HANDING OUT TENTS

The unmet needs of Tasmanians sleeping rough

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TASMANIA

Acknowledgements

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Contents

Executive summary

Rough sleeping, also referred to as primary homelessness or rooflessness, is living without shelter or in inadequate or improvised shelter. It includes people sleeping in streets, parks and other public spaces, in tents, make-shift dwellings and cars.

Rough sleeping, particularly as observable in large tent encampments and street sleeping, has grown substantially over the past decade and is an issue of concern in the Tasmanian community. There is a clear need to do more to end rough sleeping in Tasmania.

As there is limited contemporary research on rough sleeping in Tasmania, we sought to establish some foundational knowledge to inform ongoing conversation and action. In this report, we capture an on-the-ground picture of the nature and scale of rough sleeping across the state, the extent to which existing policies and services are meeting the needs of people sleeping rough and the most urgent unmet needs for response. We interviewed five lived experience advocates and 39 individuals from 21 homelessness service organisations, housing and outreach services, community-based mobile, drop-in and street-based support services, and local government. We also reviewed relevant national statistics and local and national policy.

Who is sleeping rough in Tasmania?

Interview participants report people sleeping rough from a wide range of backgrounds and demographics. In the 2022-2023 financial year, 944 people were recorded as sleeping rough when they first accessed a Specialist Homelessness Service (SHS) (AIHW 2023). Of these 944 people, 59% were male and 41% were female. People are experiencing rough sleeping across all age groups, from below 9 years old to over 65. 74% of people sleeping rough were identified as a returning client, suggesting high levels of unresolved chronic homelessness amongst rough sleepers in Tasmania. Only 26% moved into social or private housing over the reporting period.

What are the main drivers of rough sleeping in Tasmania?

The factors contributing to people sleeping rough are complex and often intersecting. The main drivers of rough sleeping identified by research participants were a lack of access to affordable housing, mental ill-health, unsupported institutional exits, family violence and a lack of homelessness accommodation and housing exits.

Is the existing service system meeting the needs of Tasmanians sleeping rough?

Although a range of services are working hard to support people experiencing homelessness, there is substantial unmet need amongst rough sleepers in Tasmania. There is an acute unmet need for permanent housing and mental healthcare. Basic needs (e.g. safety, shelter, nutrition, hygiene) are being left unmet for extended periods, which is leading to extreme suffering and contributing to already poor mental health. Women, women with children, families and people with complex needs are struggling to access emergency accommodation. People who could keep a house and live unsupported in the community become less able to do so as they are forced into survival mode and struggle to regain their health and capacity for independent living. The homelessness service system is unable to meet demand and is ill-equipped to manage the complexity of need many clients present with. The limits of tenancy support are being observed to result in social housing offers and allocations failing.

Priorities for action

Ending rough sleeping in Tasmania will require coordinated, collective effort. Tasmania needs strong alliances and shared leadership to address the scale and complexity of rough sleeping as a major social issue in this state. Our research findings point to five priority action areas through which to address the most urgent unmet needs amongst those currently sleeping rough across the state.

1. Develop a cross-agency strategy on rough sleeping

There is a not a clear, collective vision of how to end rough sleeping in Tasmania or a cross-agency policy framework through which to articulate and align the efforts of lead agencies. This is resulting in policy initiatives across housing, mental health, drug and alcohol, corrections and family violence that are disconnected and scattered across agencies. Early attention to a cross-agency strategy for rough sleeping would help bring direction and improved cooperation to the currently fragmented policy and service landscape. Jurisdictions doing well nationally and internationally to address rough sleeping have prioritised the development of a cross-agency policy framework to plan for preventing and responding to rough sleeping. Consideration of opportunities for collaboration, service integration and joint accountability and leadership in government is needed. Increased support for grassroots organisations and the development of lived experience advisory mechanisms for policy development and service design are also required.

2. Provide safe shelter

There is not adequate safe shelter to prevent rough sleeping. Women, women with children, families, people with severe mental ill-health and people using drugs and alcohol are all reported as struggling to access homelessness accommodation services due to service capacity, service eligibility criteria or service use restrictions. Urgent attention is required to identify how to ensure that everyone experiencing rough sleeping can access some form of shelter if they want to, and to meet basic needs for safety, food, water and hygiene facilities. Considerations may include how to staff and structure homelessness services to support complex clients, how to ensure shelter is available 24 hours a day, and how to meet the particular safety needs of women and children.

3. Integrate mental health care in housing and homelessness services

Many people experiencing rough sleeping in Tasmania are unwell, unable to access mental healthcare and unable to access shelter or maintain housing because of unmanaged mental illness. Better integration of mental health care with homelessness service provision is urgently needed. Homelessness services are not equipped to support the complexity of mental ill-health present in the rough sleeping community and there is not sufficient supported accommodation to prevent mentally unwell people being forced into rough sleeping. Considerations may include the need for a homelessness mental health service, including outreach, in-reach and clinical supervision for staff in homelessness services.

4. Keep people housed to prevent rough sleeping

There is an urgent need to prevent housing loss by expanding supports for transition to housing and tenancy sustainment services. Review of the suite of tenancy support services required to keep people housed is needed. This may include long-term outreach supporting rough sleepers to transition to housing, long-term tenancy support for those in private rental, community and public housing, and the provision of permanent supportive housing for people unable to live independently. Considerations may include to what extent and how existing services and planned changes through Housing Connect 2.0 are addressing some of these needs and how specialist support services like the Housing and Accommodation Support Initiative (HASI) could be scaled up statewide.

5. Resource homelessness services and community organisations adequately

The staff and volunteers in homelessness services and community organisations are not adequately resourced to support people sleeping rough. This under-resourcing is contributing to the unmet basic survival needs amongst rough sleepers in Tasmania. Considerations may include how and who to fund to support people sleeping rough right now, how outreach services could be expanded to cover the diversity of settings and locations in which people are sleeping rough across the state, and how local community and volunteer-based organisations can be better supported to provide flexible support and brokerage funds to meet the immediate needs of people falling through the cracks of formal services.

01

Introduction

Rough sleeping, particularly as observable in large tent encampments and street sleeping, is relatively new in Tasmania and is an issue of concern in the Tasmanian community.

Rough sleeping is the most visible representation of the state's housing and homelessness crisis. Homelessness in Tasmania increased faster than in any other Australian state or territory in recent years, rising 42% between the 2006 and 2021 Censuses, including 24% increase since 2016. In 2021, Tasmania had the second highest proportion of homeless people who are sleeping rough nationally (ABS 2021). In the 2022-23 financial year, 944 people who accessed an SHS were sleeping rough (AIHW 2023). There is a clear need to do more to respond to rough sleeping in Tasmania and to prevent it from occurring.

Despite this clear need, there is no cross-agency strategy for addressing rough sleeping and no contemporary Tasmanian research to inform conversations about policy or service design. With this study we sought to advance these conversations by establishing some foundational knowledge about rough sleeping across the state and the services available to support rough sleepers.

The research addresses four questions:

1 Who is currently experiencing rough sleeping in Tasmania and what are the main drivers rough sleeping?

2 To what extent are the housing and non-housing needs of rough sleepers being addressed in policy and practice?

3 What are the most urgent unmet needs of Tasmanians sleeping rough?

4 What are immediate priorities for policy and service intervention to prevent rough sleeping in Tasmania and respond well where it occurs?

What is rough sleeping?

Rough sleeping, also referred to as primary homelessness or rooflessness, is living without shelter or with inadequate or improvised shelter. Rough sleeping is the most acute form of homelessness; it includes people sleeping in streets, parks and other public spaces, in tents, make-shift dwellings and cars (AHRC 2008).

The factors contributing to people sleeping rough are complex and often intersecting; they include lack of access to affordable housing, poverty, unemployment, incarceration, family violence, mental and physical ill-health (AHRC 2008). Many have a history of trauma (Robinson 2010). Historically, rough sleeping has been experienced by people with unmet complex needs, associated with mental illness, addiction, chronic disease and disability (Lording et al. 2022; Anderson 2007). While people with complex needs continue to be over-represented in rough sleeping populations, with rapidly growing rates of homelessness and insufficient housing and accommodation services, people with long histories of stable housing are being forced into rough sleeping. Figure 1 on the following page illustrates the wide-ranging drivers of homelessness along with the different intensities and durations of homelessness they can lead to.

Figure 1: Drivers of homelessness

STRUCTURAL DRIVERS OF HOMELESSNESS

» Supply of social and affordable housing inadequate to meet need

» Poverty

» Employment barriers

» Poorly resourced homelessness, housing, and related support services (mental health services, AOD services, out-of-home care, justice, and employment services)

» Inadequate support on leaving jail, juvenile justice, out-of-home care, and juvenile justice

» Aboriginal and Torres Strait Islander intergenerational trauma and loss of land, control, and culture from colonization

» Racism

» Gender, racial, age, sexual orientation, and disability-based discrimination

» Patriarchy, sexism, male entitlement, and societal or cultural norms supporting male violence

↓

INDIVIDUAL-LEVEL RISKS OF HOMELESSNESS

» Barriers to accessing permanent housing

» Imminent eviction

» No employment or low wage employment

» Low education and training qualifications and skills

» Low levels of income and wealth

» Family and personal relationship instability and breakdown

» AOD dependence, misuse, and harm

» Parental/carer homelessness, mental health, and alcohol and AOD misuse

» Experience of family and domestic violence

» Mental health conditions

» Long-term chronic health conditions

» Limited personal support networks

» Loss of cultural identity and cultural supports

» Experiences of violence and trauma

» Leaving jail, health facilities, out-of-home care, and juvenile detention without support

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SITUATIONAL HOMELESSNESS

» One-off events linked typically to single causal pathways and long histories of housing

EPISODIC HOMELESSNESS

» Churning in and out of permanent housing

» Periods of stability and instability triggered by events from one or more causal pathways

CHRONIC HOMELESSNESS

» Homelessness occurring over long periods (largely rough-sleeping in nature) with brief spells of housing

» Multiplicity of causal factors with path dependence/hysteresis drivers of further homelessness

» Health conditions and mental health impacts of homelessness

» Signaling effects of gaps in housing history

» Stigma effects

» Acculturation

Flateau et al. 2021

Compared with other forms of homelessness like couch surfing and overcrowding, people sleeping rough experience more prolonged periods of homelessness and are more likely to experience repeat homelessness (AIHW 2021). Unmet complex needs typically worsen with extended periods of rough sleeping as a lack of access to services and on-going exposure to physical and psychosocial stressors while rough sleeping compound existing health conditions and create new ones (Mackie et al. 2017).

