THE STATE OF HOMELESSNESS IN AUSTRALIA'S CITIES:

A HEALTH AND SOCIAL COST TOO HIGH 2018

"Sustainable housing, stability, love and kindness" (What do you need to be safe and well?)

Photography: Kieran MacFarlane

Registry Week data collections are a community-coordinated activity by homelessness services committed to ending homelessness in Australia. They develop actionable data on the health, social and housing needs of people who are sleeping rough and experiencing chronic and episodic homelessness.

8,618 interviews conducted with 8,370 individuals experiencing homelessness in Australia's capital and regional cities.

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REGISTRY WEEK COLLECTIONS





Registry Week data collections by state of collection (total responses)

	NUMBER	PER CENT
Queensland	4,116	47.8
Western Australia	1,662	19.3
New South Wales	1,531	17.8
Victoria	923	10.7
Tasmania	386	4.5
TOTAL	8,618	100.0

Source: Registry Week Data Collections 2010-2017.

Sample: Two-thirds males and one-third females Median age group 35-44.4.204 rough sleepers. Only 6.6% reported their highest level of education as an apprenticeship or tertiary studies.

20% identified as Indigenous, despite Indigenous people making up only 2.8% of the Australian population. A high proportion of Indigenous people reported sleeping rough, experiencing imprisonment and youth detention at some point in their lifetime. At the same time, Indigenous people were more likely than non-Indigenous homeless people to be with others (rather than alone) while homeless.

PEOPLE SLEEPING ROUGH FARE WORSE THAN THOSE THAT ARE NOT SLEEPING ROUGH

Most rough sleepers have spent a long time rough sleeping or staying in crisis and emergency accommodation. Cumulative time spent homeless: mean: 6 years; median: 3 years

Those experiencing chronic homelessness exhibit elevated lifetime prevalence rates of serious medical conditions. People sleeping rough also report problematic alcohol and/or other drug use, and are frequent users of acute health services. They are also more likely to have past and current interactions with the police and justice system, be a victim of assault, engage in risky behaviours, and more likely to have a Centrelink breach.

"Safe secure accommodation, clear up legal issues"

(What do you need to be safe and well?)

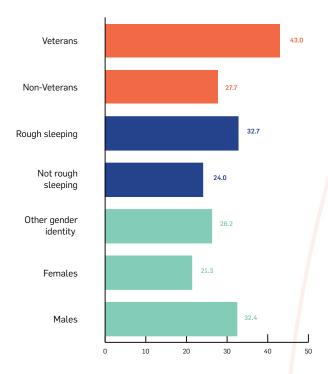
THE REGISTRY WEEK COLLECTION REVEALS HIGH NUMBERS OF VETERANS ROUGH SLEEPING IN AUSTRALIA'S CITIES, MANY SUFFERING FROM SERIOUS BRAIN INJURY AND HEAD TRAUMA

There has been limited research into veterans' homelessness in Australia. However, our research using the Registry Week data reveals a high level of veterans' homelessness in Australia's cities.

A total of 457 individuals in the Registry Week data reported that they had served in the Australian Defence Force, 83.8% of whom where male. A much larger proportion of homeless veterans identified as Indigenous (16.5%) relative to the proportion of Indigenous Australians in the Australian Defence Force (1.6%).

A large number of veterans were sleeping rough at the time of their interviews (61.1% of veterans; 51.5% of non-veterans). 43% of veterans reported a serious brain injury or head trauma in their lives.

Self-report of serious brain injury or head trauma, per cent



Source: Registry Week Data Collections 2010-2017.

HOMELESSNESS
IS ASSOCIATED
WITH POOR HEALTH
OUTCOMES AND
RESULTS IN
SIGNIFICANT COSTS
TO THE AUSTRALIAN
HEALTHCARE
SYSTEM



Photography: UnitingCare West

Lifetime prevalence of selected medical conditions, per cent

Asthma

History of heat stroke/heat exhaustion

Hepatitis C

Heart disease, arrhythmia, or irregular heartbeat

Liver disease, cirrhosis, or end-stage liver disease

Emphysema

Diabetes

Cancer

Kidney disease/end stage renal disease or dialysis

History of frostbite, hypothermia, or immersion foot

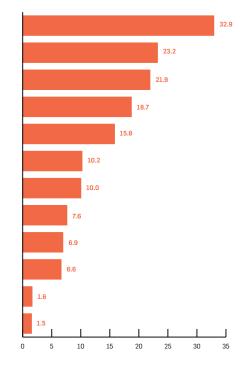
Tuberculosis

HIV+/AIDS



"Stable housing to benefit health issues and to get a job"

(What do you need to be safe and well?)



29.8% of Registry Week respondents have been taken to a hospital against their will for mental health reasons, 48.4% had spoken with a mental health professional in the six months prior to survey, and 36.9% have attended an Accidents and Emergency Department due to not feeling emotionally well or because of their nerves.

