

# **HOMELESSNESS AMONGST ABORIGINAL PEOPLE IN INNER SYDNEY**

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## **ABSTRACT**

This paper reports on some of the findings of the Inner-City Sydney Aboriginal Homeless Research Project which was commissioned by the NSW Government's Aboriginal Housing Office in 2004 as a part of the *Partnership Against Homelessness* initiative. The brief portrait provided here of the Aboriginal homeless of inner-city Sydney and the factors that have influenced their situation draws on interviews with 53 homeless Aboriginal people contained in a consultation report prepared by the authors and their colleagues at the culmination of this project.

## INTRODUCTION

This paper reports on some of the findings of the Inner-City Sydney Aboriginal Homeless Research Project, which was commissioned by the New South Wales Government's Aboriginal Housing Office (AHO) as a part of the *Partnership Against Homelessness* initiative that was established to "co-ordinate and improve a wide range of housing and support services for homeless people" (NSW, Dept of Housing, 2002). The brief portrait provided here of the Aboriginal homeless of inner-city Sydney and the factors that have influenced their situation draws on a consultation report prepared by the authors and their colleagues at the culmination of this project (Memmott, Chambers, Pitts, Green & Ingram 2005). It also builds on previous research on Australian Indigenous homelessness conducted by the authors and other colleagues, which has sought to develop a classification of types of Indigenous homelessness and evaluate the success of a range of service responses to the issue.

Small groups of Indigenous people living in public places continue to be a significant source of conflict in many urban centres around Australia. Memmott's research into aspects of Indigenous homelessness began in the early to mid 1990s, firstly in Alice Springs among its informal river campers, and then with Aboriginal visitors to the Halls Creek community (Memmott 1990, 1991A & B, 1993). More recently, an intense research project was carried out for a partnership of cross-jurisdictional government and Aboriginal agencies in the Northern Territory on the Aboriginal public place dwellers (or 'Long Grassers') of the Darwin area and a strategic review undertaken of program responses to their itinerant lifestyles (Memmott & Fantin 2001), part of which involved a limited literature analysis of the subject. Following this in 2002 the Commonwealth Department of Families and Community Services provided a small grant to complete a national overview of response strategies to Indigenous homelessness (Memmott, Long & Chambers 2003). The aim was to canvas a wide repertoire of techniques and approaches in order to raise awareness as well as provoke debate among service providers and policy makers. Through 2003 and 2004 a number of papers were prepared with funding from the Australian Housing and Urban Research Institute, the focus of which was to develop a list of categories of Indigenous homelessness based on identified needs and assess how an accurate typology should inform improved service provision. It also included an overview of government policy with regards homelessness (Memmott, Long, Chambers & Spring 2003). This categorisation has informed the work discussed here and is summarised in the following Table.

**TABLE 1: CATEGORIES OF INDIGENOUS 'HOMELESS' PEOPLE**

Note: These are not mutually exclusive categories. (Adapted from Memmott et al 2004: Table 2.1.)

<p><b>1. PUBLIC PLACE DWELLERS.</b></p>	<p>Living in a mix of public or semi-public places (as well as some private places, which are entered illegally for overnight shelter) eg parks, churches, verandahs, carparks, car sales yards (under cars), beaches, drains, riverbanks, vacant lots, dilapidated buildings.</p>
<p>1.1 Public place dwellers – voluntary, short-term intermittent.</p>	<p>These people are often staying in conventional accommodation (eg a relative's house) and may have their own residence in a rural or remote settlement. When they socialise in public urban places, they may or may not decide to camp out overnight, usually with others, despite the availability of accommodation.</p>
<p>1.2 Public place dwellers – voluntary, medium-term.</p>	<p>Residing continually in public places (including overnight); acknowledge they have another place of residence in a home community but uncertain if and when they will return.</p>

