



Out in the cold

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Explainer

What do we know about homelessness deaths in Australia - and why is nobody tracking them?

With no government count, Guardian Australia decided to investigate as many fatalities as it could identify. Here's what we learned

[Daniel Tommerup died 30 years too early when 'all the hope in his eyes was gone'](#)

[The invisible Australians who die three decades prematurely - Full Story podcast](#)

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The deaths of Australia's rough sleepers are largely invisible.

We don't know how many are dying on a national scale, how they are dying or how many deaths can be attributed to systemic failings in housing, health and the justice sector.

No government in Australia bothers to count or understand the circumstances in which these deaths occur.

Researchers have described that as a "shocking failure" and a sign of Australia's cruel apathy to its most vulnerable citizens.

It also sets us apart from similar countries. England, Scotland and Wales, as well as parts of Canada, annually track the number and cause of homelessness deaths. Understanding the scale and nature of the problem is the first step to working out a solution.

In an attempt to better understand what is killing Australians experiencing homelessness, Guardian Australia [decided to investigate as many deaths as it could find](#).

What do we know about homelessness deaths?

There is a dearth of information about homelessness deaths in Australia. There is simply no national data or government reporting.

This makes the scale and circumstances of the deaths largely hidden.

In 2021 the federal government ignored the homelessness sector's call for it to take a lead role in gathering the data by commissioning the Australian Institute of Health and Welfare to develop a reporting framework. That reporting framework would allow homelessness services, hospitals and coroners to report deaths in a consistent way.

Most state governments have also ignored requests to count deaths.

But researchers in Perth have shown that it is possible, even with a fraction of the funding available to governments.

The Home2Health team, led by Prof Lisa Wood, [has tracked homelessness deaths in Perth](#) by cross-checking hospital records, documents from the state's births, deaths and marriages registry, and other data points against a pool of more than 8,500 locals known to have experienced homelessness, built using client lists from local support services.

The findings, considered conservative, make for disturbing reading. The research estimates 360 rough sleepers died in Perth between 2020 and 2022. The median age of death was 50 years, a life expectancy gap of more than three decades compared with the Australian Bureau of Statistics data for the general population.

Wood says that gap is worse than any other disadvantaged group in Australia. Her research methodology could be applied more broadly across the country but she says she has had [no interest](#) from governments elsewhere.

The only other known studies were hyperlocalised, one focusing on three [homelessness services in inner-city Sydney](#) and the other on [emergency department patients at St Vincent's hospital in Melbourne](#).

The Sydney study by Macquarie University analysed 324 deaths and found the median age at death was 50.7, and that people experiencing homelessness had a mortality rate across age groups that was 80% higher than the general population.

The Melbourne study showed those who experienced a single episode of rough sleeping were almost four times more likely to die prematurely than the general population.

[Another study in Queensland](#) found that the suicide rate among people experiencing homelessness was almost twice as high as their non-homeless counterparts.

How did Guardian Australia conduct its research?

To better understand how systemic failures are driving deaths among rough sleepers, the Guardian spent months trawling through 10 years' worth of coronial inquest findings in each state and territory.

It separately accessed data about homelessness deaths that were reported to the coroner but were not subject to an inquest, meaning they were not public.

The Guardian also spoke to dozens of Australians who are either experiencing or have experienced homelessness, families of victims, frontline homelessness support workers, advocacy groups and researchers.

Why are some of the death reports hidden?

Some deaths must be reported to the coroner by police, emergency services personnel or health workers. These include violent or unnatural deaths, sudden deaths and unexplained deaths.

The coroner will then investigate. In most cases, this happens in private and results in a non-public coronial report on the cause and circumstances of the death.



📌 Homelessness groups have long advocated for rapid housing provision, accompanied by wrap-around support services. Photograph: David Moir/AAP

Less frequently the coroner will hold an inquest, which is typically open to the public and publishes its findings.

To access the non-public death reports, the Guardian commissioned a study of information held in the National Coronial Information System. The system gives researchers access to state and territory coronial databases, including the non-public reports.

Guardian Australia asked NCIS researchers to look for deaths where an individual was identified as homeless, itinerant, squatting or having no fixed address in police documents, autopsy reports or coronial findings.

You can read the [resulting report here](#).

