

NSW
Homelessness
Strategy
2025–2035

August 2025

Appendix 1:

Respecting and responding to the diversity of homeless experiences

Introduction

Homelessness is not a personal failing. Anyone can be at risk of or experience homelessness, but we know that some people are more likely to experience it than others, and some face additional challenges accessing support.

Structural drivers create an environment where homelessness can happen. They include low income, housing availability and affordability, economic and employment opportunities and discrimination.

Where structural drivers exist, homelessness can be triggered by mental ill health, poor physical health, drug and alcohol use and critical life events, such as domestic and family violence and trauma¹. Together, these factors influence the extent to which homelessness occurs in the first place, and the nature of the experience.²

As shown in **Figure 1** on page 3, people who experience discrimination, disadvantage, and barriers to access are over-represented in homelessness data. These groups are at greater risk of experiencing homelessness and their experiences of homelessness are often more severe.

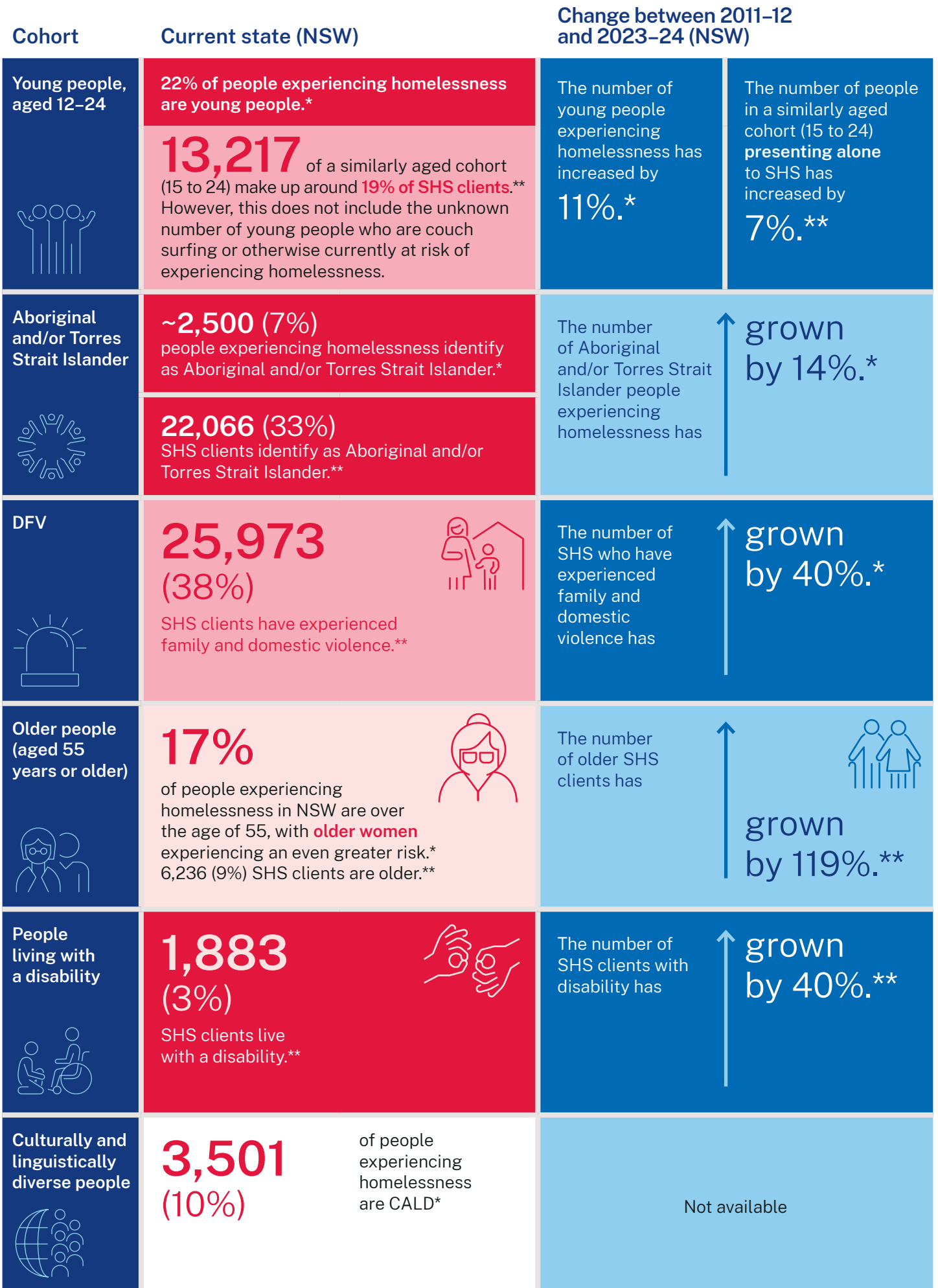
Each person has their own unique experience and needs. It is important to understand the intersectionality between a person's gender, age, race, sexual identity, culture, religion, experiences and circumstances. People can experience multiple and overlapping forms of discrimination that increase their vulnerabilities to homelessness.

