

THE (WOMEN'S) WORD
ON THE STREET:

THE HEALTH AND SOCIAL COSTS OF WOMEN SLEEPING ROUGH IN AUSTRALIA'S CITIES

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Photography: Kieran MacFarlane

The Registry Week Data

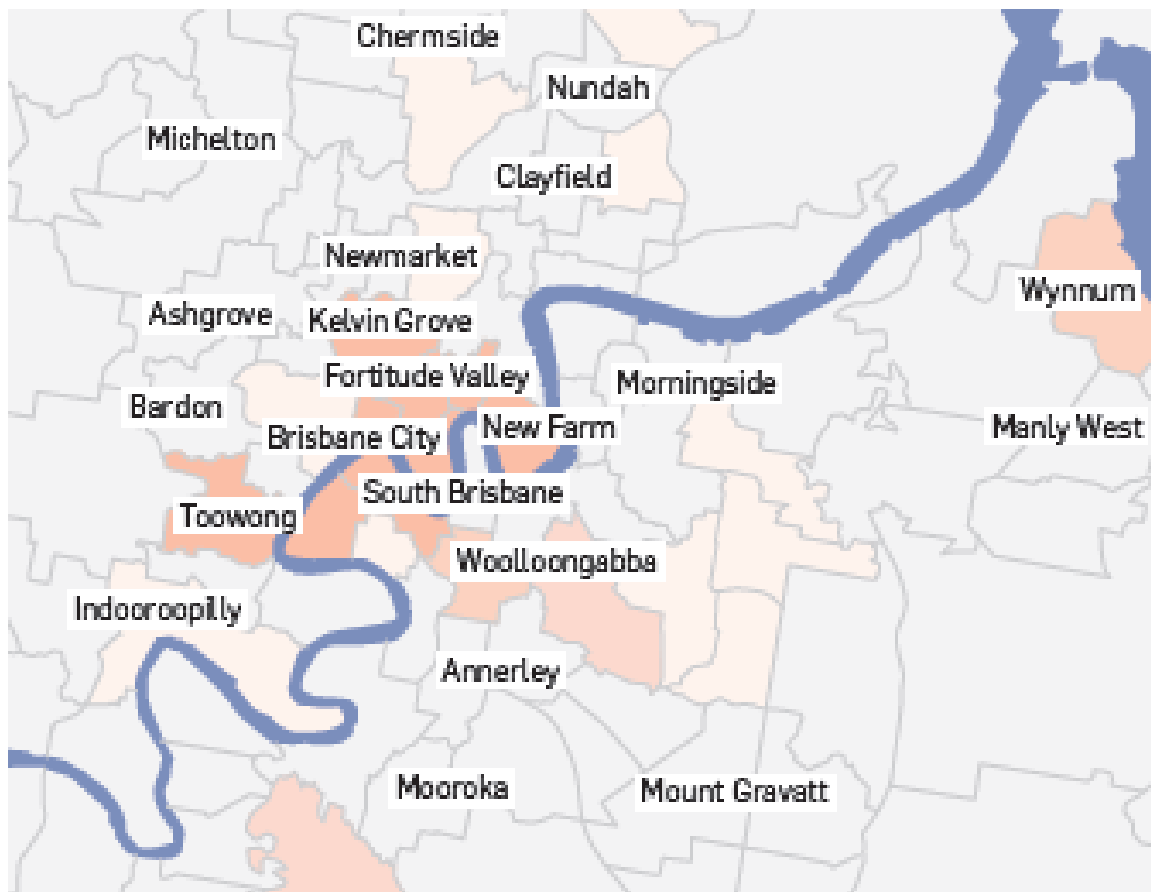
- 8,618 interviews with 8,370 individuals conducted in 5 States across Australia between 2010 and 2017.
- Interviews undertaken in Registry Weeks by homelessness services in Australian cities using common instruments: The Vulnerability Index (VI), followed by the Vulnerability Index – Service Prioritisation Decision Analysis Tool (VI-SPDAT)
- The purpose: To create a register of those experiencing homelessness so that they
 - Are known by name
 - Have their support needs identified
 - Can be fast-tracked into housing under a coordinated local response
- Ultimate goal: End Homelessness in Australia
- Australian Alliance to End Homelessness
- Western Australian Alliance to End Homelessness



Interviewing people during 500 Lives 500 Homes Campaign Registry Fortnight in Brisbane. Photography: Patrick Hamilton.

