness and/or public-place dwelling.

Indigenous patterns of mobility are central to understanding the nature of Indigenous homelessness. People maintain active social relations with extended family and kin at places within their cultural region as well as other places further afield, and can call on them for accommodation and other resources. This and related behaviour patterns can increase the risk of homelessness for those who are requesting resources and for the wider household (for more on cultural perspectives see Memmott, Birdsall-Jones & Greenop 2012, pp.37-46 and Birdsall-Jones [in this book]. As for mobility, understanding Indigenous drinking behaviours is an important aspect of Indigenous homelessness.

Indigenous cultures of drinking

The well-established link between alcoholism and homelessness is compounded for a proportion of Indigenous people by particular drinking patterns. Since white settlement in Australia, the availability of alcohol in a range of settings led to an identifiable style of drinking by Aboriginal people that has been well documented e.g. Brady (2010). In rural, remote and urban communities, some Aboriginal people engage in heavy drinking in culturally distinctive ways. Over recent decades, Indigenous styles of drinking were characterised by the propensity for the majority of Aboriginal people to indulge in binge drinking, the preference for drinking with kin, the propensity for demand sharing (Peterson 1993) and reciprocal shouting, and the expectation that they would not be held accountable for their actions while they are drunk (Memmott 1991).

Aspects of the Aboriginal styles of drinking have been observed for our study region. On missions in Queensland (during the period up to the 1970s), alcohol was generally not available so when Aboriginal people travelled to places where they could drink, such as the centres of Cairns and Mt Isa, they would typically drink heavily for an extended period. In the 1970s and 1980s in Mt Isa, North-west

Queensland, Memmott (1991) observed that a number of bars as well as the riverbed near Town Bridge were popular places for Aboriginal visitors to drink—all characterised by excessive drinking styles. In recent times, the binge-drinking pattern has persisted in many ways at least in the riverbed. The drinkers have moved further up and down the river bed but old 'spots' are still used, a practice that is complicated by other risky behaviours, such as other drug-taking. Reports of Aboriginal drinking in Tennant Creek document similar behaviours and also the effects of alcoholism in terms of homelessness (Wright 2009).

Social capital

In his well-known research about the demise of positive social networks in late modern suburban USA, Putnam (2000) argued that the lack of social capital led to identifiable negative social effects in many communities. In general, social capital is an 'essentially contested concept' (Szreter & Woolcock 2004 p.654) and so considerable disagreement exists about its explanatory power, especially compared to an economic approach which deals with quantifiable variables. Recent studies of Indigenous social issues in Australia have drawn on social capital and other related concepts to explain the social inequalities experienced by Indigenous people. To take an urban example, the health and well-being of Indigenous people in urban Adelaide appears to be both negatively and positively impacted by engagement in bonding and bridging networks (Browne-Yung et al. 2013). Some positive aspects included accessing information (e.g. about employment) from others in a social network but there may also be negative associations through pressure on members to engage in anti-social behaviour. In other words, not all social capital based on people's networks of relationships can build better citizens.

For the context of homelessness in our study region, however, it seems that the idea of linking capital may be particularly significant (as well as bonding and bridging capital). Whereas the importance of family/friends is encompassed by the term 'bonding capital' which holds people of generally like-minds together, and 'bridging capital' includes the networks between people from a different social group, such as a different class/race who recognise their difference but yet interact within a certain domain, linking capital moves 'vertically' in the sense of social hierarchy. Both bridging and bonding capital have limited application for relationships with structural inequalities because perceptions and trust particularly are not necessarily shared between different social groups (Mignone 2009). As a conceptual device, linking capital can explain how especially for poorer communities 'respectful and trusting ties to representatives in formal institutions' can have 'a major bearing on their welfare' (Szreter and Woolcock 2004 p.655).

All three types of capital are a product of the relationships between people (rather than being the property of individuals as social capital is often deployed) but linking capital is 'qualitatively different' as individuals within a network recognise that they do not share aspects of bridging capital or access to sources of power and resources (Szreter and Woolcock 2004, pp. 655-656). For people with low socio-economic status it is improbable that they can directly connect with people or institutions in ways that can improve their situation. Linking capital provides the opportunity or leverage to obtain access to power and resources.

In 2002, one of the authors assisted a team of sociologists in adapting the social capital construct to Indigenous communities in Australia (Memmott & Melzer 2005). In terms of network modelling, the study differentiated between 'Aboriginal cultural networks' (extended family, skin relations, ceremony partners etc) and 'whitefella-

type organisations' (Aboriginal corporations). The former exist in varying ways and extents in many Aboriginal communities and societies, but are often unrecognised or at least unfamiliar to government and NGO service delivery agents. The latter allow Aboriginal people to have a legal identity with which they can engage with government and NGOs to receive grants for particular service programs. We shall return to these aspects of social capital in our concluding analysis. In the section below, we provide brief regional descriptions of Northwest Queensland and the Barkly as well as profiles of the Jimaylya and the Refuge in their regional homelessness contexts.