Person centred practice – what do we mean?

Person-centred practice is a way to recognise and respond in a holistic, strengths-based and trauma informed way to the needs, experiences and circumstances of people, that is considerate of cultural, linguistic and religious diversity. Person-centred practice places the person at the centre of the interaction or service. The focus is on the person, what they can do, and what they identify they need, rather than their condition or disability. Services are delivered around the person or family, rather than people having to 'fit' into a specific service.

The NSW Homelessness Strategy 2025-2035 is inclusive of all ages, genders, cultures, family structures, sexual and/or gender identities; and experiences such as trauma, mental and/or physical health issues, disability, drug and alcohol misuse, domestic and family violence, incarceration, out-of-home care or being a veteran or carer. The Strategy will work to embed person-centred principles throughout homelessness policy and practice. This means designing policy and practice so that services are provided based on a person or family's need and priority.

Figure 1 | Homelessness and demand for SHS among key cohorts



*Australian Bureau of Statistics, Estimating Homelessness, 2023

**Australian Institute of Health and Welfare, Data tables: Specialist homelessness services historical data 2011–12 to 2022–23, 2023.

Considerations for vulnerable groups

The NSW Homelessness Strategy 2025-2035 acknowledges the unique needs and experiences of people that are either at greater risk of or over-represented in homelessness.

These include (but are not limited to):

- Aboriginal and Torres Strait Islander Peoples
- Asylum seekers, refugees, migrants and people on temporary visas
- Carers
- Children and young people
- Culturally and linguistically diverse people
- Domestic and family violence victim-survivors
- LGBTQIA+ people
- Older people
- People experiencing mental health issues
- People leaving government institutions
- People with complex needs
- People with companion animals
- People with disability
- Veterans
- Women

Aboriginal and Torres Strait Islander Peoples

- Many Aboriginal families experience intergenerational disadvantage, structural barriers, discrimination and trauma because of past injustices and government policies. This has resulted in Aboriginal people being over-represented in our service systems, including justice, out of home care and homelessness.
- Aboriginal people make up 28 per cent of all people presenting to SHS in NSW. Aboriginal people make up 40 per cent of homelessness presentations for those with a DFV victim incident³ and are also more likely to experience other drivers of homelessness such as experiences of out-of-home care (11 times more likely)⁴ and experiences in the justice system (14 times the adult imprisonment rate).⁵ Severe overcrowding is a driver of homelessness for Aboriginal People, which is linked to culturally important kinship obligations.
- Aboriginal people face racism and discrimination in the public and private housing market, especially in regional and remote areas. The lack of culturally appropriate housing and service options also increase their risk of homelessness.
- Not all cases of homelessness that are captured in standard statistics are considered 'homelessness' by Aboriginal people. Spiritual homelessness can result from being disconnected from Country. Aboriginal people also often travel and reside in different locations to remain connected to kin, culture and Country. Current

data collection methods do not adequately distinguish between 'couch surfing' related to homelessness, and living arrangements relating to cultural and kinship obligations, and familial structures.

