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Homelessness Effective Solutions



Consider and share as you please.

Aspiring to Living Feelings First

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Pascas Foundation (Aust) Limited

HOMELESSNESS EFFECTIVE SOLUTIONS

– A one on one support and assistance pathway

Presently, there appears to be no coherent support system, let alone a comprehensive approach and holistic agenda to alleviate the crisis being experienced by anyone that is homeless, or possibly becoming homeless, let alone a long term solution and pathway for any individual of any age that may potentially become homeless or is homeless!



OTHER TRIGGERS TO CONSIDER ARE NATURAL DISASTERS AND CHILDREN AGING OUT OF FOSTER CARE.

What triggers Homelessness?

ADDICTION – Substance abuse is both a cause and a result of homelessness, often arising after people lose their housing. However the underlying driver bringing rise to addictions is childhood suppression!

LOSS of JOB – Unexpected loss of jobs has caused great dislocation among families and has dramatically added to the number of people without a roof over their heads.

EXPENSES GREATER than INCOME – More than at any other time, there is a lack of housing that low income people can afford. Without housing options, people face eviction, instability and homelessness. Inequality is growing in the extremes worldwide.

EVICTED by FAMILY MEMBER – Homelessness may begin as couch-surfing or crashing with friends, which is less drastic than sleeping outdoors.

SICK / DISABLED / MENTAL ISSUE – An acute physical or behavioural health crisis or any long-term disabling condition may lead to homelessness. Homelessness also exacerbates chronic medical conditions. Again, these originate through our carers during are early forming years – conception on.

DIVORSE / BREAK UP – Divorce costs and the associated lowering of a family's total income can cause one or more family members to become homeless.

DOMESTIC VIOLENCE – Many survivors of domestic violence become homeless when leaving an abusive relationship.

INCARCERATED – Almost 50,000 people a year enter homeless shelters immediately after exiting incarceration. Returning from jail, prison or juvenile detention places an immediate barrier to stable housing and employment. Prison systems do not prepare inmates for their return into society.

Other triggers to consider are natural disasters and children aging out of foster care.

There are many other contributing factors and most homeless people typically cite several primary causes. Thus, there is no common denominator – each homelessness is a unique situation and experience. Thus an experienced case management team that is well skilled is required.

Correlation of Levels of Consciousness – Soul Condition – and Society Problems Truth vs Falsehood / Map of Consciousness (MoC) by Dr David R Hawkins 2005				
Level of Consciousness	Rate of Unemployment	Rate of Poverty	Happiness Rate “Life is OK”	Rate of Criminality
600 +	0%	0.0%	100%	0.0%
500 - 600	0%	0.0%	98%	0.5%
400 - 500	2%	0.5%	79%	2.0%
300 - 400	7%	1.0%	70%	5.0%
200 - 300	8%	1.5%	60%	9.0%
100 - 200	50%	22.0%	15%	50.0%
50 - 100	75%	40.0%	2%	91.0%
< 50	95%	65.0%	0%	98.0%

WORLDWIDE relationship of MoC calibration with Life Experiences Life Expectancy, Development, Happiness, Education, Income							
MoC	No. of Countries+ Territories	Average MoC	Average Life Expectancy	Human Development Index	Happiness Index	Education Index	Per Capita Income 2021
400s	22	405	82.2	0.924	7.1	.890	US\$63,032
300s	71	343	77.2	0.794	6.1	.741	US\$30,154
200s	50	251	72.7	0.676	5.3	.610	US\$16,560
High 100s	38	174	70.5	0.659	5.0	.600	US\$12,516
Low 100s	21	119	67.1	0.587	4.6	.501	US\$7,081
Below 100	14	74	65.3	0.565	4.4	.501	US\$6,377
WORLD	216	220	73.3				US\$17,110

However, no one cites the overarching cause. Childhood Suppression being a consequence of our parents and parenting!

The Map of Consciousness (MoC) calibration, as developed by Dr David R Hawkins, brings to attention the foundations leading to a subsequent homelessness. The elephant in the room is Childhood Suppression. We live out our life mirroring our parents’ consciousness conditions including their errors of belief, emotional injuries and specifically their levels of consciousness. We are never living true to ourselves!



MAP OF CONSCIOUSNESS

Level	Log
ENLIGHTENMENT	700-1000
PEACE	600
JOY	540
LOVE	500
REASON	400
ACCEPTANCE	350
WILLINGNESS	310
NEUTRALITY	250
COURAGE	200
PRIDE	175
ANGER	150
DESIRE	125
FEAR	100
GRIEF	75
APATHY	50
GUILT	30
SHAME	20

Map of Consciousness from Dr David R Hawkins, M.D., Ph.D. "Power vs Force".

PERSONALITY TRAITS:

Less than two dozen people on planet Earth.

Would not pick up a weapon let alone use it. These people gravitate to the health industry and humanitarian programs.

Debate and implement resolutions without argument and delay. 470

Debate and implement resolutions in due course. 440

Debate and implement resolutions with some degree of follow up generally needed. 410

Management supervision is generally necessary.

Politics become the hope for man's salvation.

Cause no harm to others starts to emerge.

Power overrides force.

Illness is developed by those man erroneous emotions that calibrate 200 and lower.

Armies around the world function on pride. Force is now dominant, not power.

Harm of others prevails, self-interest prevails.

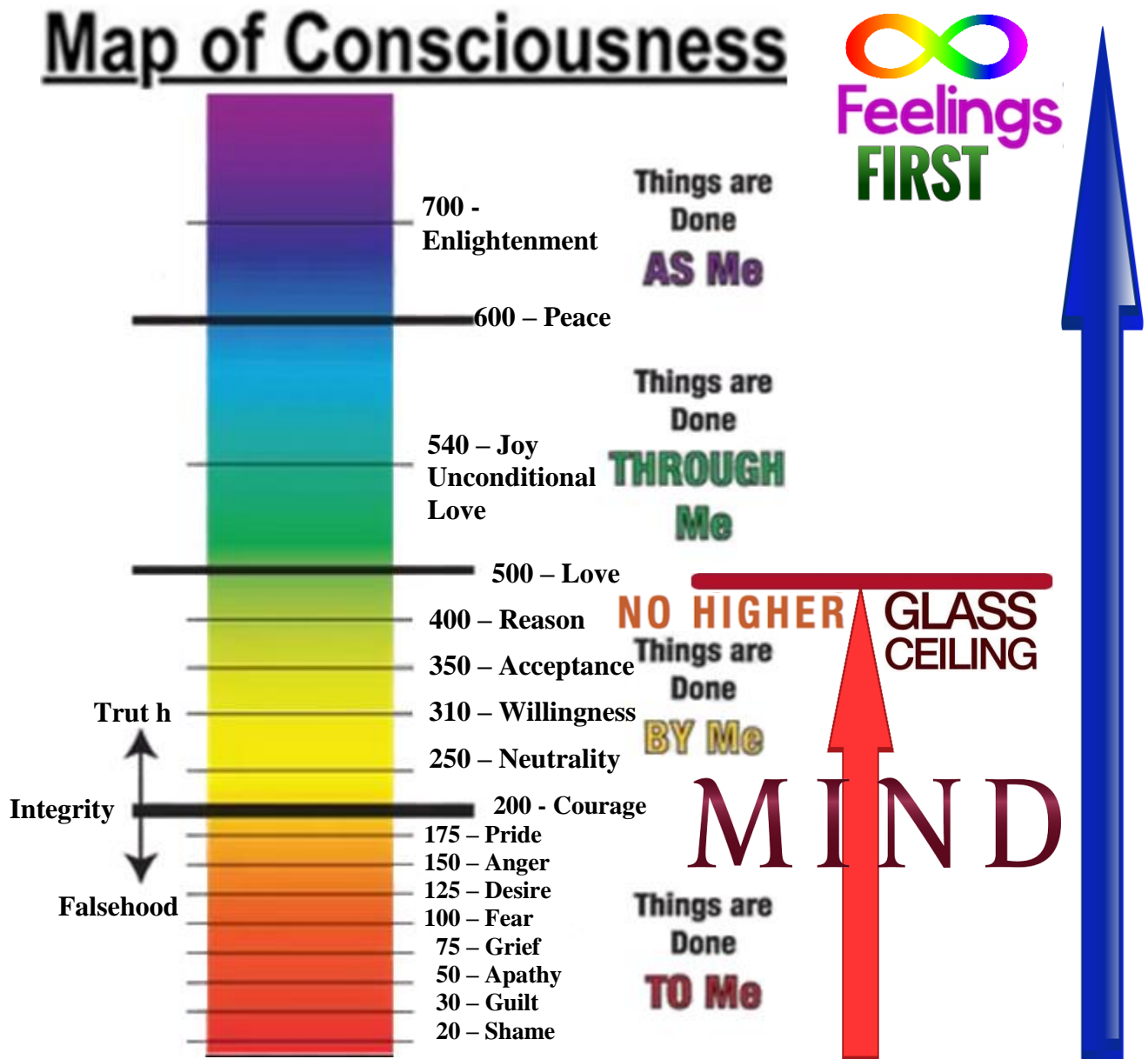
Totally self-reliant, not God reliant.

Fear dominates all motivation.

Suicide is possible and probable.

At these levels, seriously harming others for even trivial events appears to be justifiable.

Poverty, unemployment, illness, etc., this is living hell on Earth.



This outline of the Map of Consciousness spells out the fact that while we live Mind-Centric and ignore and suppress our Feelings we cannot pass 499 MoC. Our mind being in control, as we have all been indoctrinated to live, is a glass ceiling. Humanity cannot heal anything, cannot be spontaneous, has no intuitiveness, and is locked into living in the deep hell states. This is why people find themselves in abusive homes, domestic violence, housing stress, homelessness and gross difficulties of all kinds. This is why we are easily manipulated, embrace propaganda and are being controlled by a few.

Women are closer to their feelings and that is why the nursing profession hosts a lot of women who calibrate a little over 500. These women are the healers in hospitals.

By aspiring to live Feelings First we are each breaking the glass ceiling and opening our potentials to grow in truth and love not only to 1,000 MoC, but to infinity. This is our destiny.

As communities embrace living Feelings First and having their minds to follow in supporting what their feelings are guiding them with, then ALL of the social ills of society will begin to mitigate. Please, do you comprehend the importance of what is being shared throughout this document?

The Drama of Life:

'I had a pretty good upbringing' in comparison to other people!

Parents have NO understanding of Love.

Parents have NO understanding of Law of Free Will.

Parents have NO understanding of blocking emotions.

Parents have NO understanding of causal / core emotions.



**Feeling
Unloved
and
Unwanted**



**EMOTIONAL
ABUSE from
PARENTS**



We, as parents, were born into the Rebellion and Default, having no idea it existed or what it was about. The Rebellion and Default formally ended on 31 January 2018. We now understand that through suppressing our children's true personality, having them live through their minds rather than through their soul-based feelings, this suppression and repression practiced world-wide has induced universal depression. Only through Feeling Healing, longing for the truth behind all feelings, both good and bad, and expressing all that comes to us, will we free ourselves of these errors and heal ourselves. Vibrancy and truth is our destiny!



Suppression & Repression = Universal Depression
Suppression of feelings being the core cause!

OUR FORMING YEARS are MOST DYNAMIC and TRAUMATIC:

Age-group	Age
Gestation	conception to birth
Newborn	0 days to 1 month
Infant	1 month to 1 year
Toddler	1 to 3 years
Preschool	3 to 6 years
School age child	6 to 12 years
Adolescent	12 to 18 years

Our childhood formative years are from conception through to age of 6 years. Commencing at conception, we begin to take on all of the injuries and errors of belief of our parents and carers. We capitulate to adopting the 'personality' that our physical parents impose upon us, to the detriment of our true personality.



Somehow,
we go on
smiling and
laughing...



HOMELESS HELPING HAND

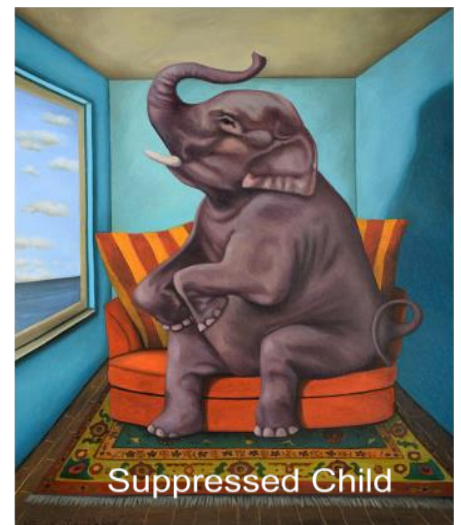
Homeless Helping Hand is truth! Presently, every one of us is suffering a mental condition at some level! We have all been misled. We have all been indoctrinated and now we are all living within a physical hell and no one is grasping just how comprehensive our entrapment is and how profoundly all-embracing it is.

By far and away, the biggest step in becoming able to assist a person in crisis, be they homeless or in danger of becoming homeless, is to understand the person's childhood upbringing scenario. Between the moments of conception through to the age of six years we are each submerged into all of the emotional injuries and errors of belief of our parents, our siblings and carers. We have our true personality put aside and we are moulded into the 'personality' that our parents or parent perceive that we should be. We mirror our parents' injuries and errors of belief. And then we go on living our life submitting to our parents' will and living in fear of them should we dare to deviate from their impose will.

Our level of consciousness mirrors that of one or the other of our parents should they differ in their Map of Consciousness (MoC) calibration, as per Dr David Hawkins' table. Using kinesiology muscle testing, these calibrations can be determined within a few minutes. For counsellors to truly assist a client / friend it is imperative that the nature of the person's childhood upbringing and environment be fully investigated and recorded. It is the healing (slowly) of such childhood trauma that is achieved through Feeling Healing that will progressively step the personality out of the issues bringing about homelessness.

The driver of homelessness is the person's parents and their parenting!

The homeless, or those in danger of homelessness, may present with any combination of issues, such as mental illness, illness in general, disabilities, compulsions that become set in before the age of two years, addictions, domestic violence, family breakdowns, loss of employment, incarceration, veteran, financial issues, environmental disasters, civil unrest, war, escaping slavery, and a host of other events, however, underlying all of these is Childhood Suppression. Every person's situation is unique, there is no consistency of ratios and numbers between communities or individual circumstances. Support teams need to be multi-faceted and be able to vary their focus and approach to engage directly on a client by client experience.



Generally speaking, a person may present themselves with two or three major issues accompanied with a couple of other lesser issues that put the focus of assistance and support upon them BUT never is the driver of all these difficulties been focused upon, being our Childhood Suppression.

Never has it been previously understood that ALL of our disabilities and childhood illnesses are of direct consequence of our physical parents' emotional injuries and errors of belief. Thus, the parents of young people presenting themselves for assistance will also benefit personally should they be open or open themselves to consider what is now understood about Childhood Suppression and their own Childhood Suppression which commences at the moment of conception and continues through to age six years!

SOCIAL HOUSING in five categories:

- Supportive Housing for the Aged – long term
- Disability Housing – long term
- Domestic Violence and Crisis Housing short to long term
- Youth Foyer (ages 16 ~ 25) to learn and earn
- Common Ground for troubled tenancies being supportive housing
(Veterans and non-resident supportive housing which overlaps into the other five)

WHAT IS COMMON GROUND SUPPORTIVE HOUSING?

<https://www.commongroundqld.org.au/index.php/about-us/what-is-supportive-housing/>

Supportive housing offers long term, safe, affordable housing that is intentionally linked to dedicated, tailored support services.

Supportive housing can be delivered in high density multi storey buildings, such as Brisbane Common Ground (Queensland), or in lower density and scattered site dwellings as delivered in our Supportive Housing 4 Families Program.

Supportive housing is a solution that can end the cycle of homelessness for the most vulnerable individuals and families in Queensland, Australia. It offers a permanent alternative to rough sleeping, couch surfing and crisis accommodation.

Fundamental to the success of supportive housing is the shared vision of a tenancy and property manager and a support provider who work in partnership with tenants to sustain their tenancies. Permanent housing is the first step to stability, it allows people to more effectively deal with the challenges that had previously kept them homeless. Over time tenants are enabled to maximise their opportunities for an independent and healthy life.

The Common Ground model of Supportive Housing originated in New York City in the early 80's. Due to the success of the model in ending homelessness it has expanded internationally. Five Australian States and one Territory now have at least one Common Ground development. The sixth State is currently planning for two new developments.

Brisbane Common Ground opened in July 2012, it is Queensland's first supportive housing initiative. The principles developed in the successful New York City Common Ground model, have been adopted by Common Ground Queensland and used to implement a specialised supportive housing property and tenancy management approach at Brisbane Common Ground.

Design – A thoughtfully designed and well maintained positive home environment that includes community spaces and opportunities for the wider community to participate. An asset for the whole community.

Permanency & Affordability – Housing is permanent, affordable and self-contained with rent less than 30% of income.

Tenancy Mix – There is a mix of tenants with a proportion having experienced homelessness and some who have not. The mix ensures a vibrant and diverse building community.

Safety – A concierge service is provided 24 hours a day, 7 days a week to ensure a welcoming but controlled access to the building.

Support Services – Onsite support services offer a holistic, tenancy focussed service to tenants who require support to remain housed and achieve their goals and aspirations. The Property and Tenancy Manager works in partnership with support provider, and tenants to sustain tenancies.

Social Inclusion – Each element of supportive housing aims to create the greatest degree of empowerment and independence for individuals as well as a thriving community for tenants and neighbours.

WHAT IS AFFORDABLE HOUSING?

The Affordable Housing program recognises that there is a shortage of housing available to people who are on limited incomes and aims to increase the supply in areas where people want to live, learn, and work.

Common Ground Queensland offers affordable housing at Brisbane Common Ground to tenants who meet the eligibility requirements set out by the Department of Housing and Public Works. The rent charged to affordable housing tenants is charged at 75% of the market value. Preference is given to tenants who are currently working or studying around the Inner Brisbane area. (Nevertheless, rents should not exceed 30% of the income of the occupiers.)

The mix of affordable and supportive tenancies creates a diverse building community and opportunities for increased social inclusion.

**LIVE TRUE TO OUR FEELINGS;
AND LONG FOR THE TRUTH OF THEM.**

SUPPORTIVE FACILITIES and SERVICES

Reinventing and repeating what has been undertaken in the past and expecting differing results is insanity.

That is what mostly unfolds throughout our lives and that is how it has been for many generations.

Overarching any experience in a Helping Hand environment is change of environment and change in the way to live.

Awareness of what living mind-centric and suppressing one's feelings is the fundamental drivers of our difficulties. This is a consequence of Childhood Suppression and that is to be understood and the pathway to mitigate its imposts upon our individual lives is to be provided. This requires extensive introduction and then the environment and opportunity to commence to express one's feelings and what they are drawing our attention to.

Thus, common areas for guests of the facility is to enable the gathering into twos or as small groups and this is to be readily available without interruption and in relative privacy. So, community gathering points for small groups as well as communal groups of around a dozen are to be available.

This is what sets a Helping Hand facility apart from all others. This feature of understanding and awareness is imbedded into all aspects of the support options and pathways that are part and parcel of the residential complexes and visiting services.

A typical centre has the infrastructure to assist in all areas of support that anyone may consider needed for their unique

situation. This is all coordinated by social workers who have been trained comprehensively and with the understandings of living feelings first rather than remaining mind-centric. Thus:

Assessment on meeting up may take several hours and appropriate people being available:

Nurse availability may be 24 / 7

Security is also 24 / 7 to ensure a safe environment

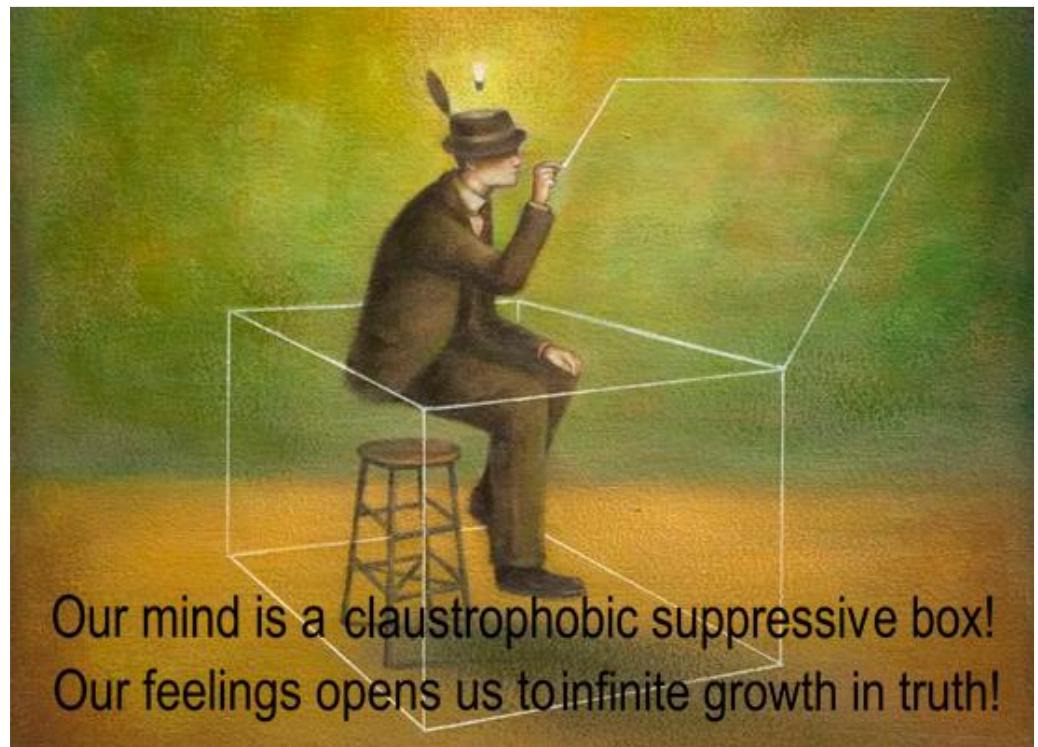
Emergency pickup maybe immediate through Uber assistance

Provision of a secure room, shower, meal and emergency clothes with toiletries

Medication through assisting pharmacy

All aspects of needs is assisted with then training in what is purposeful for the guest can be ongoing in crafts and trades as appropriate. Education that leads to employment is supported.

The needs are diverse and complex and every consideration and requirement is welcomed.



**ONCE YOU KNOW -
YOU CANNOT UNKNOW!**

Mary Magdalene

Health and Healing of all our bodies.

“The real KEY to our Healing is longing for the Truth, and that is the truth that will come from our feelings. If you don’t want the truth of what you are feeling, then you can forget it. You can express your feelings all day like a kettle letting off steam, however if you’re not seriously wanting, and longing hard, and praying with all your will to God to help you uncover and see the TRUTH that your feelings are to show you, then you can forget it. The expressing and releasing ARE just as important, however a little less than longing for the truth.”

James Moncrief 28 May 2018



and longing for the Truth about what our feelings are drawing our attention to. We need to know, and before we can know, we WANT to know. And once we know, we cannot unknown!

This being in conjunction with:

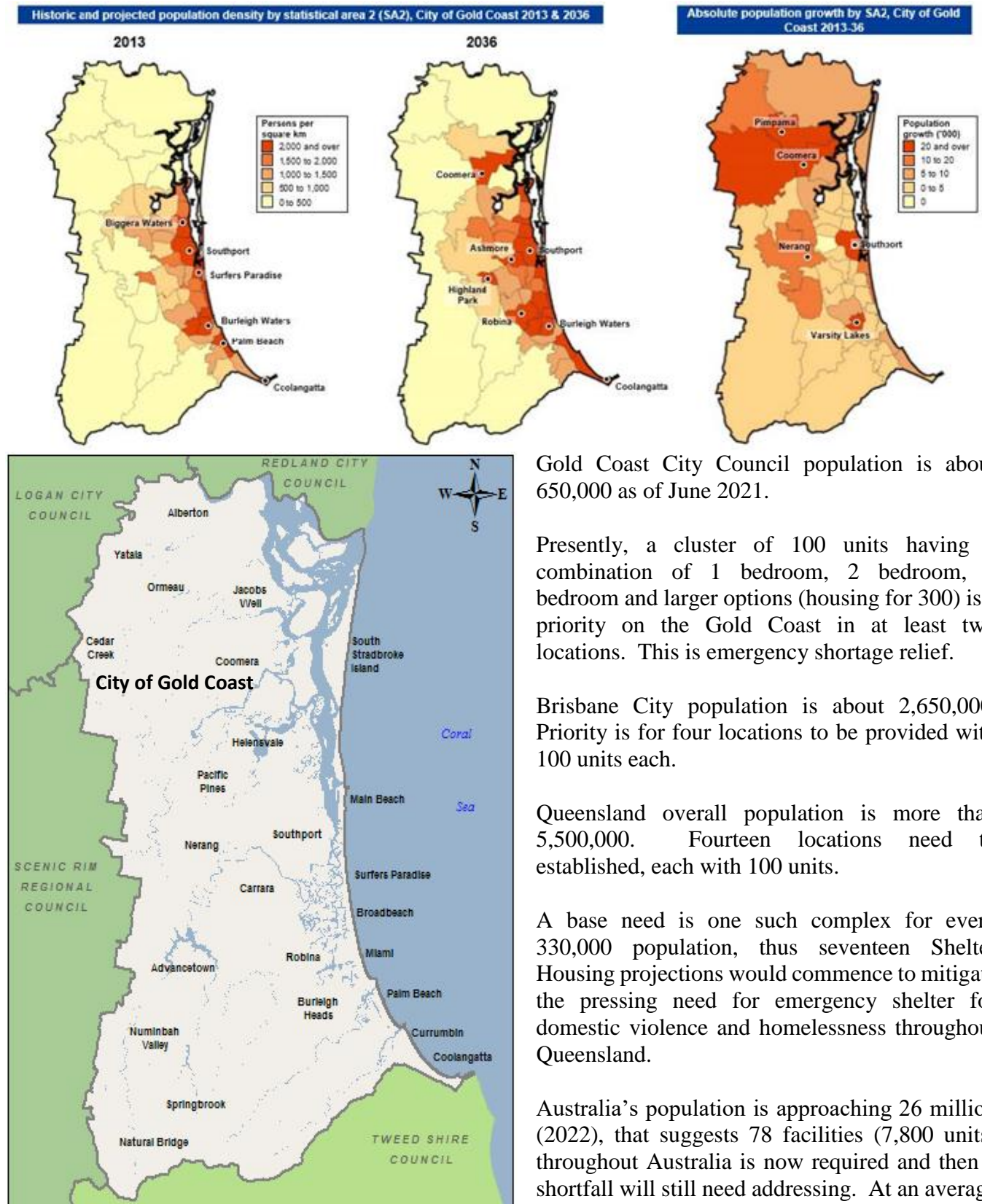
The GOLDEN RULE

Never interfere with another's will.

We are not to impose our will upon another!

*One must always honour another's will as
one honours one's own.*

GOLD COAST, Queensland, Australia:



Gold Coast City Council population is about 650,000 as of June 2021.

Presently, a cluster of 100 units having a combination of 1 bedroom, 2 bedroom, 3 bedroom and larger options (housing for 300) is a priority on the Gold Coast in at least two locations. This is emergency shortage relief.

Brisbane City population is about 2,650,000. Priority is for four locations to be provided with 100 units each.

Queensland overall population is more than 5,500,000. Fourteen locations need to be established, each with 100 units.

A base need is one such complex for every 330,000 population, thus seventeen Shelter Housing projections would commence to mitigate the pressing need for emergency shelter for domestic violence and homelessness throughout Queensland.

Australia's population is approaching 26 million (2022), that suggests 78 facilities (7,800 units) throughout Australia is now required and then a shortfall will still need addressing. At an average of 3 persons per unit, that equates to provision for

23,400 persons and the known shortfall is being estimated at 520,000.

Research by the Australian Housing and Urban Research Institute shows Australia is short 173,000 affordable dwellings for rent (consider 3 persons per dwelling) to house 520,000, with Sydney short 60,000 dwellings.

Social housing across Queensland, there are:

**more than 21,000 one-bedroom properties,
about 18,000 two-bedroom homes,
more than 25,000 three-bedroom homes,
6,000 four-bedroom homes and 1,000 larger homes.**

Consider 1 resident per each one-bedroom unit	30 units	30 residents – single adult
Consider 3 residents per each two-bedroom unit	30 units	90 residents – single adult
Consider 4 residents per each three-bedroom unit	30 units	120 residents – single adult
Consider 6 residents per larger units	<u>10</u> units	<u>60</u> residents
Total	100 units	300 residents

Thus 100 adults
with 60 children aged 0 to 6 years
60 children aged 7 to 12 years
50 children aged 13 to 16 years
and 30 mature aged dependants.
300 residents

A Chaldi Chappy is a Pascas Community Counsellor, holding a Social Worker certificate level IV with PfD in the field of Social Work – Living Feelings First.

This is what are the qualifications of a Pascas Counsellor who is also referred to as a Chaldi Chappy having received training through a Chaldi College as an alternative to Pascas University.





Women's Shelter
for 10 women or
6 mums with 10 children



Social Worker certificate level IV with PfD in field of Social Work – Living Feelings First



The Australian wide Need

The current construction rate of social housing – is a little more than 3,000 dwellings a year!

Simply preventing the existing problem from getting worse calls for nearly 15,000 extra dwellings a year to be built. That's a little over 290,000 homes over the next 20 years.

To eliminate the backlog as well would require an annual program averaging 36,500 units. This would need to begin gradually to build capacity and avoid inflating costs.

The 2016 census counted 116,000 homeless people across Australia. Recognising that some would choose not to live alone, we estimate that our homeless population implies **a need for about 47,000 extra dwellings now.**

Second, our analysis considers the group whose housing needs are not being met by the market. These households are on very low incomes (excluding student households), in private rental housing, and in rental stress – where rent is more than 30% of their earnings. If you are on a very low income, housing costs of this order mean going without other essentials.

Collectively, these components imply a current backlog of 433,000 social housing dwellings.

Table 2: Estimated construction cost, and dwelling type distribution (2017 prices)

Section of Australia	Share of needed growth	Range of estimated cost/unit	Distribution of unit type			
			detached	attached	low-rise	high-rise
Greater Sydney	19.3%	\$210k–\$614k	0%	21%	60%	19%
Rest of NSW	9.9%	\$173k–\$393k	79%	21%	0%	0%
Greater Melbourne	17.5%	\$220k–\$442k	0%	70%	13%	17%
Rest of VIC	5.3%	\$170k–\$203k	100%	0%	0%	0%
Greater Brisbane	10.9%	\$208k–\$357k	15%	61%	23%	0%
Rest of QLD	13.2%	\$179k–\$285k	72%	28%	0%	0%
Greater Perth	9.4%	\$184k–\$316k	0%	92%	8%	0%
Rest of WA	2.5%	\$162k–\$265k	100%	0%	0%	0%
Greater Adelaide	5.6%	\$184k–\$261k	0%	83%	17%	0%
Rest of SA	1.3%	\$146k–\$157k	100%	0%	0%	0%
Greater Hobart	0.9%	\$271k	100%	0%	0%	0%
Rest of TAS	1.0%	\$172k–\$189k	100%	0%	0%	0%
ACT	1.2%	\$418k	0%	100%	0%	0%
Greater Darwin	0.4%	\$256k	0%	100%	0%	0%
Rest of NT	1.5%	\$186k	100%	0%	0%	0%
Overall	100.0%	\$146k–\$614k	32%	44%	18%	7%

Source: authors.

Addressing the deficit and future need will call for the construction of some 730,000 new social dwellings over the next 20 years. This equates to an annual average growth of 5.5% over the existing stock. 36,500 new social dwellings are required throughout Australia every year.

Newly emerging need will expand the shortfall to 727,000 dwellings by 2036 being 36,500 homes per annum being required.

Table 4: Comparison of five investment pathways

Program Summary	Scenario 1: Yr1 total	Scenario 2: Yr1 Total	Scenario 3: Yr1 Total	Scenario 4: Yr1 Total	Scenario 5: Yr1 Total
Total development costs (excl. GST and taxes)	\$7.0 billion	\$6.4 billion	\$5.8 billion	\$5.7 billion	\$5.4 billion
Total operating costs	\$2.8 billion	\$2.8 billion	\$2.8 billion	\$2.8 billion	\$2.8 billion
Rental income	\$3.2 billion	\$3.2 billion	\$3.2 billion	\$3.2 billion	\$3.2 billion
Operating Subsidy/Capital Grant	\$5.4 billion	\$4.8 billion	\$4.2 billion	\$4.1 billion	\$5.0 billion
CRA Payments	\$1.2 billion	\$1.2 billion	\$1.2 billion	\$1.2 billion	
Government subsidy	\$6.6 billion	\$6.0 billion	\$5.4 billion	\$5.3 billion	\$5.0 billion
Savings on Yr1 scenario	—	9%	18%	20%	24%

Source: authors.

Now to address the Root Cause!

Provision of Family Shelter accommodation is to be considered in modules of 10 and then of larger modules of 100. This is to bring about practical support arrangements. Support counsellors are more appropriately engaged in supporting ten women or six mothers with ten children.

When providing educating and training facilities, then the diversity of requirements tend to generate practical utilisation when supporting 100 accommodation units. **Such accommodation units maybe 1, 2, 3 or more beds. Consider a configuration of 30 x 1 bedrooms, 30 x 2 bedrooms, 30 x 3 bedrooms and then 10 units with 4 or even more bedrooms. Essentially the population per unit is not to exceed six persons all being of the one family.**



NOW for the PATHWAY FORWARD

During Dr David R Hawkins development of the Map of Consciousness, utilising kinesiology muscle testing and working the energy calibrations factoring based on the common log of 10, the overall calibration for Earth's humanity progressed from 190 progressively to around 207. A few years ago, the calibration was 212. As of 2021 it is 220.

Consciousness Calibrations Worldwide	
Level of Consciousness	Percentage of population
600 +	1 in millions
540 +	0.4%
500 +	4%
400 +	8%
200 +	22%
200 -	78%
World wide average	220

Note: The Map of Consciousness scale is from 1 to 1,000

The Map of Consciousness (MoC) table is based on the common log of 10. It is not a numeric table.

A calibration increase of 1 point is in fact a 10 fold increase in energy.

A calibration increase of 10 points is in fact a 10,000,000,000 fold increase in energy.

Thus the energy differentials are in fact enormous!

This very significant rising in the overall calibration of Earth's humanity is a direct consequence of the Avonal Pair, now on Earth, who have taken on the extremes of the Rebellion and Default errors and injuries, progressively healing themselves so as to be able to show all of humanity how to also proceed through our healing. These are the people of a higher consciousness, having come from Paradise, who are able to 'solve the problem' and lead the way. "Feeling Healing" is the way. Due to the immense soul quality of the Avonal Pair, it is their soul condition that as they have progressively healed themselves so as to show us the way, which has lifted the overall calibration of Earth's humanity!

Creating a self-sustaining community of 1,000 people requires housing and support personnel. Such a community may be that which consists of a configuration of the equivalent of three "family shelters". This may directly involve counsellors, psychologists, nurses, doctors, pharmacists, nutritionists and a host of financial and legal support people. Then there are all the industries and professions to deliver clean air, potable water, nutritious food, safe and secure housing. And most of all are the education systems. To create and operate a self-sufficient and self-sustaining community of a thousand people requires all the same skills and support system required in nation building.

Considering a Family Shelter of 100 units with an overall population of 300, we may anticipate that 100 adults would be with 200 children including mature aged dependants and that the children would range in age from 0 to 16 and the mature age dependents would be of any age.

A 100 unit Family Shelter population:

Thus 100 adults

with 60 children aged 0 to 6 years

60 children aged 7 to 12 years

50 children aged 13 to 16 years

and 30 mature aged dependants.

300 residents (3 per unit average)

One counsellor is best engaged with 10 adults or with six mothers and their 10 children when assisting those escaping domestic violence. As a Family Shelter may have 100 adults, with between 60% to 75% escaping domestic violence, then around 15 counsellors with experiences encapsulating the skills called upon may be appropriate for such a community. These being counsellors with Social Worker certificate level IV + PfD in the field of SOCIAL WORK – LIVING FEELINGS FIRST.

- A frontline facility may be a Pascas Café with showers, laundering, business centre and meetup area.
- A small Pascas Family Shelter would have 1 counsellor to assist 10 adults or 6 mothers with 10 children.
- A medium Pascas Family Shelter may have 30 units to house 90 residents with meeting rooms, community play areas and have 5 or 6 counsellors.
- A full Pascas Family Shelter may have 100 units to house 300 residents with Pascas Crèche, Pascas Café, community meeting area and business facilities and have 15 counsellors including administration.



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A base need is one such complex for every 330,000 population, thus seventeen Shelter Housing projections would commence to mitigate the pressing need for emergency shelter for domestic violence and homelessness throughout Queensland.

Australia's population is approaching 26 million, that suggests 78 facilities (7,800 units) throughout Australia is now required and then a shortfall will still need addressing. At an average of 3 persons per unit, that equates to provision for 23,400 persons and the known shortfall is being estimated at 520,000. This agenda addresses only 5%.

Budget AU\$700,000 per unit, a 100 unit complex budget may be AU\$70,000,000. 78 facilities would amount to AU\$5.46 billion and then add community Pascas Cafes as well as medium and smaller shelters for regional communities; then a budget of possibly AU\$9 billion is to provide for establishment and ongoing operating costs until the facilities become financially self-funding. The focus of this endeavour is to primarily address the shortfall in housing availability for domestic violence victims and non-residents.

simple is what life is meant to be!

Pascas Team Development

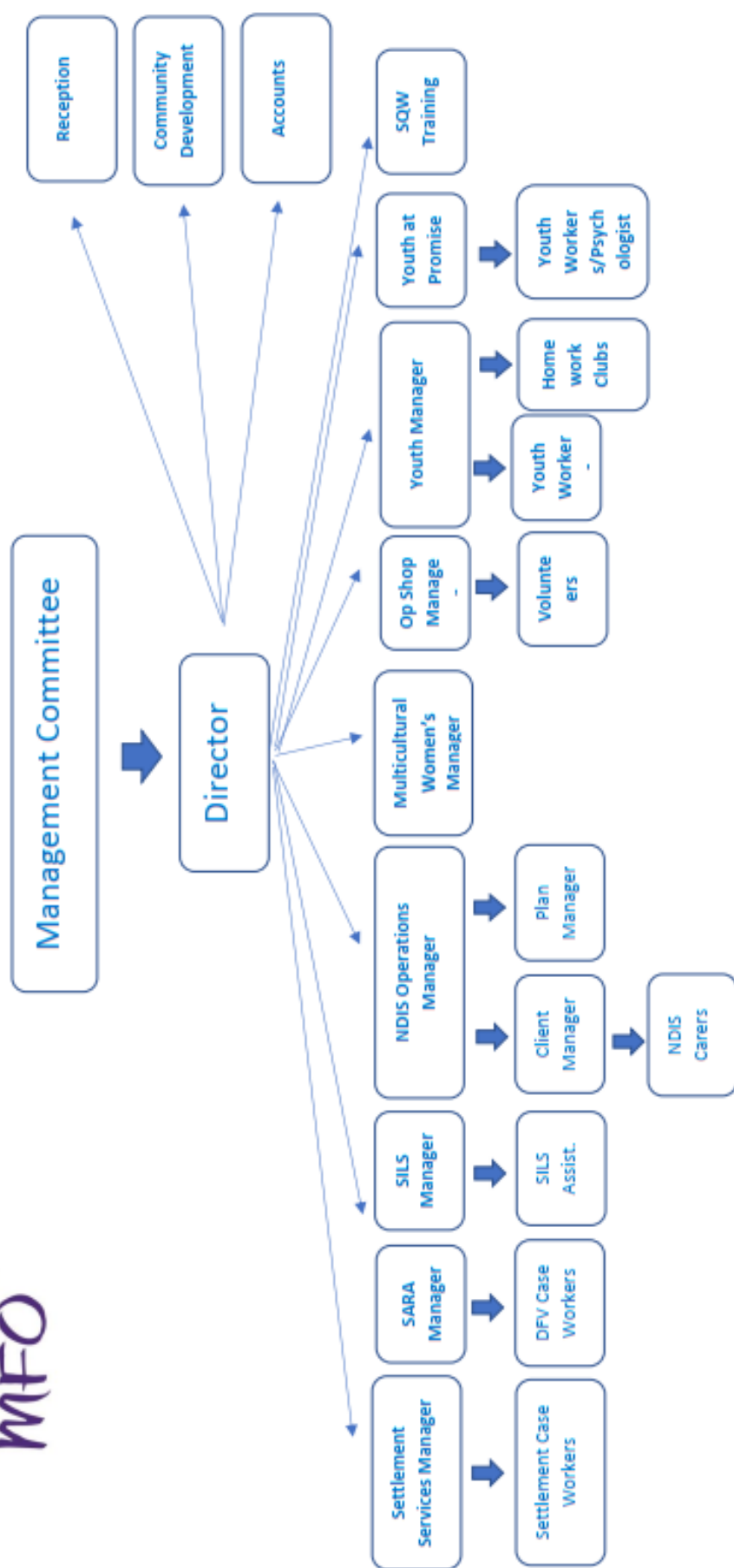
CASE MANAGEMENT

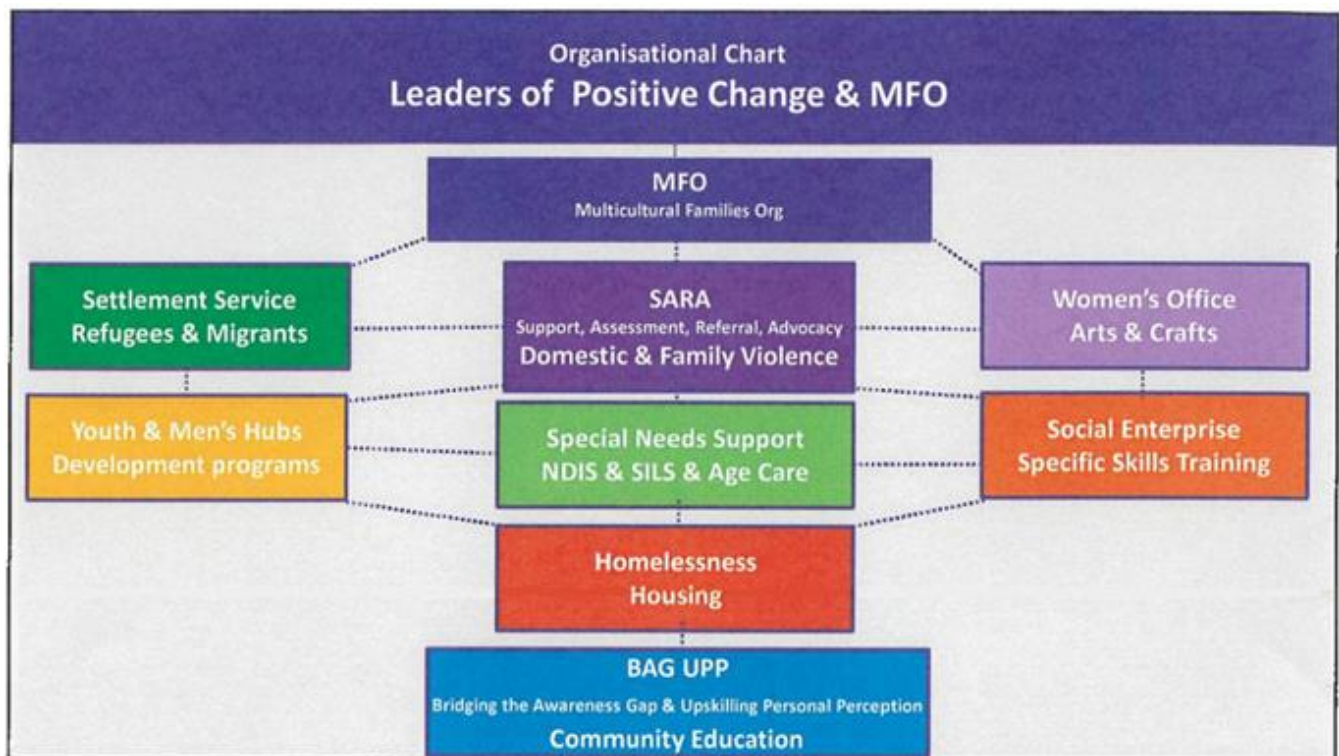




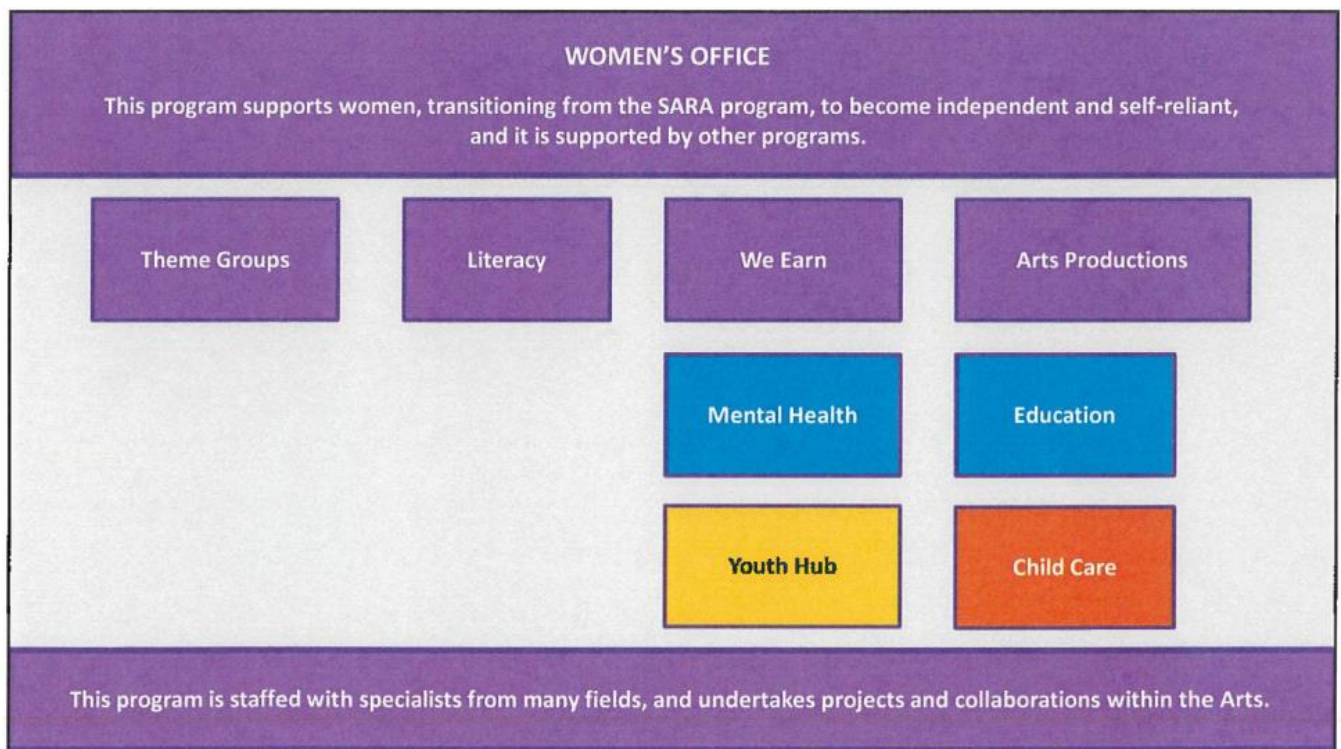
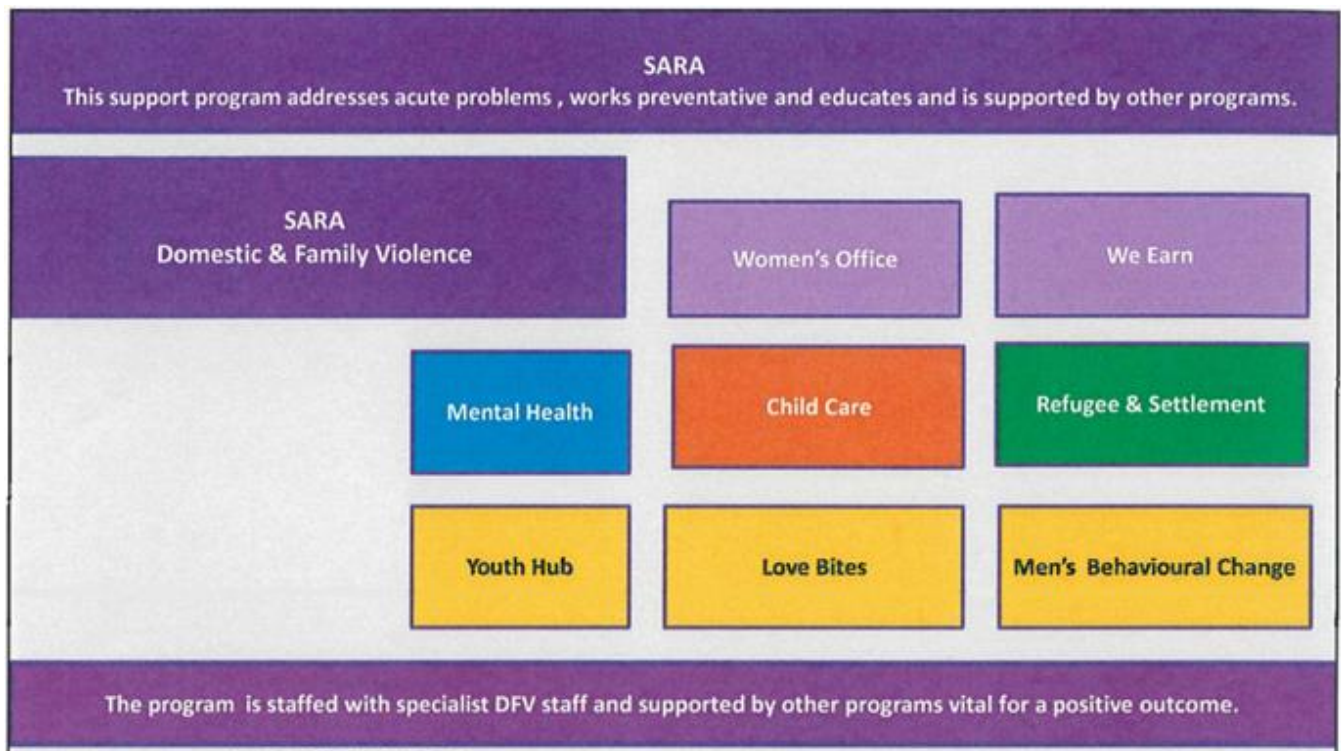
Multicultural Families Organisation