Reflecting these harsh living conditions, people experiencing homelessness experience much higher rates of premature death than people who are housed. In Australia, between 2012-22, men who accessed a SHS were up to 2.3 times more like to die than men who did not, while women were up to 1.4 times as likely. 25% of the people who accessed a SHS in the year before dying were rough sleepers (AIHW 2024).

As housing affordability reaches all-time lows, many people sleeping rough require social housing to escape homelessness. The Anglicare Tasmania (2024) *Rental Affordability Snapshot* found 0% of properties advertised in Tasmania were affordable and suitable for the 72,095 people receiving the age pension, the 21,225 people receiving JobSeeker allowance or the 4,580 people receiving Youth allowance (Anglicare Tasmania 2024).

For people with complex needs to permanently exit rough sleeping, comprehensive and coordinated service provision is required, in addition to appropriate housing. Yet many people experiencing rough sleeping lack access to basic or appropriate services, including housing, healthcare and social services (Parsell et al. 2020; Griffiths et al. 2004). Barriers to service access include a lack of personal finances, transportation and health literacy, as well as a lack of trust in service providers and discriminatory treatment. Mainstream services are often ill-equipped to support people with complex needs (Parsell et al. 2020) and few specialist and mainstream services are available outside metropolitan areas, making access for those in outer urban, regional and rural areas difficult (Parkinson et al. 2019). With many individuals unable to escape rough sleeping without support, the acute suffering and social harm caused by rough sleeping will not ease without governments and service providers establishing appropriate strategies to end rough sleeping in a collaborative and coordinated way.

Strategies for ending rough sleeping

Nationally and internationally, governments and service providers are developing strategies to end homelessness, including rough sleeping. Many of these first emerged in North America and the United Kingdom, where urban street sleeping has been a substantial social challenge for many decades. These strategies typically consist of a combination of core principles, such as being person-centered and supporting shared responsibility, as well as service system components such as outreach, service coordination and permanent supportive housing.

There is no national strategy for rough sleeping in Australia. A *National Agreement on Social Housing and Homelessness* (NASHH) funds social housing and homelessness services under a framework which commits that "the Australian and state and territory governments will work towards a common objective to help people who are experiencing, or at risk of, homelessness and support the effective operation of Australia's social housing and homelessness services sectors" (DSS 2024).

States and territories are responsible for the development of housing and homelessness policy. A review of these policies for this research found variation in whether rough sleeping was explicitly addressed and if so, to what extent and how. All states and territories include relevant policies or service objectives such as reducing repeat or chronic homelessness that are more prevalent amongst rough sleepers. Tasmania is one of only three states (with NSW and VIC) to explicitly reference rough sleeping or primary homelessness in housing policy (see Appendix 1 for full review), committing to reduce rough sleeping through a Housing First approach which provides wrap-around support and clinical services in addition to permanent housing.

In addition to its housing strategy, the Tasmanian government has the *Tasmanian Housing Strategy Action Plan 2023-2027* that establishes a vision to end homelessness, including through Housing First for people experiencing rough sleeping, delivering improvements in service provision through Housing Connect 2.0 that includes higher levels of case management support for people with complex needs, as well as committing to providing tailored housing programs for people escaping family violence and exiting prisons. Homes Tasmania has also extended funding for the three Safe Spaces across the state and a rapid rehousing program for people escaping family violence.

Unlike NSW and Victoria, however, Tasmania does not yet have a cross-agency strategy for rough sleeping. The Victorian government developed a *Homelessness and Rough Sleeping Action Plan 2018* that commits to a whole-of-government approach to reduce rough sleeping through the involvement of government services and policy makers in housing, family violence, mental health, Aboriginal health and child safety. A health and social care collaboration in NSW developed the *Intersectoral Homelessness Health Strategy 2020-2025* to connect primary and tertiary healthcare providers with the NSW Department of Communities and Justice and the City of Sydney local government for more integrated service delivery to halve street sleeping by 2025.

Tasmania is also alone with the Northern Territory in having no formal collective impact programs for ending rough sleeping. All other states and territories have at least one regional program, such as Advance to Zero, through which multiple stakeholders commit to collaborate to end homelessness or rough sleeping. Approaches to ending rough sleeping have been championed by advocacy groups such as Homelessness Australia and the Australian Alliance to End Homelessness (AAEH) and adopted by local councils, service providers and some government agencies in capital cities and some major regional cities.

In the absence of a cross-agency policy for rough sleeping in Tasmania, it is not yet clear how the commitment to a Housing First approach outlined in the Tasmanian Housing Strategy Action Plan will be implemented and by which government agencies. In particular, it is unclear whether the implementation of Housing First is shared priority for the Tasmanian Department of Health, which will be required as a key policy and practice partner in its delivery. There are currently a range of actions or initiatives specific to people experiencing homelessness or people experiencing rough sleeping present in different government agencies' policies, but they are not yet connected. Examples include *Tasmania's Strategic Plan for Mental Health 2020*, *Tasmanian Drug Strategy 2024-2029* and *Strategic Plan for Corrections in Tasmania 2023*. Led by Hobart City Council, there has been ongoing discussion about extreme weather emergency responses for rough sleepers involving Homes Tasmania, Department of Housing and Department of Police, Fire and Emergency Management. This policy landscape, while limited and fragmented, highlights the diversity of agencies poised to contribute to ending rough sleeping into the future.

02

Research methods

The study used an exploratory, qualitative research design based on interviews with key stakeholders alongside review of relevant national statistics and local and national policy.

Interviews were conducted in-person across the state. Semi-structured individual and group interviews captured in-depth, qualitative data from a range of key stakeholders:

Lived experience advocates

People with lived experience of rough sleeping and housing stress serving in advocacy roles.

Specialist Homelessness Services workers

Managers and frontline workers in temporary, crisis and transitional services.

Housing and outreach workers

Managers and frontline workers providing housing support and assertive outreach.

Community-based volunteers and support workers

Providing practical care and advocacy through community drop-in spaces and mobile food services.

Local government

Managers of community development strategies and initiatives.

We interviewed five lived experience advocates and 39 individuals from 21 homelessness, housing, community and local government organisations in the South, North and North-West of Tasmania during late 2023 and 2024.

Interview participants were asked about their experience and observations of who is rough sleeping, the needs of people sleeping rough, the extent to which services are meeting those needs, and what the urgent unmet needs of Tasmanians sleeping rough may be.

03

Who is sleeping rough in Tasmania?

The precise number of people sleeping rough in Tasmania is not known. The two main sources of quantitative data on rough sleeping populations are the Australian Bureau of Statistics (ABS) National Census data and Specialist Homelessness Services (SHS) data that consists of client records collected by homelessness services and reported to the Australian Institute for Health and Welfare (AIHW).

Although this data provides a range of useful insights into the rough sleeping population, it is important to recognise the limitations of these data sources and the potential for both datasets to reflect an under-count of actual numbers of people sleeping rough. Census data is limited in timeliness because it is only collected on one day every five years. It is limited in accuracy due to difficulty finding and recording data about rough sleepers across the country on one day. SHS data is a more timely and accurate reflection of rough sleeping populations over time. However, SHS data only captures people accessing services which is particularly problematic for rough sleepers.

Data sources used in strategies to end rough sleeping in other states include street counts, which involve counting the number of observable rough sleepers on a particular day, and by-name lists, which involve outreach services collecting and maintaining records on every individual sleeping rough in a particular region. Some services in Tasmania have records about rough sleepers that are similar to by-name lists, but these records are not systematically collected around the state and are not shared across providers as is typical of government-led strategies for ending rough sleeping.

Although data on people sleeping rough is often considered important for a comprehensive policy and service approach, collecting and maintaining accurate and timely data is challenging to achieve in practice, particularly in regional and rural areas. In addition to the desire for privacy amongst some people sleeping rough which makes it difficult to identify rough sleepers, the population is highly transient. There are also a range of privacy and logistical barriers to data sharing between the services likely to encounter rough sleepers. The following quote from a service provider illustrates how difficult it would be to maintain accurate and timely data on rough sleeping in Tasmania:

> **Interviewer:** How do we find out how many people are rough sleeping?
>
> **Participant:** God, I don't know, it is so hard, and we've tried. These are expert services that have really tried. Because it is transient, it's so hard to keep up with who, and where and when. Because we don't have great communication between housing providers and the frontline services in terms of letting us know when outcomes occur, because it's impossible. Our databases don't speak to each other. That's not me saying anything about any service, it's just impossible with the way it's all set up. So we just don't know. So to have an accurate one, you might somehow be able to find an accurate one on that day, but the next day it will change. So I don't know the answer to that question.
>
> **— HOUSING/OUTREACH WORKER**

Enumerating rough sleeping in Tasmania

In national statistics the indicator used to identify rough sleeping, or primary homelessness, is an individual's housing situation being classified as 'no shelter or improvised/inadequate dwelling'. Using this measure in the 2021 ABS Census, 232 people were recorded as rough sleeping in Tasmania (ABS 2022). In the 2022-2023 financial year, 944 people were sleeping rough when they first accessed a specialist homelessness service in Tasmania (AIHW 2023). Of these 944 people, 59% were male and 41% were female. As illustrated in Table 1 below, people are experiencing rough sleeping across all age groups, including 10% of whom were under 18 years of age.

Table 1: Age group (n and %) of individuals sleeping rough in Tasmania who accessed a specialist homelessness service during the 2022-2023 financial year

Age (years)	n	%
0-9	54	6%
10-14	17	2%
15-17	16	2%
18-19	31	3%
20-24	98	10%
25-29	103	11%
30-34	97	10%
35-39	113	12%
40-44	95	10%
45-49	96	10%
50-54	87	9%
55-59	50	5%
60-64	47	5%
65+	41	4%
Total*	**944**	**100%**

SHS data 2022-2023, AIHW data cube

Problematically, 74% of people sleeping rough in the 2022-23 financial year were identified as a returning client, suggesting high levels of chronic homelessness amongst rough sleepers in Tasmania. Table 2 below also suggests rough sleepers are experiencing poor housing outcomes, with only 26% moving into social or private housing during the 2022-23 financial year. The table shows that 39% of people had not moved out of rough sleeping, while 19% had moved into short term accommodation.