- Aboriginal people experiencing or at risk of homelessness have the best outcomes when they receive Aboriginal-led responses. Aboriginal communities are unique so programs and service delivery responses should be developed by Aboriginal people to ensure they are responsive to local community needs and priorities.
- Aboriginal service providers should be trained in cultural competency and trauma-informed care to better understand their local Aboriginal communities and to deliver culturally safe services that meet the needs of Aboriginal families and communities to ensure that choice is available.
- The distinct family structures, kinship systems, and community support mechanisms that underpin Aboriginal and/or Torres Strait Islander cultures should be considered to ensure services are designed to meet the nuanced needs of families and communities.
- Aboriginal leadership and participation in decision-making about how funding is used and how services are designed, delivered and implemented is essential for effective responses.

Asylum seekers, refugees, migrants and people on temporary visas

- Non-residents of Australia (including asylum seekers, temporary visa holders, and undocumented people) are a distinct group facing unique risks of homelessness, and barriers to assistance. In 2021, it was estimated that 20 per cent of people sleeping rough in the inner city did not have permanent residency in Australia.⁶
- This group may not seek assistance from services because they do not know what is available, are dependent on family or friends, or fear being removed from the country. Because of this, the prevalence of homelessness for this group is thought to be under-reported.
- Non-residents experience racism and discrimination and exploitation in the employment and housing sectors.
- This group is ineligible for basic health, housing and income support services which may increase their risk of homelessness.⁷ Policies that fall under the jurisdiction of the Commonwealth Government, such as migration policies, visa status, work rights, and eligibility for income support directly impact the support the NSW Government can provide including provision of temporary accommodation.
- People on temporary visas may be eligible, on a case-by-case basis, for some NSW Government support when fleeing domestic and family violence, impacted by a natural disaster, or under relevant refugee status.
- People on temporary visas may be eligible for crisis support from specialist homelessness services (SHS) in NSW, however there are little to no long-term housing options available within SHS or social housing. The lack of options often results in the person or family remaining in crisis, unstable and/or unsafe accommodation for extended periods.
- Responses need to factor in the unintended impacts of Federal government policies that increase the risks of homelessness in NSW. A coordinated approach is required to address and fill the gap caused by the exclusion of people in these demographics from mainstream support services like Centrelink, public housing, and emergency accommodation.

Carers

- Carers and the people they care for are particularly vulnerable to homelessness due to factors like income stress, limited work opportunities, and increased costs associated with their caring role. Carers face challenges accessing appropriate housing to support their caring arrangements, including multi-generational living, accessibility requirements for people living with disability or those who are ageing.
- Carers who are older, women, have disability or from CALD communities are particularly at risk of homelessness because caring responsibilities can limit time in paid work which in turn reduces lifetime income and superannuation.
- Responses need to consider the diversity of carers and their needs, such as housing and on-site support models that focus on restoring family relationships by reducing the carer role of the family and increasing their housing independence.

