

Better Understanding the People on the Adelaide Zero Project's By-Name List

The evidence on acuity and inflows
from the September 19 2019 By-Name List data capture

FULL DEEP DIVE DATA REPORT

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by The Australian Alliance for Social Enterprise, University of South Australia

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Acronyms

AAG	Australian Association of Gerontology
AHWG	Aligned Housing Working Group
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
AZP	Adelaide Zero Project
BNL	By-Name List
CALD	Culturally and linguistically diverse
DDF	Don Dunstan Foundation
DSP	Disability Support Pension
H2H	Homelessness to Home
IGH	Institute of Global Homelessness
NI	non-Indigenous
PSG	(Adelaide Zero) Project Steering Group
TAASE	The Australian Alliance for Social Enterprise (UniSA)
TAG	Technical Administrators Group
VI-SPDAT	Vulnerability Index - Service Prioritization Decision Assistance Tool

Terminology

Aligned housing	Aligned housing focusses on an alignment between the housing stock/options allocated to people on the By-Name List, and the housing needs expressed by people on that list with regard to housing design and neighbourhood, including proximity to community services and supports. Aligned housing is achieved when the supply of safe, low or no barrier housing and support options appropriate to individuals' needs is sufficient to maximise the sustainability of tenancies as people rebuild their lives post rough sleeping.
Aligned Housing Working Group	<p>The Aligned Housing Working Group is the body within the Adelaide Zero Project governance structure with responsibility for driving understanding and action around aligned housing.</p> <p>The Group reports to, and receives advice from, the Adelaide Zero Project Steering Group on aligned housing and receives advice on aligned housing. The Project Steering Group has resolved to take on responsibility for debating and finding ways forward for any strategic and system barriers impacting progress for the Adelaide Zero Project, including for aligned housing.</p>
By-Name List (BNL)	A database capturing key person-specific housing and support information and used as the basis for prioritising assistance in an end homelessness effort. The Adelaide Zero Project By-Name List is owned by the Adelaide Zero Project, with Neami National the custodian of the data. Information contained in it is primarily collected through the Adelaide Zero Project common assessment tool, the VI-SPDAT or Vulnerability Index - Service Prioritization Decision Assistance Tool.
Chronic rough sleeping	<p>Chronic rough sleeping is defined within the Adelaide Zero Project context as follows: A person is chronically rough sleeping if:</p> <ul style="list-style-type: none">• they have slept rough (or have been in an active category on the Adelaide Zero Project By-Name List) for at least six months continuously; and/or,• they have had three or more episodes of rough sleeping in 12 months (with this measured by a change between an active and an inactive/housed status on the Adelaide Zero Project By-Name List).
Continuous Improvement Action Group	<p>The Continuous Improvement Action Group is a structure in the Adelaide Zero Project with responsibility for:</p> <ul style="list-style-type: none">• continuous improvement activities focused on reducing the length of time on the By-Name List; and,• identifying opportunities for improvement between identification and housing outcomes; and,• making recommendations for Adelaide Zero Project based on the outcomes of continuous improvement activities.
Data and Evaluation Working Group	<p>The Data and Evaluation Working Group is the structure in the Adelaide Zero Project with responsibility for:</p> <ul style="list-style-type: none">• identifying and actioning, where appropriate, longer-term strategies to reduce system inflow; and,• utilising data sets outside the By-Name List to support analysis and research; and,• monitoring and evaluation of Adelaide Zero Project targets and goals. <p>The Data and Evaluation Working Group performs some of the functions of the former Strategic Data Working Group.</p>
Functional Zero	<p>Functional Zero is a methodology and approach for working towards and demonstrating a sustainable end to homelessness (Community Solutions 2018).</p> <p>Functional Zero will be reached in Adelaide when the number of people sleeping on the streets at any point in time, is no greater than the average housing placement rate for that same period (usually a month) (Tually et al. 2018, p. 7).</p>

H2H (Homelessness to Home)	H2H or Homelessness to Home is the South Australian Housing Authority case management database, linking to the AIHW national minimum dataset.
Housing First	<p>Housing First is a proven approach for moving individuals out of homelessness and into secure (often referred to as permanent/non-temporary) housing, without requirements for behavioural changes on the part of those being assisted. It is an approach that is about low or no barrier housing. As the Mercy Foundation (2017) describe: Housing First is premised on the ‘on the idea that people need a stable and secure home before anything else’.</p> <p>At its core, Housing First is based on:</p> <ul style="list-style-type: none"> ● rapid access to permanent (meaning non temporary/secure) housing; ● provision of multiple support services and systems as needed once a person is housed; ● not requiring engagement with support services as a condition of housing; ● harm minimisation rather than abstinence; and, ● integrating homeless people into the wider community (Johnson, Parkinson & Parsell 2012). <p>Housing First does not mean housing only.</p>
Inner City Community of Practice	The mechanism in the Adelaide Zero Project for addressing or escalating issues in client housing and support. It houses two key operational forums within the project: the Coordinated Care group, which brings together the collective resources of project partners to coordinate support for people on the BY-Name List, and, the Housing Allocations Meeting which is the mechanism for allocating housing to people on the By-Name List.
Permanent supportive housing	A type of housing intervention (and one of the categories the VI-SPDAT triages to) that brings together long-term (meaning not time limited) affordable permanent housing with wrap-around supportive services that help to build skills and participation (USICH 2018b).
Private rental brokerage (also known as private rental access)	Private rental brokerage/access programs work with vulnerable households to help them access and sustain private rental tenancies. They do this by providing targeted early intervention assistance designed to build tenancy capacity and by building links with the local private rental industry (Tually et al. 2016, p. 8).
Rapid re-housing	A type of housing intervention (and one of the categories the VI-SPDAT triages to) where a person or family experiencing homelessness is moved into permanent housing as quickly as possible. The intervention involves identifying appropriate housing, case management and tapered support, typically with rent and other move-in assistance. Rapid re-housing is a Housing First intervention and therefore should not require any preconditions for eligibility. It is a housing intervention for individuals and families who do not require intensive ongoing assistance to maintain a tenancy and stability their life and living circumstances (USICH 2018a; Micah 2017b; all Chicago 2018).
Secure housing	<p>The Adelaide Zero Project has adopted the descriptor secure (i.e. for housing and supportive housing) to describe the types of housing outcomes being worked towards for people through the Adelaide Zero Project.</p> <p>Secure housing in this context mirrors what in some cases in the US and other places is described as permanent housing, with permanency generally accepted to mean standard tenancy rights, i.e. that someone has their own place and can stay as long as they want, provided they are meeting their lease obligations. Shelter, residential drug treatment and transitional housing programs do not qualify (Maguire, J. pers. comm. 2017; all Chicago 2018).</p>
Strategic Data Working Group	The Strategic Data Working Group is the structure in the Adelaide Zero Project with responsibility for the quality and coverage of project data, setting strategic research priorities and overseeing or carrying out data analytics to advance the project towards its goals. In May 2020 the Strategic Data Working Group ceased to exist, being reformed to

	become the Data and Evaluation Working Group and the Continuous Improvement Action Group.
Rough sleeping	The Adelaide Zero Project defines rough sleeping as people living on the street, in a park, out in the open, in an improvised building or dwelling, tent, boat, motor vehicle or cabin within the target area, the Adelaide local government area (Adelaide CBD, suburb of North Adelaide and surrounding parklands).
Street homelessness	Street homelessness is used in this report interchangeably with rough sleeping homelessness and as per the Adelaide Zero Project definition of what constitutes rough sleeping, see rough sleeping.
VI-SPDAT	<p>The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey administered both to individuals (families and youth in other contexts) to capture key housing, support and health information for people who are homeless and to determine vulnerability and prioritisation for assistance.</p> <p>As noted in the context of the <i>500 Lives 500 Homes</i> campaign in Brisbane ‘The VI-SPDAT enables needs to be determined using an acuity scale, which in turn enables us to appropriately triage for services that match those needs’ (Micah Projects 2017a).</p>

Executive Summary

Background

The AZP holds some of the most comprehensive data on rough sleeping homelessness for a defined geographical area—the Adelaide CBD—in Australia. This report presents the findings of a targeted deep dive into the rich data source that is the Adelaide Zero Project's (AZP's) By-Name List (BNL), using two distinct lenses: **acuity** and **inflows**.

The report articulates some of the ways forward for the homelessness sector and interfacing systems to end street homelessness in Adelaide's inner city area. It offers a framework (a 'recipe book') for more regular data analytics for the AZP. Such work must be prioritised for the AZP, as with such 'live' data analysis we can respond more effectively to the changing needs of people in the system, as well as driving individual, sustainable outcomes as well as system-level outcomes through greater service coordination. Additionally, more nimble data analysis enables AZP to rapidly test strategies to coordinate housing and support in a more efficient yet person-centred way.

The AZP BNL data

The deep data dive utilised the September 19 2019 BNL data capture; herein referred to as the September 2019 BNL. The September 2019 BNL included 199 active cases:

- **162 actively homeless people;** and,
- **37 people in temporary accommodation**

This latter group includes people who previously met the AZP definition for inclusion on the BNL and but for being in temporary accommodation, would most likely be rough sleeping in the inner city area. Analysis is presented for both groups in this report; sometimes separately, sometimes together. Not keeping both groups in focus in terms of acuity and inflow is a risk for creating (more/sustained) blockages in the crisis and transitional accommodation options available in the system. From the 199 active cases we determined 184 consented, completed surveys for this deep data dive (148 for actively homeless people and 36 for people in temporary accommodation).

Report purpose

Fundamentally, the deep dive analysis was undertaken to help the groups and stakeholders within the AZP to better understand:

- who is on the BNL/rough sleeping by cohorts and acuity;
- how they came to be rough sleeping/on the BNL (inflow/homelessness pathway); and,
- what person-centred needs for housing and support look like, framed particularly in terms of acuity.

The acuity focused analysis within the report examines acuity for particular cohorts of people on the BNL at a point in time, to:

- identify future housing and support needs by cohort in a way that has not been possible before;
- inform advocacy points for the AZP for housing and support, including the 'asks' of AZP partners and others around housing and support pipelines for the AZP;
- determine current and future resourcing, prioritisation of actions and changes to the service/business model of agencies and across the homelessness sector servicing the inner city area (and beyond); and,
- continue the conversations about ongoing analysis of the BNL (by acuity, cohorts or other lenses) to illuminate emerging/changing housing and support needs for the Project over time.

The inflows section examines the AZP BNL data to articulate what it tells us about pathways into rough sleeping. Some of these pathways are known factors in entrenched and recurrent homelessness – commonly referred to as chronic rough sleeping or chronicity.

Findings

Summary data: acuity

All persons (overall acuity):

- **Seventy-five per cent of people with an active status on the BNL self-reported needs classifying them as high acuity**, meaning need they are triaged for assessment for more intensive support options, including secure supportive housing (n=138/184 people).
- Additionally, 24% of people meet the definition for medium acuity or assessment for rapid rehousing with commensurate assistance (n=44/184). Only 1% of people met the criteria for low acuity or light touch support cases, including people who are likely to self-resolve their homelessness.
- These data speak to the specific cohorts evident in the AZP BNL, particularly the high prevalence of Aboriginal people among people rough sleeping and their high acuity needs, discussed further below.

Gender

- Females comprised 27% of the September BNL (n=45/148), with a larger proportion in the high acuity category than their male counterparts:
 - 80% high acuity (n=40/50); 20% medium acuity (n=10/50); no females in light touch support.
- Males comprised 71% of the active population (n=131/184), with:
 - 73% high acuity (n=96/131); 25% medium acuity (n=33/131); fewer than 1% light touch support (n=1/131).

Aboriginal and Torres Strait Islander people

- 31% of people indicated ATSI status (n=56/182).
- Among actively homeless people indicating ATSI status, there is an acuity gradient:
 - 84% high acuity (n=43/51) v 70% non-Indigenous (n=67/96).
 - 16% medium acuity (n=8/43) v 29% non-Indigenous (n=28/96).
 - No ATSI light touch support v 1% non-Indigenous (n=1/96).
- 28 of 56 people indicating ATSI status were women, with 86% (n=24/28) high acuity.
- 18 ATSI people indicated they were a remote visitor, with 78% high acuity.

Culturally and linguistically diverse (CALD) people

- 11 people, 82% (n=9) high acuity

Older people

- Only two people aged 65+ were among the active categories on the September list (one being high acuity).
- Broadening the definition of 'older' to reflect premature ageing per the My Aged Care system (50+ for non-Indigenous people and 45+ for ATSI people Australians with lived experience of homelessness), significantly extends the cohort of 'older' people, to n=48/184 people (26%), with:
 - 75% high acuity (n=36/48, 18 ATSI).
 - 19% medium acuity (n=9/48, 2 ATSI)
 - 6% low acuity (n=3/48).

Youth

- 100% high acuity (n=9/184).

Disability (aggregate measure)

- 78% of people (n=143/184) reported disability of any 'type' (including mental health), with 81% high acuity.
 - Acuity levels highest among ATSI people, for males 90% high acuity (n=19/21) and females 100% high acuity (n=21).

Mental health

- 73% reported mental health issues (n=135/184).
 - 110 people high acuity (81%); 19% medium acuity (n=25).
- 38 ATSI people among the 135 people; 18 ATSI women (100% high acuity) and 20 ATSI men (90%).

Trimorbidity

(Measure of vulnerability, indicated by reporting simultaneous presence of mental health, physical health and substance use issues.)

- 50% all actively homeless people meet criteria for trimorbidity (n=75/148), with 93% high acuity.
- 36% people temporarily accommodated meet criteria for trimorbidity (n=13/36), with 92% high acuity.

Domestic and Family Violence (DFV)

- Using the most appropriate indicator of DFV on the BNL, we find that among the 119 people for whom we have the data, 31 (26%) indicate DFV, with 100% high acuity.

Veterans

- Six veterans, 83% (n=5) high acuity.

Summary data: inflows

The AZP BNL captures some useful (but limited) data on **inflow/pathways into rough sleeping**, or data on **touchpoints with other systems** where prevention work or interventions might prevent a return to rough sleeping.

Prior living arrangement

- For the 111 people for whom we have this data, prior to rough sleeping:
 - 41% living temporarily with family and friends (n=46); 29% permanent housing, tenure unspecified (n=32); 9% prison/juvenile detention (n=10).

Interaction with institutions (actively homeless people only)

Data (for the 6 months prior to survey) confirms the high use of services and contact with institutions among people rough sleeping:

- Accident and emergency: 60% reported one or more presentations, average 3.0 presentations, range 1-20 presentations.
- Ambulance use: 54% reported one or more uses of an ambulance (n=74/137), average 2.3 uses.
- Inpatient hospitalisations: 44% (n=60/135) reported one or more inpatient hospitalisations, average 2.4 hospitalisations.
- Specialist mental health hospitalisations: 21% reported one or more specialist mental health hospitalisations (n=21/100).
- Watch house or prison: 45% reported a stay or one or more nights in a watch house or prison (n=61/137, 42 men), average 2.6 stays, range 1-20 stays. (3.0 stays for all men, 3.6 stays for ATSI men).
- Foster care, out of home care or institutional care as child: 16% (n=16/98 people), mostly Aboriginal people.
- Youth detention: 20% (n=19/97 people), non-Indigenous men comprising majority (11 of 19 people).

Other notable inflow/touch point related data:

- 3 in 5 (n=88/148 people) report relationship breakdown as factor in their current period of homelessness, with women more impacted.
- 92% receiving Centrelink payment (n=110/120 people), with 60% on Newstart (now known as JobSeeker).

- 25% (n=36/148 people) report having ever left accommodation due to physical health.
- 14% presence of mental health or brain issues impacting ability to live independently (n=20/146 people).
 - 50% group non-Indigenous men.
- Average age first homeless 27.7 years, range = 10-75 years.
- 30% people first experience as child, average age 14.0 years (n=30/100 people).
- 69% report past trauma or abuse (n=99/145 people).
 - 73% for ATSI people (n=37/51 people).

Ways forward – implications for inflow and outflow

Preventing inflow

The inflow analysis undertaken as part of this deep dive into the September BNL data, leads to three key points around reducing inflows:

- A clear role and place for tenancy support (prevention work).
- Working closely with Correctional Services to understand why 9% of people for whom we have prior living arrangement data nominated prison or juvenile detention.
- Building understanding around the 41% of people (n=46/111 individuals) on the BNL whose living arrangement prior to rough sleeping was living temporarily with family and friends.

Rethinking outflow

Examination of the AZP BNL data leads to identification of key cohorts where activity could and should be directed to significantly reduce the number of people rough sleeping and to support people to move on from this 'type' of homelessness, i.e. increase outflow.

Notably, the identified cohorts and ways forward include using other funding streams (for housing and support) to assist people to move on from rough sleeping, and for sustainment of outcomes. Such funding streams include (among others):

- The NDIS (including, potentially, Supported Disability Accommodation).
- The aged care system/sector, especially My Aged Care and its prematurely aged/homelessness specific structures.
- Health and mental health services.
- Veterans' services.
- Youth services.
- Domestic and family violence services.

Opportunities to work with these 'cohorts' are outlined in the report. While some or all of the opportunities outlined (and report recommendations) may have been tried in the past, we feel that the comprehensive data about the 'groups' and, especially their needs and vulnerabilities, may make it easier to demonstrate a broader case for support, including via strengthened or new partnerships or collaborations.

Recommendations

Longer version recommendations are provided in the final section of the report.

General

Recommendation 1

The AZP Inner City Community of Practice review all recommendations relating to inflow and outflow in this report before they are actioned, particularly in the light of the changing services landscape because of COVID-19 pandemic and sector reforms.

Recommendation 2

The AZP Backbone report on the implementation of all adopted recommendations at key time points:

- after consideration by the AZP Inner City Community of Practice and when the relevant agency/agencies have set an action plan; and,
- at appropriate time points after the recommendations have been implemented to monitor and report progress and learnings (i.e. at quarterly intervals).

Increasing exits from homelessness (outflow)

Recommendation 3

Investigate options for increased/stronger pathways to My Aged Care (premature aged/homelessness stream) and the NDIS as core support for all people moving on from rough sleeping.

Recommendation 4

Investigate options for increased/stronger pathways to My Aged Care and the NDIS as core support for Aboriginal people moving on from rough sleeping.

Recommendation 5

Map links to the disability and psychosocial support sectors to understand existing and future supported accommodation capacity as potential sources of support for people moving on from rough sleeping.

Recommendation 6

Develop and resource a data project specifically looking at Aboriginal people (including remote visitors) on the BNL and their needs.

Recommendation 7

Consult with Aboriginal communities and relevant stakeholders regarding the establishment of an Aboriginal residential aged care facility in Adelaide with priority access to people with complex health and psychosocial support needs moving on from rough sleeping.

Recommendation 8

Develop and resource a rapid evidence and practice review project on Housing First in the Adelaide context, including mapping of opportunities for greater system orientation to Housing First for people with high acuity needs on the BNL.

Recommendation 9

Investigate opportunities for rapidly rehousing lower acuity people on the BNL in the private rental market.

Recommendation 10

Formalise a relationship with veterans' specific services to support veterans (and their families) moving on from rough sleeping with their housing and support needs and sustainment.

Recommendation 11

Explore opportunities for closer working with the domestic and family violence sector, especially around women and Aboriginal people on the BNL impacted by violence.

Recommendation 12

Investigate potential community support and accommodation options within CALD background organisations and communities.

*Reducing pathways into homelessness (inflow)***Recommendation 13**

Develop and pilot a model for homelessness prevention targeted at providing timely and necessary support to prevent people from tipping into rough sleeping in the first place.

Recommendation 14

Develop and pilot a model for rapid rehousing, with the necessary tenancy support (prevention from recurring rough sleeping) for people moving on from rough sleeping specifically.

Recommendation 15

Work with Correctional Services to better understand the immediate and longer-term pathway to rough sleeping homelessness from correctional facilities and how supports can be maximised to ensure this is not a frequent occurrence.

Recommendation 16

Undertake a targeted project to investigate further prior living arrangements among people sleeping rough

*Data-specific***Recommendation 17**

Expand regular reporting on acuity, inflow and outflow data per the model provided by this report, to ensure AZP partners have access to timely, quality, near-to-real time data on the needs of people on the BNL for continuous improvement in practice and system responses.

Recommendation 18

The relevant structures within the AZP review the data considerations identified from this deep dive report and action as appropriate.

Recommendation 19

Revise the current version of the VI-SPDAT in use to more clearly capture important information about prior living arrangement.

Recommendation 20

Investigate the value of using the youth version of the VI-SPDAT.

