

# ENDING LONG-TERM HOMELESSNESS

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Ending Long-term Homelessness

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# **ENDING LONG-TERM HOMELESSNESS**

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# Executive Summary

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## EXECUTIVE SUMMARY

In 2021, the Ministry of Social and Family Development (MSF) commissioned IPS to conduct a study on the pathways into homelessness and the phenomenon of long-term homelessness in Singapore, building upon increased awareness of homelessness in recent years.

This final report is organised into four chapters: (i) an overview of the study (Chapter 1, pp. 8 to 10); (ii) key findings from Phase 1 of the study, on pathways into homelessness (Chapter 2, pp. 11 to 23); (iii) key findings from Phases 2 and 3 of the study on long-term homelessness in Singapore (Chapter 3, pp. 24 to 49); and (iv) policy recommendations arising from our study findings (Chapter 4, pp. 50 to 59).

In **Chapter 1**, we set out the overall study design and working definitions of the different forms of homelessness we explore in this study.

In **Chapter 2**, we expound on the multiple stressors experienced by our study participants. Participants who were separated, divorced, or widowed tended to exhibit more stressors on average than those who were married or single. Single-parent families experienced the most stressors in their lives, compared to individuals and other family types. We also explored the five pathways into homelessness observed among our study participants, in the context of the COVID-19 pandemic. These trajectories included the breakdown of cross-border living, financial shock, breakdown of spousal relationship, domestic abuse and multiple incarcerations.

In **Chapter 3**, we present key findings on long-term homelessness in Singapore by analysing the pathways through, into and out of the homelessness experience. Among the participants, 49 per cent first entered long-term homelessness through rough sleeping, while 46 per cent did so through unstable informal accommodation (including couch surfing). We identified two dominant patterns of long-term homelessness: the *rough sleeping-dominant typology*, and the *sheltered homelessness-dominant typology*. Those from the rough sleeping-dominant typology had come to perceive long-term rough sleeping as the best possible outcome among all other options. While many still harboured aspirations for long-term housing, they had limited bandwidth to make plans towards this goal. Those from the sheltered homelessness-dominant typology tended to fare better in terms of their housing outcomes at the end of the study, and for the total duration of time they spent homeless. We identified three structural enablers of exits from homelessness across both typologies: social service networks, employment and options in the housing system.



Life-biography pathways were drawn up to identify key life transitions, which may represent key points for preventive intervention in four main life stages: childhood (age 0 to 20), adulthood (age 21 to 49), older adulthood (age 50 to 64) and old age (age 65 and above). Key life transitions in *childhood* included early school dropout, family instability, youth delinquency, and childhood homelessness. In *adulthood* and *older adulthood*, marital union and separation, long-term work inactivity and irregular income, debt and bankruptcy, and multiple incarcerations constituted key life transitions. The experience of homelessness in *old age* was found to be an extension of long-standing patterns experienced in earlier life stages.

Lastly, in **Chapter 4**, in light of the study's findings, we advocate for the adoption of a paradigm shift from intervention to prevention in homelessness policy-making, and present three broad sets of policy recommendations, which are (i) carrying out early risk assessments to facilitate upstream prevention of long-term homelessness; (ii) enhancing shelters, both in term of raising awareness, providing options with greater privacy and increased manpower to manage conflicts arising from co-living arrangements in shelters; and (iii) the adoption of exit *enablers* such as a central coordination system, debt relief and work placement programmes, and greater access to viable options such as a rental flat under HDB's Public Rental Scheme.



# Chapter 1

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## Overview of Study



# CHAPTER 1: OVERVIEW OF STUDY

## 1.1. INTRODUCTION

In 2021, the Ministry of Social and Family Development (MSF) commissioned IPS to conduct a three-year study across two parts:

- Phase 1 focused on pathways into homelessness, in the particular context of the COVID-19 pandemic. It explored the profiles of homeless people, the challenges they faced, their experiences in the shelters and their long-term housing aspirations during the pandemic.
- Phases 2 and 3 focused on studying the phenomenon of long-term homelessness in Singapore using a life course approach. It established the profiles and demographics of people experiencing long-term homelessness and explored the homelessness experience throughout the participants' life courses. Particularly, key life transitions through childhood, adulthood, older adulthood and old age that influenced their housing security were identified to inform policy recommendations.

The study contributes to a comprehensive and rigorous understanding of the phenomenon of homelessness in Singapore. We build upon the increased public awareness of homelessness since the COVID-19 pandemic, and local scholarship and national street counts that investigate the nature and scale of homelessness (Ng, 2019; Tan & Forbes-Mewett, 2018; Teo & Chiu, 2016; Ng, 2019; Ng & Sekhon Atac, 2022; MSF, 2023). Based on these study findings, we propose policy recommendations and practical steps towards ending long-term homelessness in Singapore.

The ages of participants noted within this report are as of the last touchpoint with the participants in Phase 3 of the research study, apart from instances where participant's past experiences are explained and their ages during those experiences are referred to.

## 1.2. OVERALL STUDY DESIGN

### 1.2.1. Research framework & methodology

This study (Phases 1 to 3) adopted a qualitative approach because it sought to understand the lived experiences of people who were homeless. Adopting a qualitative approach would provide a more in-depth understanding and analysis of our participants' experiences and their

pathways into homelessness. However, given the small sample size of the study (see Table 1), the data should not be seen as representative of or generalisable to the wider homeless population in Singapore.

The key research methodology for Phase 1 of the study was the semi-structured in-depth interview. The interviews were conducted face-to-face with people who were homeless and admitted to Transitional Shelters (TSes) and/or Safe Sound Sleeping Places (S3Ps) during the COVID-19 pandemic in 2020 and 2021. The interview with each participant or family took about one-and-a-half to two hours.

In Phases 2 and 3 of the study, the key research methodologies adopted were semi-structured, in-depth interviews and participant observation. All fieldwork (i.e., interviews and participant observations) was conducted face-to-face with people experiencing or who had previously experienced long-term homelessness. The in-depth interview and participant observation with each participant or family took about one-and-a-half to two hours, and one to one-and-a-half hours, respectively. See Table 1 for the details of the sample for each phase of the study.

**TABLE 1: DETAILS OF SAMPLE FOR EACH PHASE OF THE STUDY**

Phase	Sample size	Period	Inclusion criteria	Sampling method*
1	50 participants (34 individuals, 16 families)	Aug 2021 to Apr 2022	People who experienced homelessness and admitted into TSes and/or S3Ps during the COVID-19 pandemic in 2020 and 2021	Quota sampling
2 & 3	41 participants (28 individuals, 13 families)	Sep 2022 to May 2024	People experiencing/ who have experienced long-term homelessness if they met either of two criteria:  (i) have experienced/ were presently experiencing an episode of homelessness for at	Quota and snowball sampling



Phase	Sample size	Period	Inclusion criteria	Sampling method*
			least one year at the time of recruitment or;  (ii) have experienced/ were presently experiencing multiple episodes of homelessness that cumulated to a duration of at least one year at the time of recruitment	

S3Ps: safe sound sleeping places; TSes: transitional shelters

\*The quota sampling frame applied in Phase 1 of the study was based on age, sex and family type (nuclear/intact, single parent, transnational) for a close representation of the (i) homeless population in Singapore, and (ii) families who received shelter support. In Phases 2 and 3 of the study, the adopted quota sampling frame was based on three housing statuses at the point of recruitment: (i) rough sleeping, (ii) residing in shelter and (iii) formerly homeless (e.g., have moved to a purchased/rental flat, or family member's home). Typically, quota sampling enabled recruitment of participants currently in the shelters, while snowball sampling through working with outreach partners was utilised to recruit participants who were currently rough sleeping.

### 1.2.2. Data analysis

In Phase 1 of the study, the participants' interview transcripts were first subjected to a systematic round of open thematic coding (Warren & Karner, 2015). Thereafter, the themes identified through open coding were selectively coded to uncover broader themes relating to homelessness, housing history, work, shelter, multiple stressors, assistance, participants' network, etc. Key characteristics and coded data for all participants were also organised comprehensively into Microsoft Excel spreadsheet tables according to the main categories of demographics, reasons for homelessness, homeless and shelter pathways, housing history, long-term housing plans, multiple stressors and assistance received.

In Phases 2 and 3 of the study, 41 out of the 50 participants recruited met all data collection points across the two phases. There was an attrition of nine participants by the end of the study. In total, 41 participants were used for data analysis, where the life biography pathways were constructed for each participant using the data collected.

### 1.3. WORKING DEFINITIONS OF DIFFERENT FORMS OF HOMELESSNESS IN THE STUDY

For the purposes of this study, *homelessness* will refer to the experience of individuals or families who sleep in public spaces or who are in shelters, i.e., unable to provide housing security for themselves and have no access to adequate long-term secure housing.

*Rough sleeping* will refer to the act of sleeping in public spaces.

*Sheltered homelessness* will refer to living in the following forms of accommodations:

- (i) Unstable informal accommodations.<sup>1</sup> This includes couch-surfing or temporary stays at friends' or family members' houses, hotels, backpacker hostels, workplaces, etc.
- (ii) Shelters, e.g., TSes, S3Ps; and
- (iii) Welfare homes

*Long-term homelessness* will refer to being homeless for at least one year (in one sustained episode or accumulatively over multiple episodes).

As all the participants in this study had experienced homelessness as defined above (and not just rough sleeping), we shall henceforth use the terms *homeless* and *homelessness* to refer to them in subsequent sections of this report.

Given the lack of consensus in the literature on the definition of *exits* from homelessness, we drew on the lived experiences of our participants and what they understood as exiting homelessness to conceptualise our analysis of exits. Our working definition of exiting homelessness is "moving from rough sleeping to shelter", or "moving from shelter to a long-term stable housing option".

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1. Not all informal accommodation arrangements constitute homelessness. Here, we refer to individuals without stable housing.



## Chapter 2

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### Key Findings from Phase 1 ("Pathways into Homelessness")



## **CHAPTER 2: KEY FINDINGS FROM PHASE 1 ("PATHWAYS INTO HOMELESSNESS")**

### **2.1. CONTEXT: ENTERING HOMELESSNESS DURING COVID-19**

Prior to the onset of the COVID-19 pandemic, 1,050 people were estimated to be rough sleeping in Singapore (Ng, 2019). Through the nationwide street count, the scale of homelessness and the adequacy of policies in place to support the homeless were evaluated. In particular, it was recommended that easier access to overnight shelter services was integral to helping the homeless (Ng, 2019).

To curb the transmission of COVID-19, the government implemented various policies under the COVID-19 (Temporary Measures) Act to minimise the gathering of people in public spaces and movement across borders. Most notably, the Circuit Breaker was implemented during April to June 2020 to restrict leaving of homes for non-essential activities. Simultaneously, non-essential travel was discouraged, and the tightening of borders was introduced. With these measures, the homeless quickly became identified as a group that required assistance.

In May 2020, it was reported that nearly 300 homeless people sought help from the Partners Engaging and Empowering Rough Sleepers (PEERS) Network during the Circuit Breaker (Tee, 2020). The PEERS Network was launched in July 2019 to formalise the ongoing partnership between various government agencies and community partners in assisting rough sleepers. It actively engages and befriends rough sleepers and homeless persons to support them based on their needs. This includes referrals to appropriate help agencies, such as Family Service Centres (FSCs) for social work support and Social Service Offices (SSOs) for financial assistance. A key initiative of the PEERS Network is the S3Ps, through which PEERS partners provide homeless persons and rough sleepers with a safe environment to rest for the night.

The number of homeless people seeking admission to shelter represented a surge from pre-pandemic demand (Tee, 2020). Responding to this surge in demand for shelter services, by May 2020, around 40 temporary shelters, i.e., S3Ps with a capacity of 920 sleeping spaces, were set up to provide overnight refuge for the homeless and rough sleepers. In addition to temporary shelters, the Singapore government had set up two new TSeS. By January 2021, around 250 homeless people had reportedly moved from S3Ps to TSeS (Goh, 2021). As uptake of shelter support increased, the number of rough sleepers fell to around 616 in 2021 (Ng &



Sekhon Atac, 2022). The MSF conducted a street count of rough sleepers in November 2022, which found 530 rough sleepers, a further decrease from 2019.

## 2.2. PROFILE OF PHASE 1 PARTICIPANTS

The profile of Phase 1 participants is summarised in Table 2:

**Table 2: Profile of Phase 1 participants**

			n	%*
<b>Total Sample (n=50)</b>	<b>Type of Participant</b>	<b>Individual</b>	34	68
		<b>Family</b>	16	32
<b>Individual Participants (n=34)</b>	<b>Sex</b>	<b>Male</b>	28	82
		<b>Female</b>	6	18
	<b>Race</b>	<b>Chinese</b>	18	53
		<b>Malay</b>	11	32
		<b>Indian</b>	5	15
	<b>Marital Status</b>	<b>Single</b>	8	24
		<b>Married</b>	3	9
		<b>Divorced</b>	14	41
		<b>Separated</b>	7	21
		<b>Widowed</b>	2	6
	<b>Citizenship Status</b>	<b>Singaporean</b>	33	97
		<b>Permanent Resident</b>	1	3
	<b>Employment Status</b>	<b>Full-Time</b>	8	24
		<b>Part-Time</b>	7	21
		<b>Casual</b>	2	6



		<b>Employed (unclear terms of employment)</b>	2	6
		<b>Unemployed</b>	15	44
<b>Family Participants (n=16)</b>	<b>Type of Family</b>	<b>Traditional Intact</b>	3	19
		<b>Transnational Intact</b>	7	44
		<b>Single Parent**</b>	5	31
		<b>Immigrant</b>	1	6
	<b>Number of Children</b>	<b>One Child</b>	5	31
		<b>Two Children</b>	7	44
		<b>Three Children</b>	1	6
		<b>Four Children</b>	2	13
		<b>Five Children</b>	1	6

\* Percentages may not add up to 100 per cent because of rounding effects.

\*\* Includes three single-mother (Singaporean) and two single-mother (migrant spouse).

All 50 participants had experienced sheltered homelessness, and 32 participants (64 per cent) also experienced bouts of rough sleeping. Of all the 50 participants, 41 participants (82 per cent) experienced long-term homelessness (i.e., were homeless for more than a year).

Thirty-seven of 50 participants (74 per cent) had previously owned a Housing & Development Board (HDB) flat. As for other housing arrangements:

- (i) 34 per cent had rented from the open market
- (ii) 34 per cent had engaged in cross-border living
- (iii) 20 per cent had stayed in a HDB Public Rental Scheme (PRS) flat
- (iv) 12 per cent had rented an informal, non-contractual flat
- (v) 6 per cent owned private property
- (vi) 2 per cent stayed in a HDB interim housing flat.



At the point of the study interview, 38 of 50 participants (76 per cent) were staying in a TS. The remaining 12 participants (24 per cent) had been discharged from a TS to longer-term housing options, such as HDB's PRS flats or other HDB flats.<sup>2</sup>

### 2.3. MULTIPLE STRESSORS

The concept of multiple stressors has been utilised in homelessness literature to understand people's experiences of homelessness. Researchers have shown consistent positive associations between the prevalence of certain multiple stressors and the increased complexity of homelessness (Fitzpatrick, Bramley & Johnsen, 2013).

Researchers in Singapore (Ng, 2013; Chiu et al., 2019) found that low-income individuals experience various stressors such as low education, physical and mental health conditions, self or spousal incarceration, failed marriage and unemployment. They posit that the accumulation of multiple stressors creates an imbalance that overwhelms people's capability to cope with escalating demands (Ng, 2013).

All 50 participants in Phase 1 of our study were found to experience multiple stressors. Notably, 26 out of 50 participants (52 per cent) had a total of five or more stressors in their lives. Compared to the low-income individuals and families studied previously by Ng (2013) and Chiu et al. (2019), our participants tended to experience a higher number as well as more diverse types of stressors in their lives.

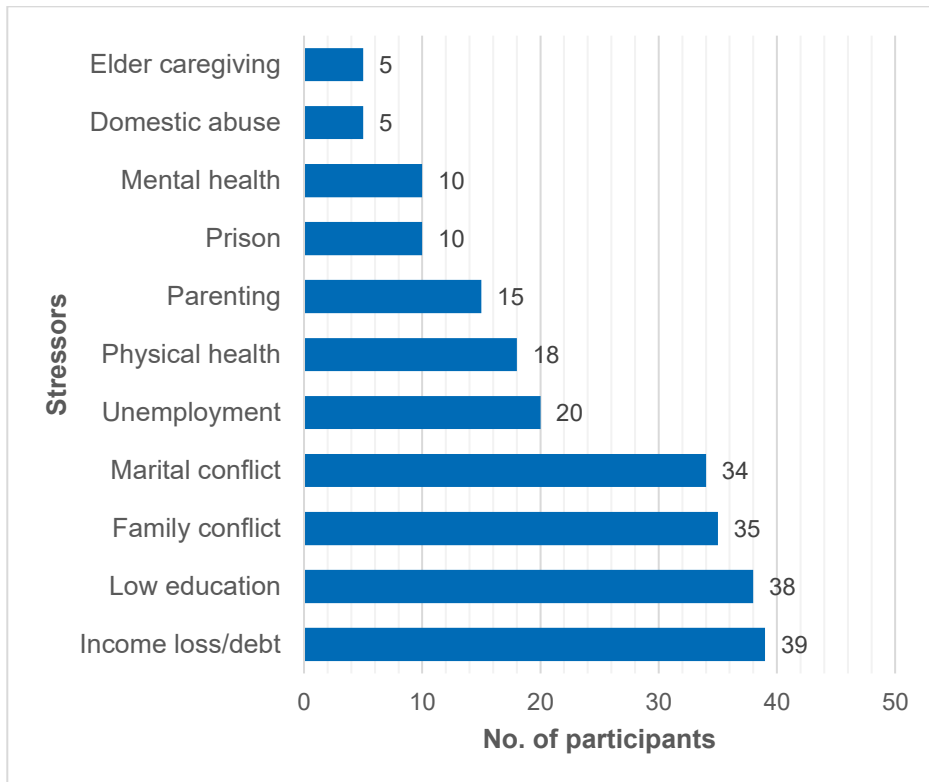
No significant differences were found between the types of stressors experienced by individuals and families. The distribution of these stressors can be found in Figure 1:

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2. Nine participants were staying in Public Rental Scheme flats, one was staying in a HDB two-room flexi flat (short-lease), one was staying at a Build-to-Order (BTO) flat, and one was staying in a resale HDB flat.



**Figure 1: Multiple stressors experienced by Phase 1 participants**



Two characteristics were likeliest to be associated with a higher number of stressors experienced by participants:

- First, participants who were separated, divorced or widowed tended to exhibit more stressors on average than those who were married or single (approximately five versus four stressors per person, respectively). Participants who were separated and undergoing divorce proceedings and those who were widowed at the time of the interview also tended to have a higher range of multiple stressors — between four and seven stressors per person.
- Second, single-parent families experienced the most stressors in their lives, compared to individuals and all other family types. Specifically, single-parent families experienced an average of seven stressors, and a range of five to nine stressors per family.



All family types experienced (i) income loss, (ii) low education, (iii) family conflict, (iv) marital conflict, (v) unemployment and (vi) financially dependent children. Only single-parent families experienced mental health and domestic abuse stressors, and only intact Singaporean families experienced stressors relating to poor health and elder caregiving.

## 2.4. MULTIPLE PATHWAYS INTO HOMELESSNESS

Homelessness is rarely the result of a single action or event in people’s lives. Following the pathways approach in homelessness scholarship, we use the term “pathway” to describe our participants’ trajectories into homelessness and conceptualised these pathways as processes involving intertwining individual and structural factors (Fitzpatrick, Bramley & Johnsen, 2013; Johnson & Chamberlain, 2008; Ravenhill, 2008; Tan & Forbes-Mewett, 2018).

In Phase 1, we used what we termed “ideal-type pathways” to give an analytical overview of how participants became homeless during the COVID-19 pandemic. These pathways act as a heuristic tool and function like analytical models called ideal-types in the discipline of sociology. They are useful for categorising similar experiences and offering analytical accounts of what typically happens through a certain pathway.<sup>3</sup>

Our presentation of ideal-type pathways is not an exhaustive mapping of life events experienced by any participants. Instead, they work best to give a theoretical understanding of key factors that could have contributed to participants’ entry into homelessness during the COVID-19 pandemic. This also means that our participants may encounter multiple ideal-type pathways into homelessness during the COVID-19 pandemic, and other permutations of individual and structural factors that differ from the pathways identified in our analysis.

