

Pathways to homelessness for people sleeping rough in NSW

This Evidence Brief presents key findings from Taylor Fry's Pathways to Homelessness report about people who are rough sleeping in NSW. We also discuss implications for policy and practice. By better understanding pathways to homelessness, supports can be put in place sooner to avoid people at risk of rough sleeping becoming homeless in the future. The analysis uses a linked dataset that includes Specialist Homelessness Services and 18 other NSW Government and Commonwealth services.

Key messages

- People sleeping rough tend to be male and older, with a history of intensive service use across a range of government services.
- Aboriginal people are heavily overrepresented among people sleeping rough, at around 30% of rough sleeping presentations to Specialist Homelessness Services (SHS).
- The Taylor Fry analysis shows that people sleeping rough presenting to homelessness services are more likely to access a wide range of other government services, including health, justice and Legal Aid.
- Custody, prior court appearances, welfare service use (rent assistance) and mental health emergency department presentations strongly predict future rough sleeping. People at the highest risk of rough sleeping have a crime victimisation rate 17 times higher than the general population, highlighting the vulnerability of people without a safe place to reside.
- The analysis points to a number of strong potential early intervention points for people sleeping rough including custody exits, presentations to an emergency department for mental health, court appearances, Legal Aid and walk-in mental health services.
- The analysis can be used to increase early identification of at-risk groups and inform the development of intervention strategies and programs to support people before they start sleeping rough and enter the homelessness service system.

Introduction

People sleeping rough are a particularly vulnerable and hard to service group. Reducing street homelessness, and delivering services that respond to the needs of people sleeping rough, are key priorities for the NSW Government and our partners.

The NSW Government has worked with Taylor Fry to conduct a detailed investigation into the use of homelessness services in NSW, and the government services people use before, during and after experiencing homelessness. People sleeping rough are identified in the recently released Taylor Fry Pathways to Homelessness report as a particularly high-risk group, showing a history of intensive service use across a range of government services.

This Evidence Brief provides an overview of key findings and policy implications from the Pathways to Homelessness report for people sleeping rough. Policymakers and practitioners are encouraged to use this as a basis for further consideration with stakeholders in their specific areas. Better understanding the experiences and pathways into rough sleeping can help us design and implement preventative and early intervention responses to improve outcomes.

Further detailed information about the data and findings is available in the [full report](#).

Why is understanding the pathways to homelessness for people sleeping rough important?

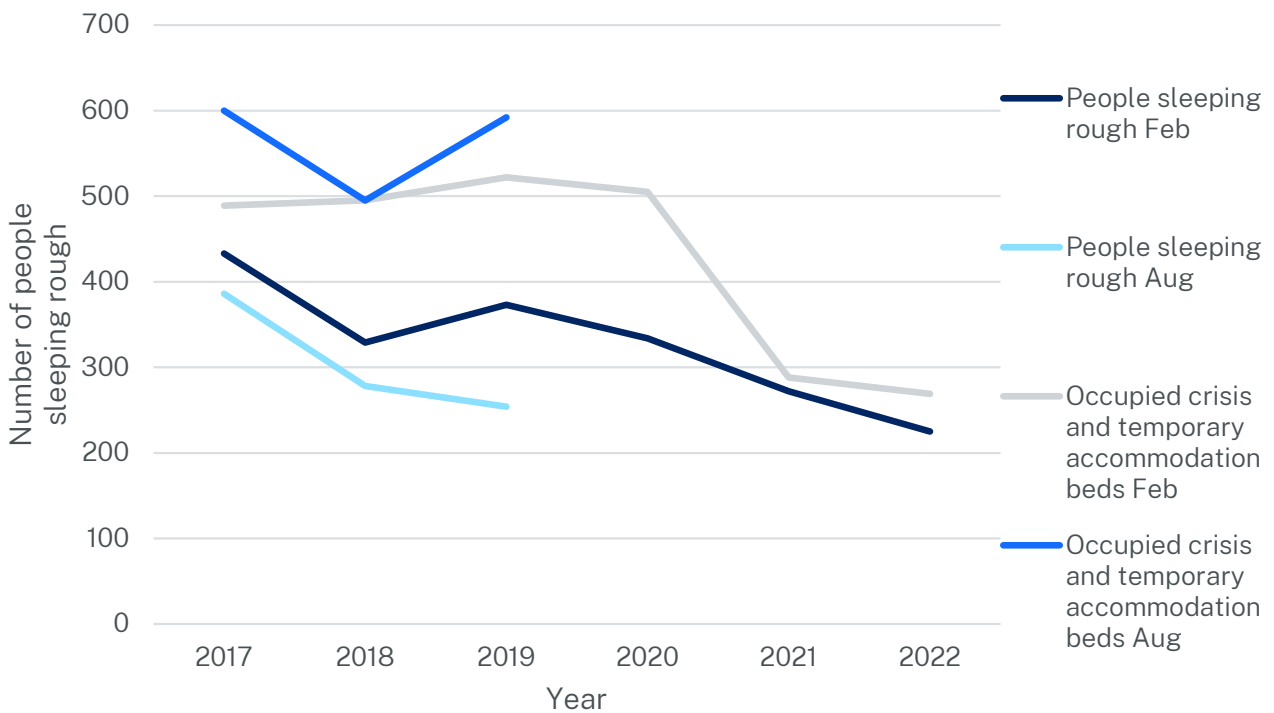
Having a safe and secure home is increasingly out of reach for many in NSW, particularly for people sleeping rough. At the 2016 Census, 2,588 people were sleeping in improvised dwellings, tents or sleeping out in NSW, an increase of 35% since 2011 (ABS 2018). While this number decreased to 990 in the 2021 Census (ABS 2022), this decrease may have been impacted by the lockdown of Greater Sydney and other parts of NSW at the time the Census was conducted and the NSW Government's response to homelessness during the COVID-19 pandemic. This response included an investment of more than \$950 million as part of the COVID-19 Economic Recovery Strategy, expansion of Assertive Outreach programs to 58 local government areas across NSW, greater flexibility around Temporary Accommodation arrangements to reduce rough sleeping, and \$122.1 million investment in the Together Home program to support people sleeping rough into stable-long term housing.