Study regions and Centre descriptions

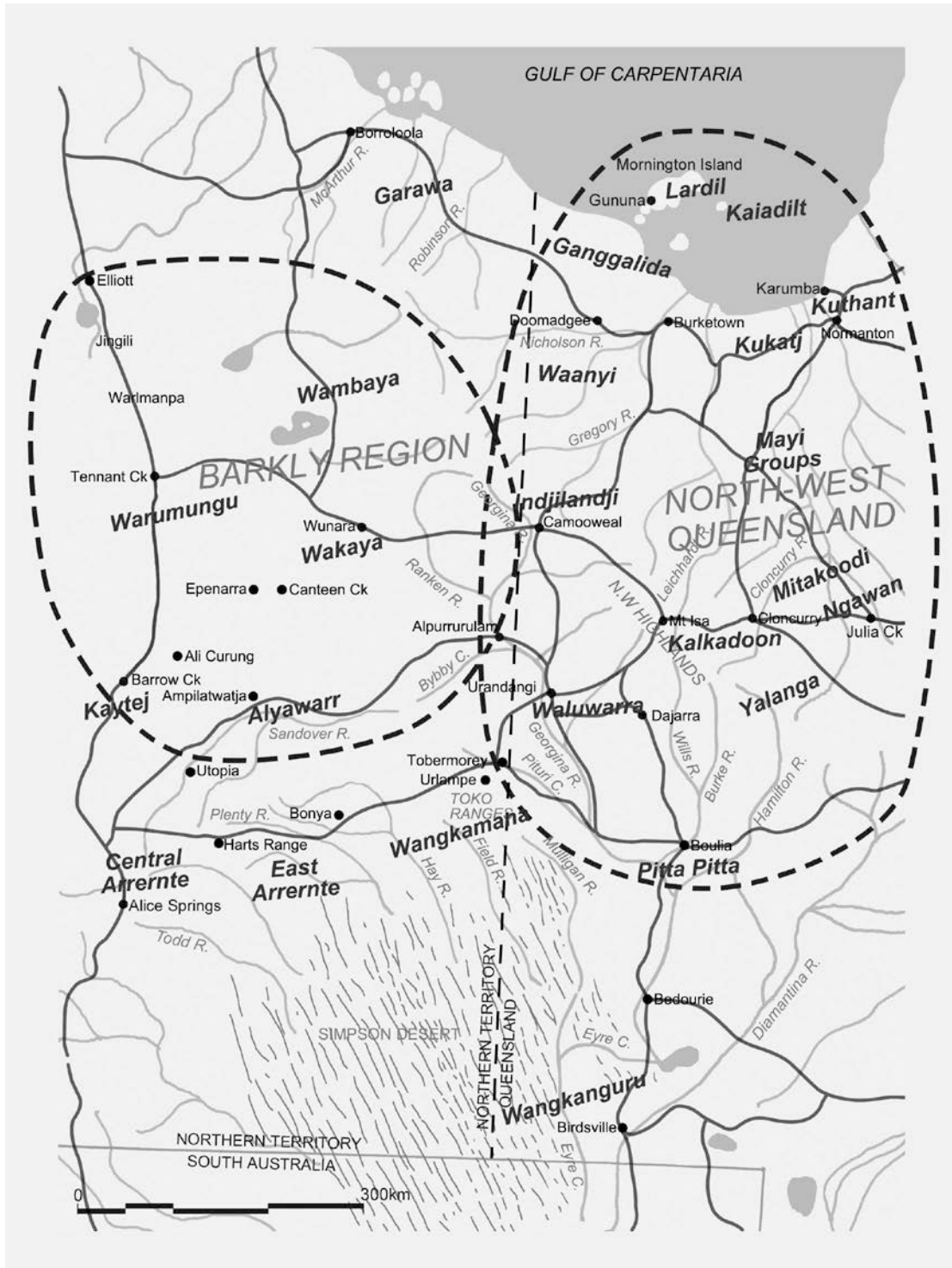


Figure 1: Map of North-west Queensland Region and Barkly Region showing their regional centres, Mt Isa and Tennant Creek respectively, other Aboriginal population centres and Aboriginal language groups.

Our study area includes the North-west Region of Queensland centred around the city of Mt Isa and the Barkly region of the Northern Territory with Tennant Creek as the service centre town. The two regions are contiguous at the Northern Territory/Queensland border and there are two separate state bureaucracies and regionally based agencies that manage homelessness services (see Figure 1).

The social history of the regions has influenced the residential patterns of Aboriginal people today. In Queensland, Aboriginal movement in the region was strongly constrained by the *Aboriginals Protection and Restriction of the Sale of Opium Act 1897* for the first three-quarters of the 20th century and along with various successive revised Acts gave the State control over all aspects of people's lives, particularly their labour—often people had to move away from their country to work (see Kidd [1997] for colonial and Aboriginal cultural history). When cattle stations stopped employing many Aboriginal people and legislative change introduced government (welfare) support, some people then moved to Mt Isa and the small towns. Others remained in Aboriginal communities in the region, visiting Mt Isa for a range of services as well as visiting family and friends. According to the 2011 census, Indigenous people comprise 3204 people (c. 15% of the population) within the total Mt Isa city population of 21,237 (ABS 2013a).

Tennant Creek is also a regional service town and began as a station on the Overland Telegraph Line in 1872 which facilitated the spread of the pastoral industry through the area. Although Aboriginal people provided the labour pool, there were not the same oppressive controls of the Queensland Aboriginal Acts and so Aboriginal people were able to maintain much of their traditional culture—strong motivation for staying in the region. At the 2011 census, the population of Tennant Creek was measured at 3,061 people with a relatively high proportion (52%) of Aboriginal people, numbering 1591 out of the total (ABS 2013b). Roughly the same number of people are spread throughout the small towns and bush communities across the region. Despite its vast size, over 283,000kms², the semi-arid Barkly Region has a relatively small population. Constraints to service delivery are typical of remote Australian regions and reflect the significant levels of socioeconomic disadvantage across the Barkly Region.

The Jimaylya Topsy Harry Centre in Mt Isaⁱ

The Jimaylya Topsy Harry Centre (JTHC) in Mt Isa integrates the front-line treatment of Indigenous alcoholism with responses to homelessness. The Centre is unusual in that it not only aims to provide crisis accommodation with the longer term goal to facilitate clients through various stages of housing and eventually to stable urban public housing tenancies, but the JTHC also incorporates a managed drinking program for alcoholic clients. In some ways, the Centre aligns with programs in mainstream and other Indigenous centres but departs from usual practices in other significant ways, most particularly in the managed consumption of alcohol and an Indigenous-oriented approach. Through its experience of service delivery in Mt Isa, the then Queensland Government Department of Community Services (DoC) recognised a gap in services for homeless Indigenous people with long-term substance abuse problems and established the Centre.

Located on the southern end of town in Mt Isa, the Centre consists of administration and service buildings and several different accommodation facilities (see Figure 2). Apart from the main office and case-worker's office, there is a kitchen, laundry, large multi-functional room used as a dining room and television lounge for common use. Accommodation includes a number of outdoor semi-enclosed sleeping shelters; the 'yudu' or single men's quarters (single rooms); single women's quarters (dormitory-style sleeping); a three-bedroom house for couples in crisis; and, six two-bedroom houses used by clients transitioning to rental housing.