Research-specific

Recommendation 21

Agree and find resourcing for the AZP phase 3 suite of research projects which have been developed from this deep dive report and other priorities discussed across AZP governance structures.

This recommendation links with several of the others listed.

The phase 3 research suite should also be evolved and refined as needed.

Introduction

The Adelaide Zero Project (AZP) holds some of the most detailed and complete data on street homelessness for a defined geographical area—the Adelaide CBD—in Australia. Such data not only means that people sleeping on Adelaide’s streets are no longer anonymous, it also means that we know a significant amount about people’s housing and support needs. And, armed with our understandings from these valuable near-to-real time data, accompanying case management notes and the expertise and experience of the people in our services sector, we now know what it will take to end street homelessness.

Purpose of this report

This report presents the findings of a targeted deep dive into the rich data source that is the AZP By-Name List (BNL). The analysis presented herein has been undertaken to help the groups and stakeholders within the AZP to better understand:

- who is on the BNL/rough sleeping by cohorts and acuity;
- how they came to be rough sleeping/on the BNL (inflow/homelessness pathway); and,
- what person-centred needs for housing and support look like, framed particularly in terms of acuity.

The report serves multiple purposes. It provides:

- key information about acuity by cohort for the AZP’s Aligned Housing Working Group;
- initial data analysis on system inflows for directing further actions by the AZP’s Strategic Data Working Group; and,
- foundational and targeted information to the AZP Steering Group (PSG) for setting forward strategic, advocacy, reform and research/analytics priorities.

Report structure

This introductory section outlines the purpose and focus of this report. It also provides some key information about the AZP BNL, report methodology and data limitations. This discussion is followed by two distinct sections of the report, focused on acuity and inflows respectively.

The acuity focused analysis within the report examines acuity for particular cohorts of people on the BNL at a point in time, to:

- identify future housing and support needs by cohort in a way that has not been possible before;
- inform advocacy points for the AZP for housing and support, including the ‘asks’ of AZP partners and others around housing and support pipelines for the AZP;
- determine current and future resourcing, prioritisation of actions and changes to the service/business model of agencies and across the homelessness sector servicing the inner city area (and beyond); and,
- continue the conversations about ongoing analysis of the BNL (by acuity, cohorts or other lenses) to illuminate emerging/changing housing and support needs for the Project over time.

Where possible these data have been translated to suggestions around avenues for housing and support for people to move on from rough sleeping.

The inflows section examines the AZP BNL data to articulate what it tells us about pathways into rough sleeping. Some of these pathways are known factors in entrenched and recurrent homelessness – commonly referred to as chronic rough sleeping or chronicity. Further work is being done within the AZP to quantify chronicity, as such chronicity is not included in the analysis presented in this report.

The analysis presented provides a basis for thinking and actions about inflow prevention; ‘turning off the tap’. This work is important given the AZP now has a significant number of months of person-centred data showing inflow continually exceeding outflow in the data points being tracked as part of

the Functional Zero model (17 months of data as at September 2019). Adelaide will not reach its goal of Functional Zero street homelessness in the inner city if this inflow exceeding outflow equation is not turned around.

The final sections of the report present a summary of the main findings, ways forward based on the data analysis, including clear recommendations and conclusions.

Report method

The researchers involved in this project received deidentified BNL data via the custodian of the AZP BNL, Neami National. The PSG endorsed this data sharing with Dr Selina Tually and Professor Ian Goodwin-Smith from The Australian Alliance for Social Enterprise (TAASE) at the University of South Australia (UniSA) as TAASE is a research partner within the AZP and UniSA is signatory to a project data sharing agreement (like all partners involved with the BNL data).

Two datasets were received by the researchers:

- the September 19 2019 full BNL (162 cases), which is structured around the current VI-SPDAT version in use within the project (a revised national common assessment tool; referred to in this report as VI-SPDAT#2) and includes individuals who have completed only the current VI-SPDAT version, people who have completed a prior version of the VI-SPDAT (referred to herein as VI-SPDAT#1) and those who have completed both the current version and the prior version (Figure 1). VI-SPDAT#1 and VI-SPDAT#2 do not collect exactly the same data and therefore cannot sit together nicely as one dataset in Microsoft Excel.
- the last data capture pre Connections Week 2019 (May 2019; 600+ cases), to allow the researchers to construct a dataset for the people on the September 19 2019 BNL who have only completed the older VI-SPDAT version (VI-SPDAT#1). This was necessary because the VI-SPDAT versions capture different information and the dataset has therefore evolved over time in terms of variables included and breadth and depth of data.

These datasets were considered in terms of all actively homeless people and people who are temporarily sheltered, meaning four separate datasets were examined/built for this acuity and inflow data deep dive. A later section of this report explains the different VI-SPDAT versions in greater detail (see also Figures 1 and 2). The important consideration here is that readers and users of the information contained in this document understand that data does not exist for all variables/fields across both VI-SPDAT versions. Some variables are proxies for variables that are better captured in the refined/current VI-SPDAT in use (VI-SPDAT#2). Where a variable is a proxy or data are not available, this is explained in the relevant text.¹

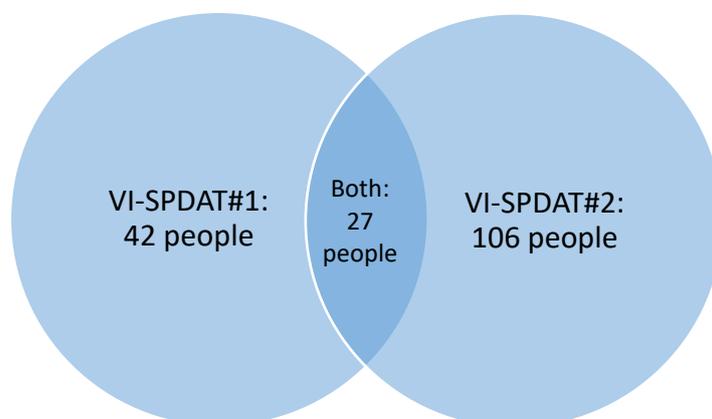
Data were analysed using Excel. Future BNL analytics will be able to be analysed much more easily with Microsoft PowerBI, as the core analytics tool interfacing with the data platform the AZP will move to in the near future; the Advance to Zero data platform for end homelessness campaigns in Australia.

During the analytics process, the researchers paid considerable attention to any inconsistencies in the data, highlighting data gaps and missing information. This task was time consuming and resulted in decisions being made about the completeness of data for some cases in the BNL. Twelve cases were not considered complete enough for analysis; due to a significant quantum of missing information or large number of declined answers. These cases were excluded from the analysis completely. Additionally, the September 19 2019 BNL data capture includes one individual who has asked for their information to be deleted and another who agreed to very basic information only being included on the list (important for capturing the total picture of people rough sleeping in the inner city) but declined to participate further in AZP. These cases were also excluded from the analysis, as required by ethical research principles. Data cleaning also revealed one doubled up case among the data. This case was removed from the analysis, accounting for the difference in the number of people actively

¹ VI-SPDAT#1 has also not remained a constant tool over time, with refinements made to the tool on a number of occasions during the implementation phase of the AZP, inline with the iterative nature of the AZP model and project needs/learnings.

sleeping rough as at September 19 2019 reported in this document (162 people) and the number reported publicly on the AZP data dashboard in September 2019.

Figure 1: All actively homeless segment of September 2019 BNL by common assessment tool version

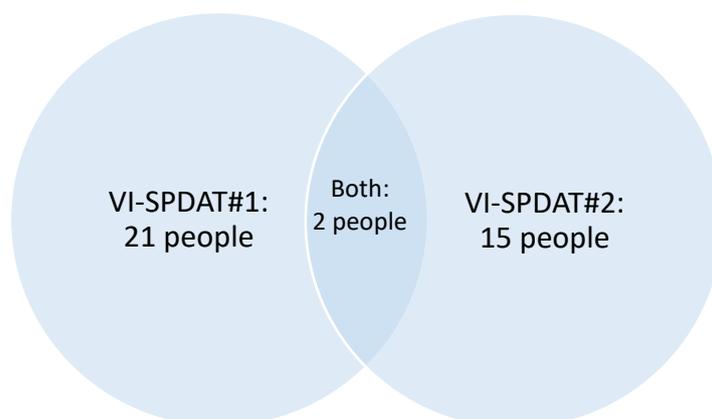


N=148 complete, consented to surveys.

The full AZP actively homeless segment of the BNL for September 19 2019 includes a further 12 incomplete surveys; one declined and one deleted survey (n=162).

Source: AZP BNL September 19, 2019

Figure 2: Temporarily accommodated segment of September 2019 BNL by common assessment tool version



N=36 complete, consented to surveys.

The full AZP temporarily accommodated segment of the BNL for September 19 2019 includes one additional incomplete survey (n=37).

Source: AZP BNL September 19, 2019

The researchers will share their discoveries and concerns about incomplete, missing and inaccurate data with the AZP BNL data custodian to improve data quality, particularly in time to make adjustments before the AZP BNL data moves across to the new data platform.

The researchers received ethics approval for this (deidentified) data analytics project from the negligible risk ethics committee within the UniSA Business School.

The By-Name List data

The data analysed here is the September 19 2019 BNL data capture; herein referred to as the September 2019 BNL. The September 2019 BNL included **162 actively homeless people** and a further **37 people housed in temporary accommodation (199 people)** who previously met the AZP definition for inclusion on the BNL and but for being in temporary accommodation, would most likely be rough sleeping in the inner city area. Analysis is presented (mostly separately) for both groups in this report. Not keeping both groups in focus in terms of acuity and inflow is a risk for creating (more/sustained) blockages in the crisis and transitional accommodation options available in the system. Moreover, being temporarily sheltered does not fit with the Housing First principles informing the AZP, i.e. moving people to secure (supportive) housing as quickly as possible and wrapping around the support they need to thrive in that housing.

The September 2019 data point was chosen for this analysis as it is the first mid-month data capture following an internal data audit, whereby the Technical Administrators Group (TAG) paid considerable attention to the BNL to improve data quality: currency, accuracy and coverage. TAG members engaged in active discussion with a range of services to confirm the statuses of people on the BNL, including whether people are still actively rough sleeping (and connection to services and supports) or not, and comprehensively checking whether people have been housed outside the AZP (where and by whom).

BNL composition

The September 2019 BNL, like all BNL data captures since the May 2019 Connections Week event, includes people who have completed either the first common assessment (triage) tool (VI-SPDAT) used by the AZP, referred to here as VI-SPDAT#1,² the improved version of the same common assessment tool now being used within the Project, referred to as VI-SPDAT#2,³ or both. Figure 1 diagrammatically depicts the foundational composition of the BNL for all actively homeless people by the version of common assessment tool used to capture person-centred data. In short, almost two-thirds of people on the September 19 BNL data capture with a completed VI-SPDAT (n=148) have a complete VI-SPDAT#2 (n=106); roughly one in six people on the list have two complete surveys and almost 9% of the whole list (n=162) have an incomplete, declined or withdrawn survey (n=14). Most of the incompletes are VI-SPDAT#1 surveys.

It is important to know the foundational composition of the BNL as VI-SPDAT#2 captures more detailed information about people's needs and circumstances than the previously used tool, especially in terms of wellness. Moreover, both tools are underpinned by different standardised (acuity) scoring based on vulnerabilities across questions/for domains that are tied to a recommendation for a particular type of housing and support assessment (triage category). These triage categories are recommended in terms of *acuity* or intensity of need(s); with the scoring ranges triaging to responses considered as low, medium or high acuity. Table 1 details the VI-SPDAT triage categories for both VI-SPDAT#1 and VI-SPDAT#2 used within the AZP.

² The first VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) used within the AZP was a local adaptation of the US version of the tool. Changes were made to this tool while in use within the project, reflecting evolving needs around information and practice. These changes did not have extensive impacts on the dataset built from VI-SPDAT#1 and iterations, but do mean that there are some fields which were added to the dataset and for which data are missing, partial or incomplete (for example, housing preferences data, which was a series of questions added after the original VI-SPDAT#1 was in use).

³ VI-SPDAT#2 is the new Australian VI-SPDAT, building on many years of learning from the previous Australian tool and learnings from the use of the adapted version of the US version of the VI-SPDAT in Adelaide (VI-SPDAT#1). The Australian VI-SPDAT was developed by key stakeholders from across Australia and the developers of the original tool, OrgCode (US).

Table 1: AZP BNL housing and support (aligned housing) triage categories

Common assessment tool		Acuity	Triage category	Recommended level/type of support
VI-SPDAT#1 scores	VI-SPDAT#2 scores			
8+	10+	High	Secure supportive housing	Assessment for secure supportive housing
4-7	5-9	Medium	Rapid re-housing	Assessment for rapid re-housing (private rental brokerage-type assistance, for example)
0-3	0-4	Low	Light touch support	No intensive supports be provided to access or maintain housing

Source: AZP VI-SPDAT versions 1 & 2; OrgCode and Community Solutions *n.d.*

The standardised acuity scoring underpinning VI-SPDAT#2 extends that underpinning VI-SPDAT#1, specifically in terms of health/wellness, recognising the importance of the relationship between health and housing for people sleeping rough. VI-SPDAT#2 gives greater weighting to wellness-related vulnerabilities such as diagnosis of a range of physical health conditions including kidney disease, epilepsy, hepatitis C, for example. These conditions are known to increase people’s risk of dying on the streets and use of emergency and other health services. Care must then be taken in comparisons between data captured via the different VI-SPDATs used within the AZP. Consideration of people’s needs according to acuity category (high, medium, low) allows one avenue for overcoming this challenge in the data. This report uses such ‘acuity data’ as a lens for understanding the complexity of needs, vulnerabilities and risks among people rough sleeping in Adelaide’s inner city; people on Adelaide’s BNL.

Data limitations

The data reviewed for this project is rich, unique and person-centred. It is not research data. It is data for the purpose of assessment and triage, within a service delivery context. It is self-reported data. These facts must be considered when using these data for any purpose within the AZP and beyond. The researchers have respected the personal nature of the data, as well as the stories, experiences and complexities captured within it. We have spent considerable time ensuring the data have been appropriately interpreted, given the purpose for which the data have been collected and the context of the AZP. Limitations within the data and its application are identified where appropriate throughout the report.

As per how the VI-SPDAT is supposed to be used – as a decision-making support tool – the data captured for the BNL should always be considered alongside what people say about their lived experience (giving individuals agency over their lives) and other available data, such as Homeless2Home (H2H) data and case notes.

In undertaking the data analytics and subsequent reporting presented here, the researchers have been careful not to report data where there are small numbers of individuals (for example, cultural and linguistic background), so as not to inadvertently identify people known to services or with some visibility on the streets of the inner city.

Data not presented

Data from the BNL are not presented in some places in this report for reasons of possible identification of individuals. This is an important ethical consideration that has been paramount in the conduct of this analysis. Where this is the case it is indicated in the data tables and narrative around data.

Acuity

Acuity by 'cohorts'

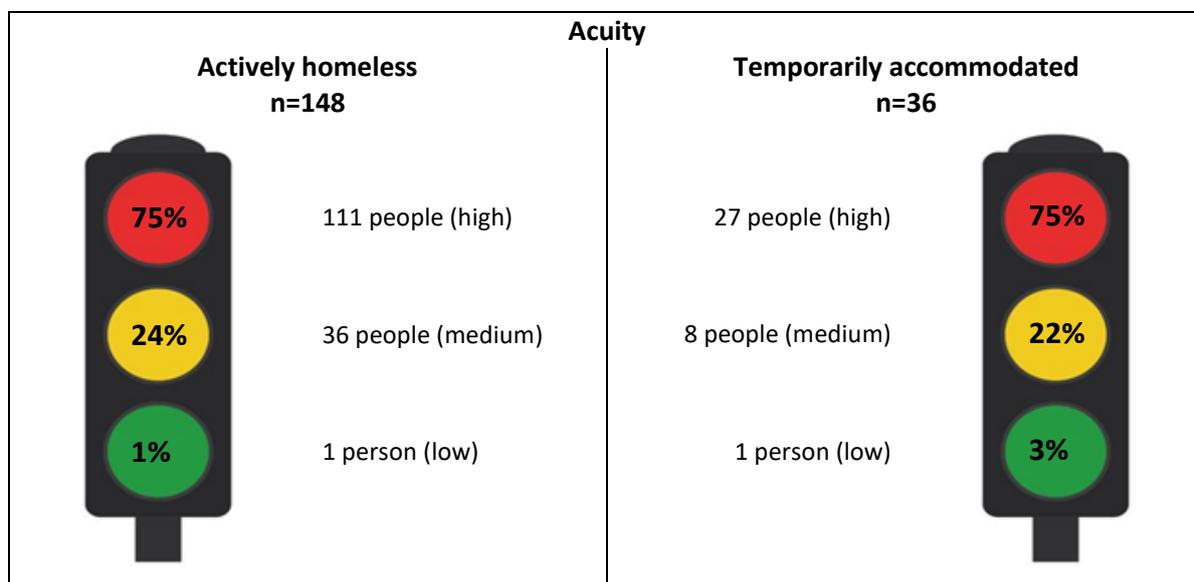
This section of the report applies an 'acuity lens' to the AZP BNL data, drilling down deeper into the data to understand what the support and housing needs of people moving on from rough sleeping look like by cohort, i.e. for Aboriginal and Torres Strait Islanders, by gender, age, disability et cetera. Such acuity by cohort information is presented with the aim of identifying opportunities where other agencies, services or systems could or should be engaged or better engaged in resourcing or supporting people to move on from rough sleeping.

As noted in the background for this report, the data presented here are for *all actively homeless people* and *people who were temporarily accommodated* at the time of the September 19 2019 data capture point. Data tables and other contextual data are provided throughout the remainder of this report where relevant and instructive.

All persons

Figure 3 depicts the high-level acuity data for all actively homeless and all temporarily homeless people on the BNL. **Seventy-five per cent of people on the BNL self-report needs that classify them as high acuity cases**, meaning need for more intensive support options. These data are consistent across the two segments of the BNL. They reflect the complex needs of many people rough sleeping in Adelaide, a fact that is not new to the services supporting people who are rough sleeping. Table 2 presents the underpinning data in Figure 3.

Figure 3: Acuity, all actively homeless people and all temporarily homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Table 2: Acuity data, all actively homeless and all temporarily accommodated people, BNL September 19 2019

Acuity category	Actively homeless		Temporarily accommodated		Total	
	No.	%	No.	%	No.	%
High	111	75	27	75	138	75
Medium	36	24	8	22	44	24
Low	1	1	1	3	2	1
<i>Sub-total</i>	<i>148</i>	-	<i>36</i>	<i>100</i>	<i>184</i>	-
Incomplete	12	-	1	-	13	-
Declined	1	-	-	-	1	-
Deleted	1	-	-	-	1	-
Total	162	-	37	-	199	-

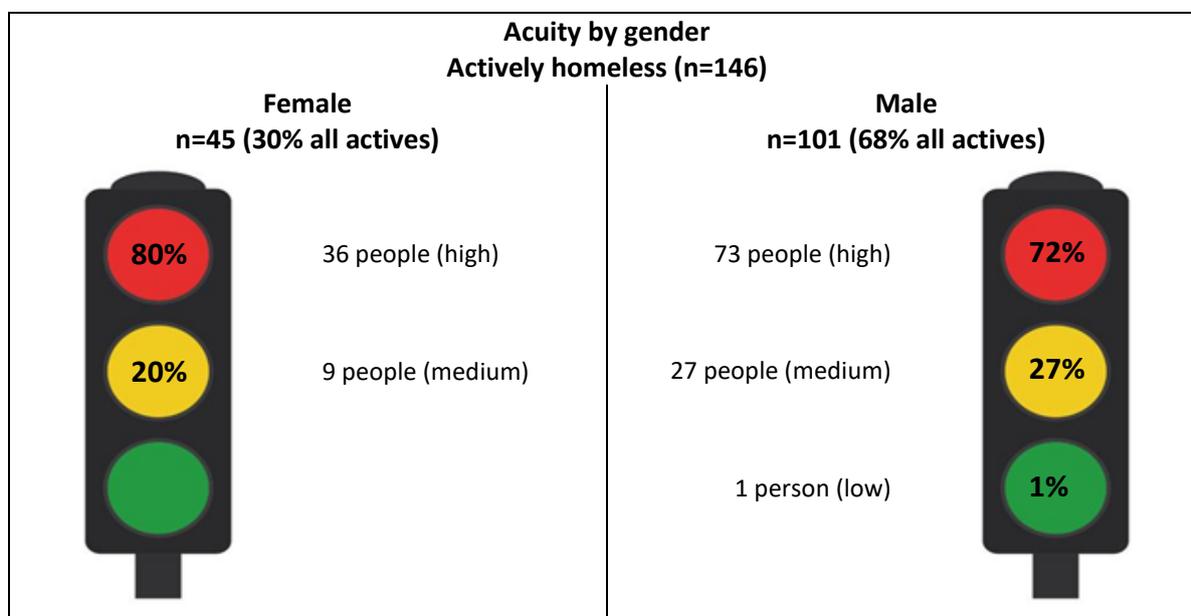
Source: AZP BNL September 19, 2019.