Children and young people

- Young people who present alone make up 14 per cent of all people presenting to Specialist Homelessness Services (SHS). Of these individuals, 33 per cent are Aboriginal, 65 per cent are female and 74 per cent are not enrolled in any form of education or training.⁸
- Children and young people have diverse experiences of homelessness. They may accompany a parent or be on their own. They may be escaping domestic and family violence or family breakdown, have children themselves or be managing issues arising from mental health, alcohol and other drugs, have a disability or discrimination related to culture, sexuality or gender.⁹
- Domestic, family and sexual violence is the leading cause of unaccompanied child and youth homelessness in Australia. Unaccompanied children and young people's experience of violence and resulting homelessness is significantly different to those in the care of a parent or guardian. One in three unaccompanied children and young people presenting at specialist homelessness services in NSW are Aboriginal.
- Children and young people who have had contact with out of home care or youth justice can experience higher rates of homelessness. Seventeen per cent of out-of-home care leavers access homelessness services within a year of leaving care.¹⁰
- One in ten young people experiencing homelessness report experiencing suicidal ideation in the past three months.¹¹ Additionally, food insecurity is frequently reported by young people experiencing homelessness, leading to increased risk of poor health outcomes.
- The most effective way to end homelessness for children and young people is by preventing it in the first place. Effective measures such as screening for risk in educational settings and providing appropriate supports improve outcomes for children and young people and address the issues that may lead to homelessness.
- Targeted interventions should address immediate and long-term outcomes for children and families. This should include prioritising engagement and participation in Early Childhood Education and Care (ECEC) for children 0-5, as ECEC is a known protective factor for children experiencing vulnerability and/or disadvantage.
- Children and young people have specific needs and strengths at each developmental stage. Those under 16 require guidance and support, while older teens and young people have increased levels of independence depending on their experience and circumstances.
- Unaccompanied children and young people require uniquely designed responses that are appropriate for their age, developmental stage and culture. Medium-long term accommodation options that provide a safe, stable, home-like environment lead to improved outcomes for young people unable to return home and reduce their likelihood of chronic rough sleeping.
- Available supports and assistance are not always appropriate or adequate to meet the needs of young people. Anglicare's 2021 rental market assessment found income supports for young people (i.e. Youth Allowance) were insufficient to affordably secure any properties surveyed.¹²

Culturally and linguistically diverse people

- NSW has one of the most culturally, linguistically and religiously diverse populations in Australia. According to 2021 Census information, 29.3 per cent of NSW residents were born overseas and we speak more than 284 languages and dialects other than English across NSW, with 26.5 per cent of the population using a language other than English at home.
- The multicultural principles of the State, as set out by section 3 of the Multicultural NSW Act 2000 (NSW), speak to the importance of ensuring all individuals have the greatest possible opportunity to make use of, and participate in, relevant government activities and programs irrespective of their linguistic, religious and ancestral backgrounds.
- Ten per cent of people experiencing homelessness identify as culturally and linguistically diverse (CALD). This likely includes (but does not reflect the scale of) asylum seekers, temporary migrants, and international students who are unable to access income or health supports, increasing their risk of poverty and housing insecurity. These groups are also at greater risk of specific challenges like overcrowding.¹³
- People of CALD backgrounds can face discrimination and barriers when seeking homelessness assistance. This can include English proficiency and literacy a lack of culturally and linguistically appropriate information; a lack of knowledge in navigating Australian systems and services, particularly for older migrants; poorer overall socioeconomic status; differing cultural practices and norms; and a preference for family

Domestic and family violence victim-survivors

members to provide care. People from refugee backgrounds may be living with trauma.