Five pathways into homelessness during the COVID-19 pandemic emerged from our data.

### 2.4.1. Pathway 1: Breakdown of cross-border living

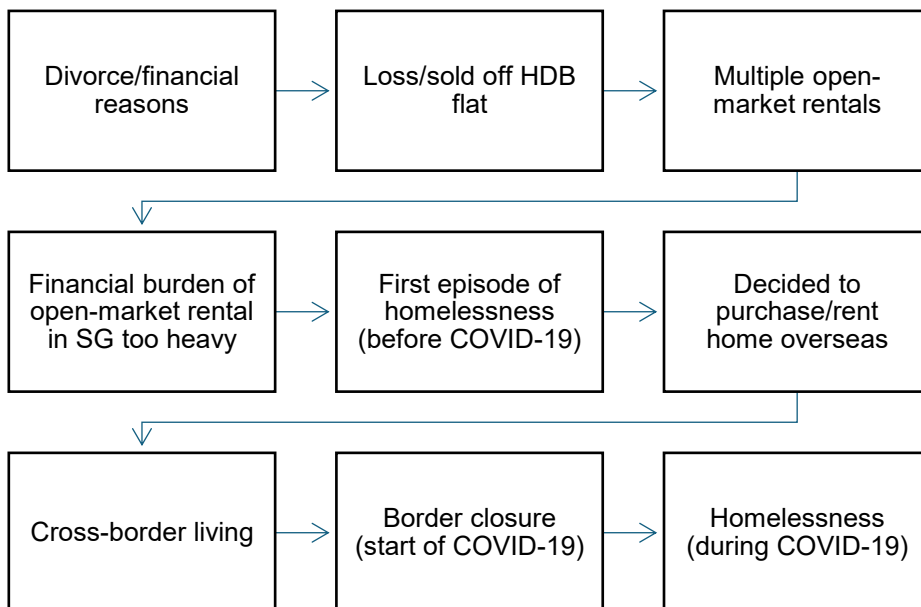
Cross-border living arrangement refers to a lifestyle whereby participants lived in neighbouring countries and commuted to Singapore frequently, as they relied on Singapore for resources such as employment, visa renewal,

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3. For example, a group of prominent researchers (Chamberlain and Johnson 2013) had identified five pathways into homelessness in Australia, namely: (i) housing crisis; (ii) family breakdown; (iii) substance abuse; (iv) mental health; and (v) youth to adult.

schooling for children and healthcare. Seventeen out of 50 participants (34 per cent) had established long-term cross-border living arrangements before the pandemic.<sup>4</sup> None had concurrent home ownership or any other housing arrangements in Singapore while they were renting/owning a home overseas.

**Figure 2: Pathway into homelessness for those who experienced breakdown of cross-border living**



In this pathway, low cost of living in neighbouring countries was an impetus for cross-border living. While common, not all participants commute into Singapore daily. Some may commute into Singapore periodically for short-term stays (ranging from few days to weeks), often for visa renewal. Such stays may result in recurring, short-term episodes of homelessness for participants without any temporary accommodation arrangements.

For Phase 1 participants (three individuals and three families) with no prior history of home ownership in Singapore, their trajectory into homelessness started directly at “cross-border living”, as shown in Figure 2. These participants were typically transnational or immigrant families.

4. This included 12 individuals and five families. All 12 individuals were Singapore citizens. Among the five families, two were intact families, two were transnational families and one was a single-parent family.



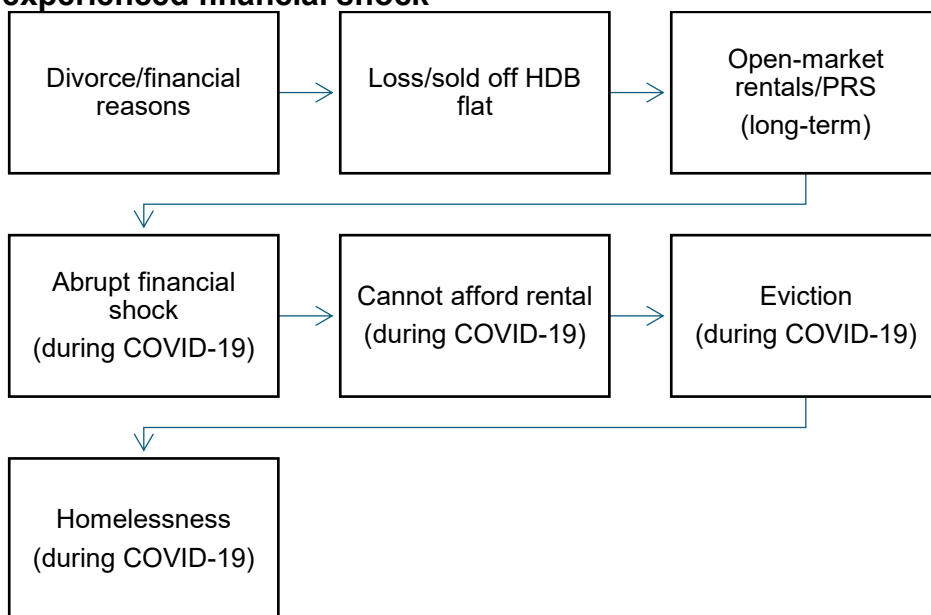
The border closure during the COVID-19 pandemic prevented these participants from returning to their homes overseas after they accessed resources in Singapore.

Without home ownership or other housing arrangements in Singapore throughout their stay overseas, their abrupt return to Singapore plunged many of these participants directly into an episode of homelessness when borders closed.

### 2.4.2. Pathway 2: Financial shock

In this pathway, the impact of financial shock during the pandemic was a key structural factor. Such financial shock took the form of incurring debt, loss of income through termination of employment, or ability to work due to poor health during the COVID-19 pandemic. Of the six participants in our sample who experienced this trajectory (three individuals and three families), five had a history of owning at least one HDB flat. Participants typically lost or sold their HDB flat because of divorce or financial reasons such as debt or an inability to afford monthly mortgage instalments.

**Figure 3: Pathway into homelessness for those who experienced financial shock**



Upon losing or selling their homes, many participants in this pathway were able to rent a flat. Before their most recent episode of homelessness during the COVID-19 pandemic, four of six participants (three individuals



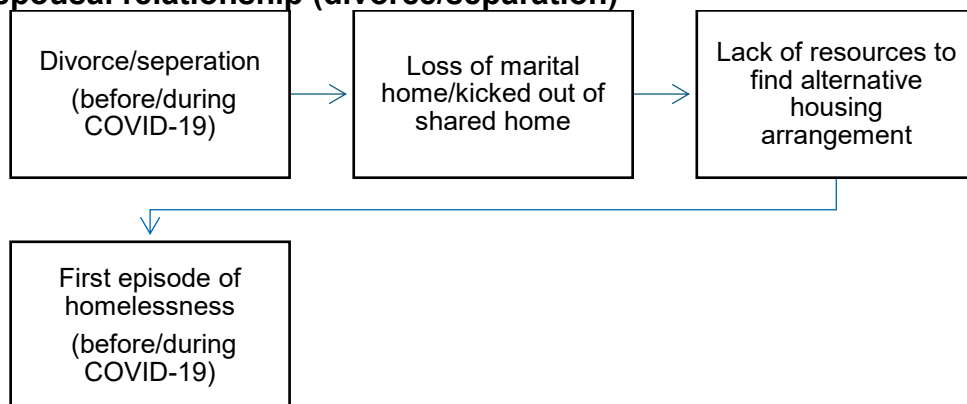
and one family) were renting from the open market, while one participant (a family) was renting from HDB through PRS.

Housing rentals before the COVID-19 pandemic in this pathway tended to be longer-term (at least five years) than that of cross-border living pathways. Upon experiencing an abrupt financial shock during the pandemic (i.e., debt and loss of income), participants found themselves no longer able to afford the rent, leading to an eviction and eventually homelessness.

### 2.4.3. Pathway 3: Breakdown of spousal relationship (divorce/separation)

Not all participants who underwent divorce or separation directly entered homelessness. In this trajectory, a contrast to divorced/separated persons categorised under other pathways is presented — participants who lacked the resources to find alternative housing arrangements directly entered homelessness upon divorce/separation (as shown in Figure 4).

**Figure 4: Pathway into homelessness due to breakdown of spousal relationship (divorce/separation)**



In our sample, seven participants (five individuals and two families) reported direct entry into homelessness upon divorce/separation. All five individuals were males. Among the two families, there was one intact family and one single-parent family (a single mother).

Participants typically experienced long-term homelessness following their divorce. Five participants (three individuals and two families) had been homeless since before the COVID-19 pandemic. Among these five participants, one individual and one family had been homeless for more than five years. Both participants had unsuccessfully attempted to exit homelessness through short-term open market rental and short-term

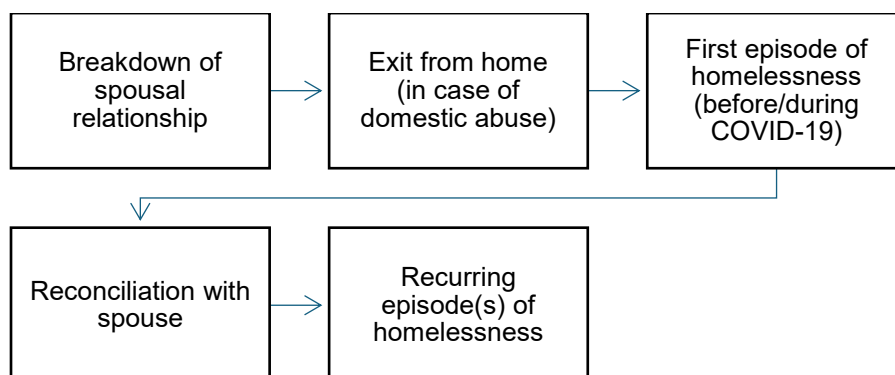


overseas living. Following divorce/separation, homeless experiences included couch surfing, rough sleeping and staying at temporary accommodations such as hostels.

#### 2.4.4. Pathway 4: Breakdown of spousal relationship (Domestic abuse)

Four participants in our sample exited their homes due to domestic abuse. These exits from homes may be voluntary or forced. The abuse experienced preceding to these exits were not first-time incidents for our participants. In three cases, abuse was directed towards children as well. Types of abuse reported in our sample included emotional, physical and sexual abuse. The breakdown of spousal relationship (domestic abuse) pathway is depicted in Figure 5:

**Figure 5: Pathway into homelessness due to breakdown of spousal relationship (domestic abuse)**



Following the latest incident of abuse, two participants experienced a short episode of rough sleeping and couch surfing. The other two participants reported being in contact with a social worker and moved straight into a shelter after deciding to exit their family home.

Recurring episodes of homelessness may occur in the long run if participants remain with their abusive spouses. Among our sample, one family had experienced repeated cycles of abuse and sought shelter support for over 10 years. The wife was a single mother on a long-term visit pass who felt trapped in her circumstances due to her citizenship status:

“I was still not strong enough to fight because I am not PR [Permanent Resident]. So he keep [sic] threatening me that if I run

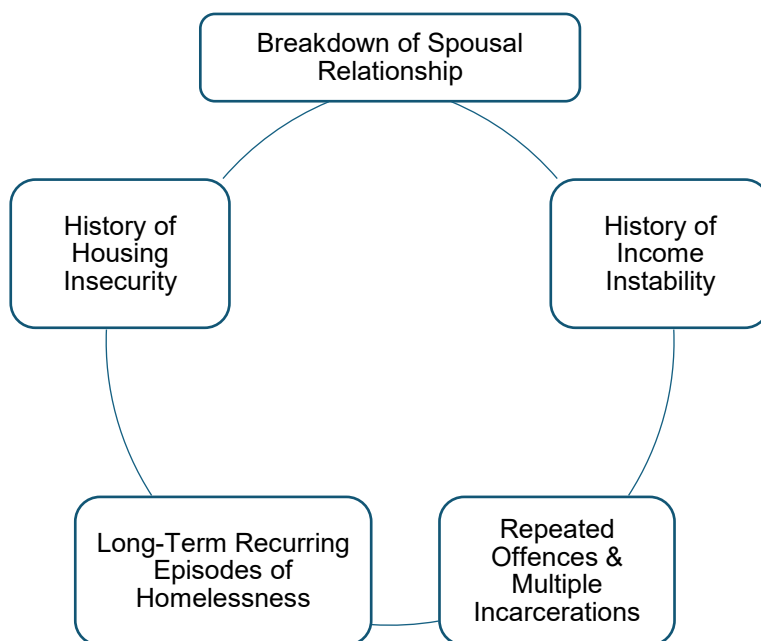


away, he would straightaway send me back home without my kids. So I have to just try to endure, suffer a little bit.” (Female, 56 years old)

#### 2.4.5. Pathway 5: Multiple incarceration

Unlike the other pathways, the multiple incarceration pathway is cyclical, involving a cycle of recurring institutionalisation (i.e., imprisonment) and episodes of homelessness (see Figure 6). Among the five participants who experienced multiple incarceration, four stressors emerged as prominent: (i) long-term history of housing insecurity, (ii) breakdown of family, (iii) history of income instability and (iv) repeated offences and multiple incarceration. In this pathway, multiple incarceration led to the gradual accumulation of these stressors.

**Figure 6: Non-linear pathway into homelessness due to multiple incarcerations**



There is a bi-directional relationship between homelessness and re-offending. For example, one participant shared how she chose to stop contacting friends whom she would rely on to couch surf as an effort to abstain from drug use. In parallel to deciding to turn away from re-offending, participants would attempt to remain employed full-time. This



personal decision to turn away from re-offending was prominent among our participants after their most recent release from prison. Despite these efforts, they were still unable to accumulate sufficient financial resources to exit homelessness. The lack of financial resources and family support meant that our participants were potentially stuck in an institutional circuit (Hopper et al., 1997).

## **2.5. EXPERIENCE OF RECEIVING SUPPORT DURING COVID-19 PANDEMIC**

Various types of support were available to homeless persons and rough sleepers in Singapore, covering the following areas: (i) social work support; (ii) cash assistance; (iii) employment assistance; (iv) subsidies; (v) legal assistance/aid; (vi) shelter support; and (vii) housing assistance/support. New support schemes were introduced upon the onset of the COVID-19 pandemic, such as the COVID-19 Recovery Grant (Temporary), COVID-19 Recovery Grant, Temporary Relief Fund, COVID-19 Support Grant and Courage Fund.

### **2.5.1. Awareness of available support**

Among the 50 participants, 46 (92 per cent) were aware of the availability of some of these support initiatives (aside from shelter support, which all of them knew about). In particular, they cited ComCare Short-to-Medium-Term Assistance scheme (SMTA) as one of the more accessible forms of support. They were also aware of housing assistance, including the availability of S3Ps and HDB's PRS.

Forty-five out of 50 participants (90 per cent) expressed that they gained awareness of relevant support schemes with the help of shelter social workers. They gained a better understanding of the different support schemes during their shelter stay, including those they were already aware of before entering the shelter. Other ways in which they gained awareness included individual resourcefulness, word of mouth (family and friends), HDB, Social Service Offices (SSOs), Family Service Centres (FSCs), community/volunteer organisations (e.g., Catholic Welfare Services) and other social service agencies (SSAs) (e.g., AWWA).

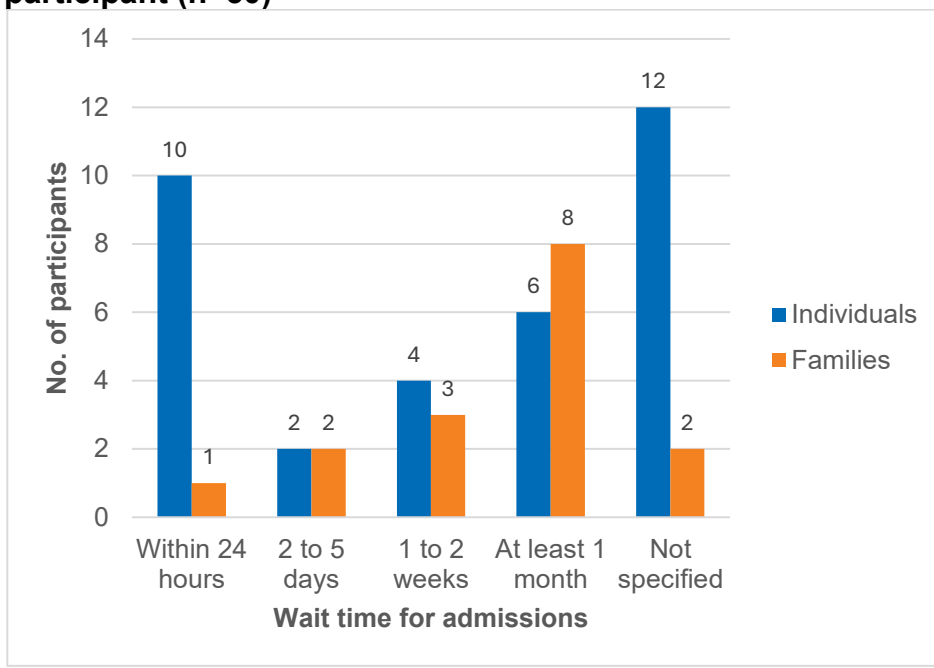
## **2.6. ACCESS TO SHELTER SUPPORT DURING COVID-19 PANDEMIC**

### **2.6.1. Wait time**

Admission into shelter for the first time required a wait time ranging from 24 hours to a few months from the point of requesting shelter support (see

Figure 7 for details). Individuals tended to have shorter wait times than families, possibly because individuals were typically admitted to S3Ps, while families tended to be admitted to TSeS.

**Figure 7: Wait time for shelter admission by type of participant (n=50)**



The longer wait time for admission to TSeS could be due to the time required to screen applicants for eligibility (e.g., contacting applicants and obtaining necessary information). In addition, the shorter wait time for admission into S3Ps were likely a result of the S3Ps operating at a higher capacity during the Circuit Breaker period in Singapore.<sup>5</sup>

Aside from wait time for admission, participants did not report any concerns or inconveniences regarding the application process (e.g., documentation, interviews conducted by shelter operators).

### 2.6.2. Chain of referrals

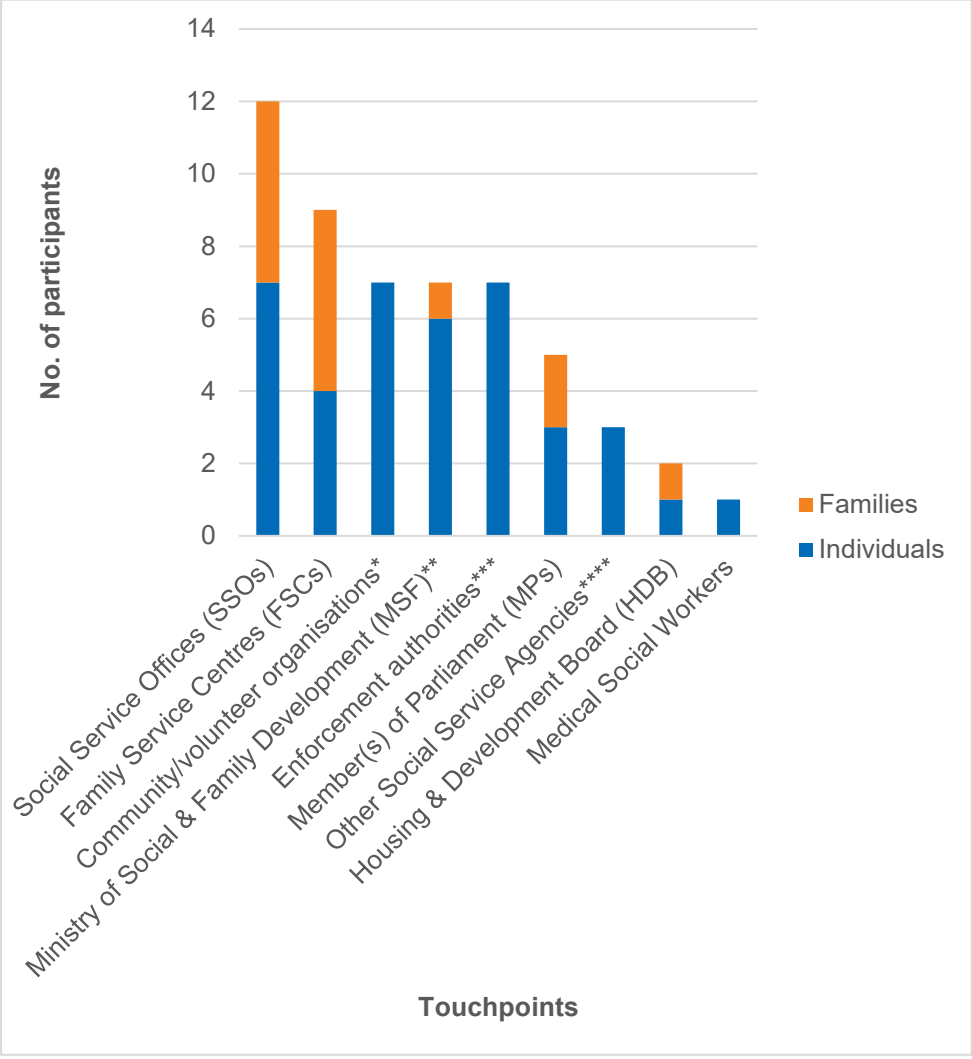
In the process of gaining access to shelters, participants typically went through a chain of referrals involving various government agencies and community organisations (see Figure 8 for details). Individuals tended to

5. At the time, S3Ps operated 24/7 with more volunteers readily available to expedite admissions.



have longer chains of referrals (ranging from one to three organisations), while families tended to have chains of referrals ranging from one to two organisations.

