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Australian Institute of Health and Welfare

Specialist homelessness services 2012-13



Homelessness:  
clearer picture,  
better future

# Specialist homelessness services

2012-13

AIHW



**Australian Government**

**Australian Institute of  
Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

# **Specialist homelessness services**

**2012–2013**

Australian Institute of Health and Welfare  
Canberra

Cat. no. HOU 273



**The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.**

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**Please note that there is the potential for minor revisions of data in this report. Please check the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)> for any amendments.**

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We are especially grateful to all homelessness agencies and their clients for their participation in the collection.

# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index of Australia
CMS	Client Management System
COAG	Council of Australian Governments
H2H	Homeless 2 Home (client and case management system)
LGA	Local Government Area
NAHA	National Affordable Housing Agreement
NPAH	National Partnership Agreement on Homelessness
RA	Remoteness Area
SAAP	Supported Accommodation Assistance Program
SAAP NDC	SAAP National Data Collection
SHIP	Specialist Homelessness Information Platform (client and case management system)
SHOR	Specialist Homelessness Online Reporting [website]
SHSC	Specialist Homelessness Services Collection
SLK	statistical linkage key

# Symbols

–	nil or rounded to zero
..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

# Summary

## **An estimated 244,000 Australians accessed specialist homelessness services in 2012–13—an increase of 3% from 2011–12**

The number of clients supported by specialist homelessness services increased in all states and territories except for New South Wales, Tasmania, and the Australian Capital Territory. Victoria accounted for 81% of the overall national increase due to the commencement of a number of newly-funded specialist homelessness agencies.

## **The profile of clients assisted in 2012–13 was generally similar to 2011–12**

More than half of all clients were at risk of homelessness (54%) when they first began receiving support. Of those who were homeless when presenting (46%), 22% had no shelter or were staying in improvised dwellings and 35% were in short-term accommodation.

Most clients who received assistance were female (59%). However, males were more likely to be homeless when they first received support, including being more likely to be living with no shelter or in an improvised dwelling (28% of homeless males compared to 16% of homeless females).

Indigenous Australians continue to be over-represented. Although representing 3% of the total Australian population, Indigenous people represented 22% of specialist homelessness services clients.

Domestic and family violence remains a leading cause of homelessness. Thirty-two per cent of all clients receiving assistance from homelessness agencies were escaping domestic or family violence. The majority of these were adult females (63%) and 19% were children under 10 years of age.

Agencies help many clients secure a source of income to assist in meeting housing costs. The proportion of these clients who had no income went from 17% at the beginning of support to 10% at the end of support. The proportions of clients whose main source of income was a government benefit or employee income both increased slightly.

For those who identified a need for employment assistance, the proportion employed at the end of support increased from 12% to 20%, with the increase in clients employed part-time rising from 8% to 13%.

Agencies were able to support a number of clients into more stable housing. Overall, the proportion of clients who ended support in private housing remained steady, but the proportion of clients in public or community housing increased from 15% at the start of support to 21% at the end of support.

## **There were some shifts in the characteristics of clients from 2011–12**

There was an increase of 14% from 2011–12 in the number of people aged 55 years and over seeking support from specialist homelessness agencies.

Agencies reported more clients who had been 'couch surfing' or otherwise living without tenure. This group increased in number by 26% from 2011–12.

The estimated average number of unassisted requests for assistance each day increased to 417 in 2012–13 from 385 in 2011–12, but there was a decrease in the proportion of clients experiencing repeat periods of homelessness.





# 1 Introduction

Governments across Australia fund a range of services to support people who are homeless or at risk of homelessness. These specialist homelessness services are delivered by non-government organisations on behalf of government, and include agencies that specialise in delivering services to specific target groups (such as young people or people escaping domestic violence), as well as those that provide more generic services to those facing housing crises. These services support both those who have become homeless and those who are at imminent risk of homelessness.

This report describes the people who received assistance from specialist homelessness agencies in 2012–13, the assistance they received and their changes in housing and other circumstances. Data on those who requested services, but were not provided with support, are also presented. The data in this publication are compiled from the Specialist Homelessness Services Collection (SHSC), which is conducted by the Australian Institute of Health and Welfare (AIHW).

People who are homeless or facing homelessness may also access a range of mainstream services which are available to the broader community (such as income support payments, or health services). These services are not described in this report.

## 1.1 The policy framework for reducing homelessness

In recent years, government responses to homelessness have been shaped by the White Paper on homelessness (Australian Government 2008). This document, *The road home: a national approach to reducing homelessness*, outlined a vision for the reduction of homelessness in Australia and a strategic agenda for the re-orientation of services towards the prevention of homelessness, alongside an increased supply of affordable and supported housing for those who might otherwise be homeless.

The response to the White Paper has been administered under the National Affordable Housing Agreement (NAHA) (COAG 2009) and associated national partnership agreements. The NAHA is an agreement between state/territory and federal levels of government, and provides the framework for parties to work together to reduce homelessness and improve housing affordability. Funding for the NAHA commenced on 1 January 2009, and provided \$6.2 billion of housing assistance targeted to low and middle income Australians in the period to 30 June 2013.

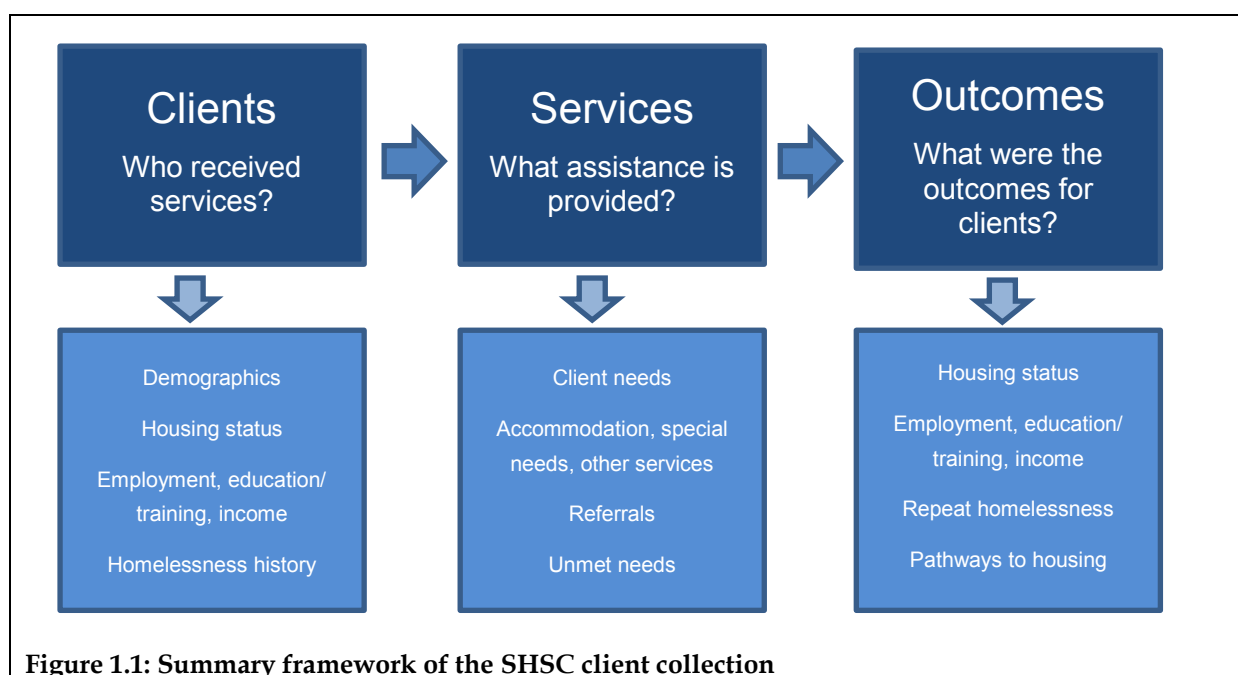
The NAHA is supported by a number of partnership agreements, 1 of which is directed specifically at issues of homelessness—the National Partnership Agreement on Homelessness (NPAH). The NPAH contributes to the NAHA outcome that ‘people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion’ and outlines the roles and responsibilities of the Australian Government and the state and territory governments in relation to reducing and preventing homelessness. Funding associated with the NPAH was provided for the period 1 July 2009 to 30 June 2013. An interim funding arrangement has been agreed between the Australian and the state and territory governments for 2013–14, while longer-term arrangements are agreed.

## 1.2 About the Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. Specialist homelessness agencies that are funded under the NAHA and the NPAH are in scope for the collection. Agencies that are expected to participate in the SHSC are identified by state and territory departments responsible for the delivery of services. These agencies provide a wide range of services and operate within a range of service delivery frameworks. These frameworks may be determined by the state or territory funding department or developed as a local response to homelessness, taking into account the characteristics of the population at risk, the geographic distribution of clients and identified priority groups.

All SHSC agencies report a standard set of data about the clients they support each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency. Further data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services and at the end of the support period.

This information contributes to building a picture of clients, including the specialist homelessness services that were provided and the outcomes achieved for clients (Figure 1.1). SHSC data provide a measure of the service response directed to those who are experiencing housing difficulty. The data do not provide a measure of the extent of homelessness in the community, although SHSC data on emergency and supported accommodation do contribute to the profile of homelessness in Australia.



The data collected by agencies are based on support periods, or episodes of assistance provided to individual clients. Some of these support periods are relatively short (and are likely to have begun and ended in 2012–13) and others are much longer—many of these might have been ongoing from the previous year, or were still ongoing at the end of 2012–13.

Certain information collected about the client (selected letters of name, date of birth and sex) is used to construct a statistical linkage key (SLK) to bring together all data about each client who had multiple support periods (either with the same agency or with different agencies). In addition, information about families and other client groups who present to an agency together can be analysed.

Agencies also collect information about unassisted people; that is, any person who seeks services from a specialist homelessness agency but does not receive them.

Because not all agencies submit client data for all months in the reporting period, and because the SLK data are not available for all clients and unassisted people, an imputation strategy has been developed to adjust the data to account for this non-response.

All figures presented in the body of this report have been adjusted for agency non-response and some have been adjusted for missing item response also (numbers that have been adjusted for missing item responses are indicated as being 'estimated'). Supplementary tables are adjusted for agency non-response only. This means that some numbers presented in this report differ from those presented in the corresponding supplementary tables. In estimating the numbers presented in this report, it has been assumed that the clients for whom specific data items were not reported shared the same characteristics as those for whom the data item was reported (that is, that responses are representative of non-responses).

Data tables from which these analyses are drawn are provided as supplementary tables to this report (data tables are denoted with an 'S' prefix). All percentages given are based on valid responses reported for clients, and the extent of missing data is indicated in the supplementary tables that accompany this report.

Further information about the collection and information about the quality of the data obtained through the SHSC for 2012–13 is available in the Data Quality Statement (Appendix A). Further information about the imputation methodology applied to these data can be found in Appendix B.

## 1.3 About this report

This report is the second annual report arising from the SHSC, and provides information about clients of specialist homelessness agencies who were assisted in 2012–13 and the support they received. Some revised data for 2011–12 is also presented (see below). Future reports drawing on 2012–13 data will explore experiences and characteristics of specific client groups in more detail.

In this report:

- Chapter 2 provides a profile of all clients assisted by specialist homelessness agencies and the support services that they needed and that were provided.
- Chapter 3 investigates the outcomes that were achieved for clients in relation to housing circumstances and other characteristics of interest.
- Chapter 4 presents some comparative findings for selected subpopulations based on specific client characteristics.
- Chapter 5 highlights findings in relation to some other subpopulations of clients who are of special interest, either because they are high users of specialist homelessness services or have specific needs or special characteristics.

- Chapter 6 presents data on people who requested assistance from a specialist homelessness agency but did not receive the assistance they sought.

Supplementary SHSC data tables, including state/territory data tables for key variables, are available from the 'additional materials' tab associated with this report on the AIHW's website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## 1.4 Revision of 2011–12 SHSC data

As outlined above, SHSC data are adjusted to account for agencies that were actively providing services but did not report SHSC data. However, because data submissions improved in 2012–13, comparison of the actual data submitted to the data imputed for agencies revealed that the imputation strategy applied to the 2011–12 SHSC data generally overestimated the size of agencies that had not responded, which led to the overestimation of client numbers for most jurisdictions in 2011–12.

Further analysis of the data also revealed that there were 7 agencies in Victoria that had been operating in 2011–12 but which had not been included in the collection in that year, and also that a number of South Australian agencies had an extended 'ramp up' of clients that occurred around the beginning of the collection in July 2011.

As a result, a revised imputation strategy has been applied to the 2012–13 data presented in this report. This revised imputation strategy has also been retrospectively applied to 2011–12 data, with some further adjustment also made to data supplied by Victoria and South Australia to account for the issues outlined above (see Appendix B for information about the further adjustments made to data for these jurisdictions).

In this report, some data from 2011–12 on key client variables is presented for comparison. The figures reported for that year are based on the revised imputation strategy and therefore will differ from data presented in *Specialist homelessness services 2011–12* (AIHW 2012a). The SHSC imputation methodology is designed to provide valid counts of clients and support periods across jurisdictions and remoteness areas within jurisdictions. The methodology has not been designed to take account of particular characteristics of clients or service information when adjusting for non-response. Therefore, the revised 2011–12 data may have resulted in changes to some client characteristic or service provision data which may not correspond directly to the change in client numbers.

Selected revised tables for 2011–12 have also been re-published on the AIHW's website <[www.aihw.gov.au](http://www.aihw.gov.au)>. Relevant data tables based on revised data are denoted with an 'R' prefix.

## 2 A profile of clients and services provided

Clients who receive assistance from specialist homelessness agencies are not homogenous. Some are already homeless when they seek assistance, while many seek support because they are at imminent risk of becoming homeless. Clients vary greatly in terms of the reasons why they may be homeless (or facing homelessness) and in terms of the level and type of support they might need to overcome barriers to stable housing. Many seek support due to a lack of affordable housing options, given their current financial situation. Others are experiencing housing crisis due to personal circumstances that make finding or retaining housing difficult (for example, mental health issues, problem drug and alcohol usage, recent exit from prison or a care setting). Later chapters in this report examine major homelessness services client groups (see chapters 4 and 5). This chapter outlines the characteristics of all clients assisted by specialist homelessness agencies in 2012–13, describes their needs for assistance and the services they received, and also provides some comparisons with revised data for 2011–12.

### At a glance

	2012–13	2011–12
<b>Number of clients</b>	244,176	236,429
<b>Presenting unit type</b>	71% presented alone 28% presented in a family group 1% presented in an 'other' group	68% presented alone 31% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (23%) Financial difficulties (16%) Housing crisis (15%)	Domestic and family violence (25%) Financial difficulties (15%) Housing crisis (13%)
<b>Housing situation at beginning of first support period (all clients)</b>	46% were homeless 54% were housed/at risk	44% were homeless 56% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	36% (81 days)	33% (82 days)
<b>Proportion of client group who had a case management plan</b>	61%	62%
<b>Number of support periods (and average number of support periods per client)</b>	412,614 (1.7)	388,766 (1.6)
<b>Average length of support</b>	84 days	79 days

### 2.1 Changes among specialist homelessness services clients from the previous year

Data collection for the SHSC has been continuous since 1 July 2011, so data is now available for 2 years. It is now possible to gain some understanding of the changing nature of the needs of people facing homelessness and the assistance that is provided by governments to support them over this relatively short period. This report provides some initial insights into



these changes. Further analysis will be undertaken by AIHW over the next several months to examine client pathways through homeless services and the changes of circumstances and outcomes that occur for them.

Changes in the number of clients supported by homelessness agencies are influenced by many factors. In an environment of high levels of demand for services, increases in client numbers generally reflect the increased availability and accessibility of services. Changes in the profile of clients and their needs may also indicate changes in the demand for services. Changes in the housing and other circumstances of clients will provide insight into the effectiveness of services in assisting clients in overcoming housing crisis and other issues they face and more broadly provide evidence for the achievement of government objectives in homelessness service delivery.

In 2012–13, specialist homelessness agencies supported an estimated 244,176 clients. This was an increase of 3% from the revised estimate of 236,429 clients in 2011–12. Increases in the numbers of clients were recorded in Victoria, Queensland, South Australia, Western Australia and the Northern Territory. New South Wales experienced a slight decrease in client numbers, and more substantial decreases were seen in Tasmania and the Australian Capital Territory. Victoria accounted for much of the overall national increase due primarily to 12 newly-funded specialist homelessness agencies commencing in 2012–13.

The demographic profile of clients remained largely consistent with the previous year. However, some shifts in the characteristics of clients seeking services were:

- An increase in the proportion of clients aged 45 and over, from 17% of clients in 2011–12 to 18% of clients in 2012–13. This included an increase of 14% in the number of people aged 55 and over. The increase in the proportion of older clients was partly offset by a decrease in clients aged under 18 (down from 29% to 27% of all clients).
- There was a change in the pattern of housing circumstances that clients reported when first presenting for support. Agencies reported relatively more clients who had been 'couch surfing' or living with friends and relatives without tenure (this group was up from 16% to 18% of all clients).
- There was an increase in the proportion of clients seeking assistance due to reasons related to housing affordability (financial difficulties, rents too high, housing crisis). Clients reporting these as their main reasons for seeking assistance accounted for 36% of all clients, which was up from 33% in 2011–12.

There was an increase in the numbers of people reported by specialist homelessness agencies who could not be assisted. The estimated average number of unassisted requests each day increased to 417 in 2012–13 from 385 requests in the previous year.

There was a decrease in the proportion of clients experiencing repeat periods of homelessness. A client has a repeat period of homelessness if at some time during the reporting period the client changed status from 'homeless' to 'not homeless' and back to 'homeless'. In 2012–13, 4% of clients had a repeated period of homelessness during the year. This was down from 5% of clients in 2011–12.

In terms of the housing outcomes for clients, there was an increase in the proportion of clients who exited homeless support into, or remained in, public or community housing (up from 20% of all clients in 2011–12 to 21% in 2012–13).

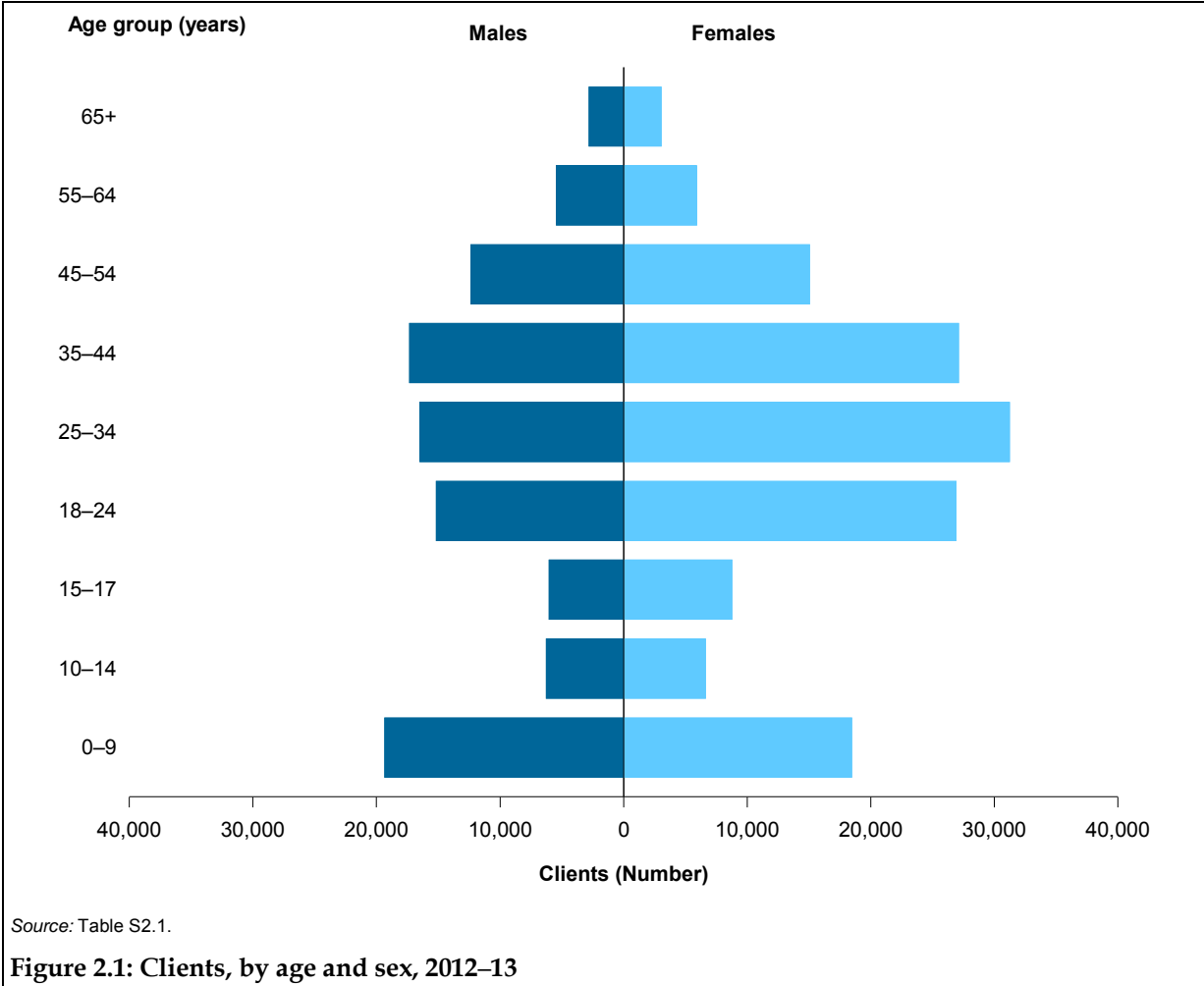
## 2.2 Characteristics of clients

In 2012–13, specialist homelessness agencies provided assistance to an estimated 244,176 clients—equivalent to 1 in 93 Australians (Table S2.1). This is an increase from the 236,429 clients assisted in 2011–12 (equivalent to 1 in 95 Australians), representing a 3% increase in the number of clients helped in that year (Table R2.1). In part, this increase in clients was due to new agencies being funded, which resulted in considerable increases in client numbers in some jurisdictions (see ‘State and territory of clients’ below).

### Age and sex of clients

The majority of clients who received assistance in 2012–13 were female (59%), and 41% were male.

Over half of all clients were aged 18–44 (55%), and over one-quarter (27%) were aged under 18 years. Fifteen per cent of all clients were aged under 10 (Figure 2.1).

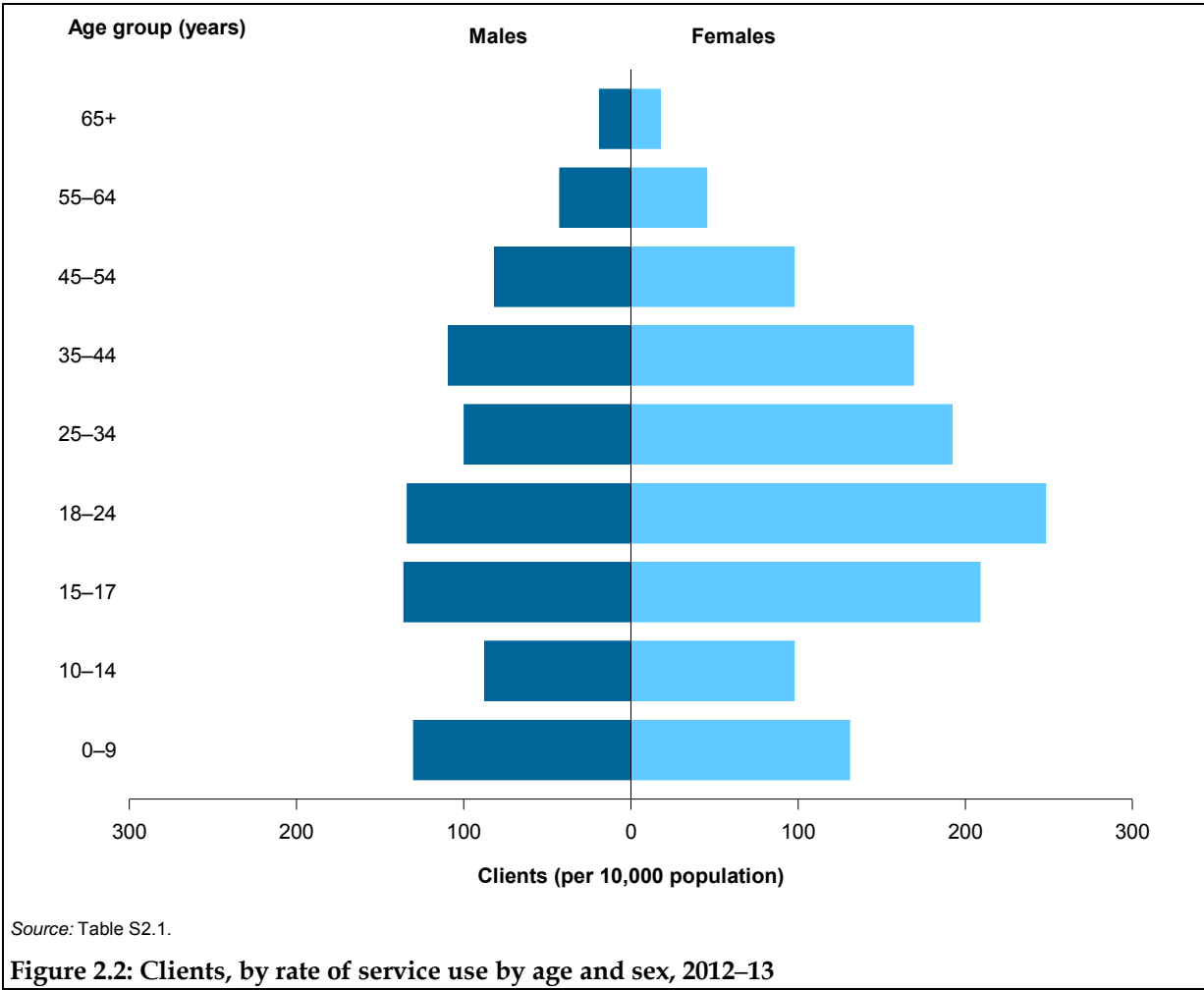


There were more females in all age groups except those aged under 10, although there were similar numbers of males and females in the youngest and oldest age groups (clients aged under 14 or 55 and over).

The age/sex profile of clients in 2012–13 was very similar to the profile of clients assisted in 2011–12 (Table R2.21), apart from those small shifts in some client groups noted above in the discussion of changes among specialist homelessness services clients from the previous year.

In terms of rates of access to services, in 2012–13, 125 per 10,000 females received specialist homelessness support, compared with 90 per 10,000 males.

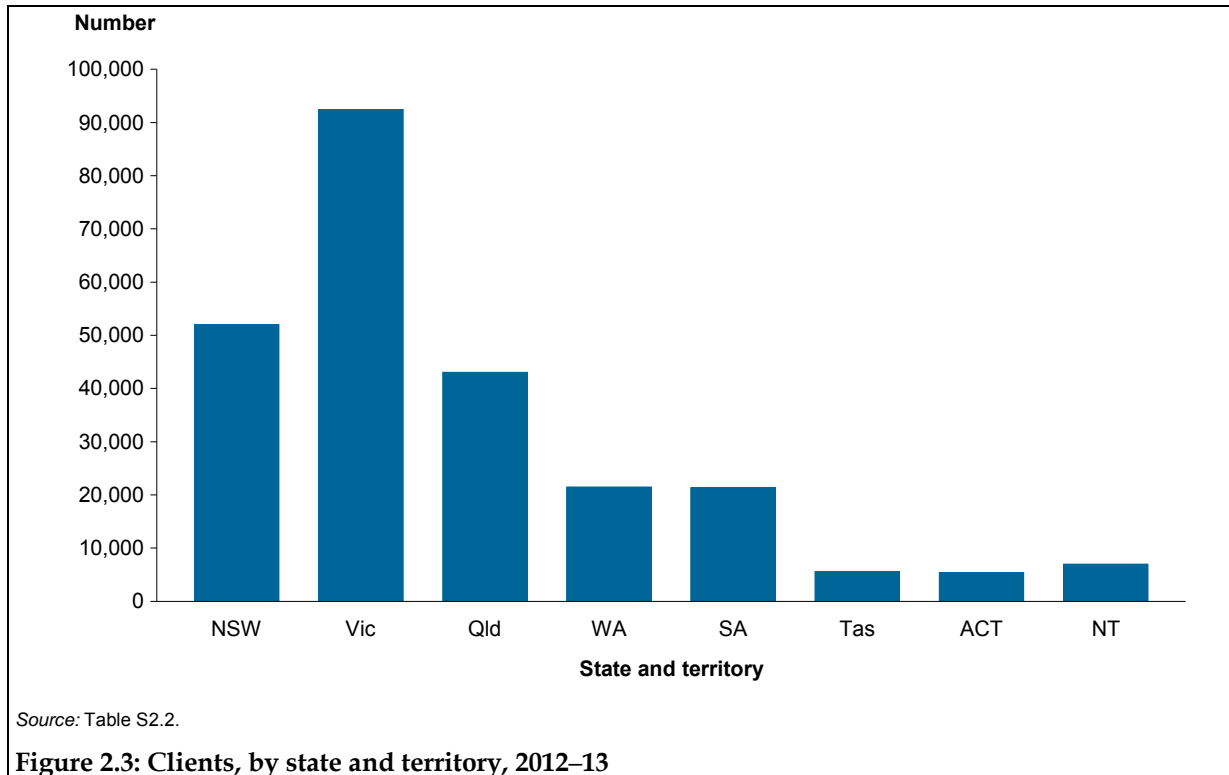
In terms of age, the highest rates of receipt of services was for the 18–24 age group, where 190 people per 10,000 received assistance (Figure 2.2). Rates of service receipt were also high among those aged 15–17, 25–34 and 35–44 (171, 145, and 139 people per 10,000 in these age groups accessed services respectively). Service use among children aged 0–9 was also high (130 children per 10,000 in this age group received assistance).



The highest rates of service use in terms of specific age/sex groups were among young women aged 18–24 (services were provided to 248 women per 10,000 in this age group), followed by girls aged 15–17 (209 girls per 10,000 in this age group received assistance).

### State and territory of clients

Across Australia, the largest number of clients was in Victoria (92,462) followed by New South Wales (51,953) and Queensland (43,001) (Figure 2.3).

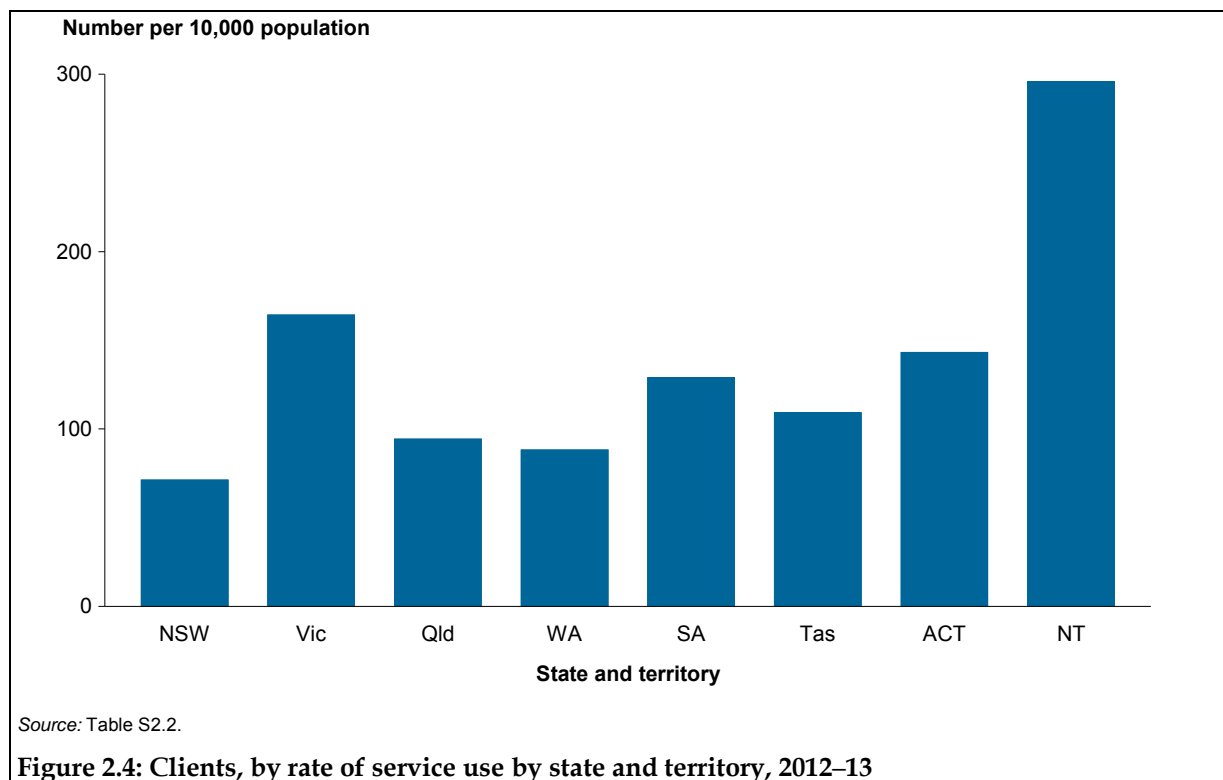


**Figure 2.3: Clients, by state and territory, 2012–13**

Most of the increase in the total number of clients between 2011–12 and 2012–13 was attributable to an increase in the number of clients in Victoria, which accounted for 81% of this increase (Table R2.2). In 2012–13 the Victorian Government announced significant funding under its homelessness Innovation Action Projects, which resulted in 12 newly funded homelessness agencies operating in Victoria from 2012–13.

In 3 jurisdictions (New South Wales, Tasmania and the Australian Capital Territory), the number of clients was lower in 2012–13 than in 2011–12 (Table R2.2). Although the differences were small (between 100 and 600 clients in each jurisdiction), these decreases did represent a notable proportion of clients in the case of Tasmania (which represented a reduction of 9% of clients from 2011–12) and the Australian Capital Territory (which represented a reduction of 4%). The reduction in New South Wales clients numbers represented less than 1% of clients assisted in 2011–12.

The highest rates of access to services occurred in the Northern Territory (where there were 296 clients per 10,000 people), Victoria (164 clients per 10,000 people) and the Australian Capital Territory (143 per 10,000 people) (Figure 2.4).



In all states and territories, females received services at a higher rate than males. The difference in rates of access between males and females was most pronounced in the Northern Territory where 407 per 10,000 females received services, compared with 196 per 10,000 males (Table S2.2).

Further analysis of clients based on their geographic region when they first began receiving support in 2012–13 is presented in Chapter 4.

## Indigenous status

Aboriginal and Torres Strait Islander people were over-represented among specialist homelessness clients. Over one-fifth of clients (22%) who provided information on their Indigenous status identified as being of Aboriginal and/or Torres Strait Islander origin (Table S2.3). In comparison, 3% of the Australian population are Indigenous (ABS 2012a). The proportion of Indigenous clients in 2012–13 was the same as that seen in 2011–12 (22%) (Table R2.3).

Further information about Indigenous clients can be found in Chapter 4.

## Country of birth of clients

Most specialist homelessness clients were born in Australia (84%). This proportion was higher than in the broader Australian population (74% are Australian-born) (ABS 2012e).

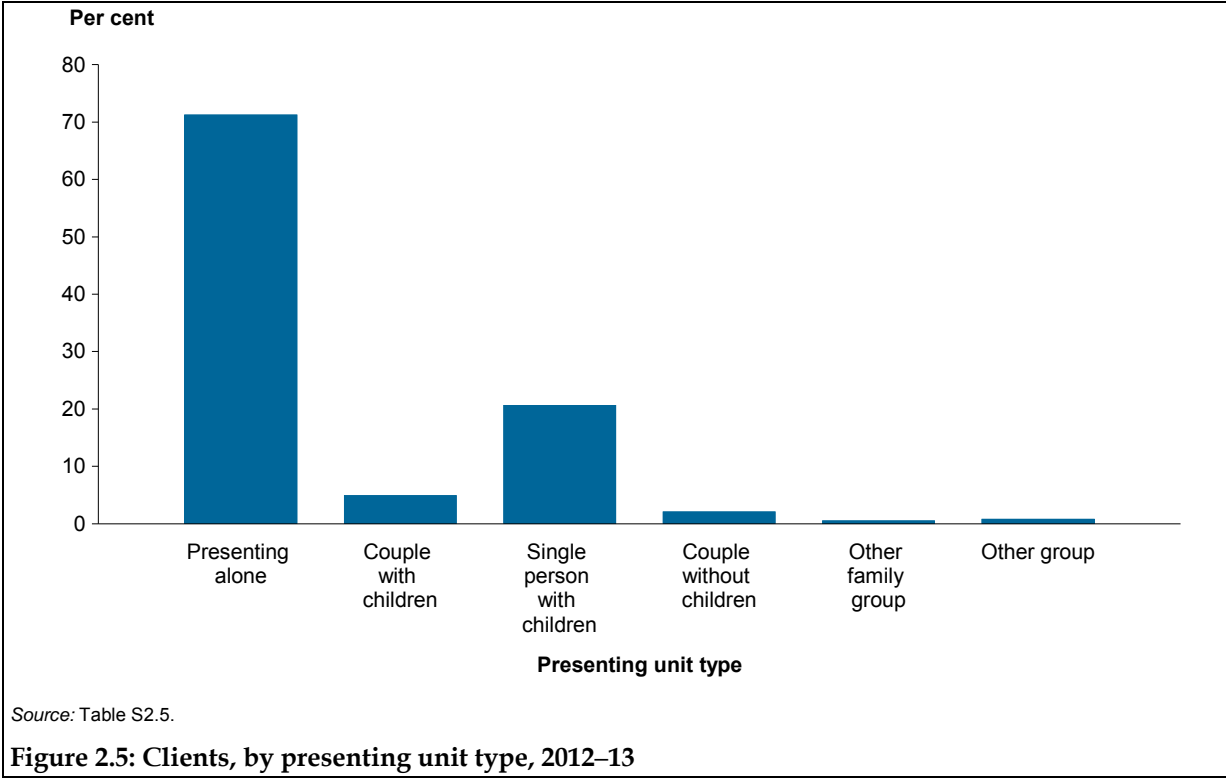
Among those clients who were born overseas, the most common region of birth was North Africa and the Middle East (19%), followed by Oceania and Antarctica (18%) and sub-Saharan Africa (15%) (Table S2.4).

In 2011–12, the proportion of clients born in Australia was similar (86%) (Table R2.4).

Further information about clients who were born overseas can be found in Chapter 4.

### Clients presenting alone and in groups

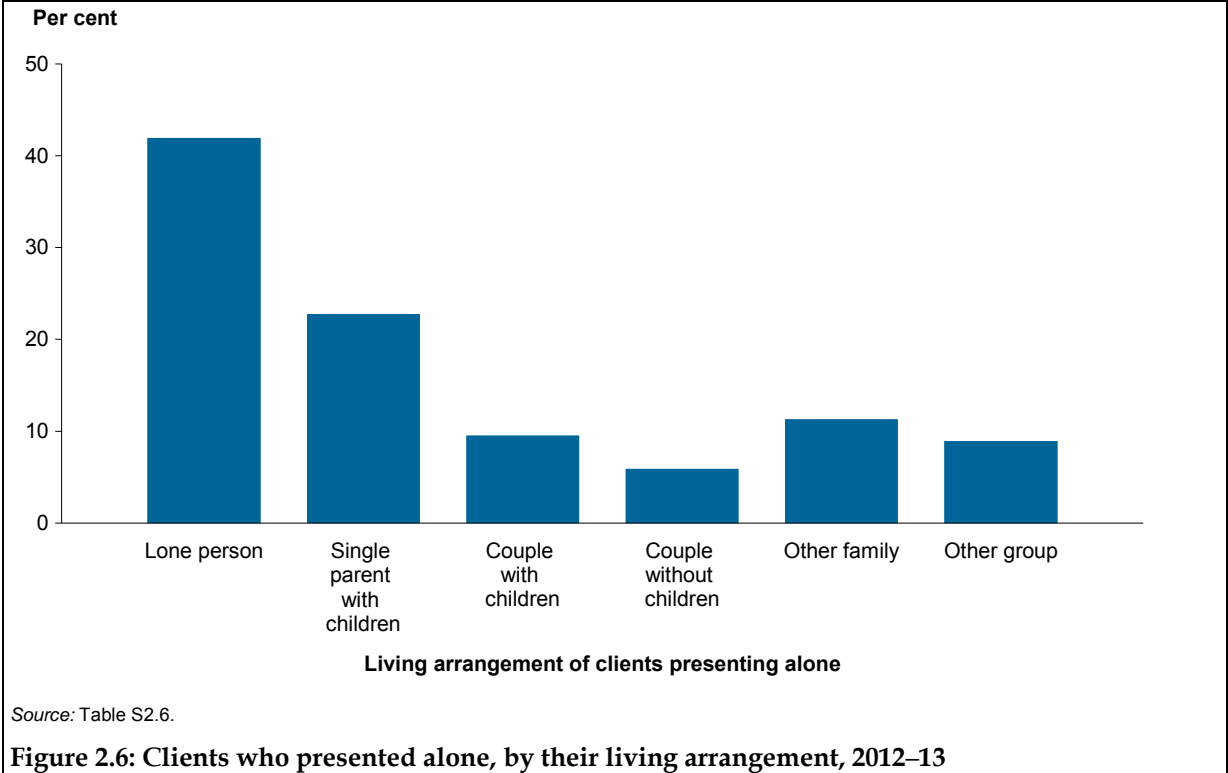
Most clients presented to specialist homelessness agencies alone (71%) and over a quarter (28%) presented as part of a family group (Figure 2.5). The remaining (1%) were part of another type of group.



Of those clients who presented as a family, most were single parents and their children (74%), followed by couples and their children (17%), and couples without children (7%); 2% comprised other family groups. This profile was very similar to that seen in 2011–12 (Table R2.5).

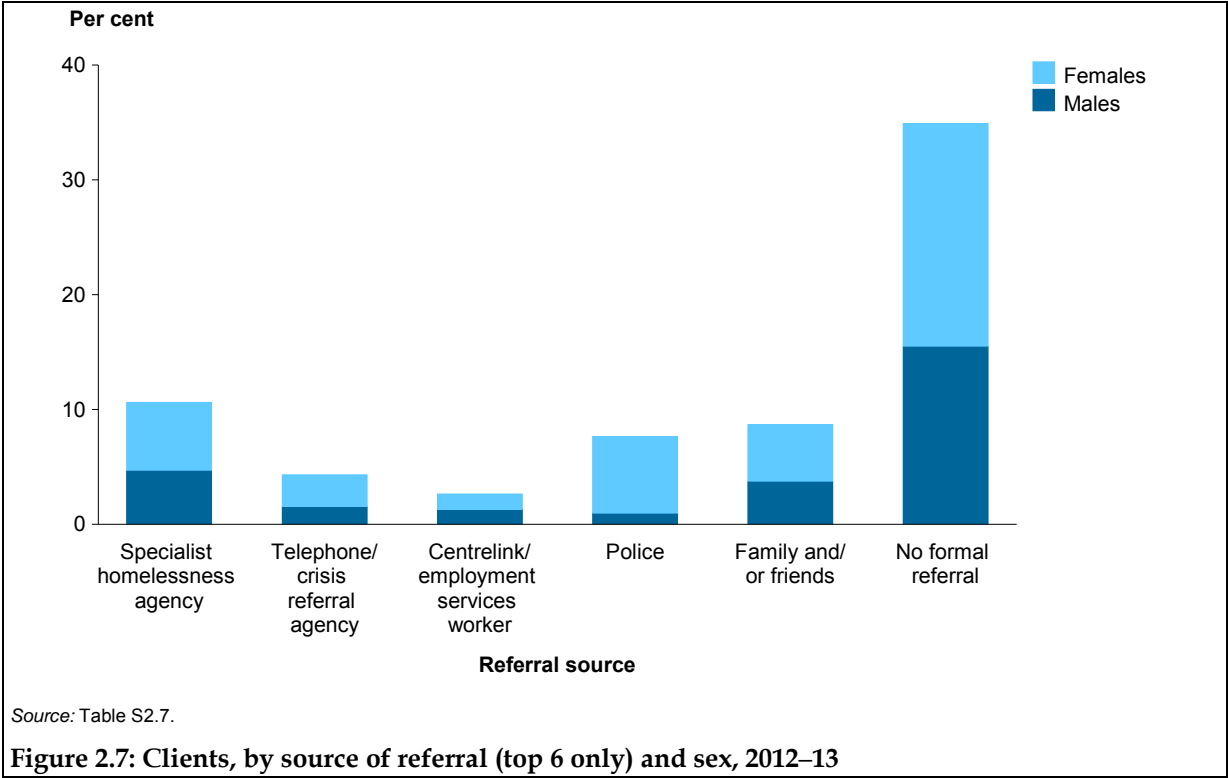


Information about presenting unit types held in the SHSC is derived based on information collected about the number of people seeking help in the client group and the relationships between those people. Information is also collected about the living arrangement of each client at the time that they began receiving assistance (that is, whether they lived alone or in a family). Among those who presented to specialist homelessness agencies alone, almost half indicated that they lived in a family group at the time they began receiving support (49%, Figure 2.6). In some cases, this will indicate that a family member was seeking support on behalf of a family, and in other cases it may indicate that, due to relationship breakdown or other reasons, a family member has had to leave the family and was seeking support for themselves.



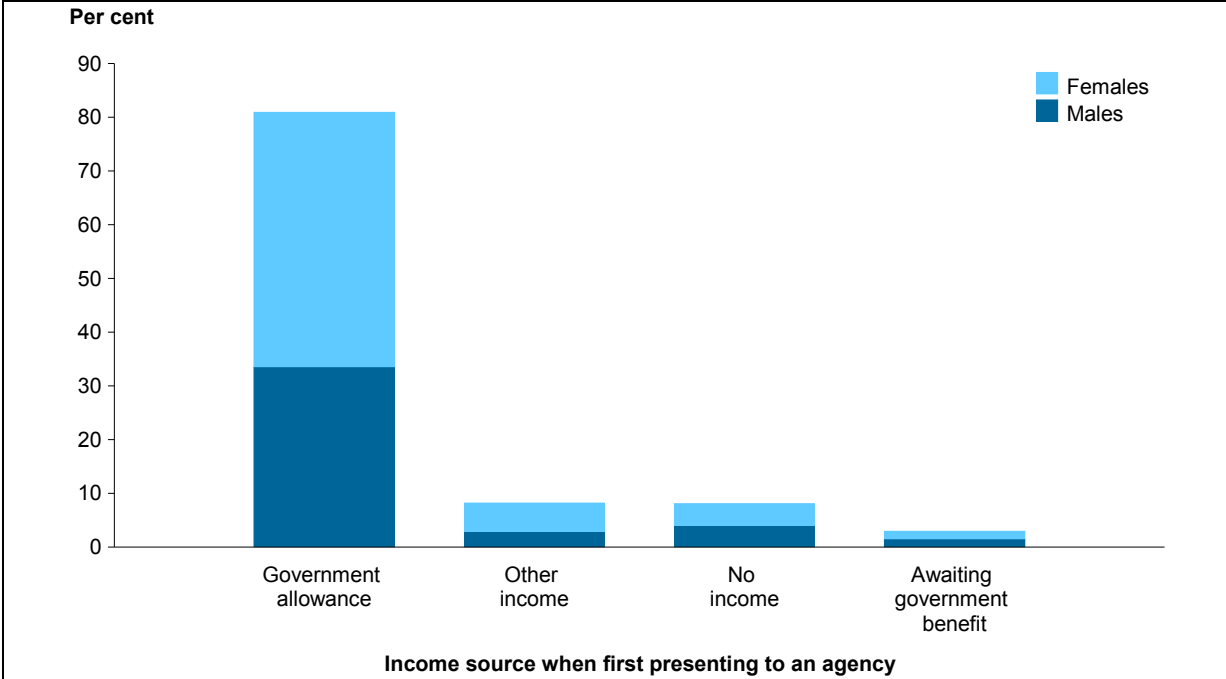
### Source of referral

Clients were referred to specialist homelessness services from a variety of sources, although over one-third of clients (35%) had no formal referral to the specialist homelessness agency (Figure 2.7). For those whose referral status was known, 11% were referred by a specialist homelessness agency or outreach worker, 9% by family or friends, and 8% by the police.



### Main source of income

In 2012–13, a high proportion (81%) of clients aged 15 and over were receiving some form of government payment when they began receiving support (Figure 2.8). The most common government payments were Newstart Allowance (received by 26% of all clients), followed by Parenting Payment (21%) and the Disability Support Pension (18%) (Table S2.8). A further 3% were awaiting a government benefit.



Source: Table S2.8.

**Figure 2.8: Clients aged 15 and over, by main source of income at beginning of support and sex, 2012–13**

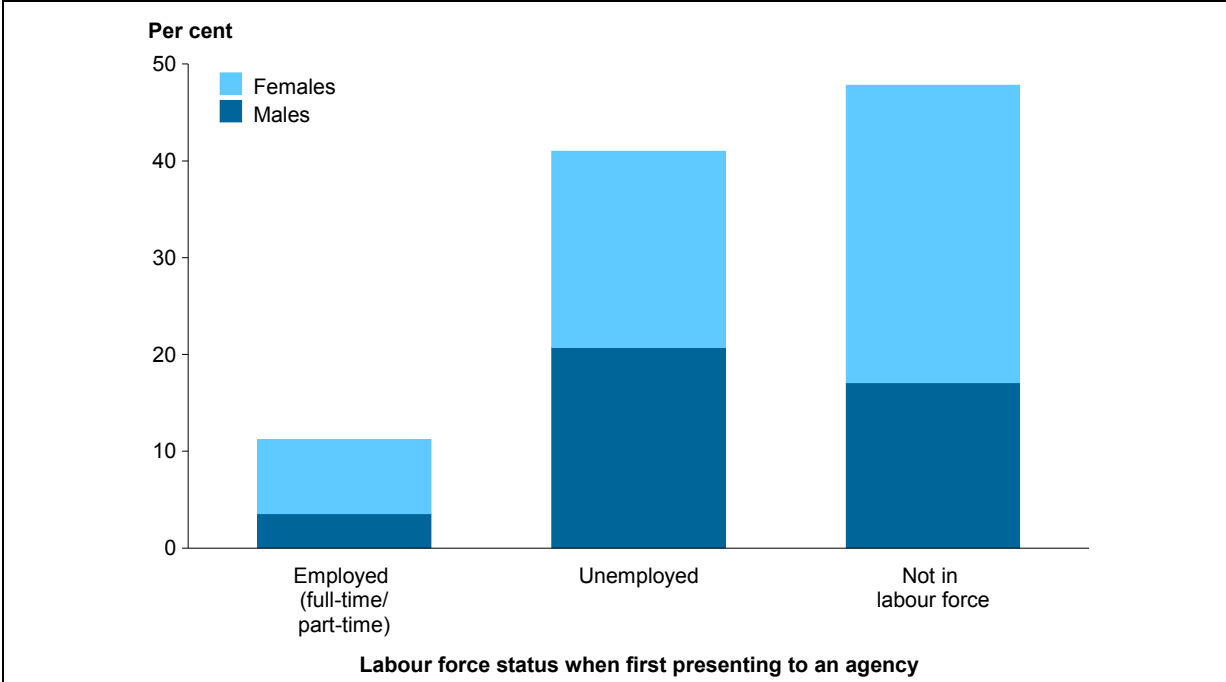
Similar proportions of males and females were receiving a government benefit (80% of males and 81% of females), but males were more likely to be receiving Newstart Allowance (37% of males, 18% of females) and Disability Support Pension (25% of males, 14% of females). Females were more likely to be receiving Parenting Payment (33%, compared with 3% of males).

The main source of income for 7% of clients aged 15 and over was income from employment, and 8% of clients aged 15 and over reported that they had no income.

## Labour force status

Nearly half of all clients aged 15 or over (48%) were not in the labour force at the beginning of their first support period in 2012–13, 41% were unemployed and 11% were employed (Figure 2.9). Of those clients that were employed, 59% were employed on a part-time basis.

There were some differences evident for male and female clients aged 15 and over in terms of labour forces status. Females were less likely to be in the labour force (48% of females, 59% of males), but males were more likely to be unemployed (50% of males, 35% of females). There was a smaller difference in the proportion of males and females who were employed—9% of males and 13% of females.



