Southgate Institute
for Health, Society
and Equity

A PROFILE OF THE HOMELESS POPULATION IN ADELAIDE

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Table of Contents

Acronyms 1

Executive Summary 2

Introduction 4

Data Sources on homelessness in South Australia 5

ABS Census data on Homelessness 5

Homeless to Home (H2H) and the AIHW Specialist Homelessness Services (SHS) Collection 6

Adelaide Zero Project By-Name List 7

Aspire 8

Summary 9

Socio-demographics of the Homeless Population 10

Estimating the Homeless Population in Adelaide and South Australia 10

Socio-demographic Characteristics of the Homeless Population in Adelaide and South Australia . 16

Health and Health Needs 23

Medical conditions 23

Disability 25

Mental Health 26

Other Health Related Statistics 28

Homeless Patients at the Royal Adelaide Hospital 29

Service Needs 31

Housing First 31

Housing Services 32

Health and Disability Services 34

Drug and Alcohol services 35

Other Services including domestic violence 35

Summary 38

References 39

Appendix 43

Acronyms

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute for Health and Welfare
AOD	Alcohol and other drug
BNL	By-Name List
H2H	Homeless to Home
SHS	Specialist Homelessness Services

Executive Summary

This report provides a socio-demographic profile of the homeless population in Adelaide and South Australia. It summarises available data in order to develop a picture of their health status as well as outstanding health and service needs, and outlines gaps in knowledge that could be served by future research.

Funding

The report is part of the project 'Developing an evaluation research plan for a new South Australian comprehensive primary health care Health and Wellbeing Centre.' The project was funded in 2020 by a Flinders University Innovation Partnership Seed Grant and was conducted in partnership with Baptist Care SA.

Data sources

The profile of socio-demographics, health and health needs and service needs draws on data provided to the project team by the Adelaide Zero Project and the SA Housing Authority. Data were also obtained from the ABS Census TableBuilder and the AIHW Specialist Homelessness Services Collection. These data sources represent different cohorts of homelessness. The Census shows an overview, while Adelaide Zero Project data only looks at people who were first identified as sleeping rough. Quantitative data were obtained from multiple data sources to make use of the strengths of each source and overcome the limitations of using any one individual data source. Data presented in the report are from the most recently available year, 2018-19 for most sources, providing an accurate profile of the pre-COVID homeless population.

Definitions and estimates of the homeless population

The estimates of the number of people experiencing homelessness in Adelaide and South Australia differ between data sources depending on how homelessness is defined and on who is included in data. The Census microdata indicates there were 7,944 people in Greater Adelaide experiencing homelessness or in marginal housing in 2016, while AIHW data indicates there were 5,618 people experiencing homelessness in Greater Adelaide seeking assistance from specialist homelessness services in 2018-19 (1, 2). Both of these estimates are likely to underestimate the numbers of certain groups experiencing homelessness, in the latter case due to only clients of specialist homelessness services being included and in the former due to people who are socially excluded and difficult to count in a Census.

Characteristics of people experiencing homelessness

People living in 'severely' crowded dwellings or people living in other crowded dwellings were the largest groups in the Census data on estimating homelessness, the groups classified as living in marginal housing (1). The most common housing situations for specialist homeless services clients were in short term emergency accommodation, couch surfing or rough sleeping (3). A quarter of people on the Adelaide Zero Project By-Name List self-reported experiencing homelessness for more than two years before completing a VI-SPDAT (4).

Socio-demographics

The age profile of people experiencing homelessness differs depending on the data source. People in their 20s represented the largest age group amongst clients who were experiencing homelessness and accessing specialist homelessness services, followed by people in their 30s (3). People on the By-Name List had an older age profile, as did Census estimates of homelessness. More than a third of

people on the Adelaide Zero Project By-Name List self-identified as Aboriginal and/or Torres Strait Islander (4), as did a quarter of clients who accessed specialist homelessness services (3).

Homelessness is experienced by people with all different levels of education, but it should be acknowledged that education levels have been found to differ for people sleeping rough compared to other people experiencing homeless (5, 6). Nine per cent of people experiencing homelessness or in marginal housing had a degree or higher qualification, 9 per cent held a Certificate III or IV, 32 per cent had completed Years 10 and above and 9 per cent reported that had completed Year 9 or below (1). A high proportion of people experiencing homelessness in 2016 received Government income support payments, with more than half on incomes below $500 per week (1). The low rates of employment among people experiencing homelessness or in marginal housing corresponds with their lower incomes and receipt of Government income support, though the rate of employment differs by housing situation and is much higher among people living in crowded dwellings.

Health and health needs

People experiencing homelessness have a higher likelihood of poor health outcomes compared with the general population and this results in higher and more complex needs from health care services. Almost 85 per cent of people on the Adelaide Zero Project By-Name List (BNL) reported that they had at least one medical condition, and 65 per cent had received care at accident or emergency at a hospital in the six months prior to the survey (4). Almost 37 per cent of specialist homelessness services clients experiencing homelessness were identified as having a mental health condition (3), 63 per cent of people on the BNL reported having been diagnosed with depression, and almost 59 were diagnosed with anxiety (4). Almost 60 per cent of people on the BNL were living with tri-morbidity (4).

Service needs

Service needs for people experiencing homelessness are not limited to housing related services, but also include health services, domestic violence services, drug and alcohol related services, family assistance, legal assistance and financial assistance. People experiencing homelessness represent more than a third of households on the housing register with urgent housing need (7). Most specialist homelessness service clients who required tenure assistance received or were referred for tenure assistance, but the higher need was for short, medium or long-term accommodation amongst people experiencing homelessness and there is very high unmet need for accommodation.

There was also unmet need for health services, including mental health services and disability services. Very high levels of unmet need exist for specialised services such as alcohol or other drug assistance and family assistance. Unmet need can be attributed to limited availability of accommodation and of specialised services and is of concern as barriers to access prolong and exacerbate the serious health issues experienced by homeless people along with the issues that triggered their homelessness.

Introduction

This report provides a socio-demographic profile of the homeless population in Adelaide and South Australia. It has been undertaken to inform two innovative initiatives of Baptist Care SA; the planning of a Health Centre and a trial of a respite service for homeless patients discharged from hospital. The Centre will provide allied health and wellbeing services for people experiencing homelessness. This report provides a synthesis of current evidence and baseline information on the homeless population in Adelaide that is needed to inform the design of the new centre, and to establish a research plan for future evaluation research. The report also has potentially broader applications, as it uniquely brings together a range of data and evidence to provide a comprehensive local picture of homelessness and impacts on health and health service use.

There are three components to the report. The first section analyses the availability of secondary data sources and statistics relevant to homelessness and notes their respective strengths and limitations. The second section is the socio-demographic profile of homelessness in Adelaide and South Australia, drawing on the data sources discussed. The third component analyses the service needs and health needs of the homeless population where data was available.

The wider context of homelessness in Australia

Homelessness is not just the absence of housing. A key trigger for homelessness is exposure to trauma, and health behaviours, health status and the social environment contribute to material and social deprivation and social exclusion (8). Mounting international and Australian evidence shows that people experiencing homelessness have poorer access to health services, increased Emergency Department (ED) utilisation, and overall poorer health outcomes due to the instability of housing and shelter which also impacts on other critical social determinants of health (9-13). Homelessness contributes to profound increases in morbidity and reduced life expectancy (14). People experiencing homelessness are at increased risk of psychiatric illness, substance use, chronic diseases, poor oral health and infectious diseases (14).

The most recent Australian Census estimated that there were at least 116,427 people experiencing homelessness or in marginal housing in Australia, a rate of 49.8 persons per 10,000 (15). In South Australia, the census data reported that 6,224 people were homeless or in marginal housing in 2016, representing a rate of 37.1 persons per 10,000 (15). The Australian Homelessness Monitor 2018 provided the first independent analysis of the scale of homelessness in Australia and reported that homelessness increased nationally from 2011 to 2016 by 14 per cent, and rough sleeping[1] increased by 20 per cent (16).

There is a general sense in homelessness organisations across Australia that homelessness has further increased since the 2016 Census. Contributing factors include the growing shortfall in affordable housing, insufficient welfare payments and increases in punitive welfare sanctions, higher rates of domestic and family violence, and poverty in older age (16). The COVID-19 pandemic is another factor that has potentially increased the number of people entering housing stress or homelessness (17).

There have been a number of recent reports on homelessness in Australia (18, 19, 20, 21, 22) but none have looked specifically at the profile of homelessness nor its health impacts in South Australia. Detailed information on the current health and service needs of the homeless population in Adelaide and South Australia, and finer detail on demographics, is lacking. This report synthesises statistics from the major available data sources to provide this detailed information.

[1] Rough sleeping is defined as sleeping in the open air (e.g. on the streets or in parks) or in places not designed to be slept in (e.g. in cars or sheds). People sleeping rough are a subset of people experiencing homelessness. People can be homeless but not be rough sleeping.

Data Sources on homelessness in South Australia

This section describes available data sources on people experiencing homelessness that include data at the South Australian or Adelaide level. For each data source, the way that homelessness is defined is identified, the rationale for inclusion in this report described, and key strengths and limitations detailed.

It is pertinent to note that while the definition of homelessness is contested (21) there are two commonly used definitions of homelessness in Australia (20). The first and broader definition defines homelessness as "inadequate access to safe and secure housing" and is the definition adopted under the *Supported Accommodation Assistance Act (1994)* (20). The second definition is a three-tiered 'cultural' definition provided by Chamberlain and Mackenzie (1992) which distinguishes between primary (street homelessness), secondary (temporary accommodation and refuges) and tertiary (boarding houses or accommodation falling below community standards) layers of homelessness (20, 21). The definitions of homelessness used by data sources on people experiencing homelessness correspond with these commonly used definitions.

ABS Census data on Homelessness

The ABS statistical definition of homelessness classes a person as homeless if their current living arrangement lacks one or more of the elements of 'home' (23). These elements are informed by an understanding of homelessness as the absence of a home rather than rooflessness. A person is considered homeless by the ABS (23) if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

This includes people living in severely crowded dwellings, people living in supported accommodation for the homeless and people rough sleeping (23).

ABS data on homelessness is not limited to individuals who completed the full census, as on Census night in August 2016, the ABS had teams of field interviewers who counted people sleeping rough via a special short form (24). These data were supplemented by data from crisis accommodation providers and boarding houses to provide a more accurate count of homeless people (24).

The microdata for the ABS census Estimating Homelessness 2016 dataset is a file that counts persons. Data items include geographical areas, homelessness estimates, person characteristics, education, employment and income, Cultural and Language Diversity, disability, children and child care and Socio-Economic Indexes for Areas (SEIFA).

Strengths

The strength of census data is the compilation of estimates on a consistent basis over time which enables tracking of increases and decreases in homelessness (24).

Limitations

Estimates of homelessness using census variables do have limitations for analysis of subgroups and the characteristics of people in some subgroups. Census data does not enable reliable estimates for homeless youth, homeless Aboriginal and Torres Strait Islander people or homeless people displaced due to domestic and family violence (23). The estimates provided from the Census have been acknowledged as likely to understate the extent of homelessness despite efforts to count homeless

people and use of supplementary data to improve accuracy (24). Census estimates are also not as current now as data from other sources.

Census data are used primarily to produce estimates of the homeless population and demographic statistics in this report. People living in crowded dwellings or improvised housing are classified in the Census as living in marginal housing, not homeless. Analysis of Census estimates of homelessness in this report refers to people experiencing homelessness or in marginal housing to acknowledge the Census classifications.

Homeless to Home (H2H) and the AIHW Specialist Homelessness Services (SHS) Collection

H2H (SA Housing Authority) and the SHS Collection (managed by AIHW) collect information from specialist homeless services about all people, both adults and children, who are referred to or seek assistance from specialist homelessness services funded by the Australian Government and State and Territory governments. H2H collects information solely for South Australia, where the SHS Collection is a nation-wide data collection. For the purposes of this report, we have only used the South Australian component of the AIHW SHS Collection, which is drawn from SHS agencies included within H2H. H2H collects the information required from specialist homelessness services for South Australia as specified by the AIHW for national reporting purposes. The SA Housing Authority extracts unit record data from H2H on a monthly basis and provides this to the AIHW for the SHS collection.