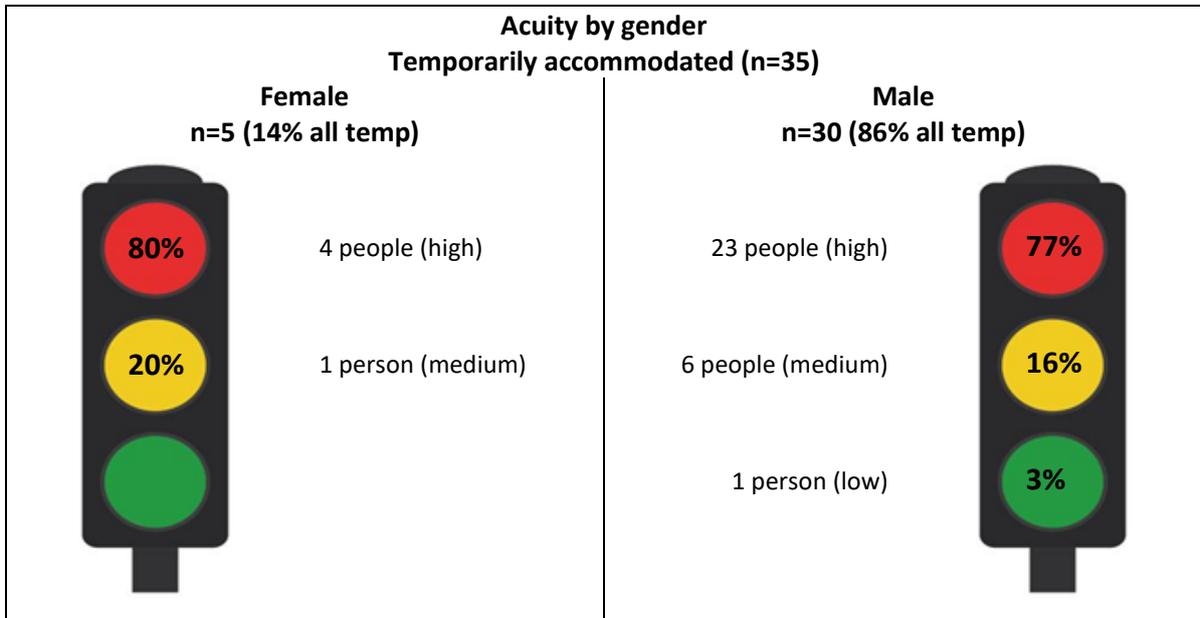
Gender

The population of people sleeping rough in Adelaide’s inner city area is predominately male. Among the 148 actively homeless people with completed surveys, 101 were male (68%) and 45 female (30%), with two people preferring not to state their gender (both high acuity cases). These proportions are relatively consistent with trends over time, as captured in the last detailed point in time analysis of the BNL (Tually & Goodwin-Smith 2019) and other internal data reports run more frequently.

Examination of acuity levels by gender for all actively homeless people on the BNL shows that female rough sleepers had higher rates of acuity overall than men: 80% high acuity for females versus 72% for males (Figure 4 and Table 3). The gender profile of the individuals temporarily accommodated at the time of the September BNL data capture was significantly male (30 individuals), with 77% of men high acuity cases (Figure 4). Only five females were temporarily accommodated at the same time point, with four women (80%) high acuity.

Figure 4: Acuity by gender, all actively homeless and all temporarily accommodated people, BNL September 19 2019



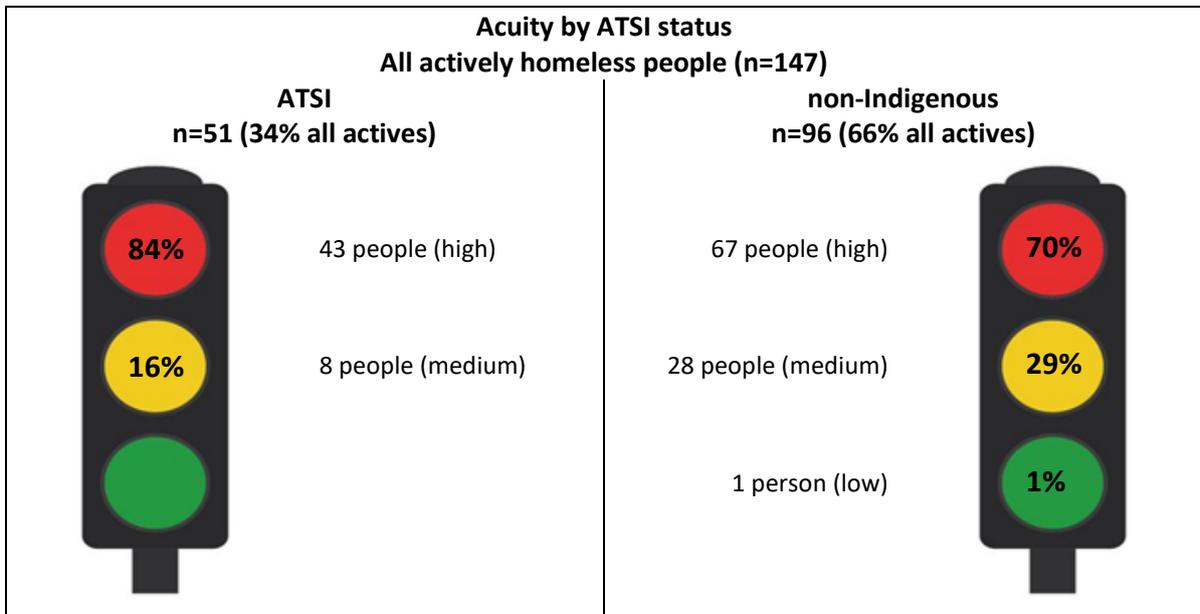


Source: AZP BNL September 19, 2019.

Aboriginal and Torres Strait Islander people⁴

Significantly, and consistently, 1 in 3 people rough sleeping in Adelaide's inner city area are Aboriginal and/or Torres Strait Islander people (n=51; 34%). The data for acuity by ATSI status reveals a clear acuity gradient: with 84% of all ATSI people actively sleeping rough reporting needs that place them in the high acuity category, compared with 70% for their non-Indigenous counterparts (Figure 5). A further five Aboriginal people were temporarily accommodated at the time of the September data capture, with 100% high acuity. (Note: the small number of Aboriginal people in temporary accommodation makes further analysis of this data problematic from an ethical/identification perspective and in terms of meaningfulness.)

Figure 5: Acuity by ATSI status, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

⁴ For confidentiality/identification reasons, the data presented here for ATSI status does not differentiate between Aboriginal and/or Torres Strait Islander people because of the very low number of Torres Strait Islander people on the BNL.

Table 3: Acuity by gender, all actively homeless and all temporarily accommodated people, BNL September 19 2019

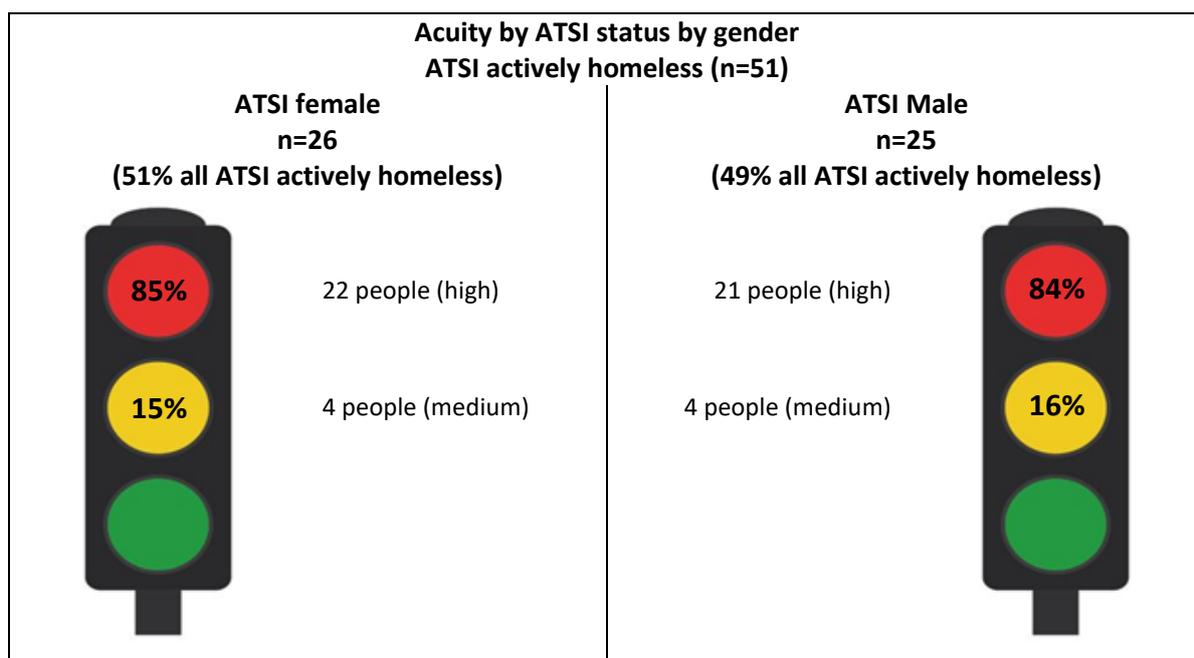
	Actively homeless				Temporarily accommodated				Total			
	Female	Male	Prefer not to say	Total	Female	Male	Prefer not to say*	Total	Female	Male	Prefer not to say	Total
High	36	73	2	111	4	23	0	27	40	96	2	138
Medium	9	27	0	36	1	6	1	7	10	33	0	43
Low	0	1	0	1	-	1	0	1	0	2	0	2
Total	45	101	2	148	5	30	0	35	50	131	2	184

Source: AZP BNL September 19, 2019.

Note: includes one person we have coded as 'prefer not to say' although technically recorded as not stated in the BNL.

Digging deeper into the BNL data on ATSI status reveals a notable gender-related trend that is a significant difference between ATSI and non-Indigenous people: 51% of actively homeless ATSI people on the list were female, versus 20% for non-Indigenous people and 30% for all persons. This is an important data point to keep in focus. It speaks to the need for culturally appropriate housing and support solutions for ATSI men *and* women, families and kinship groups. It must also remain in focus in any gender-based analysis and any strategies developed within the AZP must recognise the prominence of ATSI women among the rough sleeping population. Figure 6 presents the acuity data by ATSI status and gender for actively homeless ATSI people on the BNL at September 2019. These data show consistency in the proportion of high acuity cases among ATSI men and women (84% and 85% respectively), but divergence from non-Indigenous persons: *cf* 74% non-Indigenous females, 68% non-Indigenous males, 80% all females, 72% all males and 75% all persons. Underpinning data for Figures 5 and 6 is presented in Table 4.

Figure 6: Acuity by ATSI status and gender, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Culturally and linguistically diverse (CALD) people

The BNL data considered shows a low proportion of people from CALD backgrounds among those actively rough sleeping or temporarily accommodated (12 individuals; mostly males).⁵ These people reported CALD backgrounds including Africa, Europe, New Zealand and the Middle East. Acuity levels for the 12 individuals were either high (10 people; 84%) or medium acuity (two people; 18%).

There is value in looking at CALD data within the BNL periodically to see whether the small proportion of people on the list indicating such a background is a consistent trend or something with significant variability. It may also be that extra focus is needed on collecting this information within intake and assessment processes among services.

It is notable in looking at CALD background among people on the BNL that two people reported being on temporary visas, reminding us to look to services for people of refugee backgrounds in solutions for ending homelessness. What we don't know from the BNL data, but may be able to be extracted from other data systems such as H2H, is how long people have been in Australia as this is a determining factor in eligibility for settlement services (home affairs) supports, at least for eligible people for a particular and time limited period.

⁵ Data for CALD has been aggregated for this report due to small numbers and strong potential for identifying individuals.

Table 4: Acuity by ATSI or non-Indigenous status by gender, all actively homeless people only, BNL September 19 2019

	Aboriginal				Non Indigenous				All persons			
	Female	Male	Prefer not to say	Total	Female	Male	Prefer not to say	Total	Female	Male	Prefer not to say	Total
High	22	21	0	43	14	52	1	67	36	73	1	110
Med	4	4	0	8	5	23	0	28	9	27	0	36
Low	0	0	0	0	0	1	0	1	0	1	0	1
Total	26	25	0	51	19	76	1	96	45	101	1	147
Gender as proportion of whole cohort (%)	51	49	0	100	20	79	1	100	30	68	1	100

Source: AZP BNL September 19, 2019.

Note: data for temporary accommodation not presented for identification/ethical reasons.

Older people

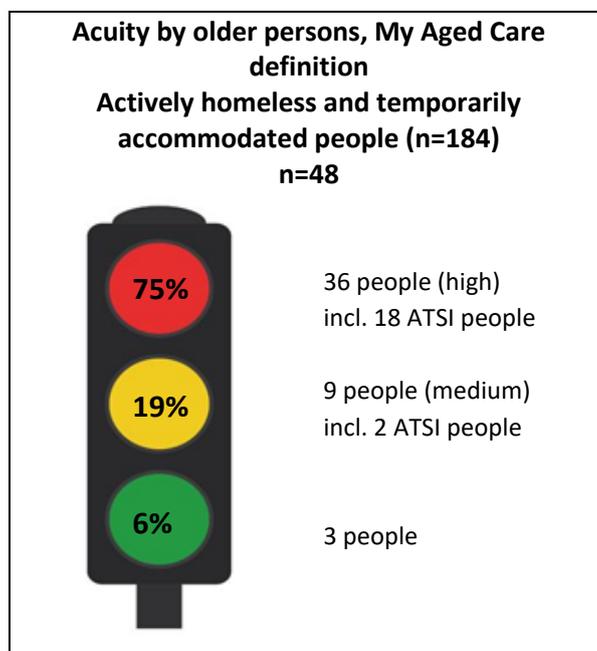
The **AZP BNL is not a list dominated by older people**; at least 'older people' as traditionally defined, i.e. 65+. In fact at the September data capture only three people aged 65+ were on the list. (Examination of the whole BNL at September 2019 shows eight people aged 65+ on the entire BNL; five of them high acuity cases). Our great hope is that the lack of older people living on the street in inner Adelaide means older people are being appropriately supported and resourced within the broader system, including via income support (the Age Pension) and aged care services. This said, there is widespread acknowledgement of the increasing prevalence of homelessness among older people in Australia (see the growing national suite of work as part of the Ageing on the edge project funded by the Wicking Trust⁶), meaning it is important that this cohort remains in focus within the project.

In considering the older persons cohort within the BNL, it is important to acknowledge that there are multiple definitions of 'older' when it comes to aged care services and support, and for good reason. One important distinction in definition around 'older' relevant to the AZP is that used within the My Aged Care system (and stipulated in related legislation), summarised in Box 1. This definition recognises that **some people age prematurely because of particular life events (one of which is experience of homelessness)** and are therefore eligible for age care supports at an earlier age. The Australian Association of Gerontology have been actively promoting this redefinition of 'aged' for particular people in their work (AAG 2018; South, S, pers. comm. 23 August 2018) such that processes around this definition within the aged care sector, support services generally and within the My Aged Care gateway are more responsive to the needs of, and requests from, people in this group, and their advocates.



Applying the My Aged Care definition of older (prematurely aged because of particular life events), the September BNL data capture includes 48 people potentially eligible for support through My Aged Care (federally funded supports): 39 actively homeless people and a further nine in temporary accommodation. Most of these cases are high acuity (Figure 7).

Figure 7: Acuity by older people, My Aged Care definition, all actively homeless and all temporarily accommodated people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

⁶ <https://www.older tenants.org.au/ageing-edge-national-action-project#more-information>

Box 1: My Aged Care ‘Support for persons facing homelessness’

If you’re an older person who is renting, in an insecure housing situation, or facing homelessness, affordable housing can be accessed through aged care services. **For older people with unpredictable housing arrangements or even homelessness, there are aged care services that can provide support and help deal with housing problems.**

Aged care homes

Aged care homes provide care and accommodation services for people facing homelessness, with some aged care homes specialising in caring for this group.

Commonwealth Home Support Programme

Under the Commonwealth Home Support Programme there are a number of services to help older people that are homeless or at risk of being homeless as they get older. This might be because they are on a low income or have insecure housing and face challenges finding a place to live that they can call home.

Assistance with Care and Housing services delivered under the Commonwealth Home Support Programme can link you with a provider – usually a charitable or religious organisation – to find better, more stable accommodation. Once this is organised, you might then be linked to other services to receive help at home or in the community.

Eligibility

You may be eligible for assistance if you:

- **are aged 50 years or older and are prematurely aged*, or**
- **are on a low income, or**
- **are 45 years or older (for Aboriginal and Torres Strait Islander people),**

and

- **are homeless or at risk of being homeless.**

You, or your family member, friend or carer can apply for help by calling My Aged Care on [1800 200 422](tel:1800200422).

** People whose life experience – such as active military service, homelessness or substance abuse – have seen them age more quickly than other people.*

Services available

Services aim to link you to suitable housing and community support services. Even if a person is already homeless these services can help link them with options to get back into a house. To work out which services might be available to you, call My Aged Care on [1800 200 422](tel:1800200422).

Cost of services

These services are paid for by the Australian Government.

Source: Australian Government, My Aged Care 2019: <https://www.myagedcare.gov.au/support-people-facing-homelessness> (emphasis added).

Youth

As with people of CALD backgrounds, the September BNL data capture did not include many youth (n=9; six actively homeless and three in temporary accommodation). In many ways this is not a surprising finding, given what we know about youth homelessness and the prominence of couch surfing behaviour among this cohort. It is also the case that the BNL for the AZP at the current time is a list for adults, meaning that part of the traditional youth cohort (defined variably as 12-24 or sometimes 15-24) is not captured by the AZP BNL.



The notable trend for this cohort on the September 19 2019 BNL is that **all actively homeless youth (100%) were high acuity**. Two of the three youth in temporary accommodation were also high acuity. These data, although for a small sample population, point to the high vulnerability among youth who find themselves on the street and the need for risk-, safety- and life course stage-focused responses to supporting younger people to move on from rough sleeping, especially to ensure this cohort do not become our future cohort of chronic rough sleepers as others with strong knowledge of the rough sleeping homelessness landscape in Adelaide have reported seeing.

Examination of the whole BNL to mid-September 2019 (661 people) reveals 52 youth on the list over time (including the nine individuals mentioned previously), with 67% high acuity, with some data cleaning needed of cases on the whole list to determine completeness and coverage.

Disability (aggregate measure)

VI-SPDAT data confirms Adelaide's actively rough sleeping population in the inner city has very high self-reported rates of disability. How significant these self-reported rates of disability are depends on how the data in the BNL are interpreted.

Disability is captured in the VI-SPDAT in multiple questions, with some level of separation between physical, cognitive/intellectual and psychosocial disability (mental health issues). These are helpful separations in terms of the data, as different types (and severity) of impairment impact housing access and sustainment differently and can result in different support needs. For these reasons, we present two disability measures here: disability (all) and physical disability. Both indicators are aggregate measures. Disability (all) includes all 'types' of disability: physical, cognitive, psychosocial in one measure, more akin to the ABS definition of disability used commonly in policy and practice in Australia, which indicates a population-wide prevalence of disability – of any severity – of around 1 in 5 people or 18% (AIHW 2019, p. 2).⁷ Data collected on disability in the BNL do not specifically ask about severity of disability, but this is implied in some measures or when they are combined, for example, as trimorbidity (discussed later in this report).

More specific analysis of mental health data from the September BNL data capture is presented in the following sub-section. The authors have presented these data within the aggregated disability indicator and separately from it as mental health is such an acute challenge for our rough sleeping population and different systems and services are/should be involved in supporting people with needs related to mental health/psychosocial support vs other types of disability vs brain injury etc.