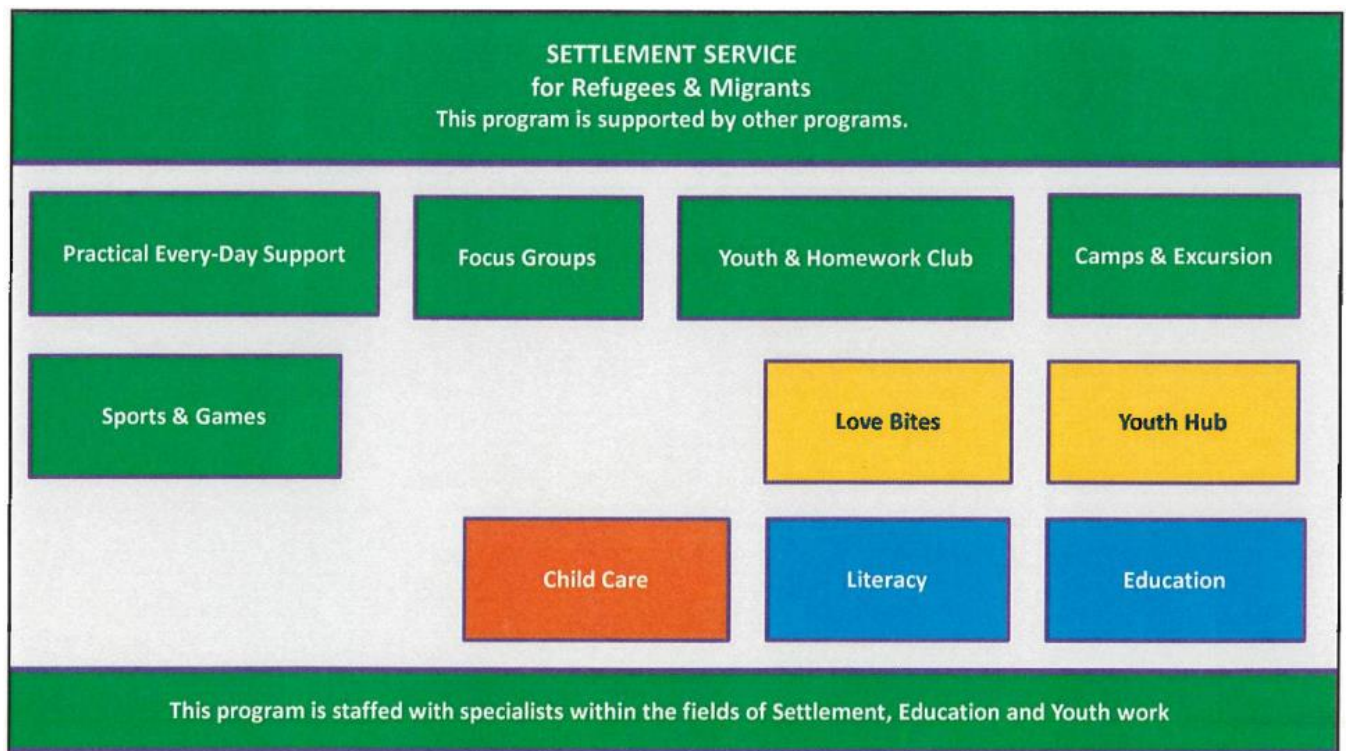
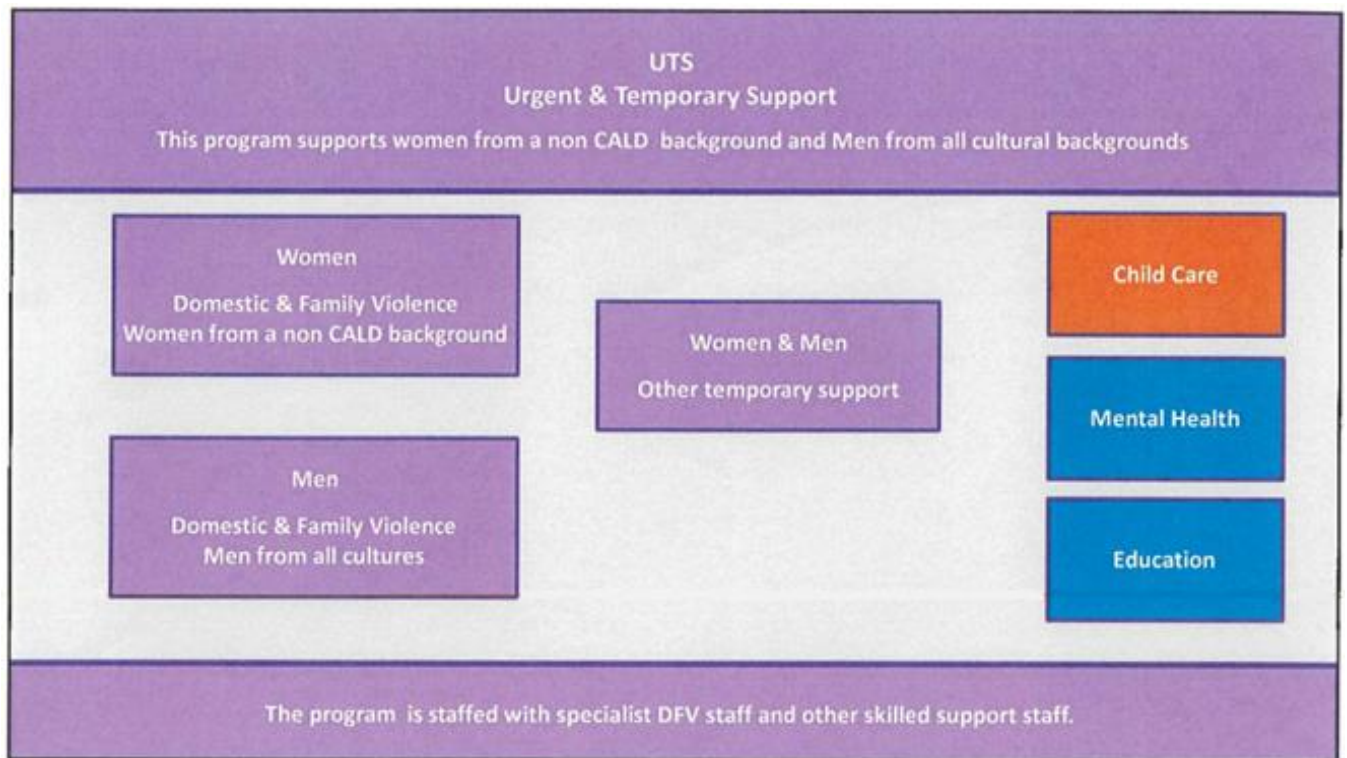
Organisation Chart

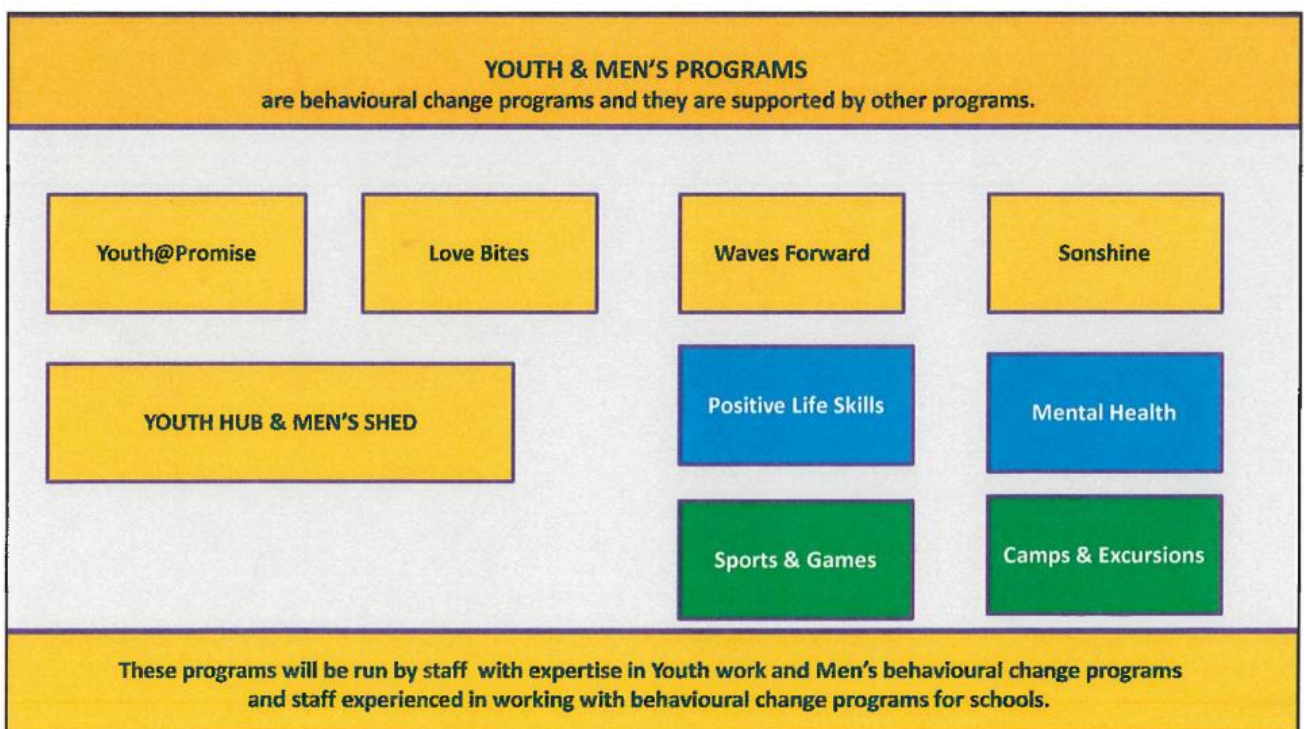
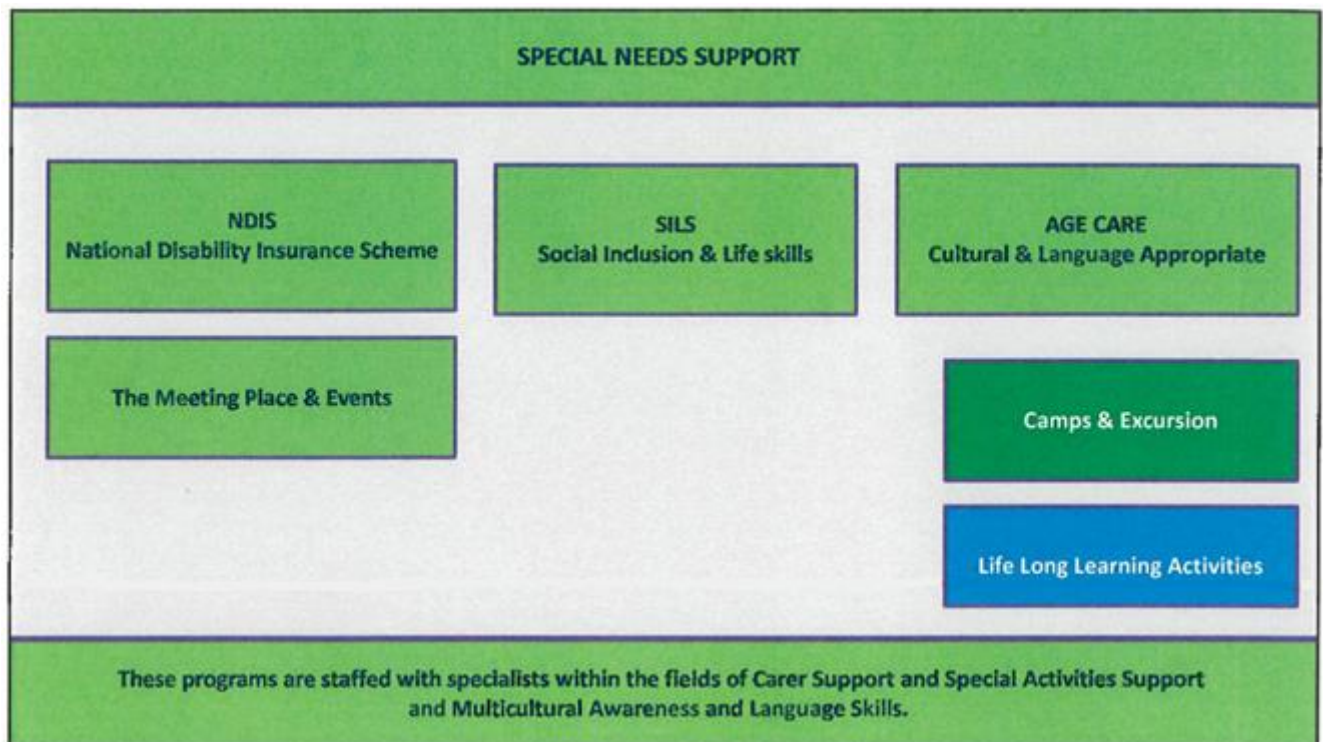


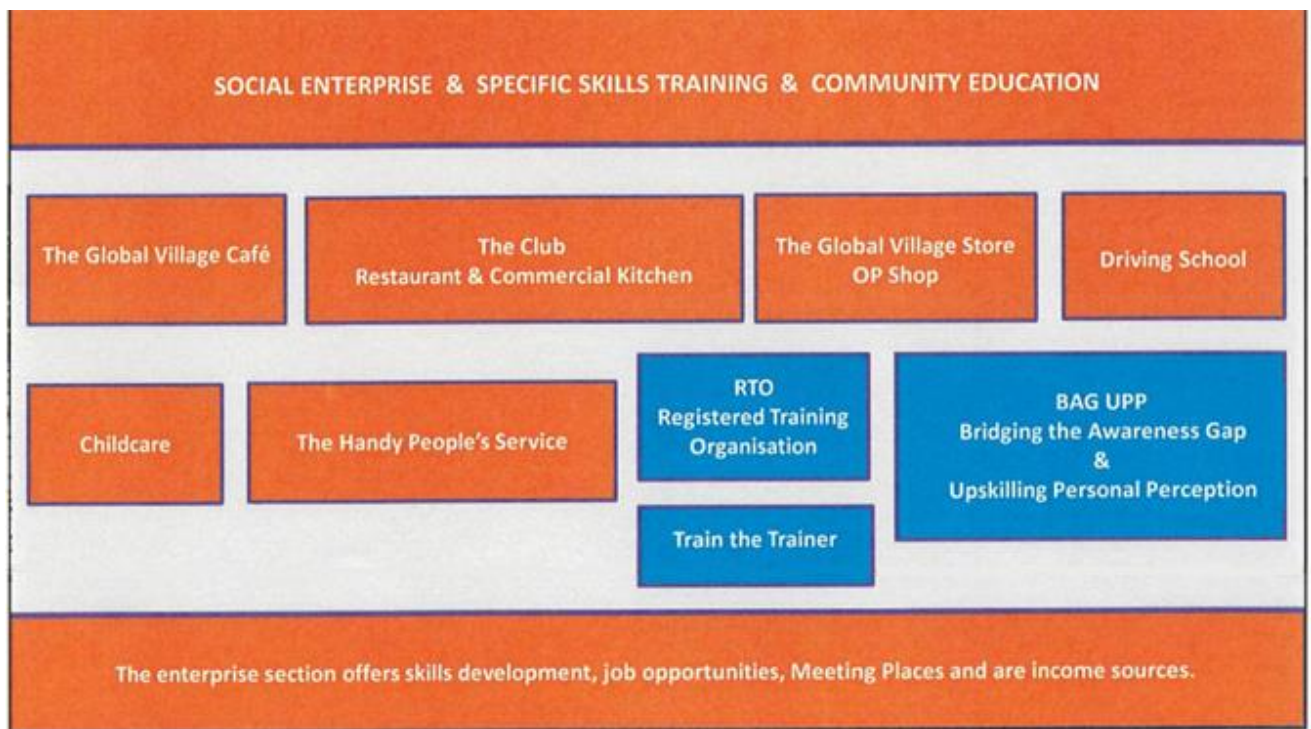


Leaders of Positive Change aims to reduce all kinds of violence and motivate and guide attitudinal and behavioural changes using educational approaches that allows the individual to develop personal leadership, and the community to facilitate long term changes.	
REDUCING VIOLENCE	DFV & Preventative work • Sara Support Service • Advocacy • Women's Groups • Art & Music Collaborations • Men's Group • Youth@Promise • Love Bites
EDUCATION & MENTAL HEALTH	BAG UPP - Bridging the Awareness Gap & Upskilling Personal Perception seeks to inspire and guide a fundamental change process by facilitating greater awareness of the many aspects influencing our behaviour, attitudes, and ability to achieve Positive Functionality. Topics will incl. Domestic & Family Violence • Gender Equality • Personal Safety • Multiculturalism • Culture & Identity • Racism & Discrimination • Active Bystander • Mental Health & Inner Balance • Addiction & Drugs • Positive Life Skills RTO - Registered Training Organisation is to be established
SETTLEMENT	Refugee & Migrant Support - Daily practical support and education about everything that is different and unknown. Dialogue about Community issues and active Focus groups • Homework Club & Youth Development • Youth Leaders for Positive Change • Community Sport & Art Collaborations
SPECIAL NEEDS SUPPORT	NDIS National Disability Insurance Scheme SILS Social Inclusion & Life Skills AGE CARE To be established





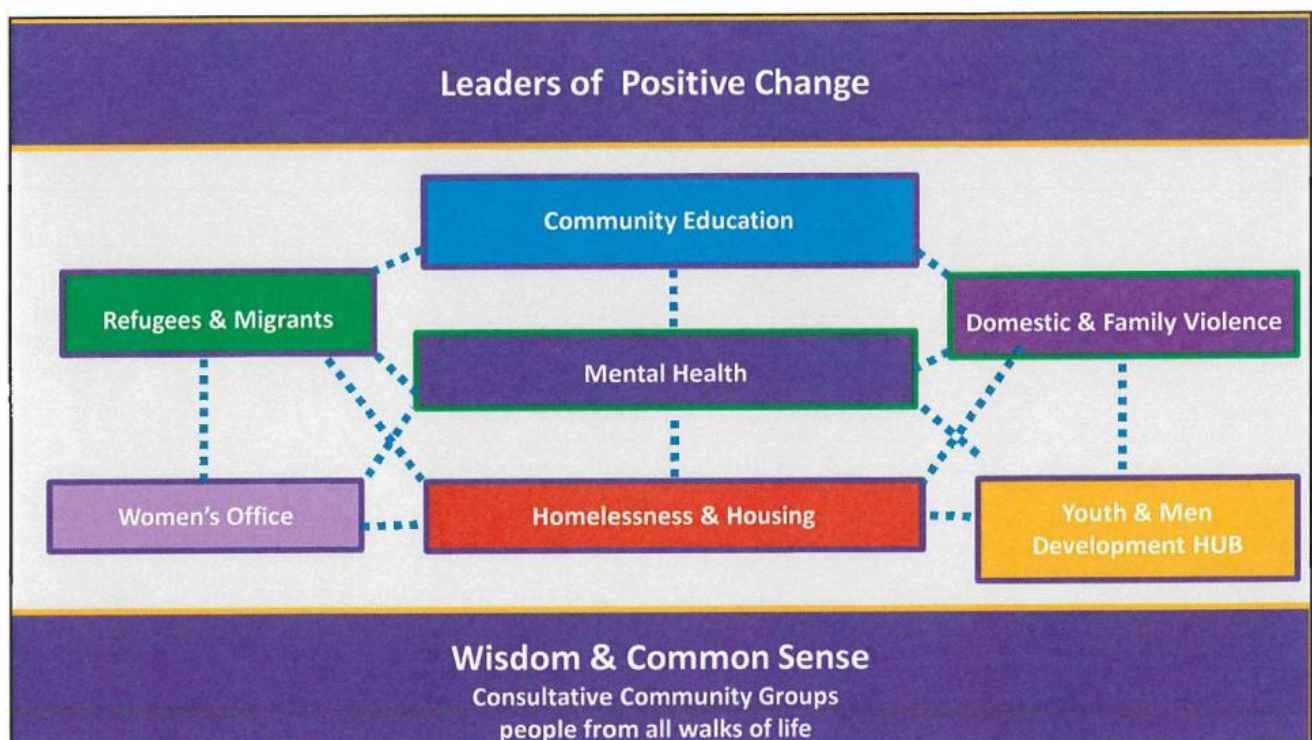




MANUALS that are comprehensive and are to be used as guides for any social counsellor to enable them to assist anyone, being client / friend seeking support and help that as appropriate – such **MANUALS** are to be available without restrictions. Should a counsellor follow such manuals guidance then such counsellor is beyond reproach. Manuals will always be evolving.

CASE STUDIES are to codify the names of clients / friends and be available to add to the **MANUALS** comprehensiveness.

Such **MANUALS** and **CASE STUDIES** are to be retained by counsellors for their personal ongoing career development. This is why we – MFO / PASCAS – are Leaders of Positive Change!



Multicultural Families Organisation Inc.



Leaders of Positive Change

THE Multicultural Families Organisation TEAM
MFO moving people to independence!

At MFO we live multiculturalism every day, as our staff comes from 17 different countries: Australia, Bangladesh, Bosnia, Brazil, China, Columbia, Cook Islands, Croatia, Hong Kong, Hungary, India, Iran, Lebanon, New Zealand, Philippines, Sweden, Syria, and more.

Everyone speaks two or more languages: Arabic, Bangla, Bosnian, Cantonese, Croatian, Danish, Farsi, Hindi, Hungarian, Korean, Mandarin, Maori, Norwegian, Portuguese, Rarotongan, Russian, Serbian, Spanish, Swedish, Tagalog, Tigre, Tigrinya, Urdu and more.

Having multilingual staff allows us to communicate with most of our clients, without having to engage an interpreter, and that is a great advantage.

The MFO team has a wide age range from 25 – 75, and our interest areas are as widespread as our backgrounds. This allows us to connect with most people, as awareness, customs and interests vary with age.

All our differences create a huge strength for MFO and allows us to handle most situations. It is also a great strength for the team's development, as it demands that we are flexible, and open to other ways of thinking and how to action things. When misunderstandings happen, we have found that showing heart, and having a kind sense of humour soon heals what was misunderstood.

The MFO team is very knowledgeable, passionate, and kind-hearted, and proud to be seen as Leaders of Positive Change.

Change is an ongoing educational process, as it demands that we understand many situations and concepts in a new and different way, that may well challenge current convictions and customary beliefs. The aim of Leaders of Positive Change is to facilitate new awareness that will ease the confusion of limiting self-belief, and contradicting and controlling messages that most of us are experiencing daily. Awareness enables increased clarity that brings with it a greater understanding of how and where we fit into our life reality. To facilitate that understanding in all our programs is the challenge we commit to and will master over time.

Pascas Care Family Centre

PASCAS FAMILY CARE CENTRE – case management

The vision of **Leaders of Positive Change** stands for reducing all kinds of violence and abusive behaviour and aims to motivate communities to become involved and grow into a powerful influencer in changing discriminating attitudes and abusive behaviour based on gender, faith, race or culture.

Our wrap around support is based on this vision, and as our clients come from all kinds of walks of life and our aim is to support them becoming self-reliant and independent, we offer:

A) Australia's Humanitarian refugee intake

Where we offer intense support for individuals and families, for between 6 to 12 months. We may pick them up at the airport and bring them to the property we have rented and furnished for them. We then help with everything to get them set up in their new environment, which means enrolling the children in schools and the adults in language learning, setting up their social security account, and connect them with health services. There is a lot to learn to navigate a new country for someone having had a traumatic and forced leave from their own country. Therefore, the support is 24/7 and involves all areas of the newcomer's life.

B) Settlement Service

Caters for the refugees that are transiting from the intense 6-12 months support period, and also other migrants. This service is ongoing and provides a huge variety of support. For example the settlement team has established a Friday Volleyball event, that has become very active and attracts players from all cultures and so brings communities together. Our clients most often see us as family, as we truly care and our passion for our work shines through. Our staff comes from very many countries, speak many different languages, and their varied personal background and own experience of settling in a foreign country allows them to apply their professional expertise in a way that creates a unique connection with the client.

C) Youth & Homework Club

It is a constant growing area, as life often gets a bit more complicated when you get in to young adulthood.

The **Homework Club** supports students to navigate academic challenges. When a young person arrives in the country, he/she gets enrolled in a school, and has to cope with lessons in a language they don't understand or have very basic understanding of. They most often cannot get supported from home, as no one yet has the necessary language skills. During the school holidays we organise different free activities for the kids. It is important that the activities are free of charge, as many families, new to the country, have quite limited finances.

In the **Youth Club** we work with developing their Life Skills, and Communication skills. Some Youth need counselling support to better understand themselves and their situation.

We have also created the **Youth@Promise** program, which support, mentor, and counsel young vulnerable persons at risk of getting on the 'wrong track' in life.

School Hubs, in collaboration with schools we have established Hubs where we once/twice a week have staff that can identify and counsel troubled youth, and support and guide parents who are going through what appears to be a difficult time.

D) Youth Projects

Wave Forward is a quarterly cultural and career mentoring day in collaboration with high schools to give their students, the opportunity to engage with university, service providers and companies about future pathways, and also celebrate and share their culture.

Love Bite is a program, designed for schools, that teaches students of all different ages, the importance of respectful interactions and the characteristics of a consensual relationship. This educational program is of great importance to prevent future Domestic & Family Violence.

Anti Racism is another interactive program created for schools, and designed to make students aware of the overt and covert racism many people from different cultures are experiencing. The program has been developed in collaboration with Police and Human Rights Commission, to give the students a wider perspective of Racism.

The Influencer is a bystander program, how to intervene to de-escalate a situation. There are different versions depending on age.

E) DFV – Domestic & Family Violence Support

The **SARA** (Support Assessment Referral Advocacy) program is a **Domestic & Family Violence** program specialised for women from a Culturally And Linguistically Diverse (CALD) background, as they face a multitude of barriers that may prevent them from accessing appropriate support. The SARA program provides free, confidential, and culturally appropriate support for women and children experiencing DFV. We recognise that their culture and values are very important to them, and we respectfully work alongside them to help them explore their safety options.

We also provide **DFV** service open to all cultures, with staff specialising in working with women from an Aboriginal and Torres Strait Islander background.

There is a separate **DFV** programs for Men, as the support needed varies from women in general.

The **DFV** support for the LGBTQIA+ community is also standing on its own, as this multifaceted group demands specialised support staff.

F) Multicultural Women's Office

Women are the fabric of our society and are often a huge source of support to the community and their families. As CALD women sometimes are faced with additional obstacles when navigating life in a new country, we provide ongoing case management, advocacy, mentoring, and social support after their initial settlement period, and when exiting the SARA program. To empower women so they can excel and thrive we have created the **Multicultural Women's Friendship Group**, including a sewing group, a social group, and informative workshops. To further support we have established the **Multicultural Women's Network Leadership Group**.

G) DFV Prevention

The **Sonshine** is a men's group only, where men and young adults can come together and talk about what is important to them, and how to navigate the pressure of conforming to unhealthy stereotyping. The aim is to create a strong group that feel safe to advocate for non-violence and inclusiveness.

H) Arts and Cultural Programs

We know that art is a powerful form of communication and a vehicle to deliver a strong message of unity and gives the communities the opportunity to express themselves through creative means; cultural festivals, arts and crafts projects and various exhibitions.

I) Education

SQW, Skilling Queenslanders for Work covers a wide range of educational topics, as well as practical education, and supports a person to get into or back to the workforce. It plays an important role for our clients, as we can support their learning and assist with their employment interview.

Community Education

As we work with change, and change demands that we understand something in a new way, it is also a huge educational process where we facilitate program development:

- personal perception to support positive functionality
- knowledge of topics and issues that facilitate or impede the ability for positive co-existence
- awareness of the importance of mental health and inner balance and how to support it
- understanding of how personal and religious beliefs, personal and cultural habits, and attitudes affect perception, decision making and action
- realisation that attitudinal shifts depend on us recognising that we are part of past and current development, and co-creators of the changes we would like to experience
- awareness facilitates realising **that there is no Us and Them, just WE, and WE are the builders of our communities future prosperity**

J) NDIS, the National Disability Insurance Scheme

The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, and access to new skills, jobs, and volunteering in the community. This is a very important service for us, as many of our clients have very traumatic backgrounds that has caused some sort of disability.

K) SILS, Social Inclusion and Life Skills program

This is a program that delivers free social and life skills workshops and fun activities for young people with different disabilities.

L) Mental Health

To achieve having inner balance and stability is of utmost importance. Unfortunately, there is a lack of understanding of what causes an individual to spiral down into an unhealthy state of mind. The healing of the mind is complex and demands all different ‘schools of therapy’, traditional and non-traditional, to share expertise and experience to find new ways of dealing with the mental un-health, that is now becoming more and more common. So mental health is both a huge area to educate about and to treat.

This is the way we have chosen to work, as the complexity of today’s circumstances of living demands a holistic approach to whatever issue we seem to be dealing with. We have also started to put a lot of effort into helping people to recognise and trust their intuition, and so bypassing all the confusion we hold in our mind.



MONSTER BREEDING



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Pascas "wrap-around support" for people



PASCAS
wrap-around
support



Earth's humanity overall population calibration is **MoC 220**
75% of all of humanity calibrate under **MoC 200**
 just like it was around 300CE (1,700 years ago), however,
40% of all of humanity calibrate under **MoC 100**
 just like it was around 500BCE (2,500 years ago)
 The raising of consciousness lifts one out of poverty!
 With TRUTH comes FREEDOM and PROSPERITY



The Healing Power of “Bello” – Beautiful:

How an Italian community uses craftsmanship to rehabilitate some of Europe’s most intractable drug addicts.

<https://craftsmanship.net/the-healing-power-of-bello/>

Issues: [Spring 2019](#)

Topics: [Work, Education, and Community](#)

Locations: [Italy, USA](#)

Materials: [Animals & Insects](#), [Food](#), [Leather](#), [Paper](#), [Textiles](#)



Since San Patrignano’s founding more than 40 years ago as a commune for local drug addicts, 26,000 people have been through its recovery program. “*SanPa*” teaches its residents a wide variety of artisanal crafts on a campus that now covers 520 hectares (1,280 acres), becoming the largest addiction treatment facility in Europe. *Photo courtesy of San Patrignano.*

By LAURA FRASER

1. [Hippie Commune, Italian-Style](#)
2. [Rehab: Communal Cookie-Making vs. An Oil Change](#)
3. [A Thread of Quality From The Past To The Present](#)
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In the hills above Rimini, Italy, is a restaurant renowned across the region for its pizza. The terrace, surrounded by flowering trees, overlooks vineyards that roll down to the distant Adriatic Sea. In the centre of the restaurant, called “*SP.accio*,” tattooed men knead, shape, and twirl dough in a gleaming, open kitchen. The cooks follow the standard routine of any good *pizzaiolo*—they sprinkle on herbs and cheese, and slip the pies into a fiercely-hot, wood-burning oven—but they cook with unusual focus and passion, as if their very lives depended on the perfection of these pizzas.

“The dough teaches you,” says Massimo Bertoglia, the head chef, as he shapes a piece into a round. “You have to have constancy, and you have to have care.” He pauses to survey his results and seems pleased. “If you don’t care for it, it will die.”

Unlike most rehab methods, SanPa doesn’t rely on therapists, substitute drug treatment, 12-step programs, or religion. Instead, it treats addiction as a community problem, where an individual’s destructive tendencies can be changed by becoming a member of a big family, Italian-style, participating in work and education for the common good.

Bertoglia’s pizza philosophy is far more than a metaphor. Learning to become a pizzaiolo actually did help to save his life. A former drug addict, Bertoglia is one of some 26,000 people since 1978 who have come to San Patrignano, the addiction recovery community that runs this restaurant, as a last-ditch effort to pull himself out of a life centred on doing anything necessary to get his next fix. Everyone who works at SP.accio, from Chef Bertoglia to the waiters, busboys, and the woman who sells gifts in the boutique (“spaccio” means store in Italian) is either a current resident or a graduate of the rehab program. Some of the best chefs in Italy come here to train the pizzaioli, who are highly sought-after in Italy after graduation.

It’s easy to see why. All the ingredients at the restaurant, Bertoglia explains, are *kilometro zero*—produced within view of the terrace tables, from the tomatoes and basil to the wine, mozzarella cheese, prosciutto, and delicate date cookies served with espresso at the end of their meals. The pizza crust—a crucial and elusive art in the pizza world—achieves an unusual quality here because it’s part whole-wheat, and it’s made with natural yeast, with a “mother” dough that has to be refreshed three times a day. The resulting pizza, Bertoglia says as he thumps the dough, is more easily digestible than a pizza made with commercial yeasts. It’s a bit like a Napolitano pizza—large, chewy, with a big border—but not quite as soft.



In SanPa’s bakery sector, residents make fresh bread every day for the Centre’s communal meals, typically made with locally grown food. “In Italy, lunch is when a family takes time to share a beautiful experience,” says Lucia Rughi, SanPa’s communications director. Rughi is married to one of the sons of SanPa’s founder, Vincenzo Muccioli. *Photo by Laura Fraser.*

On my way out of the restaurant, I pass a sumptuous deli and gift boutique that tells the story of a community that makes much more than pizza. Cheeses, cured meats, wine, pastries, olive oil, and other quality foods are all made at San Patrignano (SanPa), a campus covering 642 acres that includes farms and vineyards, and where some 1,500 residents and 300 staff currently reside. Another room in the boutique features high-quality leather goods and finely-spun shawls and scarves, all with the SanPa logo: a tree of life. SanPa is also renowned for breeding horses and dogs, fine woodworking, graphic arts, and other sophisticated crafts. The income from the residents’ efforts covers about 60% of the community’s operating budget of €27 million euros (just over US\$30 million dollars). The rest is made up by donations to the private non-profit organization, some of which come from billionaire Italian patrons.

simple is what life is meant to be!

The Philosophy of ‘Bello’



big family, Italian-style, participating in work and education for the common good. (For an intimate sense of this culture, see our documentary short, “The Philosophy of *Bello*, in our sidebar column.)



Chefs from all over Italy come to train the cooks at SP.accio, a restaurant entirely staffed by San Patrignano residents. After the residents conclude their three-and-a-half year program at SanPa, 90% of them land jobs. *Photo by Susan West.*

Third, the entire program is free to the residents and their families. While this is costly up front—\$48,000 per resident year, including food, lodging, medical, and education and training costs—it saves taxpayers enormous sums over the long run. SanPa’s directors

estimate that its program saves the Italian government €23 million Euros each year (or about US\$27.5 million) in costs it would otherwise spend on incarceration or governmental rehabilitation.

And fourth, unlike other Rehab Centres that sell their wares, SanPa doesn’t produce crafty tchotchkes; it is dedicated instead to the production of high-quality goods that are sold to top Italian restaurants, fashion houses, and architects. According to SanPa’s philosophy of rehabilitation, fine craftsmanship is essential to building self-esteem, and that ensures not only the residents’ success but also the program’s sustainability. And each craft sector seems to develop this idea its own way.

HIPPIE COMMUNE, ITALIAN-STYLE

Every resident commits to the full three-and-a-half-year residency. During this time they aren’t paid for their work, but they learn a trade and may get a university education.

San Patrignano was founded 40 years ago Vincenzo Muccioli, by a hotelier who inherited a **200-hectare Estate** and wanted to do something about the drug addicts he saw in nearby Rimini. He began inviting addicts to his San Patrignano estate for Christmas, and then started bringing addicts home to live with his family. Eventually, he founded an informal alternative medicine free clinic at their weekend farm, and then began building the community.

Muccioli had no training as a psychologist or addiction specialist when he started the Centre; he was a messianic do-gooder with New Age interests. But he had a clear idea that the best way to treat drug addiction was to make addicts feel like they were part of a community that depended on them for its well-being. He and his wife invited addicts to live in San Patrignano on three conditions: They had to stop all drug use, they couldn’t ask for money from the government, and they had to choose among different income-producing activities to make SanPa a self-sustaining community. Instead of traditional therapy, **inmates talked while they worked**. Eventually, medical and psychological facilities were added on

campus for a few residents, but the model was based on a feeling of belonging and working that raised self-esteem.



The pizza at SP.accio is renowned for its chewy crust, made from wheat grown in Italy's Marche region. The pizza dough is leavened with a 10-year-old starter that must be tended every few hours to keep it fresh. Most of the toppings come from SanPa's own garden. *Photo by Susan West.*

Soon, addicts in sleeping bags began to camp in line outside San Patrignano for weeks, awaiting a coveted spot in what was then akin to a hippie commune, where everything, from the buildings and chairs to the cheese and wine, was made by the residents. In the 1980s, when few clinics would care for patients with HIV/AIDS, Muccioli opened a FOURTY (40) Bed Clinic for them at San Patrignano; several people with AIDS are still in residence.

Muccioli, who died in 1995, had powerful friends who funded his project: he'd been in a meditation group with Gian Marco and Letizia Moratti, billionaire oil industrialists who ranked among the wealthiest financiers in Italy, and who bankrolled San Patrignano from the start, encouraging other aristocratic (and often right-leaning) Italians to contribute to their foundation. Gian Marco died in 2018, but Letizia continues to help govern SanPa; she has also been mayor of Milan and the first female president of the RAI, Italy's public broadcasting company. This network of high-ranking political and business friends has helped give San Patrignano tax breaks and other financial benefits, forging collaborations with top Italian designers, chefs, architects, and fashion brands.

From the start, Muccioli made his own rules, and while he was beloved in the community, he was also attacked by some ex-residents and the media for being a dictator, and for his unconventional methods, which in the 1980s occasionally involved harsh punishments and violence (the rationale was that drug addiction inevitably caused death, and so they used whatever means necessary to save lives). In one scandal, Muccioli was accused of covering up the beating death of a resident, planting heroin on the corpse and claiming the death was an overdose; he was convicted but did not serve time—again, because of powerful political allies.



The *pizzaioli* from SanPa are sought-after throughout Italy for their skills. Most of the SanPa residents go on to work for one of the many fashion, leather, food, and wine companies that have connections to SanPa, and who often send their experts to train the Centre's residents. *Photo by Susan West.*

Since Muccioli's death, San Patrignano has been reorganized into a more conventional non-profit structure with several boards of governance and oversight, and a network of community ties throughout Italy, and the scandals have ceased. SanPa now downplays its history, which is absent from its website, and instead focuses on the future, collaborating with several European groups to work on expanding its model of rehabilitation to other countries.

Today, San Patrignano, situated atop a hill above Rimini, looks more like a modern, well-endowed college campus than a commune. And while SanPa has a reputation for being a closed community, the family immediately opened its doors to a visiting journalist.

While other artisanal sectors such as leather-working employ both men and women, the studio for *tessitura* (or weaving) is for women only. This creates a safe place for female addicts who have a history of sexual or physical abuse, which is common among the residents. The women say the meditative, repetitive nature of the work calms the urges and anxieties that tend to beset an addict. *Photo by Laura Fraser.*



Antonio Tinelli, who until recently was the president of San Patrignano, and who entered the program as a cocaine-addicted financial trader (almost everyone who works at SanPa was once a resident there), says that over the years, the community has learned from its mistakes. ***“There was a time when we had a lot to learn, and there were moments during the 80s when drugs were difficult to combat, and it looked like they were going to win,”*** he says. ***“After trial and error, San Patrignano has built a structure that helps drug addicts find solutions and survive in the midst of all the challenges and difficulties of their lives.”***

When he first arrived, Tinelli was sent to work with the Centre’s various animals; one of Muccioli’s beliefs was that working with animals, whether horses, dogs, or farm animals, could help addicts calm down and give them an opportunity to connect with, and be responsible for, another living being. ***“They asked if I liked animals, and I said sure, thinking about cats and dogs,”*** Tinelli recalled. One of the first jobs the slick financial trader was confronted with was midwifing a calf. ***“There I was, covered in everything that comes out of a cow giving birth, holding a tiny calf in my hands, and I knew it was more than a metaphor. This, here, is a new life.”***

Tinelli explained that when new residents arrive, each is assigned a ***“guardian angel,”*** someone who is a year ahead of them in recovery, to act as a guide; they live, work, eat, and sleep alongside each other, providing constant peer support. The residents work in ***“sectors”***—woodworking, textiles, graphic arts, baking, animal husbandry, wine, and many others—with people they eat and live with as a family. Every resident commits to the full three-and-a-half-year residency, during which time they learn a trade and may get a university education. They aren’t paid for their work while they are in the community, but the products they make help support their stay, which is free.