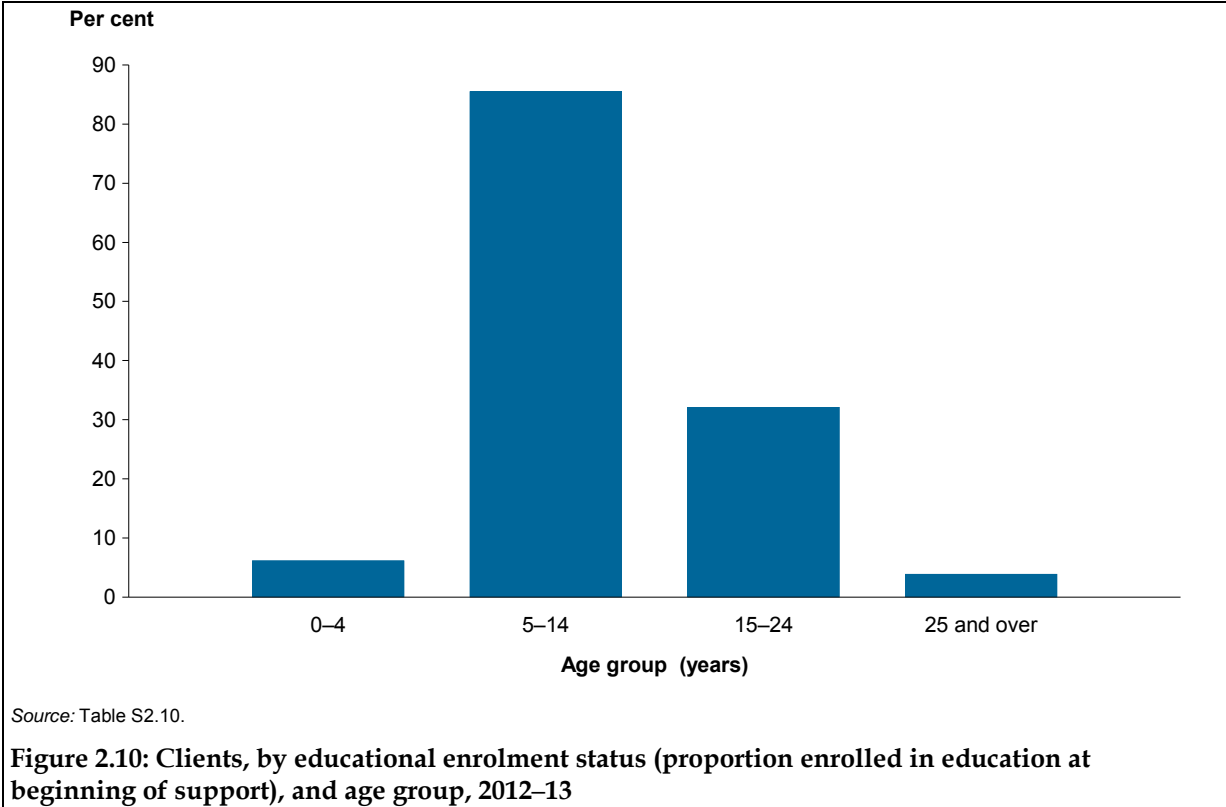
Source: Table S2.9.

Figure 2.9: Clients aged 15 and over, by labour force status at beginning of support and sex, 2012–13

## Educational enrolment status

Most clients were not enrolled in any form of education when they first presented to an agency in 2012–13 (81% of all clients). Clients who were enrolled in education were mostly children enrolled in primary school or secondary school (13% of clients). Four per cent of clients were enrolled in vocational education or training or at university (Figure 2.10).

When looking at educational enrolment by age group, 6% of children aged 0–4 were enrolled in education, as were 85% of children aged 5–14, and 32% of those aged 15–24.

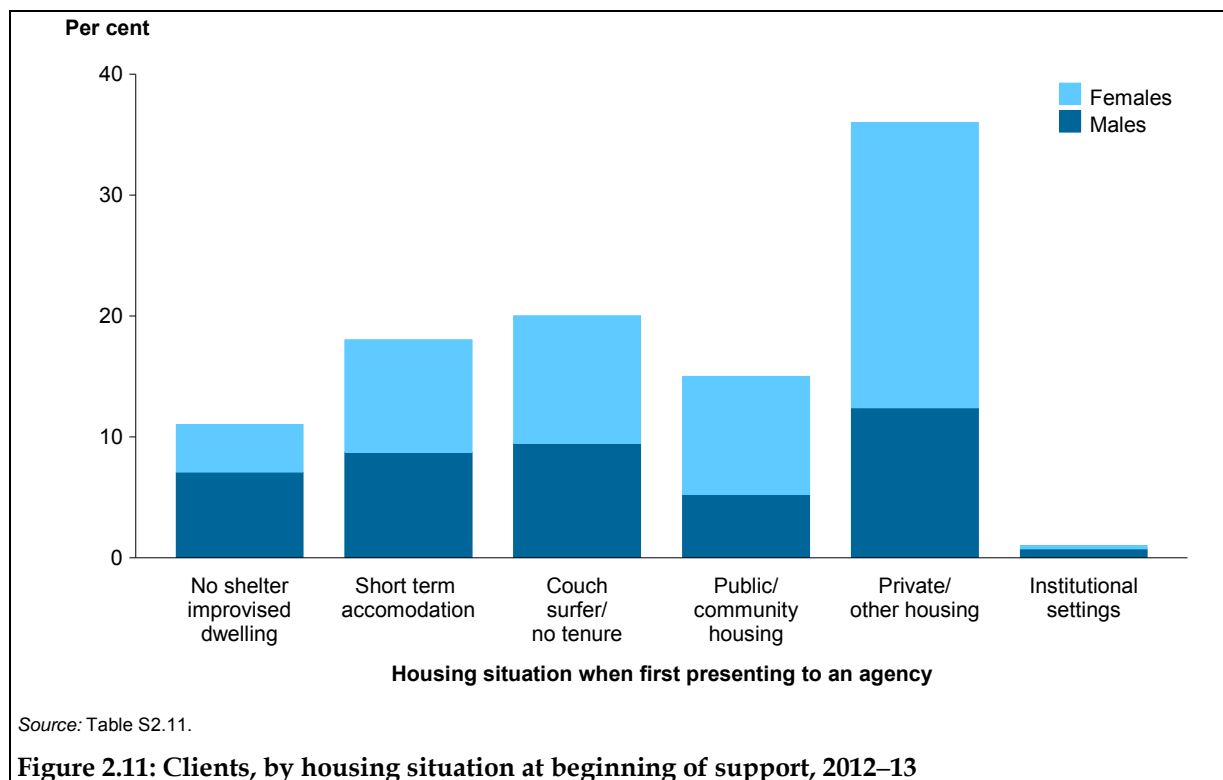


## Housing situation

Among those clients who provided sufficient information to determine their housing circumstances at the beginning of their first support period in 2012–13 (74% of all clients), 46% were homeless and 54% were housed but at risk of homelessness.

Of those whose specific housing circumstances were known, 11% of all clients had no shelter or were staying in an improvised dwelling, 20% were ‘couch surfing’ or living with others with no tenure, and 18% were in some form of short-term temporary accommodation (Figure 2.11).

In terms of those who were housed at the beginning of their support period (and whose specific housing circumstances were known), over one-third of all clients (36%) were in private housing (as a renter, rent-free or owner), 15% were in public or community housing, and 1% were living in an institutional setting.



Males were more likely than females to be homeless at the beginning of their first support period in 2012–13 (57% of males, 38% of females). Of those males and females who were homeless, males were more likely to be living with no shelter or in an improvised dwelling (28% of homeless males compared to 16% of homeless females). Homeless females were more likely to be living in short-term temporary accommodation (38% of females compared to 33% males) and also to be staying in another form of housing with no tenure or as a ‘couch surfer’ (42% of females and 36% of males).

Of those who had some form of housing at the beginning of their support period but were at risk, similar proportions of males and females were staying in most situations – 62% of at risk males and 59% of at risk females were living in private housing, and 25% of at risk males and 24% of at risk females were living in public and community housing.

In comparison with 2011–12, there were some changes to the profile of clients in terms of their housing situation when they first began receiving support, as noted in the discussion of changes among specialist homelessness services clients from the previous year. In particular, agencies reported relatively more clients who had been ‘couch surfing’ or living with friends and relatives without tenure (Table R2.6).

## Previous history of homelessness

In 2012–13, over 1 in 3 clients reported that they had experienced an episode of homelessness in the month before their first support period began (38%, Table S2.12). Seventeen per cent of clients had slept rough or in some kind of non-conventional accommodation and 25% had stayed in short-term or emergency accommodation of some kind (4% reported both circumstances). Clients did not necessarily receive support from a specialist homelessness agency during these episodes.



## 2.3 Clients' needs for assistance and services provided

Specialist homelessness agencies provide a wide range of services to people who are at risk of, or experiencing, homelessness. These services can include accommodation or assistance with obtaining or maintaining housing, basic support services (such as meals, assistance with transport, material aid or recreational services), and more specialised services (including specialised counselling and support for health and mental health issues, professional legal services, and financial advice and counselling).

In the SHSC, information is captured about clients' needs for specific services, whether these were met to any extent by the agency and/or whether the client was referred to another agency for specific support. This information is captured at the beginning of a support period and throughout the period of support. Box 2.1 provides information about how clients' needs for assistance are identified in the SHSC, and also how information is reported on the extent to which these needs are met.

### **Box 2.1: Identifying and meeting service needs**

#### **Identifying clients' needs for a service**

The SHSC collects information on the needs of clients during their period of support from a specialist homelessness agency. Although this information is collected at the beginning of a support period, updated at the end of each month a client is supported and again at the end of each support period, each individual need is only recorded once in any collection month.

For these analyses, a client need for a service is recorded if the client needed that service at any time in 2012–13. For example, a client is recorded as needing short-term accommodation if they were recorded as needing short-term accommodation in any collection month of 2012–13, regardless of the number of months over which this need was recorded, or the number of times during 2012–13 they presented with this need.

#### **Meeting clients' service needs**

There are several aspects to analysing the extent to which clients' needs for assistance are met. The first is to analyse the services provided to a client directly by the specialist homelessness agency. Where agencies are unable to provide services directly to clients, or unable to fully meet the need, they will often refer the client to other organisations (other specialist homelessness agencies or other organisations) that can provide those services. This information is also collected in the SHSC and is considered an important form of assistance that agencies provide, although it is not possible to know if these referrals resulted in the provision of services.

All information on services that are provided, whether referred or not, are recorded in the same way as service needs. That is, a service is recorded as provided if the client was provided that type of assistance at any time in 2012–13.

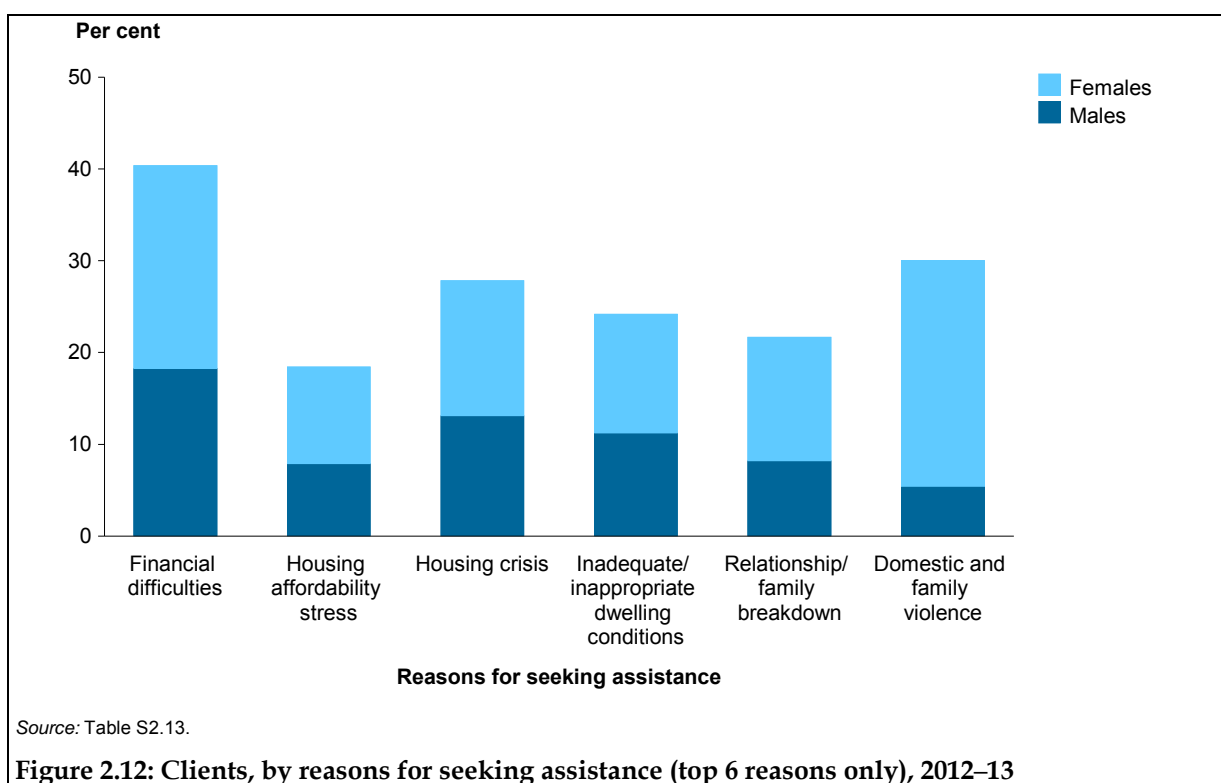
In some circumstances, an agency will not be able to either provide required services directly to a client, or refer them to another organisation – this is considered to be an unmet need. Further information about unmet needs can be found in Chapter 6 of this report.

## Reasons for seeking assistance

Clients' needs for services are influenced by the underlying reasons the client is seeking assistance, along with a range of other personal circumstances. Information on all reasons that a client gives for seeking assistance (as well as the main reason) is collected in the SHSC.

'Financial difficulties' was the reason for seeking assistance most often reported for clients (40% of all clients, Figure 2.12). 'Domestic and family violence' was the next most reported reason and was reported by 30% of clients, but was reported more frequently by females than males—13% of males (many of whom were children accompanying a parent) and 42% of females. Some further analysis of clients who had experienced domestic violence is provided in Chapter 5.

'Housing crisis' and 'inadequate or inappropriate dwelling conditions' were also reported by high proportions of clients (28% and 24%, respectively).

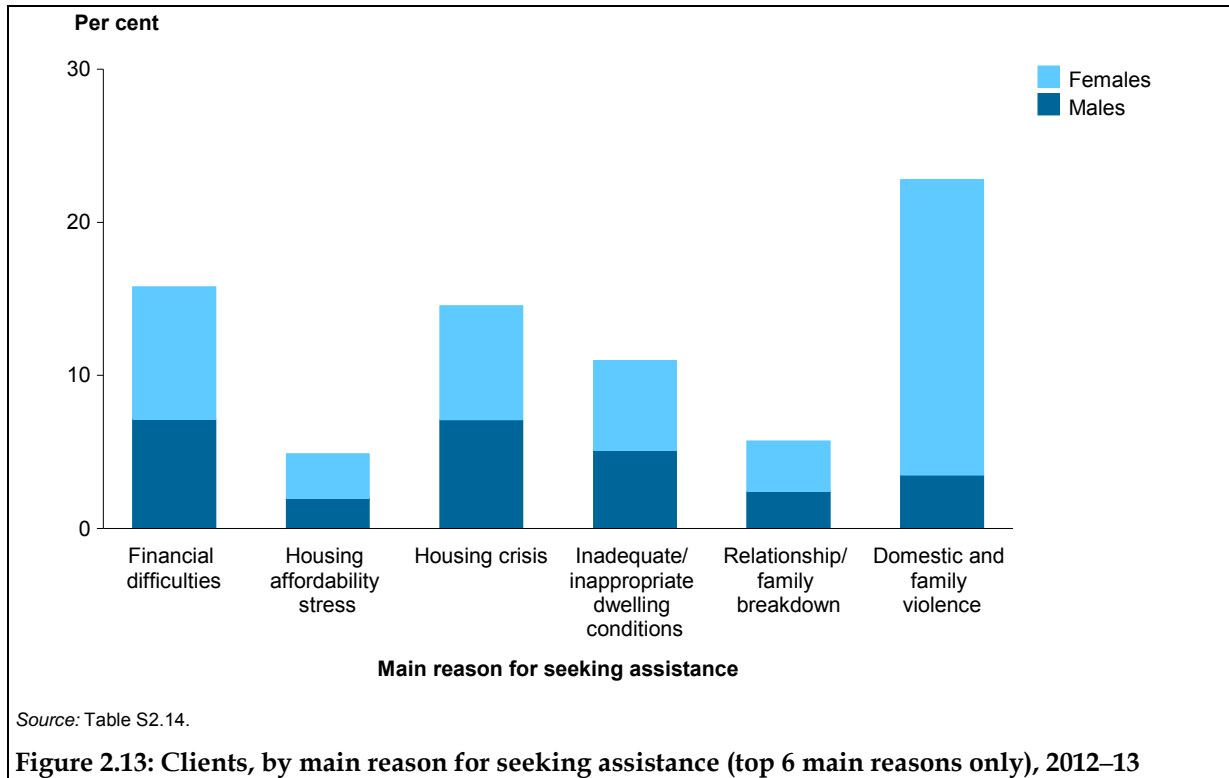


**Figure 2.12: Clients, by reasons for seeking assistance (top 6 reasons only), 2012–13**

Considering just the *main* reason given for seeking assistance, the most commonly reported reason was 'domestic and family violence', which was reported as the main reason by nearly one-quarter (23%) of clients (Figure S2.13). Females were more likely than males to report this as their main reason for seeking assistance (33% of females and 9% of males).

The next most common main reason for seeking assistance for all clients was 'financial difficulties' (16%), followed by 'housing crisis' (15%) and 'inadequate or inappropriate dwelling conditions' (11%).

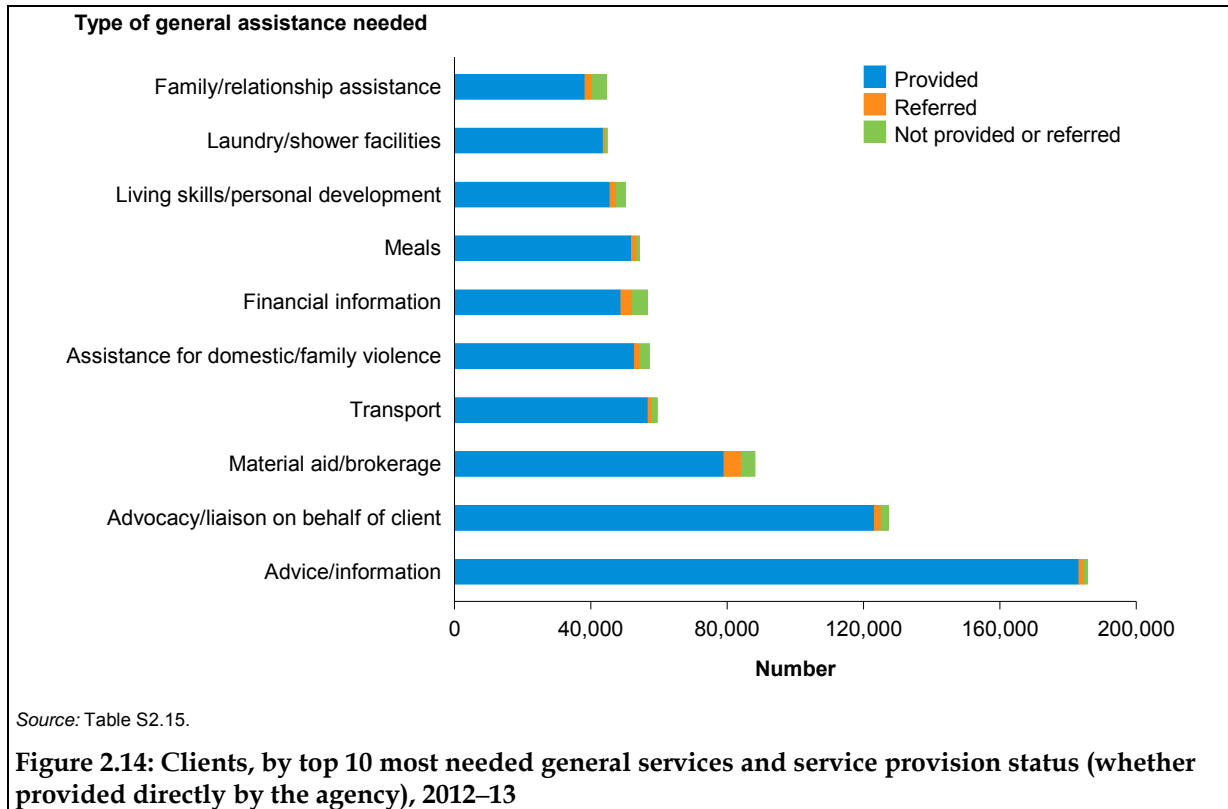
In 2012–13, the profile of main reasons for seeking assistance provided by clients was very similar to that reported in 2011–12 across all reasons recorded in the SHSC (Table R2.7), although in 2012–13 there was an increase in the proportion of clients seeking assistance due to reasons related to housing affordability, as noted in the previous discussion on changes among specialist homelessness services clients from the previous year.



## General support and assistance

In 2012–13, the majority of clients who presented to specialist homelessness agencies were identified as having at least 1 general support and assistance need (93% of all clients). Within this broad category of assistance, advice and information was needed most often (by 77% of clients), followed by advocacy/liaison on behalf of client (53%) and material aid and brokerage (36%). Assistance with transport, for domestic/family violence, financial information and meals were all needed by almost one-quarter of all clients (24%, 24%, 23% and 22%, respectively) (Figure 2.14).

On the whole, general assistance and support needs were highly likely to be provided directly by specialist homelessness agencies. In particular, almost all clients needing advice/information, laundry/shower facilities and advocacy/liaison on behalf of client were provided with these services (98%, 97%, and 96% of clients, respectively).



## Accommodation services

Overall, 57% of clients were identified as having a need for accommodation, and 36% of all clients were provided accommodation at some stage in 2012–13 by specialist homelessness agencies (Table S2.15).

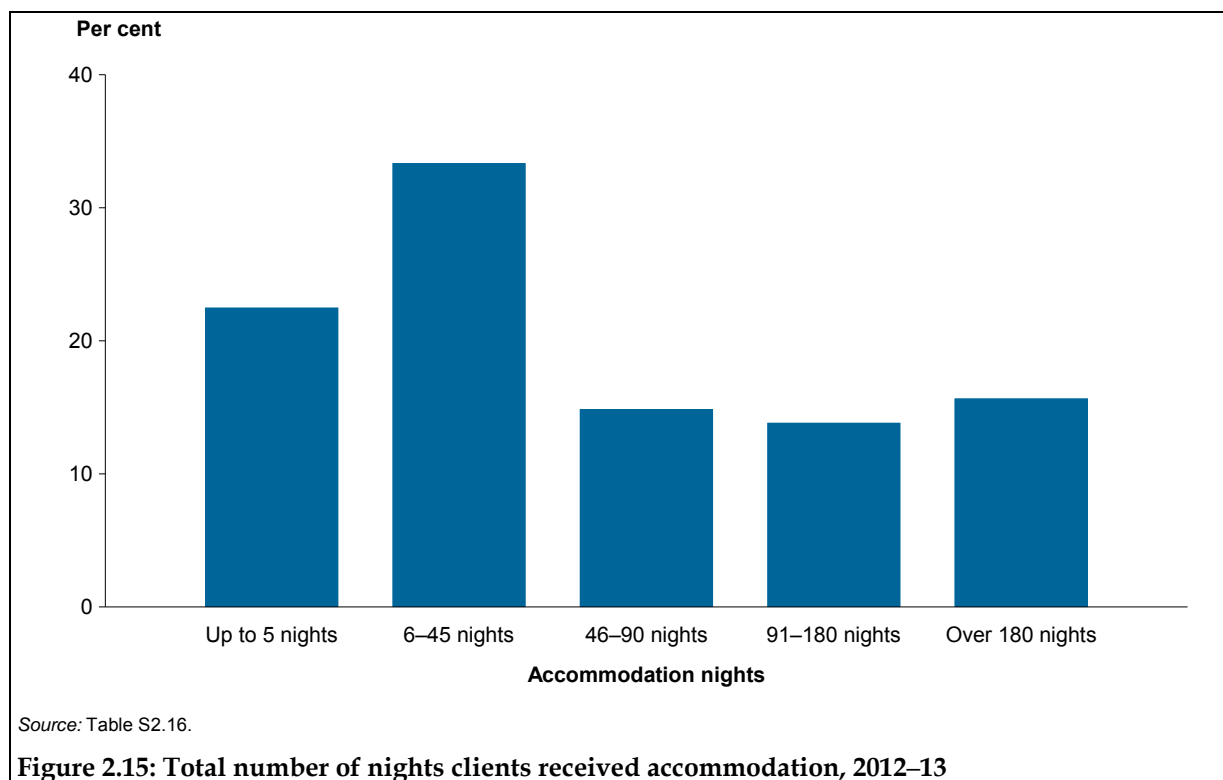
These clients were provided with 7,005,149 nights of accommodation in total, which represents an average accommodation length of 81 nights for those who were accommodated (median accommodation length was 34 nights) (Table S2.16). This was an increase on the number of accommodation nights provided in 2011–12 when 6,762,521 nights of accommodation were provided. In that year, clients who received these services were accommodated for 82 nights on average (median accommodation length was 35 nights) (Table R2.9).

Information on the way in which total nights of accommodation is counted is provided in Box 2.2.

**Box 2.2: How we calculate total length of accommodation (and total length of support)**

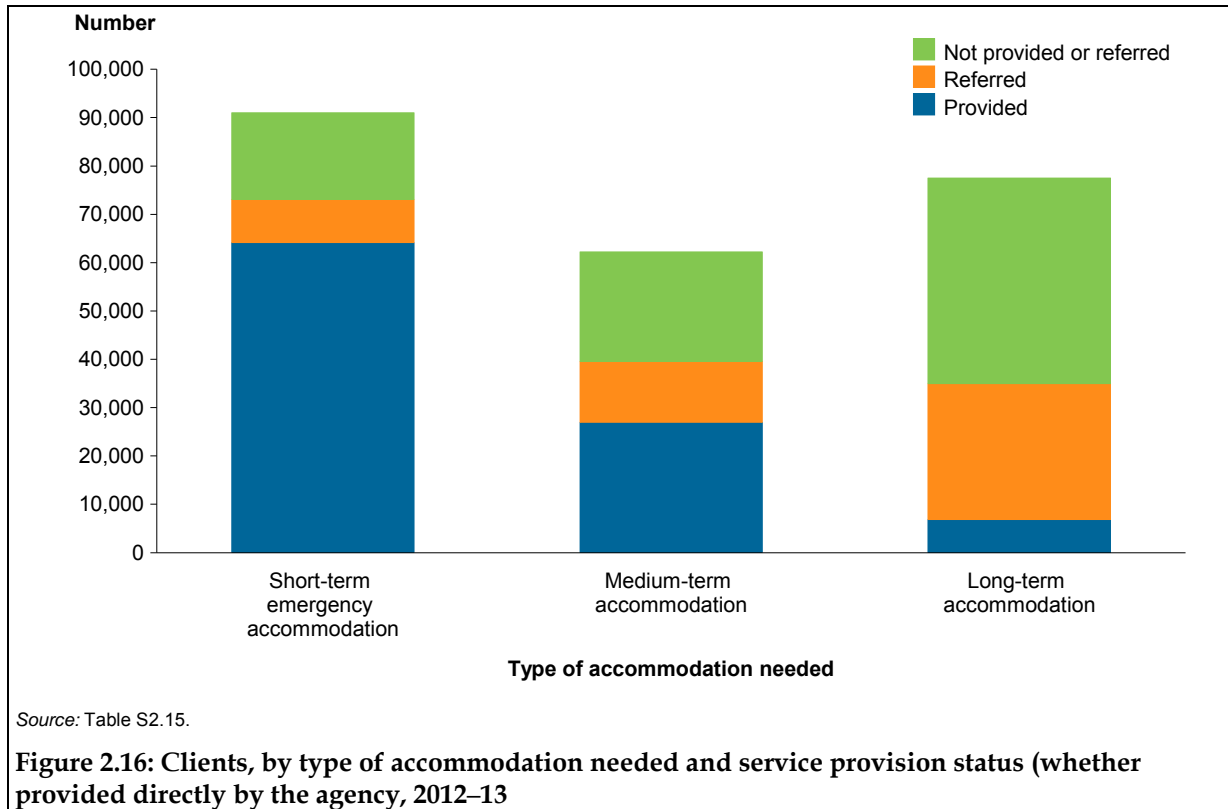
To calculate accommodation and support length, every night (for length of accommodation) or day (for length of support) the client received support or accommodation in 2012–13 is added together. This means that the total number of days/nights presented for clients does not necessarily represent a consecutive number of days/nights the client received support/accommodation. For example, a client who received accommodation for 7 nights may have had 2 separate periods of accommodation, 1 for 5 nights and another for 2 nights.

There was considerable variation in accommodation length among clients who received accommodation in 2012–13. Twenty-two per cent of clients received up to 5 nights of accommodation in total and 33% were provided with 6–45 nights of accommodation, but over one-sixth (16%) of clients were provided with over 180 nights of accommodation in total in 2012–13 (Figure 2.15).



**Figure 2.15: Total number of nights clients received accommodation, 2012–13**

In relation to the type of accommodation needed, short-term accommodation was most commonly needed (by 37% of clients), followed by long-term housing (32%) and medium-term/transitional housing (26%) (Figure 2.16).



Short-term or emergency accommodation was the service most likely to be provided directly by the agency (provided to 70% of clients who identified this need), followed by medium-term/transitional housing (provided to 43% of clients who identified this need).

Long-term housing needs were met by the agency for only 9% of clients who reported this need – reflecting the primary focus of specialist homelessness agencies on dealing with immediate needs for emergency and shorter term accommodation alongside assisting clients with other issues that may be posing a barrier to obtaining stable housing. Although many jurisdictions prioritise the placement of people who are homeless or at high risk into public or community housing, it also reflects that demand for social housing places is high and waiting lists are long. Over half of all clients (55%) who were identified as needing assistance with long-term housing were neither provided with this form of accommodation nor referred elsewhere in response to this need (Table S2.15).

## Assistance to sustain housing tenure

In addition to providing accommodation, specialist homelessness agencies also play an important role in supporting clients to maintain their existing housing tenure. In 2012–13, 29% of clients needed assistance to sustain a tenancy or prevent tenancy failure or eviction (Table S2.15). There were also a small number (1%) of clients who needed assistance to prevent foreclosures or mortgage arrears. This represented no change (in terms of the proportion of clients needing these types of assistance) from 2011–12 (Table R2.8).

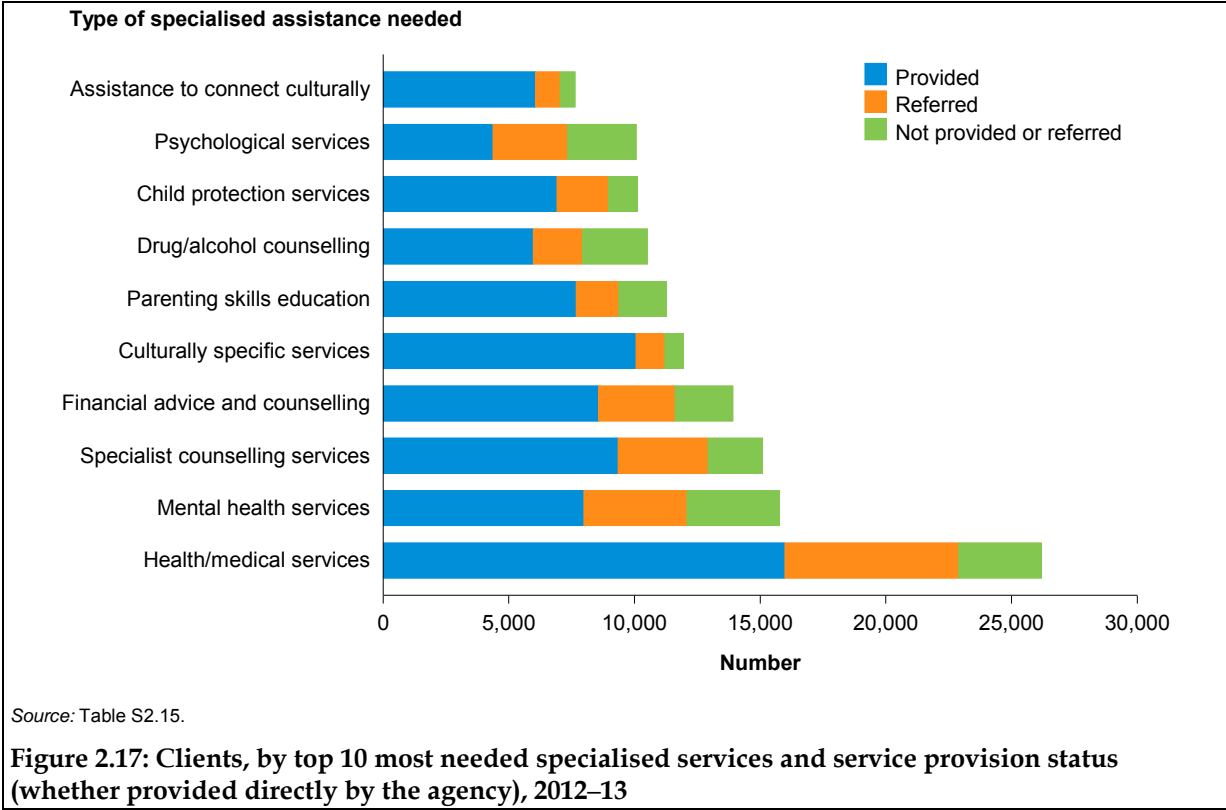
In 2012–13, assistance to sustain housing tenure was provided directly by the agency to 83% of clients who needed these types of assistance.



## Specialised services

On the whole, needs for specific specialised services were not high, although 30% of all clients were identified as needing at least 1 specialised service. Health and medical services were needed most often (by 11% of clients at some stage in their support period), followed by mental health services (7%) and specialist counselling services (6%) (Figure 2.17).

The profile of needs for specialised services in 2012–13 was very similar to that seen in 2011–12 across all specialised services (Table R2.8).



Clients were less likely to be provided specialised services directly by specialist homelessness agencies compared with the likelihood of getting general assistance and support. This is likely to reflect the specialised or professional skills required to deliver these services.

Of all specialised services, immigration and cultural services were the types of assistance most likely to be provided directly by specialist homelessness agencies. Culturally specific services and interpreter services were provided directly by agencies to high proportions of clients needing these services (84% of clients for both), and, similarly, clients with a need for assistance to connect culturally or assistance with immigration services were mostly provided with these services directly by the agency (79% and 75% of clients with these needs, respectively).

Psychiatric services and psychological services were least likely to be provided directly by agencies – 42% and 43% of clients, respectively, who needed these services received this type of assistance directly from the agency (Table S2.15).

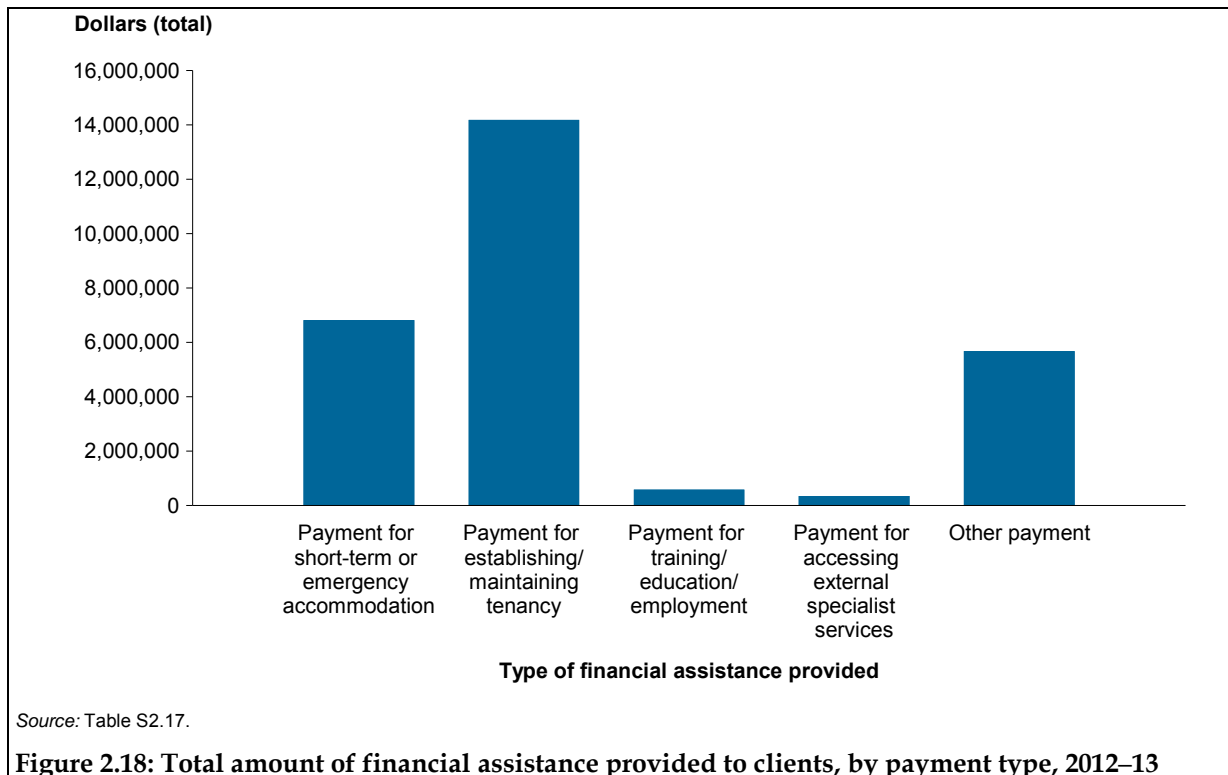
## Financial assistance

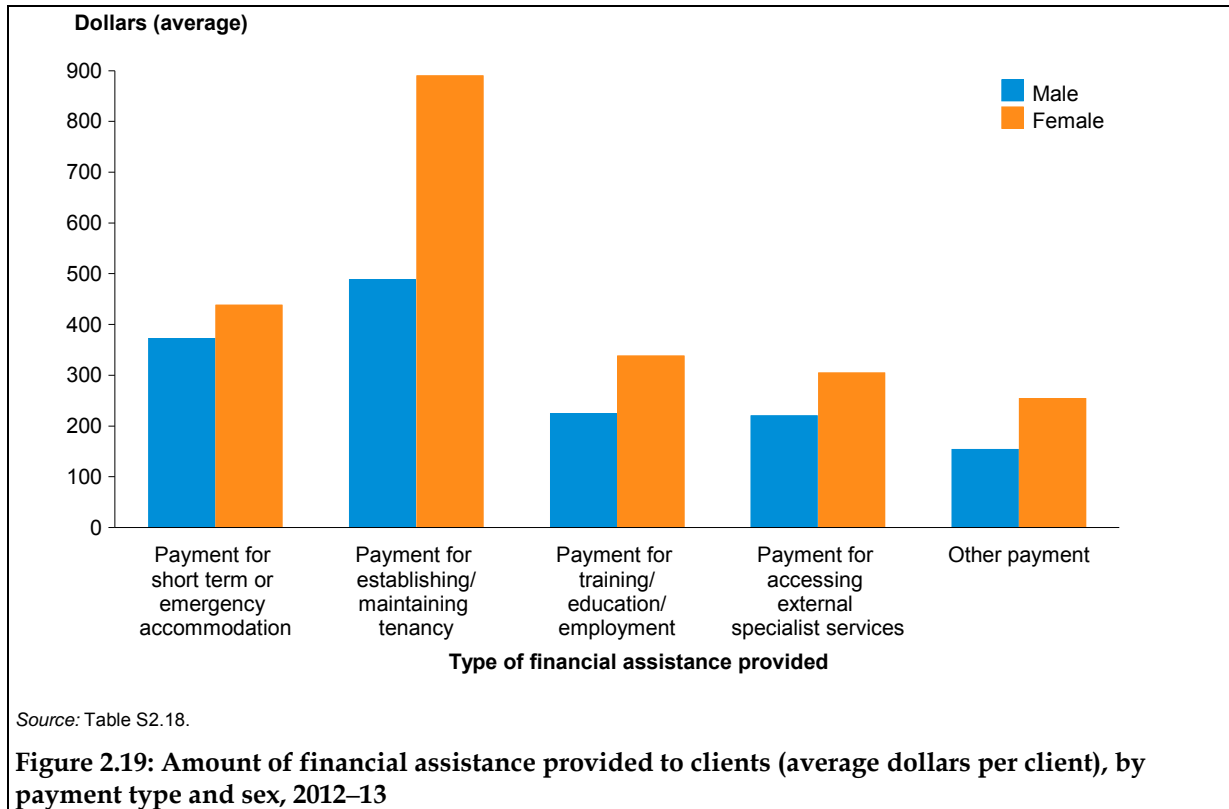
As well as the services provided to clients directly, agencies can provide clients with financial assistance. In some cases, this enables access to other services that are not able to be delivered directly by the agency (for example, emergency accommodation), or it may be to help clients in financial difficulty to support current housing arrangements (for example, one-off payments for rental bonds or mortgage repayments).

The financial assistance provided directly to clients recorded by specialist homelessness agencies does not reflect all financial assistance provided to clients in 2012–13. In some states and territories, financial assistance can be provided directly to clients by state or territory departments, and many programs are delivered separately from homelessness services through housing-specific programs. Financial assistance recorded in the SHSC does not include the cost of accommodation or other services provided directly by specialist homelessness agencies.

In 2012–13, \$27.5 million in financial assistance was provided by specialist homelessness agencies to enable clients to access services—an average of \$521 per client who received financial assistance (Table S2.17).

Most financial assistance was directed to clients to establish or maintain a tenancy—\$14.2 million in total—averaging \$741 per client who received this type of assistance. Clients were also provided financial assistance of \$6.8 million (an average of \$406 per client who was provided this assistance) for short-term or emergency accommodation (for example, in motels and hotels) (Figures 2.18 and 2.19).





## Case management plan status

In 2012–13, 61% of all clients had a case management plan during a period of support—49% had a case management plan in their own right and a further 12% were part of another client’s case management plan (for example, a child whose case management plan is integrated with their parent’s plan) (Table S2.19).

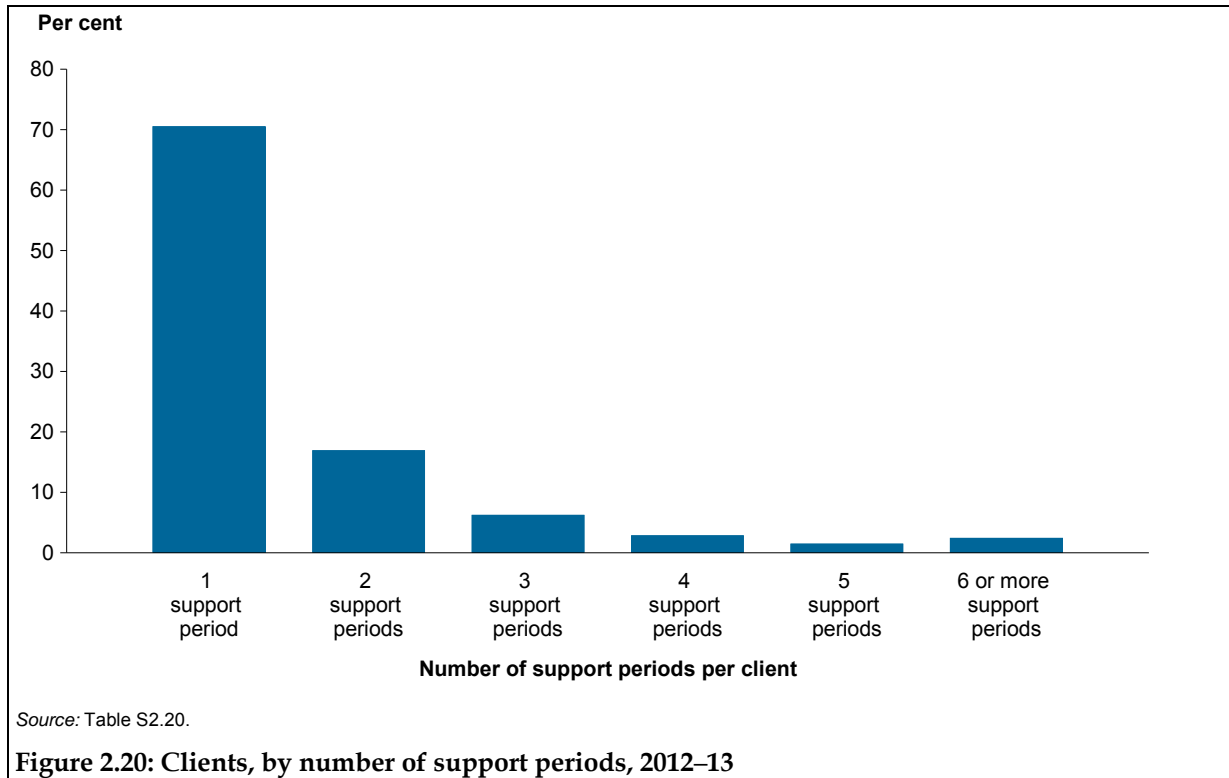
This was similar to the proportion of clients who had a case management plan in 2011–12 (62%, Table R2.10).

## 2.4 Support periods

As outlined in Chapter 1, information about clients of specialist homelessness services is collected in relation to support periods. Clients may have had more than 1 support period in 2012–13, either with the same agency at different times, or with different agencies.

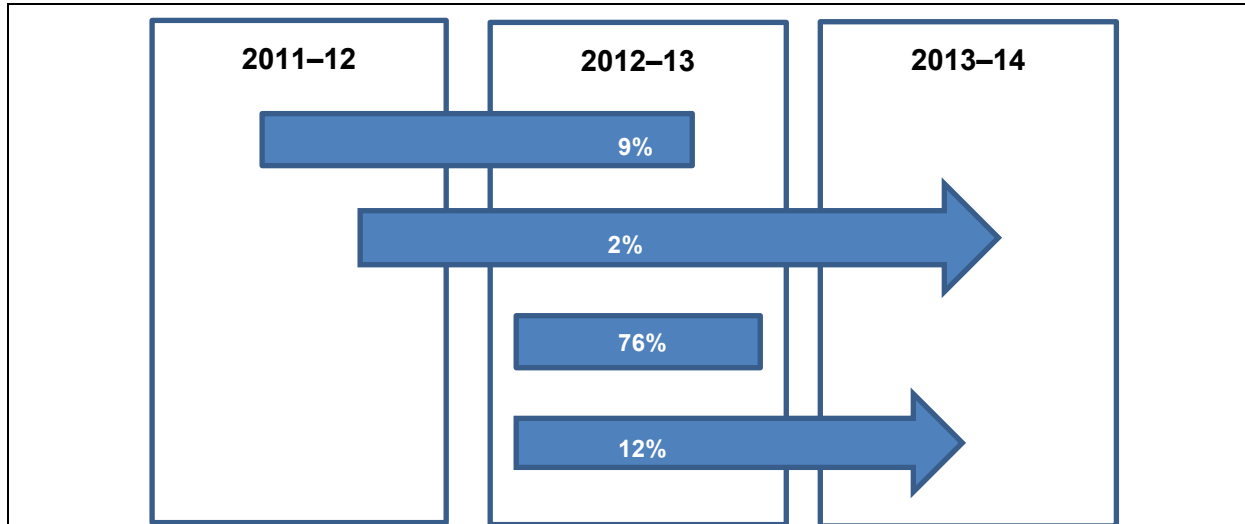
Clients who were assisted by homelessness agencies in 2012–13 were supported in 412,614 support periods—an average of 1.7 support periods per client (Table S2.2). This is an increase from the 388,766 support periods that were provided in 2011–12—an average of 1.6 support periods per client (Table R2.1).

In 2012–13, most clients had only 1 support period (70%); however, 17% had 2 support periods, 6% had 3, and 7% had 4 or more (Figure 2.20).



The number of support periods can be influenced by the level of clients’ need as well as the way in which services are organised. For example, in some jurisdictions, central intake and referral agencies are more common—these can increase the number of support periods provided to a client, although the support periods may relate to the same episode of homelessness/risk.

Most support periods (76%) opened and closed in 2012–13, and an additional 12% of support periods opened in 2012–13 and remained open on 30 June 2013 (Figure 2.21). A small number of clients were supported throughout the full year (2%). In total, 20,618,335 days of support were provided to clients in 2012–13, which was an increase on the 18,106,963 support days provided in 2011–12.



Source: Table S2.21.

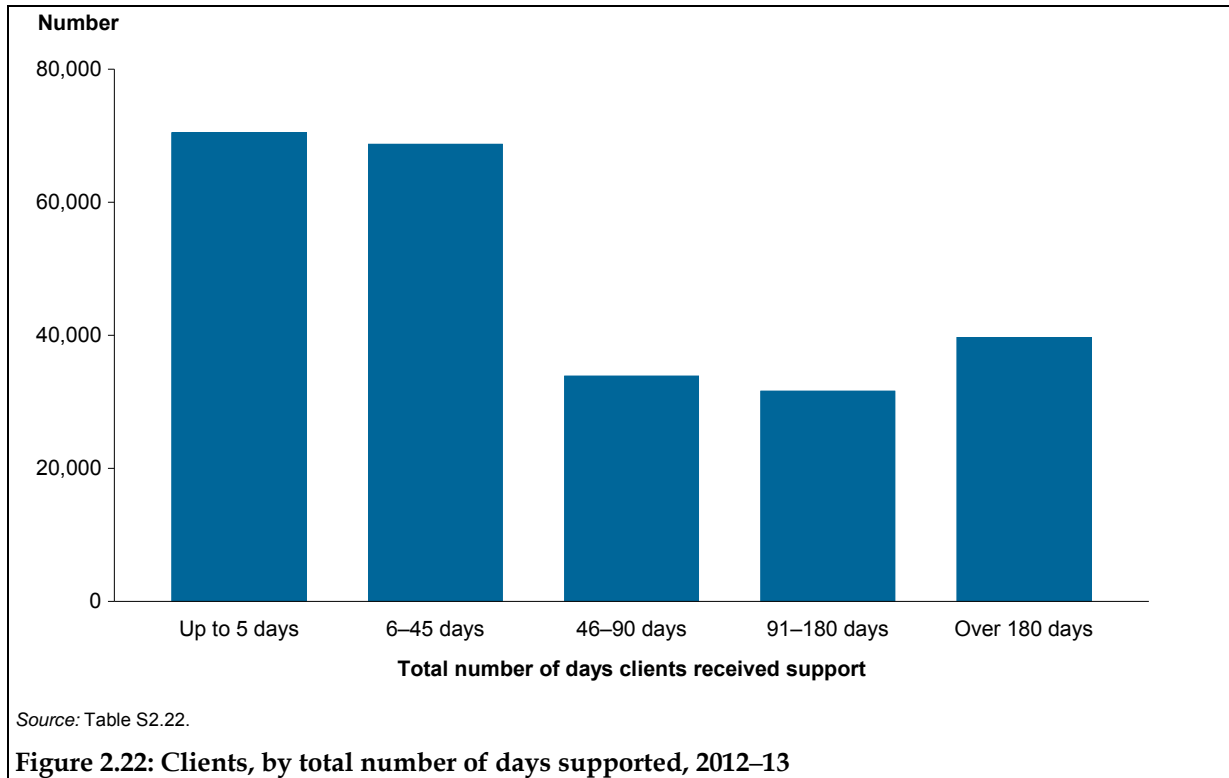
**Figure 2.21: Support periods, by indicative duration over the reporting period, 2012-13**

## Number of days clients received support

Clients were supported for an average of 84 days in 2012-13, with a median of 31 days of support. This suggests that slightly longer periods of support were provided to clients in 2012-13 compared with 2011-12 (79 days on average, with a median length of 29 days, Tables S2.22, R2.11). However, if the same analysis is done only on support periods that began on or after 1 August in each year, more similar lengths of support are observed (55 days on average in 2011-12 with a median of 19 days, and 56 days on average in 2012-13, with a median of 20 days). This indicates that much of the difference found in support period length between these years is related to the introduction of the collection on 1 July 2011, which resulted in the artificial truncation of support periods estimated for 2011-12 .