Disability (all)⁸



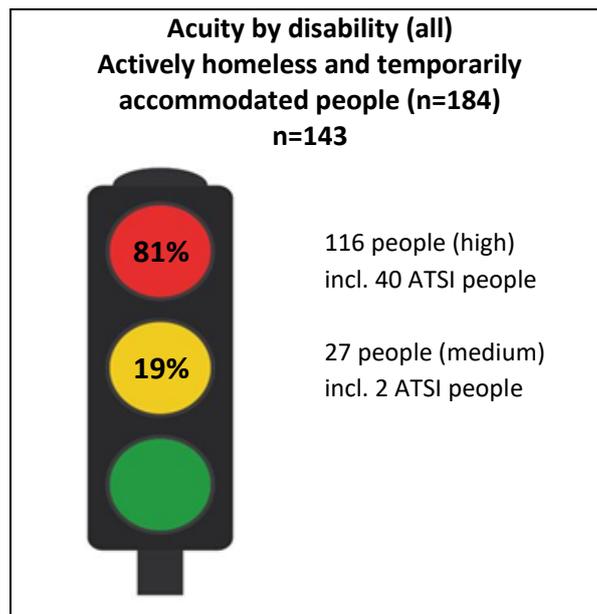
Analysis of the core questions around disability finds that almost **4 in 5 actively homeless or temporarily homeless people (n=143/184 people) indicated presence of disability**, broadly defined (including mental health, see Table 5).

As also noted in Figure 8 (and Table 6) the cohort of people indicating presence of disability is **overwhelmingly a high acuity group (81%)**; demonstrating that presence of disability sits alongside/reinforces other vulnerabilities/risks. This is also the case when considering the data in terms of prevalence of disability/high acuity among people of Aboriginal background. Of all **Aboriginal people on the BNL, 82% indicated presence of all disability (n=42 of 51 individuals, with 40 of the 41 (95%) having high acuity needs)**.

⁷ See AIHW 2019, p. 1 for a useful recent summary discussion of disability in Australia.

⁸ Data aggregated from a positive (yes response) to either/or question D18, D23a, D23b and D23c in VI-SPDAT#1 and E28, E41 and E42 in VI-SPDAT#2 and indicating source of income as Disability Support Pension. Aggregate measure did not include a positive response to the question indication of mobility issue(s) in the housing preferences section of the AZP VI-SPDAT (Adelaide-specific) or people indicating problems with self-care as these data are not explicit enough about disability for us to be comfortable with inclusion in the measure.

Figure 8: Acuity by disability (all), all actively homeless people and all temporarily accommodated people, BNL September 19 2019

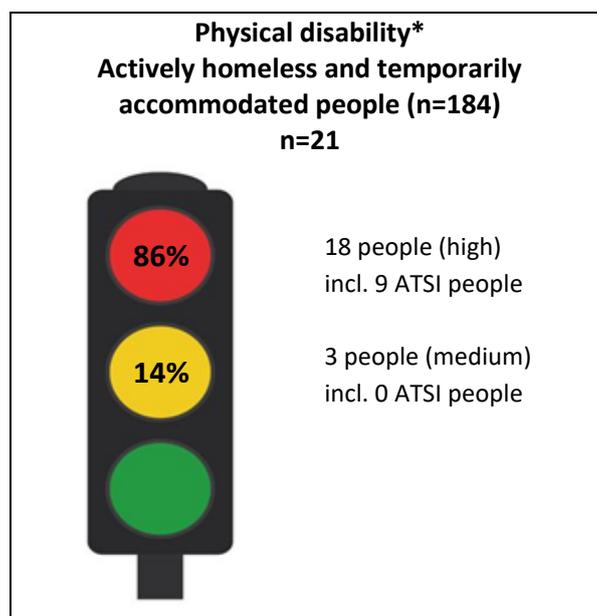


Source: AZP BNL September 19, 2019.

Physical disability⁹

As noted, the VI-SPDAT captures useful information around physical disability helpful in considering the types of housing and support people on the BNL need to move on from rough sleeping. These data reveal 21 people, the vast majority of them actively homeless (n=18), indicated physical disability impacting their ability to manage, access or sustain housing without help (Figure 9 and Table 6). Among the nine ATSI people indicating presence of physical disability, 100% were high acuity.

Figure 9: Acuity by physical disability, all actively homeless people and all temporarily accommodated people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: *Physical disability limiting housing access or ability to live independently without help.

⁹ Derived from physical disability limiting housing or ability to live independently (VI-SPDAT#1, D18; VI-SPDAT#2, E28).

Table 5: Acuity by disability (all)* by ATSI/non-Indigenous status by gender, all actively homeless people and all temporarily accommodated people, BNL September 19 2019

	Female						Male						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%								
Actively homeless																		
High	20	100	12	71	32	86	18	90	48	74	66	78	38	95	60	73	98	80
Medium	0	0	5	29	5	14	2	10	17	26	19	22	2	5	22	27	24	20
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	20	100	17	100	37	100	20	100	65	100	85	100	40	100	82	100	122	100
Temporarily accommodated																		
High	1	100	2	67	3	75	1	100	14	88	15	88	2	100	16	84	18	86
Medium	0	1	1	33	1	25	0	0	2	13	2	12	0	0	3	16	3	14
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	101	3	100	4	100	1	100	16	100	17	100	2	100	19	100	21	100
Total																		
High	21	100	14	70	35	85	19	90	62	77	81	79	40	95	76	75	116	81
Medium	0	0	6	30	6	15	2	10	19	23	21	21	2	5	25	25	27	19
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	21	100	20	100	41	100	21	100	81	100	102	100	42	100	101	100	143	100

Source: AZP BNL September 19, 2019.

Notes: *Aggregate measure. One person excluded from analysis who preferred not to state gender (high acuity).

Table 6: Acuity by physical disability by ATSI/non-Indigenous status by gender, all actively homeless people and all temporarily accommodated people, BNL September 19 2019

	Female						Male						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
High	5	100	1	50	6	86	4	100	8	80	12	86	9	100	9	75	18	86
Medium	0	0	1	50	1	14	0	0	2	20	2	14	0	0	3	25	3	14
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	100	2	100	7	100	4	100	10	100	14	100	9	100	12	100	21	100

Source: AZP BNL September 19, 2019.

Other notable disability-related data

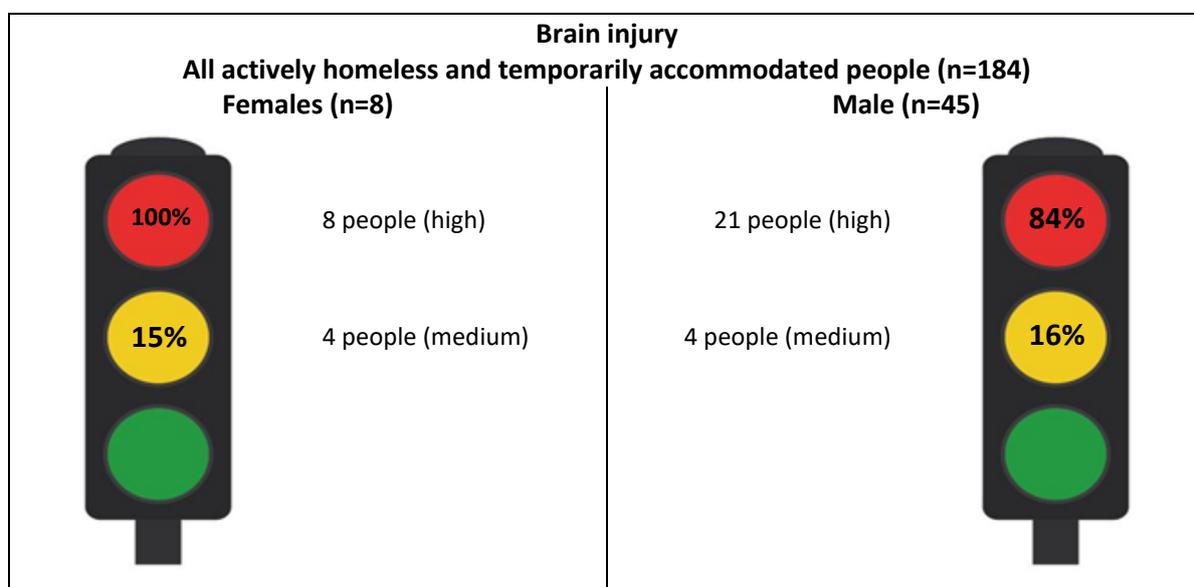
Other key information in the September BNL data capture relevant in context of disability, housing and support, includes:

- Almost 1 in 3 actively homeless or temporarily accommodated people self-reported a brain injury (29%; n=53 people), with almost 90% high acuity cases (89%); and,
- Twenty-five people reporting concern in terms of managing their self-care (mostly men) and some of these people (n=10) not captured in the disability indicators discussed above.

The prevalence of (self-reported) brain injury among the people on the BNL is significant (Figure 10, also Table 7). It also reflects trends in homelessness data derived from the VI-SPDAT elsewhere in Australia (Micah Projects 2017a; Wood et al., 2017) and an area where there needs to be more policy and practice attention. Brain injury can impact cognition and behaviour. This sub-group within the homelessness population is one in need of greater attention in terms of level and models of support, as the life-encompassing support needs of people with brain injury can be complex and difficult to manage, depending on severity of the injury and extent of impact.

People with brain injury often require a multi-agency approach to support and risks exist here for people not meeting eligibility criteria because of behaviour/cognition issues, because workers and clients do not see the whole of life impacts of the injury/disability and because gaps can open up for people to fall through when there are multiple agencies/workers supporting people. The NDIS and Specialist Disability Accommodation (a still emerging market) and aged care sector (through consumer-directed care; My Aged Care) offer potential avenues of support for this group, but person-centred advocacy will likely be needed for people with such injuries/disability, as approaching and navigating these systems is difficult. Table 7 provides some interesting data about the actively homeless people on the BNL with brain injury, reflecting the fact that this population is diverse in composition and needs must be considered in this context.

Figure 10: Brain injury by gender and acuity, all actively homeless and all temporarily accommodated people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Table 7: Key data about people reporting brain injury, all actively homeless and all temporarily homeless people, BNL September 19 2019

	All actively homeless people (n=45/148)	All temporarily accommodated people (n=8/36)
Age range	29-64	30-56
Average age	44	43
Female	18%	0%
ATSI	35%	13%

Source: AZP BNL September 19, 2019.

Given widespread acknowledgement that presence of disability can increase people’s ‘likelihood of experiencing homelessness, or...provide additional barriers to exiting homelessness’ (AIHW 2019, p. 15), person-centred needs around disability (including psychosocial disability) are and must be an ongoing of concern and focus in aligning housing and supports to the needs of people moving on from rough sleeping.

Note: it should be possible to develop a more holistic measure for disability within the BNL – akin to the commonly used definition in Australia – by cross referencing people indicating presence of mental health issues and presence of disability. This task should be easier in the new data platform. Case management notes and the knowledge of workers would be a good adjunct source of information for this exercise and triangulation.

Mental health¹⁰

Rates of self-reported mental health are significant among people sleeping rough in inner Adelaide.

Almost three in every four actively homeless or temporarily accommodated people on the BNL self-reported mental health issues (73%; 135 of 184 individuals).

The vast majority of people with mental health issues sat within the high acuity needs category, with 110 of the 135 individuals reporting mental health issues (81%) having high acuity needs (Figure 11). Almost four in every five people on the BNL at the September data capture point with high acuity needs reported mental health issues (110/138 individuals).

Table 8 presents more detailed data on mental health issues and acuity (by gender and ATSI status), capturing other key cohort overlays with mental health.

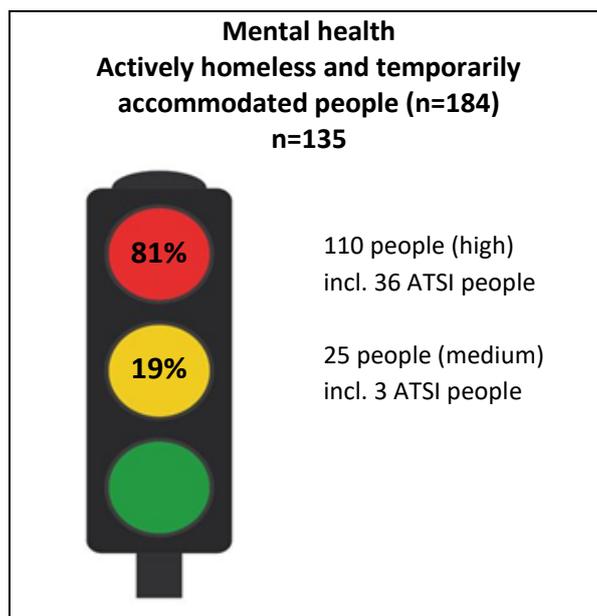
Among people self-reporting mental health issues, it is notable that 21 (90%) people indicated their mental health has a direct impact on their ability to manage their housing acuity.

These data provide a solid foundation for PSG to advance practice and advocacy work around mental health and reflect/augment case worker knowledge and practice around the prominence of mental health as a challenge for people navigating systems into housing and other social supports.

High rates of mental health issues are a known fact among people sleeping rough. Accordingly, forging strong/better connections with the mental health system and community mental health services must remain a core priority among efforts to align housing and support to the needs of people moving on from rough sleeping.

¹⁰ Derived from the mental health indicator used for the trimorbidity calculation, as a cross check across all mental health categories largely totalled to this figure anyway.

Figure 11: Acuity by mental health issues, all actively homeless and temporarily accommodated people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Tri-morbidity (measure of multiple vulnerabilities)

One measure of vulnerability within the VI-SPDAT is trimorbidity; the presence of three key risk factors for an individual: mental health issues, physical disability and substance use. The VI-SPDAT assigns an extra risk/vulnerability score (+1) where someone has these three vulnerabilities together, recognising their compounding effects on wellbeing, health and support needs.

Examination of the September data capture shows a high incidence of trimorbidity among people actively rough sleeping: at just over 50% of all people on the list (n=75/148) and 60% for Aboriginal people (61%; n=31/51). Notably, **93% of people with trimorbidity were high acuity (100% for Aboriginal people on the list)**. Among people temporarily accommodated at the same time, a significant proportion also met the criteria for trimorbidity: 36% or 13 of 36 people (92% high acuity).

The size and acuity of the trimorbidity ‘cohort’ speaks of the levels of multiple vulnerability and complexity among people on the streets in inner Adelaide. **It reminds us of the need to align many sectors and supports for individuals to help them to move on from rough sleeping.**

The value in the trimorbidity indicator within the BNL is demonstrated in the diagram below, which shows the relationship between presence of mental health, physical disability and substance abuse among actively homeless people on the BNL population, including by gender and ATSI status (Figure 12). NOTE: these data are for all actively homeless people only because of the risk of identifying individuals within the temporarily accommodated cohort.

Data for each intersection within the trimorbidity calculation are also presented here for all actively homeless people: Table 9 (mental health and substance use), Table 10 (mental health and physical health), Table 11 (physical health and substance use) and Table 12 (trimorbidity). Data presented are from the wellness domain in both VI-SPDAT versions analysed.



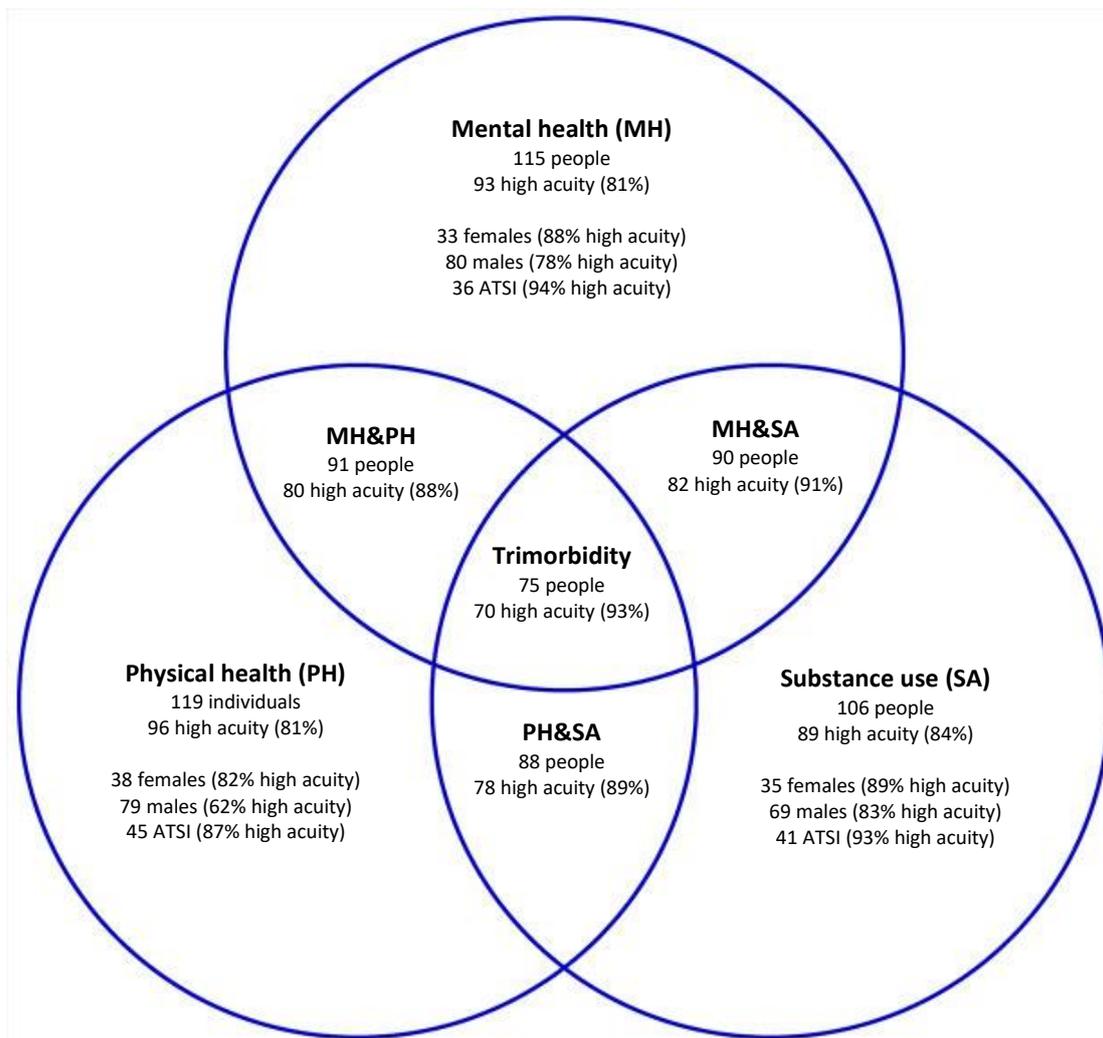
Table 8: Acuity by mental health issues by ATSI/non-Indigenous status by gender, all actively homeless and temporarily accommodated people, BNL September 19 2019

	Female						Male						Prefer not to say						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
All actively homeless people																								
High	17	100	12	75	29	88	17	89	45	74	62	78	0	0	2	0	2	100	34	94	59	75	93	81
Medium	0	0	4	25	4	12	2	11	16	26	18	23	0	0	0	0	0	0	2	6	20	25	22	19
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	17	100	16	100	33	100	19	100	61	100	80	100	0	0	2	0	2	100	36	100	79	100	115	100
All temporarily accommodated																								
High	1	50	2	100	3	75	1	100	13	87	14	88	0	0	0	0	0	0	2	67	15	88	17	85
Medium	1	50	0	0	1	25	0	0	2	13	2	13	0	0	0	0	0	0	1	33	2	12	3	15
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	100	2	100	4	100	1	100	15	100	16	100	0	0	0	0	0	0	3	100	17	100	20	100
Total																								
High	18	95	14	78	32	86	18	90	58	76	76	79	0	0	2	0	2	100	36	92	74	77	110	81
Medium	1	5	4	22	5	14	2	10	18	24	20	21	0	0	0	0	0	0	3	8	22	23	25	19
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	19	100	18	100	37	100	20	100	76	100	96	100	0	0	2	0	2	100	39	100	96	100	135	100

Source: AZP BNL September 19, 2019.

Note: Derived from the mental health indicator used for the trimorbidity calculation, as a cross check across all mental health categories largely totaled to this figure anyway.

Figure 12: Trimorbidity, all actively homeless people only, BNL September 19 2019



Notes:

All actively homeless people only.

n=148 people represented in total population.

148 people provided information for each of the three domains considered (positive indication for presence of mental health, physical health and substance use), with a positive response to presence of all three equaling trimorbidity.

Source: AZP BNL September 19, 2019.