*“Protection, family,
money, love, housing”*

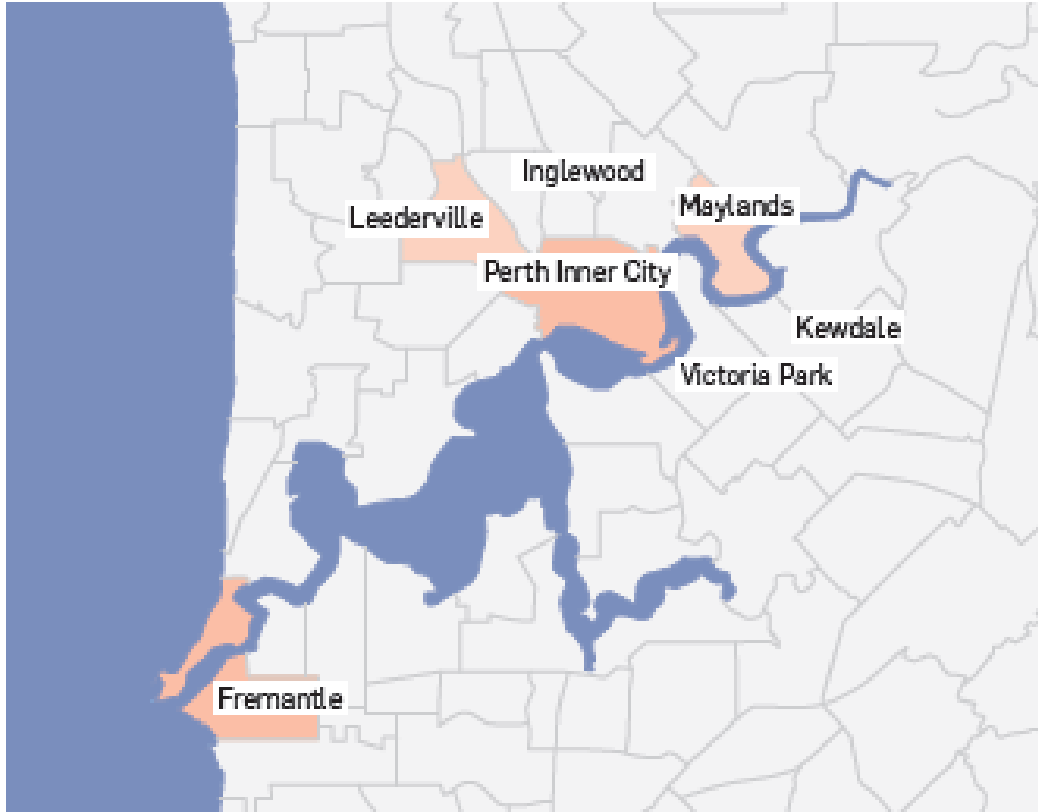


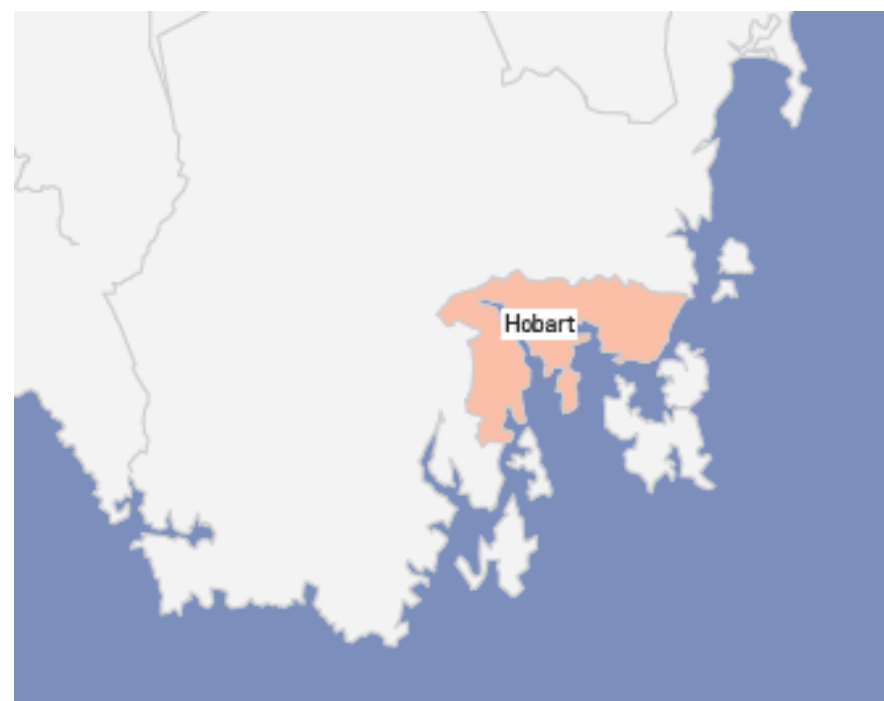
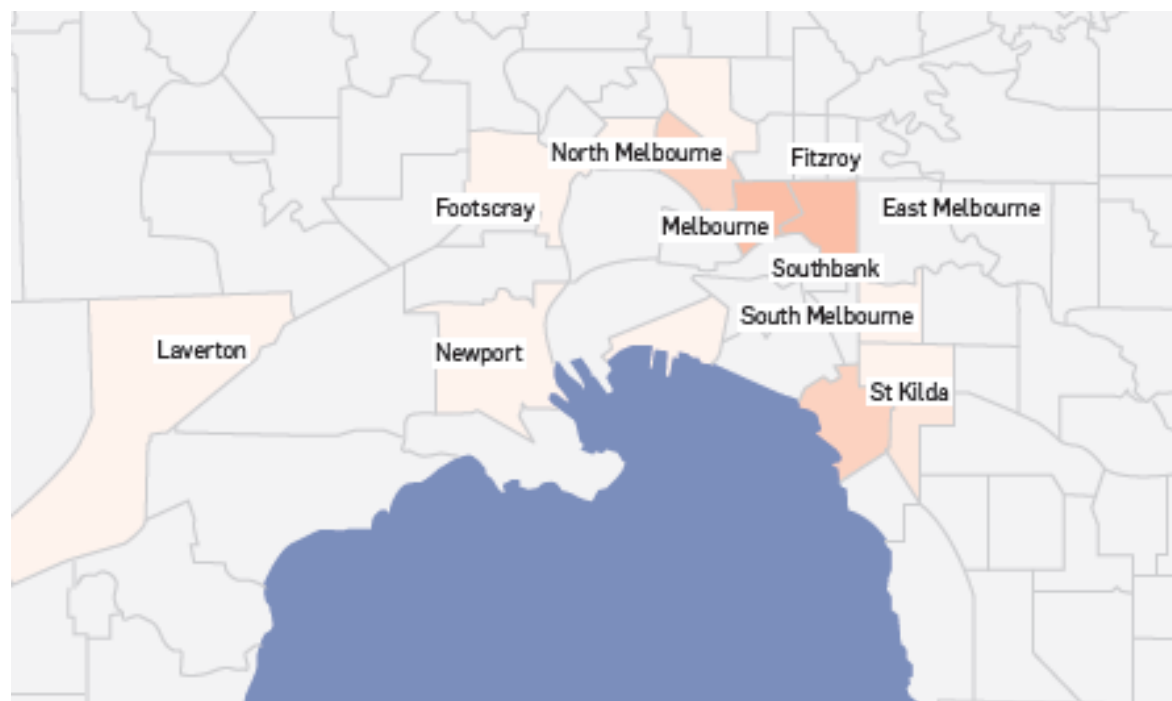


Largest Collections: Inner City Brisbane (Brisbane City, Fortitude Valley, Spring Hill, New Farm, West End and South Brisbane)

Other Collections: Greater Brisbane, Ipswich, Logan – Beaudesert, Townsville, Cairns, Gold Coast, Moreton Bay, Toowoomba

Source: Registry Week Data Collections 2010-2017.





Focal key findings

- Overrepresentation of Indigenous Australians
- Veterans' homelessness
- Chronic homelessness – long periods of rough sleeping
- Prevalence of chronic health conditions and mental health conditions
risky substance use
- High levels of acute healthcare service utilisation
- The revolving door of homelessness and the justice system
- Women sleeping rough



Photography: Kieran MacFarlane

Queensland:

- 4,022 Registry Week respondents were interviewed in Queensland
 - 45% male
 - 17% Indigenous Australians
 - 5% had served in the Australian Defence Force
 - 24% reported serious brain injury or head trauma
 - 38% sleeping rough



On the streets of Brisbane during 500 Lives 500 Homes Campaign Registry Fortnight. Photography: Patrick Hamilton.

Registry Week and the VI-SPDAT

HISTORY

- The VI was developed by US-based Common Ground's Street to Home team based on the research evidence on key predictors of mortality among those experiencing homelessness from studies conducted by Stephen Hwang and Jim O'Connell and others and linked to the Boston Health Care for the Homeless Program (Hwang et al., 1997; Hwang et al., 1998). Aim to develop a register of those who were homeless so they'd be known by name and for their needs to be recognised by local services.
- Registry weeks in Australia started in Queensland. Micah Projects and Karyn Walsh
- 8,370 people were interviewed between 2010-2017 (8,618 interviews).

Flatau, P., Tyson, K., Callis, Z., Seivwright, A., Box, E., Rouhani, L., Lester, N., Firth, D. Ng, S-W. (2018), The State of Homelessness in Australia's Cities: A Health and Social Cost Too High, Centre for Social Impact The University of Western Australia, Perth, Western Australia, www.csi.edu.au/research/project/the-state-of-homelessness.

Registry Week and the VI-SPDAT

BENEFITS:

- Assists agencies to prioritise services to those most in need.
- Collects responses from people living on the street that are often missed in national surveys.
- Asks a variety of questions across different domains, captures rich data.

LIMITATIONS:

- The type of accommodation is where they reported they slept most frequently. You can only give one answer.
- Difficult to compare to other research that looks at accommodation the night or week prior.
- Most questions refer to immediate problems, cannot impute causes of homelessness.
- Doesn't include mental illness.
- Doesn't include domestic violence.
- In Family VI-SPDAT, difficult to ascertain whether answers are for the individual or their family members.
- Health questions are difficult to compare to general population data sets