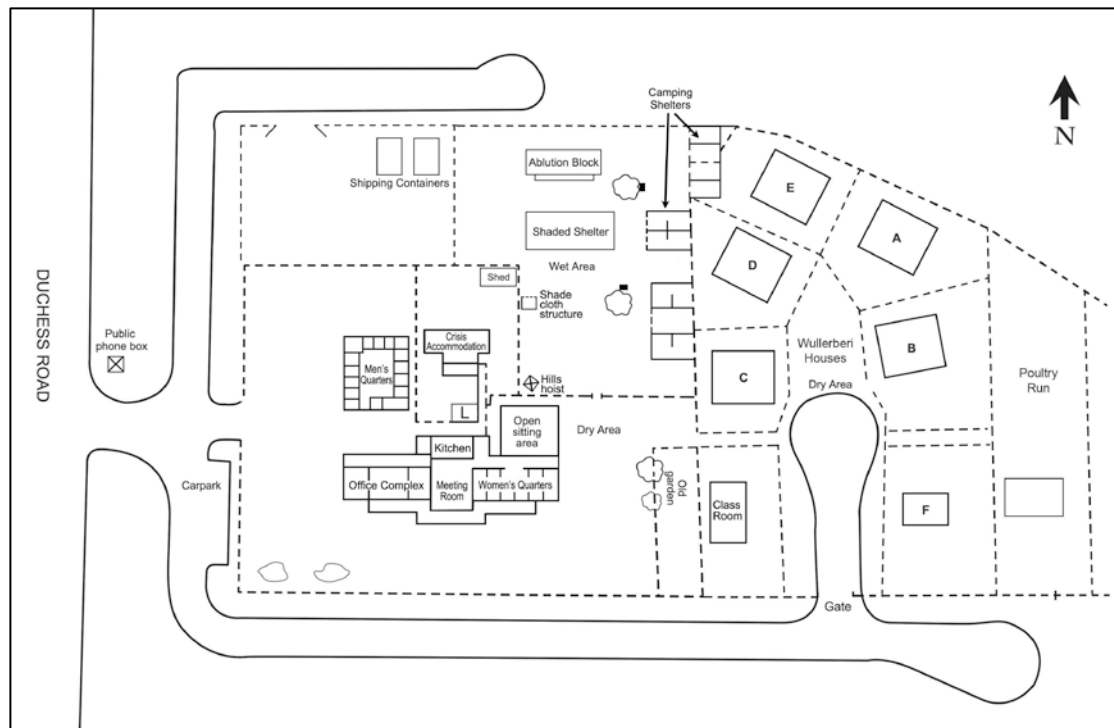


Figure 2: Plan layout of Jimaylya Topsy Harry Centre, Mt Isa.

The Centre operates with six to eight staff on duty, including an administration leader, team leaders, support staff and a full-time counsellor. Mt Isa Technical and Further Education (TAFE) offers a program at the Centre, and numeracy and literacy sessions are compulsory for those on the housing waiting list. Other courses include creative skill-building activities, such as furniture making, sewing, leather-craft and small-motor repair. Over the years, the Aboriginal manager in conjunction with relevant government departmental contacts has developed the policies and procedures which he regularly updates in consultation with other Aboriginal staff. Managing the clients behaviour particularly around the limits on alcohol consumption can be very demanding. In this context the understanding and rapport between clients, management and staff is paramount.

Client pathways in and out of Jimaylya

The JTHC does not exist in isolation as a homeless centre in Mt Isa. At the level of the institution, there are active social networks in the town (and beyond) connecting the Centre to other organisations which contribute significantly to its operations.

Typically, support from many agencies is ideally required for homeless people and those 'at risk' of homelessness but especially so for remote Indigenous clients. Local service agencies are well aware that some Indigenous people in the Mt Isa region are highly mobile, especially at particular times of the year such as mid-August when the annual rodeo is held. Many also visit Mt Isa regularly for a range of reasons, such as health appointments and court appearances as well as recreation and family visits. Whether visiting for short or extended periods, Indigenous people coming to Mt Isa often choose to sleep rough although some do so involuntarily. As argued elsewhere (e.g. Memmott et al. 2012a), many Indigenous public-place dwellers are not homeless although they may be at risk. The fact that their return to their home

communities may be delayed by lack of transport and/or lack of financial support, adds further to the risk. To minimise the risk, local agencies step in.

The Jimaylya Topsy Harry Centre is one of three key centres for homeless Indigenous people in Mt Isa, the others being an overnight shelter mainly for intoxicated people, the Arthur Peterson Special Care Centre (APSCC) known as 'AP', and the Kalkadoon Aboriginal Sobriety House (KASH) which runs an alcohol treatment program. The strong association between public-place dwelling and public drunkenness in Mt Isa is well recognised by these agencies and their supporting services and so their programs primarily target both these areas. For various historical and policy related reasons, each centre has evolved a different approach and mode of operation. AP and KASH offer short-term crisis accommodation and other support rather than tenancy, and no alcohol is allowed in either.

While clients are categorised as homeless, they also have a range of complex health issues and other needs. It is significant therefore that JTHC relies on inter-agency collaboration as part of its case-management for individual clients. The supporting local agencies include the Homeless Help Outreach Team (HHOT), Riverbed Action Group Outreach and Support Services (RAGOSS), Alcohol, Tobacco and Other Drugs Services (ATODS), Mt Isa Community Mental Health Services and Mt Isa Sexual Health Services; where clients have access to professional counsellors (such as social workers and psychologists) and also to income and job agencies, such as Centrelink and Job Services Australia. The Queensland Department of Housing, the Queensland Police Service, Queensland Legal Aid, Queensland Transport and the Queensland Ambulance Service are also support agencies.

Both non-Indigenous and Indigenous organisations in Mt Isa reportedly work well together and in terms of social capital, the clients access the Centre's bonding, bridging and linking capital through its agency networks. The Manager of JTHC commented favourably on the Centre's connections, particularly with the front-line help teams, such as HHOT and RAGOSS. From the preliminary investigations done for this case study we have learnt that with the support from a range of services, individual clients can make certain progress towards rehabilitation and the Centre has a strong track record of working well in many ways. For the short, medium and long-term stayers there is quite a range of expectations and need. In the short and medium terms, success focuses on the practical aspects of shelter and reduced risks in terms of drinking behaviour and therefore general safety. For some, this is also achieved by facilitated return to their home communities. In the medium term and long term, clients' take-up of training opportunities is significant for setting themselves on a path to successful housing (with a prioritized position on the public rental waiting list), a path that at times is made more difficult due to the short supply of housing exacerbated by the 'two-speed' mining economy.