During the first year, the residents (they are called *ragazzi* inside the community, which loosely translates to ***“guys”***) are allowed no contact with family except via hand-written letters. Men are housed separately from women, who are TWENTY PERCENT (20%) of the residents. **For the entire stay, the ragazzi have no access to cell phones or the Internet.** (***“The real detox,”*** as one told me.) San Patrignano claims that, upon release, nearly NINETY PERCENT (90%) of its residents are employed



through its network of trade and community partners, and that SEVENTY PERCENT (70%) stay sober in three-year follow-up surveys conducted by the University of Bologna—impressive statistics in this field. While data on rehab success, including SanPa’s, is hazy at best, the best Centres in the US claim only a THIRTY PERCENT (30%) rate of recovery.

All new SanPa residents have an *Angelo Custode*, or a guardian angel—a more experienced resident who never leaves their sides. When addicts feel lonely, angry, or upset, this gives them someone who can always talk things over with them. Here, the weavers are mounting a loom, which can take up to three days. *Photo courtesy of San Patrignano.*

REHAB: COMMUNAL COOKIE-MAKING VS. AN OIL CHANGE

To understand its success, I toured San Patrignano to talk with some of the residents. From the administrative offices, with its large graphic design lab, I walked along a muraled alley wafting with breezes of something good in the oven. When I ducked into the bakery and watched the ragazzi shaping loaves of bread and mixing up cookie dough, I immediately noticed a light-hearted atmosphere—the guys comfortably joking with each other as they kneaded vast quantities of dough.



Claudia Corazza came to SanPa in the 1980s as a resident, then stayed on as a designer and instructor, teaching women to create their own patterns. These fine shawls are destined for a Milan boutique. *Photo by Laura Fraser.*

In addition to all the bread for the community, and monthly birthday cakes for the residents, the bakery sector makes cookies, breads, and 35,000 buttery fruit-filled *panettone* at Christmas for commercial sale outside. When one of the guys, arms covered in tattoos, offered me samples, the quality was immediately apparent. The fig and walnut cookie was moist, chewy, and crispy at the same time. A corn and orange biscuit was both flavourful and delicate. No ordinary cookies, these.

Between bites, I chatted with Gregory Raimo, an Italian-American from New Jersey who had the tough-guy looks and voice of Robert De Niro in *Taxi Driver*. His arms and chest were covered in rough tattoos. ***“I’ve done a lot of damage,”*** he said, and indeed, I wouldn’t want to meet those piercing blue eyes on a street corner at night. ***“Jail, rehab, nothing helped. In the United States, you get eight days detox, then a month of rehab—it’s like an oil change. You go back outside and go right back to drugs and the life you were living before.”***

Desperate to find help for his drug problem, Raimo had to search beyond the U.S. He came to Italy when his Italian grandparents suggested San Patrignano as a final option. (While the program is technically open to foreigners, entry can be tricky for Americans to obtain. Among other things, it requires a three-year medical visa for a program that, by U.S. standards, is not accredited.) For Raimo, communal living was a big change. ***“Back home I minded my own business. Here, everybody knows if you have a problem,”*** he said. ***“It’s not easy, but if it was easy, it wouldn’t work.”*** I asked him if would be interested in going into baking when he leaves. ***“I’m not big on cookies, to tell you the truth,”*** he said, flashing a warm smile. ***“But I’ve learned a lot about organizing here. I’m good at organizing. I figure if I finish this, I can do anything.”***

SanPa textiles are commissioned by top fashion houses, including Chanel, Zegna, and others, as well as high-end home furnishing brands. *Photo courtesy of San Patrignano.*

A THREAD OF QUALITY FROM THE PAST TO THE PRESENT

Next door, I entered the ***“Design Lab,”*** a Textile Studio where I found FORTY (40) mostly young women at work. The room on the left was filled with sewing machines, and on the right, giant, old-fashioned wooden looms. Each had a spread of colourful yarn, and the women sat in twos operating the looms, passing the shuttle under the threads. There was a quiet, regular rhythm of work in the room.



San Patrignano is one of the few places in Europe that continues to make hand-painted wallpaper. The design managers work with architects and designers to create custom wallpaper, or *carta da parati*, often installing it in their clients' homes. The wallpaper panels can cost thousands of dollars apiece. *Photo by Laura Fraser.*

Claudia Corazza, a woman in her fifties who was helping a colleague thread a large loom, arrived at San Patrignano when she was 18, an alcoholic and addict. ***"At that time, it was all mud and country living,"*** she said. The weaving sector is one of the oldest at SanPa, initially taught by a woman who was a master weaver. ***"She was a little nonina—a grandmother—who showed us the basics, and she was glad to pass along what was a dying***

tradition," Corazza said.



From the start, SanPa invited older artisans to teach. Many had done their life's cycle of work and wanted to transmit their skills to another generation. The workshops taught by the artisans—weavers, Michelin-starred chefs, cheesemakers, winemakers, designers—created a foundation for SanPa to preserve those artisanal traditions. ***"Our ragazzi learn to make something that isn't slapdash or just okay or good enough, but something with their hands, passions, and originality,"*** said Tinelli.

Slow, deliberate work like weaving, he said, can help replace the immediate cravings of drugs. ***"Gradually, they learn that satisfaction isn't immediate, but longer, and more beautiful and profound. It comes from sacrifice and discipline, and the ragazzi have a sense of filling the emptiness inside, and of discovering a passion for life and quality."***

Corazza, for example, took a course in weaving at SanPa, worked in the sector for years, and then stayed on to help others. Designers and others in the fashion world still visit. ***"It's a constant transmission of knowledge,"*** she said.

Lisa Carrara, threading the loom with Claudia, has been at SanPa for over six years. ***"My parents brought me here, against my will, but I kept going,"*** she said. After her three-year rehabilitation, she stayed on as a teacher. ***"Weaving helps you concentrate, and it gives you something to do. Sometimes you talk, and sometimes you take a moment to cry."***

San Patrignano's hand-painted wallpaper designs range from traditional to geometric and oriental-themed. ***"We care about quality,"*** says Diego. ***"It's a lost art, even in Italy, but we are carrying on."*** *Photo by Laura Fraser.*

"Also," Corazza pointed out, ***"you learn mathematics."*** Figuring out measurements and quantities of yarn for weaving takes a good deal of calculation.



The women tell me that working in the all-female weaving sector helps the young women, most of whom have been raped or have prostituted themselves in order to get money for drugs. Almost all of them have suffered some form of violence and abuse. In contrast, the weaving workshop radiates calm, offering a safe place for women to untangle their feelings and experiences.

With one touch, it was easy to tell that everything is made of the finest cashmere, silk, or linen. I couldn't resist a baby blanket-soft cashmere shawl for \$140; similar items destined for Chanel will retail for \$1,200.

The weaving is still based on the techniques of the Nonina, but updated with new technology. There are nine looms in the weaving sector, ranging from 1.5 metres to 3 metres wide; each is equipped with 24 heddles—the wire cords that the thread passes through to create a weaving against the warp thread. Where older looms required a lot of pedals, which lifted shafts that determine a textile's design, a computer now operates those shafts. The computerisation

allows for more complicated designs, and fewer mistakes, but the actual weaving is still done by hand; each weaving, which is turned into a shawl, clothing, or a throw, takes two to three days to produce.

The weaving sector works on commission from fashion houses such as Chanel, Ferragamo, Brunello Cucinelli, and Zegna, as well as making San Patrignano-branded scarves and shawls that they sell to the public. At the workshop's entrance, an armoire displays samples for sale. With one touch, it's easy to tell that everything is made of the finest cashmere, silk, or linen. I couldn't resist a baby blanket-soft



cashmere shawl in cloud blue with a dark border for \$140; similar items destined for Chanel will retail for \$1,200.

"When you make something this beautiful," Corazza said, holding a shawl to her cheek, ***"you feel better about yourself because you created it."***

Some of SanPa's *carta da parati* is silk-screened after the paper has been cured, some is stenciled, and some painted by hand. *Photo courtesy of San Patrignano.*

PRANZO: LUNCH, THE GREAT PROVIDER OF QUALITY AND COMMUNITY

At precisely 12:30, the residents headed to an enormous dining hall, which can seat 1,200 people at long wooden tables, where the residents eat with others from their sectors. A wide arc of floor-to-ceiling windows shows off hundreds of acres of vineyards outside. Before eating, everyone in the room stands for a moment of silence. ***"It's a moment to offer thanks, or to reflect,"*** said Tinelli. ***"It is not religious, but it can be."*** Many of the residents crossed themselves, then everyone sat.

White-coated waiters listed the lunch choices, served in the Italian style—a pasta *primi*, followed by a main dish. Everyone takes turns working as a waiter and serving others, rotating during the month. Like everything else at San Patrignano, most of the food was grown and processed on the premises. In this large, industrial dining room, I was stunned to find my plate of pasta was steaming and perfectly *al dente*, with creamy home-made ricotta cheese and sun-dried tomatoes.

“We’re preserving and transmitting Italian culture, in which the idea of eating with a family is very important,” said Tinelli. Until recently, in accordance with Italian tradition, everyone was allowed one



glass of San Patrignano wine at lunch and dinner, but because many are alcoholic and had problems with the wine, now they drink water. After lunch, also in keeping with Italian rhythms, everyone takes time to nap or relax before getting back to work later in the afternoon.

In SanPa’s leather workshop, residents create fine purses, wallets, and other goods that are either commissioned by Italian fashion brands or sold, like these, under the San Patrignano brand, and its logo: the tree of life. *Photo courtesy of San Patrignano.*

WORK: THE GREAT EQUALISER

That afternoon, I visited the leather sector, where residents stitch San Patrignano-branded handbags, and produce others for Italian fashion houses, including the high-end leather company Tod’s, whose owners and designers have come to SANPA to offer workshops. Each person was at a station, sewing zippers, cutting leather, or hand-stitching. Unlike at a commercial leather workshop I visited in the United States, the atmosphere was cheerful and talkative. Interestingly, this is one of the few sectors where men and women work together.

Why don’t we see SanPa’s model across the U.S.? “We’re living in a world where everyone wants things cured in five minutes, shoot everybody up with drugs so we don’t have to worry about whether we can change their lives,” says Mimi Silbert, the founder and long-time president of Delancey Street. ***“People are terrified to do long, hard things.”***

I was struck by how diverse this group was—in age as well as life circumstances. When I asked Tinelli how someone like him—bright, educated, making piles of money as a financial trader—was able to bond with homeless heroin addicts and people with misspelled prison tattoos, he said it wasn’t easy at first. ***“San Patrignano taught me one of the most important things I lacked: humility.”***

Marco Castelli, a 43-year-old Italian with a scruffy beard who was painting the edges of some pebbled calf leather that would become a luxury handbag, learned that lesson the hard way. Castelli is an engineer by training, and he used to work at the Italian fashion house Gucci, living a fast lifestyle fuelled by copious amounts of cocaine. In a story familiar to most addicts and their friends, the more Castelli used, the more of his stylish friends dropped away; soon he was left isolated, working long hours to support his habit. At a certain point, his income couldn’t cover his drugs, and he found himself begging for money from his friends and parents. One by one, they turned away from him. Eventually he lost his job, his home, his friends, and his savings in pursuit of the next line of coke.

“After 23 years of abusing drugs, I decided I needed a change,” said Castelli, who has spent over two years at SanPa. ***“I had two separate roads in front of me, and only one of them was life.”*** Now he spends his time teaching his Gucci design sense and standards to fellow addicts in the leather workshop.



San Patrignano spends more per year on training for its residents (15,000 euros, or \$17,000) than on their room, board, and medical care (about \$11,000 euros). *Photo courtesy of San Patrignano.*

At one work table in the leather sector, women were stitching together stuffed animals made with real fur for the luxury market. One woman in her 50s, Roberta (who preferred not to use her last name), had a face etched with

the lines of a hard life. A former accountant, she became a heroin addict. After revolving in and out of TWO (2) Rehab Centres, she was clean from heroin but separated from her husband and had turned to alcohol. ***“San Patrignano was like the last beach,”*** she said. It took a big commitment to stay in; she recently missed her daughter’s wedding. But she said she is content, and somewhat amazed at her luck. ***“I could never have imagined this place. We get good food, a place to stay, and friends. Demonstrating a fur rabbit with evident pride,”*** she said, ***“This place is beautiful, and we make these beautiful things.”***

A couple of tables over from Roberta, Kyra (who also did not want to use her last name), a woman in her early 20s who has spent two years here, was stitching wallets. An American from a celebrity family, she has dark hair, wide green eyes, and prep school elocution. ***“My aunt’s friend was a friend of the founder, and she asked if I could enter,”*** she said.



Antonio Tinelli was a financial advisor until 2001, when he entered SanPa as a cocaine addict. He worked in animal husbandry, then in communications; until September, 2018, he served as President of the San Patrignano community. *Photo by Laura Fraser.*

Kyra started taking pills on weekends as a child for fun, and the habit escalated, especially since her parents were rarely present. She’d been a debutante and interned at a famous fashion house; her Instagram feed prior to San Patrignano reveals someone who was a rich, partying, hot mess. ***“I had no morals when I arrived here,”*** she said. ***“I didn’t know what a relationship was. I had to learn to listen to people. San Patrignano has transformed me.”***

Despite her upbringing, with housekeepers and nannies, Kyra doesn’t see the labour of stitching wallets as drudgery. ***“I’m passionate about fashion, and studied it, but I never thought I could use my hands to create something,”*** she said. ***“Instead of going into fashion as a business, now I want to go into design. I’ve been able to learn about leather, which is complex.”*** Kyra has also taken courses in the textile sector, adding to her education in the hands-on side of fashion, which she took for granted before. ***“I came from a very fast-paced lifestyle, and this work, learning a skill, and these people have saved my life.”***

A RARE CRAFT, REVIVED

The most unusual craft workshop in San Patrignano’s design lab produces hand-painted wallpaper, or *carta da paretì*. When I visited, two ragazzi spread a thin, gluey mixture on long rolls of paper, which then went into a kiln to be cured. When the paper came out, it was painted with one or more of three methods: stencils, silk-screen, or hand-painting with brushes. One of the guys in the workshop, a 36-year-old named Diego, paged through a sample book of wallpaper with geometric patterns, faux parquets,



and marble inlay, damask, *chinoiserie*, and floral motifs that looked like they'd adorn the walls of palaces and Italian villas: in fact, they do, along with decorating yachts, luxury hotels, restaurants, and boutiques.

At SanPa meals, residents take turns being servers. Following the Italian custom, each meal has a *primi* (a pasta or soup course), followed by a *secondi* (the main dish). ***“It’s considered disrespectful to the cooks and to the community not to eat***

everything on your plate,” says Lucia Rughi, SanPa’s communications director. Not surprisingly, this sin is rarely committed. *Photo courtesy of San Patrignano.*



Jonathan Tomasello, 30, used to sell drugs and spent some time in jail. ***“When my family didn’t want me in the house, I thought I’d better think about something else.”*** He’s been in San Patrignano for two and half years. ***“Outside, no one tells you anything when you’re wrong, no one cares,”*** he says. ***“Here you have to follow someone, and then you have to lead them and take the attention from yourself to someone else’s well-being.”*** Tomasello is thinking about opening a bakery when he leaves. *Photo by Laura Fraser.*

Hand-painted wallpaper—a single panel starts at thousands of dollars and may take 100 hours to paint—is a rare craft these days. Imported to Europe from China in the 18th century, the art form became popular among Italy’s aristocracy. The late Renzo Mongiardino, one of the country’s best-known designers of commercial and residential interiors as well as film sets, was a master of using hand-painted wallpaper to create illusion—Moroccan tilework, drapery, frescoes, floral motifs. He designed homes for the uber-wealthy, as

well as for directors including Franco Zeffirelli. Early in SanPa’s history, he also brought his teaching skills to the community.

The difficulty with this wallpaper, since its colours are mixed and painted by hand, is achieving consistency over an entire wall. ***“You have to throw out a lot of pieces,”*** said Diego. ***“It may take a year to do one large job. You need patience.”*** Diego says he loves working with wallpaper, but once he’s out of San Patrignano, he isn’t sure he’ll find work in the field. ***“Hand-painted wallpaper is a very restricted art,”*** he said. ***“But I’ll find something using these painting and design skills. It’s become a passion.”***

CAN SANPA WORK ANYWHERE ELSE?

San Patrignano has now spread to THREE (3) Satellite Centres, one (1) in London and TWO (2) in Italy, and it participates in world conferences on rehabilitation, partnering with other like-minded programs in Europe. Given that more than 72,000 people died of drug-related deaths in the U.S. last year, and more than 8,000 in Europe, many people have studied SanPa to determine if the model could work elsewhere. But it’s not easy to replicate.

The closest relative to SanPa in the United States is Delancey Street, a San Francisco-based rehabilitation program for violent criminals and drug abusers that has a similar approach. Mimi Silbert, founder and long-time president of Delancey Street and a criminal justice expert, praised the Italian program, which she called a *“sister organisation.”* Like SanPa, Delancey Street rejects traditional therapeutic approaches in favour of making the addict feel like an important participant in a community, and accountable to its members.

At Delancey Street, which has expanded from its San Francisco home to SIX (6) other Treatment Centres around the country, residents run a restaurant, a moving company, and make some furniture and crafts.

The cost of a Delancey Street residency, which typically runs for about FOUR (4) Years, is approximately US\$30,000 a year—close to the US\$48,000 cost of a San Patrignano residency.

However, like SanPa’s directors, Silbert argues that this expense ultimately saves on public costs for repeat incarcerations, to say nothing of superficial prison rehabilitation programs that usually fail, imposing further costs on society. But Delancey Street’s model is not widely replicated, either.

“The reason they don’t end up replicating us is primarily because of money,” says Silbert. *“In Italy, they have a great donor. We don’t, so we have a great struggle—but a willingness to struggle.”* She says most treatment programs fail because they are short-term, partly for reasons of money and insurance, and don’t provide residents with the sense of support and family they need.

“Instead of taking people who have messed up their lives and treating them as these poor people who need our help, we search for their strengths and develop them,” said Silbert. *“Making crafts develops those strengths, lets them be creative, gives them something to be passionate about, and teaches them to rely on each other in order to work together. In the process they discover their own self-reliance,”* she said. But few programs have the resources or patience to try such an approach.



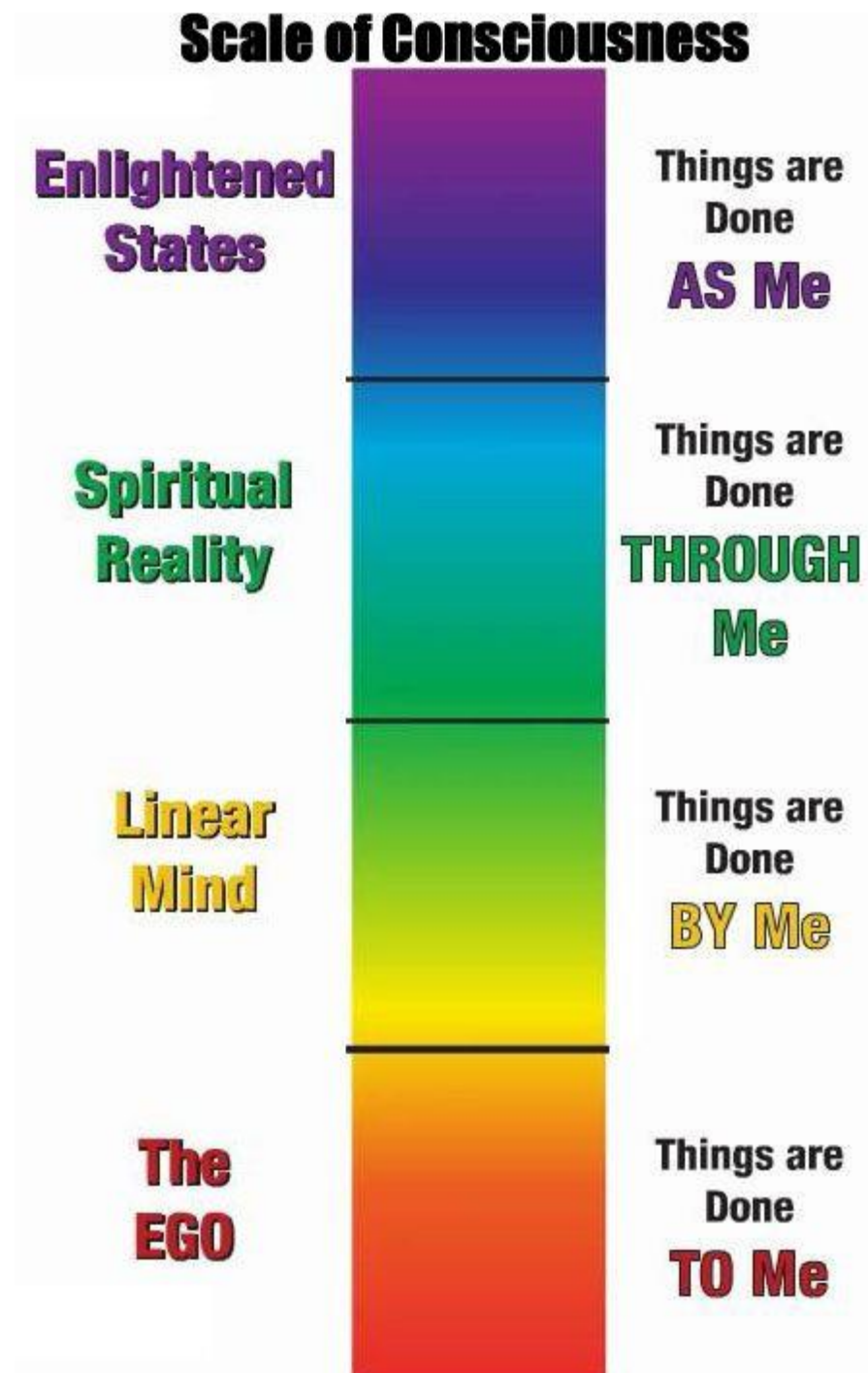
And at one of Italy’s prisons: Rehabilitation through wine-making. Why not?

“Right now, we’re living in a world where everyone wants things cured in FIVE (5) minutes, shoot everybody up with drugs so we don’t have to worry about whether we can change their lives,” she said. *“We’re living in a time when people are terrified to do long, hard things. Change takes a long time, but it’s worth it.”*

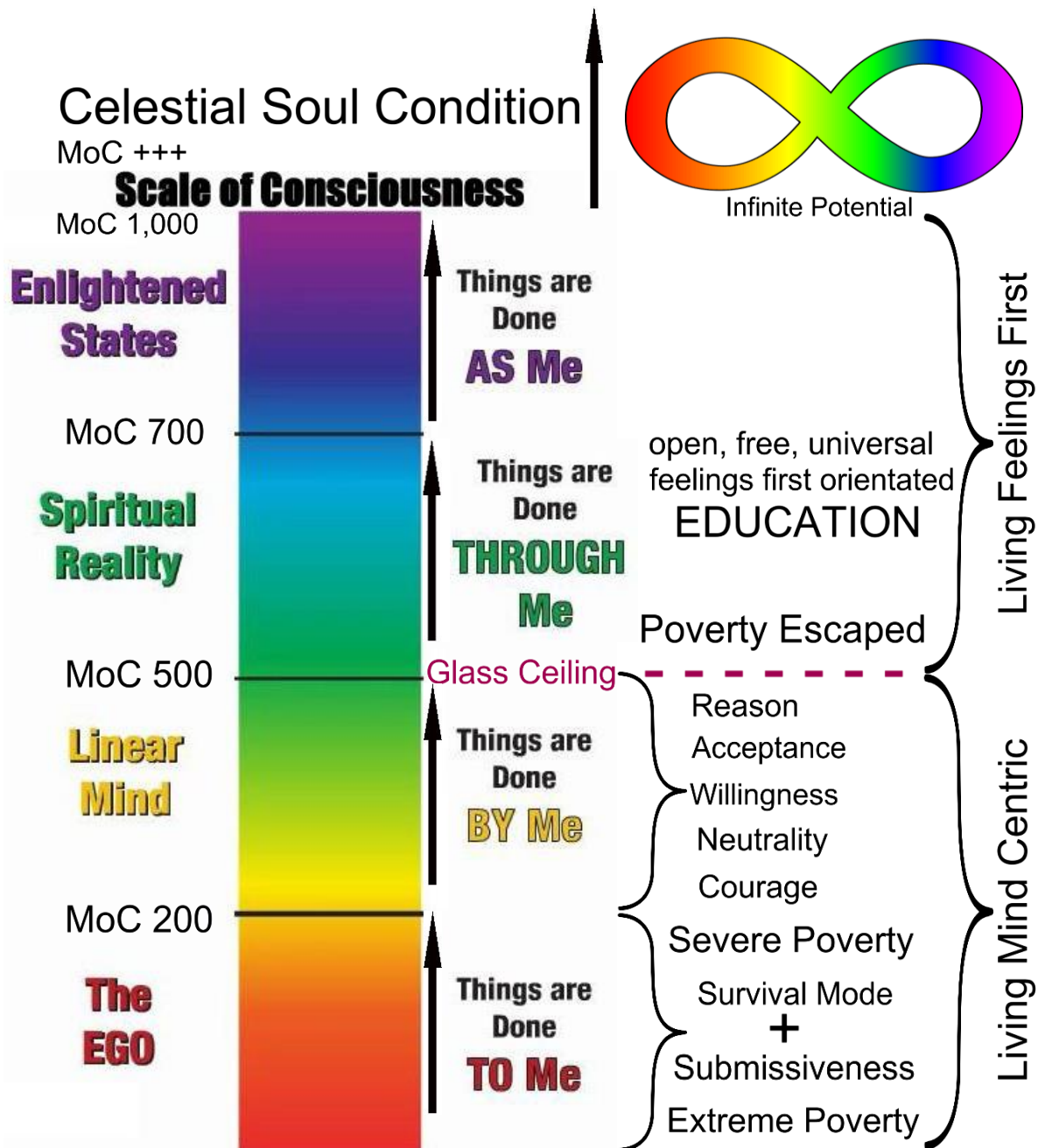
Another factor that makes SanPa difficult to replicate is its very Italian-ness; it grew in a country where the history and value of craft is woven into the fabric of society. One Australian team visiting SanPa concluded, *“San Patrignano is un-replicable in its entirety, due to its history, its scale, its location, and the Italian culture in which it is situated.”*

Lucia Rughi, SanPa’s communications director, is married to one of founder Muccioli’s sons, Giacomo, who has become a veterinarian. *“Our philosophy,”* she says, *“is the education of bello.”* Within that philosophy, the process of understanding and working toward beauty is the only means to combat the ugliest expression of self-loathing: addiction.

simple is what life is meant to be!



POVERTY EXTERMINATION



We are our Feelings – What does that mean?

We are a soul, a personality, a spirit in a spirit body; and whilst living on Earth, a spirit also living in a physical body.

We live to grow in Truth, to evolve ourselves, our soul, in Truth.

We live to uncover the Truth of ourselves, and of our Mother and Father.

We do that by interacting with other personalities, ourselves, and the world around us.

As we interact, we're having experiences.

Experiences give rise to feelings and thoughts.

From our feelings we can bring the Truth of our Experience to light, thereby growing in Truth.

With the Truth from our feelings, from our experiences, we know what is right and wrong, and what is the right and best way for us to live.

So we can say We Are Our Feelings; in that, we are the Truth of our Feelings - we are the Truth our Feelings give rise to.

Our Problem is, we've been incarnated into a Rebellion against the Truth.

We are made by our parents, as they were made by their parents, and all by Default (without them knowing they are doing it), to go against the Truth.

How we live against the Truth is by using our minds to take over from, and even suppress and deny, many feelings.

By denying feelings, we're denying the Truth they would ordinarily give us, so preventing our soul from evolving.

So we don't know how to live from our Truth, as we're not growing in Truth from or through our feelings.

Many people believe they are growing in Truth and evolving their soul, when all they are doing is advancing their mind's control over themselves.

They are Transcending in Beliefs; not Ascending in Truth.

Transcending is a dead end; Ascending is open ended - all the way to Paradise.

To end living rebelliously, against the truth of ourselves, we need to do our Spiritual Healing.

Our Spiritual Healing: called our Feeling-Healing without the inclusion of longing for God's Divine Love; or our Soul-Healing, when we include longing for God's Divine Love, involves focusing on each feeling, looking to wholly embrace it, accept you're feeling it, so not try and deny or block or suppress it, and 'bring it out'.

We bring out our feelings by expressing them, speaking the emotion of them to a friend, or to God.

As we express our feelings, we Long For The Truth Of Them.

As the Truth comes, it will confront our mind control, helping to show us how we're living denying so much of our self-expression, how we're preventing ourselves from growing in truth from our feelings. How we're limiting our interactions with each other, limiting our experiences.

When we strive to Live True To Our Feelings by honouring them the right way, and looking to end our mind control over ourselves, we can be said to be living Feelings First; or, We Are Our Feelings.

By being our feelings the right way, by being true to them, we will slowly bring to light the Truth of our Rebelliousness. We need to see why we're living the Wrong way, what being of a Spiritual Rebellion that's denying the Truth, is all about. Seeing how we're living with and through our mind, instead of with and through our feelings.

And when we're living the whole truth of our rebelliousness, living true to all our bad and good feelings, then our Mother and Father will transform us out of being Wrong, into being Right, and we'll be free of the Rebellion and Default.

We Are Our Feelings, because they are really the Truth of us. Our feelings don't lie. Our mind lies and can be false. Our feelings are always True.

James Moncrief

What is our Feeling-Healing really about?

It's about becoming true to how our childhood was, and stopping being false, ending all the bullshit that's keeping us away from how fucked we are. That we're to get rid of our wrong beliefs about ourselves, our family, the world, and stop wishing and even hoping we could change, and stop trying to change ourselves into what we think would be better.

So, take it all away, strip it all away, and just be as we are. To fully accept this is how God wants us to be, having given us the childhood we had, to make us be this way.

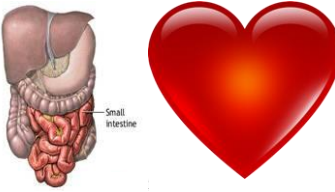
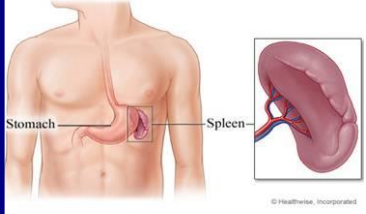
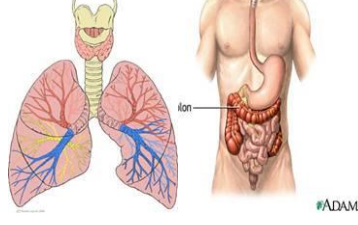
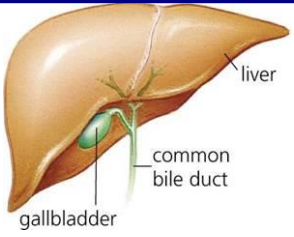
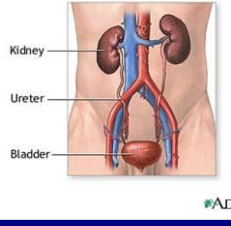
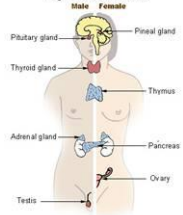
BEING in each fucked part of ourselves over and over as it comes up so we can further investigate it, seeing how wrong and false we still might be in it, and not try and change ourselves. **Give up trying to change ourselves.** And that we do change through our Healing, however it's not how we have been made through our childhood, but changed by giving up and getting rid of all the shit that's false in us, all the wrong beliefs, so we can be true to how fucked we are, that being a huge change... and along with expressing out of us all our repressed bad feelings.

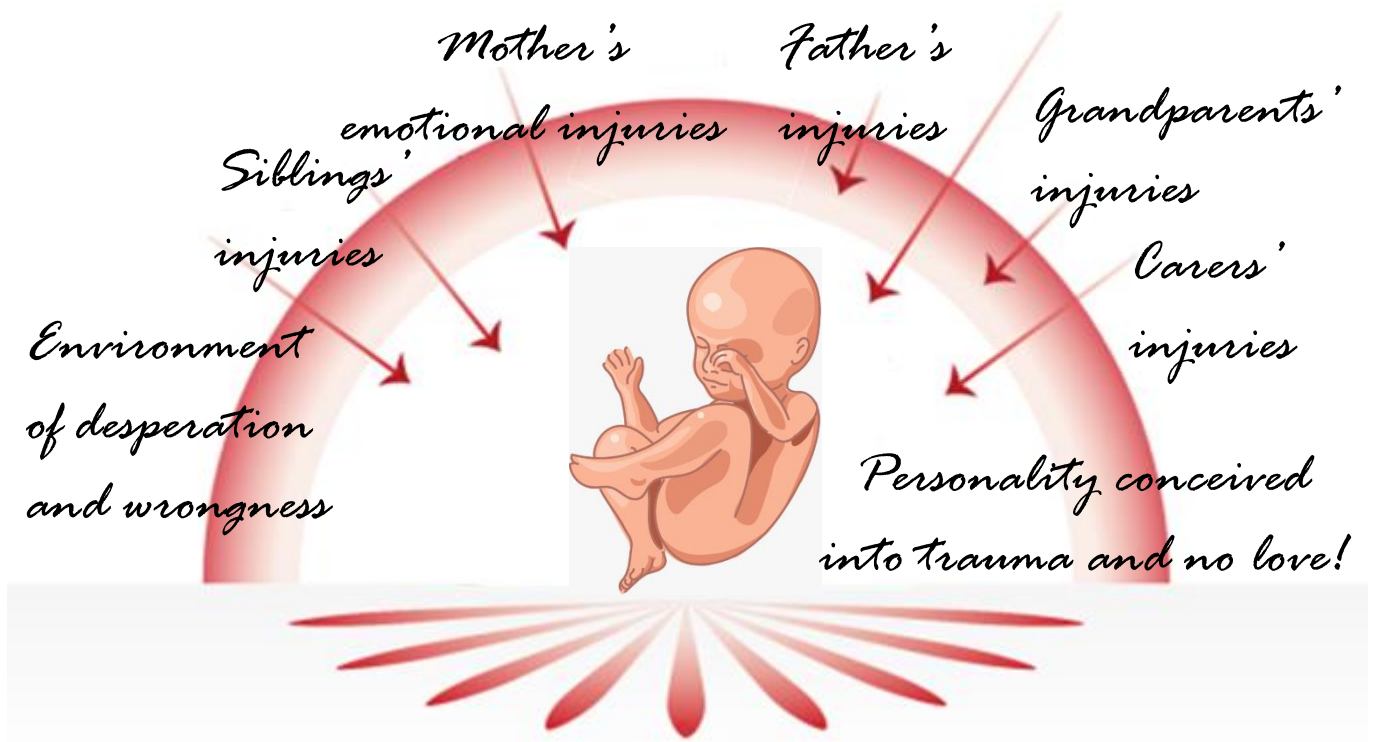
James Moncrief

divinelovesp.weebly.com

EMOTIONS affect SPECIFIC ORGANS:

Emotional injuries and held errors have specific energy signatures and vibrations. So does each part of our physical body. Errors held within one's mind affect the flow of energies through one's spirit body, the spirit body is the template of the physical body. The resulting energy flow constrictions then initiate issues, and then pain, and then illnesses within the physical body.

Organs	EMOTION CODE™ CHART		
	Column A	Column B	
	Row 1 Heart or Small Intestine	Abandonment Betrayal Forlorn Lost Love Un-received	Effort Un-received Heartache Insecurity Over joy Vulnerability
	Row 2 Spleen or Stomach	Anxiety Despair Disgust Nervousness Worry	Failure Helplessness Hopelessness Lack of Control Low Self-Esteem
	Row 3 Lung or Colon	Crying Discouragement Rejection Sadness Sorrow	Confusion Defensiveness Grief Self-Abuse Stubbornness
	Row 4 Liver or Gall Bladder	Anger Bitterness Guilt Hatred Resentment	Depression Frustration Indecisiveness Panic Taken for Granted
	Row 5 Kidneys or Bladder	Blaming Dread Fear Horror Peeved	Conflict Creative Insecurity Terror Unsupported Wishy Washy
	Row 6 Glands & Sexual Organs	Humiliation Jealousy Longing Lust Overwhelm	Pride Shame Shock Unworthy Worthless



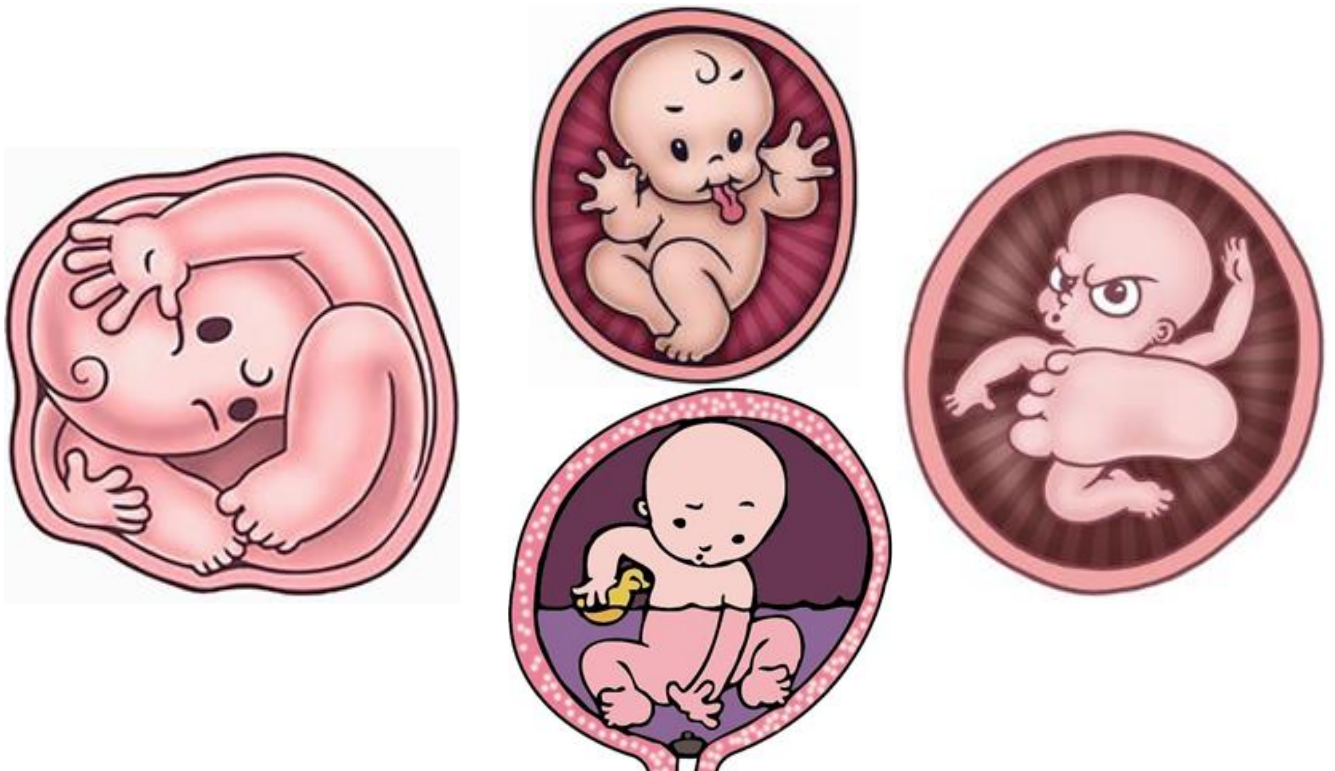
Rejection –
unwanted

Controlling –
freewill denied

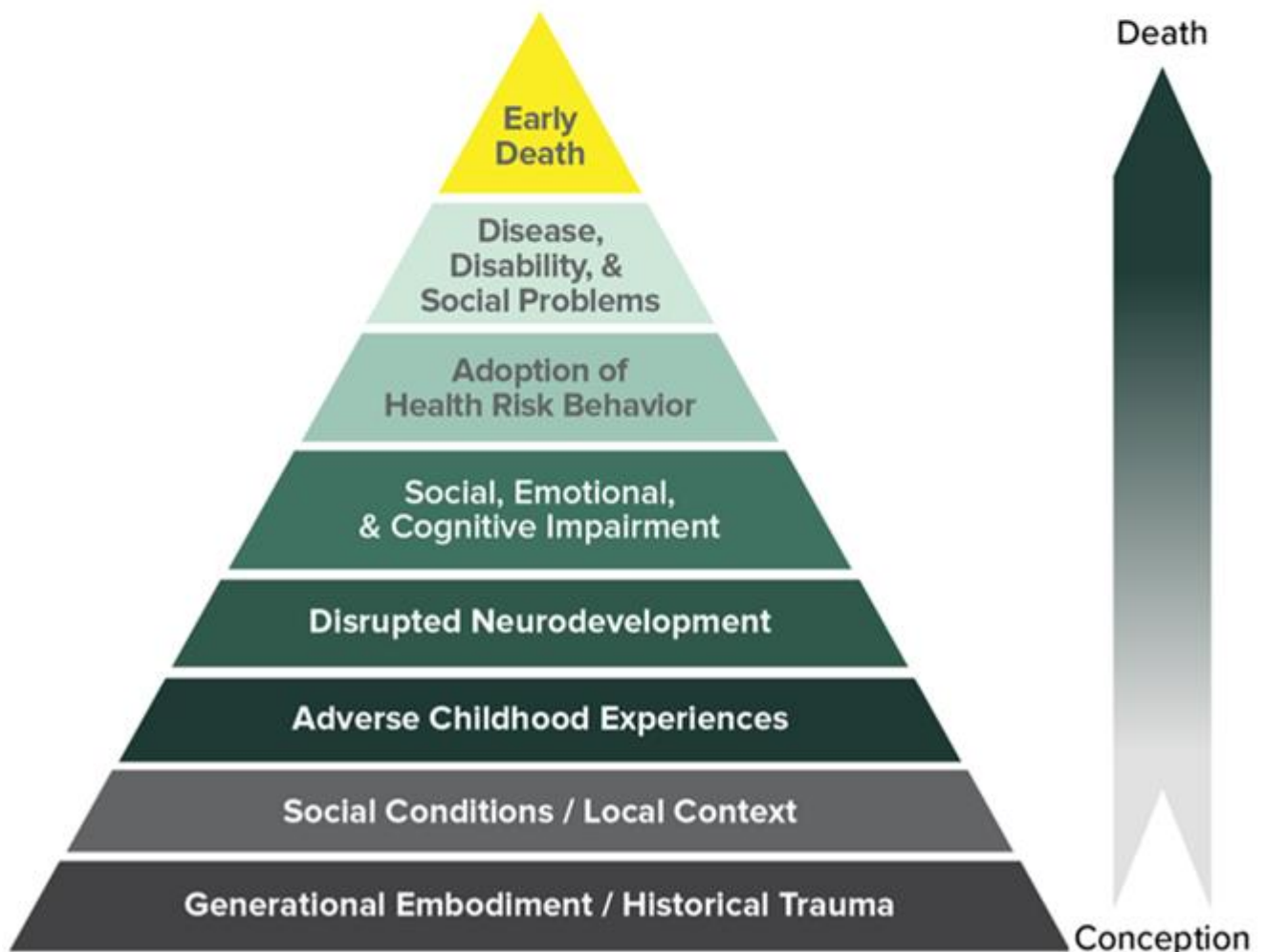
Untruth –
erroneous
beliefs

Hopelessness
– depression

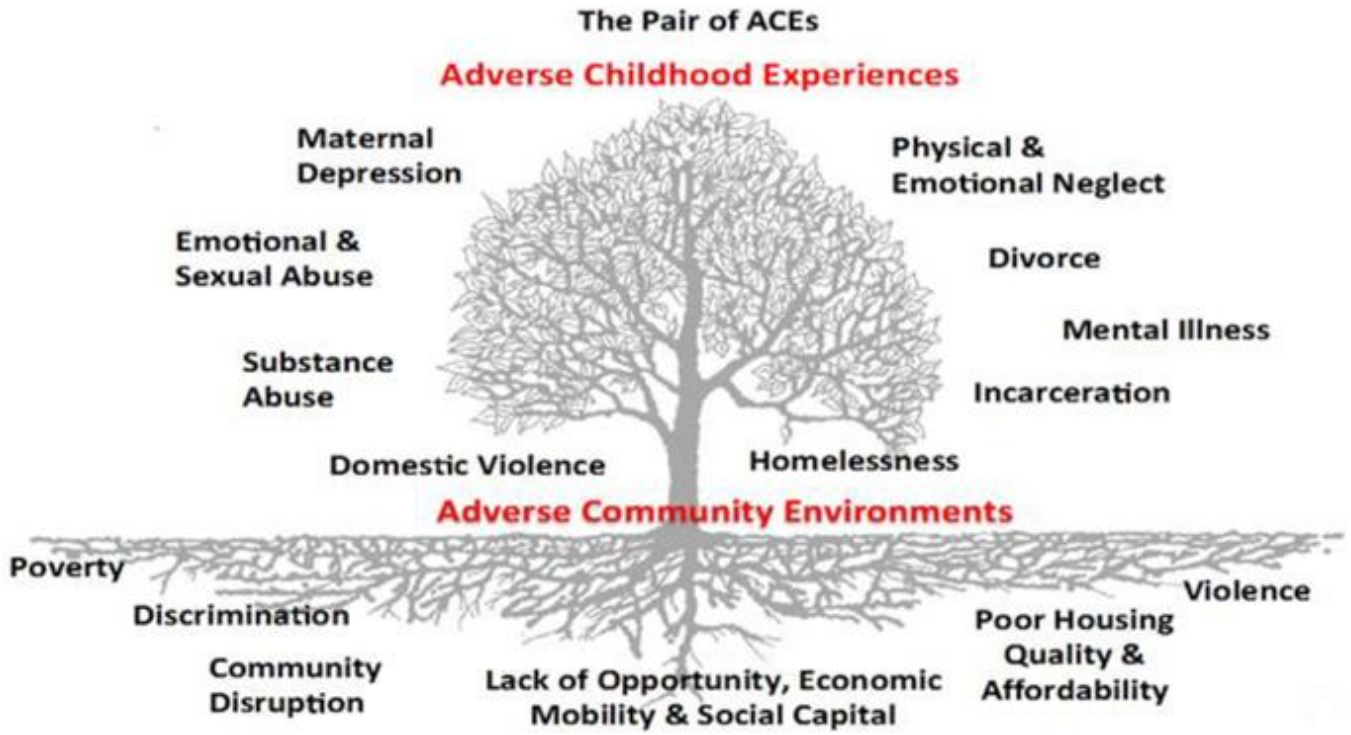
Suppression



WOMB TRAUMA. YES IT'S REAL.



Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan



Childhood Suppression

The soul does it all.
The soul is a duplex,
two personalities being
manifested into the
physical by our soul.

Soul light continually
flows from the soul
through our spirit body
levels and into our
physical.

Return light being the
experiences of our
physical existence.

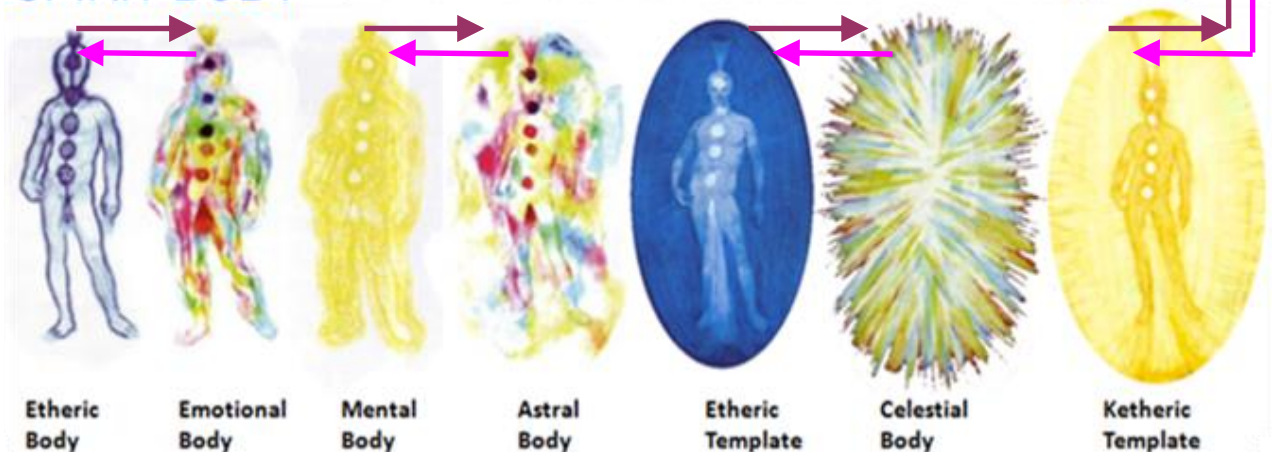
SOUL



Childhood suppression
imposed upon us by our
parents and carers
causes retarded light to
return to our soul
bringing about
imbalance, reflecting
emotional injuries and
errors of belief. This
imbalance is the cause
of all our difficulties
throughout our adult life
and also all of our health
issues.

SPIRIT BODY

Brennan Model of the 7 Levels of the Human Energy Field



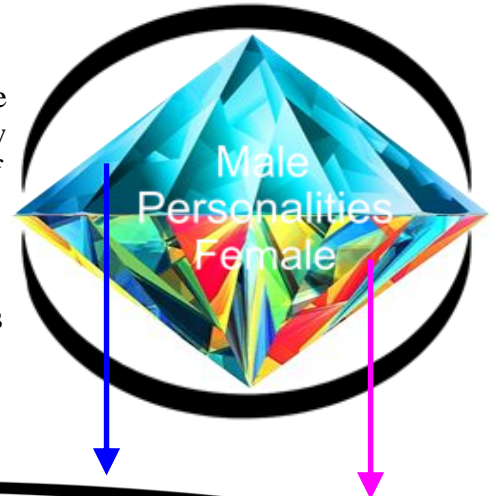
Every experience is recorded through the light returning through our spirit body and back to our soul. What emotional injuries we experience, commencing from conception, has to be expressed emotionally to heal the imbalance in soul light so that harmony and health can be achieved in our spirit and physical bodies. Childhood Suppression is the underlying cause of disease, illness, etc.



Childhood Suppression

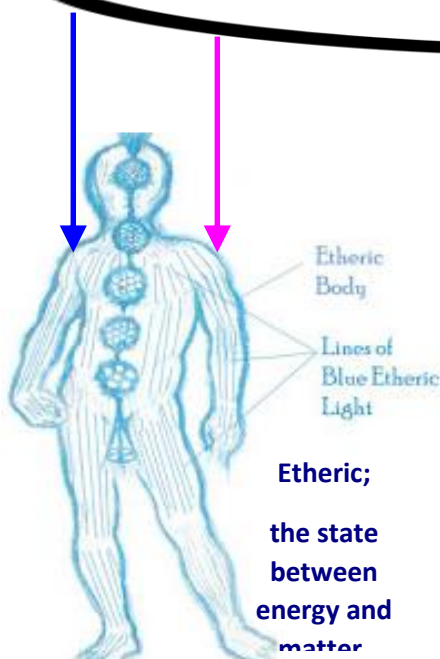


Childhood Suppression – from conception to age six years – harmfully encrusts the soul, thus impeding light flow throughout all seven layers of the spirit body, damaging the genes within the spirit body which in turn damages the genes in the physical body, as well as setting the pattern for all of our physical health issues throughout our lives.



SPRIT BODY

Brennan Model of the 7 Levels of the Human Energy Field



The spirit etheric body is the template for our physical body, however, no health care system or science considers that the underlying cause of any health issues are formed through our Childhood Repression and that no physical healing occurs without expressing our childhood suppressions, being feelings both good and bad and then longing for the truth behind these injuries. Medicine may suppress the pain – it does not and cannot cure – vaccines are extreme physical suppressions!



The pain from ANY illness will not exceed the pain experienced during our Childhood Suppression!

The New Way

Living True to Your Feelings

We live denying many of our feelings, which is not good or healthy for us.

Early in our childhood our parents, families and society in many ways tell us that expressing certain feelings is not right, it's unacceptable, forcing us to block them out.

"Stop crying, you're too old to cry". "If you carry on behaving badly, you'll be punished". "Smile, stop looking so miserable, what have you got to be unhappy about!"

We are told many of our childhood bad feelings (and often good ones too) are not welcome, which is saying, you are not welcome as you are, you must change yourself and be as we say you are to be. It's not loving to be treated that way.

And by forcing ourselves to change causes us to suppress and then keep repressed many bad feelings. And all those repressed bad feelings fester away inside us making us sick and unhealthy.

To be made to stop expressing any feeling means we are being stopped from expressing the whole of yourself. And that is very damaging.

Living by not expressing ALL our feelings fully means we can't enjoy fulfilling relationships, it causes problems, unhappiness and all illness.

So all our problems and difficulties stem from the fact that during our childhood we were stopped from expressing all of ourselves, by not being allowed to express all of our feelings. And this is how the whole world lives. Some people, families and societies being more or less feeling-expressive than others.

And The New Way seeks to end any repression of feelings. It's to understand that we should live fully expressing all we feel and not with our mind heavily in control of ourselves limiting our self- and feeling-expression.

The Old Way is living the Mind way of feeling repression. An unloving way of being.

The New Way is living the **True Way** of feeling expression. A loving way of being.



Root Cause

Highly esteemed Lanonandek spirits from within our local universe of Nebadon were assigned as System Sovereigns of our local system to oversee Earth's humanity and their spiritual development. 200,000 years ago they, the Lucifers, became infatuated with their authority and turned against the regents of Nebadon, Mary and Jesus, as well as rejecting God. Through their Planetary Princes, also Lanonandek spirits, they had taken the humanities of 37 worlds within their local system into their Rebellion.

By living through our minds, suppressing our feelings, we on Earth will continue to be at war with each other, illnesses of all descriptions will continue from our feelings suppression, famine and inequalities prevail, control of others is the core of all systems, we cannot determine truth from falsehood and life on Earth is a living hell. We have been continually seduced by mind Mansion World spirits and we live life in a stupor – nothing more than zombies doing the begging of the evil ones, the rebellious Lanonandek spirits.

By living through our minds, suppressing our soul based feelings, we have been progressively going further and further away from our Heavenly Parents, now to the point that we cannot go any further. Through working cracks in the Universal Contract governing the Rebellion and Default, this control has been ended formally as of 31 January 2018.

Pathway Forward

To liberate one's real self, one's will, driven by one's soul, moves one to embrace Feeling Healing, so as to clear emotional injuries and errors. With the Divine Love, then one is also Soul Healing. We are to feel our feelings, identify what they are, accept and fully acknowledge that we're feeling them, express them fully, all whilst longing for the truth they are to show us.

God's Divine Love: Pray for it, ask for it, and receive it.

The Golden rule is: Never interfere with another's will.

Golden Rule: that one must always honour another's will as one honours one's own.

New Feelings Way: learning how to live true to ourselves by living true to our feelings.

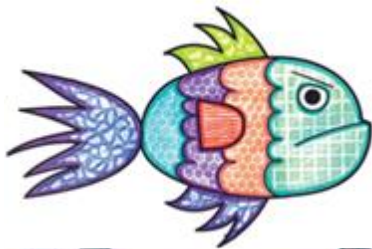
We are to express our feelings, both good and bad, at all times, and to long for the truth of them.

By living true to ourselves true to our feelings, we are living true to God. It's that simple.

LONG to KNOW ABOUT what you are FEELING!
Long to understand the truth behind
what your feelings are pressing upon you.



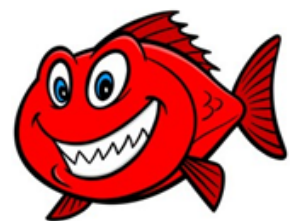
Ask to know the truth about that which you feel.
It is knowing the truth of that
which you feel that sets you free!



Always be true to your feelings
because they are your truth
and truth is love and our way home!



talking



Express your feelings to those who matter to you.
Suppressed feelings bring about pain and illness.
Talk it out to a friend!

From our head to our toes,
what our feelings say goes!



Feelings, good and bad, are to be expressed.



Heartfelt feelings are our truth.

Then we are to continue by longing for
the truth that our feelings are to reveal to us!

I make AU\$80,000 a Year. How much House Can I Afford?

<https://www.sofi.com/learn/content/i-make-80k-a-year-how-much-house-can-i-afford/>

By [Jamie Cattanach](#).

22 January 2025



An AU\$80,000 annual salary would allow you to purchase a home priced up to around AU\$300,000 — say AU\$350,000, that is, if you follow the conventional guidance, which is that you spend no more than a third of your pre-tax income on housing costs. But there's more (lots more) to it than that.

By just about any measure, earning AU\$80,000 a year is a good salary. It's about \$5,000 higher than the median household income, per Census data.

But depending on where you live and other aspects of your financial profile, earning a good salary doesn't always translate into being able to afford a large house — or, in some expensive cities, any house at all.

So how can you tell where you stand? Let's dig into the details.

What Kind of House Can I Afford With \$80K a Year?

As noted above, one basic rule of thumb is to spend no more than about a third of your income on housing — and ideally even less. That means that if you earn \$80,000 per year, you should spend about \$26,000 per year on housing. That translates to roughly \$2,200 per month, which should cover not only your mortgage payment but also utilities, home insurance, and other housing-related expenses.

However, as you've probably noticed, this still isn't a straightforward answer; the size of your monthly mortgage payment doesn't directly translate to the overall cost of the house. Other factors like your interest rate, debt-to-income ratio, and the size of your down payment all factor in — so let's take a closer look at those.

What is Debt-to-income Ratio (DTI)?

Your debt-to-income ratio, or DTI, is a measure of how much money you pay toward your debts each month relative to how much free cash you have available. It's determined by dividing the sum of your monthly liabilities (i.e., credit card bills and student loan payments) by your gross monthly income.

If you are already paying quite a bit toward debt every month, you'll have less money to spend on housing. (For example, someone earning \$80,000 a year who is already paying \$1,400 per month toward debt can likely only afford a house priced around \$200,000.)

The higher your DTI, the riskier you appear to mortgage lenders — which may drive up your interest rate and, therefore, your monthly payment. And above a certain DTI level (usually around 40%, but sometimes as high as 50%), a mortgage lender might disqualify you from borrowing entirely. That's why it's often a good idea for would-be homebuyers to drive down their overall debt before moving seriously into the housing market.

Factoring in Your Down Payment

Along with how much debt you have, lenders also consider how much money you're ready to put down for your home up front — otherwise known as your down payment. Generally speaking, the larger your down payment, the more house you can afford, since having so much money saved up is a favourable factor for home lenders. (Even if you keep your budget modest, having a larger down payment can help you save money over time since the amount you'll be borrowing will be proportionally smaller.)

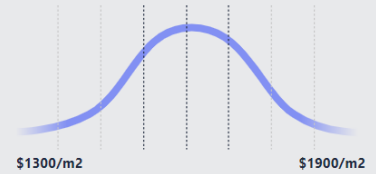
In many residential properties, a 3-bedroom house can typically have a total floor area ranging from around 90 to 150 square meters (970 to 1,615 square feet).

Cost Guides

How much is the Average Cost to Build a 3 Bedroom House? [2025]

\$1300/m² to \$1900/m²

These prices are based on national averages



Australia 2025



139

175

186

189

208

FROM \$221,990

3 2 1 1

Floor Area 144.20m²
House Width 8.80m
House Length 18.90m

Minimum Frontage 10m

EXPLORE



139

175

186

189

208

FROM \$272,990

4 2 2 2

Floor Area 212.31m²
House Width 11.00m
House Length 23.30m

Minimum Frontage 12.5m

EXPLORE



PLATINUM EDGE Ben Eggenhuizen

1,007m²
Available To Inspect

\$280,000 + Offers

Residential housing lots start at AU\$300,000! And that is in regional centres – not cities!

This has made home ownership very difficult.

Why is there such a high cost for housing sites?

ASK the local, state and federal governments!

Homelessness, Health, and Human Needs.

<https://www.ncbi.nlm.nih.gov/books/NBK218239/>

1988 by the National Academy of Sciences.

Characteristics of Homeless People

Homeless people are a diverse and varied group in terms of age, ethnicity, family circumstances, and health problems. Moreover, the characteristics of the homeless population differ dramatically from one community to another. Even the recent increase in homeless families is not uniform throughout the country (any country). Although homeless families headed by women are predominant among the homeless throughout the country, there are many more homeless two-parent families in the West and Southwest than in New York and other large eastern cities (U.S. Conference of Mayors, 1987). Every city has homeless adults, but the demographics are not uniform throughout the country. Most cities report that adult homeless men tend to be long-term residents of the city. However, during a site visit to San Diego, committee members were informed by both public officials and advocates for the homeless that San Diego's adult homeless male population was composed largely of young men from the West and Midwest who had come to the Southwest in search of jobs.

To make the needs of homeless people more understandable, we describe several subgroups separately: individual adult men and women, families with children, youths, the elderly, and people in rural areas.

Homeless Individual Adults

Although families may represent the fastest growing subgroup among the homeless, individual adults still make up the single largest group among the homeless population. The documented characteristics of homeless adult men and women contradict some popular conceptions of what such people are like.

The U.S. Conference of Mayors (1987) reported that individual men made up 56% of the homeless population and individual women made up 25%. (The remainder are adolescents or families with children.) Of the 25 cities in the study, 7 reported recent increases in the numbers of homeless women. In 1963, homeless women represented only 3% of the homeless population (Bogue, 1963).

Researchers indicate that a high proportion of homeless women suffer from serious problems including chronic mental illness and pregnancy-related problems (Wright, 1987; Wright and Weber, 1987; Wright et al., 1987). In addition, homeless women are frequently victims of physical assault, especially rape (Brickner et al., 1985).

Individual homeless men and women have an average age of between 34 and 37 (Morse, 1986); this is significantly lower than those found in previous decades. Homeless women are from 2 to 6 years younger (both mean and median) than homeless men (Multnomah County, Oregon, Department of Human Services, 1984; Robertson et al., 1985; Rossi et al., 1986). Reports from several cities indicate that the sheltered male population is younger still and that homeless women appear to be either very young or elderly. This is important because, unless they are disabled, the age of homeless adults in many parts of the country helps to determine their eligibility for entitlements, especially general assistance and Medicaid.

Homeless adults are likely never to have been married. Reported levels range from 40% in Portland, Oregon (Multnomah County, Oregon, Department of Human Services, 1984) to 64% in New York City (Hoffman et al., 1982). Homeless women are more likely than homeless men to have been married. In the Portland study, only 29% of homeless women had never married compared with 44% of homeless men. Never-married homeless adults are generally not members of households and often lack strong family ties. The absence of family ties removes the possibility of finding shelter with family members.

Minorities are overrepresented among homeless people in the nation's larger cities ([Table 1-2](#)). This distribution reflects the overrepresentation of minorities in the poorest strata of American society (Morse, 1986).

TABLE 1-2 Ethnic Background of Homeless Adult Individuals (in percent) Compared with That of the General Population.

TABLE 1-2 Ethnic Background of Homeless Adult Individuals (in percent) Compared with That of the General Population

City (Source)	White	Black	Hispanic	Native American	Other	Blacks as Percentage of General Population ^a	Native Americans as Percentage of General Population ^a
New York	11.0	72.7	15.7		0.6	25.2	0.2
	(Crystal et al., 1982) ^b						
New York	15.0	64.0	21.0		1.0	25.2	0.2
	(Hoffman et al., 1982) ^b						
Detroit	25.7	73.0			1.4	63.0	0.3
	(Mowbray et al., 1985)						
Chicago	28.9	55.6	4.0	7.1	4.3	39.8	0.2
	(Rossi et al., 1986)						
Baltimore	35.0	62.0			3.0	54.7	
	(Clark, 1985) ^c						
St. Louis	35.1	64.9				45.5	0.1
	(Morse et al., 1985)						
Chicago	41.0	56.0	1.0	2.0		39.8	0.2
	(Stevens et al., 1983)						
Los Angeles	51.0	30.0	11.0	6.0	3.0	17.0	0.5
	(Robertson et al., 1985)						
Milwaukee	60.0	32.0	4.0	4.0		23.0	0.7
	(Rosnow et al., 1985)						
Phoenix	61.0	9.0	17.0	12.0	2.0	4.8	1.4
	(Brown et al., 1983)						
Ohio	65.3	29.8	3.4		0.6	9.9	0.1
	(Roth et al., 1985)						
Portland	73.0	11.0		10.0		7.5	0.9
	(Multnomah County, Oregon, 1985) ^c						
Portland	77.0	6.0	4.0	10.0	1.0	7.5	0.9
	(Multnomah County, Oregon, 1984)						

NOTE: Hispanic populations could not be compared because of the inconsistency of definitions.

a Source of general population data: U.S. Bureau of the Census (1980).

b Men only.

c Women only.

The proportion of homeless people with a high school diploma has increased during the past 25 years. For example, in 1963, only 19% of homeless people in Chicago had completed high school (Bogue, 1963), compared with 35% of the general population of Chicago (U.S. Bureau of the Census, 1963). In 1985, 55% of the homeless population in that city were high school graduates (Rossi et al., 1986); the comparable figure for the entire population of Chicago was 56%, almost identical to that for the homeless population. While there was a greater divergence between the educational level of homeless and general populations in other cities (Roth et al., 1985; Farr et al., 1986), nationally the proportion of homeless adults with high school diplomas is approximately 45%.

Contrary to the fears expressed by public officials that their city may attract increasing numbers of homeless people if they do more to help, several recent studies indicate that the great majority of homeless people have been long-term residents of the city in which they are sheltered ([Table 1-3](#)). This was confirmed during the site visits. It was also reported that when a city did attract transients, it was generally not by virtue of its entitlement programs but, rather, because of a favourable economic climate and the possibility of employment. People working directly with the homeless in various cities reported to the committee that transient persons failing to find employment in one city tended not to stay long and soon moved on in search of jobs.

TABLE 1-3 *Length of Residency of Homeless Adult Individuals.***TABLE 1-3 Length of Residency of Homeless Adult Individuals**

City or State	Percent	No. of Years	Source
New York City ^a	82	≥5	Crystal et al. (1982)
Los Angeles ^b	74	≥2	Robertson et al. (1985)
New York City ^a	75	≥5	Hoffman et al. (1982)
Chicago	72.3	≥10	Rossi et al. (1986)
Milwaukee	71	≥1	Rosnow et al. (1985)
Los Angeles ^a	64.5	≥1	Farr et al. (1986)
Ohio	63.5	≥1	Roth et al. (1985)
Baltimore	60	≥10	Fischer et al. (1986)
Portland	59	≥2	Multnomah County, Oregon (1984)

a Men only.

b The 10.5 percent differential between the studies by Robertson et al. (1985) and Farr et al. (1986) in Los Angeles can be accounted for based on the populations sampled. Robertson and colleagues sampled the downtown skid row *and* the Venice Beach/Santa Monica areas; Farr and colleagues sampled only the downtown skid row area.

Since the mean age of homeless men is approximately 35, it is not surprising that a large number are Vietnam veterans (Table 1-4). Studies of homeless veterans in Los Angeles (Robertson, 1987) and Boston (Schutt, 1985) indicate that they are older than nonveterans, better educated, and more likely to have been married, factors that normally would indicate greater stability. They also tend to be white, although the percentage of ethnic minorities increases substantially among those who served in Vietnam.

TABLE 1-4 *Homeless Veterans.***TABLE 1-4 Homeless Veterans**

City (Source)	Percentage of Homeless Men Sampled Who Are Veterans	Vietnam-Era Veterans as Percentage of Homeless Veterans
Baltimore	51	35
	(Fischer et al., 1986)	
Boston	37	
	(Schutt, 1985)	
Los Angeles	47	33
	(Robertson et al., 1985)	
Los Angeles	33	43
	(Farr et al., 1986)	
Net York City	32	
	(Crystal et al., 1982)	
Detroit	36	16
	(Solarz and Mowbray, 1985)	

As discussed in detail in Chapter 3, psychiatric problems and alcohol and drug abuse are common among homeless veterans. The Los Angeles and Boston studies both reported higher rates of psychiatric hospitalisation than among nonveteran homeless people. The Boston study, as well as a study of homeless veterans in San Francisco (Swords to Plowshares, 1986), reported that veterans were more likely to identify substance abuse as a reason for homelessness. The San Francisco study reported that 45% suffered from alcohol abuse (19% reporting severe alcohol problems) and 23% from drug abuse.

The most recent statistics on homeless veterans come from the Homeless Chronically Mentally Ill outreach program conducted by the Veterans Administration as mandated by P.L. 100-6 (Rosenheck et

al., 1987). The program is targeted specifically to mentally ill homeless veterans (and therefore does not present a valid sample of all homeless veterans), but it is both the most recent research on homeless veterans and the most geographically comprehensive. The outreach effort was conducted in 26 states and included Veterans Administration medical centres serving rural, suburban, and urban areas. In its first 4 months of operation (May-September 1987) the program made contact with 6,342 homeless veterans.

Of the veterans contacted, 98.6% were men; 1.4% were women. The average age was 43; 75% were either divorced or had never married. Sixty percent were white, 30% were black, and 9% were Hispanic. In regard to education, 82% were high school graduates. Thirty percent had served in combat, and 1.7% had been prisoners of war; 9% were diagnosed as having combat-related posttraumatic stress disorder. With regard to the time of their military duty, 38% were veterans of the Vietnam era, 21% served in the post-Vietnam period, and 18% served in the period between the Korean and Vietnam conflicts. Only 9% served in World War II and 10% in Korea.

Several authors have reported that between 5 and 10 percent of the homeless are employed full-time and between 10 and 20 percent are employed part-time or episodically (Brown et al., 1982, 1983; Multnomah County, Oregon, Department of Human Services, 1984, 1985; Rossi et al., 1986). These people frequently perform unskilled labour; are on the bottom rung of the economic ladder; and often lack job security, health insurance, and the skills necessary to succeed in a high-tech economy.

Many are homeless because their incomes have not kept pace with the dramatic increase in housing costs. The loss of a day or two of pay may make the difference between paying rent and being evicted.

Homeless Families

As mentioned previously, the fastest growing subgroup among the homeless population consists of families with children. In late 1986, the U.S. Conference of Mayors estimated that such families made up 28% of all homeless people in the 25 cities participating in the conference's annual survey of hunger, homelessness, and poverty in America. Most homeless families are headed by women with two or three children (Bassuk et al., 1986). Most of the children are under the age of 5 and are spending their critical developmental years without the stability and security of a permanent home (Towber, 1986a,b; Bassuk and Rubin, 1987; Wright and Weber, 1987).

The literature on the characteristics and needs of homeless families is largely anecdotal, although there are a few systematic studies describing the status and unmet needs of homeless families and the health status (Wright and Weber, 1987), emotional problems (Bassuk et al., 1986; Bassuk and Rubin, 1987; Bassuk and Gallagher, in press; Boxill and Beatty, in press), nutritional status (Acker et al., 1987), and problems in education and learning (Bassuk et al., 1986; Bassuk and Rubin, 1987) of homeless children. To date, the findings are generally descriptive, and there are large regional differences; only a few attempts have been made to generate and test hypotheses about the antecedents, course, and consequences of family homelessness by studying appropriate comparison groups. Despite limitations of the data base, reports of shelter providers, clinicians, agencies, advocates, and policymakers (Simpson et al., 1984; Gallagher, 1986), as well as the committee's site visits to sheltering facilities, tend to support the findings of existing studies. The combined information allows for some generalisations about the characteristics and needs of homeless families.

The vast majority of homeless families are headed by women, but the percentages vary by region. In western regions there are more intact homeless families than in eastern regions (Bassuk et al., 1986; Towber, 1986a,b; McChesney, 1986; Dumpson, 1987). Homeless families that include both parents appear to be more common in rural areas than in urban areas (see Appendix C). Because there is a lack of systematic information about the characteristics of intact homeless families, particularly the fathers, the following discussion concentrates primarily on mothers and children.

Homeless mothers tend to be in their late 20s (Bassuk et al., 1986; McChesney, 1986; Towber, 1986a,b; Dumpson, 1987), are either single or divorced, and have completed at least several years of high school (Bassuk et al., 1986; Towber, 1986a,b; Dumpson, 1987). Their ethnic status tends to mirror the ethnic composition of the area where they are living, with minorities overrepresented in the cities and whites predominating in suburban and rural areas (Bassuk et al., 1986). The vast majority of homeless families are recipients of Aid to Families with Dependent Children (AFDC). A Massachusetts study indicated that long-term AFDC users (those receiving benefits for longer than 2 years) are overrepresented among homeless families (Bassuk et al., 1986).

Researchers have reported that homeless mothers typically are quite isolated and have few, if any, supportive relationships. McChesney (1986) studied the support networks of homeless mothers with at least one child who were living in five Los Angeles County family shelters. She described their slide into homelessness as including ". . . many varied and creative means to shelter themselves and their children" in an effort to stave off homelessness. Most striking was the fact that many families could not call on their own parents, brothers, or sisters as resources. There were three major reasons: "either their parents were dead, their parents and siblings didn't live in the Los Angeles area, or their parents and siblings were estranged" (McChesney, 1986). Bassuk and colleagues (1986), in their study of 80 homeless families living in family shelters in Massachusetts, also described fragmented support networks. When asked to name three persons on whom the mothers could depend during times of stress, 43% were unable to name anyone or could name only one person, and almost a quarter named their minor child as their principal source of emotional support (Bassuk et al., 1986). In addition to economic and support system factors, serious health problems may also increase a family's risk of becoming homeless.

Many homeless mothers are victims of family violence, which suggests considerable overlap between families residing in family shelters and those residing in battered women's shelters (Ryback and Bassuk, 1986). Generally, a woman fleeing directly from an abusive mate turns to a battered women's shelter rather than to a family shelter. According to Bassuk et al. (1986), 45% of the women they interviewed in Massachusetts family shelters had a history of an abusive relationship with a spouse or mate, but this was generally not the immediate cause of their homelessness. In the only study reporting data about probable child abuse, Bassuk and coworkers found that 22% of homeless mothers were currently involved in an investigation or follow-up of child neglect or abuse (Bassuk et al., 1986; Bassuk and Rubin, 1987).

Many families had histories of residential instability and moved several times prior to their current shelter stay; most moved within the community where they were sheltered. A majority of families had been doubled up in overcrowded apartments with friends or relatives, while some had previously resided in other shelters or welfare hotels (Bassuk et al., 1986; Towber, 1986a,b).

A substantial proportion of homeless families using the sheltering system can be characterized as multi-problem families (Bassuk et al., 1986). These families have chronic economic, educational, vocational, and social problems; have fragmented support networks; and have difficulty accessing the traditional service delivery system; ". . . these families use a disproportionately large amount of social services and . . . traditional techniques of treating them fail or, at best, are only marginally successful . . ." (Kronenfeld et al., 1980). The multi-problem family typically seeks assistance when a crisis occurs, but ceases contact with the agency when the crisis abates (Gallagher, 1986).

Studies specifically describing the characteristics and needs of homeless children are quite sparse; studies seeking to provide an estimate of the number of homeless children nationwide are non-existent. However, the magnitude of the problem can be seen in even the most conservative estimates: If there are approximately 735,000 people homeless on any given night (ICF Inc., 1987), and 25% of these people are members of intact families (U.S. Conference of Mayors, 1986), of whom 55% are children (Barbanel, 1985), then a minimum of 100,000 children are homeless on any given night of the year. This figure includes only children of intact families; it does not include runaway, throwaway, or abandoned children on the streets or in institutions.

Not surprisingly, researchers have reported erratic school attendance among homeless children. Shelters are frequently located far away from a school, and transportation may be lacking. Preliminary data reported by the Traveller's Aid Program and Child Welfare League (1987) indicate that of 163 families with 331 children in eight cities, only 57% of the homeless children attended school regularly. A study of 52 families residing in five New York City welfare hotels reported that, according to parents, 60% of their children missed less than 3 days of school per month, 30% missed between 4 and 10 days of school per month, and 10% missed more than 10 days a month, which is over half of the school days (Columbia University Masters of Public Administration Program, 1985).

Homeless Runaway and Throwaway Youths

The amount of systematic data describing the characteristics of homeless adolescents is even scantier than those for other homeless subpopulations. In addition to its site visits, the committee reviewed three recent studies of runaway and throwaway youths:

- the 1985 Greater Boston Adolescent Emergency Network (GBAEN) study (1985) of 84 adolescents using 11 shelters throughout Massachusetts;
- the 1983 study of 118 adolescents in 7 shelters in New York City completed by David Shaffer and Carol L. M. Caton (1984); and
- the 1984 study of 149 adolescents in a crisis centre in Toronto, conducted by Mark-David Janus and colleagues (1987) and funded by the U.S. Department of Justice.

Each study identified running away not so much as an event but as a process; adolescents leave home several times (each successive incident being of longer duration than the previous ones) before actually living on the streets. As Shaffer and Caton (1984) reported, "most adolescents start running away some years before they start to use shelters." With regard to throwaway youths, the Boston study found that 17% of subjects who had left home for the first time had been "evicted by their parents" (for the entire population in the Boston study, the proportion evicted, including those with multiple running away incidents, was 12%). The fundamental issue in trying to determine the extent of the throwaway youth population is to determine the line between a parent forcing a teenager out of the home and a parent creating a situation so intolerable that the youngster has no option but to leave. To quote Reverend Leonard A. Schneider, executive director of The Emergency Shelter in New York City:

It is just possible that running away may be an indication of a very healthy mind, and depression may be a very natural response to an intolerable situation. (Community Council of Greater New York, 1984)

Additional issues regarding the throwaway youth population are discussed in successive chapters: the dynamics of the running away process as it relates to homelessness (Chapter 2); the health problems of runaway youths (Chapter 3); and the current state of services for this population (Chapter 5).

Homeless Elderly People

The percentage of elderly people among the homeless population is less than that among the general population. In all but one recently published study, the elderly made up less than 10% of the homeless population (Table 1-5). The figure of 19.4% reported by Rossi et al. (1986) for the homeless in Chicago is the highest, but it is still low compared with the 29.6% elderly for that city's domiciled population. The contrast is even greater in Ohio, where 6.4% of the homeless were over age 60, in contrast to 21.7% of the population of the state as a whole (Roth et al., 1985). In the skid row area of Los Angeles, 5% of the homeless population is over age 61, in comparison with 17% domiciled elderly for the entire county (Farr et al., 1986). Nationwide, only 3% of the homeless people who presented themselves for care at the Johnson-Pew Health Care for the Homeless projects were over 65, even though 12% of the population of the United States is elderly (Wright and Weber, 1987).

TABLE 1-5 *Elderly Homeless People.*

Three hypotheses have been proposed to explain the small percentages of elderly homeless. The first suggests that on turning 65, many homeless people become eligible for various entitlements (Social Security, Medicare, senior citizen housing, etc.). It is possible that such programs generate enough income in benefits, lower housing costs, or both that people are able to leave the streets or at least are prevented from becoming homeless to begin with (Wright and Weber, 1987). The second possibility is that homeless people do not survive to old age, because the realities of a homeless existence are so severely debilitating (Wright and Weber, 1987). A 1956 study of men living on Chicago's skid row revealed an annual death rate of 70 per 1,000, in contrast to the national death rate for white men of 11 per 1,000 (Bogue, 1963). However, a third explanation for the small percentage of homeless elderly may be related to sampling. The subjects of most studies are self-selected and include residents of shelters, those who appear for medical treatment, people on the streets willing to be interviewed, and the like. The homeless elderly are particularly reluctant to use certain sheltering facilities that they view as dangerous (Coalition for the Homeless/Gray Panthers of New York City, 1984). To quote Joseph Doolin, the director of the Kit Clarke Senior House, which operates the Cardinal Medeiros Day Centre for the homeless elderly of Boston, "younger homeless people tend to 'squeeze out' older street people [from the shelters]" (Doolin, 1986). To the extent that the homeless elderly do not participate in various programs for the homeless, they will be underrepresented in most studies.

The Rural Homeless

Since its first meeting, the committee has been concerned with the fact that almost all the scholarly literature describes the urban homeless. Only two studies, the state-wide study of Ohio, *Homelessness in Ohio: A Study of People in Need* (Roth et al., 1985), and the state-wide study of Vermont, *Homelessness in Vermont* (Vermont Department of Human Services, 1985), begin to address the physical and mental health problems of homeless people living in rural areas. As a result, the committee commissioned a special study of this population. Subsequently, the Health Resources and Services Administration of the U.S. Department of Health and Human Services, in cooperation with the committee, funded a more detailed analysis of this issue. This included site visits to rural areas in Alabama, Mississippi, Minnesota, and South Dakota. The results of this joint effort of the Institute of Medicine and the Department of Health and Human Services are included in Appendix C of this report.

TABLE 1-5 **Elderly Homeless People**

Location (Source)	Age (yr)	Percentage of:		
		Men	Women	Both
St. Louis	60+			2.5
(Morse, 1986)				
Portland	55+		4.0	
(Multnomah County, Oregon, 1985)				
Los Angeles	61+			4.8
(Farr et al., 1986)				
Los Angeles	60+			6.0
(Robertson et al., 1985)				
Milwaukee	61+			6.0
(Rosnow et al., 1985)				
New York City	60+	6.0		
(Crystal et al., 1982) ^a				
Ohio	60+			6.4
(Roth et al., 1985)				
Portland	60+			7.0
(Multnomah County, Oregon, 1984)				
New York City	60+	7.0		
(Hoffman et al., 1982) ^a				
Chicago	56+			8.0
(Stevens et al., 1983)				
Phoenix				9.0
(Brown et al., 1983)				
Chicago	55+			19.4
(Rossi et al., 1986)				
United States	65+			3.0
(Wright, 1987)				

a Men only.

Briefly, the problems of the rural homeless differ from those of their urban counterparts in several important ways. The rural homeless are far less visible than those in the cities; many live with relatives or others who are part of an extended family network. Some are officially domiciled because they pay a nominal token rent for the use of a shack or other substandard form of housing. However, they are even less likely than their urban counterparts to obtain assistance during times of economic or personal crisis. Rural areas do not have the range of social and financial supports available in most urban areas. Often, homeless people migrate to the cities in search of work; when they fail in that effort, they become a part of the growing numbers of homeless people in the cities. Those who stay in rural areas remain hidden until some event causes them to lose their housing, at which point they can be found living in, for example, cars, abandoned buildings, and woods. Even those communities with previously adequate social service systems are finding it increasingly difficult to serve the growing numbers of homeless people, especially in areas where the decline of agriculture, forestry, and mining is severe.

Summary

The homeless population is heterogeneous. While there is considerable controversy about the number of homeless people, there is general agreement that the number is becoming greater as each year passes. As the number increases, so do the complexities of the homelessness problem:

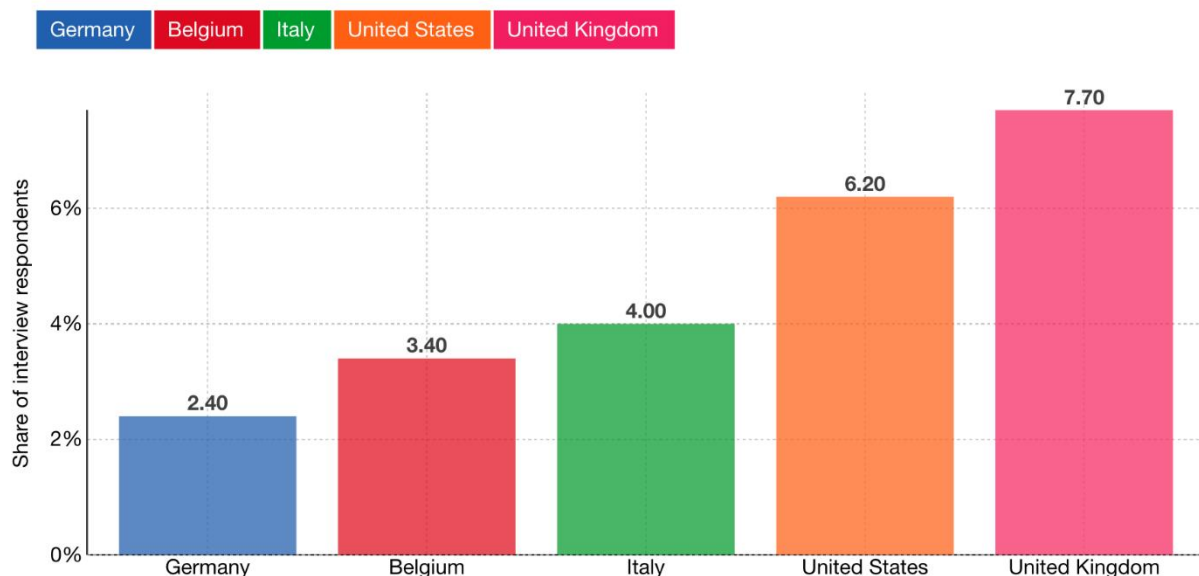
Why do people become homeless? Which interventions can be used to prevent or resolve the state of homelessness? What strategies must be developed to address the long-term issues involved with this problem?

As has been seen in this chapter, there are several subgroups among the general population of homeless people: individual adults, families with children, adolescents and young adults, the elderly, and people in rural areas. While together they all share one common problem—the lack of a stable residence—they each have specific needs.

As will be seen in the next chapter, the long-established system that has traditionally addressed homelessness now finds itself confronted with a seemingly overwhelming set of problems.

Share of population who have ever been homeless, 2003

Estimates correspond to the share of respondents in a telephone survey, who report having had an 'episode of literal homelessness' (sleeping at least one night on the street or in a homeless shelter) in their lifetime.

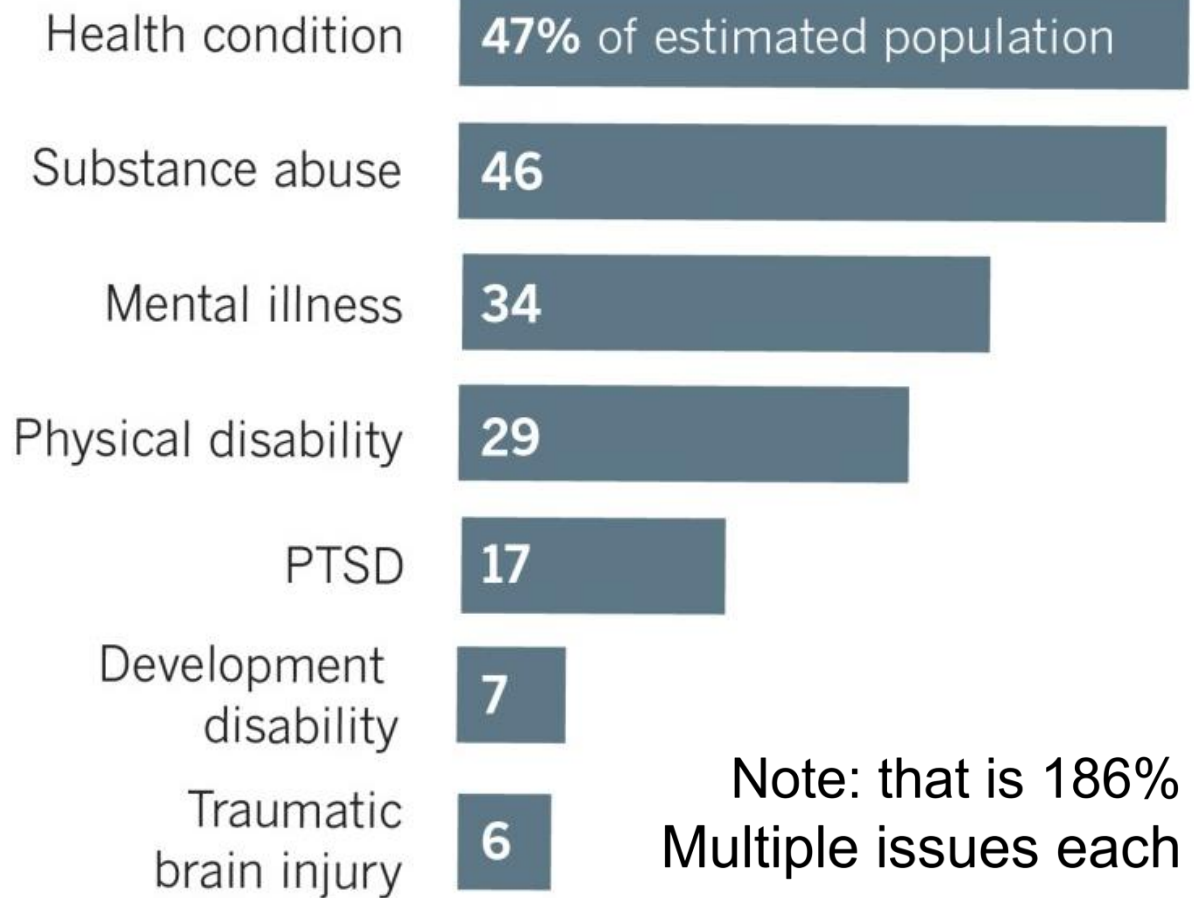


Data source: Toro et al. (2007) – Homelessness prevalence

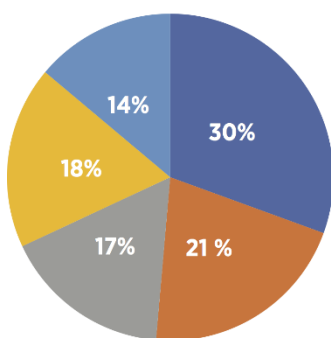
OurWorldInData.org/extreme-poverty-in-rich-countries-what-we-know-and-what-we-dont-know/ • CC BY-SA

The Times' analysis of conditions among the unsheltered homeless population

USA

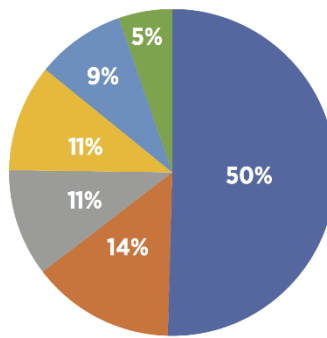


San Francisco USA



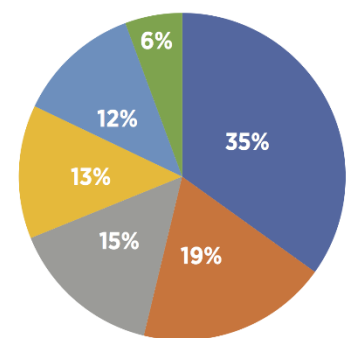
- Lost Job
- Alcohol or Drug Use
- Eviction
- Argument/Family or Friend Asked You To Leave
- Divorce/Separation/Breakup

Alameda



- Money issues
- Personal Relationships
- Mental Health Issues
- Substance Use Issues
- Physical Health Issues
- Incarceration

Santa Clara USA



- Lost Job
- Alcohol or Drug Use
- Eviction
- Divorce/Separation/Argument with Family/Friend
- Argument with Family/Friend
- Incarceration

Homelessness Facts 2023

Why do people become homeless

- 52% of people seeking homelessness services report issues with housing or finances, such as the affordability of rent, as the main reason they need help
- 28% cite family violence or other violence and abuse as the main reason they need help
- 5% cite other family relationship issues
- 15% cite other issues

What is needed to end homelessness

To end homelessness once it occurs people need:

- Adequate incomes
- A home
- To be free from violence and abuse
- Effective support to gain and retain housing

More information

To read more about ending homelessness read: [Homelessness Australia: A Plan to End Homelessness](#) (2022) and [Critical Issues in Australia's 10-year national housing and homelessness plan](#).