H2H collects similar information to the AIHW SHS Collection and using the same definition of homelessness therefore these data sources are described in a single section to reduce repetition. The AIHW manages the collection of data from SHS agencies across Australia. The AIHW SHS collection and H2H both include socio-demographic information, client circumstances before, during and after receiving support, services required by each client and services provided to each client.

H2H and the AIHW (25) define a person as homeless if they are either living in:

- non-conventional accommodation or ‘sleeping rough’, or
- short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation is defined as including living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings and living in the long grass. Short-term or emergency accommodation includes refuges, crisis shelters, couch surfing, living temporarily with friends and relatives, insecure accommodation on a short-term basis and emergency accommodation arranged by a specialist homelessness agency (25).

H2H and the SHS Collection includes information on people experiencing homelessness and people at risk of homelessness. H2H and the AIHW define a person as at risk of homelessness if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness (see Table 1) (25).

Strengths

The strengths of H2H and the SHS collection include availability of data over time, and the range of information available in the H2H and SHS collection data items. This enables not only an estimate of how many people use SHS services, but what assistance they seek, their circumstances, the services they need, and the services provided by SHS agencies. This information is valuable in producing a

detailed profile of the homelessness population. H2H also provide unit record data for analysis which enables analysis by subgroups.

Limitations

Limitations of H2H and the SHS collection for analysing the homeless population include the criteria for inclusion –only clients of SHS agencies are included in the data. Homeless people who have not sought services or who have sought services from people/organisations other than SHS agencies are not included in H2H or the AIHW collection. There were also issues with agency non-response in the AIHW SHS collection prior to 2017-18, which required AIHW data prior to 2017-18 to be weighted (26).

Improvements in agency response removed the need to weight AIHW SHS data from 2017-18 onwards (26). As the weighting method is not suitable for data disaggregated to areas within a state, weights were not applied to datacubes with this level of geographical disaggregation (26). This limits the comparability of 2017-18 SHS data with data from previous years.

Dependence on aggregated figures for AIHW data also limits analysis by preventing analysis by subgroups for many indicators of interest, e.g. clients located within Greater Adelaide vs. the rest of South Australia, or by gender. The use of H2H unit record data to calculate estimates for Adelaide offers an advantage over the available statistics within AIHW SHS data cubes as the AIHW data cubes only offer limited demographics at a geographical level that enables estimates for Adelaide.

Use in report

Given the limitations above, analysis in this report that uses the AIHW SHS collection will be confined to 2017-18 and 2018-19 data.

Table 1: H2H and AIHW Risk factors for homelessness (in no particular order)

Housing affordability stress or housing crisis (pending evictions/foreclosures, rental and/or mortgage arrears)	Inadequate or inappropriate dwelling conditions, including unsafe, unsuitable or overcrowded accommodation
Previous accommodation ended	Relationship/family breakdown
Child abuse, neglect or environments where children are at risk	Sexual abuse
Domestic/family violence	Non-family violence
Mental health issues and other health problems	Problematic alcohol, drug or substance use
Employment difficulties and unemployment	Problematic gambling
Transitions from custodial and care arrangements	Discrimination, including racial discrimination
Disengagement with school and other education and training	Involvement in, or exposure to, criminal activities
Lack of family and/or community support	Staying in a boarding house for 12 weeks or more without security of tenure

Adelaide Zero Project By-Name List

The By-Name List (BNL) is a “real-time” detailed person-specific database created out of Adelaide Zero Project’s Connections Week in May 2018 (Registry Week). The BNL is an internationally used methodology that originated in the United States as the key methodology through the ‘Built for Zero’ approach, which has translated to the ‘Advance to Zero’ approach in Australia (27). The aim is

to achieve ‘functional zero’ for people sleeping rough in a city or community (i.e. fewer people experiencing homelessness than being housed each month, on average, for the cohort) using a combination of quality real-time data (via the BNL) and via service coordination. Adelaide was one of the first cities in Australia to implement the BNL methodology, which has now been implemented in several more communities across Australia over the past two years, with support through the Australian Alliance to End Homelessness and its members.

The Adelaide Zero Project Connections Week involved a coordinated team of trained volunteers who surveyed all people sleeping rough in a predetermined area (inner city Adelaide) over a week (28). Connections Week is an engagement process, unlike a census, involving engagement with people who are sleeping rough, with homelessness agencies/services and the community (28, 29). After Connections Week the BNL is updated in real-time to provide continued support for people experiencing and moving out of homelessness (28).

Captured within the Adelaide BNL is a range of characteristics, experiences and risks for each person that are captured via a version of the National common assessment tool (VI-SPDAT), which includes Adelaide-specific questions (28). The Adelaide-specific tool first screens participants to determine their eligibility for inclusion on the BNL by asking whether they slept rough the previous night, whether they would be sleeping rough that night and whether they had slept rough in the last two weeks. It also collects data on housing preferences (i.e. share house, one bedroom apartment). The VI-SPDAT is a survey that is administered to individuals to determine risk and prioritisation when providing assistance to people experiencing homelessness. The Adelaide Zero Project uses the Single Adults VI-SPDAT tool which includes questions on demographics (including Aboriginal and Torres Strait islander status), their history of housing and homelessness, risks, including health risks and health conditions, risk of violence and risk of harm, socialisation and daily functioning, physical health, substance use, mental health, medications and abuse and trauma. The responses can be used to estimate tri-morbidity (co-existing substance use, mental health and physical health issues). A major strength of the Adelaide BNL is the breadth of information recorded, and that a range of organisations can provide and share data updates on the system (e.g. if someone gets housed).

The Adelaide BNL provides very useful statistics on the circumstances, health and health needs of the included sample. It does, however, only include people who were identified as sleeping rough within the Adelaide CBD, North Adelaide and the surrounding parklands who consented to their inclusion on the BNL (28) which limits the sample to a subgroup of the homeless population. Nevertheless, the BNL is a valuable rich data source on people sleeping rough. For this report, Adelaide Zero Project (through Neami National as Data Custodians) provided access to the BNL created during the May 2018 Connections Week and updated in real time up to December 18 2019. Analysis of this dataset containing 2019 data provides a fairly current status of demographics and health of people sleeping rough. The analysis undertaken represents all people who were recorded as still experiencing homelessness (either sleeping rough or in temporary or informal accommodation) as at 18 December 2019.

Aspire

The Aspire program is for people living in metropolitan Adelaide who are experiencing homelessness and are aged between 18 and 55 years at the time of referral to the program (30). It is based on a Housing First approach and provides people with three years of case management support and assistance to connect people with sustainable housing, employment and community (30). The aim of the program is to permanently end the homelessness of 600 people over seven years (30). The Aspire program is funded by the Aspire Social Impact Bond (SIB) which is a funding alternative for

social intervention programs involving investments made into organisations with the intention of generating a beneficial social and environmental impact in addition to a financial return (30). The Aspire Program is delivered by the Hutt Street Centre in collaboration with the South Australian Government, Social Ventures Australia and Housing Choices Australia.

Aspire uses the Chamberlain and Mackenzie typology of primary, secondary or tertiary homelessness. Data for key performance indicators are measured by an independent authority, so that measurement of financial success for investors is not influenced by the Aspire program itself. The key performance indicators measured by the independent authority include non-payment linked outcomes and individual impact to provide evidence of the success of the program (30). It is anticipated that these data will assist in informing future development of homelessness programs and future program design (30).

Data collected by Aspire include a VI-SPDAT assessment for people entering the program, additional data detailing the focus of appointments with clients, attendance data over time that details frequency of attendance at appointments and which services people are attending, and a social impact scale questionnaire that gauges differences in participant wellbeing and relationships over time. In addition, a pre survey is conducted with people who come into the Hutt Street Wellbeing Centre for the first time.

The major strength of data on Aspire participants is that it does collect some longitudinal information. It uses the same instrument as the Adelaide Zero Project BNL for people entering the program, the VI-SPDAT (31), and data on Aspire participants' circumstances, assistance sought and services they need is provided to H2H and the AIHW SHS. As such, Aspire data is not included in this report, however, the breadth of data collected by the Aspire program may be of value in future analyses and therefore it was important to detail the type of data collected to ensure a complete report of known available data sources on homelessness.

Summary

The data sources chosen for inclusion in this report are the ABS Census microdata on estimating homelessness, H2H, the AIHW SHS Collection and the Adelaide Zero Project BNL (see Table 2 for detail on included data sources). All four data sources contain data at the South Australian or Adelaide level that are no older than 2016. Adelaide data are used in this report where available, South Australian data are used where data for Adelaide is not available. Census data from the ABS Estimating Homelessness microdata was collected in 2016. The most recent available data in H2H and the SHS collection is 2018-19, and the BNL data supplied for this report was collected between 2018-19. The breadth of data items available in these sources and recentness of data collection provide coverage that meets the aims of this report. These data sources enable the production of a profile of the current status of socio-demographics, health needs and service needs of the homeless population in Adelaide and South Australia. All these data are pre-COVID-19, and we acknowledge that the pandemic will have had a dramatic impact on the homeless population.

Table 2: Details of included Data Sources

Data source	Year(s) of data used in this report	Strengths	Limitations
ABS Census microdata	2016	Estimates compiled on a consistent basis over time	Limitations for analysis of subgroups
H2H	2015-16 to 2018-19	Unit record data which enables analysis by subgroup. Availability of data over time	Data are only collected from clients of SHS agencies and therefore only include a subset of persons experiencing homelessness
AIHW SHS Homeless Collection	2011-12 to 2018-19	Availability of data over time. Wide range of information is collected.	Data only collected from clients of SHS agencies. Limited ability to analyse subgroups.
Adelaide Zero Project BNL	2018-19	Excellent breadth of information recorded	Only includes people who were first identified as sleeping rough in inner city Adelaide

Socio-demographics of the Homeless Population

This section provides estimates of homelessness from each of the four data sources and then provides socio-demographic statistics.

Estimating the Homeless Population in Adelaide and South Australia

The 2016 Census data included estimates of homeless persons by Local Government Area (LGA) and by Statistical Area Level 2[2] (24). The availability of data for smaller geographic areas enables an estimate of the population in Greater Adelaide who experienced homeless or were in marginal housing in 2016. According to these estimates, there were 4,627 such people in Greater Adelaide in 2016 (24). This total includes 1,078 people in Adelaide – Central and Hills (646 of whom were in Adelaide city), 1,618 in Adelaide – North, 986 in Adelaide – South and 945 in Adelaide – West (24).

The total estimate of the population experiencing homelessness or in marginal housing in Greater Adelaide derived from the Census microdata for estimating homelessness includes approximately 7,944 people (1).

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[2] Statistical Areas Level 2 (SA2s) are an ABS area classification designed to represent one or more related gazetted suburbs or rural localities. SA2s have an average population of about 10,000 persons (32).

The larger estimate of 7,944 people can be explained by the inclusion of more people from homelessness groups that are excluded from other Census estimates[3].

The AIHW SHS Collection and H2H data provide more recent estimates of the extent of homelessness, including 2018-19 via counts of people who are referred to or seek assistance from SHS agencies. While these estimates are limited to people who seek homelessness services, they do capture a larger number of people despite their tighter inclusion criteria for defining homelessness compared to the Census estimates. AIHW and H2H data also allowed for producing separate estimates of the number of people experiencing homelessness and the number at risk of homelessness which more clearly identifies characteristics of the homeless population compared to Census estimates which include people living in marginal housing.

Table 3 provides a count of AIHW SHS client numbers in Greater Adelaide and the rest of SA differentiating between those experiencing homelessness and people who were at risk of homelessness for three financial years, including 2018-19.

There were an estimated 5,618 people in Greater Adelaide who sought assistance from SHS in 2018-19 and met the definition of homelessness.

This is larger than the Census estimate for 2016. It is slightly lower than the AIHW SHS estimate in 2016-17, and unchanged from the SHS estimate in 2017-18.