1.3 Public place-dwellers – voluntary, long-term (chronic homeless).	Residing continually in public places (including overnight); it is unclear whether it is possible for such individuals to readily reconcile with their home community/family due to a range of emotional barriers; they have come to regard a beat of public places as their ‘home’.
1.4 Public place-dwellers - Reluctant and by necessity.	Residing continually in public places, and who (a) Wish to return home but need to remain in an urban area due to a service need or to support a hospitalized relative or similar; or (b) Wish to return home but no funds for travel and/or capacity to organize travel; or (c) Are waiting for public rental housing to become available.
<b>2.0 THOSE AT RISK OF HOMELESSNESS (HIDDEN HOMELESSNESS)</b>	At risk of losing house or of losing the amenity of house.
2.1 Insecurely housed people.	Residing in adequate housing but under threat of losing it; lack of secure tenure; possibly due to circumstances of poverty.
2.2 People in sub-standard housing.	Persons whose housing is of a sub-standard architectural quality, possibly unsafe or unhealthy housing [but the standards need to be defined – the issue of cultural standards.]
2.3 People experiencing crowded housing.	Persons whose housing is crowded [but crowding should be defined as involving considerable stress (and not ascertained by density measures alone).]
2.4 Dysfunctionally mobile persons.	In a state of continual or intermittent residential mobility including temporary residence (eg crisis accommodation) that is a result of personal and/or social problems (eg violence, alcohol and substance abuse, lack of safety or security in a social sense, personality or ‘identity crisis’, lack of emotional support and security).
<b>3.0 SPIRITUALLY HOMELESS PEOPLE.</b>	A state arising from: (a) separation from traditional land, (b) separation from family and kinship networks, or (c) a crisis of personal identity wherein one's understanding or knowledge of how one relates to country, family and Aboriginal identity systems is confused

In evolving these three categories and their sub-sections Memmott and his collaborators have engaged with the literature on homelessness amongst the general population as well as the less expansive field focussed on Indigenous homelessness. The definitions used by the Australian Bureau of Statistics in the conduct of its censuses and that used by the Supported Accommodation Assistance Program, the peak mechanism for Australian service delivery, were reviewed. The authors found the following works on mainstream homelessness most instructive for their discussions of culturally appropriate definitions of such: Chamberlain (1999), Chamberlain & Johnson (2000) and Chamberlain & Mackenzie (1992). Coleman (2000) included in her doctoral thesis, a very useful summary of the history of mainstream homelessness research. With regards Indigenous homelessness, the authors reviewed a number of reports on groups around Australia. Keys

& Young (1998) was most wide ranging in the detail and depth of discussion it provided, while Olive (1992) and Berry, MacKenzie, Briskman & Ngwenya (2001) were found to be useful in elucidating firstly an Indigenous women's perspective, and secondly the Victorian context.

Of particular relevance to the current authors has been the notion of a cultural definition of homelessness that uses accepted community standards to objectively distinguish states of homelessness (as expounded by Chamberlain and others). We believe that if such definitions were to be evolved for Indigenous Australians, they would have to embrace a very different cultural context: one in which some itinerant people prefer to live in public places on a regular basis, in fact see these places as home and hence the term *public place dwellers*; and one in which many more people live in accommodation that puts them at risk of homelessness. Unless service providers recognise these preferences on the one hand and, on the other, the true nature and extent of housing stress amongst Indigenous peoples, their efforts will continue to fail to some degree. These ideas have formed the framework of thinking for this paper.

## **METHODOLOGY**

The Aboriginal Housing Company required that the field research be qualitative rather than quantitative, incorporating aspects of participatory action research and narrative data gathering, therefore the approach in the field focussed on encouraging people to tell their stories in as much detail as possible. This style of information gathering, by the Aboriginal field researchers discussed below, as well as the pace at which work was conducted, resulted in a certain conflation of causes and symptoms in the field workers' reports. Although this conflation may seem methodologically problematic to certain critics, we have taken it as a fieldwork limitation of the Indigenous narrative approach.