Both can be found at <https://homelessnessaustralia.org.au/our-advocacy/>

Homelessness Facts 2023

Who is homeless

- On any given night, 122,494 people in Australia are experiencing homelessness (ABS Census 2021).
- One in seven people experiencing homelessness are children under 12 (ABS Census 2021).
- 23 per cent of people experiencing homelessness (almost one in 4) are children and young people between 12 and 24 (ABS Census 2021).
- One in five people experiencing homelessness are Aboriginal and/or Torres Strait Islander people (ABS Census 2021).
- Homelessness is not "rooflessness". Only 6.2 per cent of people without a home are sleeping rough. The majority of homelessness is hidden - people in crisis accommodation, rooming houses, insecure housing, overcrowded dwellings or couch surfing.

Homelessness services

- In 2021-22, 272,700 people were supported by homelessness services (AIHW, Specialist Homelessness Services Annual Report 2021-22)
- In 2021-22, a further 105,000 people sought help but were unable to be assisted because of shortages of staff, or accommodation or other services (AIHW 2022).
- That's 300 people a day turned away because services are overstretched (AIHW 2022).

Homelessness in Australia



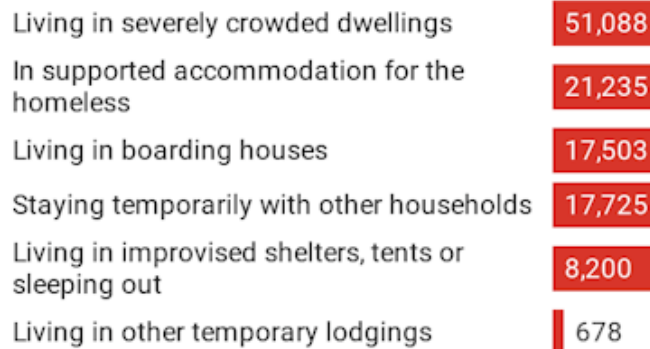
Youth (<12-24 years)

Adult (25-54 years)

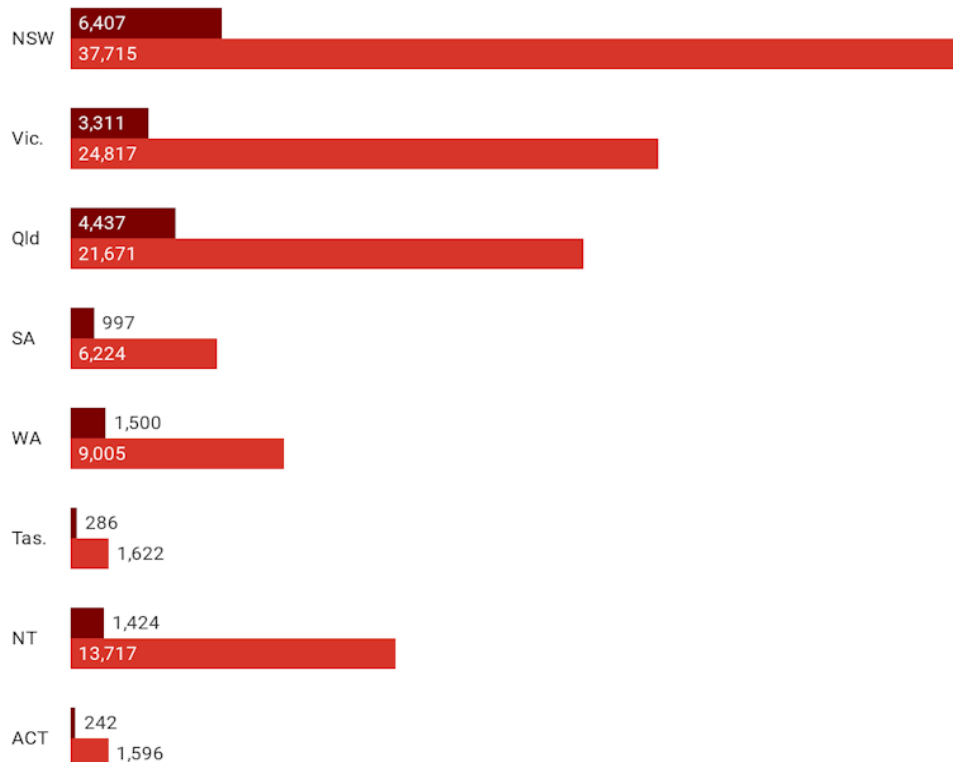
Senior (55-75+ years)

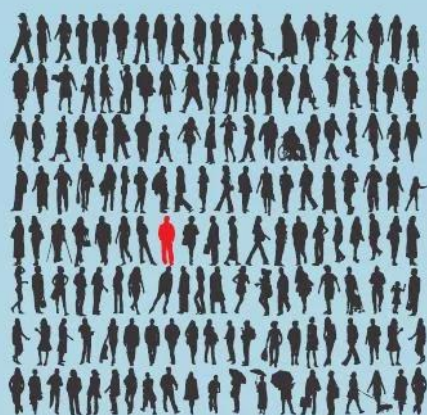
Source: www.homelessnessaustralia.org.au

Numbers of homeless people in Australia



Proportions of homeless people over 55 by state & territory





On any given night in Australia **1 in 200** people are homeless

Where are they?

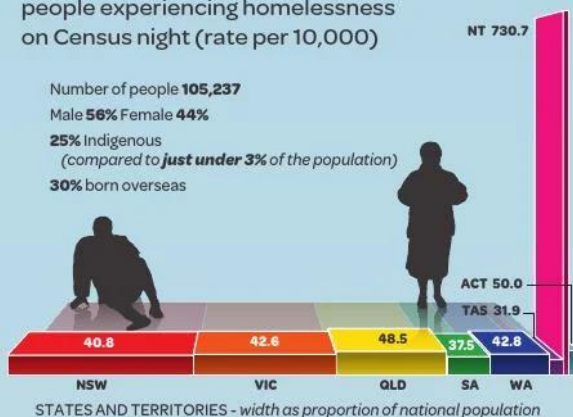
State and Territory distribution of people experiencing homelessness on Census night (rate per 10,000)

Number of people **105,237**

Male **56%** Female **44%**

25% Indigenous
(compared to **just under 3%** of the population)

30% born overseas



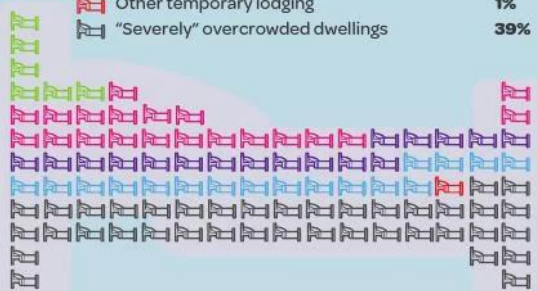
How old are they?



75+	2% (2,028)
65-74	4% (4,174)
55-64	8% (8,649)
45-54	12% (12,507)
35-44	14% (14,484)
25-34	18% (19,312)
19-24	15% (15,325)
12-18	10% (10,913)
Under 12	17% (17,845)

Where do they stay?

Improvised dwellings, tents or sleeping out	6%
Supported accommodation for the homeless	20%
Staying temporarily with other households	17%
Boarding houses	17%
Other temporary lodging	1%
"Severely" overcrowded dwellings	39%



References

Australian Bureau of Statistics:
Census of Population and Housing: Estimating Homelessness, 2012
Australian Institute of Health and Welfare:
Specialist Homelessness Services 2012-13, 2013



Produced by **Homelessness Australia**

Homelessness Australia

@homelessnessaus

www.homelessnessaustralia.org.au

Who are they?

Of people who stay in boarding houses: **74.8%** male, **25.2%** female



Of people who sleep rough: **67.6%** male, **32.4%** female



Of people staying in supported accommodation for the homeless:
49% male, **51%** female



Why are they homeless?

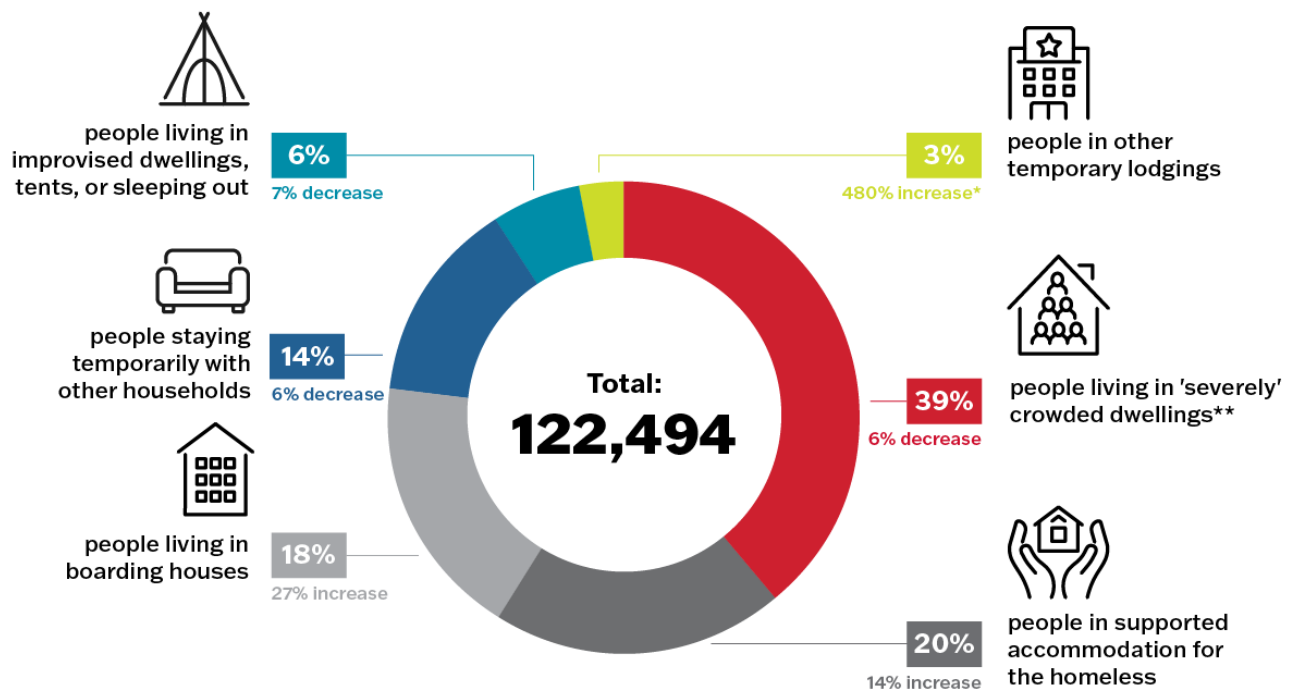
From polling of people seeking support from specialist homeless services:



23%	Domestic and family violence
16%	Financial difficulties
15%	Housing crisis
11%	Inadequate or inappropriate dwellings
6%	Relationship or family breakdown
5%	Housing affordability stress
20%	Other reasons



Number of homeless people in housing circumstance, 2021 (and increase/decrease since 2016)



* Data for people living in other temporary lodgings in 2021 is not directly comparable with previous Censuses due to improvements in data quality.

** Severe crowding: living in a dwelling which requires 4 or more extra bedrooms to accommodate the people who usually live there, as defined by the Canadian National Occupancy Standard.

Source: ABS Census 2021

AHURi

5,253

Estimated number of homeless people sleeping outside, in emergency shelters, Violence Against Women shelters, and health and correctional facilities in Toronto. Estimate from 2013 Street Needs Assessment. About the same as in 2009. Next survey is in 2018.

OUTDOOR HOMELESS WHO:

85% are male

33% self-identify as Aboriginal

Estimate of those sleeping rough in April 2013

447

SHELTER USE ON THE RISE

4,434

Number of men, women and children using the emergency shelter system on an average night in 2017 (to March 26). In 2016, the number was 4,122.

80%

Percentage increase in number of refugees (mostly families) seeking shelter services over the course of 2016. Those citing "refugee" as reason for service accounted for most of the 2016 rise in demand.

WHO ARE THE HOMELESS?

65% are male

16% of all homeless identify as Aboriginal; 1% of Toronto's total population is Aboriginal

21% of those staying in youth shelters identify as part of the LGBTQ community

7% report experience in the Canadian military

29% are 51+; Seniors more than doubled in four years as a proportion of the homeless population.

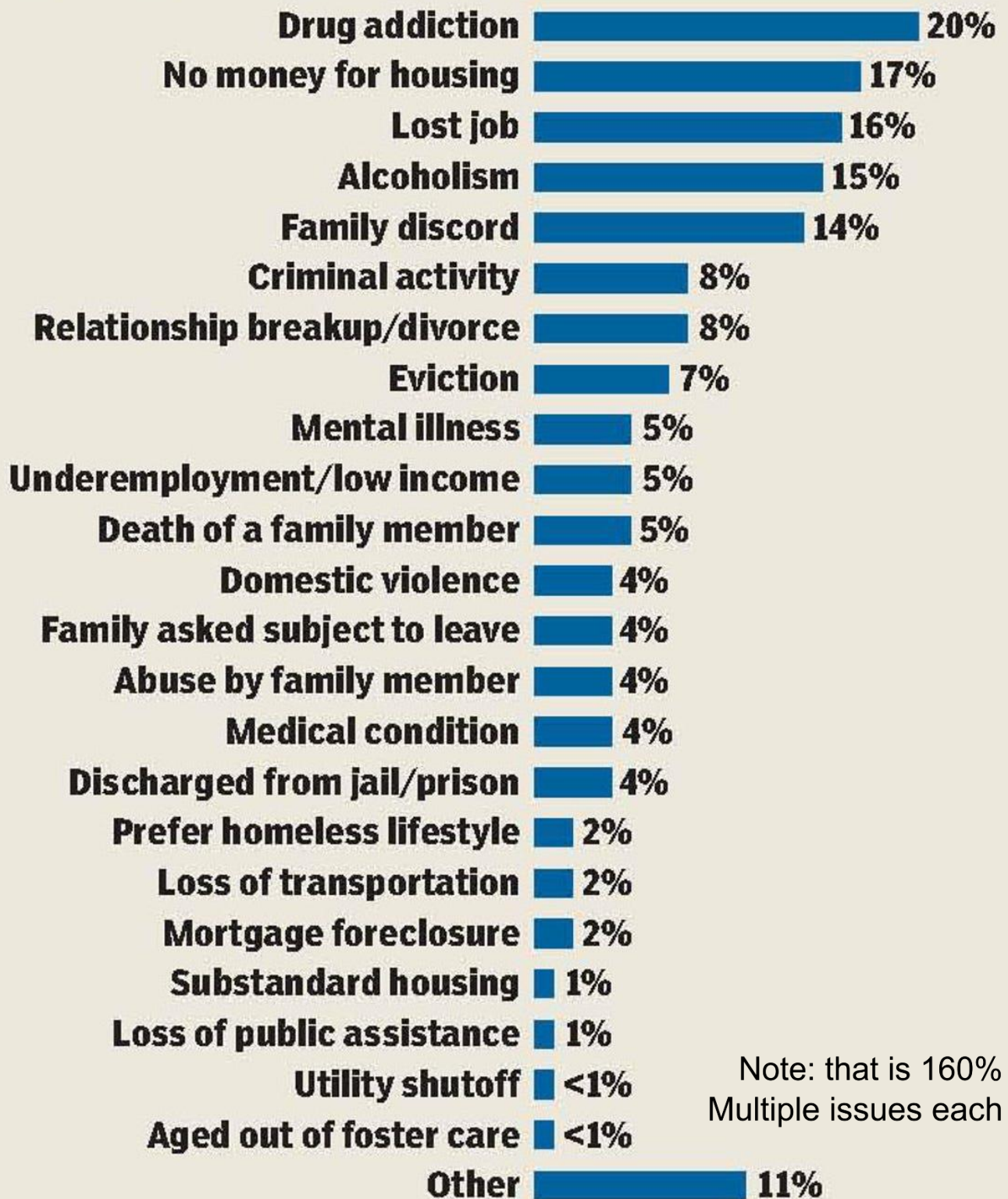
Fastest growing group

93% of people experiencing homelessness want a permanent home

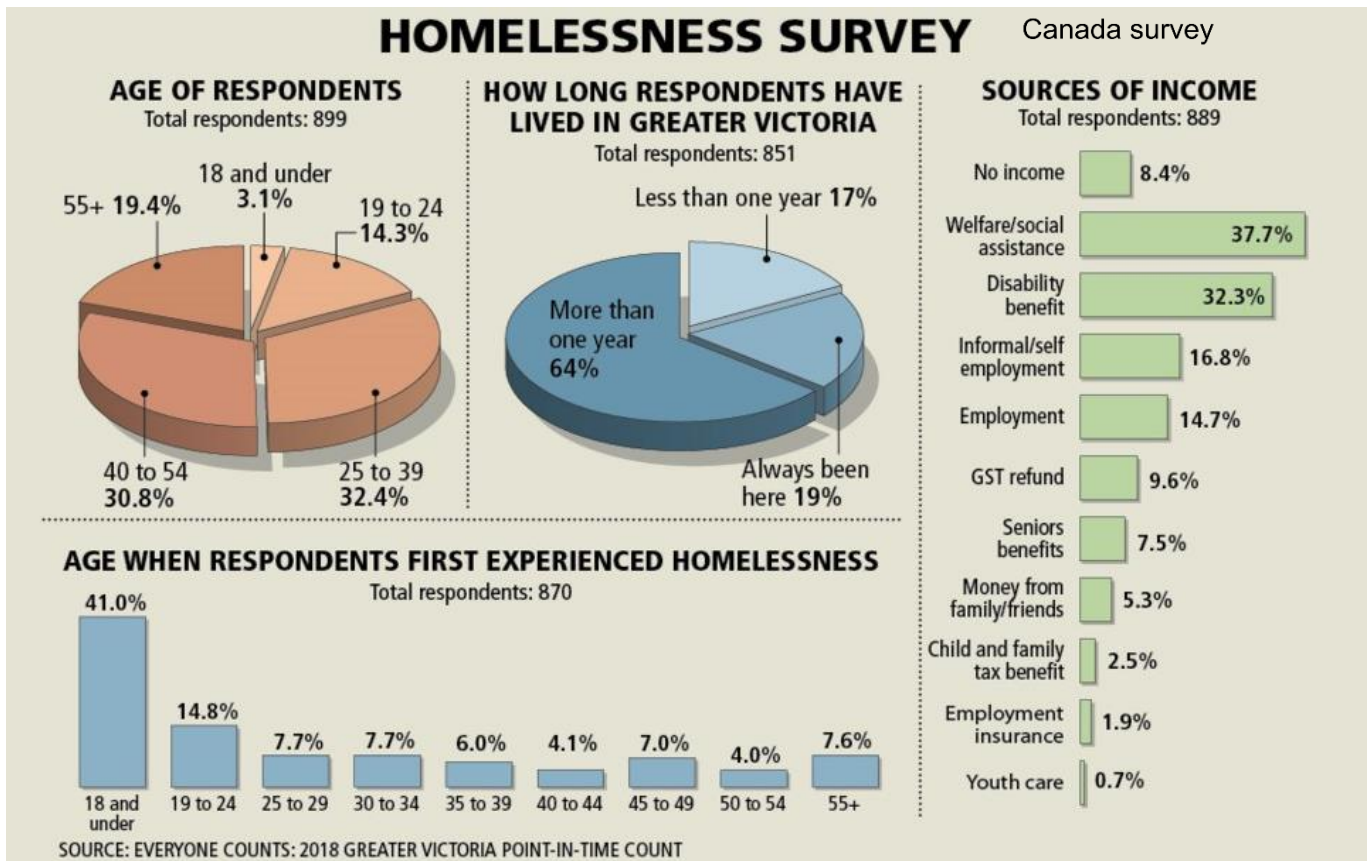
66% of homeless people say what they really need to end their homelessness is help to pay Toronto's high rents

SELF-REPORTED REASONS FOR HOMELESSNESS

Tennessee, USA



Source: Knoxville-Knox County Homeless Coalition 2016 Biennial Study



Problems faced by people who are homeless

The basic problem of homelessness is the human need for personal shelter, warmth and safety, which can be literally vital. Other basic difficulties include:

- personal security, quiet, and privacy, especially for sleeping
- safekeeping of bedding, clothing and possessions, which may have to be carried at all times
- hygiene and shaving facilities
- cleaning and drying clothes
- obtaining, preparing and storing food in small quantities
- keeping contacts, without a permanent location or mailing address
- hostility and legal powers against urban vagrancy.


Homeless people face many problems beyond the lack of a safe and suitable home. They are often faced with many social disadvantages also, reduced access to private and public services and reduced access to vital necessities:


- Reduced access to health care and dental services.
- Limited access to education.
- Increased risk of suffering from violence and abuse.
- General rejection or discrimination from other people.
- Loss of usual relationships with the mainstream • Not being seen as suitable for employment.
- Reduced access to banking services
- Reduced access to communications technology

Homelessness is defined as “the state of having no home.” In the 1950s, the idea of homelessness was just that, an idea. About “70% of the world’s population of about 2.5 billion people,” lived in rural areas. Today, however, it is estimated that at least 150 million people across the world are homeless with a total of 1.6 billion people lacking adequate or appropriate housing.


Housing and financial stress

<https://www.salvationarmy.org.au/need-help/homelessness-support-services/homelessness-week/homelessness-statistics/>


 **One in four Australians under 40 (26%)** have some level of concern, and nine per cent are very concerned, about becoming homeless or losing their home within the next 12 months.

 **Three in ten people (29%)** earning a household income under \$100,000 are concerned, and 14 per cent are very concerned, about becoming homeless or losing their home within the next 12 months.

As part of a study of 1,500 people who sought assistance from Doorways over a 12-month period, The Salvation Army saw how many people are struggling with housing stress.

 **71% raised concerns about their current housing situation, such as high costs, disrepair, temporary living conditions, safety concerns, overcrowding, and isolation from family and friends.**

 **35% were unable** to pay their rent or mortgage on time because of a shortage of money.

 **33% were behind** on rent or mortgage payments — significantly increasing their risk of eviction, repossession, and potential homelessness.

As a result of these sorts of challenges:

 **33% said they were worried about losing their home and becoming homeless.**

 **19% of respondents** had to couch surf or sleep in their car due to financial hardship in the past year.

The challenges were more pronounced for families:

 **76% of households with children** experienced housing stress, spending more than 30% of their disposable income on housing.

 **Family households spent 55% more** on housing compared to other respondents.

 **After covering housing costs,** households with children were left with AU\$211 per week, approximately AU\$30 per day.

Youth and children homelessness: facts and statistics

<https://www.salvationarmy.org.au/need-help/homelessness-support-services/homelessness-week/homelessness-statistics/youth-and-children-homelessness-facts-and-statistics/>

How many young people are experiencing homelessness?

At the time of the 2021 Australian Bureau of Statistics (ABS) Census, nearly a quarter (23%) of all people experiencing homelessness were aged 18 years and under.



Rates of homelessness were also high for the children and youth age categories ([2021, ABS Census](#)).

- The highest rates of homelessness per 10,000 people in 2021 were for the 19-24 age group at 91 people per 10,000
- The under 12 age group increased to 48 people experiencing homelessness per 10,000 in 2021, up from 45 in 2016

Accurate statistics can be challenging to confirm for youth who are experiencing homelessness as many young people may be staying temporarily with other households – sometimes known as ‘couch surfing’. It often refers to a young person sleeping at different friends’ houses every few nights because their home is unsafe or unstable. On Census night, this may mean they were able to provide a home address, even though they may not be permanently living there. When it comes to ‘couch surfing’, often the host family isn’t even aware that the young person is unable to go home.

Facts about youth homelessness from the Census give an idea as to where young people are mostly living when experiencing homelessness

Roughly half of all youth experiencing homelessness live in 'severely' crowded dwellings (52.0 per cent males and 49.1 per cent females)

Source: 2021 ABS Census

9.9 per cent of young females stay temporarily with other households; compared to 8.5 per cent of males

Source: 2021 ABS Census

15.0 per cent of young males live in boarding houses; compared to 10.4 per cent of females

Source: 2021 ABS Census

Source: [ABS Census 2021](#)

Youth homelessness statistics – people seeking support

Of all people seeking support from Specialist Homelessness Services in 2021-22, 28% were under 18. This includes children presenting as part of a family and young people presenting alone.

On any given day, across Australia in 2022, Specialist Homelessness Services were supporting over 18,900 children in families. Families with children may be sleeping in cars or temporarily with friends or family – in what could be classed as a 'severely' crowded dwelling.

Statistics from Specialist Homelessness Services show over 11,300 young people presented on their own for support at various services across Australia, on any given day in 2022. Across 2021–2022 (as some would present on multiple days), 39,300 young people presented alone.

Further statistics show the challenges and demographics of the young people presenting alone for support:

Just under half (48 per cent) of young people presenting alone at Specialist Homelessness Services in 2021-22 had a current mental health issue

Source: 2021 ABS Census

Housing crisis (for example, eviction) was the most common main reason young people presenting alone sought assistance (19 per cent), followed by family and domestic violence (16 per cent) and relationship/family breakdown (12 per cent)

Source: 2021 ABS Census

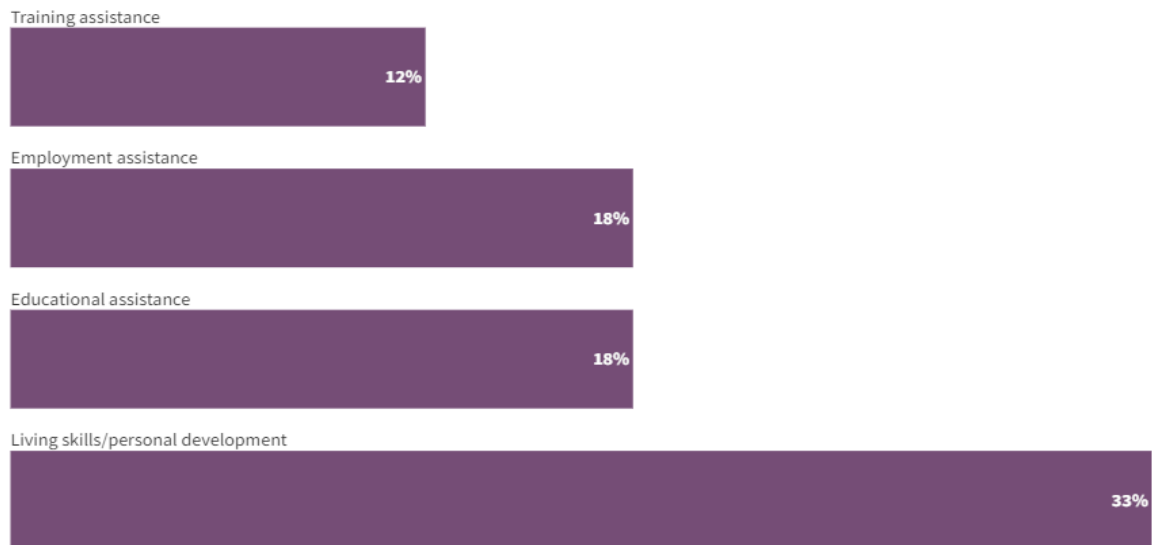
Of the 39,300 young people presenting alone to Specialist Homelessness Services in 2021-22, 66 per cent were female, 31 per cent identified as Indigenous and 61 per cent had previously been assisted in the past 10 years

Source: 2021 ABS Census

Source: [AIHW, Young people presenting alone, 2021-22](#)

Support provided by Specialist Homelessness Services helps to address young people's immediate, medium-term and long-term needs. This includes emergency accommodation, assistance with tenancy advocacy and material aid (essentials such as food vouchers). The services also help young people with meeting their life goals. Many request — and receive — support with life skills, education, or employment.

Services needed by young people at risk of or experiencing homelessness



Cost of youth homelessness

Youth homelessness has an overwhelming impact on young people's mental health. Of those presenting alone to Specialist Homelessness Services in 2021-22, **48% had a mental health issue**. If mental health conditions are unsupported, they may severely impact a young person's ability to participate in further education or training, successfully hold a job, live independently and confidently, and otherwise engage in society.

A report released in 2016, *The Cost of Youth Homelessness in Australia*, showed the average cost of health services per year for youth experiencing homelessness to be four times higher than the average for the general population (AU\$8,505 per person per annum compared to AU\$2,271 per person per annum). This includes overnight stays in mental health facilities, general practitioner visits, specialists, emergency department visits, ambulance services, and rehabilitation facilities for alcohol and other drugs.

The *Cost of Youth Homelessness in Australia* report also shows that health and justice services provided to youth experiencing long-term unemployment cost AU\$120 million per year. This is significantly less than the cost for youth experiencing homelessness — AU\$747 million per year. Providing support early — before a young person experiences homelessness — has an economic benefit for Australia, and an immense benefit to the young person's wellbeing.

Supporting young people experiencing homelessness

The Salvation Army has tailored services throughout Australia to support youth at risk of and experiencing homelessness.

We support young people with living skills, personal development skills, educational assistance, support with gaining a driver licence, employment assistance and job training assistance. By providing these services, young people at risk of homelessness are more resilient to avoiding it, or for those who experience homelessness, these skills reduce recurrence once they're in a stable home.

Salvation Army statistics show that in 2021-22, The Salvation Army provided:

- More than 50,000 nights of accommodation to young people who were at risk of or experienced homelessness
- More than 86,000 sessions of care to young people
- Assistance to more than 4,000 young Australians through youth services programs

Specialist Homelessness Services annual report 2023–24

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/young-people-presenting-alone>

Young people presenting alone

Key findings and insights

In 2023–24:

- SHS agencies assisted around 38,600 young people presenting alone, the third largest SHS client group, making up around 14% of all SHS clients.
- Two-thirds (67% or 25,700) of young people presenting alone needed assistance with accommodation provision, and about 11,900 were provided with this service.
- The rate of young people presenting alone was 115.7 per 10,000 population, a decrease from a high of 149.7 in 2012–13.

Young people presenting alone' are defined as SHS clients aged 15–24 who presented alone in their first support period in the reporting period.

In recognition of the severe impact that homelessness has on the lives of young Australians, children and young people were a national priority homelessness cohort in the National Housing and Homelessness Agreement (CFFR 2018) (see Policy Framework for more information).

For more information on young people presenting alone to SHS agencies, and the policy landscape and government response, please see Young Clients.

Client characteristics

Young people presenting alone were most likely to be female (65%); aged 18–24 years (76%); and not enrolled in any form of education or training (74%).

Education and enrolment status

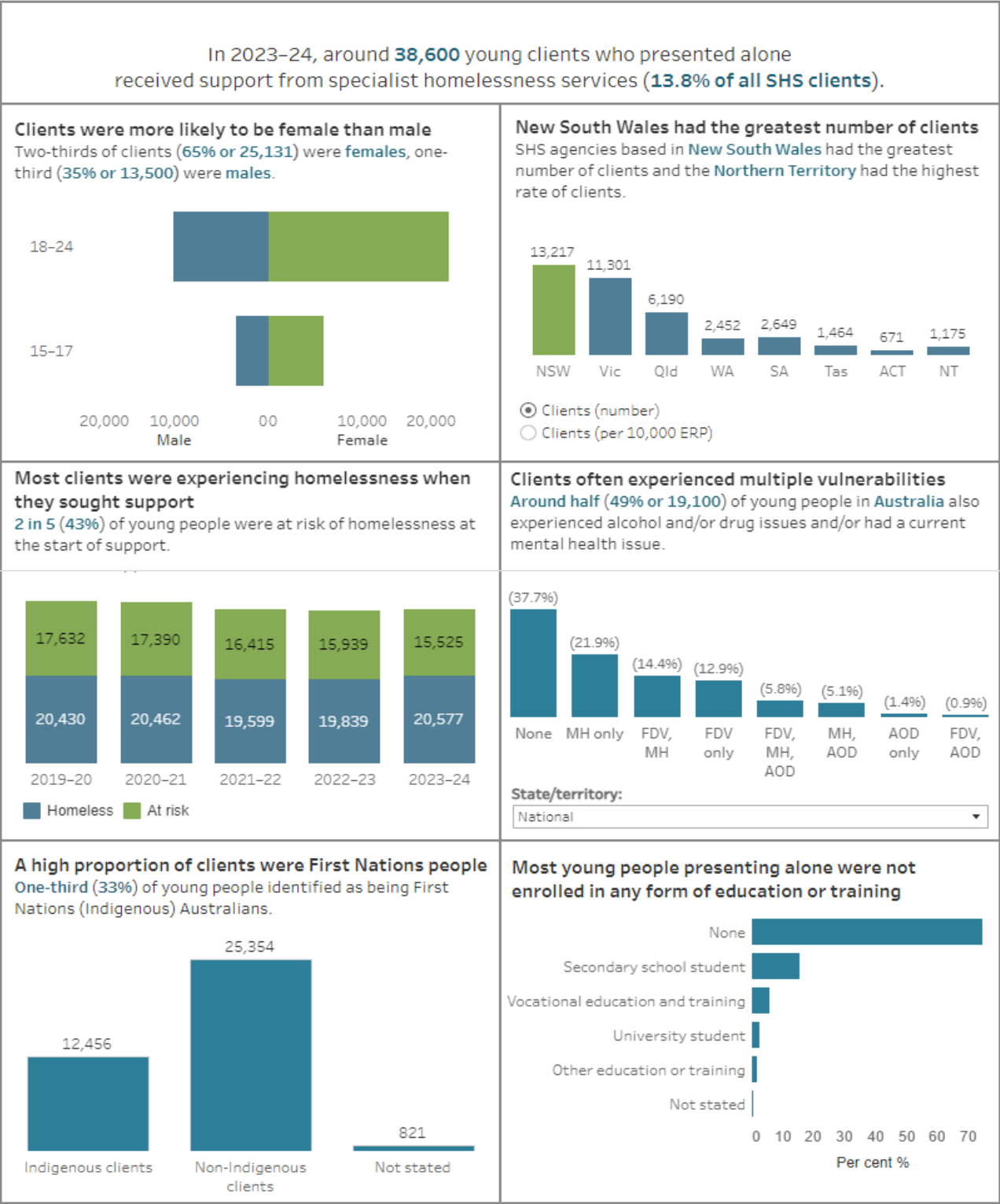
In 2023–24, (Supplementary table YOUNG.7):

- Around 3 in 4 (74% or 26,500) young people presenting alone were not enrolled any form of formal education or training.
- Around 26% or 9,100 young people presenting alone were enrolled in some form of education, with 5,500 in secondary school and 2,000 in vocational education and training.

Figure YOUNG.1: Key demographics, young people presenting alone, 2023–24

Dashboard shows the number of young clients by sex, by states and territories, by vulnerabilities, by Indigenous status, and by living arrangements.

Figure YOUNG.1: Key demographics, young people presenting alone, 2023–24



Service use patterns

The average number of support periods per young person presenting alone has remained at 1.9 support periods per clients each year between 2019–20 and 2023–24 (Supplementary table CLIENTS.48).

In 2023–24:

- The length of support provided to young people presenting alone increased to a median of 66 days from 49 days in 2017–18. This is higher than the median for all SHS clients (58 days in 2023-24).

- The median number of nights accommodated increased to a median of 54 nights from 45 nights in 2017–18. This is higher than the median of all SHS clients (33 nights in 2023–24).

New or returning clients

In 2023–24, around two-fifths (40% or 15,300) of young SHS clients presenting alone were new to SHS services. Around three-fifths (60%) of clients were returning clients, having previously been assisted by a SHS agency at some point since the collection began in July 2011, lower than all SHS returning clients (60% compared with 64% for all SHS clients) (Supplementary table CLIENTS. 2, Supplementary table CLIENTS. 42).

Clients' needs and main reason for assistance

In 2023–24, about one-fifth (18% or 6,900) of young SHS clients presenting alone identified housing crisis (e.g. eviction) as the main reason for seeking SHS services.

Two-thirds (67% or 25,700) of younger people presenting alone needed assistance with accommodation provision in 2023–24, and 11,900 were provided with this service.

Main reasons for seeking assistance

The main reason young people presenting alone sought assistance was different for those experiencing homelessness compared with those presenting to services at risk of homelessness. For those clients experiencing homelessness, the most common main reasons for seeking assistance were (Supplementary table YOUNG.6):

- housing crisis (21% or 4,300)
- inadequate or inappropriate dwelling conditions (16% or 3,300)
- relationship or family breakdown (14% or 2,800).

For those at risk of homelessness:

- family and domestic violence (16% or 2,500)
- housing crisis (15% or 2,300)
- financial difficulties (11% or 1,700).

Services needed and provided

Similar to all SHS clients in 2023–24, the majority of young people presenting alone needed general services that were provided by SHS agencies including advice/information, advocacy / liaison on behalf of the client and other basic assistance.

In 2023–24, young people presenting alone requested certain services more than all SHS clients, including (Supplementary tables YOUNG.2, CLIENTS.24):

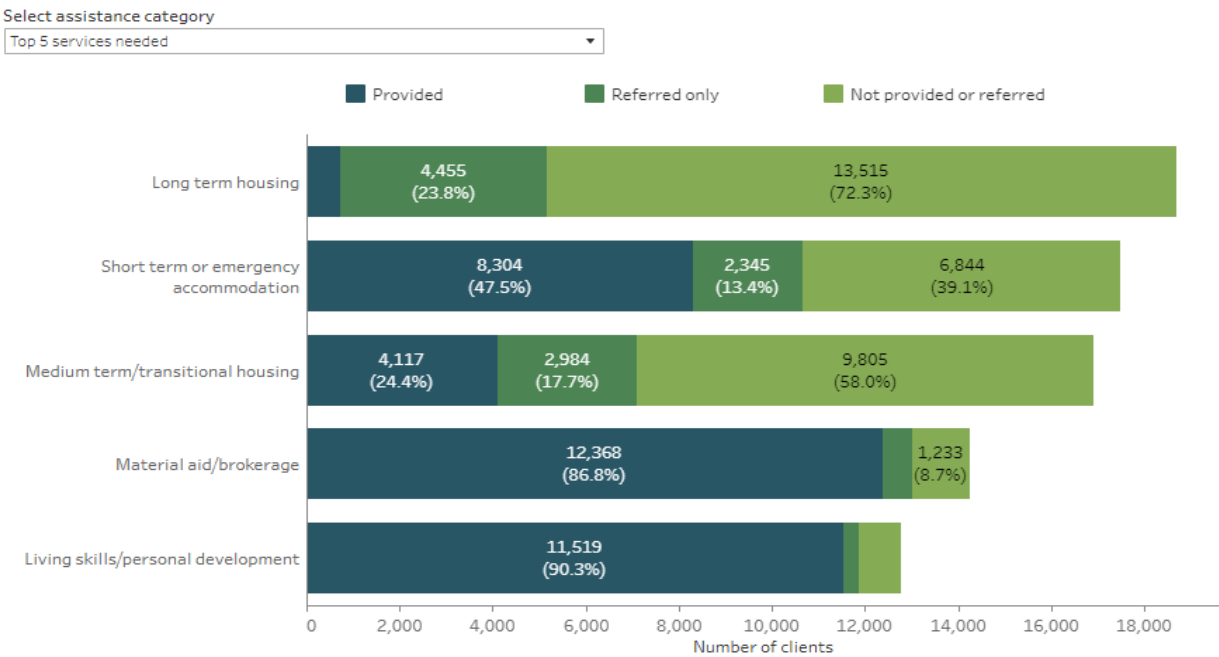
- living skills/personal development (33%, compared with 16%), with 90% receiving this service.
- employment assistance (19%, compared with 5.8%), with 68% receiving this service.
- educational assistance (19%, compared with 7.8%), with 73% receiving this service.
- transport (27%, compared with 16%), with 90% receiving this service.

- assistance to obtain/maintain government allowance (17%, compared with 6.5%), with 78% receiving this service.
- training assistance (13%, compared with 3.6%), with 65% receiving this service.
- family/relationship assistance (20%, compared with 12%), with 77% receiving this service.

Figure YOUNG.2: Young people presenting alone, by services needed and provided, 2022–23

Stacked bar chart shows assistance for long-term accommodation was the most common service needed and the least provided.

Figure YOUNG.2: Young people presenting alone, by services needed and provided, 2022–23



Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.2.

Housing situation and outcomes

Young SHS clients presenting alone were more likely to be couch surfing, compared with any other SHS client group.

Outcomes presented here highlight the changes in clients’ housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2023–24 is compared with the end of their last period of support in 2023–24. As such, this information does not cover any changes to their housing situation during their support period.

In 2023–24, young SHS clients presenting alone were more likely than other clients to be couch surfing at the start of support (29% compared with 15% of all clients) and at end of support (23% compared with 12% of all clients) (Supplementary tables YOUNG.3 and CLIENTS.31).

In 2023–24, of the approximately 13,900 young SHS clients presenting alone who were known to be experiencing homelessness at the start of support (Supplementary table YOUNG.3):

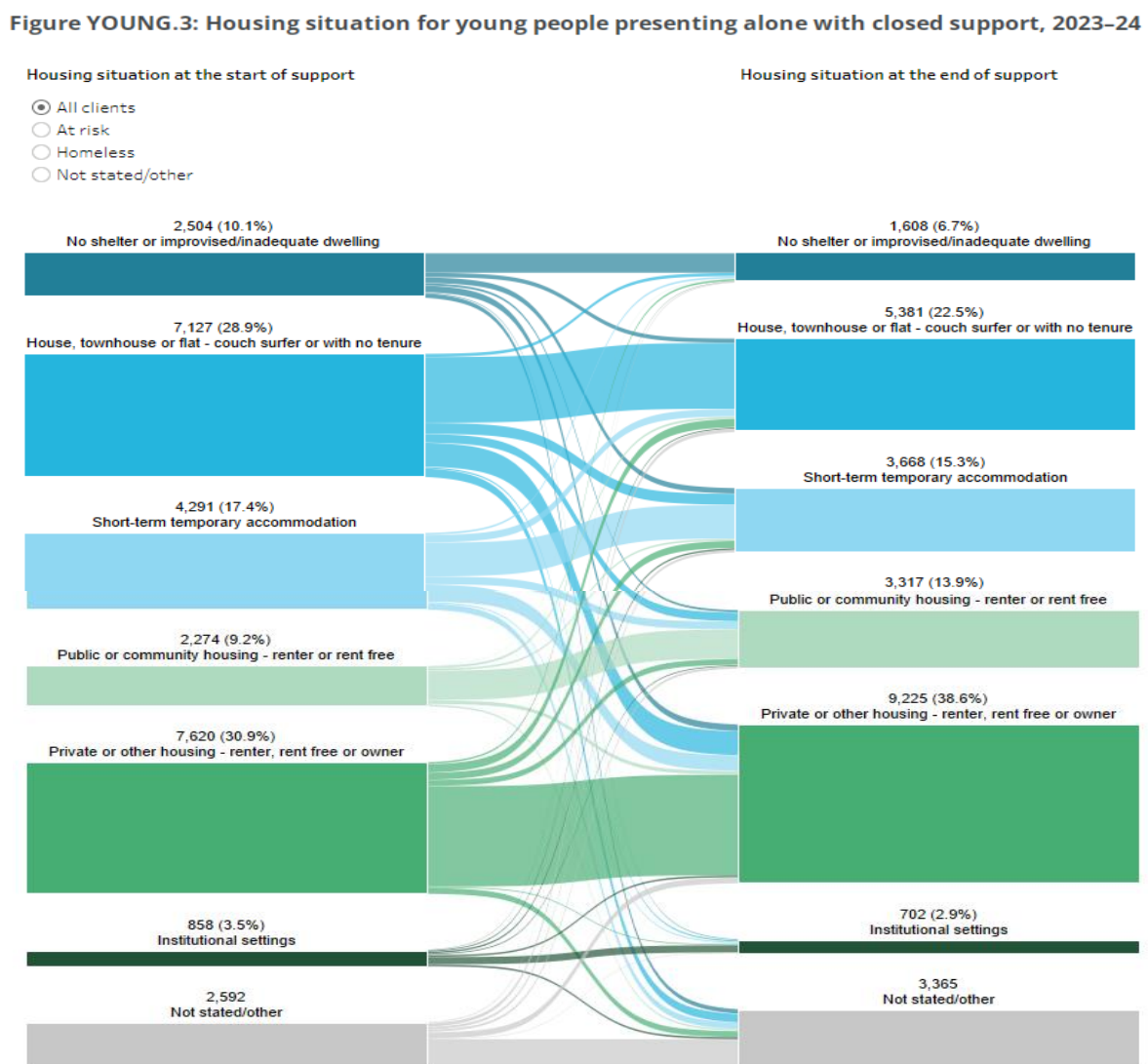
- around 8,900 clients were homeless when support ended, with 4,500 of these couch surfing
- around 2,700 clients were in private housing and 1,100 clients were in public / community housing when support ended

In 2023–24, of the approximately 10,800 young SHS clients presenting alone who were known to be at risk of homelessness at the start of support (Supplementary table YOUNG.3):

- most clients maintained their housing situation when support ended; around 5,900 maintained private housing and around 1,700 clients maintained public / community housing.
- 1,400 clients were experiencing homelessness when support ended, with 660 of these couch surfing.

at the start and end of support for young clients presenting alone was private or other housing.

Figure YOUNG.3: Housing situation for young people presenting alone with closed support, 2023–24
Sankey diagram shows the most common housing situation



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.3.

A plan to end homelessness

July 2022

<https://homelessnessaustralia.org.au/>

<https://homelessnessaustralia.org.au/wp-content/uploads/2022/08/Homelessness-Australia-A-plan-to-end-homelessness.pdf>

Introduction safe, appropriate and affordable housing, enough income to manage the cost of housing, and other essentials, and for some, support to gain or sustain their housing.