Table 9: Presence of mental health issues and substance use, all actively homeless people only, BNL September 19 2019

Cohort	All persons	High acuity	% high acuity
Female	28	27	96
Male	60	49	82
Gender not stated	2	2	100
ATSI	30	30	100

Source: AZP BNL September 19, 2019.

Table 10: Presence of mental health and physical health issues, all actively homeless people only, BNL September 19 2019

Cohort	All persons	High acuity	% high acuity
Female	28	26	93
Male	61	52	85
Gender not stated	2	2	100
ATSI	32	31	97

Source: AZP BNL September 19, 2019.

Table 11: Presence of physical health issues and substance use, all actively homeless people only, BNL September 19 2019

Cohort	All persons	High acuity	% high acuity
Female	31	28	90
Male	55	48	87
Gender not stated	2	2	100
ATSI	38	35	92

Source: AZP BNL September 19, 2019.

Table 12: Trimorbidity, all actively homeless people only, BNL September 19 2019

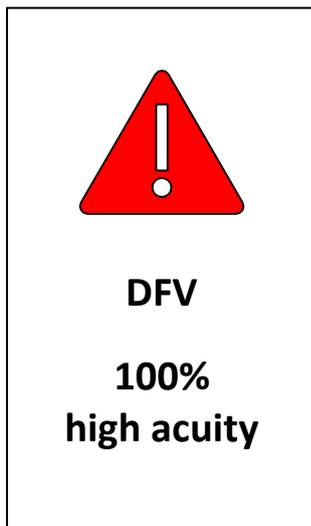
Cohort	All persons	High acuity	% high acuity
Female	28	27	96
Male	45	41	91
Gender not stated	2	2	100
ATSI	31	31	100

Source: AZP BNL September 19, 2019.

Domestic and family violence

There is no single marker for domestic or family violence within the VI-SPDAT. A number of questions indicate potential risk or lived experience of domestic and family violence, for example:

- Are you currently being harmed or at risk of being harmed by another person such as a spouse, parent, relative or friend? (VI-SPDAT#2 only, question 8)
- Have you experienced violence or threats of violence, such as punching, kicking, attempted strangulation, use of weapons or controlling behaviour, in the last six months, that has had an impact on feeling safe? (VI-SPDAT# 2 only, question 9)
- Is your current period of homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? (VI-SPDAT#1, question 14; VI-SPDAT#2, question 22)



Each of these questions could be seen to extend beyond capturing lived experience of domestic and family violence, capturing the impact of friends in question 8, all experiences of violence in the case of question 9 and relationship or family breakdown/issues more broadly in the case of question 14/22.

Currently, question 8 in VI-SPDAT#2 (only), provides the best indicator within the dataset about domestic and family violence (Table 13). Such data reveals that 31 of the 119 actively homeless and temporarily accommodated people on the BNL in VI-SPDAT#2 (26%) providing this data indicated domestic and family violence. Notably, **all 31 people** – female, male, ATSI – **were high acuity**.

Broadening data analysis out to incorporate data from question 9 (Table 14), extends the number of people with lived experience of violence significantly, to 74 of 119 people (62%) for whom we have this data, with 95% high acuity.

Veterans

A small cohort within the September BNL are veterans (n=6). Five of the six people indicating current or future ADF service are high acuity cases (four indicating self-reported mental health issues). The researchers have some concerns over the accuracy of these data. We recommend a focus on verifying the current information about veteran status across the list, to ensure accuracy of such data, but also because there is at least anecdotal evidence from specialist homelessness services of some people sleeping rough not identifying as veterans because of pride. Veteran status can open up a range of useful support pathways, including around trauma and mental health, and potentially pathways to veteran-specific housing with support (see Table 36).

A quick look over the entire AZP BNL at September 19 2019 (i.e. not just the all actively homeless segment of the list) showed 17 individuals on the list indicating veteran status (mostly high acuity cases; five on the inactive list). This cohort then, remains a relatively small one among the rough sleeper population in Adelaide. However, understanding the presence of veterans among people rough sleeping in Adelaide is a worthy exercise as there is a range of programs for veterans that could assist with longer-term support needs, including assistance with mental and physical health issues among other things.

There were no veterans among the people temporarily accommodated on September 19 2019 BNL.

Table 13: Experience of domestic and family violence, all actively homeless and temporarily accommodated people, BNL September 19 2019

	Female						Male						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
High	8	100	7	100	15	100	6	100	10	100	13	100	14	100	17	100	31	100
Medium	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	8	100	7	100	15	100	6	100	10	100	13	100	14	100	17	100	31	100

Source: AZP BNL September 19, 2019.

Notes:

Derived from question about currently being harmed or risk of harm as a spouse, parent, relative or friend as indicator of domestic and family violence.

Aggregated data presented because of risk of identifying individuals in the temporarily accommodated cohort.

Table 14: Experienced violence or threats of violence in six months prior impacting feeling of safety, all actively homeless and temporarily accommodated people, BNL September 19 2019

	Female						Male						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
High	15	100	8	89	23	96	12	92	35	95	47	94	27	100	43	100	70	95
Medium	0	0	1	11	1	4	1	8	2	5	3	6	1	0	3	0	4	5
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	15	100	9	100	24	100	13	100	37	100	50	100	28	100	46	100	74	100

Source: AZP BNL September 19, 2019.

Notes:

Derived from question about experienced violence or threats of violence, such as punching, kicking, attempted strangulation, use of weapons or controlling behaviour, in the last six months, that has had an impact on feeling safe.

Aggregated data presented because of risk of identifying individuals in the temporarily accommodated cohort.

Inflows

Understanding pathways into rough sleeping homelessness

The BNL provides some (limited) data around pathways (inflows) into homelessness for the people sleeping rough on the streets of inner Adelaide. VI-SPDAT#2 provides the most useful data around inflows, reflecting project learnings around the need for such information. Accordingly, the data presented in this section are largely from VI-SPDAT#2.

In some places in this inflow analysis the data presented does not include the information contained in the temporarily accommodated section of the BNL at the capture date, because of the complexity of amalgamating datasets for analysis. Such analysis should be undertaken in the future for the temporarily accommodated cohort alongside and/or combined with the same analysis for all actively homeless people. This will also be more straightforward when there is clarity around completed surveys, when more people in the temporarily accommodated cohort have completed the more comprehensive VI-SPDAT and the new data platform is operational and data analytics much easier.

Prior living arrangement

Some of the most useful data in the AZP BNL about inflows comes from the question in VI-SPDAT#2 (in use since May 2019) which asks: *Before you were rough sleeping, where were you sleeping/staying/living?* Table 15 presents the overall data from the September 19 2019 BNL for actively homeless people for the prior living arrangement question (n=111, including data for nine people in temporary accommodation). The majority of people were previously either living temporarily with family and friends (41%) or in permanent housing (29%), tenure unspecified. Ten people (9%) indicated jail/juvenile detention as the place they were previously accommodated (including being in interstate facilities), eight were previously in a boarding house (7%) and one person stated they were in hospital prior to living on the streets.

Table 15: Prior living arrangement, all actively homeless and temporarily accommodated people, VI-SPDAT#2 only, BNL September 19 2019

	Female		Male		Prefer not to say		Total		All	% Total
	ATSI	NI	ATSI	NI	ATSI	NI	ATSI	NI		
Boarding house	0	0	1	7	0	0	1	7	8	7
Caravan park	0	0	0	1	0	0	0	1	1	1
Carrington Cottages	0	0	0	1	0	0	0	1	1	1
Detox	1	0	1	2	0	0	2	2	4	4
Emergency/crisis	0	0	0	2	0	0	0	2	2	2
Family and friends	9	6	9	21	0	1	18	28	46	41
Hospital	0	1	0	0	0	0	0	1	1	1
Hotel/Motel	0	1	0	0	0	0	0	1	1	1
Jail/juvenile detention	1	0	3	6	0	0	4	6	10	9
Permanent housing	5	6	3	18	0	0	8	24	32	29
Transitional	1	0	0	0	0	0	1	0	1	1
N/A	0	1	1	2	0	0	1	3	4	4
Total	17	15	18	60	0	1	35	76	111	100

Source: AZP BNL September 19, 2019.

In outlining the data from the prior living arrangement question here it is important to note that this question was added to the Adelaide version of the Australian VI-SPDAT#2 with the intention of capturing people's living arrangement *immediately prior* to 'falling' into rough sleeping. Looking over the data, we feel that most people interpreted the question in this way (phrasing of the question should be tightened to ensure this in future). Some respondents, however, indicated multiple prior living arrangements, reminding us of the precarity of housing arrangements and the bouncing between arrangements some (perhaps, many?) people experience. The cases where multiple responses were recorded, while tricky in

terms of analysis (coded to the first response listed for this analysis), point to the value of talking further with people about their pathway into rough sleeping, to understand the (multiple/compounding) factors that led to them falling out of housing. Such conversations will no doubt unearth other inflow points/reasons or increase the prominence of some inflow points within the existing data and analysis. Some of the cases where people noted multiple living arrangements for example, include:

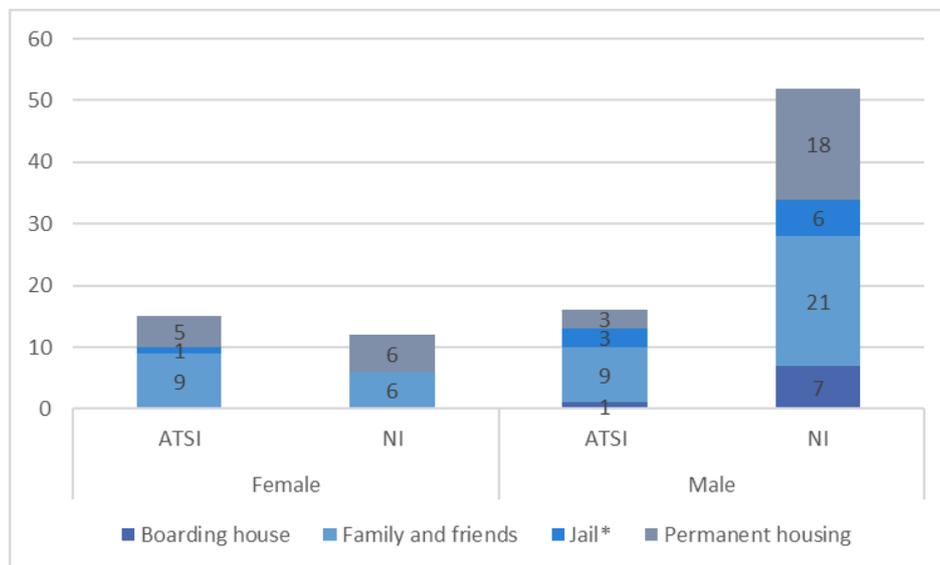
- with family, jail
- friends/family, caravan park
- permanent housing and temporary accommodation, boarding houses etc.
- with friends/family temporarily, drug/alcohol treatment centre.

The addition of further questions to the tool, some qualitative work within services, and data linkage offer avenues for better understanding pathways in terms of prior living arrangements. Such information and analysis will shed more light on inflow pathways: identifying new pathways and providing better data to quantify the significance of particular inflow paths (for example, jail/juvenile detention was in the prior living arrangements of at least two other people on the BNL). These data are important for:

- determining systems to work with to end homelessness for individuals on the list and the intervention points within these systems where a difference could be made to people’s pathway to street homelessness (veterans’ mental health services for example, or prison discharge/discharge follow-up processes);
- the AZP’s policy and practice advocacy work (for resourcing, policy/practice change); and,
- the important prevention work that needs to be undertaken to ‘turn off the tap’.

Graphically depicting the data in Table 15 is difficult, because of the variety of places people reported living prior to rough sleeping. Figure 13 presents the data for the four prior living arrangement categories indicated most frequently by people on the BNL, by ATSI status and gender: with family and friends (temporarily), in permanent housing (with some level of security of tenure) and in jail/juvenile detention.

Figure 13: Top four prior living arrangements by ATSI status and gender, actively homeless and temporarily accommodated people, VI-SPDAT#2, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: *Jail includes prison and juvenile detention.

Additional details about the types of housing occupied by people are not available in the BNL. It would be advantageous to add another question to the VI-SPDAT to capture this because of the value of this line of questioning in starting to understand tenure specific pathways and challenges (from homeownership, private rental, social housing or other tenure types).

Institutions

The VI-SPDAT collects a range of data on people’s experiences or contact with institutions; from corrections and care facilities (prisons, the remand centre, watch house, juvenile detention, hospitals, foster/residential care, youth accommodation). While such data is not collected in the VI-SPDAT in the context of prior living arrangement (as presented above), it does indicate people’s interactions with institutions in the six months prior to survey (usually the entry date to the BNL), helping to understand the types of systems people are interacting with shortly before rough sleeping, where supports could be put in place to assist them with their life circumstances, accommodation and other support.

Data linkage offers an avenue for further advancing understanding around institutional exits into homelessness and potentially for finding intervention points within the systems around care and correctional institutions where the pathway to homelessness can be avoided, eliminated or quickly corrected. Such intervention points should include existing responses to avoid homelessness or ensure appropriate housing outcomes at exit where they exist.

Hospitals

Data from the BNL supports the widely acknowledged fact that rough sleepers have poor health, including mental health, and many rough sleepers are frequent presenters to hospital emergency departments.¹¹

Accident and emergency

Almost 60% of people who were actively homeless on the BNL at the data capture point indicated one or more presentations to accident and emergency for health care in the six months prior to survey. Across this group of 83 people, the number of presentations to emergency ranged from 1 to 20 times, with an average of 3.0 presentations each for the six months. Rates of presentation to emergency among Aboriginal people were higher for both males and females than their non-Indigenous counterparts (74% female ATSI v 55% female NI and 84% male ATSI v 47% male NI) and higher among females (66%) than males (56%). The average number of presentations to emergency was also higher for these groups as shown in Table 16, with the average number of presentations for males 2.9 times (n=55) v 3.2 times for all females (n=25).

Table 16: Frequency of receiving health care at hospital accident and emergency in past six months, all actively homeless people only, BNL September 19 2019

Cohort	Frequency of receiving healthcare at A&E (times)					No	Total	Average no. times presented to A&E
	Yes							
	1	2	3-4	5+	Total			
Female ATSI	2	2	0	1	5	16	1	3.6
Female NI	2	1	1	0	4	13	0	2.6
Male ATSI	4	1	0	2	7	22	2	2.5
Male NI	8	0	3	5	16	50	16	3.2
Prefer not to say ATSI	0	0	0	0	0	0	0	-
Prefer not to say NI	0	0	0	0	0	0	0	-
Total	16	4	4	8	32	100	19	3.1

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes eight cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

¹¹ A significant quantum of data exists in the AZP BNL around health conditions for people rough sleeping, particularly captured via the current VI-SPDAT (#2), which remains to be analysed in depth. Such health information is important in terms of understanding the types of challenges people face that could impact on their housing and support needs.

Ambulances

Forty-six per cent of people on the BNL took an ambulance to hospital in the six months prior to survey (n=63 of 137; Table 17). Digging deeper into these data reveals similar trends about ambulance use among people sleeping rough by gender and ATSI status, i.e. 58% of women overall (average 2.3 uses; n=23) v 41% (average 2.3 uses; n=97).

Table 17: Frequency of taking ambulance to hospital in past six months, all actively homeless people, BNL September 19 2019

Cohort	Frequency of taking ambulance (times)					No	Total	Average no. times taken ambulance
	Yes							
	1	2	3-4	5+	Total			
Female ATSI	5	4	2	2	13	9	22	2.7
Female NI	7	1	1	1	10	8	18	1.7
Male ATSI	8	3	2	2	15	9	24	2.1
Male NI	14	2	4	5	25	48	73	2.5
Prefer not to say ATSI	0	0	0	0	0	0	0	-
Prefer not to say NI	0	0	0	0	0	0	0	-
Total	34	10	9	10	63	74	137	2.3

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes 11 cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

Inpatient hospitalisations

Two in every five actively homeless people on the BNL at September 19 2019 (44%, 60 people) reported one or more inpatient hospitalisations for medical, surgical or maternity reasons in the six months prior to survey, with an average of 2.4 inpatient hospitalisations for actively homeless people on the BNL (Table 18). For females, 52% reported one or more inpatient hospitalisation (average 2.8 times; n=22) v 40% for males (average 2.0 times; n = 93). Among the cohorts identified within the actively homeless list, it is notable that while the proportion of women of ATSI backgrounds reporting one or more inpatient hospitalisations in the six months prior to survey was not substantially higher than among non-Indigenous women (56% v 50%), their average number of inpatient stays was significantly greater and much higher than all cohorts.

Table 18: Frequency of hospitalisation as inpatient (medical, surgical or maternity) in past six months, all actively homeless people, BNL September 19 2019

Cohort	Frequency of inpatient hospitalisations (times)					No	Total	Average no. times hospitalised as inpatient
	Yes							
	1	2	3-4	5+	Total			
Female ATSI	4	1	4	4	13	10	23	3.8
Female NI	7	0	2	0	9	9	18	1.4
Male ATSI	6	3	2	2	13	10	23	2.2
Male NI	15	3	4	2	24	46	70	1.9
Prefer not to say ATSI	0	0	0	0	0	0	0	-
Prefer not to say NI	0	0	1	0	1	0	1	-
Total	32	7	13	8	60	75	135	2.4

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes 13 cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

Specialist mental health hospitalisations

The current VI-SPDAT (#2) collects additional valuable information about recent contact with institutions among people sleeping rough in inner Adelaide by including hospitalisations in specialist mental health care facilities. These data are available in relation to 100 cases across the actively homeless population on the BNL at September 19 2019. Among this group, one in five people (21%; n=21) reported one or more hospitalisations in a specialist mental health care facility (range 1 to 8 times), with 71% of people reporting such hospitalisation male (Table 19). Further data is needed around this domain to make meaningful commentary about trends among cohorts.

Table 19: Frequency of hospitalisation in specialist mental health facility in past six months, all actively homeless people, BNL September 19 2019 (VI-SPDAT#2 only)

Cohort	Frequency of specialist mental health facility hospitalisation (times)						Total	Average no. times hospitalised in specialist mental health facility
	Yes							
	1	2	3-4	5+	Total	No		
Female ATSI	1	2	0	0	3	12	15	-
Female NI	1	2	0	0	3	12	15	-
Male ATSI	2	0	0	0	2	13	15	-
Male NI	10	1	0	2	13	42	55	1.9
Prefer not to say ATSI	0	0	0	0	0	0	0	-
Prefer not to say NI	0	0	0	0	0	0	0	-
Total	14	5	0	2	21	79	100	1.8

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes six cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in VI-SPDAT#2 (four further cases).

Data does not include temporarily accommodated cohort.

Prisons

As noted earlier, a small number of people in the BNL reported being in prison immediately to rough sleeping (n=8, Table 15). These data, however, do not capture the full extent of interaction between the people on the BNL and the corrections system. Data from the question: *In the past six months, how many times have you stayed one or more nights in watch house or prison, whether that was a short-term stay, a longer stay for a more serious offence, or anything in between?* (VI-SPDAT#1, question 4; VI-SPDAT#2, question 7).

Table 20 presents these data (n=137), showing the prominence of interaction with the corrections systems among people on the list, especially non-Indigenous men, in the recent past (last six months). Almost 45% of people indicated one or more interactions with corrections of a night or more stay in the prior six months (61 of 137 individuals, 42 male), with the average number of times people had such an interaction with the corrections system being 2.6 times (range 1-20 times). For all females reporting interaction with corrections (n=18) the average number of times they stayed one or more nights in a correctional facility was 1.9, with a range of 1 to 7 times across that group. For men, the same data were: 69% (n=42 of 61 people), average of 3.0 stays and range 1 to 20 times. Rough sleeping Aboriginal men had by far the most contact with corrections of the cohorts identified (average 3.6 stays in six months, range of 1 to 20 times).

Table 20: Frequency of stays in watch house or prison of one night or more in past six months, all actively homeless people, BNL September 19 2019

Cohort	Frequency of stays of 1+ night (times)					No	Total	Average no. times in watch house/prison 1+ nights
	Yes							
	1	2	3-4	5+	Total			
Female ATSI	8	2	2	1	13	8	21	1.8
Female NI	4	0	0	1	5	14	19	2.2
Male ATSI	7	3	2	4	16	7	23	3.6
Male NI	16	2	3	5	26	46	72	2.5*
Prefer not to say ATSI	0	0	0	0	0	0	0	-
Prefer not to say NI	1	0	0	0	1	1	2	-
Total	36	7	7	11	61	76	137	2.6*

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes 11 cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

*Data for average times excludes one positive case where the number of times entered was 365.