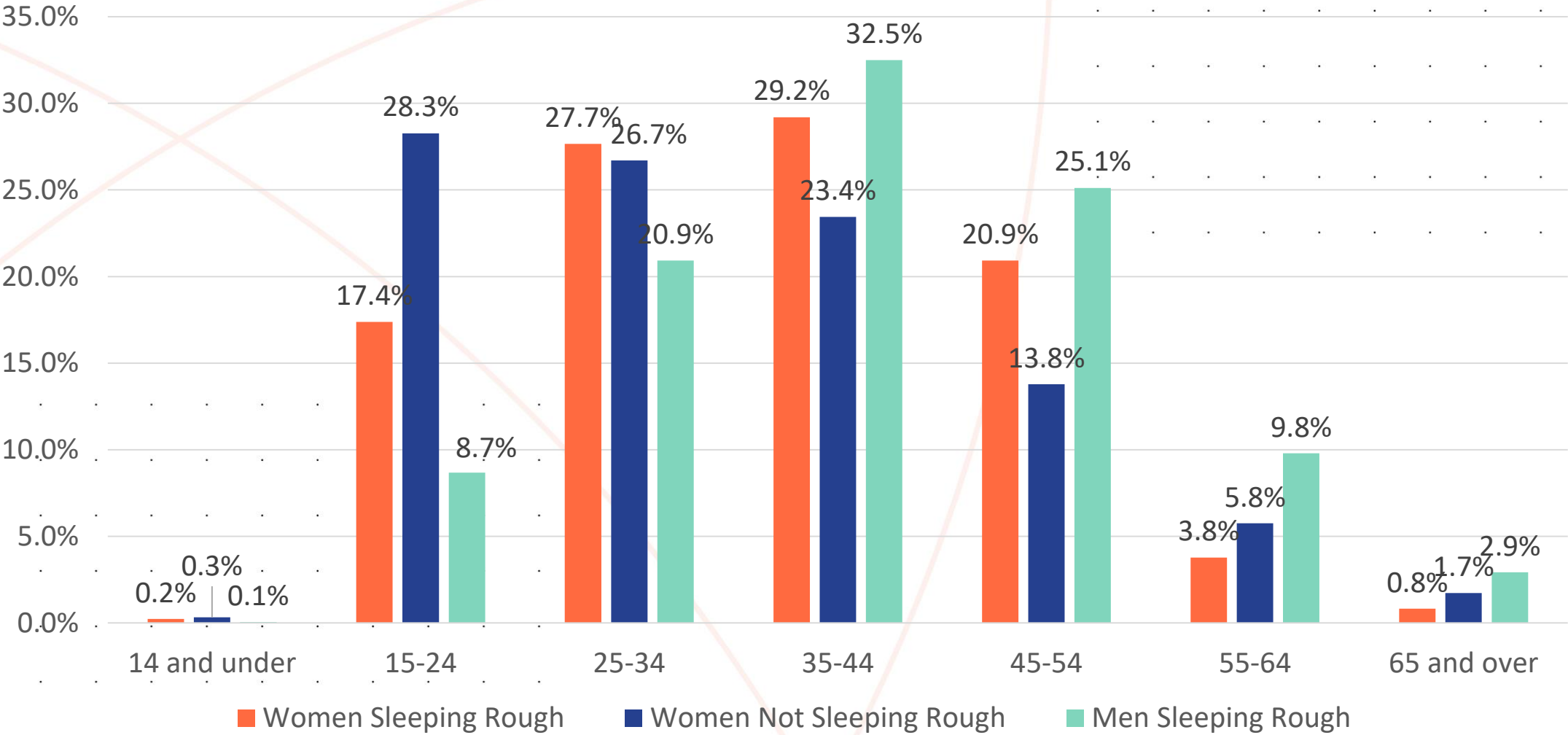
Registry Week profile of women experiencing homelessness

	Women sleeping rough	Women not sleeping rough	Men sleeping rough
N	853	1882	3124
Mean Age (Range)	36.2 (14-81)	34.2 (12-92)	41.1 (14-83)
Indigenous Australians	39.2%	14%	21.1%
Mean time living on the streets or in emergency accommodation	57.4 months (4 years and 7.8months)	33.9 months (2 years and 8.2months)	76.1 months (6 years and 3.4 months)
Mean time without stable housing	68.6 months (5 years and 8.6 months)	38.8 months (3 years and 2.9months)	69.4 months (5 years and 7.8 months)

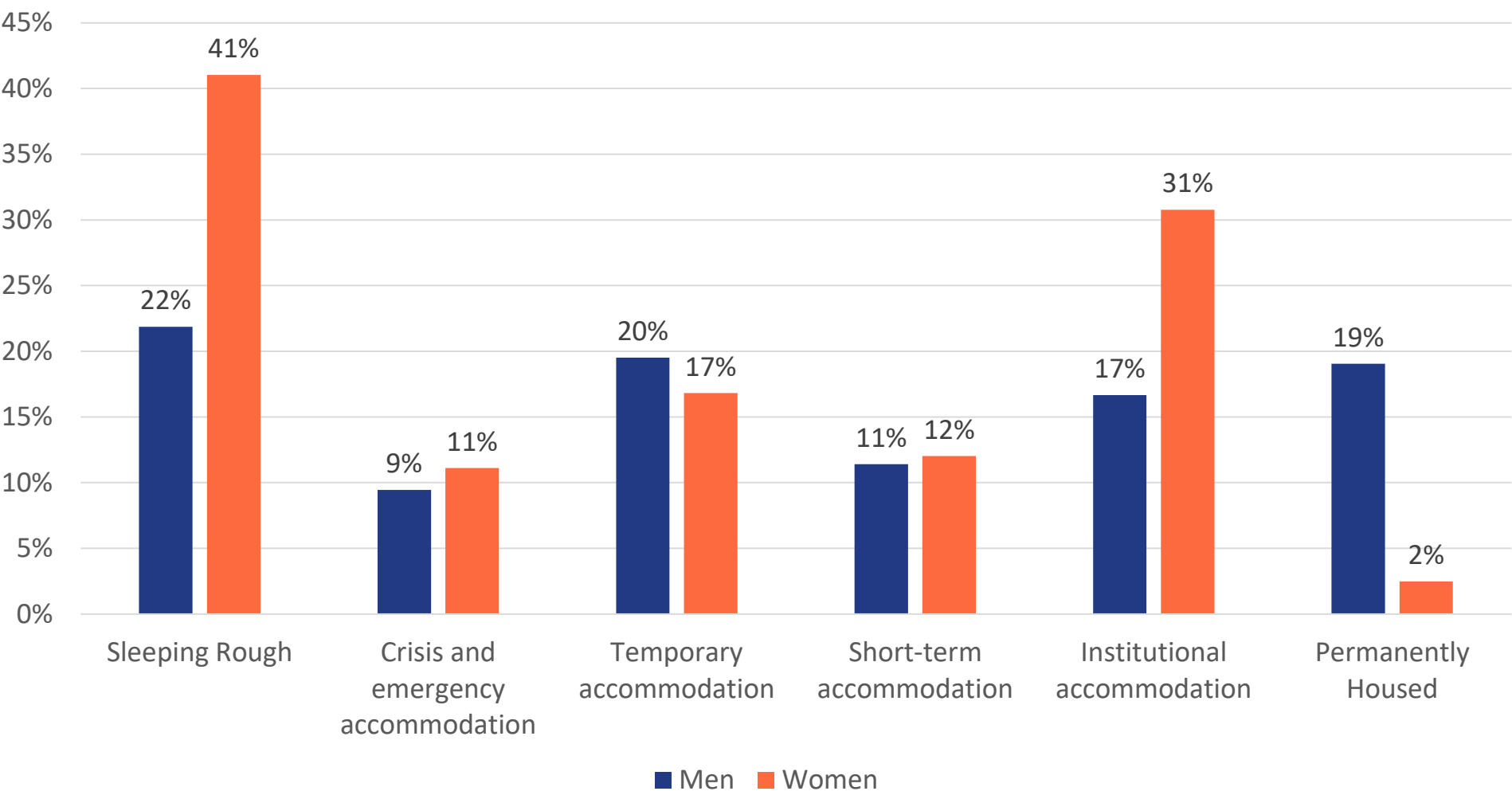
Note: Excludes 155 women who reported multiple, inadequately described or missing accommodation categories.

- **44.8% (382)** of women sleeping rough were interviewed in Queensland.

Age distribution



Indigenous respondents by accommodation type (share of total)



*“House, good friends
and encouragement”*

What do you need to be safe and well?

*“a house for myself
and my son”*

What do you need to be safe and well?

- Open-ended question that invited a range of responses
- Asked at the end of the survey
- Responses highlighted factors that are important to homeless people.
 - Using their words!
- 603 responses from women who had been sleeping rough
 - 4 people said they didn't need anything
 - 3 people said they didn't know
- Limitations:
 - Asked in the context of a homelessness survey
 - Didn't specify whether it is what you need in general or what you need and don't have.
 - Limited space to explain their answers.
 - Assumes the surveyor interpreted what respondent said correctly

What do you need to be safe and well? - Key themes



Key themes: What do you need to be safe and well?