Australia is facing a perfect storm of factors driving increased homelessness, with rents skyrocketing, a tight rental market making it much harder to find an affordable home, and the continuing scourge of domestic and family violence driving victim survivors into homelessness.

Australia is also experiencing more frequent and severe fires, floods, other extreme weather events and natural disasters, causing mass homelessness in affected communities.

But homelessness can be solved. People at risk of losing their home, or who don't have a home need:

- safe, appropriate and affordable housing
- enough income to manage the cost of housing and other essentials, and
- for some, support to gain or sustain their housing.

The fact is that housing, an adequate income, and the support people need are not currently available.

As rents rise and the cost of living increases faster than people's incomes, the need for help to avoid homelessness will only increase.

In 2020–21, 109,207 people came to homeless services needing long term housing. This housing was only provided to 3.4% of those needing a home. A further 26.9% were referred to housing providers, and 76,177 people missed out on a service.

This is the critical issue driving people to sleep rough on the cold streets of our cities, in their cars or in tents pitched in a state park, or in a friend's back yard.

Lack of access to affordable long-term housing means that those who could avoid or quickly escape homelessness, become stuck in a cycle of moving between temporary housing situations, like rooming houses, couch surfing and rough sleeping, and seeking homelessness help. In 2020–21, 61% of people seeking homeless services were returning clients.

Since June 2021, rents in Australia have increased a further 13.2%, with rents in some locations increasing more than 25% in a year.

Research by Everybody's Home has revealed that lack of affordable housing means an estimated 7,690 women fleeing domestic and family violence return to perpetrators each year because they have nowhere to go, and another 9,000 become homeless after leaving a violent home.

The housing crisis is destroying people's lives. Without a home people struggle to remain in employment, their health suffers, and children's participation in education is compromised.

In addition to the devastating human toll, this creates direct costs to our community and to government budgets. Research by Swinburne University has revealed that Australia's underinvestment in social housing has meant that wider social and economic benefits have been foregone, costing the community AU\$676.5 million per annum currently, rising to AU\$1,286 million in 2036.

These foregone wider social and economic benefits take the form of added costs addressing homelessness, mental health, domestic violence, alcohol / substance abuse, but also reduced household spending and lower community wellbeing.

Setting targets for actions to end homelessness

In order to end homelessness, Australia needs a plan that includes clear targets for investment to reduce homelessness over time and end it within a decade. The targets and actions needed to achieve them include:

TARGET ONE

Halve the number of households experiencing rental stress by 2027 and end rental stress by 2032

- 1.1 Build at least 25,000 social housing properties a year
- 1.2 Invest in 25,000 affordable rental properties a year
- 1.3 Increase JobSeeker to at least \$70 a day and increase Commonwealth Rent Assistance by 50%

TARGET THREE

End homelessness for Aboriginal and Torres Strait Islander Australians

- 3.1 Support Aboriginal and Torres Strait Islander Australians to develop a self-determined national strategy to end homelessness for First Nations communities

TARGET TWO

End homelessness for women, children and young people

- 2.1 Strengthen the draft plan to end violence against women and children and others experiencing gendered violence to:
 - a. significantly reduce gendered violence
 - b. provide a housing guarantee for victim survivors escaping gendered homelessness, and
 - c. provide the support victim survivors need, alongside housing, to escape from violence and rebuild their lives free from violence
- 2.2 Create a national child and youth homelessness strategy to address the drivers of homelessness for children and young people and provide appropriate responses

TARGET FOUR

Halve the number of people returning to homelessness services by 2027 and halve the numbers again by 2032

- 4.1 Invest in adequate homelessness support service capacity to provide people at risk of or experiencing homelessness with the support they need for as long as they need it to avoid homelessness, or to achieve and sustain housing outcomes
- 4.2 Target new social housing to people experiencing homelessness
- 4.3 Invest in enough Housing First programs to end long-term and recurring homelessness

Make housing affordable

Financial difficulties, housing crisis and other problems with housing and affordability are the main reasons for seeking help for 50% of people presenting at homelessness services.

This problem can be solved by building more affordable housing and by people having more adequate incomes to afford housing that is available.

Build more social and affordable housing

Australia has an increasingly unaffordable rental market and **a shortfall of social housing of over 433,000 properties**. Providing access to housing that people on low and modest incomes can afford prevents homelessness and is also critical to responding quickly to provide access to an affordable home to people with no home.

Build at least 25,000 social housing properties a year

Building at least 25,000 social housing properties a year across Australia would generate urgently needed housing options for people who are currently missing out on housing in the private rental market and would progressively address the shortfall in social housing.

Target new social housing to people experiencing homelessness who need long term housing

By targeting these 25,000 new homes to people experiencing homelessness and needing long term housing, the numbers of people becoming stuck in homelessness would significantly reduce.

Invest in 25,000 affordable rental properties a year

Investing in a further 25,000 affordable rental properties a year would enable new supply to be built in locations with inadequate supply of rental housing to meet the needs of local renters, particularly those on low and modest incomes.

Increase income adequacy

During 2020, the Federal Government dramatically slashed rental stress among low- and modest-income Australians by paying increased income support payments via the Coronavirus Supplement and JobKeeper payments.

In June 2020, when income support was increased, rent stress among households receiving Commonwealth Rent Assistance fell from 40.5% to 29.4%. Rent stress was avoided for more than 155,000 households.

Increase JobSeeker to at least AU\$70 a day and increase Commonwealth Rent Assistance by 50%

Increasing the JobSeeker payment to at least AU\$70 a day and increasing the maximum rate of Commonwealth Rent Assistance by 50% would provide more struggling renters with the income needed to avoid rental stress, and homelessness.

Support to prevent and respond to homelessness

Ending homelessness relies on providing the support people need to avoid homelessness where possible, and to quickly escape homelessness when people lose the security of a home. Some people need additional support to gain and sustain their housing.

A plan to end homelessness requires specific strategies to provide appropriate support to groups with different needs. This includes:

Provide enough support to prevent homelessness

Much of the work done by homeless services is to prevent people becoming homeless. One in three clients of homelessness services (32%) are seeking support to sustain tenancies and/or prevent tenancy failure or eviction. Making a critical intervention before homelessness occurs can prevent much bigger problems unravelling. But opportunities to prevent homelessness are missed when services are so overwhelmed that they can't see everyone needing assistance. In 2020–21, 77,943 people needing homelessness help were turned away by services who didn't have the staff or other resources needed to respond.

Additional support, and access to appropriate supported housing, is also needed to stop the revolving door of homelessness from out of home care and institutions like **hospitals, acute mental health care, prisons and the defence forces**.

Provide enough support for people to gain and sustain housing

When people come to homeless services needing assistance, they have often experienced a series of stressful events that have resulted in homelessness. The pressures of rental stress, loss of employment, illness, family breakdown or domestic and family violence, commonly has negative impacts on people's wellbeing and mental health. Providing adequate support for them to gain access to housing, and to navigate access to income support, legal services, and any required health or disability supports is the most effective way to minimise the length of time people spend without a home, prevents them cycling back into repeat experiences of homelessness, and minimises the harm to their wellbeing of an experience of homelessness. Changes are also needed to make supports, such as Centrelink (welfare payments) benefits, and human services, like the NDIS (National Disability Insurance Scheme – Australia), easier to navigate when people are in crisis.

Strengthen the draft plan to end violence against women and children and others experiencing gendered violence

Domestic and family violence is the major driver of homelessness for women and children. Of all people seeking homelessness services, 39.4% cite domestic and family violence as a reason for seeking assistance. This means strategies to end gendered violence would also have a major impact on reducing homelessness.

The plan to end violence, and the investments to implement the plan, also need to provide victim survivors with the specialised support they need to avoid homelessness when they do experience violence, either by enabling them to safely remain in their home, or to quickly establish a new home and build a life free from violence.

The current draft plan identifies housing as a critical issue for women and children escaping violence, but lacks clear targets or commitments to provide the housing and support needed.

The Nowhere to Go report identified that every year an estimated 7,690 women return to perpetrators due to having no-where affordable to live; and 9,120 women a year become homeless after leaving their

homes due to domestic and family violence and being unable to secure long-term housing. The Choice: Violence or Poverty revealed that around 45,000 women want to leave a violent home but don't because they can't afford to leave or have nowhere to go.

Providing victim survivors fleeing domestic and family violence with a housing guarantee if they flee a violent home would open the door to a safe future and prevent victim survivors having to choose between violence and poverty.

Create a national child and youth homelessness strategy

In 2020–21, 41,652 young people presented alone to homeless services: more than one in seven of all homeless clients. Young people who can't live safely at home require specialised help to either resolve issues in the home, or to find an alternative safe place to live. Affordability of housing is particularly challenging for young people who have lower income support and wages than adults. Most will also need help to maximise their potential, such as help to stay connected to education and succeed with their learning, to maintain their health and wellbeing, and to transition to employment.

Children under the age of 15 also flee their homes and become homeless. Across the States and Territories, child protection services respond to children's harm. But much abuse or neglect of children is not noticed or responded to by child protection services, and children themselves don't often know about and don't self-refer to these government agencies. Others flee experiences in out of home care. To meet the needs of children who flee from abusive homes, or out of home care, into homelessness, support services are needed that can engage with young people where they first present as homeless, such as at schools or youth services.

A national child and youth homelessness strategy needs to include measures to strengthen, align and coordinate universal and targeted services to prevent homelessness. A public health response to children's homelessness would also provide a suite of responses to be wrapped around the young person through family, education, health, and homelessness services, equipped to meet the child's needs, and where appropriate, those of their family of origin. Services that are now generally not available would need to be provided, such as supported crisis accommodation, adolescent trauma care or alcohol and other drug services.

Create a national strategy to end homelessness for Aboriginal and Torres Strait Islander Australians

First Nations Australians are 9.4 times more likely to be without a home than other Australians, and this over-representation is growing. In 2020–21, Aboriginal and Torres Strait Islander Australians represented 3% of the Australian population but 28% of specialist homelessness service users. A strategy to end homelessness for Aboriginal and Torres Strait Islander Australians requires fundamental issues to be addressed in our nation that result in more poverty and disadvantage among First Nations communities than other Australians. Addressing racism, poverty and disadvantage would significantly reduce the numbers of First Nations people experiencing homelessness.

Specialist services are also needed to respond to Aboriginal and Torres Strait Islander People who are experiencing homelessness, to provide rapid pathways to a home and culturally safe support to sustain a home. Working with Aboriginal community-controlled organisations to support First Nations Australians to develop a self-determined plan to end homelessness would enable Aboriginal and Torres Strait Islander communities to develop plans that address these issues, and which include housing and support responses that meet local needs, and which are linked to other community based responses.

Invest in Housing First to end long-term and recurring homelessness

Although people that sleep rough are a minority of all people experiencing homelessness, many have been homeless for a long time and/or had multiple periods of homelessness. Among this group, many have experienced multiple traumatic events, and they are more likely to have serious illnesses or disability. Typically, this highly vulnerable group of people without homes cycle in and out of homeless services, but lack of housing and support services means they don't get the support they need to sustain an exit from homelessness.

However, a growing body of international and Australian evidence has demonstrated that Housing First programs are highly successful at enabling people experiencing long term and recurring homelessness to escape homelessness and sustain their housing. Multiple studies in different locations have found that over 85% of people in Housing First programs retained their housing for two years compared to 47% in other programs.

Housing First programs have also been shown to reduce costs in people cycling in and out of homelessness and other acute services in health, the justice system and child and family services. Housing First involves provision of housing, assertive outreach, and ongoing flexible support, with an approach that enables choice and self-determination for people receiving the support.

Despite the success of Housing First, these programs are only available in many locations in Australia as small pilot programs, and many people needing this support miss out. Expanding Housing First programs to those who need this support alongside the other actions in this plan would end rough sleeping in Australia.

ABOUT HOMELESSNESS AUSTRALIA

Homelessness Australia acknowledges the Traditional Custodians of all of the lands on which we meet and work. We pay our respects to First Nations peoples and elders past, present and future. Always was, always will be, Aboriginal land.

Homelessness Australia is the national peak body for homelessness in Australia. We provide systemic advocacy for the homelessness sector. We work with a large network of organisations to provide a unified voice when it comes to preventing and responding to homelessness.

Visit www.homelessnessaustralia.org.au

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Why are they homeless?



From polling of people seeking support from specialist homeless services:



- 25%** Domestic and family violence
- 15%** Financial difficulties
- 13%** Housing crisis
- 10%** Inadequate or inappropriate dwellings
- ~ 6%** Relationship or family breakdown
- ~5%** Housing affordability stress
- 26%** Other reasons



WHY ARE PEOPLE HOMELESS? (Top 10 Reasons)

<http://homelessadvice.com/why-are-people-homeless-html/>



If you've never been homeless before, are about to become homeless, or are just curious, then you may be wondering why some people become homeless.

Well the short answer to that is that it differs from person to person. It can happen to anyone at any time, and the how and why of it all differs in every scenario. People who become homeless come from all different backgrounds and walks of life.

I (Chris) know this from personal experience because I was homeless for a long duration back in 2011. I was pretty sociable when this happened so I got to know a lot of people who were in a similar situation and I slept in many different cities in Northern California.

So I asked many of them how they came to become homeless and there is no clear cut answer for that because there responses were all different, though many of them did share similar pasts or problems such as legal problems or personal ones.

Many of the people out there were actually out there by choice, but not all.

Some slept outside on the streets, some slept in shelters, and some slept in cars or RV's. Since I slept in both shelters and on the streets, these are the types of people that I spoke with the most and lived around.

So out of all the reasons I heard to explain why they were homeless, here's what I feel are the top ent reason why most people are homeless.

1. Drug and Alcohol Abuse

I'm sure you've heard the typical stereotype that homeless people often have drug or alcohol problems. While it's probably not fair to all homeless people to use this stereotype, it does have a little truth to it.

A large amount of people I knew on the streets became homeless when their drug or alcohol addictions caused problems in their life and caused them to lose everything.

Not everybody who does drugs or alcohol gets to such a point that they lose everything, but a large portion of those who are on the streets account for some of the extreme cases where that does happen.

Some may start drinking or using drugs after they become homeless, as a way to cope with the situation and forget about their worries and day to day stress, but there are also so many who probable would not have become homeless if it weren't for having these addictions beforehand.

Many of them may have been living with other people at first and their drug or alcohol abuse caused strained relations between them and their friends or family members, and they may have been kicked or pushed out of their homes or rented rooms as a result if they did not own the property or have their names on the lease.

Some may have just spent all their money or lost their jobs as a result of these types of addictions.

There is no story that is exactly the same, but these are two of the most common scenarios that probably occur for so many people who are now living on the streets.

2. Criminal Record

In other cases, a person may have a criminal record that makes it more difficult for them to gain or keep employment.

Some become homeless after they look for employment and simply can't find anything, and a lot of times having a criminal record can make the job searchers even more hopeless, especially combined with a weak economy and a rising unemployment rate.

Most these people with criminal records are out there competing with hundreds, thousands, or even millions of people who don't have a criminal record.

So if you're an employer and you have five applicants who are qualified for a job position, but one of them has a criminal background check that shows an arrest and conviction, which one of the applicant would you choose? Which one would you trust to show up for work, remain friendly with customers or clients, and not steal anything?

Majority of employers or interviewers would choose one of the four applicants who don't have a criminal record in most cases.

It is true that there are many agencies that work with people who have misdemeanours or felonies on their records, but these types of places can often be first come first serve and they don't guarantee full time or permanent employment so it's much more difficult to get a job through these types of organisations than it would be applying at regular businesses.

So when a person can't find work and has spent all their money on rent and food, they will often turn to food stamps and general welfare assistance from the state.

But not everybody is approved and the waiting list to get into affordable or low income housing can take a very long time. So many people will become homeless after this or lose their homes and end up on the streets or in shelters.

3. Mental Disorder

Probably the one thing that a large majority of homeless people share in common is that most of them have some type of mental illness or disorder.

A lot of times this may not even be noticeable unless you were to spend a lot of time around that person or knew the warning signs or symptoms to look for.

Almost everybody that I met while homeless had some type of mental problem or physical disorder, even though these things may not have been so obvious to their family members or the society that labelled them as simply being lazy.

Depression would be the most common one, but it's hard to say if they experienced the depression before or during their state of homelessness.

Depression, especially when speaking in terms of manic depressive people, can cause a person to become so sad and full of despair that they start to become hopeless.

Once hopelessness sets in, they start to wonder what the point of trying or striving to survive is, and their spirit becomes broke and they basically give up on life.

They end up on the streets or in homeless communities as a result or sometimes this can be the same reason they stay living like that for long durations of time, sometimes for the rest of their lives. Schizophrenia is also a very common mental illness that I witnessed amongst many homeless people.

The tell-tale signs would be people talking to themselves and having conversation with "voices" they hear that nobody else can hear. Again, this form of mental illness may have existed before they were homeless, but it may also have gone unnoticed until they became homeless and the overload of stress triggered it and caused it to become more visible and obvious.

Some people may also have very severe social disorders to where they can't socialise like everyday people do and this can cause serious problems for them in life.

It can make simple things such as a job interview seem like an impossible obstacle to get around in order to gain employment. It can also cause serious problems with those that they are closest to in their lives, and can cause them to lose everything in life.

4. Physical Disability

In addition to the many mental disorders that people may have, physical disorders or disabilities are also very frequent.

For example, somebody may become homeless when their disability prevents them from working a regular job or even getting approved for disability benefits.

Many disabilities are impossible to prove with testing or a doctor's diagnosis, since they are often diagnosed based on reported symptoms and not actual physical evidence on tests.

A person with irritable bowel syndrome (IBS), for example, would not normally be able to apply for disability benefits.

If a person has a severe form of this disorder, then it can make working a job very difficult since many people with this problem have to spend hours in the bathroom suffering from diarrhoea or constipation every day.

This can disrupt their work flow and cause repeated absences from work that can get them fired from their jobs.

A few other physical disorders or illnesses that often don't show up on tests would include chronic fatigue and fibromyalgia.

Disabilities or problems like these are often called invisible or hidden disabilities or diseases, and mental illnesses can also fall into these categories.

The problem with invisible problems is that you can't prove you have them and there will always be a long line of people trying to pretend they have them in order to get disability payments from their state or federal government.

So, in order to collect social security or disability benefits, the government has made it very difficult for a person to qualify and there are so many requirements that majority of people who really do have these types of disorders will not be able to qualify.

So, many become homeless as a result and their friends and families may not believe them or may criticise them, or wonder why they don't "get their act together".

5. Mismanagement of Money

Some people, like myself, simply can't manage money well. It took me a long time to realise this, since I had inherited a little money from my mother after she passed and went through most of it very quickly and still ended up homeless.

My mother's side of the family, who I wasn't in regular contact, with assumed I had a drug problem or gave it all away to friends. The truth is, I tried to do everything I could to preserve the money by learning how to invest and trying to start several different types of businesses with it.

I was successful with many of my investments and some of my online businesses even started to make me some money, but I was still spending more on a regular basis than I was taking in.

Little things such as eating expensive takeout meals 3 or 4 times a day and paying my rent for a one room apartment started adding up and when I had money I thought I would always have it because I wasn't going out and buying a new car or other things people spend big money on.

But all the little things I was buying and not keeping track of added up and within a few years I quickly went through my mother's money and was sleeping on the streets wondering how that happened.

So, there are many people who simply can't manage money well. Some of them go out and spend all their money gambling or on new cars or speaker systems for their homes, while others like me just buy small things impulsively and assume that we're being thrifty because we're not blowing it all at once.

This is why it's very common to see people in sports and entertainment make millions of dollars and blow most of it over the years. They don't normally blow it all in one year, but it's the little things that add up.

What may not seem like a little expense to your average person is a little expense to someone who feels like they can buy the world.

People living in poorer countries or areas manage to make it on next to nothing, because that's the standard of living they are accustomed to.

When you get accustomed to a higher standard of living then it's very easy to spend a lot more than you should and this is how so many people become homeless who once had money or made good money on their jobs.

6. Lack of Family and Friends

If a person doesn't have any family or friends, or ones that are unwilling to help them, then who can they count on to help them out of their situation?

It's for this reason that many people end up out on the streets and on their own. There's lots of people out there who may judge a homeless person for being in the situation they're in, but most of the people who do that usually have someone along the line that helped them when they needed it.

The judgmental people may also have had better opportunities in life or better luck. All it takes is one stroke of bad luck for a person to lose everything, and with billions of people on Earth, that stroke of luck is bound to happen to at least some people according to odds and probability.

When that lack of opportunity or stroke of bad luck hits, some people may have others to help them out while others may not.

At the time that I was on the street, very few of the people I knew who were also in the same situation as me had family that was willing to help them out.

Many of them had been abandoned by their family members because of mental problems they had or drug addictions, so their families had basically given up on them and kicked them out or disowned them.

In some cases family and friends can be the reason a person is homeless, for example, if they're ripped off by friends who they trusted or if family unexpectedly kicked them out when they had no warning and no time to plan a move.

The betrayal of friends or family can have a snowball effect on some people, because these people will have problems trusting people after that.

This lack of trust can result in them meeting less people and becoming anti-social out of a lack of trust in people, and this means they have even less people to help them out when they need it.

7. Different Goals

Sometimes a person may have a different plan for themselves than what others are doing in life. What might seem like an unmotivated person could actually be the complete opposite of that.

Someone might be so determined to achieve their goals in life that they are willing to do anything to get there faster, even if it means sleeping on the streets or in shelters.

Obviously a person's expenses will be a lot less if they aren't wasting their money on rent every month. Throughout the entire time that I was homeless, my goal was to work every single day towards building my own business. I was earning enough to afford my own food and even enough to rent a room in someone's house.

But I want to save the little bit of money I was making at the time. At first I didn't have much choice in the matter because I was barely making any money.

However, after I started to have just enough to live on, I still chose to sleep on the streets to keep my money and put it to good use.

This also kept me working harder towards my goals than I normally would have, because it constantly reminded me of where I would never want to be again in my life.

So, some people may actually be out there on the streets because they have unconventional goals and are sacrificing other things in their lives to meet those goals.

There's been lots of famous people who were homeless or sleeping in their cars at one point because they gave up everything to pursue their dreams and that's what it took sometimes in order to do that.

8. Different Outlook

What some people have a problem understanding is that not everybody shares the same outlook on life. Some people actually choose to be homeless for this reason.

In the movie 'Into the Wild', the character of Chris McCandless has a different view on life and how he feels he should be living it. He gives away US\$24,000 that was given to him for education and sets off on not only a physical journey, but a spiritual one to find himself.

But Chris McCandless wasn't just some fictional character in a movie. He was a real person and the views expressed through him the film were most likely the same views he had in real life.

It may seem like he lived a very strange life to some people, but there are literally millions of people like him out there in the world leading similar lives.

They may not follow the exact routes that he took, or do everything exactly as he did them, but many people fall into the same category as him because of their outlook in life.

Backpackers who often travel to different countries and places belong in that category, as well as some lifestyle hippies. So, when it comes to homeless people, many of them are living the way they live for the same reason Chris McCandless lived the way he lived.

They may be dissatisfied with the regular 9 to 5 rat race that so many people go through every day. They may view homelessness as a way to be free from materialism and commercialism the way that monks who live in monasteries are.

Diogenes of Sinope was a famous Greek philosopher, and is a perfect example of a person with this type of mind frame. He lived as a homeless person outside but valued things like integrity and character rather than material things like most people.

There's many modern day people who share the same values as Diogenes, and Chris McCandless was most likely one of them.

9. Laziness

The most common perception of homeless people by the general public is that they are lazy and simply don't want to work regular jobs.

I wish I could say that this is just a stereotype and completely false, but there is a lot of truth to this perception. Not all hobos are lazy, but there certainly is a good number of them who are.

Some that are lazy may have become that way after ending up on the streets and losing hope, but most were probably lazy even before that.

Their laziness and refusal to apply for or work jobs was probably the main reason they ended up on the streets. In the cases of many of them, they probably lived with family or friends who supported them and once they become homeless they stayed in the situation by letting the state or other people continue to take care of them.

When I was out on the streets I couldn't help but to separate most of the people around me into two groups; those who were lazy and those who weren't.

Those who were lazy would spend most of their time wasting it by doing the things most regular people do once they get off work.

They'd sit in shady areas talking to each other (and sometimes to themselves) all day or take naps in the local park. Some would spend their entire day at the public library watching movies on the computers there or on their own tablets and laptops (yes, believe it or not, many of those without homes till electronics in their backpacks).

Some of them would panhandle or sit outside the local grocery store begging for change. Although it seems like this particular group is trying to better their situation, most of them should be classified as being lazy.

I say this because most of those who I knew that did this didn't really need other people's money to survive, and usually wasted it on things they didn't need instead of putting it to good use.

There are many programs and both food and cash assistance available to most of those who were out there begging. This may not be true in other countries, but it's certainly true in the United States and especially true in California.

10. Experience

In some situations there's people who will actually choose to be homeless for the experience of it.

These people are similar to the Chris McCandless people who I described earlier, however, it not necessarily a lifestyle choice or long-term thing for them.

It may just be an experiment for them so they can see what it feels like or have a better understanding of people in that situation.

They may be doing it to test themselves the way rock climbers do, or they may even be doing it to have a story they can sell.

Some journalists have gone undercover and lived as homeless people to make documentaries about their experiences or to author books.

There's been many popular books written by ex-hobos over the years. Many of these books were written by people who were genuinely down and out while a few may have actually been written by people doing it for the experience of it.

Some of these types of books would include; 'The Pursuit of Happyness', 'Land of the Lost Souls', and 'Grand Central Winter'.

The first, "What are the behaviours of people that surprise you the most?"

Plato replied "They get bored in childhood and hurry to grow up but then they miss their childhood. They lose their health to earn money but they pay money to regain their health. Worried about tomorrow, they forget about today.

In the end, they live neither today nor tomorrow. They live as if they will never die, but they die as if they have never lived."

The second question was, "What do you suggest?"

The sage replied, "Don't try to get anyone to like you, the only thing to do is to leave yourself to be loved. And the most important thing in life is not to have the most, but to need the least."

Plato, whose real name was actually Aristocles, was a brilliant philosopher who lived in Greece around 2,400 years ago.

These excerpts from the Dialogues of Plato highlight that the modern lifestyle currently plaguing humanity isn't actually very modern at all.

It is in fact, old af.

It certainly begs the question, "Have we evolved as a species in the last two millennia?"

Aside from an exponential period of growth the last four years, I don't believe we had evolved much.

I also suspect we are about to experience a collective lesson in just how much we actually need in order to experience a content existence. What's your perspective?

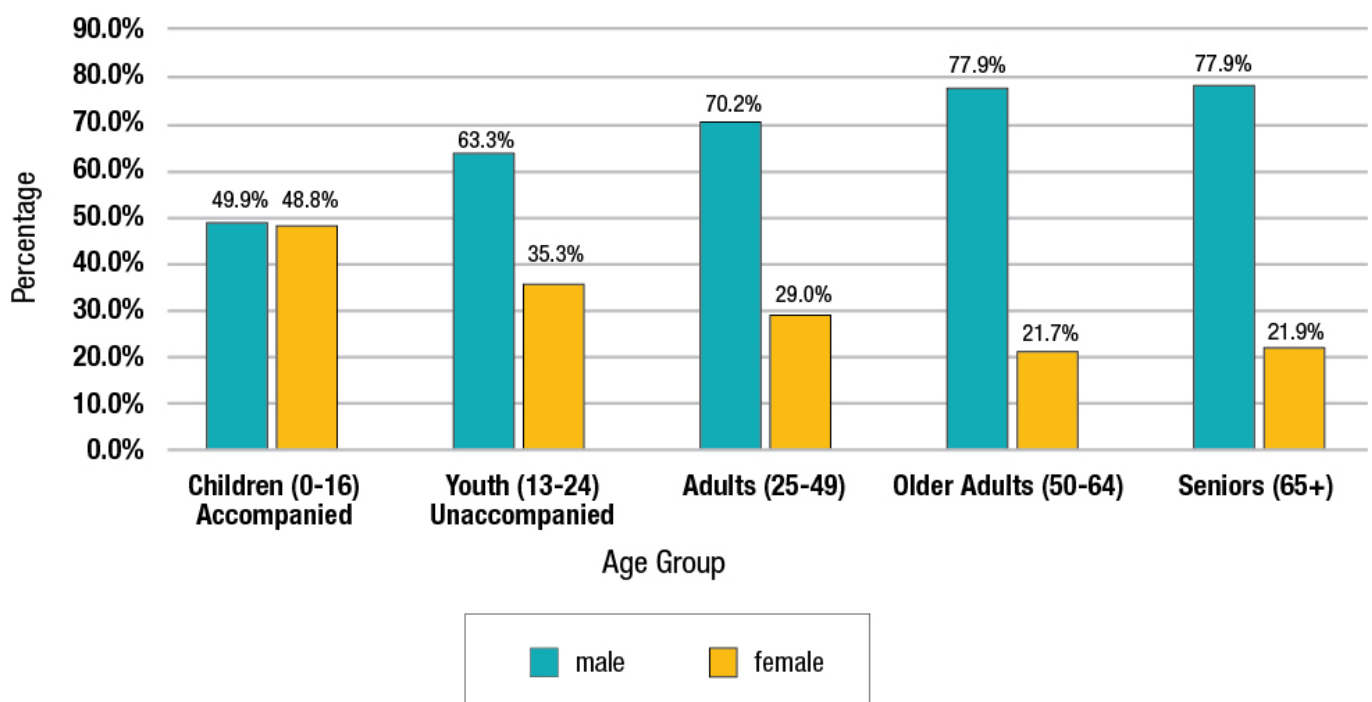
How old are they?



75+	2% (2,028)
65-74	4% (4,174)
55-64	8% (8,649)
45-54	12% (12,507)
35-44	14% (14,484)
25-34	18% (19,312)
19-24	15% (15,325)
12-18	10% (10,913)
Under 12	17% (17,845)

Image 1.01.2: In 2016, approximately 129,127 people stayed at least one night in a homeless shelter. This graph depicts shelter use by gender and age group for 2016 (male & female responses only).

<https://ecampusontario.pressbooks.pub/alwaysdeveloping/chapter/the-lifespan-perspective/>





<https://homelesshub.ca/resource/who-are-homeless-people/>

HOMELESSNESS IN **RED** DEER



Backgrounder: Who are homeless people?

Many of us have an idea of who is homeless, and why they become homeless. These ideas can come from a variety of places, including our own experiences, those of family or friends, or through the things we read or see on TV. These different sources of information shape our ideas about who we think a typical homeless person is, but in the end may or may not be accurate.

The reality is that there is no such thing as a ‘typical’ homeless person, and the population is incredibly diverse. No one is absolutely safe from experiencing homelessness. Very few people choose to be homeless and it can happen to anyone. Homelessness is not just a big city problem, as the causes of homelessness can affect people living anywhere in Canada, in urban and rural areas. Every community in Canada has homeless people, even if you don’t see them on the street. Most homeless people don’t actually live on the streets, but found themselves living temporarily with friends or family, or staying in emergency shelters – if they exist in their community.

Homelessness is an extreme form of poverty characterized by the instability of housing and the inadequacy of income, health care supports and social supports. Homelessness has not always been a big problem in Canada, but has grown into one over the past twenty years. As a society we have reduced our commitment to ensuring there is necessarily an adequate supply of affordable housing, income and support services to ensure that people who experience a range of crises avoid losing their homes.

In this context, the personal circumstances that may lead to homeless are many, and can afflict people from virtually every community. People become homeless when individual and family problems become insurmountable. This may include: catastrophic events; loss of employment; family break up; family violence; onset of mental and/or other debilitating illnesses; substance use by oneself or family members; a history of physical, sexual or emotional abuse; and, involvement in the child welfare system.

Yet we must remember that it is not just individual factors that explain homelessness. If we have adequate housing, income and supports, people who experience crises can avoid becoming homeless, or at least will be homeless for only a short time.

Some groups of people are more likely to become homeless.

Working poor and single-parent families with children often live in crowded housing. They may be unable to afford a decent place to live while feeding and clothing their children. About one-in-seven users of shelters across Canada is a child.

Women are vulnerable to becoming homeless as they are often victims of family violence, and are more likely to live in poverty because they generally earn less than men.

Newcomers to the rental housing market – especially young people, immigrants and refugees – are often placed in the situation of acquiring rental housing that they cannot afford, and in many cases are one cheque away from eviction.

Many **seniors** face eviction and homelessness due to fixed incomes, increased rents and taxes and a decline in physical and mental health.

Visible minorities are often at risk of homelessness due to racial prejudice and employment disparities.

Aboriginal people experience many of these contributing factors as well as: migration; third world housing conditions (on-reserve); racism; loss of cultural identity; and the ongoing intergenerational trauma associated with the residential school system.

Young people who are **lesbian, gay and bisexual** are much more likely to become homeless, as homophobia is still tolerated in many families, schools and communities.

Single adults and youth may become homeless because of personal challenges such as **disabilities, mental health problems or addictions**. However, it is important to note that most people who are homeless are not mentally ill. It is poverty and a lack of supports that make them homeless.

Understanding the factors that lead to homelessness is not easy considering how diverse the population is, and the fact that there are many pathways to homelessness. More and more, researchers are recognizing that any analysis of homelessness must take account of the distinct challenges that specific sub-populations face. In addition, more community organizations and service providers also now recognize the need to develop programs, services and supports that take account of the specific challenges that subpopulations face. People become homeless for many different reasons. It then follows that the services and supports that prevent homelessness as well as help people move forward with their lives must also take account of such differences.

Asetha Power and Stephen Gaetz, (2009)

Backgrounder: “Who are homeless people?”

Homeless Hub – Educational Resources.

York University

Additional Reading:

To explore firsthand accounts of the lives of people who have experienced homelessness, visit the Homeless Hub’s [Experiences section](#).

For more information on the following subjects, check out the Homeless Hub’s Topics section:

- [Aboriginal people](#)
- [Families with children](#)
- [Gay, Lesbian, Bisexual & Transgendered](#)
- [Hidden homeless](#)
- [Immigrants and refugees](#)
- [Seniors](#)
- [Single men](#)
- [Single women](#)
- [Visible Minorities](#)
- [Youth](#)
- [Rural populations](#)
- [The North](#)
- [Homelessness](#)
- [Causes of homelessness](#)
- [Demography and Characteristics of Homelessness](#)
- [Social Exclusion](#)
- [Discrimination](#)

**PAS
SCAS
PERS**

**GREAT
V-Turn**



National Alliance to End Homelessness

<https://endhomelessness.org/training/cfl-discount-request-form/>

Course(s) of Interest:

- ☐ Improving Street Outreach as a Community Learning Series
- ☐ Racial Equity Learning Series
- ☐ Understanding Homelessness: The Basics
- ☐ Rapid Re-Housing: An Introduction
- ☐ Providing Trauma-Informed Care in Homeless Response
- ☐ Using Data to Analyse Racial Disparities in the Homelessness System
- ☐ Understanding How We Got Here: How Historic and Ongoing Structural Racism Create Racial Disparities
- ☐ Understanding Housing First
- ☐ Mobilising Data as a Tool for Ending Homelessness: For Program Managers
- ☐ Mobilising Data as a Tool for Ending Homelessness: For Front Line Staff
- ☐ Mobilising Data as a Tool for Ending Homelessness: For CoC Leadership
- ☐ Introduction to Diversion
- ☐ Harm Reduction: Preparing People for Change
- ☐ Fuelling Connections: Strategies for Homeless Outreach Staff
- ☐ Effective Emergency Shelter: An Introduction
- ☐ Cultural Humility
- ☐ Creating Partnerships on Homeless Outreach: The Unique Role of the Business Community
- ☐ Action Steps to Address Racial Disparities in Homelessness Systems and Programs
- ☐ A Community Approach to Homeless Outreach: Building a Systems-Level Strategy



Key Facts

The current edition of this report analyses available data on homelessness for 2023 and over time. Key facts and data points include:

Response Systems Work Effectively. The homeless response system continues to add more temporary and permanent beds each year. It increasingly serves more people, but needs more resources to combat the nationwide affordable housing crisis.

Record-High Homeless Counts. A record-high 653,104 people (USA) experienced homelessness on a single night in January 2023. This is more than a 12.1% increase over the previous year.

More People Than Ever Are Experiencing Homelessness for the First Time. From 2019-2023, the number of people who entered emergency shelter for the first time increased more than 23%.

Record High Numbers of People Living Unsheltered, Especially Among Individuals. In 2023, a record high 256,610 people, or 39.3% of all people experiencing homelessness, were unsheltered. More than 50 percent of individuals experiencing homelessness were unsheltered.

Severe Housing Cost Burden on the Rise. The number of renter households paying more than 50 percent of their income on rent increased dramatically, rising over 12.6% between 2015 to 2022. People who identify as Native Hawaiian/Pacific Islander, Black, Hispanic, Asian or 'Some Other Race' are more greatly impacted.

Backward Movement. After years of declines due to targeted assistance, the numbers of veterans and chronically homeless individuals experiencing homelessness are both rising again, with a 7 percent and 12 percent increase, respectively, since the previous year.

The Homelessness Response System is Helping More People Sleep Inside, But It Can't Keep Up with Demand

In 2023, the homelessness response system worked diligently to reduce homelessness. Evidence of its effectiveness includes:

1. **More People Served in Shelters.** Between 2022 and 2023, there was a **14%** increase in the number of people staying in shelters on the night of the Point-in-Time Count (PIT Count).
2. **Permanent Housing Supply Expanded.** The homelessness response system added **36,737** Permanent Support Housing (PSH), Rapid Re-Housing (RRH) and Other Permanent Housing (OPH) units between 2022 and 2023.
3. **More People Exiting to Permanent Housing.** The number of people who exited temporary housing, PSH, OPH or RRH to permanent, independent housing increased from **302,006 people in 2022 to**

317,994 people in 2023. Still, too many people are entering into homelessness for the system to keep up, too many people are living in doubled up housing due to financial necessity, and exits to permanent housing have not returned to pre-pandemic numbers.

4. **Unsheltered Homelessness Grew Slower than Sheltered Homelessness.** Between 2022 and 2023, unsheltered homelessness increased by 9.7% but was outpaced by a **13.7%** increase in sheltered homelessness. The number of people accessing services is increasing faster than the number of people being forced to live outside.
5. **Fewer Returns to Homelessness.** Fewer returns to homelessness in 2023 compared to 2019 suggest that frontline workers are connecting people with safe, stable housing and higher incomes.

Unfortunately, the hard work and limited resources of the homeless response system is not enough to overcome the powerful factors that push people into homelessness. This section will discuss the increasing number of people entering homelessness for the first time, the shortage of needed beds, and the need to address unsheltered homelessness.



Of these populations, many people find themselves in difficult situations:

<https://endhomelessness.org/overview/>

Contrary to common narratives, homelessness is not primarily caused by personal factors like addiction or mental illness. These may be precipitating factors for some people, but the homelessness crisis is primarily driven by broader economic and systemic issues, such as:



People Priced Out by High Rent and Limited Housing

As rent rises faster than income, many low-income individuals and families are priced out of housing. Seventy-four percent of extremely low-income renters experience a severe cost burden, meaning that they spend more than half their limited income on rent, leaving little for other essentials. With a critical shortage of affordable housing nationwide, the households face constant housing insecurity.



People with Insufficient Income

Wages have stagnated for the lowest income workers, and public benefits haven't kept up with the cost of living, making housing unaffordable for many households.



People Dealing with Health Issues

Those with health conditions or disabilities often face higher medical costs, lost income opportunities, and discrimination, making it even harder to find or keep housing. For many, a lack of healthcare access led to progressive health issues and crushing medical bills, making it harder to maintain housing or employment.

People from Systemically Marginalised Communities

BIPOC ("Black, Indigenous, and People of Colour") and LGBTQ+ (lesbian, gay, bisexual, transgender and queer or questioning) populations face systemic barriers like discrimination, lack of resources, and programs that lack cultural competency leading to a disproportionate impact of homelessness on these communities.

HOMELESSNESS GOLD COAST

In 2006, there were **2,289 homeless people** on the Gold Coast and the rate of homelessness was 47 per 10,000 (Table 5.1), similar to the rate of homelessness in Brisbane (45 per 10,000) and the Sunshine Coast (60 per 10,000).

In 2023, homelessness up 22% in Queensland, almost three times the national increase. It's the second highest increase nationally, after Western Australia. In regional Queensland, homelessness is up 29%.

GOLD COAST 2006: There were 2,289 homeless people on the Gold Coast and the rate of homelessness was 47 per 10,000 (Table 5.1), similar to the rate of homelessness in Brisbane (45 per 10 000). Ninety per cent of the homeless were in Gold Coast East and Gold Coast West. There were 1,328 homeless people in Gold Coast East where the rate of homelessness was 77 per 10,000 and 726 homeless people in Gold Coast West where the rate was 30 per 10,000.

5.2 PEOPLE IN DIFFERENT SECTORS OF THE HOMELESS POPULATION, GOLD COAST

Percentage

	Gold Coast North	Gold Coast East	Gold Coast West	Gold Coast SD Bal	Total
Boarding house	7	24	6	14	17
SAAP	34	13	9	0	13
Friends/relatives	59	53	75	65	61
Improvised dwellings	0	10	10	21	9
	100	100	100	100	100

Number

	Gold Coast North	Gold Coast East	Gold Coast West	Gold Coast SD Bal	Total
Boarding house	12	323	48	8	391
SAAP	61	171	65	0	297
Friends/relatives	105	701	542	37	1385
Improvised dwellings	0	133	71	12	216
	178	1328	726	57	2289

Source: Census of Population and Housing 2006; SAAP Client Collection 2006; National Census of Homeless School Students 2006.

5.3 NUMBER OF HOMELESS AND NUMBER OF MARGINAL RESIDENTS OF CARAVAN PARKS, GOLD COAST

	Gold Coast North	Gold Coast East	Gold Coast West	Gold Coast SD Balance	Total
Number of homeless	178	1328	726	57	2289
Rate per 10 000	35	77	30	41	47
Caravan	46	148	433	23	650
Total	224	1476	1159	80	2939
Rate per 10 000	44	85	48	57	61

Source: Census of Population and Housing 2006; SAAP Client Collection 2006; National Census of Homeless School Students 2006.

5.2 SUNSHINE COAST 2006: There were 1,658 homeless people in Sunshine Coast (Table 5.4) where the rate of homelessness was 60 per 10,000, somewhat higher than the rate in Gold Coast (47 per 10,000). The rate was 50 per 10,000 in the urban subdivision of Sunshine Coast where there were 1,040 homeless people, but 93 per 10,000 in Sunshine Coast SD Balance where there were 618 homeless people.

5.5 PEOPLE IN DIFFERENT SECTORS OF THE HOMELESS POPULATION, SUNSHINE COAST

Percentage

	Sunshine Coast	Sunshine Coast SD Bal.	Total
Boarding house	8	4	7
SAAP	14	0	9
Friends/relatives	76	56	68
Improvised dwelling	2	40	16
	100	100	100

Number

	Sunshine Coast	Sunshine Coast SD Balance	Total
Boarding house	89	23	112
SAAP	142	0	142
Friends/relatives	787	347	1134
Improvised dwelling	22	248	270
	1040	618	1658

Source: Census of Population and Housing 2006; SAAP Client Collection 2006; National Census of Homeless School Students 2006.

5.6 NUMBER OF HOMELESS AND NUMBER OF MARGINAL RESIDENTS OF CARAVAN PARKS, SUNSHINE COAST

	Sunshine Coast	Sunshine Coast SD Balance	Total
Number of homeless	1040	618	1658
Rate per 10 000	50	93	60
Caravan	484	245	729
Total	1524	863	2387
Rate per 10 000	73	129	86

Source: Census of Population and Housing 2006; SAAP Client Collection 2006; National Census of Homeless School Students 2006.

The last Census was on Tuesday **10 August 2021**. Planning for the next Census in 2026 is currently underway.

Government specialist homelessness services provide direct assistance for people who are homeless or at risk of homelessness, including accommodation and other services such as health, counselling, education and employment services.

Total government recurrent expenditure on specialist homelessness services was AU\$1.5 billion in 2023-24, or AU\$56.44 per person in the population.

Nationally in 2021, **48.2 Australians per 10,000 in the population were homeless on Census night**, a total of 122,494 people.

The number of clients with accommodation and services other than accommodation needs that were met in 2023-24 was 272,689.



GREAT -Turn

Psychological causes and effects of homelessness

<https://www.ebsco.com/research-starters/psychology/psychological-causes-and-effects-homelessness#:~:text=The%20psychological%20toll%20of%20homelessness%20includes%20chronic%20stress%2C,sleep%20and%20self-care%2C%20further%20compounding%20mental%20health%20difficulties.>

By: Khor, Ing-Wei, Ph.D.

Published in: 2024

Homelessness is a complex issue with significant psychological causes and effects that impact individuals, particularly those with mental health challenges. Individuals experiencing homelessness often face elevated rates of mental illness, with conditions such as schizophrenia and bipolar disorder being particularly prevalent. The lack of stable housing can lead to a downward spiral exacerbating existing mental health issues, as many homeless individuals struggle to access necessary mental health care due to financial, social and systemic barriers.

The psychological toll of homelessness includes chronic stress, exposure to violence, and disruption of essential daily functions like sleep and self-care, further compounding mental health difficulties. Children and adolescents who are homeless experience distinct developmental challenges, including delays in language and social skills, increased aggression, and a higher likelihood of experiencing hunger, which can adversely affect their emotional and cognitive growth.

Moreover, the trauma associated with homelessness, including victimisation and domestic abuse, can lead to long-term psychological consequences such as PTSD (post-traumatic stress disorder), anxiety and depression. Addressing these psychological effects requires comprehensive strategies that include expanding access to mental health services, providing supported housing, and ensuring that vulnerable populations receive adequate social support and treatment.