- People of CALD backgrounds often face racism and discrimination in the public and private housing market, particularly in regional and remote areas. This reduces their access to suitable housing options and increases their risk of homelessness.
- Homelessness is especially hidden in CALD and non-resident communities as women tend to stay in overcrowded or unstable accommodation rather than sleep on the street. The women who are at particular risk include those on temporary visas (and their children) who are victims of DFV, women affected by modern slavery (particularly those fleeing forced marriage), women who are severely exploited in the labour force and those living in servitude.
- Domestic and family violence (DFV) is a key driver of homelessness experienced by women and children, with over one-third of people accessing SHS reporting experiences of DFV.¹⁴
- Women from culturally and linguistically diverse backgrounds experiencing DFV may face language and communication barriers, distrust of authorities due to pre-settlement experiences and community belief that family and domestic violence issues should be dealt with within the family unit.¹⁵
- Aboriginal women are more likely to experience DFV and suffer more severe forms of violence than non-Aboriginal women.¹⁶ LGBTIQ+ women are twice as likely as women in the general population to experience intimate partner and family violence.¹⁷
- Older women are one of the fastest growing cohorts of people experiencing homelessness which is often related to the gender pay and superannuation gap as well as experiences of domestic and family violence.¹⁸
- While DFV is a key driver of homelessness, once a person is experiencing homelessness they are at increased risk of physical and sexual violence in shelters or on the street.
- A trauma-informed, integrated responsive service system is essential for people experiencing DFV to be able to access safe, appropriate supports and housing quickly.
- The timing of this support and housing is critical. Analysis suggests that DFV victim-survivors are most likely to access homelessness services within three months of a DFV victim incident involving police.¹⁹
- Tailored responses are required for women and children escaping violence which consider the need for privacy, safety and security.
- Children should be seen as victim-survivors of DFV in their own right, even when accompanying their parent/carer. Considering the support requirements for the whole family is critical to prevent experiences of homelessness.

LGBTQIA+ people

- The limited research on homelessness amongst people of diverse sexualities and genders in NSW (due to limitations in data collection) indicates that:
 - LGBTQIA+ young people are twice as likely to experience homelessness, and about half will have compromised or sub-standard living conditions. For those who identify as gender diverse, that increases to 71 per cent.²⁰
 - Almost one in four LGBTQIA+ young people experience homelessness in their lifetime.²¹
 - Transgender men are at the highest risk of homelessness within transgender and gender diverse groups.²²
 - Twenty to 40 per cent of homeless young people in the USA and Canada identify as LGBTQIA+.²³ This is similar to rates reported in Australia, with increases in transgender, gender diverse and nonbinary clients noted by service providers in recent years.²⁴

Older people

- Older people are increasingly at risk of experiencing homelessness. This is driven by a lack of affordable housing, high cost of living, elder abuse, and domestic and family violence.²⁵ Older, lower-income private renters can be particularly at risk of homelessness.²⁶
- For older women, the drivers of homelessness include relationship separation, the pay and superannuation gap, and domestic and family violence.²⁷
- One in seven people experiencing homelessness are 55 years and over.²⁸ It is difficult to accurately understand the extent of older people experiencing homelessness. For example, older women are more likely to stay with friends or family or live in their cars, than sleep rough.²⁹
- Older people often require intensive, face-to-face, and mobile responses to resolve their housing issues. They need stable, accessible, and appropriate housing which allows them to age-in-place and avoid further transitions. Engagement with health care and aged care services is essential to allow older people to have choice and dignity about their housing and supports.
- The 2022 Legislative Council Inquiry into Homelessness amongst older people aged over 55 in NSW made 40 recommendations to reduce the risk of homelessness for older people.³⁰ The NSW Government supported nine recommendations in full and 24 in principle that related to improved homelessness data collection and reporting, adopting Housing First approaches; improving homelessness services responses for older people, increasing social housing, maintaining and retrofitting social housing stock, and advocating with the Commonwealth Government.³¹

People experiencing mental health issues

- Mental health issues can be a contributing factor to homelessness. Having a safe and secure place to call home is a fundamental foundation for health and wellbeing. In 2023-24 32 per cent of people accessing a specialist homelessness service in Australia reported having a current mental health issue.³²
- People leaving government services, such as mental health facilities can be at increased risk of homelessness. People with mental health issues are between three and 26 times more likely than the wider NSW population to access homelessness services within a year of accessing a range of health services.³³ People experiencing mental health issues are one of the fastest growing groups of clients accessing SHS. In 2023-24, of the 66,500 SHS clients reporting health-related reasons for accessing SHS services across Australia, 48,100 clients identified mental health issues.³⁴
- People with multiple and complex needs, such as those experiencing mental illness, trauma and/or substance use issues, are the most likely to experience long-term and chronic homelessness and require intensive support.
- People with mental health issues can also face barriers to accessing support, such as the stigma associated with mental health issues, feeling judged or stereotyped.³⁵ In particular, Aboriginal people, people from CALD backgrounds, refugees and asylum seekers face systemic barriers to receiving a mental health diagnosis, such accessibility to culturally informed care, and financial limitations.