In addition to the available Census data, the City of Sydney conducts a biannual street count of people sleeping rough in Sydney city and DCJ has also undertaken an annual statewide rough sleeping street count since 2020 as part of the Premier’s Priority to Reduce Homelessness:

- In the City of Sydney Street Count, the number of people counted as sleeping rough on the night of the street counts has been trending downwards since 2017. Similarly, the number of people occupying crisis and temporary accommodation beds has also declined, although this trend may be attributed to additional measures put in place to support people sleeping rough during COVID-19 (Figure 1).
- DCJs Statewide Street Count, recorded a total of 1,207 people sleeping rough in 2022, representing a slight increase from 2021 (n=1,141), but a decrease since the street count began in 2020 (n=1,314) (Department of Communities and Justice 2022).¹

Figure 1: Number of people sleeping rough and in occupied crisis and temporary accommodation beds in Sydney City, 2017 to 2022



Note: The August 2020 and August 2021 City of Sydney street counts did not take place due to COVID-19 restrictions.

Source: Data and information is available at [City of Sydney Street Count](#).

People who sleep rough are a particularly vulnerable group. They are more likely to experience chronic health and mental health issues, alcohol and other drug use, disconnected family relationships, impaired social relationships and greater exposure to violence. People who sleep rough are typically harder to engage, less likely to access crisis accommodation services (Donley & Wright 2012; Farrell 2010; Ogden & Avades 2011; Petrovich & Cronley 2015) and less likely to sustain long-term housing than other homeless groups (Jost et al. 2011; Warnes et al. 2013).

¹ Data and information about the DCJ Statewide Street Count is available on the [DCJ website](#).

This heightened vulnerability means people sleeping rough are overrepresented as users of government services, particularly homelessness, health and welfare services, and have increased interactions with the justice system (Baldry et al. 2012; Flatau et al. 2018; Zaretsky & Flatau 2013). Understanding the pathways to homelessness for people who sleep rough has important benefits for intervening early and potentially reducing the costs of homelessness for individuals, communities and government services.

Reducing street homelessness in NSW is a current Premier's Priority. In 2019, the NSW Government joined the Institute of Global Homelessness in making Sydney a Vanguard City, with a commitment to halve rough sleeping in NSW by 2025.



How was the Pathways to Homelessness analysis designed?

The analysis undertaken by Taylor Fry examined a linked dataset that includes SHS and 18 other NSW and Commonwealth services.

The linked dataset covers 625,861 people, with a case and comparison design:

- The case cohort is 202,927 people who accessed SHS in NSW from 1 July 2011 to 30 June 2017.
- The comparison (control) group is a random sample of 422,934 people in NSW, matched for age and sex.

The dataset is large enough to be able to meaningfully talk about homelessness risk for the entire NSW population.

A range of analyses were applied to the data including descriptive analysis, predictive modelling, pathway analysis and cost estimation. These form the basis for the findings presented in this brief. More information on the questions that guided the analysis, the data sets included and the approach undertaken is provided at the end of this brief and is available in the full report.

It is important to note that the dataset does not capture the pathways of all individuals experiencing homelessness. The Taylor Fry analysis focuses on people presenting to crisis accommodation services, and more specifically where a person has sought assistance from an SHS provider or Temporary Accommodation (see Box 1). This is a practical decision as high-quality linkable data exists for this group.

