

THE (WOMEN'S) WORD  
ON THE STREET:

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

Photography: Kieran MacFarlane

“A roof over my head  
and a hot shower,  
and some stability”

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

Research on the impact of rough sleeping in Australia as well as elsewhere predominantly focuses on the experiences of men. While men represent the majority of the rough sleeping population the lack of focus on women sleeping rough leaves a significant gap in our knowledge of the experiences of rough sleeping women in Australia. Based on interviews with 853 women sleeping rough in Australia's cities using the Vulnerability Index – Service Prioritisation Decision Tool over the period 2010-2017, the present analysis provides the first detailed picture using non-administrative data of the physical and mental health outcomes and broader life experiences of women sleeping rough in Australia.

Women sleeping rough experience elevated rates of physical and mental health conditions, substance abuse issues, domestic violence and interactions with the justice system relative to both the general population and women experiencing other forms of homelessness (such as couch surfing or supported accommodation). The findings from this research provides an evidence base for an urgent comprehensive public health, housing, justice and social support response to the situation of women sleeping rough in Australia.

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to end homelessness



**CENTRE  
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IMPACT**



## HIGH NUMBERS OF WOMEN ARE SLEEPING ROUGH OR ARE IN NON-PERMANENT ACCOMMODATION IN AUSTRALIA

### “Getting off the streets, getting a place where I feel safe.”

Over the period 2010–2017, Australian homelessness services undertook interviews with over 8,600 people sleeping rough or otherwise homeless in concentrated data collection efforts called Registry Weeks. The aim of Registry Week data collections is to develop a register of those who are homeless in areas in which homelessness services operate using a common interview schedule with the ultimate purpose of providing an evidence base for local services to assist people into permanent housing with necessary supports. The Vulnerability Index (VI) instrument, and following that, the VISPDAT (Service Prioritisation Decision Assistance Tool) were used in Registry Week collections as the means of collecting data. Between 2010 and 2017, there were 8,618 people interviewed through Registry data collections.

In the VI-SPDAT tool used in Australian interviews, respondents were asked: “I am going to read types of places people sleep. Please tell me which one you sleep at most often”. Respondents could also provide their own response if they felt none of the options adequately described the place they slept most frequently. Of the 8,618 respondents, 853 women and 3,124 men reported that they were sleeping most frequently on the streets, in cars, in parks, and other locations not designed for habitation. These respondents were classified as ‘sleeping rough’. The remaining respondents reported that they were sleeping frequently in other types of homeless accommodation and were defined as ‘not sleeping rough’. This category also includes those who specified a housing accommodation type, which includes private rentals and public and community housing. Data pertaining to people residing in these accommodation types (i.e. people that did not report primary homelessness at the time of interview) was included in the analysis as the phrasing of question did not specify a time period, asking only where the respondent sleeps most frequently. Individuals who said they slept most frequently in housing may have recently lost their tenancies, may be at risk of eviction, may be in inappropriate or insecure housing, or may have been only recently housed. All interviews were conducted on the streets, in supported accommodation venues or at community service organisations. All data collected pertains to people who reside in these locations or access these services and reflects their current circumstances as they report them to interviewers.

### PLACES WOMEN SLEPT MOST FREQUENTLY

	NUMBER	PER CENT
SLEEPING ROUGH	853	32.6
NOT SLEEPING ROUGH	1767	67.4
Crisis and emergency accommodation	354	12.9
Temporary accommodation (e.g., couchsurfing)	917	33.5
Short-term accommodation (e.g., boarding house, hostel, caravan)	253	9.3
Institutional accommodation (e.g., hospital, drug and alcohol facility, prison)	39	1.4
Other	229	8.4
Housed (e.g., private rental, community housing, public housing)	90	3.3
TOTAL	2620	100.0

Source: Registry Week Data Collections 2010-2017, Authors calculations.

Notes: (1) 115 responses were missing. (2) “Housed” may include people who have recently lost their tenancies, are at risk of eviction, and have been recently housed and may include responses.

Women sleeping rough were on average 36 years of age, and were significantly older than women in temporary accommodation, and significantly younger than women in institutional accommodation and men rough sleepers. A significantly smaller proportion of women rough sleepers identified as ‘straight’ than women in temporary accommodation or men rough sleepers.

### “Having my own house that no one can take away from me. Been 10-15 yrs since I had my own place.”

### The (women’s) word on the street

On average, women rough sleepers reported that they had spent 4.8 years (57 months) homeless and 5.8 years (69 months) without stable housing at the time of interview. The total time spent homeless for women rough sleepers at the time of interview was significantly greater than for women non-rough sleepers and significantly less than men rough sleepers. The time spent without stable housing for women rough sleepers was significantly greater than women non-rough sleepers and similar to men rough sleepers.