**Figure 8: Touchpoints and frequency of mentions in participants’ chain of referral for shelter admission**



\* Examples of community/volunteer organisations are Homeless Hearts of Singapore (HHOS) and Catholic Welfare Services (CWS).

\*\* Participants did not specify whether help from the MSF was from PEERS Office.

\*\*\* Examples of enforcement authorities are AETOS, the Singapore Police Force and Immigration & Checkpoints Authority (ICA).

\*\*\*\* Examples of other social service agencies are AWWA and Singapore Council of Women’s Organisations (SCWO).

### **2.6.3. The importance of early intervention**

Early intervention (i.e., contact with social workers before losing access to accommodation) was key to preventing rough sleeping and couch surfing among our participants. Based on our study findings, such early intervention was likelier to happen if participants were receiving/had previously received at least one form of government assistance (e.g., quarantine facility or halfway house).

For all cases in our sample that had a direct entry into shelter from other accommodation<sup>6</sup> (n=9), participants avoided sleeping rough through early arrangements for shelter, i.e., prior to necessary exit from quarantine facility and open market rental homes. Participants could make such early arrangements as they already had access to one form of government assistance (e.g., quarantine facility or halfway house), or were aware of support available directly through an FSC.

### **2.6.4. Factors preventing take-up (for those homeless before the COVID-19 pandemic)**

Of the 29 participants who were homeless before the COVID-19 pandemic, 20 out of 29 participants (69 per cent) were not aware of any shelter support. Four participants were aware of shelter support, but did not accept it or apply for it. This was due to an impression that Welfare Homes constituted the only form of shelter support available, and a negative impression of the living arrangements in shelter: “to be with people with problems, that’s what is difficult” (Female, 63 years old).

## **2.7. PARTICIPANTS’ KEY EXPERIENCES IN SHELTERS DURING THE COVID-19 PANDEMIC**

Overall, shelters were a source of physical security, and functioned as a transitional space towards long-term housing plans. A key challenge of shelter-living is adapting to co-living with other shelter users. From this key challenge arises various concerns such as conflicts over daily living habits, concerns over safety and privacy. In the face of these challenges and concerns, shelter operators have to enforce shelter rules and mediate conflict. In addition, shelter staff continue to assist shelter users to plan and achieve their long-term housing goals.

### **2.7.1. Experiences of individuals**

Individuals perceived that shelter provided them with physical security and convenience, as compared to rough sleeping: “Because you don’t have to

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6. Including quarantine facility, halfway house and open market rental.



be like roaming around. You don't have to think of tonight, where can you sleep?" (Male, 66 years old).

However, they faced repetitive conflicts with other shelter users, typically over living habits, which were a key trigger point for many. When left unresolved, such conflicts sometimes would escalate to physical conflicts between shelter users. Individuals also perceived two main threats to their safety, based on first-person witness and hearsay: (i) substance use in the neighbourhood (i.e., drugs, alcohol); and (ii) fights between other shelter users.

### **2.7.2. Experiences of families**

Shelters played the role of a transitional space for families while they worked towards long-term housing plans. While shelter support was appreciated, families also expressed an urgency to move towards long-term housing, citing it as "better to have my own place" (Female, 52 years old).<sup>7</sup> Single-parent families, in particular, expressed shelters as a safe refuge and as empowering: "they really support and motivate us. Through hard times, they still [have] been here for us... this home I really feel like home lah." (Female, 35 years old).

Similar to individuals, the most significant source of conflict between co-living families was the inability to resolve differences relating to living habits (e.g., distribution of domestic work, hygiene, noise causing sleep disruption, conflict within co-living family, inter-religious tolerance). However, families had a different motivation to exercise tolerance in the face of conflicts: "I have a boy. We need to maintain relationships with everybody right? What happen if anything happened to my boy when I am not around. [I am] nice [to people] so that they can look after my boy." (Male, 48 years old)

A loss of privacy during shelter stay was felt more prominently by families. Families expressed heightened awareness of co-living with strangers as they go about their daily lives. In particular, the lack of personal space for growing children was expressed explicitly: "Everyday my children will ask, 'when will we get a HDB flat, when will we get out?'. My children are schooling, my children hope for their own rooms, for privacy." (Female, 39 years old)<sup>8</sup>

Families were also concerned about their children's safety. Reasons cited included general concerns over leaving a child alone at home with the co-

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7. She is a spouse from an intact family.

8. She is a single mother of two children aged 15 and 16 years old.



living family; mix-gender living arrangements; and a perceived general lack of security after incidents of physical assault at the shelter.

## **2.8. LONG-TERM HOUSING ASPIRATIONS**

Of the 50 participants, eight participants (16 per cent) had achieved their long-term housing plan at the point of interview. Half of these participants had successfully moved into a PRS flat, while the other half was waiting for their purchased flats to be ready or had already moved into their purchased flat at the point of interview.

Twenty-six of the remaining 42 participants (62 per cent) aspired towards a flat from the PRS. Participants' motivations for renting under the PRS were typically pragmatic and included: (i) relative affordability of public rental housing compared to home ownership; (ii) recognition that shelter was not a long-term and conducive place for children; (iii) housing stability for self, family or children; and (iv) having a place for the entire family to stay together, particularly transnational families.

Eleven participants (22 per cent) indicated plans to purchase a HDB flat as their long-term housing option. Participants' motivations for home ownership included reasons such as: (i) wanting to provide better care for an elderly parent; (ii) aspirations of marriage and starting a family; (iii) the ability to collect rental as extra income; (iv) providing privacy and housing security for children; and (v) wanting a permanent home for the family rather than long-term public rental from the government. However, achieving their goal would entail overcoming constraints such as affordability, failing to meet the eligibility criteria and other social barriers (e.g., finding a partner to settle down with).

The remaining five participants intended to return overseas, or rent from the open market (6 per cent and 4 per cent respectively). These plans were the least popular and tended to be selected as the last resort because of ineligibility for PRS flats.



## **Chapter 3**

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### **Key Findings from Phases 2 and 3 (“Long-term Homelessness in Singapore”)**

## CHAPTER 3: KEY FINDINGS FROM PHASES 2 AND 3 ("LONG-TERM HOMELESSNESS IN SINGAPORE")

### 3.1. OVERVIEW

This chapter provides an in-depth analysis of the demographic characteristics and housing trajectories of the participants.

First, we explored the variations in housing outcomes across different demographic groups, including marital status, sex and initial housing conditions at the start of the study. Housing outcomes are understood through the three concepts of *housing eligibility*, *housing affordability*, and *housing occupancy*. *Housing eligibility* refers to the ability to meet the criteria for public rental housing and/or public home ownership. *Housing affordability* refers to the access to (public) housing being perceived to be affordable. *Housing occupancy* refers to the status of whether one is living in the homes they rent or own.

Next, we examined the long-term homelessness trajectories and experiences through the life-course approach. We constructed life-biography pathways that describe a person's or family's route into homelessness, their homelessness experience and route out of homelessness. In constructing these life-biography pathways, we utilised the individual biographies or life histories of homeless people, complemented with an ethnographic and longitudinal research framework (McNaughton, 2008; Ravenhill, 2008). The life-biography pathways were constructed to varying degrees of specificity as data collected was dependent on participants' self-report. Life events were included only if they were of significance to participants' experience of homelessness, and were organised chronologically. Special attention was paid to stressors in participants' lives that might have contributed to episode(s) of homelessness, and forms of interventions participants had experienced which enabled their exit from homelessness. For a sample of how the life-biographies were constructed, see Annex A.

Specifically, in Phase 2 of our study, we examined the constructed life-biography pathways to derive the participants' dominant long-term homelessness patterns. This provided insights on the participants' trajectories through rough sleeping and/or sheltered homelessness, and exits from either and/or both over their life courses.

In Phase 3 of our study, we used the life-biography pathways to analyse the phenomenon of long-term homelessness through one's life course. Four main life-stages were used for analysis: childhood (aged 0 to 20),



adulthood (age 21 to 49), older adulthood (age 50 to 64) and old age (age 65 and above).

### 3.2. PARTICIPANTS’ PROFILES AND DEMOGRAPHIC INFORMATION

The final sample in Phase 3 comprised 41 participants, including 28 individuals and 13 families. A summary of their key characteristics can be found in Table 3.

**Table 3: Profile of Phase 2 and 3 participants**

			n	% <sup>9</sup>
<b>Total sample (n=41)</b>	<b>Type of participant</b>	<b>Individual</b>	28	68
		<b>Family</b>	13	32
<b>Individual participants (n=28)</b>	<b>Life stage of <u>male</u> participants at last Phase 3 touch point</b>	<b>Adult</b>	4	17
		<b>Older adult</b>	11	48
		<b>Old age</b>	8	35
	<b>Life stage of <u>female</u> participants at last Phase 3 touch point</b>	<b>Adult</b>	1	20
		<b>Older adult</b>	2	40
		<b>Old age</b>	2	40
	<b>Marital status (<u>male</u> participants)</b>	<b>Married</b>	5	22
		<b>Divorced</b>	10	43
		<b>Single</b>	8	35
		<b>Separated</b>	0	0
	<b>Marital status (<u>female</u> participants)</b>	<b>Married</b>	1	20
		<b>Divorced</b>	4	80
		<b>Single</b>	0	0
		<b>Separated</b>	0	0

9. Percentages may not add up to 100 per cent because of rounding effects.

			n	% <sup>9</sup>
<b>Family participants (n=13)</b>	<b>Type of family</b>	<b>Traditional intact</b>	1	8
		<b>Transnational intact</b>	5	38
		<b>Single-parent (Singaporean)</b>	2	15
		<b>Single-parent (migrant spouse)</b>	4	31
		<b>Immigrant</b>	1	8
	<b>Marital status of head of household</b>	<b>Married</b>	6	46
		<b>Divorced</b>	5	38
		<b>Single</b>	1	8
		<b>Separated</b>	1	8

Participants were aged between 28 to 85 years old (mean age was 55 years old; median age was 58 years old) at the last touch point in Phase 3 (see Table 3 for life stage of participants at last touch point in Phase 3). Of the 28 individual participants, 23 were males and five were females. Most participants were divorced (n=19). Notably, all nine participants who had never been married were male.

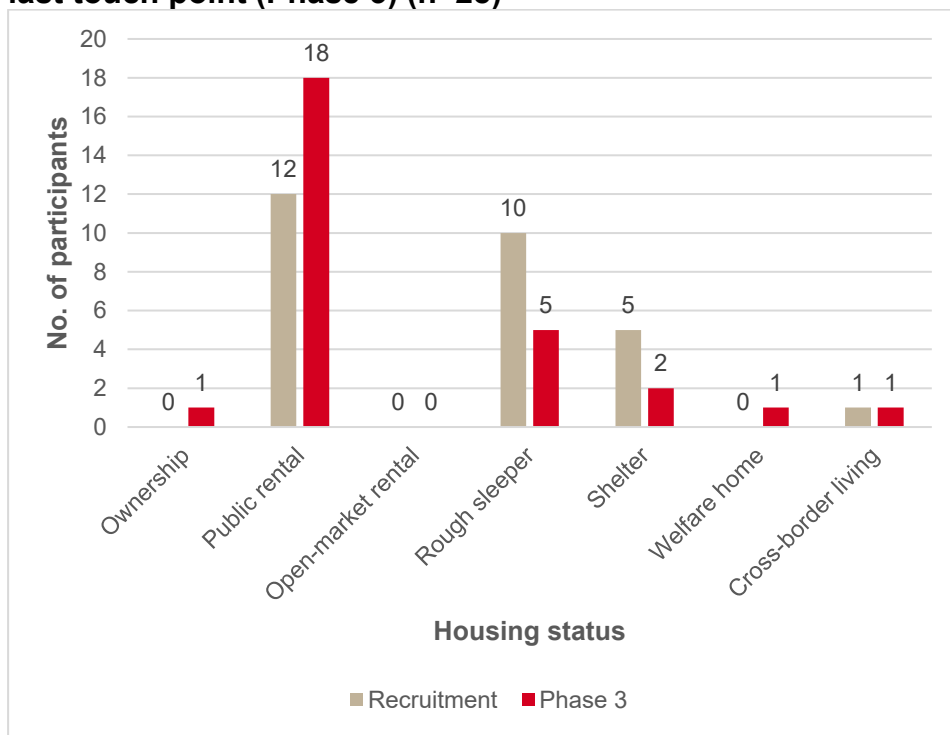
### 3.2.1. Housing outcomes of individual participants

At the start of Phase 2, 15 participants (14 males and one female) were experiencing homelessness as individuals, while five participants were homeless as part of a family unit. Over the study (Phases 2 to 3), housing outcomes improved for some individuals (see Figure 9). By the end of the study, four rough sleepers and three shelter users had exited homelessness and moved into rental flats under the HDB PRS. Additionally, one rough sleeper transited directly into home ownership. This reflected an improvement in housing eligibility. However, a decline in housing occupancy was also observed, as three individuals who were initially housed in rental flats returned to rough sleeping.



Shelter support seemed to have a positive effect on individual participants’ ability to access long-term housing. About 80 per cent<sup>10</sup> of the individual participants in long-term housing at the end of the study had access to some form of shelter support and assistance when they were homeless. In comparison, approximately 70 per cent of the individual participants that remained homeless at the end of the study reported not accessing any shelter support at all in their lives.

**Figure 9: Individuals’ housing status at first (recruitment) and last touch point (Phase 3) (n=28)**



### 3.2.2. Housing outcomes of family participants

Families, in contrast, generally exhibited more stable housing outcomes (see Figure 10). None of the participants who experienced homelessness

10. It was noted that more than half of these individuals with stable housing outcomes at the end of the study (Phase 3) were already in stable housing at the point of recruitment.

as part of a family unit reported sleeping rough throughout the study.<sup>11</sup> At the start of the study, 62 per cent of families were already in long-term housing, compared to 43 per cent of individuals.<sup>12</sup> As most families were already in rental flats, there was little improvement in housing outcomes over time. None of the families transited from rental flats to home ownership during the study. However, one family did move directly from shelter to home ownership.

**Figure 10: Families' housing status at first (recruitment) and last touch point (Phase 3) (n=13)**



Families' exit from homelessness can be complex, especially when discharge from shelter is not consensual between families and the shelter.

11. While none of the participants who experienced homelessness as part of a family unit reported rough sleeping throughout the study, two participating families had experienced rough sleeping as a family unit prior to the study and three other participating families also reported prior individual rough sleeping experiences.

12. All individuals and families, regardless of their housing status at the point of recruitment, met the sampling criteria. They either experienced an episode of homelessness for at least one year at the time of recruitment thereby fulfilling criteria (i) or have experienced multiple episodes of homelessness that cumulated to a duration of at least one year at the time of recruitment thereby fulfilling criteria (ii).



For instance, one family was no longer eligible for shelter as they experienced an increase in household income. They were also not eligible for the HDB PRS (Family Scheme) and open-market housing solutions were not perceived as affordable. Consequently, the family unit split, with the son moving into open-market rental, the mother reportedly rough sleeping and couch surfing, and the whereabouts of the younger son remaining unknown.

When examining housing outcomes for individuals by sex, of the 14 males who were homeless at recruitment, 57 per cent had improved housing outcomes. Among the five female participants, three (60 per cent) were already in rental flats at recruitment. However, one participant experienced a decline in housing stability, returning to rough sleeping, while another remained in a shelter at the last touch point of the study. The other one participant was in a cross-border living arrangement throughout the study.

### 3.3. MULTIPLE STRESSORS

Participants experienced multiple stressors throughout their lives (see Table 4). These stressors not only impacted their life trajectories but, in some cases, also represented significant transitions at different life stages. In subsequent sections, this report explores how these key life transitions influenced participants and, ultimately, affected housing outcomes, including housing eligibility, affordability and occupancy across the life course.

**Table 4: Summary of multiple stressors across life stages**

Childhood (age 0 to 20)	Adulthood (age 21 to 49)	Older adulthood (age 50 to 64)	Old age (age 65 and above)
<ul style="list-style-type: none"> <li>• Low-income households</li> <li>• Poor living conditions</li> <li>• Low education</li> <li>• Family conflict</li> <li>• Lack of parental supervision</li> <li>• Death of caregiver</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial resources</li> <li>• Precarious housing</li> <li>• Breakdown of cross-border living</li> <li>• Family conflict</li> <li>• Substance use</li> <li>• Multiple incarceration</li> <li>• Divorce and separation</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial resources</li> <li>• Precarious housing</li> <li>• Family conflict</li> <li>• Substance use</li> <li>• Multiple incarceration</li> <li>• Institutional living</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial resources</li> <li>• Chronic health conditions</li> <li>• Family conflict</li> <li>• Debt</li> </ul>





<ul style="list-style-type: none"> <li>• Substance use and criminal sentence</li> <li>• Eviction</li> <li>• Poor physical health</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Debt and bankruptcy</li> <li>• Eviction</li> <li>• Severe and chronic physical health issues</li> <li>• Chronic mental health conditions</li> <li>• Recurring and long-term institutionalisation</li> </ul>	<ul style="list-style-type: none"> <li>• Poor physical health and chronic mental health conditions</li> <li>• Divorce</li> </ul>	
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### 3.4. DOMINANT PATTERNS OF LONG-TERM HOMELESSNESS

The life biography pathways were used to identify dominant patterns of long-term homelessness and explain why rough sleeping and sheltered homelessness recurs over a person's lifetime. Particularly, the estimated homelessness duration<sup>13</sup> was used to determine the participants' long-term homelessness dominant trajectories. In our analyses, two distinct homelessness typologies emerged<sup>14</sup>:

- *Rough sleeping (RS) dominant* (n=13), where the duration of rough sleeping featured most prominently in participants' trajectories; and
- *Sheltered homelessness (SH) dominant* (n=28), where the duration of sheltered forms of homelessness featured most prominently in participants' trajectories, including:
  - (i) Unstable informal accommodations. This includes couch-surfing or temporary stays at friends'/family members' houses, hotels, backpacker hostels, workplaces, etc.; and
  - (ii) Shelters, e.g., TSeS, S3Ps; and
  - (iii) Welfare homes

Given these parameters, each category included outlier cases that do not reflect the common or average experience of participants in the trajectory

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13. The homelessness duration presented in this report are estimates due to participants' potential imperfect recall.

14. It is important to note that they are not mutually exclusive. For example, a participant in the RS-dominant homelessness trajectory could also have experienced periods of sheltered homelessness and long-term housing.



they are classified within. For example, although most participants in the SH-dominant trajectory have stayed in a TS, S3P, welfare home or women’s shelter<sup>15</sup> at least once, for one participant in the SH-dominant trajectory, his experience of sheltered homelessness was predominantly in informal accommodations at his workplaces.<sup>16</sup>

**Table 5: Demographic characteristics of people who were homeless, by dominant pattern of long-term homelessness**

Characteristics			RS Dominant		SH Dominant	
			n	% of RS Dominant	n	% of SH Dominant
Total number (n)			13	100	28	100
Families			0	0	13	46.4
Individuals			13	100	15	53.6
Age range (at Phase 3)			52-79		28-85	
Sex	Male		12	92.3	15	53.6
	Female		1	7.7	13	46.4
Marital Status	Single		2	15.4	7	25.0
	Married		3	23.1	9	32.1
	Divorced		8	61.5	11	39.3
	Separated		0	0.0	1	3.6
First experience of homelessness	Childhood (Age 0–20)		5	38.5	4	14.3
	Adulthood (Age 21–49)		8	61.5	16	57.1
	Older adulthood (Age 50–64)		0	0.0	5	17.9
	Old age (65 and above)		0	0.0	3	10.7
Homelessness duration (in years)	Total	Mean	17.4		5.7	
		Median	16		3.5	
	Total RS	Mean	15.8		1.1	
		Median	15		0.4	
	Total SH	Mean	1.6		4.7	
		Median	1.3		2.9	

SH: sheltered homelessness; RS: rough sleeping

15. Likely to refer to a crisis shelter, which provides temporary accommodation to women and children experiencing family violence.