Table 2: Housing situation last reported for people who were sleeping rough in Tasmania when they first accessed a specialist homelessness service during the 2022-2023 financial year

Housing situation	n	%
No shelter or improvised/inadequate dwelling	369	39%
Short term temporary accommodation	181	19%
House, townhouse or flat — couch surfer or with no tenure	77	8%
Other – homeless	7	1%
Public or community housing — renter or rent free	129	14%
Private or other housing — renter, rent free or owner	113	12%
Institutional settings	14	1%
Other – at risk	5	1%
Not stated	57	6%
Total*	**944***	**100%**

*To minimise the risk of identifying individuals, a technique known as perturbation has been applied to randomly adjust cells. For this reason, discrepancies may occur between sums of the component items and totals, and data may not match other published sources.

SHS data 2022-2023, AIHW data cube

Qualitative observations of rough sleeping in Tasmania

In the absence of a complete and current record of people sleeping rough in Tasmania, we sought to capture observations of the rough sleeping population from interview participants in all regions of the state. These observations varied based on the interview participants' exposure to people sleeping rough. Lived experience advocates, outreach workers and drop-in service providers had the most engagement with rough sleepers. They reflected on the rough sleepers they interact with or are aware of but acknowledged that there would be many more with whom they did not have contact or who remain invisible to the service system.

Although the number of chronic, long term rough sleepers was generally described as stable, participants reported increased numbers of people sleeping rough for the first time in recent years. These people are entering rough sleeping due to changes in circumstance such as tenancy loss, relationship separation or change in financial situation. Many of these people were described as having spent time couch surfing and staying with others, then resorting to rough sleeping after exhausting all other options. While single men were described as the main demographic of chronic rough sleepers in urban areas, the demographics of those new to rough sleepers are more mixed with reports of notable increases in numbers of women and families with children sleeping rough.

Amongst lived experience advocates and people working in outreach and drop-in services, observations of the backgrounds and demographics of people sleeping rough were diverse:

> You name a type of individual. That's what you see. We're seeing single men, single women, we're seeing couples, we're seeing people that work. Single mums with kids. Couples with kids. We're all just a pay day away from being homeless ourselves.
>
> **— HOUSING/OUTREACH WORKER**

> " ... the range of places where people come from, it's, it's basically all up to the imagination, because it's out there. There's people that have been highly, highly successful and there's people that ... well, highly successful in sort of, in modern day terms. But then there's also people that have been born into a family that really had very little and they've just continued the tradition.
>
> — **LIVED EXPERIENCE ADVOCATE**

> " It's anybody and everybody. You know I can remember ... probably like other people, you think about a homeless person being, you know the old man in the trench coat on the park bench with the newspapers under him and over him with his bottle of wine or his flagon or whatever it is. It is not like that at all. You know people from all walks of life. It can be a younger person, it can be a teenager who's just had a less than ideal family that circumstances that they've grown up in or been in foster care or whatever it might be. Or just for whatever reason cannot get it together in accommodation. It can be a person with a disability even ... People with pet, people without pets, women. There are women who are coming in who are really well spoken, you know you can tell they've had a good upbringing and people that have had careers that just don't have an income.
>
> — **COMMUNITY-BASED VOLUNTEER/SUPPORT WORKER**

Interview participants described many different forms of rough sleeping being present in Tasmania. This includes people sleeping on streets and unsheltered in urban areas, sleeping in tents and in makeshift dwellings both in public areas and on private land like backyards. It also includes people living in cars, again in both public areas and on private land like the driveways of family or friends. In regional areas particularly, it is reported that people are living in unconventional dwellings like sheds, garages, barns and other structures not designed for human habitation.

Inner-city and suburban areas have reportedly been seeing a much higher number of people sleeping in streets and public parks. Tent encampments are a major ongoing issue with substantial groups of rough sleepers in different locations around inner-city areas. The variety of dwelling situations of rough sleepers highlights the diversity of experiences of 'rooflessness' in Tasmania.

Given the different forms of rough sleeping reported in Tasmania, it is possible that those who are observable sleeping in urban streets and parks are a minority of those rough sleeping in the state. Many people, particularly women and children, are reportedly seeking safer and more private options, or options closer to existing supports and communities. This might include seeking privacy by staying in a tent away from public view, seeking safety by staying in a car in a secluded area, or seeking connection with local supports such as staying in a car, shed or backyard tent near relatives or schools.

> " I think it's that perception because it's probably not so visible [in regional areas], as in larger places like Hobart or Launceston. I think people tend to bury their heads in the sand a bit. They think that it doesn't exist because they can't see it. But the people here, they're very good at finding spots that are not visible. They don't want everybody looking at them while they're trying to sleep. Plus it's a safety thing as well. So they're very good at finding spots that are not highly visible.
>
> **— HOUSING/OUTREACH WORKER**

What are the main drivers of rough sleeping in Tasmania?

The pathway to rough sleeping often involves other forms of homelessness, particularly couch surfing, and precarious and over-crowded housing. Rough sleeping was generally described by research participants as an act of last resort – an acute form of homelessness that people end up in after exhausting all other options. More people are also entering rough sleeping directly from housing. The reported drivers of rough sleeping are diverse and inter-related; unaffordable and insufficient private rental properties and the unsustainable cost of living for people on low incomes and income support were identified as major drivers of recent increases in all forms of homelessness across the state including rough sleeping. However, mental illness, unsupported institutional exits, domestic violence and barriers to homelessness service access were the main reported drivers of rough sleeping. Pathways into rough sleeping were often described as a process of unravelling, as people's housing options, their relationships and their health spiraling out of control.

" *At that time, his car has just been smashed, the windows had been smashed and he was no longer able to sleep in it, and that's the reason he needed a swag. So his world was really unravelling. He had gone from being employed, casually, to no employment. Had to give up a rental property, all of those things. He'd really unraveled.*

— HOUSING/OUTREACH WORKER

Lack of affordable housing

A lack of affordable housing was described as contributing to recent increases in rough sleeping, with next to no affordable housing for people on low incomes. Some people sleeping rough had held private rentals in the recent past but lost them due to inability to afford rent increases, or to secure an affordable rental after the sale of an existing property.

" There is not an affordable room in a share house for people on Job Seeker, and there's certainly not an affordable private rental property. The one men's shelter is 70 to 80% of their income, so if you've got a Centrelink in advance, and you might be paying child support, you may actually not be able to afford to access shelter accommodation, which sounds ridiculous, but is actually the case for people.

— HOUSING/OUTREACH WORKER

" Rental prices. I know some of the cases that have walked in the door, it's people that have been evicted from the house, or they've just been given their eviction notice, or they've come to the end of their lease and they've been told their rent is going up $50, $60, $80, $100 a week. And they're like, well I can't afford that. I can't find anything else that's the same price as what I've got now. Even if I did find something to apply for, there's 100 other people applying for it as well. Chances of getting it are between one and zero. And I can put my name on the housing waiting list for the next 18 months. So therefore I know that in a couple of weeks I'm going to be homeless.

— HOUSING/OUTREACH WORKER

Mental ill-health

Mental ill-health was the most commonly identified individual-level driver of rough sleeping. Interview participants described how the homelessness sector is struggling to respond to people with mental ill-health. Crisis accommodation services particularly, report experiencing an influx of clients with severe and/or untreated mental illness, particularly psychosis and schizophrenia, in addition to post-traumatic stress disorder, borderline multiple personality disorder, bi-polar, severe depression and anxiety.

Participants emphasised that homelessness services are in no way resourced to address this level of complexity in mental ill-health. In 2020 the Mental Health Homelessness Outreach Support Team (MHHOST) was funded short-term during the COVID-19 public health emergency. This service was described by participants as extremely valuable but it was not continued. Safe Spaces are reporting the most acute demand from severely unwell people yet are constrained in their service delivery by both resourcing and built design factors; these constraints that mean in two of three services are accommodating up to 30 people on camp stretchers in the same room while being staffed with two to three community service workers and no specialist clinical staff. Homelessness services across the service spectrum are having to turn away people with complex needs or who are mentally unstable, leaving those individuals with no alternative to rough sleeping.

> **Participant 2:** OK. So we're talking about people presenting in psychosis coming to the space, whether they are um …
>
> **Participant 1:** Sometimes escorted by professionals into the space in that state as well.
>
> **Participant 2:** So yeah, someone's come into the space, they, they are maybe yelling at a voice in their head or at a poster or something on the computer screen and, and so we're sort of calling through to services to get that support. Um sometimes we can't get it. Um sometimes we're just left with going, "Look, it's not safe for you to be in the space because we have to think about the other 30 to 40 people there,"… Or there's situations where we know someone has been incredibly unwell, we know that they're not going to take their medication, somehow they've managed to get to hospital, that's great, the hospital then wants to discharge them to us. We're not a clinical facility or clinically trained. So we don't handle medications either.
>
> — **SHS WORKERS**

In addition to a lack of resourcing to respond to severe mental ill-health, crisis accommodation services are not integrated with mental or other health services and there are no formal links with health services that guarantee client access or provide clinical supervision for complex clients. Reliance on ad hoc communication between individual staff members makes continuity of support difficult. Formal connections to mental health support provided under emergency COVID-19 measures and MHHOST were described as valuable for enabling access to mental healthcare to homelessness service clients and clinical advice to staff in homelessness services. Without appropriate accommodation services for people experiencing complex mental ill-health, many people were described as bouncing between the health system (e.g. the emergency department, psychiatric in-patients), rough sleeping and crisis accommodation without a clear or coordinated exit pathway. Similar patterns were described around addiction, with most services ill-equipped to serve people under the influence of alcohol and other drugs.

> So people are rough sleeping, they may have had a mental health episode at some time in the past which has resulted in them losing their accommodation. And it's never been adequately addressed. So when they have access to emergency accommodation it hasn't gone well, because they were unwell. And there are no supported accommodation services for those people. There's nowhere else for them to go. Usually they are not able to access the one shelter that we have here [in this region] because there has been an incident there or some heightened behaviours and of course they have to consider the safety of their other guests. So then that shelter which is seen as a last resort, the last resort is no longer available to them, and so that's how they end up sleeping rough.
>
> **— HOUSING/OUTREACH WORKER**

Unsupported institutional exits

Unsupported institutional exits from prison, mental health and alcohol and other drug (AOD) treatment facilities were also a commonly reported pathway into rough sleeping. In some cases, people were reported to have lost their home while in extended periods of healthcare treatment, while in other cases people experiencing other forms of homelessness ended up rough sleeping after an acute admission. Homelessness service providers acknowledged that it is against hospital guidelines to discharge people into homelessness. However, in all areas of the state multiple providers reported that it does happen in practice due to extreme pressures on healthcare facilities to free up beds and a lack of step-down facilities for people experiencing or at risk of homelessness at discharge.