Data does not include temporarily accommodated cohort.

Other institutions

The current VI-SPDAT (#2) also collects basic information on whether people sleeping rough have ever been in particular institutions: foster care, out of home care or institutional care as a child, institutional care as an adult or youth detention. This series of questions also asks people about any current or prior involvement with the Australian Defence Force.

Care institutions

A not insignificant number of actively homeless people on the BNL (33 individuals total) indicated experience(s) of some type of institutional care as either an adult or child:

- 16% of people providing such data indicated childhood experience of foster care, out of home care or institutional care (16 of 98 people), with Aboriginal people (especially women) overrepresented among this group (Table 21).
- 20% of people providing such data indicated experience of institutional care as an adult (20 of 98 people), with non-Indigenous men comprising two-thirds of this group (65%) (Table 22).
- 20% of people providing such data indicated being in youth detention (19 of 97 people, with non-Indigenous men comprising the majority of this group (11 of 19 people; 58%) (Table 23).

It is noteworthy in discussing these data that three individuals indicated experience of all three types of institutions and nine people indicated experience with two of the types nominated. For this latter group, the most common combination was childhood experience of foster care, out of home care or institutional care and youth detention.

Australian Defence Force

As noted in the acuity section of this report, a very small number of people on the BNL have previously served with the Australian Defence Force. Among the actively homeless population at September 19 2019 there were six veterans and none among the temporarily housed group at the same time.¹² Across the whole BNL at September 19 2019 17 people indicated veteran status, including one person (moved to the inactive segment of the BNL) who indicated current serving status.

¹² See discussion in acuity section about need to check these data.

Table 21: Experience of foster care, out of home care or institutional care as a child by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	6	12	18
Female NI	3	11	14
Male ATSI	4	10	14
Male NI	3	49	52
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	0	0
Total	16	82	98

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes eight cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in VI-SPDAT#2 (4 further cases). Data does not include temporarily accommodated cohort.

Table 22: Experience of institutional care as an adult by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	3	14	17
Female NI	1	13	14
Male ATSI	3	12	15
Male NI	13	39	52
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	0	0
Total	20	78	98

Source: AZP BNL September 19, 2019.

Note: Data for this question includes eight cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in VI-SPDAT#2 (4 further cases). Data does not include temporarily accommodated cohort.

Table 23: Experience of youth detention by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	2	14	16
Female NI	2	12	14
Male ATSI	4	11	15
Male NI	11	41	52
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	0	0
Total	19	78	97

Source: AZP BNL September 19, 2019.

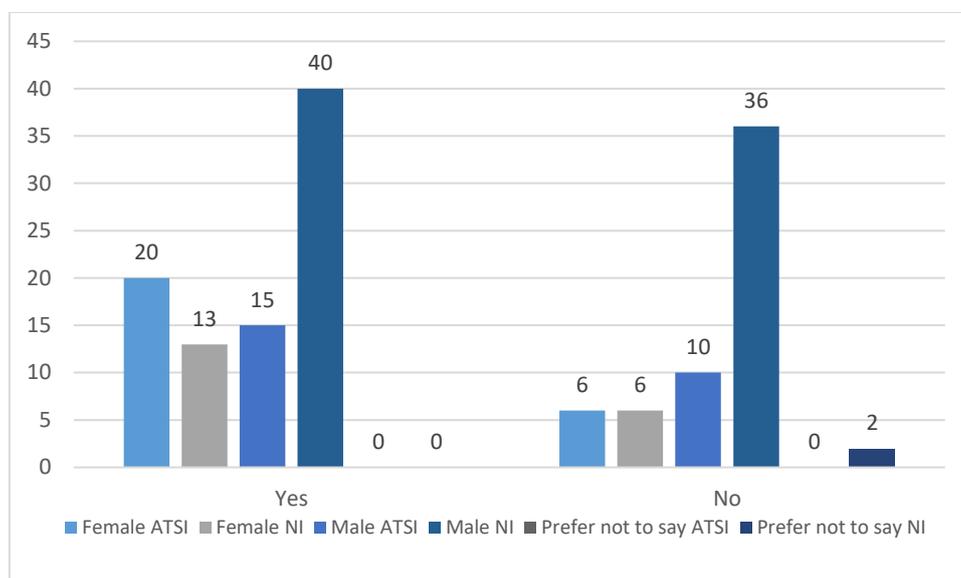
Note: Data for this question includes nine cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in VI-SPDAT#2 (4 further cases). Data does not include temporarily accommodated cohort.

Relationship/family breakdown

Relationship or family breakdown – including for reasons of domestic or family violence – is a significant pathway to homelessness among actively homeless people on the AZP BNL. Derived from responses to the question *Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?* (VI-SPDAT #1, question 14 and VI-SPDAT#2, question 22), BNL data reveals that three in every five people report relationship or family breakdown as a contributing cause for their current homelessness. As shown in Figure 14 (data also presented in Table 24) females reported this as a cause more often than men, with rates highest among Aboriginal women (20 of 26 people for whom we have these data; 77%). These data

are part of the picture of lived experience of domestic and family violence among the people on the AZP BNL, including among males sleeping rough across the inner city.

Figure 14: Current period of homelessness caused by relationship breakdown, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

Table 24: Current period of homelessness caused by relationship breakdown, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	20	6	26
Female NI	13	6	19
Male ATSI	15	10	25
Male NI	40	36	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	88	60	148

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes three cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

Health and disability

As noted in the acuity section of this report, the AZP BNL data confirms the generally poor physical and mental health and high levels of disability among people who are rough sleeping in inner Adelaide, especially for people who have been rough sleeping for an extended period. There is a wealth of data in the BNL about people's health, especially derived from VI-SPDAT#2. The VI-SPDAT, however, does not directly canvas data on the impact of health on people's pathway into homelessness, although there are a number of questions in the tool that point to the relationship – ever or future – between health and housing instability, i.e.

- Have you ever had to leave housing, crisis accommodation, or other place you were staying because of your physical health? (VI-SPDAT#2, question 27, VI-SPDAT#1, question 15)
- Has your drinking or drug use led you to being kicked out of any housing, accommodation or program you were staying in the past? (#2, question 35; #1, 21)

And, indicating risk/future challenges:

- Do you have any physical disability that would limit that would limit the type of housing you could access, or make it hard to live independently, because you would need help? (#2, question 28, #1, question 18)
- Will drinking or drug use make it difficult for you to stay housed or afford your housing? (#2, question 36; #1, question 22)
- Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? (#2, question 43; #1, question 24)

Such data highlights several points of note:

- Some 25% of people on the BNL have *ever* left accommodation because of their physical health, indicating the importance of appropriate housing and supports to ensure this does not happen again (n=36 of 148 actively homeless people; Table 25). Twelve per cent of people indicated presence of physical disability impacting on their housing or ability to live independently (Table 26).
- Almost two in every five people (n=55 or 38%) reported having ever been kicked out of housing or accommodation because of drinking or drug use (Table 27).
- 31 people (21% of the actively homeless list) indicating difficulty affording or staying housed because of their drinking or drug use (Table 28).
- 14% of people indicating presence of a mental health or brain issues impacting on their ability to live independently (50% of this group being non-Indigenous males; Table 29).

Table 25: Ever left accommodation due to physical health by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	9	17	26
Female NI	3	16	19
Male ATSI	9	16	25
Male NI	15	61	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	36	112	148

Source: AZP BNL September 19, 2019.

Notes:

Data does not include incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

Table 26: Presence of physical disability impacting housing/independent living by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	4	21	25
Female NI	2	17	19
Male ATSI	4	21	25
Male NI	8	68	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	18	129	147

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes one case where a person declined to answer this specific question (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

Table 27: Drinking or drug use ever led to being kicked out of housing/accommodation by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	10	15	25
Female NI	5	14	19
Male ATSI	13	11	24
Male NI	27	49	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	1	1
Total	55	90	145

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes three cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

Table 28: Difficulty affording or staying housed because of drinking or drug use by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	8	18	26
Female NI	2	17	19
Male ATSI	8	17	25
Male NI	13	63	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	31	117	148

Source: AZP BNL September 19, 2019.

Notes:

Data does not include incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

Table 29: Presence of mental health or brain issues impacting ability to live independently by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Yes	No	Total
Female ATSI	1	24	25
Female NI	4	15	19
Male ATSI	5	19	24
Male NI	10	66	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	20	126	146

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes two cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

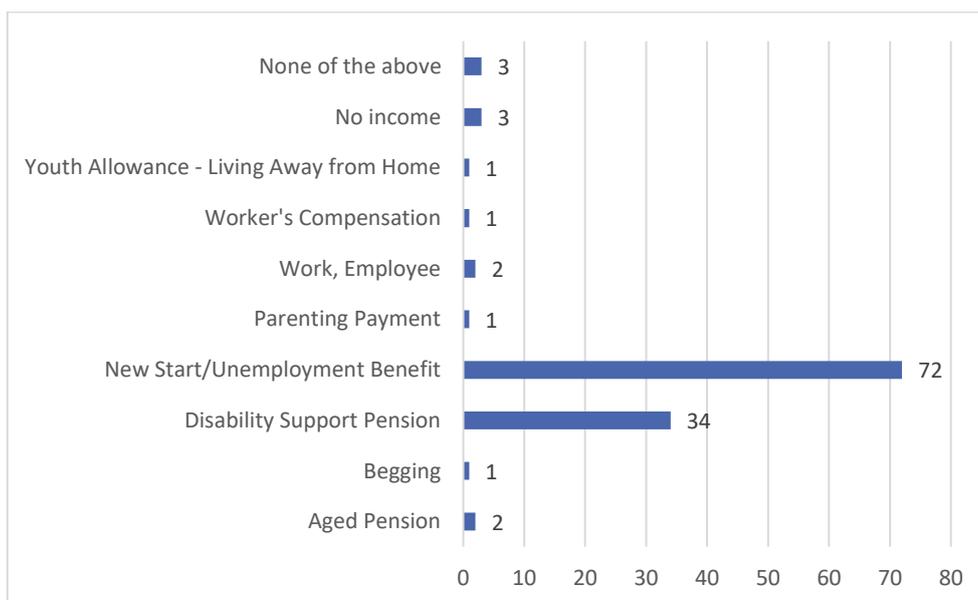
Poverty

Poverty is a key contributor to the homelessness pathway for many among the target population. The addition of a question or questions around poverty and housing stress would assist in quantifying poverty as a driver of homelessness among rough sleepers locally. Such a question could take the form of *Is your current homelessness in any way caused by problems with affording the housing you were living in prior to rough sleeping?* Alternatively or additionally, a small qualitative research project could be conducted within services to dig deeper into the role of poverty/housing affordability (and other factors) in shaping inflow pathways for people on the BNL.

Both VI-SPDAT#1 and #2 canvassed income information in broad terms through the question in the pre/post-survey (VI-SPDAT version dependent): *How do you make money?* (multiple responses allowed, but generally not provided). Figure 15 graphically presents the responses to this question, which were provided by 120 people. Ninety-two per cent of people on the list had a Centrelink payment as their main income source (n=110). Three people (approximately 3%) stated no income.

Tables A1 and A2 in Appendix A present a further breakdown of these data by acuity, for people in receipt of Newstart and DSP payments.

Figure 15: Income source, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Notes:

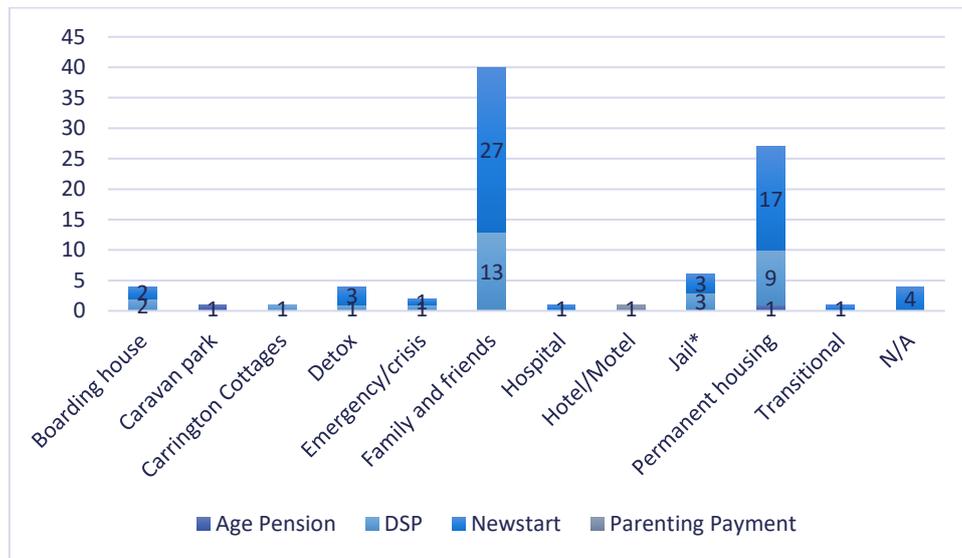
Data for this question includes 28 cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases). Data does not include temporarily accommodated cohort.

More detailed analysis of income source data in the context of prior living arrangement (for VI-SPDAT#2 only)¹³ reinforces the prominence of statutory (Centrelink) incomes, which are highly prominent among people who were living with friends or family or in permanent housing (with some/undetermined level of security of tenure) immediately prior to falling into rough sleeping (Figures 16, 17 and 18).

[The September 19 2019 actively homeless and temporarily sheltered segments of the BNL, included six people whose money was being managed by some else: five by the public trustee and one by a relative. All of these people were on DSP as their main source of income.]

¹³ Prior living arrangement data only exists for within the BNL from the time of adoption of the current VI-SPDAT (#2).

Figure 16: Prior living arrangement by income source, all actively homeless people, BNL September 19 2019

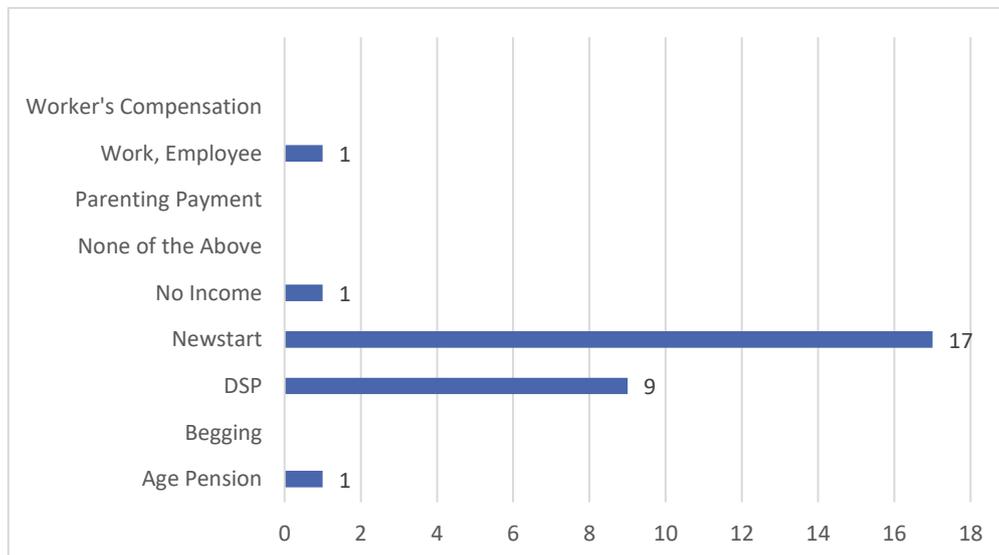


Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

*Jail includes prison and juvenile detention.

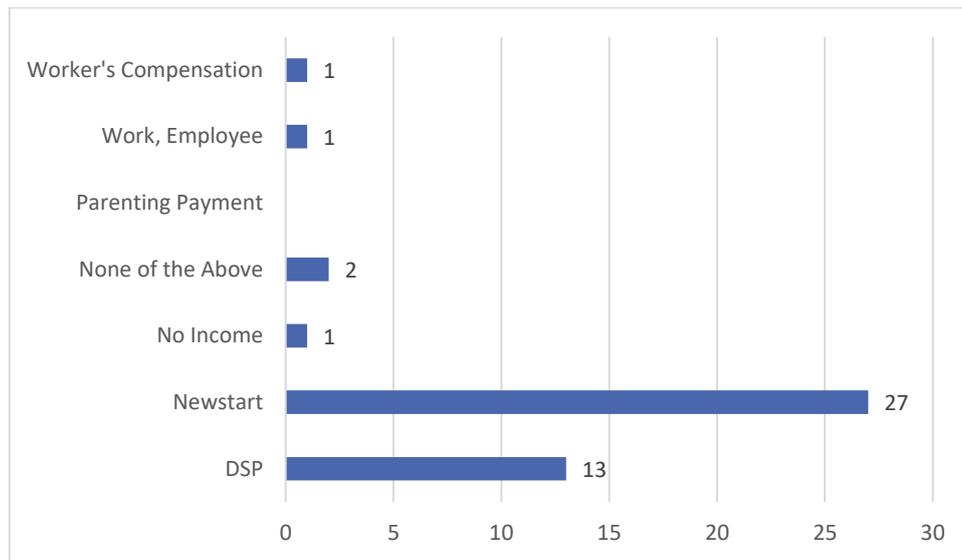
Figure 17: People whose previous living arrangement was living in permanent housing (with some level of security of tenure) by income source, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

Figure 18: People whose prior living arrangement was living with family and friends (temporarily) by income source, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

Other factors to consider

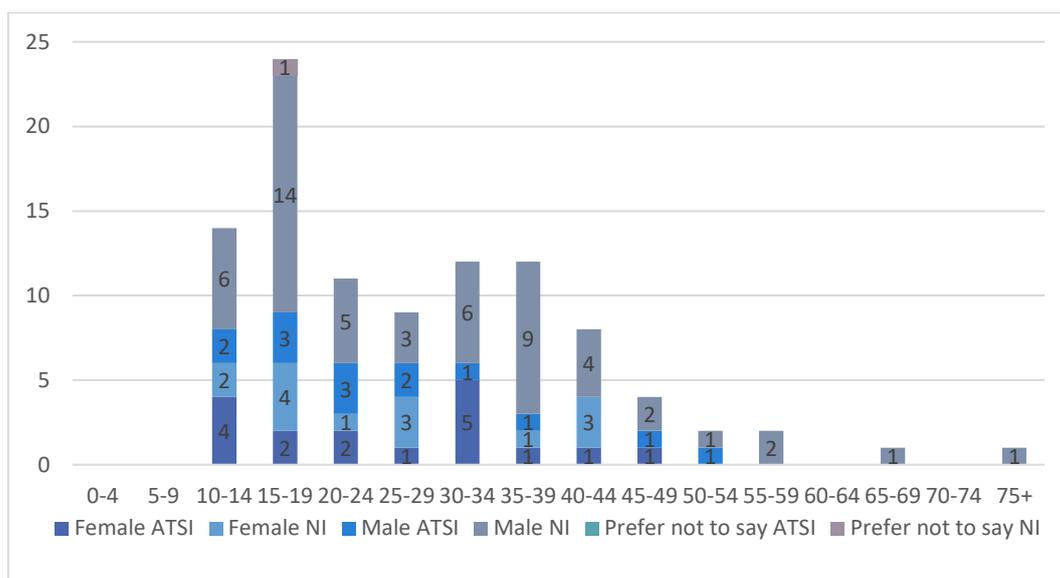
There are a number of other data points in the BNL that are useful to consider in terms of inflows or pathways into rough sleeping. Some of these are discussed in this section.

Age at first homelessness

The current VI-SPDAT in use for the AZP (VI-SPDAT#2) captures information about the age people first slept on the streets or in emergency accommodation (range: 10 to 75 years). These data show the prominence of first experience of homelessness in childhood or youth for a significant proportion of people on the list at September 19 2019; with many of these people significantly older than their age at first experience of homelessness and some now fitting into the AAEH/AZP definitions of chronically homeless.

Across the whole population for whom we have these data (n=100), the average age of first homelessness (street homelessness or emergency accommodation) was 27.7 years (average age of same population currently: 41.0). A significant proportion of the population reporting age at first homelessness were children or youth at the time of their first experience (Figure 19). Table 30 presents data for age at first homelessness experience for children, youth and older Australians. For the two older Australians on the BNL at the time of the data capture, one came to rough sleeping from permanent housing and the other from tertiary homelessness.