16. This participant also had significant rough sleeping episodes over the course of his long-term homelessness experience.



Key demographic observations are as follows:

- a. *The majority in both RS-dominant and SH-dominant typologies are male, but the percentage of males in the RS-dominant group is significantly larger.* This can be understood as a result of help-seeking behaviour and receptiveness being more common among female participants than male participants, and sheltered homelessness often requires receiving or accepting assistance from social networks or shelters.
- b. *All family participants belong to the SH-dominant typology only.* This can be explained given that families are likely prioritised by social services and have greater access to support networks like friends, compared to individual participants, as a family unit constitutes more than one member.
- c. *Participants who are divorced were the largest group when classified by marital status, in both typologies.* This is an unsurprising find, as divorce is noted as a stressor for participants (see section 3.10.1).
- d. *The age range spread is greater in the SH-dominant typology than RS-dominant typology. RS-dominant participants' ages are restricted to older adulthood and old age, while SH-dominant participants are spread across adulthood, older adulthood and old age.* No RS-dominant typology participant's first experience of homelessness was in older adulthood or old age, and a significantly higher proportion of first homelessness experience in childhood was observed in the RS-dominant typology.
- e. The age range differences between the typologies also help to explain why the *total amount of time spent homeless is significantly longer for those who fall under the RS-dominant typology.* There is greater access and availability to social services and shelters today than in prior decades, which means that older participants are more likely to be involved in homelessness subculture and accustomed to rough sleeping practices. Awareness of social services and shelters is also likely higher amongst younger participants, resulting in them accessing sheltered accommodation more often than entering rough sleeping.



## **3.5. CHALLENGES IN SLEEPING ROUGH AND LIVING IN SHELTER**

### **3.5.1. Challenges of people who slept rough**

Participants who slept rough experienced the following challenges:

- i. Surviving and meeting their basic needs on the streets.
- ii. Being resourceful and figuring out where they could maintain their hygiene, do their laundry and store their belongings.
- iii. Sleeping in places where they could avoid the public eye or authorities and sometimes building friendships with enforcement personnel who tolerated rough sleeping.
- iv. Enduring tough weather and uncomfortable sleeping conditions, often feeling unrested.
- v. Coping with poor physical and mental health.
- vi. Arising from theft and safety concerns, avoiding other rough sleepers and negative influences such as people who drink and/or use drugs.
- vii. Encountering stigma directed towards them. This could include public complaints causing them to move their sleeping spot, difficulties finding a job if prospective employers knew they were homeless, people looking down on them, etc.

### **3.5.2. Challenges of people experiencing sheltered homelessness**

Participants who lived in homeless shelters experienced the following challenges, which were also echoed by participants in Phase 1 of the study:

- i. Difficulties over co-living and concerns about safety meant that participants had to learn to manage conflicts when they arose and take extra precaution against the people they lived with.

Participants who experienced unstable informal accommodation experienced the following challenges:

- i. These stays in informal accommodation represented the efforts made by individuals without stable housing to meet their own accommodation needs, by first relying on their own networks. This was the first course of action taken by almost half our participants (see point 16.1b). However, due to the precarious and unsustainable nature of informal accommodations, and because their social networks were often tenuous or fractured, these stays were often short-lived, leading to subsequent rough sleeping or a search for other forms of shelter.

- ii. Furthermore, accommodation was not usually stable or comfortable, as participants were subject to terms and conditions set by others (e.g., their friends' plans with the house, their employer's terms and conditions for providing the space) and their own financial ability to maintain hotel or hostel stays.

## **3.6. ENTERING AND STAYING IN LONG-TERM HOMELESSNESS**

### **3.6.1. First experience of homelessness**

Of the 41 participants who experienced long-term homelessness:

- i. Twenty participants' (49 per cent) first experience of homelessness was rough sleeping.
- ii. Nineteen participants' (46 per cent) first experience of homelessness was in unstable informal accommodation.<sup>17,18</sup>
- iii. Two participants' (5 per cent) first experience of homelessness was in a homeless shelter.

### **3.6.2. RS-dominant typology**

Most of them first entered homelessness by sleeping rough (not in shelter), and most of them had slept rough for more than 10 years (cumulative over their lifetime). The average total homelessness duration of participants in the RS-dominant typology was 17.4 years (median 16 years). Most

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17. Unstable informal accommodation is a temporary, precarious arrangement where individuals lack stability and face frequent pressures to leave. It is a common first resort when participants were faced with homelessness. This applies not just in Singapore, but also in other jurisdictions with established shelter support (e.g., the United States, Australia and the United Kingdom). In these jurisdictions, unstable informal accommodation like couch surfing might be chosen as a first resort due to its accessibility, to maintain some level of security, and to avoid rough sleeping (Curry et al., 2017; McLoughlin, 2013; Preece et. al., 2020; VanMeeter et. al., 2023). However, the literature also asserts that couch surfing is an experience enabled by structural difficulties and inscribes further disadvantages and/or harm, while also being unsustainable. Thus, merely improving shelter support might not suffice for upstream intervention, and outreach/prevention efforts are still necessary to reach those in unstable informal accommodation.

18. This finding corroborates with the positive relationship between unstable informal accommodation (e.g., couch surfing) and first-time homelessness observed among young people (Petry et al., 2021). Further, 83 per cent of our 41 participants were in unstable informal accommodation at least once. The total duration in such arrangement was at least half of the total sheltered homelessness duration for 49 per cent of the participants.



participants in the RS-dominant typology had experienced at least two episodes of rough sleeping in their lives.

Participants who fell under the RS-dominant typology had come to perceive long-term rough sleeping as the *best possible outcome* among all other options. They had adapted to rough sleeping and learnt how to meet their needs independently. This emphasis on independence and self-reliance could also result in or reinforce negative attitudes towards help-seeking, especially towards homeless shelters: "I rather stay outside. Because my life is already outside" (Male, 79 years old). This also manifested as difficulties in living with flat mates, family or friends when they moved into informal accommodation, their family home or a PRS flat.

Some participants were also entrenched in *homeless subculture behaviours*, such as drinking, begging and scavenging for food. This in turn further extended their long-term rough sleeping duration, as they became further marginalised from mainstream society (Ravenhill, 2008). Limited financial resources led some of our participants to resort to begging and/or borrowing money from others (i.e., friends, family, strangers) to meet basic needs and for some, to satiate their substance addiction. *Entrenchment in homeless subculture behaviours led to the weakening of participants' networks and relationships*, as people in their networks started to avoid them.

Negative perceptions held towards homeless shelters, reservations against co-living arrangements and the challenges faced in accessing long-term housing often contributed to participants' perception that rough sleeping was the remaining viable option for them. Nonetheless, while participants rejected shelter, *many still harboured long-term housing aspirations*.

Those who slept rough *had limited bandwidth to make plans for long-term housing*. Their focus on day-to-day survival meant that meeting basic needs was already challenging. This was made even more challenging by their limited financial resources. For some participants, sleeping rough for long periods in their lives also resulted in a lack of concrete understanding of what and how much financial resources were required to maintain their own housing and run their own household.

Some RS-dominant participants had a history of multiple incarceration, typically related to substance abuse, and were embedded in an *institutional circuit*. Recurrent addiction issues and relapses impeded their ability to maintain their existing housing option. These participants also



tended to be *estranged from their networks*, and were unable to accumulate financial resources due to recurring institutional stays.

### **3.6.3. SH-dominant typology**

Sheltered forms of homelessness were more prevalent throughout some participants' homelessness trajectory due to the ramping up of shelter capacity during the COVID-19 pandemic, and increased accessibility to shelter (e.g., by fast-tracking rough sleepers into shelters). The majority of the participants in this category entered shelters during the height of the COVID-19 pandemic. Some participants stayed in shelters longer than initially intended, due to delays in their rental flat applications (arising from the pandemic) and extended border closures.

Participants with a history of multiple incarceration in the SH-dominant typology similarly found themselves with limited housing options upon release from penal institutions. However, those in the SH-dominant typology were better able to stay sheltered and avoid sleeping rough, as they *accessed shelter and/or long-term housing through their non-kin and formal social service networks*.

One other factor that helped prevent participants who fell under the SH-dominant typology from falling into rough sleeping was *social work intervention during the early stages of homelessness or housing crisis*. Participants who were able to access homeless shelters during the early stages of their homelessness/almost immediately upon a housing crisis tended to: (i) be aware of available help resources and the help-seeking process or (ii) have prior engagement with social services, especially for vulnerable groups. Awareness of available help resources and the process of seeking help enabled participants to get relevant shelter support as soon as they encountered a housing crisis.

Participants with access to *non-kin and family networks* were also more likely to be classified under the SH-dominant typology. Participants tapped on these networks to access short-term solutions to their housing crisis, and their trajectories were characterised by multiple episodes of sheltered homelessness. However, once they exhaust the goodwill in their social networks, they may fall into rough sleeping.



### 3.7. EXITING LONG-TERM HOMELESSNESS

In general, *participants who had experiences of exiting sheltered homelessness tended to fare better than the others in terms of their current housing status at the time of data collection.*<sup>19</sup> In contrast, most participants who had experiences of exiting rough sleeping remained homeless at the point of data collection. This suggests the importance of social service interventions and long-term housing planning that were made available to participants when they entered the shelters.

In addition, *participants who had never experienced rough sleeping in their lives (n=9) had the shortest total duration of long-term homelessness* ranging from approximately 1.5 to 7 years, with a median total duration of 2.75 years. This corroborates the scholarly literature view on the detrimental effects of rough sleeping on the length of one's homelessness.

#### 3.7.1. Exits from RS to SH

The most common form of RS-to-SH exits for our participants (n=16) was gaining access to informal/temporary accommodations. The exit process was fast as it did not require protracted formal agreement and documentation. However, *exits to informal/temporary accommodations were often short-lived.*

Some exits involving some form of non-monetary or monetary transactions (rather than solely on the goodwill of friends and family) were more durable. These included participants helping to manage other tenants in a friend's home, taking care of a friend's ailing sibling, or informal rent. Such exits could last for about a year. However, *these informal arrangements remained precarious in nature*, and participants faced the risk of eviction at any time.

The second-most common form of RS-to-SH exits involved entering a homeless shelter. *The key feature of all exits from rough sleeping to shelters was collaborative intervention by a network of social service agencies* consisting of outreach volunteers, the PEERS network, counsellors, social workers at FSCs and SSOs as well as medical social workers in the various hospitals.

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19. All except one in this group were formerly homeless at the point of data collection. Most had gained access to a HDB PRS flat while a few had bought their own flats or were in the process of purchasing one.



### 3.7.2. Exits from RS or SH to long-term housing options

Participants' long-term housing options did not differ according to which typology they fell under (i.e., RS- or SH-dominant typology). The number of participants (across both typologies) who moved from SH to long-term housing (n=29) was almost twice that of those who moved from RS to long-term housing (n=16). *This suggests that gaining access to a formal social service network helped with long-term housing plans when they enter sheltered homelessness, especially via the shelter system.*

Most exits from homelessness were through obtaining a flat under the PRS. This corroborates with our Phase 1 findings that the *PRS was the most realistic and affordable long-term housing option for many homeless people in Singapore*. Other long-term housing options (such as family's home, home ownership and open market rental) were achieved by a smaller proportion of our participants.

### 3.7.3. Key factors enabling exits for RS-dominant typology

The options for shelter and long-term housing that were available to RS-dominant participants through their networks were precarious in nature, and thus, temporary and unsustainable. They also lacked financial resources to maintain long-term housing (e.g., open-market rental), and faced challenges in accessing PRS flats.

All 13 participants in the RS-dominant group had exited rough sleeping at least once. *Broadly, two key factors enabled exiting rough sleeping: social work intervention and social networks.* The exits from rough sleeping to sheltered homelessness or long-term housing for at least nine of these participants appeared to be facilitated by social workers, shelter staff and/or outreach volunteers. Example of the support rendered by these professionals is connecting them to shelters or assisting them with housing applications.

RS-dominant participants' access to informal accommodation tended to depend on their social networks (family, friends and/or through their work). Eight participants who fell under the RS-dominant typology had prior experiences of living in informal accommodation. However, they were unable to continue their stays, for reasons such as:

- a. Conflict with family and/or friends arose, or their goodwill was exhausted
- b. Leaving a workplace that had provided accommodations; and
- c. Death of a family member who owned the flat.

Eight out of 13 participants (62 per cent) in the RS-dominant group had exited from sheltered homelessness to long-term housing at least once.



The same two key factors enabled exits into long-term housing: social work intervention and social networks. Reconciling with family or marital union enabled about three participants to exit from SH to long-term housing.

Nine out of 13 participants (69 per cent) in the RS-dominant group were in long-term housing at the point of last contact in Phase 3 of the study.<sup>20</sup> It is noteworthy that three of these nine participants were in shelters before moving to their current long-term housing accommodation, and another five participants’ exit from rough sleeping or informal accommodation into their current long-term housing situation was facilitated by social workers, social service agencies and/or outreach volunteers. *Thus, shelter stays and social service support (both in shelters and in general) appear to directly enable homelessness exit.*

#### **3.7.4. Key factors enabling exits for SH-dominant typology**

Among the 28 participants in the SH-dominant group, 23 of them (82 per cent) had exited sheltered homelessness at least once in their life course. Broadly, three key factors appeared to enable participants under this typology to exit homelessness (i.e., exit into long-term housing): *staff/social work intervention, marriage and spousal reconciliation.*

- Exits for at least seven of these participants appeared to be *facilitated by social workers or shelter staff*. An example of the support rendered by these professionals includes flat application.
- *Marriage* appeared to be another enabler for about four participants in the SH-dominant group to exit homelessness. With marriage, these participants purchased a marital home or moved into their spouse’s family home.
- A few participants exited homelessness because of *reconciliation with their spouse*.

Eighteen out of 28 participants (64 per cent) in the SH-dominant group were in long-term housing at the point of last contact in Phase 3 of the study.

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20. It is noteworthy that a higher percentage of participants in the RS-dominant group were in long-term housing at the point of last contact in the study, than that for participants in the SH-dominant group. This is because dominant pattern classification (i.e., RS-dominant, SH-dominant) should be delinked from participants’ exit(s) from homelessness. As explained, many RS-dominant participants’ exits into long-term housing were exits that were facilitated by shelter stays, social service support and/or outreach volunteers.

### **3.7.5. System factors that enable homelessness exit to long-term housing**

Three structural enablers of homelessness exit amongst both RS-dominant typology and SH-dominant typology participants are: (i) social service networks; (ii) employment; and (iii) options in the housing system.

Social work interventions during the early stages of homelessness helped prevent rough sleeping, and enabled access to homeless shelters, ensuring that homelessness is transitional and sheltered. Social workers in shelters also provided support and facilitated long-term exit plans to HDB PRS flats. Access to sufficient and clear information, including assistance in accessing such information provided by the social service network, enabled access to homeless shelters and exits to the HDB PRS flats.

Employment could provide regular income and enable participants to accrue savings (both Central Provident Fund [CPF] and personal savings), which rendered open market rental to be a viable exit option in some cases, and even home ownership in rare cases.

Expanding the range of options 'available to long-term rough sleepers — both near-term and longer-term, would help cater to those who struggle with/reject co-living arrangements, increasing their willingness and likelihood to exit homelessness.

## **3.8. KEY LIFE TRANSITIONS IN PARTICIPANTS' EXPERIENCE OF LONG-TERM HOMELESSNESS**

In Phase 3 of our study, we used life-biography pathways to analyse the experience of long-term homelessness throughout the life course. With a life course approach, present and unfolding trajectories through homelessness can be understood as constraints and opportunities from the past (Ravenhill, 2008; McDaniel and Bernard, 2011). Life events are structured across the life course according to a sequence of stages normative to major social institutions, from education to work to retirement (Krueger & Levy, 2001).

The life course approach helps to advance understandings of key life events and trajectories that may result in or affect homelessness across different life stages (Grenier et al., 2016). This is instrumental to identifying *key points for preventive intervention* at different life stages.

In Phase 3, four main life stages were examined: childhood (age 0 to 20), adulthood (age 21 to 49), older adulthood (age 50 to 64), and old age (age



65 and above). Embedded in these life stages are “age and sequential norms” that people may “violate” and deviate from (McDaniel & Bernard, 2011, p.5). Based on the experiences of our participants, *we identified key life transitions that may represent the violation or deviation from such norms.*

Given that homelessness is a crisis inextricably related to housing, in our analyses, the impact of life events on an individual’s housing outcomes over a life course is examined using the concepts of housing eligibility, housing affordability and housing occupancy.

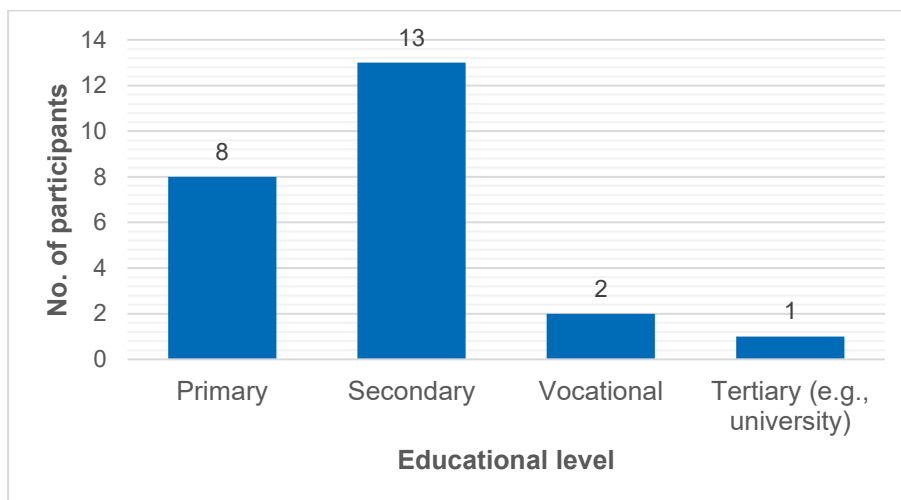
### **3.9. KEY LIFE TRANSITIONS IN CHILDHOOD**

In general, the trajectories of participants were marked by a series of adverse experiences in childhood, including *early school dropout*, *family instability* and *youth delinquency*, which were often intricately linked to their initial experiences of homelessness. The experience of *childhood homelessness* served as a pivotal point in their lives, shaping their subsequent transitions and long-term struggles with housing security.

#### **3.9.1. Transitions from education to work**

Participants experienced early transitions from education to the workforce, with many dropping out of school at the primary and secondary levels (see Figure 11). It was common for participants to prioritise employment over education to meet financial needs at home. When participants entered the labour market early, they often faced family instability and engaged in at-risk behaviours.

**Figure 11: Participants' school dropout by educational levels**



Note: Secondary level reflected in this graph includes overseas education. The two participants who dropped out of vocational education were also included in the counts for primary/secondary education levels. Nineteen participants who completed their education were omitted from this graph.

Most participants initially found themselves in informal or casual work. Their premature transition to work can limit opportunities for upward mobility and financial resilience in adulthood, as it may lead to a trajectory of low-wage employment and limited long-term wage growth (Ng & Mathews, 2023). As shown later in participants' key life transitions in adulthood and older adulthood, the lack of financial resilience, debt and bankruptcy, low-wage employment and irregular income were crucial factors that entangled people in prolonged and recurring episodes of homelessness.

### 3.9.2. Transitions through family instability

Participants reported experiences of family instability in childhood, such as *their parents' marital separation/divorce* (22 per cent), *growing up without parental supervision* (20 per cent), *the loss of a biological parent* (15 per cent) and *being a victim of physical/sexual abuse by a parent or relative* (10 per cent). Familial instability set participants on life trajectories which lead to adverse outcomes, including dropping out of school (see Figure 11), engaging in at-risk behaviours (24 per cent), childhood homelessness (22 per cent), and early marriages (22 per cent). These findings are consistent with other studies (e.g., Fomby & Bosick, 2013), in



which family instability in childhood was found to be linked to low rates of tertiary education, and early marital union and childbearing.