The H2H estimate of homeless persons in Adelaide in 2018-19 is a little larger than the AIHW estimate for Greater Adelaide, comprising 6,092 persons[4]. The estimate of at risk persons is also higher, at 7,626. The H2H estimate of the homeless population in Adelaide in 2018-2019 differs slightly from the AIHW estimate for Adelaide for 2018-19 due to differences in the preparation and analysis of the source data, a broader counting rule of a client for H2H and the inclusion of additional organisations that do not fit the AIHW National funding criteria (26). H2H estimates in this report are derived directly from H2H unit record data provided by the SA Housing Authority. Calculation of client counts involved a similar process to that used by the AIHW in that each client is only counted once even if they had multiple support periods within a financial year.

Table 3: Homeless Status First Reported by Location in SA among Clients Accessing Specialist Homelessness Services

	2016-17		2017-18		2018-19	
	Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA
Homeless	5,957	2,056	5,618	2,051	5,618	2,165
At Risk	6,152	3,072	6,316	2,778	6,221	2,800
Not Stated	1,498	729	1,565	562	1,337	624

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

[3] The Census microdata includes additional people living in other marginal housing. This includes a large number of other people who live in crowded dwellings, improvised dwellings and who are marginally housed in caravan parks.
[4] Author's own calculations using H2H unit record data.

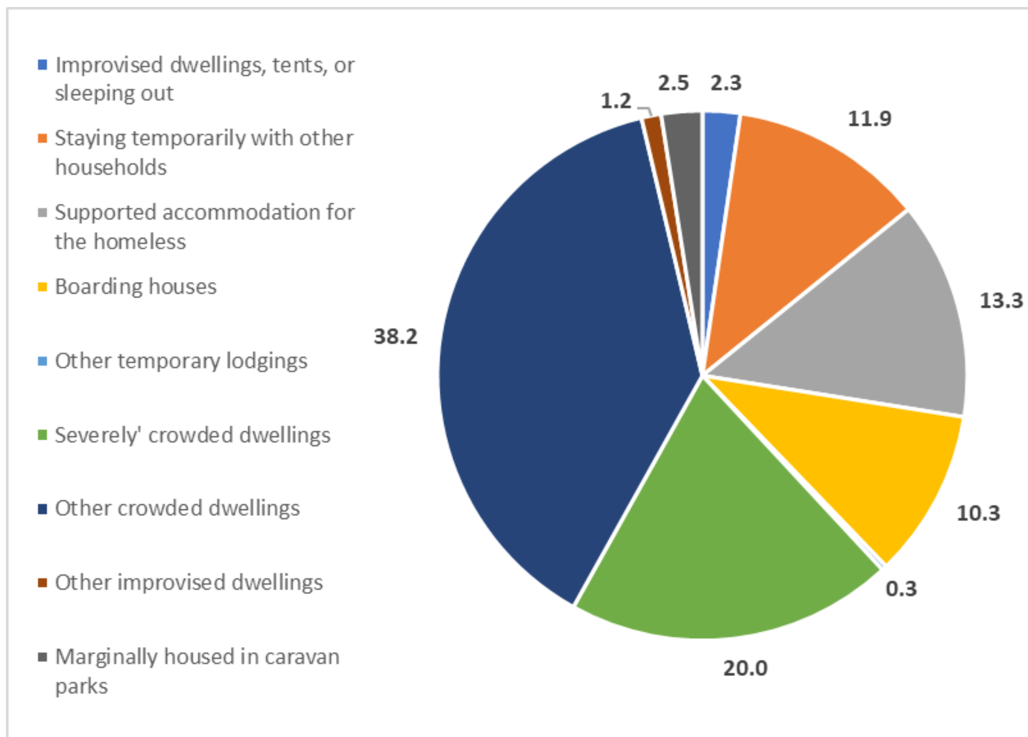

Figure 1: Estimates of Homelessness or Marginal Housing Groups in Greater Adelaide, Per cent (Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS)

The Census: Estimating Homelessness microdata provides estimates of homelessness or marginal housing groups by location in South Australia[5]. Figure 1 presents the percentage shares of each group for the estimated 7,944 people who were experiencing homelessness or living in marginal housing in Greater Adelaide in 2016[6].

People living in 'severely' crowded dwellings and people living in other crowded dwellings represented the largest groups, followed by persons in supported accommodation, people staying temporarily with other households and people living in boarding houses.

Table 4 illustrates the difference in the classification of homelessness in H2H and the AIHW compared to the Census[7]. The SA Housing Authority uses client house type, tenure type and occupancy condition at SHS intake to classify the housing situation at intake (33). Homelessness is defined as including people who were couch surfing, rough sleeping, in short term emergency accommodation or who had no tenure.

[5] As previously mentioned, people living in 'severely' crowded dwellings, people living in other crowded dwellings and people living in improvised dwellings are classified as living in marginal housing rather than homeless.

[6] Cells in the frequency table used to determine percentages are randomly adjusted to avoid the release of confidential data. This random adjustment means that no reliance should be placed on small cells.

[7] The H2H and AIHW SHS use the same definition/classification to distinguish between people who are homeless and people who are at risk of homelessness.

Almost a third of clients who were experiencing homelessness were in short term emergency accommodation, almost as many were couch surfers and a quarter were rough sleepers.

The narrower H2H and AIHW SHS definition of homelessness results in a different composition of housing situations in H2H compared to the Census.

Table 4: Housing Situation at Intake among Clients Accessing Specialist Homelessness Services in 2018-19, Adelaide

	Homeless		At risk	
	Frequency	Per cent	Frequency	Per cent
Institution			486	6.4
Owner			313	4.1
Rent free			2,384	31.3
Renter			4,422	58.0
Life Tenure			11	0.1
Residential Facility			10	0.1
Couch Surfer	1,969	32.3		
No Tenure	567	9.3		
Rough Sleeping	1,541	25.3		
Short Term Emergency Accommodation	2,015	33.1		
Total	6,092	100.0	7,616	100.0

Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

There was a total of 726 people on the Adelaide Zero BNL as of December 18, 2019, 193 of whom were actively experiencing homelessness. This report analyses the responses of BNL participants who were actively experiencing homelessness on December 18, 2019 and excludes three people who did not consent to participate in the BNL and are therefore not included in the demographics in this section.

Eighty-nine per cent of people actively experiencing homelessness on the Adelaide Zero BNL as at 18 December 2019 were sleeping rough (4).

At the time of completing the survey, 27 per cent of BNL participants slept most frequently on the streets and another 16 per cent slept in a park or parklands. Eleven per cent of people on the BNL were from a remote community, however the data quality for this variable field is poor and may understate the proportion of participants from a remote community (4).

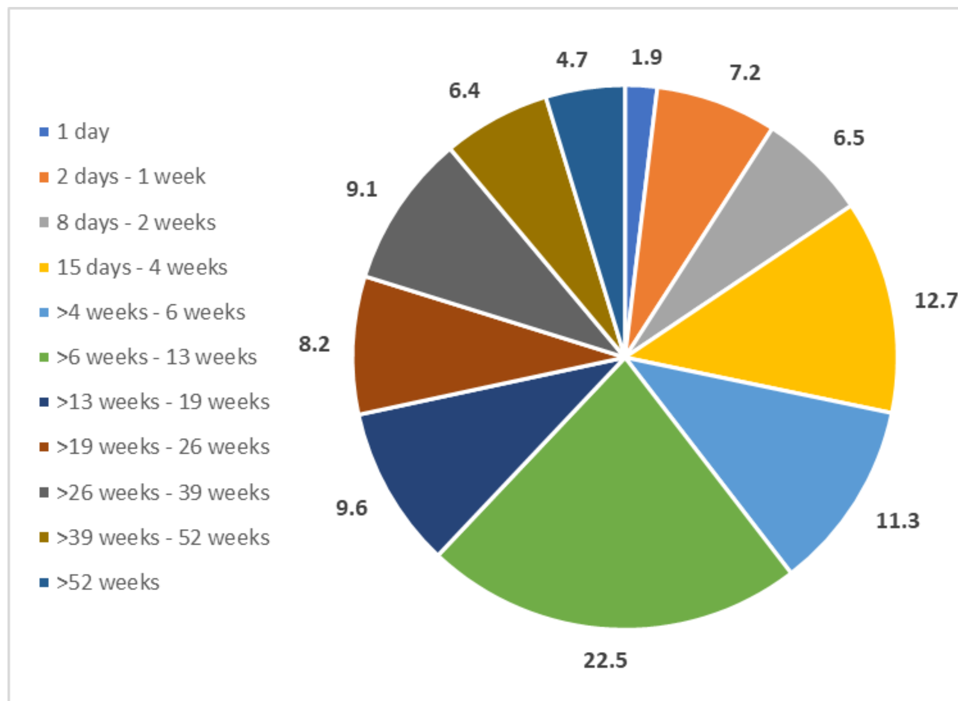

Figure 2: Support Period Length among Homeless Clients Accessing Specialist Homelessness Services, South Australia (Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW)

SHS agencies also record the support period length for each client accessing their services. More than 20 per cent of clients who were experiencing homelessness in South Australia and accessing SHS received support for a period of 6 months or more (Figure 2). Almost 23 per cent received SHS supports for between 6 and 13 weeks. The distribution of support period length for clients who were at risk of homelessness and accessing SHS in 2018-19 was quite similar to that for people experiencing homelessness and was little changed from the preceding financial years (2). It should be acknowledged, however, that clients can have multiple support periods. For example, clients experiencing homelessness who find housing or other accommodation may become homeless again and so require further SHS assistance.

The AIHW SHS and Adelaide Zero Project BNL include data on duration of homelessness for South Australia and the inner-city Adelaide BNL participants respectively. Almost 21 per cent of SHS clients experiencing homelessness in South Australia were homeless for 1 month of the financial year and almost the same proportion were homeless for 2 months in 2018-19 (Figure 3). Five per cent of SHS clients experiencing homelessness had been homeless for the full 12 months in 2018-19 and the distribution of duration of homelessness was similar in 2016-17 and 2017-18 (2). The Adelaide Zero Project BNL information on duration of homelessness includes the full duration of homelessness experienced by BNL participants.

A quarter of people on the BNL reported experiencing homelessness for more than two years at the time of completing the VI-SPDAT[8] (4).

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[8] Note that there is poor data quality for this variable field.

When asked in the survey, almost 45 per cent of people on the BNL had experienced homelessness for a year or longer (4). Many people in the BNL reported first sleeping on the streets at a very young age. Almost 30 per cent were aged between 10 and 19 when they first slept on the streets, and a further 12.6 per cent were only aged in their 20s (4).