> That's somebody going in for mental health treatment and coming out without a home. Which we've seen that, we've seen people being discharged from hospital into a tent.
>
> **— HOUSING/OUTREACH WORKER**

> He's the most obvious example I guess of someone who was discharged from hospital into a homeless situation because they needed the bed and he was deemed well enough to survive out there. Mind you it was the middle of winter and ... it was a tent ...
>
> **— HOUSING/OUTREACH WORKER**

Unsupported prison release was also cited as a driver of rough sleeping, with existing services to support exits from the criminal justice system described as inadequate in practice. Many of the people formerly incarcerated struggle to secure stable housing following release, and the loss of stable health, addiction and other supports available in prison were described as spiraling people into rough sleeping.

> " The other big issue too that we have you know when people are becoming homeless is that revolving door of coming out of prison, exiting prison and not having anywhere to go. And if you meet the criteria to get a Centrelink payment when you exit prison, say your Centrelink payment's $700 a fortnight, when you exit prison if you're eligible you get half that payment so you get $350 and that's got to last you a fortnight and then you get another $350 which has got to last you another fortnight and you've got nowhere to go to. As much as people in an ideal world would like to think that there are places for you to go there are not. So if you're, you've gone into prison, you've got off the street, you've basically detoxed in prison or you've got the mental health support or you've built up community around you in prison and you exit prison with nothing, you're back on the street. Back on the street having to potentially steal to survive …
>
> **— HOUSING/OUTREACH WORKER**

Family violence

Family violence was described as a major driver for women and women with children. In women's services, family violence was identified as the primary driver of homelessness for between 60-90% of clients depending on the service.

> " So it's [the reason for presenting] always going to be homelessness for everyone who's here, in some capacity. But usually domestic family violence is a primary presenting need.
>
> **— SHS WORKER**

> " Unless the perpetrator is removed, it's the victim chooses to leave. Now obviously the majority of cases that would be the female. That would be the ones that are then, with the need to find somewhere to live. So that would probably be a big part of why we're seeing more of an even spread [in gender amongst people sleeping rough].
>
> **— HOUSING/OUTREACH WORKER**

In line with findings in a recent review of women's homelessness services in Tasmania (Impact Economics & Shelter Tasmania 2023), interview participants in our study described how women's services are experiencing large numbers of women seeking assistance and emergency accommodation who cannot be accommodated due to a lack of capacity. This highlights the scale of the impact of family violence on women's and children's homelessness in Tasmania.

> On average, it fluctuates a bit, but we turn away eight to nine women, families, sorry, out of ten, who contact us for emergency accommodation. So the waitlist, as you can imagine is very long.
>
> **— SHS WORKER**

Lack of exits into homelessness accommodation and housing

A lack of appropriate or available homelessness accommodation services and of housing exits are reportedly leaving people nowhere to go except rough sleeping. Some people are not able to access emergency or crisis accommodation because they are not eligible (e.g. Safe Spaces do not accommodate children, single-gender services do not accommodate mixed-gender parent families) or because services are full (e.g. women's services). Some people are unable or unwilling to meet the entry requirements (e.g. sobriety, self-managed mental illness) and others indicate they don't feel safe in congregate facilities. Some people cannot physically get to the shelter due to mobility issues or lack of transport.

Barriers to emergency shelter and crisis accommodation services are being experienced most acutely by women, women with children and families. Demand for many women's services far exceeds supply and Safe Spaces do not accept children. With women's services in Tasmania turning away up to 9/10 of requests for help, there is no capacity to respond to urgent requests for shelter. This can leave women with children no options but rough sleeping or staying in or returning to family violence.

"
And when police call, police will often respond to an incident [of family violence] and bring a woman to the police station, she has nowhere to go. We've got a waitlist. All I can do is refer to Housing Connect, and if they can't get brokerage from Housing Connect, a lot of women will return back to domestic violence because it's a roof over their head, or a roof over their children's head.

— SHS WORKER

"
I had one the other day, she was sleeping in her car and her children were sleeping at different relatives' houses. She couldn't stay with those relatives herself, for different reasons, but they were prepared to take the children in. So the family is separated, they're not together, mum's sleeping in someone's driveway. And there's no emergency accommodation here for a family.

— HOUSING/OUTREACH WORKER

"
You've got to ring up [the women's service] every day or every couple of days, touch base and remind them that you're looking for somewhere. Same with youth shelters, there's literally nowhere for people to go.

— HOUSING/OUTREACH WORKER

Couples with children were reported as also having limited options for homelessness accommodation in some areas, leaving rough sleeping the only option for staying together as service access often requires separation of one parent from the family.

"
There's virtually nothing for families. You were talking about with couples before, at the moment if you're a couple and you want supported accommodation, you've got to separate … If they're a family with kids, normally the mum and the kids would go to the women's shelter and the dad would go to Safe Space or [the men's service] or wherever. So there's nothing that's supported crisis accommodation for families.

— SHS WORKER

Single women are eligible to access mixed-gender Safe Spaces and many do so. However some were reported to feel unsafe accessing these spaces due to experience with physical and sexual violence by men. Others reported experiencing inappropriate behaviour by male clients that made them feel psychologically unable to return.

> When we've had women who have experienced sexual assault by men or family violence, then they're not feeling safe in those spaces with other men at all. Or, we've had women ringing up and reporting, I tried to stay there and a man in the bed next to me masturbated all night. And I can't go back.
>
> **— SHS WORKER**

People with pets often struggle to access homelessness accommodation because many services do not accommodate animals. Pets are key emotional supports for many people experiencing trauma, including homelessness (McCosker et al 2023). Some people were reported to be sleeping rough in order to stay with their animal(s).

> They're kind of forcing people, in one element, to rough sleep. Because you're asking someone to choose between a house and pets. And the latter is always going to be the priority to a person.
>
> **— COMMUNITY-BASED VOLUNTEER/SUPPORT WORKER**

Rough sleepers who are unwilling or unable to meet sobriety requirements or with previous experiences of service bans are also reported to have no alternatives. These access barriers were described as problematic given the prevalence of trauma and self-medication amongst rough sleepers, as it leaves people in those circumstances with no options except rough sleeping.

> " it's very common, it's very common for people to be self-medicating. With weed on the street and other drugs as well. Like numbing themselves, yeah, using those kind of harder drugs, especially if you've been through a lot of trauma trying to forget rather than process and be able to work your way through it ... a lot of kind of like, especially religious-based, faith-based orgs, you know, being sober is often a prerequisite rather than a supportive requisite. So that, that puts a lot of people even just in the position where they won't even bother trying.
>
> **— LIVED EXPERIENCE ADVOCATE**

Other people were described as seeing no point in accessing a homelessness service because of a perception that there are no options for exiting into permanent housing. This perception was most common amongst people who had abandoned social housing or had poor tenancy histories that make future housing allocation unlikely.

> " I think a lot of the long termers ... I think a lot of them have just resigned themselves to the fact that they're homeless, this is just the way life is. They may have fallen into a pattern of drug use or something like that. And I think a lot of them have just lost hope. They know the waitlist for a house at the moment is 18 months or more and a lot of them, they're like, well why bother, I'll never make the top of the list. I can be on the list, but more and more people are going to go on the list, this is only going to get longer, what's the point? And I think a lot of them have just given up.
>
> **— HOUSING/OUTREACH WORKER**

These intersecting drivers of rough sleeping reinforce the complexity of preventing rough sleeping. They also highlight the diversity of need amongst many experiencing rough sleeping, presenting a challenge for services seeking to meet those needs.

04

Is the existing service system meeting the needs of Tasmanians sleeping rough?

There is wide-ranging unmet need amongst rough sleepers in Tasmania. There is an acute unmet need for permanent housing and mental healthcare.

Basic needs (e.g. safety, shelter, nutrition, hygiene) are being left unmet for extended periods, which is leading to extreme suffering and contributing to already poor mental health. People who could keep a house and live unsupported in the community become less able to do so as they are forced into survival mode and struggle to regain their health and capacity for independent living.

This unmet need reflects a homelessness service system is unable to meet demand (Homelessness Australia 2024), with many accommodation services at capacity or over and workers managing caseloads too large to provide meaningful and comprehensive case management. Interview participants from all stakeholder groups recognised the hard work and deep commitment provided by so many working in the homelessness services and community organisations but there being inadequate resources to meet need. Some service providers reported feeling despair at the absence of a strategy for ending rough sleeping in Tasmania and completely inadequate resources to respond effectively.

> I just think at the moment, we never, it's just going to continue to grow, we're never going to have enough housing for the situation. People are, I mean we're seeing more, even just pensioners who have had private accommodation, with the increase in rental over the years, we're seeing more and more renting pensioners who are having to live rough or go into shelter or go into an environment that they've never found themselves in before and it's totally overwhelming and so in this environment I can't see a light at the end of the tunnel. We don't even have enough crisis accommodation to put people in, that's all full. We need to build a lot more crisis accommodation with some support around it, just to get people off the street while they wait for permanent housing. We're way short of those needs and then at the bottom of that pile we need to at least be giving somewhere to put their tent up that gives them some safety and gives them some facilities because at the moment, if they're moved on, we don't tell them where to go, we just say 'go, you've got to go' and they'll be moving to a place where they're going to get moved on again and it just is a continual cycle of misery.
>
> **— HOUSING/OUTREACH WORKER**

Basic survival needs

All people experiencing rough sleeping in Tasmania are struggling to meet basic survival needs including safety, shelter, food and hygiene facilities. While people sleeping in cars and those closer to social support are faring less poorly, all are struggling. Urban street sleeping was described as the most grueling form of rough sleeping. People in these situations are often unable to meet basic needs for safety and shelter, and struggle to maintain stable access to food, water, toilets and showers. Street sleeping is an exhausting, traumatising and dehumanising experience. Many street sleepers live in fear, with daily life characterised by uncertainty, difficulty addressing basic needs, an inability to properly sleep or rest due to harsh living conditions, noise and unwanted public attention. The conditions were described as having lifelong effects on the people experiencing them.