	WOMEN SLEEPING ROUGH	WOMEN NOT SLEEPING ROUGH	MEN SLEEPING ROUGH
Mean time living on the streets or in emergency accommodation	57.4 months (4 years and 7.8months)	33.9 months (2 years and 8.2months)	76.1 months (6 years and 3.4 months)
Mean time without stable housing	68.6 months (5 years and 8.6 months)	38.8 months (3 years and 2.9months)	69.4 months (5 years and 7.8 months)

Source: Registry Week Data Collections 2010-2017, Authors calculations.

### INDIGENOUS WOMEN ARE SIGNIFICANTLY OVER-REPRESENTED AMONG WOMEN SLEEPING ROUGH

### “Warmth. House. Home.”

Despite 3.3% of Australian women in the 2016 Census identifying as Indigenous Australians (Australian Bureau of Statistics, 2018), 39% of women sleeping rough, and 14% of women not sleeping rough identified as Indigenous in the Registry Week data. The over-representation of Indigenous women is evident across all categories of those not sleeping rough, with the exception of those housed. The proportion of women sleeping rough that identified as Indigenous was significantly higher than the proportion of men sleeping rough who identified as Indigenous (21%).

### WOMEN SLEEPING ROUGH ARE MORE LIKELY TO BE HOSPITALISED FOR A MENTAL HEALTH CONDITION AGAINST THEIR WILL

### “Nice comfortable home. Mental health support.”

More women sleeping rough had been hospitalised against their will for a mental illness than those not sleeping rough (33% vs 27%), and interviewers observed significantly higher signs of mental illness or severely compromised cognitive functioning among women sleeping rough than those not sleeping rough (29% vs 19%). Despite these large numbers, significantly less women sleeping rough (30%) reported attending professional mental health appointments in the last six months, compared to women who were not sleeping rough (42%) indicating a major issue of access to services for those in greatest need.

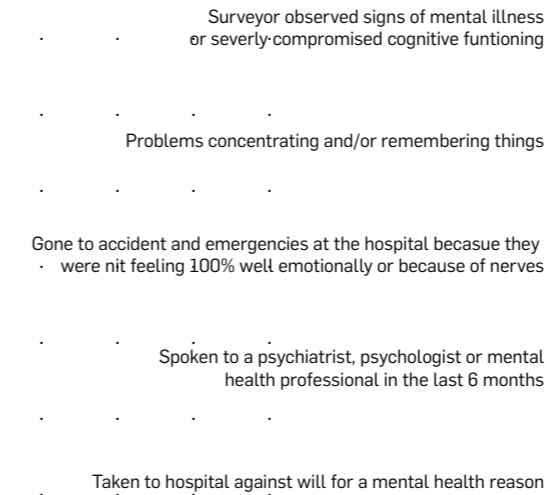
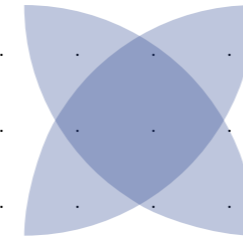
Observable signs of mental illness were reported more often among Indigenous rough sleeping women, and Indigenous women were also more likely to have spoken to a professional mental health practitioner in the last six months.



Interviewing people during the 500 lives 500 Homes Campaign registry fortnight. Photography: Patrick Hamilton.

### The health and social costs of women sleeping rough in Australia’s cities

### Women sleeping rough: mental health indicators



Source: Registry Week Data Collections 2010-2017, Authors calculations.

### SLEEPING ROUGH IS ASSOCIATED WITH INCREASES IN REPORTED ALCOHOL AND OTHER DRUG USE, AND INTERACTIONS WITH THE JUSTICE SYSTEM

### “A life! Without drugs”

Sleeping rough is correlated with higher drug and alcohol use across all indicators: surveyor-observed indicators of problematic drug/alcohol use, reports of blacking out to alcohol or drug use in the past month, use of non-beverage alcohol (e.g. methylated spirits), return to drinking and drug use after treatment, injecting drug use in the past six months, daily alcohol use in the past month, and drug and alcohol abuse.

Experiences of imprisonment were reported by a higher proportion of women sleeping rough relative to the overall Registry Week sample (41% of rough sleeping women versus 19% of the overall sample). A higher proportion of rough sleeping women reported current legal issues (27% versus 21% of the overall sample), as well as interactions with the police in the six months prior to survey (14% versus 3% of the overall sample). A higher proportion of women sleeping rough reported being victims of crime, have threatened harm to self or others, have been exploited, and involved in risky behaviours (e.g. exchange sex for money, run drugs or share needles) relative to men sleeping rough and women not sleeping rough.