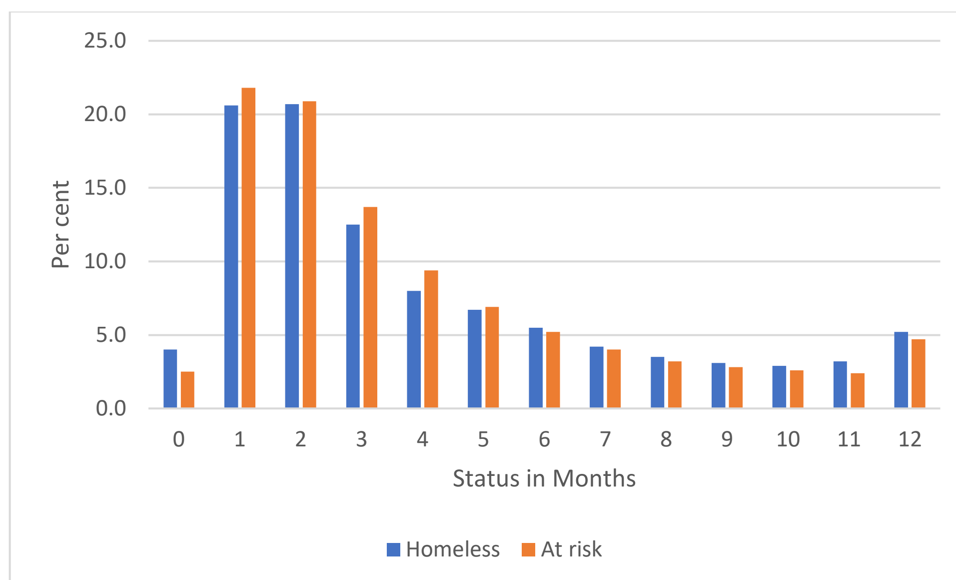

Figure 3: Homeless Status First Reported by Homeless Status in Months among Clients Accessing Specialist Homelessness Services, South Australia (Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW)

Table 5: Repeat Homelessness among Clients Accessing Homelessness Services, South Australia

		2018-19
Homeless	Experienced repeat homelessness	5.6
	Did not experience repeat homelessness	94.4
At Risk	Experienced repeat homelessness	0.6
	Did not experience repeat homelessness	99.4

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

Table 5 provides an estimate of the proportion of clients in South Australia who experienced repeat episodes of homelessness in 2018-19. More than 5 per cent of clients experienced repeated homelessness. The proportion experiencing repeated homelessness was similar in 2016-17 and 2017-18 (2). It is likely that the numbers in Table 5 are an underestimate of repeat homelessness given that a third of SHS clients in Australia had more than one support period in 2018-19 (34). The proportion of clients at risk of homelessness who experienced repeated episodes is much smaller than that experienced by homeless people. The prevalence of repeat homelessness is likely to differ amongst people in different housing situations and this is illustrated in the Adelaide Zero Project BNL. A fifth of the BNL indicated they had been homeless more than once in the 12 months prior to completing the VI-SPDAT[9] (4). The data pertaining to transitions in and out of homelessness must be interpreted with caution. They may only represent very brief changes in housing situation that are

[9] The number of times people on the BNL were homeless ranged from once up to more than 10 times in a single year, however there is poor data quality for this variable field and the highest figures may not be reliable (4).

transitory in nature – this touches on the complexity of data compilation, analysis and interpretation in this sphere.

Socio-demographic Characteristics of the Homeless Population in Adelaide and South Australia

The different data sources each contain different demographics statistics, albeit with some overlap in content. This section presents the socio-demographic statistics from the Census microdata, AIHW SHS, H2H and Adelaide Zero Project BNL to provide an overview of characteristics of the homeless population in Adelaide and South Australia. It looks at data and differences relating to gender, service access, age, Aboriginal and Torres Strait Islander representation, family grouping, education, income and labour force status.

Gender

Figure 4 presents the H2H gender composition of Adelaide clients accessing homelessness services in 2018-19. There was a slightly higher rate of service use for females (women and children) who were classified as homeless (54 per cent) compared with men. Females comprise an even larger share of those at risk of homelessness (almost 63 per cent). Tables A1 and A2 in the Appendix contain the AIHW SHS and Census microdata statistics by gender. A higher proportion of female clients was also observed in the AIHW SHS data in 2017-18 and in Greater Adelaide and the rest of SA for both homeless clients and those at risk (Table A1).

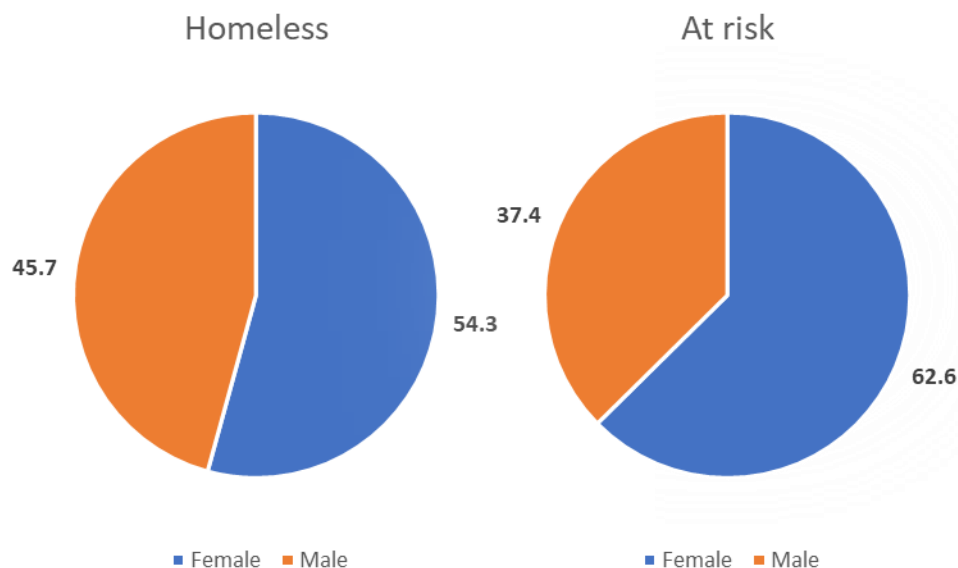

Figure 4: Gender and Homeless Status of Clients Accessing Specialist Homelessness Services in 2018-19 who were in Adelaide at intake (Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

The Census statistics for 2016 indicate that there is a higher prevalence of males experiencing homelessness or in marginal housing, representing 58 per cent of the population in Greater Adelaide. The Adelaide Zero Project BNL is predominantly comprised of males, who represent 63 per cent of the sample (4). Less than 37 per cent of the BNL identified as female. This is not too dissimilar to the gender split in the Census and other data around Australia. Data indicates that men are more likely to sleep rough than women (5), which could partially account for the percentage difference between the Census and the BNL.

Service access

Only 47 per cent of people on the BNL reported that they were connected to a homelessness or housing support service at the time of completing the VI-SPDAT (4).

The large proportion of people who are not connected to SHS provides confirmation that the AIHW and H2H counts of clients, although useful, are an underestimate of the population experiencing homelessness.

The Adelaide Zero Project sees a lot of people who are newly identified to the BNL and therefore could be more likely to be newly identified to support services at the time of completing the VI-SPDAT.

Age

There were more than a thousand children experiencing homelessness in 2018-19, representing almost 18 per cent of homeless clients accessing SHS in Adelaide (Table 6). More than a third of clients were aged under 20.

Among adult clients experiencing homelessness the largest age group was those in their 20s, followed by people in their 30s.

Table 6: Age Group and Homeless Status of Clients Accessing Specialist Homelessness Services in 2018-19 who were in Adelaide at intake

	Homeless		At risk		Total	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
0 to 9	1,087	17.8	1,463	19.2	2,629	18.6
10 to 19	1,128	18.5	1,280	16.8	2,486	17.6
20 to 29	1,373	22.5	1,458	19.1	2,903	20.6
30 to 39	1,171	19.2	1,525	20.0	2,779	19.7
40 to 49	869	14.3	1,096	14.4	2,027	14.4
50 to 59	357	5.9	519	6.8	898	6.4
60 +	107	1.8	285	3.7	396	2.8
Total	6,092	100.0	7,626	100.0	14,118	100.0

Data Source: Homeless to Home Unit Record Data, SA Housing Authority
Note: the total includes records for which homeless status was missing

The age composition of clients at risk of homelessness was like those experiencing homelessness. The AIHW SHS statistics indicate that the age profile of clients experiencing homelessness who were accessing SHS was similar between 2016-17 and 2018-19 (Table A3). The Census estimates by age group show an older age profile compared with the SHS estimates, with a smaller proportion of children aged under 10 and larger percentages among older age groups (Table A4). The Adelaide

Zero Project BNL also has an older age profile, with almost a third of the BNL aged in their 30s. Thirty-six per cent of the BNL were in their 40s and almost 17 per cent in their 50s (4). This is likely due to two factors; only adults are eligible for the BNL, and young people are generally more likely to be in temporary accommodation, including couch surfing, than sleeping rough (35).

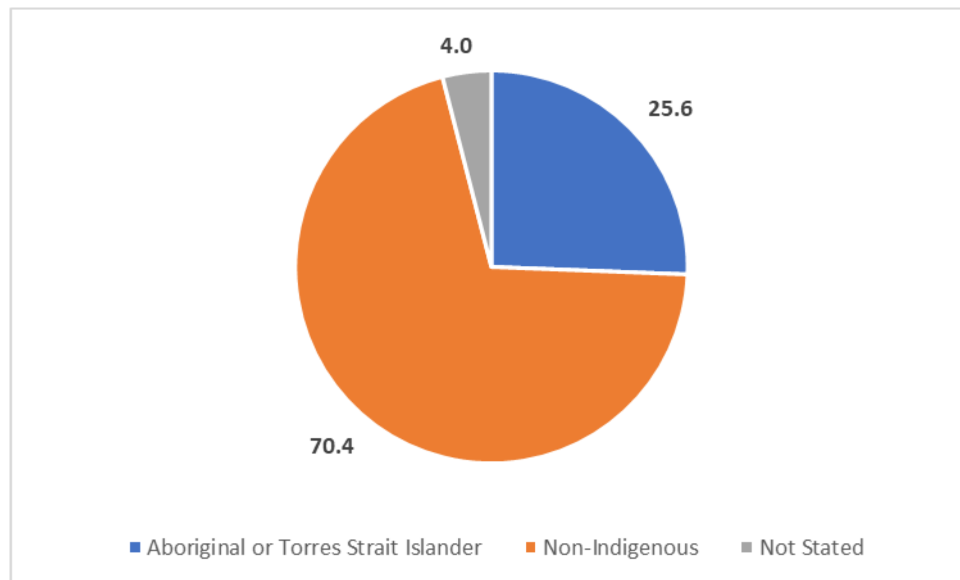

Figure 5: Identification as Aboriginal or Torres Strait Islander of Homeless Clients who Accessed Specialist Homelessness Services in 2018-19 and were in Adelaide at intake (Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

Aboriginal and Torres Strait Islander representation in homeless data

Aboriginal and Torres Strait Islander peoples are over-represented in the homeless population around Australia (as shown in Census data) and among SHS clients.

Aboriginal and Torres Strait Islander peoples represented 1.4 per cent of the population in Greater Adelaide in 2016 (36), but more than a quarter of the clients who accessed SHS in Adelaide in 2018-19 identified as Aboriginal or Torres Strait Islander (Figure 5).

AIHW SHS statistics on Aboriginal status were only available for the whole of SA but suggest that the proportion of clients who identified as Aboriginal was similar between 2016-17 and 2018-19 (Table A5). There was a much lower proportion of Aboriginal or Torres Strait Islander peoples in the Census estimates of homelessness and marginal housing for Greater Adelaide, only 6.5 per cent compared with almost 32 per cent of the homeless population in the rest of SA (Table A6). Thirty-six per cent of the Adelaide Zero Project BNL identified as Aboriginal and/or Torres Strait Islander (4).

Living arrangement

SHS agencies collect information on the living arrangements of clients, perhaps better described as the family grouping for people experiencing homelessness. This indicator was not available in the

H2H unit record data but is provided in the AIHW SHS Collection data cubes for South Australia as a whole.

The most common living arrangement reported by South Australian clients who were experiencing homelessness in 2018-19 was living alone (Table 7).

For some lone persons, living alone is associated with lower income, low participation in the labour force and limited access to economic resources which may heighten vulnerability to homelessness (34). The next most common living arrangement was lone parent with one or more children. For South Australian SHS clients at risk of homelessness the most common living arrangement was lone parent with one or more children, followed by living alone.

Table 7: Living Arrangement of Clients Accessing Specialist Homelessness Services, South Australia

		2016-17	2017-18	2018-19
Homeless	Lone person	37.0	38.7	37.2
	One parent with child/ren	20.4	21.2	23.5
	Couple with child/ren	6.4	7.2	7.0
	Couple without child/ren	6.0	6.2	6.4
	Other family	14.7	13.3	13.5
	Group	13.6	11.8	11.3
	Invalid or missing	1.7	1.6	1.0
	Total	**100.0**	**100.0**	**100.0**
At Risk	Lone person	19.6	19.4	20.0
	One parent with child/ren	29.7	30.1	31.8
	Couple with child/ren	13.4	15.4	16.0
	Couple without child/ren	5.7	6.1	5.5
	Other family	16.8	16.1	15.0
	Group	10.2	9.0	8.2
	Invalid or missing	4.7	4.1	3.4
	Total	**100.0**	**100.0**	**100.0**

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

Education

Homelessness is experienced by people with all different levels of education[10]. According to the Census, 9 per cent of people experiencing homelessness or living in marginal housing in Greater Adelaide in 2016 reported they had completed Year 9 or below (Figure 6). Almost a third had completed Years 10 and above.