Box 1: Definition of homelessness services and presentation classifications

For this analysis, homelessness services include Specialist Homelessness Services (SHS) and Temporary Accommodation (TA). SHS provide services aimed at prevention and early intervention, as well as crisis and post crisis assistance to support people experiencing or at risk of homelessness. Temporary Accommodation supplements Specialist Homelessness Services in providing time limited accommodation in low cost motels or caravan parks for clients who are homeless. The intention of Temporary Accommodation is to provide a bridge to give clients a chance to secure alternative accommodation, whether crisis accommodation or private rental. It is a short-term temporary measure rather than a longer-term response.

People presenting to homelessness services are classified based on their housing situation:

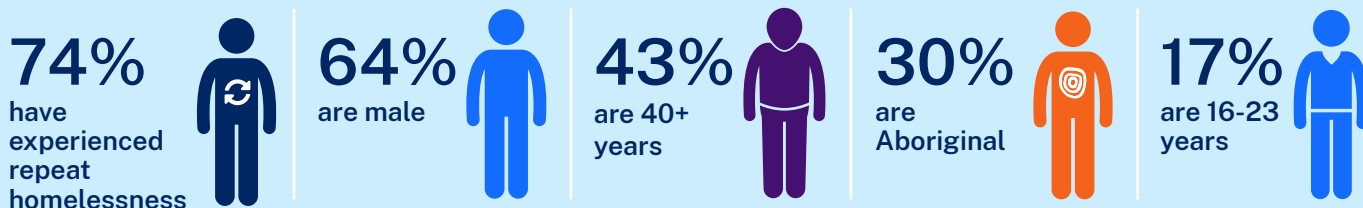
- People with no shelter or living in an improvised/inadequate dwelling are **rough sleeping**.
- People living in short-term temporary accommodation, or as a couch surfer with no tenure, are **homeless**. This includes people in Temporary Accommodation, noting some may have been rough sleeping.
- People living in social housing, private housing or institutional settings are **at risk of homelessness**.

What did the analysis find?

Key findings about people sleeping rough and their pathways to homelessness are presented in the following infographic and described more fully in the rest of this brief. Detailed data is available in the full report.

Key findings about people sleeping rough in NSW and their pathways to homelessness

Who is sleeping rough?



Who is most at risk of future presentation to homelessness services after rough sleeping?

Those at the highest risk are:

1.0%
of the NSW population
(around **80,000 people**) are at **high risk** of rough sleeping

0.2%
(around **16,000 people**) people in this group are at the **highest risk** of rough sleeping

- more likely to be **Aboriginal**
- 134x more likely** to access **SHS** as rough sleepers than the general population
- have **150x more** Temporary Accommodation supports
- have **more interactions** with the justice system as both offenders and victims
- have **more visits** to emergency departments and ambulatory mental health services

What are the potential early intervention points for people sleeping rough?

Increased risk of accessing homelessness services as a rough sleeper

Coverage of future homelessness services rough sleeping presentations

People using **ambulatory mental health services**



20x



26%

People appearing **before courts**



24x



25%

People using **Legal Aid**



24x



23%

People **exiting custody**



60x



15%










Who is sleeping rough?

Over the two years to June 2017, 8% of all SHS presentations were people sleeping rough, representing a total of 6,850 presentations to SHS per year. Box 1 provides definitions of the types of presentations to SHS. It is important to note that not all people who sleep rough access SHS.

Compared to all people who access SHS, people sleeping rough are more likely to be male and older. They are also more likely to be Aboriginal. Table 1 presents more information about the key characteristics of people who sleep rough identified in this analysis.

Table 1: Characteristics of people sleeping rough

Gender		Around 64% of people sleeping rough are men.
Age		People sleeping rough tend to be older (43% aged over 40, compared to 28% for all SHS presentations). However, 17% are young people aged 16-23, indicating a heightened risk of rough sleeping for this age group.
Aboriginality		About 30% of rough sleeping presentations are Aboriginal, which is ten times higher than the proportion of Aboriginal people in the broader NSW population (about 3%).
Location		Around 42% of rough sleeping presentations in NSW access homelessness services based in Sydney.
Income		<p>People sleeping rough commonly receive government income support, with JobSeeker (43%) and the Disability Support Pension (DSP) (29%) being the most common.</p> <p>Longer durations on income support benefits indicate higher risk. Around 55% of people accessing homelessness support while rough sleeping have received income support in at least 11 of the prior 12 quarters.</p> <p>Over the six years to June 2017, 80% of people presenting while rough sleeping were receiving income support, and the majority (55%) had been on income support for virtually the whole of the previous three years.</p> <p>People accessing homelessness services while rough sleeping are much more likely to be correctly recorded as at risk of homelessness on the Centrelink data than those who are homeless or at risk of homelessness.</p>
Service use		74% of people who accessed homelessness services while rough sleeping, accessed homelessness services multiple times.
Support needs		<p>People sleeping rough are more likely to require support for mental health issues (21%), followed by drug and alcohol use (17%), domestic and family violence (13%) and legal issues (9%) and less likely to need help with family issues (7%), immigration/cultural issues (4%) and disability support (2%).</p> <p>Compared to people who are homeless and those at risk of homelessness, drug and alcohol rates are significantly higher for people sleeping rough, whereas domestic and family violence and family support needs are lower.</p>

Who is most at risk of future SHS presentation after a period of rough sleeping?