Shelter

Basic
Necessities

Physical
Health

Mental
Health

Family and
Community

What do you need to be safe and well?

Most women made reference to shelter of some form and this was articulated in different ways.

- “Get off the streets”

”get off the streets. have somewhere where i can be with my pets and live a responsible life”

“I need to get off the streets”

“A safe house to be safe off the streets”

- “Roof over my head”

“a roof over my head a house in which i can be warm and cook food. being able to be off the streets”

“A roof over my head. Being able to offer kids more.”

“Away from Police safe under my own roof and getting my kids back.”

- Home emerged as a separate concept to house and other shelter types as they were often co-occurring.

“House- a place to call home”

“A home and somewhere to live”

“A home, accommodation off the streets”

“A house, A job, a home”

What do you need to be safe and well?

- Home co-occurred with children and family.

“a home for my kids and me”

“A permanent home for my 4 kids and myself. Needs to be safe and secure.”

“Home, job and making sure children are safe”

- Housing safety and stability were also important to the women.

“home- stable accommodation to be reunified with children”

“safe stable accommodation housing children”

“to have a roof over my head. safe and stable accommodation”

“Roof over my head, Secure Lockable accommodation , My own space,”

What do you need to be safe and well?

- Food

“Shelter, food, money”

“safe place for family and food”

“good blanket, a good feed and a nice soft mattress”

- Bathroom

“safe, dry sheltered area with blankets staying away from busy parts. Food, water and showers, phone”

“Somewhere to live that I can shower and go to the toilet”

“safe home environment, food and showers”

- Warmth and comfort

“some place warm”

“House, Food, Blankets, Clothes and Sheets.”

“somewhere warm, dry, fed”

What do you need to be safe and well?

- Health

“I'd like to work on my health issues and I'm afraid I'm going to be moved on from my squat”

“House, improved mental and physical self”

“full time accommodation so could complete uni studies and sort my family and health issues”

- Access to Services

“more money, affordable health care”

“Roof over my head., Stable accommodation, Medical Support”

“Stable, Secure Accommodation, access to services and medical care”

- Medication

“a room in a refuge and my medication and food”

“bed house insulin support food water”

“House, a home, stability and my medication”

What do you need to be safe and well?

- Mental Health

“stable accommodation, - kids back, - stable mental health, - abstain from drugs”

“house help with childhood abuse”

“Safe Housing , mental health , safe place to contact children”

- Access to Services

“Somewhere to live. Mental Health assistance.”

“Stable accommodation, Psychologist”

“help support doctors psychiatrist permanent accommodation”

- Counselling

“Roof over my head, Being able to see counsellor regularly”

“Emotional Support, -Safe Housing, -Independence, -Counselling,”

“Service of AA, Counselling for anxiety and panic attacks and depression, ”

What do you need to be safe and well?

- The women wanted positive people in their life
“house good friends encouragement”
“Stable accommodation or right company, good friends”
“Being around good people, People being supportive”
“Staying off the streets; staying away from bad people”
- Children were very important to the women.
“To know my kids are fine (good quality of life)”
“Welfare of my son, accommodation”
“My son to be happy in a safe environment”
- Children were a driver for attaining safe and stable housing, particularly for those with children in care
“Home to make me feel safe and to get my daughter back”
“Secure, affordable and safe accommodation. Get my kids back into my life.”
“stable accommodation safe accommodation hopes to get 2 children in DCP back”

Health Outcomes

“House, Medical assistance”

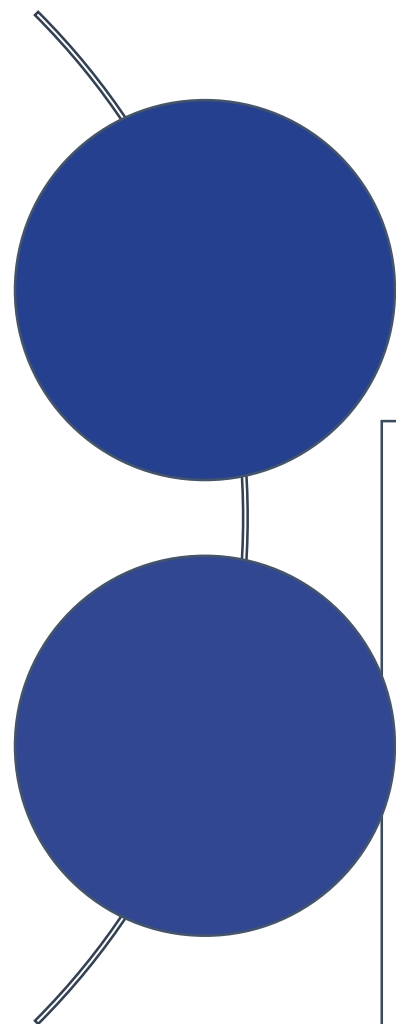
Social Determinants of Health

...the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces (CSDH 2008).

*“full time accommodation so could complete
uni studies and sort my family and health
issues”*



The evidence base on physical and mental health conditions



Physical health

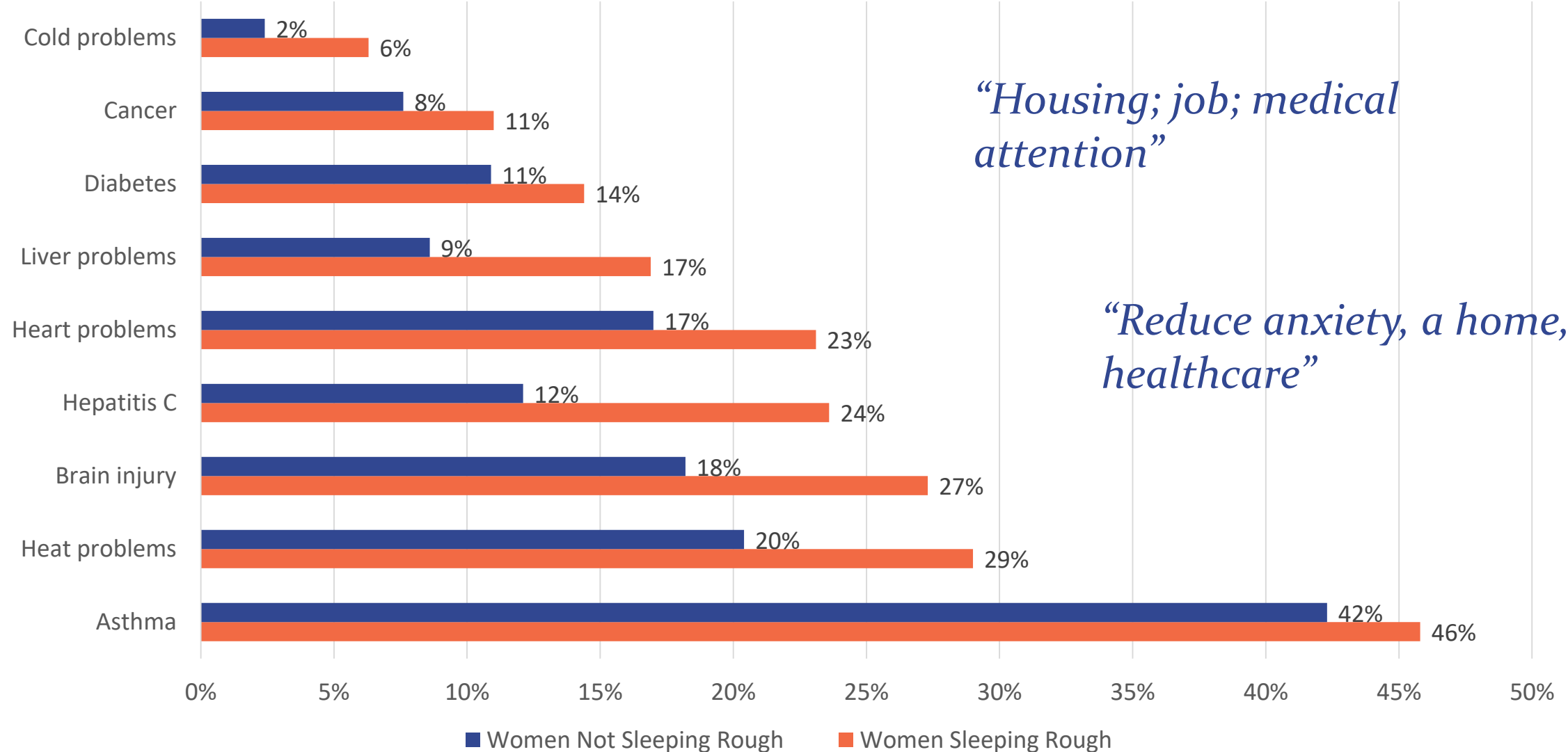
- **Premature mortality: Substance misuse + Cardiovascular diseases, tuberculosis, hepatitis C and HIV + Burns + Cognitive impairment** (Fazel et al., 2014)