[10] Levels of education have been found to differ for people sleeping rough compared with other people experiencing homelessness (5, 6).

Almost 9 per cent held Certificate III or IV, and another 9 per cent had a degree qualification or other higher education.

Twenty per cent of clients experiencing homelessness who were accessing SHS in Adelaide in 2018-19 were currently enrolled in some form of education, as was almost 24 per cent of clients at risk of homelessness (Table A7).

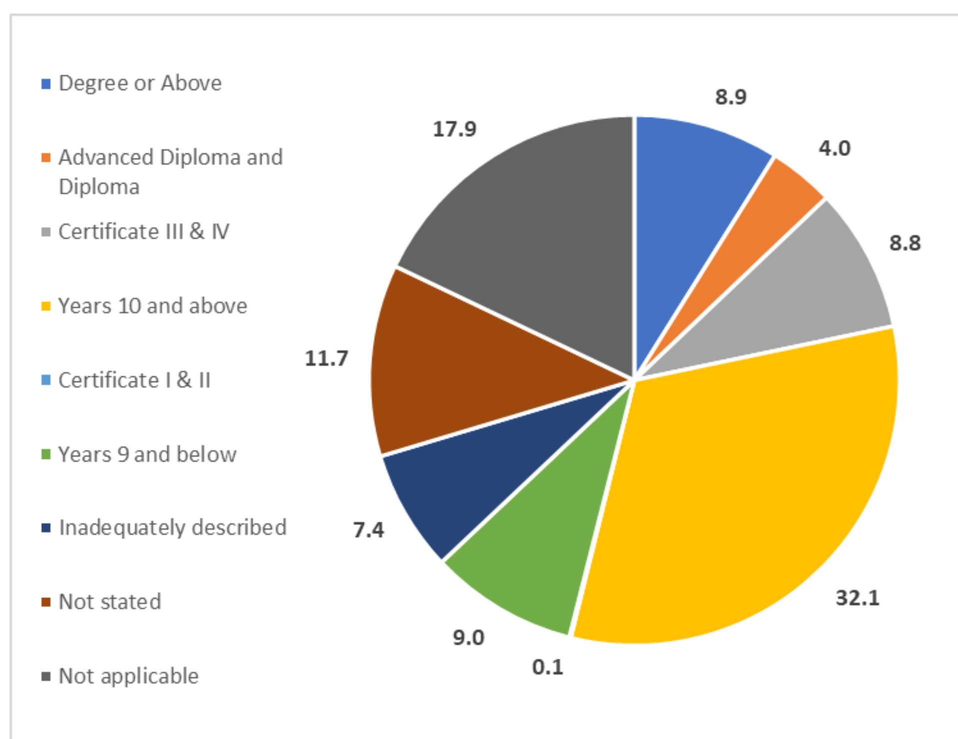

Figure 6: Educational Attainment among Homeless People and People Living in Marginal Housing in Greater Adelaide in 2016 (Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS)

Income

A high proportion of people experiencing homelessness or living in marginal housing receive income support and this is reflected in the distribution of weekly income in the Census (Table 8). In Australia, the poverty line is $457 per week for a single adult (37).

Almost 40 per cent of homeless people in Greater Adelaide had an income of less than $500 per week.

An additional 13 per cent reported nil or negative income[11]. Of the remainder, almost 27 per cent did not state their income or responded that the question was not applicable to their circumstances,

[11] Income from some sources is reported as net of expenses in the Census estimates (38). If expenses are greater than receipt of income from these sources, total income can be negative.

and it is possible that many of these people had no income or a very low income. The main sources of income reported by homeless clients accessing SHS in Adelaide in 2018-19 was Newstart Allowance (28 per cent), the Disability Support Pension (10 per cent) and the Parenting Payment (10 per cent) (3). Forty per cent of the Adelaide Zero BNL reported Newstart Allowance as their main source of income, and 23 percent were Disability Support Pension recipients (4).

Table 8: Estimates of Homelessness by Weekly (and Yearly) Income in SA in 2016, Per cent

	Greater Adelaide	Rest of SA	Total
Negative income	1.4	0.7	1.2
Nil income	11.5	5.7	10.0
$1-$149 ($1-$7,799)	6.6	3.0	5.7
$150-$299 ($7,800-$15,599)	16.1	17.9	16.6
$300-$399 ($15,600-$20,799)	8.7	9.1	8.8
$400-$499 ($20,800-$25,999)	7.5	8.6	7.8
$500-$649 ($26,000-$33,799)	6.1	5.9	6.0
$650-$799 ($33,800-$41,599)	5.2	7.9	5.9
$800-$999 ($41,600-$51,999)	4.2	4.5	4.3
$1,000-$1,499 ($52,000-$77,999)	3.8	4.3	4.0
$1,500 or more ($78,000 or more)	2.2	1.8	2.1
Not stated	8.7	11.0	9.3
Not applicable	18.0	19.7	18.4
Total	100.0	100.0	100.0

Note: includes people experiencing homelessness and people living in marginal housing

Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS

Labour force status

The labour force status of clients accessing SHS services who were experiencing homelessness corresponds with the reported main sources of income. A small minority of clients in Adelaide in 2018-19 who were experiencing homelessness were employed at the time of intake, representing less than 5 per cent of clients (3).

More than half of homeless Adelaide SHS clients were not in the labour force (54 per cent) and 37 per cent were unemployed (3).

The Census: Estimating Homelessness statistics on labour force status differ from the client-based H2H statistics. Twenty-three per cent of people in the Census in Greater Adelaide who were experiencing homelessness or living in marginal housing reported being employed on either a full-time or part-time basis (or away from work), while 39 per cent were not in the labour force (Table 9). The majority of employed persons were living in crowded dwellings or people staying temporarily with other households (1). Employment rates for people who were sleeping rough, in supported accommodation or living in boarding houses were much lower and closer to the H2H estimate (1).

Table 9: Estimates of Homelessness by Labour Force Status and Location in SA in 2016, Per cent

	Greater Adelaide	Rest of SA	Total
Employed, worked full-time	11.0	14.1	11.8
Employed, worked part-time	11.0	8.5	10.4
Employed, away from work	2.4	2.7	2.4
Unemployed, looking for full-time work	6.5	6.7	6.6
Unemployed, looking for part-time work	3.8	2.3	3.4
Not in the labour force	38.9	35.4	38.0
Not stated	8.6	10.3	9.0
Not applicable	17.9	19.6	18.4
Total	100.0	100.0	100.0

Note: includes people experiencing homelessness and people living in marginal housing

Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS

Health and Health Needs

There is a social gradient in health arising from the circumstances in which people are "born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life" (39). Homelessness sharply steepens this slope, and as articulated in a 2018 paper in the BMJ, "differences in health between housed and homeless people are better understood as a 'cliff'" (40). People experiencing homelessness live in the most vulnerable of circumstances and additionally face substantial barriers in accessing health care (41).

This section reports statistics on the health of people experiencing homelessness and their health and wellbeing related needs.

Medical conditions

High rates of chronic conditions have been reported among people experiencing homelessness (42, 43, 44, 45, 46). Responses from Adelaide Zero Project BNL participants when asked if a health provider had ever diagnosed them with specific physical health conditions are consistent with these reports (Table 10). The most prevalent conditions among BNL participants include asthma (27.2 per cent), hepatitis C (19.7 per cent), heat stroke/exhaustion (14.7 per cent), heart disease (10.9 per cent), liver disease (10.9 per cent), diabetes (10.9 per cent) and emphysema/COPD (9.4 per cent). Many of these conditions have a much higher prevalence in the homeless population compared to the general population (47). Almost 85 per cent of BNL participants reported that they had at least one medical condition.

Table 10: Specific Medical Health Conditions: Ever had or been Diagnosed with, Frequency and Per cent

	Frequency	Per cent
Dental problems	79	58.1
Dehydration	47	34.3
Asthma	37	27.2
Foot/skin infections	36	26.5
Hepatitis C	27	19.7
History of heat stroke/heat exhaustion	20	14.7
Heart disease, arrhythmia, or irregular heartbeat	15	10.9
Liver disease, cirrhosis, or end-stage liver disease	15	10.9
Diabetes	15	10.9
Convulsions	14	10.5
Scabies	13	9.6
Emphysema/ COPD	13	9.4
Kidney disease/end-stage renal disease or dialysis	12	8.7
History of frostbite, hypothermia, or immersion foot	12	8.8
Cellulitis	10	7.3
Epilepsy	9	6.7
Chronic digestive condition	9	5.8
Cancer	5	3.7

Note: percentages can differ between conditions with the same frequency due to slight differences in the numbers of non-missing observations per condition.

Data Source: Adelaide Zero Project By-Name-List as of December 18, 2019

Almost 15 per cent of BNL participants reported having had two medical conditions, and 11 per cent had three conditions (4).

Many of the conditions that affect people experiencing homelessness at higher rates can be explained by higher exposure to risk factors and homelessness limiting the ability to manage or prevent certain physical conditions (45). There are several conditions often associated with homelessness and BNL respondents were asked whether they had ever had or been diagnosed with these conditions. The most prevalent of these were dehydration (reported by 34.3 per cent of BNL participants), foot/skin infections (26.5 per cent), convulsions (10.5 per cent), scabies (9.6 per cent), frostbite or hypothermia (8.8 per cent) and cellulitis (7.3 per cent). Homelessness, and sleeping rough, also compounds poor oral health, with 58.1 per cent of BNL respondents reporting that they had dental problems.

The higher likelihood of poor health among people experiencing homelessness results in higher need for health care services. People experiencing homelessness are often over-represented in acute health care services including emergency departments, ambulance services and as inpatients in hospitals (45). People on the Adelaide Zero Project BNL were asked about their use of acute health care services. Sixty-five per cent of BNL participants had received health care at accident and emergency at the hospital in the six months prior to completing the VI-SPDAT (4). Forty-nine per cent of respondents had taken an ambulance to the hospital, and 45 per cent had been admitted as an inpatient in a hospital in the six months prior to completing the VI-SDPAT (4).

BNL participants were asked how many times they received acute health care services. People sleeping rough have been found to be more likely to report higher rates and more frequent use of health services compared with people experiencing homelessness who are not sleeping rough (45).

Among BNL respondents, 40 per cent had received care at accident or emergency two or more times in the six months prior to completing the VI-SPDAT, and 13 per cent reported that they had received care 5 or more times (4).

Among the BNL respondents, 25 per cent reported having been taken to hospital in an ambulance at least twice in the six months prior to completing the VI-SPDAT, and 22 per cent reported that they had been hospitalised as an inpatient at least twice (4).

The series of questions on emergency service use in the VI-SPDAT also included a question about the use of a crisis service, including any phone hotlines.

Thirty-nine per cent of BNL respondents reported that they had used a crisis service in the six months prior to completing the VI-SPDAT.

Twelve per cent of all BNL participants had used a crisis service 5 or more times (4). In total, 73 per cent of BNL participants had four or more emergency service use interactions in the six months prior to completing the VI-SPDAT, taking into account receiving care at accident and emergency, taking an ambulance to hospital, admission as an inpatient in a hospital, use of crisis services or hospitalisation in a specialised mental health facility (4). This is consistent with the previous reports that people sleeping rough accessed services at higher rates, given that most BNL participants are rough sleepers.

Disability

Physical and psychosocial disability, acquired brain injury, cognitive impairment, mental health and other factors that impact on capacity for independent living are all common among people experiencing homelessness. Disability can be both a cause and consequence of homelessness.

According to the 2016 Census estimates, 4.7 per cent of people experiencing homelessness or living in marginal housing in Greater Adelaide lived with a disability that required assistance with core activities (1).