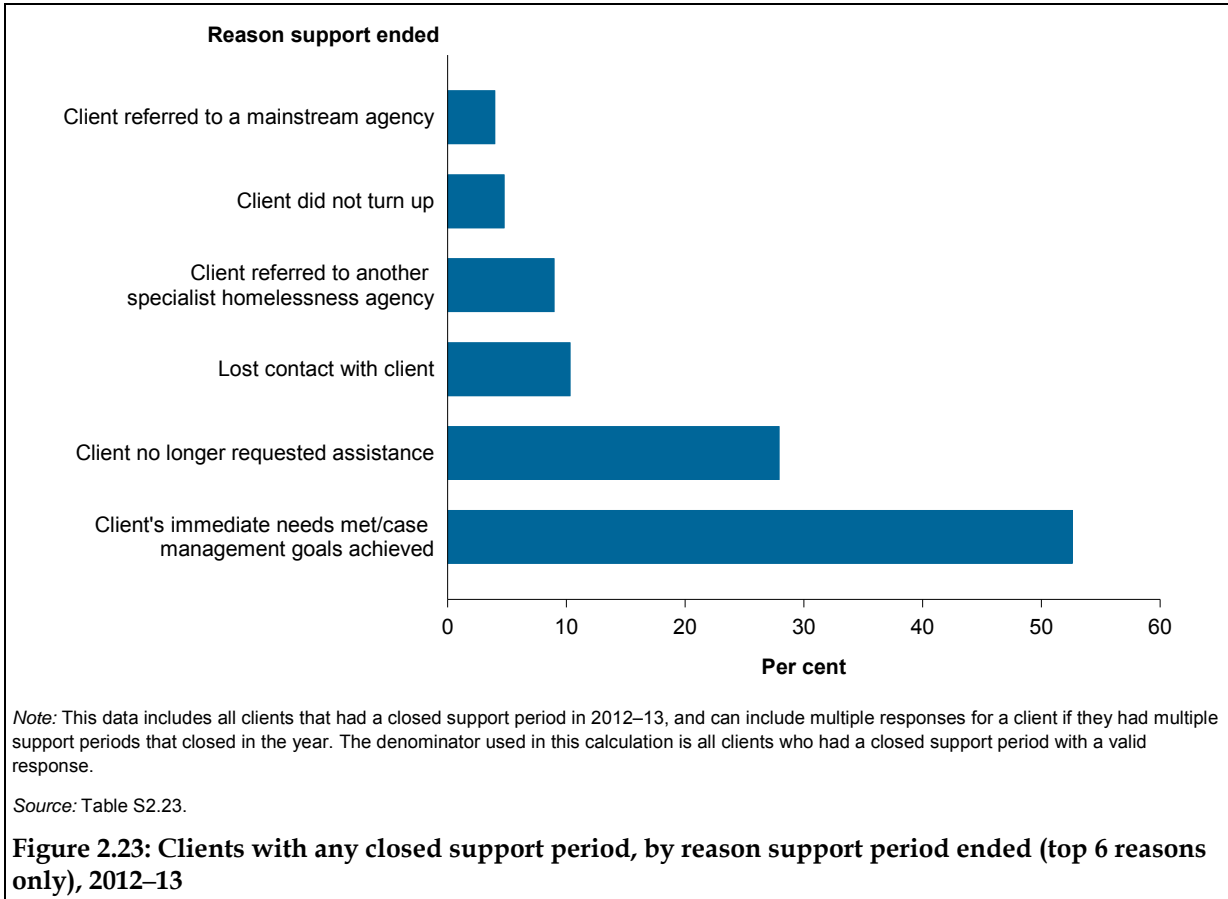
However, the total number of days that clients received support from specialist homelessness agencies in 2012-13 varies greatly between individuals. Twenty-nine per cent of clients received support for up to 5 days in total, and a similar proportion was provided with between 6 and 45 days of support in total (28%). Sixteen per cent of clients received support for over 180 days (Figure 2.22). Information on the way in which total days of support is calculated is provided in Box 2.2.

The profile of number of support days provided to male and female clients was very similar across all length of support categories.



## Reasons support periods ended

For those support periods that closed in 2012-13, the most common reason for closing the support period was that the client had their immediate needs met or were able to achieve their case management goals (53% of clients with a closed support period) (Figure 2.23). The next most common reason support periods ended was because the client no longer requested assistance (28% of clients with a closed support period). Thirteen per cent of clients had their support period closed because they were referred to another agency (either another specialist homelessness agency or another agency).



## 3 Client outcomes following support

This chapter examines changes that occurred in clients' housing situations and other circumstances over the course of support in 2012–13. This analysis is important in understanding outcomes for clients and the progress towards more stable and sustainable housing that agencies achieve with clients. The focus of analysis in this chapter is on the outcomes for clients who ceased receiving support in the year. These are clients whose support periods closed and who did not have ongoing support at the end of the year. Of all clients who received services during the year, 77% had their last support period closed before the end of the year and did not have an ongoing support period in place on 30 June 2013.

Many clients had long periods of support or multiple support periods during the year and they may have had a number of changes over the course of their support (for example, their housing situation may change a number of times throughout support). For the purposes of the analyses presented in this section, changes in client circumstance only at the beginning and end of support are examined—changes that occur within a support period are not described. Changes in the profile of clients in relation to the dimension of interest are described, and therefore describe the outcomes achieved by the specialist homelessness sector in relation to the clients they assisted.

The profile of all clients assisted in 2012–13 (at the beginning of support) in relation to the housing and other circumstances considered in this chapter is provided in Chapter 2.

### 3.1 Housing outcomes

Three key pieces of information in the SHSC are used to determine a client's housing situation. These relate to the client's dwelling type, housing tenure and the conditions of occupancy for their housing tenure. Viewed in isolation from one another, they provide part of the story of the housing situation of clients. For example, the dwelling type of a large number of clients in 2012–13 was 'house/townhouse/flat', but many of these dwellings were emergency or transitional accommodation, or the client may have been 'couch surfing'. Similarly other clients were in these dwellings but had no tenure, and were therefore considered homeless.

The following analysis integrates all 3 aspects of a client's housing situation to examine changes in housing situation between the beginning of support and the end of support for all clients with closed support. Box 3.1 outlines how housing situation categories are derived, including how homeless and housed (or 'at-risk') status is determined.



### **Box 3.1: How we identified homelessness status and other housing categories**

All clients of specialist homelessness services are considered to be either homeless or at risk of homelessness. Homelessness and at-risk status is assigned to those clients whose housing circumstances meet the specific criteria described below. Clients who did not provide sufficient information to make this assessment are excluded.

These categories are assigned to homeless and risk categories as much as possible to align with the Australian Bureau of Statistics (ABS) statistical definition of homelessness (ABS 2012c). However, there are some key areas where alignment may not occur. The ABS definition includes people living in severely crowded dwellings. No specific question is asked in the SHSC on crowding, so this group cannot be separately identified.

Also, certain decisions are made by the ABS to exclude groups of people from the homeless count where they appear to have accommodation alternatives or there is a clear choice about the type of accommodation (for example, people who are travelling, people returning from overseas, certain owner builder or hobby farmers, and students living in halls of residence). However, if people in these circumstances become clients of specialist homelessness agencies, they are included here as either homeless or at risk of homelessness, depending on their housing situation as reported.

Clients are considered to be homeless if they are living in any of the following circumstances:

**No shelter or improvised dwelling:** includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat, tent; *or* tenure type is renting or living rent-free in a caravan park.

**Short-term temporary accommodation:** dwelling type is boarding/rooming house, emergency accommodation, hotel/motel/bed and breakfast; *or* tenure type is renting or living rent-free in boarding/rooming house, renting or living rent-free in emergency accommodation or transitional housing.

**House, townhouse or flat (couch surfing or with no tenure):** tenure type is no tenure; *or* conditions of occupancy are living with relatives fee free, couch surfing.

Clients are considered to be at risk if they are living in any of the following circumstances:

**Public or community housing (renter or rent free):** dwelling type is house/townhouse/flat *and* tenure type is renter or rent-free – public housing, renter or rent-free – community housing.

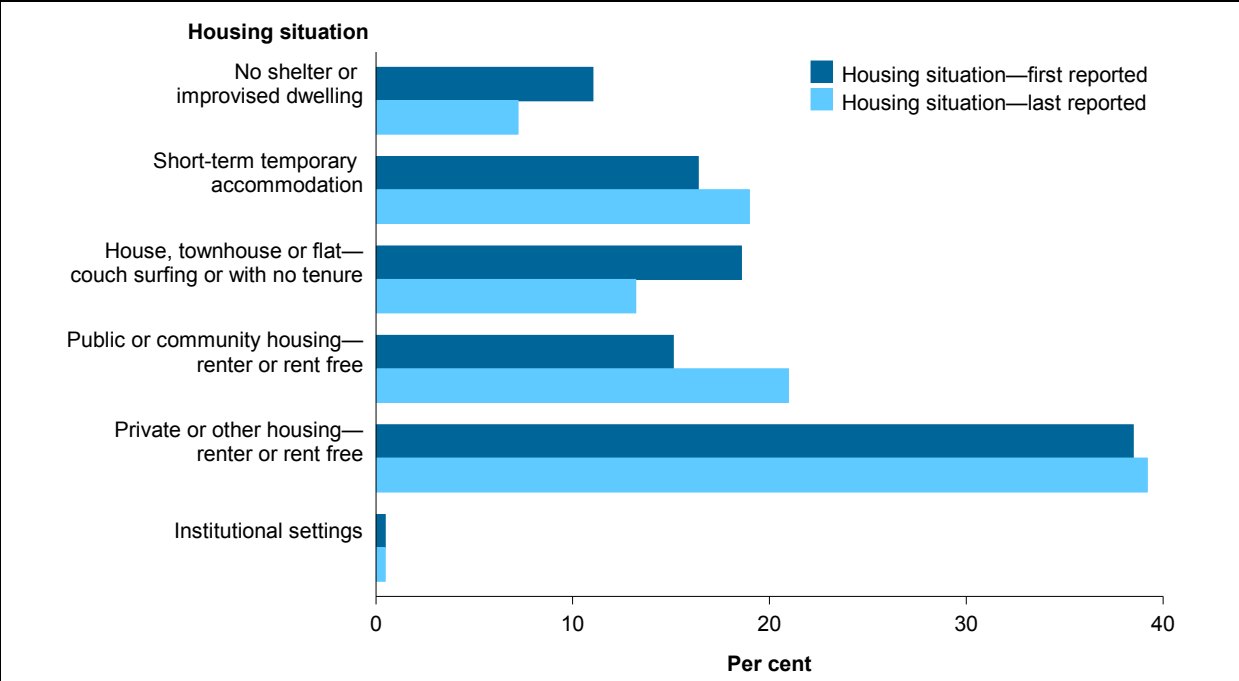
**Private or other housing (renter, rent-free or owner):** dwelling type is house/townhouse/flat *and* tenure type is renter – private housing, life tenure scheme, owner–shared equity or rent/buy scheme, owner – being purchased/with mortgage, owner – fully owned, rent-free – private/other housing.

**Institutional settings:** dwelling type is hospital, psychiatric hospital, disability support, rehabilitation, boarding school, adult correctional facility, youth/juvenile justice detention centre, immigration detention centre.

When considering clients with closed support and whose housing situation was known, 46% were homeless at the beginning of support (Table S3.1). This is consistent with the profile for all clients. Eleven per cent of all clients with closed support were living with no shelter or in an improvised dwelling, 16% in some form of short-term temporary accommodation, and a further 19% were staying in a house, townhouse or flat but as a 'couch surfer' or with no tenure.

When considering the remaining 54% (that is, those who were at risk of homelessness), 38% were in private housing as an owner, renter or staying rent free, 15% were in public or community housing (either as a renter or rent free) and less than 1% were in an institutional setting.

In terms of outcomes for all clients with closed support, there was an overall reduction in the proportion of clients staying in housing situations that are classified as homelessness. Overall the proportion of clients who were homeless reduced from 46% to 39%. The proportion of people with no shelter or in an improvised dwelling reduced (from 11% to 7%), as did the proportion of people staying in a house, townhouse or flat as a ‘couch surfer’ or without tenure (from 19% to 13%). However, the proportion of people in short-term temporary accommodation rose (from 16% to 19%). Although short-term temporary accommodation (such as boarding houses and supported accommodation) indicates homelessness (because these housing situations usually lack adequate facilities and/or do not provide tenure for residents), they also reflect the support that agencies provide, and often indicate progress for clients towards a more stable housing situation.



Source: Table S3.1.

**Figure 3.1: Clients with closed support, by housing situation at beginning of support and at end of support, 2012–13**

The proportion of all clients with closed support who were housed at the end of support increased (from 54% considered at risk) to 61%. The proportion of clients who were in private or other housing remained similar (38% at the beginning of support and 39% at the end of support), as did the proportion in institutional settings (less than 1% at both the beginning and at the end of support), but the proportion in public or community housing (as a renter or rent free) increased from 15% to 21%.

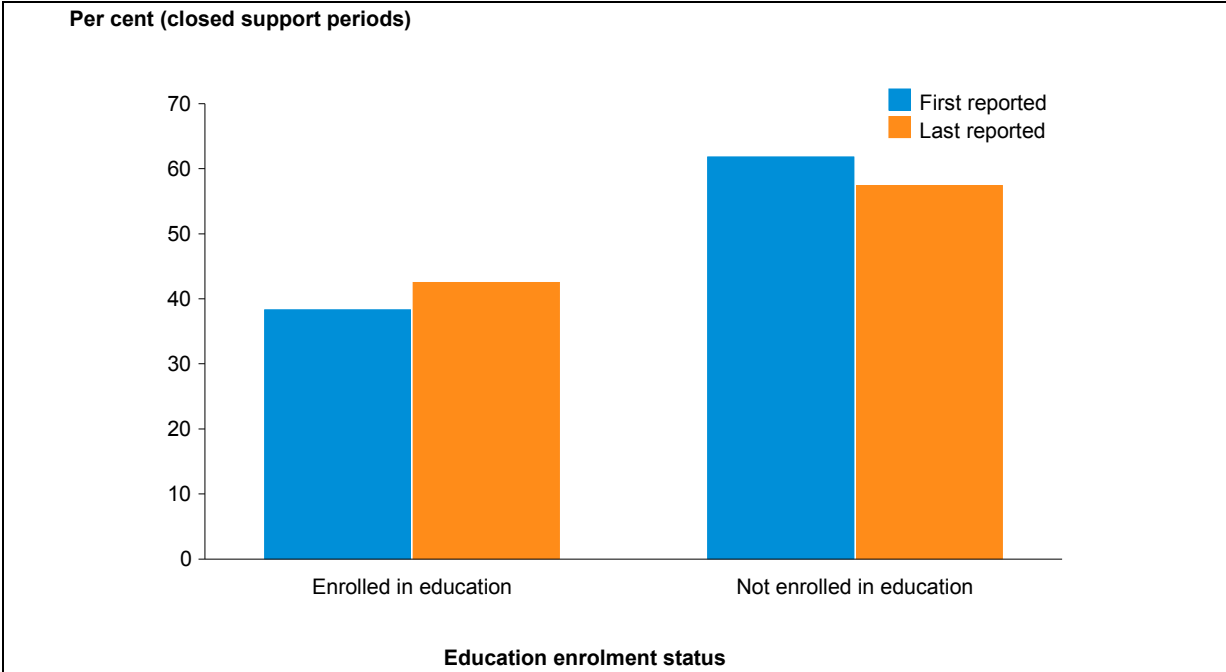
### 3.2 Other outcomes for clients

In addition to achieving housing outcomes, specialist homelessness services typically seek to support clients to achieve other outcomes that can reduce their vulnerability to homelessness. These may relate to securing income, education or training, or employment, or a range of other areas where specialist support may be required.

#### Changes in educational enrolment status

For clients with closed support, there was a small increase in the proportion of clients enrolled in education/training, from 18% at the beginning of support to 20% at the end of support (Table S3.2).

Among those who also had an identified need for support relating to education or training assistance, the change in the proportion of clients enrolled in education/training was slightly higher. Within this client group, 38% were enrolled in education/training at the beginning of support, and this increased to 43% at the end of support (Figure 3.2).



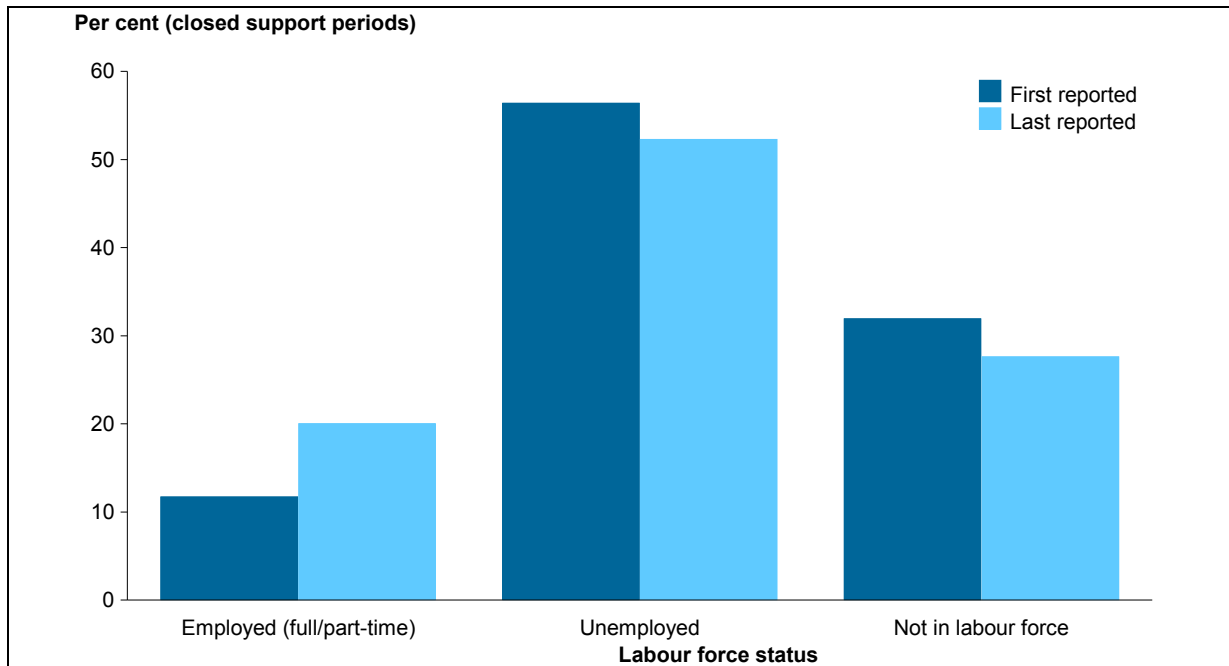
Source: Table S3.2.

**Figure 3.2: Clients in closed support periods and who needed support relating to education or training, by educational enrolment status at beginning of support and at end of support, 2012–13**

## Changes in labour force status

For clients aged 15 and over with closed support, 53% were in the labour force at the beginning of support. There was only a very small increase in the proportion of clients in the labour force (<1%) at the end of support (Table S3.3).

Among those clients who had an identified need for employment assistance, the proportion of clients in the labour force increased from 68% to 72%. The proportion who were employed increased—from 12% to 20%—with the increase in clients employed part-time being the greatest (from 8% of clients to 13%) (Figure 3.3).



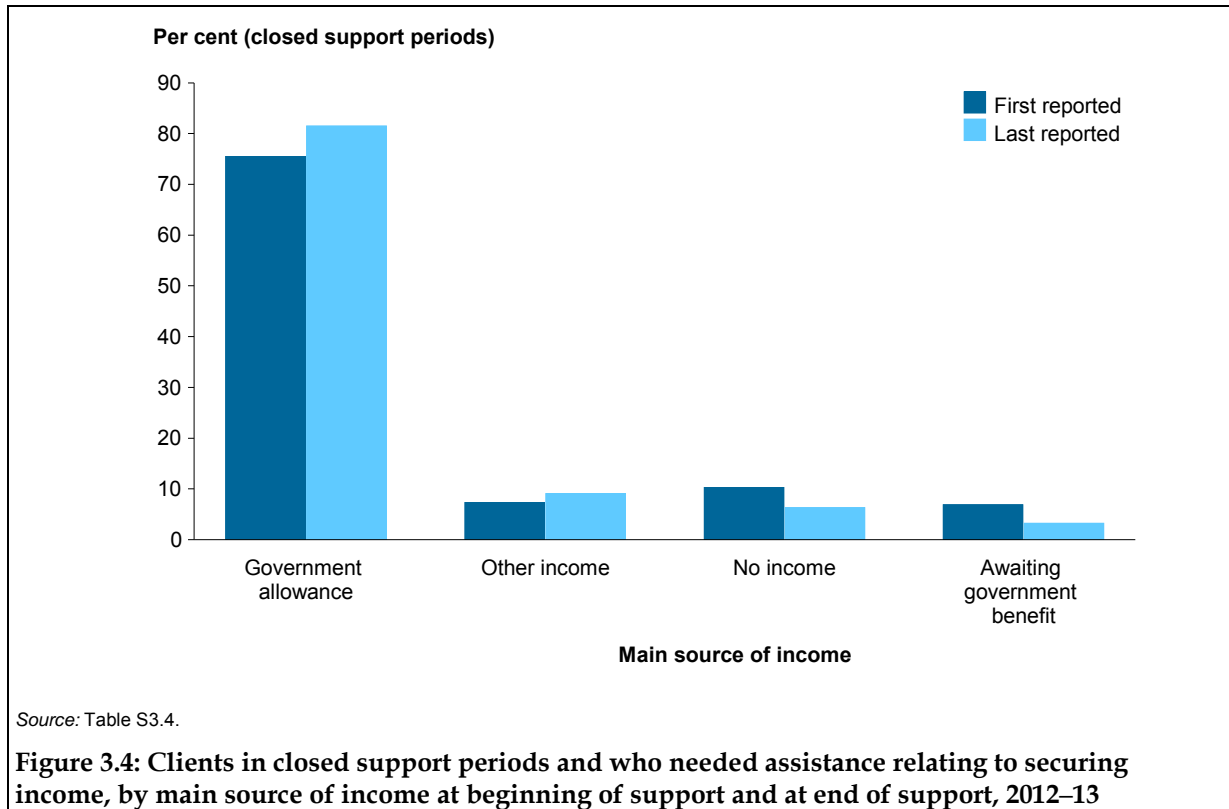
Source: Table S3.3.

**Figure 3.3: Clients in closed support periods and who needed support relating to employment, by labour force status at beginning of support and at end of support, 2012–13**

## Changes in source of income

For clients aged 15 and over with closed support, 81% of clients were receiving a government benefit as their main source of income at the beginning of support. This increased only very slightly to 82% at the end of support. There was also a very small increase in the proportion of clients who reported employee, business or other income (from 9% to 10%), and a very small drop in the proportion of people reporting no income (from 8% to 7%) (Table S3.4).

For clients aged 15 and over with closed support and who also had an identified need for assistance to obtain/maintain a government allowance or employment assistance, there was an increase in the proportion of clients who were receiving a government payment or allowance (from 76% at the beginning of support to 81% at the end of support). There was also a small increase in the proportion of clients receiving income from other sources (from 7% to 9%) and there was a reduction in the proportion of clients reporting no income (from 10% to 6%) (Figure 3.4).



## Achievement of case management goals

For those clients with closed support, over half (55%) had a case management plan—44% in their own right, and 11% were part of another client’s case management plan. Among those who had a plan in their own right 71% achieved some of their case management goals, 22% achieved all their goals and 7% achieved none (Table S2.19).

Of the 44% of clients who did not have a case management plan, the most common reason given for not having one was that the service episode was too short (76%); 12% did not agree to one.

## 4 Comparisons of key client groups

This chapter examines SHSC data for client groups that are of special interest. These groups have been selected based on specific characteristics that contribute to homelessness, the need for services and/or the ability to access services. Characteristics are compared for Indigenous and non-Indigenous clients, overseas-born and Australian-born clients, clients who were homeless at the beginning of their first support period in 2012–13 compared with those who were at risk, and clients by geographic area.

In Chapter 5, information is also provided on other client populations of interest (for example, young people who presented alone and clients who were escaping domestic violence), which can be compared with equivalent data provided for all clients. Many of the populations highlighted in these chapters have been selected because they represent specific risk factors for homelessness and vulnerability, but these factors are not mutually exclusive, and many individuals may appear in more than 1 of these client populations. For example, Indigenous clients (who comprise 22% of all SHSC clients) also comprised 16% of those with a current mental health issue, 22% of those exiting care arrangements, 23% of those exiting custodial arrangements, 24% of those who were escaping domestic violence, and 38% of those on a care and protection order.

### **Information on analyses presented in this chapter**

These analyses provide key data for these client groups, including data on age/sex profiles, services needed by (and provided to) these clients, and the housing outcomes achieved for those with closed support.

Data are presented on client rates per 10,000 population by state and territory. These calculations have been based on the resident populations for each state/territory and are not adjusted for any differences in the underlying demographic structure and characteristics of the state/territory populations.

For the ‘services needed and provided’ analyses presented in this chapter, analysis of needs for assistance does not include advice/information and advocacy/liaison on behalf of client. This is because these are considered very basic services that are needed by a high proportion of clients, and these needs are generally well met by agencies (see Chapter 2).

In most sections, the information on housing outcomes compares the profile of clients who had closed support and whose housing situation was known at the beginning of support with that of clients whose housing situation was known at the end of support. For a number of clients housing situation was not recorded at both points, but data are included wherever a valid response was provided. The exception to this is the comparison of clients who were homeless at the beginning of support with those who were at risk. In that section, housing outcomes are only analysed for clients where information was provided both at the beginning and end of support.

The profile of clients with closed support can differ from that for all clients, which reports data based on clients’ characteristics at the beginning of their first support period in 2012–13, and includes clients who had ongoing support at the end of the reporting period.

## 4.1 Indigenous clients

Aboriginal and Torres Strait Islander people experience significant disadvantage on a number of socioeconomic dimensions (AIHW 2013a). Additionally, the concept of home for many Indigenous people can differ from that of other Australians, affecting their experiences of homelessness and the services they need and access.

Aboriginal and Torres Strait Islander people are overrepresented in both the national homeless population and as users of specialist homelessness services (see Chapter 2 and ABS 2012b). Although only representing 3% of the total Australian population (ABS 2012a), Indigenous people represented 22% of those accessing specialist homelessness services in 2012–13 – an estimated 54,885 clients. Information on how Indigenous people are identified in the SHSC is provided in Box 4.1.

### Box 4.1: How we defined Indigenous clients

A client is considered as Indigenous if, at any time in 2012–13, they identified as being of Aboriginal and/or Torres Strait Islander origin.

In the SHSC, information on Indigenous status is only provided with explicit client consent to report this information. Indigenous status was not reported for 15% of clients in 2012–13.

### Indigenous clients: at a glance

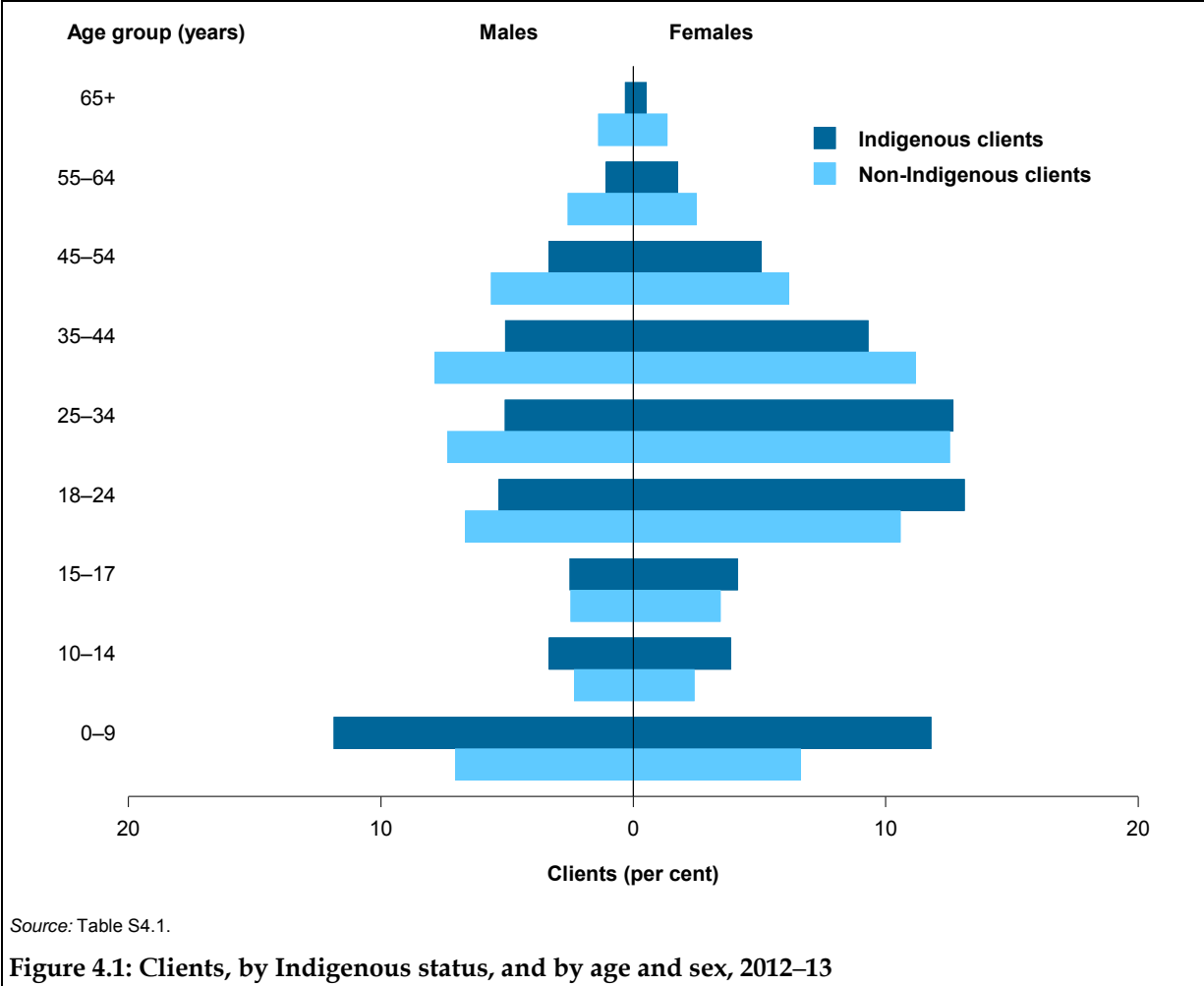
	Indigenous	Non-Indigenous
<b>Number of clients (and proportion of all clients)</b>	Estimated 54,885 (22%)	Estimated 189,291 (78%)
<b>Presenting unit type</b>	62% presented alone 38% presented in a family group 1% presented in an 'other' group	73% presented alone 27% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (22%) Financial difficulties (14%) Inadequate or inappropriate dwelling conditions (14%)	Domestic and family violence (21%) Financial difficulties (17%) Housing crisis (15%)
<b>Housing situation at beginning of first support period (all clients)</b>	52% were homeless 48% were housed/at risk	49% were homeless 51% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	49 % (64 days)	36 % (87 days)
<b>Proportion of client group who had a case management plan</b>	69%	62%
<b>Number of support periods (and average number of support periods per client)</b>	Estimated 88,389 (1.6)	Estimated 324,225 (1.7)
<b>Average length of support</b>	93 days	87 days

### Age and sex

There were differences in the age/sex profile of Indigenous clients compared with non-Indigenous clients. Indigenous clients were more likely to be female than in the non-Indigenous client population (62% of Indigenous clients were female, compared with 57% of non-Indigenous clients). The difference was greatest in the 18–24 and 25–34 age groups

where 71% of Indigenous clients were female (in both age groups), compared with 61% of non-Indigenous clients in the 18–24 age group and 63% in the 25–34 age group (Figure 4.1).

The Indigenous client population also tended to be younger than the non-Indigenous client population, which reflects the overall younger age structure of the Indigenous population in Australia (AIHW 2013a). For Indigenous clients, the largest age group was the 0–9 group (which comprised 24% of the Indigenous client population, followed by the 18–24 group, which comprised 18%). Among non-Indigenous clients, these age groups comprised 14% and 17%, with the largest age groups for non-Indigenous clients being 25–34 and 35–44 (which accounted for 20% and 19% of the non-Indigenous client population, respectively).



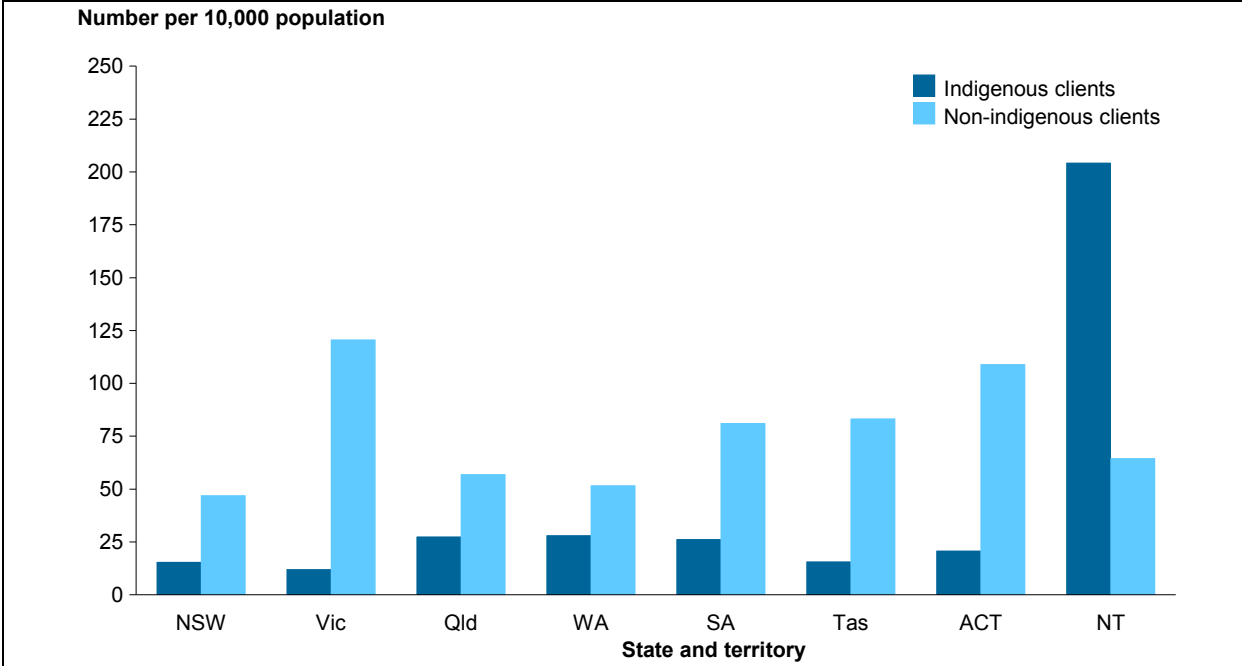
### State and territory

Agencies based in Queensland assisted the highest number of Indigenous clients, followed by New South Wales (Table S4.2), but the jurisdiction with the highest proportion of Indigenous clients was the Northern Territory (with 76% Indigenous clients) followed by Western Australia (where 35% of clients were Indigenous). The state with the lowest proportion of Indigenous clients was Victoria (where 9% of clients were Indigenous).

The Northern Territory, which has the highest proportion of Indigenous residents, also had the highest rate of Indigenous clients – 204 per 10,000 people. This was followed by Western Australia (28 per 10,000) and Queensland (27 per 10,000) (Figure 4.2).



Victoria had the highest rate of non-Indigenous clients – 120 per 10,000 people, followed by the Australian Capital Territory (109 per 10,000) and Tasmania (83 per 10,000).



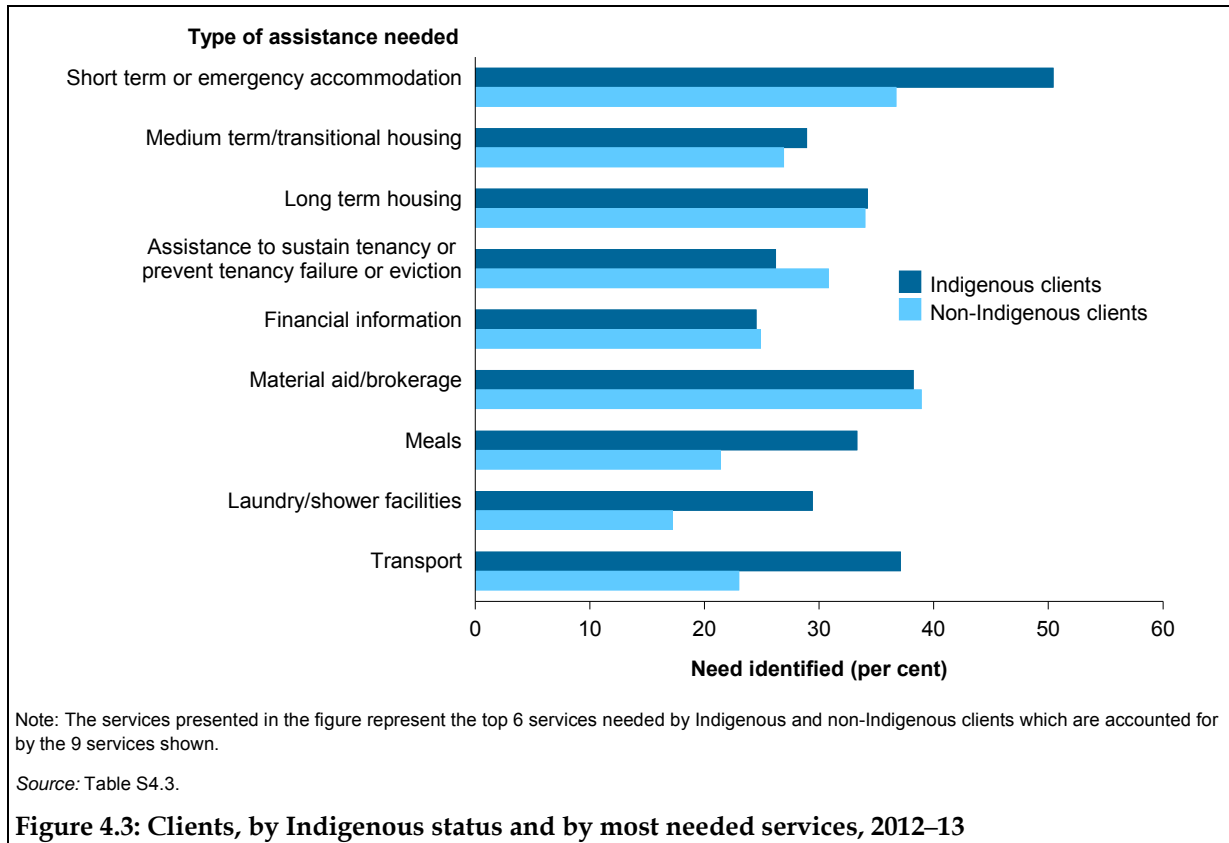
Source: Table S4.2.

Figure 4.2: Rate of service use by state and territory, by Indigenous status, 2012–13

### Services needed and provided

There were some differences in the types of assistance needed by Indigenous clients compared with non-Indigenous clients. Indigenous clients were more likely than non-Indigenous clients to require basic services such as transport, which was needed by 37% of Indigenous clients, compared with 23% of non-Indigenous clients, meals (33%, compared with 21%) and laundry/shower facilities (29%, compared with 17%) (Figure 4.3).

Short-term or emergency accommodation was the most common need for Indigenous clients (and was needed more often by Indigenous clients than for non-Indigenous clients – 50% of Indigenous clients and 37% of non-Indigenous clients). This was followed by material aid/brokerage, which was needed by 38% of Indigenous clients and 39% of non-Indigenous clients (the most common assistance needed by non-Indigenous clients).



In general, the extent to which housing and accommodation needs were recorded for these client groups was similar across both groups, although Indigenous clients were slightly less likely to need assistance to sustain a tenancy or prevent tenancy failure or eviction (needed by 26% of Indigenous clients and 31% of non-Indigenous clients). Needs for medium-term/transitional housing and long-term housing were recorded for very similar proportions in both groups, but needs for emergency accommodation were greater among Indigenous clients (as noted above).

In terms of the extent to which services were provided to clients who needed them, there were some slight differences between the proportions of Indigenous clients who needed services and who received them compared with the equivalent proportions of non-Indigenous clients.

Across most services, Indigenous clients were less likely to receive the services that they need, although the differences for most specific assistance types was very small (within a couple of percentage points difference) and, for some types of services the proportion of clients needing these services was also small. This difference may be related to the location of agencies (see 'Other findings' below) and the extent to which agencies in different geographic areas can meet a range of needs.

Among those services identified in Figure 4.3 as being the major services needed by these client groups, the likelihood of clients in these groups receiving these types of assistance was very similar. The biggest differences occurred in relation to short-term or emergency accommodation, where Indigenous clients were more likely to be provided that assistance (76% of Indigenous clients who needed these services received them, compared with 69% of non-Indigenous clients), and medium-term/transitional housing, where non-Indigenous

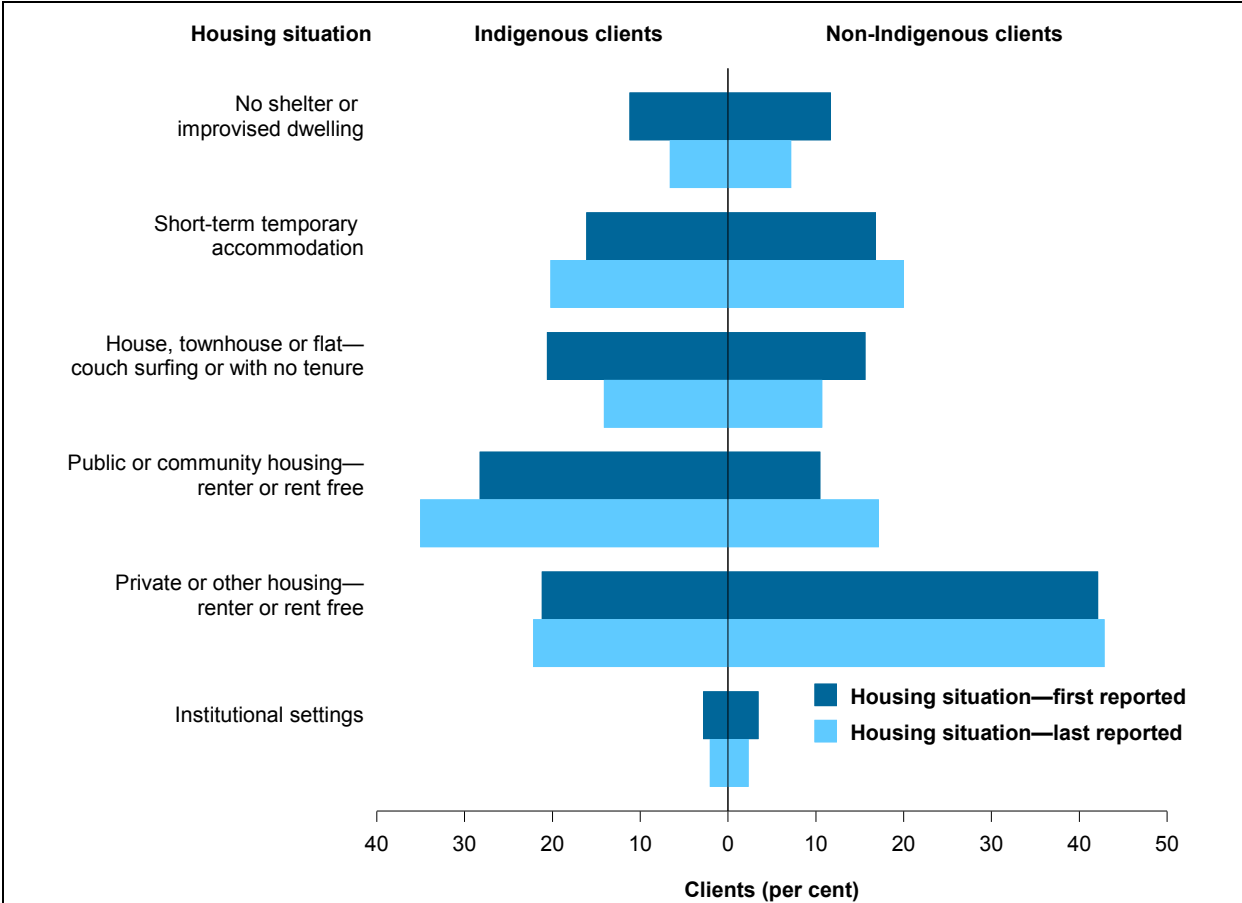
clients were more likely to get this service (44% of non-Indigenous clients who needed the service, received it, compared with 41% of Indigenous clients).

### Housing outcomes

For clients with closed support periods, for both Indigenous and non-Indigenous populations, less than half were homeless at the beginning of support (48% of Indigenous client with closed support were homeless and 44% of non-Indigenous clients).

The patterns of changes in housing circumstances among Indigenous and non-Indigenous clients before and after support were very similar across both groups, although the profiles were different – particularly for those who were at risk.

Considering first those who were homeless at the beginning of support, 11% of Indigenous clients and 12% of non-Indigenous clients had no shelter or were in an improvised dwelling, and for both populations this reduced to 7% at the end of support (Figure 4.4).



Source: Table S4.4.

**Figure 4.4: Clients with closed support, by Indigenous status and housing situation at the beginning and end of support, 2012–13**

Similarly, 16% of Indigenous and 17% of non-Indigenous clients were in short-term temporary accommodation (which increased to 20% at the end of support for both populations); both groups saw a reduction in the proportion of clients who were ‘couch surfing’ or in housing with no tenure (from 21% to 14% for Indigenous clients and from 16% to 11% for non-Indigenous clients).

This indicates that, overall, the proportion of clients with closed support who were homeless dropped (by 7 percentage points to 41% for Indigenous clients and by 6 percentage points, to 38%, for non-Indigenous clients).

In terms of those who were at risk at the beginning of support (52% of Indigenous clients and 56% of non-Indigenous clients), Indigenous clients were much more likely to be living in public or community housing (as a renter or rent free), and less likely to be in private housing (as a renter or rent free). Over one-quarter of all Indigenous clients with closed support (28%) were in public or community housing (which increased to 35% after support) compared with 10% of non-Indigenous clients (which increased to 17%). The proportions staying in private housing remained broadly similar before and after support – 21% of Indigenous clients (which increased to 22% after support) and 42% of non-Indigenous clients (which increased to 43%).

## Other findings

- Indigenous and non-Indigenous clients differed considerably in terms of the geographic location in which they first received assistance in 2012–13. For both populations clients were most commonly assisted by agencies in *Major cities*, but this represented 36% of Indigenous clients and 66% of non-Indigenous clients (Table S4.5). Close to half of all Indigenous clients were assisted in regional areas (22% in *Inner regional* and 24% in *Outer regional* areas), compared with 32% of non-Indigenous clients (24% in *Inner regional* and 8% in *Outer regional* areas, and 18% of Indigenous clients were assisted in *Remote* and *Very Remote* areas, compared with 1% of non-Indigenous clients.
- Indigenous and non-Indigenous clients aged 15 and over were equally as likely to be in the labour force (53% of Indigenous clients and 52% of non-Indigenous clients). However, for those in the labour force, Indigenous clients were more likely to be unemployed (46% of all Indigenous clients aged 15 and over, compared with 40% of non-Indigenous clients).
- Similar proportions of Indigenous and non-Indigenous clients were enrolled in some form of education or training at the beginning of their support in 2012–13 (20% of Indigenous clients and 19% of non-Indigenous clients).

## 4.2 Overseas-born clients

On Census night in 2011, over one-third of all homeless people were recorded as being born overseas (36%), many of whom were identified as homeless because they lived in severely crowded dwellings. There was also evidence of changes in the circumstances of people born overseas since the 2006 Census, because about three-quarters of the increase in estimated numbers of homeless between 2006 and 2011 was accounted for by people born overseas (ABS 2012b).

In 2012–13, 16% of people who received assistance from a specialist homelessness agency were born overseas (an estimated 38,060 clients). Box 4.2 provides information on how people who are born overseas are identified in the SHSC. Of these, 13% were born in New Zealand, 7% in the Sudan, 7% in the United Kingdom, 4% in Vietnam, and 4% in Iran (Table S4.6).

This indicates that people born overseas are under-represented as clients of specialist homelessness services compared with their representation in the Australian population

(26%) (ABS 2012e). Among those who were born overseas and who also provided information on their year arrival, just over one-third (35%) first arrived in Australia in 2009 or later, another quarter (24%) arrived in 2004–2008, and 41% in 2003 or earlier (Table S4.7).

#### **Box 4.2: How we defined overseas-born clients**

A client is identified as overseas-born, if at any time in 2012–13, they identified that their country of birth was a country other than Australia. Australian-born clients are those clients who identified that their country of birth was Australia.

In the SHSC, information on country of birth is only provided with explicit client consent to report this information. Country of birth information was not reported for 14% of clients in 2012–13.

### **Overseas-born clients: at a glance**

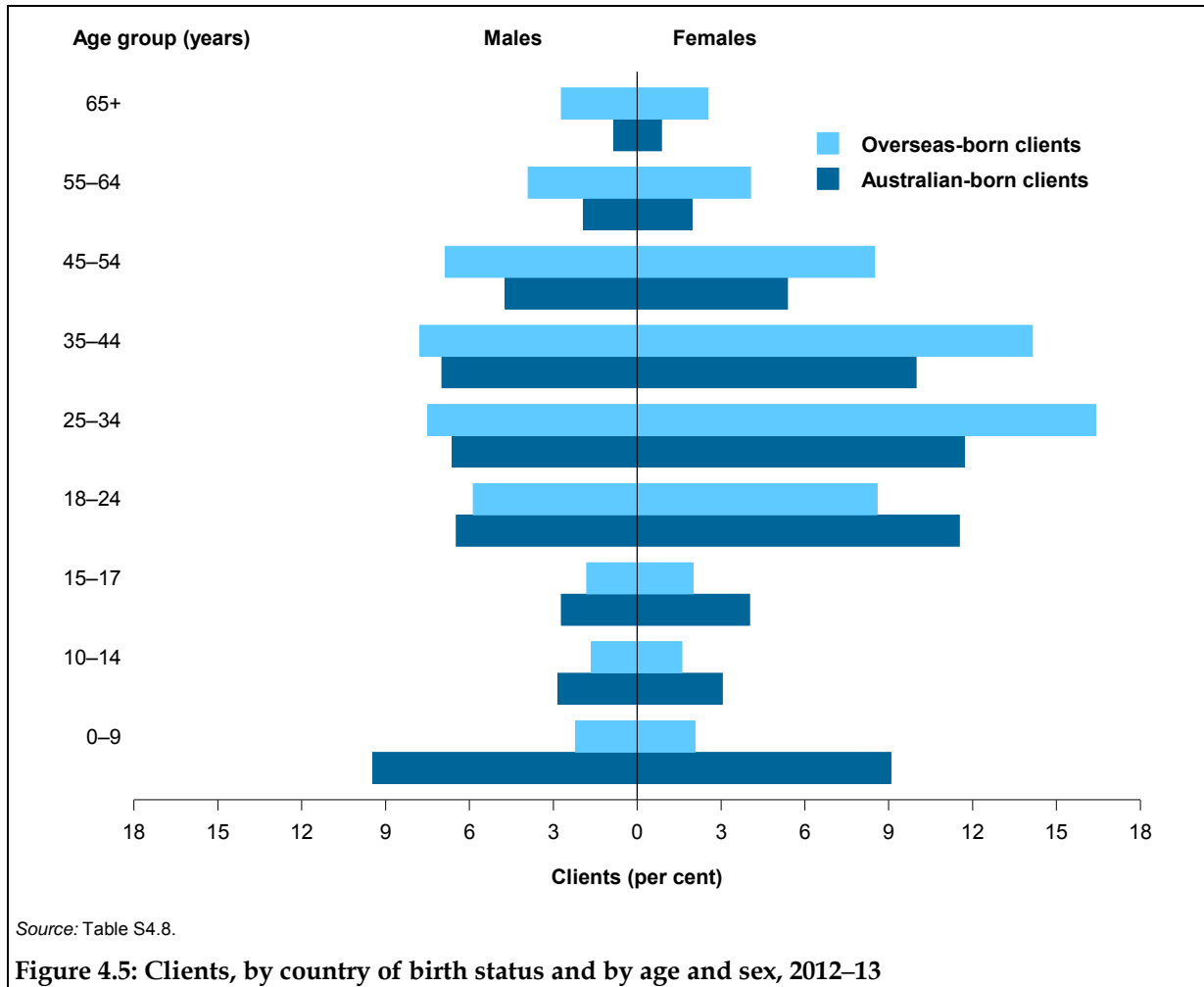
	<b>Overseas-born clients</b>	<b>Australian-born clients</b>
<b>Number of clients (and proportion of all clients)</b>	Estimated 38,060 (16%)	Estimated 206,116 (84%)
<b>Presenting unit type</b>	76% presented alone 23% presented in a family group 1% presented in an 'other' group	68% presented alone 31% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (26%) Financial difficulties (15%) Housing crisis (14%)	Domestic and family violence (20%) Financial difficulties (16%) Housing crisis (15%)
<b>Housing situation at beginning of first support period (all clients)</b>	46% were homeless 54% were housed/at risk	50% were homeless 50% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	37% (96 days)	39% (78 days)
<b>Proportion of client group who had a case management plan</b>	60%	64%
<b>Number of support periods (and average number of support periods per client)</b>	Estimated 64,523 (1.7)	Estimated 348,091 (1.7)
<b>Average length of support (and median)</b>	87 days (31)	87 days (36)

### **Age and sex**

Consistent with the broader SHSC population, most overseas-born clients and Australian-born clients were female (60% and 58%, respectively).