Mental health

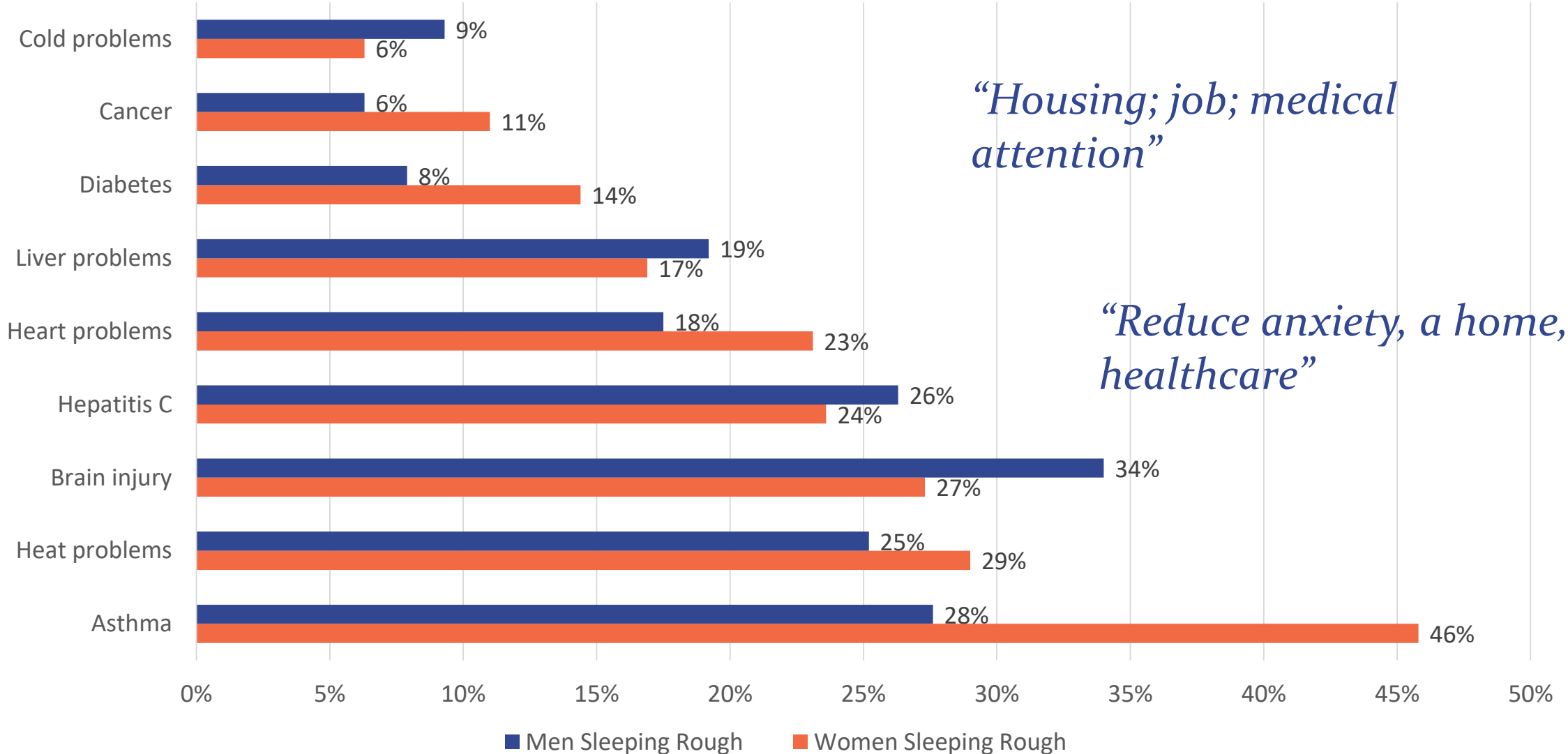
- Mental health disorders are a precursor of homelessness (Sullivan, Burnam, & Koegel, 2000) but also impacted by duration of homelessness (Fazel et al. 2014)
- **Elevated rates of severe mental health conditions** particularly schizophrenia
- Very high rates of **substance use disorder – particularly opiate use disorder** (Teesson, Hodder, & Buhrich, 2003).
- Comorbidity between mental health conditions and substance misuse (Teesson et al., 2000; Teeson et al., 2003 Fazel et al., 2008; Baggett et al., 2014; Fazel et al., 2014; Spicer et al., 2015)

Health outcomes of women rough sleeping not separately identified

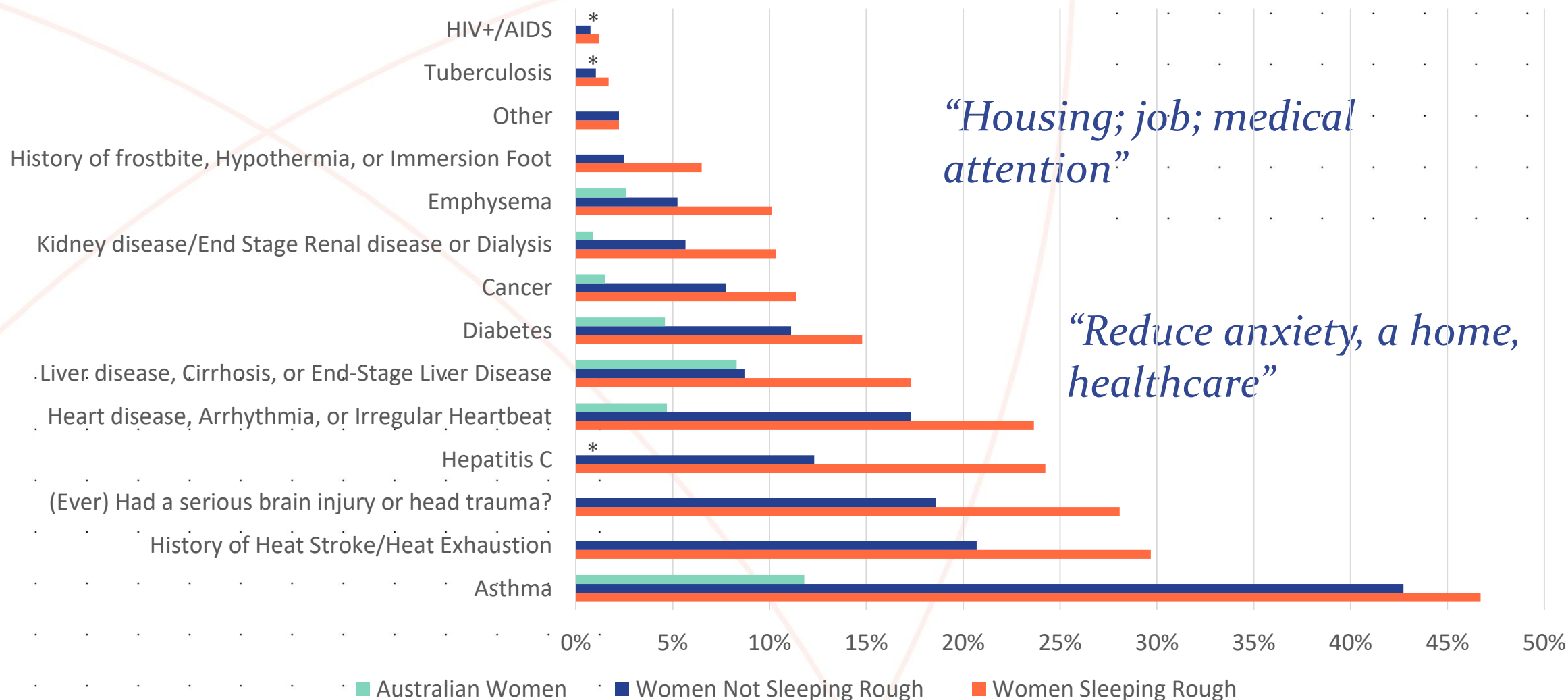
Women Sleeping Rough: Lifetime prevalence of selected medical conditions, per cent