Homelessness has deep psychological effects on individuals, especially children and adolescents. Furthermore, rates of mental illness among homeless people are estimated to be more than twice the rate for the general population. Homeless individuals are typically unable to access adequate mental health care and treatment, and in its absence, they often sink deeper into the social isolation and economic desperation that further hinders their ability to find safe and stable housing.

TYPE OF PSYCHOLOGY: Developmental psychology; psychopathology; social psychology

Introduction

According to the American Psychological Association, homelessness occurs when a person lacks a safe, stable and appropriate place to live; both unsheltered and sheltered individuals can be considered homeless. The US Department of Housing and Urban Development estimated that on any given night in 2023, approximately 653,100 people were homeless in the United States and an estimated 143,105 people were chronically homeless. Rates of mental illness among homeless individuals in the United States are much higher than rates for the general population. According to the US Substance Abuse and Mental Health Services Administration (SAMHSA), in 2022 approximately 21% of homeless people in the United States had a serious mental illness. Individuals with schizophrenia or bipolar disorder are particularly vulnerable to experiencing periods of homelessness. Serious mental illness without proper treatment and social support inhibits a person's ability to carry out essential aspects of daily life, disrupting their ability to maintain employment and housing.



One of the reasons for the high prevalence of mental illness among the homeless is the large-scale deinstitutionalisation of mental hospital residents in the 1960s. The advent of antipsychotic medications for treating schizophrenia and bipolar disorder also contributed to the perceived decrease in need for continuous care; mental hospitals started to release residents in large numbers with prescriptions for antipsychotics and other medications. However, these individuals often



stopped taking their medications, either because of their prohibitive cost or because they did not feel they were necessary or helpful, resulting in the re-emergence or exacerbation of their psychiatric symptoms. Community and mental health centers were originally intended to fill the vacuum, but funding cuts rendered them inadequate as a safety net.

Often, the psychiatric conditions and symptoms of individuals with mental illness make it difficult for them to obtain and maintain employment. Furthermore, the inability of many poor individuals with mental illness to support themselves financially and to obtain adequate treatment, as well as the lack of affordable housing in many communities, causes many individuals with mental illnesses to end up in shelters or on the streets. Homelessness often causes individuals with mental illness to enter a downward spiral of ever more desperate conditions, compounding their physical and mental health problems.

Some individuals who did not have pre-existing mental diseases prior to becoming homeless may develop psychiatric disorders or symptoms after becoming homeless, triggered by the stress of living on the streets or in shelters. Homeless people are often the victims of crime, particularly theft and physical assault, with homeless women being especially vulnerable to sexual assault and rape. The trauma of such abuse can provoke the emergence of or exacerbate the symptoms of conditions such as depression, post-traumatic stress disorder, bipolar disorder, and schizophrenia, especially in individuals with a genetic predisposition. Homeless children often experience emotional and developmental problems; the negative effects of trauma from physical and sexual assault most likely have a greater effect on their psychological development than that of adults.

Psychological Causes

Mental illness interferes with individuals' ability to attend to essential aspects of daily life, including self-care, household management, and employment, placing individuals with mental illness at greater risk for experiencing periods of homelessness. Furthermore, poverty prevents many individuals with mental illness from obtaining adequate mental health care and treatment. However, although mental illness puts individuals at a greater risk for becoming homeless, poverty and a lack of affordable housing remain the principal causes of homelessness.

As the economic situation of individuals with mental illness becomes more desperate, they face even more obstacles to obtaining and sustaining employment and housing. Many individuals with mental illness have other physical illnesses or mental conditions, including drug and alcohol addiction, diabetes, hypertension, and asthma, further hindering their ability to maintain employment. Mental illness can make it difficult for individuals to adequately care for comorbid (simultaneous presence of two or more medical conditions) conditions and other physical health problems. Individuals with mental disorders encounter more barriers to accessible housing than individuals without mental disorders through

income deficits, stigma, and discrimination. Homelessness then exacerbates both physical and mental illnesses.

Contrary to popular belief, most homeless individuals with mental illness are willing to accept treatment services, although access to care remains difficult. People with schizophrenia and some forms of bipolar disorder may experience paranoia, hallucinations, and delusions, making them suspicious of outsiders' attempts to help them. However, according to the National Coalition for the Homeless, outreach programs have greater success when they establish a trusting relationship through continued contact with the people they are trying to help.

Psychological Effects

Homelessness has definite psychological effects, ranging from the detrimental effects of disrupted sleep to the deep psychological trauma inflicted by chronic stress, instability, and exposure to violence. Sleep problems are rampant among homeless people living on the streets or in shelters, where there is constant noise, crowding, and interruption of sleep. On the severe end of negative effects, violent physical and sexual attacks are much more likely to be made on the homeless than on the general population. For example, a sexual assault is twenty times more likely to be made on a homeless woman than on a woman in the general population. These violent assaults result in considerable emotional and psychological trauma in survivors, often leading to post-traumatic stress disorder, anxiety, depression, suicide attempts, substance abuse and addiction, and further psychiatric symptoms. The death rate among the homeless is also three times greater than that of the general population, with many homeless people dying from preventable or treatable illnesses or from unprovoked violence. Homeless people with mental illness are even more vulnerable than other homeless individuals to violent attacks and death.

Another important consideration is the number of children and adolescents who are homeless. Homelessness has multiple significant psychological and developmental effects on children. Homeless pre-schoolers are more prone to developmental delays in language, motor skills, and social skills. Children who experience chronic stress due to poverty or homelessness have poorer concentration and memory, affecting their ability to learn. They also display more aggression and shyness, have sleep problems (often due to the noisy environment of the streets and in shelters), are more likely to exhibit aggressive behaviour, have lower self-esteem, and experience more disruptions to their education. Homeless children are twice as likely to experience hunger as non-homeless children; hunger has serious negative effects on children's physical, emotional, and cognitive development.

Some families consisting of women and children become homeless after escaping from child abuse, spousal abuse, or domestic violence. In addition to possible developmental problems, these children also have to struggle with the psychological trauma and aftereffects of abuse. A study of homeless and runaway adolescents suggests a link between domestic abuse and depression in these adolescents. Homeless adolescents are more likely to have health problems, including respiratory diseases and sexually transmitted diseases, as well as substance abuse problems, than their counterparts in the general population. The combination of developmental, psychological, and medical problems makes homeless adolescents extremely susceptible to poverty and homelessness in adulthood.

Potential Solutions

According to the US Department of Health and Human Services, most homeless individuals with mental illness do not require institutionalisation but **would benefit from a supported housing program that offers mental health care and treatment.** However, the number of affordable housing and community treatment services is insufficient to accommodate all the homeless who suffer from mental diseases. Additional resources are urgently needed so that the mentally ill homeless can have access to continuous treatment and therapy. **Additionally, making community activities and certain types of employment available to homeless individuals with mental illness may help break the vicious cycle of**

homelessness and unemployment. Programs that assist homeless individuals and individuals with mental illness to find housing, such as the Projects for Assistance in Transition from Homelessness (PATH) program, need to be expanded to bring these individuals into stable, safe housing where they can receive the adequate social support and treatment. Supplemental Security Income checks, which are the sole income source for some Americans with disabilities, currently fall far short of the amount required to cover rent and other necessities. Increasing this amount to keep up with rising living costs can help ease the situation for some of the homeless population. The Department of Health and Human Services has initiated a program to recruit homeless children and their families into the national Head Start program to provide much-needed education and other services via community and daycare programs. Studies have shown that preschool education and participation in the Head Start program improve pre-schoolers' development of various skills. Other programs available to help homeless people include the Treatment for Individuals Experiencing Homelessness (TIEH), which expands access to mental and substance use disorders treatment; SSI/SSDI Outreach, Access, and Recovery (SOAR), which increases access to Social Security disability benefits for eligible children and adults; and the Children's Mental Health Initiative (CMHI).

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The Complex Link between Homelessness and Mental Health

<https://www.psychologytoday.com/us/blog/mind-matters-menninger/202105/the-complex-link-between-homelessness-and-mental-health>

Reviewed by Hara Estroff Marano

21 May 2021

Many Americans are at heightened risk of homelessness due to the corona virus Covid-19 pandemic.

KEY POINTS

- An estimated 20% to 25% of the U.S. homeless population suffers from severe mental illness, compared to 6% of the general public.
- The combination of mental illness, substance abuse, and poor physical health makes it difficult to maintain employment and residential stability.
- Better mental health services would combat not only mental illness but homelessness as well.

This post was written by Lenni Marcus, Cameron Johnson, and Danna Ramirez.

For many Americans, the prospect of losing their homes and falling into uncertain housing situations became excruciatingly prescient during the economic downturn caused by the impact of the corona-virus Covid-19 outbreak. A 2019 study suggested that even at that time, 40% of Americans (USA) were already one missed paycheck away from poverty.

And though governmental policies have temporarily slowed or halted evictions in many places, many individuals and families are still at risk of homelessness, or have already fallen through the cracks. Few are on a path to financial recovery and the profound aftershocks of this crisis will be felt far beyond the upcoming months and may impact families and their mental health for years to come.

Many homeless people share similar experiences, but a substantial subgroup of the homeless population struggle with severe mental illness as well. Yet the resilience of this group is often understated. Some just need help accessing resources, including mental health services, to reach a stable housing and financial situation. To understand how to better provide resources to break the cycle of homelessness, it is important to understand the many factors that may contribute to their impoverished state.

Homelessness and Mental Health

The idea that mental illness alone causes homelessness is naive and inaccurate, for two major reasons. First, the overwhelming majority of those living with mental illness are not homeless (and studies have failed to demonstrate a causal relationship between the two).

These types of distortions can have dangerous implications, wrongly focusing the attention on the individual rather than on the institutions that perpetuate housing insecurity. As a result, the illusory division between the “mentally ill homeless” and the “non-mentally ill homeless” casts the former as more deserving of intervention and services and the latter as seemingly “unworthy” or “undeserving” of support.

Though there is no causal relationship between mental illness and homelessness, those who suffer from housing insecurity are struggling significantly, both psychologically and emotionally. The constellation

of economics, subsistence living, family breakdown, psychological deprivation, and impoverished self-esteem all contribute to the downward cycle of poverty.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2010, 26.2% of all sheltered persons who were homeless had a severe mental illness, and 34.7% of all sheltered adults who were homeless had chronic substance use issues. Of those who experience chronic/long-term homelessness, approximately 30% have mental health conditions and 50% have co-occurring substance use problems. Also, they typically endure traumatic experiences that could potentially lead to mental health struggles, and certain environmental factors may increase the likelihood that they encounter future traumas.

Over 92% of mothers who are homeless have experienced severe physical and/or sexual abuse during their lifetime, and about two-thirds of homeless mothers have histories of domestic violence. Mothers who are homeless have three times the rate of PTSD and twice the rate of drug and alcohol dependence of their low-income housed counterparts. Left untreated, these stressors can further damage their mental health, potentially triggering maladaptive coping and putting them at risk for future traumatic events.

Breaking the Cycle of Homelessness

Homelessness is a social problem with complex and multifactorial origins. It underlies economic, social, and biographical risk factors such as poverty, lack of affordable housing, community and family breakdown, childhood adversity, neglect, and lack of social support, to name a few. These factors contribute to the onset, duration, frequency, and type of homelessness amongst individuals of all ages.

About 3% of Americans experience at least one episode of homelessness throughout their lives. Many enter an unbreakable cycle of homeless living due to the lack of access to adequate resources.

There are many components involved in the healthy exit of homelessness, with two of the most important being housing and social support. **Meaningful and sustainable employment is fundamental to creating and maintaining housing stability.** At the same time, individuals experiencing homelessness face many barriers to finding and maintaining employment. Most organisations that provide brief employment interventions assist individuals with only their most immediate employment needs (e.g., resume preparing); frequently these have little or no beneficial effects.

More intensive interventions that include an educational and/or training component are effective for those who participate regularly. Connecting people experiencing homelessness with job training and placement programs provides them with the necessary tools for long-term stability and success.

Access to housing and effective employment programs alone do not address other issues, such as loneliness, social exclusion, or any psychological problems that might have emerged. Promoting social connections as part of the transition out of homelessness plays a major role in improving outcomes.

Social support is a multidimensional concept that is measured by the size of a social network, received social support, and perceived social support. Received and perceived social support can each consist of different components: emotional support (the expression of positive affect and empathetic understanding), financial support (the provision of financial advice or aid), and instrumental support (tangible, material, or behavioural assistance). Therefore, programs providing training in job and life skills should also address how to navigate through social networking and how to maintain healthy social relations.

Breaking the cycle of homelessness requires institutions and policymakers to focus their efforts on multifaceted programs that are as complex as the social problem itself.

About the Authors

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Danna Ramirez is the Clinical Research Informatics Engineer at The Menninger Clinic. Her research interests include the neurobiology of psychiatric disorders, especially personality disorders and mood disorders



Feelings First with Mind to follow in support.

Effective homelessness solutions

https://www.usich.gov/sites/default/files/document/10_Strategies_to_Reduce_Homelessness_Updated.pdf

<https://www.usich.gov/guidance-reports-data/federal-guidance-resources/10-strategies-reduce-homelessness-american-rescue>

Set Community-Specific Goals

Targeted housing objectives

Cultivate Political Will and Partnerships

Building collaborative support

Ensure Racial Equity in All Decision-Making

Equitable policy design

Reduce Administrative and Regulatory Barriers

Streamlined housing development

Reduce Waiting Periods for Housing Place...

Accelerated rehousing process

Guarantee Paths to Housing From Unsheltered Homelessness

Direct housing access

Recruit Support and Retain Landlords

Landlord engagement strategies

Leverage Support Services

Integrated assistance programs

Support Innovation in Development

Creative housing solutions

Coordinate Federal State and Local Housing Resources

Collaborative funding efforts

Scale Housing and Supports That Meet ...

USICH is the only federal agency with the sole mission of preventing and ending homelessness in America. We coordinate with our 19 federal member agencies, state and local ...

Other content from usich.gov

How to Set and Achieve Community Goals

<https://rigi.club/blog/how-to-set-and-achieve-community-goals#:~:text=SMART%20stands%20for%20Specific%2C%20Measurable%2C%20Achievable%2C%20Relevant%2C%20and,Relevant%3A%20Align%20the%20goal%20with%20your%20community%E2%80%99s%20vision.>

Hey there! ★ Are you looking to set some awesome goals for your community and actually achieve them? Whether you're managing a social media group, a local club, or an online forum, having clear goals can make a huge difference in keeping everyone motivated and on track. So, let's dive into how you can set and achieve community goals with ease. Grab your favorite snack, get comfy, and let's get started!

Why Setting Community Goals Matters

Setting goals is like having a roadmap. Without it, you might find yourself wandering aimlessly, unsure of what to focus on next. Clear goals give your community direction, purpose, and a sense of accomplishment. They help you track progress, celebrate successes, and stay motivated even when challenges arise.

1. Define Your Community's Vision

Before setting specific goals, it's important to have a clear vision of what you want your community to become. Your vision is the big-picture idea that will guide all your goal-setting efforts.

Questions to Consider:

- What is the ultimate purpose of your community?
- What values and principles are important to you and your members?
- What impact do you want to have on your members and the broader world?

2. Identify Key Areas of Focus

Once you have a vision, it's time to break it down into key areas of focus. These are the broad categories that your goals will fall under. For example, if you run a fitness community, your key areas might include member engagement, educational content, and community events.

Examples of Key Areas:

- **Engagement:** How active and involved are your community members?
- **Growth:** Are you attracting new members and retaining existing ones?
- **Education:** Are you providing valuable content and resources?
- **Support:** Are you offering help and encouragement to your members?

3. Set SMART Goals

Now that you have your key areas, it's time to set specific goals. The SMART framework is a great way to ensure your goals are clear and achievable. SMART stands for Specific, Measurable, Achievable, Relevant, and Time-bound.

SMART Goals Breakdown:

- **Specific:** Clearly define what you want to achieve.
- **Measurable:** Determine how you will track progress.
- **Achievable:** Ensure the goal is realistic given your resources.

- **Relevant:** Align the goal with your community's vision.
- **Time-bound:** Set a deadline for achieving the goal.

Example of a SMART Goal:

- **Engagement:** Increase the average number of comments on posts by 25% over the next three months by encouraging members to share their thoughts and experiences.

4. Create an Action Plan

Having goals is great, but you need a plan to achieve them. An action plan outlines the steps you'll take to reach your goals, assigning responsibilities and setting deadlines. How to set and achieve community goals is largely dependent on whether or not you have a realistic action plan.

Steps to Create an Action Plan:

1. **Break Down Goals:** Divide each goal into smaller, manageable tasks.
2. **Assign Tasks:** Delegate tasks to community members or team leaders.
3. **Set Deadlines:** Establish timelines for each task to keep everyone on track.
4. **Track Progress:** Regularly review progress and adjust the plan as needed.

Action Plan Example:

- **Goal:** Increase engagement.
 - Task 1: Create weekly discussion topics (Assigned to: Community Manager, Deadline: Every Monday)
 - Task 2: Host monthly live Q&A sessions (Assigned to: Moderator, Deadline: Last Friday of the month)
 - Task 3: Encourage members to post their own questions and stories (Assigned to: All team members, Ongoing)

5. Foster a Collaborative Environment

Achieving community goals is a team effort. Encourage collaboration and make sure everyone feels involved and valued. This will boost motivation and ensure a sense of shared ownership over the community's success.

Tips for Collaboration:

- **Communicate Regularly:** Use platforms like Slack or Discord to keep everyone in the loop.
- **Celebrate Successes:** Recognize and celebrate milestones and achievements.
- **Provide Support:** Offer help and resources to members who need it.
- **Encourage Ideas:** Foster an environment where everyone feels comfortable sharing their ideas and feedback.

Here are the some additional tips to [Developing a Positive Community Culture](#) - Check out Now!

6. Monitor and Adjust

Setting and achieving goals is an ongoing process. Regularly monitor your progress and be prepared to make adjustments as needed. Flexibility is key to adapting to new challenges and opportunities.

Monitoring Tips:

- **Use Analytics:** Track metrics and data to measure progress.
- **Get Feedback:** Regularly ask for feedback from your community members.
- **Review Goals:** Periodically review your goals and action plans to ensure they are still relevant and achievable.
- **Adjust as Needed:** Be willing to change your approach based on what's working and what's not.

7. Celebrate Achievements

Don't forget to celebrate when you achieve your goals! Recognizing accomplishments, no matter how small, helps maintain motivation and reinforces a positive community culture.

Celebration Ideas:

- **Share Success Stories:** Highlight the achievements of individual members or the community as a whole.
- **Host Events:** Organize virtual or in-person events to celebrate milestones.
- **Give Rewards:** Offer incentives like badges, shoutouts, or small prizes to acknowledge contributions and successes.

Conclusion: Start Setting and Achieving Your Community Goals Today

Setting and achieving community goals might seem like a daunting task, but with a clear vision, a solid plan, and a collaborative spirit, you can make it happen. Remember to keep things fun and engaging, involve your community members, and celebrate every step of the way.

Ready to take your community to the next level? Start setting those SMART goals, create your action plan, and watch your community thrive. Happy goal-setting!

Reduce Risk for Regulatory, External, and Internal Reports

- **Speed** – Use familiar Office tools, Auto-roll documents, share content across formats, and cut proofing cycles and costs
- **Accuracy** – Secure access, workflow controls, task lists, audit trails, & validation rules streamline and expedite reviews
- **Consistency** – Direct data links and auto-updates reduce manual errors, maintaining a single, accurate version of the truth

YOUTH

Anti-Discrimination

for Schools, Students & Teachers

Let's Go

Preparing for High school

Reducing Stress and Anxiety

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To Stay Out of Trouble

Classroom training for all ages

Understanding Emotions, Actions & Consequences

Challenged Youth

One to One Mentoring

with Troubled or Disconnecting Youth

Things That Matter Most

Mental Health & Well Being

Using Art, Music & Sport

Turn The Corner

Turning the Crime tTend

A holistic wrap-around-support

Including Youth, Parents & Teachers

Sonshine Buddies

Men's Friendship Groups

'Adopting' a Younger Brother

Reaching Out

Women's Friendship Groups

'Adopting' a Younger Sister

Parent Hub

Connecting, Sharing & Supporting

Youth Hub

The Meeting Place

Prefab housing promised 50 years ago as solution to housing supply crisis

https://www.abc.net.au/news/2025-03-13/prefab-houses-promised-as-answer-to-australias-housing-crisis/105009024?utm_source=abc_news_app&utm_medium=content_shared&utm_campaign=abc_news_app&utm_content=other

business reporter **Rachel Clayton**

Thursday 13 March 2025



Prefabricated housing is still not a mainstream construction method. (*ABC News: Rachel Clayton*)
[abc.net.au/news/prefab-houses-promised-as-answer-to-australias-housing-crisis/105009024](https://www.abc.net.au/news/prefab-houses-promised-as-answer-to-australias-housing-crisis/105009024)

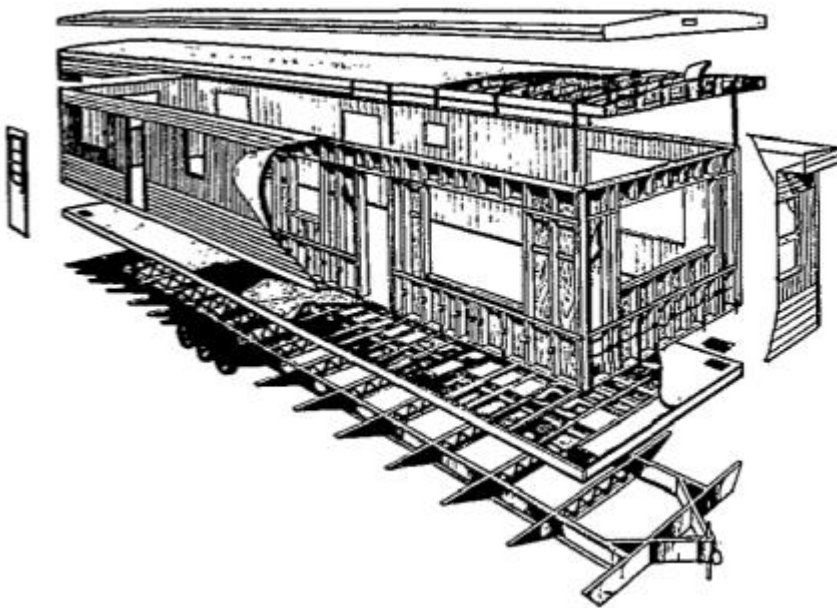
When it comes to housing, Australia loves a taskforce.

More than 50 years ago, the federal government established one to "investigate modern housing techniques" to boost Australia's "large, unsatisfied demand for housing".

It published a 114-page report in 1974, describing, in minute detail, the benefits and challenges of shifting housing construction in Australia to a production line.

Prefab housing, short for prefabricated housing, refers to homes that are manufactured off-site in a factory, in sections (also called modules) and then transported to their final location for assembly.

The obvious benefits of building prefab homes are that they're constructed under cover without the worry of weather disruptions, use robots and machines for speed, and are built in bulk to drive down material costs.



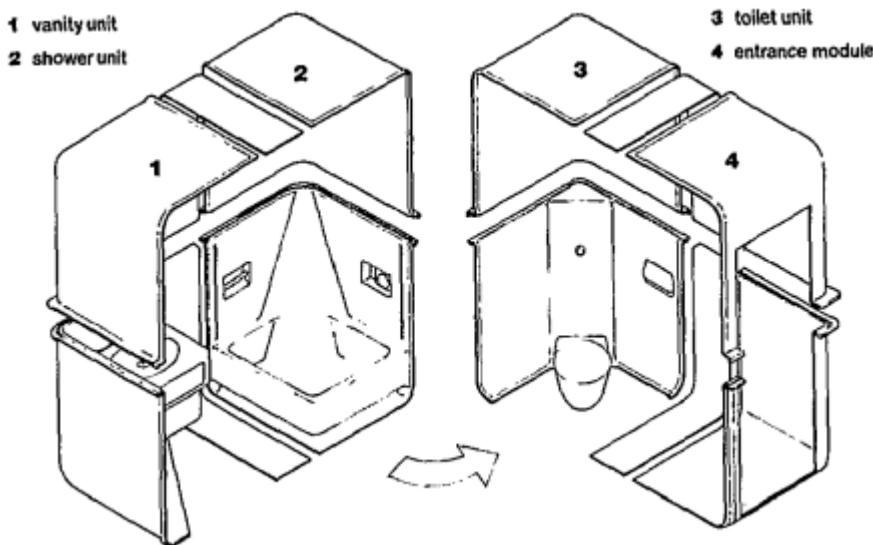
Plans for a mobile home in a 1974 federal government report.
(Supplied: *Modern Housing Task Force June 1974*)

The report argued modern techniques were key to solving the housing crisis and urged national standards to boost prefab housing, criticising the slow productivity gains in construction.

Five decades later, pre-fabricated housing remains the subject of taskforces and reports, rather than a mainstream building method.

Australia's Productivity Commissioner Danielle Wood echoed the words of the 1974 report — almost to the letter — just a few weeks ago in the commission's latest report on housing, which found productivity in the sector had declined 12% over the past three decades.

"Governments should continue to reduce unnecessary regulatory impediments to greater uptake of modern methods in housing construction, including prefabricated and modular ...," the 2025 report read.



Prefabricated housing makes up just 8% of construction.
(Supplied: *Modern Housing Task Force June 1974*)

It's not a barren industry and prefab housing has slightly increased in popularity over the past few years. However, according to prefabAUS — the peak body for Australia's off-site construction industry — it makes up just 8% of construction.

Overseas, particularly in Nordic countries such as Sweden, some factories whip up entire houses in days once all materials are delivered.

Sweden's edge comes from over a century of refining prefab techniques, the country's abundant timber, and its need to build quickly in a cold climate.

Lindbäcks Bygg is one of Sweden's most successful prefab manufacturers and operates highly automated factories that make apartment buildings, houses and units from design to delivery on site in about 12 weeks.

Those who champion the sector in Australia say while almost every other industry has become more productive in the last 50 years, housing construction has not, and the country cannot afford to continue that way.

Other industries are on a production line — why not housing?

Damian Crough launched prefabAUS in 2013 to push for industrialised housing.

He wants the industry to grow to 33% of construction by 2033.

"All other industries industrialise. Every year, car factories get more productive, aerospace is the same — you have suppliers from around the world delivering components to one factory to create an aircraft," he argued.

"Why hasn't this happened in housing? It's the last industry to take on industrialisation."

"I think it's possible, I think it's achievable, I think we have to get there."

Australia's Productivity Commission's latest report on the housing construction industry said prefab and modular were "unlikely to be a silver bullet for housing construction productivity" because of varying rules and approvals processes across state and local governments.

But there are signs that's changing.



Prefab and modular were "unlikely to be a silver bullet" according to a recent housing construction report. (*ABC News: Rachel Clayton*)

Last year, the federal government launched a AU\$900 million productivity fund for states and territories to remove barriers to modern building techniques, such as prefabricated and modular homes, while also announcing funding for a voluntary certification scheme and a national reform program to create new regulations.

The Australian Building Codes Board has also released a compliance handbook and consulted on a product registration scheme.

Mr Crough said it was the biggest ever investment in the industry by the Commonwealth.

It's being used to help fund a AU\$50 million TAFE training centre in Melbourne to teach advanced construction courses.

"You've got this push from within governments for modular and prefab and they're like 'just do it' but then it gets to the operational delivery side and no-one is skilled in this, so it slows down," Mr Crough said.

"There's appetite but not the skills."



A prefabricated module for an apartment building bound for Queensland from a Melbourne factory. (ABC News: Rachel Clayton)

Former NSW building commissioner David Chandler said the \$900 million fund was a start but he was adamant the industry needed much more.

"It needs leadership, it needs subject matter expertise, and the people that are currently in many of the seats that are driving policy here have never built anything," he said.

"We are not the united states of Australia, we're a whole bunch of states and territories that play the game on their own, and you can have a look at that by the way the National Construction Code is played out; it's almost a different version in every state.

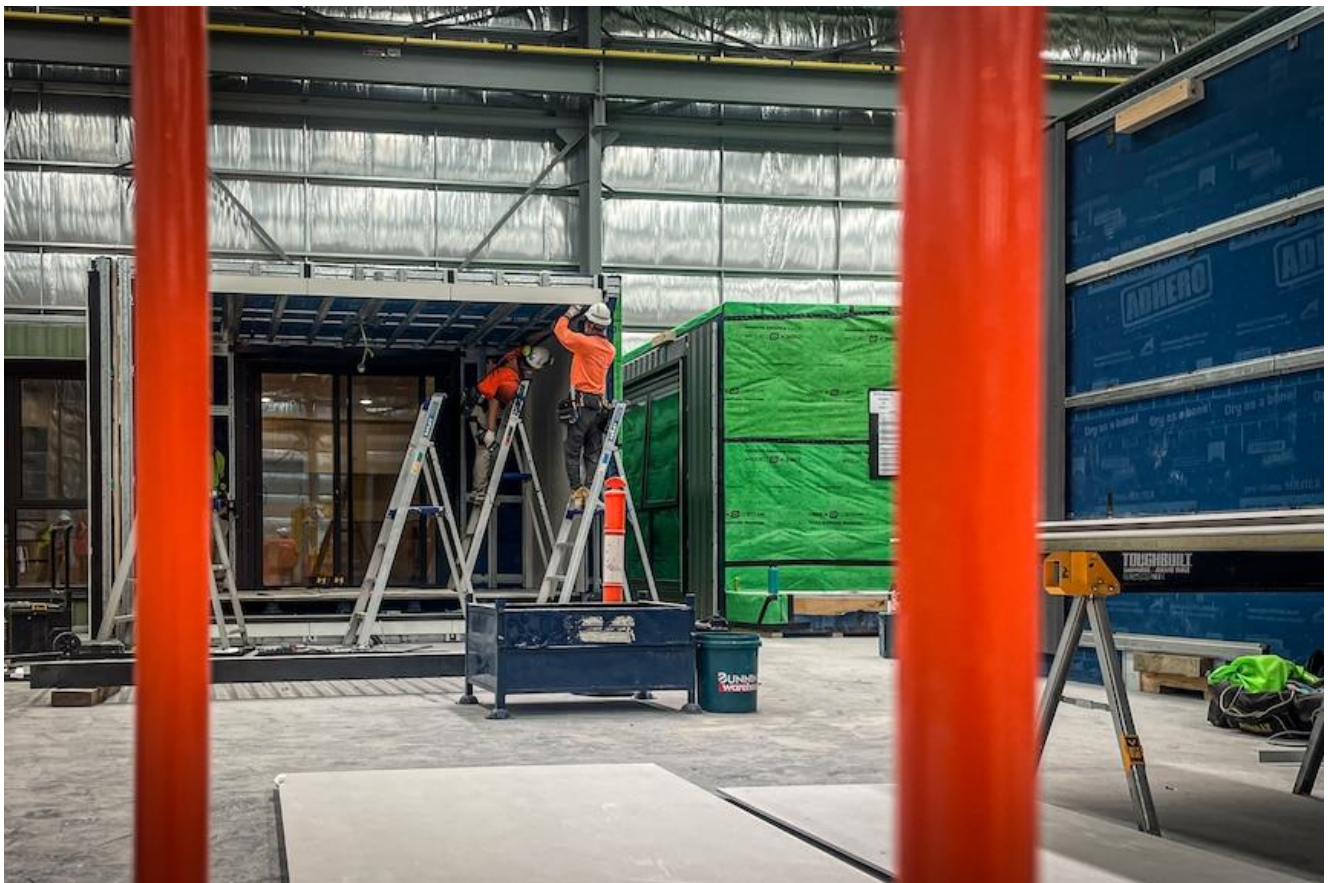
"That's a really big bang on productivity in this country."

Millions spent by governments to boost prefab industry

It's difficult to form a complete picture of the industry in Australia because projects are managed state-by-state across public and private partnerships.

But state governments appear to be the biggest buyers.

NSW threw AU\$10 million at the industry last year to "explore and trial" prefab construction and in the last two years has built 68 homes using modern methods.



State governments appear to be the biggest buyers of prefabricated housing. (ABC News: Rachel Clayton)

Queensland has built 175 prefab homes since 2023 for social and essential worker housing, and announced 600 more would be completed for social housing by December.

Victoria has built 114 prefab houses in the regions, again for social housing, and Tasmania recently announced prefab and 3D printing would be used to help build 10,000 social and affordable homes by 2032.

The costs of the projects to governments are largely unknown due to deals that are "commercial in confidence".

Prefab won't be cheap until it hits scale

While some in the industry criticise a lack of federal leadership and a revolving door of housing ministers that lack nuanced construction expertise, and others blame onerous regulation and an industry without skilled workers, one thing everyone agrees on is that there's not enough money.

Just like car manufacturing and food production, industrialising an industry only becomes profitable when it hits scale.



Prefabricated modular homes are being put forward as a solution to a lack of worker accommodation. (ABC News: Rachel Clayton)

Chris Meade comes from a traditional building background and switched to prefab modular two years ago.

His company, Echidna Built, operates in regional Victoria and Mr Meade believes it's the answer to the region's ongoing lack of worker accommodation.

"It's the practical way to build. You can build all year round, under cover, and you're not wasting time travelling to and from a site."

"You're not making a mess on a site with offcuts and waste and excavation, you can have a lot of preparation done, and you've got much better control over all the aspects of the building as well."

The industry's biggest advantage is speed.

Mr Meade can build one module in a couple of months. But he's aiming to cut that down to five days in the short term, and one day in the long term.



Construction of prefabricated modular homes is not affected by the weather. (*ABC News: Rachel Clayton*)

"We're not affected by rain, wind or heat, we're in a controlled environment, so we don't lose money or increase costs through lost time, production time," he said.

But to achieve that he needs to build a much larger factory, invest in the latest technology, and bring on in-house trades.

"Scale's what's required and that requires a significant investment," said Echidna Built's chief financial officer Andrew Gatty.

That significant investment — or rather, a lack of it — is what's tripped up many other prefab, modular companies around the world.

Prefab is not without risk

Some local councils in the United Kingdom have abandoned prefab due to poor quality homes and a string of companies going bust, according to a government committee report.

Similar issues are plaguing the industry in New Zealand.

In the past few years, at least half a dozen companies have gone under in Australia, including one that received a AU\$500,000 grant from a state government to build social housing.

Former NSW building commissioner Mr Chandler said that was concerning.

"I see this very much through a consumer lens first and foremost," he said.

"The challenges that we have with these new business models is that the people that start them all have great ideas, they're very innovative, and they're very committed to the industry. But what they spend most of their time doing is working on their widget, and very little time on their business case.

"Invariably, when I run into these businesses, they're very thin in understanding that you need to have a business case and you need to be properly capitalised, because these people are playing with people's life savings."

Mr Meade from Echidna Built said new national standards for housing and state regulations had been a big hindrance because they were written for traditional housing construction.

Photo shows Rows of newly built houses in a suburb.



If predictions come true it will be another year of deteriorating housing affordability, prices will rise at twice the rate of disposable income.

One that sticks out, he says, quite literally, is the requirement for all new houses to have disability ramps.

Those ramps must be built to a specific gradient and length, which makes it too big to be carried on a road so the ramps must be built on site, adding considerable cost and time.

"It adds a lot of cost to buildings and not all places need it. A very small amount of people require that sort of access," he said.

"The costs that have been imposed on us by legislation changes have added a lot of unnecessary cost."

Victorian Urban Renewal Pumps Up Social Housing

<https://www.theurbandeveloper.com/articles/victorian-government-ground-lease-model-expansion-social-housing>

13 March 2025



Victoria's Ground Lease Model has been expanded to deliver 1,200 more homes across Melbourne's inner suburbs by 2031.

And the social housing component of two major redevelopment sites has been pumped up by 39%, the state revealed.

Housing minister Harriet Shing announced plans for 400 social homes and up to 300 affordable homes along Racecourse Road at Flemington, as well as 800 homes at Alfred Street, North Melbourne, including at least 300 social homes.

The Building Communities consortium will lead the Flemington development, building on its recent completion of 359 social and affordable homes on Victoria Street, Flemington.

The Government is now seeking expressions of interest for the North Melbourne development.

Under the Ground Lease Model, Homes Victoria leases land to community housing organisations to finance, design, build, manage and maintain housing for 40 years, after which the properties revert to government management.

The land remains in public ownership throughout. The model enables access to state and federal funding options not available through other delivery approaches, and rental income from market properties offsets the cost of building social housing.

The model has delivered successful projects at Brighton, Flemington and Prahran to date.

The New Street, Brighton, development replaced older homes with 291 modern homes, while the Bangs Street, Prahran, project delivered 434 new homes with a 90 per cent increase in social housing.



Construction is under way at several sites, including Essex Street at Prahran, where 63 outdated homes will be replaced with 155 modern homes, and Simmons Street, South Yarra, where 204 ageing homes will be replaced with 522 new homes.

Both projects are scheduled for completion in 2026.

Meanwhile, the Barak Beacon development at Port Melbourne is to create 408 homes with a 46 per cent uplift in social housing. Amenities include parks, landscaped gardens, a multi-purpose community room and cafe.

The Ground Lease Model has faced legal challenges, including a Supreme Court class action on behalf of 479 public housing households that failed in its bid to obtain cabinet documents explaining the Government's decision to demolish 44 towers.

Demolition has begun at Elgin Street at Carlton. Towers are also slated for demolition at Flemington (Racecourse Road), North Melbourne (Alfred Street), and Richmond (including Malvern Road, Highett Street, Anderson Court, Williams Court, and Elizabeth Street).





The Government has signed a \$100-million contract with John Holland to demolish the first five towers.

Independent research by Monash University's Professor Nigel Bertram showed that retrofitting the towers could save up to 30% in capital costs compared to demolition and rebuilding.

Critics of the approach, including Kerrie Byrne from the Save Public Housing Collective, argue the redevelopments primarily benefit developers while displacing existing tenants.

Despite criticism, the Government maintains its approach is necessary to grow social housing stock.

"Increasing the volume of new social housing on these sites by 39% will give more Victorians the modern, energy efficient, accessible, safe and secure homes they deserve," Shing said.

Homelessness by Country 2025

Flag Code	Country	Estimated Homeless Population	Homeless Individuals per 10K	Data Year
PK	Pakistan	8,000,000	331.0	2023
SY	Syria	5,300,000	2,302.0	2023
BD	Bangladesh	5,000,000	307.0	2019
NG	Nigeria	4,500,000	206.0	2022
PH	Philippines	4,500,000	424.0	2018
UG	Uganda	4,016,980	1,125.0	2015
AR	Argentina	3,600,000	793.0	2020
SD	Sudan	3,000,000	624.0	2023
CN	China	2,579,000	19.2	2011
NP	Nepal	2,500,000	809.0	2023
EG	Egypt	2,000,000	186.0	2020
IQ	Iraq	2,000,000	544.0	2014
IN	India	1,770,000	12.6	2011
CD	DR Congo	1,500,000	172.0	2018
MM	Myanmar	1,500,000	275.0	2023
SO	Somalia	1,400,000	772.0	2023
ZW	Zimbabwe	1,200,000	848.0	2013
PE	Peru	700,000	223.0	2017
BF	Burkina Faso	700,000	335.0	2020
CO	Colombia	662,146	130.0	2020
US	United States	653,104	19.5	2023
MZ	Mozambique	640,000	189.0	2023
ET	Ethiopia	600,000	47.4	2023
GT	Guatemala	475,000	315.0	2012
GB	United Kingdom	380,000	56.1	2023
MA	Morocco	380,000	100.0	2023
AF	Afghanistan	360,000	87.6	2023
FR	France	333,000	48.7	2022
HT	Haiti	310,000	261.0	2024
YE	Yemen	300,000	92.9	2020
DO	Dominican Republic	296,591	270.0	2020
BR	Brazil	281,000	6.5	2022
DE	Germany	262,600	31.4	2022
ML	Mali	260,000	157.0	2012
CA	Canada	235,000	62.5	2021
CM	Cameroon	200,000	75.5	2020
HN	Honduras	150,000	148.0	2020
IR	Iran	130,000	14.8	2022
AU	Australia	122,494	48.0	2021
ID	Indonesia	122,000	4.5	2023
CZ	Czech Republic	104,818	97.0	2022
NZ	New Zealand	102,123	217.0	2018
GH	Ghana	100,000	32.9	2020

BJ	Benin	100,000	106.0	2010
IT	Italy	96,197	16.0	2021
SK	Slovakia	71,076	131.0	2021
TR	Turkey	70,000	8.2	2024
ZA	South Africa	55,719	9.0	2022
AZ	Azerbaijan	50,000	50.7	2017
LY	Libya	40,000	58.1	2023
NE	Niger	36,000	18.6	2014
SS	South Sudan	32,000	29.8	2021
AL	Albania	32,000	113.0	2020
NL	Netherlands	30,600	17.0	2023
PL	Poland	30,330	8.0	2018
ES	Spain	28,552	6.0	2022
CF	Central African Republic	28,000	53.8	2019
SE	Sweden	27,383	25.9	2023
CL	Chile	20,775	11.0	2023
KE	Kenya	20,095	3.9	2019
UA	Ukraine	20,000	5.4	2023
RS	Serbia	20,000	28.5	2017
AT	Austria	19,667	22.0	2022
DZ	Algeria	15,000	4.3	2008
TG	Togo	15,000	17.4	2022
BE	Belgium	13,524	11.7	2021
IE	Ireland	13,179	26.0	2023
RU	Russia	11,285	0.8	2023
KR	South Korea	8,469	2.0	2022
RO	Romania	8,436	4.0	2022
HU	Hungary	6,944	7.2	2022
PT	Portugal	5,975	10.0	2022
DK	Denmark	5,789	10.0	2022
MX	Mexico	5,778	1.0	2020
LV	Latvia	5,644	32.0	2021
KZ	Kazakhstan	5,500	0.6	2020
CR	Costa Rica	4,530	8.0	2023
LT	Lithuania	4,317	15.0	2022
IL	Israel	3,900	4.0	2021
SI	Slovenia	3,545	17.0	2022
FI	Finland	3,429	6.0	2023
NO	Norway	3,325	6.2	2020
KH	Cambodia	3,000	1.8	2020
JP	Japan	2,820	0.2	2024
TH	Thailand	2,499	0.3	2023
CH	Switzerland	2,200	2.5	2022
HK	Hong Kong	1,800	2.4	2017
GR	Greece	1,387	1.0	2023
IS	Iceland	1,272	34.0	2021
EE	Estonia	1,068	8.0	2021
SG	Singapore	1,036	1.9	2021

LU	Luxembourg	696	11.0	2022
HR	Croatia	561	1.0	2021
MT	Malta	236	4.6	2022
CY	Cyprus	129	2.0	2017
GD	Grenada	68	6.4	2011

Homelessness by Country 2025

<https://worldpopulationreview.com/country-rankings/homelessness-by-country>

Homelessness estimates can vary widely between countries due to differences in data collection methods, definitions, and reporting practices. Many estimates focus on “visible homelessness,” such as individuals living on the streets, but exclude those in shelters, temporary housing, or living in precarious conditions. As a result, reported numbers often underrepresent the true extent of homelessness. The actual number of homeless people—including those in informal housing or at risk of homelessness—could be significantly higher.

The problem of homelessness knows no barriers and countries all over the world struggle to combat this awful problem. The chart below not only highlights the sheer size and scope of the homelessness issue, it also reveals that the problem is truly in virtually every town, city, state, and territory around the globe.

Here is a look at those daunting numbers and the reach of homelessness all over the world. While some of this data may be estimated, it doesn’t deter us from the fact that the problem of homelessness is real, and it is considerable.

Highlighted Countries

India

One of the largest issues in India is homelessness. India is one of the two most populated countries in the world, with a natural birth rate that is much higher than China, which holds the record for the highest population in the world. Homelessness is often described at face value, that is, those who do not have an abode to call home. However, homelessness is a much larger issue that plagues India and the rest of the world. Of course, it is not enough just to have a few walls and a roof, as anything can be made into a quick shelter for emergencies. Having a home should be an adequate abode that provides the proper heating and cooling for the residents, as well as access to essential and some other needed services.

Homelessness in India is largely due to poverty, which is exacerbated by its large population. Many Indians choose to work overseas or even migrate outside of the country to look for any job opportunities that may be present, as there is a huge issue of unemployment in the country. This has created a stereotype for Indian freelancers, who are looking to work at any job that they can find. In reality, this displays the root issue, which is equal access to resources, currency, and shelter within the country.

Nigeria

Nigeria is the most populous country in Africa, and this presents an epidemic of homelessness throughout the nation. Approximately 4.5 million people are considered homeless, with many more not having appropriate access to a proper dwelling that has access to some of the most basic services. With this being said, Nigeria is not as deep in poverty as others may think, as there are a lot of resources contained within the country. Much of the issue is due to access to wealth, which is often exploited by other countries or even their state.

Furthermore, because of its large size, Nigerians experience a huge influx of both immigration and emigration, which changes the ownership of houses frequently. As a result, natural gentrification occurs at an accelerated rate, with investors looking to build more elaborate and expensive houses to procure a higher rental income or to flip into a more profitable business venture. With this being said, Nigeria also has a lot of land for sale, so philanthropic and charitable organisations could take advantage of this to create a more acceptable situation.

United States

While it is considered the leader of the world stage, the United States still has one of the biggest problems with homelessness, even when compared to more impoverished countries. With a homeless population per night of over half a million souls, the numbers are concerning. The volume of homeless increases every year, with many more living in makeshift tents and other dwellings that do little more than offer some brief respite from the harsh outdoor conditions, such as at night-time or during the winter.