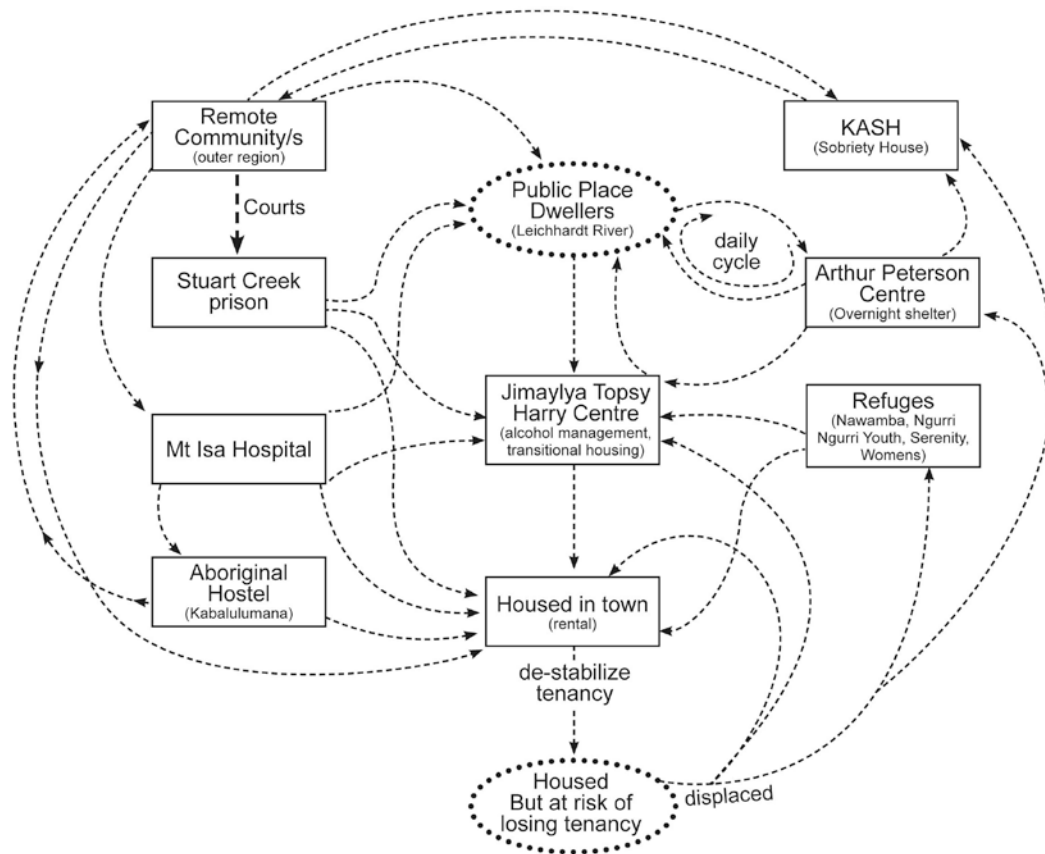


Figure 3: Typical movements of Indigenous people through Mt Isa housing and institutionalized residences, including pathways in and out of the Jimaylya Centre.

The Tennant Creek Women’s Refuge and the Refuge Reportⁱⁱ

Founded in 1989, the ‘Tennant Creek Women’s Refuge Incorporated’ aims to provide

...support, accommodation and protection for women and children who are effected by violence or are in crisis and network with other organisations to provide education and advocacy on the effects of violence on families and individuals. All services are designed to encourage the empowerment of women and children in the Barkly region (Memcott et al 2013b p.24).

The Refuge is rented from Territory Housing and includes a crisis accommodation house of eight beds, Refuge offices, a children’s activity room, an outdoor recreation area, a separate Counsellor’s Office and a storeroom (see Figure 4). Women use the Refuge primarily as victims of Domestic Violence (DV) or Family Violence (FV), either as actual victims or at risk of violence. Other needs include: transport assistance to return home (i.e. dysfunctionally mobile women); respite from crowded households and very stressful domestic environments; and, survival help within non-functional houses (e.g. disabled women).

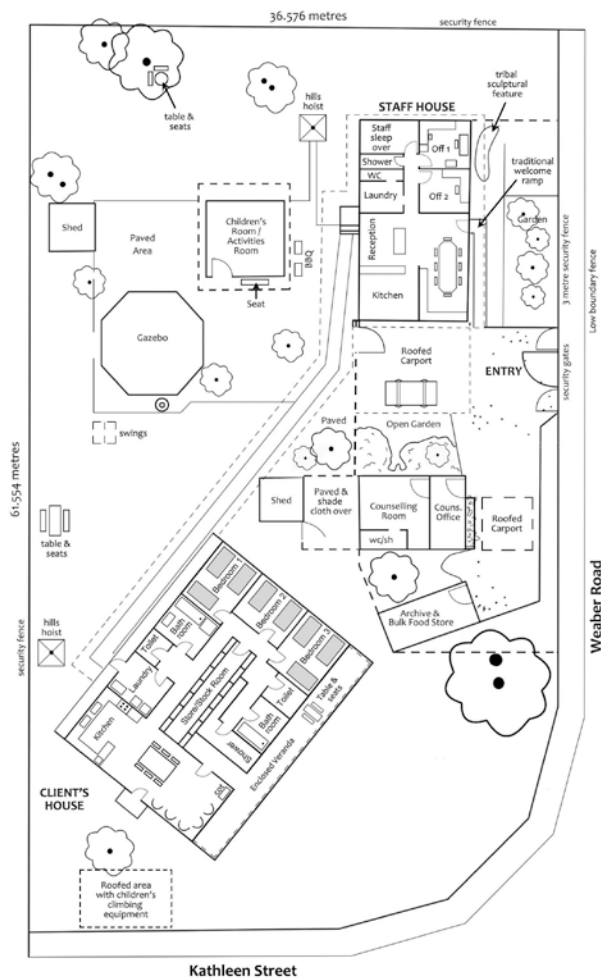


Figure 4: Plan Layout of Tennant Creek Women's Refuge, July 2012.