Beside the team in Brisbane, two locally-based field researchers were employed to engage with the relevant communities and identify potential participants over a period of six months: these were Mr Richard Greene of the Daruk language group and Ms Pam Ingram of the Wiradjuri language group. Both were long-term residents of inner-city Sydney and familiar with its Aboriginal community. They had also experienced, and indeed as it eventuated were continuing to experience, similar types of problems to those they interviewed. The field team was led by Ms Angela Pitts, a part-time social planning consultant to the AHO in Redfern who was also carrying out doctoral research at the University of Sydney.

The scope of the project meant that all circumstances reported by the respondents, such as states of substance addiction or mental health issues, were not otherwise verified and further explained. As the field researchers were able to establish a rapport with individuals, the interviewing process could be reflexive, allowing for the incorporation of changes as work proceeded and new insights emerged into how best to gather and analyse the information received.

Of the interviews conducted with 53 homeless people, eight were developed into comprehensive case studies. Two different interview designs were used for public place dwellers and those insecurely housed (Refer to Appendix 1 in Memmott et al 2005). In addition to the one-on-one structured interviews, informal interviewing occurred with street groups to aid the field researchers in their profiling tasks, and enable them to explore more fully such issues as group identity and territory or 'beat', the types of services accessed and perceived lifestyle issues.

## **THE RESPONDENTS**

The field research conducted as part of this study revealed that approximately six distinct Aboriginal homeless groups or 'mobs' operated in the public and semi-public places of the inner-city of Sydney. The members of each mob frequently moved between these places, but despite this flexibility, each mob largely operated within a clearly designated territory. These individual groups often seemed to function like a family unit, for example in looking after one another's safety and personal possessions. Each individual identified strongly with his or her group, conforming to its membership rights and rituals, and involving themselves in other political issues such as leadership, group loyalty and resource sharing. When entering or engaging with the different groups, certain protocols were to be observed.

Of the total number of homeless persons interviewed during 2004, 37 were public place dwellers and 16 were insecurely housed. The majority of interviewees were aged between 25 and 45 years, and male. Public place dwellers were significantly more likely to have been in their situation for five years or more, while the large majority of the insecurely housed had been so for between one and three years. The interview data also revealed that both categories of homeless people moved between these two states during their overall homeless careers. Only two of the respondents who had lived rough in the past had formally rented a room or been a tenant in a residential property in the past. None had ever actually been responsible for a lease. Only one of the public place dwellers interviewed had rented a room or boarded in the past. Friends or relatives had accommodated the remainder when they were not living on the streets or in squats.

A clear majority of interviewees came from regional and rural New South Wales, a large proportion of them originating in communities inland from the coast. Just over one fifth of respondents were from Sydney. As a destination, respondents considered that Sydney would provide better chances for employment and education. Significantly, in leaving their home communities, people also sought the excitement of Australia's largest metropolis and were drawn by the fame of the Redfern Aboriginal community. Some were also escaping the turmoil they experienced in their home communities and the spiritual void being created by elders dying without anyone succeeding to their cultural roles and duties. A significant majority preferred to remain in Sydney. Other attractions to the inner city included the existing homeless population with their valuable advice for newcomers; an array of places in which to obtain immediate shelter; and the availability of a range of services compared to other areas.

## **FINDINGS WITH REGARDS TO PATHWAYS INTO HOMELESSNESS**

The following discussion describes a number of factors that respondents had reported as having caused their homelessness and prevented them from readily changing their circumstances.

### *1. Mental & Physical Illness*

While the interview data revealed that almost a quarter of respondents, or approximately 13 people, had been diagnosed with or suspected that they suffered from a mental illness, the researchers witnessed a higher incidence of this problem across all the groups. A significant majority of the mentally ill were public place dwellers, and almost half of these had been so for five years or more. Just over half of the respondents declared they were suffering from a physical illness; the large majority again being public place dwellers. The age group experiencing the highest incidence of physical illness was the 35 to 45 years

olds. Slightly fewer than 17% of respondents were both mentally and physically ill, the clear majority of these people being public place dwellers. For example, one woman<sup>1</sup> not only experienced a number of ailments related to living rough in cold conditions, such as lung infections, but her homelessness had also made her depressed. Unresolved feelings regarding the rape that had brought her to Sydney in the first place exacerbated this condition. This woman's cousin suffered a number of illnesses related to his alcohol consumption and homeless life, in particular a psychosis that remained improperly diagnosed and untreated. All the interviewees suffering from a mental illness endured their conditions without medication or ongoing treatment. Often parents with mental illness had significantly compounded the instability of their children's living arrangements and had been a factor in their homelessness.