### PEOPLE EXPERIENCING HOMELESSNESS EXPERIENCE POOR HEALTH OUTCOMES THAT DIFFER BETWEEN TYPES OF HOMELESSNESS, GENDER, CULTURAL IDENTITY AND DISABILITY.

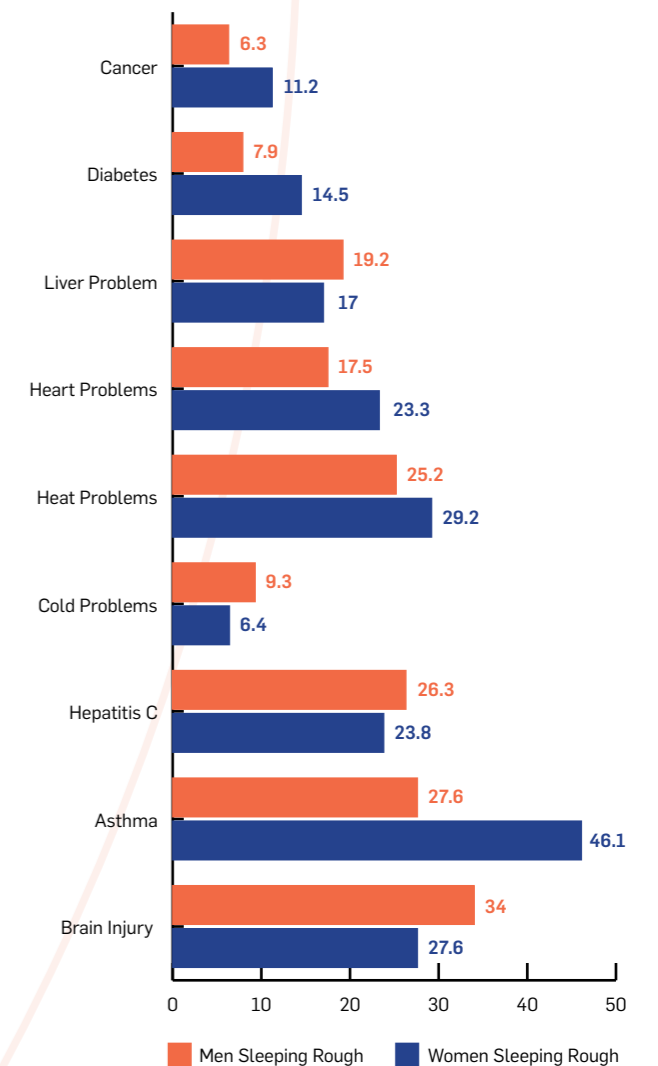
### “I’d like to work on my health issues and I’m afraid I’m going to be moved on from my squat”

People experiencing homelessness have poor health outcomes, with those sleeping rough often faring much worse. In the Registry Week data, compared with rough sleeping men, a significantly greater proportion of rough sleeping women reported asthma, heat problems, heart problems, diabetes and cancer, and a significantly smaller proportion of rough sleeping women than rough sleeping men reported brain injuries.

A higher proportion of rough sleeping women reported physical health conditions (brain injury, hepatitis C, cold and heat problems, liver problems, cancer) than women in crisis and emergency accommodation and temporary accommodation.

Within the sample, hepatitis C, diabetes and cancer was significantly more prevalent amongst Indigenous respondents. With the exception of diabetes, people with a physical disability are also more likely to experience poor health outcomes across all of the selected medical conditions: asthma, hepatitis C, cold problems, heat problems, heart problems, liver problems and cancer.

### Lifetime prevalence of selected medical conditions, per cent



Source: Registry Week Data Collections 2010-2017, Authors calculations.

Note: (1) Question asked “Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions?”



## SLEEPING ROUGH RESULTS IN SIGNIFICANT COSTS TO AUSTRALIA'S HEALTH CARE SERVICES

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

Source: Registry Week Data Collections 2010-2017. Note: (1) Questions asked "In the last 6 months, how many times have you been to Accidents and Emergencies in the hospital?", "In the last 6 months, how many times have been taken to the hospital in an ambulance?", and "In the last 6 months, how many times have you been hospitalised as an inpatient, including hospitalisations in a mental health hospital?".