These outcomes also reflected how participants coped with family instability. Participants had to navigate significant later-life transitions with minimal family support, and conflicts with parents or relatives during childhood often remained unresolved. Participants also shared experiences of how familial instability had negatively affected their social-emotional development and help-seeking behaviours in later life:

“My parents didn’t really teach me anything. I had to learn a lot of things by myself. I [often feel] feel like, ‘Why is it so difficult to maintain friendships?’ I realised there’s things people know that I don’t. They will naturally know them because they have parents to help them. [Others] just know how to make friends? [To] keep up the friendship? Or rather they don’t have self-esteem issues. Their self-esteem issues are minimal. Whereas for me, it’s very hard [to connect with others].” (Male, 28 years old)

### 3.9.3. Transitions through youth delinquency

Two types of at-risk behaviours, *substance use* and *gang involvement*, were associated with these transitions. Ten out of the 16 participants<sup>21</sup> (63 per cent) who reported these at-risk behaviours indicated that these behaviours began during their adolescent years (between the ages of 10 and 19), and were brought about by the influence of deviant peer groups either in schools or the neighbourhoods where they grew up.

Youth delinquency was also associated with early school dropout and family instability. Notably, 50 per cent of the 16 participants who transitioned through youth delinquency indicated that they had either dropped out of school early because of these at-risk behaviours, or started engaging in them after dropping out of school.<sup>22</sup> Thirty-eight per cent of these 16 participants had also experienced childhood neglect arising from family conflicts (n=4), lack of parental supervision (n=1) and the loss of a biological parent (n=1).

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21. All 10 participants were males from birth cohorts between the 1950s–1970s.

22. Specifically, five participants indicated that they had dropped out of school early (between the ages of 15 and 16) because of substance use (n=3) and gang involvement (n=2). Others (n=3) began at-risk behaviours after dropping out of school (between ages 13 to 20).

Lacking conventional networks, deviant peer groups became the key source of friendship, status, self-esteem and even protection (Dong & Krohn, 2016):

“I have no mother since young. My grandmother looked after me. Playing means, I also got no brother, only many sisters. When I go to their room to find them, they tell me, ‘Eh, here ladies only, why you come here? Go lah, you go away lah....’ How to play with my grandmother? I go out and find my own friends. But they turned out to be not good ones lah, all gangsters. Then after I know them for two weeks only, I see they [were] all smoking. I asked, ‘What you all smoking?’ They say ‘ganja’ [marijuana], come you smoke?’ I try, I smoke. And then, I upgrade myself to heroin.” (Male, 62 years old)

Early substance use and gang involvement often contributed to a lifelong struggle with addiction, stigma, multiple incarcerations, institutional living, and recurring homelessness amongst participants. Seventy per cent of the 10 participants in this group were incarcerated before they turned 20 years old, and most became entrenched in an institutional circuit in their adulthood and older adulthood, comprising drug rehabilitation centres, prison, halfway houses, and homeless shelters.

#### **3.9.4. Transitions through homelessness in childhood**

Childhood homelessness was characterised by shifts in *housing occupancy*, such as frequent moves in and out of the participant’s family home into couch surfing or rough sleeping. It represented a critical transition which rendered participants vulnerable, as it was often intertwined with the transitions of early school dropout, family instability, and youth delinquency.

Nine participants (22 per cent) first experienced homelessness during childhood, at a mean age of 15 (median age 16 years). These individuals encountered significant challenges as they navigated housing instability, while dealing with transitions of early school dropout, family instability, and/or youth delinquency.

Each participant’s trajectory through childhood homelessness was shaped by a unique set of circumstances. For instance, in one participant’s experience (see Figure 12.1), family instability was particularly prominent. Her transitions in and out of homelessness were a search for a stable and secure living environment. In contrast, in another participant’s experience (see Figure 12.2), his fall into drug addiction



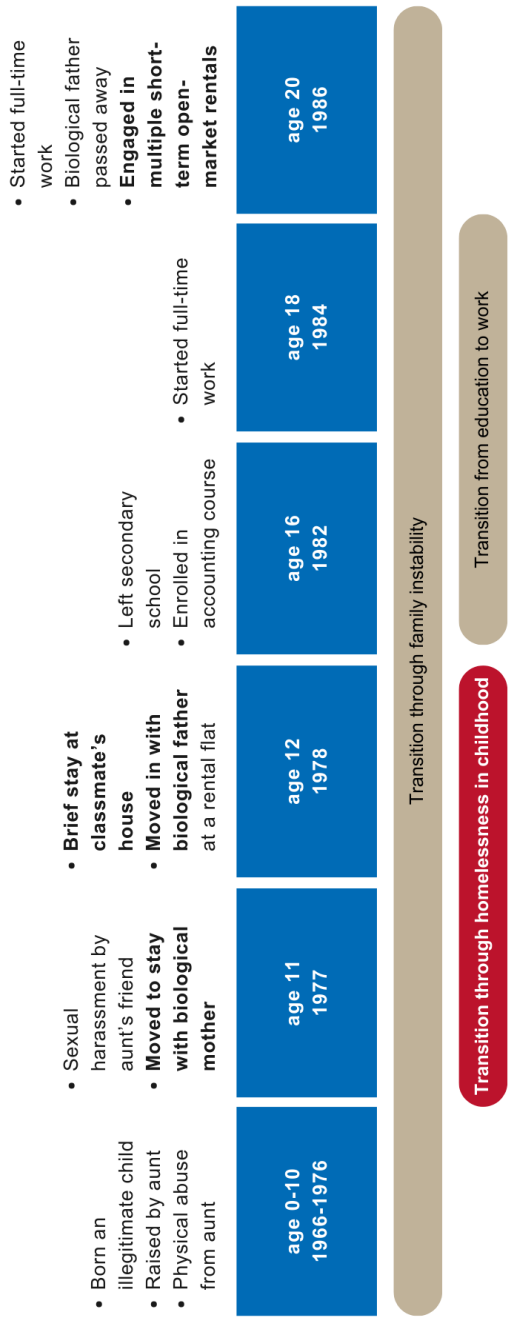
resulted in early detention and long-term rough sleeping, a pattern that persisted beyond childhood and into much of his adult life.

The average age of first exit from homelessness among the nine participants was 20. For many like the last participant, returning to their family homes provided a temporary reprieve. These exits were often precarious due to unresolved family issues and other ongoing stressors such as at-risk behaviours.



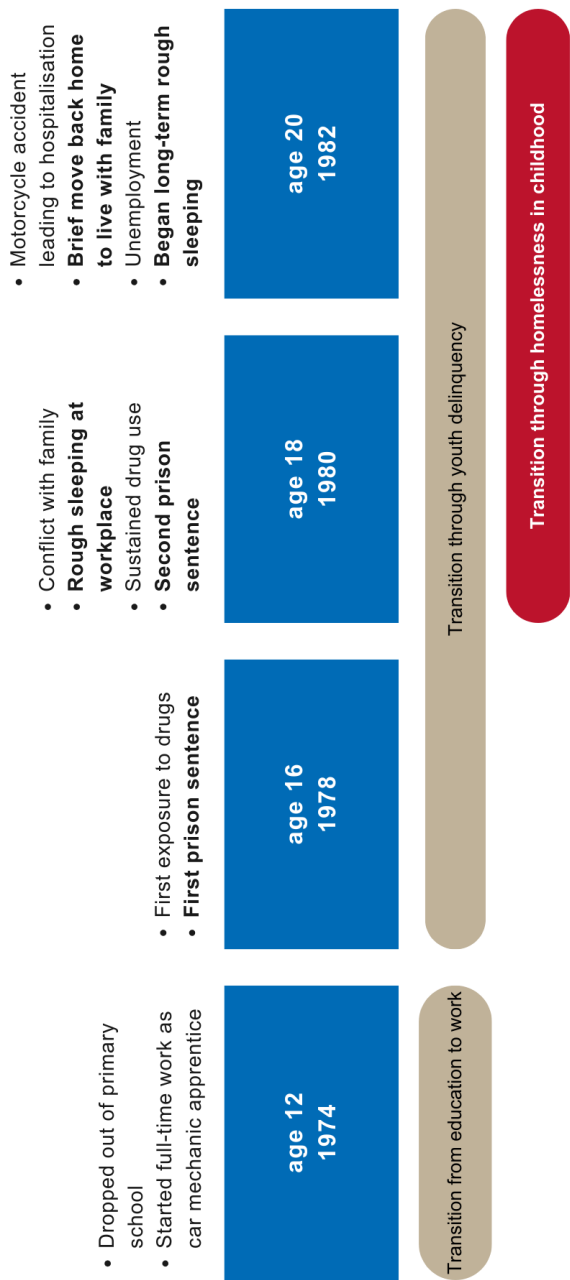


**Figure 12.1: One participant’s transition through homelessness in childhood**





**Figure 12.2: Another participant’s transition through homelessness in childhood**



### 3.10. KEY LIFE TRANSITIONS IN ADULTHOOD AND OLDER ADULTHOOD

In general, transitions into *adulthood* are marked by the need to navigate new social roles and expectations, particularly in domains relating to finance and housing. Transitions into *older adulthood* can be characterised by either disengagement (arising from insecurities and uncertainties about health, ageing, economic well-being, retirement, physical ability to work and loss of loved ones) or re-engagement (with different places, people, or doing things differently from how one navigated youth and adulthood).

On norms relating to finance and housing in Singapore, it is typically facilitated through compulsory savings contributions to the CPF (Loke & Sherraden, 2019).<sup>23</sup> Home ownership is also promoted as a form of asset building through the Public Housing Scheme (Vasoo & Singh, 2018). The accumulation of assets through CPF and personal savings, along with the formation of a nuclear family, is designed to facilitate access to public home ownership at the age of departure from the parental home.

Alternatives are in place for those who are unable to access public home ownership. Specifically, housing and shelter assistance are provided for lower-income individuals and households through PRS, TSeS and Welfare Homes. For those aged 55 and above, short-lease two-room Flexi Flats offer affordable housing options tailored to the needs of older adults.

In terms of financial support, the Workfare scheme, implemented in 2007, allows low-wage Singaporeans (age 30 and above) to access the Workfare Income Supplement and the Work Skills Support Scheme to encourage employment and skill development. Additionally, unemployed individuals of working age may be eligible for ComCare SMTA to support basic living expenses. Individuals (above age 55) who have built up their CPF savings in adulthood can begin making withdrawals to help meet their financial needs for retirement.

Given the norms of housing and financial security in Singapore, it was unsurprising that we found that the key life events of participants in adulthood and older adulthood contributing to homelessness were *marital union and separation, long-term work inactivity and irregular income, debt and bankruptcy and multiple incarcerations*.

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23. The government announced that to “improve platform workers’ housing and retirement adequacy, CPF contribution rates for platform workers and platform operators will gradually align with that of employees and employers respectively,” starting from 2025 (Ministry of Manpower, 2024).



### 3.10.1. Transitions through marital union and separation

Divorce and separation were consistently highlighted in Phase 1 of this study as pivotal life events that can lead to homelessness.<sup>24</sup> Multiple stressors<sup>25</sup> occur alongside transitions through marital unions and separation, reflecting structural barriers rooted in and perpetuated by key transitions in childhood.

Transitions out of marital union into divorce and separation for *female* participants constituted a period of instability in personal safety, emotional well-being, economic security and housing occupancy. Long-term homelessness outcomes were dependent on job security in adulthood for each female participant; however, females (as compared to males) were more vulnerable to post-divorce financial insecurity as they entered marriages earlier than men,<sup>26</sup> resulting in a shorter runway to build their own personal assets through CPF. This was further compounded by the higher likelihood of females leaving the labour market due to caregiving demands arising from their marital union.

Transitions through marital union and separation for *male* participants were characterised by financial instability and stigma. Life events in their adulthood suggested that significant financial instability, debt and bankruptcy, and long-term and recurring incarceration might have been contributing factors to their separations. Male participants had a higher number of marriages<sup>27</sup> than female participants, including transnational partnerships. Following divorce and separation, male participants typically did not assume primary caregiving responsibilities for their children (with one exception). Many lived complex and itinerant lifestyles, including engaging in cross-border living to access cheaper housing markets and

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24. Phase 1 (see section 2.4.3) illustrated housing insecurity that could arise from incidents of divorce or separation.

25. Including long-term unemployment, irregular work, debt and bankruptcy, engagement with precarious housing solutions, divorce and separation, and long-term or recurring institutionalisation.

26. Among 13 female participants (mean age at 50 years; median age at 50 years), six female participants first entered marital unions during childhood (mean age at 18 years; median age at 18.5 years), while the rest (n=7) first entered in adulthood (mean age at 27 years; median age at 21 years). For 18 male participants (mean age at 61 years; median age at 62 years), three male participants first entered marital unions during childhood (mean age at 20 years; median age at 20 years), while the rest (n=15) in adulthood (mean age at 30 years; median age at 27 years).

27. In our study sample, 18 (out of 27) male participants had one to three marriages: nine had one marriage, five had two marriages, and four had three marriages. All 14 female participants had one to two marriages: nine had one marriage and five had two marriages.

low cost of living in Johor Bahru in Malaysia and Batam in Indonesia. Many also continued to struggle with financial stability, regardless of their marital status.

Help-seeking was limited among male participants during this transition, possibly due to the stigma associated with financial instability and socio-cultural expectations for males. In such a life transition, access to financial support through ComCare SMTA may be available as a last line of support on a case-by-case basis, if the individual is deemed fit for work. However, it may not account for the buffer time needed to cushion the stress from marital breakdowns and the new financial demands that arise from this key life transition. Further, male participants typically did not access shelters during such transitions because of various reasons previously highlighted (i.e., lack of awareness of shelter support available; discomfort with communal living setting; negative impression of homeless shelters as restrictive environments, perceived negative peer influences at shelters such as ex-prisoners and drug addicts).

Female participants reported greater overall support and help-seeking behaviour in these transitions compared to male participants. This was evident in family violence cases, wherein women were receptive to receiving assistance from shelters and social service systems. Additionally, access to public rental housing through family schemes was often granted on account of the family unit, which female participants were likelier to remain a part of. Without custody of their children, male participants were likelier to have to rely on their personal assets or access public rental housing through the Joint Singles Scheme.

In later adulthood, participants who had previously benefited from HDB housing grants during their first/previous marriage or as singles no longer had recourse to such grants if they wished to purchase another HDB flat, given that they were no longer considered first-time homeowners. This limited the options available to them when they attempted to rebuild their assets through home ownership, with implications on their long-term housing stability and risk of homelessness in older adulthood.

### **3.10.2. Transitions through long-term work inactivity and irregular income**

Participants struggled with sustaining regular work and employment throughout their adulthood and/or older adulthood. Twenty-four of the participants (59 per cent) experienced long-term work inactivity<sup>28</sup> and

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28. Long-term work inactivity in this study refers to not being in any form of employment or work for approximately one year or more. This includes full-time/part-time/casual/ad-hoc employment and odd jobs.



irregular income<sup>29</sup> in these life stages. Of these 24 participants, 17 (71 per cent) reported regular income and employment history at some point, while the rest had irregular work history throughout their life course.

The onset of long-term work inactivity tended to occur in adulthood, at a mean age of 33 years (median age at 30 years), and recurred throughout adulthood and older adulthood for 12 participants (50 per cent). Twenty-one participants (88 per cent) returned to some form of work after experiencing periods of long-term work inactivity in their lives. The average age for such returns after experiencing the initial onset of long-term work inactivity was 41 (median age at 38 years). It is noteworthy that about half of the participants who experienced long-term work inactivity returned to work after one to two years. The rest took substantially longer because of chronic health conditions or multiple incarcerations.

Various reasons accounted for these transitions through long-term work inactivity and irregular income.

First, several participants did not actively seek employment. Those with multiple incarcerations (46 per cent) and/or a history of substance use (38 per cent) were typically not engaged in work while they were incarcerated.<sup>30</sup> Single mothers (17 per cent) who were initially homemakers only started working after separation or divorce, as they had to be sole breadwinners thereafter.

Second, some participants were deemed unfit for employment when they faced presenting chronic mental and/or physical health conditions.<sup>31</sup>

Third, some participants were unsuccessful in their job search. This was particularly the case for those in older adulthood, especially for those near retirement age. Some participants also reported difficulties in finding regular employment after being released from prison or drug rehabilitation centres, and eventually settled for less desirable part-time or ad-hoc jobs such as cleaning or refuse collection.

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29. Irregular income in this study refers to earning inconsistent income from irregular work such as part-time/casual/ad-hoc employment or odd jobs. By contrast, regular income refers to earning consistent income from full-time employment.

30. A small minority were involved in the “street economy” (Axe et al., 2020) through drug dealing, running illegal scams and forgeries.

31. Among the conditions faced by our participants included schizophrenia, addiction relapse, depression, late-stage cancer and other geriatric conditions in older adulthood such as rheumatoid arthritis, cardiovascular disease and chronic kidney disease.

“I just did any odd job [after prison]. It was difficult to find a job because people with (Police Supervision Order) had a special IC (identification card). Once people see that special IC, they know you are from a gang, so they won’t hire you.” (Male, 70 years old)

These transitions directly affected participants’ ability to accumulate financial resources and resilience in the face of housing instability, which in turn impacted their housing affordability: 58 per cent of the 24 participants had insufficient cash and CPF savings to purchase a flat. While the rest successfully purchased a home, 70 per cent had to default on their mortgage. Housing occupancy was also affected: 12 participants (50 per cent) faced occupancy issues and/or eviction in open-market rental flats or relatives’ homes once they were unable to afford monthly rents.

Beyond the implications on housing affordability and occupancy, being homeless also added a sense of instability (see Tan, 2018) and made participants unprepared for full-time employment. As participants age into older adulthood and old age, opportunities for gainful employment would only further decrease.

### **3.10.3. Transitions through debt and bankruptcy**

Eleven participants (27 per cent) reported experiencing debt in adulthood and older adulthood. Among them, four (36 per cent) had to declare bankruptcy. Some key reasons for debt disclosed by participants were business failure, investment loss, outstanding payments, and healthcare bills.

The three participants who acquired debt due to business failure and/or investment losses (27 per cent) generally came from previously financially stable backgrounds. Financial shocks rapidly depleted their personal savings, compelling them to seek informal loans and bank loans to repay their debts. The resultant stress led to strained familial relationships, and bankruptcy for two participants and subsequently homelessness.

In contrast, the other eight participants (73 per cent) who accumulated debt due outstanding payments and healthcare bills were already living in precarious financial conditions. Participants took on debt to meet immediate needs, such as mortgage payments, medical bills, car purchases and daily expenses. Their inability to manage long-term debt repayment left them vulnerable, compelling five participants (63 per cent) to sell their homes. Although some later secured new homes or alternative housing (e.g., HDB PRS flats, cross-border living, open-market rental), their weakened financial situation and tendency to take on further debt to



meet immediate needs made them more susceptible to housing insecurity when they faced other crises (e.g., irregular work or marital breakdown).

The pathways into debt and bankruptcy among these participants highlight the complex relationship between financial instability and homelessness. Financial shocks or gradual accumulation of debt could both contribute to a trajectory into homelessness and long-term family conflict.

Prolonged work inactivity and irregular income made financial stability, and rebuilding assets a significant challenge. Overcoming this challenge was all the more difficult without external support systems, such as financial counselling and welfare assistance. The combination of unstable employment and limited access to safety nets can make it difficult for individuals to regain their financial footing, increasing their vulnerability to ongoing debt, housing insecurity, and the risk of falling or returning to homelessness.

#### **3.10.4. Transitions through multiple incarcerations**

Eleven participants (27 per cent) reported multiple incarcerations in their adulthood<sup>32</sup>. Of these, eight (73 per cent) continued to experience multiple incarcerations in older adulthood.<sup>33</sup>

Two interrelated factors contributed to multiple incarcerations in participants’ adulthood and older adulthood. The first was the continuation of earlier criminal behaviour that began in childhood (see section 3.9.3). The second was the addictive nature of certain criminal behaviours, which resulted in its recurrence throughout the participants’ life course.