<http://www.pascashealth.com/index.php/library.html>

Library Download – Pascas Papers

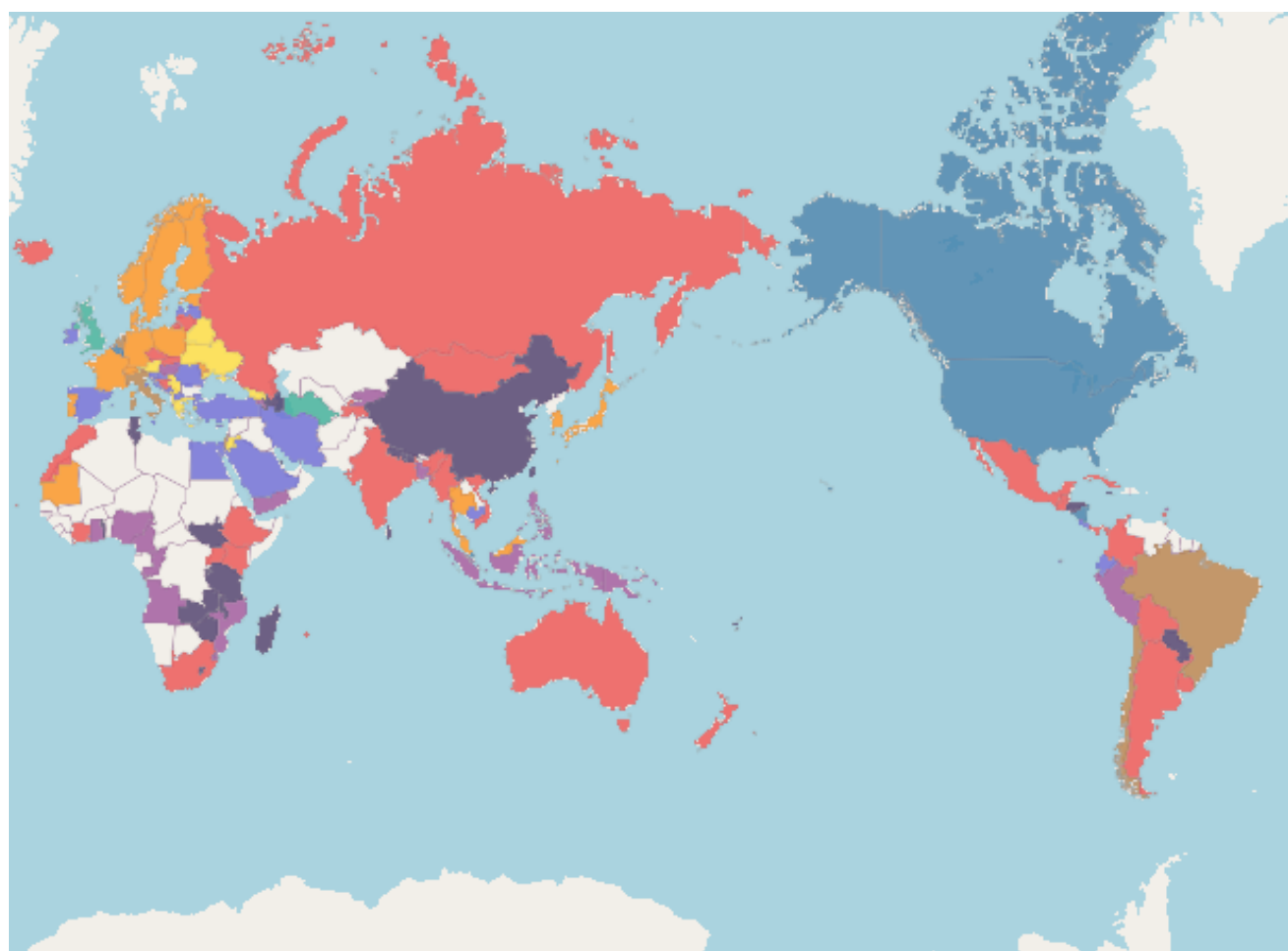
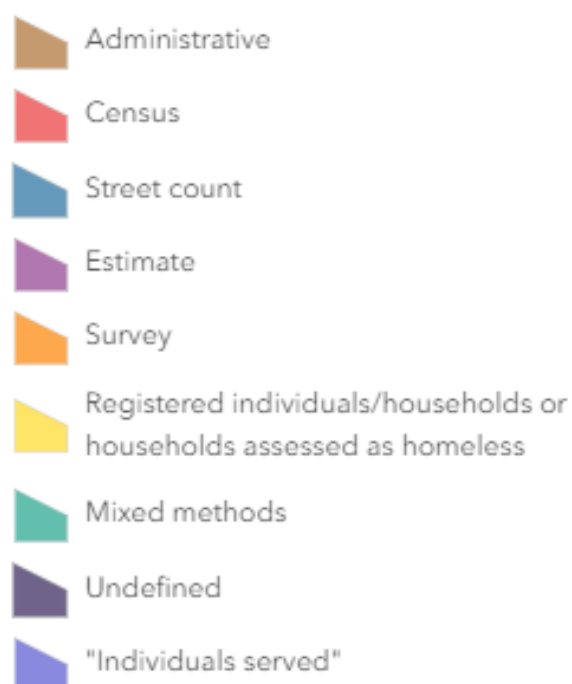
All papers may be freely shared. The fortnightly mailouts are free to all, to be added into the mailout list, kindly provide your email address. info@pascashealth.com



PASCAS
wrap-around
support

Global Data Homeless Map

GHDM_Methodology



OECD Work on Homelessness

<https://www.oecd.org/en/topics/sub-issues/affordable-housing/homelessness.html>

Homelessness is a pressing challenge in OECD and EU countries. At least 2 million people in the OECD were considered to be experiencing homelessness in official government statistics in 2024 or the latest year. However, this is likely an underestimate, due to persistent measurement challenges. There is renewed momentum to improve the measurement and monitoring of homelessness, and to design public policies to prevent homelessness and create sustainable pathways out of homelessness.

The number of people experiencing homelessness varies considerably across countries and there is no internationally agreed definition of homelessness

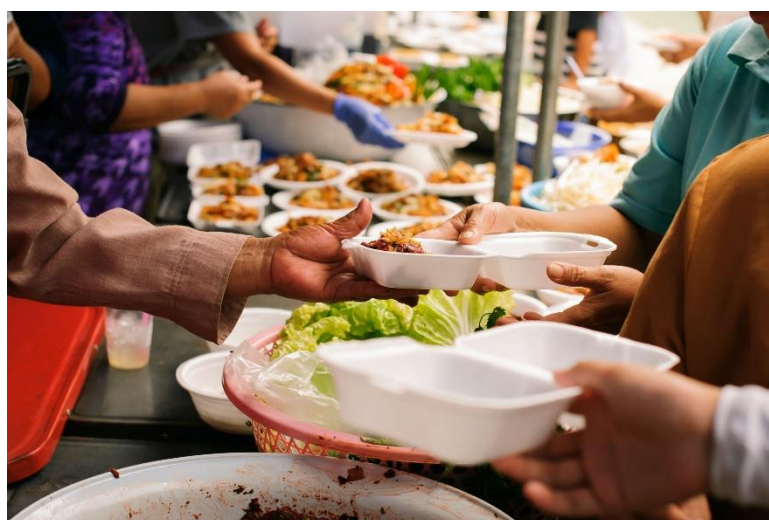
It is estimated that on average across the OECD roughly 0.25% of the population is experiencing homelessness, according to national statistical definitions of homelessness. These definitions may include people sleeping rough, staying in emergency or temporary accommodation, living in institutions, residing in unconventional dwellings, or staying with family and friends. However, significant differences in definitions and measurement approaches (such as street counts and administrative data) among countries make it challenging to measure and compare homelessness internationally.

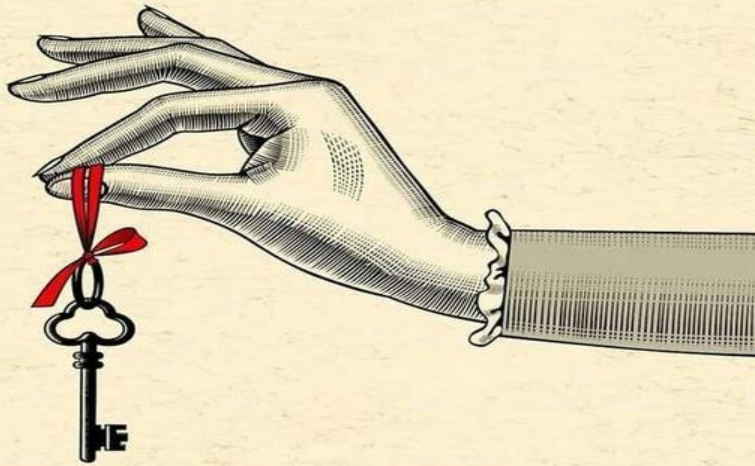
Over half of OECD and EU countries have an active national strategy to combat homelessness

Developing national homelessness strategies can be a key first step to help governments define priorities, determine clear and measurable goals and the actions and resources necessary to achieve them, and bring relevant actors around the table to advance on a common objective. According to the 2023 OECD Questionnaire on Affordable and Social Housing, 26 of 43 OECD and EU countries report having an active homelessness strategy in place.

Evictions are a widespread phenomenon across the OECD, though rates vary considerably across countries

Evictions from rental housing are a widespread phenomenon across the OECD, where at least 2.4 million formal eviction procedures were initiated in the latest year for which data are available. Preventing evictions, whenever possible, and providing necessary targeted assistance to people facing evictions can be an important step towards stopping homelessness before it happens.





**Locks are never
manufactured
without a key.**

Similarly God never
give problems without
solution. Only the
need is to unlock them.

The key is:
Living Feelings First
Feeling Healing and
Divine Love

Soul expands as it grows in love and condition.
Natural love has a limit to its development.
The first two personalities typify the condition and vibrancy
of natural love and self-reliance. The awakening to Feeling
Healing with Divine Love can achieve rapid
growth in vibrancy and growth beyond
comprehension.



Kindly consider reading: www.pascashealth.com then proceed to Library Download:

Pascas Care Letters – Family Shelters Abuse & Remedial
 Pascas Care Letters – Family Shelters Overview
 Pascas Care Letters – Family Shelters Per Capita Inequality
 Pascas Care Letters – Family Shelters Protection
 Pascas Care Letters – Family Shelters Social Housing
 Pascas Care Letters – Family Shelters Support Centre
 Pascas Care Letters – Family Shelters towards Liberation
 Pascas Care Letters – Homelessness Helping Hand
 Pascas Care Letters – Root Cause now to Pathway Forward
 Pascas Care Letters – Root Cause now to Pathway Forward (short)

Chaldi College Free to Learn Instinctively
 Chaldi College Free to Learn Pathway

Pascas Care Letters – Back to Basics
 Pascas Care Letters – Change
 Pascas Care Letters – Finaliters our Destiny
 Pascas Care Letters – Humanity is Addicted to Untruth
 Pascas Care Letters – Journey of Earth's Humanity
 Pascas Care Letters – Life is a Highway
 Pascas Care Letters – Live True to How You Truly Are
 Pascas Care Letters – Moving out of Healing
 Pascas Care Letters – My Customs Heritage and Nationality
 Pascas Care Letters – One Soul Two Personalities
 Pascas Care Letters – Psychology and Feeling Healing
 Pascas Care Letters – Spirit Evolution and Environmental Changes
 Pascas Care Letters – Transition & Assimilation following Death

Pascas Care – Death & Dying Transition & Assimilation Marjorie
 Pascas Care – Kinesiology Testing
 Pascas Care – Kinesiology Personality Traits
 Pascas Care – Kinesiology Submissiveness
 Pascas Care – Kinesiology Videos

Pascas Care Living Feelings First Adults
 Pascas Care Living Feelings First Children
 Pascas Care Living Feelings First Children Annexures
 Pascas Care Living Feelings First Children Discussions
 Pascas Care Living Feelings First Children Graphics
 Pascas Care Living Feelings First Drilling Deeper
 Pascas Care Living Feelings First Drilling Deeper Structures
 Pascas Care Living Feelings First Reference Centre



**John the
Typist**

Important recommended reading is:

by James Moncrief

The Rejected Ones – the Feminine Aspect of God

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html> ALSO at
<https://www.pascashealth.com/index.php/library.html?file=files/opensauce/Downloads/MEDICAL%20-%20SPIRITUAL%20REFERENCES/Rejected%20Ones%20via%20James%20Moncrief.pdf>

<http://www.pascashealth.com/index.php/library.html>

Library Download – Pascas Papers

All papers may be freely shared. The fortnightly mailouts are free to all, to be added into the mailout list, kindly provide your email address. info@pascashealth.com

Within the Library Download page within Pascas Care Letters at www.pascashealth.com kindly download the following two files:



[Pascas Care Letters Root Cause now to Pathway Forward.pdf](#)



[Pascas Care Letters Root Cause now to Pathway Forward short.pdf](#)

Important recommended reading is:

by James Moncrief

The Rejected Ones – the Feminine Aspect of God

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html> ALSO at
<https://www.pascashealth.com/index.php/library.html?file=files/opensauce/Downloads/MEDICAL%20-%20SPIRITUAL%20REFERENCES/Rejected%20Ones%20via%20James%20Moncrief.pdf>

To liberate one's real self, one's will, being one's soul, is by embracing Feeling Healing so as to clear emotional injuries and errors. With the Divine Love, then one is also Soul Healing. We are to feel our feelings, identify what they are, accept and fully acknowledge that we're feeling them, express them fully, all whilst longing for the truth they are to show us.

Within the Library Download page within Pascas Care Letter at www.pascashealth.com kindly download the following:

- Pascas Care Letters – Family Shelters Abuse & Remedial
- Pascas Care Letters – Family Shelters Overview
- Pascas Care Letters – Family Shelters Protection
- Pascas Care Letters – Family Shelters Social Housing
- Pascas Care Letters – Family Shelters Support Centre
- Pascas Care Letters – Family Shelters towards Liberation



FURTHER READING:

Free downloads are from [www.pascashealth](http://www.pascashealth.com) in the Library Download page, scroll down for the PDFs:

PASCAS CARE PARENTING

Sam's Book – Parenting and Feeling Healing	Book I	Experience
Sam's Book – Parenting and Feeling Healing	Book II	Conception
Sam's Book – Parenting and Feeling Healing	Book III	Magic
Sam's Book – Parenting and Feeling Healing	Book IV	Nothingness
Sam's Book – Parenting and Feeling Healing	Book V	Setting Free
Sam's Book – Parenting and Feeling Healing	Book VI	Pain and Rage
Sam's Book – Parenting and Feeling Healing	Book VII	Vision
Sam's Book – Parenting and Feeling Healing	Book VIII	Childhood
Sam's Book – Parenting and Feeling Healing	Book IX	Self-Acceptance
Sam's Book – Parenting and Feeling Healing	Book X	Physical Illness

Pascas Care – Parenting Awareness
Pascas Care – Parenting Eureka Moment
Pascas Care – Parenting Feelings Supreme Guides
Pascas Care – Parenting Health Generation
Pascas Care – Parenting into the Abyss
Pascas Care – Parenting Rebellion

Important recommended reading is:

by James Moncrief

The Rejected Ones – the Feminine Aspect of God

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html> ALSO at
<https://www.pascashealth.com/index.php/library.html?file=files/opensauce/Downloads/MEDICAL%20-%20SPIRITUAL%20REFERENCES/Rejected%20Ones%20via%20James%20Moncrief.pdf>



Mind Centric Way

Feelings First Freedom

Primary recommended reading:	consider commencing with:	Paul – City of Light and Sage – and the Healing Angels of Light	
The Rejected Ones	2002 – 2003	xxx	– James Moncrief
Messages from Mary & Jesus	2003	xxx	– James Moncrief
Soul Light from Zelmar Melchizedek	2003	xxx	– James Moncrief
Paul – City of Light	2005	xxx	– James Moncrief
Feeling Healing	2017		– James Moncrief
Religion of Feelings	2017		– James Moncrief
Mary Magdalene and Jesus' comments on the Padgett Messages	2007 – 2010	xxx	– James Moncrief
Speaking with Mary Magdalene & Jesus	2013 – 2014	xxx	– James Moncrief
Sage and the Healing Angels of Light	2017	xxx	– James Moncrief
Road map of Universe and history of Universe:			
The Urantia Book	1925 – 1935	xxx	as primary reading
Divine Love supporting reading:			
Revelations	1954 – 1963		– Dr Daniel Samuels
Judas of Kerioth	2001 – 2003		– Geoff Cutler
The Book of Truths	1914 – 1923	xxx	– Joseph Babinsky
containing the Padgett Messages or Little Book of Truths			– Joseph Babinsky
True Gospel Revealed anew by Jesus Vol I, II, III, IV		xxx	– Geoff Cutler

Available generally from:

www.lulu.com

www.amazon.com

www.bookdepository.com

For Divine Love focused websites and forums:

Pascas Health: <http://www.pascashealth.com/index.php/library.html>

Spiritual Development: <http://new-birth.net/spiritual-subjects/>

Padgett Books: <http://new-birth.net/padgetts-messages/>

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.htm>

BIBLIOGRAPHY NOTE:

James Moncrief has written numerous books and prepared numerous movie scripts. Incorporated here are primary writings.

Pascas has 800+ supportive 'Pascas Papers' accessible in Library Download at www.pascashealth.com

Pascas Primary publications being:

U-Turn for Humanity Pascas reveals New Feelings Way
 U-Turn for Humanity pathway being New Feelings Way
 U-Turn for Humanity shutting hells through New Feelings Way
 U-Turn for Humanity simple is what Life is meant to be
 U-Turn for Humanity soul light and New Feelings Way
 U-Turn for Humanity through the New Feelings Way
 U-Turn for Humanity treacherous assumptions New Feelings Way
 U-Turn for Humanity unfolding the New Feelings Way
 Universal Gift – Feeling Healing with Divine Love
 Feeling Healing and Divine Love Discussion Prompts
 Pascas Care Death & Dying Transition & Assimilation Marjorie

Selected Pascas Papers, as noted below, can be downloaded from www.pascashealth.com from within the Library Download page.

James Moncrief's books, the Padgett Messages and The Urantia Book at:**DIVINE LOVE SPIRITUALITY – DLS:**

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

All Padgett Messages	(for condensed versions – see below)	1914 – 1923	Pages	945
The Urantia Book	(see suggested papers to read below)			

James Moncrief Books:

	MoC		
The Rejected Ones – the Feminine Aspect of God	1,490	Nov 2002 – Jan 2003	228
Messages from Mary and Jesus book 1	1,485	Feb – Apr 2003	189
Messages from Mary and Jesus book 2	1,485	Apr – Oct 2003	170
Soul Light from Zelmar, a Melchizedek, books 1 and 2	1,480	May – Sep 2003	480
Mary Magdalene and Jesus' comments on the Padgett Messages – book 1		Aug 2007	164
Messages from 31 May 1914 – 12 January 1915	1,495		
Mary Magdalene and Jesus' comments on the Padgett Messages – book 2		Sep 2010	177
Messages from 13 January 1915 – 29 August 1915	1,494		
Speaking with Mary Magdalene and Jesus blog – book 1	1,490	Jan – Apr 2013	206
Speaking with Mary Magdalene and Jesus blog – book 2	1,489	Apr – May 2013	229
Speaking with Mary Magdalene and Jesus blog – book 3	1,490	Oct – Jan 2014	187
Speaking with Mary Magdalene and Jesus blog – book 4	1,491	Jan – May 2014	191
Mary Magdalene comments on Revelation from the Bible KJV	1,485	Dec 2013 – Jan 2014	84

This group being pages of 2,305

Paul – City of Light	1,488.5	2005	149
Ann and Terry		2013	235
Feeling bad? Bad Feelings are GOOD!	feeling-healing book 1	2006	179
Feeling bad will make you feel BETTER – Eventually!	feeling-healing book 2	2006	159
Breaking the Golden Rule.	feeling-healing book 3	2006	168
Feeling-Healing exercises, and other healing points to consider.		2009	175
Cathy and Mark – a novel introducing Feeling-Healing.		2010	151
Introduction course to Divine Love Spirituality		2006	139
Speaking with the Dead, Death and Dying		2009	173
Spirits and their Childhood Repression Healing		2010	179
With Verna – a nature spirit		2008	279
Communication with spirits – meet a spirit friend		2010	37
Introduction to Divine Love Spirituality website			362
Sage – and the Healing Angels of Light		2017	260
Divine Love Spirituality	1,500	2017	201
Feeling Healing – you can heal yourself through your feelings		2017	153
Religion of Feelings	1,500	2017	47

This group being pages of 3,046

Religion of Feelings

<http://religionoffeelings.weebly.com/>

Introduction to Divine Love Spirituality

<http://dls spirituality.weebly.com/>

Main website of DLS

<http://divinelovesp.weebly.com/>

Childhood Repression website

<http://childhoodrepression.weebly.com/>

DLS and CR forum

<http://dlscr.freeforums.net/>

<http://withmarymagdaleneandjesus.weebly.com/blog---and-free-books-speaking-with-mary-and-jesus>

FEELING HEALING and SOUL HEALING with the DIVINE LOVE:

James Moncrief Publications:

all publications are free downloads:

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

It is suggested for one to consider reading as follows:

Speaking with Mary Magdalene and Jesus – books 1 – 4

These four books encapsulate the second of the revelations with the first having been introduced by James Padgett one hundred years previously. These four books provide a wide range of guidance that has never previously been made available.

Soul Light – books 1 and 2

A Melchizedek, Zelmar, sums up how we are to heal ourselves and ascend to Paradise.

Paul – City of Light

As a gentle intro into the Divine Love and Healing; being James Moncrief's first novel.

Ann and Terry

An example for people who might want to immediately start working on themselves and doing their Healing.

Feeling Bad? Bad Feelings are GOOD

For more understanding about our denial of our feelings and why we should not deny our feelings, and it includes how it all came about for James, using himself as an example.

Feeling bad will make you feel BETTER – Eventually!

This includes specific examples of Marion and James working on expressing particular bad feelings, again with the hope that it will help others gain something of an idea as to what's involved in doing your Feeling Healing.

Sage – and the Healing Angels of Light

Through Sage who's 13 years old, the story is primarily about the two aspects of healing; that being, with the help of our angels, and the full Healing we can do by looking to our feelings for their truth.

**Religion of Feelings
Feeling Healing**

**Welcome to LOVE – the Religion of Feelings
you can heal yourself through your feelings**

So these books, including the four Speaking with Mary Magdalene and Jesus books, provide the essence of it all and are examples of James' work. Then it's up to whatever takes one's fancy. Other reading to consider may include:

The Padgett Messages being published as:

The True Gospel Revealed Anew by Jesus volumes 1 – 4

Book of Truths by Joseph Babinsky

The Urantia Book

Release one's pain through expressing one's feelings.

in conjunction with

Longing for the Truth when also longing for Divine Love.

FEELING HEALING with DIVINE LOVE is SOUL HEALING:

A collection of 'papers' that draw together specific topics including all of the above and more from other sources of information and revelation designed to help increase one's awareness about why we have the problems we do and how to heal them, all whilst living a more healthy and sustainable life. They provide a brief snapshot of the more complicated topics and issues.

**Firstly, consider discovering the truth of your emotional pain through Feeling Healing.
Secondly, consider longing for our Heavenly Parents' Love as you progress with your healing.
Primary and most important readings are the writings of James Moncrief.
Then consider the Padgett Messages, and then The Urantia Book.**

Pascas Papers, being free, are located within the Library Download www.pascashealth.com
<http://www.pascashealth.com/index.php/library.html>

[PASCAS – document schedule.pdf](#) **downloadable index to all 800+ Pascas Papers.**

FH denotes Feeling Healing; SH denotes Soul Healing, which is: Feeling Healing with the Divine Love;
DL denotes Divine Love – living with the Love.

PASCAS INTRODUCTION NOTES: *All papers below can be found at Library Download link.*

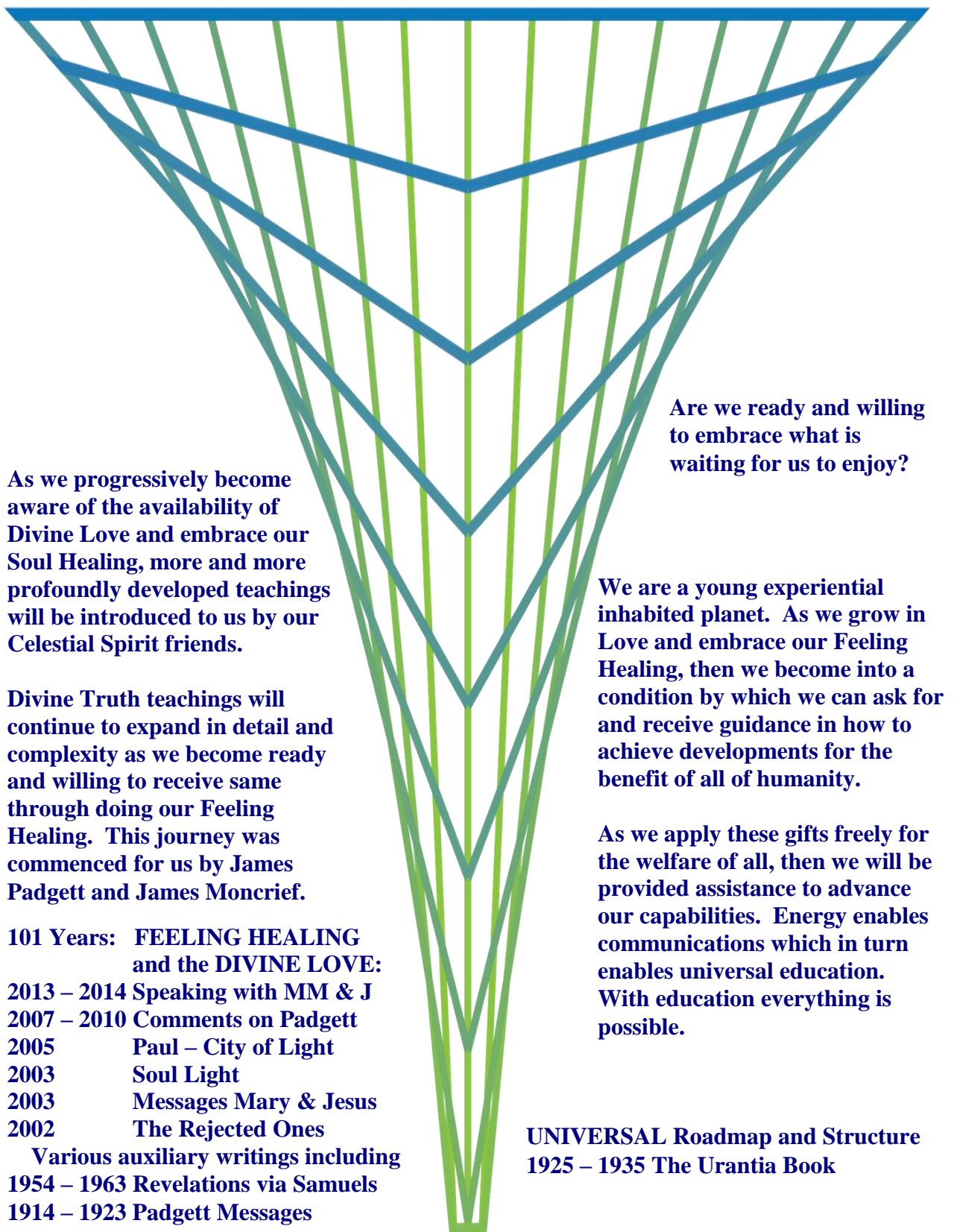
- Pascas Care Letters A Huge Upturn
- Pascas Care Letters Big Revelation
- Pascas Care Letters Feeling Healing Benefits Children
- Pascas Care Letters Feeling Healing Way
- Pascas Care Letters Little Children
- Pascas Care Letters Women's Liberation and Mother

MEDICAL – EMOTIONS:

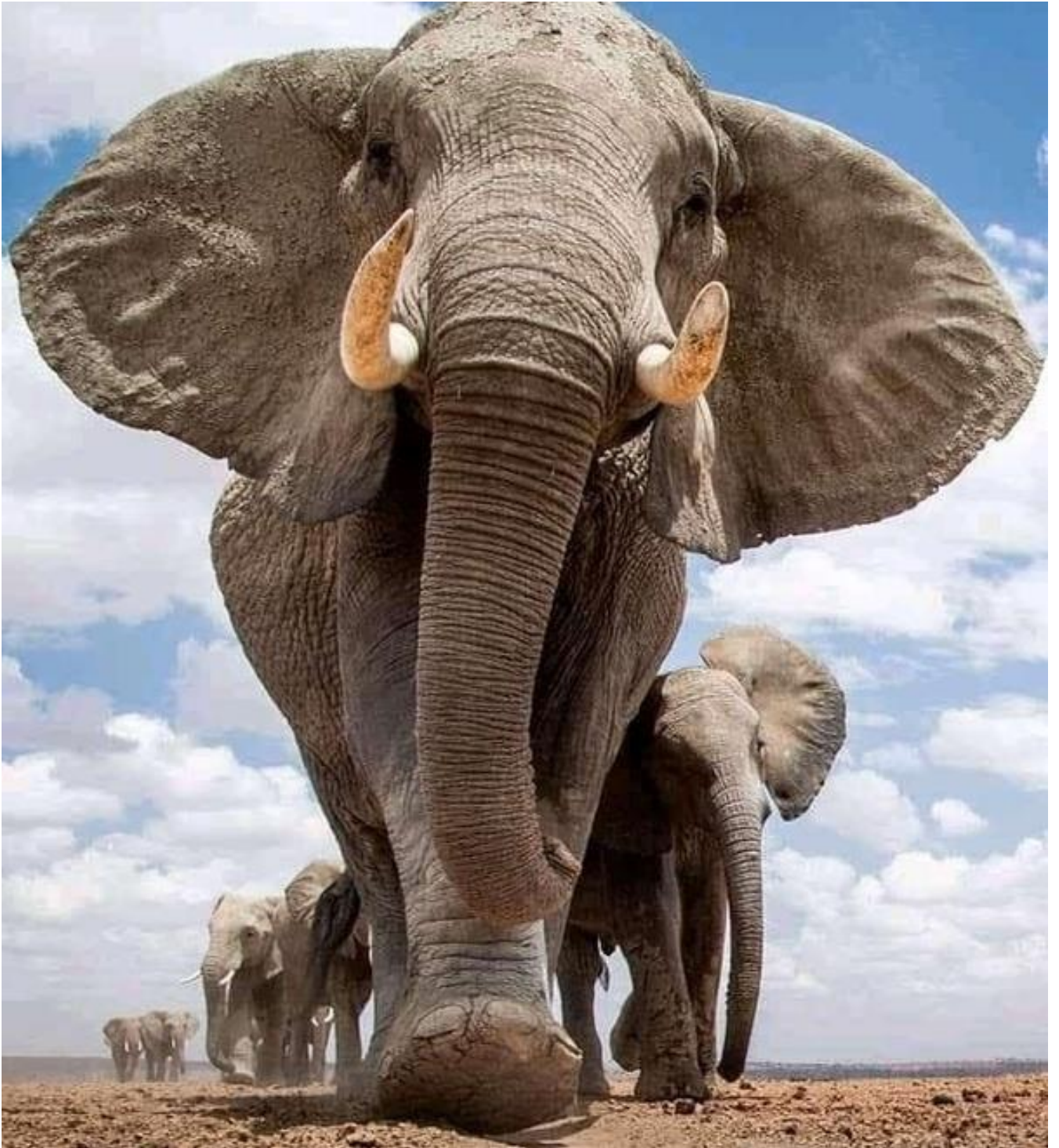
- Pascas Care – Feeling Healing
- Pascas Care – Feeling Healing All is Within
- Pascas Care – Feeling Healing and Health
- Pascas Care – Feeling Healing and History
- Pascas Care – Feeling Healing and Parenting
- Pascas Care – Feeling Healing and Rebellion
- Pascas Care – Feeling Healing and Starting
- Pascas Care – Feeling Healing and Will
- Pascas Care – Feeling Healing Angel Assistance
- Pascas Care – Feeling Healing Being Unloved
- Pascas Care – Feeling Healing Child Control
- Pascas Care – Feeling Healing Childhood Repression
- Pascas Care – Feeling Healing End Times
- Pascas Care – Feeling Healing is Rebelling
- Pascas Care – Feeling Healing Live True
- Pascas Care – Feeling Healing Mary Speaks
- Pascas Care – Feeling Healing My Soul
- Pascas Care – Feeling Healing Perfect State
- Pascas Care – Feeling Healing Revelations X 2
- Pascas Care – Feeling Healing the Future
- Pascas Care – Feeling Healing Trust Yourself
- Pascas Care – Feeling Healing Versus Cult

**PASCAS
PAPERS**

DIVINE LOVE and DIVINE TRUTH Revelations and Teachings escalating:



HEREWELCOME



Philosophy of global changes

Age of a new way

Soul healing

Put **C**hildren first

Awareness so that people can improve their lives

Spirit creating alternative solutions

Team Ukraine

Love

PASCAS UNIVERSITY

We hereby confirm that

John James JONES

Having duly satisfied the Examiners appointed by Senate and having fulfilled all the conditions prescribed by ordinance and regulations by resolution of the Council was awarded the

Postgraduate Feelings Degree

PfD in the field of **SOCIAL WORK**

LIVING FEELINGS FIRST

on the

31 March 2025

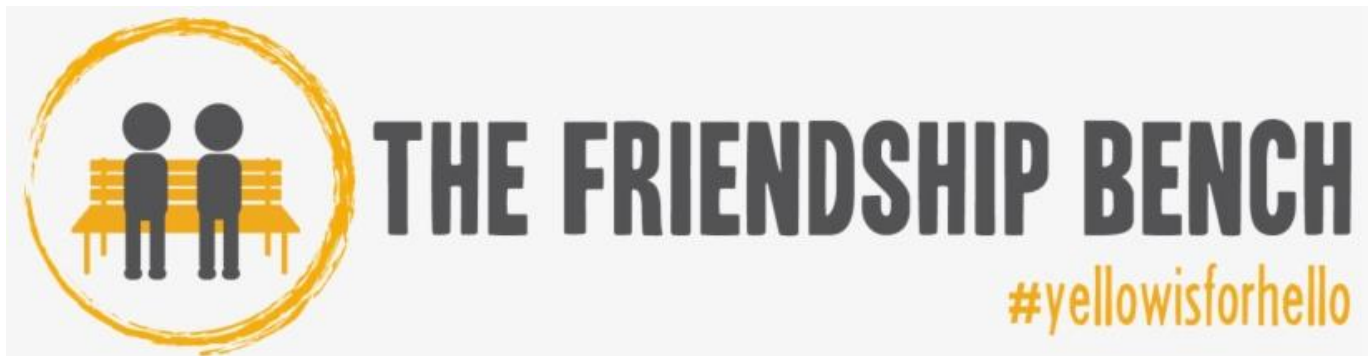


Andrew Brown

Chancellor

Philip Green

Registrar



Zimbabwe government taken on Friendship Benches



Doctors estimate one in four Zimbabweans suffer from depression or anxiety but there are just 12 psychiatrists treating the country's entire population of 14 million. They can't possibly go the route of training psychiatrists and psychologists because it would take 15 years. How are they going to provide treatments? Local doctors have come up with a simple but seemingly highly effective idea.

Wooden seats so-called “friendship benches” were installed on the grounds of several Harare health clinics. Visitors were offered six one-to-one counselling sessions with lay health workers who have received some training. They are known as grandmother health providers. The very lowest kinda of the health system to train those women to offer problem-solving therapy and so the patient explains what all their problems are and it's opening up the mind in the sense of allowing the patient to see that they can do something about their problems.

The study involved more than 550 patients. After six months only 14% of the patients in the “friendship bench” group reported symptoms of depression compared to 50% in a control group. They were also 5 times less likely to have suicidal thoughts co-founder of the friendship bench program Dr Dixon Shahbandar of the University of Zimbabwe told VOA via Skype the intervention had a wide range of benefits. Not only a mental health sort of package. A package that actually improved outcomes of things like hypertension, diabetes and in adherence to medication for people with HIV.

That success has led to Friendship benches being rolled out to 60 clinics in Harare and to other cities.

Chaldi Ladies introducing “Feeling Healing”!



The Freedom Hub Survivor Journey & Measuring Results

<https://thefreedomhub.org/survivor-school/>

MISSION:

To help rebuild the lives of people who have experienced (or are at risk of) modern slavery to live successful, independent lives.



MEASURE results:

Ø Successful = Health / Wellbeing / Social Engagement

Ø Independent = Income / Employment / Independent accommodation

The Freedom Café

The Freedom Hub Survivor School

Sally Irwin, Founder

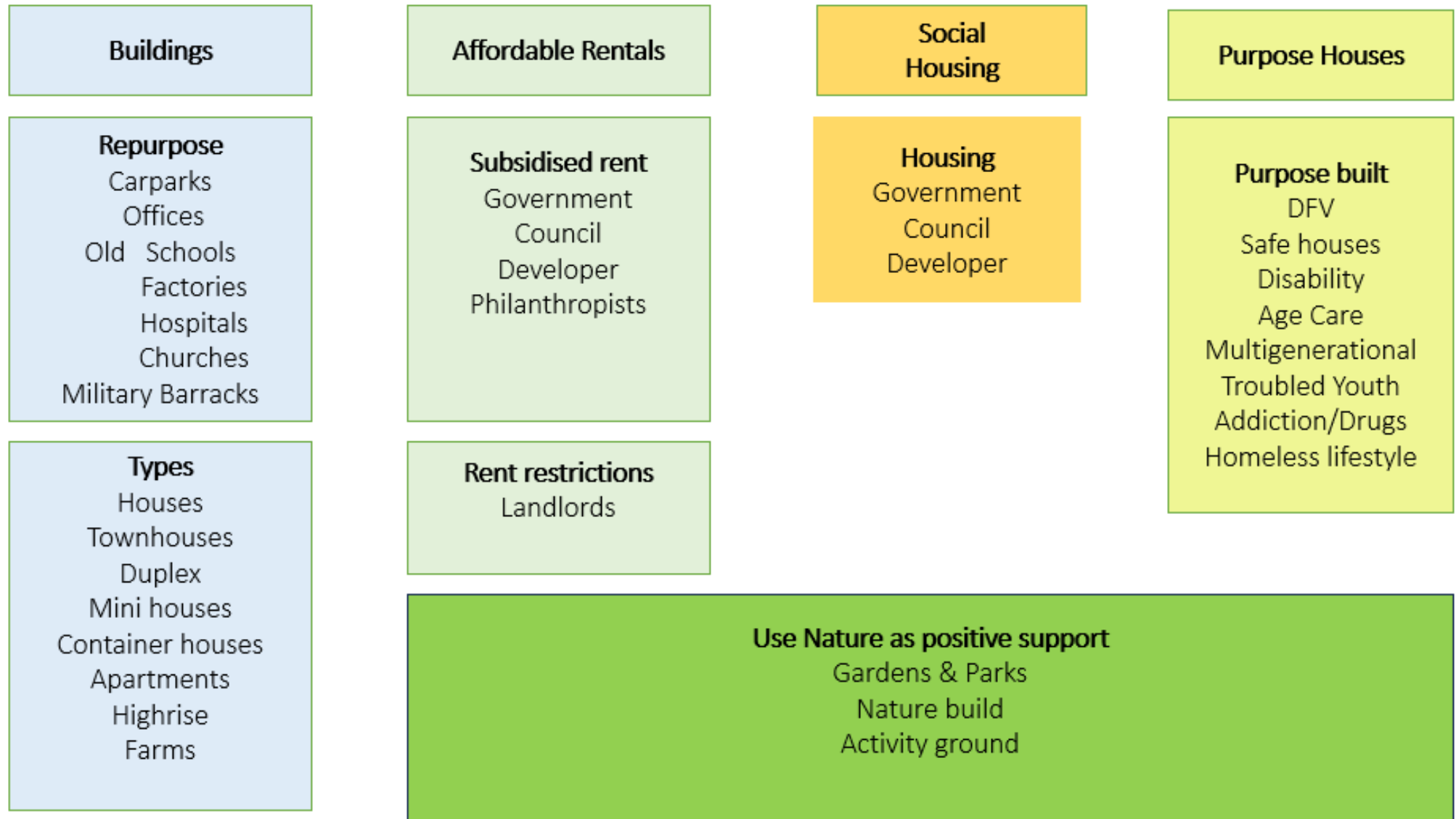
283 Young Street, Waterloo NSW 2017, Australia

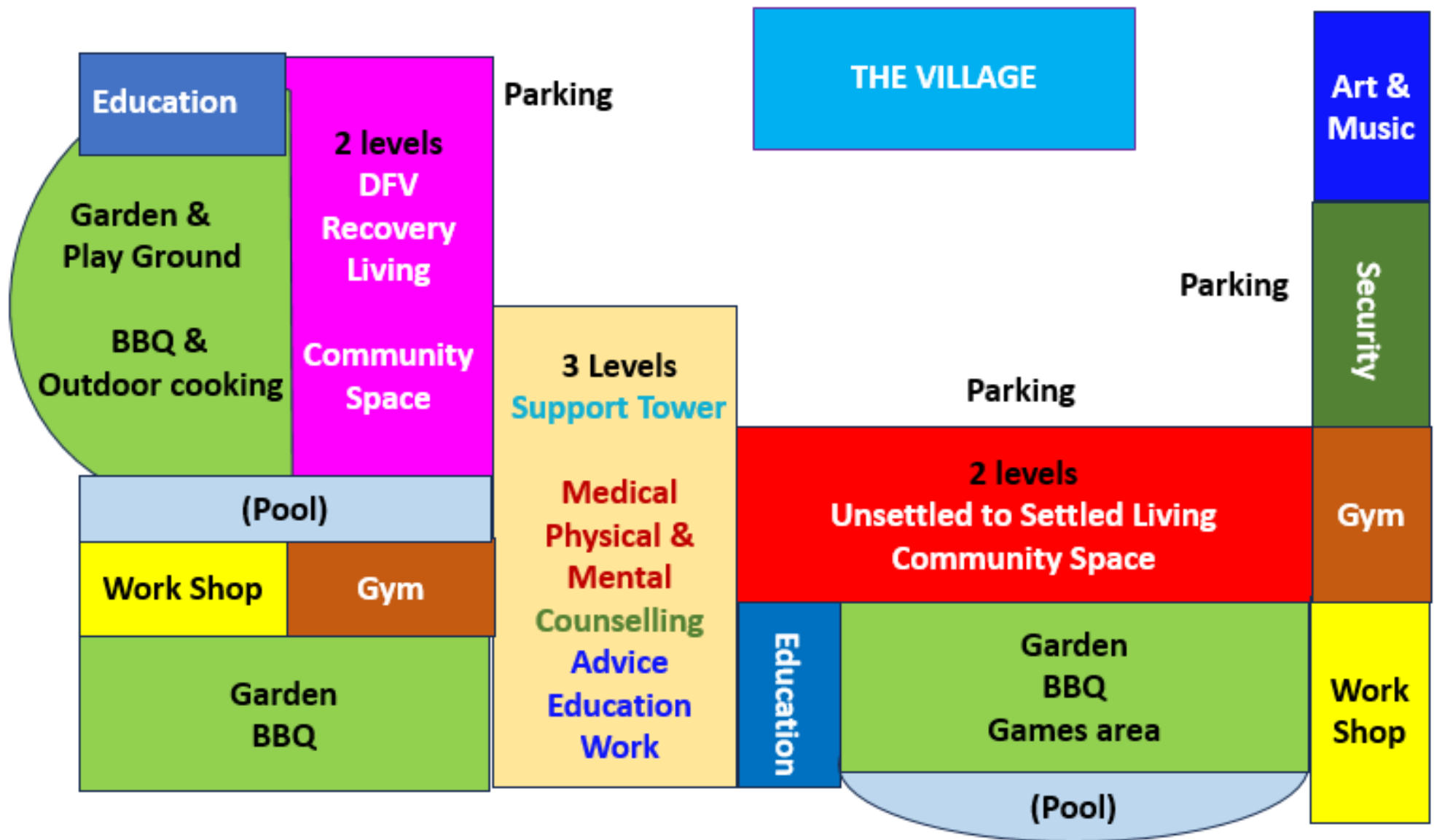
Survivor School: +61 450 963 556

For general enquiries email info@thefreedomhub.org



Homelessness	Buildings	Affordable Rentals	Social Housing	Purpose Location
Age	Age Care	Youth	Children	Women 50+ Men 50+
Health	Mental Health	Addiction	Vulnerable	Disability
Category relevance	DFV	Pardoned Prisoners	Wanderer Lifestyle	Cultural appropriate
Support	Counsellors	Medical staff	Social workers	Security staff
Cooperation	Organisations	Businesses	Communities	State/Federal
Region	QLD	National	International	Symposiums





HOMELESS PERSON	CENTRELINK	HOUSING	COMMUNITY ORG	RELIGIOUS ORG	EMERGENCY/MOTEL ETC
VISA STATUS	specific visas	-----	specific visa advises very limited help	????????	.....
DFV	emergency \$	5 – 15 years waiting list	DFV org. support limited \$ for accommodation may have real estate connections sharing with others (clients)	mostly food	Shelters, Motels, short term paid by org, limited funding
WOMEN 50+	.....	waiting list	advise, very limited help sharing with others (clients)	mostly food	-----
AGE/pensioner	?????	waiting list	.....	mostly food	.....
UNWELL Physical/mental	??????	.....	advise	???????????	.....
YOUTH	age?	.....	advise	mostly food	????????