People leaving government institutions

- Mental health issues can make it challenging for people to keep safe and stable housing. Mental health issues can affect employment, education and training, which reduces the ability to earn an income. Mental health issues can also lead to the breakdown of family and support systems, and domestic and family violence, especially during times of mental distress.
- Homelessness can cause mental distress which can contribute to mental health conditions or exacerbate existing ones. People with a current mental health issue make up around a third (32 per cent) of all SHS clients, up from 25 per cent in 2014-15.³⁶ Mental illness can impact on a person's capacity to seek out support services and secure a tenancy, increasing the risk of chronic homelessness.
- International and Australian research has explored the links between suicide, housing insecurity and homelessness. Researchers have called for further examination of the correlation between these issues.
- Mental health issues can reduce people's access to support and accommodation options, particularly where housing support is dependent on a pre-existing diagnosis.
- Service design must be informed by people with mental health conditions, psychosocial disability, and their carers to better understand what is needed to address access barriers.
- People need timely access to safe, secure, appropriate housing with mental health supports as needed to sustain their housing, live well in the community and lead their recovery.
- Responses need to consider the relationship between safety and homelessness and the needs of different people, including the welfare of clients in large complexes that house residents with high support needs that risk conflict and trauma.
- An integrated, multi-disciplinary approach to housing and mental health that aligns with Housing First principles is essential to respond effectively to homelessness for people with mental illness.
- People leaving custody have a higher risk of homelessness. One in eight people leaving custody (12.4 per cent) access homelessness services within a year in NSW, which is 20 times the rate of the wider population. The rate for Aboriginal people is double that of non-Aboriginal people.³⁷
- Stigma and discrimination from potential employers and landlords make it challenging to find safe and stable housing. Increased use of couch surfing and short-term crisis accommodation significantly increases the risk of street homelessness. People exiting custody into homelessness are twice as likely to reoffend and return to prison within nine months of release.
- Research suggests that ex-prisoners with complex support needs who receive public housing have better criminal justice outcomes than comparable ex-prisoners who receive private rental assistance only, because stable housing allows for other personal challenges to be addressed.³⁸
- Children and young people who have had contact with OOHC or youth justice can experience higher rates of homelessness. Seventeen per cent of out-of-home care leavers access homelessness services within a year of leaving care and more than half will access homelessness services at some point in their lives.³⁹
- Young people leaving care may experience additional trauma, disadvantage and increased risk of experiencing homelessness. OOHC leavers need their transition to independence to be flexible, gradual and targeted to reduce their risk of homelessness and improve their outcomes, with clear and detailed transition

People sleeping on the street and people with complex needs

planning that addresses housing and support needs.