> It [street sleeping] destroys your confidence, it destroys your self-worth, it destroys how you feel about you, well that is how you feel about yourself. You feel looked down on. I was [in that area] for a long time with the guys, they'd guard me so I could sleep. They'd all sit up so I could actually get some sleep … I wouldn't have slept in the six years I was in those situations without those people guarding me. It's cold. You're raw and exposed on the streets of [this city]. That's how I describe it, raw and exposed. When you're at your utmost mentally bottom, you have to, you're awake at five in the morning so no one sees you.
>
> **—LIVED EXPERIENCE ADVOCATE**

Violence, theft and property destruction were reported as common experiences for people sleeping rough, where complex social relations and conflict are impacting people living in tented communities. Women in particular, were described as experiencing intimidation and violence when street sleeping and sleeping in tents in public spaces. Thus, gender-based violence is not only driving initial rough sleeping for women but making experiences of rough sleeping more harmful and risky.

> I had a friend raped [in that specific location]. She passed out and no one was there and, yeah, she was raped.
>
> **— LIVED EXPERIENCE ADVOCATE**

> ... one [client] was talking about being pregnant, sleeping on the concrete, eventually getting a tent. Then because there was so many people stealing from the tents, she lost the tent and had to go back to sleeping on the concrete again until they touched base with one friend who found out what was going on. That really ... that's quite sad. And it's not the first, we hear a lot about how people in tents are actually having their things stolen. I know of one case where personally, their tent was just destroyed by people for fun. And it was only because a total stranger gave them another tent, that they had a tent.
>
> **— SHS WORKER**

> [For people] who are living rough in the area, living in tents, it's a very volatile community. People are friends and get on, then in a week's time they can be combatants sort of thing, because something happens. We had an incident there the other day where we had two clients at each other, it got quite potentially violent. We had to call the police and that was over one accusing the other of kicking one of our, another client from where their tents were. He moved in to where she had her tent and virtually forced her out, she'd been staying there 10 months and then someone else had heard about that and had approached him because they were both coming to the showers and that just blew up into potentially a violent situation.
>
> **— COMMUNITY-BASED VOLUNTEER/SUPPORT WORKER**

This lack of safety and stability severely impacts rough sleepers' ability to maintain basic hyenine, meet basic needs for food security and shelter (e.g. tents, sleeping bags), as well as significantly impeding people's ability to manage chronic and acute health issues.

> I'm on my antidepressants and my blood pressure meds and I can be quite stable. But when you're out and about, there's no stability. You might have the money for your meds, you … well, it gets stolen while you're asleep. You wake up and you're in hospital because you've been beaten up that bad. There's no stability. You can't function.
>
> **— LIVED EXPERIENCE ADVOCATE**

Participants describe severe consequences from harsh living conditions and the inability to meet basic needs. Amongst lived experience advocates, many had friends, relatives or known people who had died while sleeping rough in urban areas of Tasmania. This aligns with existing research finding high rates of premature mortality amongst people sleeping rough (AIHW 2024).

> I lost ten people while I was waiting [for social housing]. Ten other homeless people that I was sleeping rough with died while I was sleeping rough with them. And it's not very nice. They, they were good people. They weren't assholes. You, you get into survival mode and yeah, you might be a shoplifter or whatever, but they weren't nasty people.
>
> **— LIVED EXPERIENCE ADVOCATE**

> … he was burnt alive. He, he had an accident with one of the burners that you buy from Kmart. Um and the gas canister like just lit him up and he just burnt alive. Like people are trying to boil a kettle and they're burning alive on the street. That's pretty stark. So I've been really pushing for them to just start building cooking facilities in places, like in parks, and just, just make it … like you know, if you have a hot plate, you can put something on the hot plate to warm like. So you can come with what you have and use it without um, you know, getting fucking caught alight.
>
> **— LIVED EXPERIENCE ADVOCATE**

Service providers described a lack of funding for support of rough sleepers to meet basic survival needs during rough sleeping. Although some funding for food vouchers and other essentials can be provided through Housing Connect, these are not a sustainable source of food security for people sleeping rough, particularly long-term rough sleepers. Challenges in accessing basic services like haircuts and shoes were also noted. Recognising this major gap in formal services, charities are self-funding supports for rough sleepers, including through food vans, drop-in services, clothing stands and some outreach, but these services struggle to be sustainable.

> ... the government might be putting money into Homes Tasmania, but are they putting money into how do we actually feed someone who's sleeping rough tonight?
>
> **— OUTREACH WORKER**

Housing, health and social service access barriers

People sleeping rough have a range of needs that are difficult to meet without support from homelessness, housing and healthcare services. Yet a wide range of barriers exist that prevent rough sleepers from accessing such services. There are very few services specific to rough sleeping in Tasmania, with limited outreach and some street-based meal services – all of which are charity run, as well as part-time homeless primary care services in Hobart and Launceston only some of which is government funded. Interviewees described a mismatch between what rough sleepers are seeking when they access services and what services can actually provide. The perspective that service providers can't help was reported as driving service disengagement amongst many rough sleepers.

> ... often you're offering people something they don't want, so they're ending the call, not necessarily even taking the support.
>
> **— HOUSING/OUTREACH WORKER**

> So they don't present as often, because we can't give them anything anyway.
>
> **— HOUSING/OUTREACH WORKER**

Lived experience advocates and many service providers expressed concern about unreasonable expectations for rough sleepers to source their own services and get 'service ready' by self-managing their mental health, addiction and behaviour. Most do not have a phone, internet access or transport and many struggle with literacy.

> Rough sleepers do tend to drop in, they're less likely to have a phone. Which again, increases the likelihood that they're going to be rough sleeping for longer, because how are they going to get a housing offer if they don't have a phone and no one can ring them?
>
> **— HOUSING/OUTREACH WORKER**

These challenges are on top of severe unmet basic needs for shelter, safety, food, hygiene facilities and healthcare. Things like printed flyers and city maps showing service locations were described as helpful. However, many participants still consider it unrealistic to assume people sleeping rough can independently seek out the services they need.

> Six months on the streets with no teeth. In and out of Safe Space with a girl pulling her bed up close to me of a night that was beating the crap out of me during the day. She nearly killed me. I had about five people punching the shit out of me. It nearly killed me. I'm brain damaged from it. And when you're stuck out there and knocked around and the lowest point of your life, it's very hard to actually do something about it.
>
> **— LIVED EXPERIENCE ADVOCATE**

Although some local councils have established lived experience advisory groups, lived experience advocates were critical of the lack of involvement of people with experience of rough sleeping in the design or delivery of homelessness services in Tasmania. They described how rough sleepers feel that they're not listened to, which contributes to frustration and service disengagement.

> ...what I hear from people on the street is that they're very frustrated with the services that are out there. With ... and it's because, because they're not feeling heard for what their issue is.
>
> **— LIVED EXPERIENCE ADVOCATE**

Lived experience advocates with experiences of homelessness in other states or territories saw a lack of peer workers and the lack of opportunity for lived experience voices to be heard as contributing to service access barriers in Tasmania.

> ... from what I hear and also from what I experience, is that people that do stand up and share their story and say that, "Yeah, I was homeless," or, "Yeah, I was a, a drug addict," or, "Yeah, I was suicidal," or, "Yeah, I was depressed," and they share their story about how they got through it and then they're living proof that they've been through those circumstances and come out on top. They're the types of people that people listen to who are going through those same situations.
>
> **— LIVED EXPERIENCE ADVOCATE**

The complexity and fragmentation of social service provision was described as difficult and frustrating to navigate. This is leaving some Tasmanians unable to access the services they need and disempowered in their service interactions. Having to deal with so many different services and complex eligibility criteria was described as discouraging help-seeking and worsening rough sleepers' already poor mental health.

> ... that's the things that we can't see, all of that energy, that creative energy gets lost inside of the system, gets ... people get despondent 'cause it's taking so long or all these errors happened or now they've got to provide this bit of documentation or that bit of documentation and it takes a month or two to get it, there's all these issues with trying to get it.
>
> **— LIVED EXPERIENCE ADVOCATE**

Health and social care needs

For many rough sleepers, access to health and social care services were described as equally important to housing services, with health and social challenges underpinning drivers of homelessness. Mental healthcare was described as particularly important for rough sleepers, reinforcing SHS statistics which reveal 59% of people accessing SHSs in Tasmania have a mental health issue, which is almost double the national average (33%) (AIHW 2023). Despite the intensity of need, access to mental healthcare was described as particularly difficult for rough sleepers. Interview participants across the state reported a dire state of mental health services, with extensive wait times and major service access barriers. This leaves many rough sleepers with severe mental illness unable to escape rough sleeping and unable manage their condition while living on the street.

Some rough sleepers seeking mental healthcare were described as being turned away or discharged by hospital-based services without sufficient clinical support or capacity to self-manage. These service rejections were associated with severe consequences including suicide, attempted suicide, self-harm and harm of others including other homelessness service clients and staff.

> " I know of, God rest his soul, a bloke that I stayed with while I was at [a service] who had tried to reach out and get support and tried and tried and tried and then after six months he took his life. So there is a massive problem with infrastructure as well as staff availability for those who are in crisis. And that's a really difficult thing to face because, and this is like, and it's such a touch and go subject because as soon as someone expresses that need for help, it needs to be addressed at that moment, like we need more facilities to be able to deal with that.
>
> **— LIVED EXPERIENCE ADVOCATE**

> " ... the amount of times that we've had clients present to emergency with mental health issues, and they go, just drugs, boom, out the door. Seriously, if you sat down with this person for ten minute you would know that they have severe paranoia, they have delusions, have you looked at their diagnosis?
>
> **— HOUSING/OUTREACH WORKER**

Regarding social care, concern was raised about the risks of dependency created through institutionalising former rough sleepers in congregate facilities and isolating them from the broader community. Many interviewees acknowledged the need, at times, to keep people with severe mental illness, addiction and antisocial behaviour separate from people to whom they may pose a risk. However, interviewees also highlighted the need for community connection in order to grow the positive networks and relationships that can support longer-term integration.

> " ... if we aren't doing that [connecting rough sleepers with the community] and it's all outsourced to just, you know, professionals, like that just makes us dependent on the professional rather than a community of interconnected, interdependent community members.
>
> **— LIVED EXPERIENCE ADVOCATE**

The focus on one-to-one professional case management was raised by some lived experience advocates and community-based volunteers as limiting rough sleepers' exposure to 'normal, everyday' human interaction. Charity run drop-in and street-based services often espoused 'normality' and community connection as central to their service philosophies and intentional counters to the perceived transactional nature of formal service encounters.