Clients typically have multiple, co-existing problems including poverty, multiple health issues, social and personal conflicts, dysfunctional children and other family members, as well as substance abuse problems. The referral service thus links women clients to a range of networks and agencies.

Overall, the Refuge struggles weekly to meet demand. Despite the Refuge having many service functions and goals, there is a practical limit to the services that can be delivered at any one time, dependent on the staff capacity and other limitations of space and funding. In terms of the anecdotal understandings of household crowding in Tennant Creek there was strong evidence that people's housing needs were not being met and that the Aboriginal community was experiencing considerable stress which impacted negatively on their health and well-being. Furthermore, our findings suggested a clear link between the reasons why Aboriginal women access the Women's Refuge and the interconnected and complex set of social problems in the town.

Our parallel crowding study of Aboriginal rental tenancies (Memcott & Nash 2013b pp.50-58) revealed that there were an average of around ten Aboriginal people per house with a range of three to 25 during an off-peak time of the year in terms of bush visitations. The study also found that there were high stress levels amongst many households and relatively high frequencies of family violence. Altogether it became

clearer why between 13 and 39 adult women arrive at the Refuge seeking help each month.

The study raised the issue of whether there is room for an improvement in how the national Census records visitors in general (by 'usual residence' definition), and in particular for Indigenous households. By masking or discounting the number and presence of visitors in regions of high regional (or circular) mobility, the Census fails to capture the information that is salient to understanding the underlying reasons why social problems (including FV and DV) and personal psychological health problems (including stress) are prevalent and increasing in particular regional cities of Australia. Most critically for Tennant Creek the services in the town have not expanded commensurately with the increased population.

The population of Tennant Creek has grown only slightly over the ten years inter-census years from 2001 to 2011 but the Aboriginal population has increased by about 50% in this time. Throughout that period however the institutions which provide supported accommodation apart from the Refuge, including Pulkapulka Kari (residential Aged Care), BRADAAG (primarily alcohol rehabilitation), Julalikari Council, Christian Outback Fellowship, Wangkana Kari Hostel and the Tennant Creek Hospital have not substantially increased their accommodation supply (Memcott et al 2013b pp. 38-43). It is not surprising therefore, that the waiting lists are long (and getting longer) and that the period of waiting is also extending. Also, as illustrated in Figure 5, these services are pressured for accommodation by mobility (bush visitors), recycling clients (between services within the town) as well as pre- and post-release clients from the relatively new Barkly Work Camp. These pressures resound throughout the entire services network with each agency constantly aware of how other agencies are operating and where possible moving clients to better meet their needs.

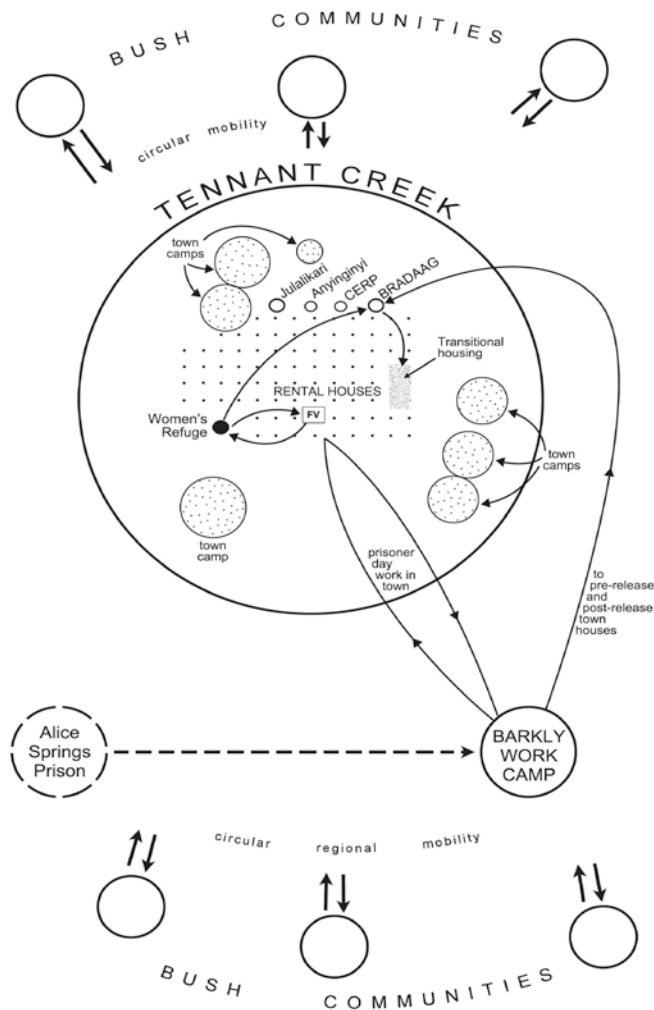


Figure 5: Movements of Aboriginal people from the Barkly Region in Tennant Creek, showing flows between rental housing and transitional housing.

Good practice and social capital

The preliminary analysis of service delivery at the Jimaylya Topsy Harry Centre informs our profiling of good practice at both there and at the Tennant Creek Women’s Refuge. Within the focus study, discussion centred around core principles of harm minimisation, accommodation leading to housing and cultural maintenance and building of social capital. After closer examination, the principle of cultural maintenance and building of social capital and resilience can be further refined and in addition we have identified the role of Indigenous staff and management as a core principle.

Harm minimisation at Jimaylya is achieved by maintaining a balance between (a) reduction in the supply of alcohol, and (b) reduction in the client’s demand for alcohol, within the field of alcohol rehabilitationⁱⁱⁱ. JTHC is significant because it offers the opportunity for both voluntary personal supply reduction and demand reduction, which are not offered in other centres. The JTHC has had many successes in terms of harm minimisation through provision of *emergency accommodation and transitional accommodation* as well as significant numbers who access services and training. The transitional accommodation can move people through ‘tin shed’ style camping with external hearths, through personalized single rooms and eventually

into conventional two-bedroom houses. Further success can at times be temporarily impeded particularly by the lack of surplus rental housing in Mt Isa and the long waiting times for available tenancies. Informal and formal *cultural maintenance* and capacity building programs contributed to client resilience both within the Centre and outside. TAFE programs were conducted for those on the waiting list for housing; and counselling support and referrals were available through case-management for social, psychological and health problems. The high percentage of *Indigenous management and staff* at Jimaylya has established a comfortable social environment for the clients. Most notably the current Manager, a local Aboriginal man has been in the position since the Centre began and is also anecdotally well-liked and professionally respected by clients and the community.