## *2. Alcohol & Drugs*

Across all the groups, the majority of the Aboriginal homeless interviewees had identified as being alcoholics and/or addicted to drugs<sup>2</sup>. The analysis of interview data revealed that proportionally within the samples obtained, almost twice as many public place dwellers as the insecurely housed reported that they were addicted to alcohol, and the proportion of drug-addicted public place dwellers was almost three times that of the insecurely housed. All those who had been either homeless or insecurely housed for ten years or more were alcohol-addicted. Almost one-seventh (or about 7) of the total number interviewed were both alcohol- and drug-addicted, and nearly three-quarters of the people in this category had been public place dwellers for ten years or more. One attribute that separated the respondents of this study from others engaged with by the authors amongst the Aboriginal homeless in other Australian cities, was the preponderance of heroin use.

The eight in-depth case studies clearly demonstrated the destruction caused by alcohol and drug addiction, and most particularly the threat that these problems presented to achieving secure housing. Two of the eight interviewees were confirmed alcoholics, and an additional one regularly consumed alcohol to socialise with her group but claimed she was not addicted. Two more were addicted to both alcohol and drugs and another two were addicted specifically to heroin. Six to seven of the eight cases thus presented in the consultants' report (Memmott et al 2005: Ch 5) involved serious alcohol or drug abuse. The findings of this project strongly suggest that for people with a long history of drug or alcohol abuse, the path toward stability would be long and require careful attendance from outside support agencies, otherwise people become homeless again.

## *3. Violence & Crime*

Many of the interviewees described violence as being a serious risk to life as a public place dweller. The male researcher described the situation of a number of female public place dwellers who were continual victims of sexual and physical abuse at the hands of their male counterparts. The findings from informal group interviewing revealed that this was a common pattern for how homeless women were treated (Memmott et al 2005: Ch 4). And the majority of women interviewed were on the streets either because of domestic violence or sexual abuse from a family member.

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<sup>1</sup> Case Study No. 1 in Memmott et al 2005, Ch.5.

<sup>2</sup> Due to the limited diagnostic skill base of the Aboriginal fieldworkers and the transitory nature of their interview circumstances in public places it was not possible to apply clinical or medical definitions of 'alcohol' and 'drug addiction'. However both of the fieldworkers had experienced alcohol and drug addiction and had some capacity to make a reasonable assessment in this regard.

#### *4. Insecure Housing (Hidden Homelessness)*

This research reiterated the fact that the issues of insecure tenure, overcrowded and substandard housing stock, and dysfunctional household mobility<sup>2</sup> are intertwined; they interact with one another over the course of people's lives (Refer to the categories numbered 2.0 in Table 1). These factors combine with the other symptoms of disadvantage such as poor physical and mental health, drug and alcohol abuse, and involvement with the criminal justice system to keep people teetering on the edge of a life of public place dwelling and moving from one vulnerable residential circumstance to another. Many of those insecurely housed interviewees were living as boarders, a circumstance inherently prone to change. A boarder's security relies on the behaviour of the head tenant, visitors and other boarders, and on the actions of the dwelling's owner. And with the Aboriginal cultural preference for hosting large numbers of household visitors for longer periods than the general Australian population, the actions of such visitors are often less subject to control. These people can also overburden domestic services not designed for such high household loads. The concept of overcrowding does not purely revolve around density but must incorporate both the numbers and characteristics of occupants that cause stress (Memmott et al 2005: Ch 2).