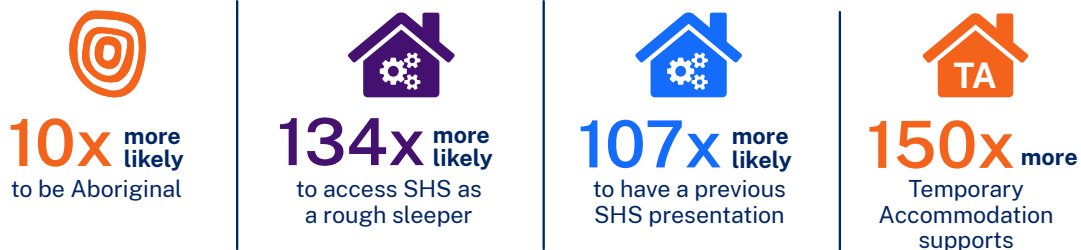
Taylor Fry developed a rough sleeping prediction model, based on quarterly records in 2014–15 and 2015–16, to identify who is most at risk of rough sleeping and then presenting to SHS within the next year.

The results show that the risk of presenting to SHS after rough sleeping is concentrated in a small fraction of the population. Just 1% of the NSW population that the model identifies as most at risk, represent over half of all rough sleeping SHS presentations.

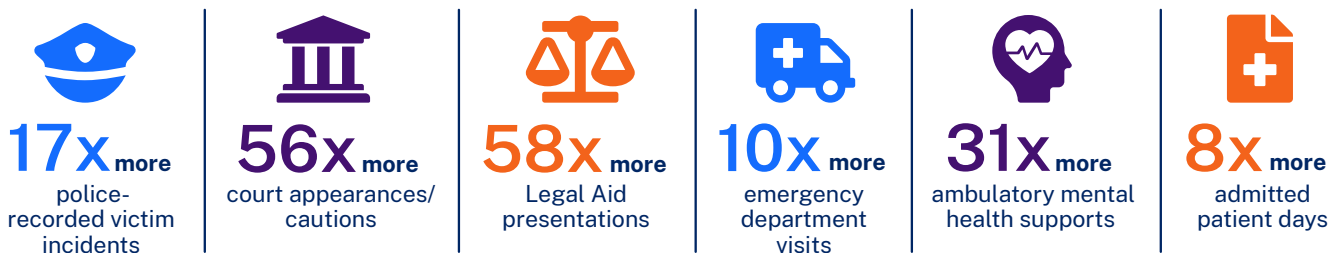
Within this 1% group at high risk, people with very intensive service use history have an even higher probability of presenting to SHS as a rough sleeper. More than a quarter (27%) of rough sleeping SHS presentations come from 0.2% of the population (around 16,000 people in NSW). People in this group are 134 times more likely to access SHS while rough sleeping than the general population.

Compared to the full NSW population, the 0.2% of the population at the highest risk of presenting to SHS while rough sleeping have highly elevated past service use across housing and health services and increased interactions with the justice system as both offenders and victims. People at the highest risk of rough sleeping are victims of crime at a rate 17 times higher than the general population, reflecting the heightened vulnerability of people without a safe place to live. Aboriginal people make up 34% of this highest risk group (see infographic).

Compared to the full NSW population, people at the highest risk of presenting to SHS rough sleeping in the next year are:



People at the highest risk of rough sleeping have:



Notes: Data is based on past service use over the previous 3 years.

Source: Pathways to Homelessness, Table 25

There are rarely single factors that determine being at very high risk of rough sleeping and future SHS presentation. However, those at the greatest risk have a combination of:

- some custody in the past 3 years
- more than two court appearances in the previous five years
- welfare service use (rent assistance) in the last 3 years
- more than one mental health emergency department presentation in the previous year.

What are the potential early intervention points for people sleeping rough?

To determine potential homelessness intervention points, the analysis looks at other government services people used in the year before accessing homelessness services. People sleeping rough represent a vulnerable group with high past service use. The costs to deliver services to this group are much higher than other groups experiencing or at risk of homelessness and the general population.






Over the six years to 30 June 2017, people sleeping rough were more likely to access a wide range of services, including health, justice and Legal Aid. Table 2 looks at the risk uplift (likelihood of accessing homelessness services) and coverage of presentations to homelessness services by people sleeping rough.

What is risk uplift and coverage?


- The risk uplift refers to how many more times a person is likely to access homelessness services if they have accessed a given service.
- The coverage is the proportion of people presenting to homelessness services that also accessed a given service in the previous year.