Figure 19: Age at first homelessness by gender and ATSI and non-Indigenous status, all actively homeless people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

Table 30: Age at first homelessness by cohort, gender and ATSI and non-Indigenous status, all actively homeless people, BNL September 19 2019

Cohort		No.	% all actively homeless	% cohort	Average age at first homelessness	Current average age
Child (Under 18)	All	30	30	100	14.0	37.4
	Female	10	10	31	13.2	33.6
	Male	20	20	69	14.5	39.3
	ATSI	7	7	23	12.3	35.1
	NI	23	23	77	14.6	38.0
Youth (12-24 inclusive)	All	42	42	100	17.2	39.5
	Female	12	12	29	16.6	34.3
	Male	30	30	71	17.4	41.6
	ATSI	14	14	33	17.9	40.0
	NI	28	28	67	16.8	39.3
Older Australians (65+)	All	2	2	100	71.5	77.0
	Female	0	0	-	-	-
	Male	2	2	100	71.5	77.0
	ATSI	0	0	-	-	-
	NI	2	2	100	71.5	77.0
All	All	100	100	-	27.7	41.0
	Female	31	31	-	25.6	36.2
	Male	68	68	-	28.6	43.1
	ATSI	32	32	-	25.8	40.2
	NI	67	67	-	28.5	41.3

Source: AZP BNL September 19, 2019.

Notes:

Data excludes one person who preferred not to state their gender, so does not tally to 100% for some cohorts.

Data does not include temporarily accommodated cohort.

Trauma

Indications of trauma and abuse are significant among the people on the BNL. Over two-thirds of people for whom we have data about trauma and abuse (VI-SPDAT#1 question 27; VI-SPDAT question 45) indicate prior experience of abuse or trauma (69% or 99 of 144 individuals). Table 31 provides the aggregated data for these questions by ATSI status and gender, showing the dominance of this experience among females; a not unexpected finding given prevalence of experience of domestic and family violence (discussed above).

Table 31: Experience of trauma and/or abuse by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Experience of trauma and/or abuse		
	Yes	No	Total
Female ATSI	22	3	25
Female NI	16	3	19
Male ATSI	15	9	24
Male NI	45	29	74
Prefer not to say ATSI	0	0	0
Prefer not to say NI	1	1	2
Total	99	45	144

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes four cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

Use of crisis services

The series of questions in the VI-SPDAT on use of/contact with particular services and systems by people sleeping rough (accident and emergency, ambulances, prisons etc) also asks people to indicate how frequently they have used any crisis services in the last six months. Data are present in the September 19 2019 for 133 people, with 26% of people (n=35) indicating one or more contacts with crisis services in the 6 months prior to survey (Table 32). On average, this group reached out to crisis services 1.7 times in that time period (n=34).¹⁴

Table 32: Frequency of use of crisis services in past six months, all actively homeless people, BNL September 19 2019

Cohort	Frequency of use of crisis services					Total
	Yes				No	
	1	2	3-4	5+		
Female ATSI	2	3	0	0	16	21
Female NI	2	3	1	0	12	18
Male ATSI	3	0	0	0	18	21
Male NI	15	1	0	4	52	72
Prefer not to say ATSI	0	0	0	0	0	0
Prefer not to say NI	0	1	0	0	0	1
Total	22	8	1	4	98	133

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes 15 cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

¹⁴ One positive case excluded as information provided on number of times accessing crisis services was recorded as “lots of times” and could not be numerically coded.

Legal issues, debts and gambling

Data points around legal issues, debts and gambling (including gambling related debts) are also important in the context of examination of inflows or pathways to homelessness (or barriers to housing).

The question in both VI-SPDAT#1 (question 7) and #2 (question 14) to elicit risk around legal issues (broadly defined), is also useful to consider here: *Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that may make it difficult for you to rent a place to live?* Such data could be an indicator of inflow to homelessness related to people simply not being able to secure housing because of their personal circumstances/market demands around housing readiness. This assumption could be tested in case management discussions or other qualitative work around inflows/pathways to homelessness. Table 33 provides the aggregated data on identification of legal issues that could impact housing. These data show that almost 2 in 5 people on the list indicate legal issues making it difficult to rent, with rates of legal issues significantly higher among males.

Table 33: Legal issues by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Legal issues		
	Yes	No	Total
Female ATSI	8	18	26
Female NI	5	14	19
Male ATSI	14	11	25
Male NI	29	8	37
Prefer not to say ATSI	0	39	39
Prefer not to say NI	0	2	2
Total	56	92	148

Source: AZP BNL September 19, 2019.

Note: Data does not include temporarily accommodated cohort.

Data on debt among the people on the BNL indicates 42% of people on the list have debt challenges; i.e. identifying that there is someone that thinks they owe them money, whether a past landlord, business or bookie (VI-SPDAT#1 question 10, VI-SPDAT#2, question 17). As shown in Table 34 females indicated higher rates of debt than the other identified cohorts. Thirty people on the list, indicated both legal and debt issues.

Table 34: Debt by ATSI status and gender, all actively homeless people, BNL September 19 2019

Cohort	Debt		
	Yes	No	Total
Female ATSI	11	14	25
Female NI	12	7	19
Male ATSI	8	16	24
Male NI	30	46	76
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	2	2
Total	61	85	146

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes two cases where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the entire BNL (14 further cases).

Data does not include temporarily accommodated cohort.

The current VI-SPDAT (#2) collects data on gambling behaviour/debt (VI-SPDAT#2, question 19). These data (Table 35) indicate that around 30% of people on the BNL for whom we have such data (30 of 104

people) have ever gambled with money they cannot afford to lose or have debts associated with gambling, with rates highest among non-Indigenous men particularly. While these data capture experience 'ever' and not in relation to the current period of homelessness, they are an indicator of another potential pathway to homeless recognised elsewhere and a potential barrier to housing.

Table 35: Gambling behaviour/debt by ATSI status and gender, all actively homeless people, BNL September 19 2019 (VI-SPDAT#2 only)

Cohort	Gambling behaviour/debt		
	Yes	No	Total
Female ATSI	4	14	18
Female NI	5	10	15
Male ATSI	7	9	16
Male NI	14	40	54
Prefer not to say ATSI	0	0	0
Prefer not to say NI	0	1	1
Total	30	74	104

Source: AZP BNL September 19, 2019.

Notes:

Data for this question includes two cases in VI-SPDAT#2 where people declined to answer this specific question or did not state an answer (not presented in the Table), in addition to the incomplete, declined and deleted surveys in the VI-SPDAT#2 data (4 further cases).

Data does not include temporarily accommodated cohort.

Summary: Main Findings

The following section provides a short summary of the main findings from the data analysis undertaken; presented mostly in aggregate terms, i.e. for all actively homeless people and temporarily accommodated people together (unless otherwise indicated, because of data limits). The summary data is drawn from the September 19 2019 data capture, which included:

- 199 cases (162 actively homeless people and 37 people in temporary accommodation).
 - From this we determined **184 completed, consented surveys** (148 for actively homeless people and 36 people in temporary accommodation).
 - The majority of these surveys are VI-SPDAT#2 (n=121), the survey which provides the most granular information.

Acuity summary findings

All persons (overall acuity)

- 75% high acuity/assessment for permanent supportive housing (n=138/184).
 - 75% all actively homeless people (n=111/148).
 - 75% temporarily accommodated people (n=27/36).
- 24% medium acuity/assessment for rapid rehousing with commensurate assistance (n=44/184).
 - 24% all actively homeless (n=36/148).
 - 22% temporarily accommodated people (n=8/36).
- 1% low acuity/light touch support (including self-resolve) (n=2/184).
 - 1% all actively homeless (n=1/148).
 - 3% temporarily accommodated people (n=1/36).

Gender¹⁵

Females (n=50/184, 27% whole active population).

Most females were actively homeless (n=45/148), as opposed to temporarily accommodated (n=5/36).

- 80% high acuity (n=40/50).
- 20% medium acuity (n=10/50).
- No females in light touch support.

Males (n=131/184, 71% whole active population).

- 73% high acuity (n=96/131).
- 25% medium acuity (n=33/131).
- Less than 1% light touch support (n=1/131).

ATSI status

Note: data presented are for all actively homeless people only, due to the small number of people indicating ATSI status in temporary accommodation (n=5, 100% high acuity).

Among the whole active population 31% of people indicated ATSI status (n=56/182). The proportion of ATSI people was significantly higher among the actively homeless population (34%, n=51/148) than among people temporarily accommodated at the same time (14%, n=5/36).

ATSI status is associated with an acuity gradient, for actively homeless people only:

- 84% high acuity (n=43/51) v 70% non-Indigenous (n=67/96).

¹⁵ Some individuals (three) did not state gender/preferred not to state gender.

- 16% medium acuity (n=8/43) v 29% non-Indigenous (n=28/96).
 - All eight individuals were actively homeless.
- No ATSI light touch support v 1% non-Indigenous (n=1/96).

Notably, 28 of 56 people indicating ATSI status were women (51% among actively homeless people, n=26/51 versus 20% for non-Indigenous women), with 86% (n=24/28) high acuity. Among ATSI men, 86% were also high acuity (n=24/28).

Among the September data capture 18 ATSI people indicated they were a remote visitor, with 78% high acuity.

CALD

- 11 people, 82% (n=9) high acuity

Older people

The AZP BNL is **not** a list of older persons, as traditionally defined, i.e. 65+.

- Only two people aged 65+ were among the active categories on the September list (one being high acuity).

Broadening the definition of 'older' to reflect premature ageing per the My Aged Care system (50+ for non-Indigenous people and 45+ for ATSI people Australians with lived experience of homelessness), significantly extends the cohort of 'older' people, to n=48/184 people (26%), with:

- 75% high acuity (n=36/48, 18 ATSI).
- 19% medium acuity (n=9/48, 2 ATSI)
- 6% low acuity (n=3/48).

Youth

- 100% high acuity (n=9/184).

Disability (aggregate measure)

- 78% of people (n=143/184) reported disability of any 'type' (including mental health), with 81% high acuity (n=116; including 40 ATSI people) and no one low acuity.
 - Acuity levels highest among ATSI people, for males 90% high acuity (n=19/21) and females 100% high acuity (n=21/21).
- 21 people (11%) indicated physical disability impacting housing, with 86% high acuity.

Mental health

- 73% reported mental health issues (n=135/184).
 - 110 people high acuity (81%)
 - 19% medium acuity (n=25).
- 38 ATSI people among the 135 people; 18 ATSI women (100% high acuity) and 20 ATSI men (90%).

Trimorbidity

Trimorbidity is a measure of vulnerability, indicated by reporting simultaneous presence of mental health, physical health and substance use issues.

- 50% all actively homeless people trimorbidity (n=75/148)
 - 93% high acuity.
 - Data includes 31 ATSI people (60% of all ATSI people, n=51), with 100% high acuity.
- 36% people temporarily accommodated trimorbidity (n=13/36)
 - 92% high acuity.

DFV

- Using the most appropriate indicator of DFV on the BNL, we find that among the 119 people for whom we have the data, 31 (26%) indicate DFV, with 100% high acuity.
 - 14 ATSI people (eight women, six men)
- Prevalence of all violence = 62% (n=74/110).
 - 95% high acuity.

Veterans

- Six veterans, 83% (n=5) high acuity.

Inflow findings

As presented, the AZP BNL captures some useful (but limited) data on inflow/pathways into rough sleeping or data on touchpoints with other systems where prevention work or interventions might prevent a return to rough sleeping. Key inflow data are summarised here.

Prior living arrangement

Collected in current VI-SPDAT only, n=111 people. Prior to rough sleeping:

- 41% living temporarily with family and friends (n=46).
- 29% permanent housing, tenure unspecified (n=32).
- 9% prison/juvenile detention (n=10).

Interaction with institutions

Health

In the six months prior to survey (VI-SPDAT), among all actively homeless people only:

- Accident and emergency: 60% reported one or more presentations to A&E (n=83/140), average 3.0 presentations, range 1-20 presentations.
- Ambulance use: 54% reported one or more uses of an ambulance (n=74/137), average 2.3 uses.
- Inpatient hospitalisations: 44% (n=60/135) reported one or more inpatient hospitalisations, average 2.4 hospitalisations (3.8 hospitalisations for ATSI women).
- Specialist mental health hospitalisations: 21% reported one or more specialist mental health hospitalisations (n=21/100), predominately NI men, average 1.8 hospitalisations.

Corrections

In the six months prior to survey (VI-SPDAT), among all actively homeless people only:

- Watch house or prison: 45% reported a stay or one or more nights in a watch house or prison (n=61/137, 42 men), average 2.6 stays, range 1-20 stays. (3.0 stays for all men, 3.6 stays for ATSI men).

Care institutions

Among all actively homeless people, reported experience of:

- Foster care, out of home care or institutional care as child: 16% (n=16/98 people), mostly Aboriginal people, especially women.
- Youth detention: 20% (n=19/97 people), non-Indigenous men comprising majority (11 of 19 people).

Relationship breakdown

Among all actively homeless people:

- 3 in 5 (n=88/148 people) report relationship breakdown as factor in their current period of homelessness, with women more impacted.

Poverty/income

Among all actively homeless people:

- 92% receiving Centrelink payment (n=110/120 people), with 60% on Newstart (now known as JobSeeker).

Health and disability

Among all actively homeless people:

- 25% (n=36/148 people) report having ever left accommodation due to physical health.
- 12% people presence of physical disability impacting housing or ability to live independently (n=18/147 people).
- Almost 2 in 5 people (38%) ever been kicked out of housing or accommodation because of drinking or drug use (n=55/145 people).
- 21% difficulty affording/staying housed because of drinking or drug use (n=31/148 people).
- 14% presence of mental health or brain issues impacting ability to live independently (n=20/146 people).
 - 50% group non-Indigenous men.

Homeless history, trauma, debt, legal issues, gambling

Among all actively homeless people:

- Average age first homeless 27.7 years, range = 10-75 years.
- 30% people first experience as child, average age 14.0 years (n=30/100 people).
- 69% report past trauma or abuse (n=99/145 people).
 - 73% for ATSI people (n=37/51 people).
- 38% reported legal issues likely to impact ability to rent (n=56/148 people).
- 42% debt challenges (n=61/146 people).
- 29% problematic gambling behaviour (n=30/104 people).

The next section uses these data to determine some ways forward for the AZP.

Ways Forward: Implications for Inflow and Outflow

The careful data analysis undertaken leads to some clear ways forward for the AZP. Such ways forward are discussed in this section in terms of:

- preventing inflow or pathways into homelessness; and,
- rethinking outflow or positive outcomes/exit points for people moving on from rough sleeping.

Preventing inflow

The inflow analysis undertaken as part of this deep dive into the BNL data in September, leads us to three key points around reducing inflows, at least at the more crisis end of the prevention intervention spectrum:

- **A clear role and place for tenancy support (prevention work).**

Prior living arrangement data contained within the BNL reveals that 29% of actively homeless and temporarily accommodated people for whom we have this data (VI-SPDAT#2 only) tipped into rough sleeping from permanent housing, although data are unfortunately not collected in the current VI-SPDAT on tenure type for prior living arrangement.

Capturing tenure type for prior living arrangement will provide instructive data for prevention work and system intervention points. It will also allow us to cross reference tenure type and income data, giving indications of affordability challenges, which we know are a factor for private renters and some homeowners.

Tenure type aside, there is clearly **room for an expanded tenancy support role** here, through TIAS or a similar mechanism.

Gathering more data around the factors influencing the tip into rough sleeping should be prioritised in the BNL, case management and tenancy support, for the value of this information to individual advocacy and planning and system learnings, responsiveness and reform.

- **Working closely with Correctional Services to understand why 9% of people for whom we have prior living arrangement data nominated prison or juvenile detention.** While this is a small cohort in terms of direct inflow (n= 10/111 people) other BNL data indicates more significant interactions between people sleeping rough (especially men) and prisons/watch house: almost 45% of people indicated one or more interactions with corrections of a night or more stay in the six months prior to survey (61 of 137 individuals, 42 male), with the average number of times people had such an interaction with the corrections system being 2.6 times (range 1-8 times). There is therefore the likelihood that jail/juvenile detention has been an arrangement on the path to rough sleeping, and not the immediate option prior to rough sleeping.

Understanding the interaction with corrections and people rough sleeping offers a potential avenue where support could be bolstered or refined to ensure people don't exit prisons, remand or other correctional facilities to street homelessness and the services offered to ensure people don't exit to homelessness by corrections are client outcome-focused.

- **Building understanding around the 41% of people (n=46/111 individuals) on the BNL whose living arrangement prior to rough sleeping was living temporarily with family and friends.** Basic information about why such a living arrangement happened and broke-down would be highly instructive and should be considered as an addition to any future version of the VI-SPDAT and/or captured by other means (through case management or periodic surveys of rough sleepers by services). Capturing and sharing this information is invaluable for formulating prevention responses for a reformed housing/homelessness system.

While all of these suggestions for reducing inflows/prevention work have an element of further data and/or research work, they are important for building and evolving prevention responses for rough sleepers and align with state strategic priorities around housing and homelessness system reform.

Rethinking outflow

Examination of the AZP BNL data leads to identification of key cohorts where activity could and should be directed to support people to move on from rough sleeping (increase outflow). Table 36 summarises our thinking regarding cohort-specific opportunities. We have included data on cohort size and proportion in the table – presented as all actively homeless and temporarily accommodated people *combined* (note: data are not mutually exclusive) – to show the relative size of the ‘groups’ and demonstrate how targeted efforts for each could significantly reduce the number of people rough sleeping.

Notably, the identified cohorts and ways forward include using other funding streams (for housing and support) to assist people to move on from rough sleeping, and for sustainment of outcomes. Such funding streams include (among others):

- The NDIS (including, potentially, Supported Disability Accommodation).
- The aged care system/sector, especially My Aged Care and its prematurely aged/homelessness specific structures.
- Health and mental health services.
- Veterans’ services.
- Youth services.
- Domestic and family violence services.

Recommendations from the data and thoughts presented in Table 36 are provided in the final section of this report. Some of the recommendations/suggestions provided are actually non-housing exits, for example aged care. These should, of course, be considered as housing outcomes for the purposes of AZP and its underpinning functional zero model.

Responses for Aboriginal people need more focused attention and effort. There is other work within and alongside the AZP around Aboriginal ‘homelessness’ in Adelaide (and beyond) which will assist with identifying the suite of responses needed. Cultural safety is the key underpinning in such work and, as such, it may be the case that exits from rough sleeping for some Aboriginal people, such as remote visitors, are/need to be safety rather than permanent housing responses.

We acknowledge that workers/services may already be using some or all of the opportunities outlined in Table 36 (and report recommendations), or tried them in the past. Our great hope is that armed with comprehensive data about the ‘groups’ and, especially their needs and vulnerabilities, it may be easier to make a broader case for support, including via strengthened or new partnerships or collaborations.