Overseas-born clients were generally older than Australian-born clients. Only 11% of overseas-born clients were children and over one-quarter of overseas-born clients were aged 45 and older (28%). In contrast, one-third (31%) of Australian-born clients were children and 16% of Australian-born clients were aged 45 and older (Figure 4.5).

For both groups the highest proportions of clients were aged 25–34 (18% of Australian-born clients and 24% of overseas-born clients).



## State and territory

Victoria was the state that assisted the highest numbers of both overseas-born clients and Australian-born clients. Almost half (45%) of all overseas-born clients and one-third (32%) of Australian-born clients were assisted by a Victorian agency (Table S4.9).

There was some variation in the proportion of clients who received assistance in each state and territory who were born overseas. Clients in the Australian Capital Territory were most likely to have been born overseas (21% of clients assisted by agencies in the Australian Capital Territory), whereas only 5% of clients in the Northern Territory were born overseas.

The Australian Capital Territory had the highest rate of overseas-born clients – 28 per 10,000, closely followed by Victoria (27 per 10,000). For Australian-born clients the Northern Territory had the highest rate (251 per 10,000). This was followed by South Australia (104 per 10,000) and Victoria (103 per 10,000) (Figure 4.6).

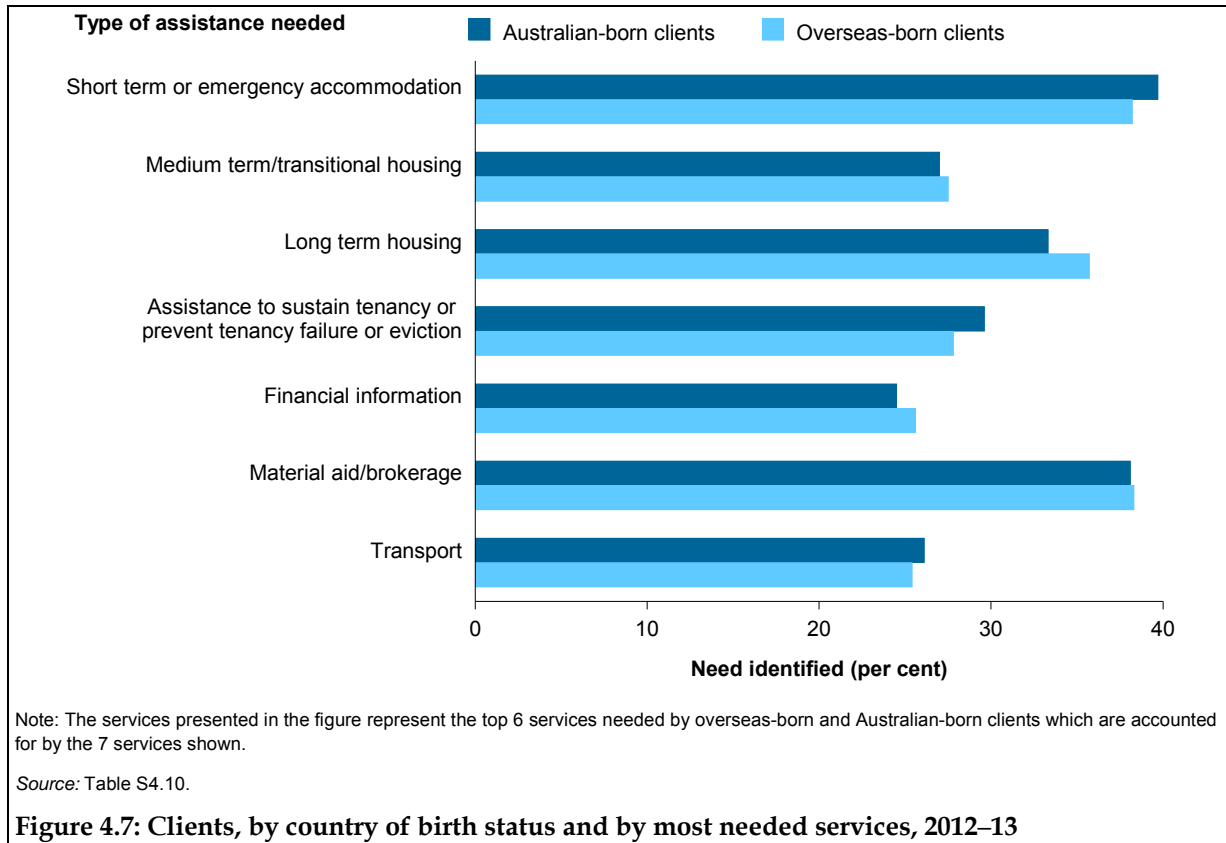


## Services needed and provided

Overseas-born and Australian-born clients generally had similar service needs. The top 5 services needed were shared by the 2 groups. Short-term or emergency accommodation was the need most commonly identified for Australian-born clients (40%) and the second most common need for overseas-born clients (38%, after material aid/brokerage, which was also needed by 38% of overseas-born clients) (Figure 4.7).

The greatest differences in types of assistance needed were recorded in relation to immigration/cultural services (needed by 21% of those born overseas and 5% of Australian-born clients). In this group, 'culturally specific services' were the most commonly identified need (needed by 14% of overseas-born and 4% of Australian-born clients), followed by 'interpreter services' (needed by 9% of overseas-born clients and less than 1% of Australian-born clients). For both groups, unmet need for these specialised services was low (Table S4.10).

Compared with Australian-born clients, overseas-born clients, on average, were provided with more nights of accommodation (96 nights, compared with 78 nights).



## Housing outcomes

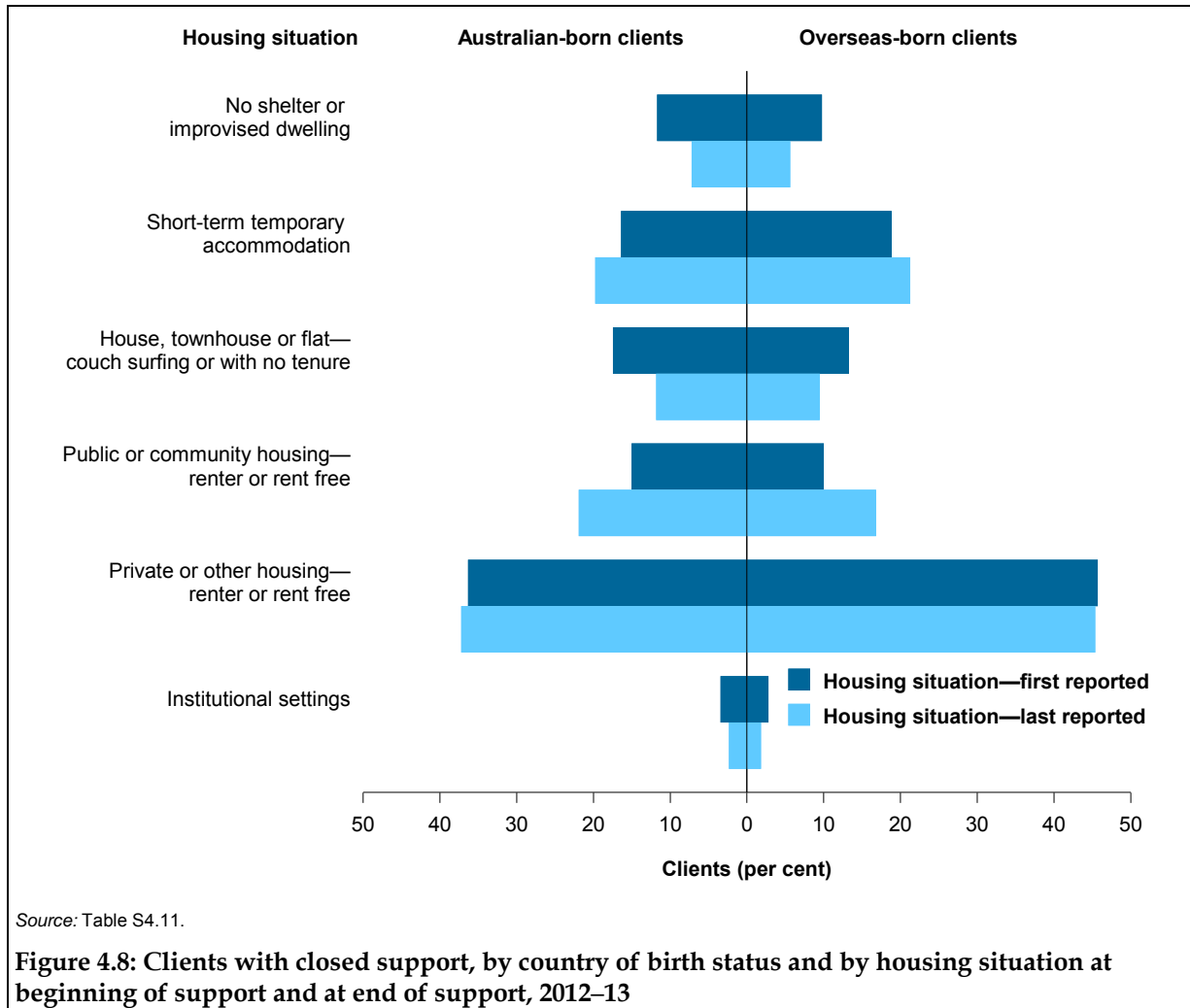
Clients who had closed support and who were born overseas were slightly less likely to be homeless at the beginning of their first support period in 2012–13 (42% of overseas-born clients), compared to Australian-born clients with closed support (45%). For both groups, the proportion who were homeless had reduced by the end of support by 6 percentage points – to 36% of overseas-born clients and 39% of Australian-born clients.

Compared with Australian-born clients, slightly fewer overseas-born clients had no shelter or were living in an improvised dwelling at the beginning of support (12% and 10% respectively). For both groups, this had improved at the end of support, with 6% of overseas-born clients and 7% of Australian-born clients living in these circumstances.

Close to half of all overseas-born clients with closed support were in private or other housing (as a renter or owner) at the beginning of support (46%) with a similar proportion in this housing at the end of support (45%). For Australian-born clients, close to one-third were in this situation – 36% at the start of support and 37% at the end of support (Figure 4.8).

Overseas-born clients were slightly less likely than Australian-born clients to be living in public or community housing at the beginning of support (10% of overseas-born clients compared with 15% of Australian-born clients). For both groups the proportion in public or community housing increased (to 17% of overseas-born clients, and 22% of Australian-born clients).





## Other findings

- A higher proportion of overseas-born clients (86%) than Australian-born clients (55%) were supported by agencies located in *Major cities*.
- Overseas-born clients were more likely than Australian-born clients to present alone to a specialist homelessness agency (76% and 68%, respectively) and less likely to present as part of a family with children (20%, compared with 28%).
- Reflecting the fact that overseas-born clients are generally older than Australian-born clients, overseas-born clients were slightly less likely to be enrolled in education than Australian-born clients (18% of overseas-born clients compared to 20% of Australian-born clients). The greatest difference occurred in the proportion of clients enrolled in primary school—3% of overseas-born clients compared to 8% of Australian-born clients.
- While the labour force profile of overseas-born and Australian-born clients was similar, overseas-born clients were more likely to be in the labour force (54% of overseas-born clients compared with 52% of Australian-born clients). They were also more likely to be employed (14% compared with 10%) and slightly less likely to be unemployed (40% compared with 42%).
- Overseas-born clients were less likely than their Australian-born counterparts to be receiving a government payment when they first received support (72% of overseas-born

clients compared with 83% of Australian-born clients). Overseas-born clients were more likely to report having no income at the beginning of support (12% of overseas-born clients compared with 7% of Australian-born clients and also more likely to report income related to employment as their main source of income (10% compared with 6%).

### 4.3 Homeless and at-risk clients

Specialist homelessness agencies provide assistance both to people who have already become homeless and to people who are at risk of becoming homeless, and state and territory governments provide a range of services directed specifically at preventing people from becoming homeless. For those already experiencing homelessness, there is the need for assistance to move quickly to stable housing with continued support so that homelessness does not recur.

For the following analyses, clients are identified as being homeless or at risk based on their housing circumstances at the beginning of their first support period in 2012–13. (Box 3.1 describes the different housing categories that are derived for clients, and the alignment of these categories with the definition of homelessness developed by the ABS and used to count the homeless population in the Census). Clients who were identified as being at risk may have experienced homelessness in the past, and may have become homeless at a later stage in the reporting period.

In 2012–13, 46% of clients were already homeless at the beginning of their first support period, and 54% of clients were at risk of homelessness. Across all periods of support, 53% of clients experienced at least 1 episode of homelessness at some time during the year and 4% of all clients experienced a repeat episode of homelessness in 2012–13. This was down from 5% of clients in 2011–12.

#### Homeless and at-risk clients: at a glance

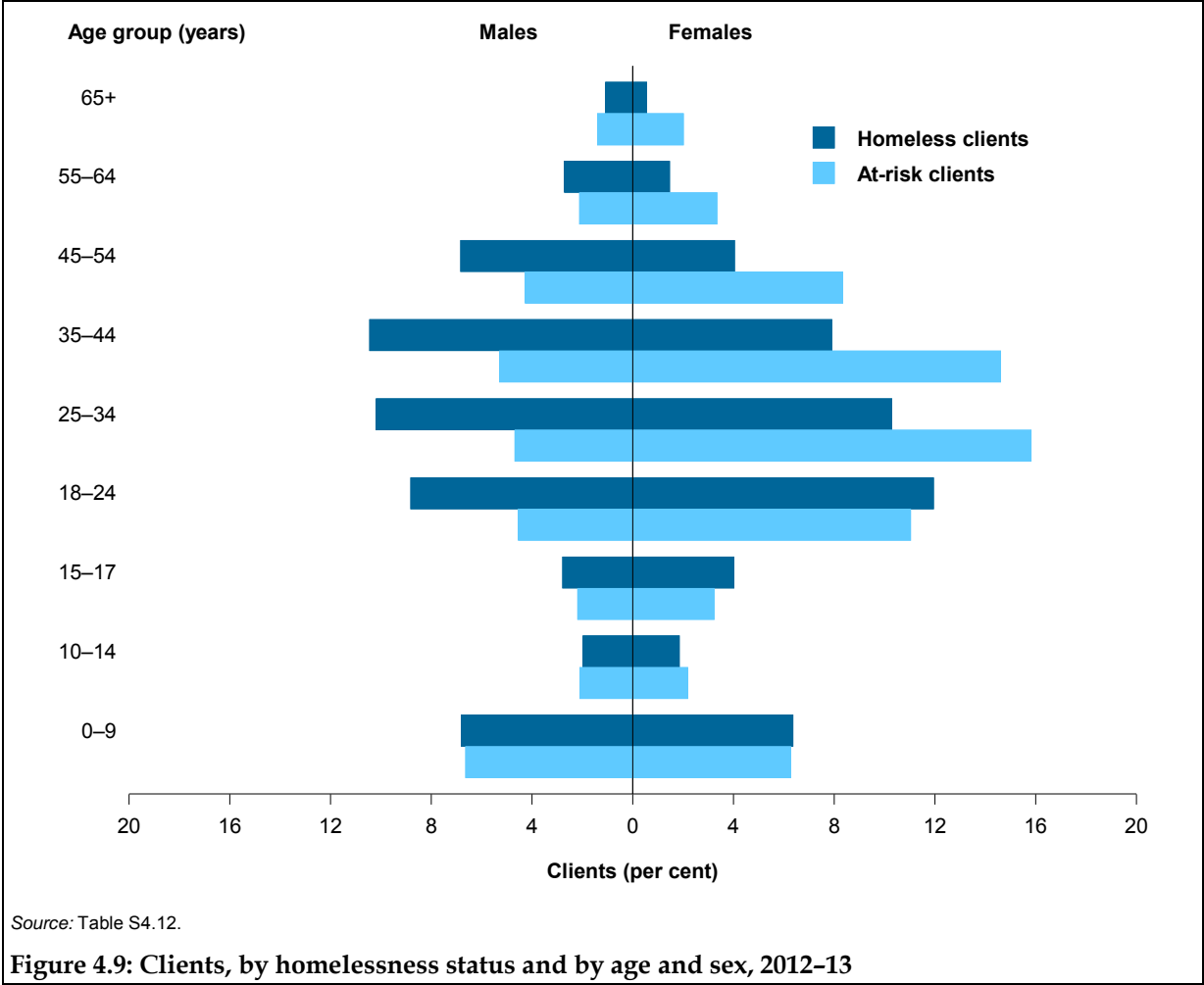
	Homeless clients	At risk clients
<b>Number of clients (and proportion of all clients)</b>	Estimated 111,445 (46%)	Estimated 132,731 (54%)
<b>Presenting unit type</b>	70% presented alone 29% presented in a family group 1% presented in an 'other' group	69% presented alone 30% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Housing crisis (20%) Inadequate or inappropriate dwelling conditions (17%) Domestic and family violence (12%)	Domestic and family violence (27%) Financial difficulties (21%) Housing crisis (11%)
<b>Housing situation at beginning of first support period (all clients)</b>	100% were homeless	100% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	49% (84 days)	26% (75 days)
<b>Proportion of client group who had a case management plan</b>	68%	60%
<b>Number of support periods (and average number of support periods per client)</b>	Estimated 276,941 (2.5)	Estimated 135,673 (1.0)
<b>Average length of support</b>	99 days	73 days

## Age and sex

In 2012–13, males and females accounted for roughly equal proportions of those who were homeless at the beginning of support (52% males, 48% females), but females represented a greater proportion of the at-risk population (67% females, 33% males).

Within the population of clients for whom sufficient information was provided to determine their homeless/at-risk status, males were more likely to be already homeless at the beginning of support (57%) and females were more likely to be at risk (62%).

Among those who were homeless when they first began receiving support, females made up the major proportion of homeless clients in age groups between 15 and 24 years (comprising 58% of clients aged 15 to 24). However, men outnumbered women in all age groups over 34, comprising 60% of all clients aged 35 and over. There were similar numbers of boys and girls aged under 15, and similar numbers of men and women aged 25–34 (Figure 4.9).

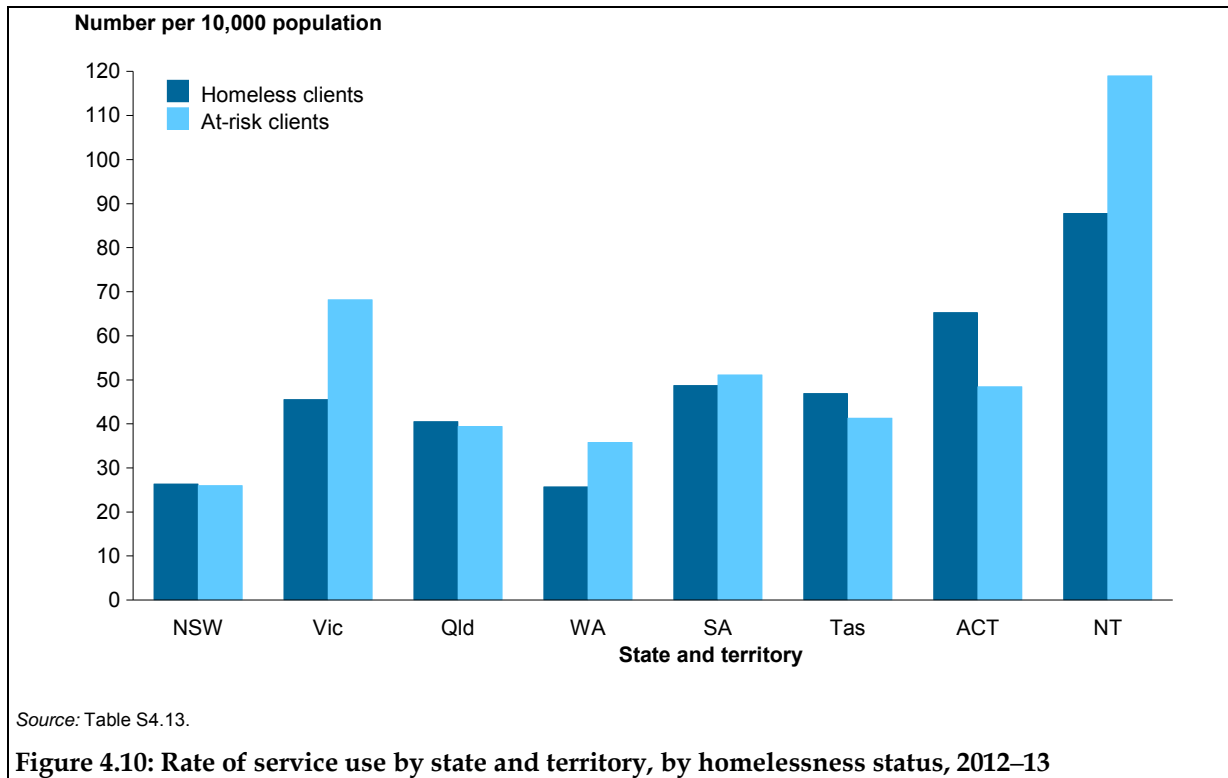


In relation to those who were at risk of homelessness at the beginning of support, there were also similar numbers of boys and girls in age groups under 15, but more females in all other age groups. The difference in the number of males and females who were at risk was particularly pronounced in the age groups between 18 and 54 years – in these age groups women accounted for 73% of all at risk clients, compared with 27% for men.

## State and territory

Agencies based in Victoria assisted the highest number of homeless clients, followed by New South Wales (Table S4.13).

The Northern Territory had both the highest rate of homeless clients and those at risk of homelessness – 88 and 119 per 10,000, respectively, reflecting the overall high rate of service provision in that state (see Chapter 2). The Australian Capital Territory had the second highest rate of homeless clients (65 per 10,000) and Victoria had the second highest rate of clients at risk of homelessness (68 per 10,000) (Figure 4.10).



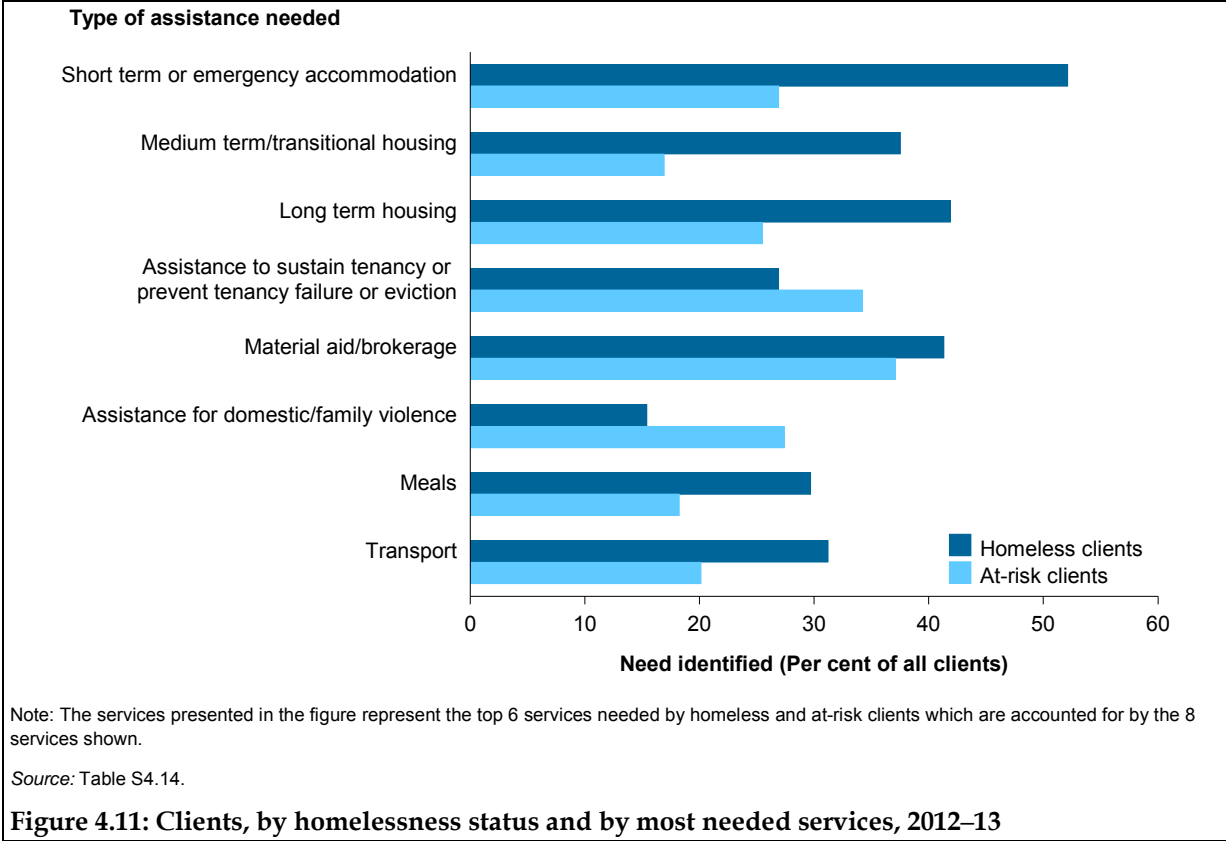
**Figure 4.10: Rate of service use by state and territory, by homelessness status, 2012–13**

## Services needed and provided

Three services were ranked amongst the top 6 services needed by both clients who were homeless and those at risk of homelessness, although higher proportions of those who were homeless needed these services compared with those at risk. These services were: short-term or emergency accommodation (needed by 52% of those who were homeless and 27% of those at risk), long-term housing (needed by 42% of homeless and 26% of at-risk clients) and material aid/brokerage (needed by 41% of homeless and 37% of at-risk clients) (Figure 4.11).

Despite being the highest ranked service for those at risk of homelessness (compared with the third most common need for those already homeless), material aid and brokerage was still needed by a greater proportion of the homeless. In general, people who were homeless at the beginning of support had a greater need for most services. In particular, accommodation services were needed by a higher proportion of the homeless, as well as a range of general support/basic assistance services such as laundry/shower facilities, meals, and retrieval/storage/removal or personal belongings. The services more likely to be needed by those at risk of homelessness were those related to maintaining tenure (assistance to sustain tenancy or prevent tenancy failure or eviction, and assistance to prevent foreclosures

or mortgage arrears), and assistance for domestic and family violence (which was needed by 15% of those who were homeless and 27% of those at risk).



Similar proportions of those who were homeless and those at risk (and who needed specific services) received those services. Homeless clients were slightly more likely to receive assistance related to medium-term housing, material aid/brokerage and meals. Clients who were at risk of homelessness were more likely to receive assistance for domestic and family violence and short-term accommodation.

### Housing outcomes

In this section, data are analysed for those clients who had closed support and whose housing situation was known. Housing outcomes are then described for each client group based on their housing situation at the beginning and end of support, although clients may have experienced other housing situations throughout the course of their support. Overall changes in the profile of all clients who had closed support (in relation to their housing situation) can be found in Section 3.1.

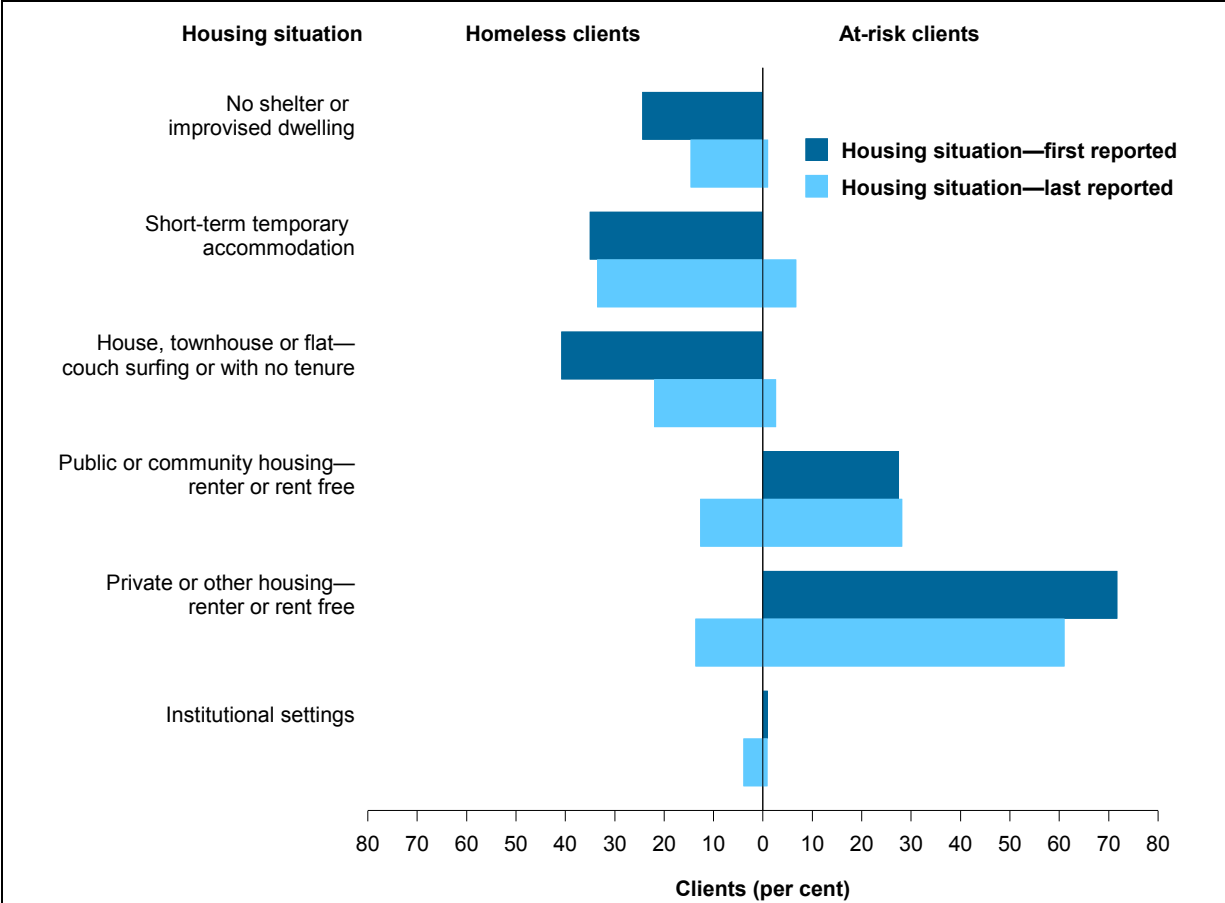
The majority of clients who had closed support and who were living with no shelter or in an improvised dwelling when they first began receiving assistance, remained in the same housing situation by the end of the support (53%). For those who experienced a change in housing situation, 21% were assisted into short-term accommodation, 10% into public or community housing and 11% into private housing (Figure 4.12).

For those who began their support in short-term temporary accommodation, 63% remained in this form of housing at the end of support. Sixteen per cent of these clients were living in public or community housing at the end of support, 14% were in private housing, and 2% had no shelter or were living in an improvised dwelling.

Among those clients who were couch surfing or had no tenure, 56% remained in this situation at the end of support. Twenty-six per cent of these clients were in public/ community or private housing with tenure at the end of support, 15% had moved to short-term temporary accommodation, and 3% had no shelter or were living in an improvised dwelling.

Agencies were successful in maintaining clients who were housed at the beginning of support but at risk of homelessness in the same kind of accommodation as when they first presented for assistance. Overall, 84% of those who were in public/ community or private housing remained in that type of housing at the end of their support, and an additional 6% moved between these housing types.

By the end of support, 9% of those who were in public or community housing at the start of support were homeless, compared with 11% of those who were in private housing at the beginning of support. Of those who were in an institutional setting at the beginning of support, 29% were homeless at the end of support.



Source: Table S4.15.

**Figure 4.12: Clients with closed support, by homelessness status and by housing situation at beginning of support and at end of support, 2012–13**

**Other findings**

- Clients aged 15 and over who were either homeless at the beginning of support or those at risk had a similar likelihood of reporting a government payment as their main source

of income at the beginning of their support (82% of homeless clients and 80% of those at risk). People at-risk were slightly more likely to report employment or another source as their main source of income (11% of at-risk clients, compared with 5% of homeless clients), but those who were homeless were more likely to report having no income or that they were awaiting a government benefit (13% of clients who were homeless, compared with 9% with those at risk).

- Clients who were homeless at the beginning of their support were slightly more likely to report being in the labour force than those who were at risk (54% of homeless clients compared with 51% of at-risk clients). However, a higher proportion of the homeless were unemployed (47%), compared with those at risk (36%).

## 4.4 Clients by geographic area

Although large numbers of people experiencing homelessness live in metropolitan areas, a significant proportion is located in regional, rural and remote Australia. Access to services can become increasingly difficult the further away a client is from a major city, especially in remote areas. Clients in remote areas may also be less likely to have access to other specialised services such as disability, employment and mental health services.

This section examines differences in client characteristics and service needs according to location. For the purposes of this analysis, clients have been ascribed a geographical location based on the location of the agency from which they first received assistance in 2012–13. Agencies have been classified by remoteness area based on the ABS remoteness structure (ABS 2012f) using the address of each agency as provided to the AIHW—see Box 4.3 for more information.

### Box 4.3: How we defined agency remoteness area

Agencies have been classified according to their remoteness area (RA) as defined by the Australian Standard Geographic Classification Remoteness Structure (ABS 2012f). The latest available version of the RA indicator (from the 2006 Census) has been developed by the ABS based on the Accessibility/Remoteness Indicator Australia (ARIA) used in the 2001 Census.

Using this classification, agencies participating in the SHSC were assigned to an RA based on their recorded Local Government Area (LGA) code.

Two concordances produced by the ABS have been used to match the LGA of agencies participating in the SHSC to RAs defined by the 2006 Census. Neither concordance is 1:1 — where an agency's LGA represents a proportion of an RA, the agency is assigned to the RA with the largest representation in the LGA. Where an agency's LGA code was missing, an RA was assigned using a Postal Area Index, also developed by the ABS.

Because the number of clients who received assistance from *Very remote* agencies was very small (1% of all clients), for the purposes of these analyses the category of *Very remote* has been combined with *Remote*. The full breakdown of clients by all 5 remoteness groups is, however, available in the supplementary tables that accompany this report.

Closely reflecting the distribution of the Australian population, the majority of clients received assistance from specialist homelessness agencies in *Major cities* (62%), with the proportion of clients decreasing with increasing remoteness (22% were in *Inner regional* areas, 11% in *Outer regional* areas and 5% in *Remote/Very remote* areas).

## Clients by geographic area: at a glance

	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote/Very remote</i>
<b>Number of clients (and proportion of all clients)</b>	151,255 (62%)	54,547 (22%)	26,692 (11%)	11,682 (4%)
<b>Presenting unit type</b>	73% presented alone 26% presented in a family group 1% presented in an 'other' group	72% presented alone 27% presented in a family group 1% presented in an 'other' group	63% presented alone 36% presented in a family group 1% presented in an 'other' group	64% presented alone 35% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (22%) Housing crisis (16%) Financial difficulties (15%)	Domestic and family violence (23%) Financial difficulties (21%) Housing crisis (12%)	Domestic and family violence (21%) Housing crisis (16%) Inadequate or inappropriate dwelling conditions (15%)	Domestic and family violence (37%) Financial difficulties (11%) Inadequate or inappropriate dwelling conditions (8%)
<b>Housing situation at beginning of first support period (all clients)</b>	49% were homeless 51% were housed/at risk	46% were homeless 54% were housed/at risk	54% were homeless 46% were housed/at risk	41% were homeless 59% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	35% (95 days)	30% (70 days)	45% (58 days)	65% (36 days)
<b>Proportion of client group who had a case management plan</b>	60%	62%	68%	61%
<b>Number of support periods (and average number of support periods per client)</b>	251,763 (1.7)	80,378 (1.5)	37,954 (1.4)	17,018 (1.5)
<b>Average length of support</b>	89 days	79 days	75 days	74 days

## Age and sex

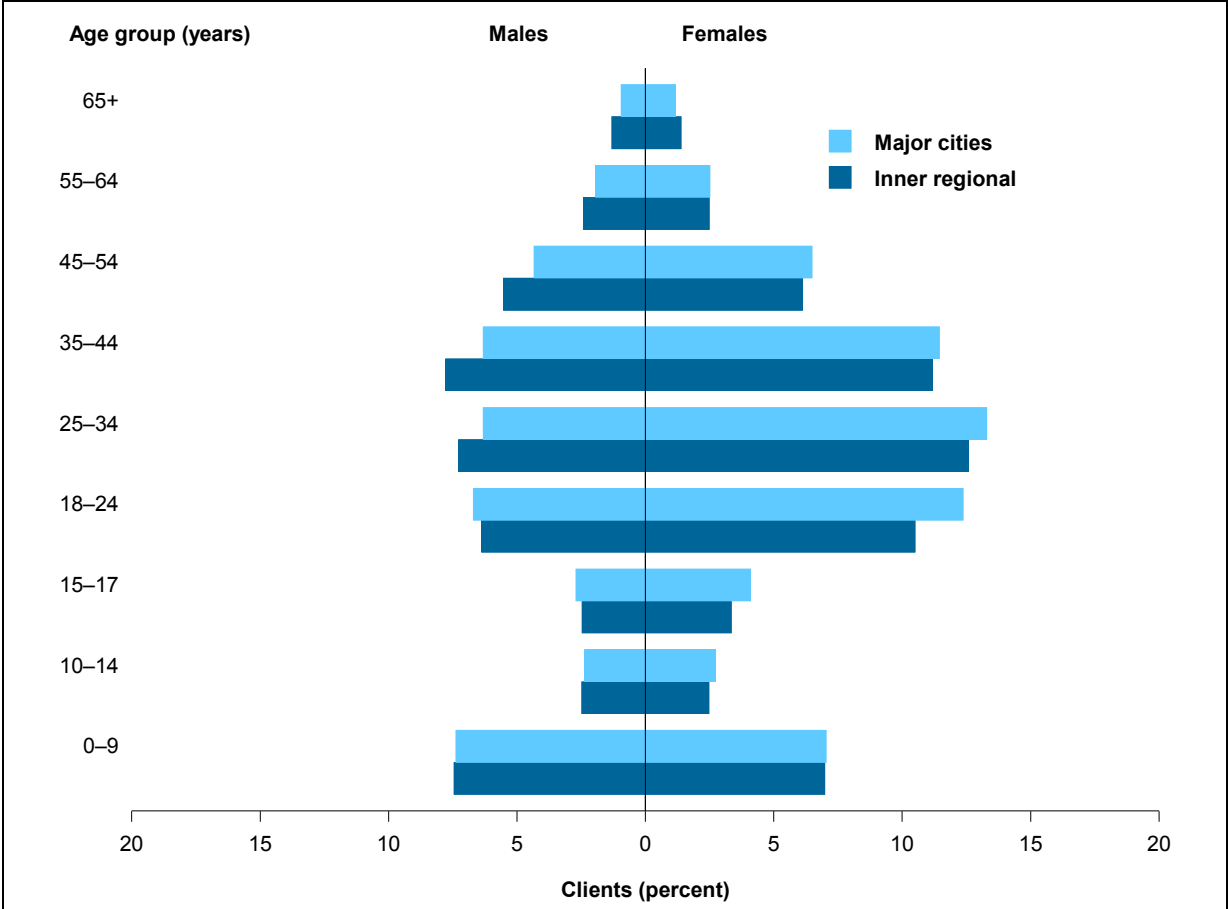
In all remoteness areas there were more female than male clients. The proportion of females was relatively similar to the broader SHSC population (59% female clients) in *Major cities* (58% female), *Inner regional* areas (61% female) and *Outer regional* areas (58% female). In *Remote/Very remote* areas, the proportion of female clients was noticeably larger (69%).

Clients aged between 25 and 34 represented the single largest group accessing specialist homelessness services and the proportion of these clients was very similar across all geographic areas (20% of clients in *Major cities* and *Inner regional* areas, 18% in *Outer regional* areas and 19% in *Remote/Very remote* areas, figures 4.13a and 4.13b).

Children accounted for a greater proportion of specialist homelessness clients in more remote areas. In the wider SHSC population, children aged 0–9 made up 15% of clients, whereas in *Outer regional* areas they made up 21% of clients and in *Remote/Very remote* areas they accounted for 22% of clients. In part, this may be related to the greater proportions of

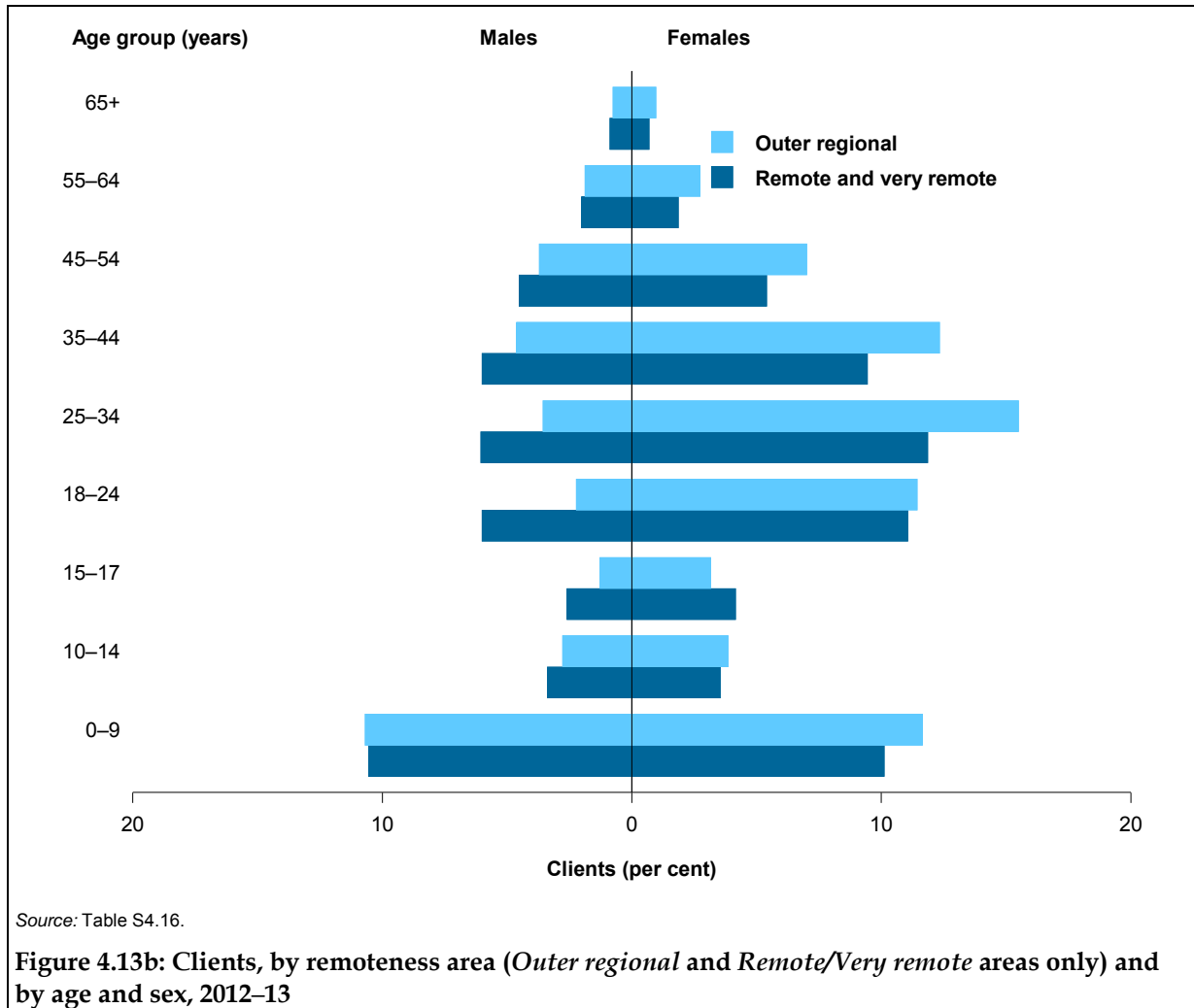


Indigenous clients in *Outer regional* and *Remote/Very remote* areas, and the overall younger age structure of the Indigenous population (and client population).



Source: Table S4.16.

**Figure 4.13a: Clients, by remoteness area (*Major cities* and *Inner regional* areas only) and by age and sex, 2012–13**



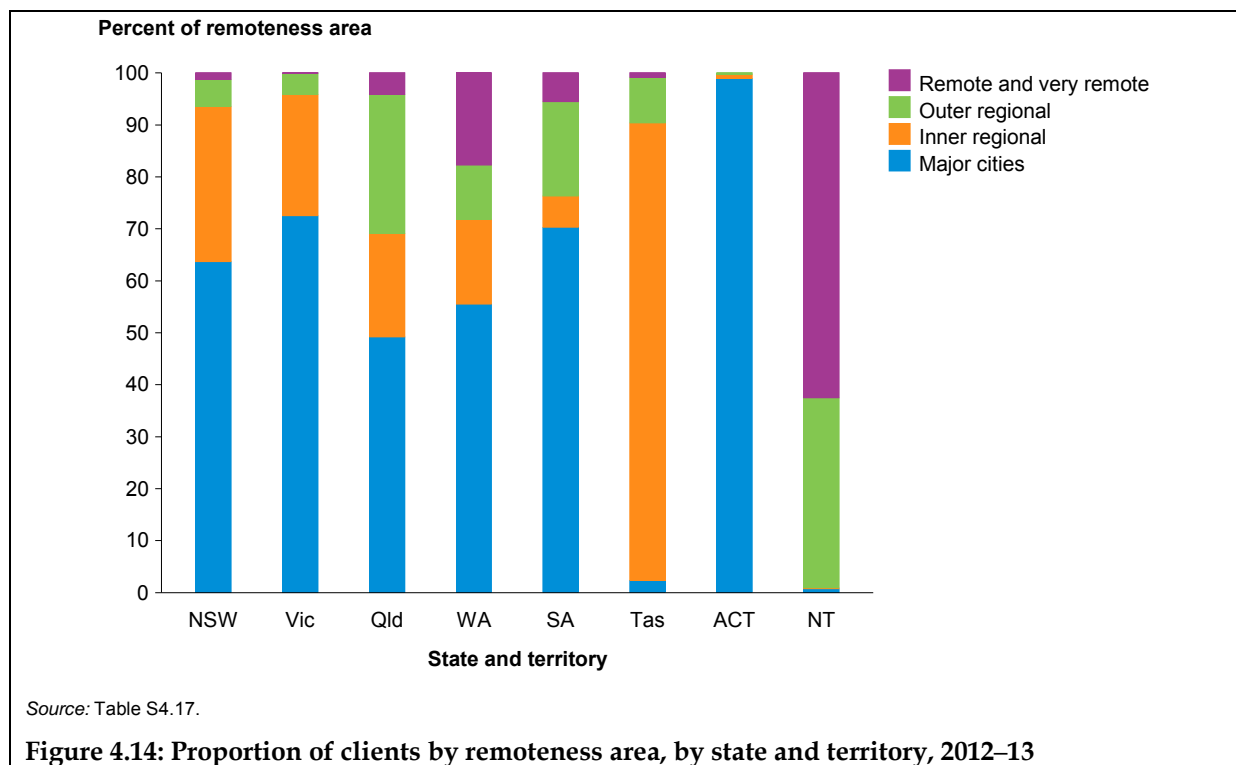
## State and territory

Victoria and New South Wales had the highest numbers of clients in *Major cities* and *Inner regional* areas. Queensland accounted for most clients in *Outer regional* areas, and the Northern Territory and Western Australia accounted for most of the clients in *Remote/Very remote* areas.

Reflecting the Australian Capital Territory's geography, almost all clients (99%) in this jurisdiction were in *Major cities*. The jurisdictions with the next highest proportions of clients in *Major cities* were Victoria (72%) and South Australia (70%).

Tasmania had the highest proportion (88%) of clients in *Inner regional* areas. This was followed by New South Wales (30%) and Victoria (23%). The Northern Territory had the highest proportion (37%) of client in *Outer regional* areas. Next highest was Queensland (27%) and South Australia (18%).

Almost two-thirds (63%) of clients in the Northern Territory were in *Remote/Very remote* areas. Western Australia had the next highest proportion of clients in *Remote/Very remote* areas (18%).



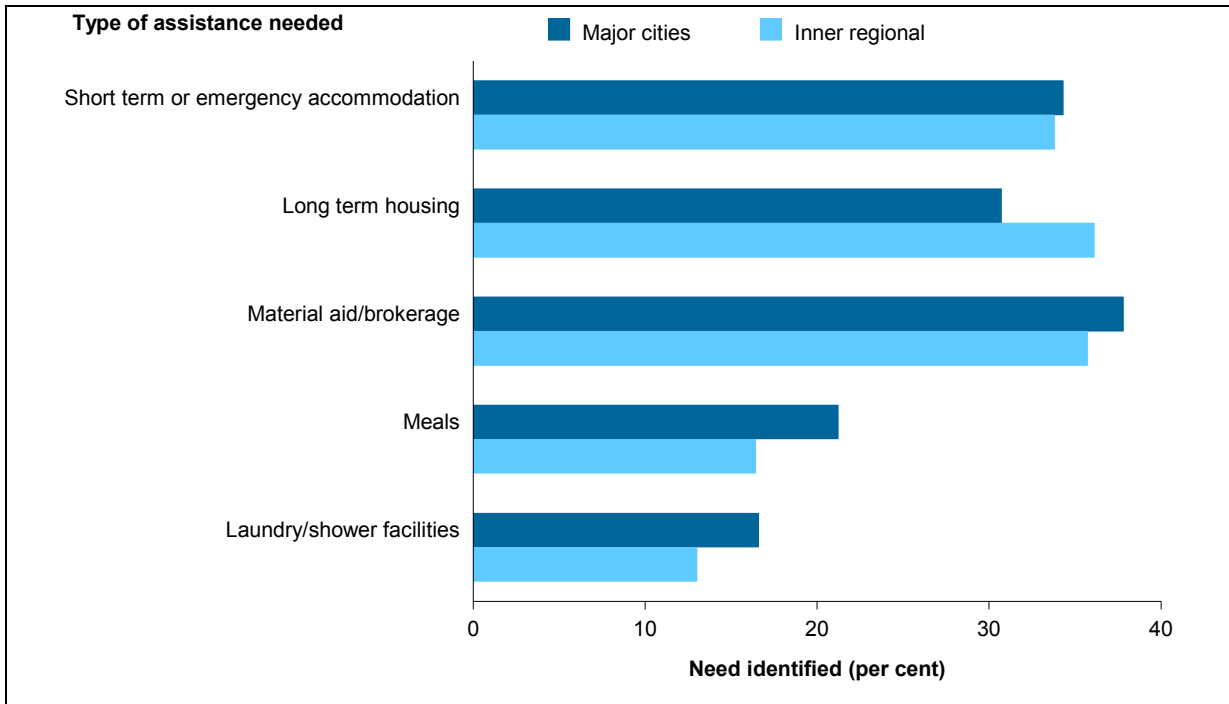
## Services needed and provided

Clients who accessed agencies based in *Major cities* most commonly reported 'domestic and family violence', 'housing crisis' and 'financial difficulties' (22%, 16% and 15%, respectively) as the main reasons for seeking assistance. These reasons were again the most common in *Inner regional* areas, although a greater proportion (21%) reported 'financial difficulties' as the main reason for seeking assistance.

In *Outer regional* and *Remote/Very remote* areas, clients' third most common main reason for seeking assistance from a specialist homelessness agency was 'inadequate or inappropriate dwelling conditions' (15% and 8% of clients, respectively). Compared with other geographic areas, a substantially larger proportion of clients in *Remote/Very remote* areas reported 'domestic and family violence' as their main reason for seeking assistance (37% of *Remote/Very remote* clients, compared with 21-23% of clients in other geographic areas). This is likely to contribute to the greater proportion of females and children in *Remote/Very remote* areas, as noted earlier (figures 4.15a and 4.15b).