As well as the significant strengths in its approach, the Jimaylya Centre has a physical capacity to accommodate the majority of those in need (although constrained at times of recurring peak demand, e.g. at football finals and annual rodeo). Nevertheless some clients are part of Aboriginal networks which keep them in a cycle of homelessness including river bed drinking and other risky behaviours. There is evidence to suggest that a minority of clients are able to use the Centre in ways not necessarily consistent with its goals, by recycling through the Centre and other facilities (as illustrated in Figure 3), suggesting that progression through the JTHC to tenancies is not readily achievable for this minority group. For such residents, the Centre can also become a venue of lifestyle stability through which they enjoy the balance of drinking and safety after several unsuccessful attempts at passing through.

In comparison to the JTHC, the Tennant Creek Women's Refuge also presents a range of good practice principles but with different strengths and based on reduced resources. The Refuge primarily provides *crisis accommodation* to women (and children) who are victims of Domestic Violence and Family Violence as well as counselling, outreach support for families, and education. Services are available to Aboriginal women from throughout the very large Barkly Region which is characterized by regular circular mobility patterns into and out of its regional centre of Tennant Creek. Although Aboriginal women access the Refuge services primarily as victims (or at risk) of violence, other needs include: transport to return home; respite from crowded households and very stressful domestic environments; and, the need for daily help (e.g. for sick or disabled women). Unfortunately, due to the relatively small population of the Barkly Region and the social dynamics of Aboriginal peoples, it is not readily possible for women victims of violence to simply avoid or evade their families and husbands. Therefore the clients often return to their problematic circumstances resulting eventually in a cyclic pattern of return visits to the Refuge. On the other hand, a primary strength of the Refuge is the *Indigenous management and staff*, who are committed, long-term employees. Recruiting and retaining Indigenous staff is critical for clients to feel safe and comfortable and also for promoting *cultural maintenance*. This need encompasses social and cultural sensitivity as well as physical comfort and the Centre focuses on known areas of need for local Aboriginal women and families. Where possible the Refuge also attempts to build family connections for clients, such as travel to home communities.

A primary challenge for the Refuge is accommodation capacity. To state very simply, demand exceeds supply and the Refuge has had to manage this by limiting the lengths of stay and referring appropriately (e.g. to BRADAAG if intoxicated). It was this information that motivated our original research question: how can an eight-bed facility provide a good practice service in a town with a reported widespread Indigenous crowding problem?

Table 1 sets out the principles of 'good practice' with some comment on their success as well as the challenges for each Centre. When comparing the Centres, we conclude that there are significant contrasts in the potential for effecting change.

Table 1: Social capital perspective on good practice at JTHC and TCWR.

	Jimaylya Topsy Harry Centre	Tennant Creek Women's Refuge
Harm minimisation	Working well – safe place; managed alcohol consumption	Working well within constraints – only 8 beds; safe; no alcohol;
Accommodation	Working well accommodating c 30-50 people; flexible accomm. in shelters 'out the back'; demand exceeds supply for crisis accomm. several weeks each year	Working well but very limited (only 8 women and max. c 7 days stay due to new admissions)
Capacity building	Strong results for transitioning clients; weaker for 'cycling' clients	Counselling during short stay and also referrals; counsellor runs DV workshops at 'Stronger Families' to women who cycle through Refuge
Cultural maintenance	Embodied in Centre ethos and practice; Developing programs	Centre operations responsive to Indigenous client needs;
Indigenous management/staff	Strong Indigenous input through Centre management and daily operations;	Part Indigenous membership on Centre's Board; majority of workers are local Indigenous women; strong links with other Indigenous agencies

The above profile of good practice in the JTHC and TCWR Centres sets the context to explore each Centre's impact on Indigenous homelessness from a social capital perspective. As discussed above, Memmott and Meltzer's (2005) analysis of Aboriginal cultural networks and 'whitefella-type' organisations provides a way of understanding Aboriginal community strengths in relation to community networks and social capital. Building on this analysis this chapter focuses on the institutional level involving the Centres within regional service delivery as opposed to the connections between individuals. Our contention is that the Centres' networks are built largely on the influential role of the Indigenous networks of the management and staff and that it is these networks which facilitate the movement of some clients into pathways out of homelessness. And further, that strong Aboriginal social or cultural networks alone cannot achieve any significant reduction in homelessness. Other conditions need to be met.

If we consider public place dwellers in Mt Isa or Tennant Creek, they are usually maintaining strong Aboriginal cultural networks, but their engagement with white-feller type organisations is minimal, if not zero, except insofar as being picked up by an outreach group then taken to a shelter for a night's sleep and a meal. The modus operandi of the Jimaylya Centre starts with the capacity of the senior Aboriginal staff to connect into the Aboriginal cultural networks of the river campers and demonstrate to them that these networks can be activated and maintained from within the Centre, e.g. in the supervised drinking area. Their second task then is to provide their newly arrived clients with introductions into both Aboriginal-run and government/NGO-run 'white-feller type organisations' in Mt Isa of various sorts in order to fulfil their particular set of needs. This linking represents a type of vertical social capital in many cases, as illustrated in Figure 6. Jimaylya's networking capacities with other government and non-government agencies has been strengthened in recent years by an Australian Government funded homelessness strategy called 'Sheltering the Isa' which regularly brings together agency staff.

Jimaylya's capacity to have a role in the reduction of homelessness is in large part due to the Centre's accumulation and maintenance of its linking capital. The relationships between the Department of Housing and Public Works (DOHPW) and the Centre is illustrative of the way in which a small institution for Indigenous homelessness can assist its clients by trading on its closely networked position within the services industry in Mt Isa, and enabling former public place dwellers to go on an expedited waiting list for public rental housing. DOHPW and other housing service agencies liaise regularly about clients in terms of the waiting list and appropriate available housing.