Substance-related offences (i.e., consumption, possession, trafficking, shoplifting, public nuisance<sup>34</sup>) were the most common causes of multiple incarcerations (82 per cent). These findings are consistent with other research studies, which found high rates of substance use and recidivism among adults who had been involved in the juvenile justice system (Osgood et al., 2010; Harrison et al., 2020). Other studies also show that early involvement in the justice system leads to ill-preparedness for adult roles in terms of independent living skills, education completion and job readiness. Substantial proportions of those with early involvement in the

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32. Ranging from 2 to 11 times.

33. Six (55 per cent) reported prior incarcerations in their adolescent years (between ages 17 and 19). None of the participants reported incarceration in old age.

34. Shoplifting and public nuisance offences were typically committed by participants while intoxicated.



justice system went on to experience multiple incarcerations and homelessness as adults (Keller et al., 2007).

The dominant feature of participants' transitions through multiple incarcerations was the experience of "growing old" on the "institutional circuit" (Hopper et al., 1997). In Singapore, this circuit includes prisons, drug rehabilitation centres, halfway houses, welfare homes and homeless shelters. Prolonged, repeated exposure to the institutional circuit were associated with poor outcomes in domains such as higher education, sustaining employment, family life and independent living. Crucially, most of the 11 participants who experienced multiple incarcerations (64 per cent) became increasingly reliant on long-term social assistance in their older adulthood.<sup>35</sup>

Participants on the institutional circuit also reported uncertainties about integrating back into mainstream society and the rupturing of social and familial relationships. This was particularly so for those struggling with gangsterism and substance addiction, like the following two participants:

"I understand my problem is not just drugs, it's how I behave, my unhealthy lifestyle so I need to get away from gangsterism, which is very difficult. Because why? I don't know how to live a normal life, and it takes time to adjust... so the day I was released from prison, that is the biggest question mark. Either I continue with my plan to leave [the gang], or I still seek help from them. And honestly, I don't have any proper friends, I don't have any family or relatives, so my circle is just that. When I got out from prison, I just didn't know where to go, I didn't know what to do. As a matter of fact, I went to [Mandatory Aftercare Scheme at a halfway house], I told them, "Better bring me back inside [to prison], I don't want to be released." I have this positive thinking that I want to change but I do not know how. I was actually scared because I did not know where to go, just blur." (Male, 58 years old)

"And then one time, when I was released from [the Drug Rehabilitation Centre], and I had like an outstanding case, small case like fake IC (identity card) or something. I wanted to surrender to the police, otherwise [my sentence] will be extended. I called my brother to come and bail me out so I can spend some time outside first. My brother said he would come.... At the police station lockup, I waited, waited, waited. Then the police man told me, "Your bailer said he won't come lah, you have to go to court tomorrow." I called

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35. Including financial assistance, shelter support, long-term housing assistance, medical assistance, community support groups.



my brother, I talked halfway, my father snatched the phone from him and said to me, “Eh, you don’t make life difficult for us. Don’t bother us anymore!” (Male, 59 years old)

Recurring stays in penal institutions not only placed tremendous strain on participants’ social and familial relationships, but also impeded participants’ ability to accumulate positive social connections and financial resources for much of their adult and older adult lives. With limited housing options, each release from incarceration presented a housing crisis that led to either rough sleeping or couch surfing.

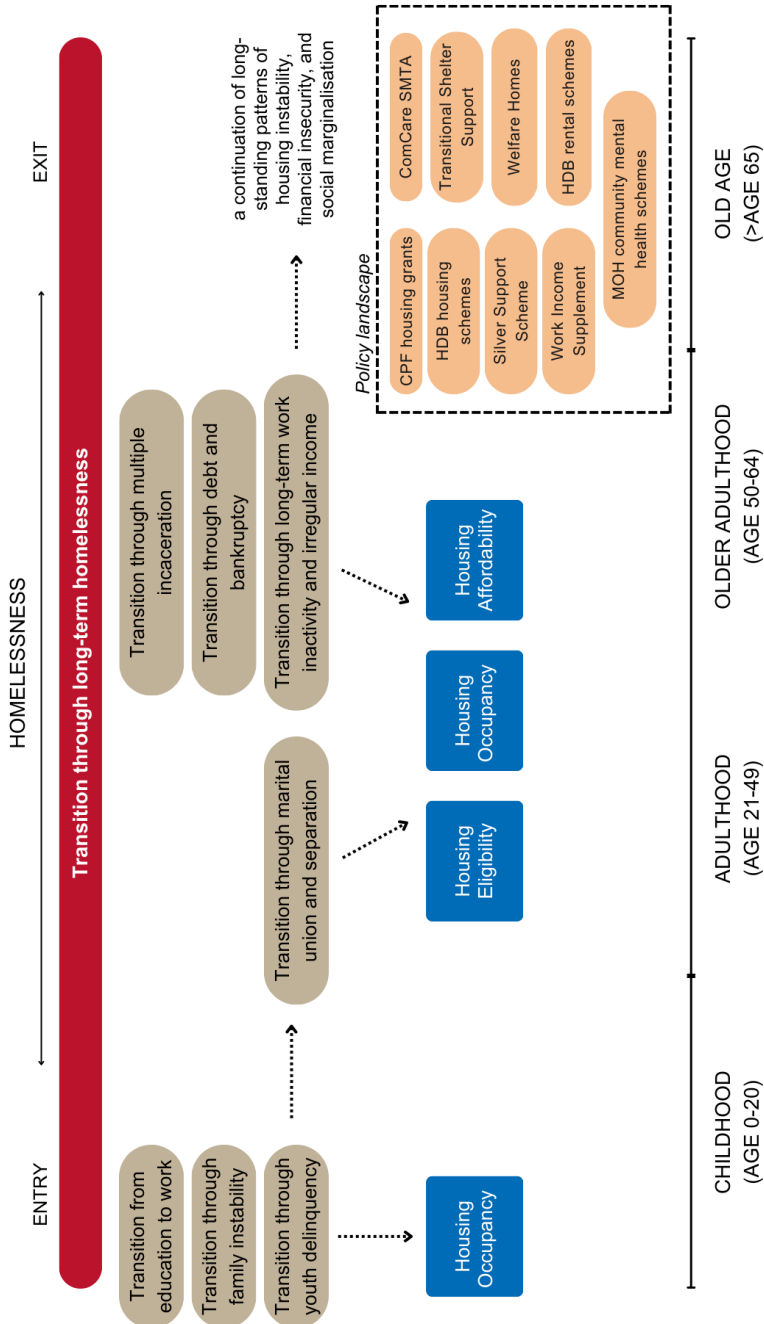
### **3.10.5. Transitions through homelessness in adulthood and older adulthood**

Participants navigate adverse personal circumstances within a broader policy landscape that directly influences their housing eligibility, affordability, and occupancy. The interplay between individual challenges and policy frameworks shapes housing outcomes, often determining whether they can secure stable housing or face continued risk of homelessness.

Transitions experienced in adulthood and older adulthood arise from an accumulation of childhood vulnerabilities. The impact of key life transitions on housing eligibility, affordability and occupancy thus becomes increasingly pronounced. Participants’ navigation of these transitions in adulthood and older adulthood can, in turn, have long-term implications for outcomes in old age (see Figure 13). For two case examples of how participants’ individual circumstances interact with the policy context and affect their later-life trajectories, see Annex B.



**Figure 13: Key life transitions and policy landscape across the life course for long-term homelessness**





Given the way housing policy is designed to facilitate national social objectives (including encouraging marriage and parenthood) (MND, 2024), marital unions can have a direct impact on housing outcomes. The formation of a nuclear family would enable housing eligibility through access to CPF housing loans and priority towards public housing allocation.<sup>36</sup> For many, marital union would mark an important shift in housing occupancy, as they no longer have to depend on their family of origin upon transiting to first-time home ownership. At this life transition, participants ideally would be engaged in full-time employment and building assets through the accumulation of personal savings and CPF, both of which are essential to mortgage payment and long-term retirement.

Despite the provisions of housing policy, most participants in the study had varied life trajectories and experienced different housing outcomes in adulthood and older adulthood. More than half of the participants encountered homelessness for the first time in adulthood (59 per cent), arising from key life transitions such as *marital separations, long-term work inactivity and irregular income, debt and bankruptcy, and multiple incarcerations*. Lack of social and financial support in the face of housing insecurity could push participants through cycles of episodic homelessness. Participants in search of affordable long-term housing options sought occupancy in HDB’s housing schemes, but their diverse needs extended beyond the provisions of each scheme. This led to a prolonged cycle of applications, appeals and/or potential case-by-case considerations, resulting in housing insecurity for this group of participants during the process.

While shelter awareness and availability have increased post-pandemic, shelters alone are not a one-size-fits-all solution for homelessness. Shelter users are required to accept and make changes to their lifestyles and circumstances – such as finalising a divorce or re-entering the workforce – to eventually qualify for long-term housing solutions. These adjustments would inevitably be met with resistance and would take time to effect. While physical shelter support may seem to be what individuals need most while homeless, their needs at present are evidently more complex. The need to adjust to new realities and fulfil diverse eligibility criteria introduces further complexities, slowing down transitions out of homelessness.

As of the last touchpoint in Phase 3 (see Figures 9 and 10), most participants in adulthood and older adulthood who successfully exited

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36. Participants are eligible for enhanced subsidies when they enter into marriage, provided that at least one spouse is a Singaporean citizen and first-time home owner.



homelessness did so through the HDB PRS (n=15) between 2021 and 2024. This trend underscores the role of the HDB PRS as the most accessible and viable exit option for many in the current policy context. The trend also shows that families tend to have greater access to securing home ownership compared to individuals. For individuals aiming for home ownership, the short-lease two-room flexi flat emerges as the most viable option. However, eligibility for this housing option is restricted to those aged 55 and above. This presents a significant challenge, as potential homeowners under 55 years old must use a substantial portion of their likely already limited CPF savings to purchase their flats. This expenditure directly impacts their financial security, as it reduces the funds available for retirement, thereby posing a dilemma between achieving home ownership and preserving retirement savings. This disparity highlights the continued reliance on public rental housing as a critical solution for individuals experiencing homelessness, given the limited financial capacity to pursue other options.



### 3.11. TRANSITIONS THROUGH HOMELESSNESS IN OLD AGE

Homelessness in old age often represents the “culmination of experiences and disadvantages” (DiPrete & Eirich, 2006) shaped by marginalisation and social exclusion encountered throughout one’s life. For the 10 participants who were in old age at the time of the study, it was evident that their experiences of homelessness did not represent a drastic departure from the trajectories established in their earlier life stages. Their present housing circumstances often reflect a continuation of long-standing patterns of housing instability, financial insecurity and social marginalisation. Of these 10 participants, nine had experienced homelessness in old age. At the last touch point in the study, five participants remained homeless.<sup>37</sup> Amongst the other five participants, two had exited homelessness through HDB PRS in older adulthood, and three exited homelessness through HDB PRS in old age.

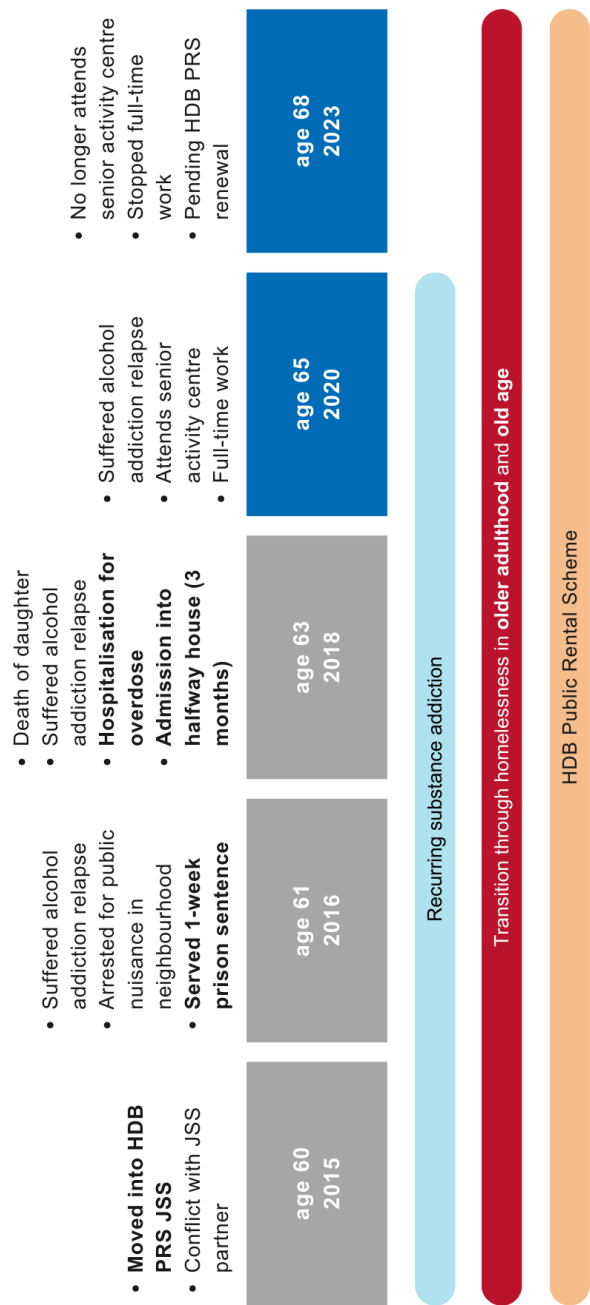
For eight of these participants (80 per cent), homelessness in old age can be traced back to earlier periods of their lives, where they encountered significant challenges such as unstable employment, substance addiction, health issues and fractured social relationships. These early adversities persisted in old age, making it difficult for them to establish and maintain stable housing. In one case (male, 69 years old) (see Figure 14.1), despite obtaining occupancy in long-term housing through HDB PRS in older adulthood, the participant continued to suffer relapses in his alcohol addiction, with repeated admissions into hospitals and halfway houses. His life trajectory in old age showed that he had not found stability despite being housed. Social isolation seemed to become more prominent as he aged. As individuals age, their social networks may shrink due to the loss of family and friends, reduced mobility or withdrawal from social activities. While such participants may have gained access to long-term housing, their occupancy still depends on many other social factors.

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37. Three continued to sleep rough, one was admitted to welfare home and another remained in shelter.



**Figure 14.1: A participant’s transition through homelessness in old age**





For most participants, the physical and mental decline typically associated with ageing had not yet become a dominant factor in their lives. Many continued to live independently and engage in their routines, which may or may not involve employment, depending on their circumstances. Their lives remained fluid and open-ended, often characterised by a day-to-day existence. This raises important questions about their future, particularly on how they will transit into services, when they inevitably require caregiving support. The lack of immediate physical and mental decline allows these individuals to maintain a semblance of autonomy. Notwithstanding this, the reality is that as they age, their capacity to live independently will likely diminish, necessitating some form of intervention or support.

In the post-pandemic landscape, we observed a renewed pattern of admissions into welfare homes for older rough sleepers.<sup>38</sup> In one participant’s case (70 years old) (see Figure 14.2), despite having adapted to and even finding a degree of comfort in long-term rough sleeping, he was eventually brought into a welfare home by authorities after repeated warnings. The transition from rough sleeping to institutional care is oftentimes fraught with challenges. Individuals such as this participant spend years, if not decades, living on the streets or in transient housing situations, and the sudden shift to a structured, communal living environment like a welfare home can be jarring. While welfare homes provide essential services and a safer environment, they also represent a loss of the independence that these individuals have fiercely maintained, often as a means of survival. These concerns may also explain apprehension towards other forms of shelter support.

Transitions through homelessness across the life course highlight the importance of considering the evolving needs of long-term homeless individuals. In old age, participants often had greater access to enhanced financial support through the Silver Support Scheme and CPF payouts from their retirement accounts. However, while this financial assistance may help some maintain a degree of independence in managing their daily needs, other needs in old age — such as healthcare, social support and stable housing — remain unmet.

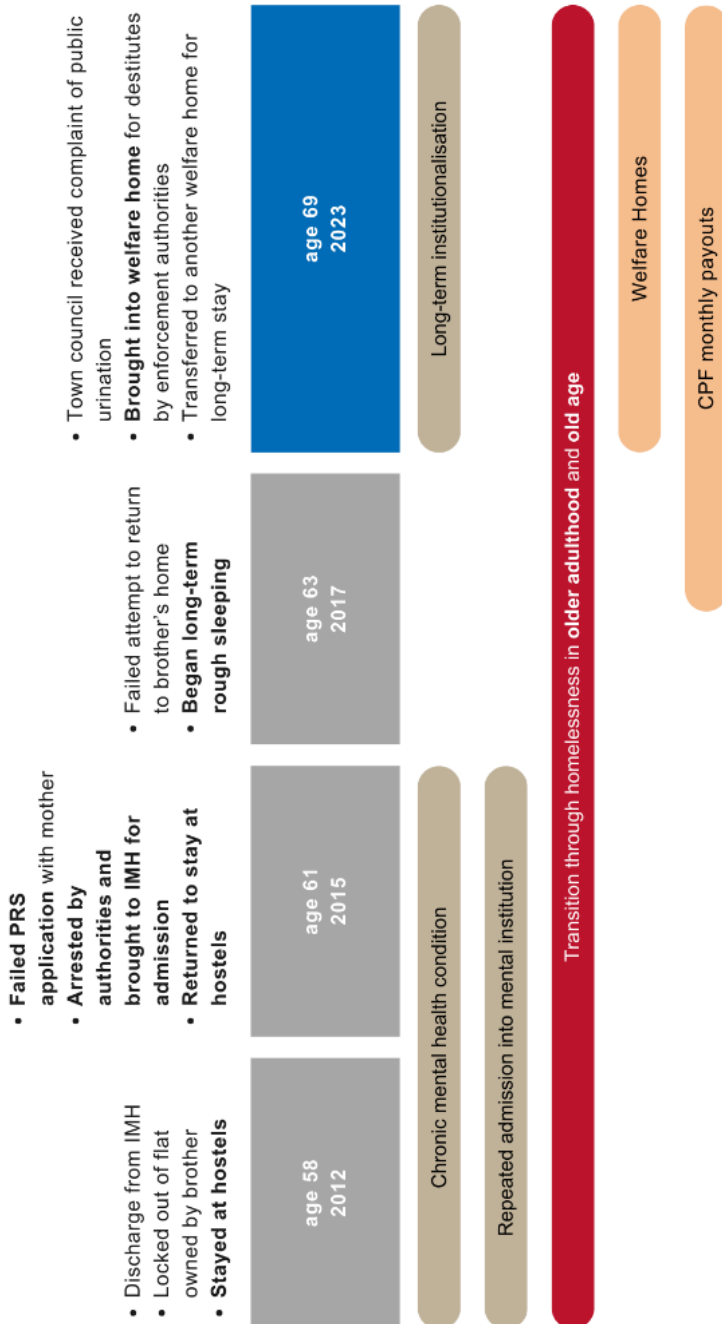
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38. Two participants in our recruited sample who were long-term rough sleepers were admitted into welfare homes by authorities. These participants were admitted in October 2023 and April 2024, respectively.





**Figure 14.2: A participant's transition through homelessness in old age**





## **Chapter 4**

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# **Policy Recommendations**



## **CHAPTER 4: POLICY RECOMMENDATIONS**

### **4.1. OVERVIEW**

This study has been premised on the conception of homelessness as a process that involves life events across one's life course. Our construction and use of life-biographical pathways provides an opportunity to review the effects of past and existing policies on homelessness and housing trajectories through a life course approach. This approach allows us to understand the participants' current life circumstances as a function of their past experiences. Extending the use of a life course approach also allows us to see how the experience of our participants contrasted with typical life course "norms" and normative sequences (e.g., timing of education-to-work transitions, or timing of childbearing and divorce), and consider the implications on their long-term housing trajectories.

Our findings show that adulthood (age 21 to 49) was the key life stage where more than half of the participants (n=24) first experienced homelessness. Life experiences in adulthood and older adulthood were an accumulation of childhood vulnerabilities, where participants' navigation of challenges in these life stages could have long-term implications for outcomes in old age. These findings thus support the case for prevention of long-term homelessness by targeting adults and those in earlier life stages to create opportunities for an upward trajectory of housing security.