In examining statistics relating to disability in homeless populations, it is important to note that this is widely considered to be under assessed and under reported. SHS agencies use a broader indicator of disability compared to that used in the Census which only recorded core activity need for assistance. The H2H and AIHW disability indicator is based on the ABS core activity limitation measure (mobility, communication and self-care), however people living with lower severity disabilities (e.g. has difficulty but does not need help/supervision) are also counted as clients living with disability. The Adelaide Zero Project BNL also used a broader measure than the Census, asking respondents whether they had a physical disability that would limit the type of housing they could access, or make it difficult to live independently, because they would need help (31).

Figure 7 presents the H2H percentages of clients living with a disability in Adelaide who were accessing SHS in 2018-19.

Almost 11 per cent of SHS clients experiencing homelessness were people living with a disability (Figure 7).

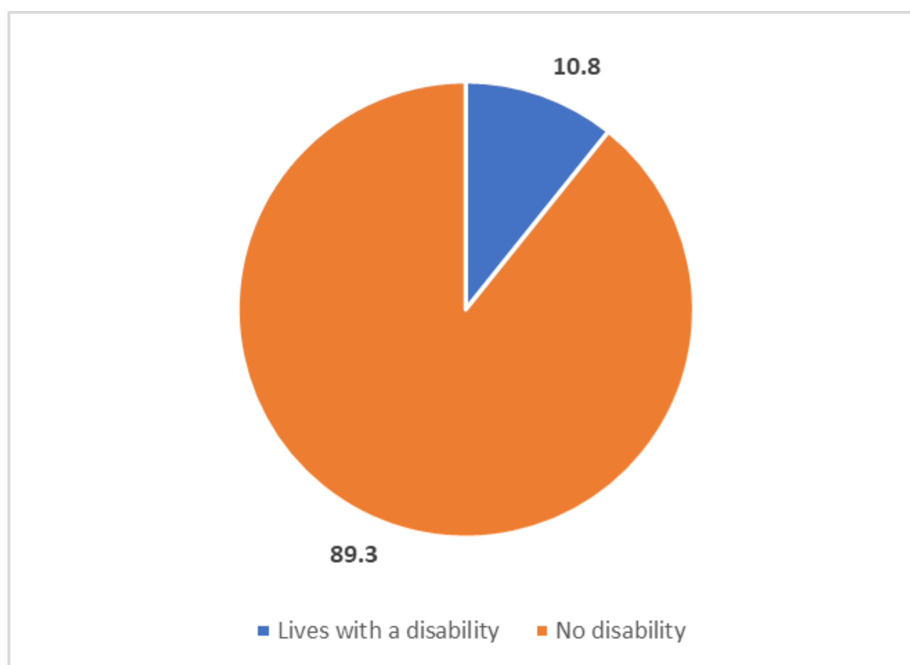

Figure 7: SHS Disability Issues Indicator for Clients Accessing Specialist Homelessness Services in 2018-19 who were in Adelaide at Intake (Per cent) (Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

Twelve per cent of male clients and almost 10 per cent of female clients experiencing homelessness were people living with a disability (3). Twelve per cent of people on the BNL reported that they had a physical disability that would limit the type of housing they could access or make it difficult to live independently (4). The higher rates of disability in H2H and the BNL amongst people experiencing homelessness are explained by the broader measures compared to that used in the Census. BNL respondents were also asked about other types of disability. Twenty-two per cent of BNL participants reported had been told they had a learning disability or a developmental/intellectual disability (4).

Mental Health

People experiencing homelessness are more likely to have poor mental health compared to the general population, and mental health problems are both a cause and consequence of homelessness (48, 49, 50). The relationship between mental health and homelessness was acknowledged in the recently released Productivity Commission report on mental health, which also contained a key recommendation to establish a policy of no discharge into homelessness (51).

Almost 37 per cent of clients experiencing homelessness in Adelaide who were accessing SHS services in 2018-19 were identified by SHS agency workers as having mental health conditions (Figure 8), however this is likely to be an underestimate of the prevalence of mental health conditions among this population.

The prevalence of mental health conditions among homeless clients accessing SHS in the whole of SA appears to have increased between 2016-17 and 2018-19, from 29 per cent to almost 35 per cent (2). Prevalence of mental health conditions were slightly lower for clients accessing SHS services at risk of homelessness compared with clients experiencing homelessness.

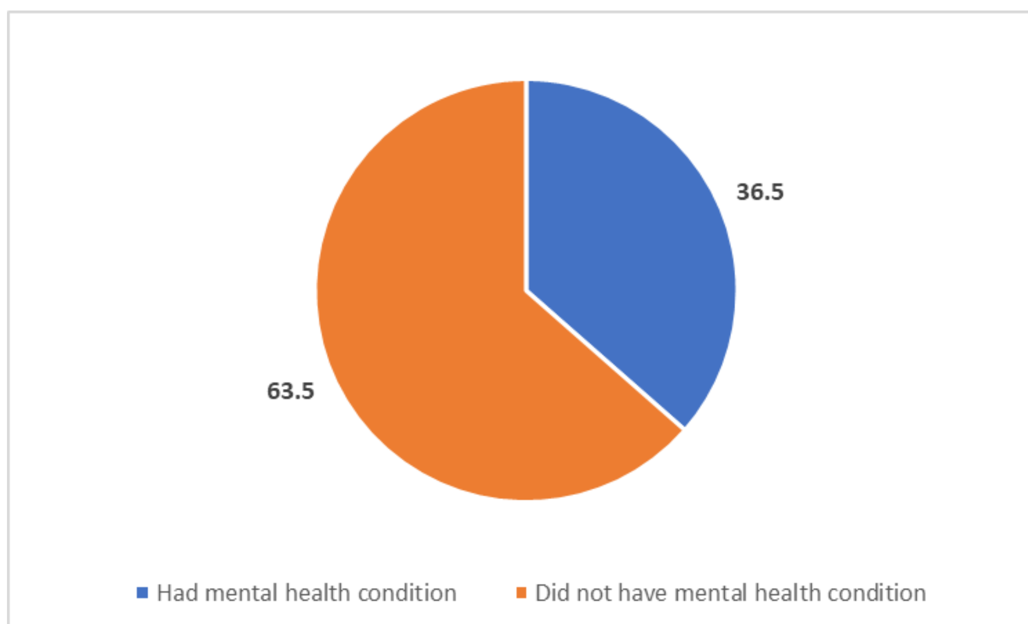

Figure 8: SHS Agencies Mental Health Issues Indicator for Clients Accessing Specialist Homelessness Services in 2018-19 who were in Adelaide at Intake (Per cent) (Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

The VI-SPDAT tool used to survey Adelaide Zero Project BNL respondents includes questions about diagnosis of specific mental health conditions.

Sixty-three per cent of people on the BNL report having been diagnosed with depression, and almost 59 per cent had been diagnosed with anxiety (Table 11).

Table 11: Specific Mental Health Conditions: Ever been Diagnosed, Frequency and Per cent

	Frequency	Per cent
Depression	87	63.0
Anxiety (other than PTSD)	81	58.7
Post-Traumatic Stress Disorder (PTSD)	56	40.6
Psychosis	26	19.3
Schizophrenia	25	18.4
Borderline Personality Disorder	24	17.7
Obsessive Compulsive Disorder (OCD)	18	13.4
Bipolar Disorder	15	11.2
Eating disorder	14	10.5

Data Source: Adelaide Zero Project By-Name-List as of December 18, 2019

Experiencing trauma is a key trigger for homelessness and poor health outcomes (52). Two-thirds of people on the BNL (67 per cent) reported that they had experienced recent or past abuse or trauma (4).

The VI-SPDAT completed by BNL respondents also included a series of questions about whether respondents had ever accessed health services for mental health. Key findings from responses to these questions include:

- Eighteen per cent of people on the BNL had been hospitalised as an inpatient in a specialised mental health care facility.
- Almost 34 per cent had been taken to a hospital against their will for a mental health reason.
- Forty-three per cent had gone to an Emergency Department because they weren't feeling well emotionally or because of their nerves.
- A quarter had voluntarily seen a psychiatrist, psychologist or other mental health professional in the 6 months prior to completing the VI-SPDAT in relation to their mental health.

People on the BNL also reported a high rate of traumatic brain injury or disability affecting cognitive function. Thirty-one per cent reported that they previously had a serious brain injury or head trauma (4). Overall, almost 83 per cent of people on the BNL reported that they had either been diagnosed with a mental health condition, accessed health services for mental health or had been told they had a serious brain injury, head trauma, learning disability or developmental disability (4).

Other Health Related Statistics

People experiencing homelessness face barriers in accessing primary care, which contributes to their higher need for acute health services. More than half of BNL participants (53.3 per cent) reported that they avoided or were unable to go for care when they were feeling unwell (4). In addition, 23 per cent of people on the BNL were not currently able to take care of basic needs including bathing, changing clothes, using a toilet or getting food and clean water (4).

Health limitations can act as a barrier to retaining housing, can trigger homelessness, and can also act as a barrier to accessing housing.

Twenty-four per cent of BNL participants reported that they had previously had to leave housing, crisis accommodation or another place they were staying because of their physical health (4).

As reported above, 12 per cent had a physical disability that limited the type of housing they could access or made it hard for them to live independently because they would need help (4).

The health needs of people who are experiencing homelessness are complex and not only because of high rates of chronic physical health conditions, mental health conditions and co-morbidity. Tri-morbidity, the co-existence of chronic physical health conditions, mental health conditions and substance use problems, adds further complexity to the health needs of homeless people.

Fifty-nine per cent of BNL participants were living with tri-morbidity (4).

Tri-morbidity is strongly associated with long term homelessness and rough sleeping and leads to higher rates of mortality (53).

Homeless Patients at the Royal Adelaide Hospital

The Royal Adelaide Hospital is the main Adelaide hospital in the CBD, however there are also other hospitals in Adelaide that have an Emergency Department (ED)[12] (47, 54). The Lyell McEwin and Modbury hospitals are located in and service the Northern and North-Eastern suburbs, Flinders Medical Centre services the Southern suburbs and the Queen Elizabeth hospital is located in and services the Western suburbs. SA Health began collecting data on homelessness status of patients presenting at the Royal Adelaide Hospital in September 2017. SA Health provided data on inpatient separations and ED presentations of homeless patients in 2018-19 for inclusion in this report.

The counts of homeless patients gradually increased from the commencement of data collection in September 2017 but appear consistent since June 2018 (55)[13]. In 2018-19, 383 people experiencing homelessness were seen at the RAH ED. These 383 patients accounted for 1,035 ED presentations. Of all homeless patients, 223 (58.2 per cent) had a single ED presentation in 2018-19, 64 (16.7 per cent) had two ED presentations and 25 per cent had three or more ED presentations (55). Sixteen patients had 10 or more presentations, representing 4.2 per cent of all ED presentations by people experiencing homelessness (55). Aboriginal and Torres Strait Islander peoples represented 23 per cent of ED patients in 2018-19 who were experiencing homelessness and 32 per cent of all homeless patient ED presentations (55).

The data on RAH ED presenting problem are consistent with the high rates of mental health conditions discussed in the previous section.

Mental health and psychosocial conditions were the most common ED presenting problem for patients experiencing homelessness, representing 43 per cent of all presentations (55).

Casualty/emergency was the source of referral for 94 per cent of inpatient presentations at the RAH in 2018-19. In total, 459 people experiencing homelessness were inpatients at the RAH in 2018-19, accounting for 784 hospital separations (55).

Of all homeless inpatients at the RAH, 306 (66.7 per cent) had a single hospitalisation, 81 (17.6) per cent) had two hospitalisations and 15.7 per cent had three or more hospitalisations (55). Aboriginal and Torres Strait Islander peoples represented 22 per cent of inpatients experiencing homelessness

[12] People experiencing homelessness in Adelaide are more likely to frequent the most inner-city public hospital as in other major Australian cities (47, 54).

[13] Inclusion criteria for homeless patients included variations in No Fixed Address or an ICD-10-AM diagnoses code of Z59.0 indicating homelessness.'

and 25 per cent of homeless hospital separations (55). Almost a quarter (24.4 per cent) of homeless hospital separations in 2018-19 were same day separations. The median length of stay for overnight separations was 4 days, and the average was 8.5 days (55).