One case study<sup>3</sup> demonstrated the kind of factors that indicate a dwelling is overcrowded. A male interviewee came to Sydney to study and improve his employment prospects, and felt that his overcrowded dwelling made him feel homeless. Eleven people and numerous visitors occupied his house, and despite everyone being polite and considerate, there was no privacy for the household's regular members. This man felt strongly about the issue of overcrowding in Aboriginal communities and households, and warned that other interviewees would tell lies about such household circumstances rather than face reprisals from housing authorities over this issue. With regards to substandard conditions, all of the interviewees reported that their residences were in need of maintenance, had basic facilities such as toilets and showers that were not working or had been in urgent need of repair for an extended period in the past.

#### *5. Racism*

Both of the Aboriginal field researchers believed that racism played a significant part in the level of Aboriginal homelessness although it was not a causal issue that could be readily elicited in interviews. Aboriginal people experience more discrimination from housing providers than the general Australian population, as well as having lower levels of literacy and numeracy. These factors contribute to keeping people marginalised.

#### *6. The Circumstances of Young People – Inter-generational homelessness*

Both field researchers emphasized the need to consider how young people are drawn into homelessness and how it can affect their adult lives. Understanding this situation was seen as vital to halting the increase in homelessness in the study area. The male researcher described how homelessness and the social problems that help produce and perpetuate it work across generations. Not only can parents pass their drug habits onto their children

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<sup>2</sup> In addition to the brief definition of dysfunctional mobility provided in Table 1 under category number 2.4, refer to the discussion of mobility contained in Long & Memmott 2007.

<sup>3</sup> Case Study No. 9 in Memmott et al, 2005, Ch.5.

but the example they set as drug dealers can have a profound effect. One case<sup>4</sup> involved a woman who had been sexually molested by her stepfather as an infant, then physically beaten during adolescence, catalysing her departure from her home. These examples provide a stark warning about the effect which family violence and dysfunction can have on young lives, particularly given the levels at which these crimes are occurring in Indigenous communities throughout Australia.

Another impact of homelessness on children involves those homeless adults whose situation prevents them from taking an active role in parenting their children. Where relatives care for such children there is the potential for them to become dysfunctionally mobile if the relatives are not properly supported.

### *7. Spiritual Homelessness*

The female field researcher believed that the issue of 'Koori homesickness', meaning isolation from traditional home country and kin, needed to be more fully addressed. Such feelings added to the already depressed emotional state in which Aboriginal homeless people found themselves. The separation from family and community connections that these individuals experience can have serious effects on their mental health. This also explains why people from a common cultural region congregate together. The two basic points of introduction for Koori people are where a person is from and which 'mob' they belong to. Therefore people collect in a suburb like Redfern, to be near people known to them.

### *Summary*

The discussion above partly illustrates the ways in which people can become homeless and then struggle to escape it. Often they are drawn to inner-city Sydney by positive factors, because of a desire to better themselves through education or improved employment opportunities, or because of an ambition to live in a more exciting place. Often people leave their home communities for negative reasons such as a lack of opportunities and services, or the levels of violence and social upheaval being experienced there.

Once in Sydney they can find their housing situation tenuous for a number of reasons. Sometimes a lack of pre-planning is involved or racism on the part of the rental market. And when congregating in Redfern where problems such as drug and alcohol abuse are severe, people can be drawn into these lifestyles. Once engaged, people can find it very difficult to extricate themselves. And a host of physical and mental ailments ensue. As people spend longer abusing alcohol or drugs and living rough with untreated physical and mental illnesses it becomes more and more difficult to find a way out of their predicament. Mental illness can drive people into homelessness as it severely destabilises families and lives. Domestic and family violence can also be a factor that directly brings women and children into homelessness. Unsupported prison release is another factor. The above discussion highlights the kinds of homelessness that are hidden from view, and the numbers of people who experience overcrowding and dysfunctional mobility, as well as sub-standard housing conditions, and who are generally not included when the homeless population is being counted.

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<sup>4</sup> Case Study No. 3 in Memmott et al, 2005, Ch.5.