An ideal opportunity for intervention is a service with high risk uplift (so prevention is well targeted) and high coverage (so a greater number of people are helped). The analysis also considers the reduction in costs that could potentially come from an effective intervention. The costs compare average 3-year costs for an individual who accesses a given service and then homelessness services to those who access the given service and do not access homelessness services.

Table 2: Two-way analysis results for rough sleeping presentations and other service use in the previous 12 months

Area	Service	Risk uplift	Coverage	Additional 3-year cost across NSW govt	
Health		Emergency Department	3x	49%	\$82k
		Emergency Department - mental health diagnosis	56x	8%	\$111k
		Admitted patients	2x	30%	\$94k
		Admitted patients - mental health diagnosis	30x	5%	\$95k
		Ambulatory mental health	20x	26%	\$83k
		Ambulatory mental health - psychoactive substance use	54x	6%	\$71k
		Ambulatory mental health - disorders of personality	42x	2%	\$97k
		Ambulance	7x	28%	\$89k
		Controlled drugs	49x	6%	\$57k
Commonwealth Health		Medicare	1x	78%	\$66k
		Medicare relating to mental health	4x	30%	\$75k
		Medicare relating to addiction	20x	6%	\$92k
		Medicare relating to chronic disease management	1x	12%	\$66k
		PBS script	1x	65%	\$66k
		PBS script relating to opioids	2x	20%	\$64k
		PBS script relating to addiction	5x	5%	\$57k
		PBS script relating to mental health	3x	38%	\$75k
		PBS script with Closing the Gap	10x	10%	\$54k
Justice		Police recorded victim	7x	31%	\$82k
		Police recorded victim - domestic and family violence	16x	4%	\$62k
		Legal Aid	24x	23%	\$78k
		Court appearance/ Police caution or YJC	24x	25%	\$80k
		Custodial spell ending	60x	15%	\$39k
Housing		Public housing tenancy ending	12x	4%	\$67k
Child Protection		OOHC placement ending	11x	1%	\$130k

Communities and Justice

Area	Service	Risk uplift	Coverage	Additional 3-year cost across NSW govt
Commonwealth Welfare 	Some days on income support	3x	80%	\$61k
	Rental Assistance receipt	8x	55%	\$60k
	DSP income support	9x	28%	\$65k
	Jobseeker income support	8x	45%	\$54k
	Parent income support	4x	7%	\$29k
	Student income support	2x	4%	\$51k
	Age pension	0.2x	1%	\$29k
	Centrelink risk of homelessness indicator	88x	20%	\$47k

Note: Risk uplift is relative to a baseline risk of 0.06% p.a., and coverage relates to 4,500 presentations p.a. The data is based on six years to June 2017. Costs are totals over 3 years, inflated to June 2020 values.

Source: Pathways to Homelessness, Table 32

The results of this analysis show:

- The **Centrelink risk of homelessness flag** strongly predicts future rough sleeping. This indicator is more likely to be recorded for people experiencing ongoing financial hardship as well as those sleeping rough. People receiving a Centrelink risk of homelessness flag are 88 times more likely to access homelessness services while rough sleeping in the following year (risk uplift), covering 20% of future rough sleeping presentations (coverage).
- People **exiting custody** have an increased risk (x60) of accessing homelessness services while rough sleeping in the following year (risk uplift). Provision of support at the end of a custody spell would cover 15% of future rough sleeping presentations (coverage).
- People presenting to an **Emergency Department for mental health** have an increased risk (x56) of accessing homelessness services for rough sleeping in the following year (risk uplift) and would cover 8% of future rough sleeping presentations (coverage).
- People **appearing before Courts** are 24 times more likely to access homelessness services while rough sleeping in the following year (risk uplift). An intervention targeting these clients would cover 25% of future rough sleeping presentations (coverage).
- Those using **Legal Aid** services have an increased risk (x24) of accessing homelessness services while rough sleeping in the next year (risk uplift). An intervention targeting Legal Aid clients would reach 23% of future rough sleeping presentations (coverage).
- People using **walk-in (ambulatory) mental health** services are 20 times more likely to access homelessness services while rough sleeping in the following year (risk uplift), covering 26% of future rough sleeping presentations (coverage).

Based on these findings, the Centrelink risk of homelessness flag, custody exits, presentations to an emergency department for mental health, court appearances, Legal Aid and walk-in mental health services are strong potential early intervention points for people sleeping rough.

What do these findings mean for policy and practice?

Strengthening prevention and early intervention programs is critical

The analysis provides detailed information about people at high risk of presenting to homelessness services while sleeping rough. This information could be used to increase early identification of at-risk groups and inform the development of preventative programs to support different groups of people at risk of rough sleeping, with a particular focus on people exiting custody and people with complex health needs. Prevention and early intervention programs are critical to achieve and sustain the Premier's Priority target to reduce rough sleeping by 50% by 2025.