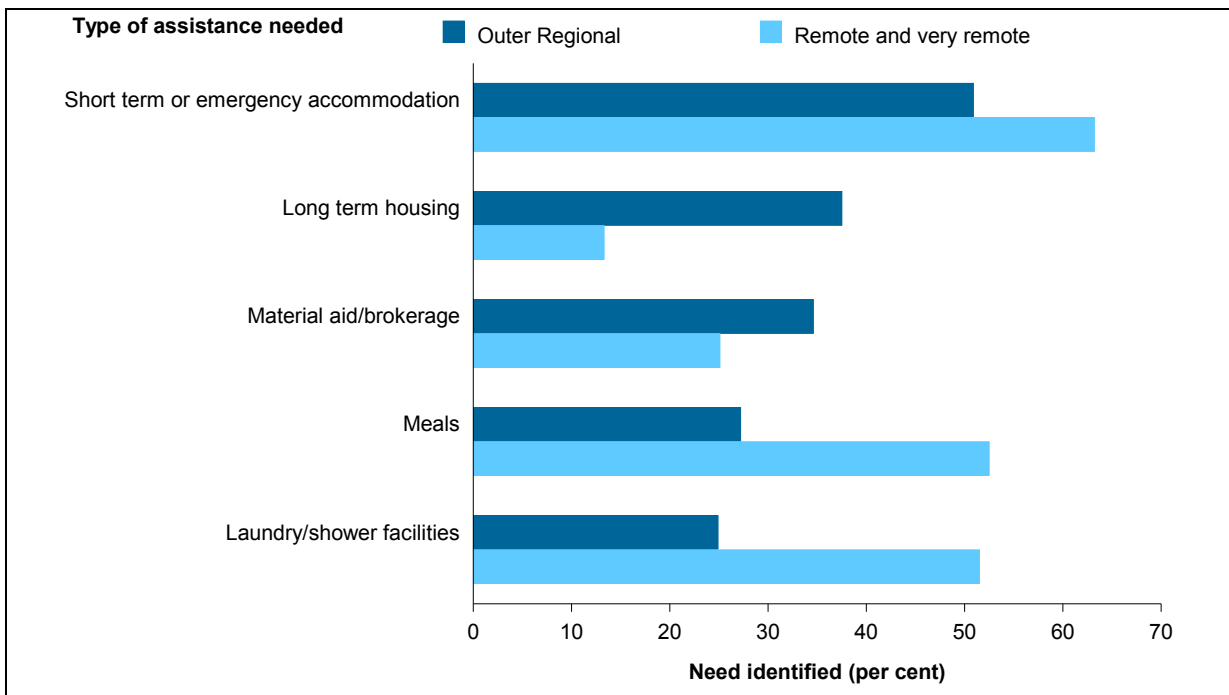
The service needs of clients displayed some variation across geographical areas. When looking at the 6 most common service needs in each remoteness category, only 2 services were needed consistently in all geographical areas (short-term or emergency accommodation and material aid/brokerage).

In *Major cities* and *Inner regional* areas it was more common for clients to need assistance to maintain tenancy or prevent tenancy failure or eviction and financial information, compared with clients in *Outer regional* and *Remote/Very remote* areas. In *Outer regional* and *Remote/Very remote* areas clients more commonly needed meals and transport than those clients in *Major cities* and *Inner regional* areas.



Source: Table S4.18.

**Figure 4.15a: Clients, by remoteness area (Major cities and Inner regional areas only) and by most needed services, 2012–13**



Source: Table S4.18.

**Figure 4.15b: Clients, by remoteness area (Outer regional and Remote/Very remote areas only) and by most needed services, 2012–13**

Clients in *Remote/Very remote* areas were most likely to have their need for short-term or emergency accommodation provided for by the agency to which they presented (94% of *Remote/Very remote* clients). This compares with 70% of clients in *Outer regional* areas who had their need for short-term or emergency accommodation provided for, and 68% of clients in *Major cities* and *Inner regional* areas.

In general, the likelihood of receiving accommodation (where accommodation was identified as a need), increased with greater remoteness. Clients in *Remote/Very remote* areas were most likely to receive accommodation (90% of those who were identified as having an accommodation need, received some accommodation), followed *Outer regional* clients (65%), clients in *Major cities* (64%), and *Inner regional* clients (55%). However, with increasing remoteness, the average number of nights clients were accommodated reduced, from 95 days in *Major cities* to 36 days in *Remote/Very remote* areas.

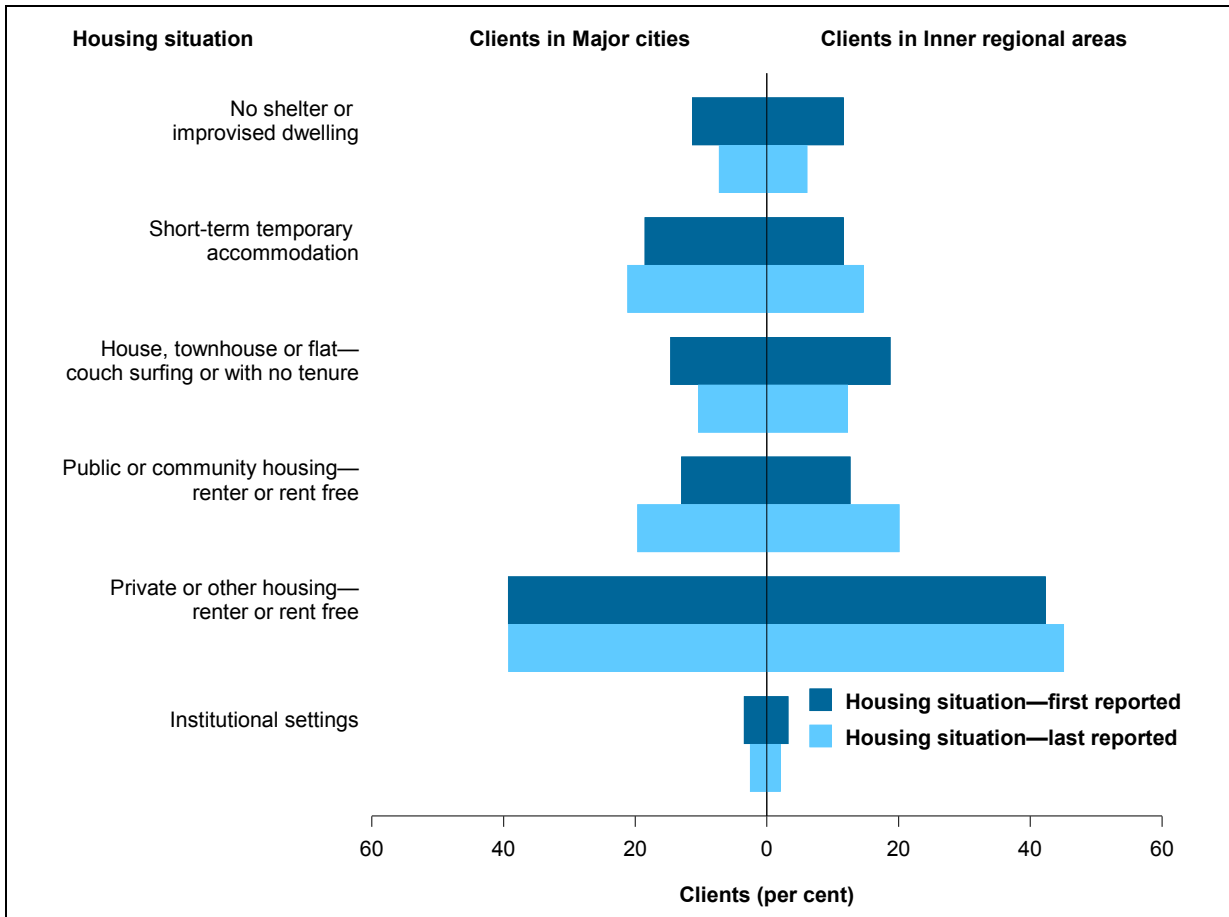
## Housing outcomes

For those with closed support, clients in *Major cities*, *Inner regional* areas and *Outer regional* areas were most commonly living in private or other housing as an owner or renter at the beginning of support (39%, 42% and 34% of clients in these geographical areas, respectively). Clients in *Remote/Very remote* areas were most likely to be renting in public or community housing when they first presented to an agency (50% of *Remote/Very remote* clients). In general, the proportions of clients who were in private housing at the end of support remained stable or increased, apart from in *Remote/Very remote* areas where the proportion of clients in private housing declined slightly from 12% to 11%. The proportion of clients living in public or community housing increased in all remoteness areas (between the beginning and end of support) by between 1 and 7 percentage points.

At the beginning of support, clients assisted by agencies based in *Major cities* and *Outer regional* areas were more likely to be in short-term temporary accommodation (19% and 16% of clients, respectively) than clients of agencies in *Inner regional* and *Remote/Very remote* areas (12% and 13%). The proportion of clients with no shelter or living in improvised dwellings was relatively similar across geographical areas (between 10% and 12% of clients in each remoteness area) and decreased in all areas to between 6% and 8% of clients at the end of support (figure 4.16a and 4.16b).

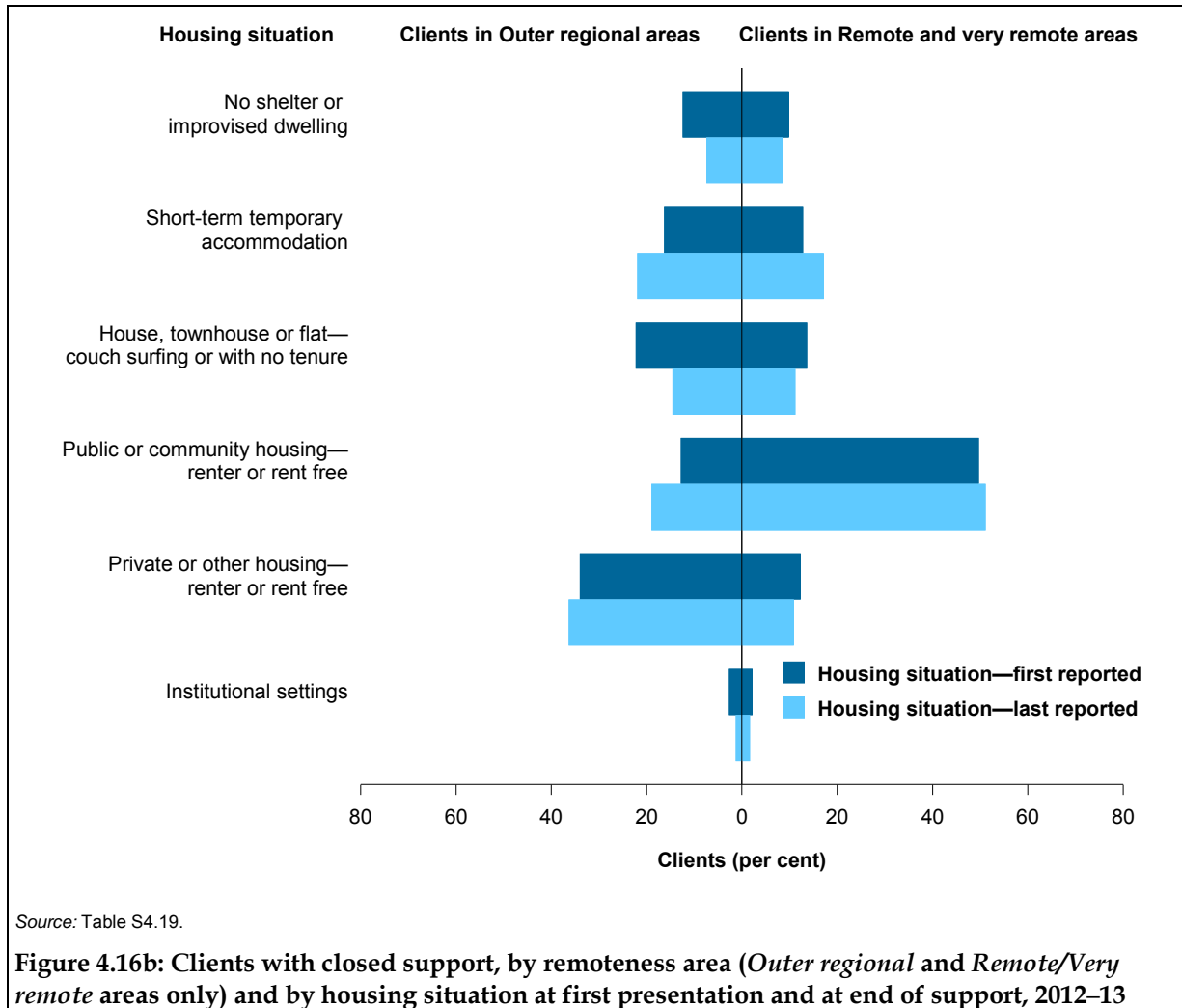
Overall, clients with closed support who were assisted by agencies in *Outer regional* areas were most likely to be homeless at the beginning of their support (51% of clients in *Outer regional* areas), and clients in *Remote/Very remote* areas were the least likely to be homeless (36% of clients in these areas). In *Major cities*, 44% of clients were homeless as the beginning of their support, and in *Inner regional* areas, 42% were homeless at the beginning of support.

In *Major cities*, *Inner regional* and *Outer regional* areas, the proportion of clients who were homeless at the end of support reduced (to between 33% and 44% of clients at the end of support). However, in *Remote/Very remote* areas, the proportion who were homeless increased very slightly to 37% of clients at the end of support. In *Remote/Very remote* areas, the proportion of clients staying in short-term temporary accommodation increased from 13% of clients at the beginning of support to 17% of clients at the end of support – the proportion of clients in *Remote/Very remote* areas who had no shelter or were living in an improvised dwelling decreased, as did the proportion who were ‘couch surfing’ or living with no tenure.



Source: Table S4.19.

**Figure 4.16a: Clients with closed support, by remoteness area (Major cities and Inner regional areas only) and by housing situation at beginning of support and at end of support, 2012–13**



## Other findings

- With increasing remoteness, a greater proportion of clients aged 15 or over were receiving Parenting Payment as their main source of income at the beginning of the reporting period (from 18% of clients in *Major Cities* to 28% of clients in *Remote/Very remote areas*). This reflects the trend for more clients to present to agencies as part of families with increasing remoteness.
- The 2 geographical areas with the most clients 15 years or over who were unemployed at the beginning of the reporting period were *Remote/Very remote areas* (45% of clients) and *Outer regional areas* (44%). The areas with the greatest proportions of clients aged 15 or over not in the labour force were *Inner regional areas* (51% of clients) and *Major cities* (48%).
- The proportion of clients enrolled in education was relatively stable across geographic areas. At the beginning of the reporting period, the proportion of clients studying ranged from 18% in *Remote/Very remote areas* to 20% in *Outer regional areas*.
- With increasing remoteness, reasons for clients' support period ending were more likely to be 'client no longer requested assistance' and less likely to be 'client's immediate needs met/case management goals achieved'. The proportion of clients with the reason 'client no longer requested assistance' increased from 23% in *Major cities* to 50% in

*Remote/Very remote* areas, while the proportion with 'clients immediate needs met/ case management goals achieved' decreased from 57% in *Major cities* to 39% in *Remote/Very remote* areas.



## 5 Other client groups of special interest

In this chapter, data from the 2012–13 SHSC is presented in relation to some other client groups of special interest. The analyses presented in this chapter are not comparative; that is, data are presented for the group of interest only, although findings can be compared with the data presented for all clients in chapters 2 and 3.

As for the analyses presented in the previous chapter:

- Data is presented on client rates (number per 10,000 population) by state and territory. These calculations have been based on total resident population estimates and do not take account of differences in the underlying demographic structure and characteristics of the state/territory populations.
- The ‘Services needed and provided’ analyses presented in this chapter do not include advice/information and advocacy/liaison on behalf of client because these are considered very basic services that are needed by a high proportion of clients, and these needs are generally well met by agencies.
- The information on housing outcomes compares the profile of clients who had closed support and whose housing situation was known at the beginning of support with that of clients whose housing situation was known at the end of support. For a number of clients housing situation was not recorded at both points, but data are included wherever a valid response was provided. The profile of clients with closed support can differ from that for all clients, which reports data based on clients’ characteristics at the beginning of their first support period in 2012–13, and includes clients who had ongoing support at the end of the reporting period.

### 5.1 Families and children

Children in homeless families are more at risk of experiencing disadvantage over their lifetime than children in more stable housing situations. The experience of homelessness for children can result in disrupted schooling and poorer education outcomes, as well as poorer health, emotional, behavioural and developmental outcomes. All of these may have long-term effects and may make them more vulnerable to repeat periods of homelessness (Noble-Carr 2006). Tackling homelessness among families is vital in preventing the ongoing cycle of disadvantage (Australian Government 2008).

This section examines data about families, children and other groups who presented to a specialist homelessness agency for support (see Box 5.1 for information on how we identified families and children).

In 2012–13, adult family members and children accounted for 34% of clients (83,211 clients). For 82% of these clients, the family type could be determined: 61% were a single person and their children, 14% were couples and their children, 6% were couples without children and 1% were in other family groups.

### Box 5.1: How we defined families and children

Family types are defined by the clients' relationships to each other and are categorised as:

- single person with child(ren)
- couple with child(ren)
- couple without children
- other family
- other group.

Children aged under 15 who presented alone are also included – in some cases, these children may have presented with other family members but this may have not been recorded by the agency.

In relation to families, children are defined by their relationship to their parent and may be aged 18 or older. Couples include spouse or partner relationships.

'Single person with children', 'couples with children', 'couples without children' and 'other families' only include people who are related to each other in some way. 'Other groups' include at least 1 person who is not related to someone in the group, but may include related people also.

Within this section, each family type includes both adults and children, as appropriate. For example, when discussing single persons with children, both the adult and the children are included in numbers.

In relation to identifying children aged under 15, the age of the client is defined as their age on the start date of their first support period in the reporting period. For those who were ongoing clients at the beginning of the reporting period, the client's age on the first day of the reporting period was used.

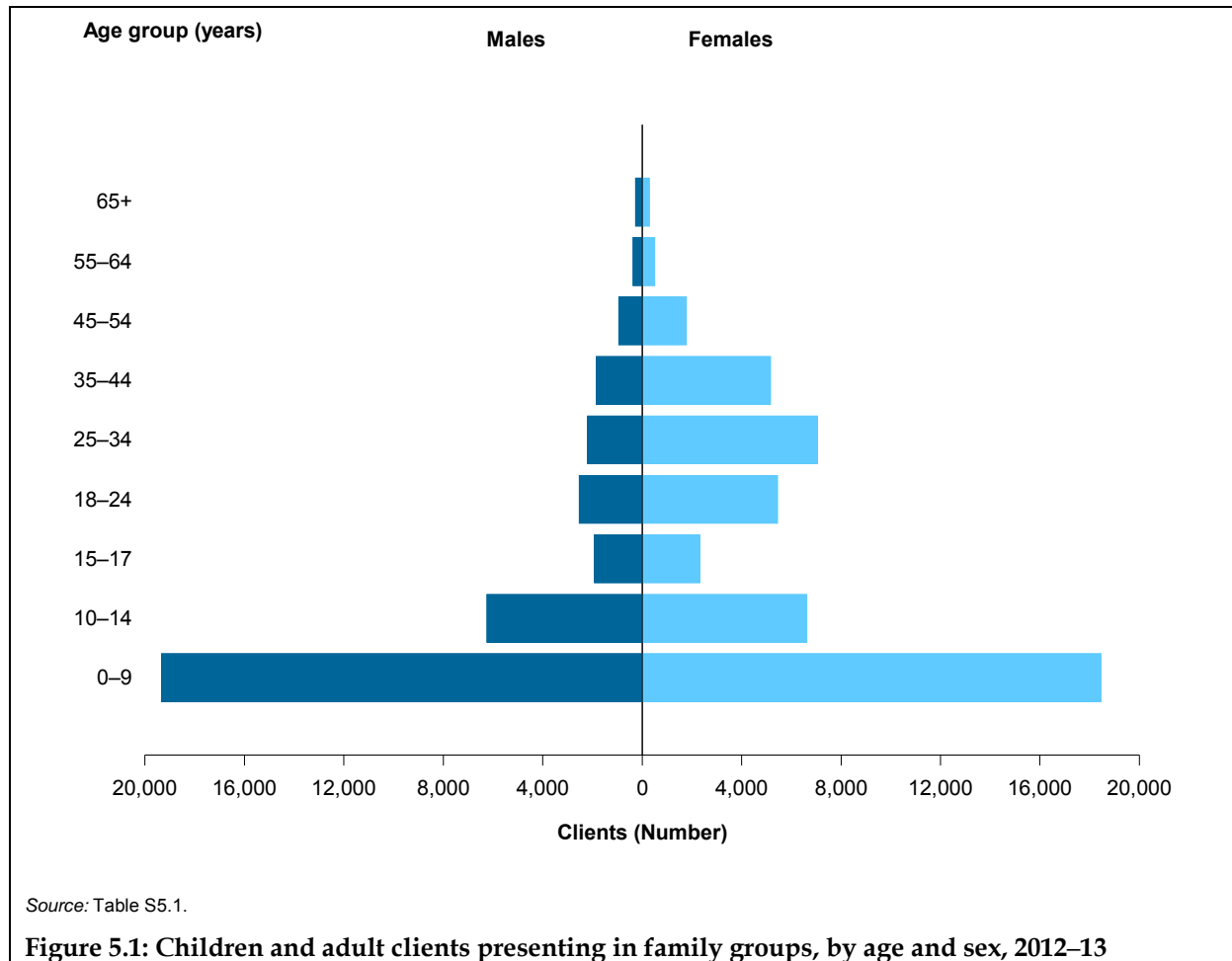
## Families and children: at a glance

<b>Number of clients (and proportion of all clients)</b>	83,211 (34%)
<b>Presenting unit type</b>	16% presented alone <sup>(a)</sup> 82% presented in a family group 2% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (26%) Housing crisis (15%) Financial difficulties (12%)
<b>Housing situation at beginning of first support period (all clients)</b>	46% were homeless 54% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	49 (93 days)
<b>Proportion of client group who had a case management plan</b>	77%
<b>Number of support periods (and average number of support periods per client)</b>	108,718 (1.3)
<b>Average length of support</b>	97 days

(a) These are children who presented alone, and whose family relationships may not have been recorded by the agency. See Box 5.1 for more information.

## Age and sex

The majority of children and adults presenting in a family group were female (57%) (Figure 5.1). Nearly half (45%) of all clients in this group were aged 0–9, and 61% of this group were aged 14 and under. In these young age groups, the numbers of boys and girls was very similar.

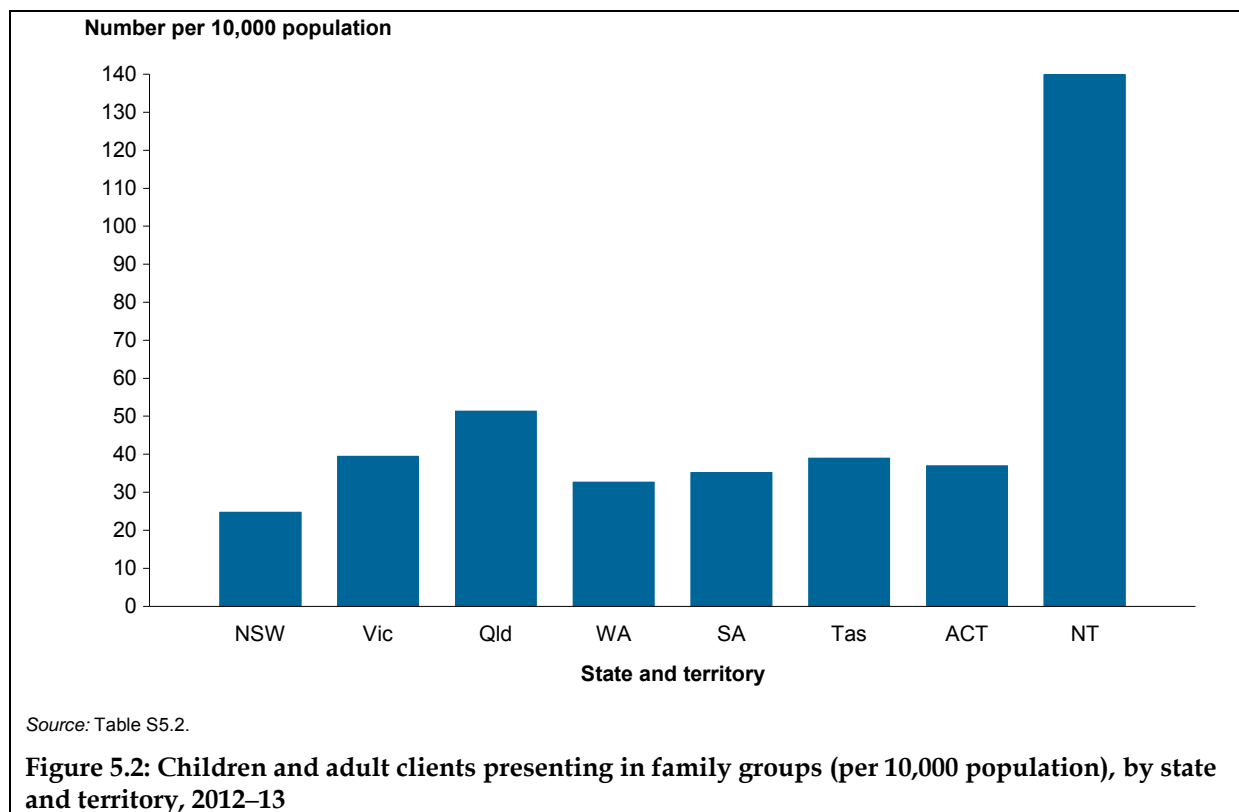


Clients aged 18 and over were predominantly female – 71% were female and 29% male. The largest age group for adults was 25–34 years (11%). This was the same for adult female clients (35%) but for adult males the largest age group was 18–24 years (31%).

## State and territory

Specialist homelessness agencies based in Queensland assisted the highest number of children and adults who presented in a family group (23,414 people, 28% of this client group), although they assisted 18% of all clients nationally. This reflects a greater emphasis on service provision for families in Queensland. Victorian agencies assisted 27% of this client group (22,191) followed by New South Wales (22%, 18,045) (Table S5.2).

The Northern Territory had the highest rate of clients who were in families or who were children—140 per 10,000 people (Figure 5.2). This was followed by Queensland (51 per 10,000) and Victoria and Tasmania (both 30 per 10,000).



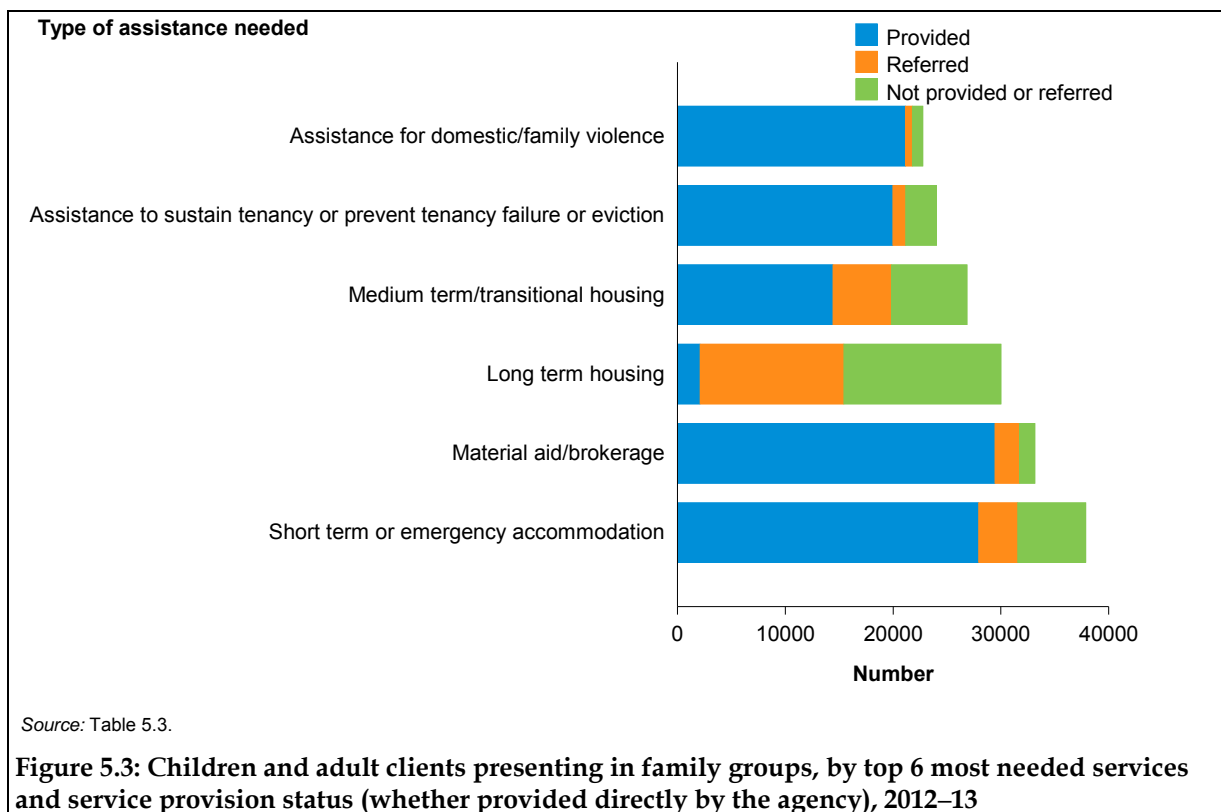
## Services needed and provided

For children and adult clients presenting in family groups, ‘domestic and family violence’ was the most common main reason for seeking assistance (reported for 26% of clients in this group). This was followed by ‘housing crisis’ (15%) and ‘financial difficulties’ (12%).

When all presenting reasons for seeking assistance were considered, these reasons were also most commonly reported. Over one-third (34%) of clients in this group identified ‘domestic and family violence’ as one of their reasons for seeking assistance. ‘Financial difficulties’ was reported by about one-third (32%) and ‘housing crisis’ by one-quarter (25%).

The services most commonly identified for children and adults in family groups were related to accommodation/housing and basic assistance. The most common need was for short-term or emergency accommodation (needed by 46% of these clients), followed by material aid/brokerage (40%), long-term housing (36%) and medium-term/transitional housing (32%) (Figure 5.3).

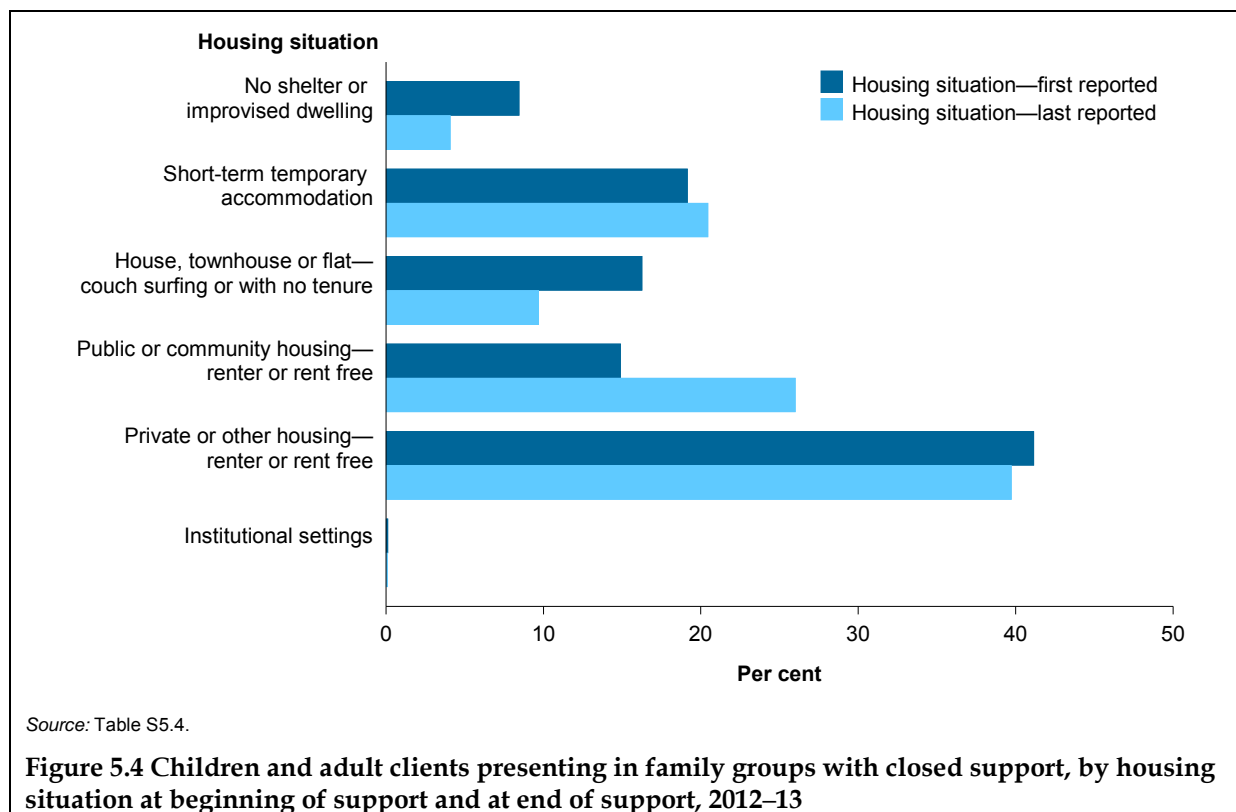
In general, clients who were in families or who were children had higher needs for accommodation than all clients – 69% of this client group needed some kind of accommodation assistance, compared with 57% of all clients. They were also more likely to receive accommodation assistance (49%, compared with 36%).



## Housing outcomes

Of clients in this group who had closed support in 2012–13, 44% were homeless at the beginning of their first support period in the year, which had reduced to 34% at the end of support. Clients who were in families or who were children, and who were already homeless, were most commonly living in short-term temporary accommodation at the beginning of support (19%) which remained at a similar proportion at the end of support (20%). The proportion who were ‘couch surfing’ or in housing with no tenure reduced (from 16% at beginning of support to 10% at end of support), as did the proportion with no shelter or living in improvised dwellings (from 8% to 4%) (Figure 5.4).

Of those who were at risk at the beginning of their support (56% of this client group), 41% were living in private housing (as a renter or rent free) and 15% were in public or community housing (renting or rent free). Although the proportion living in private housing remained similar at the end of support (40%), the proportion living in public or community housing had increased substantially from 15% to 26%. Overall, the proportion of this client group who were housed increased from 56% to 66%.



## Other findings

- Of people in families and children who were aged 15 and over, 80% were receiving a government benefit and 11% had no income (with an additional 2% awaiting a government benefit).
- Over half of this client group (53%) who were aged 15 and over were not in the labour force, 37% were unemployed and 10% employed (mostly part-time).
- Over one-third of this client group were enrolled in education (35%)—32% of the overall client group were pre-school, primary or secondary school students (reflecting the younger nature of this client group). A further 3% were in either university, vocational education and training, or other education and training.

## 5.2 Young people presenting alone

Young people experience significant rates of homelessness (ABS 2012b), and the experience of homelessness as a young person has been identified as one of the major pathways into longer term homelessness for adults (see, for example, Chamberlain & Johnson 2011).

Homelessness among young people can arise for a variety of reasons including family conflict or breakdown which may include violence, experience in the state care and protection system, mental health issues and disengagement from school, training or employment. Specialist programs aimed at dealing with homelessness among young people aim to help them to remain connected with their families, school, training and jobs.

In 2012–13, 18% of all clients (45,071 people) were young people (aged 15–24) who presented alone to a specialist homelessness agency. Box 5.2 provides information on how young people presenting alone were identified in the SHSC.

### Box 5.2: How we defined young people presenting alone

Young people are defined as clients aged 15–24 who presented alone in their first support period in the reporting period.

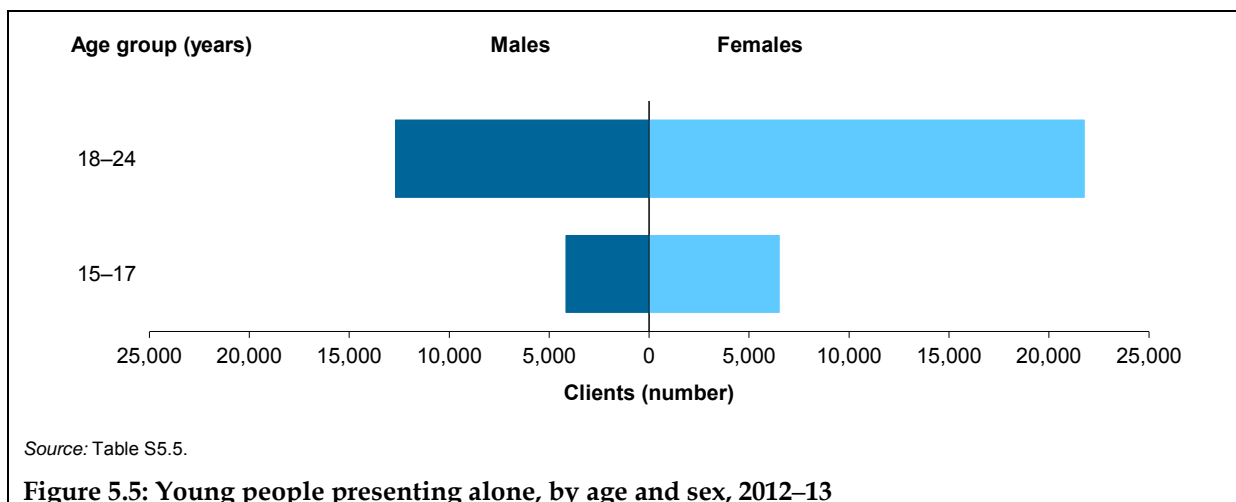
The age of the client is defined as the client's age on the start date of their first support period in the reporting period. For those who were ongoing clients at the beginning of the reporting period, the client's age on the first day of the reporting period is used.

## Young people presenting alone: at a glance

<b>Number of clients (and proportion of all clients)</b>	45,071 (18%)
<b>Presenting unit type</b>	100% presented alone
<b>Main reasons for seeking assistance</b>	Housing crisis (16%) Domestic and family violence (15%) Relationship/family breakdown (13%) Inadequate or inappropriate dwelling conditions (13%)
<b>Housing situation at beginning of first support period (all clients)</b>	59% were homeless 41% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	37% (83 days)
<b>Proportion of client group who had a case management plan</b>	60%
<b>Number of support periods (and average number of support periods per client)</b>	77,028 (1.7)
<b>Average length of support (and median)</b>	96 days (41 days)

## Age and sex

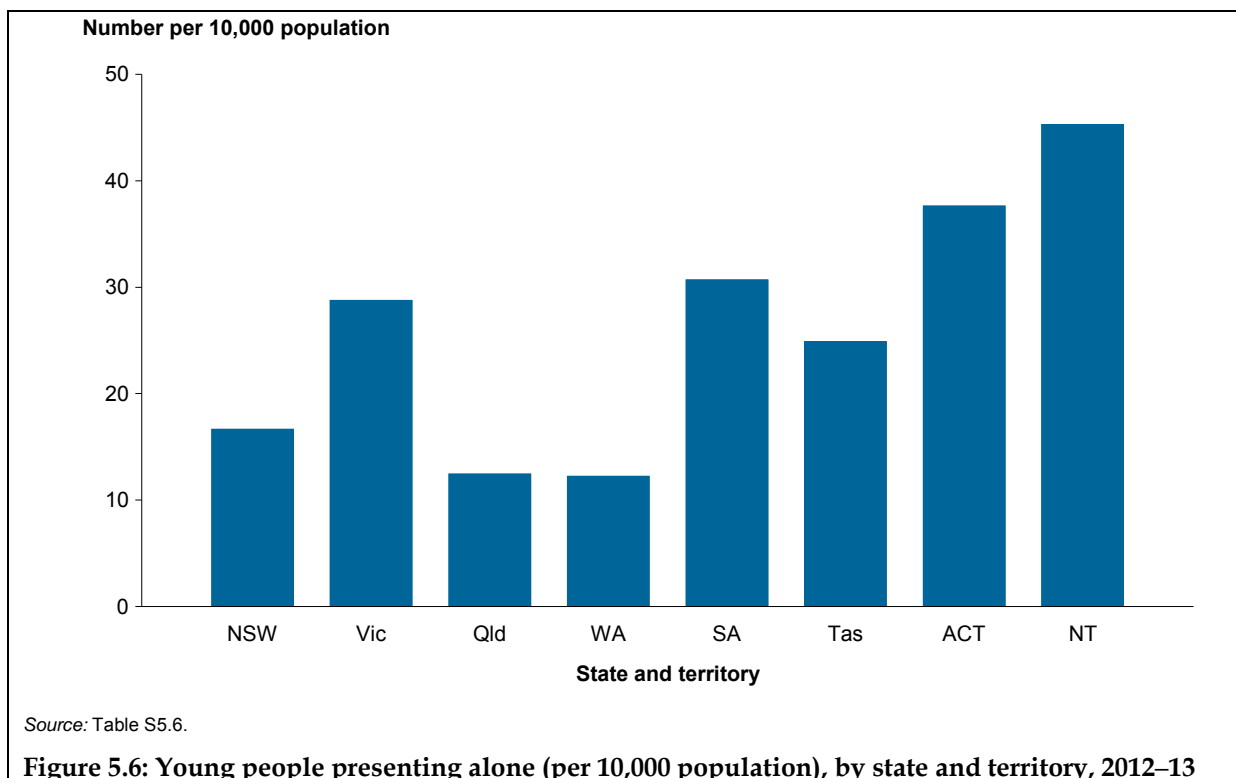
Similar to the overall SHSC population, the majority of young people presenting alone were female (63%). Three-quarters (76%) of this group were aged between 18 and 24. The proportion of males and females across both the 15–17 and 18–24 age groups was consistent (61% were female in the 15–17 age group and 63% female in the 18–24 age group) (Figure 5.5).



## State and territory

Specialist homelessness agencies in Victoria assisted the highest number of young people presenting alone (36% of all young people presenting alone), and an additional 27% were supported by agencies in New South Wales (Table S5.6).

The Northern Territory had the highest rate (number per 10,000 people) of young people presenting alone – 45 per 10,000 people (Figure 5.6). This was followed by the Australian Capital Territory (38 per 10,000) and South Australia (31 per 10,000).



## Services needed and provided

For young clients, 'housing crisis' (16%) was the most common main reason for seeking assistance followed by 'domestic and family violence' (15%) and 'inadequate or

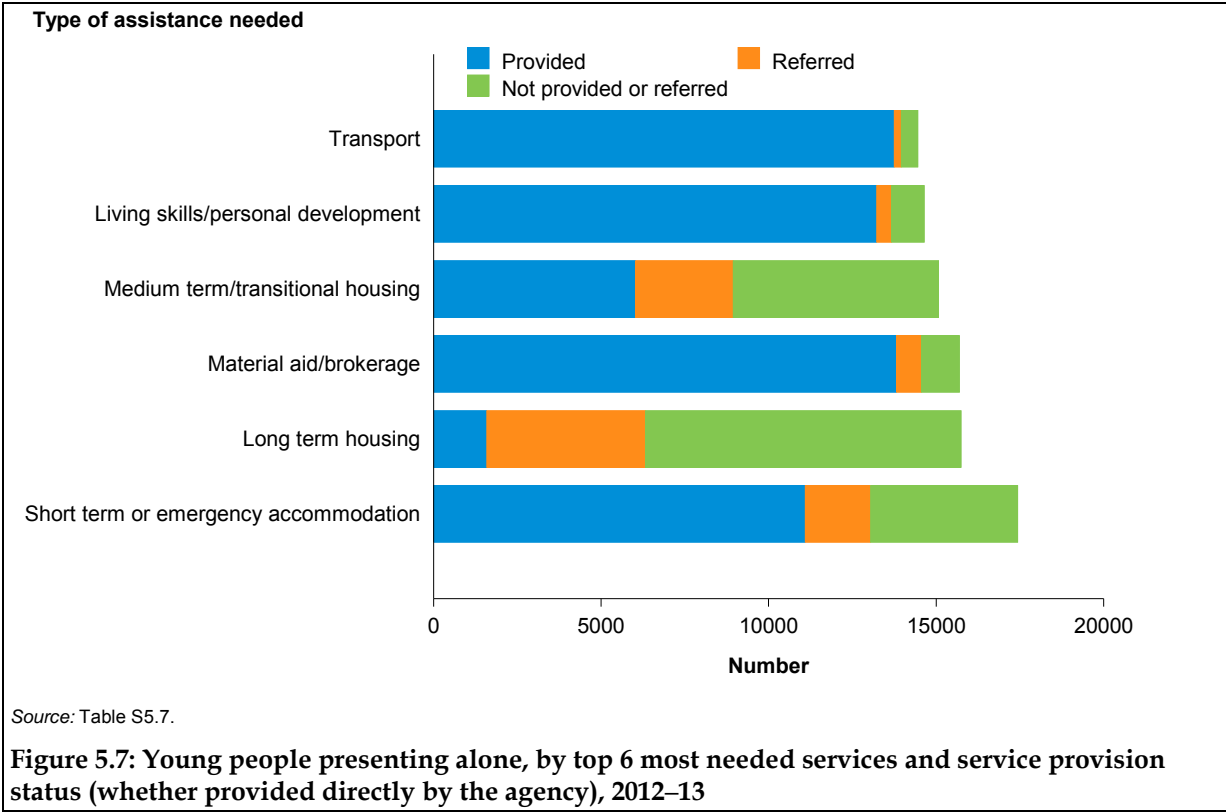


inappropriate dwelling conditions’ and ‘relationship/family breakdown’ (both 13%). However, when all presenting reasons for seeking assistance are considered ‘relationship/family breakdown’ was the most frequently reported reason (39%).

Most of the needs commonly identified for young people presenting alone related to accommodation – short-term or emergency accommodation (needed by 39%), long-term housing (35%) and medium term/transitional housing (34%) (Figure 5.7).

Compared with the overall SHSC population, young people presenting alone were more likely to be identified as needing living skills/personal development (33% compared with 21%). They were also more likely to be identified as requiring assistance with education, training and employment. Educational assistance was identified for 18% of these clients, training assistance for 12% and employment assistance for 14%.

The need for these services was unmet in some cases – 15% for educational assistance, 21% for employment assistance and 19% for training assistance.



Source: Table S5.7.

Figure 5.7: Young people presenting alone, by top 6 most needed services and service provision status (whether provided directly by the agency), 2012–13

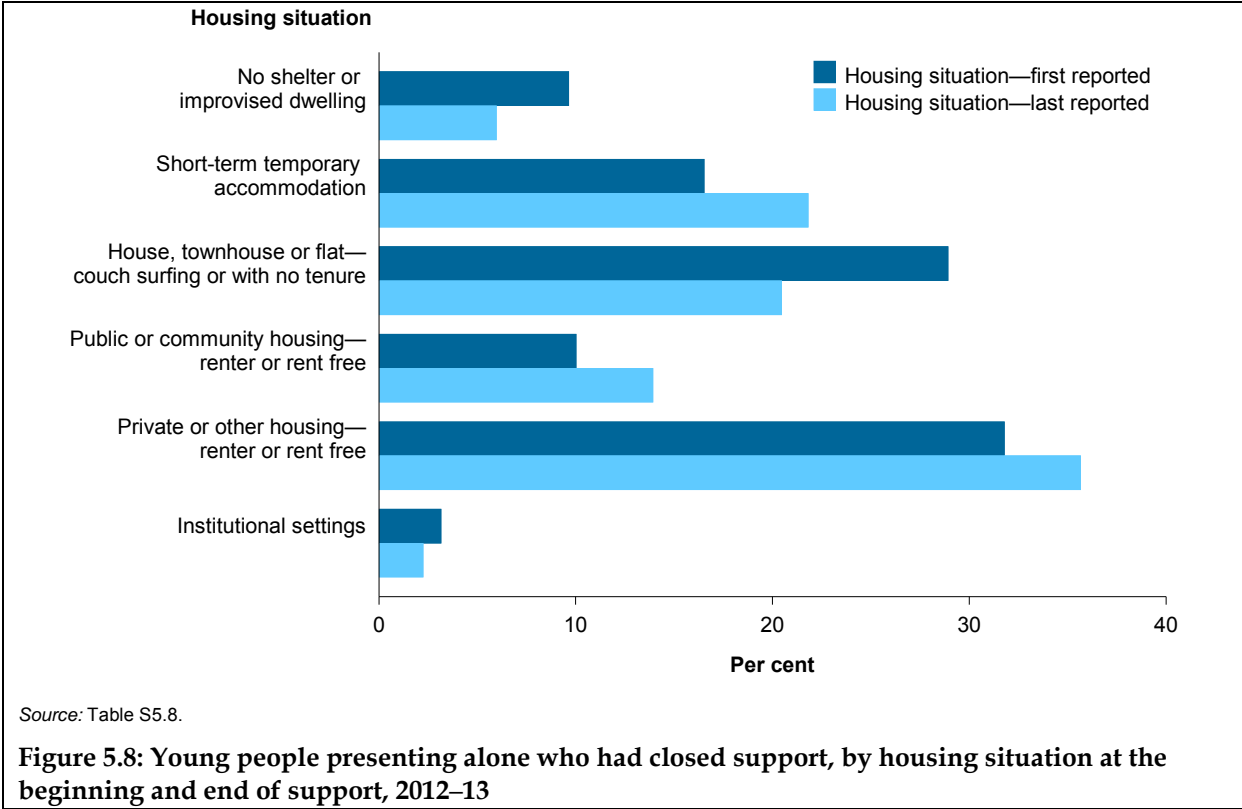
### Housing outcomes

Overall, for young people presenting alone there was a reduction in homelessness among clients by the end of support when considering those clients who had closed support. Over half (55%) were homeless when they started support. By the end of support, this had declined to 48%.

Ten per cent of clients had no shelter or were living in an improvised dwelling at the beginning of their support. This had reduced to 6% of clients at the end of support (Figure 5.8).

Twenty-nine per cent of young people who presented alone were ‘couch surfing’ or staying in housing with no tenure at the beginning of support, and by the end of support this had reduced to 20%.

Nearly one-third of clients (32%) were living in private housing (as a renter, rent free or as an owner) at the beginning of support, and this had increased to 36% of clients at the end of support. There were also increases in the proportion staying in short-term temporary accommodation (from 17% to 22%) and in public or community housing (from 10% to 14%).



### Other findings

- Consistent with the overall profile of SHSC clients, about two-thirds (61%) of young people presenting alone were supported by agencies in *Major cities*, another one-third (35%) were supported in regional locations, and 4% of this client group were supported in *Remote* or *Very remote* areas.
- One-third (33%) of young people presenting alone reported that their main source of income was Youth Allowance. A further 16% were receiving Newstart or Parenting Payment (also 16%).
- Fourteen per cent of these young clients reported having no income when they first received assistance. For clients with closed support who received assistance to obtain/maintain a government allowance or employment assistance, this had reduced to 8%.
- Forty-one per cent of young people who presented alone were not in the labour force. An additional 47% were unemployed and the remaining 12% were employed – 8% were employed part-time. For those young people who presented alone who had closed support, there was a small reduction in the proportion who were not in the labour force

(from 40% to 39%) or were unemployed (47% to 46%), and an increase in the proportion employed (from 13% to 15%).

- At the start of support, about one-fifth (18%) of clients indicated they were secondary school students. Another 8% were enrolled in vocational education and training. Of those with closed support who had education and/or training needs, about one-third (31%) were secondary school students and 10% were enrolled in vocational education and training. By the end of support, secondary school enrolment had declined to 24% and vocational education and training had increased to 14% of clients.

### 5.3 Older clients

Although the number of older Australians (aged 55 or over) who received specialist homelessness assistance is low relative to other age groups (see Figure 2.1), and the rates of service use by clients in this age group are the lowest of all age groups (Figure 2.2), there is evidence that homelessness is a problem for a growing number of older Australians. According to the latest available estimates of homelessness from the ABS Census of Population and Housing, 14% of all homeless people in 2011 were aged 55 or over (ABS 2012b)—affecting around 14,850 older Australians identified on Census night. For some of these people, homelessness (or the risk of homelessness) may be a relatively recent experience, while others may have experienced long-term disadvantage and tenuous housing.

In 2012–13, people aged 55 or over comprised 7% of all SHSC clients (17,193 people). Box 5.3 provides information on how older people were identified in the SHSC.

#### **Box 5.3: How we defined older people**

Older people are defined as clients aged 55 or older.

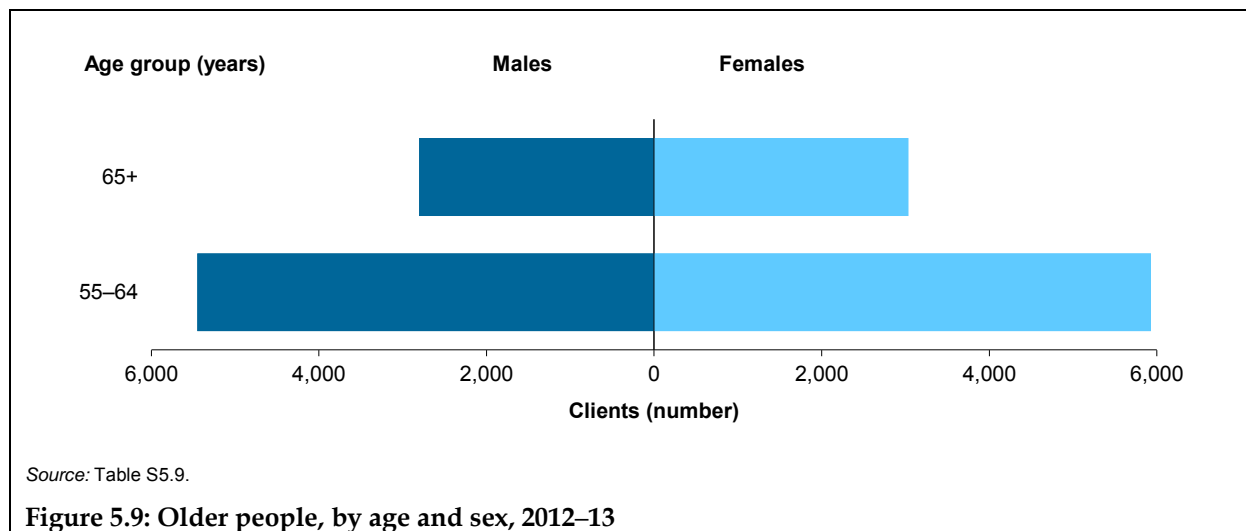
The age of the client is defined as their age on the start date of their first support period in the reporting period. For those who were ongoing clients at the beginning of the reporting period, the client's age on the first day of the reporting period was used.