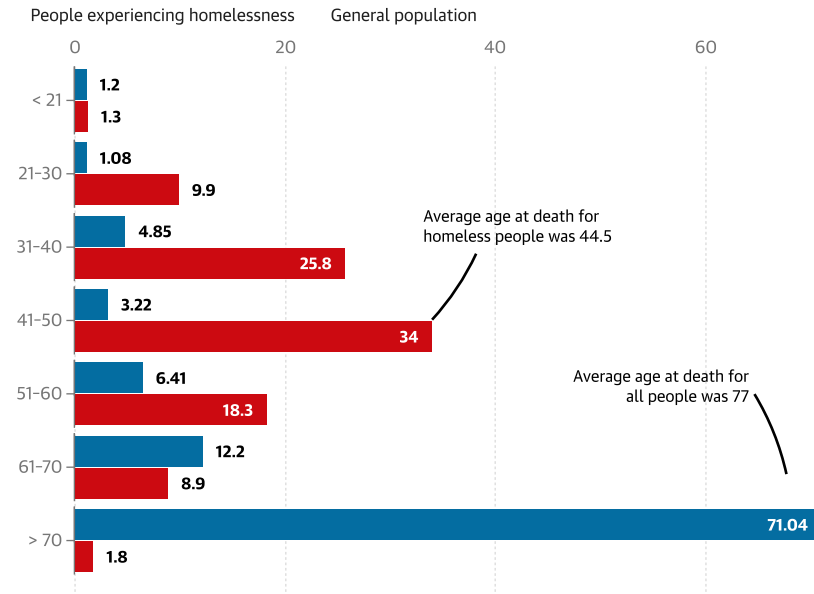
What did Guardian Australia find?

The work showed clearly that the life expectancy gap that researchers have found in Perth and Sydney exists at a national level.

The coronial records for 627 deaths had an average age of death of 44.5. This is lower than the average age of death for people experiencing homelessness in the studies mentioned above, probably due to the nature of deaths referred to the coroner.

People experiencing homelessness die much younger than the average

Showing the percentage of deaths in each age group for people experiencing homelessness and identified in coronial reports between 2010 and 2020, compared with deaths in the same age group for all of Australia in 2019*

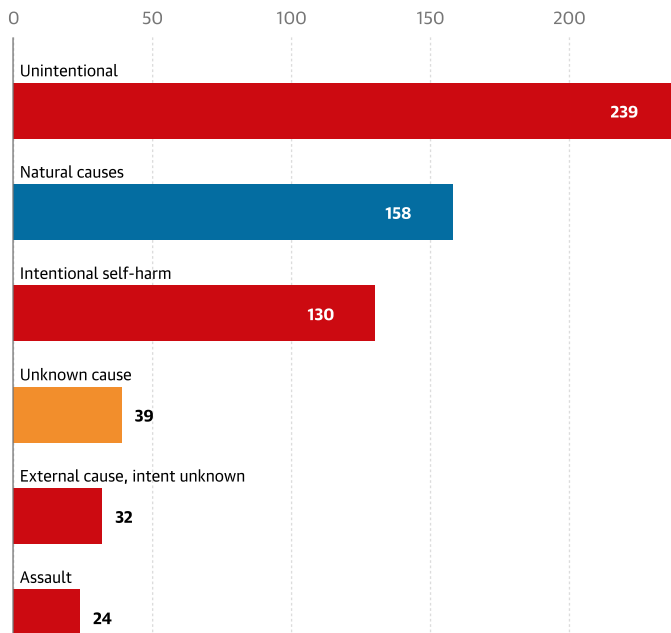


Guardian Graphic | Source: NCIS, ABS. 2019 used as a comparison to exclude the effect of the Covid-19 pandemic. The deaths for people experiencing homelessness is an undercount of the actual number as not all deaths are referred to the coroner

Deaths of despair - suicide and overdose - are major drivers, accounting for one-fifth and one-third of deaths respectively. Homelessness groups say such deaths are often fuelled by the despondency and lack of hope that comes with homelessness. Much as deaths in custody cannot be separated from the context of incarceration, they say suicides and overdoses cannot be separated from the debilitating experience of homelessness.

Homeless deaths by cause of death and intent

Showing deaths of people experiencing homelessness by the cause of death category (**external causes**, **natural causes** and **unknown**) and intent. Deaths shown are only for those identified in coronial reports between 2010 and 2020

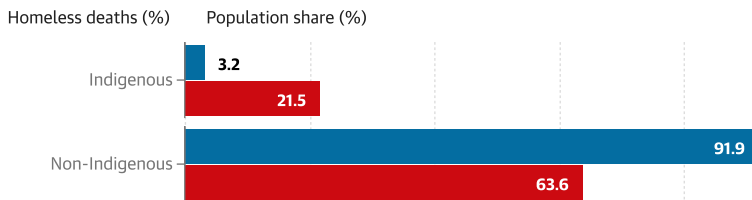


Guardian Graphic | Source: NCIS. Deaths only include those reported to the coroner and where the inquest documents identified someone as being homeless

Indigenous people are vastly overrepresented among the homeless deaths examined by the Guardian. About 20% of the 627 reported deaths involved an Aboriginal or Torres Strait Islander person, despite Indigenous Australians making up only 3.2% of the general population.