- Aboriginal children and young people are over-represented amongst young people leaving OOH and require supports that are delivered in a culturally safe way.
- Timely person-centred interagency planning that addresses housing, employment, education and support is required to support people leaving government institutions.
- The misuse of alcohol and other drugs can be a contributing factor to experiences of homelessness. Experiences of homelessness can also trigger self-medication through alcohol and other drugs.
- Evidence from Australian studies shows a strong correlation between people using alcohol and other drug services and homelessness services. In 2023-24, 8.6 per cent of people presenting at SHS across Australia reported having problematic alcohol or other drug use, and 79 per cent of those with problematic alcohol or drug use were returning SHS clients.⁴⁰
- Problem gambling can increase a person's vulnerability to homelessness. A mix of financial hardship, domestic violence, mental health issues, and substance and alcohol abuse can intersect with Electronic Gaming Machine use to exacerbate the risk of insecure housing.
- Responses to housing and support should consider Housing First principles for people with substance misuse or addiction, the use of harm reduction techniques to support recovery, onsite support models and integrated, multi-disciplinary approaches.
- In 2025, the NSW street count recorded 2192 people sleeping rough, an 8 per cent (155 person) increase on 2024, with the City of Sydney recording the highest number of people sleeping rough.⁴¹
- The longer a person experiences homelessness, the more complex their problems become and the more likely it is that the experience will become chronic. This in turn increases the level of support that is needed for a person to successfully exit homelessness.
- People with multiple and complex needs, such as those experiencing mental illness, trauma and/or substance use issues, are the most likely to experience long-term and chronic homelessness and require intensive supports.⁴²
- Chronic rough sleeping can cause physical health challenges through inadequate healthcare, poor nutrition, inability to maintain personal hygiene and/or substance use. The longer a person experiences homelessness, the more complex their needs become, requiring more intensive support. Homelessness contributes to premature death, with a recent investigation finding Australians experiencing homelessness are dying at an average age of 44 years.⁴³
- Rough sleeping makes a person more vulnerable to violence, harassment, and exploitation. They are also at higher risk of theft and assault, which may further impact on physical and mental health. People sleeping rough are more likely to be men, aged over 35 years, have mental health or drug and alcohol issues.⁴⁴ Women who are sleeping rough tend to sleep in their car (out of sight) due to fear of violence, sexual assault or other forms of abuse.⁴⁵
- People experiencing chronic homelessness are more likely to have a range of complex health conditions. These may include chronic pain, cognitive impairment, traumatic brain injury, mental illness, substance use disorders and/or chronic health conditions such as diabetes, Hepatitis C and other blood-borne viruses, HIV, dementia, liver or heart disease.
- Mental health issues can make it challenging for people to keep safe and stable housing. Mental health issues can affect employment, education and training, which reduces the ability to earn an income. Mental health issues can also lead to the breakdown of family and support systems, and domestic and family violence, especially during times of mental distress.
- Homelessness can cause mental distress which can contribute to mental health conditions or exacerbate existing ones. Research suggests people who have experienced homelessness have a significantly higher rate of mental health conditions (32 per cent of SHS clients) compared to the general population (22 per cent).⁴⁶ Mental illness can impact on a person's capacity to seek out support services and secure a tenancy, increasing the risk of chronic homelessness.
- One in five people experiencing homelessness own a companion animal.⁴⁷ Companion animals can provide a sense of purpose and responsibility, reduce feelings of loneliness and provide protection from external threats. A person's separation from their companion animal can produce feelings of guilt or depression, exacerbate feelings of loneliness and lead to increased substance use.⁴⁸

People with companion animals

- However, companion animals can also create barriers to accessing accommodation and support. A lack of safe and reliable animal care or boarding options may reduce access to health services or employment. Animal-inclusive responses are needed for temporary accommodation, and longer-term housing to improve accessibility for people sleeping rough with their animals.
- An integrated, multi-disciplinary approach that addresses housing and mental health is essential to respond effectively to chronic homelessness and for people with complex needs. Assertive outreach is an evidence-based practice which integrates housing, health and case work supports to engage with people experiencing street homelessness and provide a pathway to stable long-term housing.
- A lack of access to animal-inclusive housing and support is a significant barrier to safety and wellbeing for people with companion animals.
- People impacted by DFV may not want to be separated from their animals and may fear for the animal's wellbeing if they leave them behind. This may delay leaving a violent home, or result in returning to a violent partner, or force a person to live in a vehicle.
- Trauma-informed and person-centred approaches recognise the importance of companion animals. Appropriate housing and supports must be provided to people and families to enable them to stay together with their animals wherever possible. This includes crisis and temporary accommodation, and transitional, social, and rental housing should be
- Housing and support models designed for children and young people must enable them to maintain their connection with their companion animals for their mental health and recovery from DFV.