> " They've got nowhere else to go. It [the drop-in centre] becomes part of their social interaction and breaking that social isolation is to me probably one of the most important aspects of that service. It provides physical support like shower and laundry but it's giving those people a sense of worth or a bit more self-esteem, a bit more dignity, be able to sit down and have a normal conversation with a person about everyday things so you don't feel quite like you are this leper out there on the street.
>
> **— COMMUNITY-BASED VOLUNTEER/SUPPORT WORKER**

Homelessness accommodation needs

As identified in Chapter 3, many rough sleepers face barriers to homelessness accommodation services, including not meeting eligibility criteria, not feeling safe in congregate accommodation services and not being willing or able to rules and regulations of service use. Service providers worried about how little they could do for rough sleepers with unmet needs for shelter given long wait times for social housing.

> … we're building houses, that's great. What do we do until then? Do I just keep handing out tents?
>
> **— OUTREACH WORKER**

> So they're just asking for some kind of shelter, to be off the street. So I guess often we're talking to people after that sort of crisis. So, they may have lost their property, then they've couch surfed for a while, and they've ended up in their car and that's no longer registered or whatever. And then they're finally facing being on the street. So, they're pretty exhausted, they're not feeling great, and in terms of what we can offer, it's quite limited.
>
> **— HOUSING/OUTREACH WORKER**

Interview participants identified an urgent need to ensure that some form of homelessness accommodation is available to anyone who needs it. The introduction of Safe Spaces in recent years has been celebrated as an important early step in meeting basic needs for shelter, however these offer night-by-night accommodation and only one of the three services provides 24 hour access.

> They [rough sleepers] need accommodation. They need somewhere, where they can go and sleep that is not going to cost them a fortune, it's not going to cost them $400 a week on their New Start allowance. Needs to be safe, needs to be food available and there needs to be support. And it needs to be 24 hours.
>
> **— HOUSING/OUTREACH WORKER**

For women and children rough sleeping, there were reports of urgent unmet need for homelessness accommodation. In all three areas of the state, lived experience advocates and outreach workers reported roughly equal numbers of women and men sleeping rough. Women's services are overwhelmed with extensive waitlists and children are not eligible to access Safe Spaces. Women sleeping rough with children are reporting extreme distress, including being fearful of having their children removed by Child Safety when homelessness services are unable to provide emergency shelter.

> **Participant 1:** I remember some calls where the woman said, if you can't get me in, they'll take the baby off me.
>
> **Participant 2:** I've had that multiple times, it's been more recently, it's desperate. They're not allowed to keep the kids.
>
> **— SHS WORKERS**

Other reported barriers to shelter access included people struggling with the physical and social intensity of congregate facilities and shared sleeping arrangements. Supporting people with severe mental ill-health and complex social relationships poses ongoing challenges in confined and underresourced service spaces.

> I think one of the other things that needs to change is we put, you know, you put a whole bunch of criminals in the same area or people with problems and then they wonder why the problems get worse. So it's like, well, we'll band aid the problem, we'll just medicate you until you're pretty much in a zombie state, which is horrible … and then all of a sudden this person has an outburst and then, you know, they're in psychosis or have some sort of mental health issue, then they're punished further and that continues.
>
> **— LIVED EXPERIENCE ADVOCATE**

> Well, the girl beside me was beating me up during the day and she was scared because of the guy across of us. Well, the guy across from us set off a big gas cylinder this big in my friend's kitchen to blow me up. Um and then we're all in Safe Space and he's the guy opposite me laughing me of a night. I don't call that safe. There's people wanking because there's women in the room. Not very nice.
>
> **— LIVED EXPERIENCE ADVOCATE**

A range of physical access barriers also exist, with some people reported as unable to access shelter services due to mobility issues, lack of transport or distance from local communities or supports.

> " … not everyone wants to access [that shelter]. If you're from [a regional town], say, that's too far away from your family and your support network, especially if you don't drive. Or even if you do drive, the cost of fuel is prohibitive, or maybe your children are at school in [their home town]. How are you going to get them to school? So we've got nowhere that we can send a family that's safe and affordable.
>
> — **HOUSING/OUTREACH WORKER**

Permanent housing needs

Many rough sleepers are unable to access permanent housing in a timely manner. Waitlists for social housing are extensive (Anglicare 2024; Morris et al. 2023). Extensive wait-times and concern about not being a priority for housing were described as leading to feelings of hopelessness and service disengagement, as well as on-going trauma from sleeping rough.

> " If I was dealt with in the two or three years I was told that I would have a home in, like 18 months, yeah, I can wait 18 months. If I was dealt with that quickly, I wouldn't have got narky and I wouldn't be so different now. 'Cause I'm not the same. No, it [rough sleeping] changes you forever.
>
> — **LIVED EXPERIENCE ADVOCATE**

Poor tenancy histories are also described as preventing rough sleepers from accessing permanent housing. Many people experiencing episodic and chronic rough sleeping in particular, are reported to have poor tenancy histories, outstanding housing debt or other barriers to housing allocation. Some rough sleepers with poor tenancy histories are trapped by these histories and give up on trying for a housing allocation.

> ... because of her past record, housing providers won't touch her because there was a lot of damage to the property, she lived with a big debt, and just the chaos of the tenancy itself. So that record is holding her back. And she's worked really, really hard on a reunification plan with her children. And she said to me, what's the point, why am I even bothering, no one's going to give me a house, I'm never going to get them back. So why am I jumping through all these hoops?
>
> **— HOUSING/OUTREACH WORKER**

Lived experience advocates and service providers described the importance of having an advocate in the system to lobby for a social housing allocation. With waitlists overflowing with high priority clients, messages of urgency from housing workers can be important in determining the duration of waiting. Although such advocates were identified as essential in progressing the applications of people with urgent needs, reliance on individual workers creates risk of individuals falling through cracks in the allocation system.

> Well, after a year in my year's transitional [housing], I rang and said, "Look, I'm panicking now, you told me within the year I'd have a house." And they said, "Well, who's your worker?" "You're my worker." And they went, "No, [it's provider X]." I went, "You mean [that person] is still my worker?" I was there for 12 months and I didn't have a worker, didn't get any contact. They'd checked my house from the outside and said, "You keep your house better than I keep my own." Um left me be, but I was meant to be out of there in a year.
>
> **— LIVED EXPERIENCE ADVOCATE**

Concerns were raised by some interviewees about people being placed in social housing locations where their risk of violence and harassment was increased. This was particularly problematic for women being allocated housing close to former perpetrators of violence against them, and people from LGBTQI+ communities.

> ... a lot of what I see coming back through Housing Connect is community violence and domestic violence ... People will walk out of their housing because of that ... And place themselves into homelessness with their children because no one's supporting them to transition into somewhere safe. And so they give up the housing. What else do we do with someone in that situation, 'cause there aren't any other outcomes or options?
>
> **— SHS WORKER**

> ... we need like LGBTQ+ specific housing um buildings being built. You have all these trans kids and queer kids who like get put into temporary housing and then are, you know, they're harassed, assaulted, they're death threats, they're sexually assaulted, like have their houses invaded by their neighbours. Like it's like fucked.
>
> **— LIVED EXPERIENCE ADVOCATE**

Tenancy sustainment needs

Interview participants described unmet need amongst rough sleepers for support to manage the practical, financial and psychological transition to housing and to sustain their tenancy. Keeping people in their housing is essential for avoiding the extraordinarily high human and financial cost of iterative or repeated homelessness (Robinson 2003). Some rough sleepers struggle with independent living skills, service navigation and accessing non-housing supports like mental healthcare and addiction recovery services. Interview participants stressed the magnitude of change in living conditions in the move from rough sleeping into housing. They reported many struggling to manage the practicalities of this transition and the loneliness of independent living after being surrounded by others in public places or congregate care settings.

Interview participants also emphasised the struggle to feel safe alone in unfamiliar neighbourhoods and without the support of others in the rough sleeping community.

> This is something I can really stress. I actually find it's overwhelming. And I think a lot more needs to be done to people transitioning … you don't just get given a home and brush your hands, 'cause there's … I've still got court and violence and stuff going on. Um yeah, there's still a lot going on. And you don't just get given a home. It takes a while to settle … I wouldn't take the bedroom because I was guarding all the doors. I was used to being in a tent or on a doorstep where you pop up and you can see what's going on.
>
> **— LIVED EXPERIENCE ADVOCATE**

The need to navigate multiple services and manage a property without support was described as overwhelming for many former rough sleepers. Being unable to function independently was identified as a major driver of repeat homelessness and returns to rough sleeping. For many, getting housing was described as just the beginning of a daunting process of stabilisation and recovery.

> But you know if you were to give somebody a house now who, or a unit, who's been on the street for three or four years you can't just say I've done my role as a worker in this service and now this person's got a home to live in so I can close their file. That's just the beginning. Yes you get them set up and help them get what they need in that unit but there's all the other things that you need to address with them then after being three or four years on the street. There's a lot of survival behaviours that they've got, there's a lot of antisocial behaviours that they've potentially developed. It's really, how do you then be a good neighbour when you're used to just surviving every day. But you know these things we're not going to address overnight, you know we've got a whole generation there of things to address with people.
>
> **— COMMUNITY BASED VOLUNTEER/SUPPORT WORKER**

Subsequent to housing placement, difficulty maintaining a tenancy was identified as a major immediate driver of re-occurring homelessness, with some people able to access social housing but unable to retain it due to a lack of support with mental illness, addiction and independent living, as well as social issues relating to surrounding communities. Although tenancy sustainment support is provided through social housing, reports of episodic rough sleeping suggest these supports are not enough.

> ... a lot of people just cycle because they get a place can't maintain it. They have too many issues going on and like, it's hard when you've got to deal with, you know, eight services. Like I'm flat out trying to deal with Centrelink myself without, you know, swearing at the poor person working at the counter because the system is shit and it doesn't work. And by the time that that person gets out and they call, I finally got here and like, oh no, I can't maintain it. I don't, I don't know how to do this stuff. And then they just come back and keep going around. So I do think that that support needs to continue.
>
> — **LIVED EXPERIENCE ADVOCATE**

Interview participants across the service system described how people become trapped by their social networks. This means that even if an individual or a family manage to stablise to maintain a tenancy, they often end up facing threats to their tenancy by other members of their family or their friends.