Indigenous people are overrepresented in homeless deaths

Showing the percentage of homeless deaths by Indigenous status, compared with the proportion of Indigenous Australians in the total population



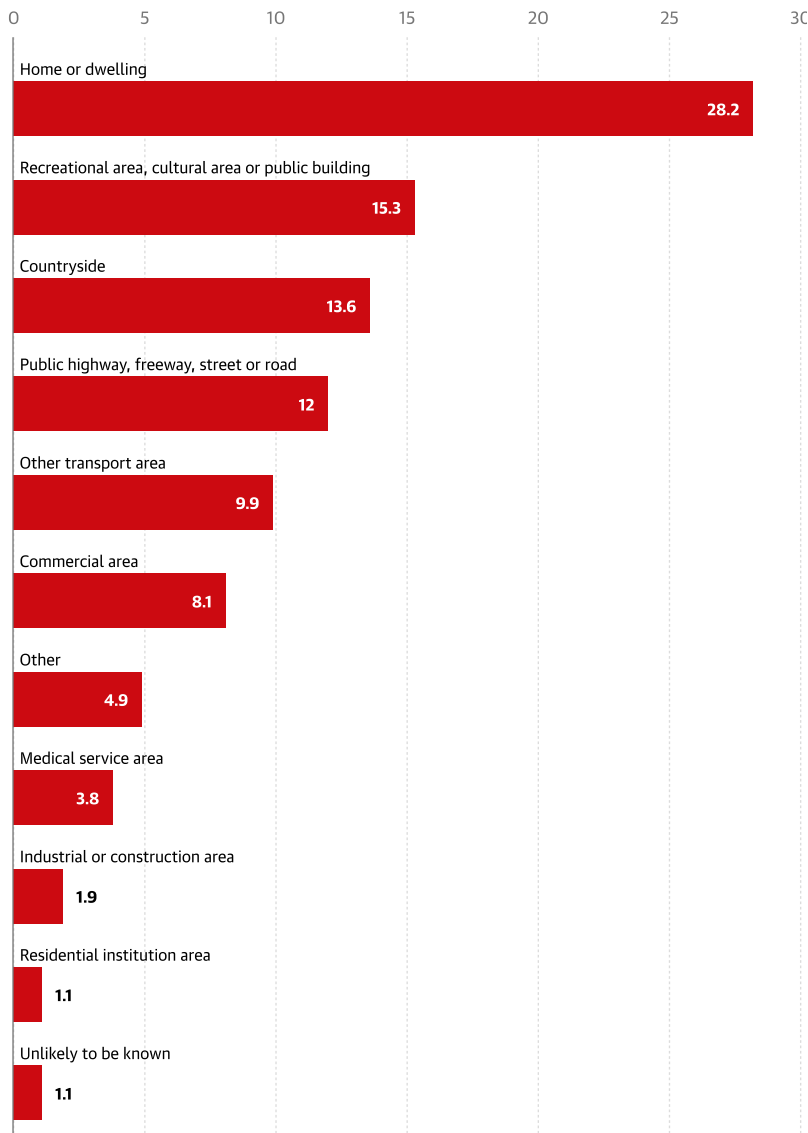
Guardian Graphic | Source: NCIS, ABS. Deaths only include those reported to the coroner between 2010 and 2020, and where the inquest documents identified someone as being homeless. Percentages do not add up to 100 in groups as deaths where the Indigenous status was unknown have been excluded and people who answered 'Indigenous status not stated' are excluded from the population percentages

According to the data, the majority of deaths (56%) occurred in major cities, followed by outer regional areas (15.5%).

When grouped by the type of location, the most common place of death was a home or dwelling, followed by a recreational area, cultural area or public building.

Homeless deaths by location type

Showing deaths of people experiencing homelessness and identified in coronial reports between 2010 and 2020, by incident location type



Guardian Graphic | Source: NCIS. Deaths only include those reported to the coroner and where the inquest documents identified someone as being homeless

The analysis of inquest findings and interviews with families and rough sleepers showed that deaths are being driven by systemic failures. These include the critical **undersupply of public housing**, gaps in **health and mental health provision**, the **over-enforcement of public order offences** like public urination or drunkenness, and violence targeting the visibly homeless.

What are the project's limitations?

This project cannot be considered as a total count of Australian homelessness deaths. It is a vast undercount. That is because not all deaths are referred to the coroner.

Even when deaths are referred to the coroner, stigma or inadequate data collection often means that a person's homeless status is hidden or not reflected in the coronial records. The work of Wood's Home2Health team in Perth suggests only about 61% of the homelessness deaths in that city were referred to the coroner.

Despite this, the coronial data gives an unprecedented national insight into the previously invisible crisis.

How we do we stop these premature deaths?

The evidence is clear that any period of homelessness is detrimental to a person's health.

Homelessness groups **have long advocated for a "housing first" model**, a system of rapid housing provision, accompanied by wrap-around support services to address health and mental health issues, including substance abuse.

That requires an urgent and significant increase in social housing and greater funding for homelessness supports, including specialist health services and drug and alcohol programs.

Researchers and advocacy groups are also calling on the federal government to take a leading role in building a national tally of homelessness deaths. That would require it to work with the states, which hold much of the necessary data.

It would also require a reporting framework to guide hospitals, police, coroners and homelessness services on how to consistently and adequately report on the deaths of people experiencing homelessness.

Such a count would not only help identify the scale of the problem but measure the success or otherwise of policy interventions. It would help bring much-needed accountability.

In Australia, the crisis support service [Lifeline](#) is 13 11 14. Other international helplines can be found at [befrienders.org](#)

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