There are some inconsistencies in the RAH data. Of all homeless ED presentations in 2018-19, 368 (36 per cent) resulted in admission to ward (55). The RAH ED statistics appear to be an underestimate of the number of ED presentations by people experiencing homelessness given that the RAH inpatient statistics cite a higher number of homeless patients than would be consistent with 94 per cent of inpatients being referred from RAH casualty/emergency. The source of referral statistics indicate that 738 hospital separations were referred from emergency/casualty, much higher than the 368 ED presentations admitted to the ward (55).

Service Needs

It is common for support for people experiencing homelessness to be equated only with the provision of shelter (56), however, people experiencing homelessness are not homogeneous and require a spectrum of services to meet their needs. The previous section of this report detailed what is known about the health status of the homeless population in Adelaide and touched on the health needs for people experiencing homelessness. Access to stable and supported housing is fundamentally the most important step to improving health outcomes for people who have experienced homelessness, and, in this regard, housing can be viewed as a health service (52). This section reports statistics on the service needs of the people experiencing homelessness, including housing related services, health services and services related to triggers for homelessness.

Housing First

The Housing First approach prioritises safe, permanent and stable housing for people who are experiencing long-term homelessness without pre-condition (i.e. not required to go to rehab or to go to a transitional service first) and provides wraparound support to sustain tenure (57). Provision of housing is not conditioned on engagement with other support services, but secure housing can enable complex needs to be addressed through multidisciplinary provision of services (57). There is universal support amongst SHS providers for the Housing First approach and recently Australia developed their own Housing First Principles based on international models (58). However, blockages within the housing system can lead to barriers in adopting the Housing First model (52).

There were 18,704 people on the housing register in South Australia for public or Aboriginal housing in February 2020 (7), illustrating the level of need for housing and barriers to obtaining safe and stable housing. These individuals are categorised into three areas of need on the housing register:

- **Category 1**: people with urgent housing need and long-term barriers to accessing or maintaining private housing options.
- **Category 2**: people who are not currently in urgent housing need but have long-term barriers to accessing or maintaining private housing options.
- **Category 3**: people who do not have urgent housing need or long-term barriers to other housing options.

Figure 9 contains the percentage of households on the housing register in South Australia experiencing homelessness in each category of housing need and shows those who are experiencing homelessness are 22 per cent of those on the register.

People experiencing homelessness account for 36 per cent of households in Category 1 on the housing register.

The percentages who were classified as homeless are lower for Categories 2 and 3, but still represent almost 3,000 people at risk of homelessness or with a history of homelessness who are in need of housing.

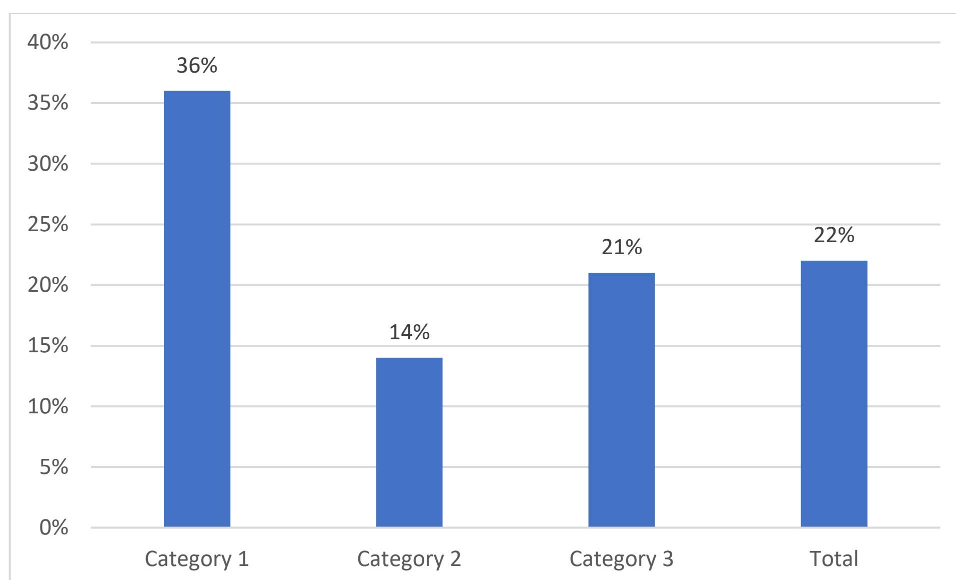

Figure 9: Households on the Housing Register in South Australia by Percentage of Homelessness in each Category (as at 29 February 2020) (Data Source: Housing Register, SA Housing Authority)

Housing Services

SHS agencies collect clients' main reason for seeking support at the commencement of support. The main reason provided by clients experiencing homelessness in Adelaide who were accessing SHS services in 2018-19 included housing crisis (e.g. eviction) (49 per cent), an inadequate or inappropriate dwelling (18 per cent), domestic and family violence (10 per cent), itinerant (7 per cent) and previous accommodation ended (6 per cent) (3). These responses reinforce that housing instability can arise from a range of situations and places housing as the obvious central need for people experiencing homelessness.

The SHS agencies included in the AIHW SHS collection are organisations that receive government funding to deliver accommodation-related and/or personal services or to people experiencing homelessness or at risk of homelessness (34). There are four types of accommodation needs identified by SHS agencies: short term accommodation, medium term accommodation, long term accommodation and tenure assistance. SHS agencies record both the services needed and the services provided to clients accessing SHS (26). Table 12 reports the number of SHS clients who needed SHS housing services and the number and percentage of services provided.

In 2018-19, 26.7 per cent of clients experiencing homelessness in South Australia were identified via SHS as needing tenure assistance services (2). Tenure assistance is defined as a need for assistance to sustain tenancy or prevent tenancy failure or eviction or prevent foreclosures or mortgage arrears (26).

Of the 2,133 homeless people who required tenure assistance, 2,119 (99 per cent) were provided with this assistance in SA (2).

Short, medium, or long-term accommodation was needed by a much higher number of clients compared with tenure assistance, particularly among clients experiencing homelessness. Thirty-eight per cent of homeless clients accessing SHS in South Australia in 2018-19 were identified as needing

short-term accommodation (2). Short-term accommodation includes emergency accommodation such as hotels, motels and caravan parks (26).

Only half of the clients experiencing homelessness who needed short term accommodation were able to be provided with this accommodation by SHS agencies in SA (2).

Table 12: Housing Services Needed and Provided in South Australia for Homeless Clients of SHS Agencies (Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW)

Service	Services needed	Services provided	% Provided
Tenure assistance	2,133	2,119	99%
Short term accommodation	3,029	1,563	52%
Medium term accommodation	1,775	379	22%
Long term accommodation	2,912	271	9%

Note: clients can need multiple types of housing services, e.g. tenure assistance and short, medium or long term accommodation

In total, 1,775 (22 per cent) South Australian clients experiencing homeless in 2018-19 were identified by SHS agencies as needing medium term accommodation (2). Medium-term accommodation is defined as being longer than three months in duration but is not expected to be ongoing (26). SHS agencies provided medium term accommodation to 379 homeless clients in 2018-19.

Long term accommodation was needed by 36 per cent of clients who were experiencing homelessness accessing SHS in South Australia in 2018-19 (2). Long-term accommodation is defined as generally longer than three months in duration and is expected to be ongoing (26). SHS agencies provided 271 homeless clients with long term accommodation, representing 9 per cent of the 2,912 clients who were identified as in need of long-term accommodation (2).

SHS agencies often refer clients to other accommodation providers outside the SHS sector, e.g. public or community housing or the emergency accommodation program offered by Housing SA. The numbers reported in this section are for services provided directly by the SHS agencies, but SHS client needs can be met by referral to other providers. According to the data tables from the AIHW SHS Annual report for 2018-19, 42 per cent of clients in South Australia who needed accommodation were provided with accommodation by SHS agencies, 41 per cent were referred to another agency and 17 per cent were neither provided with nor referred for assistance with accommodation (34) The overall level of unmet need must take account of accommodation provided via referral and is therefore the clients who were not provided with or referred for accommodation. Unmet need for accommodation is still substantial even after accounting for clients referred to other providers.

The unmet need for short, medium and long-term accommodation was most commonly because there was no accommodation available at the time (34).

The total public housing stock in South Australia has decreased from approximately 60,000 dwellings in 1992 to an estimate of less than 40,000 in 2015 (59, 60). The decline in public housing has contributed to a shortage of dwellings and unmet need for accommodation amongst people experiencing homelessness.

AIHW SHS Collection statistics provided statistics on need for accommodation for clients in South Australia and provision of accommodation by SHS agencies. H2H also provides data on accommodation provided by SHS agencies from clients who were in Adelaide at intake, but does not distinguish between short, medium and long-term accommodation and does not include the number referred to other accommodation providers. In Adelaide specifically, 57 per cent of clients who were experiencing homelessness and accessed SHS in 2018-19 were provided with accommodation (3). Forty-five per cent of clients who were at risk of homelessness were also provided with accommodation (3). In addition, twenty-seven per cent of clients in Adelaide who were experiencing homelessness were provided with assistance to sustain housing (3).

Health and Disability Services

The H2H data provides information on disability, health and mental health services provided to clients accessing SHS services in Adelaide, however the unit record data did not include client need for these services. SHS agencies in SA generally do not directly deliver disability, health or mental health services. SHS agencies refer clients to a mainstream or specialist service provider depending on need. According to H2H data, 37 clients in Adelaide who were experiencing homelessness and accessed SHS in 2018-19 were provided with disability assistance via referral to a provider of these services (3). This represented 0.6 per cent of homeless clients in Adelaide. Eleven per cent of homeless clients in Adelaide were provided with health assistance, and 4.5 per cent were provided with mental health assistance (3).

The AIHW SHS Collection data cubes enable identification of the number of South Australian clients who needed disability assistance and the number of clients who needed mental health assistance. In 2018-19, 6 per cent of clients experiencing homelessness in South Australia were identified as needing mental health assistance (2). Only 0.4 per cent of homeless clients were identified as needing disability assistance (2). Across Australia, there was unmet SHS client need for health services including mental health services (34 per cent with unmet need) and disability services (41 per cent had unmet need) (34).

SHS agencies also recorded client need for specialist services, and these refer to services that require specialised knowledge or skills and are usually undertaken by somebody with specific qualifications (34). Specialist services include health/medical services, mental health services, specialist counselling and psychological services however they also include non-health related services (e.g. child protection services, financial advice or professional legal services). The AIHW SHS Collection data cubes and H2H data did not enable identification of only the health-related services within specialist services needed or provided therefore the specialist services statistics are not reported here.

The SHS agency data on health-related needs of people experiencing homelessness is an underestimate of the need for health services for this population for two reasons: firstly, it is an imperfect measure of health needs as it relies on agency workers to identify peoples' needs. Secondly, rough sleepers are more likely to have higher health needs but only 47 per cent of Adelaide Zero Project BNL participants indicated they were connected to a SHS at the time of completing the VI-SPDAT (4). This indicates that many of the people experiencing homelessness who have higher health service needs are not captured in the SHS data on health needs. The statistics

presented in this section are likely to underestimate the need for health and disability services given the much higher needs identified in the Health and Health Needs section of this report.

Drug and Alcohol services

People experiencing homelessness consistently report high levels of alcohol and drug use (52).

Seven per cent of clients experiencing homelessness in Adelaide who were accessing SHS in 2018-19 were identified as experiencing drug issues, and 3.5 per cent of homeless clients were identified as experiencing issues with alcohol (3).

Across Australia, there is an unmet need for drug and alcohol services, with an estimated 35 per cent of SHS clients not being able to access the AOD (alcohol and other drug) services they require (34). One substantial challenge to receiving AOD support is the siloing of mental health and AOD services, often meaning individuals 'fall through the cracks' and are unable to access support for both of these issues. The H2H and AIHW statistics underestimate prevalence of drug and alcohol issues for the same reasons given in relation to health-related needs. Unpublished data from the Home2Health team in Perth, have found that 69% of Homeless Healthcare (a specialist homelessness GP service) patients had an AOD issue they were being treated for.