Women Sleeping Rough: Lifetime prevalence of selected medical conditions, per cent



Women Sleeping Rough: Lifetime prevalence of selected medical conditions, per cent



* Less than 0.05% prevalence

Women Sleeping Rough: Health Conditions

- Women sleeping rough had substantially higher rates of health conditions than the general Australian female population.
 - Asthma (ABS, 2014-15 National Health Survey)
 - Hepatitis C (Kirby Institute, 2018, not self report)
 - Heart disease (ABS, 2014-15 National Health Survey)
 - Liver disease (ABS, 2011-12 Australian Health Survey, not self report)
 - Diabetes (ABS, 2011-12 Australian Health Survey)
 - Cancer (ABS, 2014-15 National Health Survey)
 - Kidney disease (ABS, 2011-12 Australian Health Survey)
 - Emphysema (ABS, 2014-15 National Health Survey)
 - Tuberculosis (DoH, 2014, not self report)
 - HIV/AIDS (Kirby Institute, 2018, not self report)
- Limitation: VI-SPDAT question asked for lifetime prevalence, sources above are current prevalence. However, most conditions listed above are unlikely to be resolved.



Women sleeping rough: Predictors of selected medical conditions

	Brain injury	Asthma	Hepatitis C	Cold problems	Heat problems	Heart problems	Liver problems	Diabetes	Cancer
Age	X	X	X			X	X	X	X
Sexual identity		X			X	X			
Indigenous			X					X	X
Defence force									
Imprisonment			X					X	
Youth detention	X		X			X	X		
Current legal stuff that could lead to imprisonment	X		X	X	X		X		
Permanent physical disability	X	X	X	X	X	X	X		X

“House, improved mental and physical self”

The evidence base of physical and mental health conditions



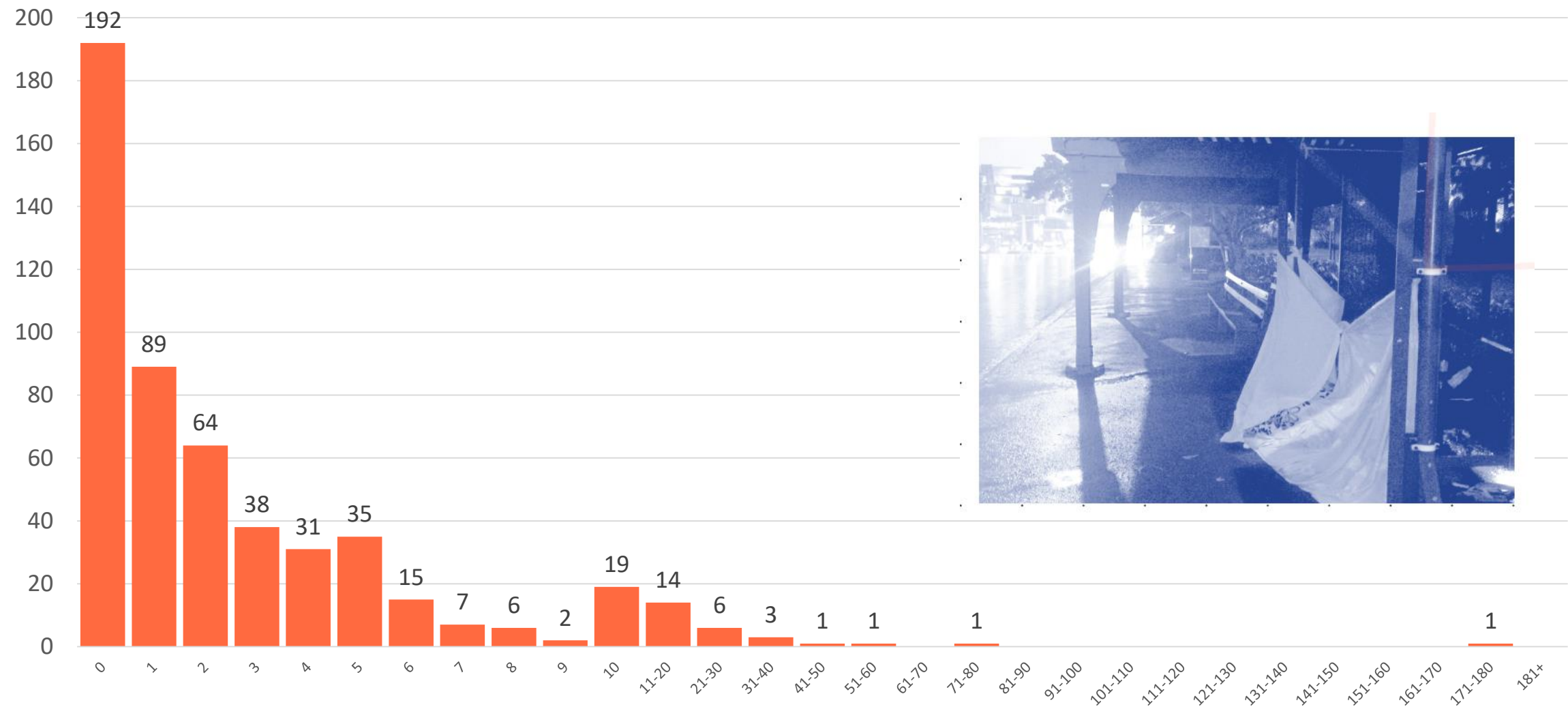
Health care utilisation

- People experiencing homelessness are over-represented in a range of health services such as emergency department presentations, and hospital and psychiatric care leading to higher mean health care costs than for the general population (Chartier et al., 2012; Cheung et al., 2015; Conroy et al., 2014; Corporation for Supportive Housing, 2004; Culhane et al., 2002; Fazel et al., 2014; Flatau et al., 2008, 2012; Fuehrlein et al., 2015; Hwang et al., 2011; Kim et al., 2006; Kushel et al., 2002; Parsell et al., 2016; Perlman & Parvensky, 2006; Salit et al., 1998; SocialPolicy Research Centre, 2007; Wood et al., 2016; Zaretsky & Flatau 2013; Zaretsky et al., 2008, 2013).
- The distribution of healthcare costs is not symmetric and is highly skewed Zaretsky, Flatau et al. 2017