Women sleeping rough were significantly more likely to use accidents and emergencies, and ambulances than men sleeping rough and women not sleeping rough. In addition, women sleeping rough were more likely to use hospital inpatient services than women not sleeping rough. High healthcare utilisation results in high healthcare costs with women sleeping rough having a significantly higher mean healthcare cost per person than rough sleeping men and non-rough sleeping women across all three healthcare services (accident and emergencies, ambulance and hospital inpatient) at \$11,904 per person, in the last six months.

This a conservative estimate as it is based on general population average length of hospital inpatient stays. Given the aforementioned medical conditions and circumstances of the women sleeping rough, length of stays are likely to be longer for rough sleeping women than the general population. However, even with such a conservative estimate, the annual cost of these health services, if applied to the 853 women sleeping rough in Registry Week samples, would be \$20.3 million. If applied to all women sleeping rough counted on Census night 2016, the annual figure would \$65.8 million, far exceeding the annual costs of appropriate housing and support programs for women sleeping rough.

### WHAT WOMEN SLEEPING ROUGH NEED TO BE SAFE AND WELL?

Just over 600 women provided responses to the open ended question "What do you need to be safe and well?". Almost all responses (over 95%) included reference to accommodation or shelter of some form. Almost 10% of responses mentioned needing family and friends, and over half of these made explicit reference to "wanting their children back". This is interesting as the question is very broad, and does not lead

respondents to talk about any particular domain of their life when outlining what they need to be safe and well. Further, not all respondents will have children, not all those that have children will want to disclose information about them, and some may mention the factors needed to get their children back such as accommodation and employment rather than making explicit mention of reuniting with their children. Therefore, it is clear that the issue of their children being in care is salient to many rough sleeping women, and in some cases serves as a driver to improve their situation.

**"- stable accommodation, - kids back, - stable mental health, - abstain from drugs"**

### TAILORED HOUSING PLUS MODELS ARE NEEDED TO SUPPORT WOMEN OUT OF HOMELESSNESS

Throughout the Registry Week data it is evident that women experiencing homelessness are a heterogeneous population with differing health, mental health, alcohol and other drug and justice needs to men. Stable and permanent housing needs to be prioritised in all homelessness strategies. However, this needs to be paired with wraparound services that are tailored to the person's individual needs, which are demonstrably influenced by their gender, experience of homelessness, cultural identity, sexuality and disability. What works for one woman may not work for all, and strategies need to be designed taking this into account.

### CATEGORIES, SUBCATEGORIES AND EXAMPLES OF SAFETY AND WELLBEING NEEDS FOR WOMEN SLEEPING ROUGH

CATEGORY	SUBCATEGORY	EXAMPLES FROM DATA
PHYSIOLOGICAL NEEDS	Food/water	"Better foods, dietary foods." "roof over head, place to live, enough to eat" "a roof over my head a house in which i can be warm and cook food. being able to be off the streets"
	Warmth	"Food, House and warmer clothes." "some place warm"
	Rest	"A bed, Secluded room of my own." "Stable accommodation food and sleep"
SAFETY NEEDS	Physical health	"Housing; Job; Medical attention" "more money, affordable health care"
	Mental health	"Reduce anxiety, a home, healthcare" "house help with childhood abuse" "A secure home + To be linked in with mental health"
	Drug & alcohol	"Help with getting a house. Detox." "accommodation, get off grog"
	Security	"stable housing, a door i can lock grief counselling" "Safety in own home" "stable accommodation away from current partner"
	Shelter	"my own place, sometimes i get scared laying on the street and its cold." "House, where my family doesn't know where I am" "Roof over my head,Storage and Accommodation,Food Regularly"
	Stay out of trouble	"Staying off the streets; staying away from bad people" "Stop hanging around the wrong people"
	Stability/routine	"A home & Stability" "routine, somewhere safe to be" "support and a space stable home environment"
BELONGINGNESS	Resources	"Shelter, food, money" "accommodation , financial stability" "Have my own place, back on Centrelink payments."
	Friends & Family	"protection, family, money, love, housing." "Stable accommodation or right company, good friends" "A home, seeing family."
	Children in care	"Home to make me feel safe and to get my daughter back" "A house where you can have family - get my son back" "File to be cleared; Kids back from DOCS; Secure home."
ESTEEM NEEDS	Social support	"house good friends encouragement" "Good support network stable affordable housing"
	Employment	"house, children, job" "Full time work and housing - access to agencies" "house, job, family" "a stable home, consistency, work and help to get back on my feet"
	Achievement	"Somewhere to live - further education" "House, education,job"

### REFERENCES

Australian Bureau of Statistics (2018), 'Estimates of Aboriginal and Torres Strait Islander Australians, June 2016' Cat no: 3238.0.55.001, Canberra: Australian Bureau of Statistics <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>