Greater investment in higher intensity and long-term housing models such as social housing with wraparound supports may play a critical role in breaking the cycle of people entering and re-entering the homelessness service system.

Preventing exits from government services into homelessness is a priority

The analysis has highlighted that people at greatest risk of rough sleeping have a combination of custody, prior court appearances, welfare service use (rent assistance) and mental health emergency department presentations. Preventing exits from government services into homelessness is critical to reducing the risk and incidence of homelessness across NSW. As the Pathways to Homelessness research findings demonstrate, people leaving health facilities and other services experience unpredictable exit pathways that significantly increase their risk of homelessness. With no single agency able to address the full range of multiple and complex needs that these individuals may be experiencing, an integrated approach and effective working partnerships between government services to supporting these high risk cohorts are critical in preventing exits to homelessness.

The evidence base supports investment in effective housing responses for people sleeping rough

A recent systematic review and meta-analysis examining the effects of interventions on a range of outcomes including housing stability, mental health and substance use for people experiencing homelessness found that permanent supportive housing may improve and maintain housing stability (Moledina et al. 2021). These benefits impacted people with high and moderate needs with significant comorbid mental illness and substance use disorders. The review also found that permanent supportive housing may reduce emergency department visits and days spent hospitalised. Income assistance, standard case management and intensive mental health interventions may also improve housing outcomes, although further research is needed (Moledina et al. 2021).

The Pathways to Homelessness analysis shows that people who sleep rough are overrepresented as users of government services, particularly housing, health and welfare services, and have increased interactions with the justice system. A number of approaches have been shown to be effective or promising in supporting people sleeping rough to exit homelessness and the homelessness service system.

Assertive community treatment (ACT)

A recent systematic review found some evidence that interventions including assertive community treatment (ACT) were shown to have a moderately positive effect on housing stability for homeless people with mental illness (Moledina et al. 2021). ACT consists of a multidisciplinary group of healthcare workers in the community offering team-based care to persons with high levels of need. Teams operate 24/7 providing services tailored to the needs and goals of each service user. There is usually no time limit on the services provided, but transfer to lower intensity services is common after a period of stability (Moledina et al. 2021).

Assertive outreach

Assertive outreach is the dominant model used to engage people sleeping rough in Australia, the UK, the US and Canada. In Australia, the model has been informed by the Rough Sleepers Initiative (RSI) and Rough Sleepers Unit (RSU) from the UK, Housing First and Common Ground from the US and the assertive community treatment approach. The latter is a rigorously evaluated model that has been effective in reducing homelessness and symptom severity in homeless persons with severe mental illness (Coldwell & Bender 2007; Phillips & Parsell 2012). Assertive outreach is based on the belief that people do not want to sleep rough (Parsell 2011) and involves street outreach and

‘purposeful engagement’ with people sleeping rough with complex needs (Phillips & Parsell 2012). The level of evidence on the effectiveness of assertive outreach is limited. However, there are a small number of low rigour studies that can provide useful insights.

Phillips and Parsell’s (2012) report examining how assertive outreach has been implemented in practice in Australia draws on three case studies of assertive outreach approaches in Sydney, Brisbane and Darwin. The report highlights that the model had assisted 42 people sleeping rough to move into stable housing in Sydney and 79 people in Brisbane in the first twelve months of operation. Service providers reported that more people could have been housed in Sydney and Brisbane if there was more housing available. According to feedback from service providers, tenancies were largely sustained in Sydney and Brisbane, with Brisbane reporting around 7 per cent of tenancies breaking down and, in most of these cases, transfers to alternative housing options had been achieved. Specific numbers on how many people were assisted into long-term housing are not reported for Darwin as Darwin’s assertive outreach program had different objectives to the Sydney and Brisbane programs, largely focusing on addressing antisocial behaviour and short-term interventions rather than permanently ending rough sleeping.

From May to July 2019, Homelessness NSW, the peak body for homelessness in NSW, consulted with services in the inner-city Sydney area to gather their views on the effectiveness and impacts of the Homelessness Outreach Support Team (HOST) and Homelessness Assertive Response Team (HART) models. One of the key findings of the consultation was that HOST clients who were sleeping rough were being housed more quickly due to access to Temporary Accommodation almost immediately and many were being fast-tracked from Temporary Accommodation into more long-term social housing (Homelessness NSW, n.d.).

A qualitative study involving interviews with 20 long-term unsheltered homeless people who had been placed into long-term housing by the Street to Home team in New York City found that assertive outreach strategies can increase participants’ trust in the program (Jost et al. 2011, p.253-254). These strategies include:

- provision of detailed information by workers about the housing process
- development of rapport and trust by the workers
- ongoing and persistent contact by workers
- weekly sessions for exchanging information about the housing process.