> And then there's also this thing of I've got a unit now and all my mates on the street who helped me survive for the last three or four years they don't have anywhere to stay. So you know what happened then? They're all camping in his unit and then eventually he's evicted. How do you help somebody with that stuff? How do you give them the opportunity, and eventually he did get evicted. So then you've got to start again.
>
> — **HOUSING/OUTREACH WORKER**

Interview participants identified services in place that could be broadened in scope or scaled up to improve the availability of tenancy sustainment services. The Housing and Accommodation Support Initiative (HASI), for example, supports clients with mental health conditions exiting institutions.

> So those programs were very much based on the housing model to provide people with support as they were getting out, and it's kind of somebody exiting an institution, prison or hospital. The first thing they're going to need is someone there to help them sign their leases, to understand what they mean, to set up payments to get them on Centrelink, to show them where local shopping centres are, to help them navigate their areas, understand what community services are around, what they need, and then to kind of get in there and help them through that really hard first few months of what actually looking after your own property is like, and how you manage that, and how you safely interact with your neighbours, particularly antisocial ones, if that's where they're housed, which is generally where they're housed. It's just a whole bunch of stuff, but I think making certain that they're connected as much as possible and they have someone to turn to. Somewhere to turn to when things aren't going the way they are, or they're scared or they just don't know how to manage.
>
> **– HOUSING/OUTREACH WORKER**

This scale and severity of unmet needs highlights the urgency of doing more to prevent and respond to rough sleeping in Tasmania. Amidst the many deprivations, challenges and frustrations reported, there are some crucial unmet needs that warrant immediate attention as priorities for action.

05

Priorities
for action

Ending rough sleeping in Tasmania will require
a large collective effort. Although the people
experiencing rough sleeping are increasingly diverse,
the trajectories into rough sleeping often start in
childhood, with traumatic experiences and other
adversities (Robinson 2010).

The prevention of rough sleeping needs to be part of a life-course approach to community safety and wellbeing. In the context of such broader efforts, leading strategies to end rough sleeping include roles for government, health and social services, community organisations, business and the wider community (see for example, AAEH 2024; End Street Sleeping Collaboration 2024) as well as a Housing First approach to providing housing and support tailored for people with more complex needs (Homelessness Australia 2024). Tasmania needs strong alliances, shared leadership, and a diverse range of coordinated responses in order to address the scale and complexity of rough sleeping as a major social issue in the state.

Our research findings point to five priority action areas through which to address the most urgent unmet needs amongst Tasmanians currently sleeping rough.

1. Develop a cross-agency strategy on rough sleeping

There is no clear, collective vision of how to end rough sleeping in Tasmania or a cross-agency policy framework through which to align the efforts of contributing agencies. This is resulting in policy initiatives across housing, mental health, drug and alcohol, corrections and family violence that are disconnected and scattered across agencies. Early attention to a cross-agency strategy for rough sleeping would help bring direction and improved cooperation to the currently fragmented policy and service landscape. Jurisdictions doing well nationally and internationally to address rough sleeping have prioritised the development of a cross-agency policy framework to plan for preventing and responding to rough sleeping. Needed are mechanisms for collaboration, service integration, joint accountability and joint leadership in government as well as opportunities to better support and enable grassroots action. Issues for further discussion include:

Joined-up government

Policy and funding initiatives are scattered, and there is not clear leadership or accountability for ending rough sleeping or meeting the needs of current rough sleepers. How can relevant agencies collaborate to align policy objectives and resourcing?

Models of collective action

A range of collective action models have been used around the world to reduce or end rough sleeping but there is not a clear best approach for Tasmania. What collective action model is best suited to Tasmania?

Voices of lived experience

There is limited involvement of people with lived experience of rough sleeping in policy, service design or implementation which can result in services not aligned with the values or priorities of people sleeping rough. How can people with lived experience be better included in the processes of policy and service development? Should homelessness and housing services employ peer support workers?

2. Provide safe shelter

There is not adequate safe shelter to prevent rough sleeping. Women, women with children, families, people with severe mental ill-health and people using drugs and alcohol are all reported as struggling to access homelessness accommodation services due to service capacity, service eligibility criteria or service use restrictions. Urgent attention is required to identify how to ensure that everyone experiencing rough sleeping can access some form of shelter if they want to, and to meet basic needs for safety, food, water and hygiene facilities. Considerations may include how to staff and structure homelessness services to support complex clients, how to ensure shelter is available 24 hours a day, and how to ensure the safety of women and children. Issues for further discussion include:

Women's, children's and families' safety

Many women are reported to not feel safe accessing mixed gender Safe Spaces and children are not eligible. Does Tasmania need women's only Safe Spaces or crisis accommodation services for dual-parent families?

Staffing

Homelessness services feel ill-equipped to deal with the complexity of needs being presented by the clients they support. What staff mix and staff-to-client ratios are needed for services to ensure staff and client safety in accommodating people with complex needs in homelessness services? To what extent is commissioning of staff-to-client ratios evidence-informed?

Drop-in facilities

Rough sleepers in Hobart and Launceston have limited options for continuous access to facilities, with night only, or separate day and night spaces. Do city centres need 24/7 drop-in facilities and/or a Neighborhood House?

Service access requirements

Some rough sleepers are reported to struggle to meet homelessness accommodation access requirements around drug and alcohol abstinence, mental stability and social behaviour, which leaves them with no options for shelter. How can the availability and integration of specialist mental health and addiction services be improved in order to improve the accessibility of homelessness services?

3. Integrate mental health care in homelessness and housing services

Many of the people experiencing rough sleeping in Tasmania are unwell, are unable to access the healthcare they need to manage and recover from mental illness and are unable to access shelter or maintain housing because of their illness. Urgent consideration of ways to better integrate mental healthcare with homelessness services is needed. Homelessness services are not equipped to support the complexity of mental ill-health present in the rough sleeping community and there is not sufficient supported accommodation to prevent mentally unwell people being forced into rough sleeping. Aged care services like Wintringham are able to accommodate clients with complex mental health needs in part through appropriate resourcing like the funding of in-reach mental health services.

Emergency measures during the COVID-19 pandemic included significant additional resourcing for mental healthcare outreach to homelessness services through establishment of the Mental Health Homelessness Outreach Support Team (DPAC 2020). It was subsequently suggested this pilot would inform the creation of an ongoing homelessness mental health team as part of implementation of the Tasmanian Mental Health Reform Program (Tasmanian Government 2020) but it remains unclear whether or when this will occur. Issues for further discussion include:

In-reach and outreach homelessness mental health services

Rough sleepers with severe mental ill-health can face barriers to accessing homelessness services, which are ill-equipped to support them. Should mental health services be provided in homelessness services? Should outreach mental health services be provided to those surviving outside homelessness services?

Clinical support for homelessness service staff

Homelessness service staff are not trained to provide mental health care or assess the mental health care needs of clients, yet these staff are frequently confronted with client presentations that require clinical knowledge, including crisis responses, referrals and medication management. Should homelessness service staff be provided with clinical supervision and/or access to on-call specialist mental health advice?

Healthcare service rejections

Rough sleepers using drugs and/or alcohol are reportedly facing service rejections from mental health services which is impeding their ability to access healthcare and to meet service entry requirements for sobriety and mental stability. What are the presentations of rough sleepers to mental health services and what are the barriers to service provision? How can rough sleepers with both substance use and mental health presentations and the clinicians serving them be supported to enable access to appropriate healthcare?

4. Keep people housed to prevent rough sleeping

Failure to keep people housed was a major theme in research findings, with interview participants reporting an urgent need to prevent housing loss by expanding and extending existing supports for transition to housing and tenancy sustainment services. Review of the tenancy support services required to keep people housed is needed. Tenancy services needed include long-term outreach supporting rough sleepers' transition to housing, tenancy support for private rental, community and public housing tenancies, and permanent housing for those unable to live independently. Considerations may include to what extent and how existing services and planned changes through Housing Connect 2.0 are addressing some of these needs and how specialist support services like the Housing and Accommodation Support Initiative (HASI) could be scaled up. Issues for further discussion include:

Transition to housing support

Many people struggle to transition from rough sleeping into independent housing which can result in housing loss or property abandonment. What are appropriate service models for transitional support? How well does the new Level 3 of support in Housing Connect 2.0, which provides more intense case management to support housing transitions, enable tenancy transitions?

Tenancy sustainment

Many people with complex needs struggle to maintain a standard tenancy, which contributes to chronic and episodic rough sleeping. What is the appropriate mix of services to support people with complex needs to retain housing? Can existing programs like the Housing and Accommodation Support Initiative (HASI) be expanded increase access?

Early intervention

Tenancy risks are often not identified until it is too late to prevent tenancy loss and entry/return to rough sleeping. How can tenancy risks be better predicted to allow early intervention? Can SHS and social housing data be better used to predict housing and support needs before things go wrong?

5. Resource homelessness services and community organisations adequately

The staff and volunteers in homelessness services and community organisations report not being adequately resourced to support people sleeping rough. This under-resourcing is contributing to the unmet basic need amongst rough sleepers in Tasmania. Considerations may include how and who to fund to support people sleeping rough right now and how local community and volunteer-based organisations can be better supported to provide flexible brokerage funds to meet the immediate needs of people falling through the cracks of formal services. Issues for further discussion include:

Outreach

Rough sleepers face a range of barriers to service access and need outreach workers to bridge connections to services and support system navigation from rough sleeping through housing transition. How could specialist outreach be expanded and strengthened across the diverse settings in which people sleep rough in Tasmania?

Grassroots community organisations

Grassroots community organisations are filling gaps in services for rough sleepers, particularly in street-based food services, drop-in spaces, hygiene facilities and the provision of basic essentials like toothpaste and cookware. Many of these services are unsustainable, relying entirely on volunteers and donations. How can community organisations be better supported to provide practical and flexible responses to local needs? What community grant schemes are available statewide to facilitate local actions to uphold the dignity of rough sleepers?

Cost analysis

There is not a picture of what resources would be required to respond to, let alone end rough sleeping in Tasmania. What are the resource requirements (e.g. funding, infrastructure, services, skills and capability) to end rough sleeping? From what agencies and funding sources could and should resourcing be contributed?