Table 36: Cohort-specific opportunities for increasing outflow from the BNL

Cohort	Size of cohort (no. of people)	Cohort of total pop'n	Opportunities	Comments
<i>Aboriginal and Torres Strait Islander people</i>	56	30%	<ul style="list-style-type: none"> • Role of/for NDIS and My Aged Care (see premature ageing and mental health categories). • ATSI-specific Elders facility? 20 people among the 56 are aged 45+, potentially meeting priority definition for My Aged Care premature aged (see below). 	Options for remote visitors; current research and practice work to identify ways forward.
<i>Older people (premature aged)</i>	48 65+: 3	26%	<ul style="list-style-type: none"> • Role of/for My Aged Care: <ul style="list-style-type: none"> ○ Potential pathway to case management/wayfinding for eligible older people on the BNL (aged 50+ and 45+ for Aboriginal people), including to accommodation and support. ○ Presents an opportunity for older people within the list generally as well as veterans (active service) and people with substance abuse histories. 	My Aged Care is a potential avenue for homelessness prevention work, given the 'at risk of homelessness' focus within the program and eligibility.
<i>Veterans</i>	6	3%	<ul style="list-style-type: none"> • (Re)connect with specific supports for veterans and their families, including, for example: <ul style="list-style-type: none"> ○ Returned Services League (RSL) SA for all serving and ex-serving veterans, who provide housing placement, financial assistance (including bonds), support with entitlements and advocacy, referrals; ○ RSL Care SA who operate the Andrew Russell Veteran Living program (for homeless at risk of homelessness veterans) and provide aged care and affordable housing for veterans in SA; ○ Soldier On (contemporary service, since 1990) who have an Adelaide branch and provide a range of services (non-government funded) for health and wellbeing, employment, learning and participation; ○ Defence Communities Organisation (DCO), who provide time limited support/navigation assistance in relation to ADF transition (12 months post-transition); 	<p>Support also exists for partners/spouses and some other family members of ADF personnel impacted by service and transition to civilian life. Possibility for supports for people on the BNL in these circumstances may exist via these avenues. Currently the BNL data does not identify people who may have this life experience. Case management data may identify this.</p> <p>Most veterans' services also have a specific focus on supporting current serving and ex-serving members, their spouses/partners and children impacted by domestic and family violence.</p>

			<ul style="list-style-type: none"> ○ Programs through the Department of Veterans' Affairs, such as the Veteran's Home Care program and Coordinated Veterans' Care program. DVA also provides aged care accommodation and a housing-related crisis payment to eligible people to establish in a new home. ● Open Arms Veteran's and Families Counselling Services and 24 hour crisis support for mental health and wellbeing (current and ex-serving). 	
<i>Youth (18-24 only)</i>	9	5%	Continued rapid referral of youth to youth-specific services, although targeted housing options for youth remain challenging.	Investigate use of youth version of the VI-SPDAT in Adelaide and its value for better understanding, capturing and assessing the needs of this cohort.
<i>Culturally and linguistically diverse people</i>	12	7%	<ul style="list-style-type: none"> ● Role of/for settlement services (providers under Humanitarian Settlement Program and complementary Settlement Engagement and Transition Support (SETS) Program). ● Scope opportunities for social support, specialist supports within CALD background organisations and communities. 	Room exists to improve data on CALD background and citizenship status of people on the BNL, as data has not been captured for all people on this variable.
<i>Domestic and Family Violence</i>	Females: 15	13%	<ul style="list-style-type: none"> ● Links to DFV services. 	Data for VI-SPDAT#2 only (119 people).
<i>Disability, mental health, trimorbidity</i>	Disability (all): 143 Disability (physical): 21 Mental health: 135 Trimorbid: 88	78% 11% 73% 48%	<ul style="list-style-type: none"> ● Map and better understand links to the disability and mental health sectors, including <ul style="list-style-type: none"> ○ Existing supported accommodation, other specialist disability/MH accommodation. ○ NDIS, including for psychosocial support. ○ SDA (reach?). ● Role of/for specific disability and mental health advocates? (i.e. NDIS support brokers). <ul style="list-style-type: none"> ● Trimorbidity data not only shows the high rates of people with multiple and complex needs, but also the clear importance of sectors/services working closely together to end homelessness 	Space to present/value in presenting data from the BNL about challenging disability and/or mental health and possibly case studies of success and where challenges remain present, to promote and forge links with mental health services. Better mapping to understand service landscape needed.

		<p>for individuals and 'cohorts' within the BNL. This is especially the case for specialist homelessness services, mental health services and drug and alcohol services, indicating the need for high level support for efforts to end homelessness among advocates and senior officials with policy and practice responsibility in the relevant government portfolios: health and human services.</p>	
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- Per disability and mental health above, opportunities may exist for the greater involvement of disability and psychosocial support services for people on the BNL through the NDIS and its supporting structures such as support coordination.

Source: AZP BNL September 19, 2019 (data).

Note: Categories are *not* mutually exclusive.

Data considerations

Analysis of the BNL data for this report has also brought to light several data considerations, which we present in Table 37 as points for the relevant AZP governance bodies to act upon/advocate for as they see fit (Recommendation).

Table 37: Data considerations from the deep dive data report

Domain/question	Suggestion/action(s)
Overall: VI-SPDAT versions	Constantly working to move all actively homeless and temporarily accommodated people to VI-SPDAT#2 for the finer grained information it collects and for data comparability. (Every new VI-SPDAT version in use complicates data comparability, data interpretation and data presentation.) A monthly tracker for number of people on the current VI-SPDAT version might be useful for internal monitoring purposes. .
Overall: completed VI-SPDAT	Determination of who has completed/complete enough VI-SPDATs and reporting against this. (A number of surveys were removed from the analysis presented because of incompleteness or so many missing/declined fields the data loses its meaningfulness.)
Overall: data domain/analysis definitions	Clear and consistent definitions are needed for all cohorts, especially where questions are aggregated to make a data point (mental health, disability) or where a proxy is used (DFV). Data from the VI-SPDAT can be easily misreported or misrepresented without careful working through of what the data point captures (i.e. mental health impacting housing is not the same as having a mental health diagnosis). Data/domain definitions should be revisited regularly for consistency and to capture changes/evolution in indicators.
Overall: Seeking housing?	Considering asking a clear question: Are you seeking permanent housing?/Are you open to support to help you find permanent housing?
Older people	Inclusion of the My Aged Care premature ageing cohort in data reporting, to show changes in the size of this 'older' cohort.
Veterans	Targeted effort to collect and verify veteran status of people on BNL. Anecdotal evidence suggests that some people may not have declared their veteran status.
Chronicity	Chronicity (chronic homelessness) could not easily be determined from the data questions posed in the VI-SPDAT and these questions need revisiting for the next version of the tool.
Prior living arrangement	Ensure question asks/captures living arrangement immediately prior to rough sleeping.
Prior living arrangement	Add an additional question asking tenure type/lease arrangement for the living arrangement immediately prior to rough sleeping.
Prior living arrangement	Include option to add an additional prior living arrangement data point for people indicating temporarily living with family and friends.
Poverty	Capturing the importance of poverty (income and housing stress) would be a helpful addition to the dataset, allowing cross referencing between housing tenure data, housing and support needs and capacity to meet housing and living costs etc.
Prevention	Adding a question around what would have prevented the tip into rough sleeping homelessness and the main reason for the tip would be instructive for answering the reducing inflows/prevention questions.

Conclusion

The AZP holds some of the most comprehensive data on rough sleeping homelessness for a defined geographical area—the Adelaide CBD—in Australia. Such data not only means that people sleeping on Adelaide’s streets are no longer anonymous, it also means that we know a great deal about their housing and support needs. And, armed with our understandings from these valuable near-to-real time by-name data, accompanying case management notes and the expertise and experience of the people in our services sector, **we now know what it will take to end street homelessness in our target area.**

This report, and especially this final section of it, starts to articulate some of the ways forward for the homelessness sector and interfacing systems to end street homelessness in Adelaide’s inner city area. The report, whilst also a point-in-time examination of the BNL, also offers a framework for more regular data analytics for the AZP (and potentially other communities). Such work should be prioritised for the AZP, as with such ‘live’ data analysis we can respond more effectively to the changing needs of people in the system, as well as driving individual, sustainable outcomes as well as system-level outcomes through greater service coordination. Additionally, more nimble data analysis enables AZP to rapidly test strategies to coordinate housing and support in a more efficient yet person-centred way. BNL data analytics should also be much more responsive and nearer to real time (for acuity, cohorts and inflows, among other domains) with the (imminent) move to the new data platform and its ready links to Microsoft PowerBI; huge advantages for the project over manual counting, processing and analytics of data.

There are some key points to make here from this deep data dive overall. These points are of equal significance.

Person-centredness

Person-centredness is paramount in system and individual responses to supporting people to move on from rough sleeping. There is a wealth of useful data in the BNL to understand peoples’ needs and wants.

The data we have can be analysed in many ways. The overriding reality though, is that no matter which way the data are grouped or interrogated, each line in the database represents a person, their circumstances, their history, their needs, their story. And it is understanding and meeting these needs at the individual level that must be at the centre of all efforts to improve responses, services and the system as a whole (including housing).

Within the BNL remains data that are yet to be fully examined which can help understand the challenges people, and the system, face. A rapid deep dive research project could be delivered for PSG with such data. This would be a particularly valuable piece of work if combined with or considered alongside case management information, practitioner expertise and lived experience and we would strongly recommend this approach. The AZP’s Inner City Community of Practice is positioned to play an important role in such a piece of work, alongside the reformed Data and Evaluation Working Group (former Strategic Data Working Group).

Vulnerability and risk

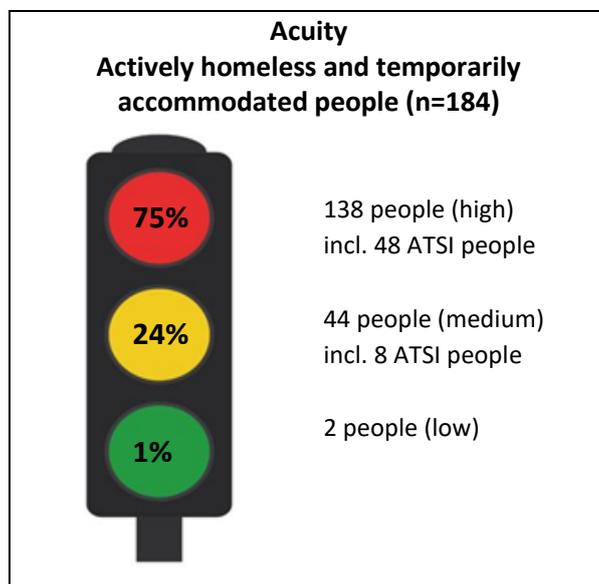
Examination of the BNL data with cohort and acuity lenses clearly shows that **Adelaide’s street homeless population is comprised of highly vulnerable people facing many and intense risks, with poor health and many and complex needs.** These truths are not unknown to those within the homelessness service system. They are undeniable when the data we have is considered closely.

Acuity

Seventy-five per cent of people on the BNL self-report needs that classify them as high acuity cases, meaning need they are triaged for assessment for more intensive support options (Figure 20), including secure supportive housing. These data are consistent across the two segments of the BNL

considered in this report: all actively homeless people and temporarily accommodated people (Table 2).

Figure 20: Overall acuity, all actively homeless and all temporarily accommodated people, BNL September 19 2019



Source: AZP BNL September 19, 2019.

Housing First

The significant proportion of people with self-reported high acuity needs, links strongly with the need for **more Housing First options in Adelaide and South Australia**. Housing First is a guiding principle of the AZP, however, it is evident that implementation remains a challenge. We believe some further work is needed to clearly define and promote Housing First in Adelaide and South Australia, to identify what Housing First capacity already exists in the housing system, to build more Housing First capacity and orientation within the housing and support systems. Matching people to the types/intensity of housing and other supports they need based on triage category, for duration of need, is critical to the success of the AZP and sustainable outcomes. Opportunities clearly exist to strongly embed Housing First in the relevant systems, particularly given direct and indirect pointers to Housing First (especially around chronic homelessness) in the new state housing (and support) plan: *Our Housing Future 2020-2030* (Government of South Australia, 2019) and throughout homelessness sector reform documents and processes.¹⁶

Rapid rehousing

Almost a quarter of people on the BNL at the data capture point (24%) reported needs triaging them for assessment for rapid rehousing (i.e. are medium acuity). However, **we don't have a clear understanding in Adelaide/South Australia of what a rapid rehousing process looks like currently or the capacities in the system to support a rapid rehousing approach**. This raises two questions:

- how should we define rapid rehousing in the housing system?; and,
- what is needed to support this approach to meeting the housing (and minimal) support needs of people who could receive this type of support?

Scope/room exists to trial working with people in the medium acuity category (almost one in four people on the list) support them to move on from rough sleeping into private rental housing, with the appropriate level of supports in place to access and sustain such housing.

¹⁶ Available at: <https://www.housing.sa.gov.au/projects/our-housing-future/reforming-homelessness-sector>.

Temporarily accommodated cohort

The needs of people in temporary accommodation on the BNL has been presented in many places in this deep data dive: primarily because, but for crisis accommodation, many of these people would be rough sleeping. **There remain some significant gaps in our understanding around the temporarily housed cohort** though:

- where can and do people in temporary accommodation go when they move on/are moved on?;
- how successful are move on from crisis accommodation approaches currently?; and,
- what can we learn from all of this for assisting people moving on from rough sleeping?

Aboriginal-specific responses

Consistently more than 30% of people on the BNL identify as ATSI and many in this cohort are seeking support to move on from rough sleeping. Anecdotally at least, we also know that some of the ATSI people living on the streets in Adelaide need a safe place to be while circumstances settle. **More work is needed to understand challenges and needs, and to elicit what a suite of culturally-specific responses could and should look like, to meet the needs of individuals and groups for housing, for support, and/or for safety.** We need mechanisms to support local Elders and communities, as well as Elders and communities further afield, and relevant services, to find culturally appropriate ways to meet the housing, support and safety needs of individuals and of communities/groups. Such needs require culturally appropriate inter-sectorial responses.

Current work around town camp models, a community mobility BNL and potentially a culturally appropriate version of the VI-SPDAT, as well as managed alcohol facilities all offer possible ways forward in this space. The Premier's Senior Aboriginal Reference Group is an important vehicle for understanding and action for AZP.

Sustainment

It is important to reiterate here that in discussing ways forward for supporting people to move on from rough sleeping, it is critical that we also do not lose sight of **the need for options to be sustainability-focused**. Addressing the cyclical and increasing chronicity of street homelessness depends on a long-term housing and support focus, built around meeting the immediate and evolving needs and capacities of individuals/households. Building flexibility into wrap around supports – across the multiple and (should be) intersecting sectors where such support can be found, is funded and where outcomes/outputs are determined and reported – is essential. **Mapping the housing and the support landscapes are necessary steps here, followed by matching these landscapes to client journeys to find opportunities and gaps.**

Ending homelessness is not just the homelessness sectors responsibility

Finally, this examination of the AZP BNL data with cohort, acuity and inflow lenses has helped to understand that among the rough sleeping population in Adelaide are people whose **needs could and should be met within the remit of other services systems, or in more collaborative client outcomes-focused ways**. Many of the ways forward for the AZP (outlined previously) and the recommendations stemming from this deep dive report (outlined below) relate to this precise and important point.

Recommendations

The analysis and discussion presented in this first data deep dive report provides what we call 'actionable intelligence' for the AZP. Such actionable intelligence is about improving the coordination of service responses to ensure that homelessness is rare, brief and non-recurrent. We have translated this intelligence into a series of (often related) evidence-informed recommendations for the AZP and its governance mechanisms.

The recommendations provided are aimed squarely at maximising opportunities to support people (and cohorts) to move on from rough sleeping (outflow) and to prevent more people from falling (again) into rough sleeping (inflow); two important elements in working towards functional zero.

Systematically working through the recommendations, and specific suggestions around data, will stand the AZP in good stead to meet its goal of ending street homelessness in the inner Adelaide area.

Reporting periodically on the both the implementation of the recommendations and to capture and reflect on progress (for continuous improvement and accountability purposes) is essential.

General

Recommendation 1

The AZP Inner City Community of Practice review all recommendations relating to inflow and outflow in this report before they are actioned, particularly in the light of the changing services landscape because of COVID-19 pandemic and sector reforms.

Recommendation 2

The AZP Backbone report on the implementation of all adopted recommendations at key time points:

- **after consideration by the AZP Inner City Community of Practice and when the relevant agency/agencies have set an action plan; and,**
- **at appropriate time points after the recommendations have been implemented to monitor and report progress and learnings (i.e. at quarterly intervals).**

Regular monitoring of progress against these recommendations should be considered longer-term, and as part of the AZP Monitoring and Evaluation Framework.

Increasing exits from homelessness (outflow)

Recommendation 3

Investigate options for increased/stronger pathways to My Aged Care (premature aged/homelessness stream) and the NDIS as core support for all people moving on from rough sleeping.

Recommendation 4

Investigate options for increased/stronger pathways to My Aged Care and the NDIS as core support for Aboriginal people moving on from rough sleeping.

Recommendation 5

Map links to the disability and psychosocial support sectors to understand existing and future supported accommodation capacity as potential sources of support for people moving on from rough sleeping.

Capitalise on these options by formalising/reinforcing relationships with relevant providers and aligning housing and supports from a range of sources, including NDIS and MyAged Care.

Recommendation 6

Develop and resource a data project specifically looking at Aboriginal people (including remote visitors) on the BNL and their needs.

This project should link to other research and practice work for Aboriginal people, including testing the cultural appropriateness of the VI-SPDAT and development of a community mobility BNL, potential work around town camp models and managed alcohol facilities, current AHURI work on urban

Indigenous homelessness and the opportunities for project learning presented through supporting Aboriginal people and families during the COVID-19 pandemic.

Recommendation 7

Consult with Aboriginal communities and relevant stakeholders regarding the establishment of an Aboriginal residential aged care facility in Adelaide with priority access to people with complex health and psychosocial support needs moving on from rough sleeping.

Recommendation 8

Develop and resource a rapid evidence and practice review project on Housing First in the Adelaide context, including mapping of opportunities for greater system orientation to Housing First for people with high acuity needs on the BNL.

This project should link to other work within AZP, including Aboriginal specific response work (cultural safety), the work being undertaken by AZP project staff within the Don Dunstan Foundation for the Mercy Foundation grant and the sustaining housing options project funded by UniSA.

Recommendation 9

Investigate opportunities for rapidly rehousing lower acuity people on the BNL in the private rental market.

This work should define rapid rehousing and the parameters around who it suits. It should also build on the activity already undertaken by Neami National (SA) as part of the Private Rental Solutions Lab and look to other models/approaches already working in practice locally and further afield (private rental/emergency brokerage, step-up/step-down subsidies). Consideration must be given to support as part of the rapid rehousing package where necessary.

Recommendation 10

Formalise a relationship with veterans' specific services to support veterans (and their families) moving on from rough sleeping with their housing and support needs and sustainment.

Recommendation 11

Explore opportunities for closer working with the domestic and family violence sector, especially around women and Aboriginal people on the BNL impacted by violence.

Recommendation 12

Investigate potential community support and accommodation options within CALD background organisations and communities.

The AZP should closely monitor inflows of people of CALD backgrounds as the full impacts of the COVID-19 pandemic play out for international students and people on particular visas who are not able to receive certain supports, including income support.

Reducing pathways into homelessness (inflow)

Recommendation 13

Develop and pilot a model for homelessness prevention targeted at providing timely and necessary support to prevent people from tipping into rough sleeping in the first place.

Capitalise on the practice experience and data held by project partners, for example SYC and Hutt Street Centre, around prevention and maximise the State Government Prevention Fund opportunity.

Recommendation 14

Develop and pilot a model for rapid rehousing, with the necessary tenancy support (prevention from recurring rough sleeping) for people moving on from rough sleeping specifically.

Capitalise on the practice experience and data held by project partners around rapid rehousing/private rental brokerage and maximise the State Government Prevention Fund opportunity.

Recommendation 15

Work with Correctional Services to better understand the immediate and longer-term pathway to rough sleeping homelessness from correctional facilities and how supports can be maximised to ensure this is not a frequent occurrence.

Recommendation 16

Undertake a targeted project to investigate further prior living arrangements among people sleeping rough

Data-specific

Recommendation 17

Expand regular reporting on acuity, inflow and outflow data per the model provided by this report, to ensure AZP partners have access to timely, quality, near-to-real time data on the needs of people on the BNL for continuous improvement in practice and system responses.

This will be significantly easier with the new data platform and its in-built analytics and reporting capabilities and should be used to maximum effect.

Recommendation 18

The relevant structures within the AZP review the data considerations identified from this deep dive report and action as appropriate.

Recommendation 19

Revise the current version of the VI-SPDAT in use to more clearly capture important information about prior living arrangement.

Recommendation 20

Investigate the value of using the youth version of the VI-SPDAT.

Research-specific

Recommendation 21

Agree and find resourcing for the AZP phase 3 suite of research projects which have been developed from this deep dive report and other priorities discussed across AZP governance structures.

This recommendation links with several of the others listed.

The phase 3 research suite should also be evolved and refined as needed.

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Appendix A

Table A1: People on the BNL receiving Newstart by acuity, ATSI/non-Indigenous status and gender, all actively homeless people, BNL September 19 2019

	Female						Male						Prefer not to say						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
High	11	73	9	75	20	74	10	91	23	66	33	72	0	0	1	100	1	100	20	80	32	68	52	72
Medium	4	27	3	25	7	26	1	9	12	34	13	28	0	0	0	0	0	0	5	20	15	32	20	28
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	15	100	12	100	27	100	11	100	35	100	46	100	0	0	1	100	1	100	25	100	47	100	72	100

Source: AZP BNL September 19, 2019.

Table A2: People on the BNL receiving DSP by acuity, ATSI/non-Indigenous status and gender, all actively homeless people, BNL September 19 2019

	Female						Male						Prefer not to say						Total					
	ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total		ATSI		NI		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
High	6	100	4	80	10	91	6	75	9	60	15	65	0	0	0	0	0	0	12	86	13	65	25	74
Medium	0	0	1	20	1	9	2	25	6	40	8	35	0	0	0	0	0	0	2	14	7	35	9	26
Low	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	6	100	5	100	11	100	8	100	15	100	23	100	0	0	0	0	0	0	14	100	20	100	34	100

Source: AZP BNL September 19, 2019.