People with disability

- Nationally, people living with disability make up 18 per cent of the population yet represent approximately 25 per cent of the clients of specialist homelessness services.⁴⁹
- People with disability can have poorer housing outcomes due to fewer employment opportunities and a lifetime of lower earnings, lack of social support, lack of suitable housing options, and the need for specialised assistance and services.⁵⁰
- People with disability often face discrimination in the labour market, making it difficult to secure employment. Discrimination in the housing market is also common, which reduces suitable options and can have long-term impacts on tenancy. People with disability leaving prison are also at a particularly high risk of experiencing homelessness.
- People with disability experiencing homelessness are at greater risk of abuse, exploitation and discrimination. They may also face access barriers to housing and other supports, and long wait times for housing due to the limited number of social or private rental homes that meet their needs.⁵¹
- Housing options must be appropriate for people with disability. It is essential that people with disability have choice about where to live and with whom, from a range of options including public and community housing, private rental and home ownership. Accessible, well-designed housing that is close to services and community supports people's independence and social and economic participation.

Veterans

- Each person with disability has unique needs and experiences. It is important to ensure premises, activities, responses and engagements are all accessible, empowering, non-judgmental and respectful for people with disability.
- Most disabilities are not visible. Service providers are encouraged to participate in disability awareness and capacity building training to better understand the needs and how to best support a person with disability.
- Peer support services for people with disability can facilitate safe, informed, and inclusive service navigation. This is relevant to people with psychosocial disabilities in the context of providing supports and ease of system navigation so more people can maintain longer term housing.
- Housing and support access that relies on re-proving diagnosis can be costly and difficult to access for people with psychosocial disability.
- Research from the Australian Housing and Urban Research Institute (2019) found that approximately 5.3 per cent of veterans who left the ADF between 2001 and 2018 experienced homelessness.⁵²
- The 5.3 per cent homelessness rate for veterans, which equates to an estimated 5,767 veterans, is significantly higher than the national homelessness rate for the general population, which stands at 1.9 per cent. This demonstrates that veterans are over-represented in the homeless population.
- Interviews with homeless veterans suggest that there may be a cultural issue that prevents many from seeking the help they need. Based on this, the numbers of those experiencing homelessness may be much higher.
- Veterans, particularly ex-serving men and women, often see themselves as self-reliant and feel a sense of shame in seeking assistance until they are in crisis. This cultural barrier means responses need to reduce the stigma attached to accessing homelessness services, with timely information about how and where to get support.
- Wraparound services need to include mental health support, access to employment programs, financial counselling, substance abuse rehabilitation, social housing, and case management tailored specifically to the needs of veterans. Responses need to ensure veterans are not only housed but are also supported in their transition to civilian life and supported to build strong social and community networks.

Women

- Gender impacts people's experiences of homelessness. According to the 2021 Census, men make up 55.9 per cent of people experiencing homelessness in NSW and women make up 44.1 per cent.⁵³
- Women made up 60 per cent of all presentations to specialist homelessness services (SHS) in 2023/24. They represented 66 per cent of daily unassisted requests to SHS, and the majority (87 per cent) of unassisted requests made by single adults with children.⁵⁴
- Evidence suggests that women are largely under-represented in homeless counts as they are less visible in their experiences of homelessness.⁵⁵ Women are more likely to be couch surfing, living in cars or staying in unsafe accommodation than living on the street.
- Women are at increased risk of homelessness because of domestic and family violence and low income due to gender pay gaps, casualised work, low superannuation and gender discrimination.
- Women with children on low incomes are likely to face rental discrimination which may lead to entire families experiencing homelessness.
- Older women experience increased risk of homelessness due to factors like low incomes, unexpected illness, divorce later in life, inadequate superannuation, elder abuse (particularly financial abuse from family members), and limited access to affordable housing. They can also face specific barriers to accessing services.

Footnotes

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