## Older clients: at a glance

<b>Number of clients (and proportion of all clients)</b>	17,193 (7%)
<b>Presenting unit type</b>	92% presented alone 8% presented in a family group 1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Financial difficulties (22%) Domestic and family violence (15%) Housing crisis (14%)
<b>Housing situation at beginning of first support period (all clients)</b>	38% were homeless 62% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	22% (92 days)
<b>Proportion of client group who had a case management plan</b>	47%
<b>Number of support periods (and average number of support periods per client)</b>	25,875 (1.5)
<b>Average length of support</b>	71 days

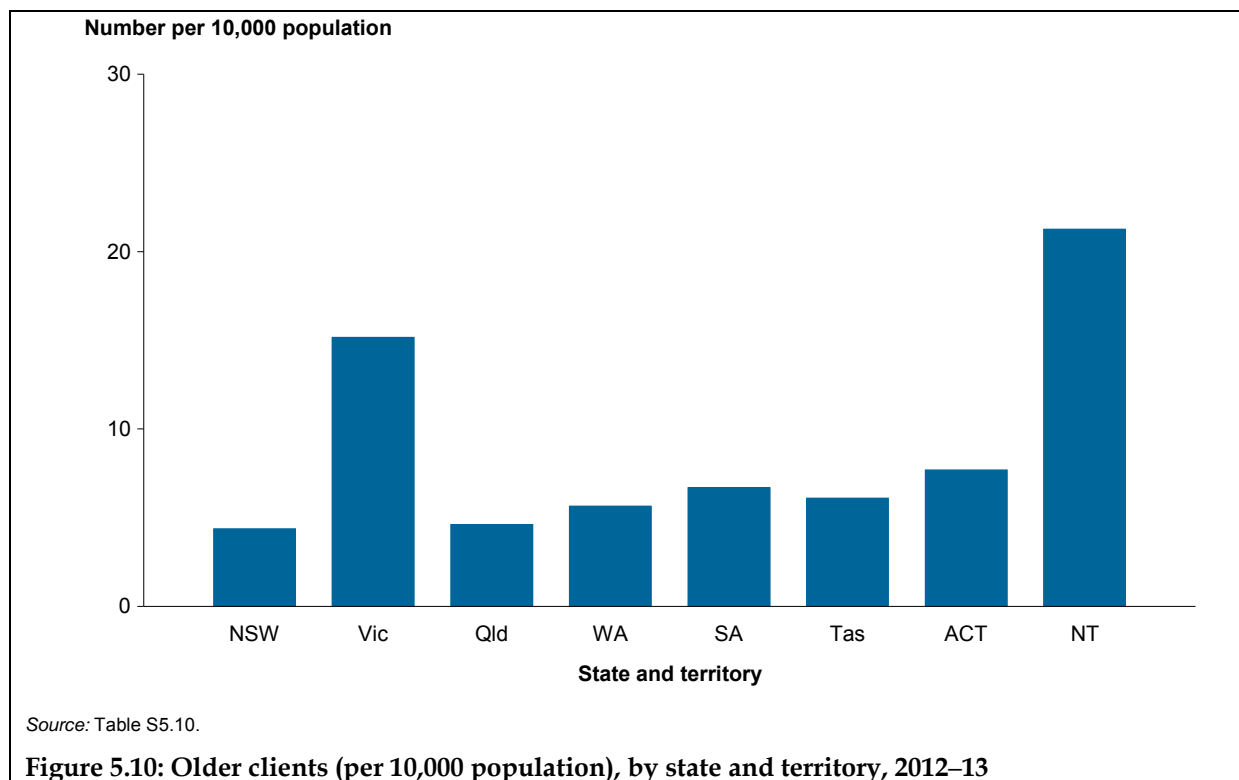
## Age and sex

Compared with the broader SHSC population, there were fewer women among older clients (52%, compared with 59% in the broader client population) and relatively more men (48%, compared with 41%). Two-thirds of older clients were aged 55–64 (66%) and the remaining one-third were aged 65 or over (Figure 5.9).



## State and territory

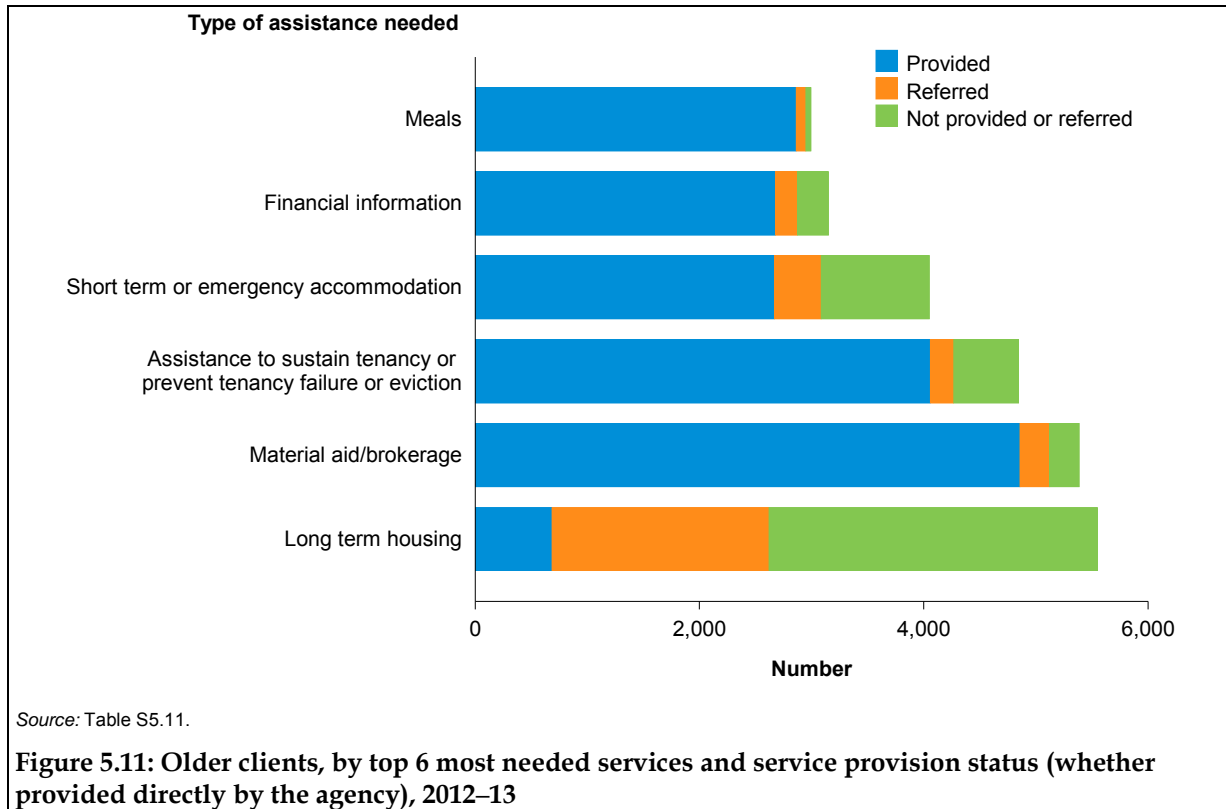
The highest number of older people were seen in Victoria (8,531 clients), followed by New South Wales (3,175) and Queensland (2,106) (Table S5.10). The Northern Territory had the highest rate of older clients (21 per 10,000), followed by Victoria (15 per 10,000) and the Australian Capital Territory (8 per 10,000) (Figure 5.10).



## Services needed and provided

For older clients, the most common main reasons for seeking assistance reported were ‘financial difficulties’, ‘domestic and family violence’ and ‘housing crisis’. However, older women were much more likely to report ‘domestic and family violence’ as the main reason for seeking assistance than older men (24% of older women, compared with 2% of older men). For men, the most common main reason for seeking assistance was ‘financial difficulties’—although a similar proportion of older women also reported this as the main reason for seeking assistance (21% of older men and 18% of older women). This suggests that there are different reasons underlying homelessness or risk among older men and women.

Services most commonly needed by older clients included long-term housing (32%), material aid/brokerage (31%), assistance to sustain tenancy or prevent tenancy failure or eviction (28%), short-term or emergency accommodation (24%), financial information (18%) and meals (17%). With the exception of accommodation, agencies were able to provide for these needs for most older clients (provided for over 83% of clients requesting most common non-accommodation needs) (Figure 5.11).



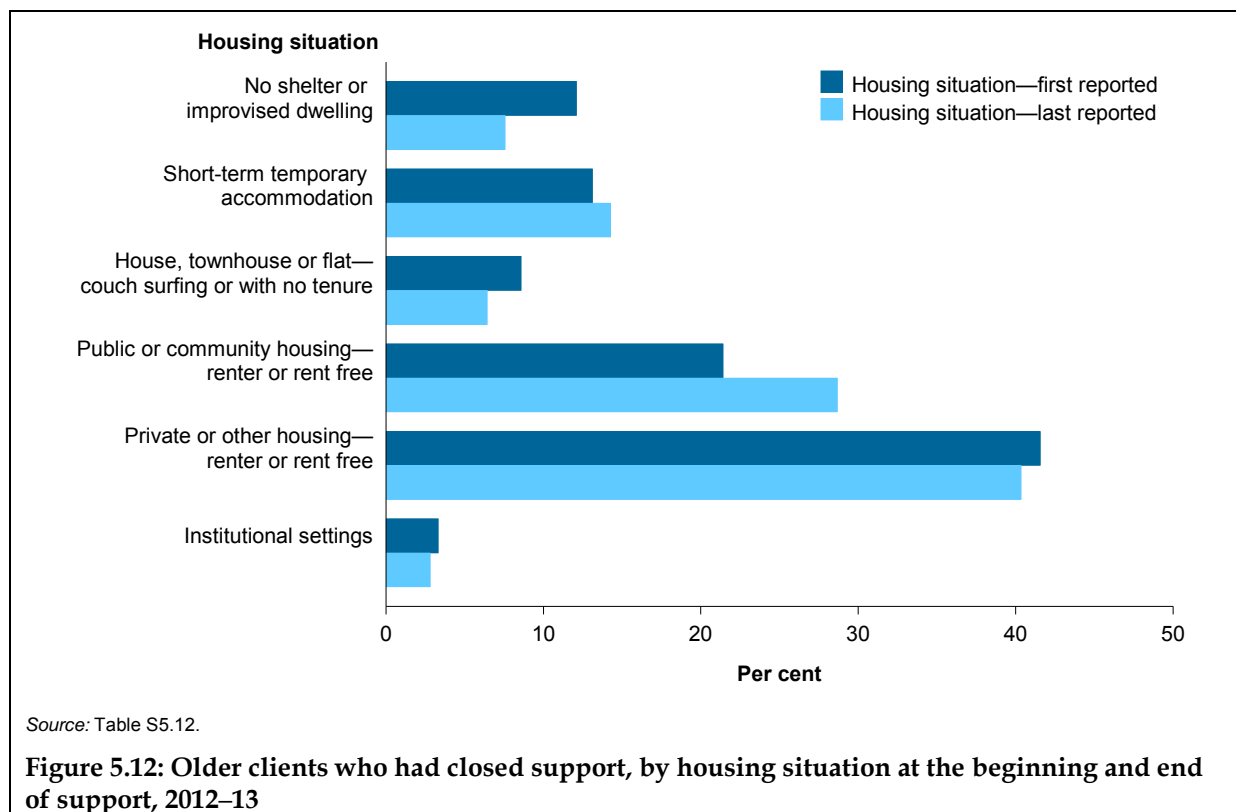
Older clients were less likely (compared with all clients) to need short-term accommodation or medium-term housing. Short-term housing was needed by 24% of older clients (compared with 37% of all clients) and medium-term housing by 14% of older clients (compared with 26%). They were also less likely to be provided with these types of accommodation than the general SHSC population—66% of older clients who needed short-term accommodation got it (compared with 70% of all SHSC clients) and 30% of older clients who needed medium-term housing assistance, got it (compared with 43%).

Although older clients were just as likely to request long-term housing as the wider SHSC client group (32% of both groups), they were more likely to be provided with long-term housing assistance (12% of older clients, compared with 9% of all SHSC clients).

## Housing outcomes

For those older clients who had closed support, there was a reduction in the overall proportion who were homeless – from 34% at the beginning of support to 28% by the end of support. Twelve per cent of older clients had no shelter at the beginning of support, and this had reduced to 8% at the end of support. The proportion who were ‘couch surfing’ or otherwise without tenure also decreased from 9% to 6%. The proportion of older clients in short-term temporary accommodation increased slightly from 13% to 14% (Figure 5.12).

At the beginning of support, older clients were most commonly living in private or other housing as an owner, renter or rent free (42%) or public or community housing (21%). At the end of support, the proportion living in private housing had reduced slightly to 40%, but the proportion in public or community housing had increased to 29%.



## Other findings

- Over one-third of older clients reported their main source of income as Disability Support Pension (36% of older clients) and 27% were receiving the Age Pension. Sixteen per cent of older clients were receiving Newstart Allowance at the beginning of their first support period.
- The majority of older clients were not in the labour force (69%) and one-quarter (25%) were unemployed.

## 5.4 Clients who have experienced domestic and family violence

Domestic and family violence is recognised as a major risk factor for homelessness in Australia (Australian Government 2008) and was the most common main reason clients gave for seeking assistance (see Chapter 2).

In 2012–13, 32% of all people receiving assistance from homelessness agencies were escaping domestic or family violence (77,870 clients). Box 5.4 provides information on how clients who had experienced domestic and family violence were identified.

#### **Box 5.4: How we defined clients who had experienced domestic and family violence**

SHSC clients were counted as experiencing domestic and family violence if, in any support period during the reporting period:

- 'domestic and family violence' was reported as a reason they sought assistance, or
- during any support period they required domestic or family violence assistance.

The SHSC reports on clients who are victims of domestic and family violence. Currently, perpetrators of domestic and family violence who may also be receiving assistance from a homelessness agency are not identified in the SHSC.

### **Clients who have experienced domestic and family violence: at a glance**

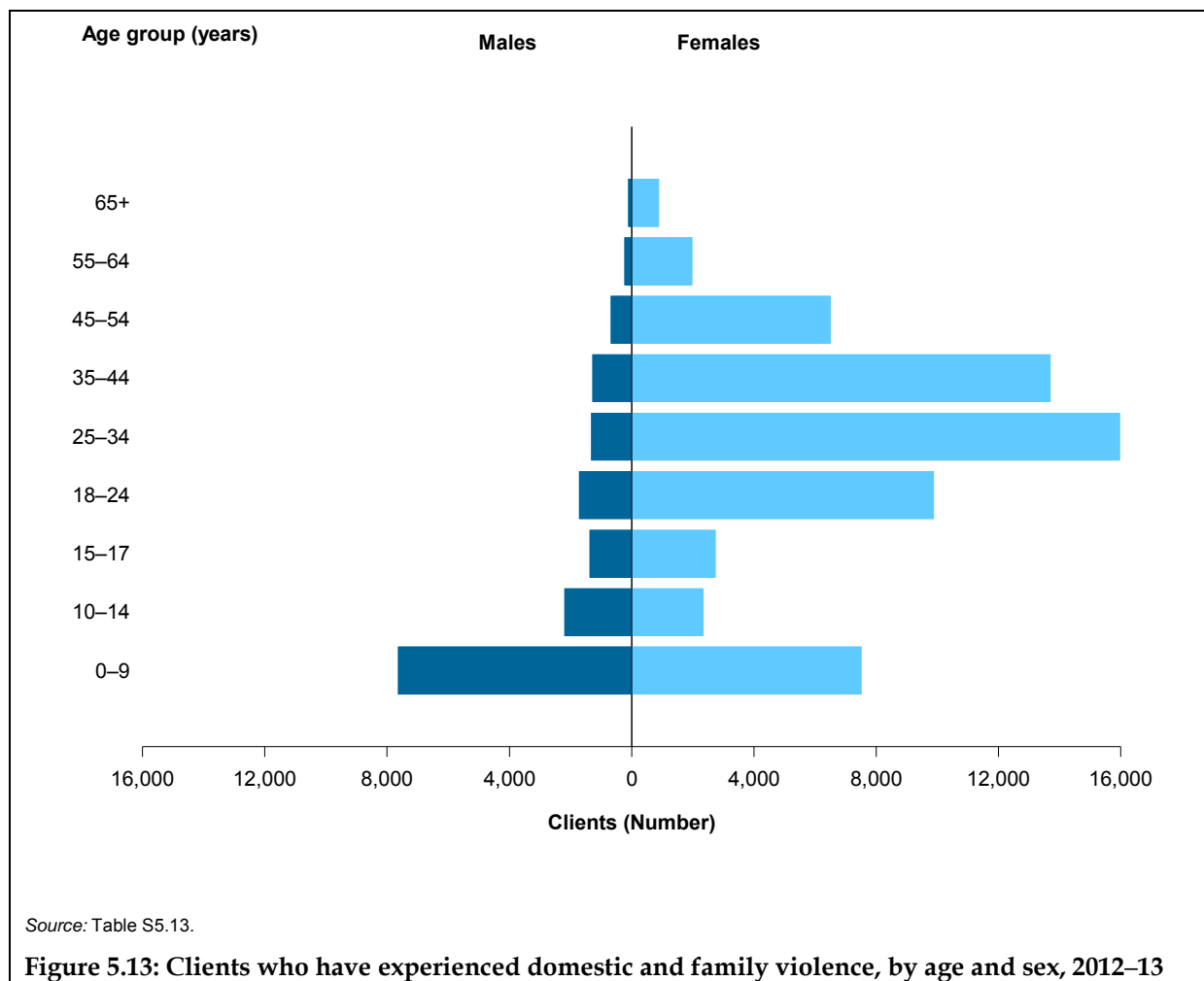
<b>Number of clients (and proportion of all clients)</b>	77,870 (32%)
<b>Presenting unit type</b>	69% presented alone 31% presented in a family group <1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Domestic and family violence (69%) Housing crisis (6%) Relationship/family breakdown (5%) Inadequate or inappropriate dwelling conditions (5%)
<b>Housing situation at beginning of first support period (all clients)</b>	43% were homeless 57% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	51% (79 nights)
<b>Proportion of client group who had a case management plan</b>	69%
<b>Number of support periods (and average number of support periods per client)</b>	137,896 (36%)
<b>Average length of support</b>	98 days

### **Age and sex**

The majority of clients of specialist homelessness services who were escaping domestic and family violence were females and children. Females aged 15 years and over accounted for 67% of this group, and children aged under 14 accounted for an additional 25%. Males aged 15 years and older accounted for 7% clients in this group.

Among children (0–9 and 10–14 years), there were similar numbers of boys and girls (Figure 5.13).

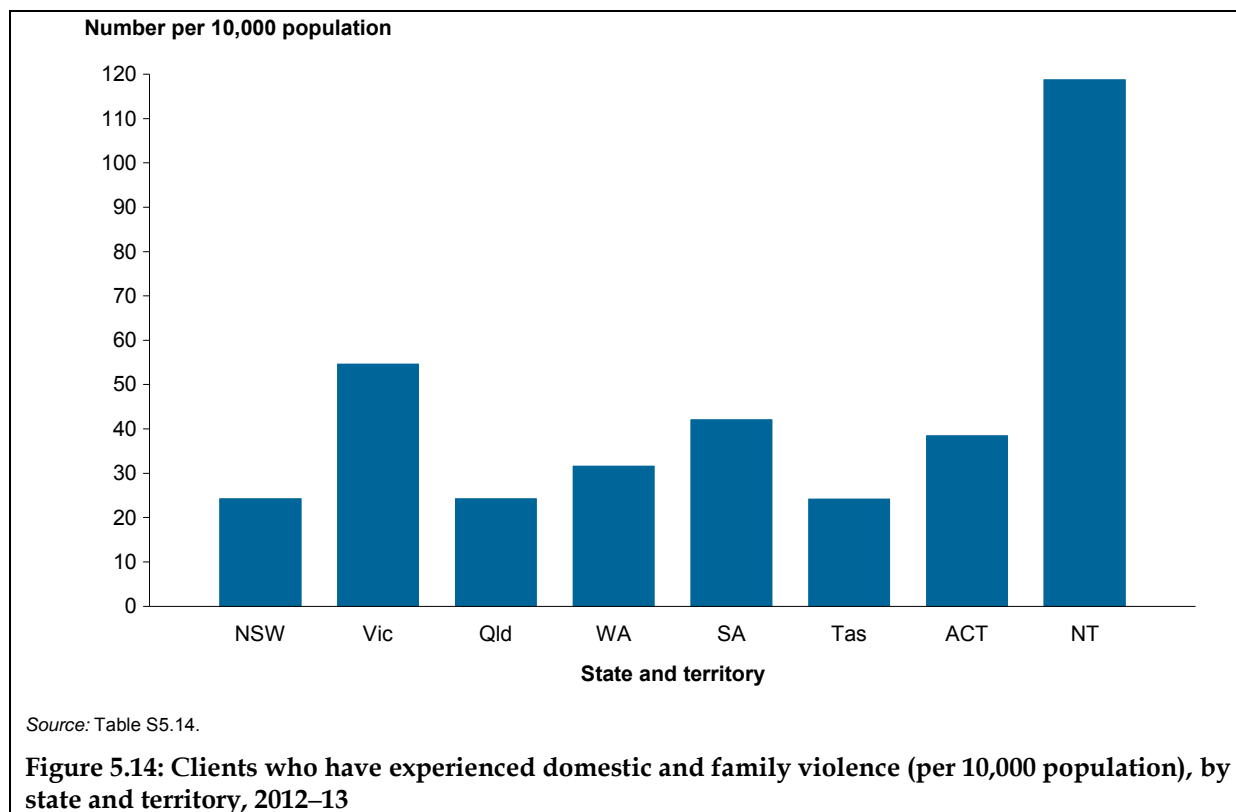




## State and territory

The highest number of clients escaping domestic and family violence was in Victoria (39% of domestic and family violence clients) followed by New South Wales (accounting for 23% of this client group) and Queensland (14%) (Table S5.14).

The Northern Territory had the highest rate of clients escaping domestic and family violence – 119 per 10,000 people (Figure 5.14). Victoria had the next highest rate (55 per 10,000), followed by South Australia (42 per 10,000).



## Services needed and provided

Clients who were escaping domestic and family violence were most commonly recorded as needing assistance for domestic/family violence (74%). Apart from this, the most common need identified for these clients was short-term or emergency accommodation (needed by 43% of clients escaping domestic and family violence), material aid/brokerage (37%), transport (36%) and family/relationship assistance (34%) (Figure 5.15).

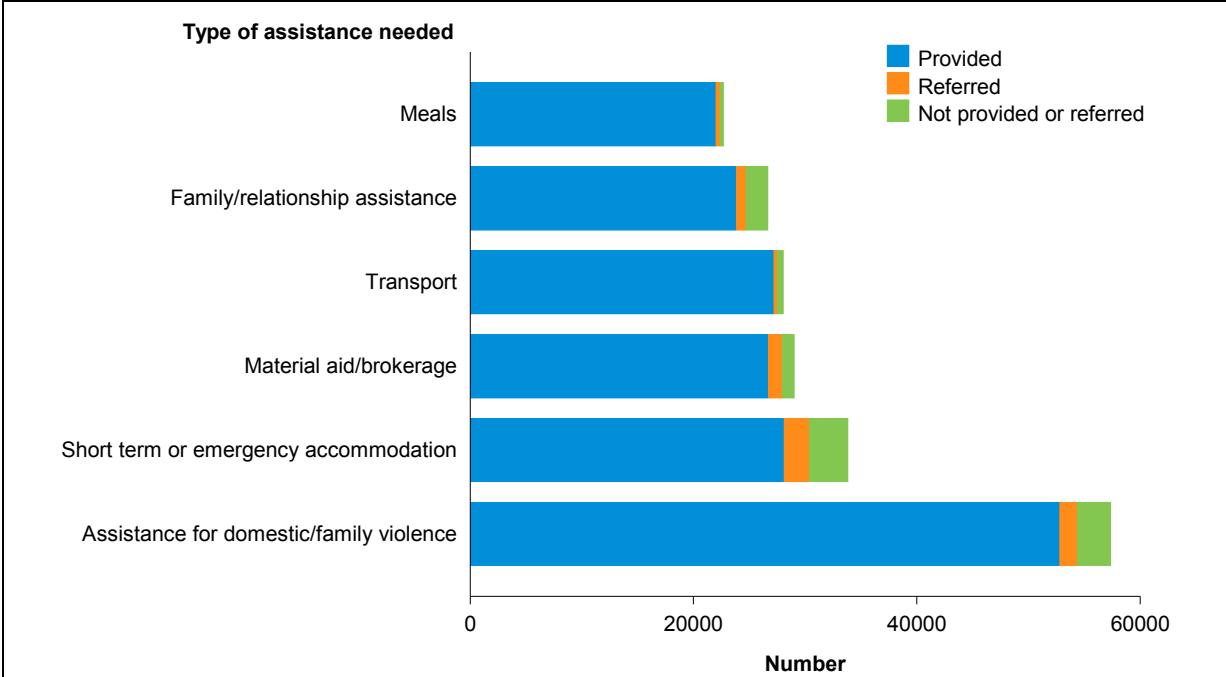
In relation to short-term or emergency accommodation, these clients were more likely than all clients to be identified as having this need (43%, compared with 37% of all clients) and also more likely than all clients to receive short-term accommodation – 83% of these clients who needed it, received it, compared with 70% of all clients).

For all general support and assistance needs and specialised service needs, clients escaping domestic and family violence were more likely to need each type of service (though the difference in the proportion of these clients needing the service and the proportion of all clients needing the service was often small).

Because most of the major needs for this client group are considered to be types of general assistance and support, these needs were generally well met by agencies. A high proportion of these clients who were identified as needing assistance for domestic and family violence received this assistance (92%).

Overall, clients who had experienced domestic and family violence were more likely than all clients to be accommodated (45% of this group were accommodated, compared with 36% of all clients), although their average length of accommodation was similar to the average for all clients.

Clients who were escaping domestic violence received, on average, 98 days of support. This was longer than the average length of support for all clients (84 days).



Source: Table S5.15.

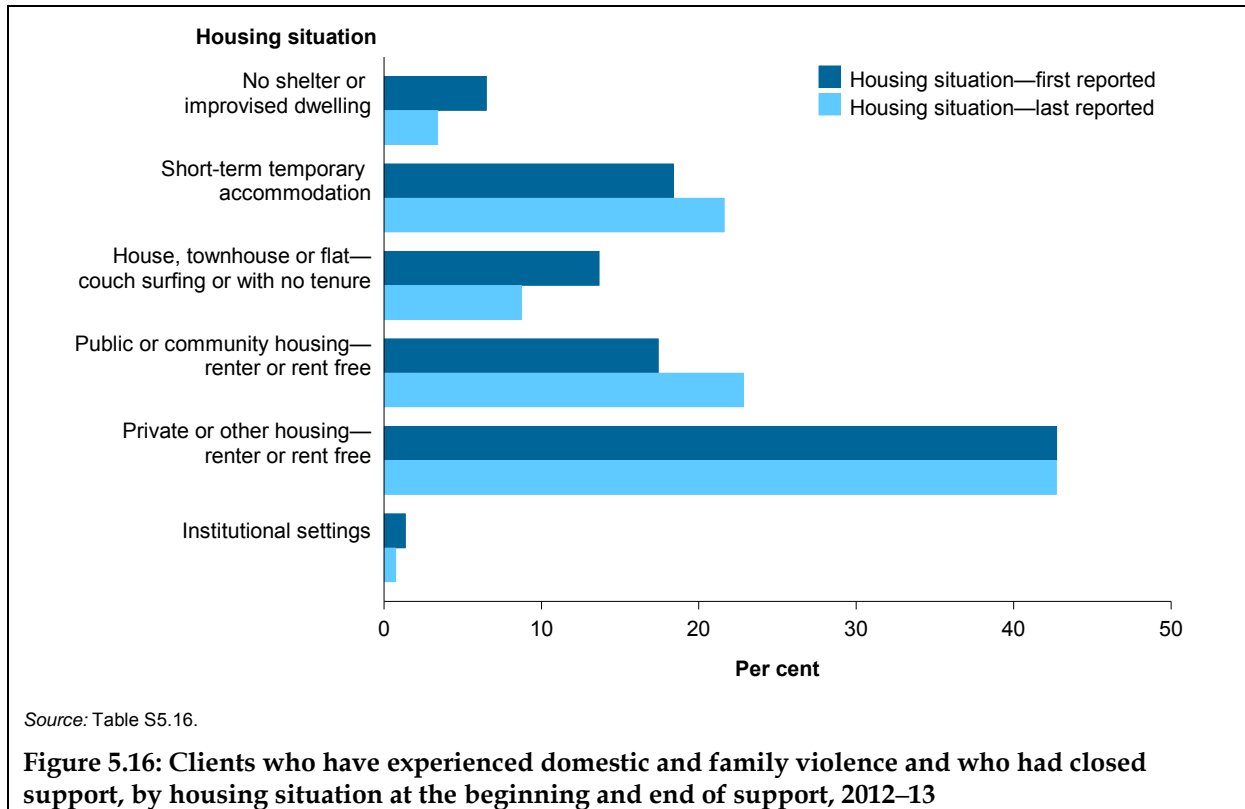
**Figure 5.15: Clients who have experienced domestic and family violence, by top 6 most needed services and service provision status (whether provided directly by the agency), 2012–13**

### Housing outcomes

For those with closed support, 39% of those escaping domestic and family violence were homeless at the beginning of support (6% with no shelter or in improvised dwelling, 18% in short-term temporary accommodation, and 14% ‘couch surfing’ or in some form of accommodation with no tenure). For those who were at risk (61%), 43% were in private or other housing (either as a renter or rent free), and 17% in public or community housing (either renting or rent free) (Figure 5.16).

At the end of support, the proportion of clients escaping domestic and family violence who were homeless had reduced to 34%, and those who were housed had increased to 66%. The proportion with no shelter or in improvised dwellings had decreased (to 3%), as did the proportion ‘couch surfing’ or with no tenure (to 9%). The proportion in short-term temporary accommodation increased to 22%.

For those who were housed at the end of support, there was an increase in the proportion of clients escaping domestic and family violence who were housed in public or community housing (as a renter or rent free) to 23% of these clients at the end of support. There was no change in the proportion of clients in this group who were housed in private or other housing (as a renter or rent free) which remained at 43%.



## Other findings

- Of those clients who had experienced domestic and family violence and who were aged over 15, 78% were receiving government payments, the most common of which were Parenting Payment (35%) and Newstart (18%). Fourteen per cent of this client group were receiving employee or other income as their major source of income, and 7% had no source of income.
- Of those clients who had experienced domestic and family violence and who were aged over 15, 51% were not in the labour force and 17% were employed.

## 5.5 Clients with a current mental health issue

Mental illness is recognised as one of the key factors contributing to homelessness, and can be both a cause and effect of homelessness. Mental health issues can result in unstable housing and contribute to difficulty maintaining stable employment, and likewise unstable housing arrangements can also lead to the development of mental health issues (Johnson & Chamberlain 2011).

In 2012–13, 20% of people who received assistance from a specialist homelessness agency were identified as having a current mental health issue (48,599 clients). Box 5.5 provides information on how clients with a current mental health issue were identified in the SHSC.

### Box 5.5: How we defined clients with a current mental health issue

A client was identified as having a current mental health issue if they provided any of the following information:

- They indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues or had in the last 12 months.
- Their formal referral source to the specialist homelessness agency was a mental health service.
- They reported 'mental health issues' as a reason for seeking assistance.
- Their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.
- They had been in a psychiatric hospital or unit in the last 12 months.
- At some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

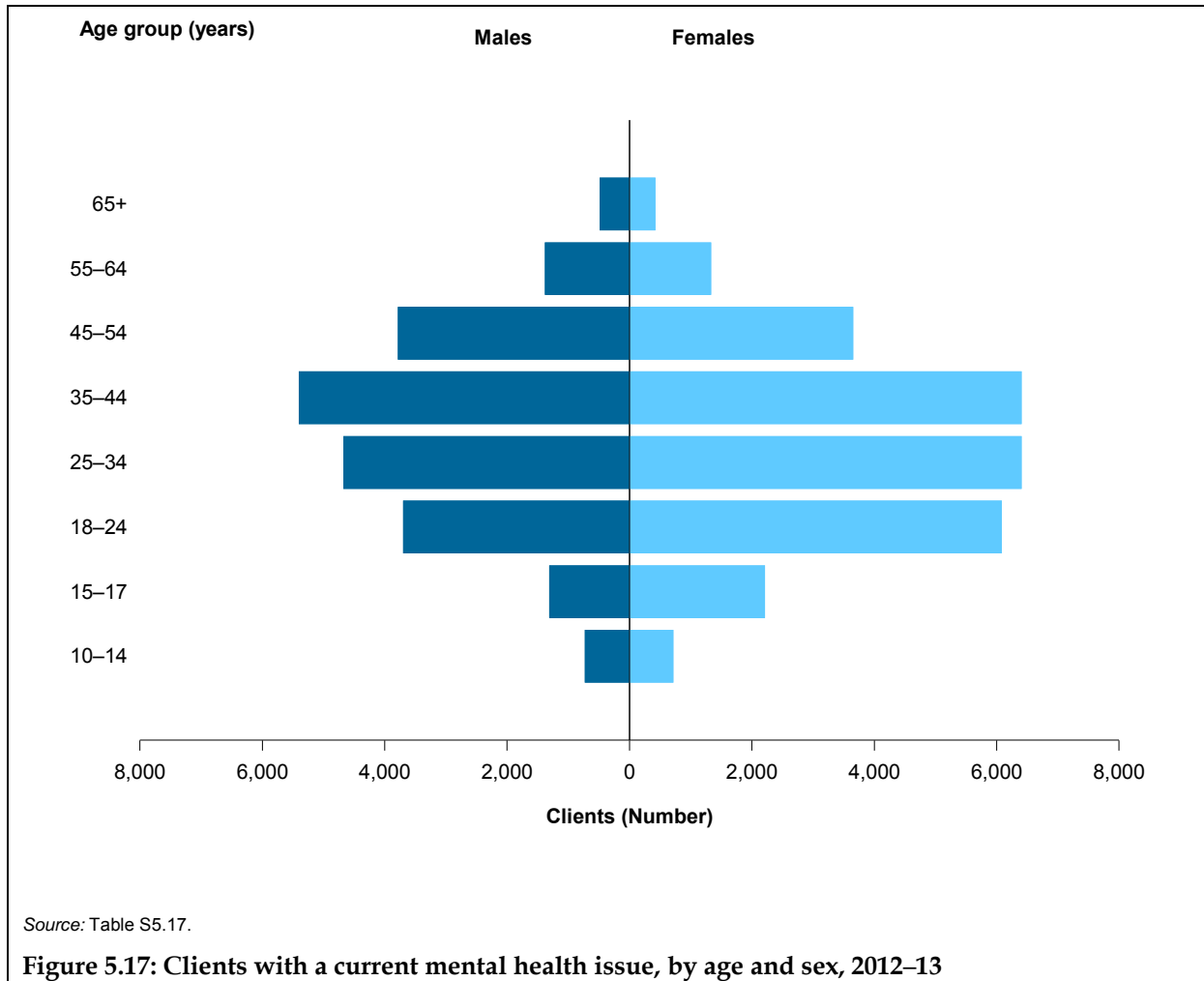
This analysis does not include clients aged under 10.

## Clients with a current mental health issue: at a glance

<b>Number of clients (and proportion of all clients)</b>	48,599 (20%)
<b>Presenting unit type</b>	85% presented alone 14% presented in a family group <1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Housing crisis (16%) Domestic and family violence (15%) Financial difficulties (12%) Inadequate or inappropriate dwelling conditions (12%)
<b>Housing situation at beginning of first support period (all clients)</b>	58% were homeless 42% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	48% (93 days)
<b>Proportion of client group who had a case management plan</b>	76%
<b>Number of support periods (and average number of support periods per client)</b>	115,949 (2.4)
<b>Average length of support (and median)</b>	128 days (73 days)

## Age and sex

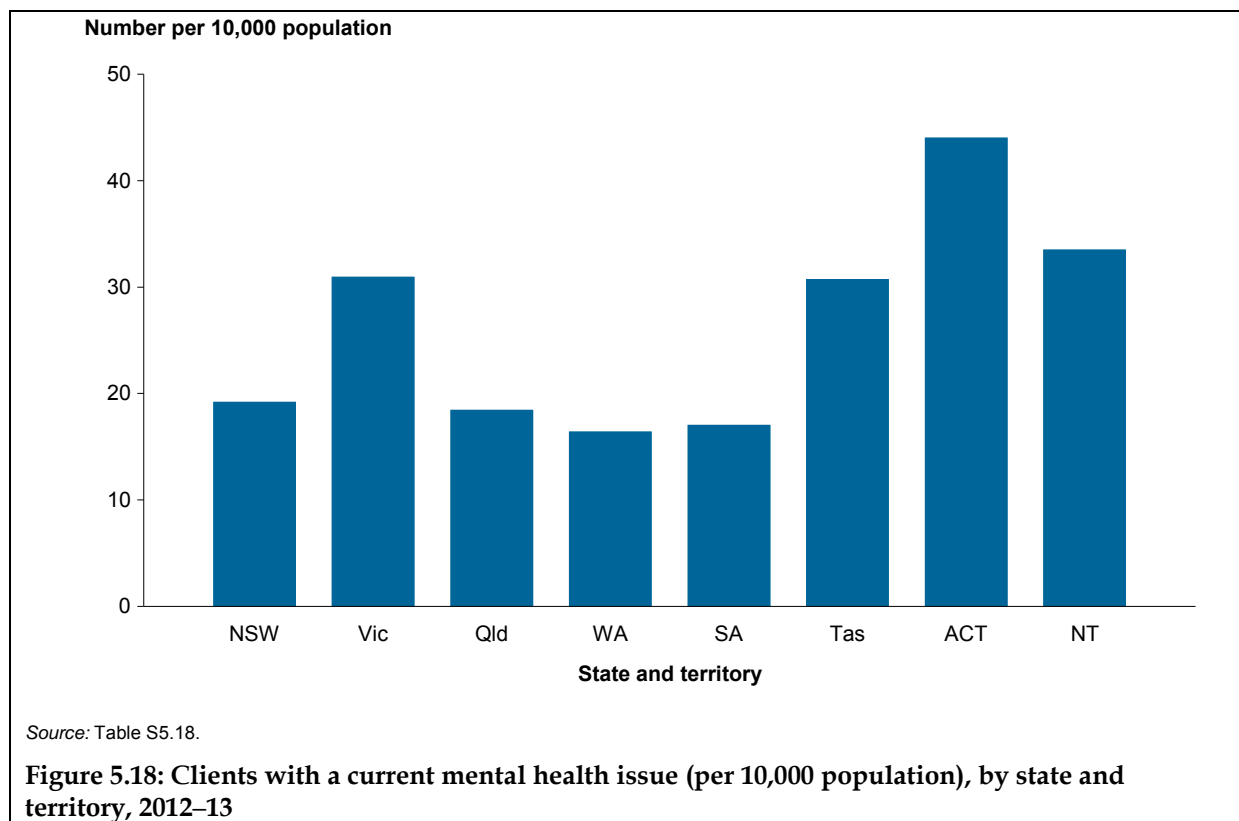
Similar to the broader SHSC population, the majority of clients with a current mental health issue were female (56%). Almost half of all clients with a current mental health issue were aged between 25 and 44 (47%). This was the case for both female and male clients (Figure 5.17).



## State and territory

About two-thirds (65%) of clients with a current mental health issue were supported by specialist homelessness agencies in Victoria and New South Wales (Table S5.18).

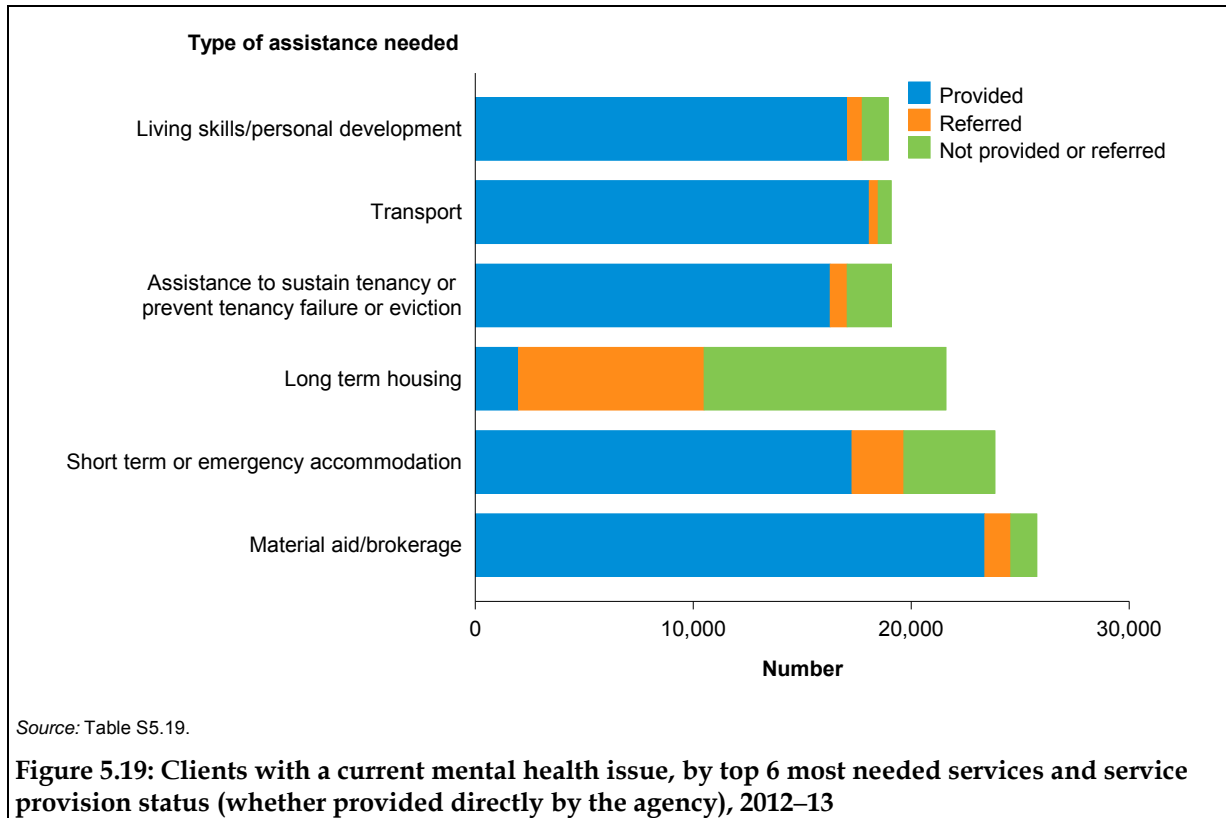
The Australian Capital Territory had the highest rate of clients with a current mental health issue – 44 per 10,000 people, followed by the Northern Territory (34 per 10,000) and Victoria and Tasmania (31 per 10,000) (Figure 5.18).



## Services needed and provided

Six per cent of clients with a current mental health issue identified ‘mental health issues’ as the main reason for seeking assistance, making this the sixth most common main reason for seeking assistance. However, when all presenting reasons for seeking assistance were considered, ‘mental health issues’ (53%) was the second most frequently reported reason (and only slightly less frequently reported than the most common reason, ‘financial difficulties’—54%).

Material aid/brokerage was the need most commonly identified for clients with a current mental health issue (53%). This was closely followed by accommodation needs—short-term or emergency accommodation (49%), long-term housing (44%) and assistance to sustain a tenancy or prevent tenancy failure or eviction (39%) (Figure 5.19).



Clients have been identified as having a current mental health issue, in part, if at some stage during their support a need was identified for psychological, psychiatric or mental health services. The need for mental health services were identified for 29% of these clients, psychological services for 18% and psychiatric services for 10%. This group of clients was also more commonly identified as requiring health/ medical services than is the case for the overall SHSC client population (29%, compared with 11%).

The need for these specialised services was unmet for some clients – 29% for psychiatric services, 28% for psychological services, 23% for mental health services and 13% for health/medical services.

## Housing outcomes

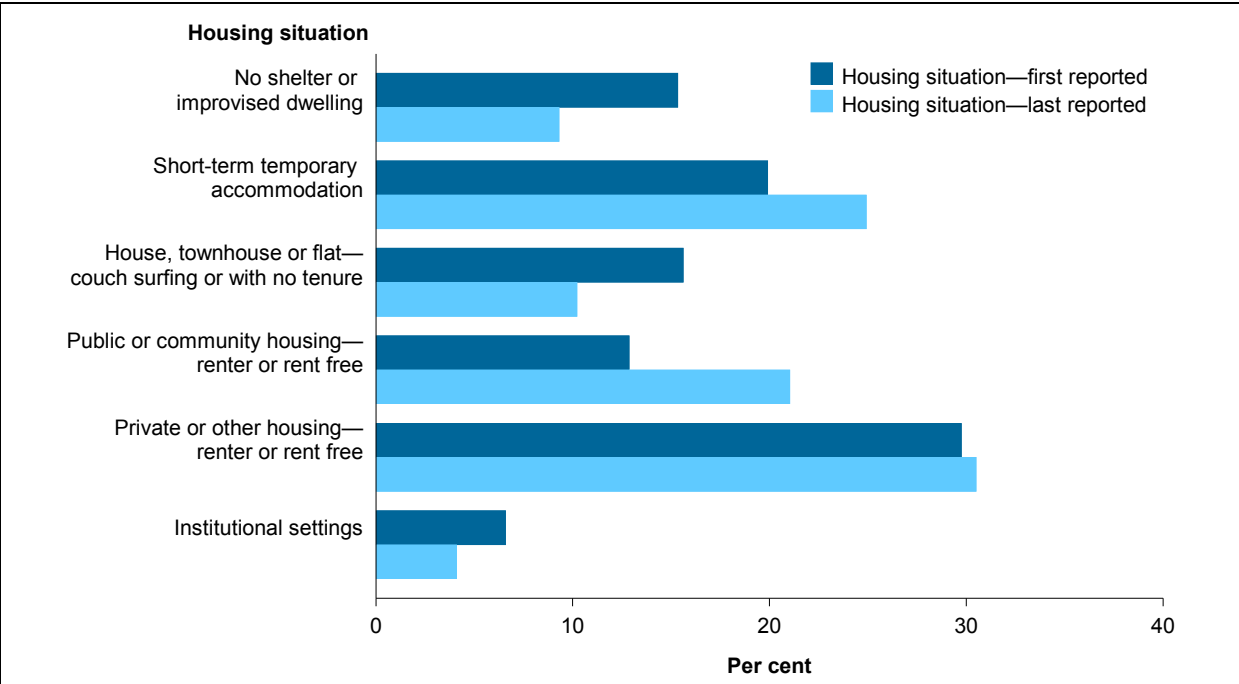
For clients who had a current mental health issue and who had closed support, there was a reduction in the proportion of homeless clients over the course of support. About half (51%) of clients with a current mental health issue were homeless when they first received assistance – at the end of support this had declined to 44%.

Fifteen per cent of clients had no shelter or were living in an improvised dwelling at the beginning of support, which reduced to 9% of clients with a mental health issue by the end of support. The proportion of these clients ‘couch surfing’ or living in housing without tenure also reduced—from 16% to 10%. The proportion of clients staying in short-term temporary accommodation increased from 20% to 25% (Figure 5.20).

Thirty per cent of clients with a current mental health issue owned or were renting private or other housing at the beginning of support; this proportion remained the same at the end of support (also 30%).



Of this client group, 13% were renting in public or community housing at the beginning of support. This had increased to 21% at the end of support. Seven per cent of clients were staying in an institutional setting at the beginning of support, which had reduced to 4% by the end of support.



Source: Table S5.20.

**Figure 5.20: Clients with a current mental health issue and who had closed support, by housing situation at the beginning and end of support, 2012–13**

**Other findings**

- About two-thirds (69%) of clients with a current mental health issue were supported by agencies located in *Major cities*.
- Clients with a current mental health issue were more likely than all clients to have presented alone to a specialist homelessness agency (85% of clients with a current mental health issue, compared with 71% of all clients). These clients were less likely to present as part of a single parent family (10% of all clients with a current mental health issue compared to 21% with all clients).
- Compared with all SHSC clients, clients with a current mental health issue were more likely to have longer periods of support. More than one-quarter (27%) received support in excess of 180 days (compared with 16% of all clients).
- Clients in this group were also more likely to receive accommodation, and were slightly more likely to be accommodated for longer periods, than all SHSC clients. About half (48%) received accommodation and of this group about one-fifth (19%) received over 180 nights of accommodation. Of all SHSC clients, 36% received accommodation and 16% received over 180 nights.
- A high proportion of this client group who were aged over 15 (88%), reported a government payment as their main source of income—32% were receiving the Disability

Support Pension, 26% were receiving Newstart and 15% were receiving Parenting Payment.

- For clients with a current mental health issue and who were aged 15 or over, 50% were not in the labour force, 43% were unemployed, and 8% employed (mostly part-time).

## 5.6 Clients leaving care

Clients leaving care settings, and particularly those who were in unstable accommodation before care, are vulnerable to homelessness. To a large extent, this increased risk arises from the characteristics and circumstances that led to the care (for example, mental health issues that result in hospitalisation in a psychiatric care facility). However, care settings also provide appropriate intervention points to direct people to services that provide wider support to people. The White Paper on homelessness set an objective of reducing exits into homelessness from care settings (Australian Government 2008).

In 2012–13, 5,542 clients (2%) of specialist homelessness services clients were identified as leaving care. Box 5.6 provides information about how clients who were leaving care settings were identified.

### Box 5.6: Clients leaving care

Clients are identified as leaving care if, in their first support period during the reporting period (either the week before or at the beginning of the support period):

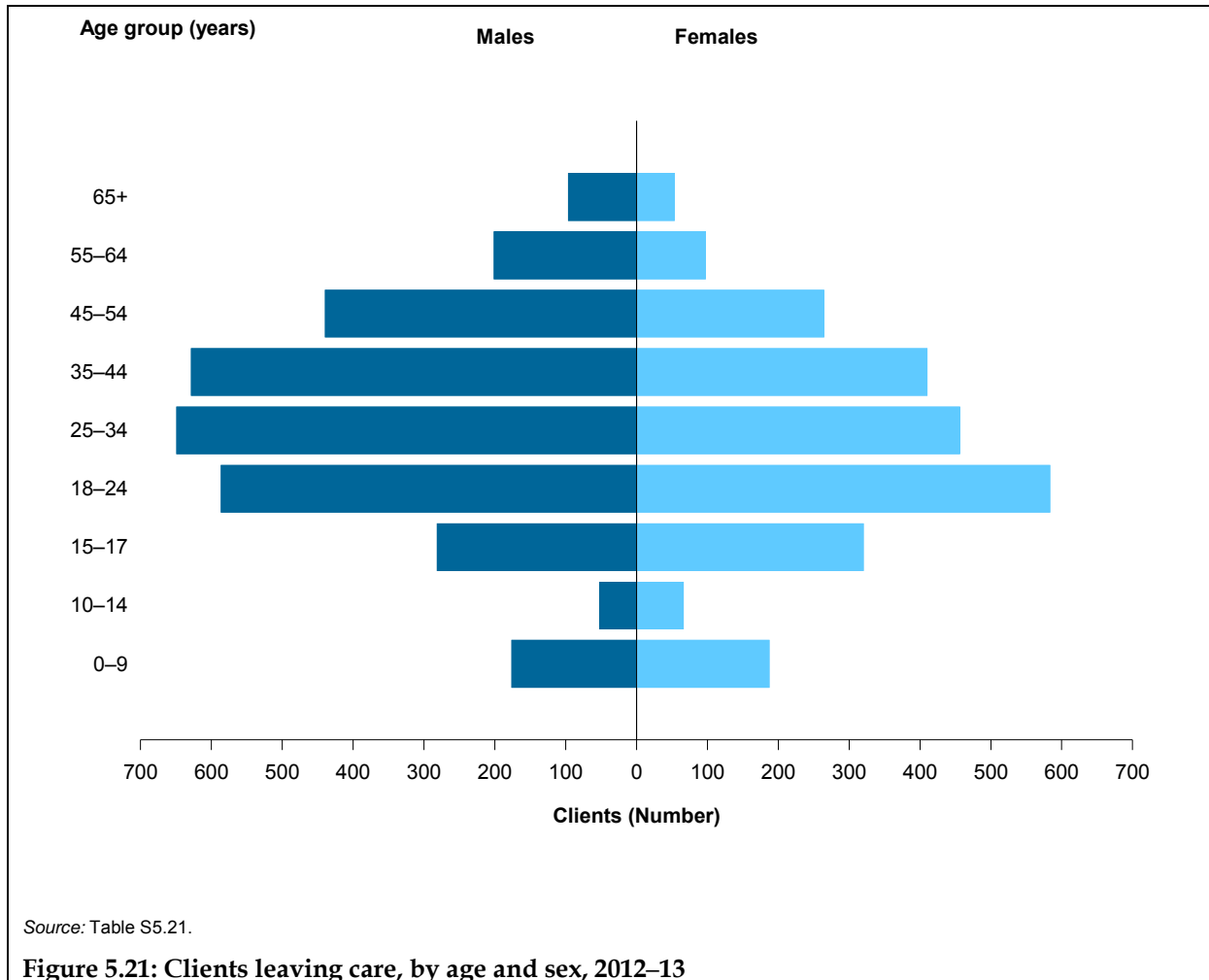
- their dwelling type was: hospital, psychiatric hospital or unit, disability support, rehabilitation, aged care facility, *or*
- their reason for seeking assistance was: transition from foster care/child safety residential, or transition from other care arrangements.