People sleeping rough report higher levels of problematic alcohol and/or drug use and this can both cause and exacerbate a number of chronic health conditions (45).

Seventy-five per cent of Adelaide Zero Project BNL participants reported that they had either had or been told they had problematic alcohol or other drug use or alcohol or other drug abuse (4).

Forty-two per cent had consumed alcohol and/or other drugs almost every day or every day for the past month and 34 per cent had injected drugs in the six months prior to completing the VI-SDPAT (4). Problematic alcohol or other drug use is another pathway into homelessness and can also develop while experiencing homelessness (34, 61, 62). Problematic alcohol or other drug use can also lock people into homelessness and compound the effects of limited service engagement (34).

Other Services including domestic violence

SHS agencies provide a range of services aimed to meet other needs of people experiencing homelessness and the triggers for homelessness in addition to providing and/or referring clients to housing related services and health services. These include referring clients to providers of domestic violence assistance, family assistance, financial and legal assistance and general assistance and providing services directly where available through SHS agencies. The main reason most clients gave for seeking SHS support was, unsurprisingly, focused on housing instability, but domestic and family violence was the third most cited main reason for seeking support given by clients in the H2H data who were experiencing homeless in 2018-19 (3). Domestic violence and family violence were cited as the main reason for seeking support among 14.4 per cent of homeless female clients in 2018-19

compared with 5 per cent of homeless male clients (3). Domestic violence can both be a precursor to becoming homeless (i.e. escaping the violent situation) but homelessness can also contribute to domestic violence (i.e. increased overcrowding due to family homelessness contributes to family domestic violence) (52).

Figure 10 presents the H2H percentages of clients in Adelaide who SHS Agency workers indicated were experiencing domestic violence and accessing SHS in 2018-19.

Ten per cent of clients experiencing homelessness and 31 per cent of clients at risk of homelessness cited domestic and family violence as their main reason for seeking support (3).

The prevalence of domestic violence amongst clients accessing SHS was higher than the percentage who gave this as their main reason for seeking support. According to the SHS indicator, 8.5 per cent of homeless male clients in Adelaide and 26 per cent of homeless female clients had been identified by SHS agency workers as experiencing domestic violence in 2018-19 (3).

The percentage of clients at risk of homelessness who were experiencing domestic violence was much higher than that for homeless clients and this can be attributed to homeless clients leaving their home to escape domestic and family violence. Domestic and family violence is the main reason women and children leave their homes in Australia (63). SHS agencies provide the principal crisis response for these people (64). Domestic violence assistance was provided to 13.5 per cent of SHS clients in Adelaide who were experiencing homelessness and 32 per cent of clients who were at risk of homelessness in 2018-19.

SHS agencies provide some types of services described as 'general assistance', which include advice and information, material aid, meals and living skills and can be distinguished from specialised services (34).

Almost all (98 per cent) SHS clients who were experiencing homelessness in Adelaide in 2018-19 were provided with general assistance (3).

The AIHW SHS data indicate that almost all homeless South Australian SHS clients needed general assistance (2). SHS agencies were able to meet the need for general assistance of homeless clients, but the need for specialised services were less commonly met (34).

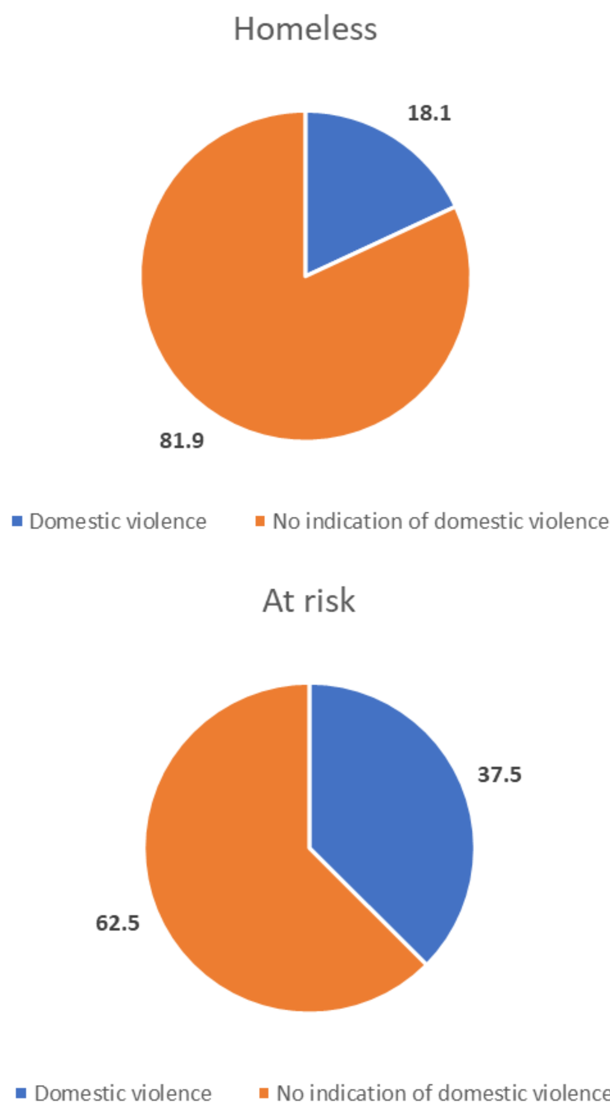

Figure 10: SHS Agencies Domestic Violence Indicator for Clients Accessing Specialist Homelessness Services in 2018-19 who were in Adelaide at Intake (Data Source: Homeless to Home Unit Record Data, SA Housing Authority)

Financial assistance was provided to 22 per cent of homeless clients in Adelaide in 2018-19 and 8 per cent were provided with legal assistance (3). Financial and legal assistance includes financial advice and counselling, counselling for problem gambling and professional legal services (26). Financial assistance is also provided to clients to assist in establishing or maintaining tenancy, to provide short-term or emergency accommodation, and in some cases for training, education, employment and accessing external specialist services (34).

Family assistance was provided to 15 per cent of clients in Adelaide who were experiencing homelessness and accessed SHS in 2018-19 (3). Family assistance includes child protection services, parenting skills education, child-specific specialist counselling services, pregnancy assistance and family planning assistance (26). There was a much higher level of unmet need for specialised drug and alcohol, legal, financial and family assistance compared to general assistance, most likely due to the limited availability of specialised skills within SHS agencies and referral services offered to SHS clients (34).

Summary

People who experience homelessness live in the most disadvantaged of circumstances, resulting in a higher likelihood of both poor physical and mental health. While these individuals require access to a range of services, there are often multiple barriers in being able to access them (affordability, waitlists, hierarchy of needs, health literacy). Information on the characteristics of the homeless population is important for informing the design and provision of services for people experiencing homelessness. Their characteristics provide context for the identification of service needs and provide insight into the scale of service provision required by the homeless population.

The report provided a profile of the homeless population in Adelaide and South Australia. The data tell us that homelessness is experienced by people with all levels of education and that more than half of homeless people receive low incomes. Aboriginal and Torres Strait Islander people are overrepresented in the homeless population. The report has identified that estimates of the homeless population and characteristics of people experiencing homelessness differ between the available data sources. Analysis of data drawn from these sources must consider the advantages and limitations of the source data. Reports that rely on SHS data will only include clients who seek or are referred to SHS agencies. While these reports provide useful information on the characteristics of clients, service needs and unmet need, we must be mindful of the people who are not included in these data.

This profile of the homeless population in Adelaide and South Australia has drawn on information from multiple data sources to provide an evidence base that acknowledges the strengths and limitations of each data source and presents a fuller picture of the characteristics of the homeless population than might be obtained from any one data source. These data have provided a picture of the characteristics of people experiencing homelessness. It has highlighted that the homeless population is not homogeneous and suggested that service provision needs to take account of the differences between groups so that service provision can be adapted to specific needs. The high needs of people without secure housing means they are likely to need and use health, disability, domestic violence, financial and food provision services frequently. While provision of housing is essential there do need to be other services which ensure that once housed, people have their need for health services, adequate income support and support to integrate into a new community met.

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Appendix

Table A1: Homeless Status First Reported by Gender and Location in SA, Clients Accessing Specialist Homelessness Services, Per cent

		2016-17		2017-18		2018-19	
		Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA
Homeless	Male	46.2	46.8	46.1	49.5	45.9	48.5
	Female	53.8	53.2	53.9	50.5	54.1	51.5
At Risk	Male	30.9	32.2	32.4	30.5	35.1	31.6
	Female	69.1	67.8	67.6	69.5	64.9	68.4

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

Table A2: Estimates of Homelessness by Gender and Location in SA in 2016, Per cent

	Greater Adelaide	Rest of SA	Total
Male	58.3	55.9	57.7
Female	41.8	43.8	42.3
Total	100.0	100.0	100.0

Note: includes people experiencing homelessness and people living in marginal housing
Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS

Table A3: Homeless Status First Reported by Age Group and Location in SA, Clients Accessing Specialist Homelessness Services, Per cent

		2016-17		2017-18		2018-19	
		Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA	Greater Adelaide	Rest of SA
Homeless	0-9	9.2	6.2	10.0	6.1	10.9	6.1
	10-19	16.4	17.9	16.9	16.3	17.1	16.3
	20-29	27.0	25.6	24.3	25.5	24.9	25.1
	30-39	21.3	21.8	21.2	21.8	20.4	21.9
	40-49	15.8	15.7	16.1	17.3	15.8	16.6
	50-59	7.1	7.7	7.6	7.6	7.3	8.5
	60 +	1.7	1.8	2.2	1.6	2.0	2.6
	Missing	1.3	3.2	1.6	3.8	1.6	2.9
At Risk	Male	8.5	9.0	10.3	9.4	12.9	7.9
	0-9	15.0	13.6	16.2	13.3	15.9	13.4
	10-19	22.3	23.5	21.2	24.1	21.3	22.8
	20-29	25.0	24.6	24.3	24.1	22.7	25.4
	30-39	16.3	16.9	15.9	16.7	15.6	17.8
	40-49	7.8	7.0	7.2	7.3	6.7	7.7
	50-59	4.0	3.4	3.7	2.6	3.8	2.7
	60 +	1.2	2.1	1.2	2.5	1.0	2.4
	Missing	16.4	17.9	16.9	16.3	17.1	16.3

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

Table A4: Estimates of Homelessness by Age Group and Location in SA, Per cent

	Greater Adelaide	Rest of SA	Total
0-9 years	11.9	13.1	12.2
10-19 years	17.4	14.3	16.6
20-29 years	26.0	17.9	23.9
30-39 years	13.7	14.9	14.0
40-49 years	13.0	13.5	13.1
50-59 years	9.9	12.0	10.5
60 +	8.2	14.2	9.7
Total	100.0	100.0	100.0

Note: includes people experiencing homelessness and people living in marginal housing

Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS

Table A5: Homeless Status First Reported by identification as Aboriginal and/or Torres Strait Islander, Clients Accessing Specialist Homelessness Services, South Australia, Per cent

		2016-17	2017-18	2018-19
Homeless	Yes	26.2	26.7	27.4
	No	65.5	64.9	65.6
	Not Stated	8.3	7.7	7.7
At Risk	Yes	19.6	20.2	21.3
	No	68.5	68.2	67.5
	Not Stated	12.0	11.6	11.2

Data Source: AIHW 2019. Specialist Homelessness Services Collection data cubes 2011–12 to 2018–19. Canberra: AIHW

Table A6: Estimates of Homelessness by Identification as Aboriginal and/or Torres Strait Islander and Location in SA in 2016, Per cent

	Greater Adelaide	Rest of SA	Total
Yes	6.5	31.8	12.9
No	87.1	61.3	80.5
Not Stated	6.5	6.9	6.6
Total	100.0	100.0	100.0

Note: includes people experiencing homelessness and people living in marginal housing

Data Source: Census of Population and Housing, 2016, Estimating Homelessness microdata, ABS

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