One of the Jimaylya Centre's strengths is that it is professionally recognised for effective services by many other agencies which refer clients there. Over the years the Centre's reputation has built up so that its place in the services networks is acknowledged; this reputation extends beyond crisis accommodation for public place dwellers and also is a dynamic one. For example, for the first time, the hospital recently referred four pregnant Indigenous women without a home to Jimaylya temporarily. Referrals of this kind are made because of the strong reputation of the Centre and the trust of the Indigenous management/staff. The referring agencies are confident that the Indigenous clients will accept (it is an 'Aboriginal-friendly' place) and benefit from the admission (cf. another centre); and the Centre is keen to help the clients and at the same demonstrate its effectiveness and maintain its social capital in the services network.

Most clients at Jimaylya have had multiple experiences of recycling through the pathways into and out of homelessness (as depicted in Figure 2). In some ways the drinking clients are the most intransigent in the system of homelessness and service delivery; and there are attractions for some clients in recycling through rather than committing to the progression of tenancies.

For that proportion who have successfully transitioned through supported tenancies to mainstream housing, the Centre maintains connections with those clients through regular visits by its counsellor. Furthermore the Jimaylya management activates connections to other agencies in its networks (as in Figure 5). Jimaylya's management has built up good rapport with Centacare, the largest service agency in Mt Isa and their case managers work with the ex-Jimaylya clients to support them in their tenancies. In this way the clients have been able to step out of the cycle of homelessness where previously they might have had to return to Jimaylya. When there is no suitable housing available for long periods, as is often the case in Mt Isa,

Jimaylya is unable to readily convert its good practice into housing outcomes – a frustrating situation for the management staff and clients.

In Tennant Creek, social networks between agencies also appear strong and highly significant for clients. The Refuge (TCWR) and most service centres seem to be following a collaborative or network model rather than a 'silo' approach to servicing homeless people and those 'at risk' in the Barkly Region. In general, two sorts of clients use the Refuge: women seeking respite from difficult living conditions, such as severe crowding, and women as victims of DV or FV. Many clients have a drug and/or alcohol problem (but clients must be sober to enter the Refuge). Their needs cannot be fully met by the Refuge alone and so integration with other services is critical.

Refuge management and staff maintain constructive relationships with other agencies in Tennant Creek and with funding bodies. For some clients, the Refuge can expedite a move to supported tenancy or mainstream housing but this is highly contingent and not a common occurrence. If there is housing available, clients can be placed in BRADAAG accommodation but they must be compliant tenants and able to obey the rules there (particularly no alcohol). As the Refuge manager attests, the possibility of housing through BRADAAG exists only because of the close working relationships between the two agencies' management and staff. The senior staff of the Refuge (both Indigenous and non-Indigenous) also have a network of peers in other DV refuges in Central and Northern Australia with whom they share practice knowledge, and refer clients so that their particular needs can be met.

Within the Tennant Creek Aboriginal community, kinship relationships are the foundation of social life in which people draw on their family 'rights' and responsibilities in almost all interactions. The Refuge also works in this way. The manager is non-Indigenous but strongly connected to the local Indigenous community through her partner and also through her long-term affiliations with the service agencies and with local women (Indigenous and non-Indigenous) engaged with social issues. A major finding on the Refuge is how good practice effectively taps into the Aboriginal social connectedness and associated social problems. As a long-standing service (since 1989,) the Refuge has become an organisation that has a good reputation in the Barkly Region communities; Aboriginal women have demonstrated their trust by coming with all kinds of problems. An understanding of the trust relationship reveals how the social problems in Tennant Creek and the Barkly Region are in many ways interconnected and moreover that the effectiveness of the Refuge stems from its esteemed place in the networks.

The social capital of the Refuge is embedded amongst all its past clients; this is a real strength that can be called upon to provide a wide network of support including advice or direct action to address community problems as they arise (Memmott et al. 2013b p.9). Distinctive forces in the social lives of women clients in Tennant Creek (mobility; crowding; DV/FV; binge drinking) can work against good practice at the Refuge, as can aspects of service delivery in the town (very limited housing stock; other agencies struggling against demand; lack of funding). Accommodation is limited to about seven days for women coming to the Refuge, and in this time frame the Refuge's focus is on respite from the client's crisis situation. The manager can write support letters about a client's housing needs which can be helpful but in general there is 'no exit' because the waiting-lists for housing in Tennant Creek are notoriously long—recently the manager was asked about a client who has been recycling through the centre for ten years (pers. comm. G. Bracken 28/2/2014).

The significance of considering the Refuge from a social capital perspective is a capacity to focus on its values and strengths and the effective role it plays in reducing the impact for women (and families) at risk of homelessness. If the Centre's practice achievements were viewed solely in terms of movement of clients from crisis into sustainable tenancy then the true positive impact of the Centre would appear very limited. With strong community links which generate linking capital there is much scope for better outcomes. What is needed is increased funding and other resources at the Refuge and also more housing in Tennant Creek in which people can be placed.