Health care utilisation of women rough sleeping not separately identified

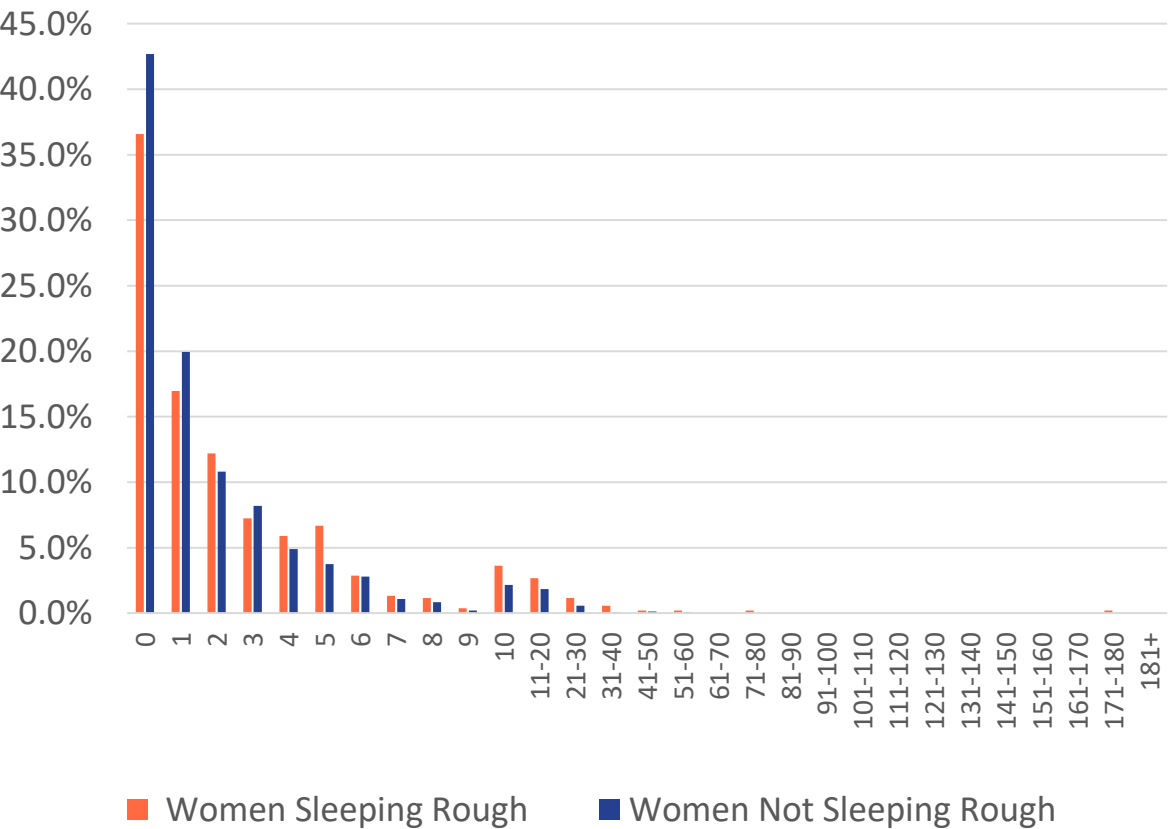
High acute healthcare service utilization (frequency)

Accident and Emergency Department visits in the last 6 months for women sleeping rough

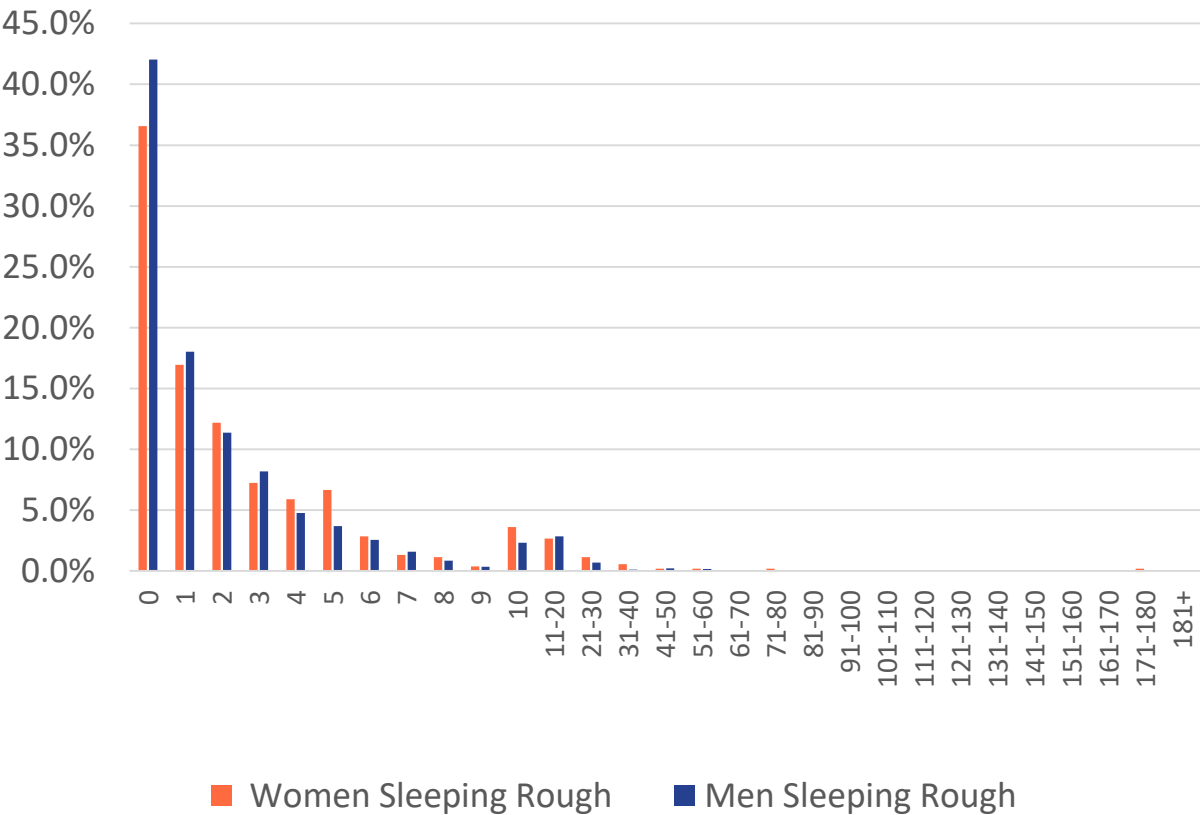


Women Sleeping Rough: Health service utilisation

Frequency of visits to accidents and emergencies over the last 6 months by place slept most frequently



Frequency of visits to accidents and emergencies over the last 6 months, men and women sleeping rough



“More money, affordable health care”

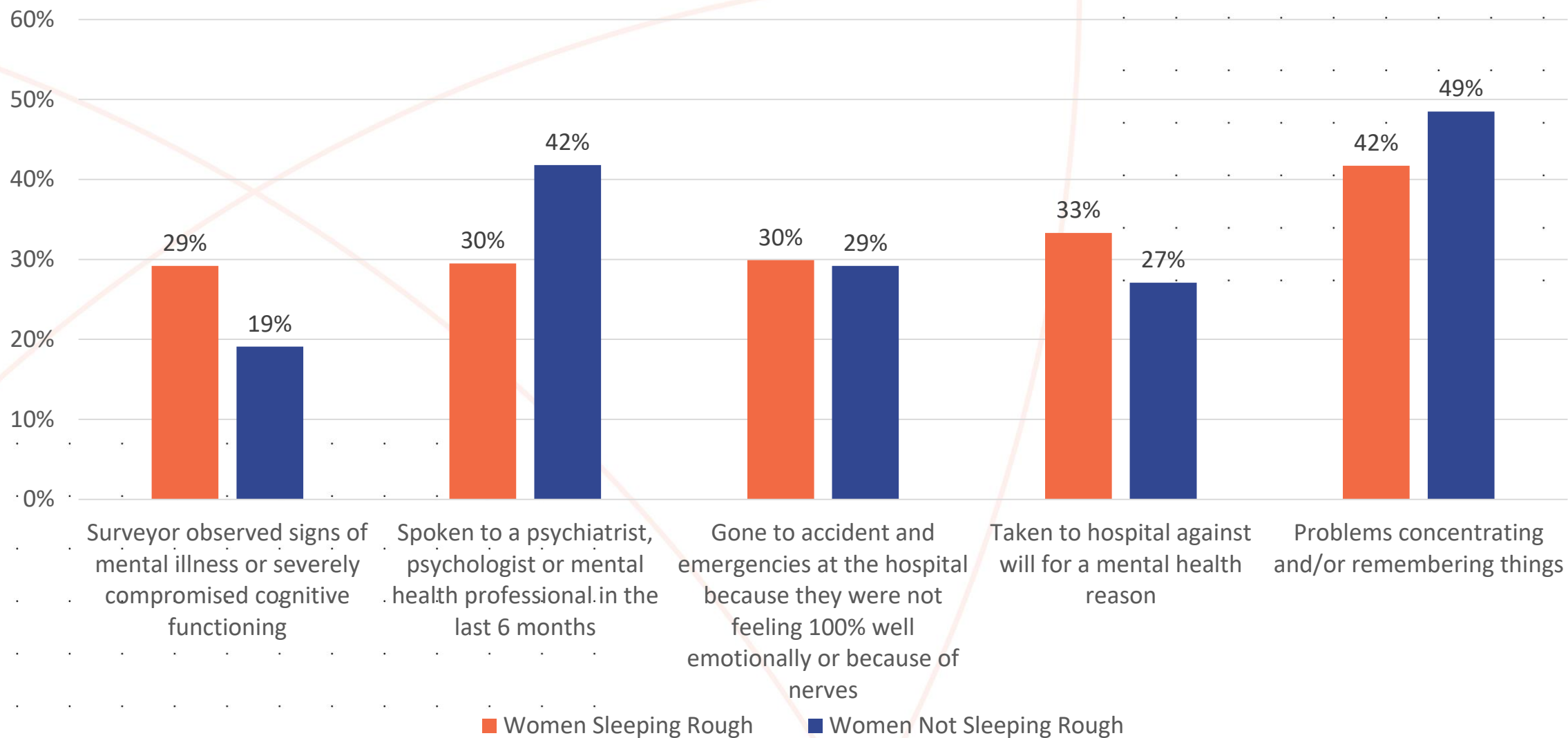
Women Sleeping Rough: Health service utilisation