## **FINDING PATHWAYS OUT OF HOMELESSNESS**

All of the interviewees had been eager to find a solution to their homeless situation and none identified as voluntarily dwelling in public places. However, some of the respondents said that they would still choose to spend time socialising in the public place dwelling group with whom they affiliate, even if they were to obtain stable accommodation.

The interview data were generally less revealing about potential pathways out of homelessness. Respondents were not as forthcoming or knowledgeable about how others of their acquaintance had accessed and/or maintained stable housing. And the research team did not have the capacity to investigate whether the examples provided had truly remained in secure accommodation. The majority of interviewees that did respond to this question believed that people had received help through the NSW Department of Housing but provided no further details. However certain conclusions can be drawn from the interviews and the pathways into homelessness that were identified. The case studies regarding young people revealed the importance of intervening early in situations where mental illness, unstable custodial arrangements or family violence are factors. These are serious concerns considering the level at which these problems are occurring in Aboriginal communities throughout Australia. With regard to mental illness and the effects of long-term alcohol and drug abuse, the previous discussion suggests that intensive case management and ongoing support is vital to keeping people affected by these problems in stable accommodation. It also reveals the social cost inherent in having people spend long periods of time as public place dwellers. A strategy to divert people from this course would be highly beneficial to the individuals themselves, but would also reduce the need to outlay lifelong support resources. A potential barrier to people moving out of homelessness characterised by substance abuse was created when people had to wait for rehabilitation accommodation after undergoing a detoxification program. This demonstrates that gaps between the programmes of different service providers can have a simple but powerful effect.

Another factor, not discussed elsewhere in the literature, that was found to have influenced the homeless state of both the male Aboriginal researcher and a prominent local Aboriginal figure was the involvement of charismatic, commanding religious figures. Priests who provided not only practical support, but also spiritual and moral guidance helped both men out of homelessness. These mentors and the religions they championed served as powerful influences in these men's lives. In some way such priests may have modelled some of the effective aspects of intensive case management, such as close attention to people's lives and making an effort to understand the things that have brought them into their current situation. This provides a channel and a focus that may be missing from a secular life.

## **SUMMARY OF IMPACTS OF EXISTING SERVICES**

The research team discovered that Aboriginal homeless people did not use to a great extent the mainstream accommodation services in inner-city Sydney, such as those run by the major charitable organisations. They accessed day services such as health clinics and meals provision, and to an extent used overnight accommodation facilities, but they did not participate in their longer-term accommodation and rehabilitation services or programs.

The field researchers found a number of instances where the practices of government departments had formed barriers to people exiting their homeless situations. For example,

Department of Housing requirements regarding the submission of responses to offers of accommodation within seven days did not take account of how homeless people lived and the difficulties they encountered with receiving and responding to official correspondence.

### **SUMMARY OF THE PROPOSED STRATEGY TO ALLEVIATE ABORIGINAL HOMELESSNESS**

The study recommended that a coordination team be assembled to ensure that holistic approaches, relying heavily on partnerships between existing service providers and agencies, be enacted to assist the Aboriginal homeless population of inner-city Sydney. This coordination team was to be comprised of an overarching Partnerships Committee that included all the relevant State and Commonwealth government agencies, and a Steering Committee comprised of the relevant Aboriginal organisations operating in the area, as well as other mainstream services. The Steering Committee should be led by the Aboriginal agencies to found it in the concerns of the local community. The coordination team should supervise the creation of a number of culturally appropriate services, such as a range of accommodation options and a number of drop-in centres. Such facilities could serve as the bases from which other elements of a homelessness strategy could operate. These other elements should include a trained team of outreach workers, and in-house case management and counseling staff. It must be ensured that when people move between steps in the overall process, for example when they move from crisis accommodation into a drug rehabilitation program, they are not forced to return to the streets. Services for women and children escaping family violence must be improved, as should those targeting transgender individuals, sex workers, and gay and lesbian people. The effects of mental illness must be given more expert attention. A solution for the short to medium term may be to fund mainstream organisations to improve their services to the Aboriginal homeless.

It was uncertain at the time of writing as to what extent this strategy had been implemented.

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