High rates of acute healthcare system use are evident among homeless people (Accidents and Emergency, admission as an in–patient to hospital and ambulance use). Mean cost per person across all three types of healthcare services examined (A&E, ambulance and inpatient admissions) is estimated at \$8,970 per person/six months. (Its important to note that many respondents report that they did not actually use acute healthcare services over the last six months; their acute healthcare costs were, therefore, zero.)

Acute healthcare costs are higher for rough sleepers compared with other homeless people. If healthcare costs are only estimated for those respondents that accessed all three forms of acute healthcare services, mean costs rise significantly to \$24,987 per person/six months.

PEOPLE EXPERIENCING HOMELESSNESS HAVE HIGH RATES OF INTERACTIONS WITH THE JUSTICE SYSTEM AND ARE OFTEN VICTIMS OF ASSAULT

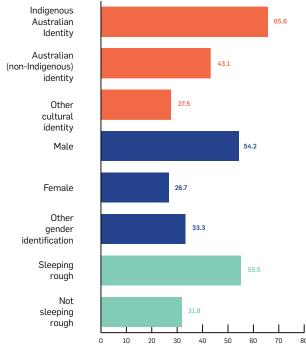
45.1% of the overall sample had been to prison in their lifetimes; that proportion is substantially higher among males, Indigenous Australians and rough sleepers. In addition, 61.4% of respondents reported that they had interacted with the police in the prior six months, and approximately one third of respondents reported having legal issues at the time of the survey

Similarly, almost one quarter of people reported engaging in risky behaviours, including coerced behaviour, threatening to harm themselves or others, and illegal behaviour such as exchanging sex for money or running drugs.

WHAT DO THOSE EXPERIENCING HOMELESSNESS WANT TO BE SAFE AND WELL

Over 4,500 respondents answered the open-ended question "what do you need to be safe and well". Basic needs ranked the most highly. Housing and shelter was overwhelmingly the most frequently raised need to be safe and well, with 84% of respondents referencing a house, home, accommodation, shelter. Accessible, affordable, and regular healthcare services for both general physical and mental health were mentioned by many participants. Over 500 participants mentioned that they want a job or employment.

Lifetime prevalence of incarceration (Have you ever been in prison?)



Source: Registry Week Data Collections 2010-2017.

Categories, subcategories and examples of safety and wellbeing needs

CATEGORY	SUBCATEGORY	EXAMPLES FROM DATA
PHYSIOLOGICAL NEEDS	Food/water	"Food", "Water", "Food in my belly", "Three meals a day"
	Warmth	"Warmth", "Air conditioning", "Warm place", "Warm clothes", "Clothes"
	Rest	"Sleep", "Comfortable bed", "Just to rest"
SAFETY NEEDS	Physical health	"Regular GP visits", "Bulk billed GP", "Surgery", "Pain medication"
	Mental health	"Take care of my mental health", "Mental health support", "Clear mind", "Counselling"
	Drug and alcohol	"Stay off the grog", "Stay clean", "Stay away from drugs"
	Security	"To be safe", "To be away from partner (domestic violence)", "Doors that lock", "Security for my house"
	Shelter	"Roof over my head", "A house", "Safe place to sleep", "Four walls and a roof", "Housing"
	Stay out of trouble	"Stay away from people who aren't safe", "Stay out of trouble", "Stop hanging around the wrong people", "Not be in trouble with cops"
	Stability/routine	"Stability", "Routine", "To know what to expect", "Stable life"
	Resources	"Money", "Stable income", "Enough money to afford rent", "Car/licence", "Enough money to live"
BELONGINGNESS AND LOVE NEEDS	Friends and family	"My kids", "Reunited with my family", "Good, true friends", "Contact with my son"
	Social support	"Be part of a community", "Good company", "Positive people", "Support services", "Support and understanding"
	Partner	"A good woman", "My partner", "A girlfriend", "To be able to maintain a relationship", "A wife"
ESTEEM NEEDS	Independence	"To not be controlled", "A sense of independence", "Gaining control of my finances", "To look after myself"
	Employment	"A job", "Stable employment", "Paid work", "Work or volunteering", "Part time work"
	Achievement	"Self-esteem", "Self-worth", "To be understood", "Respect", "To complete my studies", "To be happy", "Meaning", "Purpose"
	Entertainment	"Music", "TV", "Art", "Radio", "Something to do with my time"

DEVELOPING RESPONSES FROM THE LIVED EXPERIENCES OF THOSE EXPERIENCING HOMELESSNESS

Homelessness strategies need to prioritise the achievement of stable permanent housing (the Housing First model). Those experiencing homelessness indicated that

once they had stable housing they could address their health, drug and alcohol and employment issues.

Wraparound support, including physical and mental health services, alcohol and drug services, tenancy support, and employment services will be required both to facilitate the sustaining of a tenancy and the attainment of improved wellbeing, justice and legal issues that face those experiencing homelessness services require urgent attention.