	Women sleeping rough		Women not sleeping rough		Men sleeping rough	
	Mean number of times in the last 6 months	Mean cost of usage in the last 6 months	Mean number of times in the last 6 months	Mean cost of usage in the last 6 months	Mean number of times in the last 6 months	Mean cost of usage in the last 6 months
Accidents and Emergencies	3.6	\$2,261	2.2	\$1,360	2.7	\$1,714
Ambulance	2.3	\$2,131	1.2	\$1,170	1.4	\$1,353
Hospital inpatient	1.4	\$7,501	3.6	\$4,970	1.4	\$7,254
All three health services		\$11,904		\$7,453		\$10,265

\$17,123 conditional mean 6
months women rough sleeping

*“I'd like to work on my health issues and I'm afraid
I'm going to be moved on from my squat”*

Women sleeping rough: mental health indicators



■ *“Reduce anxiety, a home, healthcare”*

“A secure home + to be linked with mental health” •

Women Sleeping Rough: Drug and alcohol use

- **68.2%** had ever had problematic drug or alcohol use, abused drugs or alcohol, or been told that they do.
- **43.0%** had used injections drugs or shots in the last 6 months.
- **40.1%** had been treated for drug or alcohol problems and returned to drinking or using drugs.
- **32.7%** had consumed alcohol and/or drugs almost every day for the last month.
- **16.9%** had blacked out because of alcohol or drug use in the last month.

The surveyor observed signs of problematic alcohol or drug abuse in **31.8%** of female respondents who were sleeping rough, compared to **11.4%** in females not sleeping rough.

- Men are more likely to consume alcohol and/or drugs every day in the last month and return to drinking or using drugs after treatment.

Women sleeping rough: Justice and legal issues facing homeless, per cent

“Stop hanging around the wrong people.”

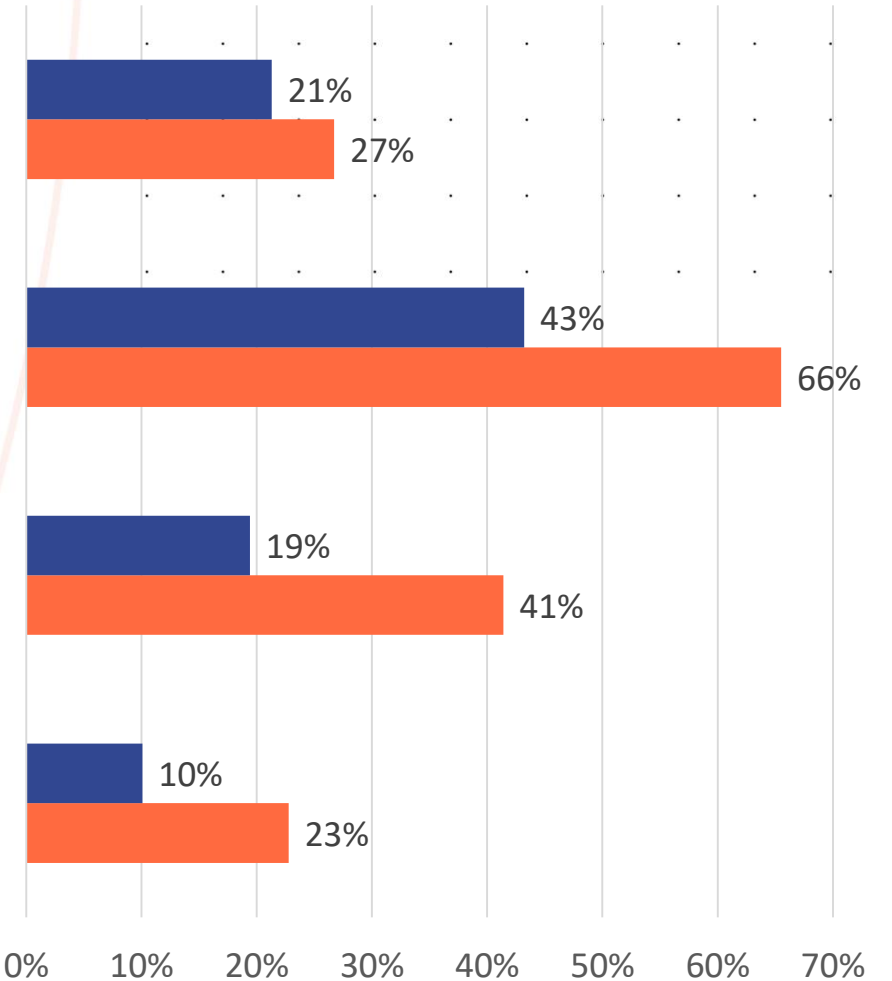
“File to be cleared; Kids back from DOCS; Secure home.”

Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?

Have you ever been in the watch house (police custody)?

Have you ever been in prison?

Have you ever been in youth detention?



■ Women Not Sleeping Rough

■ Women Sleeping Rough

Women sleeping rough: harm, risk and crime

- **57.3%** had been a victim of attack since becoming homeless
- **30.1%** had threatened to or tried to harm themselves or others in the past year
- **23.0%** has had someone force or standover them to do something they do not want to do
- **17.5%** had engaged in risky behaviour e.g. exchanged sex for money, run drugs for someone, had unprotected sex with someone they didn't really know, shared a needle etc.

“Staying off the streets; staying away from bad people.”

“My own place, sometimes I get scared laying on the street and it's cold”



Summary

Women sleeping rough:

- Have poor health outcomes
- Have different needs than men
- Have different needs among each other
- Have often not had a separate focus in homelessness service delivery

*“Staying off the streets;
staying away from bad
people.”*



“House, education, job”

**Housing FirstPlusEmployment,
Addressing Health Issues, Security, Family
and Partners, Sorting out Legal Issues**

*“Good support network, stable
affordable housing”*



We would like to acknowledge the thousands of people living on the streets of Australian cities and others in supported accommodation and without permanent housing who were prepared and willing to tell their story. We also acknowledge the dedication of the services, their staff and volunteers who undertook interviews with those experiencing homelessness at all times of the day and night.



Photography: Kieran MacFarlane



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