### Clients leaving care: at a glance

<b>Number of clients (and proportion of all clients)</b>	5,542 (2%)
<b>Presenting unit type</b>	91% presented alone 9% presented in a family group <1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Housing crisis (12%) Transition from other care arrangements (12%) Transition from foster care and child safety residential placements (10%)
<b>Housing situation at beginning of first support period (all clients)</b>	71% were homeless 29% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	57% (90 days)
<b>Proportion of client group who had a case management plan</b>	75%
<b>Number of support periods (and average number of support periods per client)</b>	10,207 (1.8)
<b>Average length of support</b>	122 days

## Age and sex

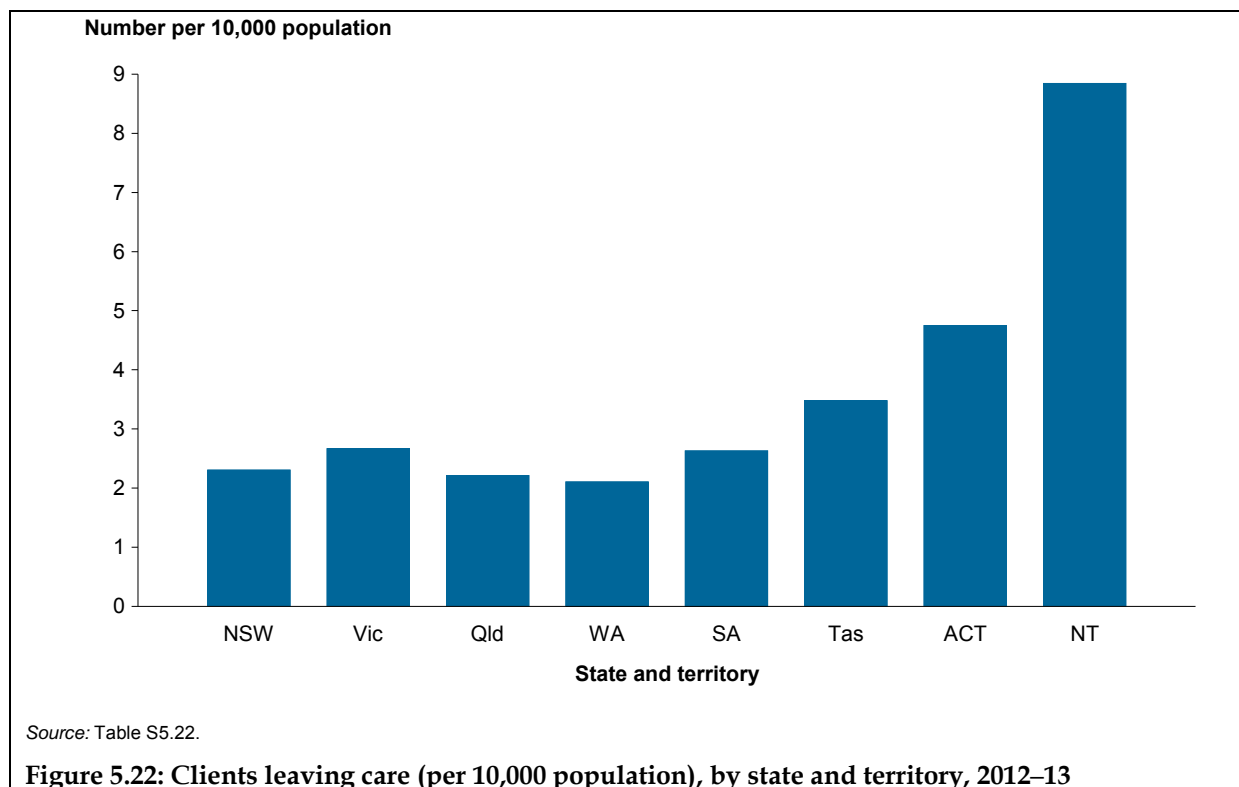
Of those identified as leaving care, most were male (56%) and 60% were aged 18–44. There were slightly more girls than boys in all age groups under 18 years, but in all older age groups the number of men exceeded that of women. This was particularly so in the age groups between 25 and 54 years – in these groups males comprised 60% of clients leaving care (Figure 5.21).



## State and territory

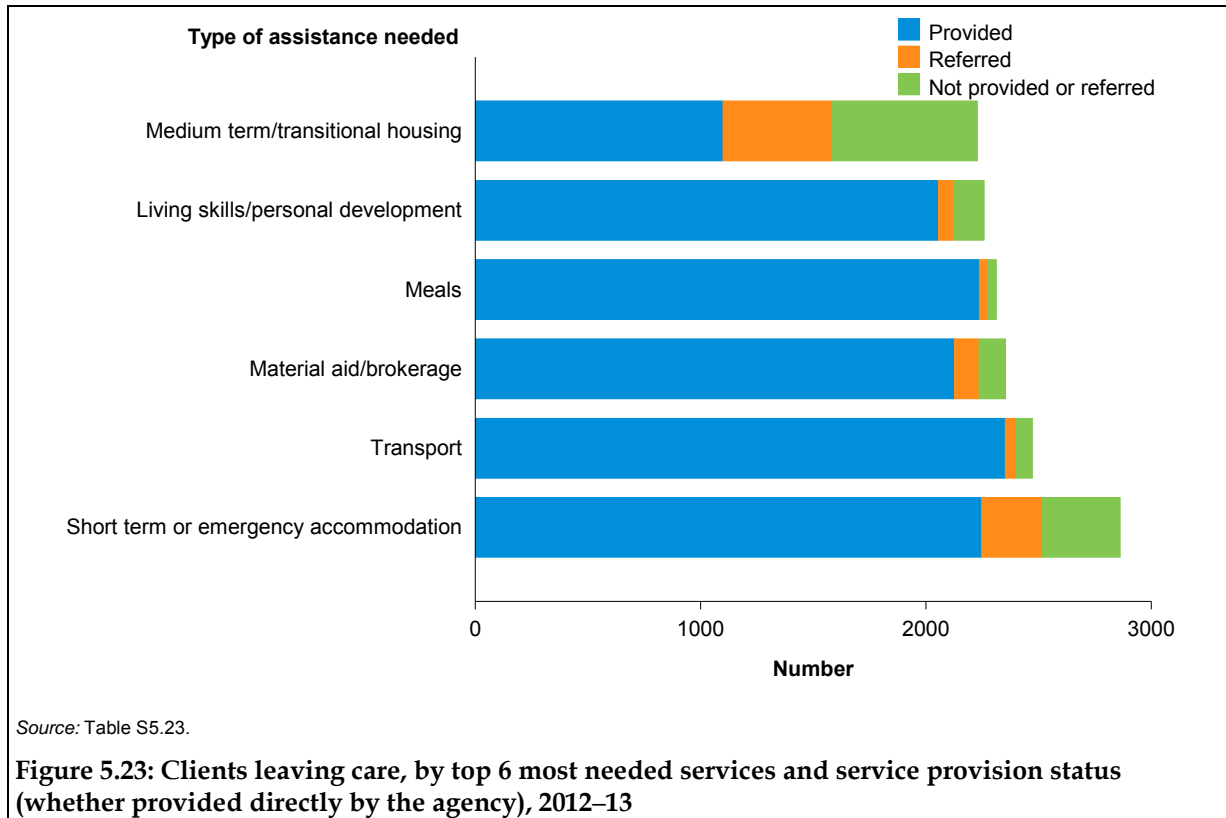
The highest numbers of clients identified as leaving care were in New South Wales, Victoria and Queensland (1,681, 1,501 and 1009 clients, respectively) (Table S5.22).

The Northern Territory had the highest rate of clients leaving care – 9 clients per 10,000 people. This was followed by the Australian Capital Territory (5 per 10,000) and Tasmania (4 per 10,000) (Figure 5.22).



## Services needed and provided

The services most commonly needed by clients exiting care were short-term or emergency accommodation (52%), transport (45%), material aid/brokerage (43%), meals (42%), living skills/personal development (41%) and medium-term housing (40%) (Figure 5.23). For the majority of clients exiting care, agencies were able to largely provide these most common needs, with the exception of long-term housing – each was provided for at least 79% of clients needing these services, except long-term housing assistance, which was only provided to 12% of this client group who needed it.



Although services needed by clients exiting care are relatively similar to the wider SHSC population, a greater proportion of clients exiting care needed transport (45%), material aid/brokerage (43%), assistance with living skills/personal development (41%), meals (42%), laundry/shower facilities (37%) and recreation (33%), compared with all clients (24%, 36%, 21%, 22%, 18% and 16%, respectively).

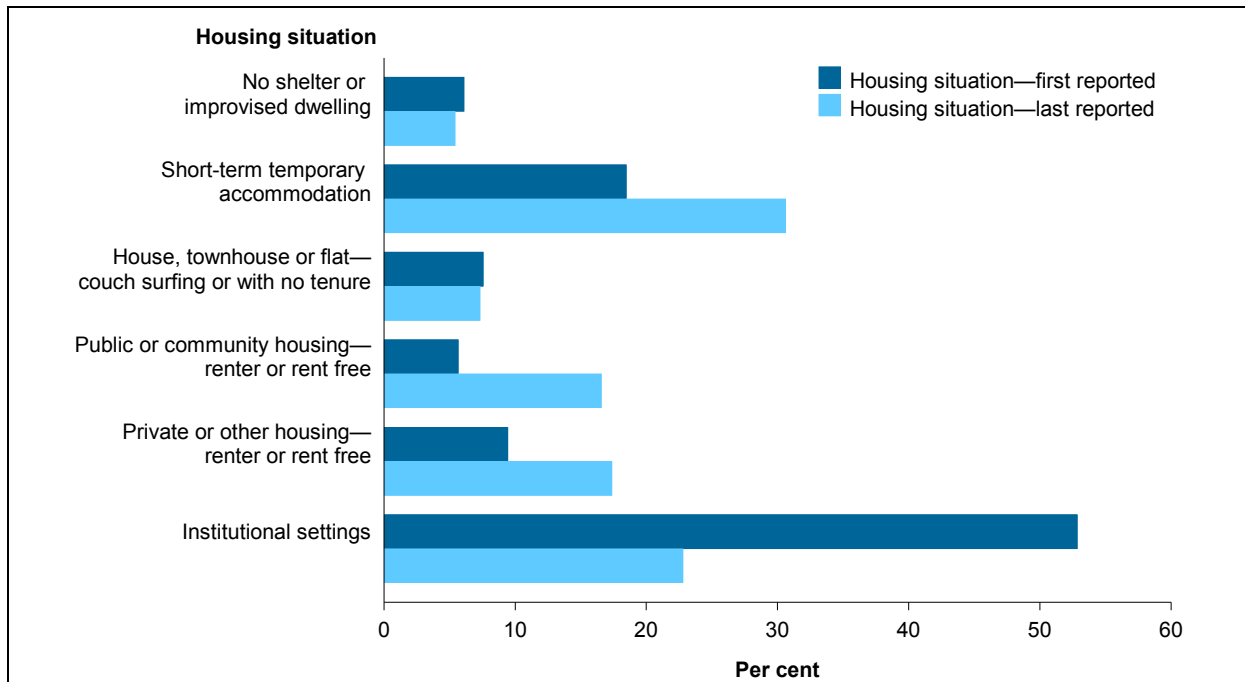
Over half (52%) of clients exiting care needed short-term or emergency accommodation, compared with 37% of all SHSC clients. Clients exiting care were also more likely to have this need met by the agency (short-term accommodation was provided to 77% of clients who were leaving care, compared with 70% of all SHSC clients).

## Housing outcomes

Over half (53%) of all clients exiting care who had closed support were living in institutional settings, and a further 15% were housed (9% in private housing and 6% in public or community housing). The high proportion of clients in institutional care at the beginning of their support period provides an indication of the extent to which transition planning is occurring for clients who are in care arrangements, but are expected to leave imminently. The remaining one-third of clients (32%) were homeless at the beginning of their support. The SHSC does not collect information on the extent to which transition planning may have happened for those clients who were already homeless when they first received assistance and who had recently left a care setting.

Overall, the proportion of clients who were leaving care who were homeless increased at the end of support (to 43%). This is largely related to the high proportion of these clients who were in institutional setting at the beginning of support (53%) which reduced to 23% following support (Figure 5.24). Overall, the proportion of clients living with no shelter or in an improvised dwelling reduced slightly (from 6% to 5%), as did the proportion who were

'couch surfing' or staying in accommodation with no tenure (from 8% to 7%). However, the proportion in short-term temporary accommodation increased (from 18% to 31%), as did the proportion in public or community housing (from 6% to 17%) and in private housing (9% to 17%).



Source: Table S5.24.

**Figure 5.24: Clients leaving care who had closed support, by housing situation at the beginning and end of support, 2012–13**

## Other findings

- Of clients who were exiting care and who were aged 15 or over, 88% were receiving a government payment as their main source of income – 31% were receiving Disability Support Pension and 29% were on Newstart.
- In terms of labour force participation, close to half (48%) of this client group aged 15 or over were not in the labour force and an additional 43% were unemployed.

## 5.7 Clients exiting custodial arrangements

People who exit custodial settings are recognised as being at increased risk of homelessness, and success in living independently and securing stable housing may also reduce the likelihood of reoffending (Australian Government 2008).

This section highlights findings in relation to clients who have recently exited custodial settings, including adult correctional facilities, youth justice detention centres and immigration detention centres.

Australia-wide, children under the age of 10 cannot be charged with a criminal offence. For those who are older, states and territories set age limits that specify who may be processed within the youth justice and the adult criminal justice systems. Generally, however, the upper age limit is 17 for treatment as a young person in all states and territories except

Queensland, where the upper limit is 16. There are also differing situations where people outside of the youth age limits are legitimately present in youth and juvenile detention centres (AIHW 2013a). Consequently, any age-based analysis of clients exiting custodial arrangements will not present a consistent picture for those aged 16–19.

In the 2012–13 reporting period, 6,399 clients (3% of all clients of specialist homelessness agencies) were identified as clients exiting from a custodial setting (see Box 5.7 for information on how these clients were identified).

#### **Box 5.7: How we identified clients who were exiting custodial arrangements**

Clients are counted as leaving a custodial setting if, in their first support period during the reporting period, either in the week before or at presentation:

- their dwelling type was: adult correctional facility, youth or juvenile justice detention centre, immigration detention centre, *or*
- their reason for seeking assistance was: transition from custodial arrangements, *or*
- their source of formal referral to the agency was: youth or juvenile justice detention centre, *or* adult correctional facility.

Some of these clients were still in custody at the time they began receiving support.

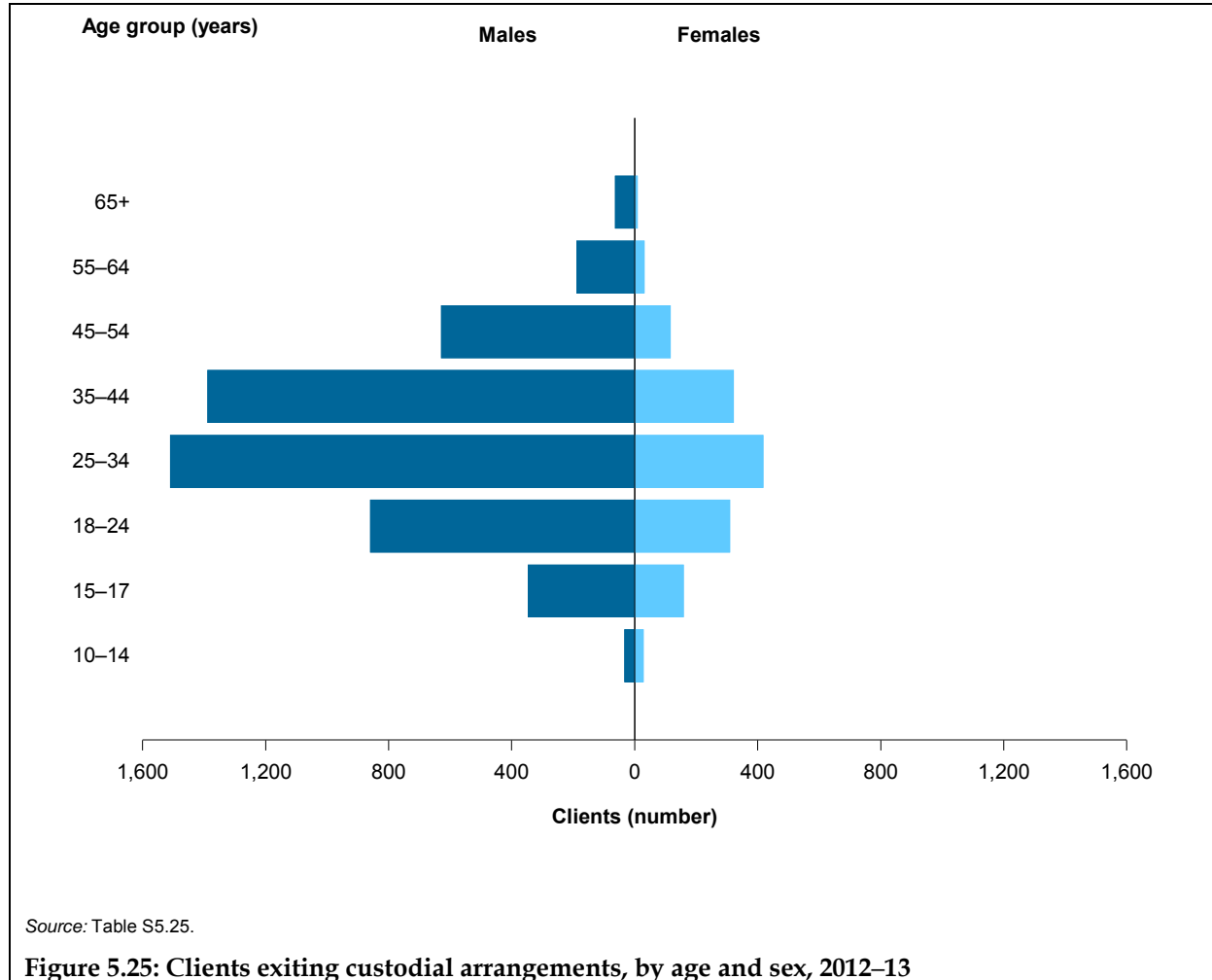
Children aged under 10 identified as exiting from adult correction facilities or youth/ juvenile justice detention centres have been excluded because of concerns about the quality of the data. Children aged under 10 transitioning from immigration detention centres have been retained in this group.

## **Clients exiting custodial arrangements: at a glance**

<b>Number of clients (and proportion of all clients)</b>	6,399 (3%)
<b>Presenting unit type</b>	96% presented alone 4% presented in a family group <1% presented in an 'other' group
<b>Main reasons for seeking assistance</b>	Transition from custodial arrangements (57%) Housing crisis (7%) Inadequate or inappropriate dwelling conditions (5%) Problematic drug or substance use (5%)
<b>Housing situation at beginning of first support period (all clients)</b>	85% were homeless 15% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	41% (68 days)
<b>Proportion of client group who had a case management plan</b>	63%
<b>Number of support periods (and average number of support periods per client)</b>	11,709 (1.8)
<b>Average length of support</b>	96 days

## Age and sex

Clients who had recently exited from custodial arrangements were mostly male (78%). The most common age group for both males and females was the 25–34 group (30% of both males and females exiting from custodial arrangements were in this age group) (Figure 5.25).

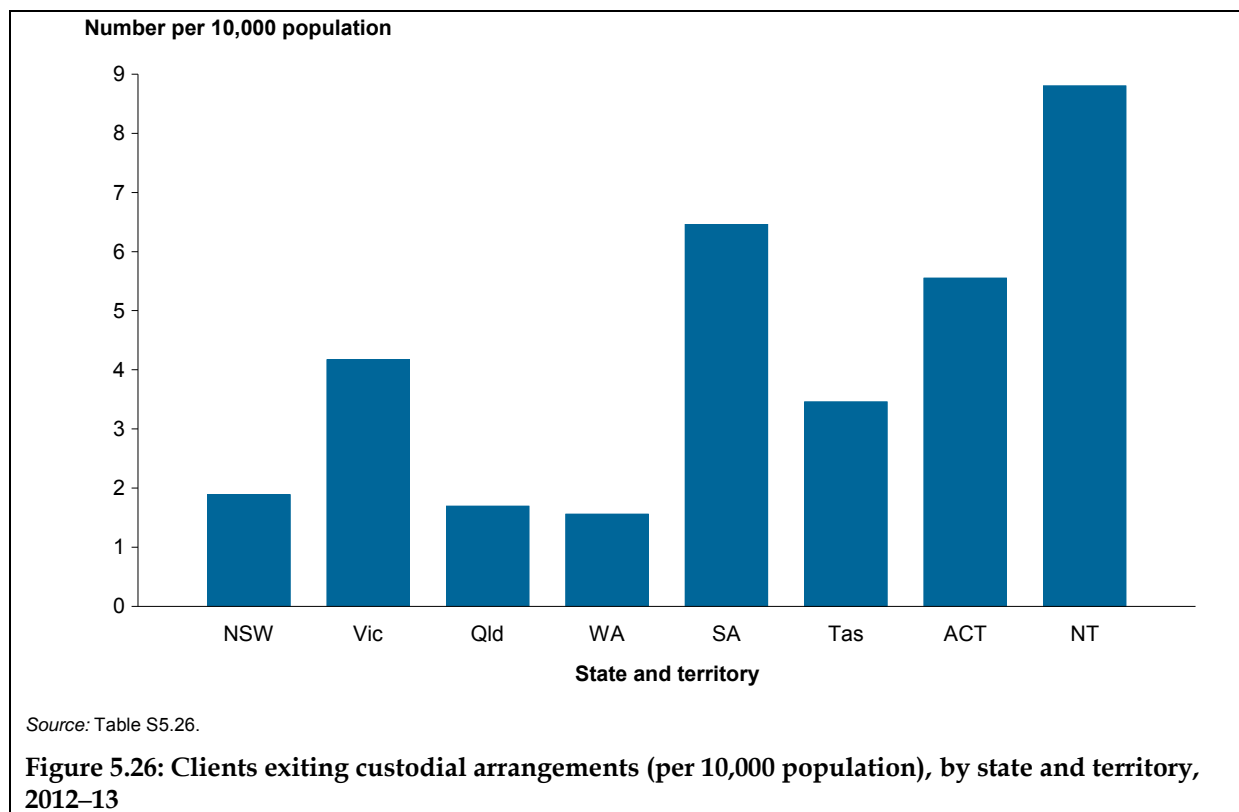


## State and territory

Across Australia, Victoria had the most clients who were identified as exiting from custodial arrangements (2,347), followed by New South Wales (1,375) and South Australia (1,070) (Table S5.26)

The Northern Territory had the highest rate of clients exiting from custodial arrangements – 9 clients per 10,000 people. South Australia had the next highest rate (7 per 10,000) followed by the Australian Capital Territory (6 per 10,000) (Figure 5.26).



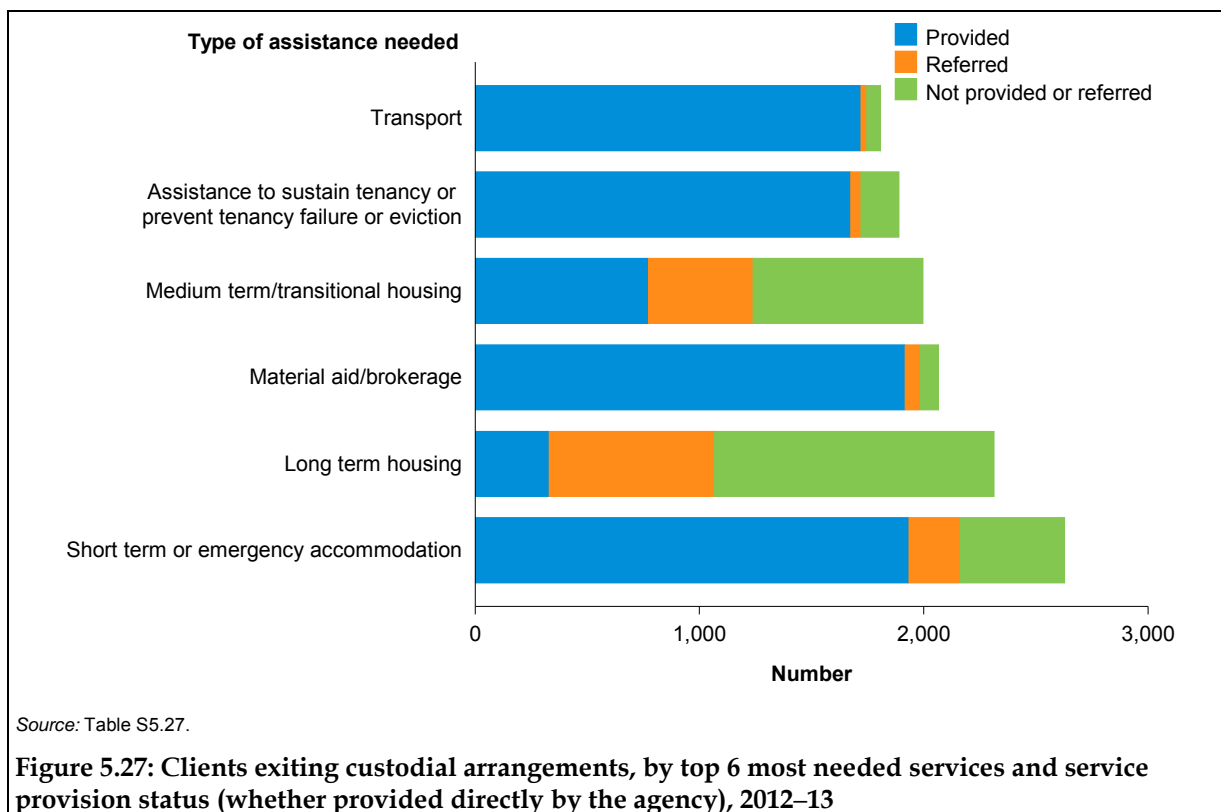


## Services needed and provided

The most commonly needed services requested by clients exiting custodial arrangements were largely related to housing. Short-term or emergency accommodation was most common (needed by 41%), followed by long-term housing (36%), material aid/brokerage (32%) and medium-term/transitional housing (31%) (Figure 5.27).

Compared with all SHSC clients, those exiting custodial settings reported a greater need for all types of accommodation. Their need for accommodation was most often met directly by the agency for short-term or emergency accommodation (74% of clients who needed this service), followed by medium-term / transitional housing (39% of clients) and long-term housing (14% of clients). When comparing this rate of accommodation provision with the wider SHSC client group, clients exiting custodial arrangements were more likely to receive short-term or emergency accommodation and long-term accommodation and less likely to receive medium-term/transitional housing (for all SHSC clients, short-term accommodation was provided for 70%, medium-term/transitional for 43% and long-term housing for 9%).

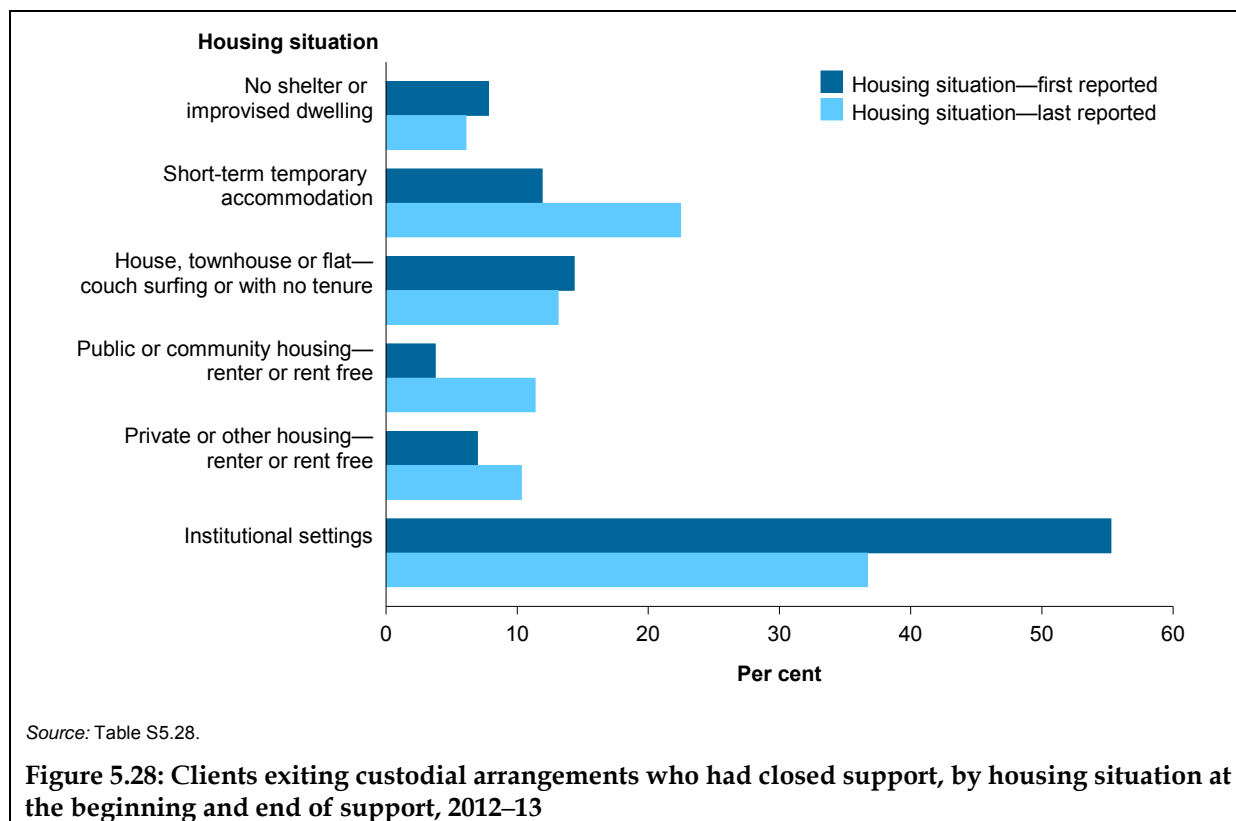
Other than accommodation and general support services, the assistance needed most by clients leaving custodial arrangements was assistance to sustain tenancy failure or eviction (30%), followed by drug/alcohol counselling (15%) and health/medical services (14%). Clients who were exiting custodial arrangements were over 3 times more likely to need drug/alcohol counselling compared with all SHSC clients (15% compared with 4%).



## Housing outcomes

Over half (55%) of all clients exiting custodial arrangements who had closed support were living in institutional settings at the beginning of support, but by the end of support this proportion had reduced to 37% (which may indicate that the client remained in a custodial setting at the end of support, or that they had returned to a custodial setting). Because of the relatively high proportion of clients in institutional settings at the beginning of support, the overall proportion of clients exiting custody who were homeless at the beginning of support was relatively low (34%) and had increased at the end of support (to 42% of clients exiting custody). This was largely due to an increase in the proportion of clients staying in short-term temporary accommodation (which applied to 12% of clients at the beginning of support and 22% of clients at the end of support). The proportion of clients who had no shelter or were living in an improvised dwelling declined slightly (from 8% to 6%), as did the proportion who were 'couch surfing' or had no tenure (from 14% to 13%) (Figure 5.28).

The proportion of clients who were exiting custodial arrangements who were living in public or community housing increased (from 4% to 11%), as did the proportion in private housing (from 7% to 10%).



## Other findings

- Clients exiting custodial arrangements were more likely to receive accommodation than the wider SHSC population (41% of clients compared with 36% of all SHSC clients). However, on average, they had fewer nights of accommodation (68 days) compared with all SHSC clients (81 days).
- A high proportion of clients who were exiting custodial arrangements had no source of income (29%). Among those receiving a government benefit, 34% were receiving Newstart and 15% were receiving Disability Support Pension.
- A high proportion of this client group were not in the labour force at the beginning of support (57%), which reflects the high proportion of this group who were in an institutional setting at the beginning of support. A further 40% were unemployed and 3% employed. Among the small number of clients in this group who had closed support and who needed employment assistance, the proportion not in the labour force did reduce to 25%, but the proportion who were unemployed remained high (56%).

## 5.8 Children on a care and protection order

Care and protection orders are legal orders or arrangements that place some responsibility for a child’s welfare with child protection departments. They are intended to provide support and assistance to children and young people to protect them from abuse, neglect and other harm, or where their parents are unable to provide adequate care or protection (AIHW 2013b).

Young people exiting the care and protection system may be not well equipped to live independently, and may lack support from social and family networks. They are particularly

vulnerable to experiencing homelessness and chronic housing instability, as many experience a volatile transition involving difficulty finding and maintaining suitable housing (see, for example, Johnson et al. (2010) in relation to out-of-home care).

Overall, an estimated 2,146 children who were on a care and protection order (CPO) received assistance from specialist homelessness agencies in 2012–13. See Box 5.8 for information on how these clients were identified.

**Box 5.8: How we define clients on a care and protection order**

Clients have been identified as being on a care and protection order if they were aged under 18 and, at any time in a support period that was active in 2012–13, the agency provided a valid response to the question, ‘If the client is under the age of 18 and has a care or protection order, what were their care arrangements?’ (either in relation to the client’s status a week before presenting or when presenting).

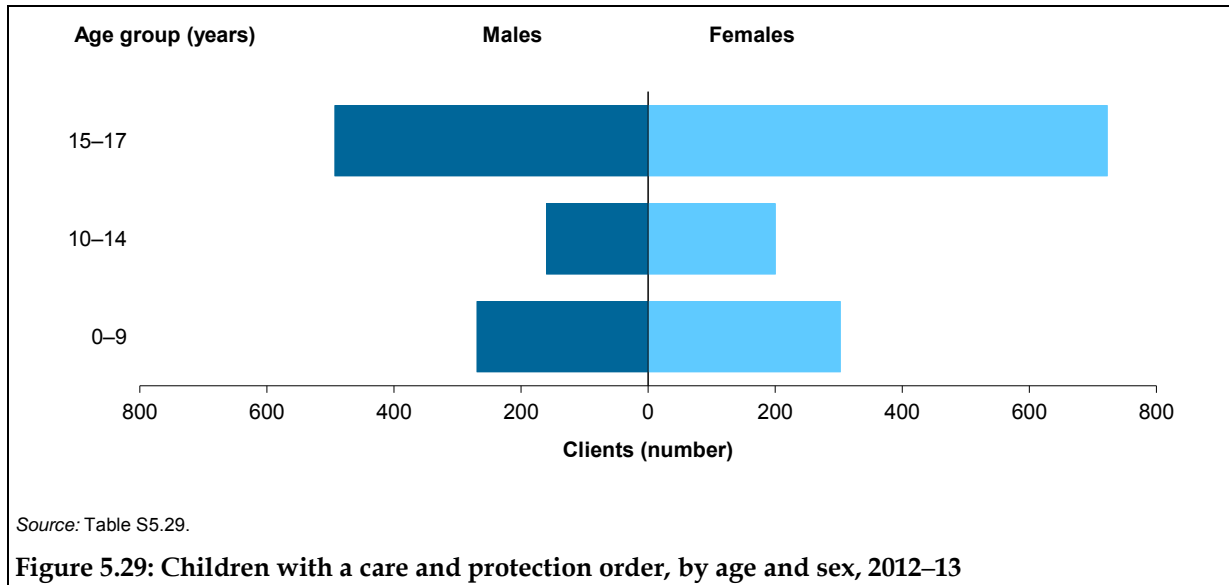
Clients who indicated their care arrangements were with their parents or in ‘other living arrangements’ have not been included in this analysis.

**Children on a care and protection order: at a glance**

<b>Number of clients (and proportion of all clients)</b>	2,146 (1%)
<b>Presenting unit type</b>	69% presented alone 30% presented in a family group 1% presented in an ‘other’ group
<b>Main reasons for seeking assistance</b>	Transition from foster care and child safety residential placements (13%) Relationship/family breakdown (13%) Domestic and family violence (12%)
<b>Housing situation at beginning of first support period (all clients)</b>	57% were homeless 43% were housed/at risk
<b>Proportion of client group who received accommodation (and average length of accommodation for those accommodated)</b>	52% (85 days)
<b>Proportion of client group who had a case management plan</b>	75%
<b>Number of support periods (and average number of support periods per client)</b>	3,283 (1.5)
<b>Average length of support</b>	114 days

**Age and sex**

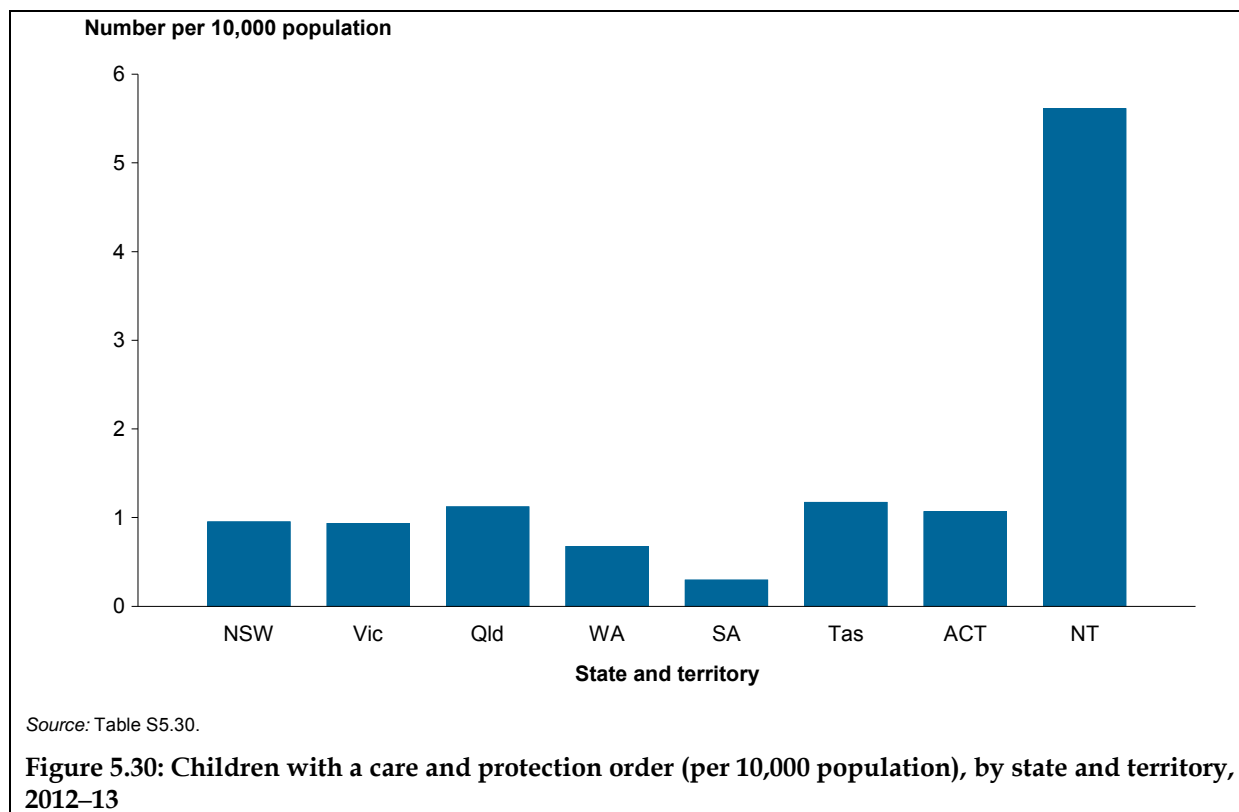
There were more female than male clients on a CPO in 2012–13 (57% and 43%, respectively). Over half of all clients on a CPO were aged 15–17 (57%), 17% were aged 10–14 and 27% were aged under 10 (Figure 5.29).



### State and territory

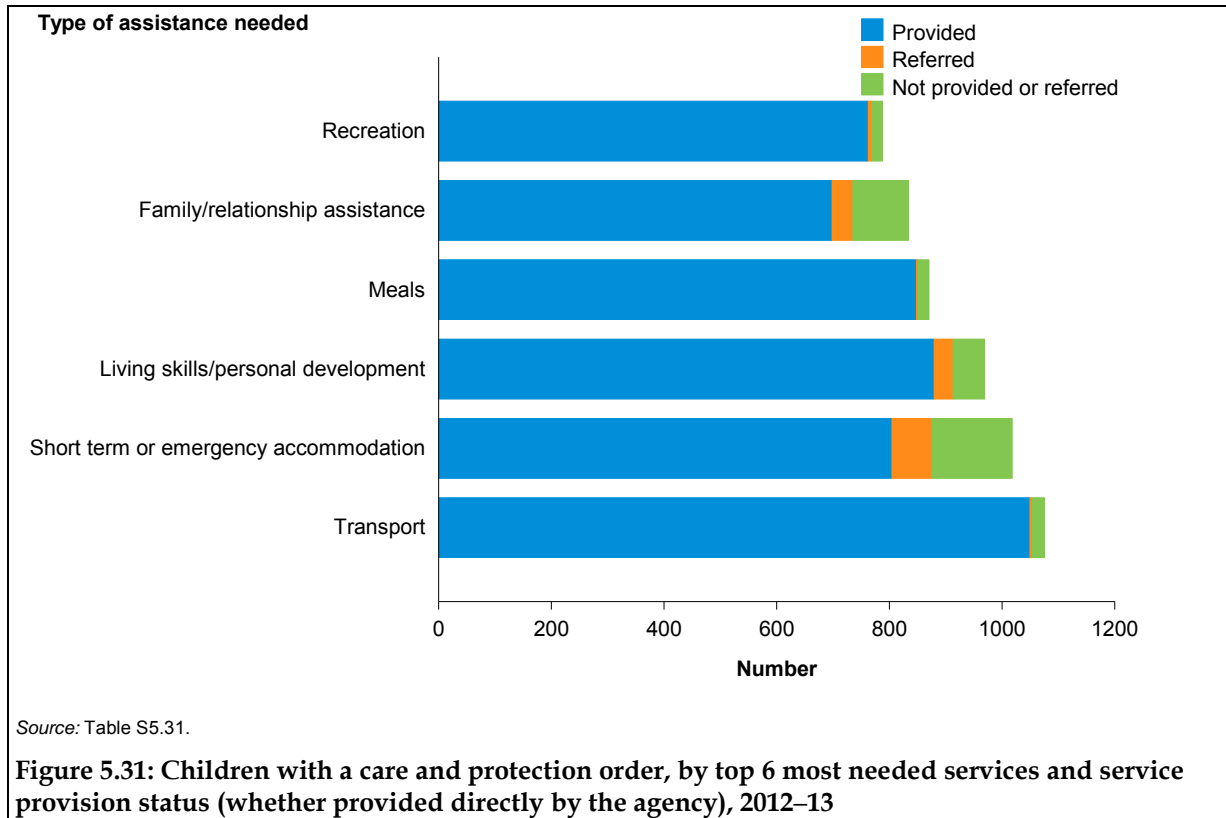
Across Australia, the more populated states of New South Wales, Victoria and Queensland had the most clients on a CPO (694, 525 and 512 clients respectively) (Table S5.29).

The Northern Territory had the highest rate of clients on a CPO – 6 per 10,000 people. The rate for other states and territories was about 1 per 10,000, except for South Australia, which had the lowest rate (0.3 per 10,000) (Figure 5.30).



## Services needed and provided

The services most commonly needed by clients on a CPO were transport (50%), short-term or emergency accommodation (48%), living skills/personal development (45%) and meals (41%) (Figure 5.31). For the majority of clients on a CPO, agencies were able to provide for these most common needs (each was provided for at least 79% of clients needing these services).



Although services needed by clients on a CPO are similar to the wider SHSC population, a greater proportion of CPO clients needed transport (50%), assistance with living skills/personal development (45%), meals (41%), family/relationship assistance (39%), recreation (37%) and education assistance (25%), compared with all clients (24%, 21%, 22%, 18%, 16% and 9%, respectively).

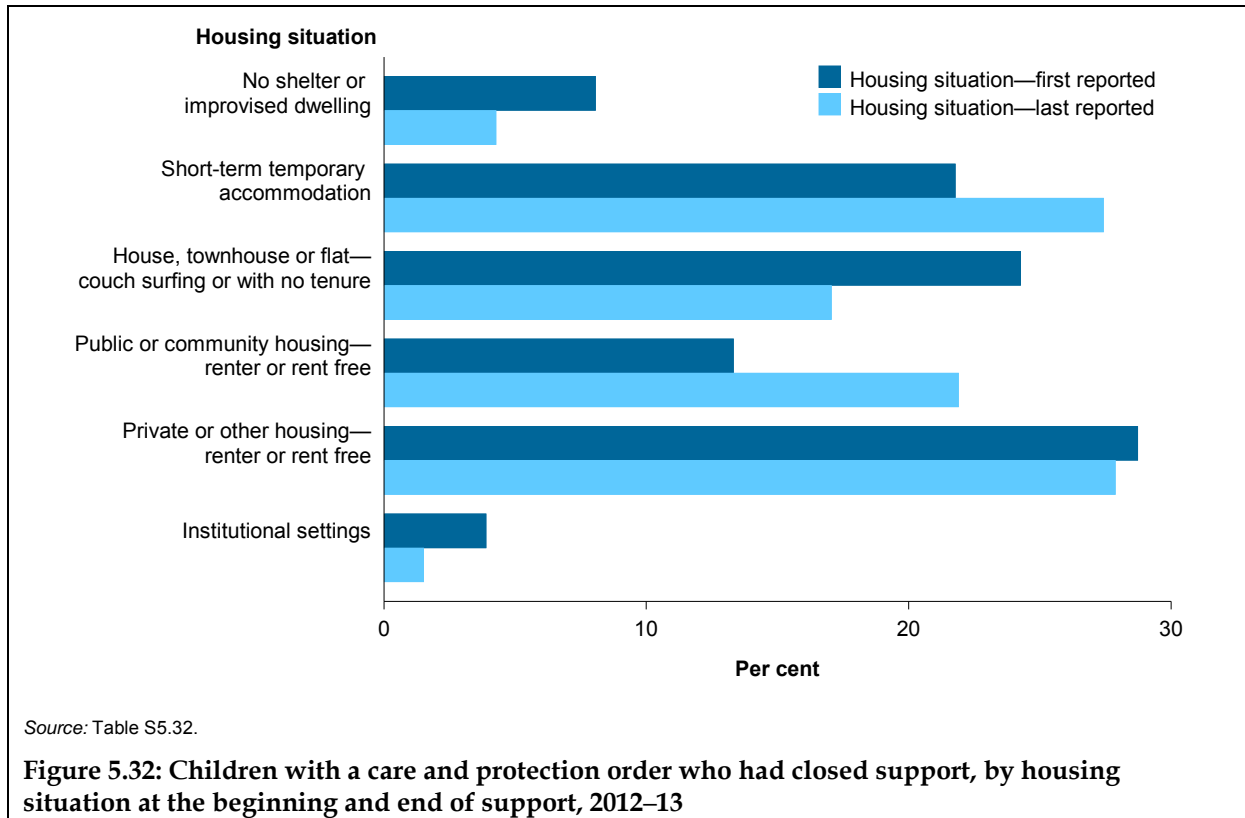
Almost half (48%) of all clients on a CPO needed short-term or emergency accommodation, compared with 37% of all SHSC clients. Clients on a CPO were also more likely to have this need met by the agency (short-term accommodation was provided to 79% of CPO clients who needed it, compared with 70% of all SHSC clients).

## Housing outcomes

At the beginning of support, the most common form of housing for clients on a CPO who had closed support was private housing (29%), which was followed by 'couch surfing' or staying with others with no tenure (24%), short-term temporary accommodation (22%), and public and community housing (13%).

At the end of support, private housing was still the most common situation (28% of clients on a CPO), but the proportion renting in public or community housing had increased (to 22%), as had the proportion in short-term temporary accommodation (to 27%). There was a reduction in the proportion of clients on a CPO who were 'couch surfing' or who had no tenure (to 17%) (Figure 5.32).

The proportion living with no shelter or in an improvised dwelling halved (from 8% to 4%). Overall, the proportion of clients in this client group who were homeless decreased from 54% at the beginning of support to 49% at the end of support.



## Other findings

- Of clients on a CPO, females were more likely than males to report their main reason for seeking assistance as ‘relationship/family breakdown’ (15% of females, 11% of males) and ‘domestic and family violence’ (13% of females, 9% of males).
- Twenty per cent of this client group were enrolled in education or training – 15% were enrolled in preschool, primary or secondary school.
- Over one-quarter of this client group who were aged 15 or over reported that they had no source of income at the beginning of support (26%). Close to half (46%) were receiving Youth Allowance and an additional 5% were awaiting government benefits.
- Nearly half of clients on a CPO who were aged 15 or over were not in the labour force at the beginning of their support (48%) and 39% were unemployed. Thirteen per cent were unemployed (10% part-time).



## 6 Unmet demand for specialist homelessness services

Specialist homelessness agencies in Australia provide a range of services to a large number of people every day. Each day, on average in 2012–13, there were 56,489 people who were being supported. However, agencies cannot always meet the requests for assistance they receive and, on average in 2012–13, 417 requests for assistance went unmet each day.

Information on unmet need is collected for people who seek services from specialist homelessness agencies but receive no assistance (unassisted requests for services) and for the clients who have had some, but not all, of their needs met. These data provide a picture of the level and type of unmet demand for specialist homelessness services.

### 6.1 Unassisted requests for assistance

An unassisted request for service occurs when a person is unable to be provided with any assistance by a specialist homelessness agency. There may be a number of reasons why an agency cannot meet a particular request. For example, a person may need a service that is not offered by a particular agency, or a person may seek a specialist service that requires trained staff who are not available at that time. In other cases, agencies may be operating at capacity and have no accommodation or insufficient staff available to meet a request.

Box 6.1 provides information on the way in which unassisted requests for services are measured in the SHSC.

#### **Box 6.1: How unassisted requests for services are measured**

Unassisted requests for services provide a measure of the number of *instances* where a request for services resulted in a person receiving no immediate services from a specialist homelessness agency. It is not a measure of the number of people who did not receive any services from an agency. Numbers exclude multiple requests from the same person (at any agency) on the same day, but may include requests from the same person (at any agency) on different days.

The data are presented as a daily average of requests for services because the information that is used to create the statistical linkage key (SLK) was not available for 55% of the unmet requests for service. Without a valid SLK it is not possible to identify whether a person requested the same service more than once from the same agency or from different agencies on different days. Similarly, people who received services at a later date, thus becoming clients, cannot be identified where a valid SLK is not available.