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Appendix 1

Rough sleeping in state and territory housing and homelessness policy

ACT Housing Strategy 2018-2028

Priorities

Goals

1   An equitable, diverse and sustainable supply of housing for the ACT community

2   Reducing homelessness

3   Strengthening social housing

4   Increasing affordable rental housing

5   Increasing affordable home ownership.

Action areas

Objectives

1   Land and opportunities for housing development for a growing population, provide housing choice and enable high quality housing

2   Strong government and community sector partnerships; early intervention; service system gaps; pathways out of homelessness; strong and sustainable homelessness services; integrated and coordinated human services system

3   Renew social housing; provide range of options to meet diverse needs; client outcome focus and individual needs; client digital service platform.

4   Community housing sector; affordable private rental supply; rights and protections; tenant and landlord advice

5   Affordable homes for purchase; alternative financing and occupancy models

Reference to primary homelessness *(not explicitly)*

Objective 2C

Work with the sector to investigate and implement a model of support that draws upon the principles of housing first, particularly for those experiencing long-term homelessness.

NSW Homelessness Strategy 2018-2023

Priorities

Focuses

1 Intervening early and preventing crisis

2 Providing effective supports and responses

3 Creating an integrated, person-centred service system

Action areas

Focus areas

1 Increase early identification of at-risk groups; Support people to maintain tenancies and avoid entering the homelessness system; Prevent exits from government services into homelessness

2 Strengthen Housing First in NSW to reduce rough sleeping and prevent chronic homelessness through flexible, tailored supports; Provide targeted housing options to prevent homelessness or chronic homelessness for high risk groups; Provide choice and the right supports for people to address the issues putting them at risk of homelessness and to reduce repeat homelessness

3 Improve accountability by agencies and services for homelessness outcomes in order to drive systemic change; Increase service integration and collaboration to enhance person-centred responses

Reference to primary homelessness

Focus 2.1

Within Expand Housing First in NSW to reduce rough sleeping and prevent chronic homelessness through flexible, tailored supports

Tasmanian Housing Strategy 2023-2043

Priorities

1   Deliver more quality homes, faster

2   Support people in need

3   Improve private rental market affordability and stability

4   Enable local prosperity

Action areas

Responses

1   Scaling up; location, size, and design; building regulations and planning approvals

2   Housing First; Housing and Homelessness Services; elevating assistance

3   affordability, stability, alternative models

4   key workers; localised response, place and liveability.

Reference to primary homelessness

2.1 Housing First

Objective: Addressing primary homelessness with a Housing First approach that directs policy and interventions to make instances of homelessness brief, rare and non-recurring.

2.2 Housing and homelessness services

Objective: Continuing to improve access to, and the availability and quality of, housing and homelessness services for Tasmanians seeking housing support.

2.3 Elevating assistance

Prioritising delivery of, and access to, housing for Tasmanians who need support

Tasmanian Housing Strategy Action Plan 2023-2027

Priorities

1   Deliver more quality homes, faster

2   Support people in need

3   Improve private rental market affordability and stability

4   Enable local prosperity

Action areas

2.1.1   Develop a Housing First approach to addressing primary homelessness in Tasmania.

2.2.1   Deliver improvements to Housing Connect services to improve access to information and supports for Tasmanians seeking housing assistance.

2.3.1   Support a Closing the Gap housing review

2.3.2   Develop housing support plans for key client groups

2.3.3   Continue to assist Tasmanians escaping family violence and people exiting prison through tailored housing policy and programs

Reference to primary homelessness

2.1.1   Develop a Housing First approach to addressing primary homelessness in Tasmania.

2.2.1   Deliver improvements to Housing Connect services to improve access to information and supports for Tasmanians seeking housing assistance.

2.3.2   Develop housing support plans for key client groups

Northern Territory Homelessness Strategy 2018-2023

Priorities

Focuses

1   Prevention and early intervention

2   Improving system and service integration

3   Partnerships and collaboration

Action areas

Priority actions

1   Strengthen interagency responses and support to reduce exits into homelessness from out-of-home-care, health services and corrections

2   Streamline and strengthen preventative support to people at risk of homelessness

3   Improve Department of Local Government, Housing and Community Development policy and practice to better respond to homelessness and the risk of homelessness

4   Increase access to and supply of private rental, affordable and social housing

5   Work with the Specialist Homelessness Services sector to strengthen service responses for people who are homeless and at risk of homelessness

Reference to primary homelessness

Action 5.3

Develop and implement a service response to support people sleeping rough across urban and regional centres

South Australia: Our Housing Future 2020-2030

Priorities

1   Create conditions for a well-functioning housing market that meets the housing needs of all South Australians

2   Reduce housing stress through 20,000 affordable housing solutions

3   Create housing pathways to enable people to access housing and services as their needs change

4   Prevent and reduce homelessness through targeted and tailored responses

5   Modernise the social housing system and reposition it for success

Action areas

1   Housing as infrastructure, planning and design; policy coordination; local and regional plans; universal design principles

2   Affordable Housing Initiative; neighbourhood renewal program; government, private and not-for-profit land; Community Housing Asset and Investment Plans; inclusionary, design and incentive provisions; Build to Rent, innovative design, and shared equity products; HomeStart Finance loans; supported private rental opportunities

3   Service hubs and integrated access models; supported accommodation models; shared leasing arrangements; NDIS and aged care benefits; incorporating lived experience; improving the provision of grants and subsidies; Aboriginal Housing Strategy

4   Outcome-based service model; prevention fund Office for Homelessness Sector Integration; Developing targeted responses; Safety First approaches; Housing First approaches

5   Public housing capital maintenance; operations of the social housing system; sustainability of the social housing system; employment and training outcomes; Industry Development Frameworks; Unit Cost Modelling

Reference to primary homelessness *(not explicitly)*

Action 4.4

Developing targeted responses for people who experience chronic homelessness who repeatedly cycle through the system

Action 4.6

Implementing Housing First approaches including rapid re-housing, growth of Social Impact Bonds and Pay by Results contracts.

Queensland Housing and Homelessness Action Plan 2021-2025

Priorities

Pillars

1 Build more homes, faster

2 Support Queensland renters

3 Help first homeowners into the market

4 Boost our social housing / Big Build

5 Work towards ending homelessness

Action areas

1 Quicker decisions, targets, unlocking land, design standards, streamlined, grassroots and inclusionary planning, affordability, workforce

2 Bonds, renter rights, rental code of conduct

3 Grants, Indigenous home ownership, social housing tenants, help to buy, regional homeowners

4 Targeted accommodation, homes of people with a disability, NRAS homes, community housing growth

5 Emergency accommodation and care, co-ordinate support for young people, independent review, immediate housing response, increased funding for SHS staff, wraparound support, more supported accommodation

Reference to primary homelessness *(not explicitly)*

Action area 4

Supported accommodation for people experiencing homelessness

Action area 5

Wrap around support (supportive housing policy and framework)

Homes for Victorians 2020-2030

Priorities

Initiative areas

1   Home ownership

2   Faster planning to support supply

3   Renter stability and affordability

4   Social housing stock

5   Services for Victorian's in need

Action areas

1   Stamp duty; first home owner grants; shared equity; FH key precincts; market rebalance, market reforms

2   Planning for growth, inner/middle suburb development, land supply; inclusionary housing; local gov planning permissions; smarter planning permits

3   Tenancy act reforms; support long term housing; long term leasing; residential parks; better apartments

4   Victorian Social Housing Growth Fund; build more social housing/ redevelop ageing supply; financial backing of community housing sector; increase capacity of community housing sector; The Victorian Housing Register

5   Moving homeless Victorians to stable housing; Towards Home — rough sleeping package; Family Violence housing measures; Rooming houses; The Victorian Property Fund

Reference to primary homelessness

Initiative 5.2

Towards Home - a targeted response aimed at addressing rough sleeping in the City of Melbourne:

»   Immediate housing provision (transitional)

»   Permanent modular/relocatable homes

»   Guaranteed pathway to permanent supported housing

»   Case management and targeted supports for up to two years to maintain housing

WA Housing Strategy 2020-2030

Priorities

Focus areas

1   Supply

2   Design

3   Housing literacy

4   Access

5   Housing pathways

Action areas

1   Social housing safety net; secure and affordable rental models; private and institutional investment; improve living conditions; planning and approvals system; community and Indigenous housing sectors; safe crisis and short-stay accommodation

2   Well-connected near transport hubs; housing diversity; climate and culturally responsive housing; sustainable building practices

3   Develop housing data systems; resources, tools and referral systems; support service collaboration; local housing strategies;

4   Home ownership; suitable and stable accommodation; social housing system; NDIS participants; safe and stable homes for people experiencing homelessness

5   Supporting people exiting care/gov institutions; policy/program review; housing and wrap around support; social and economic participation, housing as essential infrastructure.

Reference to primary homelessness *(not explicitly)*

4.5

Provide access to safe and stable homes for people experiencing homelessness as a first priority, to allow access to appropriate support;

5.3

Trial initiatives that combine housing assistance and wrap around support to build household capacity and provide viable pathways and transitions from social housing

Sources

Tasmania: https://www.homestasmania.com.au/__data/assets/pdf_file/0028/276931/230265_Homes_Tas_Strategy_document_wcag.pdf

Australian Capital Territory: https://www.act.gov.au/__data/assets/pdf_file/0012/2400501/ACT-Housing-Strategy.pdf

Northern Territory: https://tfhc.nt.gov.au/__data/assets/pdf_file/0003/690474/ntg-homeless-strategy.pdf

Queensland: https://www.housing.qld.gov.au/__data/assets/pdf_file/0022/48163/homes-for-queenslanders.pdf

South Australia: https://www.housing.sa.gov.au/__data/assets/pdf_file/0003/130692/Our-Housing-Future-2020-2030.pdf

New South Wales: https://nla.gov.au/nla.obj-2988832321/view OLD (2018-23) NSW Homelessness Strategy 2024 – 2034 (pending release)

Western Australia: https://www.wa.gov.au/system/files/2021-04/wa-housing-strategy-2020-2030.pdf

Victoria: https://www.vic.gov.au/sites/default/files/2019-08/Homes-for-Victorians.pdf

Specific rough sleeping action plan:

https://www.dffh.vic.gov.au/sites/default/files/documents/202311/Rough%20Sleeping%20Action%20Plan_20180207.pdf

Victoria's homelessness and rough sleeping action plan:

» Intervening early to prevent homelessness

» Providing stable accommodation as quickly as possible

» Support to maintain stable accommodation

» An effective and responsive homelessness service system