Housing First

Evidence shows that Housing First is an effective approach leading to significant improvements in housing stability for young people (Morton et al. 2020, Wang et al. 2019) and adults (Munthe-Kaas et al. 2018). Housing First prioritises permanent and stable housing for people experiencing homelessness. After housing has been secured, other supports are put in place to address health and well-being issues to help people sustain housing and avoid returning to homelessness. Two evaluations of Housing First highlight that this model has been effective in helping people sleeping rough to sustain long term housing:

- A randomised evaluation of the Canadian At Home/Chez Soi Housing First program found that in the last 6 months of the study, compared to the treatment as usual participants, Housing First participants were almost twice as likely to be housed all of the time (31% compared to 62%) and almost three times less likely to be housed none of the time (46% compared to 16%) (Goering et

al. 2014, p.17). A preliminary analysis of costs found that Housing First is a cost-effective program. Every \$10 invested in Housing First resulted in an average reduction in costs for health, social and justice services of \$9.60 for participants with high needs and \$3.42 for participants with moderate needs (Goering et al. 2014, p.23).

- The evaluation of the Sydney Way to Home program was a multi-method, pre-post study using qualitative interviews with service users, practitioners, managers, government policy officers, service providers as well as analysis of documents and a baseline and 12 month follow up survey. The evaluation showed that of the 20 people housed, 18 (90%) service users sustained housing in between the baseline and 12 month follow up (Parsell et al. 2013).

Social Impact Investment

There are promising social impact investment instruments and models to address homelessness including social impact bonds. The London Homelessness Social Impact Bond was a four-year program commissioned by the Greater London Authority and funded by the Department for Communities and Local Government. The purpose of the trial was to encourage innovative approaches to address rough sleeping. The three-year trial, from 1 November 2012 to 31 October 2015, targeted 828 chronic rough sleepers in London. The trial was successful in reducing rough sleeping, increasing and retaining reconnections, and enabling people to access long-term accommodation. The results of the evaluation show that when compared to a well-matched comparison group, the intervention significantly reduced rough sleeping over a two-year period. Further, the intervention group had significantly fewer episodes of rough sleeping compared to the comparison group (Department for Communities and Local Government 2017).

Conclusion

The analysis provides critical information about early intervention and potential intervention points to prevent people from entering the homelessness service system and presenting to SHS while sleeping rough. This Brief has outlined a number of approaches that have been effective in supporting people sleeping rough to exit homelessness.

The analysis also highlights the importance of improved data systems to collect, coordinate and use data and research. Enhanced data collection and coordination systems would inform our evidence base to determine the most effective responses to rough sleeping.

About the Pathways to Homelessness report

Pathways to Homelessness is a key action under the 2018 NSW Homelessness Strategy to improve the evidence base for early intervention and prevention for people at risk of homelessness.

The project focused on four key research questions:

1. For people requiring homelessness support, which other government services have they used before?
2. For people using other government services, how likely are they to require homelessness support?
3. Among the people identified, what other risk factors affect their likelihood of using homelessness services?
4. How do government service use costs differ for people requiring homelessness services?

The dataset comprised SHS and Temporary Accommodation data plus 15 other linked NSW Government and 3 Commonwealth Government health and welfare datasets including Centrelink data, Medicare service information, Pharmaceutical Benefit Scheme data, hospital stays; Emergency Department visits; registered births and deaths; ambulatory mental health; ambulance callouts; Controlled Drugs of Addiction; social housing; Temporary Accommodation; private rental subsidy/assistance; out-of-home care; police-recorded victim incidents; Legal Aid; Court appearances; time in custody; and educational attainment. The study cohort comprised 625,861 people.

The analysis used a combination of methods:

- descriptive statistics to understand the key characteristics of homelessness presentations over the six-year period to 30 June 2017
- predictive modelling to identify people with a high likelihood of accessing homelessness services in the future, and associated risk factors to support intervention
- two-way pathway analysis, which looks at homelessness presentations that follow other service use, to identify potential intervention points and estimate the elevated costs across government for people experiencing or at risk of homelessness
- additional analysis on vulnerable cohorts, including financial hardship, mental health conditions, substance use, DFV, exiting custody, and leaving out-of-home care (OOHC).

You can access the [full report](#) on the Department of Communities and Justice website.