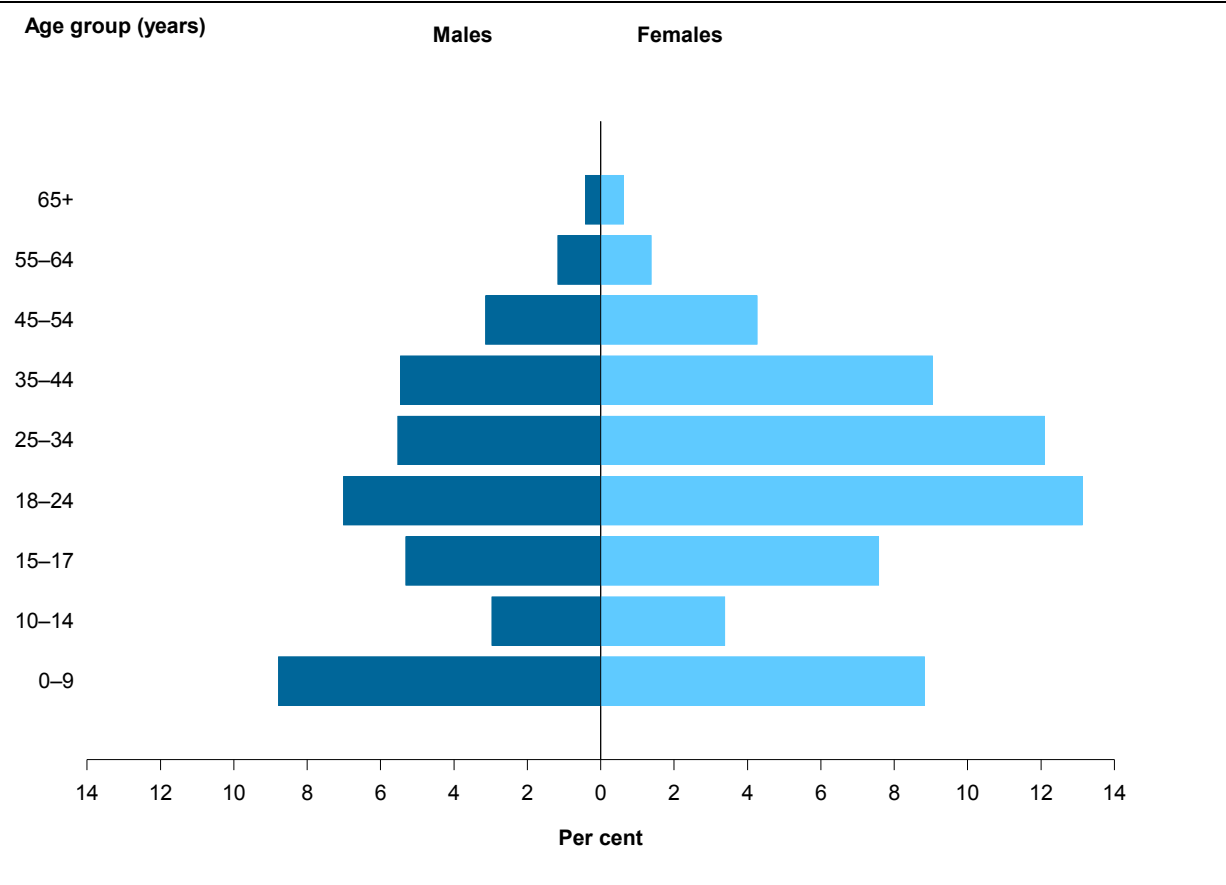
Analysis of how often a person made a request for assistance and how many people who sought assistance later became clients of specialist homelessness agencies can only be undertaken on requests where the SLK was completed fully (about half of all requests). Of these, on average, each person made 1.4 requests for services during 2012–13 and 14% later went on to become a client of a specialist homelessness agency and received services during the year.

### The number of unassisted requests for services

In 2012–13, there were an estimated 152,103 requests for service where an agency was not able to provide any assistance. This equates to an average of 417 requests for services per day that could not be met. On average, 257 daily unassisted requests (or 62% of all requests) were made by females, and 160 (38%) by males (Tables S6.1 and S6.2).

Compared to 2011–12 the average number of daily requests has risen by about 8%, from 385 daily requests in 2011–12 to 417 daily requests in 2012–13. The proportion of daily requests from females has also risen slightly from 2011–12, where 60% of requests were from females and 40% were from males (Tables R6.1 and R6.2).

Other than children aged 0–14, the highest proportion of unassisted requests for services for both males (18% of males) and females (22% of females) were from people aged between 18 and 24 (20% of all unassisted requests). There were more unassisted requests for assistance from females in every age group (Figure 6.1).



Source: Table S6.1.

**Figure 6.1: Proportion of unassisted requests, by sex and age group, 2012–13**

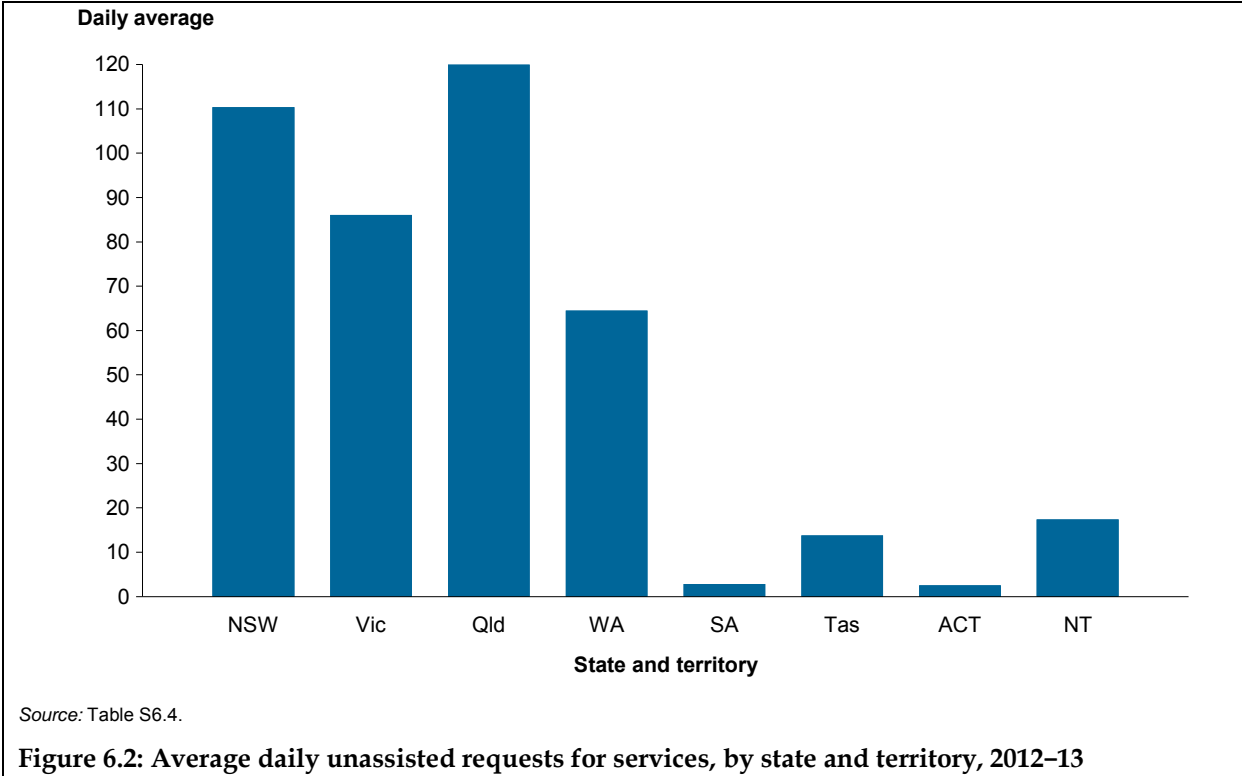
Most daily unassisted requests were from people presenting alone (70% of all requests), while people in family groups represented 30% of all requests (Table S6.3).

Requests from people in family groups were most commonly from single persons and their children (27% of all unassisted requests). Excluding children aged 0–14, the majority of requests from single persons with children were from females (75%), with most of these being aged 18–34 (47% of single females).

**Unassisted requests for services across states and territories**

There was a substantial difference across states and territories in the number of unassisted requests for services (Figure 6.2). The highest number of average daily unassisted requests for services was in Queensland (120 unassisted requests, on average, per day), followed by New South Wales (110 requests) and Victoria (86 requests). The lowest numbers of average daily requests for assistance were seen in the Australian Capital Territory (2 requests) and South Australia (3 requests).

In part, this variation across states and territories is due to the different service models and approaches that exist in different jurisdictions. For example, Victoria and Australian Capital Territory have central intake models, whereby identified agencies take responsibility for initial assessment and referral of clients to appropriate agencies that may have capacity to provide support. South Australia's integrated sector support model operates on a similar basis, where all agencies act as 'gateways' for client referral to appropriate support, and client pathways from intake and assessment to case plan may involve different agencies. Additionally, the collection methodology used by South Australia for recording service needs is not fully compatible with the SHSC counting methodology, resulting in unmet needs being undercounted. This means that data for unassisted requests for services from these states/territories are not directly comparable with other states and territories.

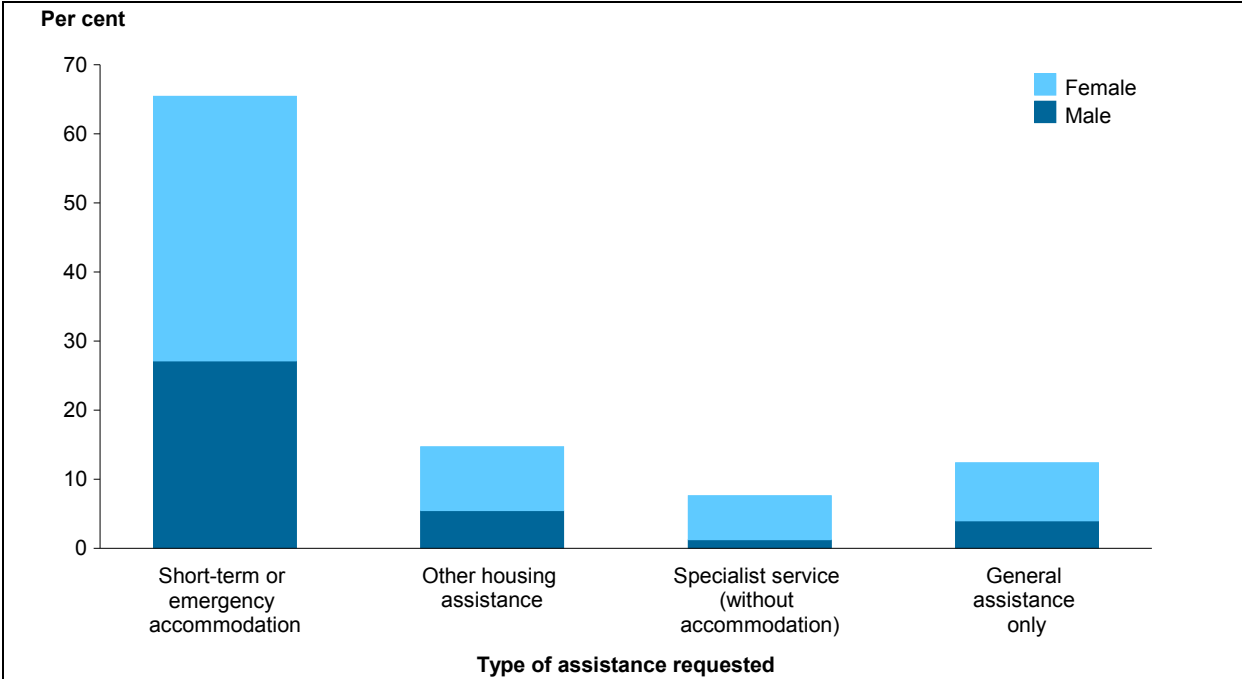


Compared to 2011-12, the number of daily requests has risen in Victoria, Northern Territory and Western Australia (which increased by 24, 7 and 6 daily requests respectively) while there were small reductions in New South Wales and Tasmania in the number of daily requests for assistance (4 and 3 requests respectively) (Table R6.3).

**What services were requested?**

Overall, 80% of average daily unassisted requests included a need for some type of accommodation support, either short-term/emergency accommodation or other type of

housing assistance. Daily requests that included a need for short-term or emergency accommodation represented 65% of all the unassisted daily requests (Figure 6.3). Daily requests for other types of housing or accommodation support represented 15% of all requests.

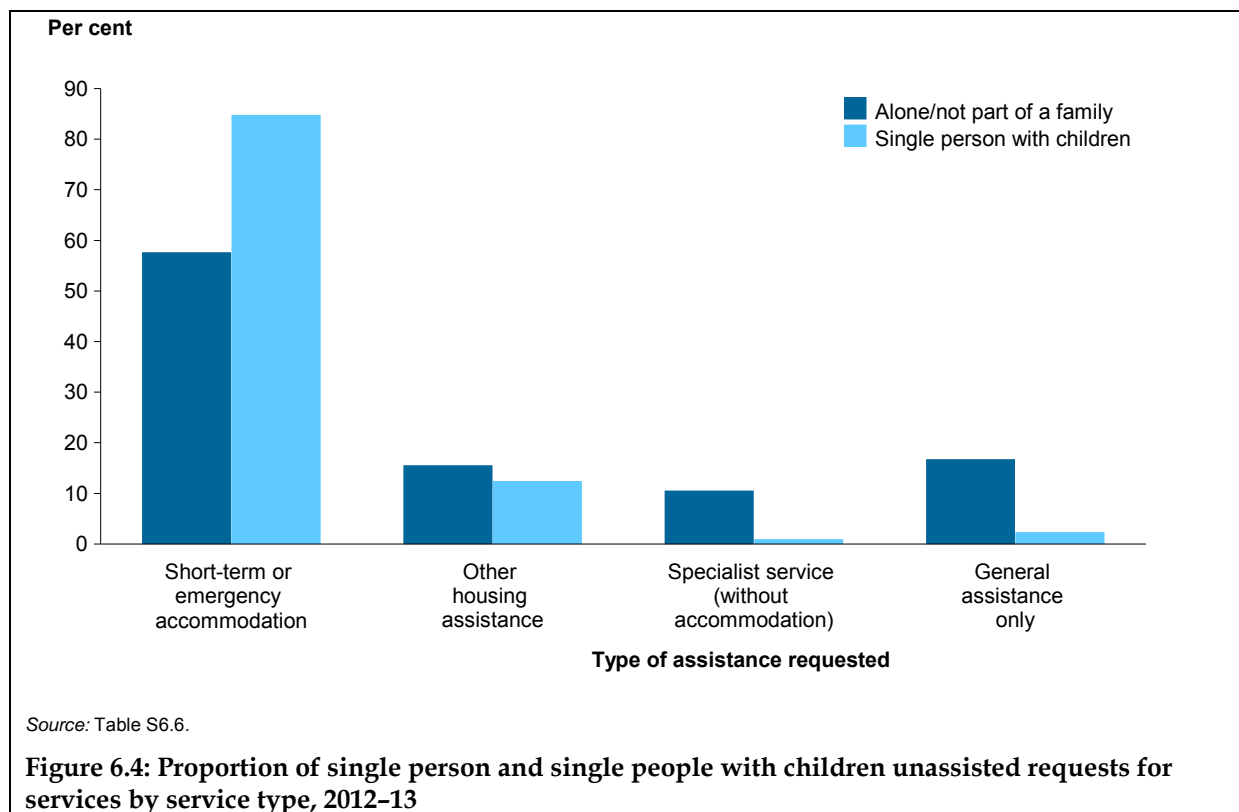


Source: Table S6.5.

**Figure 6.3: Services requested as proportion of daily unassisted requests, by sex, 2012-13**

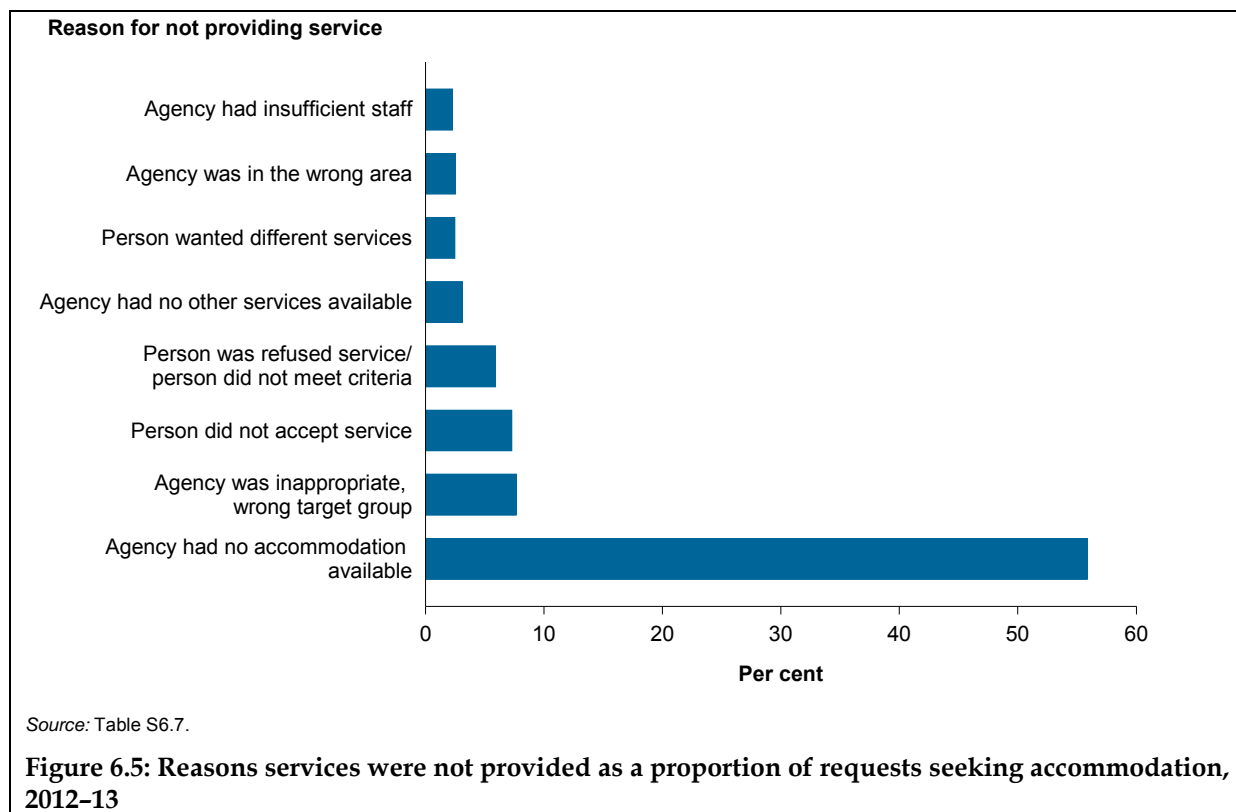
Females made more unassisted requests for accommodation: 59% of short-term or emergency accommodation requests and 63% of requests for other accommodation. Both males and females had a similar pattern of requests for services. Seventy-two per cent of males and 61% of females requested short-term or emergency accommodation and 15% of females and 14% of males requested some form of other housing assistance.

Ninety-seven per cent of unassisted requests for services from single persons and their children included a need for accommodation, compared with 73% of requests from sole persons (Figure 6.4). Sole persons were more likely than single people and their children to request specialised services or generalised assistance without accommodation.



### Reasons for not providing accommodation

Most commonly, agencies reported that they could not meet requests for accommodation because there was no accommodation available at the time of the request (56% of unmet requests for accommodation) (Figure 6.5).



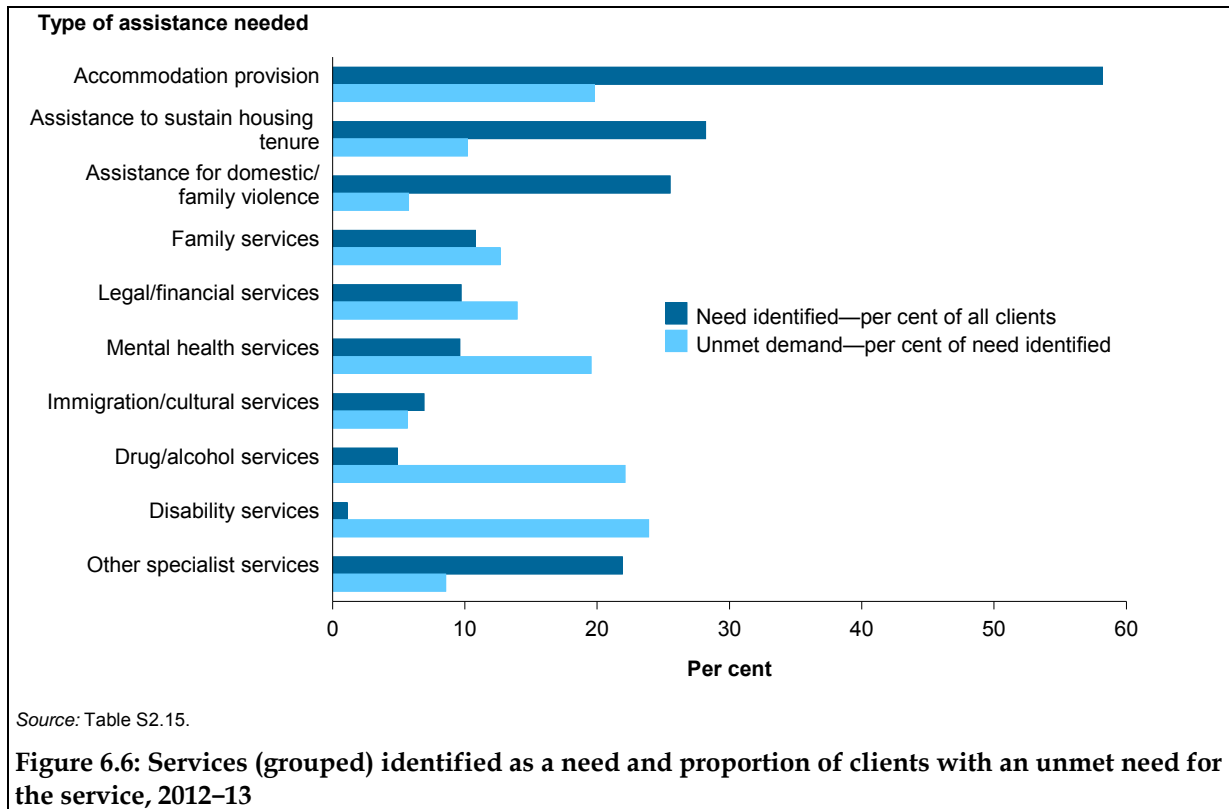
## 6.2 Unmet need for services

Clients receiving support from specialist homelessness services often identify a wide range of needs for which they required assistance. On average, in 2012–13, each client had about 10 different needs identified during their support period. For some needs (such as material aid/brokerage or meals), it can be difficult to assess the degree to which they have been met because the client may need these services more than once during their support period. In this analysis each client need and the services to meet that need is only identified once in each support period.

Some services were required by a significant proportion of clients and many of these services were able to be met directly by agencies for most clients. For example, advocacy/liaison on behalf of the client and material brokerage were required by 53% and 36% of all clients, respectively, and these services were provided or referred in 98% and 95% of cases.

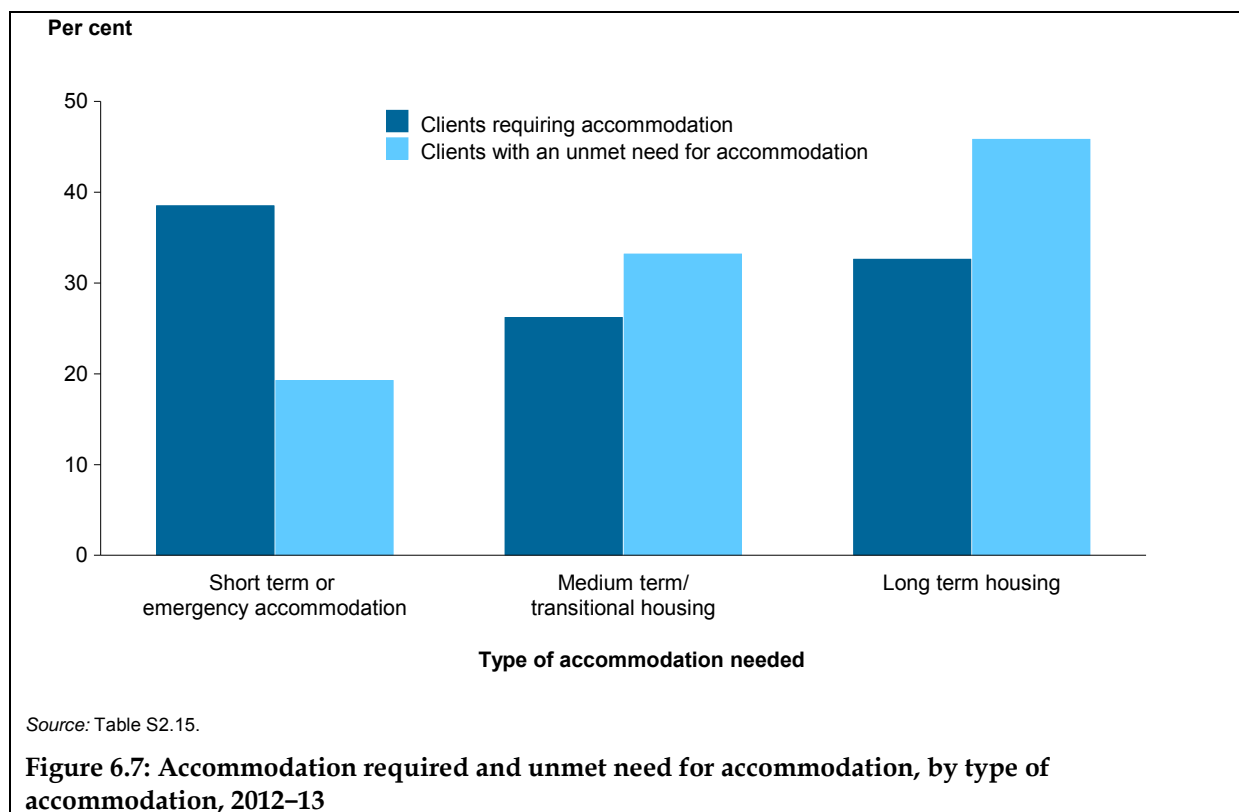
Other services were required by relatively small proportions of clients, but a significant proportion of those clients were unable to have their need met. For example, counselling for problem gambling and intellectual disability services were required by less than 1% of all clients, but more than 25% of clients requiring these services had unmet need at the end of support. Such services tend to be more specialised, therefore requiring special skills or qualifications.

Figure 6.6 shows the level of need for broad groups of services and the proportion of unmet need for those service groups.



The highest identified need among all clients was for the provision of accommodation. In 2012–13, 57% of all clients needed at least 1 type of accommodation service. Short-term or emergency accommodation was the most commonly needed—by 37% of clients. Medium-term or transitional housing was required by 26% and long-term housing by 32% of all clients.

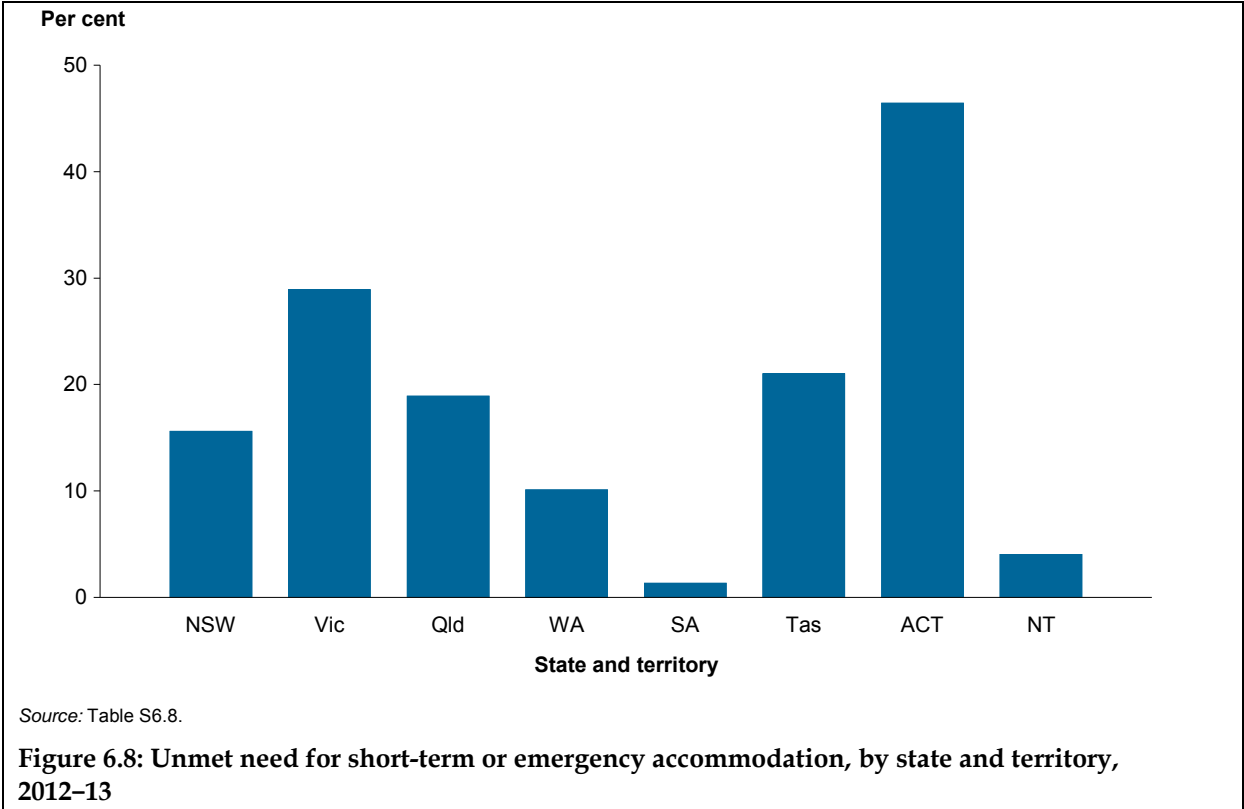
In terms of unmet needs for accommodation, short-term accommodation had the lowest unmet need, with 20% of clients requiring short-term accommodation not receiving it. Medium-term accommodation was not provided to 36% of clients who needed it, and long-term accommodation was not provided to 55% of those needing it (Figure 6.7). However, clients often needed more than 1 type of accommodation—overall, 22% of clients who required some type of accommodation were not provided with any accommodation.



The rates of unmet need for accommodation varied across states and territories. The Australian Capital Territory had the highest rate of unmet need for short-term accommodation (46%), followed by Victoria (29%). South Australia had the lowest rate of unmet need for short-term accommodation (1%) (Figure 6.8).

The rates of unmet need for accommodation for clients in Victoria and Australian Capital Territory are likely to be reflective of the central intake service model used in these jurisdictions. In the central intake service model Victoria and Australian Capital Territory have fewer unassisted requests for service (Figure 6.2) because more people are taken on as clients. The low rate of unmet need for accommodation in South Australia as reflected in the data is likely to be the result of identified needs not being recorded in a manner consistent with the SHSC counting methodology. The data therefore cannot be interpreted to conclude that South Australia has very low level of unmet needs.





# Appendix A

## Data quality statement: Specialist Homelessness Services Collection, 2012–13

### Summary of key data quality issues

- All agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services are in scope for the Specialist Homelessness Services Collection (SHSC) in general, but only those who received funding for at least 4 months during the 2012–13 financial year are in scope for the 2012–13 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.
- Of all agencies that were in-scope of the collection for at least 1 month during 2012–13, 90% submitted information for all 12 collection months, and 95% submitted data for at least 1 month.
- Analysis of the 2012–13 SHSC data identified some data quality issues. In particular, the rate of invalid/'don't know'/missing responses was high for some data items.
- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid (SLK). Ninety-four per cent of support periods had a valid SLK in 2012–13.

### Description

The SHSC collects information on people who receive services from agencies that receive funding under the NAHA or the NPAH to provide specialist homelessness services.

SHSC data are collected by specialist homelessness agencies for all clients and reported each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and further data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services and at the end of the support period.

Some data are also collected about people who seek assistance from a specialist homelessness agency but who do not receive assistance.

SHSC data are collected by agencies via a number of client management systems and submitted to the AIHW via the Specialist Homelessness Online Reporting (SHOR) web portal. Eighty per cent of homelessness agencies that submitted data in 2012–13 used the Specialist Homelessness Information Platform (SHIP) client management system to collect and report client data. This system is provided by the AIHW on behalf of all states and territories, except South Australia, where all agencies use the Homelessness 2 Home (H2H) system. A number of agencies in other jurisdictions use different information systems to collect and report their data, and a small number of agencies use paper forms to collect and submit data.

## **Institutional environment**

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to provide authoritative information and statistics to promote better health and wellbeing. The Institute collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

The SHSC was developed by AIHW in conjunction with the states and territories and is administered by the AIHW.

## **Timeliness**

The SHSC began on 1 July 2011. Under the collection guidelines, specialist homelessness agencies provide their data to the AIHW each month, although delays in the provision of data from agencies do occur. Once validated, submitted data are regularly loaded to a Master Database. From this Master Database, 'snapshots' are created at particular points in time for reporting purposes.

The 2012–13 snapshot contains data submitted to the AIHW for the July 2012 to June 2013 collection months, using responses received and validated as at 12 August 2013.

## **Accessibility**

Published results from the SHSC are available in this report and elsewhere on the AIHW website. Data not available online or in reports can be obtained from the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to <[info@aihw.gov.au](mailto:info@aihw.gov.au)>. Data requests are charged on a cost-recovery basis.

## **Interpretability**

Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website, <[www.aihw.gov.au](http://www.aihw.gov.au)>. Information on definitions, concepts and classifications can also be found in the SHSC's collection manual (AIHW 2013).

## **Relevance**

### **Scope and coverage—agencies**

The SHSC collects information on people who seek and receive services from specialist homelessness agencies. All agencies that receive funding under the NAHA or NPAH to provide specialist homelessness services are in scope for the SHSC in general, but only those who received funding for at least 4 months during the 2012–13 financial year are in scope for the 2012–13 reporting period. Agencies that are in coverage are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department. Some agencies, such as some high-volume agencies that deliver basic services only, are not required to participate.

Of all agencies that were in-scope of the collection for at least 1 month during 2012–13, 90% submitted information for all 12 collection months, and 95% submitted data for at least 1 month. Detailed information on submission rates by state and territory is provided in Table A1.

Note that scope and coverage were defined differently in some previous SHSC reports (for example, AIHW 2012b, 2012c), which means that there are some comparability issues between data presented in this report and in those reports.

**Table A1: Agencies in-scope and participating in the SHSC, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
<b><i>In scope at any stage in 2012–13</i></b>	398	504	251	199	94	36	47	67	1,596
<b>In-scope all 12 months of 2012–13</b>	377	483	235	196	93	36	44	67	1,531
Participating all 12 months of 2012–13	360	477	225	191	91	35	35	63	1,477
Provided data for all 12 in-scope/participating months	342	464	216	191	91	35	34	63	1,436
Provided data for some in-scope/participating months	4	12	6	0	0	0	1	0	23
Provided no data	14	1	3	0	0	0	0	0	18
Participating <12 months of 2012–13	6	6	2	0	0	1	0	1	16
Provided data for all participating months	3	3	1	0	0	1	0	1	9
Provided data for some participating months	1	3	0	0	0	0	0	0	4
Provided no data	2	0	1	0	0	0	0	0	3
Not participating at all in 2012–13	11	0	8	5	2	0	9	3	38
<b>In-scope &lt;12 months of 2012–13</b>	21	21	16	3	1	0	3	0	65
Participating all in-scope months of 2012–13	19	12	10	3	1	0	3	0	48
Provided data for all in-scope/participating months	6	8	4	2	0	0	2	0	22
Provided data for some in-scope/participating months	3	3	3	1	1	0	1	0	12
Provided no data	10	1	3	0	0	0	0	0	14
Participating some in-scope months of 2012–13	2	6	1	0	0	0	0	0	9
Provided data for all participating months	0	3	1	0	0	0	0	0	4
Provided data for some participating months	1	1	0	0	0	0	0	0	2
Provided no data	1	2	0	0	0	0	0	0	3
Not participating at all in 2012–13	0	3	5	0	0		0	0	8

### Scope and coverage—clients

The SHSC collects information about clients of specialist homelessness agencies; that is, any person who receives assistance aimed at responding to or preventing homelessness. In addition, some information is also collected about unassisted people; that is, any person who seeks services from a specialist homelessness agency and does not receive any services at that time.

Not everyone in scope for the SHSC is homeless, because specialist homelessness agencies provide services to people at risk of homelessness, as well as to people who are currently homeless.

Not all homeless people and people at risk of homelessness are in scope for the SHSC—only those who seek services from specialist homelessness agencies are in scope.

A client may be of any age—children are clients if they receive specialist homelessness assistance.

Data about clients are submitted based on support periods—a period of support provided by a specialist homelessness service agency to a client. An individual client may have had more than 1 support period in the year, either with the same agency or with different agencies.

Data from individual clients who received services from different agencies and/or at different times are matched based on an SLK (see 'Statistical linkage key validity' below). All analyses based on client data include only those clients for whom full and valid SLK data are available.

Clients who have more than 1 support period may present with different characteristics reported in these different support periods. For example, their main reason for seeking assistance may be 'domestic and family violence' in their first support period, and 'housing crisis' in the second. This has implications for the presentation and interpretation of client-level data. Where there are multiple responses to a question, some information presented is based on the client's response to the question when they first become a client of an agency in 2012–13. Other information is based on a counting methodology that analyses the client's responses and, where there are different responses, determines the response provided most often and in the client's longest support period for each month in 2012–13. Detailed information on how specific variables are derived is available from the AIHW on request.

### **Reference period**

This report includes data on all clients who were assisted between 1 July 2012 and 30 June 2013. It includes data about clients (and the assistance they received) who had an active support period in a covered agency at any time in that period, and unassisted people who sought services in a covered agency at any time in that period. Some data (for example, client characteristics at the beginning of support) may have been recorded before this time, where a support period was ongoing on 1 July 2012.

### **Geographic detail**

Data are published at the national and state/territory level primarily, with some data presented by remoteness area types. Where data are presented by remoteness area in the report, agencies participating in the SHSC were assigned to a remoteness area (as defined by the ABS based on the Accessibility/Remoteness Indicator Australia (ARIA) and their recorded Local Government Area (LGA) code).

### **Statistical standards**

Standard Australian Classification of Countries 2008 (ABS 2008) codes were used as the code-frame for questions relating to country of birth.

Australian Classification for Source of Income 2010 (ABS 2010) codes were used as the code-frame for questions relating to a client's source of income.

### **Accuracy**

#### **Potential sources of error**

As with all data collections, the SHSC estimates are subject to error. These can arise from data coding and processing errors, inaccurate data or missing data. Reported findings are based on data reported by agency workers.

#### **Data validation**

The AIHW receives data from specialist homelessness agencies every month. These data go through 2 processes of data validation (error checking). Firstly, data validation is incorporated into the client management systems (CMSs) most agencies use to record their

data. Secondly, data are submitted through the AIHW online reporting web-portal, SHOR which completes a more thorough data validation and reports (to staff of the homelessness agency) any errors that need correcting before data can be accepted. Some further data cleaning may also occur during the analysis stage.

### **Statistical linkage key validity**

An individual client may seek or receive support on more than 1 occasion—either from the same agency or from a different agency. Data from individual clients who presented at different agencies and/or at different times are matched based on an SLK, which allows client level data to be created. The SLK is constructed from information about the client’s date of birth, sex and an alphacode based on selected letters of their name.

If a support period record does not have a valid SLK, it cannot be linked to a client, and thus it is not included in client-level tables (although it is included in support period-level analyses). In 2012–13, 94% of support periods had a valid SLK, and 45% of unassisted requests had a valid SLK.

### **Incomplete responses**

In many support periods in 2012–13, valid responses were not recorded for all questions—invalid responses were recorded, ‘don’t know’ was selected, or no response was recorded. For example:

- ‘facilities/institutions the client has been in in the last 12 months’ and ‘time period the client received assistance for their mental health issue’ have the highest rates of invalid/‘don’t know’/missing response—54% and 52%, respectively
- ‘dwelling type at presentation’ and the outcome variable ‘dwelling type at the last service date in the reporting period’ have invalid/missing/don’t know response rates of 27% and 28%, respectively
- ‘main reason for seeking assistance’ has an invalid/missing/don’t know response rate of 15%.

Support periods with invalid/‘don’t know’/missing responses were retained in the collection and no attempt was made to deduce or impute the true value of invalid/‘don’t know’/missing responses.

### **Non-response bias**

Less than 100% agency participation, less than 100% SLK validity and a high rate of incomplete responses do not necessarily mean that estimates are biased. If the non-respondents are not systematically different in terms of how they would have answered the questions, then there is no bias. Given the results of analyses of agency participation, SLK validity and incomplete responses performed to date, some non-response bias is expected.

### **Imputation**

An imputation strategy was developed to correct for 2 types of non-sampling error: agency non-response and data error in the SLK data item, which is used to link information about individual clients together to provide a complete picture for that client.

This strategy has 2 parts. The first part deals with agency non-response by using implicit imputation and results in agency weights. The second part considers the impact of invalid SLKs on the total number of clients and results in client weights.

Agencies that were out of scope for 9 months in 2012–13 were deemed to be out of scope for the whole period and excluded from all calculations.

Further information about the imputation strategy is available in Appendix B.

## Coherence

The SHSC replaces the Supported Accommodation Assistance Program National Data Collection (SAAP NDC), which began in 1996. The SHSC differs from the SAAP NDC in many respects.

The major definitional differences between the SAAP NDC and the SHSC relate to the capture of information about children and support. In the SAAP NDC, children who accompanied a parent or guardian were counted as accompanying children (with only limited information collected); in the SHSC, children are included as clients (in their own right) if they directly received a service. In the SAAP NDC, support was considered to entail generally 1 hour or more of a worker's time; in the SHSC no time-related condition exists. Further information on the comparability of the SHSC and the SAAP NDC can be found in AIHW (2012a).

As noted above (see 'Imputation'), a revised imputation strategy (based on the strategy applied to 2012–13 SHSC data) has been applied to 2011–12 resulting in revised data for that year. Revised 2011–12 data is available from the AIHW's website, <[www.aihw.gov.au](http://www.aihw.gov.au)>. Data published in AIHW (2012a) is based on the original imputation strategy.

Also note that scope and coverage were defined differently in the initial reports that were produced based on SHSC data (for example, AIHW 2012b, 2012c), which means that there are some comparability issues between data presented in this report and in those reports.

## Comparison with other collections

The other major data sources on homelessness are outlined below. Because these collections differ greatly from the SHSC in scope, collection methodology, definitions and reference periods, comparisons between collections should be made with caution.

### Census of Population and Housing (ABS)

The ABS Census collects data from all persons in Australia on Census night, including data allowing respondents' homelessness status to be derived. The ABS considers a person to be homeless if they do not have suitable accommodation alternatives and if their current living arrangement:

- is in a dwelling that is inadequate, or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to space for social relations (ABS 2012c: 7)

In addition, the ABS recognises some groups of people who are marginally housed and are likely to be at risk of homelessness. These are: people living in other crowded dwellings, people in other improvised dwellings and people who are marginally housed in caravan parks (ABS 2012c).

The characteristic of homelessness is derived using a number of variables available from Census data (ABS 2012d). Estimates based on the 2001, 2006 and 2011 are currently available (ABS 2012b).



Previously, estimates of homelessness based on Census of Population and Housing data (and supplemented by other data sources) were undertaken by Chamberlain & Mackenzie (2008). Those estimates were based on the 'cultural' definition that identified minimum housing standards developed by Chamberlain & Mackenzie, in 3 homelessness categories:

- Primary homelessness: includes all people without conventional accommodation.
- Secondary homelessness: includes people who move frequently from one form of temporary shelter to another, including: all people staying in emergency or transitional accommodation provided by specialist homelessness services; people residing temporarily with other households because they have no accommodation of their own; and people staying in boarding houses on a short-term basis.
- Tertiary homelessness: refers to people who live in boarding houses on a medium- to long-term basis (Chamberlain & MacKenzie 2008).

Estimates based on these definitions are available for 2001 and 2006 only (Chamberlain & MacKenzie 2003, 2008).

### **General Social Survey (ABS)**

The ABS General Social Survey's homelessness module (ABS 2011) collects data from usual residents of private dwellings, including data on whether respondents have ever been homeless. The survey defines homelessness as being without a permanent place to live for a selection of reasons. Data are currently available for 2010 only.

### **National Census of Homeless School Students**

The National Census of Homeless School Students collected data on homeless school students via principals of all government and Catholic secondary schools (Mackenzie & Chamberlain 2008). Both the cultural definition of homelessness and a service delivery definition are used. Data are currently available for 2006 and selected earlier years.

# Appendix B

## Imputation strategy for the Specialist Homelessness Services Collection (2012–13) and revised strategy (for 2011–12)

This appendix describes the methodology applied to the SHSC 2012–13 data in an effort to reduce errors caused by agency non-response and invalid or missing SLK information in support period records. It also provides information about revisions to the imputation strategy for 2011–12 data, which has resulted in revised data for that year.

An imputation strategy for the collection was required to correct for 2 types of non-sampling error: agency non-response and data error in the SLK key data item, which is used to link information about individual clients together to provide a complete picture for that client.

This strategy has 2 parts. The first deals with agency non-response by using implicit imputation and results in agency weights. The second part deals with the impact of invalid SLKs on the total number of clients and results in client weights.

### Imputation for agency non-response

This part of the imputation strategy dealt with the bias caused to estimates by agency non-response by implicitly imputing data for support periods.

For an agency to qualify for imputation, it must have been in scope for part or all of the reference period and:

- have not reported any data for the reference period, or
- have provided data for less than 50% of the time spent in scope during the reference period.

Qualifying non-responding agencies were placed into imputation classes defined by jurisdiction, ARIA category and size, with size based on the average number of clients per month ( $\leq 15$ ,  $>15-\leq 30$ ,  $>30-\leq 60$ ,  $>60-\leq 90$ ,  $>90-\leq 200$ ,  $200+$ ). There were a number of qualifying agencies for whom size was unknown—the imputation classes for these units were defined by jurisdiction and ARIA category.

A donor class was assigned to each imputation class. The donor class consisted of responding agencies (called donor agencies) that were considered likely to be similar to the non-responding agencies and was used to implicitly impute the data for the non-responding agencies. For an agency to be included in a donor class it must:

- have been in scope for the full reporting period, and
- have been a fully responding unit.

Imputation classes defined by jurisdiction, ARIA and size have donor classes with the same definition or, if necessary, using the closest neighbour.

Imputation classes defined by jurisdiction and ARIA have donor classes with the same jurisdiction and ARIA and size less than or equal to 30.

To impute for total non-response:

- The initial weight ( $w_{i,1}$ ) was set as follows:
  - For agencies that were in scope for the whole reference period,  $w_{i,1} = 1$ .
  - For agencies that were in scope for part of the reference period and:
    - did not require imputation,  $w_{i,1} = 1$
    - required imputation,  $w_{i,1} = \frac{\# \text{ months in scope}}{12}$ .
  - For units that were out-of-scope for the whole reference period,  $w_{i,1} = 0$ .
- For each donor unit the final weight ( $w_i$ ) was calculated by:

$$w_i = w_{i,1} + \sum_{d \in DG_i} \frac{\sum_{k \in K_d} \sum_{j \in (k \cap S2)} w_{j,1}}{\sum_{j \in (d \cap CR)} w_{j,1}}$$

where

- $w_{i,1}$  is the  $i^{\text{th}}$  agency's initial weight
  - $DG_i$  is the set of donor classes agency  $i$  belongs to
  - $K_d$  is the set of all imputation classes using donor class  $d$
  - $S2$  is the set of agencies subject to imputation so  $(k \cap S2)$  is the set of agencies in imputation class  $k$  subject to imputation
  - $CR$  is the set of donor agencies so  $(d \cap CR)$  is the set of donor agencies in donor class  $d$ .
- Each agency subject to imputation had its final weight ( $w_i$ ) set to 0.

Note that agencies that were in-scope at any time during the reference period but did not contribute to stage 2 imputation have a final weight  $w_i = 1$ .

## Imputation to adjust for invalid SLK data

This element of the strategy is required to reduce the impact of invalid SLK data on estimates of the number of clients receiving assistance. Weights will be calculated at the client level aiming to take into account both agency non-response and invalid SLKs.

Support periods (and hence clients) included in this imputation must:

- have been reported by an agency that has been in-scope for part or all of the reference period and have been open during the in-scope period, and
- not have been reported by an agency that has been imputed in the non-response imputation.

Imputation classes were defined by jurisdiction, ARIA category and size, with size based on the average number of clients per month ( $\leq 15$ ,  $>15-\leq 30$ ,  $>30-\leq 60$ ,  $>60-\leq 90$ ,  $>90-\leq 200$ ,  $200+$ ).

To impute for non-responding agencies and invalid SLKs:

- For each eligible support period in imputation class  $k$  an initial weight ( $w_{j,2}$ ) was calculated as follows:

$$w_{j,2} = w_i \times \frac{N_{S,k}}{n_{S,v,k}}$$

where

- $w_i$  is the final agency weight (see non-response imputation section above)

- $N_{S,k}$  is the number of support periods for which data was supplied in imputation class  $k$
- $n_{S,v,k}$  is the number of support periods with a valid SLK in imputation class  $k$ .
- For each unique client (that is, valid SLK) observed in the eligible support periods, the final client weight ( $w_c$ ) was calculated as follows:

$$w_c = \frac{1}{1 - \prod_{j=1}^{n_c} (1 - w_{c,j,2}^{-1})}$$

where

- $w_c$  is the client weight
- $w_{c,j,2}$  is the  $j^{th}$  initial weight for client  $c$
- $n_c$  is the number of observed support periods for client  $c$
- $\prod_{j=1}^{n_c}$  is the product over all support periods for client  $c$ .

## Revised imputation strategy applied to 2011–12 data

SHSC data for 2011–12 were published in December 2012 and applied an imputation strategy similar to that outlined above, plus an additional element to adjust for the delayed commencement of some agencies in the collection (as that was the first year of the collection). Information about the strategy used is outlined in AIHW (2012a).

However, as data submissions from agencies improved in 2012–13, analysis of the current data compared with 2011–12 data revealed that the imputation strategy applied to the 2011–12 SHSC data overestimated the size of agencies, which lead to the overestimation of client numbers in most jurisdictions in 2011–12.

As a result, this revised imputation strategy (as outlined above) has been applied to the 2012–13 data presented in this report. This revised imputation strategy has also been retrospectively applied to 2011–12 data, with some further adjustment made to data supplied by 2 states (Victoria and South Australia).

The changes made to the imputation strategy for 2012–13 have resulted in revised imputation classes that are used to impute the size of the agency (based on average number of clients assisted per month). In 2011–12, the classes used were: (<50, 50–<100, 100–<500, 500+); in 2012–13, the classes were revised to: (<15, >15–<30, >30–<60, >60–<90, >90–<200, 200+).

In relation to the further adjustments made for 2 jurisdictions:

- Analysis of Victorian data identified 7 agencies which had been classified as out of scope for the SHSC in 2011–12. These agencies are high volume Initial Assessment and Planning agencies. Further investigation suggested that these agencies had been operational during 2011–12 but were not included in SHSC until 2012–13. The revised imputation strategy for 2011–12 SHSC included these agencies.
- Analysis of South Australian agencies showed there were a significant number of agencies where the number of clients continued to increase each month for 4 months or more during 2011–12. This reflects advice from the South Australian government that noted that agencies continued to add more of their existing clients or added new clients into the new H2H client management system as agencies workers became more confident in using the new system. This ‘ramp up’ in client reporting was not accounted

for in the initial weighting because the methodology only accounted for agencies that did not report at all during the first few months of 2011–12. The revised imputation strategy applied to 2011–12 included a component that accounted for this ‘ramp up’ effect in South Australia.

Selected revised data for 2011–12 are published along with this report.

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## Related publications

Other reports that present results from the Specialist Homelessness Services Collection:

- AIHW (Australian Institute of Health and Welfare) 2012. Specialist Homelessness Services Collection: first results (September quarter 2011). Cat. no. HOU 262. Canberra: AIHW.
- AIHW 2012. Specialist Homelessness Services Collection: December quarter 2011. Cat. no. HOU 263. Canberra: AIHW.
- AIHW 2012. Specialist Homelessness Services Collection: March quarter 2012. Cat. no. HOU 265. Canberra: AIHW.
- AIHW 2012. Specialist Homelessness Services 2011–12. Cat. no. HOU 267. Canberra: AIHW.
- AIHW 2013. Specialist homelessness services: July–December 2012. Cat. no. HOU 270. Canberra: AIHW.

Details of other publications on homelessness produced by the AIHW, including reports from the Supported Accommodation and Assistance Program National Data Collection can be found on the AIHW's website: <[www.aihw.gov.au](http://www.aihw.gov.au)>.





In 2012–13 specialist homelessness services assisted over 244,000 clients. Of these, 54% were at risk of homelessness, and 46% were already homeless when they first began receiving support. This report presents the findings of the Specialist Homelessness Services Collection for 2012–13, and describes the clients who received specialist homelessness support, the assistance they sought and were provided, and the outcomes achieved for those clients.