### **4.2. HOMELESSNESS PREVENTION POLICY-MAKING**

In the developed world, there has been a paradigm shift from intervention to homelessness prevention in homelessness policy-making (Mackie, 2015). For instance, scholars from the United Kingdom suggest a five-stage typology of homelessness prevention (Fitzpatrick et al., 2021) that moves beyond the often confusing upstream–midstream–downstream tripartite model typically used in wider public policy. The core stages of this typology are as follows (see Figure 15):

- (i) Universal prevention
- (ii) Upstream prevention
- (iii) Crisis prevention
- (iv) Emergency prevention
- (v) Repeat prevention



**Figure 15: Five-stage typology of homelessness prevention**



Source: Mackie (2023, p.4); Fitzpatrick et al. (2021)

The five-stage typology provides a useful heuristic tool for policy-makers and practitioners to systematically self-assess their prevention strategies and identify gaps or imbalances in the resources expended across the relevant dimensions (Mackie, 2023; Fitzpatrick et al., 2021). Unlike many countries in the West, Singapore already has a viable universal prevention strategy due to its well-established public housing policy. In the other domains, our view is that upstream prevention<sup>39</sup> has been subject to insufficient research and policy focus, with the bulk of resources concentrated on emergency and repeat prevention.

Lastly, the consideration of age and its sequential norms in homelessness-related policy would add an important dimension to homelessness prevention suggested in Phase 1 of this study (Phase 1

39. Not all upstream intervention works. Fitzpatrick et al. (2021) warn that misdirected efforts with intuitive appeal can waste what little resource is focused on upstream prevention. For example, generic homelessness education provided as part of the school curriculum in the United Kingdom is a popular upstream intervention with little evidence to support its effectiveness.

introduced a framework to identify those at-risk of homelessness according to varying housing circumstances). The goal is not to extinguish or prevent life stressors, but to ease participants' experience of key life transitions. Prevention policy should aim to alter life courses towards an upward trajectory of housing stability.

We propose three broad sets of policy recommendations for homelessness prevention and intervention: early risk assessment, shelter enhancement and exit enablers.

### **4.3. EARLY RISK ASSESSMENT**

Early intervention is an upstream prevention instrumental in preventing the onset of homelessness and early identification of those at risk (i.e., not homeless yet) is key. In Phase 3 of our study, we observed that the stressors in one's life trajectory could cumulate into eventual homelessness. With early risk assessment, these at-risk groups could be proactively identified and supported in managing their stressor(s) at the earliest instance, to prevent the onset of homelessness.

To reach the at-risk groups, the potential touchpoints for early risk assessment could be informed by our findings on the key pathways and life transitions relating to homelessness (see section 2.4 and sections 3.9 to 3.10, respectively). These pathways and transitions show the stressors that might contribute to one's eventual homelessness (e.g., financial shock, family instability, youth delinquency, multiple incarcerations, etc). Accordingly, the touchpoints for early risk assessment could be agencies that work with people who experience these stressors, such as SSAs or institutions (e.g., prisons).

Further, given that 46 per cent of the 41 participants' first experience of long-term homelessness was in unstable informal accommodation, being able to identify those in such arrangements could present a helpful opportunity for upstream intervention. Once they are identified, early intervention could help prevent the depletion of their social networks, and lower the risk of them having to sleep rough. The literature presents various approaches to scoping and/or identifying people in such forms of hidden homelessness. Examples of these approaches include using census data (Australian Bureau of Statistics, 2023), extended service-based counts (Benjaminsen et al., 2020), telephone interviews or surveys (Agans et al., 2014; Lohmann, 2021) and other estimation techniques such as multiplier methods (Robinson, 2002). In view of the complexities of hidden homelessness, the adoption of multiple scoping methods simultaneously might be ideal to identify the individuals experiencing it



(The Scottish Government, 2023). The literature presents potential considerations for local reference, for better identifying the people in unstable informal accommodation, and thus, more effectively facilitating the provision of support to them.

The following sub-sections detail two examples of early risk assessment tools that were piloted with people across age groups and touchpoints in other countries. The first tool, Student Needs Survey, was piloted amongst students in schools. The second tool, Homelessness Assets and Risk Tool (HART), was piloted amongst service recipients in community agencies. These examples show the strengths of early risk assessment in homelessness prevention and potential areas for adaptation by our local agencies, such as incorporating homelessness risk assessment as part of the intake process.

#### **4.2.1. Student Needs Survey (SNS)**

The Geelong Project in Geelong, Australia is an oft-cited example by international scholars studying homelessness prevention through proactive early intervention targeted at young people to assess their homelessness risk.

The Geelong Project involves several major innovations (Mackenzie & Thielking, 2013). The first is the use of a short survey called the Student Needs Survey (SNS) that is completed by every secondary school student in participating schools to identify students at risk of homelessness (see Annex C for a sample of the survey). Data is then verified with the school's local knowledge (e.g., teachers' assessments) and a follow-up brief screening interview is conducted with at-risk students to check whether intervention is required. Referrals to the types of response required or relevant agencies are then jointly decided between the Geelong Project team and the schools.

**Figure 16: Segment of scoring system used by The Geelong Project**

<b>Dimension</b>	<b>Question - item</b>	<b>Scoring</b>
<b>Attitude</b>	Q23: I feel happy at home	SA/A – 0; U – 1; SD/D - 2
<b>Disposition</b>	Q21: I would like to move out of home soon	SA/A – 2; U – 1; SD/D - 0
<b>Behaviour</b>	Q13: Have you moved out of home for any period in the past 12 months?	No – 0; Yes - 2
<b>Relationships</b>	Q18: I get into lots of conflict with my parents	SA/A – 2; U – 1; SD/D - 0
<b>Environment</b>	Q14: Do you feel safe at home?	Yes, definitely safe – 0 Sometimes not safe – 2 Often not safe - 2

No risk – 0  
 Low Risk – from 1 to 6  
 Moderate Risk – 7 or 8  
 High Risk – 9 or 10.

Source: Mackenzie & Thielking (2013, p.49)

The second innovation is the design of a flexible service delivery response comprising three tiers for students at risk of homelessness. Tier One is a non-case work response (e.g., active monitoring by school staff or referral to another programme/agency). Tier Two is case work support (e.g., brief counselling type of case work or case management by the Geelong Project). Tier Three involves wrap-around case management for complex cases with formal involvement of relevant agencies.

Based on preliminary data, The Geelong Project appeared to be promising in early risk detection, homelessness prevention and school retention. First, the pilot of the SNS showed the tool's efficacy in risk detection compared to that by school staff (149 and 45 at-risk youths detected respectively). The SNS-detected at-risk youths were confirmed to be experiencing home issues by some of the school staff who supported the SNS follow-up. This implied the strength of the tool in overcoming the gap in school referrals. School referrals often focus on indicators, such as



decreasing school attendance, declining academic performance and behavioural issues. However, poor performance at school might not necessarily be presented by the youths at risk of homelessness (Mackenzie & Thielking, 2013).

Second, all 65 at-risk youths who received case management support were accommodated and remained in school. Conversely, 19 per cent (14 out of 75) of the at-risk youths without support left school. Accommodation-related data for this group of youths were unavailable at the point of the literature publication (Mackenzie & Thielking, 2013). Nonetheless, the preliminary data shows the potential of early risk assessment and intervention in homelessness prevention among students in schools.

Adapting from the Geelong Project, Upstream Canada Project (see Figure 17) employs a three-step approach for its early risk assessment in schools: (i) risk screening, (ii) risk confirmation and (iii) intervention (Sohn & Gaetz, 2020). Teachers first administer a Student Needs Assessment with their students to ascertain their strengths and risk levels. Thereafter, Upstream Canada Project's case managers will conduct optional interviews with at-risk students with their consent. At the intervention phase, care plans will be designed for the students.

### Figure 17: Upstream Canada Project Programme Model

Using a three-step process, Upstream Canada's innovative method for identifying and supporting young people at risk of homelessness and school disengagement is adapted from the Australian model:



Source: Sohn & Gaetz (2020, p.6)

#### 4.2.2. Homelessness Assets and Risk Tool (HART)

The Homelessness Assets and Risk Tool (HART) is a risk assessment tool devised by a team of researchers in Canada to identify vulnerability





to homelessness in at-risk populations (i.e., those not yet experiencing homelessness) and provide early intervention (Tutty et al., 2012). While the Geelong Project and Upstream Canada Project targeted youths, HART was designed to look for risks across populations and was piloted with 700 service recipients at multiple community agencies in Calgary, Canada.

HART largely assessed for risk and protective factors associated with homelessness (Tutty et al., 2012). The assessment focused on diverse risk domains relating to housing stability and transitions, finances, employment, support network, childhood/youth history and risk factors specific to youths, adult women/mothers, older adults and indigenous populations. The key advantage of this tool is that the above domains represent characteristics that many agencies already collect at intake. In addition, the inclusion of diverse risk domains also guarded against potentially stigmatising conclusions of certain populations.

Pilot testing of HART showed that the risk domains did predict whether individuals had ever been homeless in the past. Unfortunately, the team of researchers encountered difficulties with following up with the participants – only approximately 10 per cent of the original HART sample could be recontacted. This meant that they did not have meaningful data to establish the predictive capability (i.e., which individuals became homeless in the future) of the assessment tool. As such, considerable resources may have to be set aside and put into staying in touch with participants, particularly if the sample size is large.

#### **4.2.3. Takeaways from examples**

In sum, the examples have shown promising early risk assessments across age groups and populations which could be considered and adapted locally to strengthen Singapore's homelessness prevention efforts. To ensure the effectiveness and implementation sustainability of early risk assessment locally, the tool and implementation details could be co-created with key stakeholders such as professionals from the public, people and academic sectors working with at-risk groups (e.g., ex-offenders, people who experience family instability, youth delinquency etc). This would contribute to securing buy-in from the relevant parties, and the applicability of the risk assessment tool in the local context. Additionally, the early risk assessment tool should ideally be standardised across implementing agencies for consistent measurement of homelessness risk. Accordingly, the consistent measurement could potentially guide resource allocation and/or support necessary for the groups at risk of homelessness and enhance landscape monitoring capability.



## 4.4. SHELTER ENHANCEMENTS

Our findings on the participants' shelter experience in Phase 1 of our study highlight three opportunities for enhancements to lower potential barriers to shelter support (for *potential* shelter users) and enhance shelter experience (for *existing* shelter users). The enhancements cover three areas: (i) shelter-related information provision, (ii) shelter design and (iii) shelter workforce.

First, we propose greater provision of shelter-related information to potential shelter users. Our findings show that insufficient awareness of shelter support and misconception about shelters such as welfare homes could be potential barriers to people seeking shelter support. Thus, enhanced information provision could help address the aforementioned challenges to lower potential barriers to shelter support. There are two key considerations in facilitating shelter-related information provision. First, the *type* of information to be shared should enable potential shelter users to better understand the local shelter system. Such information could include the purpose of shelters, eligibility criteria, shelter locations, support available, living conditions, etc. This information might be helpful in raising awareness of shelter support and correct misconception about shelters. Second, the *provision* of information could be facilitated through a few channels. Potential channels include a PEERS website with consolidated shelter-related information for public access, and the continued partnership with stakeholders (e.g., volunteer outreach groups) who interact with potential shelter users.

Second, there appears to be potential to adopt the Single Room Shared Facilities (SRSF) model in shelter design. The SRSF model, a rental flat typology piloted in 2023, provides a room for each tenant and common facilities such as kitchens and washrooms for all tenants to share (Housing & Development Board, 2024). Given our findings on shelter users' experience of privacy loss, conflicts with fellow shelter users over living habits and safety concerns in shelters, the SRSF model might be effective in enhancing shelter experience in the aforementioned areas.

While the adoption of the SRSF model in shelters might be a viable solution in the short to medium term to meet the immediate housing needs while providing enhanced shelter experience of people who are homeless, it is important to also consider their longer-term housing aspirations. Based on our findings in Phase 1 of the study, many participants appear to aspire towards long-term housing such as home ownership or public rental flats. Hence, it might be worthwhile to explore the potential of a



reimagined landscape with SRSF *rental flats* as the “default” housing arrangement for people who are homeless, where appropriate. This means that people who are homeless will generally be referred to SRSF operators to make housing plans and arrangements for SRSF rental flat tenancy, instead of shelters. On the other hand, shelters could serve as *specialised* interim accommodations that work with other specialist agencies to provide greater on-site support services to people who experience both homelessness and other complex presenting issue(s), such as recurring substance addiction or mental health conditions. The strength of this longer-term proposal lies in its concurrent ability to address the immediate housing need and longer-term housing plans of people who are homeless. That said, collective conversations among stakeholders such as policy-makers, shelter operators and SRSF operators will be important in shaping this proposal.

To address the challenges some participants find in shelter-living such as conflicts resulting from co-living arrangements, unsatisfactory conflict mediation by shelter staff and the lack of safety, we propose enhancing the conflict management and mediation training for shelter staff. This would be aimed at improving the quality of shelter stay for shelter users and enabling a safe and helpful shelter stay to persons exiting rough sleeping.

At the same time, given the concerns from participants about shelter-living, we also recommend increasing the headcount of staff in shelters so as to implement shift work schedules, and thus provide round-the-clock assistance to shelter users.

However, given the difficulties of exiting homelessness subculture behaviours and the challenging life transitions and stressors associated with long-term homelessness, we also propose hiring trained mental health professionals (e.g., trauma therapy trained counsellors) in shelters, or bringing in support from SSAs providing community mental health services, to provide necessary mental health support for shelter users. Since the engagement by social workers is focused on case management, this measure would provide more holistic support and recovery that better facilitate sustainable homelessness exits.

#### **4.5. EXIT ENABLERS**

Homelessness in adulthood and older adulthood can arise from a variety of stressors and life transitions that adversely impact participants’ housing *eligibility, affordability* and *occupancy*. But it often becomes prolonged due to insufficient social and financial support, limited and/or delayed access



to housing support, and the complexity of navigating bureaucratic processes for assistance. However, social service networks, employment and the housing system are the three structural enablers of homelessness exit:

- (i) Social work interventions during the early stages of homelessness helped prevent rough sleeping, and enabled access to homeless shelters, ensuring that homelessness is transitional and sheltered. Social workers in shelters also provided support and facilitated long-term exit plans to HDB PRS flats. The access to sufficient and clear information, and assistance to access such information provided by the social service network enabled access to homeless shelters and exits to the HDB PRS flats.
- (ii) Employment could provide regular income and enable participants to accrue savings (both CPF & personal), which rendered open market rental to be a viable exit option in some cases, and even home ownership in rare cases.
- (iii) Increasing the types of shelter and housing options available to long-term rough sleepers, such as the SRSF model which provides greater privacy, allows catering to those who struggle with/reject co-living arrangements and makes their exit more desirable and likely.

We propose three intervention measures to bolster emergency and repeat prevention efforts that better enable exits from homelessness and reduce the length of homelessness through the different stages of adult life, in view of our study findings:

#### **4.5.1 Central coordination system to enable effective exits**

Efficient data collection, data sharing and utilisation (i.e., to improve performance) by shelter operators, service providers and outreach teams working with the homeless are key enablers for facilitating exits from homelessness, particularly for long-term rough sleepers with specific or complex housing needs.

Two examples of coordinated data systems that are designed to enable/facilitate exits from homelessness are implemented in Chicago and London. The Coordinated Entry System (CES) in Chicago is a centralised streamlined referral network that connects homeless people with available housing and support services. The core elements of the CES includes organisation, clarity and collaboration (see Figure 18 below).

**Figure 18: Core elements of Chicago's Coordinated Entry System (CES)**



Source: CES Leadership Team (2022), p.1

Homeless people in need of housing support can gain access to the CES in several ways: (i) call a CES call centre; (ii) meet with a skilled assessor on-site such as shelter, hospital, drop-in centre; or (iii) meet with a skilled assessor at designated housing assessment centres. Priority is given to homeless people with complex needs and those eligible are matched to available housing as soon as possible. However, central coordination systems do not automatically lead to effective exits. The effectiveness of the system in matching homeless people to suitable housing depends on many conventional factors, such as the programme guidelines of different housing/shelter providers, the number of units available at any given time and the quality of the housing assessment information.

In London, a multi-agency database called Combined Homelessness and Information Network (CHAIN) records and presents information about rough sleepers identified by outreach teams. Assessment and reconnection services, accommodation projects, day centres and other specialist projects can also record information on CHAIN (Greater London Authority, 2024). CHAIN focuses on data sharing between different agencies about efforts taken to assist rough sleepers, ensuring that these efforts are not duplicated and that rough sleepers receive the most appropriate support (Homeless Link, 2024).

As the two examples above show, the extent to which central coordinated systems enable/facilitate exits from homelessness differs. In Chicago, the more robust system and data directly enables exits through housing matching, while in London, the coordinated data system enables other agencies to facilitate exits and ensure the maximisation of such efforts.



The successful implementation of a central coordination system requires data sharing from various local agencies. The system could help strengthen local agencies' data management and service allocation (including outreach efforts) for people who are homeless. Information about people who are homeless, including those who are not formal service recipients of SSAs or public institutions, could be maintained in a central system to inform support delivery. However, there might be multiple databases and/or systems that are in use by local agencies today. Accordingly, potential challenges may lie in developing the said centralised system amongst existing ones and obtaining buy-in from stakeholders (e.g., SSAs, PEERS). Therefore, the local central coordination system should ideally tap on the strengths of existing capabilities and resources. For example, the system could be integrated as part of existing shared databases or systems such as Case Connect. This would mitigate potential risks such as system fatigue. Additionally, MSF PEERS Office, which collaborates with the PEERS Network comprising shelter/housing support operators and outreach befrienders, could be the main driver of the system (e.g., oversee system implementation and maintenance).

Further, collating a by-name list through the central coordinated system could also enable more granular and regular insights into outreach efforts and movements into/out of shelters and services. A by-name list is a comprehensive list that provides data about every individual person experiencing homelessness within a community, and is updated real-time (Community Solutions, 2021; Gibbs et. al., 2021). As a community resource, by-name lists enable the relevant stakeholders to organise resources together to more effectively engage and house those experiencing homelessness, as it is easier to share information on who has been assisted. By-name data has been used effectively in Canada and the United States of America to enable homelessness exit, and greater systemic efficiency and fairness, while facilitating strategic planning, co-operation and better resource allocation amongst relevant stakeholders (Gibbs et. al., 2021; Grainger, 2024).<sup>40</sup>

#### **4.5.2. Debt relief and work placement programmes**

Debt relief coupled with an effective work placement programme could, in our view, allow participants to find financial stability and rebuild assets in their adulthood and older adulthood, and act as an effective enabler for

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40. "[S]ince the coordinated effort began, the number of homeless has dropped from 3,709 in 2008 to 1,752 in 2016. Of these, only 410 people on the street and 660 in the shelters are chronically homeless. According to the 2018 progress report, more than 900 people had been housed in the preceding year, exceeding the... goal of 650" (Gibbs et. al., 2021, p.161).

exiting homelessness. Participants' transitions through debt and bankruptcy in adulthood and older adulthood revealed a complex relationship between financial instability and homelessness. Also, from participants' transitions through long-term work inactivity and irregular income, it was clear that without some form of external support systems, participants would struggle to find financial stability and rebuild assets, increasing their vulnerability to ongoing debt, housing insecurity, and the risk of repeated episodes of homelessness.

Pilot programmes showing evidence that some form of debt relief enabled exits are typically found in the Netherlands. One such pilot was the Dutch Strategy Plan for Social Relief where debt relief combined with specialised health care and permanent housing supports facilitated the exits of over 18,000 homeless individuals in four Dutch cities between 2006 and 2014 (van der Laan, 2020). Amsterdam has also initiated a conditional debt relief programme for the homeless in 2024, on the condition that recipients work with a mentor from a local support agency who will provide wrap-around support, including financial literacy, job placement assistance, life skills training and temporary housing.

A similar form of debt relief assistance to eligible homeless individuals, on the condition of attaining predefined targets for work, could be considered in Singapore. Skills development initiatives could be more directly targeted at addressing the struggles participants face with debt management and the general navigation of life challenges, to increase the likelihood of sustained homelessness exit and other positive outcomes.

#### **4.5.3. Long-term housing support for homeless people**

In Phase 1, we proposed improving the accessibility of the PRS to shelter users given that it is the most realistic long-term housing option in Singapore that is currently available to homeless people. To reduce the length of time people spent in homeless shelters, we suggested focusing on giving special dispensation to shelter users entangled in drawn-out divorces, separations and unresolved marital flat status since these were the most common long-term housing constraints faced by participants in Phase 1.

Phase 2 interview data revealed that the PRS was also a long-term housing option that rough sleepers wanted although most were averse to co-living arrangements of the Joint Singles Scheme. As such, we proposed finding ways to improve accessibility of the PRS, particularly to long-term rough sleepers. The launch of HDB's SRSF pilot model in 2024 was one such example of improving accessibility and types of PRS to those who would prefer a living space to themselves.