References

- Australian Bureau of Statistics 2022, *2021 Census community profiles: New South Wales*, viewed 29 June 2022, <https://abs.gov.au/census/find-census-data/community-profiles/2021/1>.
- Australian Bureau of Statistics 2018, *Census of population and housing: estimating homelessness*, cat. no. 2049.0, viewed 13 April 2020, <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>
- Baldry, E, Dowse, L, McCausland, R & Clarence, M 2012, *Lifecourse institutional costs of homelessness for vulnerable groups*, University of New South Wales (UNSW), Sydney.
- Coldwell, C & Bender, W 2007, 'The effectiveness of assertive community treatment for homeless populations with severe mental illness: a meta-analysis', *American Journal of Psychiatry*, vol. 164, no. 3, pp. 393–399.
- Department for Communities and Local Government 2017, *The impact evaluation of the London Homelessness Social Impact Bond*, viewed 12 May 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658881/SIB_Impact_evaluation_report.pdf.
- Department of Communities and Justice 2022, *2022 NSW Statewide Street Count: technical paper*, viewed 8 April 2022, <https://www.facs.nsw.gov.au/download?file=829276>.
- Donley, A & Wright, J 2012, 'Safer outside: A qualitative exploration of homeless people's resistance to homeless shelters', *Journal of Forensic Psychology Practice*, vol.12, no. 4, pp. 288-306.
- Farrell, D 2010, 'The paradox of chronic homelessness: the conscious desire to leave homelessness and the unconscious familiarity of the street life', *Journal of Human Behavior in the Social Environment*, vol. 20, no. 2, pp. 239-254.
- Flatau, P, Seivwright, A, Calii, Z, Thielking, M, Mackelprang, J, Taylor, K & La Sala, L 2018, *Chronic homelessness in Melbourne: first-year outcomes of the Journey to Social Inclusion phase two study*, Sacred Heart Mission, Melbourne.
- Goering, P, Veldhuizen, S, Watson, A, Adair, C, Kopp, B, Latimer, E, Nelson, G, MacNaughton, E, Streiner, D & Aubry, T 2014, *National At Home/Chez Soi final report*, Mental Health Commission of Canada, Calgary.
- Homelessness NSW n.d., *Homelessness NSW consultation paper: review of the HOST and HART models for addressing rough sleeping in inner-city Sydney*, viewed 22 December 2021, <https://homelessnessnsw.org.au/wp-content/uploads/2021/03/Feb-2017-Consultation-Paper-Review-of-the-HOST-and-HART-models-for-rough-sleeping-in-inner-city-Sydney.pdf>.
- Jost, JJ, Levitt, AJ & Porcu, L 2011, 'Street to home: the experiences of long-term unsheltered homeless individuals in an outreach and housing placement program', *Qualitative Social Work*, vol. 10, no. 2, pp. 244-263.
- Moledina, A, Magwood, O, Agbata, E, Hung, J, Saad, A, Thavorn, K & Pottie, K 2021, 'A comprehensive review of prioritised interventions to improve the health and wellbeing of persons with lived experience of homelessness', *Campbell Systematic Reviews*, vol. 17, no. 2.

Morton, MH, Kugley, S, Epstein, R & Farrell, A 2020, 'Interventions for youth homelessness: a systematic review of effectiveness studies', *Children and Youth Services Review*, vol. 116, p. p.105096.

Munthe-Kaas, H, Berg, RC & Blaasvaer, N 2018, 'Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis', *Campbell Systematic Reviews*, vol. 14, no. 1, pp. 1-281.

NSW Government 2018, *NSW Homelessness Strategy 2018-2023*, NSW Government, Sydney.

Ogden, J & Avades, T 2011, 'Being homeless and the use and non-use of services: a qualitative study', *Journal of Community Psychology*, vol. 39, no.4, pp. 499-505.

Parsell, C 2011, 'Responding to people sleeping rough: dilemmas and opportunities for social work', *Australia Social Work*, vol. 64, no. 3, pp. 330-345.

Parsell, C, Tomaszewski, W & Jones, A 2013, *An evaluation of Sydney Way2Home: final report*, Institute for Social Science Research, The University of Queensland, Brisbane.

Petrovich, JC & Cronley, CC 2015, 'Deep in the heart of Texas: A phenomenological exploration of unsheltered homelessness', *American Journal of Orthopsychiatry*, vol. 85, no. 4, pp. 315-323.

Phillips, R & Parsell, C 2012, *The role of assertive outreach in ending 'rough sleeping'*, AHURI final report no.179, Australian Housing and Urban Research Institute, Melbourne.

Wang, JZ, Mott, S, Magwood, O, Mathew, C, Mclellan, A, Kpade, V, Gaba, P, Kozloff, N, Pottie, K & Andermann, A 2019, 'The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review', *BMC Public Health*, vol. 19.

Warnes, A, Crane M & Coward, S 2013, 'Factors that influence the outcomes of single homeless people's rehousing', *Housing Studies*, vol. 28, no. 5, pp. 782-798.

Zaretsky, K & Flatau, P 2013, *The cost of homelessness and the net benefit of homelessness programs: a national study*, AHURI final report no. 218, viewed 8 June 2020, <https://www.ahuri.edu.au/research/final-reports/218>.

Produced by

Katie Page, Christie Robertson and Eleni Stratton
Family and Community Services Insights Analysis and Research (FACSIAR)
NSW Department of Communities and Justice
6 Parramatta Square, 10 Darcy St, Parramatta NSW 2150
www.facs.nsw.gov.au
Email: facsiar@facs.nsw.gov.au