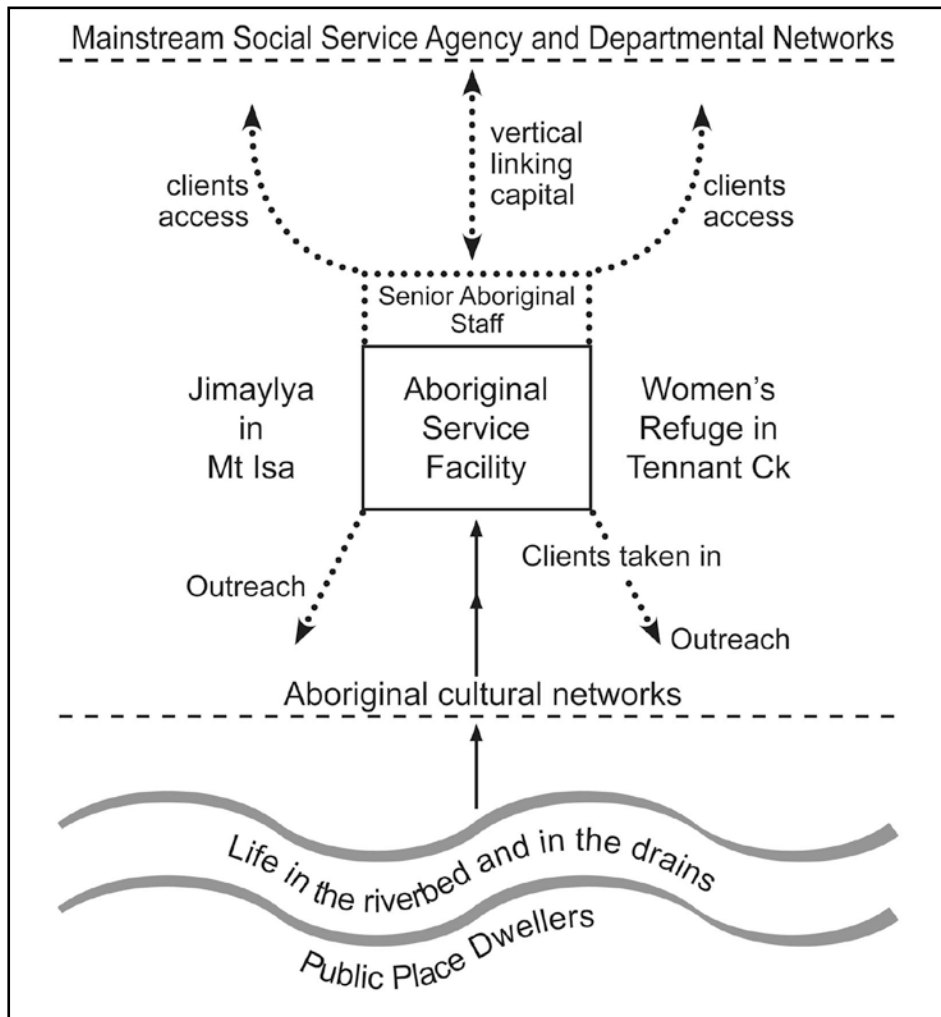


Figure 6: Diagram illustrating vertical capital attainment for rough sleepers via Aboriginal service facility.

Implications for Policy and Practice

The implications for policy and practice from our chapter findings support the recommendations of our previous research in the regions and further highlight the value of fine-grained local research (in this case of social networks) to inform policy and practice for Indigenous people. In a recent report on Indigenous homelessness in regional Australia (Memcott et al 2013a), we outlined how policy and service delivery could be improved for the Centres under discussion here. In broad terms we followed the cultural argument for special services and a better understanding of

Indigenous homelessness categories but also argued that partnerships between government and service agencies need refinement and strengthening.

In another recent report for government (Memcott & Nash 2012), we have also explained the policy settings which govern service delivery for Indigenous homeless people in the Mt Isa region to contextualise the role of the Jimaylya Centre (JTHC). With an unusual approach to homelessness and managed drinking, the Centre fits within the regional homelessness plan, 'Sheltering the Isa', as a front-line service as well as a tenancy support and training institution. Under the Australian Government's umbrella policy of *The Road Home* (Aust. Govt. 2008), which sets out a whole-of-government approach, the regional plan targets the causes of homelessness and alcoholism. It indicates a policy framework that values and necessarily relies on local and community-supported solutions, such as the combined approach of JTHC. Relevant policy changes could focus on early intervention and support of Indigenous people who are at risk of homelessness in Mt Isa and also on the necessary institutional support. In this chapter we have argued for the consideration and support of social networks in Mt Isa to strengthen connections between agencies for the benefit of Indigenous tenants. In particular the role of effective Indigenous management and staff can be increased with targeted support for their roles and the Centres programs.

In a further government report on the Tennant Creek Women's Refuge (Memcott et al 2013b) we identified the pressures under which the Refuge operates (as listed in Chapter 4 of that Report) and so recommended that policy and practice changes occur with respect of funding cycles and the amount of funding and other support. It also noted that as the Refuge is unable to meet current demand for women's crisis accommodation adequately, it is seeking infrastructure growth to increase the number of beds. In tandem with this, provision is required for more support staff, particularly younger Aboriginal women. This current chapter reinforces the view that the Refuge is operating well despite its funding and accommodation constraints but also has focussed on the capacity derived from its connections in local networks of service delivery. The majority Indigenous management and staff with their professional networks together with women who were past clients and members of their extended families, provide the basis of an effective local crisis support centre. Some women are eventually able to use the social capital of the Centre to move out of their cyclical crisis situations.

Conclusion

In profiling good practice in Jimaylya and the Refuge we found that the two Centres represented the social issues of their regions in microcosm. The client pathways in and out of Jimaylya pointed to the extent of associated problems in the Mt Isa region and similarly the women (and families) in crisis in Tennant Creek indexed the largely unexplored Indigenous homelessness there. Our research brought forward some significant findings regarding the Indigenous homelessness and service delivery in both regions. In terms of 'good practice' we were able to expand on the core service principles of harm minimisation, transitional accommodation and Indigenous staffing and social capital. Our research also clearly demonstrated how each Centre has adapted these principles in locally defined ways relying on the efficacy of social networks particularly at the institutional level but within the parameters of available funding and political opportunity.

The two study cities are of contrasting size (Mt Isa c. 20,000 people and Tennant Creek c. 6,000 people) with parallel but contrasting services for homeless people.

Nevertheless the cultural lifestyles and circumstances that create pathways into homelessness (regional mobility, visiting kin, alcohol consumption style) are clearly shared attributes of the two Centres; as are the necessary understandings of Aboriginal social capital, values and networks and the 'vertical' linking capital from collaborative networks of government and non-government agencies that are leveraged by the staff in the two centres to effectively move clients out of their circumstances. Critical professional values in the two Centres highlighted in our analysis are their trust and integrity; values shared with both their clients and other agencies. There are also some structural blockages in both cities for many clients trying to exit homelessness, the most striking of which is the severe shortage of social housing for public rental. Both Centres, as a result, deal with recycling clients, providing dedicated attempts over long periods of time in the face of adversity. A hidden danger for a minority of these clients is becoming institutionalised in the Centre. With greater understandings of how the social networks are built and maintained, it should be easier for policy makers and funding bodies to recognise the strengths in service delivery and develop ways to reinforce and enhance outcomes for Indigenous regional homelessness.

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ⁱ This case study is summarized from Memmott and Nash 2012.

ⁱⁱ This case study is summarized from Memmott et al. (2013b).

ⁱⁱⁱ As summarised in Memmott, Nash & Birdsall-Jones (2013).