*Expanding the potential of the PRS:* Phase 2 interviews and follow-up interviews in Phase 3 also revealed that participants' trajectories through long-term homelessness did not end even when they were able to secure a PRS flat. When PRS exit attempts failed, the result was often a return to homelessness. Hence, we propose exploring the long-term housing potential of the PRS to prevent recurrence of homelessness and retaining PRS tenants whose tenancy renewal might be at risk for various reasons.

*Enhancing home ownership support:* The analysis of participants' life biographies showed that more than half of the participants (n=23) were homeowners at some point in their lives. Despite losing their homes (for various reasons already highlighted in this study) and becoming homeless, most continue to aspire towards home ownership one day.<sup>41</sup> However, the common constraints they faced were limited financial resources; age eligibility issues for two-room flexi flats; anxiety over PRS renewal; and uncertainty over their ability to maintain a regular income in future, given that the majority were in their older adulthood. We recommend considering suitable ways of enhancing the package of home ownership support (e.g., CPF top-ups, working out a savings plan, subsidies for basic renovation, furniture) to eligible homeless people, both individuals and families.

## 4.6 CONCLUSION

This study contributes to existing knowledge about the homelessness experience in Singapore, particularly the complex phenomenon of long-term homelessness. In Phase 1 of our study, we established five pathways into homelessness during the COVID-19 pandemic. Apart from the lack of awareness about shelters (including misconception), shelter users appeared to have varied shelter experience. While shelters provided security and transitional space towards long-term housing, the shelter experience also came with conflicts over living habits, safety concerns and privacy loss.

In Phases 2 and 3 of our study, we highlighted the homelessness trajectories of our participants based on their life biography pathways. Adverse life events/transitions across one's life course in various life stages (childhood, adulthood, older adulthood and old age) appear to shape one's pathway through homelessness. Broadly, these transitions

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41. By the end of Phase 3 follow-up interviews, four participants were homeowners, four had applied successfully to buy or had reserved new flats (under Build-To-Order or Sale of Balance Flats), and three indicated their intentions of flat purchase by applying for Home Loan Eligibility (HLE).



include premature education-to-work, youth delinquency, marital union and separation, long-term work inactivity and irregular income, debt and bankruptcy and multiple incarcerations.

Collectively, our findings highlight the importance of holistic intervention for the homelessness cause: early intervention to prevent the onset of homelessness, intervention for people who are already homeless and intervention to enable homelessness exits. Hence, we propose three policy recommendations: (i) early risk assessment, (ii) shelter enhancements and (iii) exit enablers to further strengthen our local upstream and downstream response.

Two key limitations of our study include the potential cohort effects and participants' imperfect recollection of past experiences/events. This affects some of the data collected and presented about the homelessness experience of participants. A notable example would be homelessness duration, which participants may struggle to accurately remember.

Additionally, while this study has identified systemic enablers of homelessness exit to long-term housing, there is limited discussion on the factors that impacted and/or contributed to the sustainability of these exits, as it is beyond the scope of this study. As such, there is scope for further research into why and how some exits to long-term housing (i.e., PRS, family's homes, open-market rentals, home ownership) could sustain while others could not, given that a significant proportion of participants returned to homelessness even after exiting to long-term housing.

Furthermore, our understanding of youth homelessness in Singapore today is limited, with majority of our participants in the adulthood, older adulthood and old-age life stages. Thus, there is also scope to better understand the youth homelessness experience in Singapore. Through the life course approach, we learnt that key life transitions in participants' childhood were marked by a series of adverse experiences that would impact asset building along one's life course. These included early school dropout, family instability, youth delinquency and childhood/youth homelessness. These experiences in the childhood life stage typically limit upward mobility and financial resilience later in life. In addition, childhood/youth homelessness was characterised by shifts in housing occupancy that disrupted the formative years of asset building. However, the understanding of homelessness in youth in this project is formed through participants recounting their prior experiences, and likely impacted by imperfect memory and the cohort effect, given that nationwide social support has progressed significantly in the past decade. At the same time, youth homelessness in Singapore is severely under-researched (Soh, 2021). To recommend policy interventions to better



support youth experiencing homelessness today and towards preventing and ending youth homelessness effectively, the phenomenon must be researched further.



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This final report was co-authored by Dr Harry Tan, Faseehudeen and Joscelyn Chong.

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# Annex

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## Annex A: Life biography sample excerpt

Below is an excerpt from the life biography constructed from one participant's interviews, to showcase how they were constructed in this study:

Age	Stressors	Life events	Intervention
Age 49 2014	Marital conflict		
	Family violence escalated	Husband slapped daughter in front of social worker	Stayed in women's shelter for 3 months
		Husband said he would change his ways	
		Moved back to marital home	
		Husband did not change his ways	
Age 53 2018		Started work as a cashier	
		Her daughters gave her an ultimatum that they would move out with or without her/their brother	They left marital home when husband was drunk one night
	Couch surfing		Stayed at friend's place for two days
			Accepted shelter support
			TS SW helped to apply for PRS
Age 54 2019	Limited financial resources	Stopped working to renew LTVP	
Age 55 2020			Applied for no-contest divorce through pro bono lawyer referred through lawyer
Age 57 2022			Moved into PRS
Age 58-59 2023-24	Chronic health condition	Lung condition	
	Caregiving stress (Son's chronic health condition)	Son in and out of hospital	Had to use daughter's Medisave to pay for short-term stays
	Limited financial resources	Son warded in hospital for heart complications	MSW helped to reduce medical costs
			Successfully applied for Medifund to cover medication

LTVP: long-term visit pass; MSW: medical social worker; PRS: Public Rental Scheme; SW: social worker; TS: transitional shelters

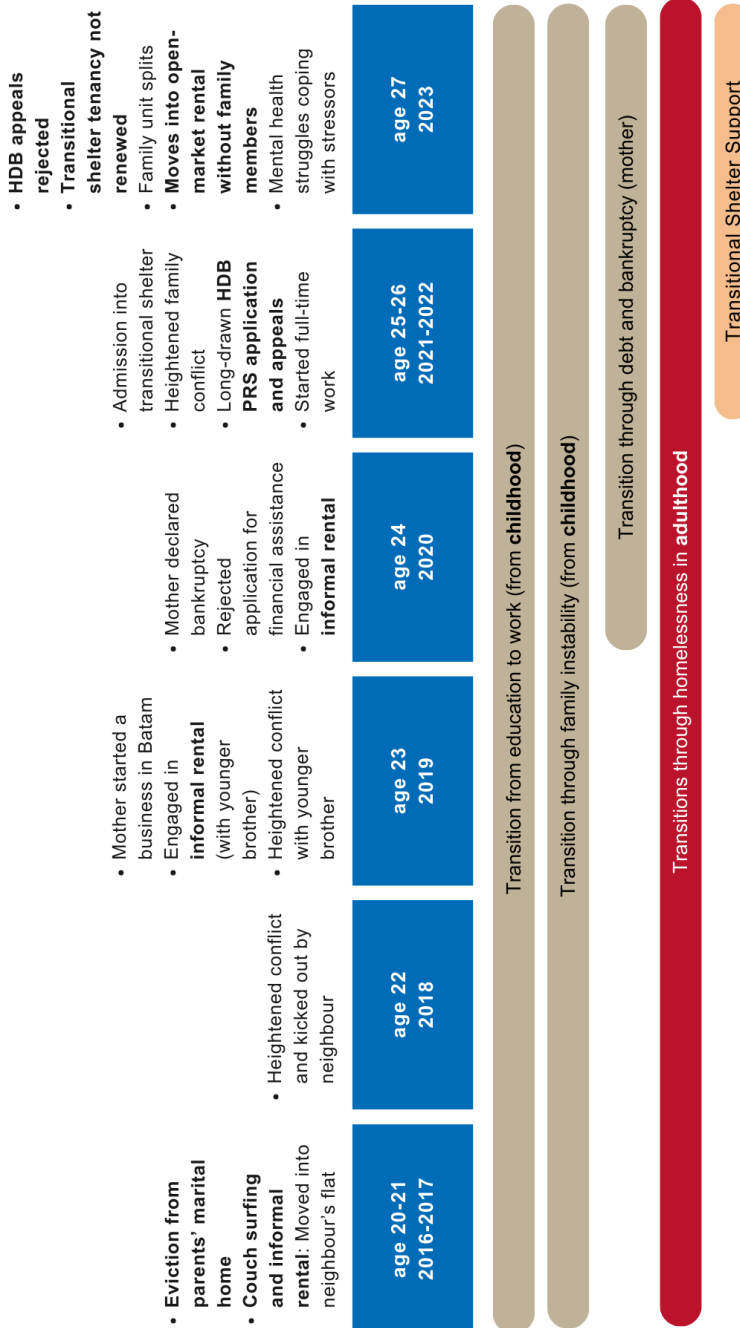


## **Annex B: Case examples of how participants' individual circumstances interact with the policy context and affect their later-life trajectories**

In one participant's (male, 28 years old) case (see Figure 19.1), we could see the impact of childhood transitions accumulating in adulthood, as it interacted with transitions through homelessness in early adulthood with limited financial support. As these transitions took place throughout the duration of the study, we could see the impact of these key transitions not only on his ability to accumulate financial assets for himself in the long run, but also the psychological and emotional toll on his familial relationships and social network. When his family home became untenable, he began transiting to homelessness through recurring cycles of couch surfing and precarious informal rentals. He recounted being told that he was ineligible for financial assistance despite facing housing insecurity. His eligibility for financial assistance was still evaluated on the criteria of his fitness for work. While his family eventually received admission into a transitional shelter, they did not manage to find a secure housing solution at the end of their stay. They could not meet the household income criteria for the HDB PRS (Family Scheme) despite multiple appeals. Without access to HDB PRS, his family did not perceive open-market housing solutions as affordable, adding further strain on family relations over finances. The family unit eventually decided to split up in search of housing occupancy — each going their own way as it was the most viable option. Engaging in open-market rental in early adulthood put a drain on his financial resources and ability to build personal savings and assets in the long run. As a young adult, his long-term housing trajectory is open-ended, with a higher chance of securing home ownership if he manages to find a partner to form a nuclear family. Ultimately, his case reflects a gap in the social safety net for those facing housing insecurity in adulthood.



**Figure 19.1: Participant's housing instability in early adulthood**





For another participant (female, 53 years old) (see Figure 19.2), despite being financially stable and independent at the start of her adulthood, debt and bankruptcy at age 40 would lead to long-term trajectory through homelessness in adulthood and older adulthood. Prior to the COVID-19 pandemic, she engaged in open-market rental in Singapore, which became untenable due to its cost. Eventually, she and her family engaged in cross-border living as a housing solution. When cross-border living became untenable during the pandemic due to restrictions, she fell into homelessness up till the present. During her stay at the transitional shelter, she finalised her divorce with her husband to access HDB's housing scheme.<sup>42</sup> Like many others, this participant's case reflects difficulties in rebuilding personal assets with limited financial support through housing insecurity. While she managed to find a stable job that paid decently, it meant not being able to meet the income criteria for a rental flat under HDB PRS. Compounded by the fact that she is no longer a *first-time* homeowner, she would not be eligible for CPF housing grants, making home ownership an increased challenge. Sally continues to navigate through cycles of application and appeals to find occupancy in one of HDB's housing schemes. At the last touch point of the study, she was still trying to appeal for early access to HDB's short-lease two-room Flexi flat before the age of 55. However, even if she were to be granted access, she was not confident that she could afford it, given the limited personal savings and assets in her CPF.

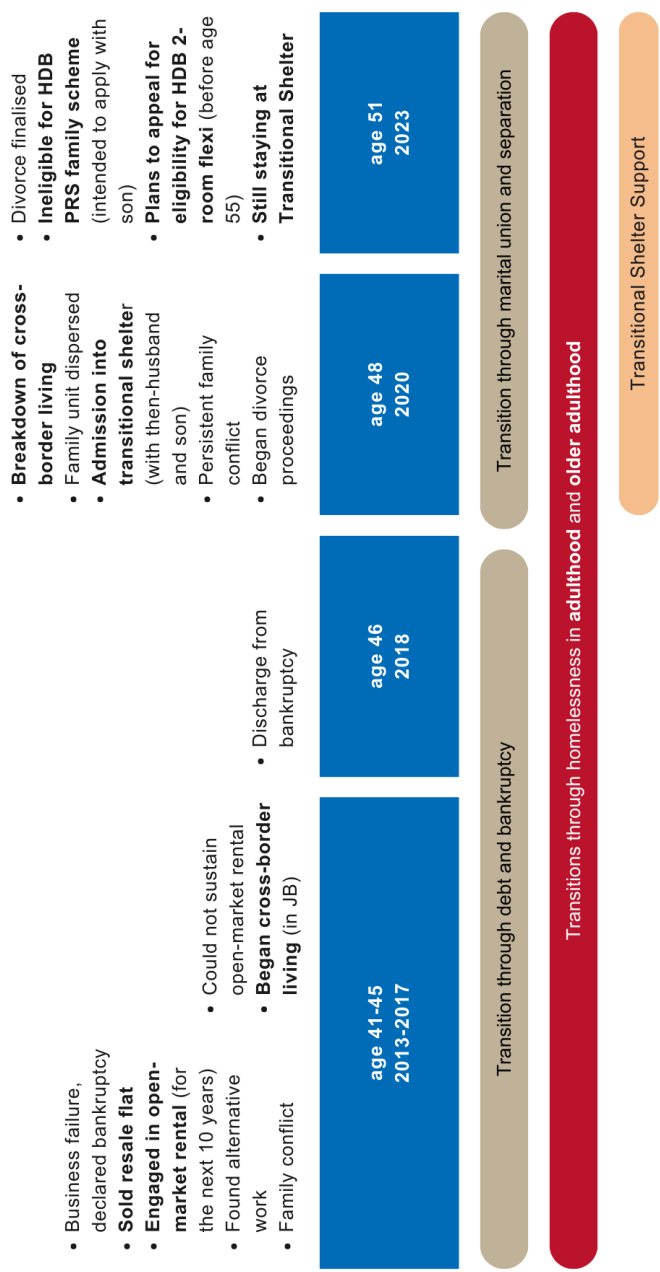
While these may just be two cases in our sample, the nuances of their experiences are not unique and illustrate how homelessness can arise from a variety of stressors that impact personal resources. However, homelessness often becomes prolonged due to insufficient social and financial support, limited access to affordable housing, and the complexity of navigating bureaucratic processes for assistance. Receiving social assistance depends on many factors such as awareness, engagement, eligibility, availability and uptake, particularly in shelter and housing support. The interplay of these challenges can create persistent barriers to stability, making it difficult for individuals to transition out of homelessness and secure long-term housing solutions.

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42. Her husband had a home under his name with his ex-wife that had not been sold. As a couple, they would not have been eligible for a rental flat under HDB PRS.



**Figure 19.2: Participant’s housing instability in adulthood and older adulthood**





## Annex C: Student Needs Survey (Mackenzie & Thielking, 2013, p.116-119)

Geelong Student Needs Survey	
Name of School: <input type="text"/>	
Post-code where you currently live: <input type="text"/>	
Suburb where you currently live: <input type="text"/>	
Date of Birth: D D M M Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p>This survey asks some questions about you and your life at home, at school and outside of school. The purpose of the survey is to find out better ways of helping students in need. The specific information you provide to various questions will only be known to the researchers and no-one else. Your answers will be strictly confidential. A few questions might seem a bit personal, but please answer honestly.</p>	
1. Year level <input type="text"/>	7. Which residential setting best describes where you were staying last night? <input type="radio"/> Private owned or rented house/flat <input type="radio"/> Public/Social Housing house/flat <input type="radio"/> In a caravan <input type="radio"/> Supported Accommodation (e.g. youth refuge etc) <input type="radio"/> Staying temporarily with friends/ relatives <input type="radio"/> Boarding with another family <input type="radio"/> No fixed address <input type="radio"/> Some other setting <input type="text"/> (Please specify)
2. Gender <input type="radio"/> Male <input type="radio"/> Female	
3. Age <input type="text"/> years	
4. Cultural Identity <input type="radio"/> Anglo-Australian <input type="radio"/> Indigenous Australian <input type="radio"/> Australian from another ethnic background <input type="text"/> (please specify)	
5. Do you receive Youth Allowance? <b>Tick one only</b> <input type="radio"/> No <input type="radio"/> Yes, at standard at home rate <input type="radio"/> Yes, at away from home rate <input type="radio"/> Yes, at independent rate <input type="radio"/> Yes, at 'unreasonable to live at home' rate	8. If you were staying temporarily with friends/ relatives was this: <input type="radio"/> Just visiting, everything normal and OK; OR <input type="radio"/> Really did not want to be at home with my parent(s) and family.
6. Which adult(s) do you live with most of the time? <b>Tick one only</b> <input type="radio"/> Both parents together <input type="radio"/> One parent only <input type="radio"/> One parent and a step-parent <input type="radio"/> One parent and a de-facto partner Neither parent but with: <input type="radio"/> Foster parents <input type="radio"/> Siblings <input type="radio"/> Relatives <input type="radio"/> Friend(s) <input type="radio"/> Non-related person(s) <input type="radio"/> Live alone	9. Over the past 3 months, at any time, have you ever stayed with friends/ relatives when you really did not want to be at home with your parent(s) and family. <input type="radio"/> Yes <input type="radio"/> No
	10. Over the past 12 months, at any time, have you stayed with friends/relatives when you really did not want to be at home with your parent(s) and family. <input type="radio"/> Yes <input type="radio"/> No





<p>11. Have you ever, at any time, stayed with friends/ relatives when you really did not want to be at home with your parent(s) and family.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>13. Have you moved out of home for any period in the past 12 months?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If YES, How many times have you moved out from your family? <input type="text"/></p>
<p>12. Do you work part-time or casually?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>14. Do you feel safe at home?</p> <p><input type="radio"/> YES, definitely safe</p> <p><input type="radio"/> Sometimes not safe</p> <p><input type="radio"/> Often not safe</p>

The following questions ask you to agree or disagree with statements about home and school over the past six months.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
15. I enjoy going to school each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I get into a lot of trouble at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I get on well with most of my teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get into a lot of conflicts with my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. If I was able to get a full-time job, I would leave school now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My best friends go to this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I would like to move out of home soon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
>> If you have already moved out of home tick this box	<input type="checkbox"/>				
22. I regularly 'wag' school (ie. miss school without permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel happy at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following statements are about you. Indicate what you think is the best answer to describe yourself – from Strongly Disagree, Disagree, Unsure, Agree and Strongly Agree.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
24. I usually manage one way or another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I feel proud that I have accomplished things in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I usually take things in my stride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I am friends with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I feel I can handle many things at the one time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I am determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I can get through difficult times because I have experienced difficulty before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I keep interested in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I can usually find something to laugh about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. My belief in myself gets me through hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. In an emergency, I am someone people can generally rely on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My life has meaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. When I am in a difficult situation I can usually find my way out of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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GEELONG STUDENT NEEDS SURVEY



The following questions ask about some issue that may or may not be relevant to you. Apart from the researchers doing this survey, no-one else will see your answers.

38. Have you ever experimented with marijuana or other drugs?

- ☐ Yes  
☐ No

39. Have you ever been in trouble with the police (ranging from being questioned, to an arrest or having to go to court over some matter)?

- ☐ Yes  
☐ No

40. Do you regularly smoke cigarettes?

- ☐ Yes  
☐ No

41. Have you ever seen a doctor or psychologist/psychiatrist about a psychological or psychiatric problem (ranging from minor anxiety, to depression or more serious issues)

- ☐ Yes  
☐ No

The next two questions ask about your eating habits.

42. In the past month, have you ever eaten less than you thought you should eat because there was not enough money to buy food?

- ☐ Never  
☐ Once or more a week  
☐ Once every two weeks  
☐ Once a month  
☐ Once every few months

43. In a normal day how many serves of the following foods would you eat?

**Tick one circle only**

(a) Bread (2 slices = 1 serve) or a bowl of cereal, pasta or rice

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

(b) Fruit (eg. 1 apple or 2 apricots) fresh or tinned

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

(c) Vegetables (1/2 cup of cooked vegetables or 1 cup salad) – fresh or frozen

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

(d) Meat, chicken, fish, eggs or tofu

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

(e) Milk cheese or yogurt

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

— End of survey - Thank-you for your participation. —



Do you have any other comments about the information that you provided in this survey?

Do you have any ideas on how your school could improve support services for students?

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